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EXPLORING THE ACTION OF FOLLICULINUM ON PREMENSTRUAL SYNDROME IN ADOLESCENTS

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INTRODUCTION

Menstruation is a normal physiological phenomenon in a woman‘s reproductive life. Nowadays, the majority of girls who study in schools and colleges experience many physical and emotional problems before the onset of menstruation. Among them, some girls are so severely affected that it interferes with their mental health, interpersonal relationships and studies.

Among the gynaecological problems, menstrual problems are said to be the major ones especially among the adolescent girls.

Premenstrual syndrome is a Psycho-Neuro-Endocrine disorder of unknown aetiology, often noticed just prior to menstruation. It is a condition that affects girls’ emotions, physical health and behaviour during certain days of the menstrual cycle, generally just before their menses. Due to that they can‘t able to do work, can‘t go anywhere, have a lack of concentration.

Premenstrual symptoms start 5 to 11 days before menses and typically go away once menses begin**.**

And for premenstrual syndrome homoeopathy has very good scope. In homoeopathy we have medicines like Natrum Muriaticum, Lachesis, Sepia, Nux vomica, Folliculinum and Pulsatilla for premenstrual syndrome. Among them, Folliculinum is a very good remedy for premenstrual syndrome. So, I decided to study action of Folliculinum on premenstrual syndrome in adolescents

Folliculinum is made from ovarian follicle, which is Folliculin, the natural hormone secreted by the ovaries also called estrone. Folliculinum is a female remedy, affecting primarily the female hormonal system.

OBJECTIVE:

1) To study symptoms of premenstrual syndrome clinically.
2) To study how much premenstrual syndrome affects adolescents in their daily lives.
3) To study the remedy profile of Folliculinum.
4) To identify the changes that occurs after the administration of the remedy Folliculinum.

REVIEW OF LITERTURE:

PREMENSTRUAL SYNDROME (PMS)

(Syn: Premenstrual Tension)

Premenstrual syndrome (PMS) is a psycho neuro endocrine disorder of unknown etiology, often noticed just prior to menstruation. There is cyclic appearance of a large number of symptoms during the last 7–11 days of the menstrual cycle.
It should fulfil the following criteria (ACOG):

- Not related to any organic lesion.
- Regularly occurs during the luteal phase of each ovulatory menstrual cycle.
- Symptoms must be severe enough to disturb the life style of the woman or she requires medical help.
- Symptom-free period during rest of the cycle.

When these symptoms disrupt daily functioning they are grouped under the name premenstrual dysphoric disorder (PMDD). [1]

Aetiology

At the present time, despite intensive study, the aetiology remains unknown and there are many theories but no real explanation. There are undoubtedly physiological and psychological factors or components, which act to varying extents in different individuals. The underlay of overanxiety and emotional instability, present in some (or, in the opinion of others, many) cases, makes it necessary to regard the condition as a psychosomatic disorder. Neurotransmitters may play a role. The luteal phase levels of β-endorphins have been shown to be low in women with PMS and can lead to anxiety, food craving and physical discomfort. Low serotonin levels have also been demonstrated in RBCs and platelets. Treatment with fluoxetine, a selective serotonin re-uptake inhibitor, is effective in improving symptoms. Vitamin B6 is a cofactor in the synthesis of serotonin and dopamine from tryptophan but its deficiency has not been clearly proved. Although more than one mechanism may be concerned in the production of symptoms, an increase in extracellular fluid throughout the body is one which is often blamed. This explains why some affected women gain 1.8-2.3 kg weight just before a period. The oedema is said to be associated with sodium retention and this in turn with high levels of both oestrogen and progesterone in circulation during the second half of the menstrual cycle. Oophorectomy, either surgically or medically (by the administration of GnRH analogues) eliminates the symptoms of PMS, whereas several postmenopausal women who take HRT develop them, especially during the progesterone phase of the cycle. Another view is that it is the relative deficiency of progesterone which is the causal factor, but it is more likely that the swings in hormone level cause it. The subjective sensation of bloated may be due to gut distention. However, most women who suffer from PMS do not put on weight. Controlled observations show that the incidence and intensity of symptoms is not related to weight gain. The tendency, therefore, is to credit the syndrome to a hypothalamic—pituitary disturbance. Such a basis would explain the cases in which fluid retention is a feature, as well as those in which it is not. It would also account for certain symptoms which have been attributed to neuro-vascular instability and hypoglycaemia. Defective essential fatty acid or prostaglandin metabolism is postulated to result in an exaggerated response to normal ovarian hormone levels through a change in the receptor status at the cellular level. Other theories to explain PMS include excess prolactin secretion and an increased production of aldosterone. There are no really good control-based studies due to the wide variations in the syndrome.

Differential Diagnosis Psychiatric problems, familial disharmony and hyperthyroidism may lead to irritability and behavioural change. A premenstrual pelvic pain may be caused by Pelvic inflammatory disease or endometriosis. Underlying breast lesions should
be ruled out in cyclical mastalgia. Lethargy may be due to hypothyroidism or anaemia which must be looked for and treated. [2]

Pathophysiology

The exact cause is not known but the following hypotheses are postulated:

(a) Alteration in the level of oestrogen and progesterone starting from the midluteal phase. Either there is an altered estrogen: progesterone ratio or diminished progesterone level.
(b) Neuroendocrine factors:

- **Serotonin** is an important neurotransmitter in the CNS. During the luteal phase, decreased synthesis of serotonin is observed in women suffering from PMS.

- **Endorphins:** The symptom complex of PMS is thought to be due to the withdrawal of endorphins (neurotransmitters) from CNS during the luteal phase.

- Γ-aminobutyric **acid (GABA)** suppresses the anxiety level in the brain. Medications that are GABA agonist are effective.

(c) Psychological and psychosocial factors may be involved to produce behavioural changes.
(d) Others: Variety of factors has been mentioned to explain the symptom complex of PMS. These are thyrotrophic releasing hormone (TRH) prolactin, renin, aldosterone, prostaglandins, and others. Unfortunately, nothing is conclusive. [1]

Clinical features

Related to water retention	• Abdominal bloating • Breast tenderness • Swelling of the extremities • Weight gain
Neuropsychiatric symptoms	• Irritability • Depression • Mood swings • Forgetfulness • Increased appetite • Tearfulness • Anxiety • Tension • Confusion • Headache • Anger
Behaviour symptoms	• Fatigue • Dyspareunia • Tiredness • Insomnia

PMS is more common in women aged 30–45. It may be related to childbirth or a disturbing life event. There are no abnormal pelvic findings excepting features of pelvic congestion.
Most well-adjusted women experience minor psychological and somatic changes for a few days preceding menstruation. These menstrual molimina give way to a sensation of relief and well-being once menstruation is established. In some women these manifestations become exaggerated to constitute a premenstrual syndrome (PMS). This is extremely common at all ages but especially in women aged 30-45 years, the reported prevalence ranging from 5 to 95 per cent. It is often wrongly attributed to an approaching menopause. The age incidence of PMS is said to be due to the fact that stresses are most severe in the third and fourth decades. The problem is a feature of modern conditions of life in Western civilized communities.

It used to be rarely encountered in, or complained of, by women in Eastern countries, but with changing lifestyles this pattern is changing. It is certainly the cause of much individual misery and family disharmony, absenteeism and even criminal acts like murder and suicide.

The symptoms are any of those described elsewhere, accentuated to a Pathological degree and present for as long as 7-10 days premenstrually. In some instances, the symptoms are so severe that the woman fails to cope with her ordinary day-to-day life. If the onset of a period is delayed, the symptoms become even more intense. The main complaints are headache, irritability, depression, lassitude, insomnia, emotional outbursts, intestinal distension, colonic spasm and congestive dysmenorrhoea. The patient herself is conscious of nervous tension and has a bloated feeling, often accompanied by an actual increase in girth and weight. In certain cases there is an obvious swelling of the legs caused by oedema.

Not all the various discomforts are present in each case; sometimes one is so Prominent as to overshadow others and to justify it being regarded as a special Clinical entity such as menstrual migraine, menstrual oedema and premenstrual mastalgia

The affected individual is often full of restless energy, cleaning the house when it is already spotless, fussing and nagging the children, worrying when there is no need. The husband cannot understand the periodic outbursts and moods; the resulting quarrels make the situation worse. It is the imaginative woman _living on her nerves‘ who is most likely to suffer.

Examination is not usually helpful. Various questionnaires have been developed in an attempt to quantify the problem. These are designed to measure the severity of symptoms, underlying psychological dysfunction and the degree of disruption of normal functioning. Commonly used methods include visual analogue scales, psychiatric questionnaires, e.g. the General Health Questionnaire and Moos‘ Menstrual Distress Questionnaire.

PREMENSTRUAL MASTALGIA

Cause

Premenstrual mastalgia in severe form is mostly seen in patients with PMS or a background of nervous tension and cancerophobia. The enlargement and discomfort can be due to congestion and oedema of the interglandular connective tissues as well as to glandular activity promoted by hormone stimuli.

- Bromocriptine and progestogens such as dydrogesterone for 7-10 days premenstrually are sometimes of value.
- Other drugs used for treatment of PMS are sometimes helpful.

Clinical Features

Approximately 80 per cent of women experience slight fullness, tingling and tenderness of the breasts during the week preceding menstruation. When this is exaggerated it becomes part of PMS and is termed premenstrual mastalgia. The breasts may then feel tense, knotty and tender and there is some relationship to fibroadenosis. Indeed, women who suffer from the latter often relate their discomfort to the premenstrual phase. Premenstrual mastalgia is probably restricted to ovular cycles and can be used as evidence of

ovulation. As in all breast conditions, and because of unequal development and activity, it is not uncommon for the pain to be unilateral, or worse on one side than the other.

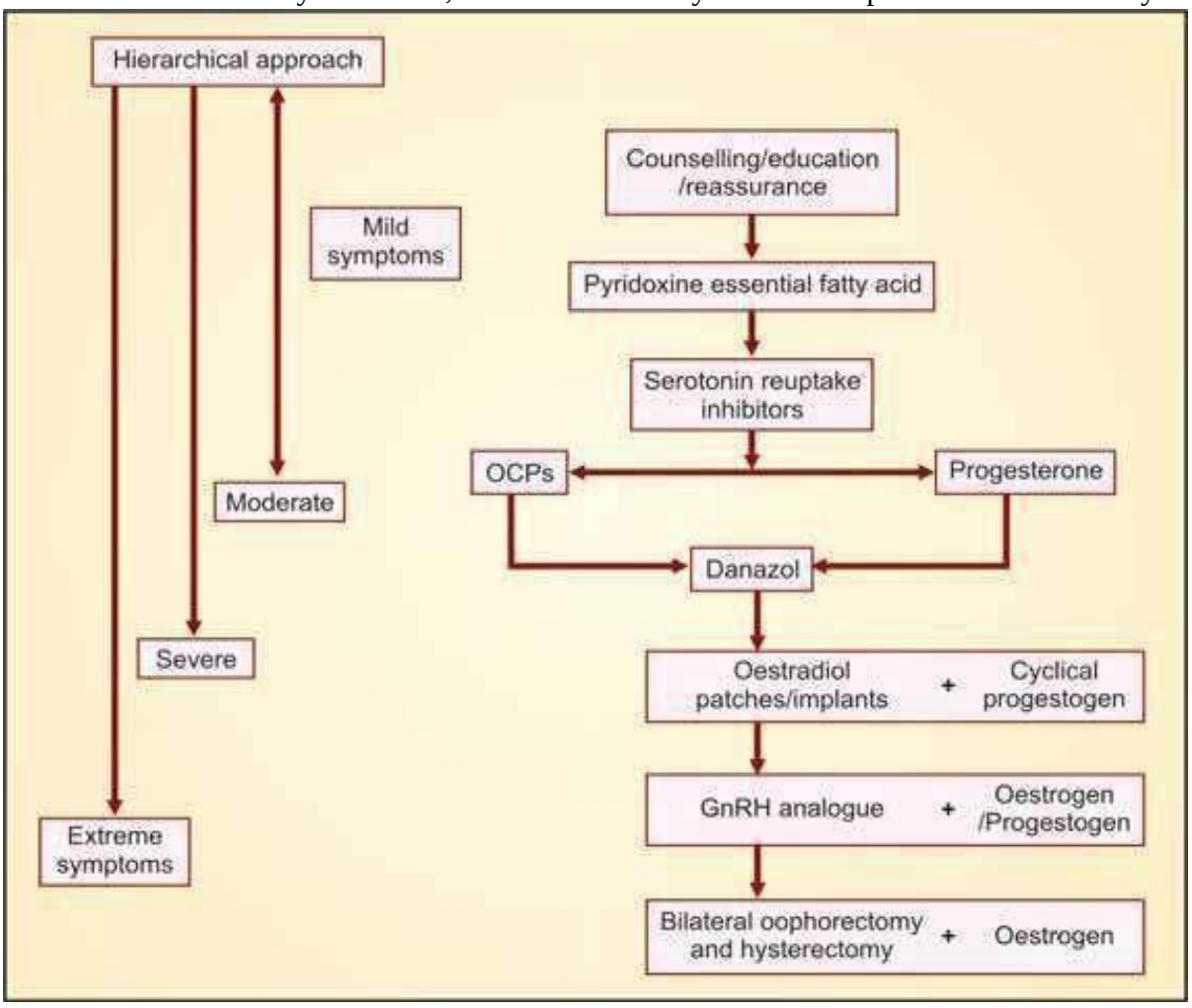
MENSTRUAL MIGRAINE

Aetiology

The aetiology of menstrual migraine is multifactorial and similar to migraine in general. An attack is more likely if the individual is overtired, overworked, or overwrought; excessive smoking is a contributory factor in some cases. The cause of the headaches can be attributed to an allergic reaction to gonadotrophin; swelling of the pituitary gland; cerebral congestion and oedema; increased intracranial pressure; a local release of serotonin; cerebral ischaemia; and psychological factors.
In all probability, menstrual migraine is associated with changes in the cranial and cerebral vascular apparatus, or in the sodium and fluid content of cerebral tissues, and is to be regarded as part of, or a type of, PMS. Oestrogen and progesterone must be concerned with these changes because similar migraine sometimes results after the taking of the contraceptive pill. It is possible that changes in the hormonal milieu produce the setting for vascular headaches. A fall in oestrogen levels may lead to cerebral vascular spasm.

Clinical Features

The patient ordinarily susceptible to migraine is most liable to attacks before and at the time of menstruation, but the term menstrual migraine is usually restricted to those cases in which attacks occur only at the time of menses. The condition is often familial. The headaches are localised to one area and are severe enough to be incapacitating; they are often accompanied by nausea and vomiting but are not usually preceded by visual, sensory and speech disturbances as in the case of classical migraine. Pregnancy usually brings temporary relief after the first trimester but migraine can be very troublesome during lactation. The menopause does not necessarily cure them, and headaches may continue as part of a climacteric syndrome.



MANAGEMENT OF PREMENSTRUAL SYNDROME

HOMOEOPATHIC REVIEW

FOLLICULINUM- REMEDY PROFILE

PHARMACY - foll. Folliculinum. Ovarianfollicle. Oestron. Estrone. Hormone secreted by the ovaries. Trituration. Historical dose: All potencies [3]

SYNONYMS : Extrone, oestrone, Folliculin, Ketohydroxyestrin.

DESCRIPTION: It is the natural hormone secreted by the ovaries. Colorless crystals or white to creamy-white crystalline powder, odorless. Insoluble in water, sparingly soluble in acetone and in Chloroform, slightly soluble in alcohol and in fatty oils. [5]

CLINICAL -
Acne.Alopecia.Amenorrhea.Backache.Cystitis.Headaches.Leucorrhea.Mastitis. Metrorrhagia, Migraines, .Palpitations, Premenstrual syndrome. Seborrhea. Tachycardia. Vaginal pruritus.[3]

Fibroids. Raynaud's disease.

Cardiovascular problems. Eating disorders.

Post-natal problems. Difficulty bonding with the baby and children unable to separate from their mother.

Mammary affections. [4]
HOMEOPATHIC - A female remedy, affecting primarily the female hormonal system. Foll.in a homeopathic dilution could indicate in premenstrual syndrome, as well as for all the functional symptoms present in a patient.

Premenstrual syndrome. Weight gain without excessive eating, worse before menses or during ovulation. Premenstrual migraines. Congestive headaches, either with redness of the face or the opposite with pallor, but still with the sensation of chilliness at the limbs.

Frequent ecchymosis, bruises very easily. Acne on the face and seborrhoea of the nostrils. Hypersensitive to heat, noise and contact. [3]

MIND - Alternation of excitability and depression, worse before menses. Irritable and sensitive before the menses. Extreme instability with anguish, worse at nightfall. Sexual hyper-excitability. Fixed ideas of a sexual nature. [3]

Ailments from a long history of domination by others . Anguish in evening
.Excitement, Sadness. Sensitive to noise; to touch

Control:-

"She feels she is controlled by another. She is out of sorts with her rhythms. She is living out someone else's expectations. She loses her will. She over-estimates her energy reserves. She is full of self-denial. She becomes a rescuer, addicted to rescuing people. She becomes drained. She has become a doormat. She has forgotten who she is. She has no individuality."

"There is a very strong link here with Carcinosinum, and it is not surprising that Folliculinum works well when Carc. is indicated but does not act."

Patients [under extreme pressure] not responding to homoeopathy.

Pressure of a personality or group on an individual; a dominant or possessive parent, friend or marriage partner; and certainly where there is intolerant religious dominance.

Pressure of circumstance or work, such as that suffered by people who have worked to exhaustion point over a period of time, and seem to be incapable of recuperation, or even responding to the indicated homoeopathic medicine.

Pressure in adults of continued ill health or slow recovery after recurrent or severe infection. This covers, especially in my experience, young men after glandular fever or presenting with what is becoming identified as 'post viral syndrome'. In these cases I always start by using Carcinosinum, but add Folliculinum if the Carcinosinum does not achieve a lasting response. The same applies to patients not responding after cortisone treatment.

Aggravation Before menses. [4]

ABDOMEN - Abdominal meteorism, worse three or four days before menses. Liver swollen, soft and hypertrophic.

BACK - Lumbar pains, worse during ovulation. Backache before menses. BLADDER - Recurring cystitis in

women.

BREASTS - Breasts enormous, swollen, cannot bear being constricted or touched. The pain is ameliorated or disappears with menses. Congestive mastitis.

CHEST - Pain in mammae before menses. Swelling of mammae before menses EYES - Swelling with

oedema of the conjunctiva tissue.

FACE - Acne on the face and seborrhoea of the nostrils.

FEMALE - Congestion, uterine, and premenstrual pains. Vaginal, vulvar pruritus, worse before menses. Menses prolonged, blood bright red with clotting. Menses painful for the first few days. Leucorrhea. Yellow or brownish discharge, sometimes blood streaked, between menses, especially during ovulation. Small losses of blood during ovulation. Uterus is fibrous with metrorrhagia. Leucorrhoea, brown; between menses. Menses painful at beginning. [3]

SYMPTOMS from OVULATION to MENSES:

All symptoms amelioration. Menses except specific menstrual symptoms. Aggravation. Heat; noise; touch;

resting.

Amelioration. Fresh air. Drawing, burning, griping pains.

Spotting. Ovarian cysts.

Lumbar pains aggravation. Ovulation. Recurrent cystitis which returns at this time. PREMENSTRUAL

SYMPTOMS:

Breasts swollen and painful aggravation. Touch. Migraines.

Nausea and vomiting. Diarrhoea and Constipation.

Diarrhoea ten days before menses. Very low or high libido.

Weepy and depressed. Hyperactive.

Indecisive, with Panic attacks, with

Huge MOOD SWINGSs from aggression to Apathy, and

Unable to tolerate noise, touch or heat.

"Abdominal meteorism, aggravation 3 or 4 days before menses."

MENSTRUAL PROBLEMS:

Painful periods centred in ovaries. Prolonged and heavy bleeding with Bright red blood and dark clots.

All sorts of cycle problems, either too short, too long, or none at all.

MENOPAUSE.

"Folliculinum is a really brilliant remedy around menopause. It pretty well covers the whole range of physical and mental symptoms we might find at this time."

Cycle irregularities. Flooding.

Hot flushes.

Hyperactive agg.rest [hot and bothered]. Night sweats.

Air hunger.

Dizziness and faintness. Abdominal heaviness.

Fibroids. Vaginal dryness.

Slow movement and spacey thinking. Hypersensitive to noise, heat and touch. Contra-indication.

Foubister advised against the use of Foll. Whenever a skin complaint was present. [4]

HEAD - Alopecia in women.

HEART - Tachycardia. Palpitations with faintness. Sensation of constriction around the heart with feeling of a bar in the precordial region, spreading to the left arm.

LUNGS - Need for fresh air, takes large breaths of air and sighs deeply. Fitful cough, worse when in company, with sensation of constriction around the heart.

NOSE - Coryza with headache and profuse discharge. Hay fever.

RECTUM - Feeling of heaviness in the rectum. Chronic constipation, sometimes alternation of constipation and diarrhea.

SKIN - Dry eczema, worse during ovulation, before menses. Dry eruption of the fingers with splitting and chapping of the skin.

STOMACH - Indigestion. Nausea with vomiting. Premenstrual pain in the right hypochondrium.

THROAT - Swallowing of liquids very painful. Cannot bear pressure on the pharynx.

MODALITIES - Better after the third day of menses. Better with movement. Better fresh air. Worse before menses. Worse during ovulation. Worse from heat and resting.

RELATIONS - Compare: The closest remedy is Lach. Like this remedy, it has: Alternating excitability and depression, extreme sensitivity to contact, amelioration by menstrual flow. But, unlike Lachesis, we do not find: Laterality or aggravation from sleep, but, on the contrary, aggravation during ovulation. [3]

GENERALITIES

Ovulation, at FOOD

Desire: Sweets; farinaceous food. [4]

ARTICLES

- In 1990, the topic was —Folliculinum: Efficacy in Premenstrual Syndrome.‖ *Author by* Martinez (1990) conducted a double-blind placebo-controlled trial using Folliculinum in potencies 9C and 15C in 32 participants. A questionnaire was given to all the participants prescribed Folliculinum at their first consultation, to be collected at the subsequent consultation. Most of the participants (61%) noted an improvement from the second cycle after having started the treatment. 93% of the participants felt that the treatment had physiological effects while only 7% felt that the effects of placebo effect. The most marked effect on particular symptoms was on breast swelling, metorrhagia and menstrual irregularities. [6]

- In 1995, the topic was —The Efficacy of Folliculinum in the Treatment of Premenstrual Tension. —In by Kirtland (1995) conducted a double-blind placebo controlled trial using folliculinum 15CH in 31 women. The results were test group (16 women) had 89% improvement, 4% unchanged and 7% worsening of the PMS. The placebo group (15 women) had 7% improvement, 4% unchanged and 89% 31 worsening of PMS.[7]

- In 2001, the topic was —An Evaluation of the Efficacy of a Homoeopathic Complex, Premenstron®, in the treatment of Premenstrual syndrome in terms of the patient‘s perception — by Sarawan conducted a double-blind study. The complex containing: Agnus castusD1, Chamomilla radixD3, LilliumtiginumD3, CaulophyllumthalictroidesD4, Equisetum arvenseD4, ZincumvalerianicumD4, Ignatia amaraD6 and Kali carbonicumD6 was compared to placebo in 30 participants. The statistical results were overall 53.3% improvement in the placebo group while 46.7% worsened. In the treatment group 86.7% showed improvement and 12.3 % worsened. The improvement in the treatment group was not significant enough to verify that the complex was effective when analysed statistically and in comparison with the effect of the placebo (Sarawan, 2001). [8]

- In 2008 ,‖ The efficacy of homoeopathic similimum in the treatment of PMS‖. By carrieannLaister conducted double blind placebo method in 39 participants the age of 18 to 40. The participants were randomly divided into 2 groups (treatment and placebo) acc.to randomization. A total 39 participants among the 27 of the participants completed the study and 14 were on placebo treatment and 13 on active treatment. There was an overall clinical improvement in both groups even though it was not statistically significant. Therefore due to statistical parameters homoeopathic simillimum was found to be ineffective in the treatment of PMS. [9].

- In 2012, the topic was Homeopathic treatment of premenstrual syndrome: a case series conducted by Karine DannoAurélie Colas Laurence Terzan Marie-France Bordet conducted an Observational, prospective study in 23 participants. Women with PMS for >3 months were prescribed individualized homeopathic treatment. Folliculinum (87%) was the most frequently prescribed homeopathic medicine followed by Lachesis mutus (52.2%). The most common PMS symptoms were: irritability, aggression and tension (87%), mastodynia (78%) and weight gain and abdominal bloating (73%); and the most common symptoms at follow-up were: irritability, aggression and tension (39%), weight gain and abdominal bloating (26%) and mastodynia (17%)Homeopathic treatment was well tolerated and seemed to have a positive impact on PMS symptoms. [10]

- In this study, a single dose of Folliculinum 200C was administered to all participants on the 11th day of menstruation for two consecutive menstrual cycles. The therapeutic effects were subsequently evaluated. Since all participants received the same intervention, the study aimed to assess the effect of Folliculinum 200C in patients suffering from premenstrual syndrome (PMS)

METHOD OF COLLECTION OF DATA:

The study shall be performed in following way:

FORMATION OF THE REMEDY PROFILE:

The following Books have been used for the formation of remedy profile.

1. Murphy Robin, Nature´s Materia Medica
2. VERMEULEN F., Synoptic Materia Medica 2
3. VARMA P. N. and INDU V., Encyclopaedia of Homoeopathic Pharmacopoeia

After studying the remedies in these books symptoms were selected for the formation of remedy profile on the following priority basis.

- Those symptoms which indicate premenstrual syndrome
- Those symptoms which indicate Generalities of the drug (Mental and Physical).
- Those peculiar symptoms which represent the characteristics of the remedy.
- Those symptoms that the authors have recorded from their clinical experiences.

Methodology:

Type of study: Prospective study

Method of sampling: Random sampling

Clinical verification of effect of folliculinum on premenstrual syndrome was done in the following manner:

a) We have recruited 30 menstruating adolescent females (15-19 age) having clinical manifestation of premenstrual syndrome in whom folliculinum was indicated.

b) The remedy was given if the students report at least one of the following affective symptoms including depression, angry outbursts, irritability, anxiety, confusion, or social withdrawal and at least one of the somatic symptoms including breast tenderness, abdominal bloating, headache, or swelling of extremities during the 5 days before menses in each of the three prior menstrual cycles. In addition, these symptoms are typically relieved on appearance of menses, without recurrence until at least cycle day 13. The symptoms are present in the absence of any pharmacologic therapy, hormone ingestion, or drug or alcohol use. The symptoms must reproducibly occur during two cycles of the prospective records.

c) We have applied the premenstrual syndrome questionnaires form and premenstrual experiences in collecting the data. The questionnaires form consisted of four sections. The first part consisted of preliminary data including name, age, education, address, any kind of habits and contact number. The second part included gynaecological history and menstrual history. The third part and included prospective symptoms, which was constructed on the basis of PMS diagnostic criteria i.e. physical symptoms and mental symptoms. The last part contained questions about the past history and whether there is any affection due to PMS in day to day life.

d) The severity of PMS symptoms will be rated by the participants on the basis of their impact on their daily lives. Symptoms will be considered moderate if there will be marked limitations with regard to daily activity, and severe if the participants will be unable to carry out the activities without discomfort.

e) Case taking has been done according to guidelines mentioned by Dr. Hahnemann in Organon of Medicine; Aphorism 83 - 104.

f) Data was recorded in survey form and that survey form is given at the end of this document

g) The cases have been recorded by keeping the holistic concept in mind.

h) Folliculinum was used in 200 potency

i) Folliculinum was given on 11th day of menses, and like that given at two continuous menstrual cycle. And the effect of folliculinum was evaluated on Premenstrual Syndrome after 1st dose and 2nd dose

j) The Homoeopathic remedy from standard Homoeopathic Pharmacy has been used.

k) All cases were reviewed according to the duration and requirements of the case and changes were recorded.

Criteria for the diagnosis of disease:-

a) All cases were diagnosed clinically based on clinical features mentioned in DUTTA DC, TEXTBOOK OF GYNECOLOGY

b) A Detailed history was taken in each case with special reference to previous history, family history, physical generals and mental generals.

c) Systemic examination has been done in all cases to exclude the possibility of other systemic diseases.

Response shall be divided in four categories.

1. Significantly Improved: Sensation of well being with disappearance of all the symptoms for which the patient approached during the study period without recurrence.
2. Moderately Improved: Decrease in intensity and / or frequency of presenting complaints with a feeling of wellbeing.
3. Status quo: No change in presenting complaints.
4. Increased: Increased intensity of presenting complaints

Number of cases: 30

Inclusion Criteria-

a) Females aged 15–19 years

b) Regular menstrual cycles (21–35 days).

Exclusion Criteria-

1) Medical problems including thyroid disorders, autoimmune disease, asthma, adrenal disorders, or epilepsy

2) Untreated depression or psychiatric disorders;

3) Gynaecologic problems including endometriosis or pelvic inflammatory disease; or

4) Using hormonal medication such as oral contraceptive pills.

The parents or guardians of the participating students provided written informed consent.

