



MENOPAUSAL SYNDROME: THE HOMOEOPATHIC MANAGEMENT – AN OBSERVATIONAL STUDY

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ABSTRACT:

Menopause refers to the permanent cessation of menstruation at the end of reproductive life due to the loss of ovarian follicular activity, leading to the onset of transient symptoms. We believe that this "change of life" is largely filled with negative experiences that are attributed to social and personal circumstances and not to the endocrine events of menopause. This study is aimed at studying the usefulness of Kent's repertoire in the treatment of menopausal syndrome. The effectiveness of homeopathic medicine in the management of menopausal syndrome, its prevalence, the study of obstacles and other persistent causes, as well as the correlation of the clinical approach to menopausal syndrome with homeopathic principles as laid down by Master Hahnemann and other devotees, and to develop evidence-based support for the usefulness of Kent's Repertory in treatment of menopausal syndrome. It helps us to understand the problems of menopausal women on a social, economic and psychosomatic level. An observational study was conducted at our college OPD to determine the extent of Kent's repertoire in the management of menopausal syndrome. 30 diagnosed cases of menopausal syndrome were selected by simple random selection based on fixed inclusion and exclusion criteria. The collection of cases was carried out according to the schemes of the model case format with special emphasis on mental state, past, family anamnesis. Symptomatic analysis and repertorization were performed according to Kent's repertory. In the course of this work, subsequent criteria and parameters for evaluating the results of the study were formulated. The prescription was based on a summary of all symptoms. Monthly follow-ups were performed and the MRS scale was used to assess symptom severity at each follow-up. MRS scores at baseline and last follow-up were compared using the Wilcoxon signed-rank test. The parameters determined according to the type of response obtained after treatment were: Recovered (cured) / Improved / Not recovered

KEYWORDS : Menopause, Menopausal Syndrome, Homeopathy, Obstetrics and Gynecology and homeopathic Medicine.

INTRODUCTION:

Menopause: Menopause refers to the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. Menopausal syndrome: Menopausal syndrome refers to a group of symptoms experienced by some women during the climacteric phase. Menopausal syndrome is characterized by hot flashes (a symptom of vasomotor instability), which in 80% last for one year. It will shrink itself by 3-4 years. The cause of the flushes is not clear - but it follows estrogen withdrawal in women with poor vascular control. It is commonly said that "menopause is your return to where you were before, when your hormone levels are the same as pre-pubescent girls". Menopause is one of the most significant events in a woman's life and brings about a series of physiological changes in a woman that result in a permanent effect in her life. "Symptoms that occur before, during, and after the onset of menopause constitute menopausal syndrome." As a result of the menopausal syndrome, considerable disability is observed in women, and therefore its treatment has recently become an important area of research. It includes symptoms associated with physiological changes that take place in the female body. At this point, the period of fertility ends. Menopause is a normal consequence of the aging process and is a natural state of female hormone deficiency. In this phase, the ovaries gradually become less active and their production of sex hormones (estrogen and progesterone) decreases. As a result, menses will cease permanently. Women are usually considered menopausal if they have not had a period for a year without any underlying cause. Some women experience mild or no discomfort, but some women experience severe symptoms during this period. It can be seen that women with menopausal syndrome are prone to many psychological symptoms such as anxiety, poor memory, inability to concentrate, less interest in sexual activity, depressed moods, irritability, mood swings. Homeopathy is the safest treatment before, during and after menopause because it stimulates the natural hormonal balance without the use of harmful drugs. Constitutional homeopathic treatment is most suitable in the transitional period of menopause to balance hormonal levels and cure a number of accompanying symptoms. You cannot address the complex of these symptoms as separate from the whole individual; for this reason, genuine homeopathic prescribing is highly recommended for the treatment of menopausal syndrome. The modern school treats these symptoms with some hormonal preparations or sedatives, but now we realize that it is fraught with many dangers, despite the timeless campaigns of doctors and pharmaceutical companies, the unpleasant side effects of HRT can be so disturbing that half of all women prescribed the drug, stop taking it within six months (according to a recent UK opinion poll). Homeopathy has alternatives to HRT with no known risks. Homeopathy works on menopause symptoms with a gentle touch. This system of healing can be of great benefit to those

