Role of Homeopathic Treatment in Menopause

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Abstract: Climacteric symptoms, mental as well as physical symptoms can be treated with homoeopathic medicines very well. As homoeopathic drugs are proved on healthy human beings they are rich in physical as well as mental symptoms. In menopause we have to consider both physical and mental symptoms. We can treat the female with Homoeopathic medicines without producing any side effects of medicines n harming general health of female [Popat G Natl J Integr Res Med, 2019; 10(1):47-50]

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Introduction: Menopause is a permanent cessation of menses that occurs naturally or is induced by surgery, chemotherapy, or radiation. Menopause is also referred as 'Change of Life'. The clinical diagnosis is confirmed following stoppage of menses for 6 consecutive months. Climecteric is the physiological period in woman's life during which there is regression of ovarian function. The period at which the woman gradually changes from the reproductive life into ones senescence. This covers wide period ranging 5 -10 years i.e. from 45 -55 years of age with the mean age of 47 years. Early or delayed menopause is considered when menopause happens before 35 or after 55 years. In practice term menopause and climacteric are often used synonymously¹⁻².

Aetiology: Menopause occurs as a result of exhaustion of eggs from ovarian follicles and consequent oestrogen deprivation.

Endocrinology of Menopause: There is gonadal failure at menopause. Plasma oestradiol level falls and oestrone remains normal. Ovarian stroma produces andostenedione. Extraglandular conversion of andostenedione to oestron in fatty tissue. Postmenopausally, adrenal becomes the source of oestrone derived from androstenedione. Oestrone becomes predominantly oestrogen after oestrogen level falls at the menopausal period. Testosterone level does not appreciably fall postmenopause ovary secret more testosterone.

Pituitary gonadotrophines: FHS and LH are secreted in increasing amount due to the absence of negative feed back control by the ovarian steroids. FHS level is 15 times higher than premenopausal level. LH level is increased 3 times. Prolactin level falls.

Organ Changes:

Ovaries – Shrink in size, become wrinkled and fibrotic. Thining of cortex with increase in medullary components. Ovarian stroma becomes a source of small amount of androgens.

Fallopian tubes – They show features of atrophy. The muscle coat become thinner, the cilia disappear and plicae become less predominant so mortality diminished.

Uterus – It becomes smaller in size. The endometrium becomes thin and atrophied. Cervical secretion becomes scanty.

Vagina – It becomes narrower due to gradual loss of elasticity. The vaginal epithelium becomes thin. The rugae progressively flattened.

Vulva – It shows features of atrophy. The labia become flattened and pubic hair becomes scantier. Vaginal introitus becomes narrow.

Breast – Fat is reabsorbed and the glands atrophied. The nipples decrease in size. Breasts become flat n pendulous.

Bladder and urethra – The epithelium becomes thin and is more prone to damage n infection. There may be dysuria, frequency, urge or even stress incontinence.

Loss of Muscle tone – It leads to pelvic relaxation and uterine descent. The pelvic cellular tissue become scanty and the ligament supporting the uterus and vagina lose their tone.

Bone Metabolism: Loss of bone mass by about 3-5% per year due to deficiency of oestrogen. Post menopausal woman runs a high risk for fracture of bones due to oesteoporosis.

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Cardiovascular system: Risk of cardiovascular disease is high due to deficiency of oestrogen. Oestrogen prevents cardiovascular disease by increases HDL and decreases LDL and total cholesterol. It inhibits platlets and macrophage aggregation at the vascular intima. It stimulates release of nitric oxide and prostaglandin from vascular endothelium to dilate the blood vessels. It prevents atherosclerosis by its antioxidant property.

Menstruation pattern prior to menopause:

There may be any of following patterns are observed.

- (i) Sudden cessation of menses.
- (ii) Gradual hypo menorrhea or infrequent cycles.
- (iii) Irregular with or without excessive bleeding.

One should exclude genital malignancy prior to say it usual premenopausal pattern.

Menopausal symptoms: In most of the female apart from cessation of menstruation, no more symptoms are found. In some female symptoms appear which may be grouped as follows

Vasomotor - The characteristic symptom of menopause is Hot Flush. Hot flush is sudden onset of feeling warmth. Low oestrogen level is a prerequisite for hot flush. It lasts for 1-2 minutes and may be unbearable. Frequently associated with profuse sweating. Sleep may be disturbed due to night sweat. Hot flushes are due to peripheral vascular instability. The patient experiences palpitation and rise of pulse rate.