Follow up: All patients were followed as per the requirements of the case to assess the subjective and objective improvement.

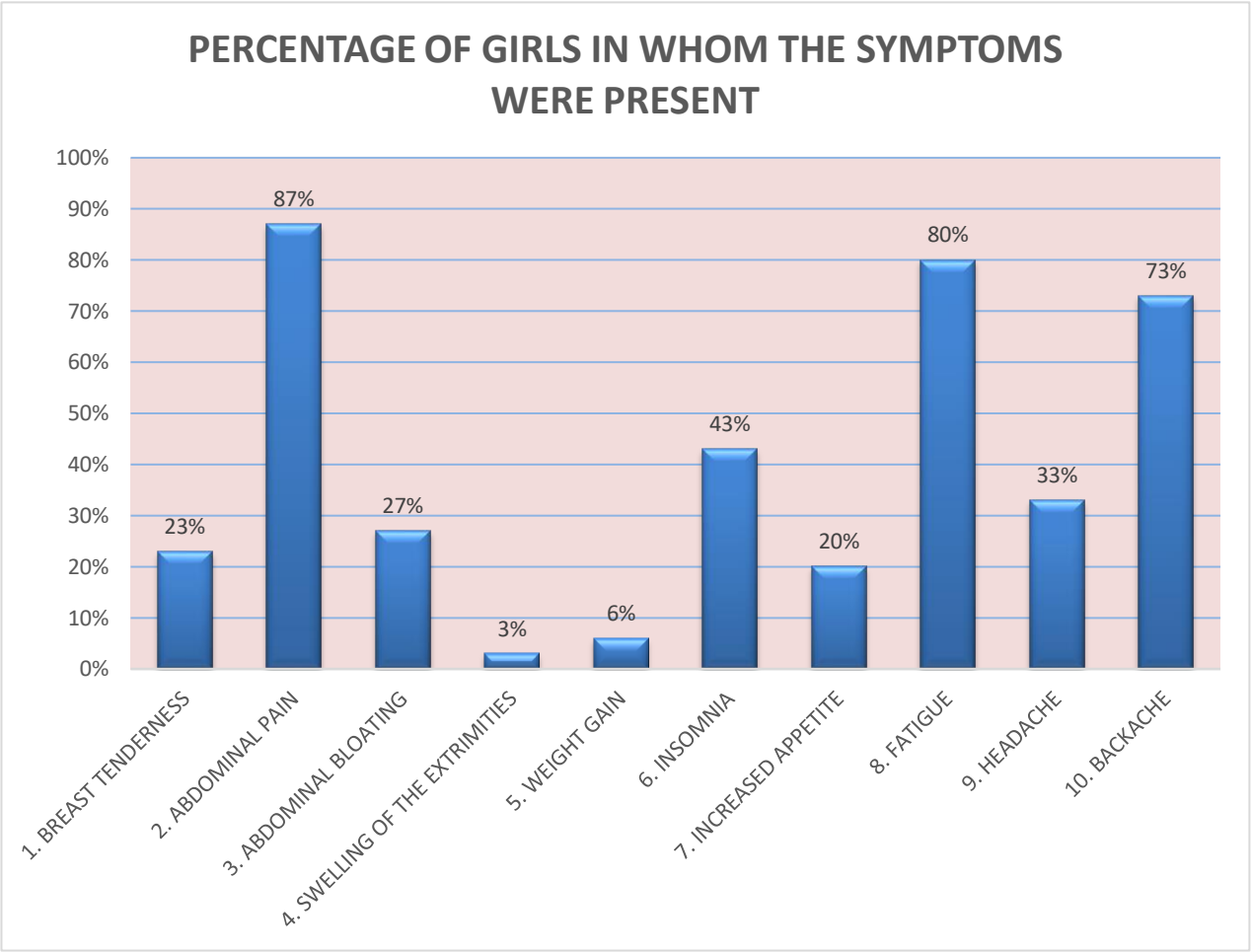
Effectiveness: Effectiveness of the treatment was assessed on the basis of clinical improvement and relief of symptoms.

Conclusion: The symptoms that repeatedly appear in patients who were significantly improved and moderately improved under the treatment were selected to form clinical remedy profile.

OBSERVATION AND RESULTS

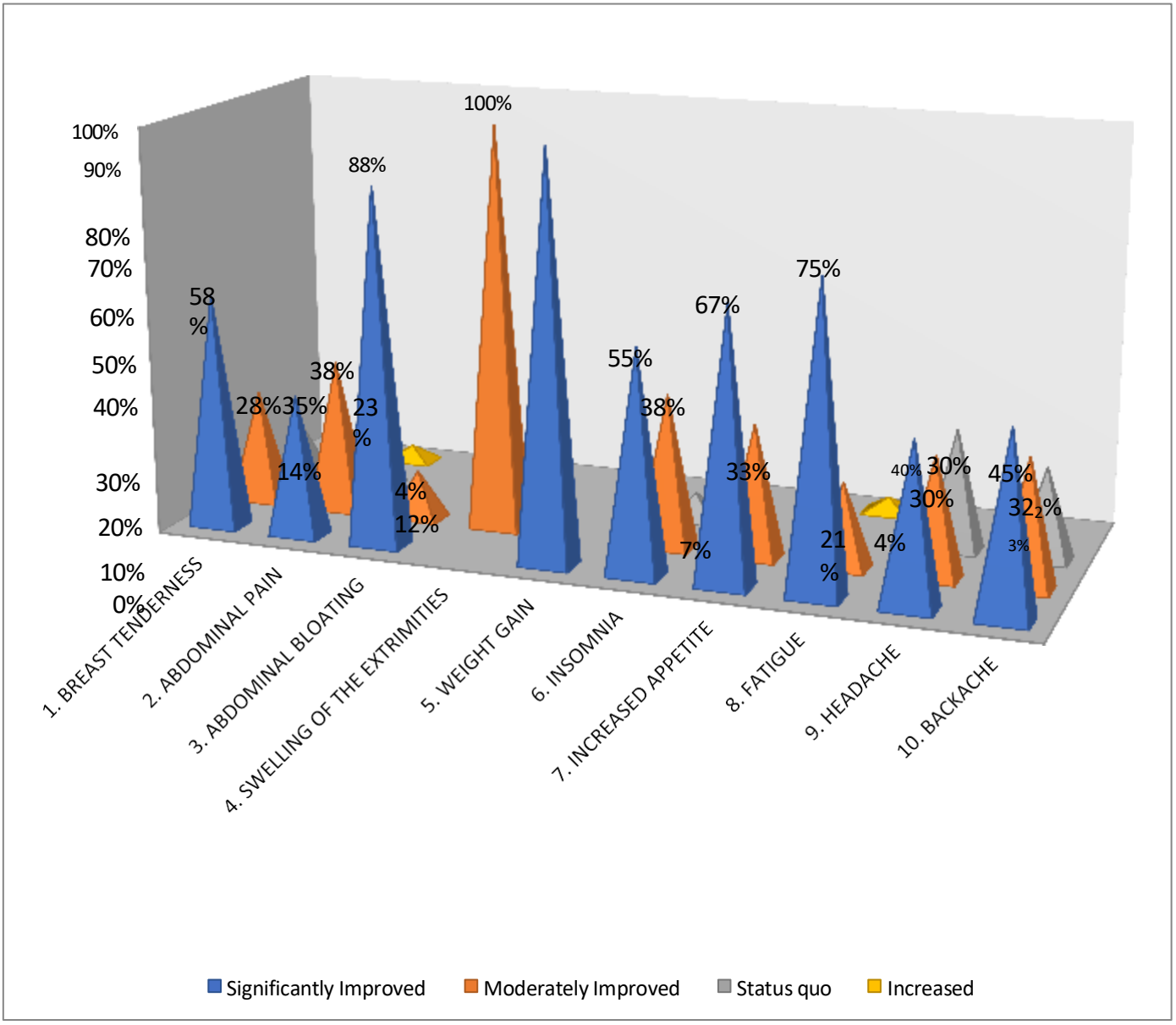
DISTRIBUTION OF CASES ACCORDING TO THE TOTAL NUMBER OF GIRLS IN WHOM THE PHYSICAL SYMPTOMS WERE PRESENT

PHYSICAL SYMPTOMS	TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
1. BREAST TENDERNESS	7 (23%)
2. ABDOMINAL PAIN	26 (87%)
3. ABDOMINAL BLOATING	8 (27%)
4. SWELLING OF THE EXTRIMITIES	1 (3%)
5. WEIGHT GAIN	2 (6%)
6. INSOMNIA	13 (43%)
7. INCREASED APPETITE	6 (20%)
8. FATIGUE	24 (80%)
9. HEADACHE	10 (33%)
10. BACKACHE	22 (73%)


PERCENTAGE OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
23%
87%
27%
3%
6%
43%
20%
80%
33%
73%
1. BREAST TENDERNESS
2. ABDOMINAL PAIN
3. ABDOMINAL BLOATING
4. SWELLING OF THE EXTRIMITIES
5. WEIGHT GAIN
6. INSOMNIA
7. INCREASED APPETITE
8. FATIGUE
9. HEADACHE
10. BACKACHE

EFFECT OF FOLLICULINUM ON PHYSICAL SYMPTOMS BEFORE MENSES AFTER THE FIRST DOSE

	NUMBER OF GIRLS SHOWING THE EFFECT OF FOLLICULINUM ON PHYSICAL SYMPTOMS				**TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT**
Physical symptoms	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. Breast tenderness	4 (58%)	2 (28%)	1 (14%)		7 (23%)
2. Abdominal pain	9 (35%)	10 (38%)	6 (23%)	1 (4%)	26 (87%)
3. Abdominal bloating	7(88%)	1 (12%)			8 (27%)
4. Swelling of the extremities		1 (100%)			1 (3%)
5. Weight gain	2 (100%)				2 (6%)
6. Insomnia	7 (55%)	5 (38%)	1 (7%)		13 (43%)
7. Increased appetite	4 (67%)	2 (33%)			6 (20%)
8. Fatigue	18(75%)	5(21%)		1(4%)	24 (80%)
9. Headache	4 (40%)	3 (30%)	3 (30%)		10 (33%)
10. Backache	10 (45%)	7 (32%)	5 (23%)		22 (73%)



Observation: In this study of 30 cases, 7 cases had BREAST TENDERNESS, 26 cases had ABDOMINAL PAIN, 8 cases had ABDOMINAL BLOATING, 1 case had SWELLING OF THE EXTRIMITIES, 2 cases had WEIGHT GAIN,
13 cases had INSOMNIA,6 cases had INCREASED APPETITE, 24 cases had FATIGUE, 10 cases had HEADACHE, 22 cases had BACKACHE.

	CHART SHOWING EFFECT OF FOLLICULINUM ON BREAST TENDERNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. BREAST TENDERNESS	4 (58%)	2 (28%)	1 (14%)		7 (23%)

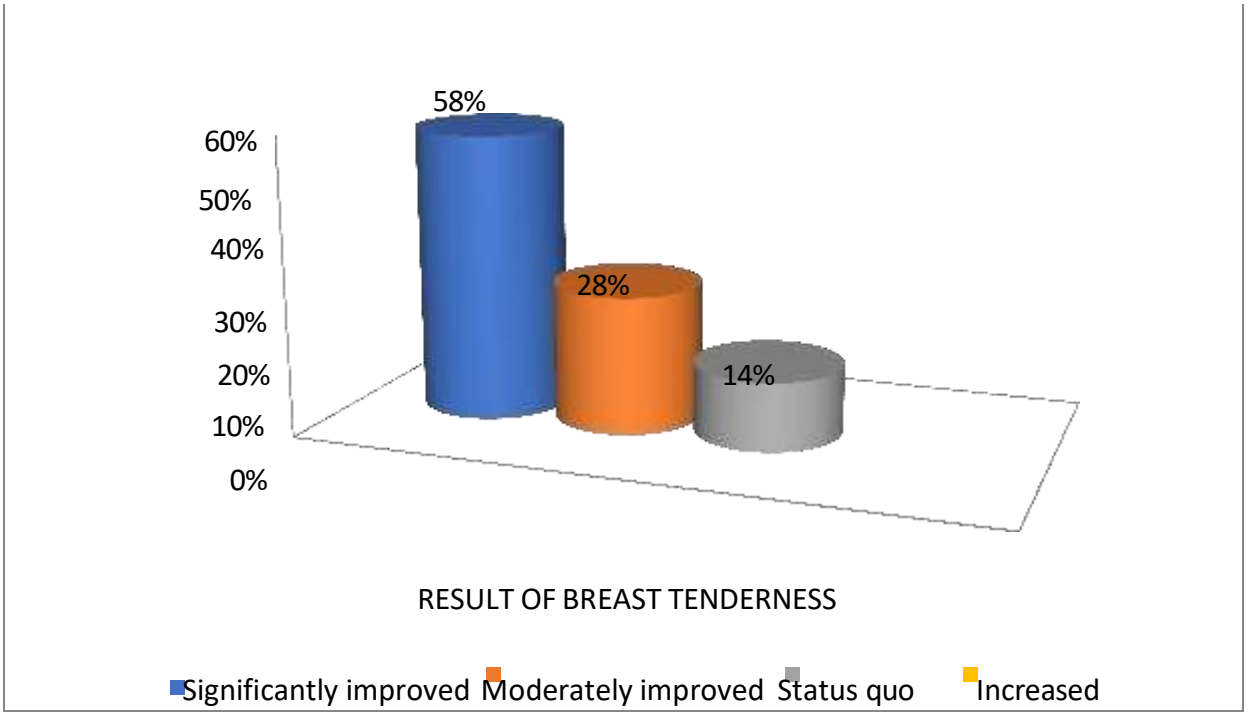


	CHART SHOWING EFFECT OF FOLLICULINUM ON ABDOMINAL PAIN				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
2. ABDOMINAL PAIN	9 (35%)	10 (38%)	6 (23%)	1 (4%)	26 (87%)

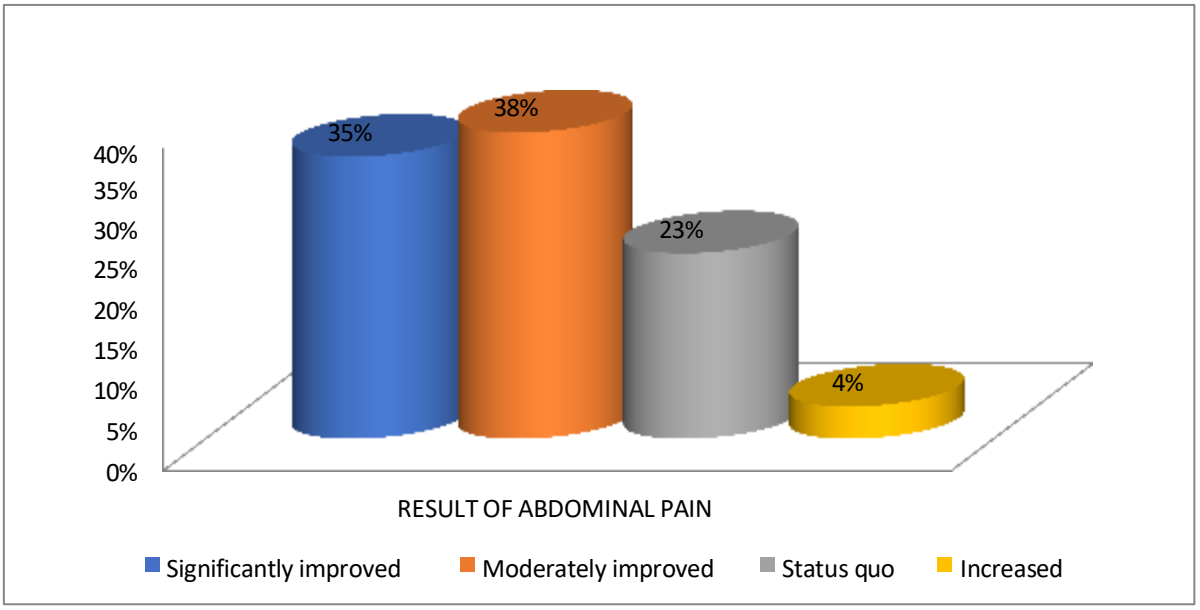


	CHART SHOWING EFFECT OF FOLLICULINUM ON ABDOMINAL BLOATING				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
3. ABDOMINAL BLOATING	7(88%)	1 (12%)			8 (27%)

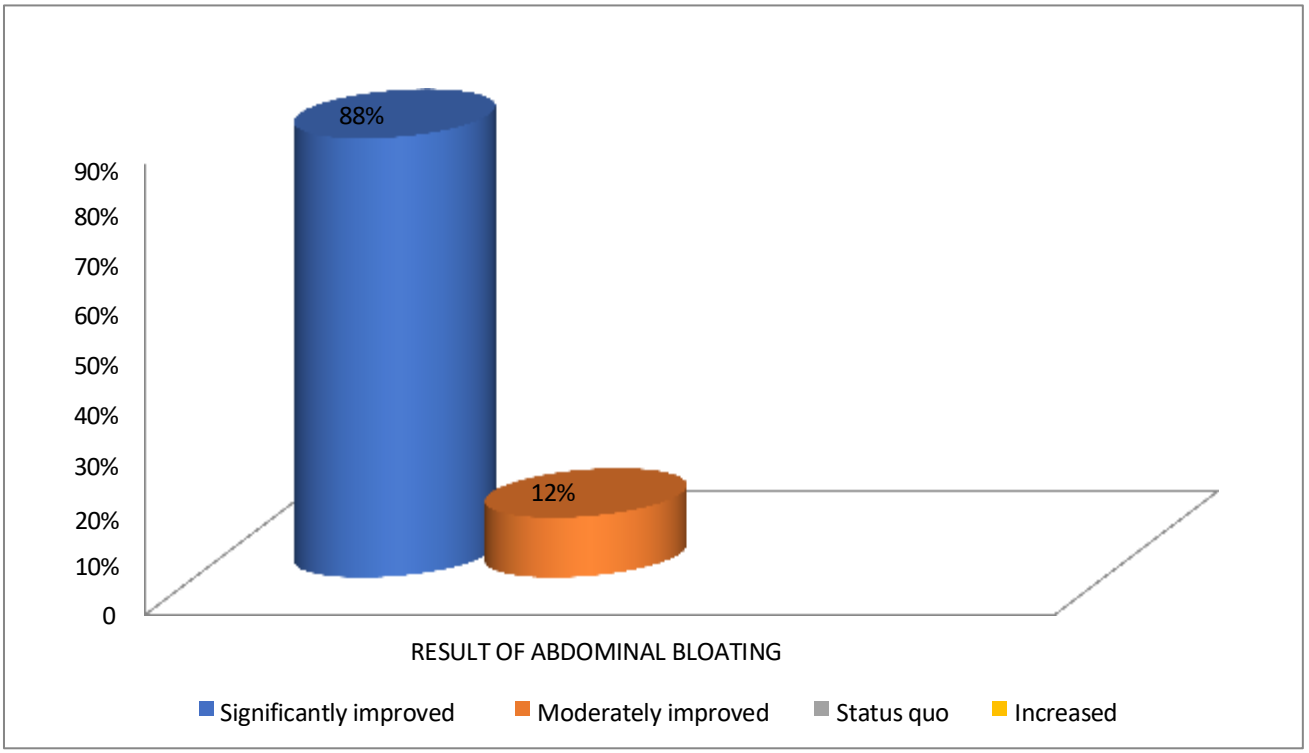


	CHART SHOWING EFFECT OF FOLLICULINUM ON SWELLING OF THE EXTRIMITIES				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
4. SWELLING OF THE EXTREMITIES		1 (100%)			1 (3%)

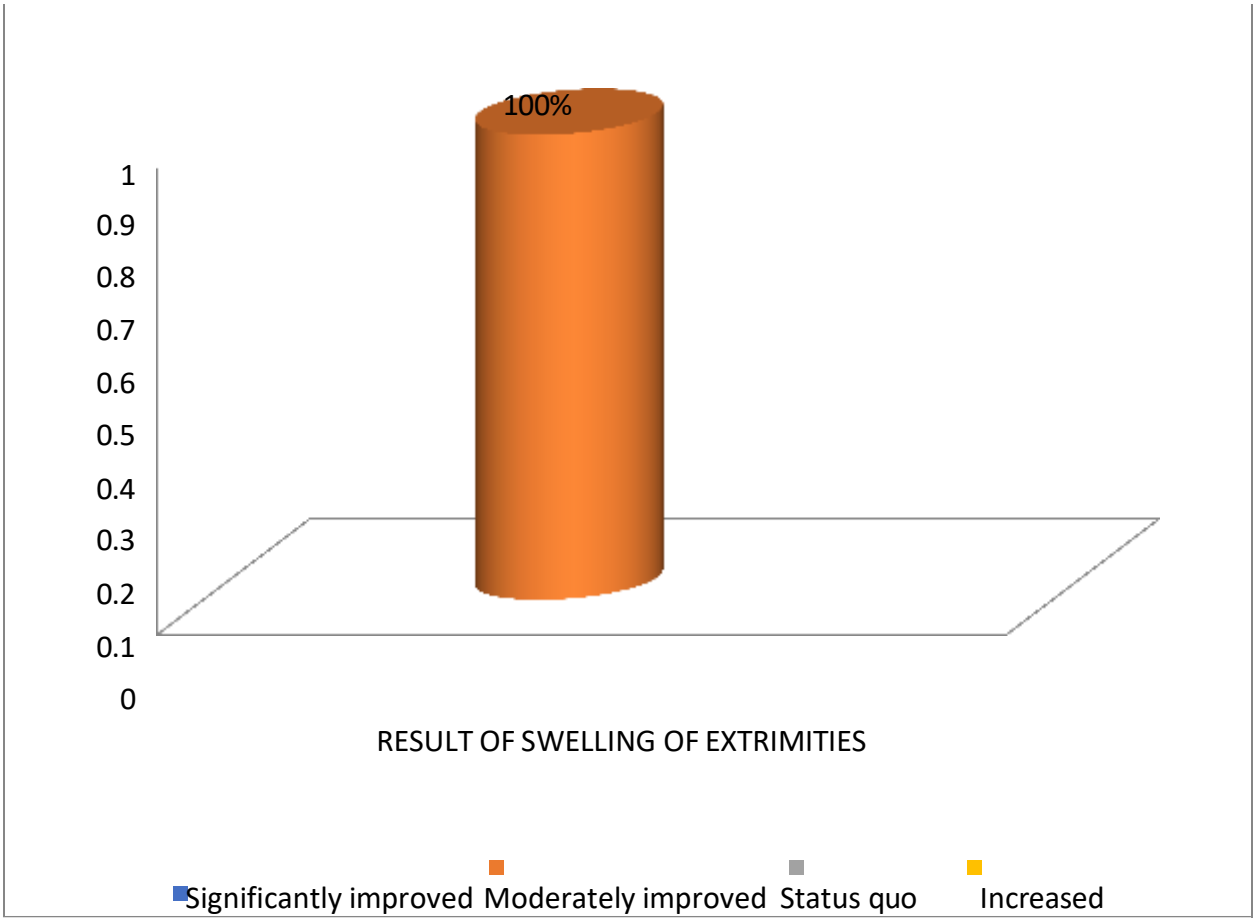


	CHART SHOWING EFFECT OF FOLLICULINUM ON WEIGHT GAIN				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
5. WEIGHT GAIN	2(100%)				2(7%)

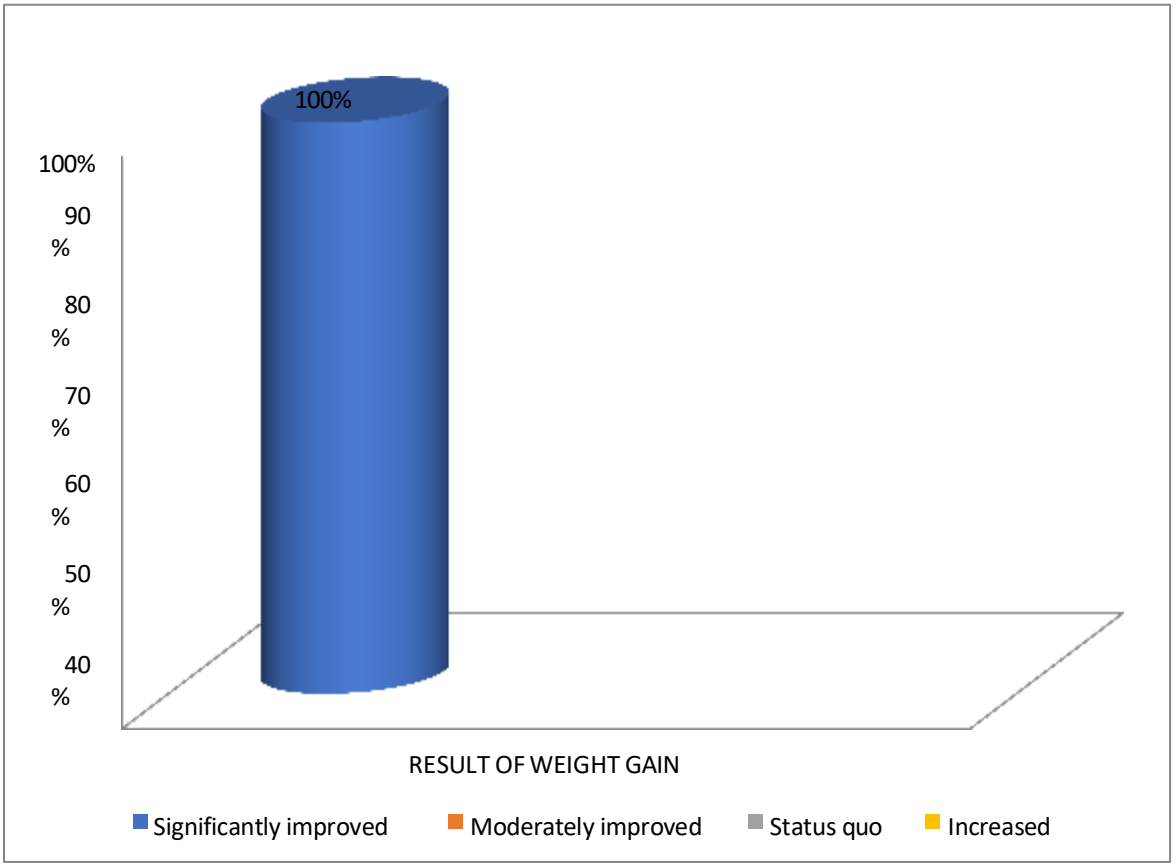


	CHART SHOWING EFFECT OF FOLLICULINUM ON INSOMNIA				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
6. INSOMNIA	7 (55%)	5(38%)	1(7%)		13 (43%)

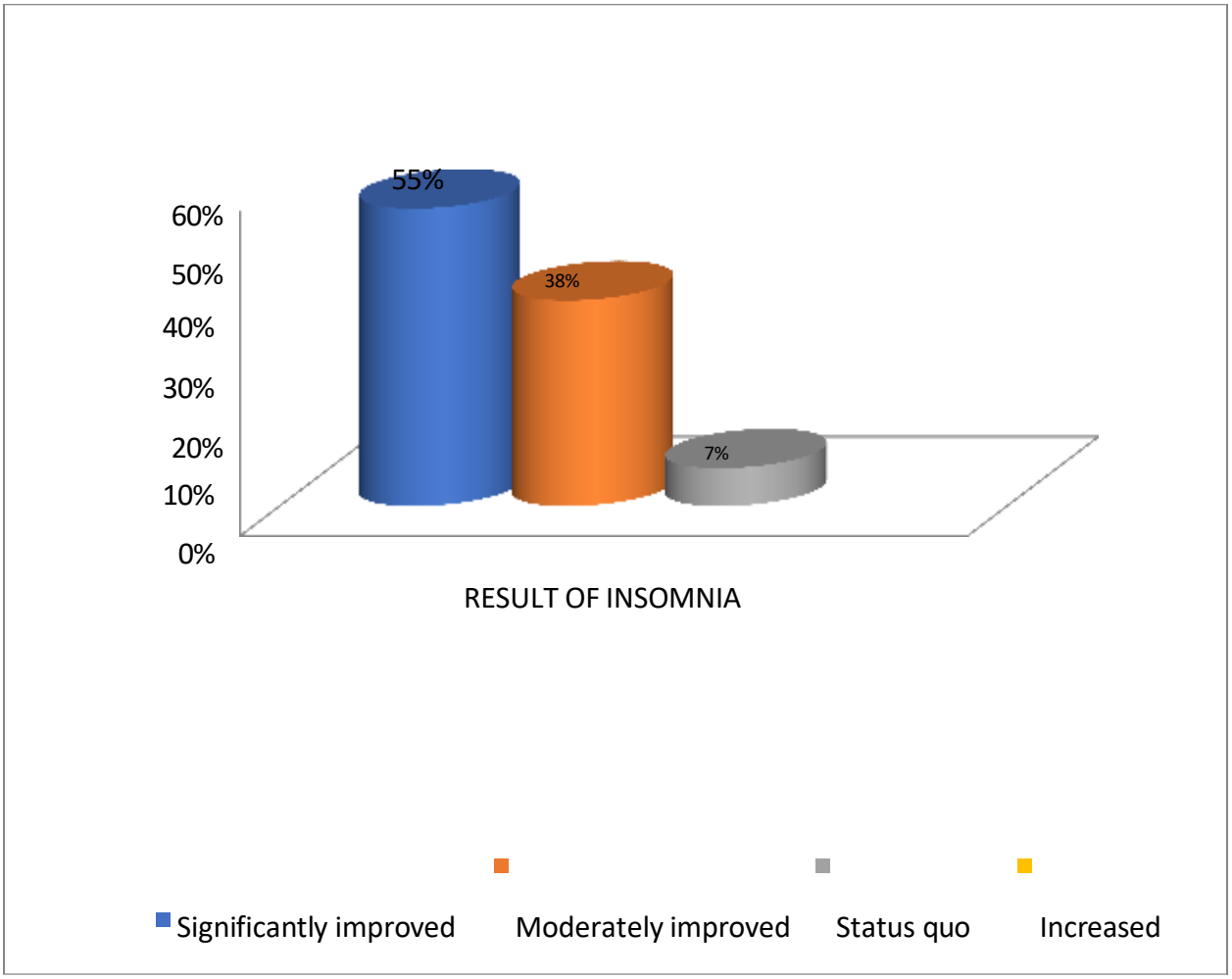


	CHART SHOWING EFFECT OF FOLLICULINUM ON INCREASED APPETITE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
7. INCREASED APPETITE	4 (67%)	2 (33%)			6 (20%)