who suffer from the physical and emotional symptoms that come with menopause. The best treatment for menopausal problems is a deep constitutional remedy covering all the patient's symptoms at that time. A good repertoire thus becomes an essential tool for managing cases of menopausal syndrome. The aim of this study is to determine the usefulness of Kent's repertoire in the treatment of climacteric syndrome, with the hope that it will pave the way for a better understanding of the effectiveness of homeopathic remedies in the treatment of menopausal syndrome. Success in repertorization depends on the ability to deal with symptoms, which are collected by proper case-taking for both acute and chronic cases, and repertory are symptom indexes of homeopathic materia medica with corresponding similar remedies arranged systematically. Thus, the use of a repertoire is equally useful for selecting similimum for acute and chronic diseases. Repertoires, regardless of their structure and construction, aim to simplify the process of similima selection. It even suggests competing remedies, leaving the choice and assessment to the doctor. The optimal use of the repertoire expands the knowledge of the materia medica, because it brings to the smallest detail the drugs, their sphere of action and even their spheres of action and even their relationships. Since mental symptoms play an important role in the management of the menopausal syndrome, Kent's philosophy is also guided by the psychological and mental aspect in the selection of similes when creating a symptom summary. His concept goes from the general to the specific. In general, overall psychological symptoms are given more importance than overall physical symptoms. So even this repertoire includes a whole set of symptoms, such as mental generals, physical generals, specific symptoms that help in choosing a constitutional remedy with a miasmatic approach.

REVIEW OF LITERATURE:

Menopause refers to the permanent cessation of menstruation at the end of reproductive life due to the loss of ovarian follicular activity. It is the moment when the last and final period occurs. Clinical diagnosis is confirmed after cessation of menstruation (amenorrhea) for twelve consecutive months without any other pathology. As such, a woman is declared to have reached menopause retroactively. AGE OF MENOPAUSE: The age at which menopause occurs is genetically determined. The age of menopause is not related to the age of menarche or the age of the last pregnancy. Nor is it related to number of pregnancies, lactation, oral pill use, socioeconomic status, race, height, or weight. Thinner women have early menopause. However, cigarette smoking and severe malnutrition can cause premature menopause. The age of menopause varies between 45-55 years, on average 50 years. Symptoms Amenorrhea: The most obvious symptom of cessation of cyclic ovarian function is prolonged amenorrhea. The cessation of menstruation indicates that the amount of estrogen produced by the ovaries is no longer sufficient to support endometrial proliferation, and the absence of cyclic progesterone production is accompanied by the absence of withdrawal bleeding. This is an advantageous situation for several reasons. First, the sometimes crippling discomfort and anemia that many women suffer from cyclic bleeding are no longer a problem. Second, any abnormal bleeding that may occur later serves as a warning of potential malignancy and is obvious to both the patient and her physician.(8) Hot flashes: A classic symptom associated with estrogen deficiency is known as hot flashes. This symptom is described as "recurrent transient periods of hot flashes, sweating and feeling hot, often accompanied by palpitations, feelings of anxiety and sometimes followed by chills". The entire episode usually lasts no more than 1 to 3 minutes and can recur up to 30 times a day, although 5 to 10 times a day is more common. At least half of all women experience hot flashes during natural menopause, and even more women after surgical menopause. Physiologically, hot flashes correspond to a marked, episodic increase in the frequency and intensity of gonadotropin-releasing hormone (GnRH) pulses from the hypothalamus. Although not firmly established, it is believed that these symptoms are not the result of increased GnRH secretion. Instead, increased pulsatile activity is an indicator of the same central disturbance in the body's thermoregulatory center that is responsible for hot flashes. It is a manifestation of vasomotor instability that results in a tendency to flush or flush, especially around the face and neck. Flushing is mainly caused by excitement, nervousness and hot atmosphere and may correspond to adolescent flushing. Vasodilatation is followed by vasoconstriction, and thus chills come after flushing. Hot flashes are one of the most common symptoms women experience during menopause. In fact, approximately half of all perimenopausal women and 75 to 85% of all postmenopausal women experience hot flashes. While the onset, duration, frequency, and severity of hot flashes vary widely among women, hot flashes often begin one or two years before a woman's last menstrual period and last from six months to fifteen years. Sleep disorders: A healthy adult needs an average of 7-8 hours of uninterrupted sleep per night, but many women don't get the right amount. People with sleep disorders have a persistent problem with not getting the recommended amount of uninterrupted sleep, which leads to a weakened immune system, increased anxiety, and worsening of pre-existing medical conditions. Sleep disorders can include a variety of symptoms and conditions; however, there are certain warning signs that are fairly common. If you suffer from any of the following, chances are you have one or more sleep disorders. Vaginal dryness: Vaginal dryness, medically called "atrophic vaginitis", is defined as a lack of sufficient moisture in the vaginal area. The body naturally lubricates the vaginal walls with a thin layer of moisture. This layer of moisture is made up of a clear fluid secreted by the walls of the blood vessels around the vagina. When a woman is sexually aroused, these blood vessels pump more blood, stimulating the secretion of fluids, thereby increasing vaginal lubrication. However, the hormonal changes that occur with menopause and other female life events can disrupt this process, both during sex and in everyday life. Symptoms of vaginal dryness can vary in severity from mild and mildly bothersome to significantly life-threatening Prolonged estrogen deficiency can contribute to the development of a potentially reversible condition such as urogenital atrophy, or a life-threatening and irreversible condition, such as cardiovascular disease and osteoporosis. Prevention and early detection remain the cornerstones of maintaining the health of this age group. Loss of libido: Loss of libido is a complex phenomenon with psychological, relational, physical and hormonal dimensions as unique as the women who experience them. The term libido has long been used to describe a person's sexual desire and desire for sex. Loss of libido, medically called "hypoactive sexual desire disorder", is a reduction or lack of interest and desire for sexual activity. During menopause, one of the most common identifiable causes of loss of libido is hormonal imbalance. A decrease in the levels of three main hormones can contribute to a decrease in sex drive and energy. Urinary symptoms: Urinary symptoms may include dysuria, urgency, and recurrent urinary tract infections. In addition, the shortening of the urethra associated with postmenopausal atrophic changes can lead to urinary incontinence. Stress incontinence is the most prominent type of incontinence experienced by women, especially women approaching menopause or postmenopausal women. Women with stress incontinence leak involuntarily when they cough, laugh, sneeze, exercise, or lift something. The reason these activities can cause incontinence is because they put sudden pressure on the walls of the bladder, compressing the bladder and causing urine to leak. The reason this happens as women age is because the pelvic muscles often weaken, which weakens the walls between the bladder and the vagina. Pressure on the bladder causes leakage. Urinary incontinence is a sudden,

