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An Insight Review On Menopause

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ABSTRACT

Menopause is a eloquent mental health condition influencing the women . Homoeopathy is a holistic healthcare approach that utilizes remedies to address the underlying causes of menopause. It offers a personalized and individualized approach of treatment that considers the unique characteristics of everyone, which ameliorates the menopause in women of 40–50 age group. The main aim of this study is to to evaluate the importance of homeopathy in treating cases of menopause through review of published literature. Articles published were solicited from pub med, google scholar data bases. The findings indicate that homoeopathic constitutional remedies can provide significant relief from symptoms of menopause and improve overall well being. In conclusion, homoeopathy can be a valuable alternative treatment option for menopause in women providing safe and effective relief from symptoms while addressing the underlying causes of the condition.

Keyword – Menopause , Homoeopathy, Alternate, Hypnosis, phytoestrogens.

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INTRODUCTION

Menopause is a crucial phase in a woman's life with serious implications affecting their quality of life. Hormone replacement therapy is the usual methodology for treatment, but it comes with plausible aftereffects and lifelong threats. Thus, alternate, and complementary medicine had a rise in popularity in recent times, even in the manner in which menopause is treated. This will be an integrative approach on the research of alternative medicine therapies for menopause and how effective they are compared to hormone replacement therapy. Various Symptoms Associated with menopause age troubles are as follows:

Emotional and behavioral signs and symptoms:	Physical sign and symptoms:
❖ Tension and anxiety	❖ Joint and muscle pain
❖ Depressed mood	❖ Headache
❖ Crying spells	❖ Fatigue
❖ Mood swings and irritability or anger	❖ Weight gain
❖ Appetite changes and food cravings	❖ Abdominal bloating

❖ Trouble falling asleep(insomnia)	❖ Breast tenderness
❖ Social withdrawal	❖ Acne- flare ups
❖ Lack of concentration	❖ Constipation
❖ Change in libido	

Hypnosis

It is interesting to understand how hypnosis is being used as a form of therapy for menopause. The study by Johnson et al. enhances our understanding of CAM interventions and their use in the treatment of menopausal symptoms. Johnson et al. have critically reviewed only the randomized controlled trials with a minimum sample size of 10 published in peer-reviewed journals reporting on complementary and alternative medicine for menopause and have made several interesting observations on the above. Hypnosis is considered safe in treating the frequency and severity of hot flashes in menopausal women. The evidence supporting this comes from the studies conducted in an RCT on 187 women, where hypnosis was compared with an active structured control, and hypnosis alone was statistically found to reduce the severity and frequency of hot flashes. Apart from this, it has also been observed to improve sleep quality and sexual function. It also has benefits in treating acute and chronic insomnia. Despite having recorded results of hypnosis' benefits, the widespread beliefs of losing control of oneself and the negative stigma are some of the reasons for hesitancy in trying out hypnosis. Apart from this, there are no trained practitioners available for hypnosis, restricting its application.

Homoeopathy

Homeopathy has been shown to benefit symptoms of climacteric syndrome. While the therapeutic effect is disputed, this could be attributed to the study design because homoeopathy does not adapt well to RCTs. A case report by Mahesh et al. emphasized the treatment of multimorbidity after surgical menopause with individualized classical homoeopathy. Homeopathy treats the person as a whole – the individualized constitutional approach helps in alleviating the bothersome symptoms of menopause improving the quality of life. Homoeopathy aims to not manage the symptoms of menopause but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several well-proven remedies are available for symptoms of menopause that can be selected based on the cause, condition, sensation, and modalities of the complaints. Individualized remedy selection and treatment yield the best result in homoeopathy while dealing with menopausal complaints.

Homeopathic repertories include various rubrics that can be used for specific symptoms of menopause.