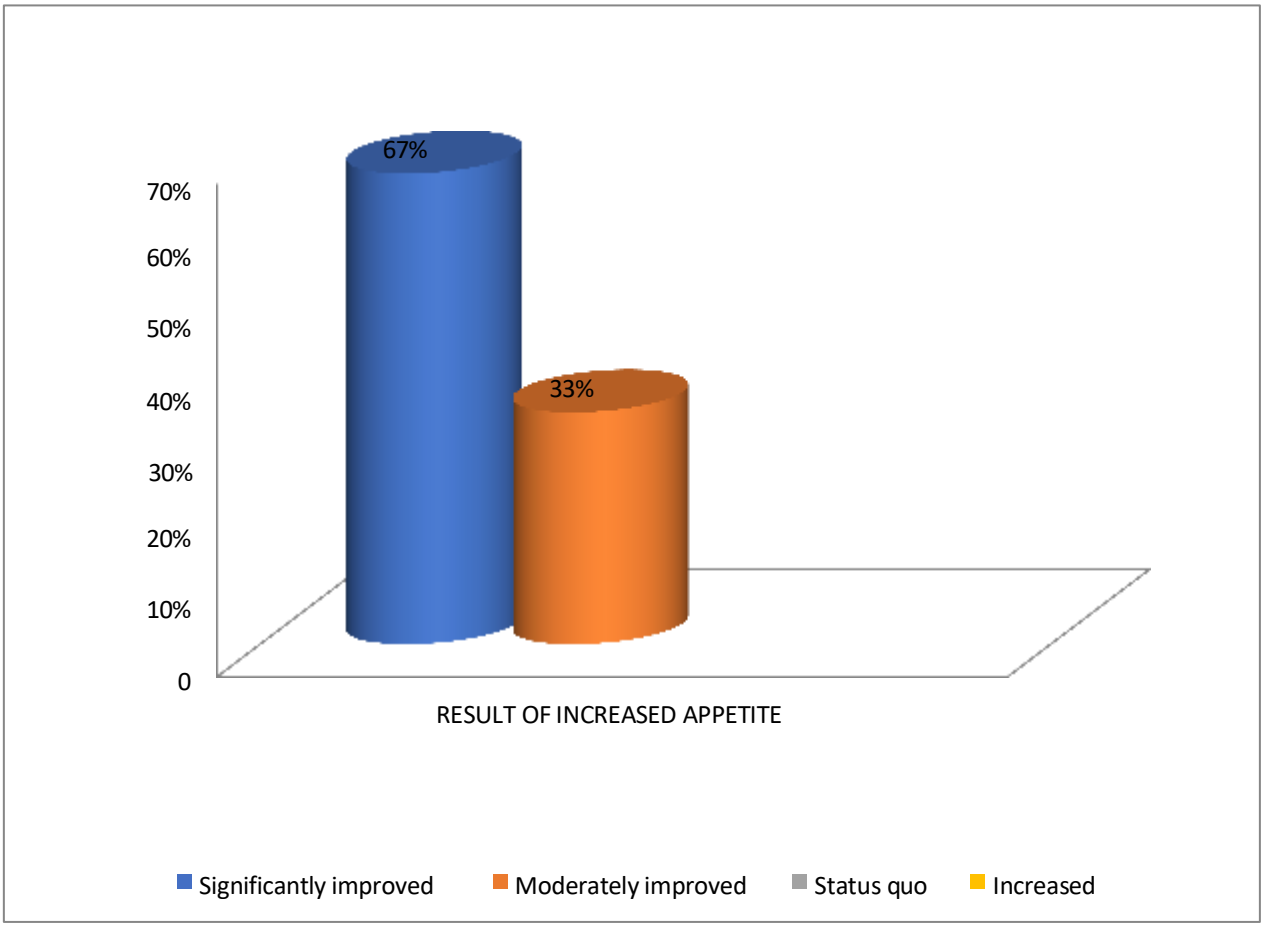


	CHART SHOWING EFFECT OF FOLLICULINUM ON FATIGUE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
8. FATIGUE	18 (75%)	5 (21%)		1 (4%)	24 (80%)

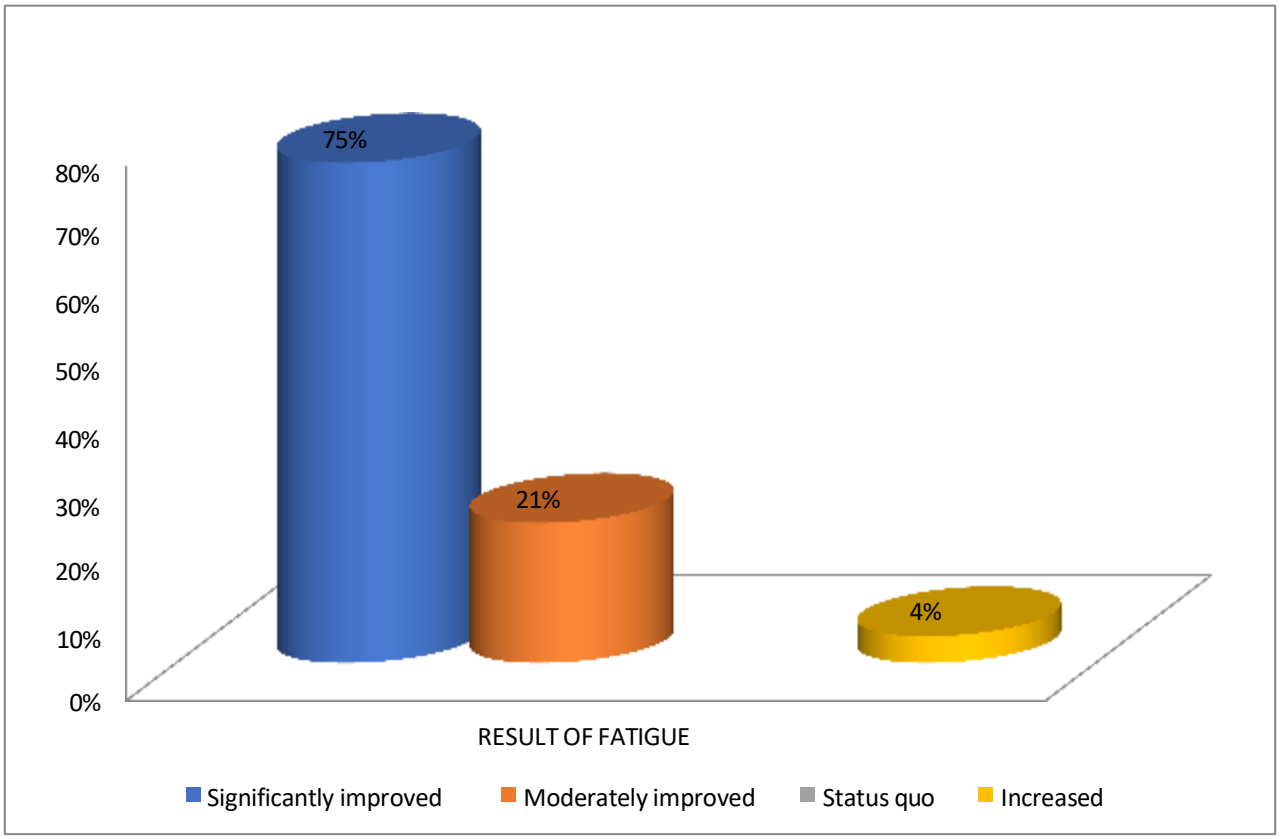


	CHART SHOWING EFFECT OF FOLLICULINUM ON HEADACHE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
9. HEADACHE	4 (40%)	3 (30%)	3 (30%)		10 (33%)

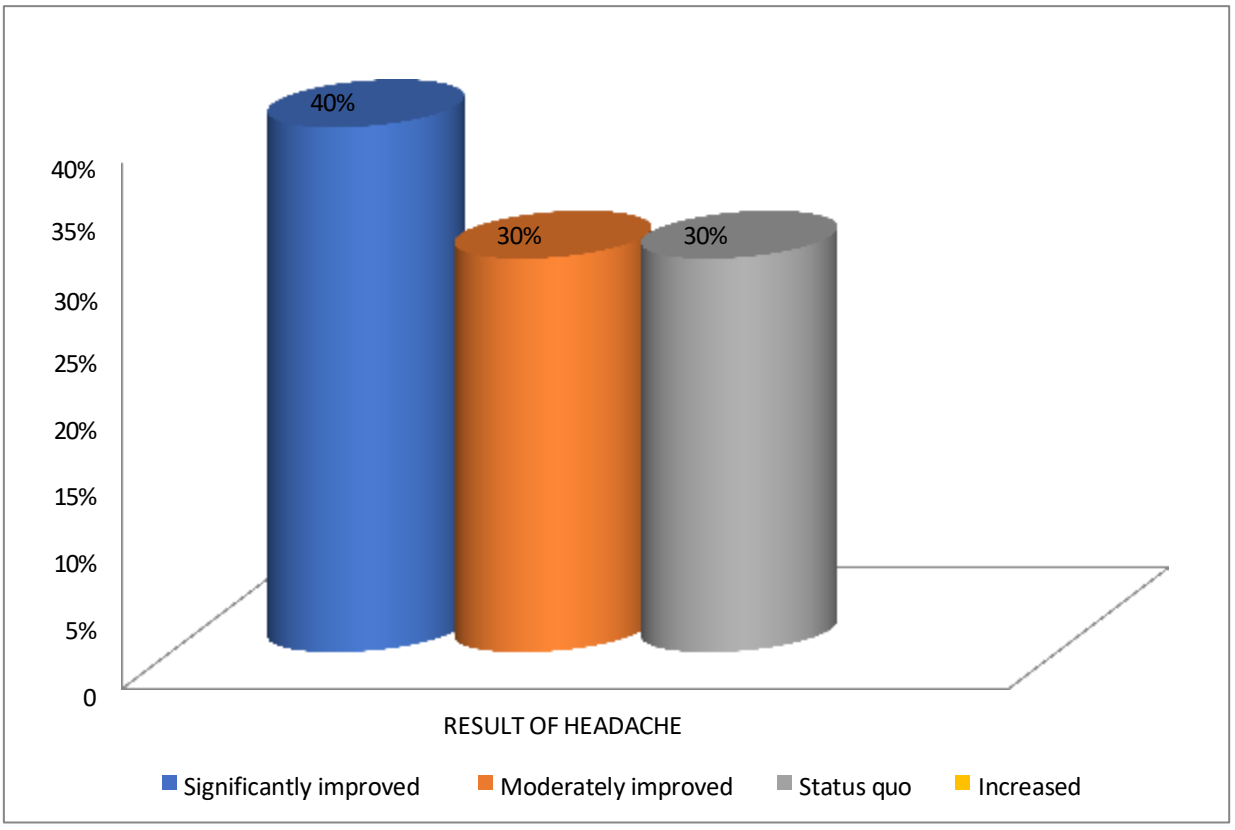
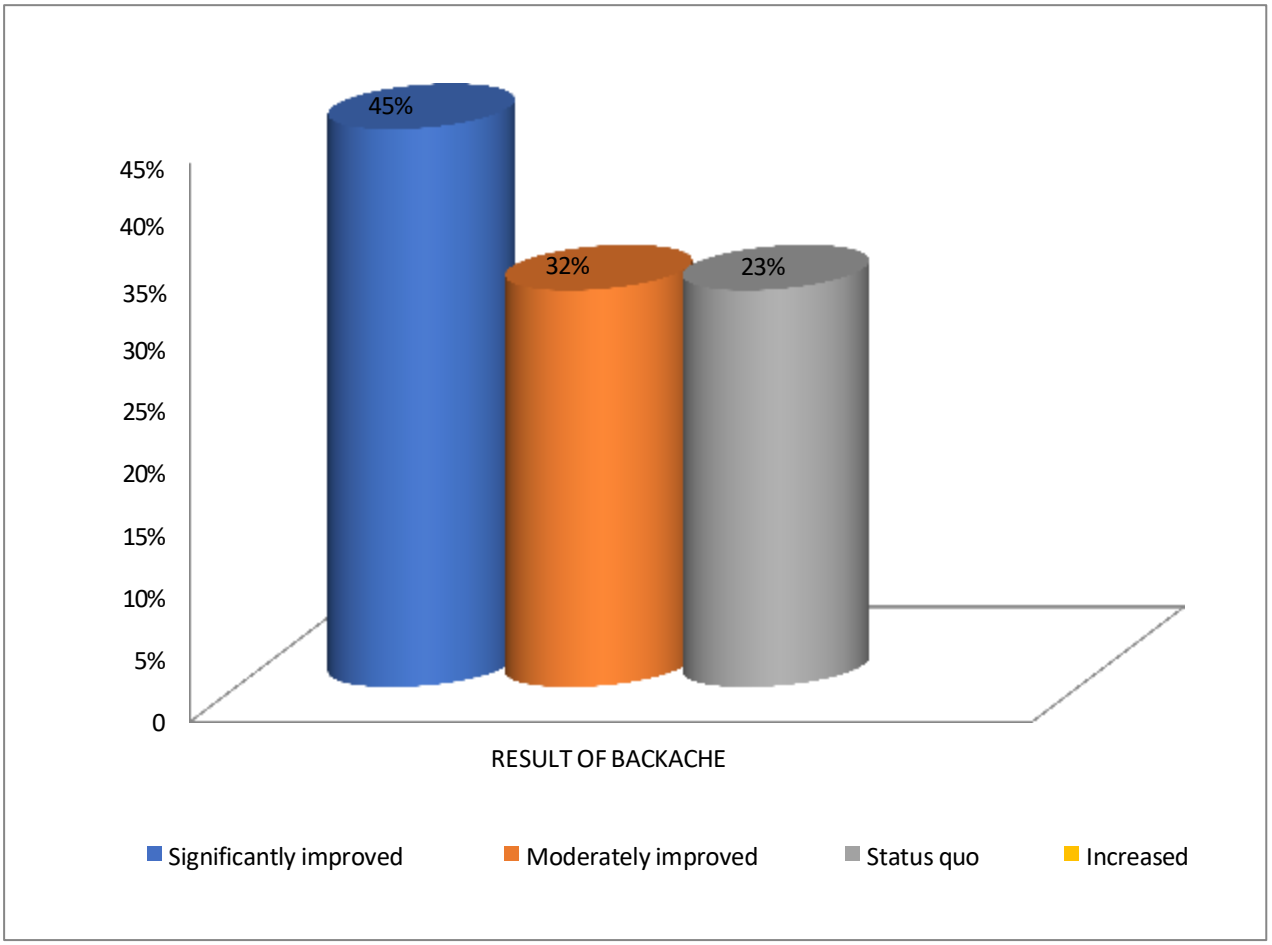
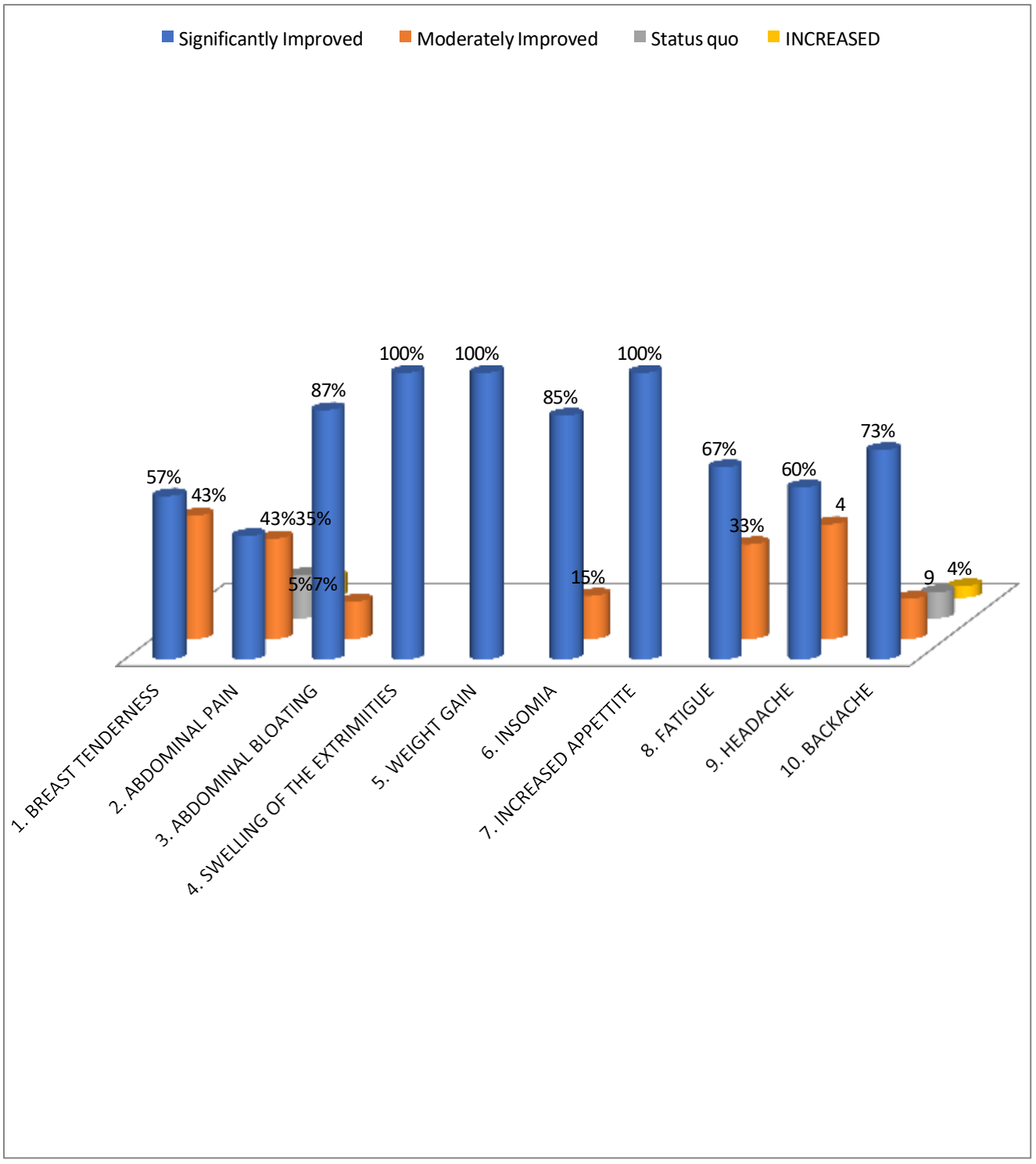


	CHART SHOWING EFFECT OF FOLLICULINUM ON BACKACHE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
10. BACKACHE	10 (45%)	7 (32%)	5 (23%)		22 (73%)



EFFECT OF FOLLICULINUM ON PHYSICAL SYMPTOMS BEFORE MENSES AFTER SECOND DOSE

	NUMBER OF GIRLS SHOWING EFFECT OF FOLLICULINUM ON PHYSICAL SYMPTOMS				**TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT**
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. BREAST TENDERNESS	4 (57%)	3 (43%)			7 (23%)
2. ABDOMINAL PAIN	11 (43%)	9 (35%)	4 (15%)	2 (7%)	26 (87%)
3. ABDOMINAL BLOATING	7 (87%)	1 (13%)			8 (27%)
4. SWELLING OF THE EXTRIMIITIES	1(100%)				1 (3%)
5. WEIGHT GAIN	2 (100%)				2 (7%)
6. INSOMIA	11 (85%)	2 (15%)			13 (43%)
7.INCREASED APPETTITE	6 (100%)				6 (20%)
8. FATIGUE	16 (67%)	8 (33%)			24 (80%)
9.HEADACHE	6 (60%)	4 (40%)			10 (33%)
10.BACKACHE	16 (73%)	3(14%)	2 (9%)	1 (4%)	22 (73%)



In this study of 30 cases, 7 cases had BREAST TENDERNESS, 26 cases had ABDOMINAL PAIN, 8 cases had ABDOMINAL BLOATING, 1 case had SWELLING OF THE EXTREMITIES, 2 cases had WEIGHT GAIN, 13 cases had INSOMNIA, 6 cases had INCREASED APPETITE, 24 cases had FATIGUE, 10 cases had HEADACHE, 22 cases had BACKACHE.

	CHART SHOWING EFFECT OF FOLLICULINUM ON BREAST TENDERNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. BREAST TENDERNESS	4 (57%)	3 (43%)			7 (23%)

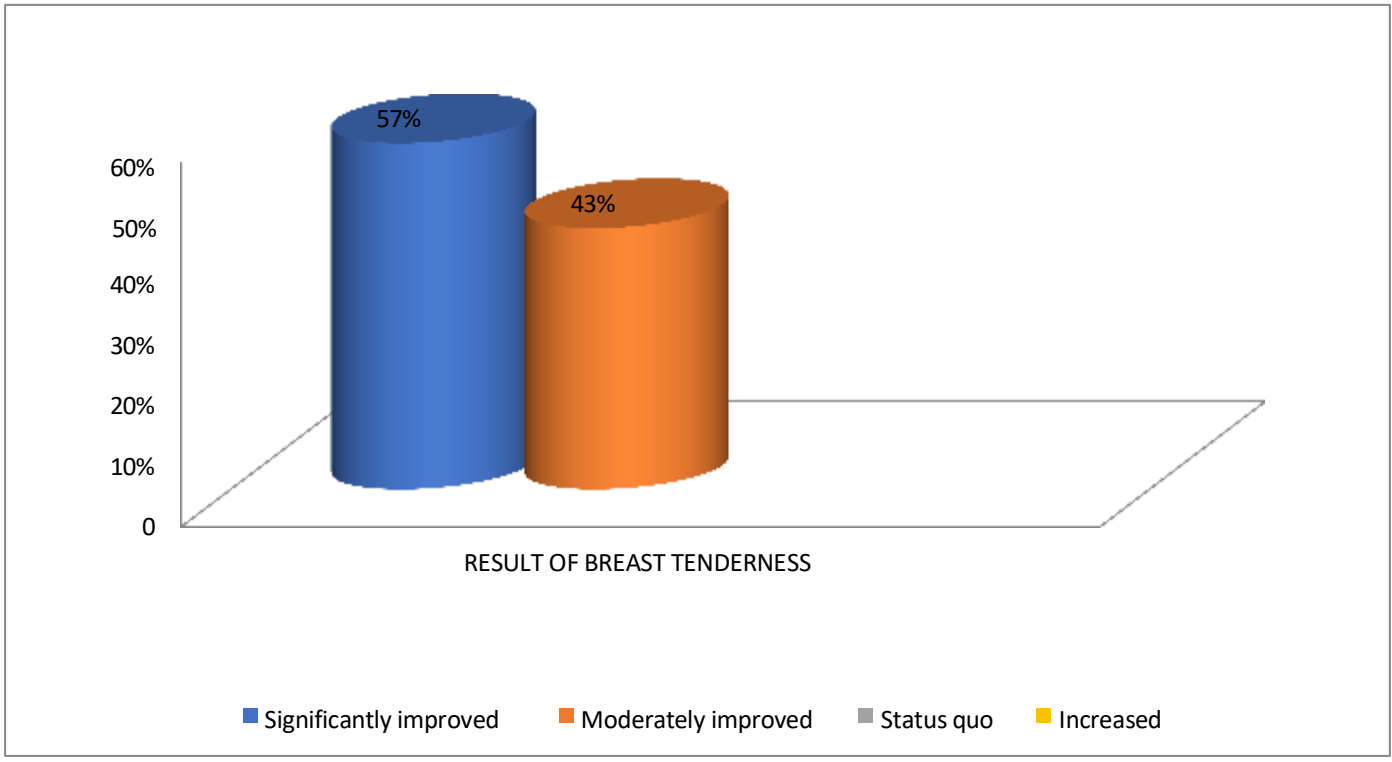


	CHART SHOWING EFFECT OF FOLLICULINUM ON ABDOMINAL PAIN				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
2. ABDOMINAL PAIN	11 (43%)	9 (35%)	4 (15%)	2 (7%)	26 (87%)

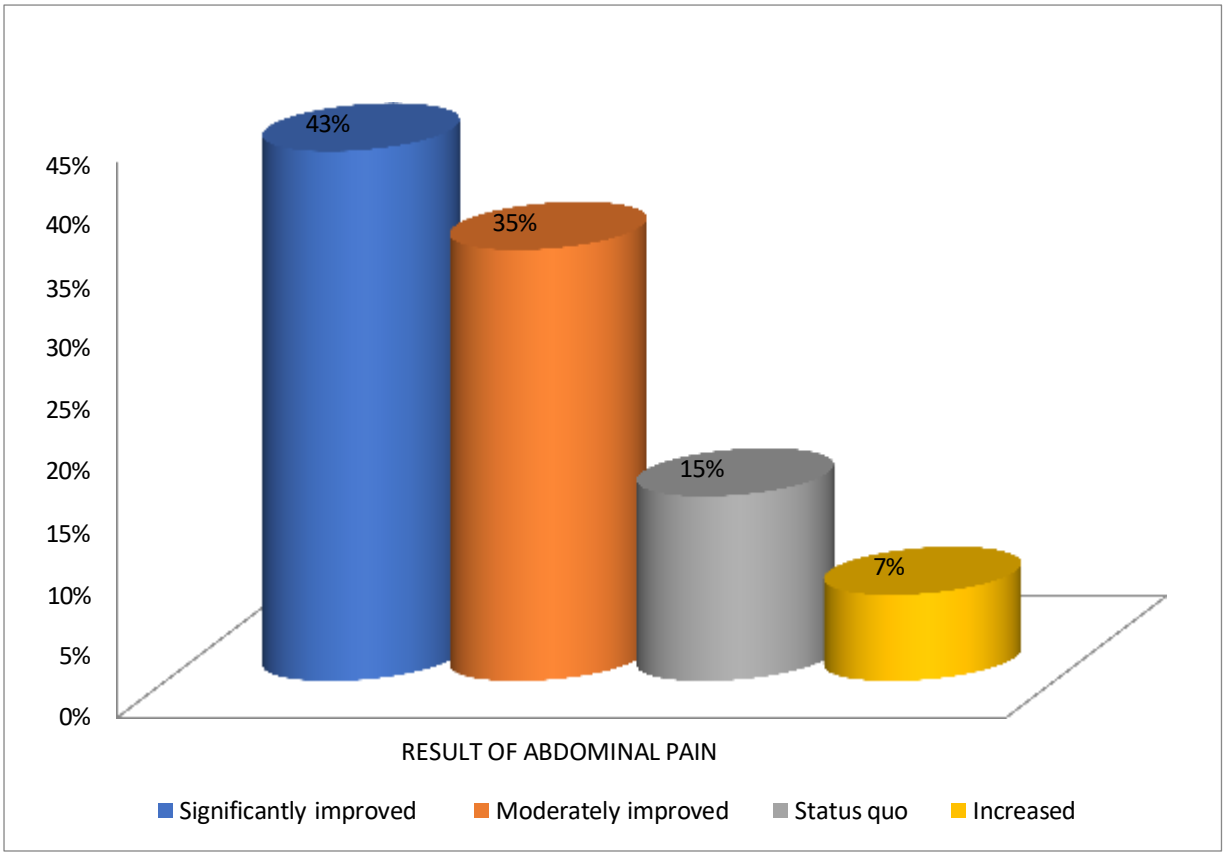


	CHART SHOWING EFFECT OF FOLLICULINUM ON ABDOMINAL BLOATING				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
3. ABDOMINAL BLOATING	7 (87%)	1 (13%)			8 (27%)