intense and frequent urge to urinate, immediately followed by an uncontrollable leakage of urine. The bladder contracts and may only issue a warning for a few seconds or minutes to get to the toilet. Urinary incontinence strikes especially when sleeping, drinking or listening to running water.

ORGANIZATIONAL CHANGES: 1) Ovaries: reduced, wrinkled and white. There is a thinning of the cortex with an increase in the components of the pith. There are a large number of stromal cells that have secretory activity. 2) Fallopian tubes: show the feature of atrophy. The muscle coat becomes thinner, the cilia disappear and the plicae are less noticeable. 3) Uterus: shrinks and the ratio between body and cervix returns to 1:1. The endometrium becomes thin and atrophic. However, in some women with high endogenous estrogens, the endometrium may be proliferative or even hyperplastic. Cervical secretion becomes scanty. 4) Vagina: narrows due to gradual loss of elasticity. The vaginal epithelium becomes thinner. The rugae gradually flatten. There is no glycogen. Doderlein's bacillus is absent. Vaginal pH becomes alkaline. 5) Vulva: shows signs of atrophy. The labia flattens and the pubic hair decreases. The end result is a narrow introitus. 6) Breast fat: it is reabsorbed and the glands atrophy. The size of the nipples decreases. Eventually, the breasts become flat and pendulous. (9) 7) Bladder and urethra: undergo similar changes as in the vagina. The epithelium becomes thinner and more susceptible to damage and infection. Dysuria, frequency, urge or even stress incontinence may occur. Loss of muscle tone leads to pelvic relaxation, uterine descent, and anatomical changes in the urethra and bladder neck. The cellular tissues of the pelvis are thin and the ligaments supporting the uterus and vagina lose their tone. The pre-existing weakness is thus deepened. Homeopathy in the treatment of menopausal syndrome: He may fear that every disease is dependent on a change within organisms. But this change is only vaguely and illusively sensed by the understanding of what the diseased symptom delights in; and the exact nature of this internal invisible change cannot be ascertained in any reliable way. The invisible morbid transformation of the interior and the transformation of health perceptible by our senses together form what we can call illness through the eye of creative omnipotence.

HOMOEOPATHIC THERAPEUTICS:

