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Homoeopathy and menopausal syndrome: Health seeking behaviour of women aged 40-60 years in Chennai

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Abstract

Background: Menopause is the physiological process as it signifies the permanent cessation of menstruation and end to the reproductive potential. Menopause is the part of women's life which plays a major role in second half of the women's life where women face the transition phase from reproductive to non-reproductive phase of their lives. An estimated 80% of female's experience physical or psychosocial symptoms while approaching menopause, leading to change in their quality of life (QOL). The previous outcome study and service evaluation of the homoeopathy service in 1999–2000, which found that 88% of patients reported clinically significant improvement in their primary symptoms of menopause.

Objective: To assess the health seeking behaviour of women aged 40- 60 years for menopausal syndrome in homoeopathy.

Methods: A cross-sectional survey was conducted among women aged between 40–60years during the period of March 2019 to May 2019(period of 3months) to know the health seeking behaviour of women approaching Homeopathy for menopausal symptoms. The Information was asked through direct personal interview.

Results: The most common symptoms faced by women were mood swings (78.8%) and disturbance in the sleep (76.4%). Most of the respondents showed good prognosis w after homeopathic remedy (92.3%). The satisfaction gained through prescription of homoeopathic medicine was 96.2%.

Conclusion: During this menopausal transition, women needs best counselling also the medicine to overcome her mental disturbances. RCT's can be performed to prove this theory in future. In the conclusion, mood swings results suggest that homoeopathic remedies were effective in disturbed sleep and mood swings. Thus, homoeopathic medicine acts at mental plane. Further, studies should be done to prove with hypothesis.

Keywords: Homoeopathy, menopausal syndrome, health

Introduction

Menopause is the physiological process as it signifies the permanent cessation of menstruation and end to the reproductive potential. This change mainly due to changes in ovary and hypothalamic- pituitary ovarian axis. Menopause is the part of women's life which plays a major role in second half of the women's life where women face the transition phase from reproductive to non-reproductive phase of their lives^[1]. The oestrogen level deficiency due to menopause affects women on the all level, sub cellular structures, organs, bio- mental and psycho social functioning. The European menopause and andropause society proposed the health care model for the healthy menopause. The conceptual framework of the healthy menopause and the classification of functioning, disability and health (ICF) endorsed by WHO^[2, 4]. Independent cause of menopause (natural or artificial ways) women experience symptoms individual ways symptoms can vary from mild symptoms without disturbance in the day to day tasks, to the major symptoms^[5, 7]. Natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea, for which there is no other obvious pathological or physiological cause (WHO). Some women come up with mild symptoms, but those with severe menopausal symptoms to be treated with menopausal clinics. The menopausal transition period where, women experience symptoms physical, psychological and vasomotor like night sweats, hot flushes. The majority symptoms faced were depression, irritability, joint pains, urinary incontinence.

The psychological symptoms faced during this period was troublesome for women to cope up. It is seen from previous studies that the patients visiting homeopathy doctors have better relief with better scope [8, 14]. Menopause is most likely leading to risk factor for Cardio vascular diseases and osteoporosis. Epidemiological studies have found that age-adjusted mortality is reduced by 2% while uterine and ovarian cancer about 5% with increasing age of menopause [15, 18].

By comparing India to western countries, women spending almost one third of her life in menopause with more distressing clinical problems. Studies have shown that the frequency of the symptoms varies over time. Some happen frequently in the perimenopause and decrease over time, while others increase progressively from perimenopause to post menopause and become more severe towards the end of life. During the menopausal transition there are a lot of fluctuations in the hormone levels (especially oestrogen) and thus women experience many symptoms and conditions [19, 20]. Menopause occurs with the final menstrual period (FMP) which is known with certainty only in retrospect a year or more after the event. An adequate biological marker for the event does not exist. An estimated 80% of female's experience physical or psychosocial symptoms while approaching menopause, leading to change in their quality of life (QOL). These physiological and psychological changes are due to oestrogen deficiency. The previous outcome study and service evaluation of the homeopathy service in 1999–2000, which found that 88% of patients reported clinically significant improvement in their primary symptoms of menopause. Literature reviews and observational studies have also been published on alternative and complementary treatments for menopausal symptoms. These studies show that some complementary

treatments can be beneficial to patients [21].

