

NAVIGATING POSTMENOPAUSAL SYMPTOMS WITH HOMOEOPATHIC REMEDIES

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ABSTRACT

Menopause is one of the most important phases of a woman's life and is accompanied by several physiological changes that have a lasting impact on her life. As normal biological process, menopause occurs. However, menopause's mental and physical symptoms, such as hot flashes, can impair your emotional well-being, cause you to lose energy, or interfere with your sleep. From hormone medication to lifestyle modifications, there are numerous efficient treatments available. Homoeopathy is one of the most well-known alternative medical systems. Since homoeopathy bases its treatment on an individualistic and holistic approach, there is greater room for management.

KEYWORDS: Menopause, oestrogen, Women, Homoeopathy.

INTRODUCTION

Menopause is characterized as the ovarian activities permanently ceasing, leading to persistent amenorrhea. Confirmation of the onset of menopause requires a full year.^[1] Ovarian follicles are depleted and theca cells degenerate during menopause. Serum estradiol i.e. oestrogen <20pgm/ml and increased FSH levels >100 MIU/ml are used to confirm the diagnosis of menopause, which is based on the traditional symptoms of hot flush (50%).^[2]

Epidemiology

The South, West, East, and North of India were all included in the survey that was carried out by the Indian Menopause Society. Based on the survey data frequency distribution, 81% of participants were in the post-menopausal stage, and 19% were in the peri-menopausal stage. Indian women reach menopause at 46.2 years, compared to the average age of 51. Menopause begins earlier in Indian culture than it does in the Western world. Given that this disparity implies that Indian women's windows of fertility close earlier, it is imperative that proactive and preventive measures be taken at an earlier age of life.^[3] Menopause symptoms are not universal among women; prevalence rates vary by region, with rates in Europe (74%), North America (36-40%), Latin America (45-69%), and Asia (22- 63%).^[4]

CLINICAL FEATURES

Physcological

- Depressive mood
- Irritability
- Anxiety
- Physical or mental exhaustion

Urogenital

- Sexual problems
- Bladder problem
- Dryness of vagina

Somato-Vegetative

- Hot flushes
- Heart discomfort
- Sleeping problems
- Joint or muscular discomfort.^[5]

PATHOPHYSIOLOGY

During menopause, ovarian activity declines initially ovulation fails, no corpus luteum forms and no progesterone is secreted by ovary. Therefore, the premenopausal menstrual cycles are often an ovulatory and irregular. Later, graffian follicles also fail to develop, oestrogen activity reduces and endometrial atrophy leads to amenorrhoea. The cessation of ovarian

activity and fall in oestrogen and in inhibin levels cause a rebound increase in FSH and LH by Anterior pituitary gland.^[1]

DIAGNOSTIC CRITERIA OF POST MENOPAUSAL SYMPTOMS

We diagnose through hormonal value changes:

- Oestrogen- 10-20pg/ml
- FSH->40MIUL
- Androgen- 0.3-1.0ng/ml
- LH- 50-100MIU/ml
- Testosterone- 0.1 -0.5ng/ml
- Androsterone-800pg/ml 5
- Growth Hormone inhibin and Anti Mullerian Hormone-low.^[1]

COMPLICATIONS

Menopausal women with chronic estragon deficiency are liable to develop

- Arthritis, osteoporosis and fracture, backache
- Cardiovascular accidents such as ischaemic heart disease, myocardial infarction, atherosclerosis and hypertension
- Hypothyroidism and diabetes, Stroke, Skin changes
- Alzheimer disease
- Ano-colonic cancer
- Tooth decay
- Prolapse of genital tract,
- stress incontinence of urine and faecal incontinence
- Cataract, glaucoma and macular degeneration.^[1]

MANAGEMENT OF POST MENOPAUSAL SYMPTOMS

Non-Hormonal Treatment

- Lifestyle modification includes Physical activity (weight bearing), reducing high coffee intake, smoking and excessive alcohol. There should be adequate calcium intake (300 mL of milk), reducing medications that causes bone loss (corticosteroids)
- Nutritious diet- Balanced with calcium and protein is helpful
- Supplementary calcium Daily intake of 1–1.5 g can reduce osteoporosis and fracture
- Exercise - Weight bearing exercises, walking, jogging