Graphites A woman who is cold, pale, and apathetic—with trouble concentrating and a tendency to gain weight during or after menopause—is likely to respond to this medicine. Hot flashes and night sweats are often seen. A person who needs this medicine may also be prone to skin problems with oozing cracked rashes and become very slow to wake up in the morning. **Lachesis mutus** This medicine relieves menopausal hot flashes, especially when the flushes are relieved by sweating or the onset of menstruation. **Sepia** This remedy can be useful if a woman's menstruation is sometimes late and weak, but other times heavy and profuse. Her pelvic organs may feel weak and flabby, and she may crave vinegar or acidic foods. Women who need this medicine usually feel withdrawn and tired, with an irritable distance from family members and a loss of interest in everyday tasks. Exercise, especially dancing, can improve a woman's mood and energy. **Sulphur** This remedy is often helpful for hot flushes and flushing during menopause when a woman wakes up in the early hours of the morning and throws off the covers. She can be very anxious, cry a lot and worry excessively about her health. A person who needs sulfur is often mentally active (or even eccentric), prone to chaotic habits, and usually feels worse from heat. Other means **Belladonna** This remedy relieves hot flushes with profuse sweating and congestion of the head. **Calcarea carbonica** This remedy may be helpful for women with severe hot flushes, night sweats and hot flushes (despite a common cold) as well as weight gain during menopause. People who need this medicine are usually responsible and hard-working, but rather slow or sluggish and can tire easily. Anxiety can be intense, and overwork or stress can lead to a temporary breakdown. Stiff joints or cramps in the legs and feet and craving for eggs and sweets are other indications for **Calcarea**. **Glonoinum** This relieves sudden flushes of heat with throbbing headaches or congestion, aggravated by heat. **Ignatius Ignatia** often helps with the emotional swings that occur during menopause. The woman will be very sensitive, but she may try to hide her feelings - she will appear alert and defensive, moody or hysterical. Along with irregular periods, headaches, muscle cramps and menstrual cramps may occur. Heaviness in the chest, a tendency to sigh and yawn, and sudden bursts of tears or laughter are strong signs for **Ignatia**. **Lilium tigrinum** A woman who is likely to react to this drug feels rushed, anxious and very emotional - with a tendency to throw tantrums and make other people "walk on their balls". She often feels tight in her chest and feels as if her pelvic organs are being squeezed, which can cause her to sit a lot or cross her legs. **Natrum muriaticum** A woman who needs this medicine may seem reserved, but she has strong emotions that she keeps inside. She often feels deep sadness and may dwell on the loss of happy times from the past or dwell on hurts and disappointments. During menopause, she may have irregular periods accompanied by back pain or migraines. A person who needs this medicine usually craves salt and feels worse in the sun. **Pulsatilla** The person who needs this medicine is usually soft and emotional, with changeable moods and a tendency to tears. Women are very attached to their families and find it hard to bear the thought of children growing up and leaving home. They usually feel deeply insecure about getting old. A fondness for desserts and butter can often lead to weight problems. Mood swings, irregular periods, nausea, hot flashes and chills, and lack of thirst are common. Aggravation from stuffy rooms and improvement in the open air may confirm the choice of **Pulsatilla**. **Staphysagria** A person in need of this remedy usually appears gentle, shy, and accommodating, but has many repressed emotions. Menopausal women may become depressed or have outbursts of unusual anger (even throwing or breaking things). Many people who need **Staphysagria** have been estranged from their spouse for many years or experienced childhood abuse.

CONCLUSION:

The final note of this exhaustive study of one and a half years is made based on observations and results based on statistical interpretations. Constitutional remedies have provided maximum relief to patients. Homeopathic treatment for menopausal syndrome can relieve symptoms and help reduce the intensity of symptoms. In the homeopathic system, there is always an excellent space for the treatment of menopausal syndrome, because the philosophy of the system is based on a holistic and individualistic approach. My 30 case study was successful in meeting the goals and objectives. I would like to end this study of mine on a high note because the results of the study are very encouraging. The results of this prospective study have shown that homeopathic remedies can definitely bring enormous benefits to patients when properly used and repertorized. Which proves that Kent's repertoire has a definite role in the treatment of menopausal syndrome. After thorough sampling and similimum prescription, the cases were followed up and the following conclusions were reached after detailed analysis. 30 diagnosed cases of menopausal syndrome who met the inclusion and exclusion criteria were considered to understand the usefulness of Kent's repertoire in the management of menopausal syndrome. The most common

clinical manifestations were hot flushes, sweating and insomnia, burning urination, genital itching, irritability, anxiety and sadness. Along with menopausal syndrome, the most common complaints presented by the study group were gastrointestinal symptoms of constipation, acidity, etc. The most frequently used constitutional remedies were Sepia, Lachesis, Sulphur, Calcarea carb, Kali-Carb, Nux-Vom, Pulsatilla, Natrum-Mur. In addition to corrective measures, general dietary and supplemental measures including exercise, counseling and moral support are necessary. Administering similim to these patients not only cured the menopausal syndrome, but also helped them with their negative emotions and helped by increasing their ability to cope with sadness and fears and increased their self-esteem. Most patients felt positive and cheerful at the end of the study. It can be summarized that of the thirty cases understudied with menopausal syndrome, 22 cases (73.33%) were completely cured, 06 cases (20.00%) improved, which proves the effectiveness of homeopathy in the treatment of postmenopausal problems.

LIMITATION OF THIS STUDY

- It is a primary study with a topic of Menopausal syndrome and consists only of observational data
- Complicated cases of diseases like carcinoma of uterus, fibroid uterus were not taken for study

SUGGESTIONS FOR FURTHER STUDY

- The above study can be further used in research work with complicated cases of menopausal syndrome.
- Role of exciting cause (Mental Ailments from) in causation of menopausal syndrome can be explored
- As observed remedies like sepia, lachesis seemed to cure many cases in this study. A further study to assess the utility of these remedies in management of menopausal syndrome can be explored.
- Study was carried out with a sample size of just 30 cases; further study can be done with a bigger sample with special focus on Rubrics

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