



Effectiveness of Individualized Homoeopathic Medicines in the Management of Postmenopausal Syndrome: A Prospective Case Series

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ABSTRACT :

Background

Postmenopausal syndrome comprises a variety of vasomotor, psychological, somatic and urogenital symptoms that may adversely affect the quality of life of women. Individualized homoeopathic treatment considers the totality of symptoms rather than treating individual complaints in isolation. However, clinical studies evaluating individualized homoeopathic treatment using standardized outcome measures such as the Menopause Rating Scale (MRS) are limited.

Objective

To study the effectiveness of individualized homoeopathic medicines in the management of postmenopausal syndrome, to identify commonly occurring symptoms and to determine the frequently indicated homoeopathic medicines.

Materials and Methods

A prospective case series was conducted over a period of 18 months. Thirty postmenopausal women aged 45–60 years fulfilling the predefined eligibility criteria were included. Detailed individualized case-taking was conducted, followed by analysis and evaluation of symptoms, repertorization and selection of the homoeopathic medicine according to the totality of symptoms. The Menopause Rating Scale (MRS) was used to assess symptom severity before and after treatment. Pre-treatment and post-treatment MRS scores were compared using a paired *t*-test.

Results

Of the 30 participants, 27 (90%) were categorized as improved and 3 (10%) as not improved. Hot flushes and sweating were the most prevalent symptoms (96.7%), followed by joint and muscular discomfort (90%), physical and mental exhaustion (86.7%), sleep disturbances (83.3%) and irritability (83.3%). Eleven different homoeopathic medicines were prescribed. Sepia and Lachesis were the most frequently indicated medicines, each prescribed in 6 cases (20%), followed by Sulphur in 5 cases (16.7%). The mean MRS score decreased from 20.56 before treatment to 9.50 after treatment, with a mean reduction of 11.06 points. The paired *t*-test showed a statistically significant difference ($t=16.834$, $df=29$, $p<0.0001$).

Conclusion

Individualized homoeopathic treatment was associated with a significant reduction in MRS scores in this prospective case series. The findings suggest a possible role of individualized homoeopathic medicines in the management of postmenopausal symptoms. However, larger controlled studies with longer follow-up and additional outcome measures are required to further evaluate these findings.

Keywords: Postmenopausal syndrome, Homoeopathy, Menopause Rating Scale, Individualization, Sepia, Lachesis, menopausal symptoms

Introduction

Menopause is a natural biological event characterized by permanent cessation of menstruation and is diagnosed retrospectively after 12 months of

amenorrhoea.[1] It generally occurs between 45 and 55 years of age. A PAN-India survey conducted by the Indian Menopause Society reported the mean age at menopause among Indian women to be 46.2 years.[2]

The postmenopausal period is associated with physiological changes resulting primarily from declining ovarian function and estrogen levels. Women may experience a wide range of symptoms including hot flushes, sweating, sleep disturbances, mood changes, cognitive complaints, sexual dysfunction, genitourinary symptoms and musculoskeletal discomfort.[3,4] These symptoms may interfere with daily activities and adversely affect quality of life.[5]

Hot flushes are among the most common manifestations of menopause. They are characterized by sudden episodes of heat, commonly involving the face, neck and upper body, often followed by sweating. Changes in estrogen levels influence the hypothalamic thermoregulatory system and contribute to the development of vasomotor symptoms.[6] The peripheral vasodilatory response during a hot flash involves autonomic mechanisms, including sympathetic cholinergic pathways.[7]

Postmenopausal women may also experience genitourinary symptoms such as vaginal dryness, dyspareunia, urinary urgency, frequency and recurrent urinary symptoms. These manifestations are associated with estrogen deficiency and changes in estrogen-responsive tissues of the lower urinary tract and genital tract.[8] Musculoskeletal complaints are also common during the postmenopausal period and may be associated with changes in bone and muscle physiology following estrogen decline.[9]

The burden of menopausal symptoms may vary considerably among women. A study conducted among rural middle-aged women in Haryana reported impaired quality of life in a substantial proportion of postmenopausal women.[4] Therefore, appropriate assessment and management of menopausal symptoms are important components of women's healthcare.