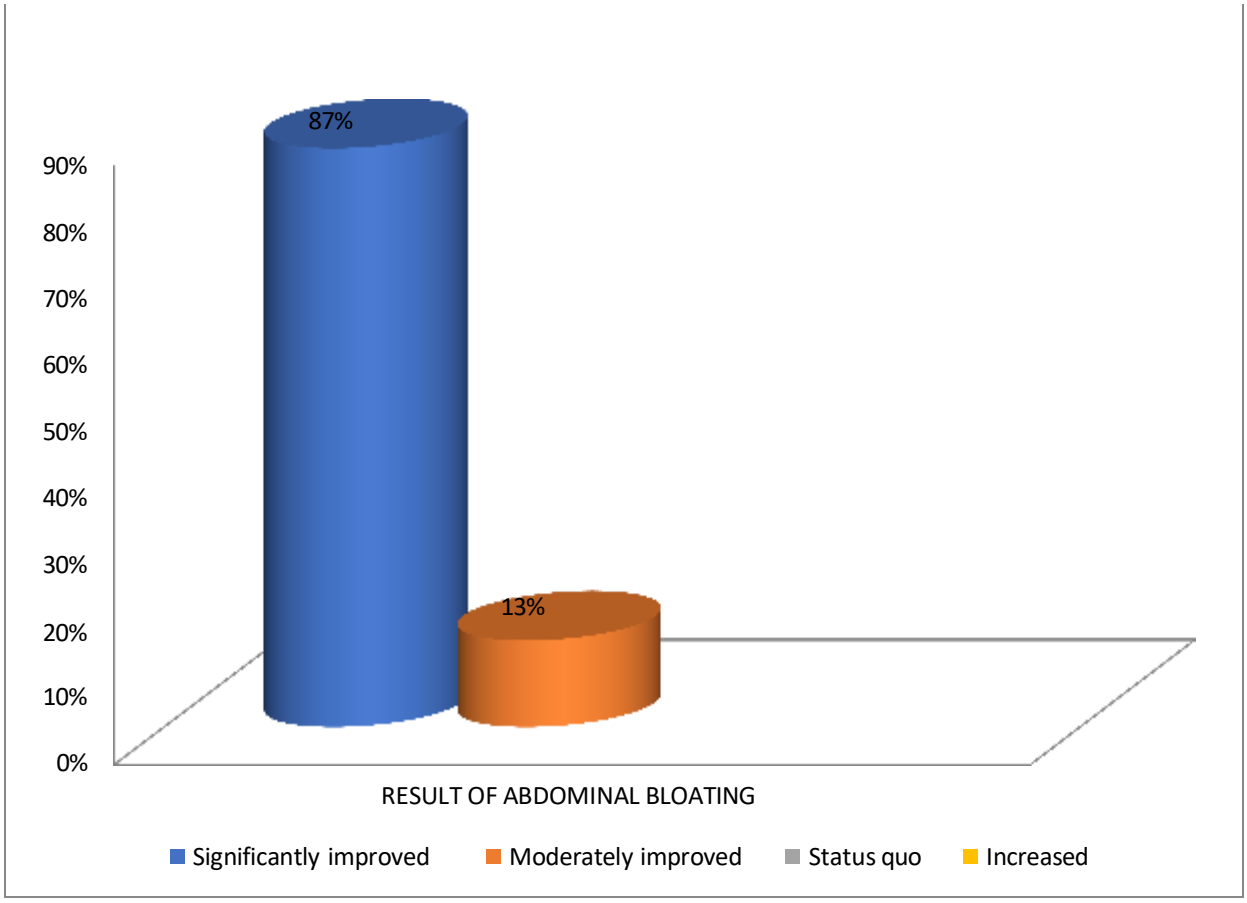


	CHART SHOWING EFFECT OF FOLLICULINUM ON SWELLING OF THE EXTREMITIES				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
4. SWELLING OF THE EXTREMITIES	1 (100%)				1 (3%)

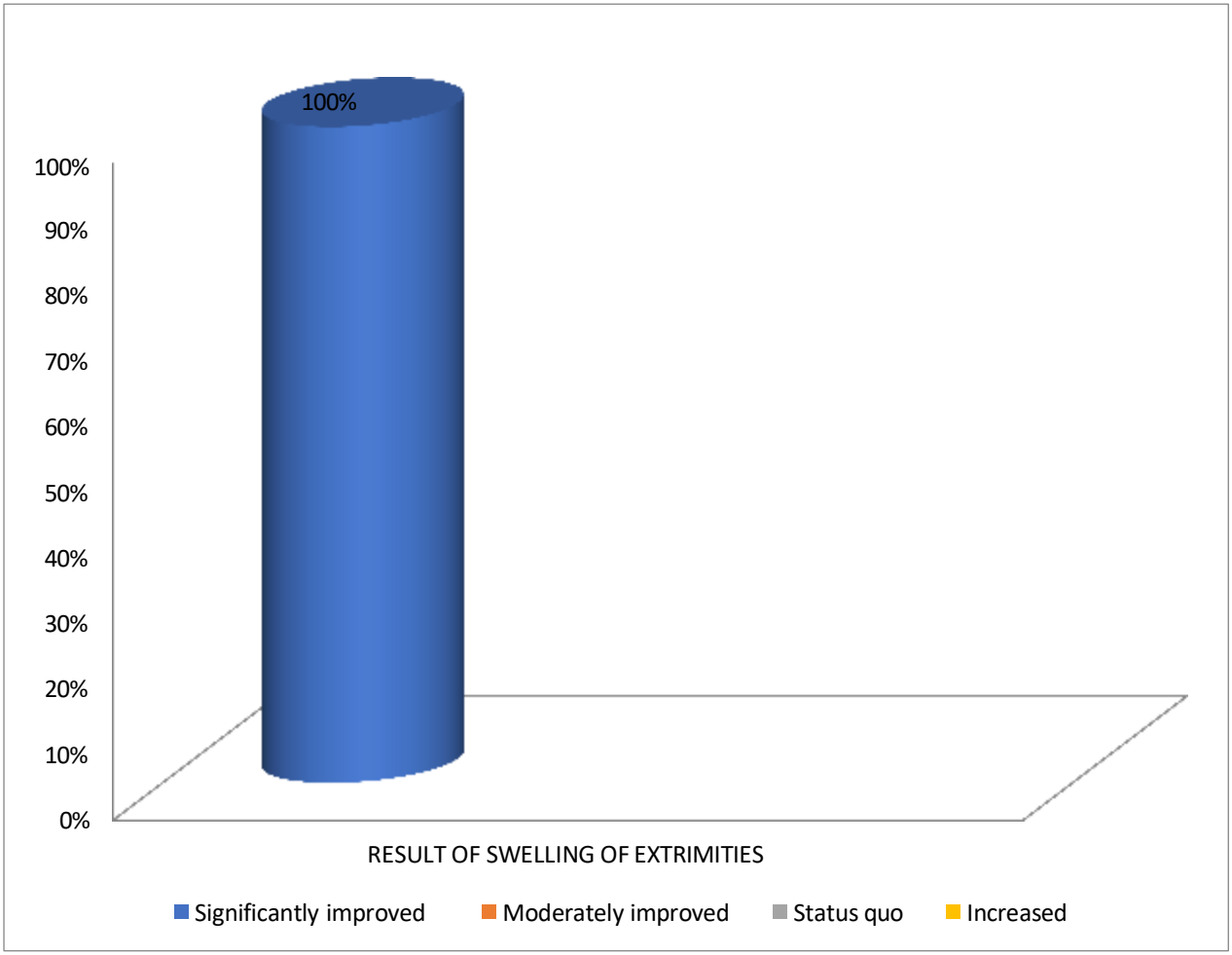


	CHART SHOWING EFFECT OF FOLLICULINUM ON WEIGHT GAIN				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
5. WEIGHT GAIN	2 (100%)				2 (7%)

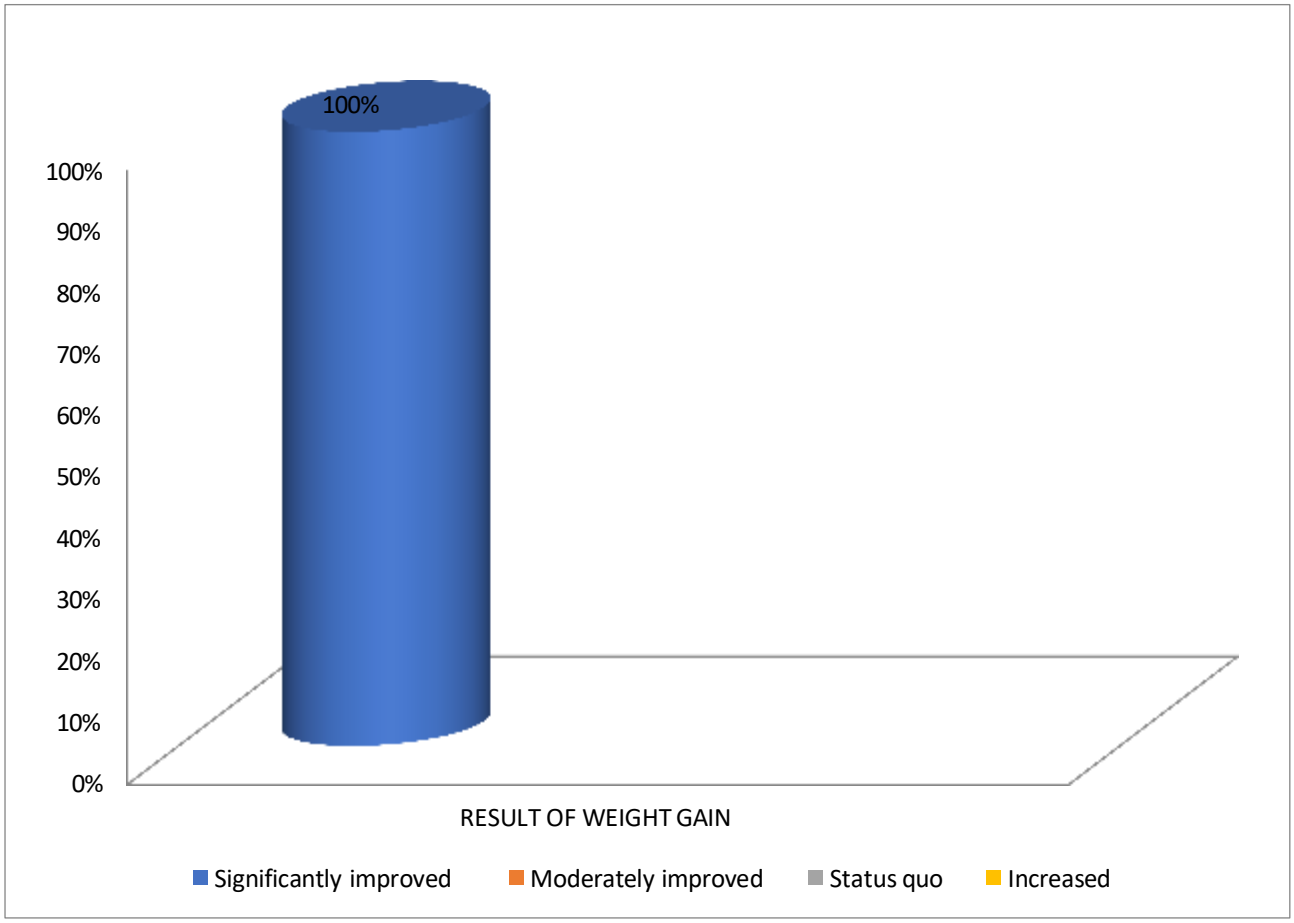


	CHART SHOWING EFFECT OF FOLLICULINUM ON INSOMNIA				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
6. INSOMNIA	11 (85%)	2 (15%)			13 (43%)

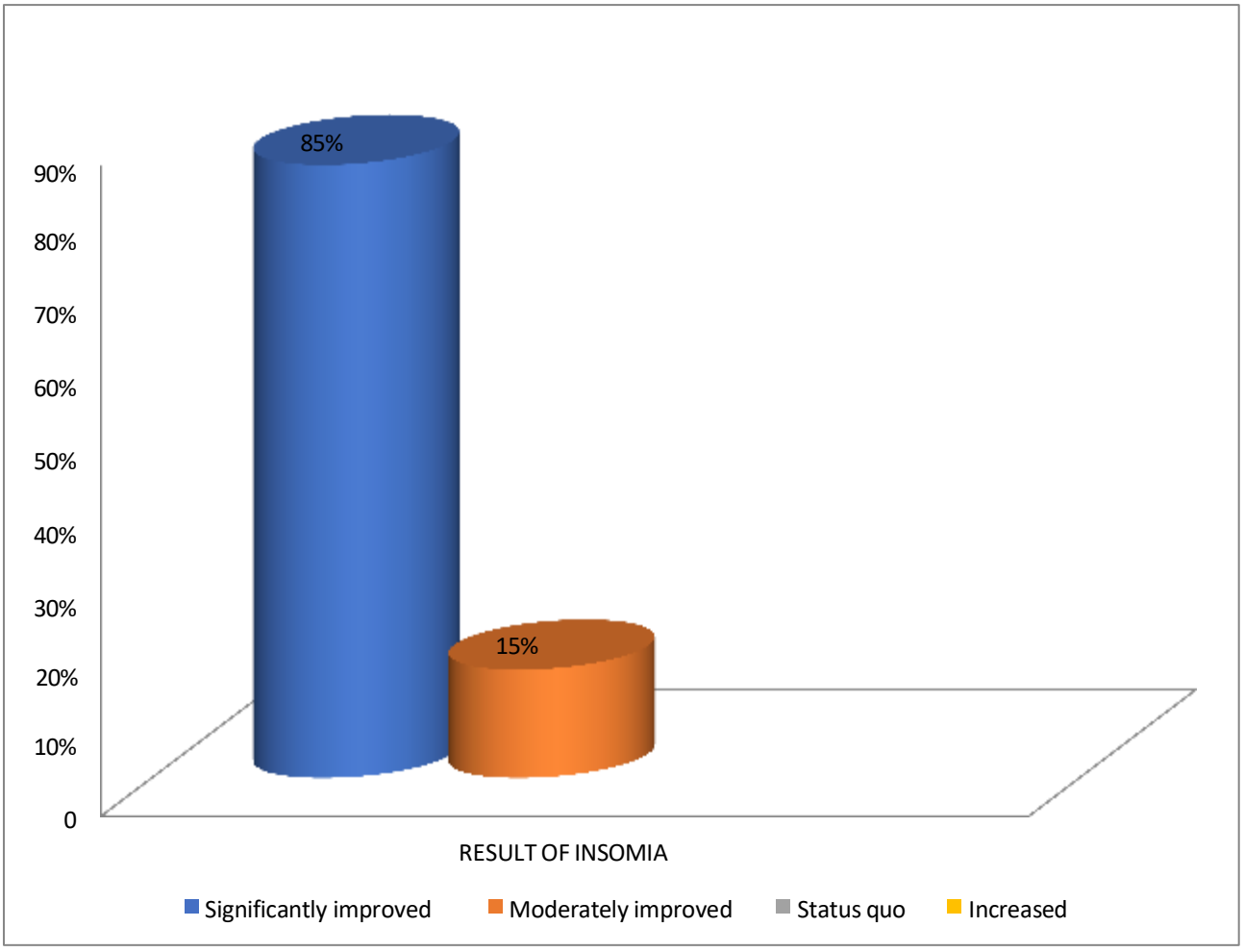


	CHART SHOWING EFFECT OFFOLLICULINUM ON INCREASED APPETITE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
7. INCREASED APPETITE	6 (100%)				6 (20%)

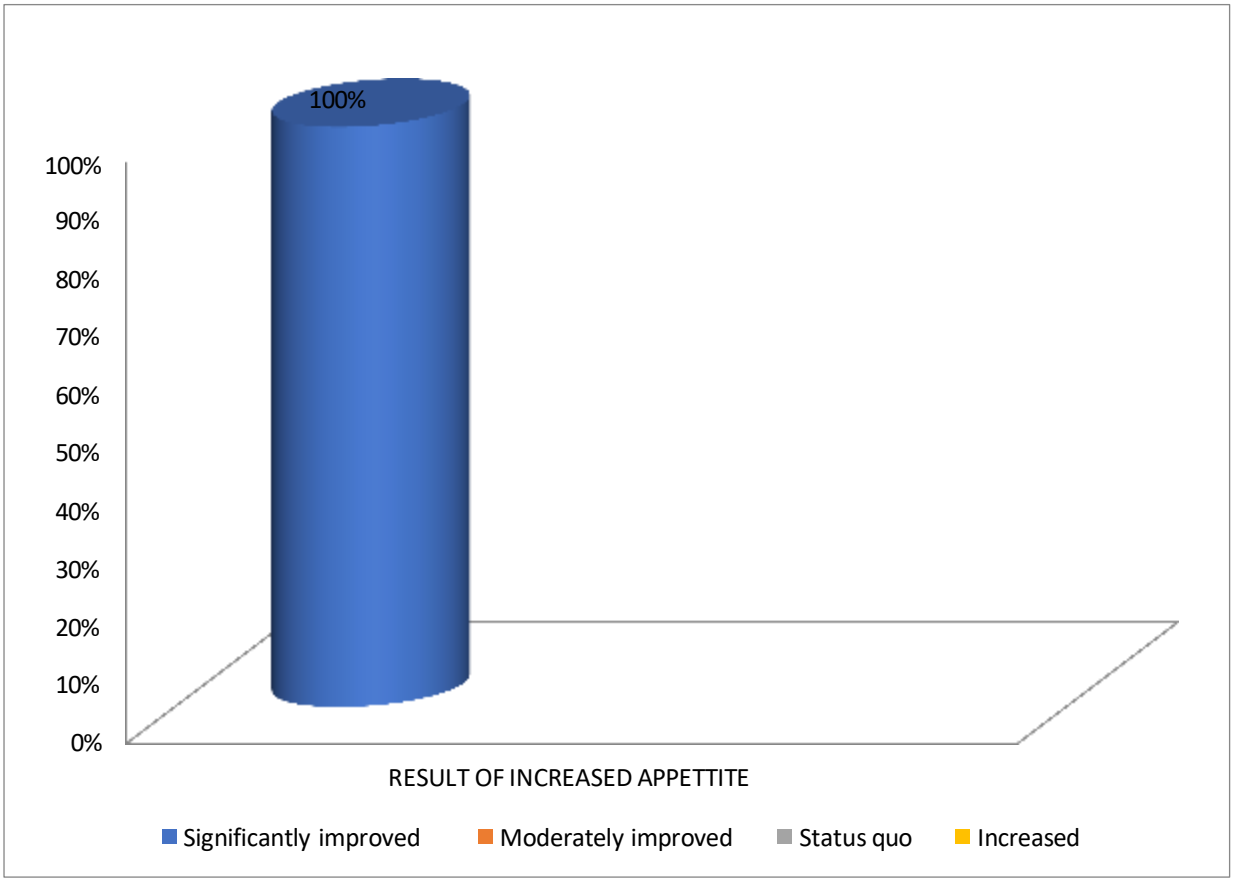


	CHART SHOWING EFFECT OF FOLLICULINUM ON FATIGUE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
8. FATIGUE	16 (67%)	8 (33%)			24 (80%)

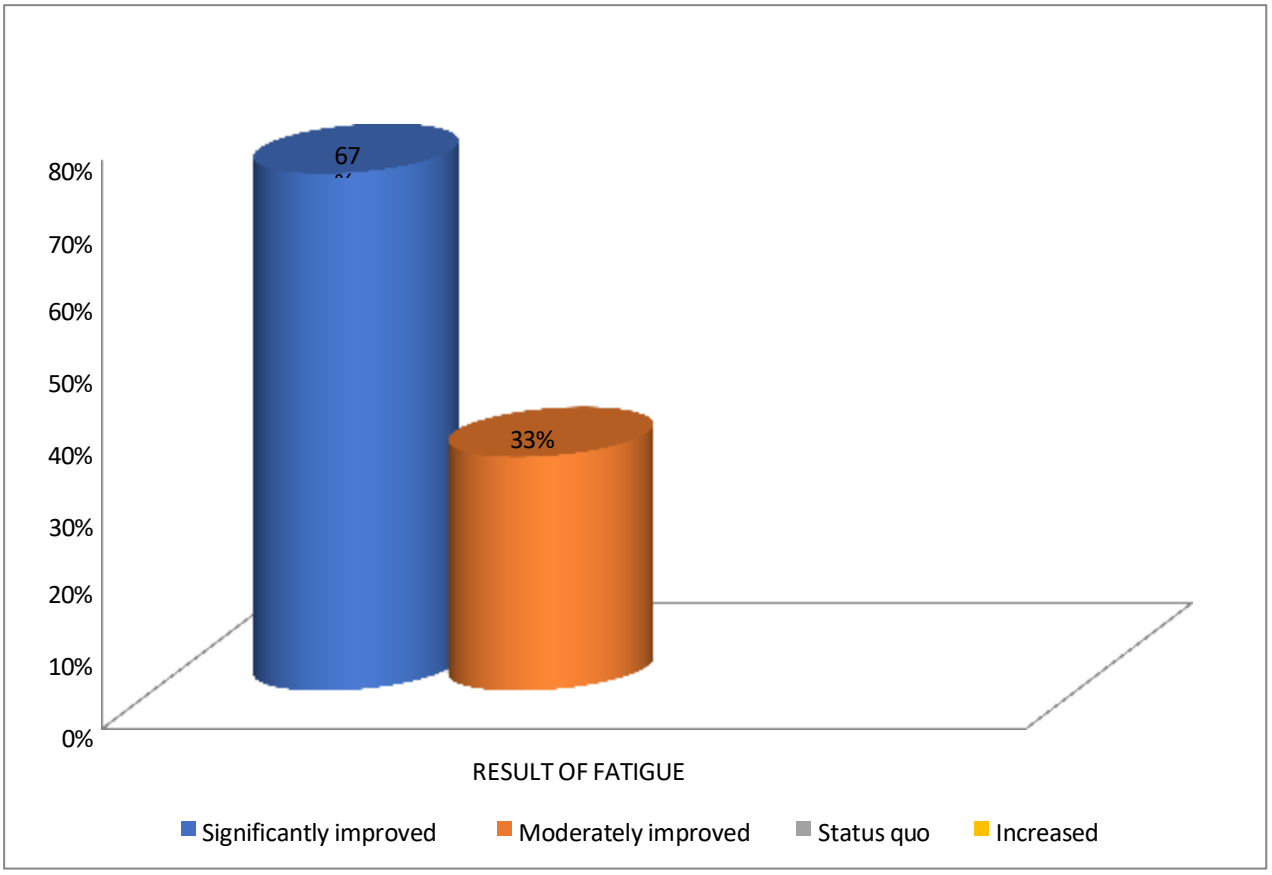


	CHART SHOWING EFFECT OF FOLLICULINUM ON HEADACHE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
9. HEADACHE	6 (60%)	4 (40%)			10 (33%)

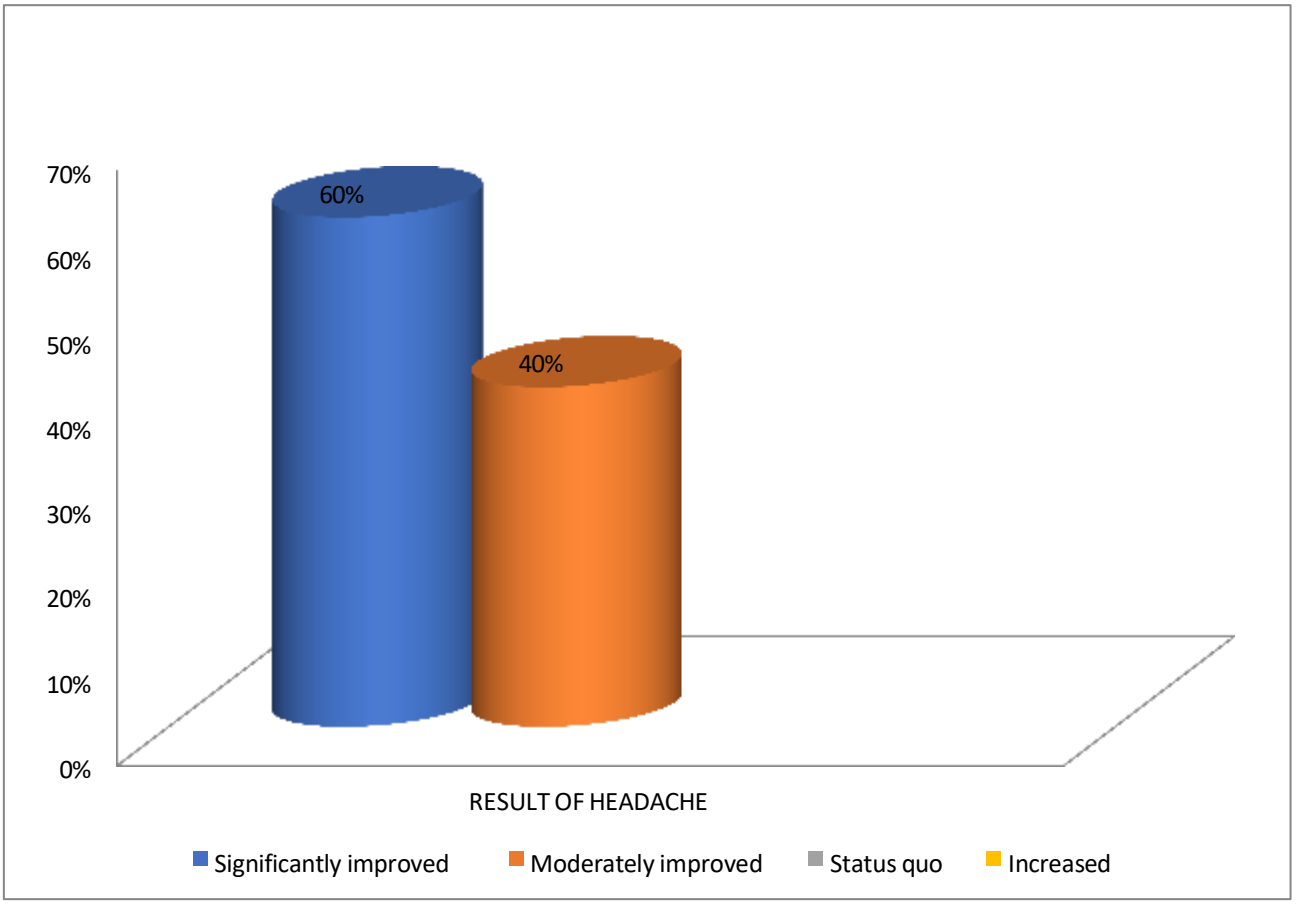
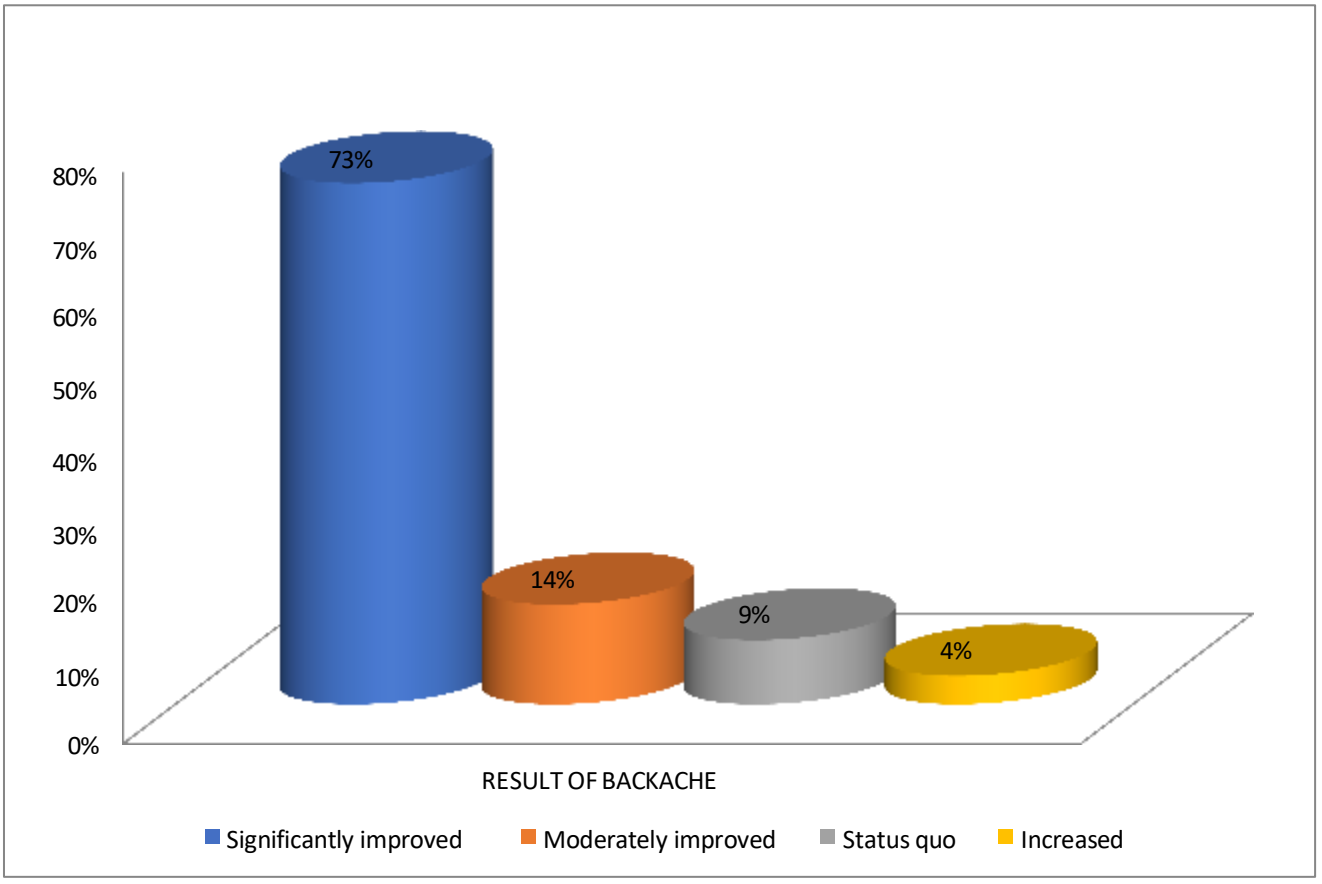
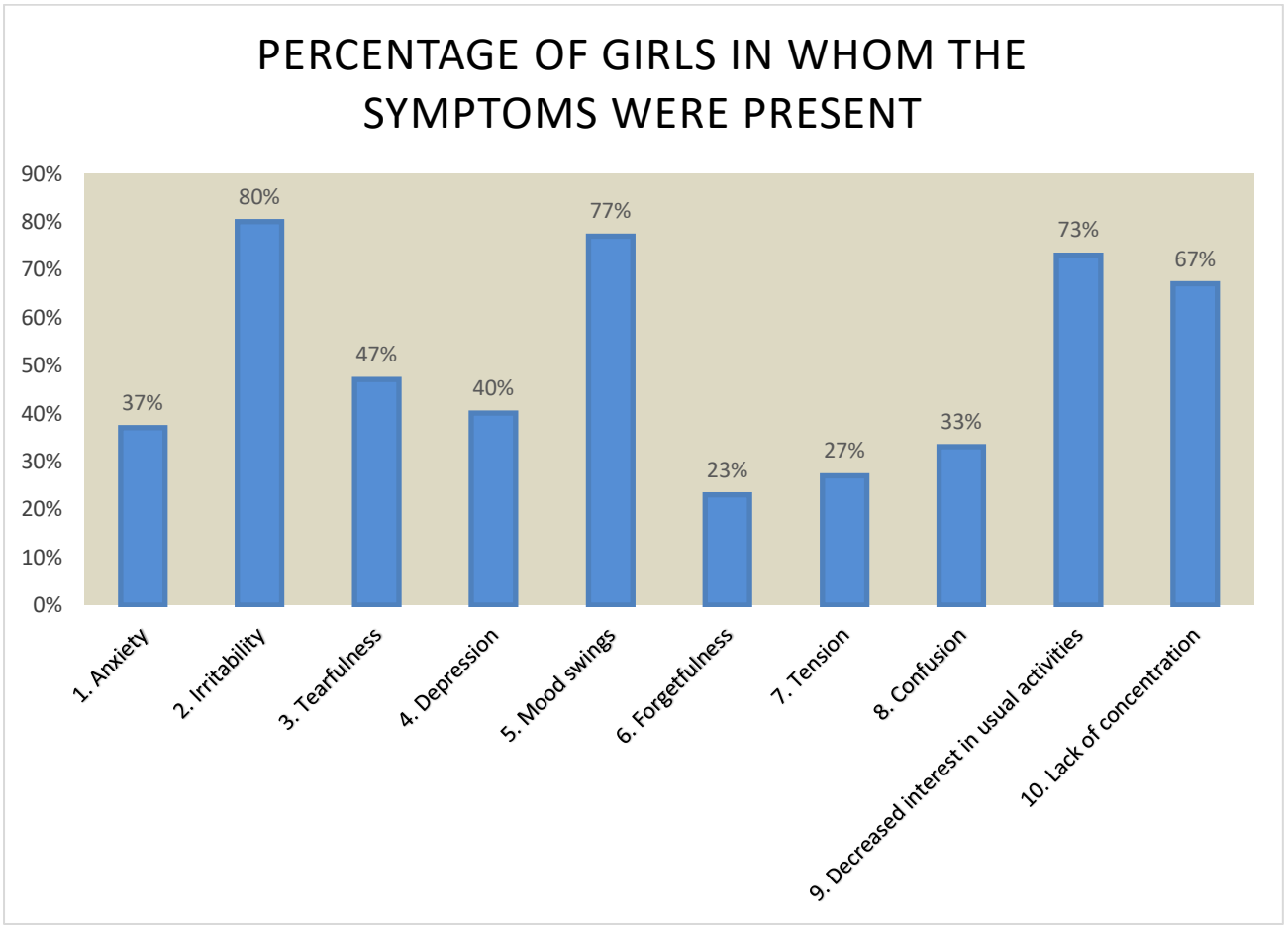