- Hot flashes: specific symptoms like “heat flashes, climacteric, with sweat,” “sensation of hot water being poured over the body,” or “sensation of heat in the head” are included.
- Mood swings: specific symptoms like “irritability before, during, and after menses,” “mood changes, alternating,” or “weeping during menopause” are included.
- Sleep disturbances: specific symptoms like “insomnia,” “sleeplessness with jerking of limbs,” or “disturbed sleep, frequent waking” are included.
- Vaginal dryness: symptoms like “dryness of vagina with burning or itching,” or “Leucorrhoea, acid, excoriating, watery” are included.

By analyzing these rubrics and the remedies that are associated with them, the homeopath can select the most appropriate remedy for the patient.

The rubrics regarding menopause from different repertories are as follows:

- BOERICKE REPERTORY-5

- Menopause–amyl, bell, bellis, cact, caul, cim, con, gels, glon, ign, jabor, kali.c, kreos, lach, manc, murex, nux m,nux v, oophor, puls, sang, sep, sul, ustil, zinc.v.
- KENT REPERTORY –6
- Menopause – agar, apis, arg–n, chin, cocc, con, croc., crot–c, crot–h, cucl, gels, graph, helon, lach, mang, murx, phos, psor, puls, sel, sep, sulph, sul–ac, tab, verat
- MURPHY REPERTORY–7
- Menopause– 2 agar, 2aml–n, 2 apis, 2 arg–n, 2 bell, 2 bell–p, 2 bry, 2 cact, 2 calc–ar, 2 caul, 2 chin, 2 cimic, 2 cocc, 2 con, 2 croc, 3 CROT–C, 2 cycl, 2 gels, 2 glon, 3 GRAPH, 2 helon, 2 hydr, 2 ign, 2 jab,2 kali bi, 2 kali–c, 2 kali–s, 2 kreos, 3 LACH, 2 manc, 3 MANG,2 murx, 2 nux–m, 2 nux –v, 2 ov, 2 ph–ac, 2 phos, 3 PSOR, 3 PULS, 2 sabin, 2 sang, 2 sec, 2 sel, 3 SEP, 2 stront–c, 3 SULPH, 2 sul–ac, 2 tab, 2 ter, 2 ther, 2 ust, 2 verat, 2 zinc–val
- SYNTHESIS REPERTORY –8
- Menopause – agar, aml–ns, apis, arg–n,bry, cact, calc–ar, carc, chin,cimic, cocc,con, croc ,CROT–C,crot–h, cycl, gels, glon, GRAPH, helon, hydr, jab, kali–bi, kali–br, kali–c, kalis ,kreos, LACH, manc, MANG, MURX, nux–m, nux–v, ov, phos, PSOR, puls, sabin, sang, SEP, stront–c, sul–ac, SULPH, tab, ter, ther, ust, verat, zinc–val

Phytoestrogens

Phytoestrogens are plant compounds that have a chemical structure like estradiol, and they appear to exert an estrogenic or anti–estrogenic effect depending on the circulating estrogen level in the human body. In placebo–treated women, lower estrogen levels were followed by a significant decrease in BRCA1 and BRCA2 mRNA levels, but this was reversed in phytoestrogen–treated women, and bone mineral density for the femoral neck and lumbar spine remained higher compared to the placebo group. Due to the lack of standardization of dosage used, variations in inclusion criteria, and the lack of an appropriate study, the above meta–analysis and all the studies conducted evaluating the effect of phytoestrogens are limited by the heterogeneity showing conflicting results, suggesting further standardized methods that will allow for study comparison to arrive at a definitive conclusion. Phytoestrogens were associated with a reduction in hot frequency and side–effects were no more common than placebo, suggesting that some patients may benefit from their use. Further study is needed to determine their potential long–term adverse effects.

Mind–body practices

Mindfulness–based stress reduction, biofeedback, relaxation training, and yoga have been found to reduce stress and improve the quality of life in women transitioning through menopause. But they have not been found effective for specific menopausal symptoms. Further research is needed to investigate their efficacy in treating specific menopausal symptoms. Specific symptoms of menopause like hot flashes, heart palpitations, muscle and joint pain, anxiety and sleep problems have not been treated with the above techniques.