Management may include lifestyle modification, counselling, hormonal therapy and non-hormonal therapeutic approaches. Hormone therapy can be effective for vasomotor symptoms in appropriately selected women; however, it is not suitable for every woman and its risks and benefits need to be considered individually.[10] Lifestyle measures and counselling may also contribute to overall well-being during the menopausal transition.[1]

Homoeopathy approaches the patient through individualization and considers the totality of characteristic symptoms for selection of the medicine.[11] A previous study from Chennai examining health-seeking behaviour among women aged 40–60 years reported the use of individualized homoeopathic medicines among women seeking care for menopausal complaints and emphasized the need for further clinical research.[12]

The Menopause Rating Scale (MRS) is a standardized instrument designed to assess the severity of menopausal symptoms and their impact on health-related quality of life. It contains 11 items covering somatic, psychological and urogenital domains and can be used to monitor changes in symptom severity over time.[13,14] The MRS has been evaluated as an outcome measure for treatment-related changes in menopausal symptoms.[14]

Although homoeopathic literature and clinical experience describe individualized approaches to menopausal complaints, there is a need for further structured clinical research using standardized outcome measures. The present study was therefore undertaken to assess the response to individualized homoeopathic treatment in postmenopausal women using the MRS as the principal outcome measure.

Aim and Objectives

To study the effectiveness of homoeopathic medicines in the management of postmenopausal syndrome.

Objectives

1. To study the effectiveness of homoeopathic medicines in the management of postmenopausal syndrome.
2. To explore the common symptoms or set of symptoms occurring in postmenopausal syndrome.
3. To study the commonly indicated homoeopathic medicines in postmenopausal syndrome.

Materials and Methods

Study Design

A prospective case series study was conducted over a period of 18 months.

Study Population

The study included postmenopausal women aged 45–60 years who fulfilled the predefined inclusion and exclusion criteria.

Sample Size

Thirty participants were included in the final study sample.

Inclusion Criteria

Women fulfilling the following criteria were included:

- Age between 45 and 60 years.
- Amenorrhoea for more than 12 months.
- Menopause Rating Scale score greater than 8.
- Willingness to participate in the study.
- Provision of informed consent.

Exclusion Criteria

Participants with major systemic illness, thyroid disorders, psychological disorders, surgical menopause, congenital anomalies, use of hormonal or steroid treatment, autoimmune diseases or other conditions specified in the study protocol were excluded.

Participants unwilling to provide consent or unable to maintain regular follow-up were not included in the final analysis.

Case Taking and Homoeopathic Treatment

Detailed individualized case-taking was performed using the structured case record format. The presenting complaints, mental symptoms, physical generals, particulars, modalities and concomitant symptoms were considered during analysis and evaluation.

The totality of symptoms was formulated and repertorisation was carried out using the Synthesis Repertory.[15] The final prescription was selected according to individual symptom similarity, supported by consultation of homoeopathic Materia Medica.[16-19]

The principles of individualization and treatment according to the totality of symptoms were based on the classical homoeopathic approach described in the Organon of Medicine.[11]

Outcome Assessment

The Menopause Rating Scale was used as the principal outcome measure. The MRS comprises 11 symptoms distributed across three domains: somatic, psychological and urogenital.[13,14]

Each item is scored from 0 to 4, with a higher score indicating greater symptom severity. The total score was recorded before treatment and after treatment.

In the present study, a reduction of ≥ 5 points in the MRS score was considered improvement according to the predefined study assessment criteria.

Statistical Analysis

Pre-treatment and post-treatment MRS scores were compared using a paired *t*-test. The level of significance was set at 0.05 with 29 degrees of freedom.

Results

Age Distribution

Among the 30 participants, 22 (73.3%) belonged to the 45–49 years age group and 8 (26.7%) belonged to the 50–54 years age group. No participant belonged to the 55–60 years age group.

Table 1. Age distribution of study participants

Age group	Number	Percentage
45–49 years	22	73.3%
50–54 years	8	26.7%
55–60 years	0	0%
Total	30	100%

Prevalence of Major Symptoms

The most frequently observed symptom was hot flushes and sweating, present in 29 participants (96.7%). Joint and muscular discomfort was present in 27 participants (90%), while physical and mental exhaustion was present in 26 participants (86.7%).