Genital and Urinary - There is dyspareunia, atrophic vaginitis and endometriosis. The urethral symptoms are urinary urgency, dysuria, recurrent urinary infection and stress incontinence.

Psychological - There is increased frequency of anxiety, depression, irritability, headache and insomnia. Female also suffer from dementia, mood swings and inability to concentrate.

Health Hazards-

(i) Oesteoporosis and fracture: After menopause there is decline in collagenous bone matrix resulting in osteoporotic changes. It may cause backpain, decrease of height and kyphosis. Fracture of bones is a major health issue involving fracture of vertebral body, femur or forearm. Morbidity and mortality following fracture is high in elderly woman.

- (ii) Cardiovascular and cerebrovascular effects: Risk of ischemic heart disease coronary artery disease and strokes are increased.
- (iii) Skin: The skin becomes thin, prone to get infection and damage.

Diagnosis of Menopause:

- (i) Cessation of menstruation for consecutive 6 months during climacteric.
- (ii) Appearance of menopausal symptoms hot flush and night sweat.
- (iii) Atrophic vaginal smear- vaginal cytology shows maturation index of at least 10/85/5.
- (iv) Serum oestradiol < 20pg/ml.
- (v) Serum FHS and LH > 40 mIU/ml.

Treatment:

Psychotherapy Explain the condition to female and family members of female passing through climacteric age. Reassure them regarding recovery.

Improvement of health by taking balanced diet, adequate rest and regular exercise. Evacuation of bowels regularly. Sleep disturbances can be corrected by giving sedatives.

Medicinal treatment³⁻⁷ we can treat climacteric symptoms, mental as well as physical symptoms with homoeopathic medicines very well. As homoeopathic drugs are proved on healthy human beings they are rich in physical as well as mental symptoms. In menopause we have to consider both physical and mental symptoms. We can treat the female with Homoeopathic medicines without producing any side effects of medicines n harming general health of female.

Homoeopathic medicines for the treatment of Menopause

- 1. **Amyl Nitrate:** Throbbing climacteric headache with anxiety and palpitation. Flushing of face followed by sweat. Uterine haemorrhage associated with facial flushing. Pain and constriction around heart. Oppression and fullness of chest.
- Apis Mellifica: Heat, throbbing and distensive pain in head. Metrorrhagia menses profuse with heaviness of abdomen and faintness. Bearing down pain as if menses wear to appear. Ovarian tumor and metritis with stinging pain and tenderness over abdomen. Apathy, indifference and awkwardness. Cannot concentrate mind when attempting to read or study. Listless,

- cannot think clearly, jealous, fidgety and hard to please. Whining, tearfulness, jealousy, fright, rage, vexation and grief.
- 3. **Belladonna**: Headache with heat, fullness and heaviness. Headache with throbbing of carotids and flushed red face. Violent palpitation and throbbing all through body. Menses early, profuse, bright red and hot. Heat and dryness of vagina. Ovaritis- cutting pain from hip to hip. Breasts are heavy, hard and red with throbbing pain. Tumours of breast. Sleeplessness with drowsiness. Violent, furious, Bites and strikes. Disinclined to talk, perversity with tears.
- 4. Cactus: Congestive and pulsating headache with distended blood vessels. Constriction and oppression of chest. Violent palpitation, angina pectoris with suffocation and cold sweat. Menses is early and dark, constrictive and pulsating pain in ovaries. Retention of urine. Sad, ill humoured, anxious and fear of death.
- Calcarea carb: Menses is too early, profuse and long lasting.Least mental excitement profuse return causes of menstrual flow.Uterus easily displaced.Breasts are swollen, tender and hot before menses. Profuse sour smelling and perspiration.Palpitation at night with feeling of coldness. Restlessness with oppression of chest. Drowsy feeling in evening, frequent waking at night. Apprehensive, fearful, forgetful and confused. Anxiety palpitation.
- 6. **China:** Suffocative attacks, anaemia and dropsy. Pulse irregular with weak and rapid beats followed by strong hard beats. Menses too early, profuse with dark clots. Sleep unrefreshing, with constant stupor and drowsiness. Apathetic, indifferent, taciturn, despondent and anxious.
- 7. Cimicifuga: Irregular, slow and trembling pulse. Angina pectoris. Sleeplessness. Menses irregular, profuse, dark, coagulated and offensive with backache and nervousness. Prolapse of uterus with sharp lancinating pain. Ovarian neuralgia. Great depression with dreams of impending evil.Incessant talking. Delirium tremens.
- 8. **Conium:** Violent palpitation with irregular and intermittent heart beat. Profuse perspiration day and night. Intermittent flow of urine. Menses delayed and scanty. Tumors of uterus and cancerous affections. Ovaries enlarged and indurated with