	CHART SHOWING EFFECT OF FOLLICULINUM ON BACKACHE				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
PHYSICAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
10. BACKACHE	16 (73%)	3(14%)	2 (9%)	1 (4%)	22 (73%)



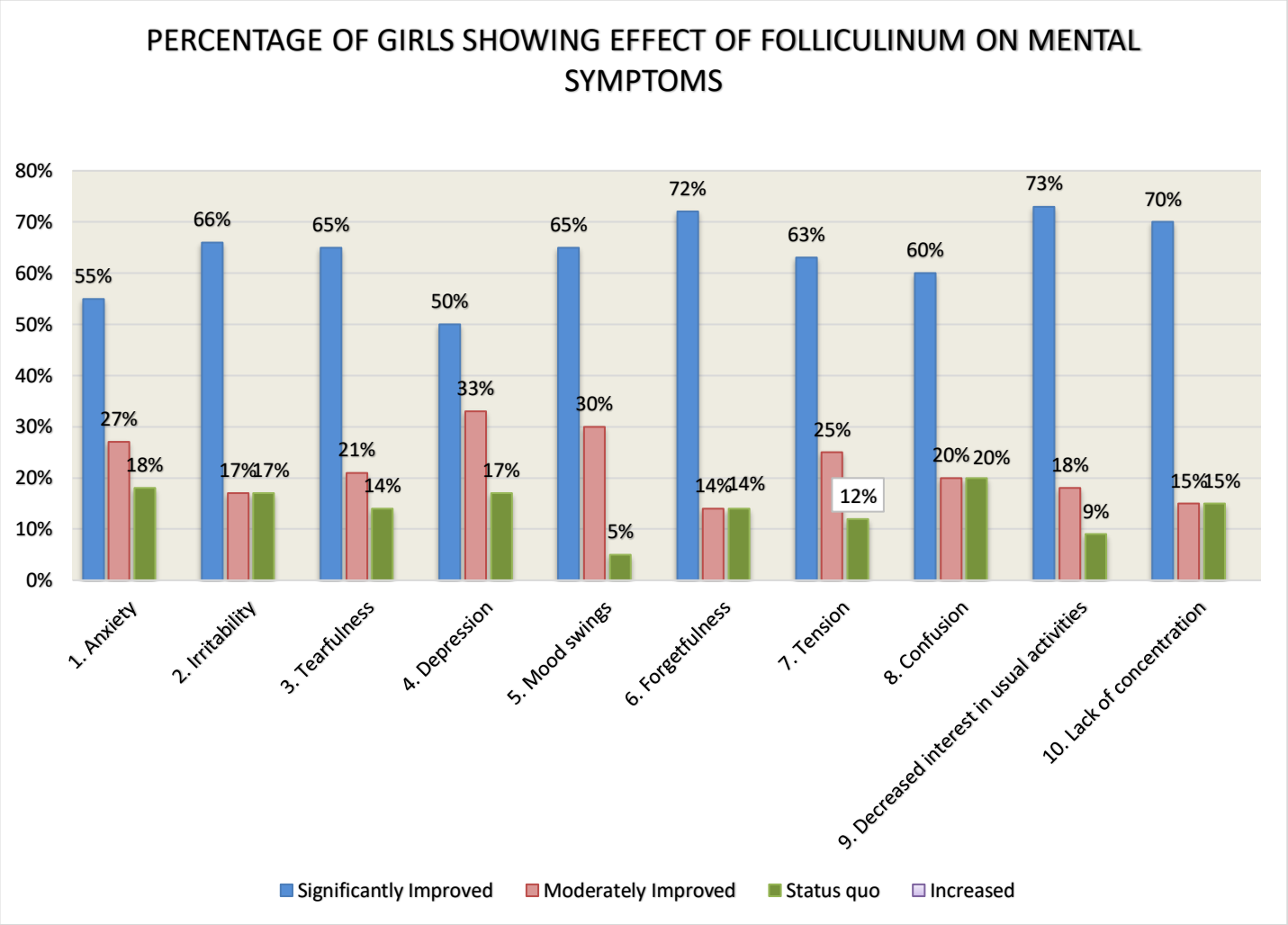
DISTRIBUTION OF CASES ACCORDING TO TOTAL NUMBER OF GIRLS IN WHOM MENTAL SYMPTOMS WERE PRESENT BEFORE MENSES

MENTAL SYMPTOMS	TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
1. Anxiety	11 (37%)
2. Irritability	24 (80%)
3. Tearfulness	14 (47%)
4. Depression	12 (40%)
5. Mood swings	23 (77%)
6. Forgetfulness	7 (23%)
7. Tension	8 (27%)
8. Confusion	10 (33%)
9. Decreased interest in usual activities	22 (73%)
10. Lack of concentration	20 (67%)


PERCENTAGE OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
37%
80%
47%
40%
77%
23%
27%
33%
73%
67%
1. Anxiety
2. Irritability
3. Tearfulness
4. Depression
5. Mood swings
6. Forgetfulness
7. Tension
8. Confusion
9. Decreased interest in usual activities
10. Lack of concentration

EFFECT OF FOLLICULINUM ON MENTAL SYMPTOMS BEFORE MENSES AFTER FIRST DOSE

	NUMBER OF GIRLS SHOWING EFFECT OF FOLLICULINUM ON MENTAL SYMPTOMS				**TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT**
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. Anxiety	6 (55%)	3 (27%)	2 (18%)		11(37%)
2. Irritability	16 (66%)	4 (17%)	4 (17%)		24 (80%)
3. Tearfulness	9 (65%)	3 (21%)	2 (14%)		14 (47%)
4. Depression	6 (50%)	4 (33%)	2 (17%)		12 (40%)
5. Mood swings	15 (65%)	7 (30%)	1 (5%)		23 (77%)
6. Forgetfulness	5 (72%)	1 (14%)	1 (14%)		7 (23%)
7. Tension	5 (63%)	2 (25%)	1 (12%)		8 (27%)
8. Confusion	6 (60%)	2 (20%)	2 (20%)		10 (33%)
9. Decreased interest in usual activities	16 (73%)	4 (18%)	2 (9%)		22 (73%)
10. Lack of concentration	14 (70%)	3 (15%)	3 (15%)		20 (67%)



In this study of 30 cases, 11 cases had ANXIETY, 24 cases had IRRITABILITY, 14 cases had TEARFULNESS, 12 cases had DEPRESSION,
23 cases had MOOD SWINGS, 7 cases had FORGETFULNESS, 8 cases had TENSION, 10 cases had CONFUSION, 22 cases had DECREASED INTEREST IN USUAL ACTIVITIES, and 20 cases had LACK OF CONCENTRATION

	CHART SHOWING EFFECT OF FOLLICULINUM ON ANXIETY				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. ANXIETY	6 (55%)	3 (27%)	2 (18%)		11(37%)

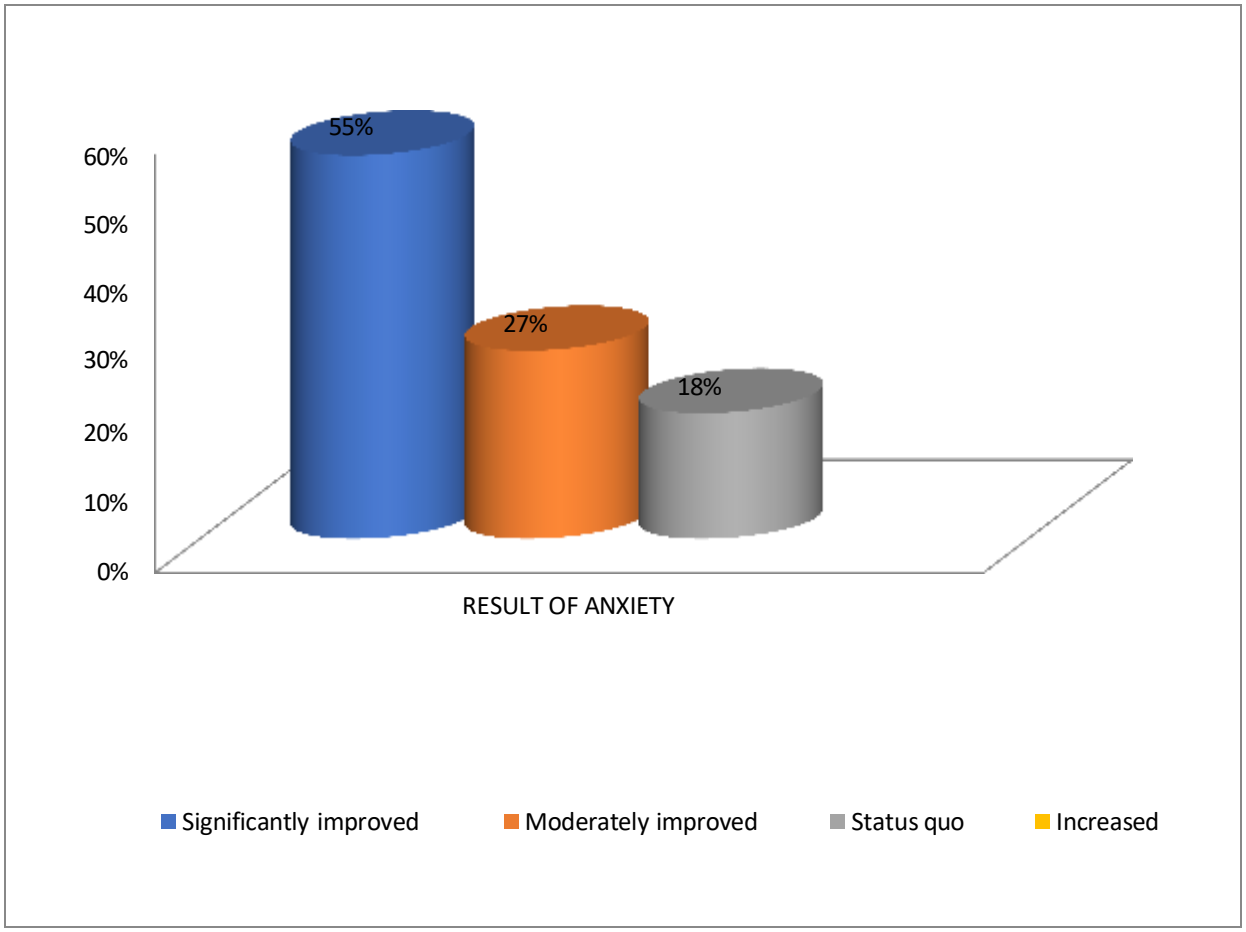


	CHART SHOWING EFFECT OF FOLLICULINUM ON IRRITABILITY				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
2. IRRITABILITY	16 (66%)	4 (17%)	4 (17%)		24 (80%)

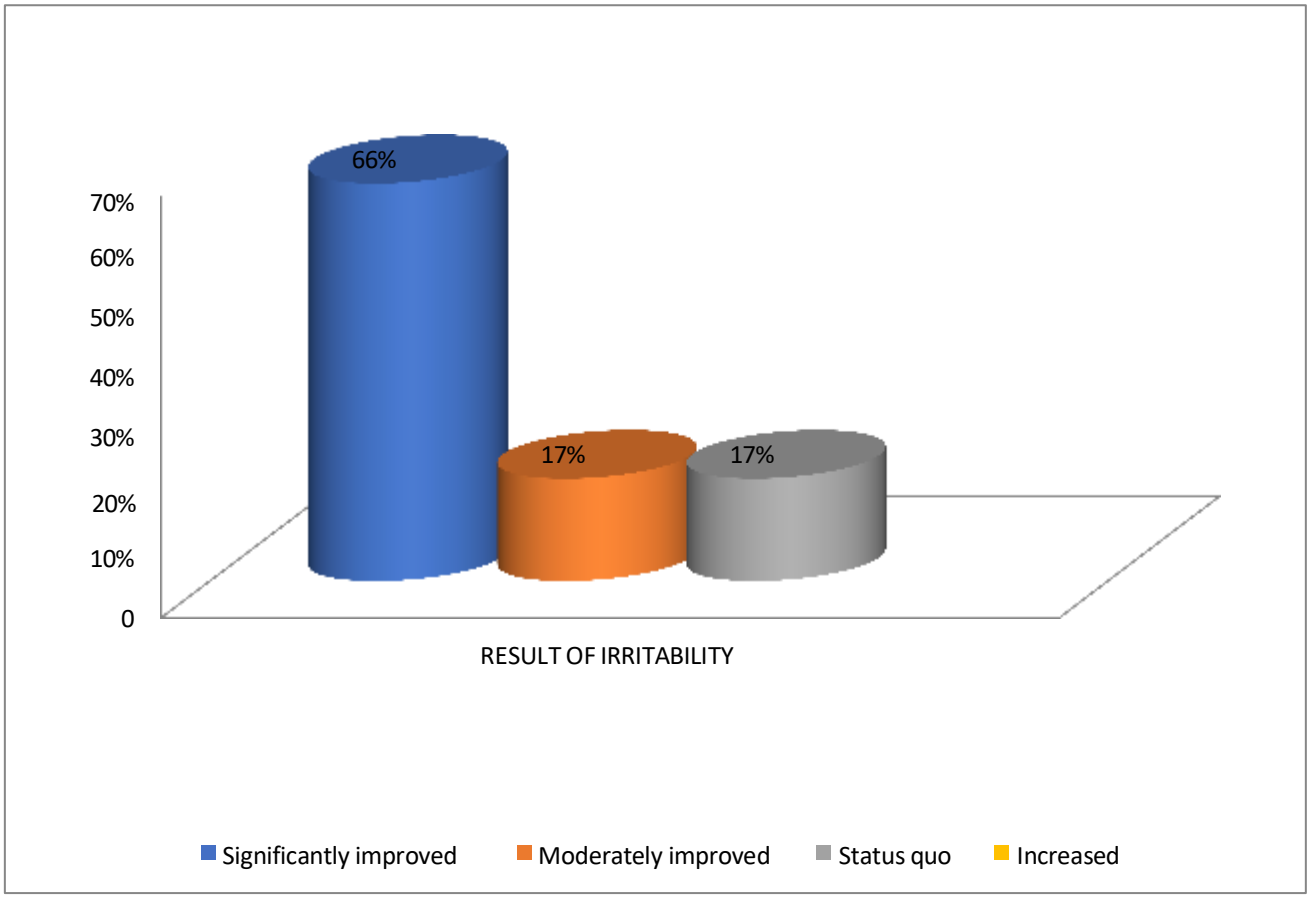


	CHART SHOWING EFFECT OF FOLICULINUM ON TEARFULNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
3. TEARFULNESS	9 (65%)	3 (21%)	2 (14%)		14 (47%)

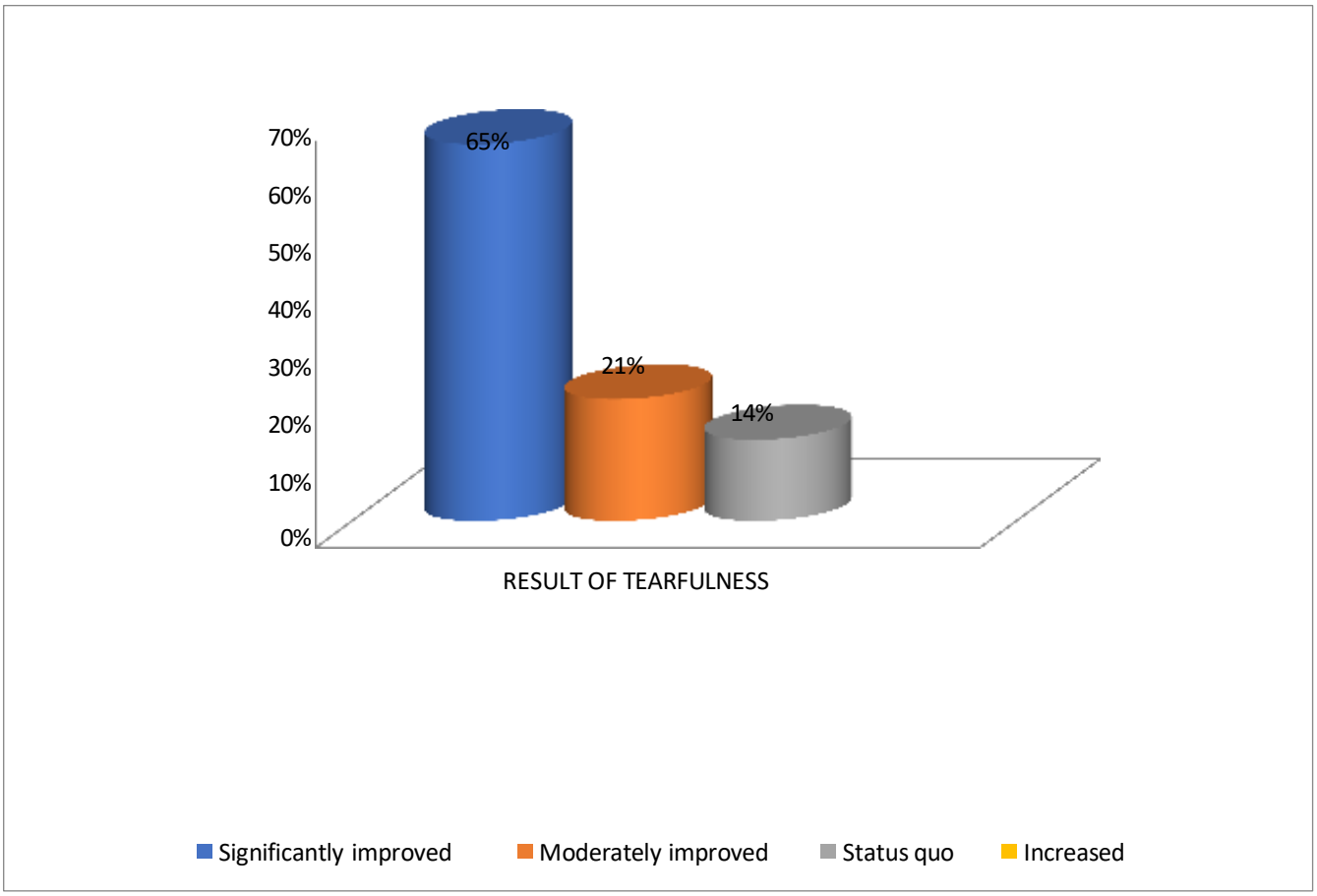


	CHART SHOWING EFFECT OF FOLLICULINUM ON DEPRESSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
4. DEPRESSION	6 (50%)	4 (33%)	2 (17%)		12 (40%)

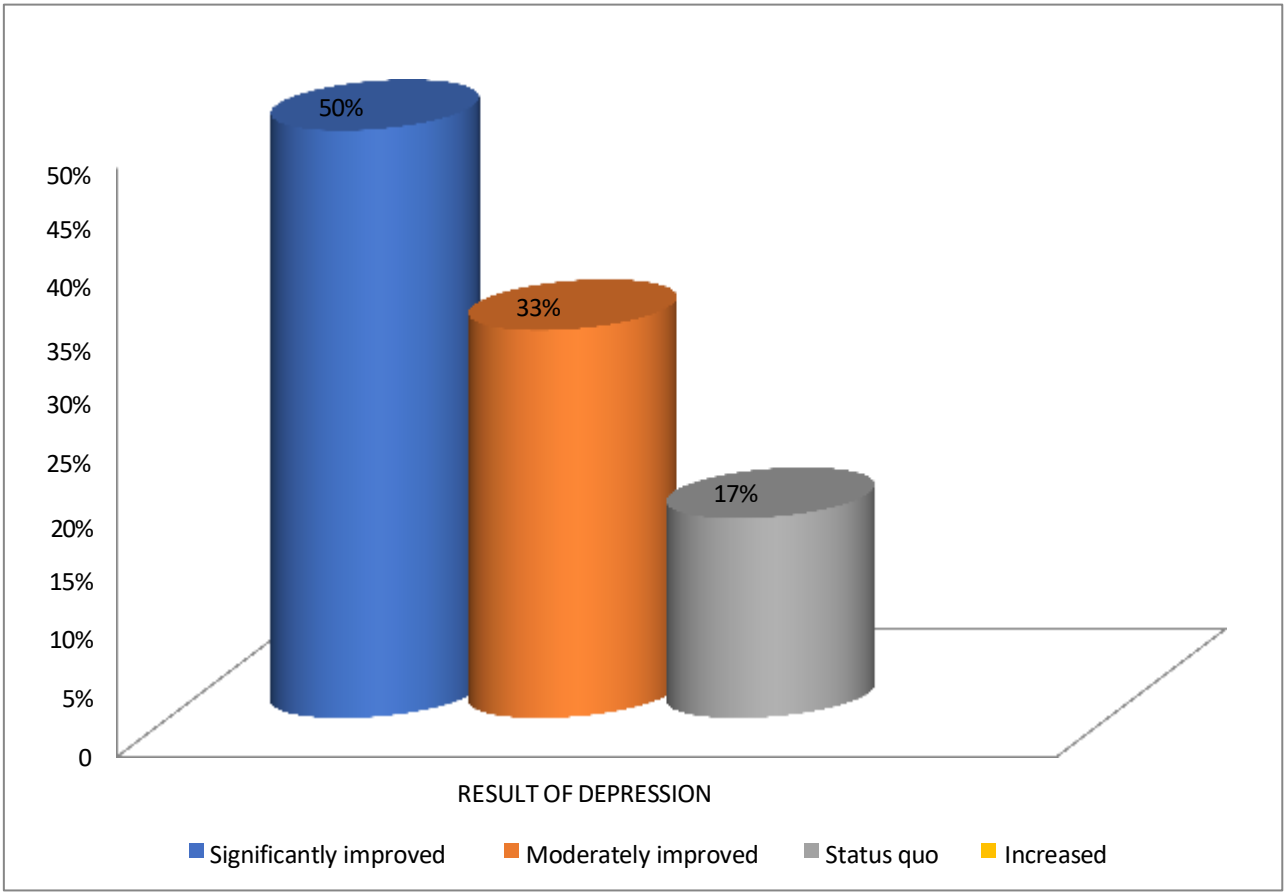


	CHART SHOWING EFFECT OF FOLLICULINUM ON MOOD SWINGS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
5. MOOD SWINGS	15 (65%)	7 (30%)	1 (5%)		23 (77%)

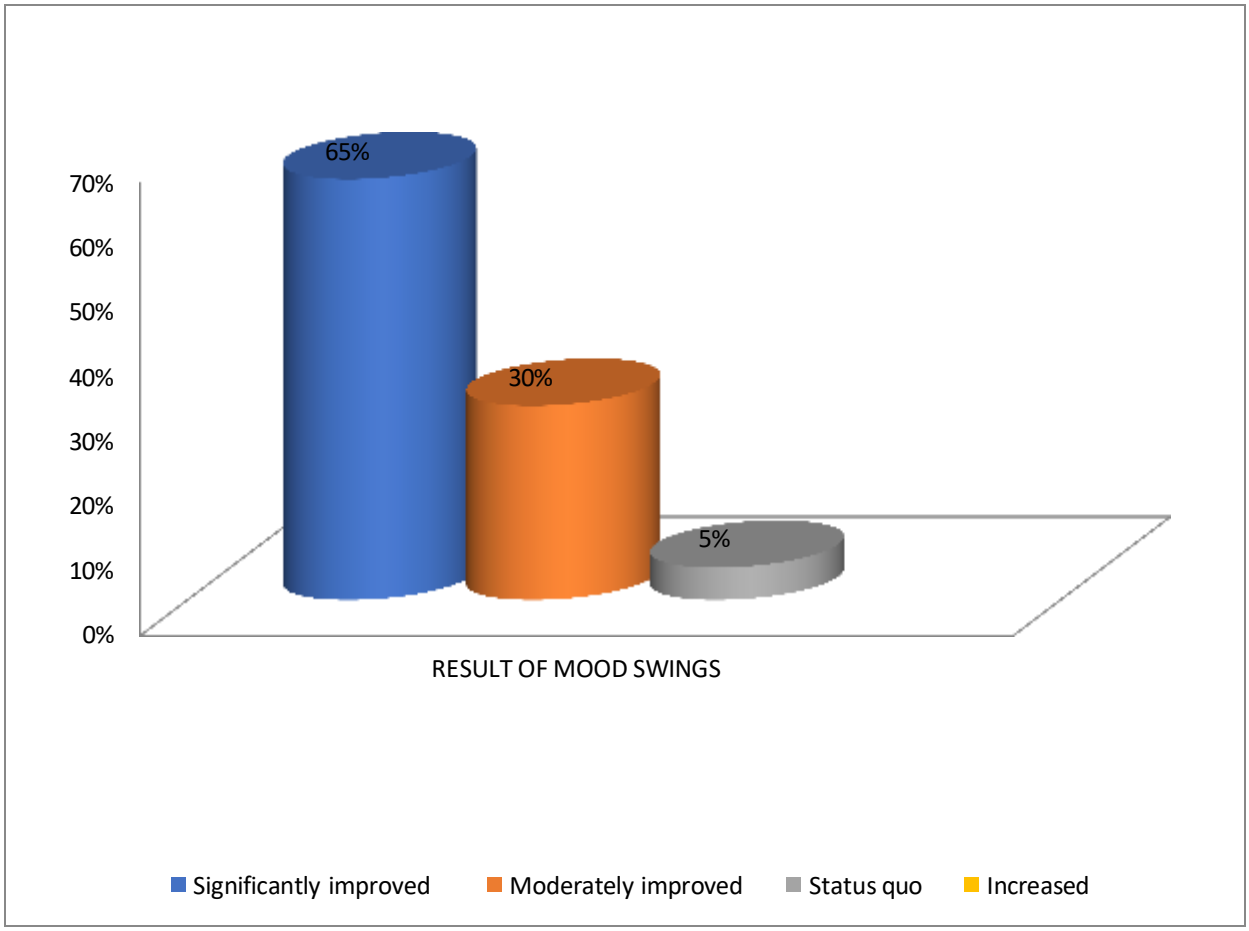


	CHART SHOWING EFFECT OF FOLLICULINUM ON FORGETFULNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
6. FORGETFULNESS	5 (72%)	1 (14%)	1 (14%)		7 (23%)