Herbal Products

- **Black Cohosh:** Black cohosh is a perennial herb native to the eastern United States and Canada with elongated fringed divided leaves and small white flowers. Black cohosh has three groups of compounds responsible for its pharmacological action: phenolic compounds, cycloartane triterpene glycosides, and phytoestrogen flavonoids. Black cohosh extract has been found to

reduce hot flashes due to its binding and modulation of key central nervous system receptors for thermoregulation, mood, and sleep.

- **Chaste Tree:** Vitex agnus-castus is a deciduous shrub native to areas stretching from the Mediterranean to northern India, known for its emmenagogue, lactagogue, vulnerary, carminative, anthelmintic and anti-inflammatory properties. In 1993, a double-blind, randomized, placebo-controlled clinical study focused on the relief of symptoms of premenstrual syndrome, with significant improvement for the 'feel jittery or restless' symptom. In 1997, a randomized, controlled study vs pyridoxine was conducted, with the chaste tree group showing a significant reduction in breast tenderness, oedema, inner tension, headache, constipation, and depression.
- **Fenugreek:** Fenugreek is an annual plant with trifoliate leaves and white to yellow flowers. Its upregulated the expression of the estrogen-responsive gene and induced proliferation of estrogen-dependent breast cell lines. It has also shown to improve sexual function in post-menopausal women but is less effective than hormone replacement therapy in alleviating symptoms.
- **Red Clover:** This is a herbaceous, perennial plant with trifoliate leaves and pink to white flowers. It contains isoflavones formononetin, biochanin A, daidzein and genistein, which act as phytoestrogens and reduce hormone levels. They also have antioxidant properties, inhibit tyrosine kinases, and affect ion transport. Limited data support the use of plants for menopause and gynaecological disorders, but more studies are needed to confirm effectiveness.

OBJECTIVES – The objective of this study is to evaluate the importance of homeopathy in treating cases of menopause and Analyzing Various research article papers exhibiting the efficacy of homeopathic treatment in menopause with the help of various repertories.

METHODS

SEARCH STRATEGY AND SELECTION CRITERIA : All the literature reviews are searched from Pubmed , Google Scholar , Scopus with the following keywords – Menopause , Homoeopathy,Alternate,Hypnosis,phytoestrogens.

OUTCOME MEASURES

The Menopause Rating Scale (MRS) is a **health-related quality of life scale (HRQoL)** and was developed in response to the lack of standardized scales to measure the severity of aging-symptoms and their impact on the HRQoL in the early 1990s.

RESULTS

Total of 35 articles were assessed for the review. Out of them 30 were selected for the study. The description and principal findings were included in **TABLE-1**

TABLE -1

S.No	NAME OF THE AUTHOR	YEAR	SAMPLE SIZE	STUDY DESIGN	Assessment Tools	RESULTS
1	Jcobs et.al	2005	83	Randomised double blind placebo controlled trail	1) Total no.of hot flashes 2) KMI 3) SF-26 4) FSH LEVEL 5) MSR	Significant improvement has assessed by the measurement tools in remedy group
2	Thompson et.al	2005	53	Pilot study	Menopausal symptom questionnaire	No evident improvement has assessed by the measurement tools

