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Homoeopathic approach to post-menopausal syndrome: A holistic perspective

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Abstract

Postmenopausal Syndrome (PMS) is a complex phase marked by physical, emotional, and psychological changes in a woman's life, often arising from hormonal decline. The homeopathic approach offers a gentle, individualized, and holistic method of addressing these changes without resorting to hormone replacement therapy. Homoeopathic medicines are selected based on individual characteristics, peculiar modalities, and totality of symptoms.

This article explores the homoeopathic management of postmenopausal syndrome through individualization, integrating emotional support and holistic approach, offering women a path to balanced health and well-being during this natural life transition.

Keywords: Menopause, homoeopathy, individualization, hot flashes, climacteric, osteoporosis

Introduction

Menopause is defined as the time of cessation of ovarian function resulting in permanent amenorrhea. It takes 12 months of amenorrhea to confirm that menopause has set in, and therefore it is a retrospective diagnosis ^[1]. The menopause naturally happens between the ages of 45 and 55. The range of mean age at menopause in India, as reported by various research, seems to be rather young, ranging from 41.9 to 49.4 ^[2]. Waning ovarian activity is known as the climacteric period, which can start 2-3 years prior to menopause and last 2-5 years after ^[1]. The time after the final menstruation is referred to as the post-menopause ^[3].

Postmenopausal syndrome refers to the four main symptoms that menopausal women experience most frequently: mood swings, hot flashes, insufficient sleep, and genitourinary problems/sexual dysfunction ^[3]. One of the most important phases of a woman's life is menopause, which brings about a variety of physiological changes that have a lasting impact on her life. Regarding the symptoms that manifest prior to, during, and following the beginning of menopause, many theories have been proposed. These symptoms make up the postmenopausal syndrome; they significantly impair the women's health, and in recent times, research on the management of these symptoms has grown in importance ^[3].

In order to understand and effectively manage the postmenopausal symptoms for improved health and a higher quality of life in women, this article explores its homoeopathic management emphasizing the importance of holistic approach in maintaining both immediate well-being and long-term health.

Epidemiology

Currently, the number of menopausal women is about 43 million and projected figures in 2026 have estimated to be 103 million ^[4]. The number of postmenopausal women worldwide is rising. Women over 50 made up 26% of all women worldwide in 2021. This was up from 22% 10 years earlier ^[5].

In India, 60 million women are over the age of 55 years. Due to increased longevity, the majority of women would experience a 1/3rd of their lives in the postmenopausal stage ^[3].

Pathophysiology

The pathophysiology of postmenopausal syndrome is multifactorial, primarily driven by the decline in ovarian estrogen production and its widespread systemic effects. Menopause is a natural physiological process that occurs in older women. During this time, the number of

primary ovarian follicles rapidly decreases, leaving insufficient numbers to react to the effects of FSH. This leads to a decrease in estrogen production and the end of menstruation since there is no LH surge and no ovulation. Uninhibited, LH and FSH levels continue to rise for years after menopause begins [6].

In certain women, symptoms other than the cessation of menstruation may be insignificant because the adrenal glands may continue create small levels of estrogen through conversion from testosterone [6].

The experiences of women with menopausal changes vary widely, despite the fact that over 80% of women have menopausal symptoms. The physiological processes of menopause can be influenced by a variety of circumstances. These consist of body mass index, general gynaecologic health, medical issues, exercise, food, smoking, ethnicity, and socioeconomic background [6].

Symptoms

The hormonal changes associated with menopause can affect physical, emotional, mental and social well-being.

Vasomotor symptoms

The most prevalent symptoms during the menopausal transition years are vasomotor symptoms. Between 75 and 80 percent of women have vasomotor symptoms, which can range in intensity. These symptoms may include hot flashes, night sweats, palpitations. These symptoms last on average for 1 to 6 years but can last up to 15 years in 10% to 15% of postmenopausal women. Hot flashes can impact the quality of life as well as the sleep of some women [6].

Genitourinary symptoms

Approximately 50% to 75% of women experience genitourinary symptoms of menopause. The vaginal mucosa thins, and there is reduced elasticity of the vagina.