The main aim to assess the health seeking behaviour of women aged 40- 60 years for menopausal syndrome in homeopathy.

Methods

A cross sectional study was carried out among women aged between 40-60 years in a community of private clinics in North Chennai from March 2019-May 2019. Broad age group was chosen to get a clear picture of menopause with women approaching clinic with menopausal transitional symptoms which gets better with homeopathic medicine. The more symptoms are seen during menopause transitional period that is perimenopause, menopause, post menopause are included in this study. This study was conducted in private clinics, women approaching the clinics with menopausal symptoms were recorded. An estimated sample of study women with 40-60 years, with allowable and accepted error of 5%, the confidence interval was 95% the sample size was about 383. Semi structured Questionnaire was the tool used to assess the menopausal symptoms. The study information technique was collected by direct personal interview. The interview was conducted only after taking oral consent from women. Institutional ethical committee permission was obtained. Confidentiality was assured to women who participated in the study. The study was conducted in local language and confidentiality of study assured to women throughout the study. The questionnaire was self-structured questionnaire, the validity of the tool was obtained from the experts and the statistician and Gynaecologist. Descriptive statistics was used for analysing using SPSS ver-24.

Results

Table 1: Demographic variables

Variables	Frequency	Percentage	
Age(years)	40-45yrs	38	18.3
	45- 50yrs	83	39.9
	50- 55yrs	57	27.4
	55-60yrs	30	14.4
Education	Illiterate	16	7.7
	School	59	28.4
	Graduate	73	35.1
	Professional	60	28.8
Occupational status	Unemployed	54	26.0
	Laborer	11	5.3
	Own business	26	12.5
	Government	54	26.0
Monthly income	Private	63	30.3
	Below 5000	12	5.8
	5000 –10,000	35	16.8
	11,000 – 15,000	13	6.3
	16,000- 25,000	36	17.3
Religion	Above 26,000	112	53.8
	Hindu	79	38.0
	Muslim	91	43.8
	Christian	38	18.3
Marital status	Single	22	10.6
	Married	127	61.1
	Divorced	18	8.7
	Separated	10	4.8
	Widow	31	14.9

In this study, 208 participants were recruited. In that, most of the participants (83) (39.9%) were in the age group of 45-50 years of age. Most of them 127 (61.1%) were married. 91 (43.8%) were belongs to the Muslim religion. Among the

respondents most of them 60 (28.8%) were completed their Professional degree. And among the participants 63 (30.3%) were working under private sector.

Table 2: Health Seeking Behaviour

Variables		Frequency	Percentage
For what type of problem you are undergoing homoeopathy treatment	Musculoskeletal	30	14.4
	GIT	7	3.4
	Respiratory	22	10.6
	Neurological	3	1.4
	Gynecological	91	43.8
	Diabetes	39	18.8
	Dermatological	16	7.7
Why and how you chose homoeopathy system of medicine?	Not satisfied with other treatments	83	39.9
	Naturally, I'm interested in Homeopathy	56	26.9
	Expecting a safe and lasting relief	69	33.2
What was the source of information made you choose homoeopathy	Previous personal experience	70	33.7
	Recommendation by Friends	49	23.6
	Recommendation by family members	55	26.4
	Media, newspapers etc.	34	16.3
How long you are suffering from the disease	Below 2 months	23	11.1
	2 – 4 months	53	25.5
	4 - 6 months	67	32.2
	6 months – 1 year	44	21.2
	Above 1 year	21	10.1
How long are you taking homoeopathy treatment here	Below 2 months	20	9.6
	2 – 4 months	48	23.1
	4 - 6 months	67	32.2
	6 months – 1 year	64	30.8
	Above 1 year	9	4.3
Are you satisfied with the prognosis you are getting from homoeopathy treatment	Yes	192	92.3
	No	16	7.7
How long it took to get a significant improvement in your disease condition under homoeopathy treatment	Within 1 week	12	5.8
	1-2 week	75	36.1
	2 week – 1 month	85	40.9
	Above 1 month	31	14.9
	No significant improvement	5	2.4
Whether you are satisfied with the attitude/ care offered by homoeopathy doctors	Yes	200	96.2
	No	8	3.8
Have you taken homoeopathy treatment here or somewhere else, for the same problem	Yes	82	39.4
	No	126	60.6
Whether you have previously taken any other treatment for the same problem, other than homoeopathy	Yes	83	39.9
	No	125	60.1
Whether you are comfortable with the homoeopathy drug delivery system	Yes	199	95.7
	No	9	4.3
Current condition of the disease, for which you are undergoing homoeopathy treatment	No improvement (0%)	2	1.0
	Mild improvement (upto 25%)	44	21.2
	Moderate (26-50%)	53	25.5
	Good (51-75%)	66	31.7
	Very good (more than 75%)	43	20.7
Will you prefer homoeopathy treatment in the future, in case of any illness	Yes	196	94.2
	No	12	5.8
How much of your problems have aggravations been in treatment	High	18	8.7
	Moderate	54	26.0
	Low	47	22.6
	Extremely low	47	22.6
	Not at all	42	20.2
Have you experienced hot flushes	Yes	177	85.1
	No	31	14.9
Have you experienced numbness anywhere in body	Yes	124	59.6
	No	84	40.4
Have you experienced palpitations	Yes	138	66.3
	No	70	33.7
Have you experienced mood swings	Yes	164	78.8
	No	44	21.2
Have you experienced panic attacks	Yes	106	51.0
	No	102	49.0
Have you experienced difficulty in sleeping	Yes	159	76.4
	No	49	23.6
Have you experienced urinary incontinence	Yes	120	57.7
	No	88	42.3