- lancinating pain. Mastitis breasts enlarged and painful before and after menses. Mamme lax, shrunken, hard and painful. Depressed, timid, weakness of memory. Averse to society, Afraid of being alone. Takes no interest in anything.
- 9. **Glonoine**: Congestive and throbbing headache with hyperemia of brain. Climecteric flushing with flushed, hot and dusky face. Sudden and violent irregularities of circulation. Palpitation with dyspnoea. Backache with drawing pain in limbs. Menses delayed or sudden cessation with congestion of head. Confusion of mind with dizziness. Extreme irritability, easily excited by slightest opposition.
- 10. **Graphites:** Rush of blood to head with flushed face. Rough, dry and hard skin; oozing transparent and sticky exudates. Inclined to obesity. Menses too late, pale and scanty with tearing pain in epigastrium. Induration of ovaries, uterus and mammae; nipples are sore, cracked and blistered. Aversion to coitus.Timid, apprehensive, despondent, irritable and indecisive.
- 11. **Kali carb:** Threatened heart failure with palpitation and burning in heart region.Backache with radiation of pain in gluteal region.Menses early and profuse or late, scanty and pale with soreness of genitals.Constant oozing after copious flow with violent backache.Great debility, sweat, backache and lax muscles with inclined to obesity.Despondent, discontented, obstinate, irritable and alternating moods.
- 12. Lachesis: Vertex headache with pressure and burning.Palpitation with fainting spells during climacteric. Constrictive feeling in chest.Flushes of heat and perspiration. Sleepiness yet cannot sleep. Menses short, feeble and dark with clots. Coccyx and sacral backache.Left ovary swollen, indurated and painful. Mammae inflamed and bluish.Great loquacity, suspiciousness, jealousy, restless, uneasy.
- 13. Mancinella: Mental depressed state at climacteric with exalted sexuality. Silent mood, sadness. Wandering thoughts and sudden vanishing of thoughts. Fear of becoming insane.
- 14. **Nux moschata:** Fluttering palpitation of heart. Fainting fits with heart failure.Backache with rheumatic affection.Great drowsiness.Menses variable with irregularities of time and quantity, too

- long, dark and thick.Physometra.Confused, impaired memory, changeable mood.
- Frontal 15. Pulsatilla: and supraorbital headache. Neuralgic pain in right temporal region.Restless sleep, wakes up unrefreshed. Irresistable sleep in afternoon. Menses late, thick, dark, scanty and clotted. Menses is changeable in character. Intermittent flow of menses.Mild, gentle, sad and highly emotional female. Weeping disposition.Changeable mood, likes sympathy and easily discouraged.
- 16. **Sanguineria:** Periodical sick headache return at climacteric, every seventh day.Marked vaso motor disturbances, flushes of heat over the face.Congestion of head and chest.Menses offensive and profuse. Uterine polyp. Soreness of breast.
- 17. **Sepia:** Headache in terrible shocks at menses scanty flow. Pulsating pain in cerebrum. Hot flushes at menopause with weakness and perspiration. Prolapse of uterus and vagina with bearing down pain. Pain and weakness of back.Violent intermittent palpitation. Menses Irregular, and profuse or late scanty.Indifferent, irritable, sad and weepy. Miserly, anxious and indolent.
- 18. Ustilago: Nervous headache from menstrual irregularities.Congestion of various parts esp. at climacteric. Muscular debility and constriction of lower limb.Menorrhagia at climacteric, oozing of dark and clotted blood forming long black strings.Uterus hypertrophied and flabby. Ovaritis with burning pain.Mentally very depressed.

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