The low estrogen effects of menopause may also cause recurrent urinary tract infections due to increased bacterial colonization of the vagina with bladder pathogens from the increase in vaginal pH in menopause [6].

Psychogenic symptoms

Menopausal and perimenopausal psychogenic symptoms might affect up to 70% of women. Alterations in mood, anxiety, despair, irritability, insomnia, poor concentration, emotional instability, apathy and Feelings of inadequacy or isolation are of the commonly occurring symptoms [6].

Sleep

The drop in estrogen and progesterone levels after menopause causes a variety of physical and mental symptoms that are collectively referred to as postmenopausal syndrome. Sleep disturbance is one of the most prevalent and upsetting symptoms. Sleep is essential for both mental and physical well-being, and postmenopausal women's quality of life can be greatly impacted by sleep disturbance.

Cardiovascular

Oestrogen deficiency puts postmenopausal women at greater risk for cardiovascular disease because estrogen increases HDL and decreases LDL and total cholesterol, thus prevents cardiovascular disease [6].

Bone

The decrease in estrogen levels throughout the postmenopausal phase has a major effect on bone health. An imbalance between bone resorption and bone formation is caused by this hormonal shift, which lowers Bone Mineral Density (BMD) and increases the risk of osteopenia, osteoporosis, and fragility fracture.

Diagnosis

Cessation of menses for consecutive 12 months, Appearance of menopausal symptoms, serum FSH > 40IU/L done at least 4 weeks apart is a reliable marker for menopause and associated with serum estradiol <20pg/ml and LH > 40mIU/ml [8].

Homeopathic approach

Homeopathy is a holistic system of medicine that treats the individual as a whole encompassing the physical, emotional, and mental aspects of health, rather than addressing isolated symptoms.

The cornerstone of homeopathic treatment is individualization. This means that remedies are selected not solely based on the diagnosis (e.g., "menopause") but on the totality of symptoms and the patient's overall state.

Several well-known homeopathic remedies are frequently indicated in menopausal complaints, chosen after detailed case-taking.

Sulphur

Constant heat on vertex, cold feet in daytime with burning soles at night, wants to find a cool place for them, puts them out of bed to cool off, cramps in calves and soles at night. (9) For lean, stoop-shouldered persons who walk and sit stooping; walk stooping like old men. Standing is the worst position for Sulphur patients [9].

Congestion to single parts; eyes, nose, chest, abdomen, ovaries, arms, legs, or any organ of the body marking the onset of tumors or malignant growths, especially at climacteric [9].

Lachesis

Climacteric ailments: haemorrhoids haemorrhages; hot flushes and hot perspiration; burning vertex headache, especially at or after the menopause. Left side principally affected; diseases begin on the left and go the right side - left ovary, testicle, chest [9].

Great sensitiveness to touch; throat, stomach, abdomen; cannot bear bedclothes [9].

Sepia

Great falling of the hair, after chronic headaches or at the climacteric. (9)

Indifferent: even to one's family; to one's occupation; to those whom she loves best [9].

Aggravation

- In afternoon or evening; from cold air or dry east wind [9]

Amelioration

- Warmth of bed, hot applications; violent exercise [9]

Amylenum nitrosum

For nervous, sensitive, plethoric women, during or after menopause. Intense surging of blood to face and head.

Craves fresh air; opens clothing, removes bed covering and opens windows in the coldest weather. Flushings: start from face, stomach, various parts of body, followed by sweatings, often hot, profuse; abruptly limited, parts below are icy cold; followed by great prostration. Face flushes at the slightest emotion ^[9].

Graphites

"What Pulsatilla is at puberty, Graphites is at the climacteric. Suited to women, inclined to obesity, who suffer from habitual constipation; with a history of delayed menstruation ^[9].

Psorinum

Especially adapted to the psoric constitution. In chronic cases when well selected remedies fail to relieve or permanently improve, when Sulphur seems indicated by fails to act ^[9].

Despondent: fears he will die; that he will fail in business; during climaxis; making his own life and that of those about him intolerable ^[9].

Sulphuric acid

Adapted to the light-haired; old people, especially women; flushes of heat in climacteric years ^[9].

Weak and exhausted from deep-seated dyscrasia; no other symptoms ^[9].

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