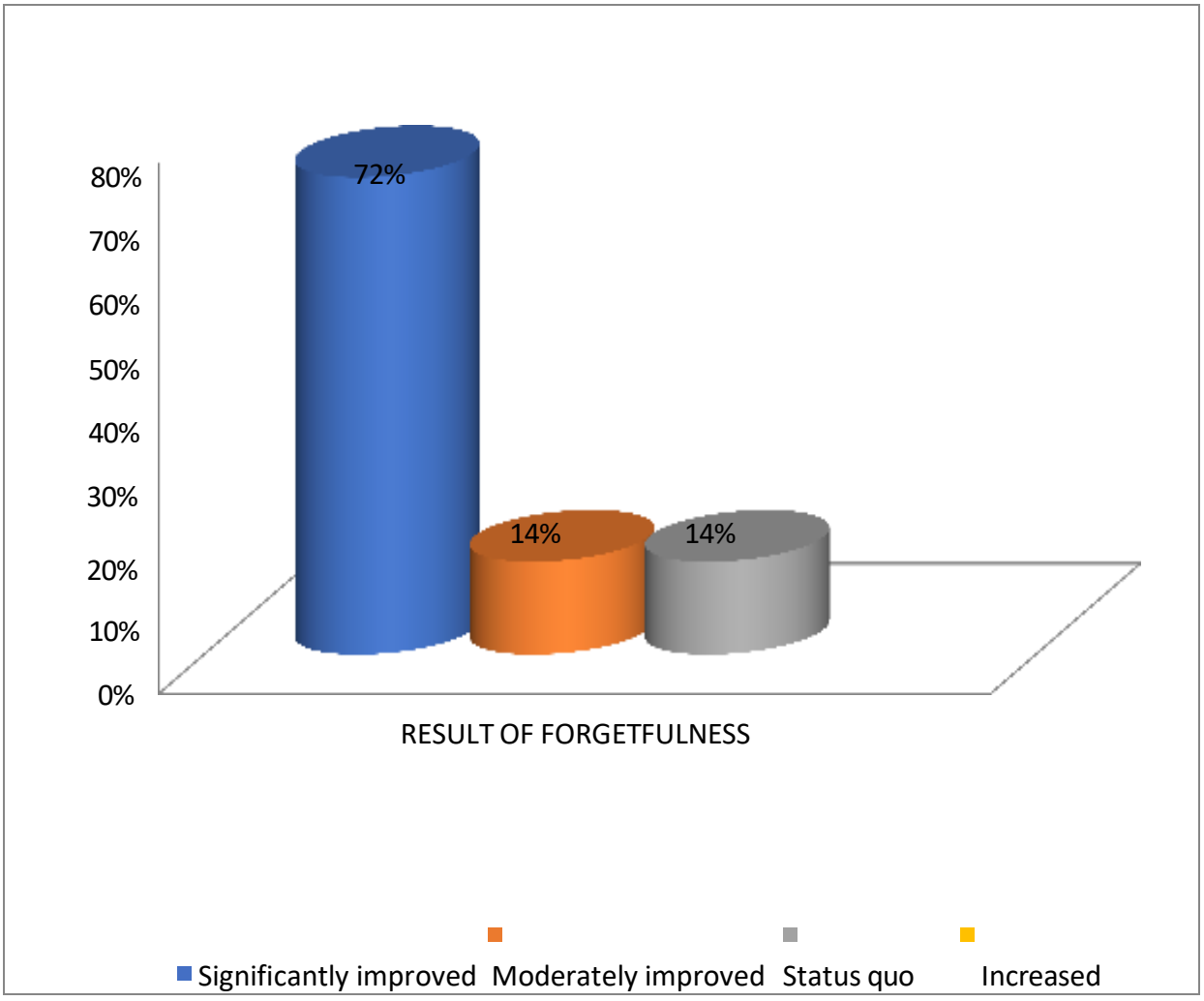


	CHART SHOWING EFFECT OF FOLLICULINUM ON TENSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
7. TENSION	5 (63%)	2 (25%)	1 (12%)		8 (27%)

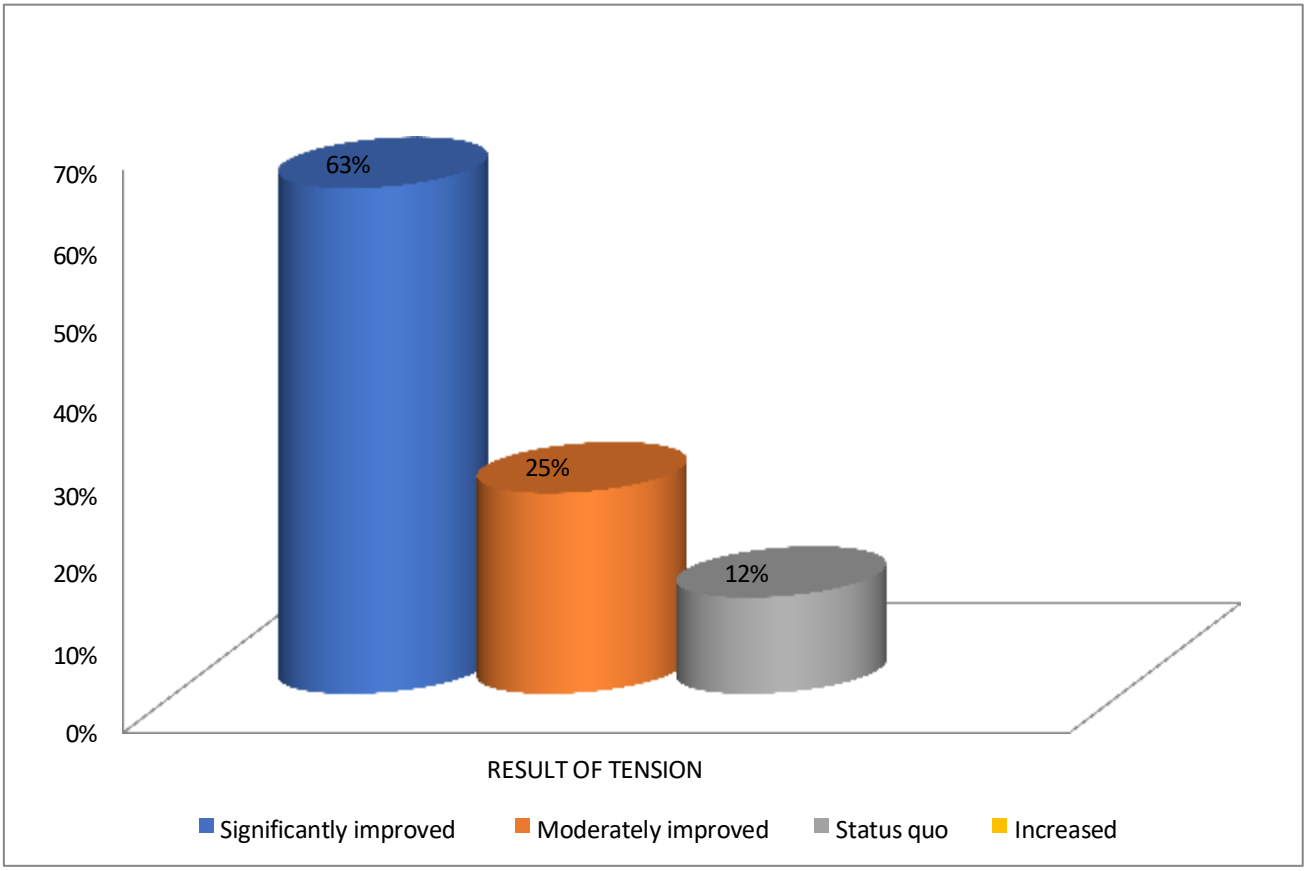


	CHART SHOWING EFFECT OF FOLLICULINUM ON CONFUSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
8. CONFUSION	6 (60%)	2 (20%)	2 (20%)		10 (33%)

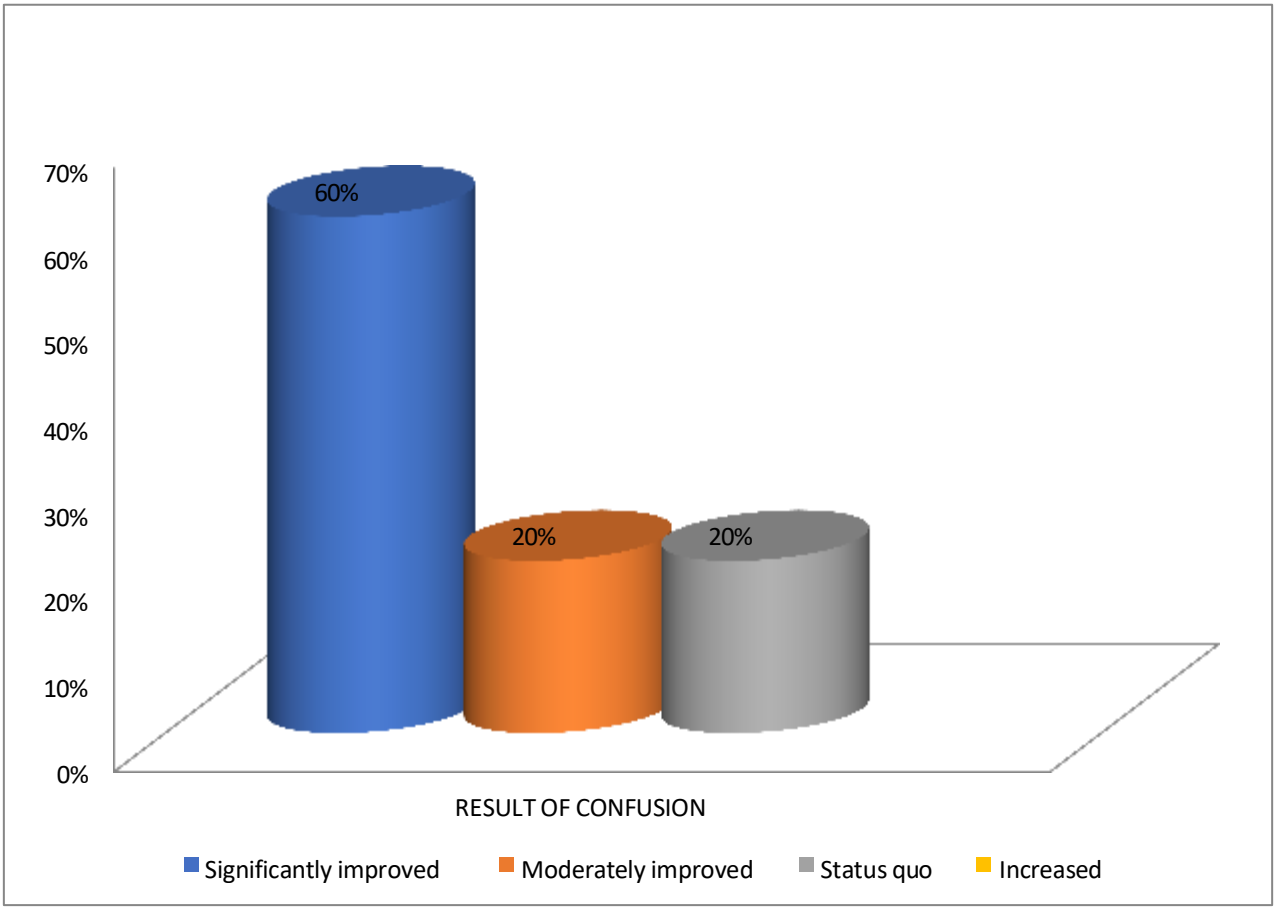


	CHART SHOWING EFFECT OF FOLLICULINUM ON DECREASED INTEREST IN USUAL ACTIVITIES				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
9. DECREASED INTEREST IN USUAL ACTIVITIES	16 (73%)	4 (18%)	2 (9%)		22 (73%)

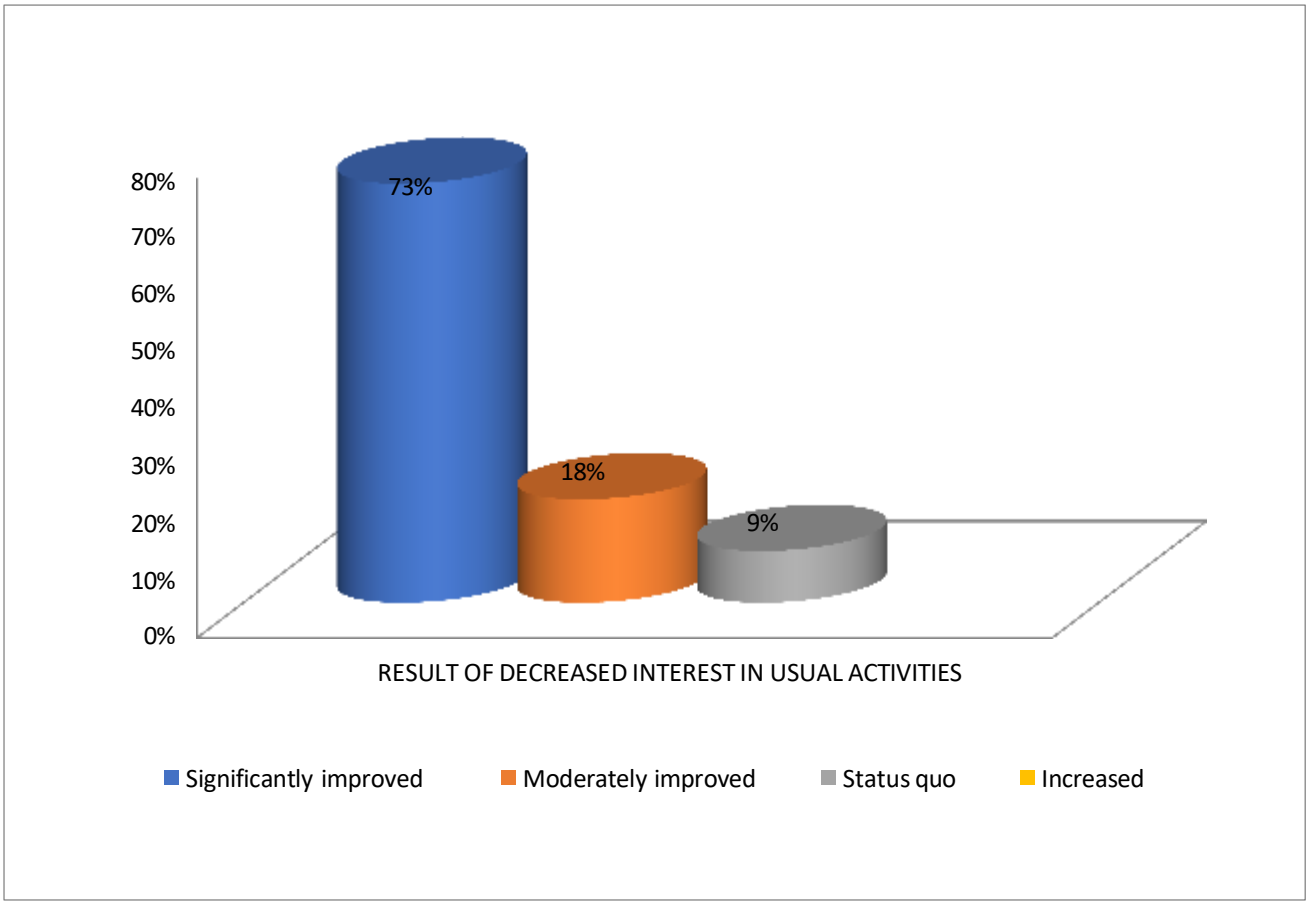
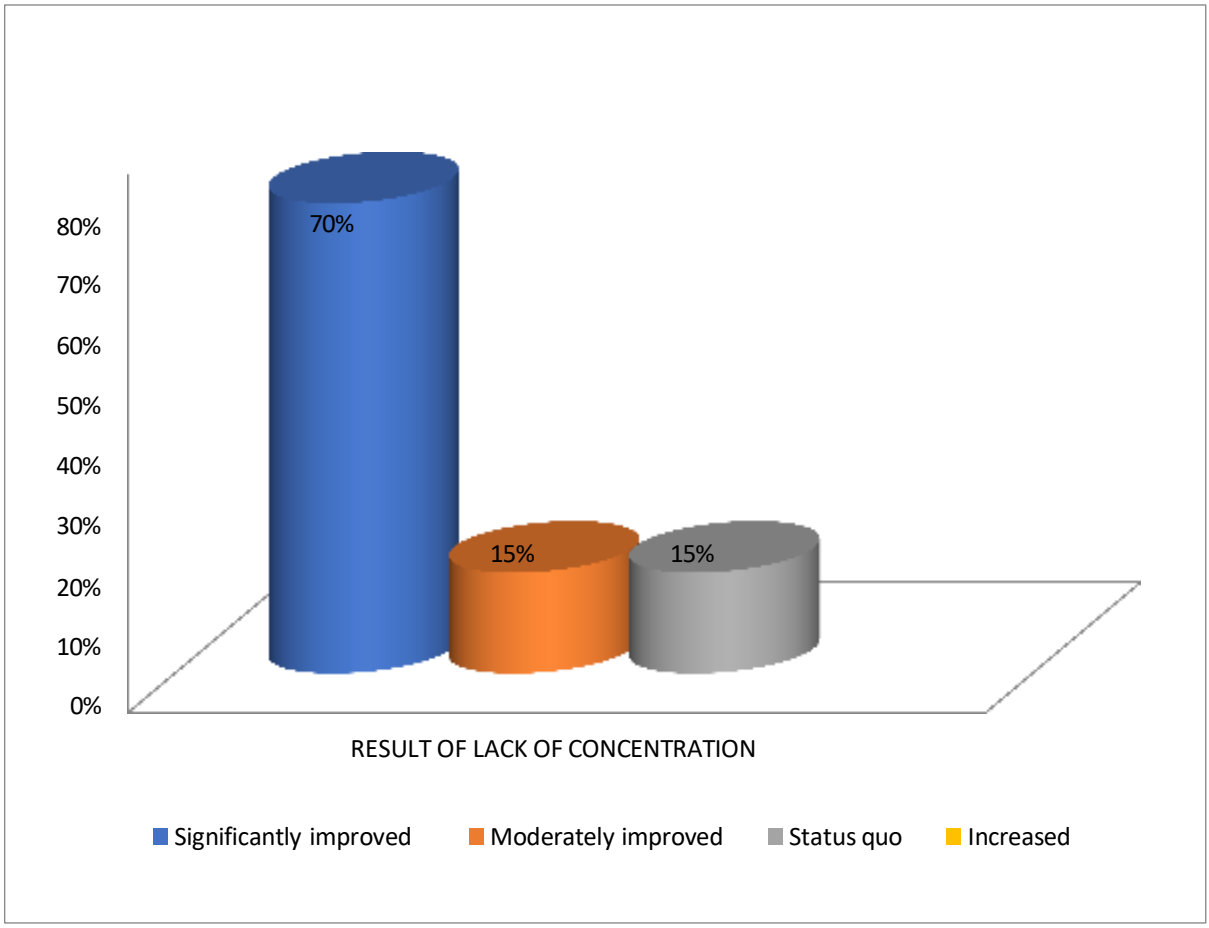
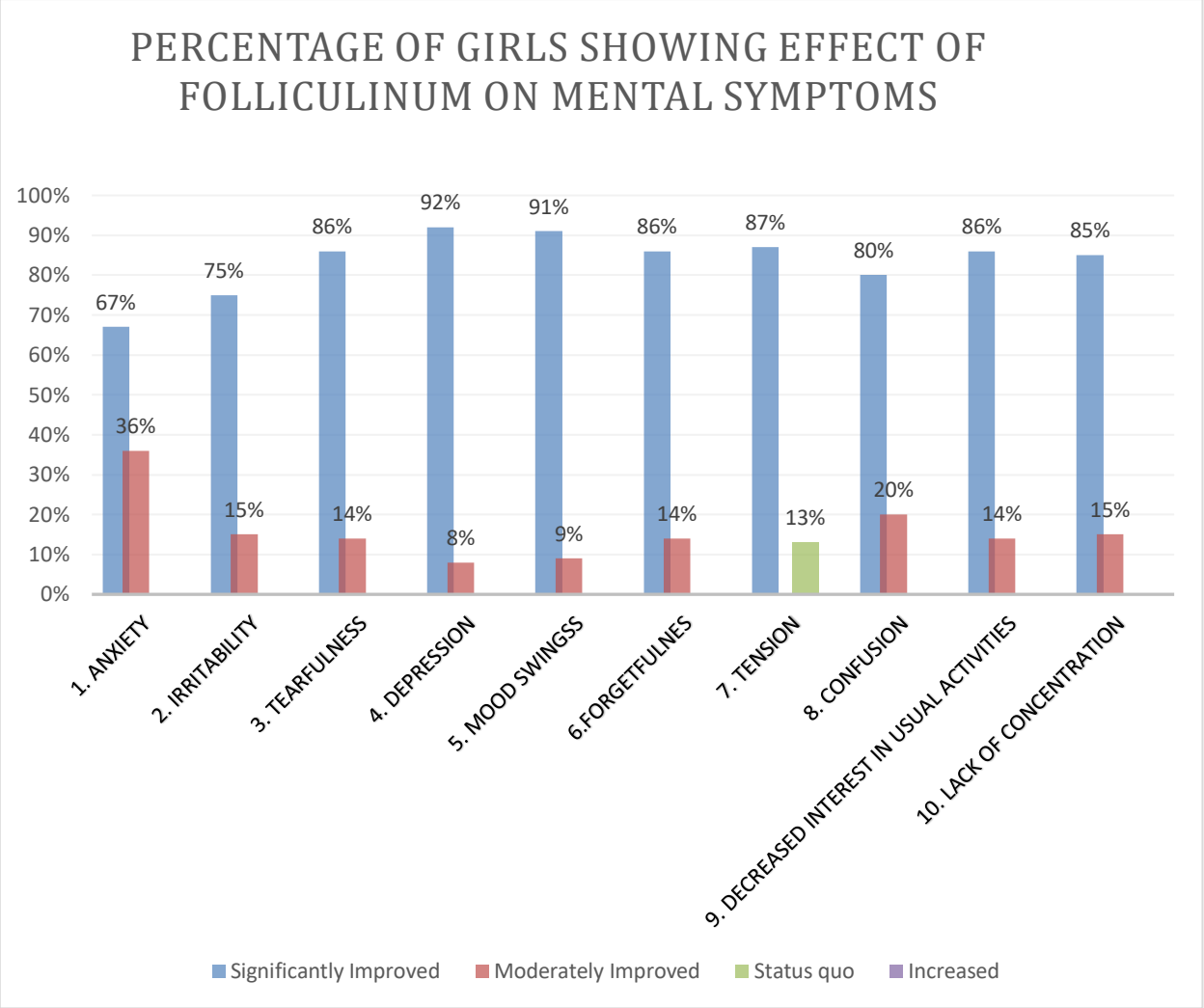


	CHART SHOWING EFFECT OF FOLLICULINUM ON LACK OF CONCENTRATION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
10. LACK OF CONCENTRATION	14 (70%)	3 (15%)	3 (15%)		20 (67%)



EFFECT OF FOLLICULINUM ON MENTAL SYMPTOMS BEFORE MENSES AFTER SECOND DOSE

	NUMBER OF GIRLS SHOWING EFFECT OF FOLLICULINUM ON MENTAL SYMPTOMS				**TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT**
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. ANXIETY	7 (67%)	4 (36%)			11 (37%)
2. IRRITABILITY	18 (75%)	6 (15%)			24 (80%)
3. TEARFULNESS	12 (86%)	2 (14%)			14 (47%)
4. DEPRESSION	11 (92%)	1 (8%)			12 (40%)
5. MOOD SWINGSS	21(91%)	2 (9%)			23 (77%)
6.FORGETFULNES	6 (86%)	1 (14%)			7 (23%)
7. TENSION	7 (87%)		1 (13%)		8 (27%)
8. CONFUSION	8 (80%)	2 (20%)			10 (33%)
9. DECREASED INTEREST IN USUAL ACTIVITIES	19 (86%)	3 (14%)			22 (73%)
10. LACK OF CONCENTRATION	17 (85%)	3 (15%)			20 (66%)



In this study of 30 cases, 11 cases had ANXIETY, 24 cases had IRRITABILITY, 14 cases had TEARFULNESS, 12 cases had DEPRESSION, 23 cases had MOOD SWINGSS, 7 cases had FORGETFULNESS, 8 cases had TENSION, 10 cases had CONFUSION, 22 cases had DECREASED INTEREST IN USUAL ACTIVITIES, 20 cases had LACK OF CONCENTRATION.