Table 2. Prevalence of major symptoms

Symptom	Number	Percentage
Hot flushes and sweating	29	96.7%
Joint and muscular discomfort	27	90.0%
Physical and mental exhaustion	26	86.7%

Sleep disturbances	25	83.3%
Irritability	25	83.3%
Anxiety	22	73.3%
Depressive mood	19	63.3%
Palpitations	18	60.0%
Bladder problems	14	46.7%
Sexual problems/decreased desire	12	40.0%
Vaginal dryness	10	33.3%

Overall, vasomotor and musculoskeletal manifestations predominated in the study population.

Homoeopathic Medicines Prescribed

Eleven different homoeopathic medicines were prescribed according to the individual symptomatology.

Table 3. Distribution of homoeopathic medicines prescribed

Medicine	Number of cases	Percentage
Sepia	6	20.0%
Lachesis	6	20.0%
Sulphur	5	16.7%
Pulsatilla	3	10.0%
Calcarea carbonica	3	10.0%
Natrum muriaticum	2	6.7%
Actea racemosa	1	3.3%
Glonoinum	1	3.3%
Ignatia	1	3.3%
Kali carbonicum	1	3.3%
Nux vomica	1	3.3%

Sepia and Lachesis were the most frequently prescribed medicines, each indicated in 6 cases (20%), followed by Sulphur in 5 cases (16.7%).

Comparison of MRS Scores

The individual pre-treatment and post-treatment MRS scores of all 30 participants demonstrated a reduction in symptom scores in the majority of cases.

The mean pre-treatment MRS score was **20.56**, while the mean post-treatment MRS score was **9.50**. The mean reduction was **11.06 points**.

Table 4. Comparison of mean MRS scores before and after treatment

MRS assessment	Mean score
Pre-treatment	20.56
Post-treatment	9.50
Mean reduction	11.06

Statistical Analysis

A paired *t*-test was applied to compare the pre-treatment and post-treatment MRS scores.

The calculated *t*-value was **16.834** with **29 degrees of freedom**. The critical value at a significance level of 0.05 was approximately ± 2.045 . The calculated value was therefore considerably higher than the critical value.

The result was statistically highly significant with **$p < 0.0001$** .

Table 5. Statistical analysis of MRS scores

Parameter	Value
Number of participants	30
Mean pre-treatment MRS	20.56
Mean post-treatment MRS	9.50

Mean difference	11.06
<i>t</i> -value	16.834
Degrees of freedom	29
<i>p</i> -value	<0.0001
Significance	Highly significant

Clinical Outcome

Of the 30 participants, 27 (90%) were categorized as improved and 3 (10%) as not improved.

Table 6. Overall clinical outcome

Outcome	Number	Percentage
Improved	27	90.0%
Not improved	3	10.0%
Total	30	100%

Discussion

The present prospective case series evaluated individualized homoeopathic treatment in 30 postmenopausal women using the Menopause Rating Scale as the principal outcome measure.

The majority of participants (73.3%) belonged to the 45–49 years age group. This finding is compatible with the relatively early average age of menopause reported among Indian women. A PAN-India survey conducted by the Indian Menopause Society reported a mean menopausal age of 46.2 years.[2]

Hot flushes and sweating were the most frequently reported symptoms in the present study, occurring in 96.7% of participants. Vasomotor symptoms are well-recognized manifestations of menopause and are related to changes in thermoregulatory mechanisms following estrogen decline.[6] The autonomic vascular response involved during hot flashes has also been described in physiological studies.[7]

Joint and muscular discomfort was reported by 90% of participants. Musculoskeletal complaints are commonly associated with the postmenopausal period, and estrogen deficiency is associated with changes in bone turnover and musculoskeletal health.[9] The high frequency of this complaint in the present study indicates the importance of including musculoskeletal symptoms while assessing the overall burden of postmenopausal syndrome.

Physical and mental exhaustion was observed in 86.7% of participants. Sleep disturbances and irritability were each reported in 83.3%. These findings demonstrate that the clinical presentation of postmenopausal syndrome extends beyond vasomotor complaints and may involve several dimensions of physical and psychological well-being.