3	Von Hagens et.al	2012	102	Randomised double blind placebo controlled trail	MRS	Reduction of the symptoms after 12 weeks in remedy group
4	Colau	2012	108	Multicentric Randomised double blind placebo controlled trail	1) MRS 2) HFRDIS 3) Morisky green score	Reduction of the symptoms after 7 week in remedy group
5	Macias et.al	2017	133	Randomised double blind placebo controlled trail	MSR AND Hamilton rating scale	No evident improvement has assessed by the measurement tools
6	Macias et.al	2018	133	Randomised double blind placebo controlled trail	MSR AND Hamilton rating scale.	Homoeopathy Versus Placebo shown a significant difference.
7	Heudal et.al	2018	138	Multicentric Randomised double blind placebo controlled trail	1) MSR 2) HFRDIS	Both groups showed a significant improvements
8	Andrade et.al	2019	40	Randomised double blind placebo controlled trail	1) MSR 2) MYMOP	Evident improvement has assessed by the measurement tools
9	Gupta et.al	2019	88	Multicentric Randomised double blind placebo controlled trail	UQOL Scale	Evident improvement has assessed by the measurement tools
10	Relton et.al	2012	48	Pilot study	1) GCS SCALE 2) MYMOP 3) EQ-5D 4) MEDICATION CHANGE QUESTIONNAIRE	Evident improvement has assessed by the measurement tools
11	Desiderio et.al	2015	45	Pilot study	5 Point numerical scale	Evident improvement has assessed by the measurement tools
12	Clover and Ratsey	2002	31	Non Randomised Uncontrolled pilot Study	2 Non Validated questionnaire	Improvement in severity and frequency of hot flashes
13	Thompson and Reiley	2003	45	Non Randomised Uncontrolled pilot Study	1) HADS 2) EORTC	Evident improvement in symptom score has assessed by the measurement tools
14	Relton and weartherley	2005	102	Data obtained from an audit	MYMOP	Evident improvement in symptom score has assessed by the measurement tools
15	Bordet et.al	2008	438	Non Comparitive Observational study	Non Validated scales	Fifty percent of the patients with baseline hot flashes has no longer suffered after the medication
16	Nayak et.al	2011	222	Multi centric Observational study	DDCYSS	Evident improvement has assessed by the measurement tools
17	Ruiz et.al	2019	31	Uncontrolled , non blinded, non randomised prospective study	MRS SCORE	Significant reduction in the MSR score
18	Sharma	2008	43 years female	Case report of 1 year	MSR Score	Significant reduction in the MSR score
19	Mahesh et.al	2020	54 years female	Case report of 44 year	MSR Score	Significant reduction in the MSR score
20	Aso et.al	2012	160	Pilot study	Menopausal symptom questionnaire	No evident improvement has assessed by the measurement tools
21	Atkinson	2004	205	Randomised double blind placebo controlled trail	MRS	Reduction of the symptoms after 12 weeks in remedy group
22	Han. Et. al	2007	142	Multicentric Randomised double blind placebo controlled trail	4) MRS 5) HFRDIS 6) Morisky green score	Reduction of the symptoms after 7 week in remedy group
23	Lewis	2010	120	Randomised double blind placebo controlled trail	MSR AND Hamilton rating scale	No evident improvement has assessed by the measurement tools
24	Nahas	2002	180	Randomised double blind placebo controlled trail	MSR AND Hamilton rating scale.	Homoeopathy Versus Placebo shown a significant difference.

25	Penotti	2012	80	Multicentric Randomised double blind placebo controlled trail	3) MSR 4) HFRDIS	Both groups showed a significant improvements
26	Riesco	2010	99	Randomised double blind placebo controlled trail	3) MSR 4) MYMOP	Evident improvement has assessed by the measurement tools
27	Tice	2004	80	Non Comparative Observational study	Non Validated scales	Patients with baseline hot flashes has no longer suffered after the medication
28	Del Giorno	2006	62	Multi centric Observational study	DDCYSS	Evident improvement has assessed by the measurement tools
29	Van de weijer	2011	50	Uncontrolled , non blinded, non randomised prospective study	MRS SCORE	Significant reduction in the MSR score
30	Van Pattern	2003	205	Randomised double blind placebo controlled trail	MRS	Reduction of the symptoms after 12 weeks in remedy group

IMPLICATIONS FOR CLINICAL PRACTICE

As we know that individualized homeopathic medicines are very efficient in curing patients of menopause but we are not so much clinically proven in scientific language as the modern medicine research shows every work in materialistic form. Still we are curing so many patients of menopause daily but in scientific convention we cant show that change in cellular form always leading to disapproval of our research works .