Have you experienced knee joint pain	Yes	184	88.5
	No	24	11.5

From our study, the health seeking behaviour of women of menopausal symptoms and their betterment in taking Homoeopathy can be seen. In this study, Women approaching Homeopathy clinics with Gynaecological problems are high with (43.8%). The prognosis by taking Homeopathy medicine was (92.3%), patient was very much satisfied with the prognosis of their complaint. The preference for homoeopathy medicine for the further other

complaints were told by many participants was high (94.2%). While considering menopausal symptoms, most of the women experienced mood swings (78.8%) followed by difficulty in sleeping (76.4%), hot flushes(85.1%) also followed by palpitations (66.3%). Mood swings was the predominant symptom told by many participants and they felt better by taking homeopathy medicine.

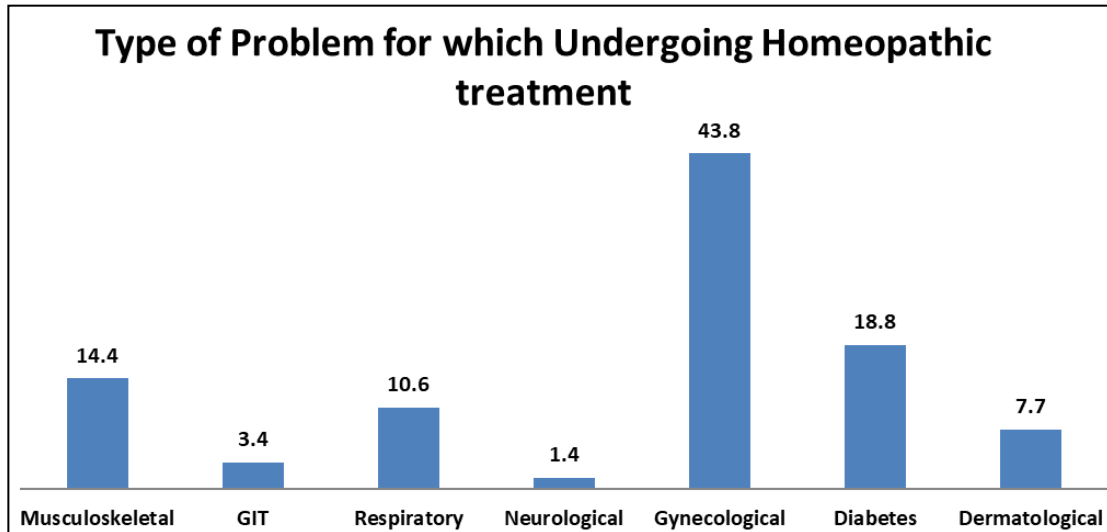


Fig 1: Frequency and percentage of type of problems faced by participants for which seeking the homoeopathic treatment.