- Vitamin D- Supplementation of vitamin D3 (1500–2000 IU/day) along with calcium can reduce osteoporosis and fractures.^[2]

Hormonal Treatment

Women who undergo hormone replacement therapy (HRT) are given supplements to replenish the hormones they lose when they go through menopause. Conventional HRT mimics the hormones produced by the human ovary by adding progesterone and oestrogen to treat menopausal symptoms. There are many types of oestrogen therapy, including those that use natural oestrogens found in the human ovary, such oestradiol and estriol. Conjugated equine oestrogen (CEE) is another type of estrogenic chemical.^[6]

HOMOEOPATHIC MANAGEMENT OF PMS

1. *Lachesis Mutus*- Climateric troubles, palpitation, flashes of heat, vertex headache, fainting spells, mammae inflamed, bluish. Acts specially at beginning and close of menstruation. Never well since climaxis.^[7]

2. *Sulphur*-Hot flushes at climaxis with hot head, hands and feet, mammary glands engorged and inflamed.^[8]

3. *Sepia Officinalis*-Hot flushes of menopause with weakness and perspiration and great tendency to faint.^[9]

4. *Ustilago Maydis*- Adapted to tall, thin women; at climaxis.^[9] Vertigo; with white spots before the eyes; at climaxis; with profuse menses. Menses copious, bright red, not coagulating easily (in a woman who thought she had passed the climacteric, as there had been no discharge for over a year), it stopped as suddenly as it began, no pain, only faintness and confused feeling in head. Menorrhagia at climaxis.^[8]

5. *Sanguinaria Canadensis*- It has marked vaso-motor disturbances, as seen in the circumscribed redness of the cheeks, flashes of heat, determination of blood to head and chest, distention of temporal veins, burning in palms and soles, aggravate covers and has been found very applicable to climacteric disorders. Humming and roaring in the ear; painfully sensitive to sounds, at climaxis. Foetid, acrid leucorrhoea. Headaches return at climacteric; every seventh day. They are periodic - every seventh day begin in the morning, increase to noon, and then diminish and are bursting, or as if the eyes would be pressed out, begin at occiput, spread upwards and forwards, and settle over right eye; like a flash of lightning in occiput. >> by sleep, return at climacteric. Painful enlargement of breast at climaxis.^{[7][8][9]}

6. *Thuja occidentalis*- A very much vaccinated lady developed at the climacteric indurations in both breasts, especially the right.^[8]

7. *Pulsatilla pratensis*- Ranges over the whole sexual period, from puberty to the climacteric, including disorders of menstruation, pregnancy, the puerperium and lactation.^[8]

8. *Wiesbaden Aqua*- Menses return after climacteric.^[8]

9. *Sabina*- worse-Climateric.^[9]

10. *Phosphorus*- Copious haemorrhages from uterus, bright red, clotted blood after confinement, during menstruation or during the climacteric period.^[10]

11. *Hepar Sulphur*- Profuse perspiration at the climacteric.^[7]

12. *Kreosoteum*- It is suitable to lean persons, old women (post climacteric diseases); over grown poorly developed children; marasmus^[9] Post-climacteric diseases.^[7]

13. *Kalium Carbonicum*- You must remember that there is natural tendency for a fibroid to cease to grow at the climacteric period, and afterwards to shrivel and that this takes place without any treatment, but the appropriate remedies will cause that haemorrhage to cease, will cause that tumour to cease to grow and after a few days there will be a grand shrinkage in its size.^[10]

CONCLUSION

For women who suffer menopausal symptoms who do not want to or cannot take HRT (e.g. breast cancer survivors) there is a need for safe and clinically effective treatment options. Homeopathy appears to do little harm but clinical benefits remain unclear. Observational evidence demonstrates an association between treatment by a homeopath and improvement in hot flushes, fatigue, anxiety, depression and quality of life for menopausal women.^[11]

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