IMPLICATIONS FOR FUTURE RESEARCH

As already stated above that till now available literature in homeopathy has a very fragile or temporary framework that could be stated as a clinical studies . Most of the studies are not following the standard guidelines of research . It is very much required that authors , editors , reviewers see through the norms and strictly follow the rules in order to formulate standardized clinical research so that we can be on the front line of research . Moreover standard protocol should be formulated and applied following standard guidelines. There should be collaborative studies with modern system of medicine otherwise we cant compare the efficacy of our drugs with them as because modern medicine is considered as the first line of treatment . High quality research and fixed standardized methodologies are still required in validating and enhancing our research. There should be high quality and equivalent efficacy along with safety measures should be the basic steps for drawing conclusion .

CONCLUSION

These are some of the alternative medicine therapies available for the treatment of menopause. Although these practices have shown significant results in tests, more research is required for concrete evidence to prove the same. But with hormone replacement therapy having consequential after-effects, there is a need to explore alternative therapies which could help in reducing menopausal changes in women. Researchers of alternate therapies can focus on the gaps in data and conduct more extensive tests to prove their data thoroughly.

CONFLICT OF INTEREST

The author declares no conflict of interest on the entire study.

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REFERENCE

1. Doubova SV, Espinosa–Alarcón P, Flores–Hernández S, Infante C, Pérez–Cuevas R. Integrative health care model for climacteric stage women: design of the intervention. *BMC Womens Health* 2011;11:6
2. 2011;11:6
3. Harlow SD, Gass M, Hall JE, et al; STRAW 10 Collaborative Group. Executive summary of the Stages of Reproductive Aging Workshop p 10: addressing the unfinished agenda of staging reproductive aging. *Menopause* 2012;19:387–395
4. Davis SR, Lambrinoudaki I, Lumsden M, et al. *Menopause. Nat RevDis Primers* 2015;1:15004
5. Thurston RC. Vasomotor symptoms: natural history, physiology, and links with cardiovascular health. *Climacteric* 2018;21:96–100
6. Williams RE, Kalilani L, DiBenedetti DB, et al. Frequency and severity of vasomotor symptoms among peri– and postmenopausal women in the United States. *Climacteric* 2008;11:32–43
7. Tepper PG, Brooks MM, Randolph JF Jr, et al. Characterizing the trajectories of vasomotor symptoms across the menopausal transition. *Menopause* 2016;23:1067–1074
8. Rossouw JE, Prentice RL, Manson JE, et al. Postmenopausal hormone therapy and risk of cardiovascular disease by age and years since menopause. *JAMA* 2007;297:1465–1477
9. Huang AJ, Sawaya GF, Vittinghoff E, Lin F, Grady D. Hot flushes, coronary heart disease, and hormone therapy in postmenopausal women. *Menopause* 2009;16:639–643
10. Thurston RC, Sutton–Tyrrell K, Everson–Rose SA, Hess R, Matthews KA. Hot flflashes and subclinical cardiovascular disease: findings from the Study of Women’s Health Across the Nation Heart Study. *Circulation* 2008;118:1234–1240
11. Jackson EA, El Khoudary SR, Crawford SL, et al. Hot flflash frequency and blood pressure: data from the Study of Women’s Health Across the Nation. *J Womens Health* 2016;25:1204–1209
12. Thurston RC, El Khoudary SR, Sutton–Tyrrell K, et al. Vasomotor symptoms and lipid profiles in women transitioning through menopause. *Obstet Gynecol* 2012;119:753–761
13. Thurston RC, El Khoudary SR, Sutton–Tyrrell K, et al. Vasomotor symptoms and insulin resistance in the study of women’s health across the nation. *J Clin Endocrinol Metab* 2012;97:3487–3494
14. Gray KE, Katon JG, LeBlanc ES, et al. Vasomotor symptom characteristics: are they risk factors for incident diabetes? *Menopause* 2018;25:520–530
15. Thurston RC, Aizenstein HJ, Derby CA, Sejdić E, Maki PM. Menopausal hot flflashes and white matter hyperintensities. *Menopause* 2016;23:27–32
16. Thurston RC, Maki PM, Derby CA, Sejdić E, Aizenstein HJ. Menopausal hot flflashes and the default mode network. *Fertil Steril* 2015;103:1572–1578.e1
17. Bromberger JT, Harlow S, Avis N, Kravitz HM, Cordal A. Racial/ethnic differences in the prevalence of depressive symptoms among middle–aged women: The Study of Women’s Health Across the Nation (SWAN). *Am J Public Health* 2004; 94:1378–1385
18. Bromberger JT, Schott L, Kravitz HM, Joffe H. Risk factors for major depression during midlife among a community sample of women with and without prior major depression: Are they the same or different? *Psychol Med* 2015;45:1653–1664