	CHART SHOWING EFFECT OF FOLLICULINUM ON ANXIETY				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
1. ANXIETY	7 (67%)	4 (36%)			11 (37%)

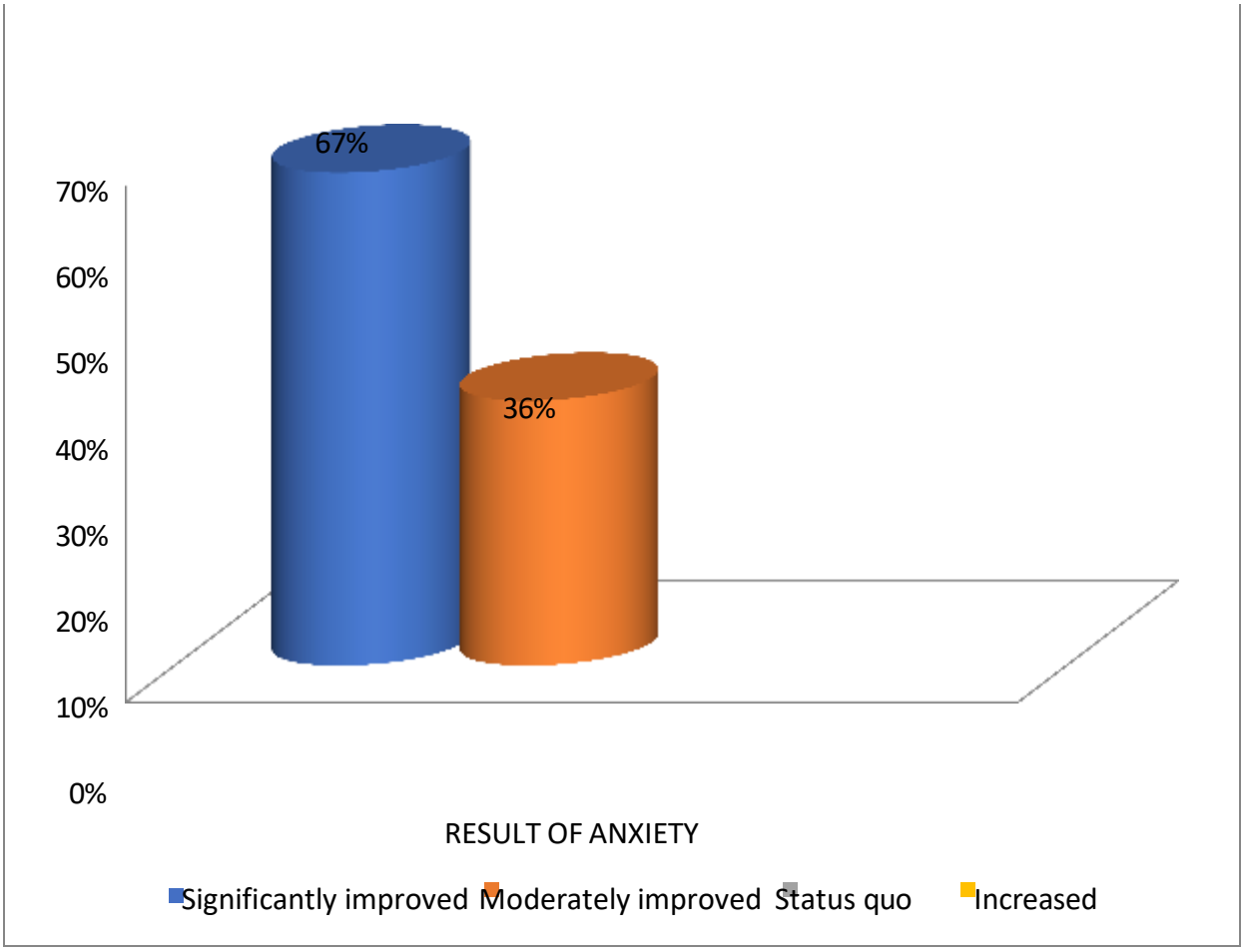


	CHART SHOWING EFFECT OF FOLLICULINUM ON IRRITABILITY				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
2. IRRITABILITY	18 (75%)	6 (15%)			24 (80%)

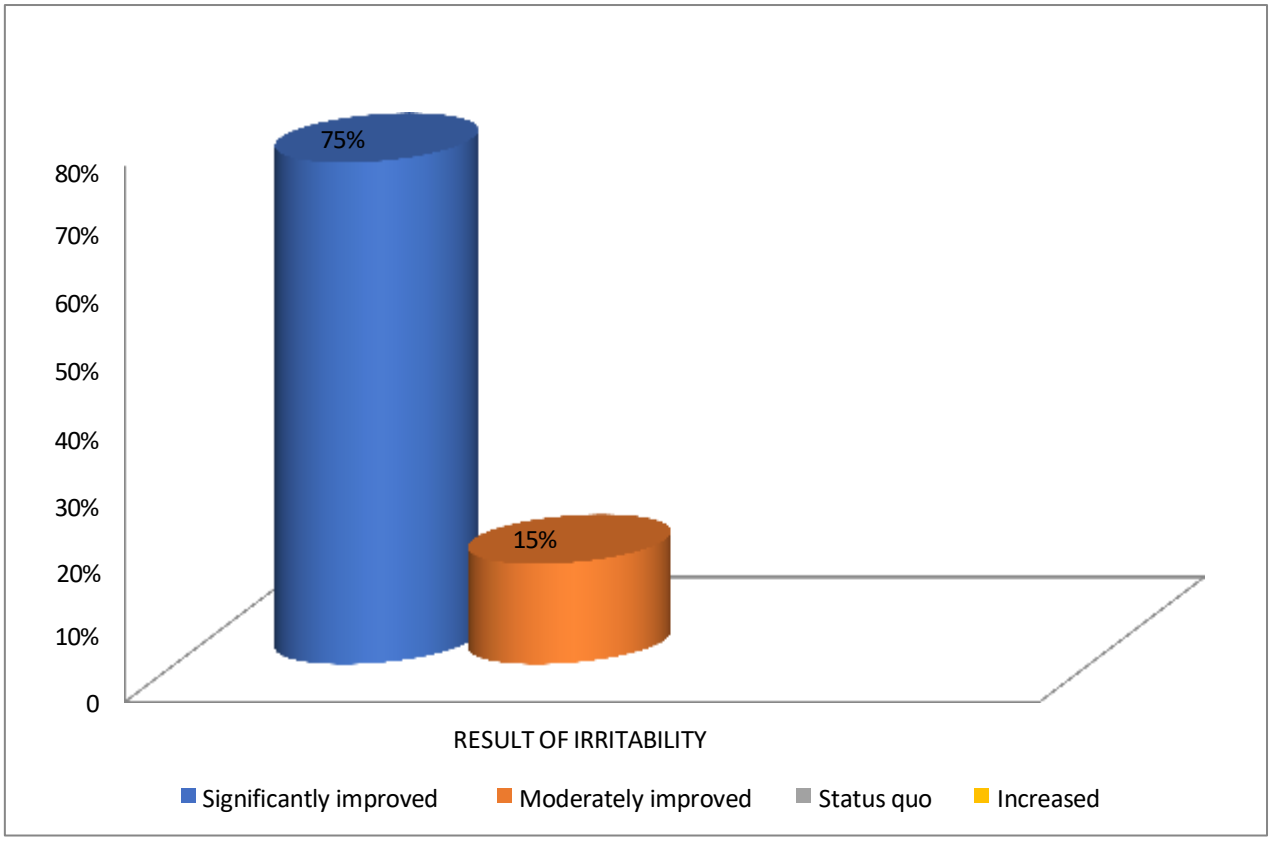


	CHART SHOWING EFFECT OF FOLLICULINUM ON TEARFULNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
3. TEARFULNESS	12 (86%)	2 (14%)			14 (47%)

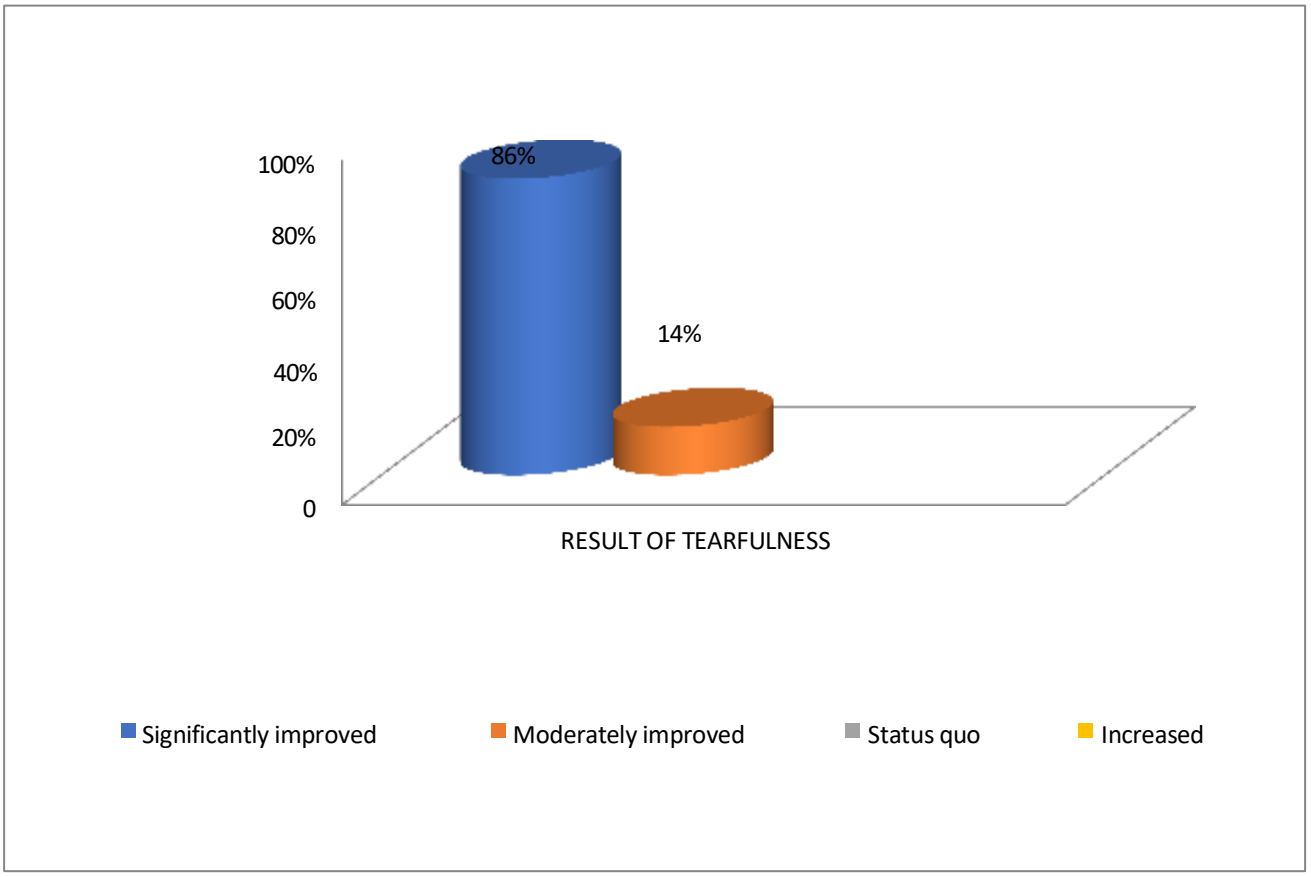


	CHART SHOWING EFFECT OF FOLLICULINUM ON DEPRESSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
4. DEPRESSION	11 (92%)	1 (8%)			12 (40%)

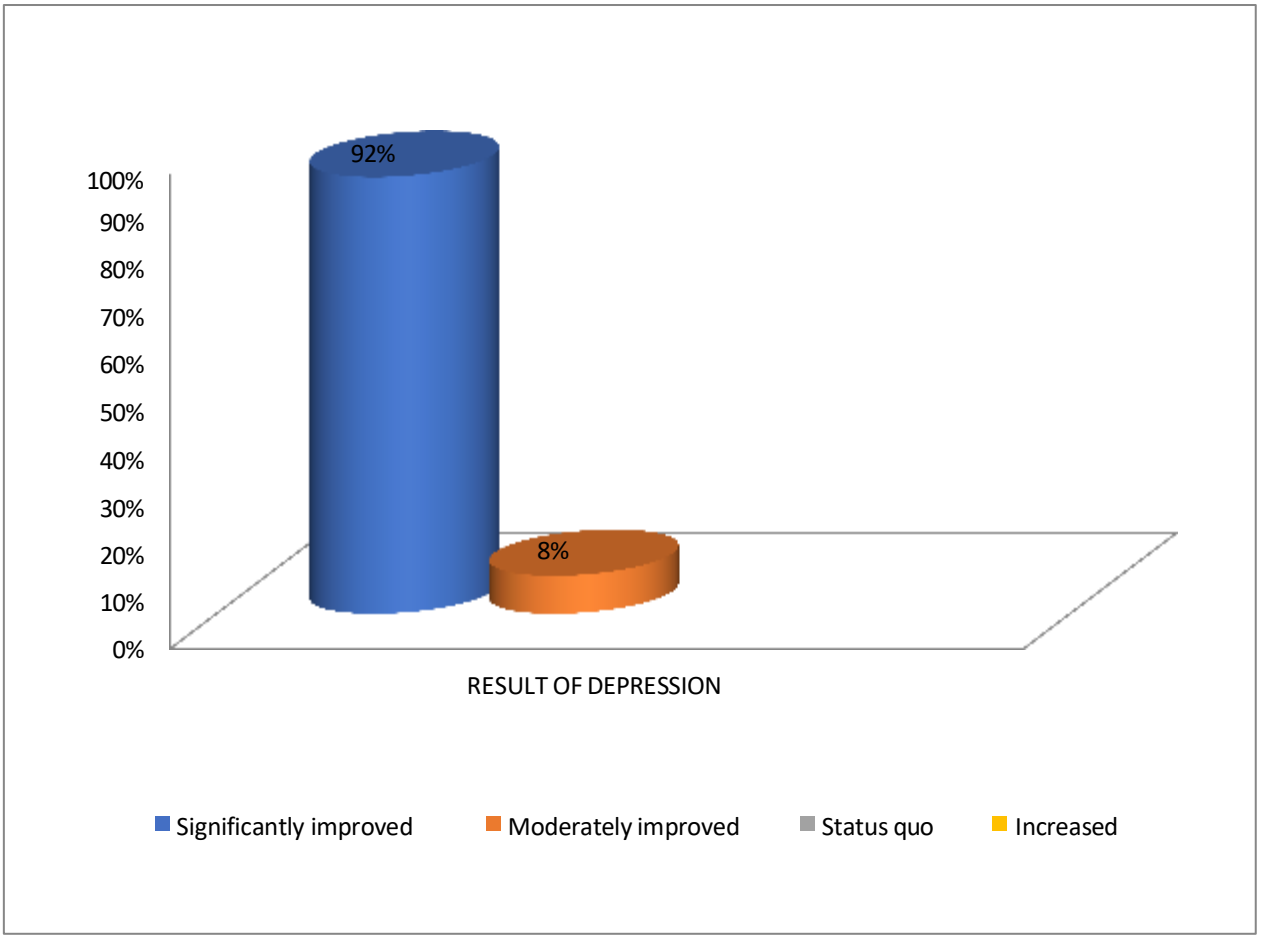


	CHART SHOWING EFFECT OF FOLLICULINUM ON MOOD SWINGS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
5. MOOD SWINGS	21 (91%)	2 (9%)			23 (77%)

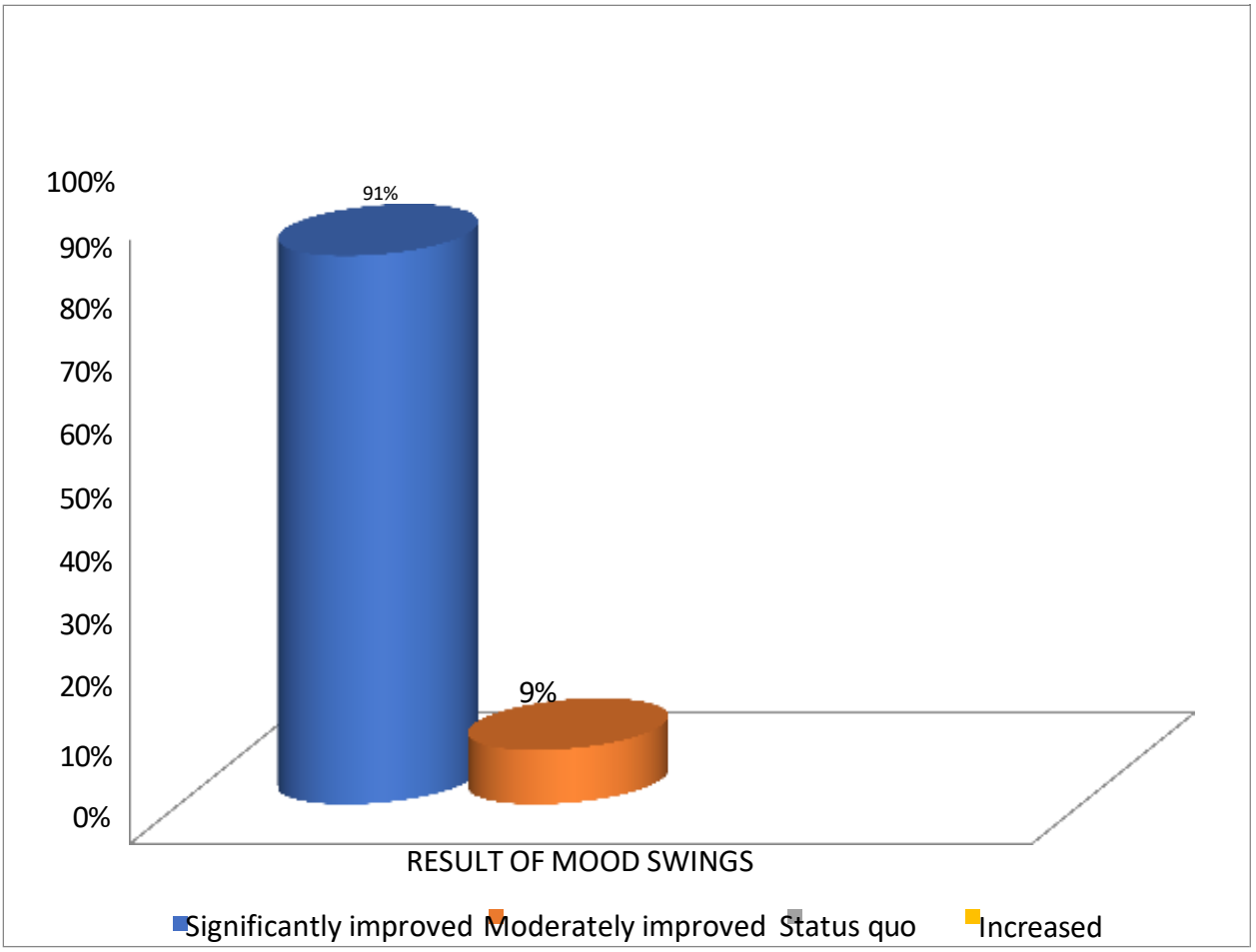


	CHART SHOWING EFFECT OF FOLLICULINUM ON FORGETFULNESS				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
6. FORGETFUNESS	6 (86%)	1 (14%)			7 (23%)

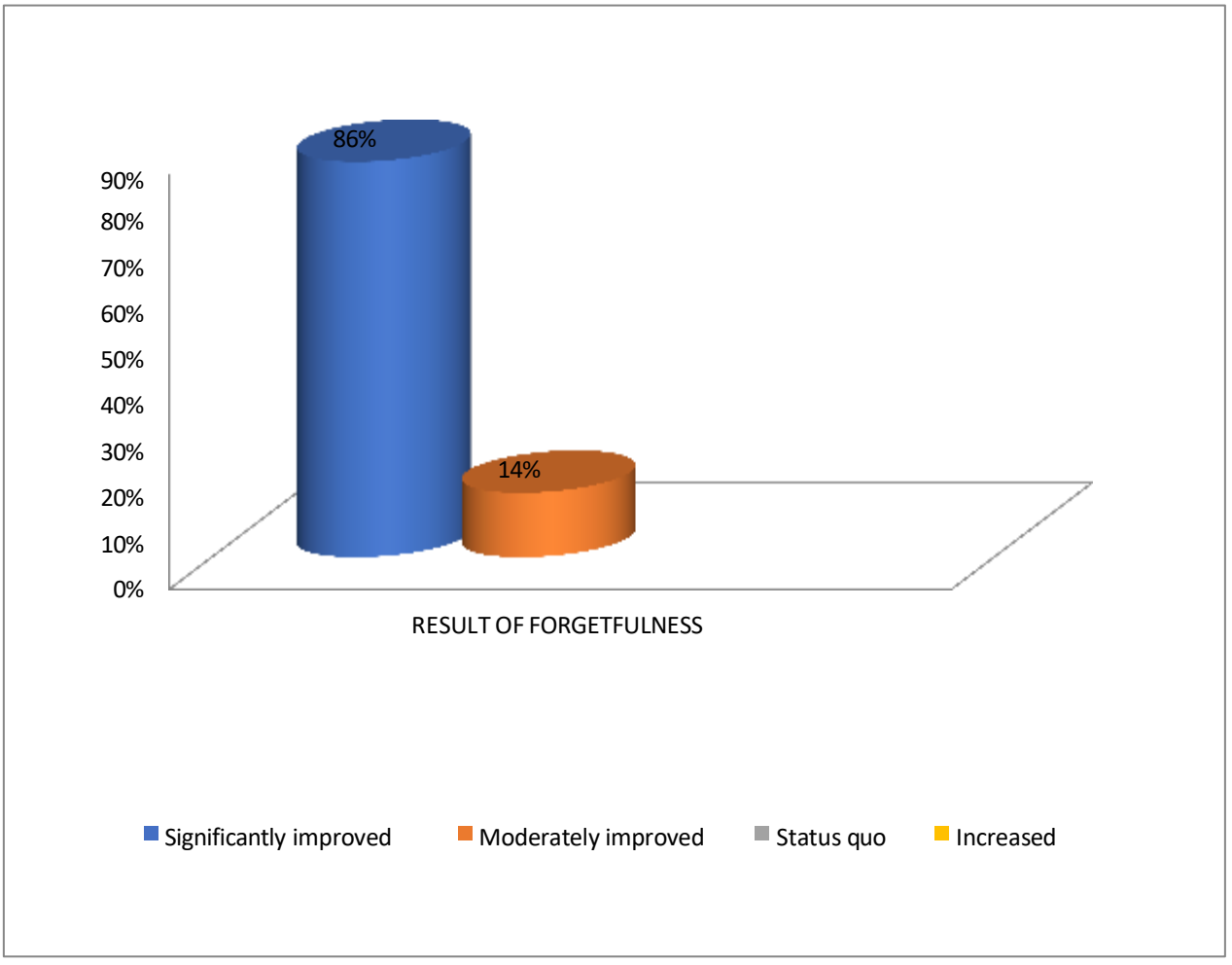


	CHART SHOWING EFFECT OF FOLLICULINUM ON TENSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
7. TENSION	7 (87%)		1(13%)		8 (27%)

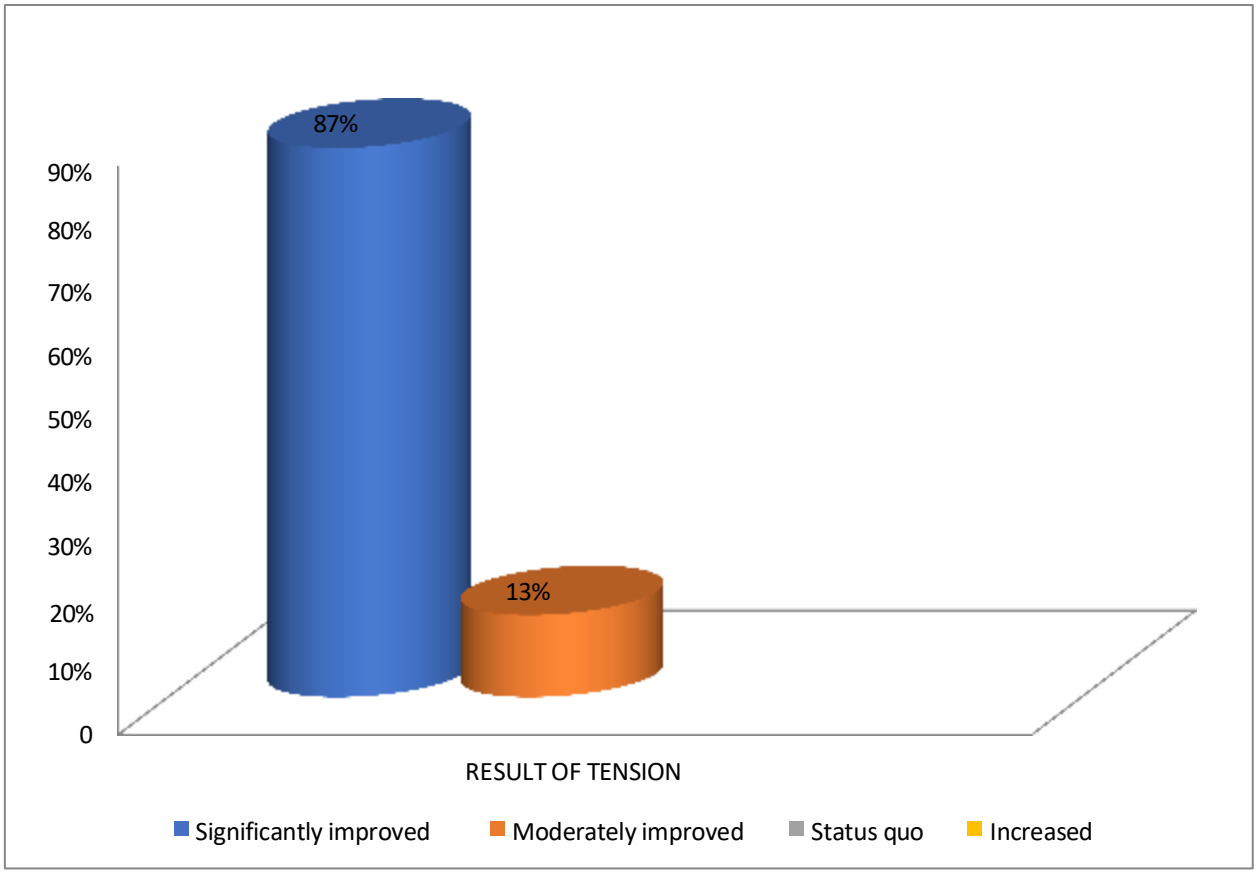


	CHART SHOWING EFFECT OF FOLICULINUM ON CONFUSION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
8. CONFUSION	8 (80%)	2 (20%)			10 (33%)

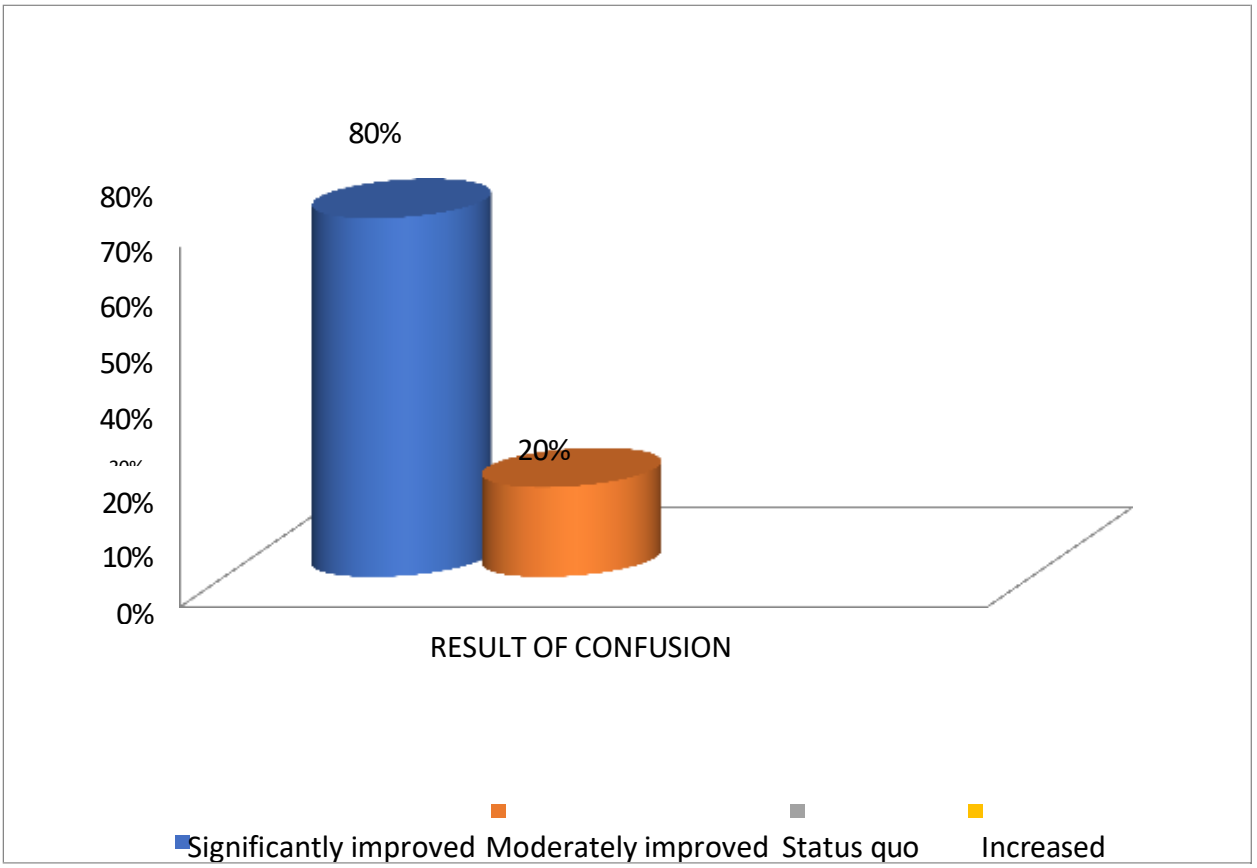


	CHART SHOWING EFFECT OF FOLLICULINUM ON DECREASED INTEREST IN USUAL ACTIVITIES				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
9. DECREASED INTEREST IN USUAL ACTIVITIES	19 (86%)	3(14%)			22 (73%)