The urogenital manifestations in the present study included bladder complaints, decreased sexual desire and vaginal dryness. Such symptoms are recognized manifestations of genitourinary changes following estrogen deficiency.[8]

Eleven different homoeopathic medicines were prescribed in the 30 cases, reflecting the individualized prescribing approach adopted in the study. Sepia and Lachesis were the most frequently prescribed medicines, each indicated in six cases, followed by Sulphur in five cases.

The indication of different medicines in different patients is consistent with the homoeopathic principle of individualization. According to the Organon of Medicine, treatment is based on the totality of symptoms and the characteristic features of the individual case.[11] The repertorial approach used in the present study included menopausal rubrics involving mental, physical and female-genital symptoms.[15]

The Materia Medica literature describes characteristic menopausal features associated with several of the medicines prescribed in this study. Sepia is described in relation to climacteric hot flushes, perspiration, weakness, irritability, anxiety and pelvic/sexual complaints, while Lachesis is associated with climacteric complaints including hot flushes, palpitations and characteristic mental symptoms.[16,17] These descriptions were considered during individual prescription rather than using a fixed remedy for all participants.

A previous study conducted in Chennai among women aged 40–60 years reported the use of homoeopathic medicines in women seeking care for menopausal complaints and highlighted the potential importance of individualized treatment and the need for further research.[12] The present study attempted to contribute to this area by using a standardized symptom scale to quantify treatment-associated changes.

The MRS was selected as the principal outcome measure because it provides a structured assessment of somatic, psychological and urogenital menopausal symptoms. The scale was developed and validated for assessing menopausal symptom severity and changes over time.[13,14] Its use allowed the symptomatic response observed in the individual cases to be expressed quantitatively.

In the present study, the mean MRS score decreased from 20.56 before treatment to 9.50 after treatment, giving a mean reduction of 11.06 points. The paired *t*-test demonstrated a statistically significant difference between the pre-treatment and post-treatment scores ($t=16.834$, $df=29$, $p<0.0001$).

Clinically, 27 of the 30 participants (90%) were categorized as improved, whereas 3 participants (10%) were categorized as not improved. The individual case data demonstrated that the magnitude of improvement varied among participants, with some cases showing only minimal change.

The statistically significant reduction in MRS score indicates that the participants experienced substantial improvement during the study period. However, because the present investigation was a prospective case series without a control group, the statistical association should not be interpreted as definitive evidence of treatment efficacy. Factors such as the natural course of menopausal symptoms, placebo effects, regression to the mean and

other contextual influences cannot be excluded.

The study also had limitations related to the subjective nature of MRS assessment. Psychological symptoms may be difficult for some participants to describe or grade accurately. The dissertation also notes that the limited study period and small sample size prevented adequate assessment of long-term maintenance of improvement and recurrence of symptoms.

Therefore, while the findings are encouraging, they should be considered preliminary and hypothesis-generating. Future research should include larger sample sizes, longer follow-up and preferably a suitable control or comparison group.

Limitations

1. The study included only 30 participants.
2. The study did not include a control or comparison group.
3. The duration of follow-up was limited.
4. Treatment response was assessed primarily through the MRS.
5. Long-term maintenance of improvement and recurrence of symptoms could not be adequately assessed.
6. Psychological symptoms were partly dependent on subjective self-reporting.

Conclusion

The present prospective case series demonstrated a significant reduction in Menopause Rating Scale scores following individualized homeopathic treatment among the 30 postmenopausal women studied.

Hot flushes and sweating were the most frequently reported symptoms, followed by joint and muscular discomfort and physical and mental exhaustion. Sepia and Lachesis were the most frequently indicated homeopathic medicines, followed by Sulphur.

The mean MRS score decreased from 20.56 before treatment to 9.50 after treatment, with a statistically significant paired *t*-test result ($t=16.834$, $df=29$, $p<0.0001$). Overall, 90% of participants were categorized as improved.

The findings suggest an association between individualized homeopathic treatment and improvement in menopausal symptom severity in this case series. Nevertheless, the absence of a control group and the limited sample size prevent definitive conclusions regarding treatment efficacy. Further well-designed controlled studies involving larger samples, longer follow-up and additional clinical and quality-of-life parameters are required to strengthen the evidence regarding individualized homeopathic treatment in postmenopausal syndrome.

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Informed Consent

Written informed consent was obtained from all participants before their inclusion in the study.

Conflict of Interest

The authors declare that there is no conflict of interest.

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