Discussion

Our study shows that majority of the participant approached homoeopathy system of medicine since they are not satisfied with other system of medicine 83 (39.9%), expecting safe and long lasting treatment 69 (33.2%) and naturally interested in homoeopathy 56 (26.9%). The source of information helped them to choose homoeopathy system of medicine is majorly through previous personal experience 70 (33.7%), recommended by family members 55 (26.4%) and by friends 49 (23.6%) and also media/newspaper 34 (16.3%). The duration took to get a significant improvement in their disease condition under homoeopathy treatment is 2 weeks – 1 month85(40.9%). We observed that majority of the respondents are comfortable with the homoeopathy drug delivery system199 (95.7%) which is the key role playing in health seeking behaviour of the homoeopathy medicine. A very high participants prefer homoeopathy treatment in future in case of any illness 196 (94.2%), this may be due to the care offered by the homoeopathy physician in a satisfying way 200 (96.2%) also the aggravation experienced by them during the treatment was moderate 54(26.0%), low, extremely low, high and not at all are 47(22.6%), 47(22.6%), 18(8.7%), 42(20.2%) respectively. M F Bordet *et al.* conducted an observational study on treating hot flushes in menopausal women with homoeopathic treatment, observed that 89% of participants suffered from daily hot flushes had significant reduction 39% in the frequency of hot flushes by day and night and a significant reduction in the daily discomfort they caused. On comparing to our current study, out of 208 participants 177 (85.1%) have experienced hot flushes and after seeking treatment with homoeopathy medicine 45% improved, 22%

no change, 19% symptom got disappeared and 14% had aggravations. Clare Relton *et al.* conducted a study on homoeopathy service in a national health service community menopause clinic: audit of clinical outcomes with the total participants of 124, and ended with the lists of regular symptoms like hot flushes, tiredness, anxiety, mood swings, crying, sleeping difficulties, mood swings, headaches, joint and muscle pains. Fifteen women reported that their primary symptom stayed the same and four documented a worse score; however, the remaining 83 reported an improvement at the end of homeopathic treatment. The mean decrease (improvement) in the score for their primary symptom was2.0. By comparing to our present study, women who have experienced numbness, palpitations, mood swings, panic attacks, sleep difficulty and knee joint pain are 124(59.6%), 138(66.3%), 164(78.8%), 106(51.0%), 159(76.4%), 184 (88.5%) respectively and after seeking homoeopathy treatment mood swings and sleep difficulty were improved by 54% and knee joint pain was improved by 59%. A very few studies have been conducted on women approaching homoeopathic medicine and their attitude about treatment effectiveness for menopausal syndrome, more research need to be done to study the seeking behaviour of menopausal women in this system to arrive a better perceptive manner.

Conclusion

From this study, the effectiveness of Homeopathic treatment to the women approaching for menopause can be seen. Many Women face menopausal transition period with great difficulty, homeopathic medicine prescribed on the individuality of the person, which helps the patient to

overcome mood swings, thus many participants showed good prognosis. By the health seeking for the menopause symptoms, participants started treatment for other chronic illnesses. The main reason for the participants to reject the other medicines are due to, they cannot take hormone replacement therapy, they do not want it, they have found it ineffective, or have been advised to stop it. During this menopausal transition, women needs best counselling also the medicine to overcome her mental disturbances. RCT's can be performed to prove this theory in future. In the conclusion, mood swings results suggest that homoeopathic remedies were effective in disturbed sleep and mood swings. Thus, homoeopathic medicine acts at mental plane. Further, studies should be done to prove with hypothesis.