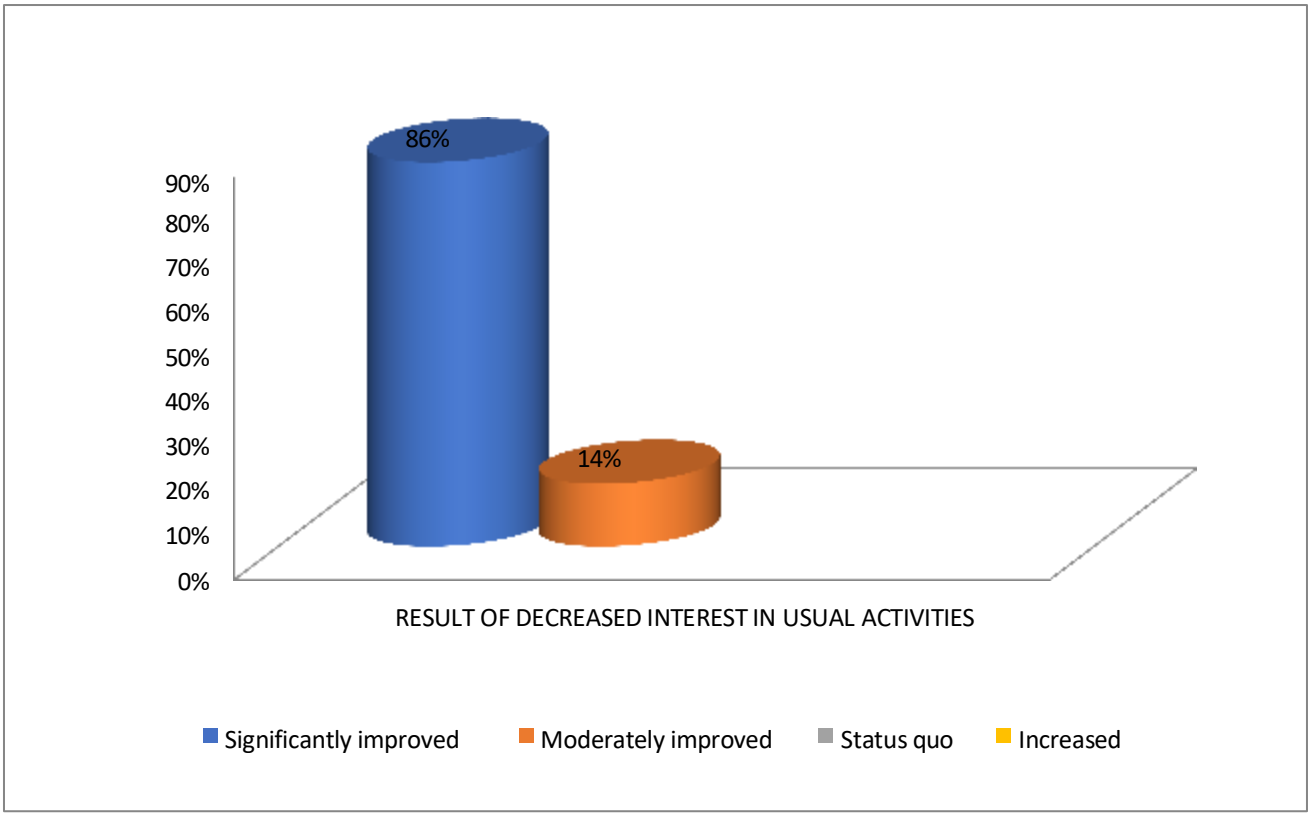
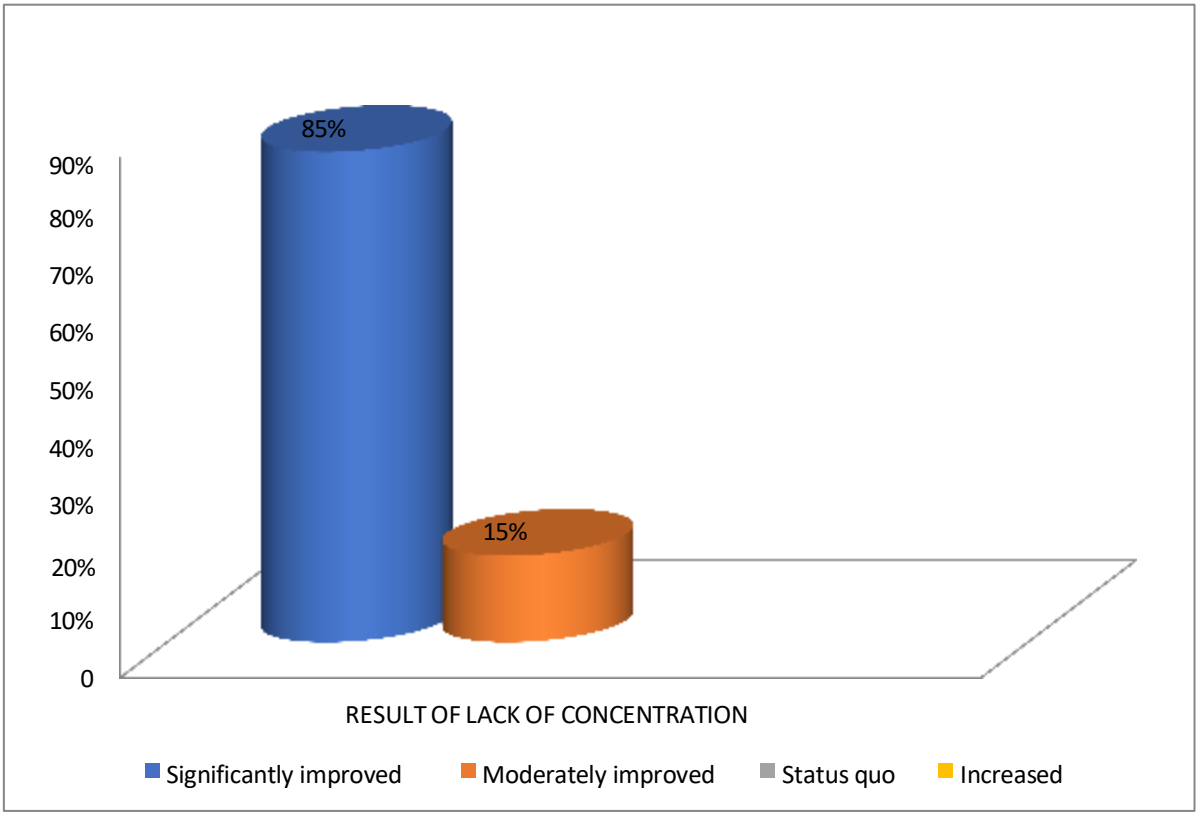


	CHART SHOWING EFFECT OF FOLLICULINUM ON LACK OF CONCENTRATION				TOTAL NUMBER OF GIRLS IN WHOM THE SYMPTOMS WERE PRESENT
MENTAL SYMPTOMS	**Significantly Improved**	**Moderately Improved**	**Status quo**	**Increased**	
10. LACK OF CONCENTRATION	17 (85%)	3 (15%)			20 (66%)



DISCUSSION

I have studied Folliculinum from various books of materia medica. After studying the books, an attempt was made to erect the remedy profile of Folliculinum. This remedy profile was clinically verified.
For the purpose of verification, 30 cases of premenstrual syndrome in girls where Folliculinum was indicated were selected.
The following observations were made after the analysis of the 30 cases under the study.

OBSERVATION REGARDING PHYSICAL GENERALS BEFORE MENSES AFTER FIRST DOSE:

- Out of 30 cases studied, 7 (23%) cases had BREAST TENDERNESS, among these 4 (58%) cases significantly improved, 2 (28%) cases moderately improved, 1 (14%) was status quo.

- Out of 30 cases studied, 26 (87%) cases had ABDOMINAL PAIN, among these 9 (35%) cases significantly improved, 10 (38%) cases moderately improved, 6 (23%) were status quo, in 1 (4%) case increased complaints

- Out of 30 cases studied, 8 (27%) cases had ABDOMINAL BLOATING, among these 7 (88%) cases significantly improved, 1 (12%) cases moderately improved.

- Out of 30 cases studied, 1 (3%) cases had SWELLING OF THE EXTREMITIES, 1 (100%) case moderately improved.

- Out of 30 cases studied, 2 (6%) cases had WEIGHT GAIN, among these 2 (100%) cases significantly improved.

- Out of 30 cases studied, 13 (43%) cases had INSOMNIA, among these 7 (55%) cases significantly improved, 5 (38%) cases moderately improved, 1 (7%) was status quo.

- Out of 30 cases studied, 6 (20%) cases had INCREASED APPETITE, among these 4 (67%) cases significantly improved, 2 (33%) cases moderately improved.

- Out of 30 cases studied, 24 (80%) cases had FATIGUE, among these 18 (75%) cases significantly improved 5 (25%) cases moderately improved, in 1 (4%) cases increased complaints.

- Out of 30 cases studied, 10(33%) cases had HEADACHE, among these 4 (40%) cases significantly improved, 3 (30%) cases moderately improved, 3 (30%) were status quo

- Out of 30 cases studied, 22 (73%) cases had BACKACHE, among these 10 (45%) cases significantly improved 7 (32%) cases moderately improved, 5 (23%) were status quo

OBSERVATION REGARDING PHYSICAL GENERALS BEFORE MENSES AFTER SECOND DOSE:

- Out of 30 cases studied, 7 (23%) cases had BREAST TENDERNESS, among these 4 (57%) cases significantly improved, 3 (43%) cases moderately improved.

- Out of 30 cases studied, 26 (87%) cases had ABDOMINAL PAIN, among these 11(43%) cases significantly improved, 9 (35%) cases moderately improved, 4 (15%) were status quo.

- Out of 30 cases studied, 8 (27%) cases had ABDOMINAL BLOATING, among these 7 (87%) cases significantly improved 1 (13%) case moderately improved, in 2 (7%) cases increased complaints

- Out of 30 cases studied, 1 (3%) case had SWELLING OF THE EXTREMITIES, 1(100%) case moderately improved.

- Out of 30 cases studied, 2 (6%) cases had WEIGHT GAIN, among these 2 (100%) cases significantly improved.

- Out of 30 cases studied, 13 (43%) cases had INSOMNIA, among these 11 (85%) cases significantly improved, 2 (15%) cases moderately improved.

● Out of 30 cases studied, 6 (20%) cases had INCREASED APPETITE, among these 6 (100%) cases significantly improved.

● Out of 30 cases studied, 24 (80%) cases had FATIGUE, among these 16 (67%) cases significantly improved, 8 (33%) cases moderately improved.

● Out of 30 cases studied, 10 (33%) cases had HEADACHE, among these 6 (60%) cases significantly improved 4(40%) cases moderately improved.

● Out of 30 cases studied, 22 (73%) cases had BACKACHE, among these 16 (73%) cases significantly improved, 3 (14%) cases moderately improved, 2 (9%) were status quo, in 1 (4%) case increased complaints

● After studying this, it can be inferred that physical generals such as BREAST TENDERNESS, ABDOMINAL PAIN, ABDOMINAL BLOATING, SWELLING OF THE EXTREMITIES, WEIGHT GAIN, INSOMNIA, INCREASED APPETITE, FATIGUE, HEADACHE, BACKACHE are strong characteristic and individualizing features of Folliculinum and if present in the case along with the totality it surely gives positive results in such cases.

OBSERVATION REGARDING MENTAL SYMPTOMS BEFORE MENSES AFTER FIRST DOSE:

● Out of 30 cases studied, 11 (37%) cases had ANXIETY, among these 6 (55%) cases significantly improved, 3 (27%) cases moderately improved, 2 (18%) were status quo.

● Out of 30 cases studied, 24 (80%) cases had IRRITABILITY, among these 16 (66%) cases significantly improved, 4 (17%) cases moderately improved, 4 (17%) were status quo.

● Out of 30 cases studied, 14 (47%) cases had TEARFULNESS, among these 9 (65%) cases significantly improved 3 (21%) cases moderately improved, 2 (14%) were status quo.

● Out of 30 cases studied, 12 (40%) cases had DEPRESSION, among these 6 (50%) cases significantly improved 4 (33%) cases moderately improved, 2 (17%) were status quo.

● Out of 30 cases studied, 23 (77%) cases had MOOD SWINGS, among these 15 (65%) cases significantly improved, 7 (30%) cases moderately improved, 1 (5%) was status quo.

● Out of 30 cases studied, 7 (23%) cases had FORGETFULNESS, among these 5 (72%) cases significantly improved, 1 (14%) case moderately improved, 1(14%) was status quo.

● Out of 30 cases studied, 8 (27%) cases had TENSION, among these 5(60%) cases significantly improved, 2 (25%) cases moderately improved, 1(12%) was status quo.

● Out of 30 cases studied, 10 (33%) cases had CONFUSION, among these 6 (60%) cases significantly improved, 2 (20%) cases moderately improved, 2 (20%) were status quo.

● Out of 30 cases studied, 22 (73%) cases had DECREASED INTEREST IN USUAL ACTIVITIES, among these 16 (73%) cases significantly improved, 4 (18%) cases moderately improved, 2 (9%) were status quo.

● Out of 30 cases studied, 20 (67%) cases had LACK OF CONCENTRATION, among these 14 (70%) cases significantly improved, 3 (15%) cases moderately improved, 3 (15%) were status quo.

OBSERVATION REGARDING MENTAL SYMPTOMS BEFORE MENSES AFTER SECOND DOSE :

● Out of 30 cases studied, 11 (37%) cases had ANXIETY, among these 7 (67%) cases significantly improved, 4 (36%) cases moderately improved.

● Out of 30 cases studied, 24 (80%) cases had IRRITABILITY, among these 18 (75%) cases significantly improved, 6 (15%) cases moderately improved.

● Out of 30 cases studied, 14 (47%) cases had TEARFULNESS, among these 12 (86%) cases significantly improved, 2 (14%) cases moderately improved.

- Out of 30 cases studied, 12 (40%) cases had DEPRESSION, among these 11 (92%) cases significantly improved, 1 (8%) case moderately improved.

- Out of 30 cases studied, 23 (77%) cases had MOOD SWINGS, among these 21 (91%) cases significantly improved, 2 (9%) cases moderately improved.

- Out of 30 cases studied, 7 (23%) cases had FORGETFULNESS, among these 6 (86%) cases significantly improved, 1 (14%) case moderately improved.

- Out of 30 cases studied, 8 (27%) cases had TENSION, among these 7 (87%) case significantly improved, 1 (13%) was status quo.

- Out of 30 cases studied, 10 (33%) cases had CONFUSION, among these 8 (80%) cases significantly improved, 2 (20%) cases moderately improved.

- Out of 30 cases studied, 22 (73%) cases had DECREASED INTEREST IN USUAL ACTIVITIES, among these 16 (72%) cases significantly improved, 4 (18%) cases moderately improved, 2 (10%) were status quo.

- Out of 30 cases studied, 22 (73%) cases had LACK OF CONCENTRATION, among these 19 (86%) cases significantly improved, 3 (14%) cases moderately improved.

- All the cases in which FOLLICULINUM was indicated with characteristic mental symptoms had shown either significant improvement or moderate improvement. This confirms that if the characteristic mental symptoms of the remedy are present in a case along with characteristic physical indications,
i.e. remedy prescribed on a holistic approach, definitely helps the patient.

OBSERVATION REGARDING PHYSICAL COMPLAINTS DURING MENSES AFTER FIRST DOSE:

- Out of 30 cases studied, 7 (23%) cases had BREAST TENDERNESS, among these 4 (58%) cases significantly improved, 2 (28%) cases moderately improved, 1 (14%) was status quo.

- Out of 30 cases studied, 26 (87%) cases had ABDOMINAL PAIN, among these 9 (35%) cases significantly improved, 10 (38%) cases moderately improved, 6 (23%) were status quo.

- Out of 30 cases studied, 8(27%) cases had ABDOMINAL BLOATING, among these 7 (88%) cases significantly improved, 1(12%) case moderately improved.

- Out of 30 cases studied, 1 (3%) case had SWELLING OF THE EXTREMITIES, 1(100%) case moderately improved.

- Out of 30 cases studied, 2 (6%) cases had WEIGHT GAIN, among these 2 (100%) cases significantly improved.

- Out of 30 cases studied, 13 (43%) cases had INSOMNIA, among these 7 (55%) cases significantly improved, 5 (38%) cases moderately improved, 1 (7%) was status quo.

- Out of 30 cases studied, 6 (20%) cases had INCREASED APPETITE, among these 4 (67%) cases significantly improved, 2 (33%) cases moderately improved.

- Out of 30 cases studied, 24 (80%) cases had FATIGUE, among these 18 (75%) cases significantly improved, 5 (25%) cases moderately improved.

- Out of 30 cases studied, 10 (33%) cases had HEADACHE, among these 4 (40%) cases significantly improved, 3 (30%) cases moderately improved, 3 (30%) were status quo

- Out of 30 cases studied, 22 (73%) cases had BACKACHE, among these 10 (45%) cases significantly improved, 7 (32%) cases moderately improved, 5 (23%) were status quo

OBSERVATION REGARDING PHYSICAL GENERALS DURING MENSES AFTER SECOND DOSE:

- Out of 30 cases studied, 7 (23%) cases had BREAST TENDERNESS, among these 4 (57%) cases significantly improved, 3 (43%) cases moderately improved.

- Out of 30 cases studied, 26 (87%) cases had ABDOMINAL PAIN, among these 11 (43%) cases significantly improved, 9 (35%) cases moderately improved, 4 (15%) were status quo.

- Out of 30 cases studied, 8 (27%) cases had ABDOMINAL BLOATING, among these 7 (87%) cases significantly improved, 1 (13%) case moderately improved.

- Out of 30 cases studied, 1 (3%) case had SWELLING OF THE EXTREMITIES, 1 (100%) case moderately improved.

- Out of 30 cases studied, 2(7%) cases had WEIGHT GAIN, among these 2 (100%) cases significantly improved.

- Out of 30 cases studied, 13 (43%) cases had INSOMNIA, among these 11 (85%) cases significantly improved, 2 (15%) cases moderately improved.

- Out of 30 cases studied, 6 (20%) cases had INCREASED APPETITE, among these 6 (100%) cases significantly improved.

- Out of 30 cases studied, 24 (80%) cases had FATIGUE, among these 16 (67%) cases significantly improved, 8 (33%) cases moderately improved.

- Out of 30 cases studied, 10 (33%) cases had HEADACHE, among these 6 (60%) cases significantly improved, 4 (40%) cases moderately improved.

- Out of 30 cases studied, 22 (73%) cases had BACKACHE, among these 16 (73%) cases significantly improved, 3 (14%) cases moderately improved, 2 (9%) were status quo

- After studying this, it can be inferred that physical generals such as, BREAST TENDERNESS, ABDOMINAL PAIN, ABDOMINAL BLOATING, SWELLING OF THE EXTREMITIES, WEIGHT GAIN, INSOMNIA, INCREASED APPETITE, FATIGUE, HEADACHE, BACKACHE are strong characteristic and individualizing features of Folliculinum and if present in the case along with totality it surely gives positive results in such cases.

OBSERVATION REGARDING MENTAL SYMPTOMS DURING MENSES AFTER FIRST DOSE :

- Out of 30 cases studied, 11(37%) cases had ANXIETY, among these 6 (55%) cases significantly improved, 3 (27%) cases moderately improved, 2 (18%) were status quo.

- Out of 30 cases studied, 24 (80%) cases had IRRITABILITY, among these 16 (66%) cases significantly improved, 4 (17%) cases moderately improved, 4 (17%) were status quo.

- Out of 30 cases studied, 14 (47%) cases had TEARFULNESS, among these 9 (65%) cases significantly improved, 3 (21%) cases moderately improved, 2 (14%) were status quo.

- Out of 30 cases studied, 12 (40%) cases had DEPRESSION, among these 6 (50%) cases significantly improved, 4 (33%) cases moderately improved, 2 (17%) were status quo.

- Out of 30 cases studied, 23 (77%) cases had MOOD SWINGS, among these 15 (65%) cases significantly improved, 7 (30%) cases moderately improved, 1 (5%) was status quo.

- Out of 30 cases studied, 7 (23%) cases had FORGETFULNESS, among these 5 (72%) cases significantly improved, 1 (14%) case moderately improved, 1 (14%) was status quo.

- Out of 30 cases studied, 8 (27%) cases had TENSION, among these 5 (63%) cases significantly improved, 2 (25%) cases moderately improved, 1 (12%) was status quo.

● Out of 30 cases studied, 10 (33%) cases had CONFUSION, among these 6 (60%) cases significantly improved, 2 (20%) cases moderately improved, 2 (20%) were status quo.

● Out of 30 cases studied, 22 (73%) cases had DECREASED INTEREST IN USUAL ACTIVITIES, among these 16 (73%) cases significantly improved, 4 (18%) cases moderately improved, 2 (9%) were status quo.

● Out of 30 cases studied, 20 (67%) cases had LACK OF CONCENTRATION, among these 14 (70%) cases significantly improved, 3 (15%) cases moderately improved, 3 (15%) were status quo.

OBSERVATION REGARDING MENTAL SYMPTOMS DURING MENSES AFTER SECOND DOSE:

● Out of 30 cases studied, 11 (37%) cases had ANXIETY, among these 7 (67%) cases significantly improved, 4 (36%) cases moderately improved.

● Out of 30 cases studied, 24 (80%) cases had IRRITABILITY, among these 18 (75%) cases significantly improved, 6 (15%) cases moderately improved.

● Out of 30 cases studied, 14 (47%) cases had TEARFULNESS, among these 12 (86%) cases significantly improved, 2 (14%) cases moderately improved.

● Out of 30 cases studied, 12 (40%) cases had DEPRESSION, among these 11 (92%) cases significantly improved, 1 (8%) cases moderately improved

● Out of 30 cases studied, 23 (77%) cases had MOOD SWINGS, among these 21 (91%) cases significantly improved, 2 (9%) cases moderately improved.

● Out of 30 cases studied, 7 (23%) cases had FORGETFULNESS, among these 6 (86%) cases significantly improved, 1(14%) cases moderately improved.

● Out of 30 cases studied, 8 (27%) cases had TENSION, among these 7 (87%) cases significantly improved, 1 (13%) was status quo.

● Out of 30 cases studied, 10 (33%) cases had CONFUSION, among these 8 (80%) cases significantly improved, 2 (20%) cases moderately improved.

● Out of 30 cases studied, 22 (73%) cases had DECREASED INTEREST IN USUAL ACTIVITIES, among these 16 (73%) cases significantly improved ,4 (18%) cases moderately improved, 2 (9%) were status quo.

● Out of 30 cases studied, 22 (73%) cases had LACK OF CONCENTRATION, among these 19 (86%) cases significantly improved, 3 (14%) cases moderately improved.

● All the cases in which FOLLICULINUM was given showed definite improvement in symptoms. This confirms that Folliculinum definitely helps the patient with PMS.

CONCLUSION:

- During the study it was observed that physical symptoms before menses such as swelling of the extremities and weight gain were less commonly found and abdominal pain, fatigue, backache were more commonly found.

- During the study it was observed that mental symptoms before menses such as forgetfulness and tension were less commonly found and irritability, MOOD SWINGSs, decreased interest in usual activities were more commonly found.

- Physical symptoms such as abdominal bloating, weight gain, increased appetite, and fatigue responded very well to the first dose of Folliculinum.

- All physical symptoms improved after the second dose of Folliculinum.

- More than 85% improvement in most of the mental symptoms after the very first dose of Folliculinum was observed. Almost 100% improvement in all mental symptoms was observed after the second dose of Fo lliculinum.

- From this we can conclude that Folliculinum has acted quickly and significantly on mental symptoms as compared to physical symptoms.

ADDITIONAL DATA REGARDING EFFECT OF FOLLICULINUM DURING MENSES ON PHYSICAL AND MENTAL SYMPTOMS

- It was observed that among physical symptoms during menses, abdominal pain, fatigue and backache were more commonly found and breast tenderness, abdominal bloating, weight gain, insomnia, increased appetite, headache were less commonly found.

- It was observed that among mental symptoms during menses, irritability, depression, MOOD SWINGSs, decreased interest in usual activities, and lack of concentration were more commonly found and tearfulness, forgetfulness, tension, confusion were less commonly found.

- All physical symptoms during menses were improved after the first dose and second dose of Folliculinum. There was no major difference seen between the first and second dose as it was observed in the symptoms before menses.

- All mental symptoms during menses were improved after the first dose and a few of them were completely cured after the second dose of Folliculinum.

- I present this work of mine to the Homoeopathic fraternity. This work is a modest attempt to study the remedy Folliculinum, with the hope that it will be useful for further understanding and application of this medicine in practice

SUMMARY

In this research my student and I conducted a survey in different schools and different villages. In this survey, first of all my student and I explained the girls and the teachers about the difficulties which they were facing in the day to day life and then I convinced them to co-operate and fill out the form. Meanwhile my student and I got a good response from the girls and simultaneously my student and I started enjoying our journey. But sometimes, my student and I faced difficulties in collecting the feedback forms. I had to explain the purpose of this survey to the parents of the participants. Through this, my student and I learnt how to convince the people belonging to different areas with different mentalities.

Through this survey, my student and I learnt about the role of remedy Folliculinum and its effect in premenstrual syndrome. Due to this research, my student and I learnt how to conduct surveys in schools, in different areas and how to communicate with them and what measures and precautions should be taken during this type of survey. This research provided my student and me with a wonderful opportunity and valuable exposure, making the study more realistic and enhancing its practical implementation.
My student and I gained valuable experience through this research.

REFERENCES

1. DUTTA DC, TEXTBOOK OF GYNECOLOGY, including Contraception, Enlarged & Revised Reprint of Sixth Edition, Jaypee Brothers Medical Publishers (P) Ltd.,Chapter-13,Page No.-(182-183)

2. JEFFCOATE'S PRINCIPLES OF GYNAECOLOGY Seventh International Edition,Jaypee Brothers Medical Publishers (P) Ltd.,Chapter-40 ,Page No.-(627-631)

3. Murphy Robin, Nature´s Materia Medica

4. VERMEULEN F., Synoptic Materia Medica 2,the second edition,

5. VARMA P. N. and INDU V., Encyclopaedia of Homoeopathic Pharmacopoeia, volume-2

6. Martinez, B. 1990. Folliculinum: Efficacy in Premenstrual Syndrome. British HomoeopathicJournal.https://www.thiemeconnect.com/products/ejournals/pdf/10.1016/S0007-0785(05)80156-5.pdf

7. Kirtland, A. 1995. The Efficacy of Folliculinum in the Treatment of Premenstrual Tension. Technikon Natal, Durban. **http://openscholar.dut.ac.za/handle/10321/2747**

8. Sarawan, S. 2001. An Evaluation of the Efficacy of a Homoeopathic Complex, Premenstron®, in the treatment of Premenstrual syndrome in terms of the patient' perception.S.TechnikonNatal,Durbanhttp://openscholar.dut.ac.za/handle/10321/2173

9. Laiser 2008, The Efficacy of homoeopathic similimum in the treatment of PMS‖. http://scholar.google.co.in/scholar_url?url=http://openscholar.dut.ac.za/bitstream/10321/383/4/Laister_2008.pdf&hl=en&sa=X&scisig=AAGBfm2FPCuozk_0qA0ZePlp6847jHHe4g&nossl=1&oi=scholarr

10. In 2012, the topic was Homeopathic treatment of premenstrual syndrome: a case series conducted by Karine DannoAurélie Colas Laurence Terzan Marie-France Bordet **https://pubmed.ncbi.nlm.nih.gov/23290881/**

SURVEY FORM

"EXPLORING THE ACTION OF FOLLICULINUM ON PREMENSTRUAL SYNDROME IN ADOLESCENTS"

1. **DATE OF SURVEY :** _____
2. **SURVEY NUMBER :** _____
3. **SURVEY BY :** _____
4. **DEPARTMENT :** _____
5. **CONSULTANT DOCTOR :** _____
6. **NAME :** _____
7. **AGE :** _____
8. **EDUCATION :** _____
9. **RELIGION :** _____
10. **OCCUPATION :** _____
11. **ADDRESS :**

_____

12. **HABIT :**

_____

13. **PHONE NO. :** _____

QUESTIONS

1. **WHEN DID YOU HAVE YOUR FIRST MENSTRUAL PERIOD?**
2. WHAT IS THE LENGTH OF YOUR MENSTRUAL CYCLE?

MENSTRUAL HISTORY	
1. DURATION	
2. FLOW	
3. QUANTITY	
4. COLOUR	
5. CLOTS	
6. CONSISTENCY	
7. ODOUR	
8. STAIN	
3. WHAT IS YOUR LMP?	
4. HOW DO YOU KNOW THAT YOUR MENSTRUAL PERIOD IS ABOUT TO START?	

5. DO YOU EXPERIENCE ANY CHANGES IN YOUR BODY BEFORE YOUR MENSTRUAL PERIOD?

SYMPTOMS	BM (DAYS)	DM (DAYS)	AM (DAYS)
1. BREAST TENDERNESS			
2. ABDOMINAL PAIN			
3. ABDOMINAL BLOATING			
4. SWELLING OF THE EXTREMITIES			
5. WEIGHT GAIN			
6. INSOMNIA			
7. INCREASED APPETITE			
8. FATIGUE			
9. TIREDNESS			
10. HEADACHE			
11. BACKACHE			
12. OTHER SYMPTOMS			

6. DO YOU EXPERIENCE ANY OF THE FOLLOWING MENTAL SYMPTOMS THAT START BEFORE YOUR MENSTRUAL PERIOD?

SYMPTOMS	BM (DAYS)	DM (DAYS)	AM (DAYS)
1. ANXIETY			
2. IRRITABILITY			
3. TEARFULNESS			
4. DEPRESSION			
5. MOOD SWINGS			
6. FORGETFULNESS			
7. TENSION			
8. CONFUSION			
9. DECREASED INTEREST IN USUAL ACTIVITIES			
10. LACK OF CONCENTRATION			

7. DO YOU HAVE ANY COMPLAINTS RELATED TO THE FOLLOWING SYMPTOMS?	
A) WEIGHT GAIN	C) CONSTIPATION
B) WEIGHT LOSS	D) DRYNESS OF SKIN
8. DO YOU OBSERVE THAT THESE SYMPTOMS AFFECT YOUR DAILY ACTIVITIES?	
A) MILD B) MODERATE C) SEVERE D) NO EFFECT	
9. DO YOU OBSERVE THAT THESE SYMPTOMS AFFECT YOUR STUDIES? A) YES B) NO	
10. DO YOU HAVE ANY RESPIRATORY COMPLAINTS?	

11. DO YOU HAVE ANY PAST HISTORY?
12. DO YOU HAVE ANY FAMILY HISTORY?

SIGNATURE OF THE CANDIDATE: _____