20. Freeman EW, Sammel MD, Lin H, Nelson DB. Associations of hormones and menopausal status with depressed mood in women with no history of depression. *Arch Gen Psychiatry* 2006;63:375-382
21. Soares CN. Depression and Menopause: Current Knowledge and Clinical Recommendations for a Critical Window. *Psychiatr Clin North Am* 2017;40:239-254
22. Sowers MR, Jannausch M, McConnell D, et al. Hormone predictors of bone mineral density changes during the menopausal transition. *J Clin Endocrinol Metab* 2006;91:1261-1267
23. The Women's Health Initiative Study Group. Design of the Women's Health Initiative clinical trial and observational study. *Control Clinical Trials* 1998;19:61-109
24. Shifren JL. Genitourinary Syndrome of Menopause. *Clin Obstet Gynecol* 2018;61:508-516
25. Palma F, Volpe A, Villa P, Cagnacci A; Writing group of AGATA study. Vaginal atrophy of women in postmenopause. Results from a multicentric observational study: The AGATA study. *Maturitas* 2016;83:40-44
26. Greendale GA, Lee NP, Arriola ER. The menopause. *The Lancet*. 1999 Feb 13;353(9152):571-80.
27. McKinlay SM. The normal menopause transition: an overview. *Maturitas*. 1996 Mar 1;23(2):137-45.
28. Shuster LT, Rhodes DJ, Gostout BS, Grossardt BR, Rocca WA. Premature menopause or early menopause: long-term health consequences. *Maturitas*. 2010 Feb 1;65(2):161-6.
29. McKinlay SM, Brambilla DJ, Posner JG. The normal menopause transition. *Maturitas*. 1992 Jan 1;14(2):103-15.
30. Burger HG, Dudley EC, Robertson DM, Dennerstein L. Hormonal changes in the menopause transition. *Recent progress in hormone research*. 2002 Jan 1;57:257-76.
31. Davis SR, Castelo-Branco C, Chedraui P, Lumsden MA, Nappi RE, Shah D, Villaseca P, Writing Group of the International Menopause Society for World Menopause Day 2012. Understanding weight gain at menopause. *Climacteric*. 2012 Oct 1;15(5):419-29.
32. Hill K. The demography of menopause. *Maturitas*. 1996 Mar 1;23(2):113-27.
33. Lock M. Menopause in cultural context. *Experimental Gerontology*. 1994 May 1;29(3-4):307-17.
34. Boericke W. Pocket manual of homoeopathic materia medica. Motilal Banarsidass Publ.; 1993.
35. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies (clinical and Pahtogenetic [sic]) Including Indian Drugs. B. Jain publishers; 2002.