References

1. Sherman S. Defining the menopausal transition. The American Journal of Medicine [Internet]. 2005 Dec 19 [cited Aug 17] 2020;118(12):3-7. Available from: [https://www.amjmed.com/article/S0002-9343\(05\)01039-9/abstract](https://www.amjmed.com/article/S0002-9343(05)01039-9/abstract)
2. Lange lordseeker production J. MRS-Menopause Rating Scale [Internet]. [cited 2020 Nov 6]. Available from: <http://www.menopause-rating-scale.info/languages.htm>
3. Zangger M, Poethig D, Meissner F, von Wolff M, Stute P. Towards ICF implementation in menopause healthcare: a systematic review of ICF application in Switzerland. Swiss Medical Weekly [Internet]. 2017 Dec 27 [cited Nov 6] 2020;147(5152). Available from: <https://smw.ch/article/doi/smw.2017.14574>
4. Zangger *et al.* - 2018 - Linking the menopause rating scale to the Internat.pdf.
5. Whiteley J, DiBonaventura M daCosta, Wagner J-S, Alvir J, Shah S *et al.* The Impact of Menopausal Symptoms on Quality of Life, Productivity, and Economic Outcomes. J Womens Health (Larchmt) [Internet]. 2013 Nov [cited Nov 6] 2020;22(11):983-90. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820128/>
6. Geukes M, van Aalst MP, Robroek SJW, Laven JSE, Oosterhof H. The impact of menopause on work ability in women with severe menopausal symptoms. Maturitas 2016;90:3-8.
7. Sydora *et al.* Patient characteristics, menopause symptoms, and c.pdf. Reddy SR. Effect of homoeopathic medicine *Lycopodium clavatum* in urinary calculi. International Journal of Applied Research 2017;3(1):790-791.
8. Van Wassenhoven M, Goossens M, Anelli M, Sermeus G, Kupers P, Morgado C *et al.* Homeopathy and health related Quality of Life: a patient satisfaction survey in six European countries and Brazil. Homeopathy 2014;103(4):250-6.
9. Jaeschke R, Singer J, Guyatt GH. Measurement of health status. Ascertain the minimal clinically important difference. Control Clin Trials 1989;10(4):407-15.
10. Van Wassenhoven M, Goossens M, Anelli M, Sermeus G, Kupers P, Morgado C *et al.* Pediatric homeopathy: A prospective observational survey based on parent proxy-reports of their children's health-related Quality of Life in six European countries and Brazil. Homeopathy [Internet]. 2014 Oct [cited Nov 6] 2020;103(4):257-63. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S1475491614000538>
11. Hill PB, Hoare J, Lau-Gillard P, Rybnicek J, Mathie RT. Pilot study of the effect of individualised homeopathy on the pruritus associated with atopic dermatitis in dogs. Vet Rec 2009;164(12):364-70.
12. Mchorney C, Ware J, Rogers W, Raczek A, Lu J. The validity and relative precision of MOS short- and long-form health status scales and Dartmouth COOP charts. Results from the Medical Outcomes Study. Medical care 1992.
13. Juniper EF, Guyatt GH, Willan A, Griffith LE. Determining a minimal important change in a disease-specific Quality of Life Questionnaire. J Clin Epidemiol 1994;47(1):81-7.
14. Tubach F, Ravaud P, Baron G, Falissard B, Logeart I, Bellamy N *et al.* Evaluation of clinically relevant changes in patient reported outcomes in knee and hip osteoarthritis: the minimal clinically important improvement. Ann Rheum Dis [Internet]. 2005 Jan [cited Nov 6] 2020;64(1):29-33. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1755212/>
15. Ossewaarde ME, Bots ML, Verbeek ALM, Peeters PHM, van der Graaf Y, Grobbee DE *et al.* Age at menopause, cause-specific mortality and total life expectancy. Epidemiology 2005;16(4):556-62.
16. Colditz GA, Willett WC, Stampfer MJ, Rosner B, Speizer FE, Hennekens CH *et al.* Menopause and the risk of coronary heart disease in women. N Engl J Med 1987;316(18):1105-10.
17. Khosla S, Riggs BL. Pathophysiology of age-related bone loss and osteoporosis. Endocrinol Metab Clin North Am 2005;34(4):1015-30, xi.
18. Kelsey JL, Gammon MD, John EM. Reproductive factors and breast cancer. Epidemiol Rev 1993;15(1):36-47.
19. Ahsan M, Mallick A, Singh R, Prasad R. Assessment of menopausal symptoms during perimenopause and postmenopause in tertiary care hospital. J Basic Clin Reprod Sci [Internet]. 2015 [cited Nov 6] 2020;4(1):14. Available from: <http://www.jbcrrs.org/text.asp?2015/4/1/14/153516>
20. Singh A, Arora AK. Profile of menopausal women in rural north India. Climacteric 2005;8(2):177-84.
21. Bordet MF, Colas A, Marijnien P, Masson J, Trichard M. Treating hot flushes in menopausal women with homeopathic treatment--results of an observational study. Homeopathy 2008;97(1):10-5.