

Embracing Menopause with Homoeopathy: A Holistic Companion for women.

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ABSTRACT: Menopause is a physiological milestone in woman's life which is inevitable. This transition from reproductive phase to non-reproductive phase is also known as Climacteric. Thus, climacteric is a phase of adjustment between active and inactive ovarian function which occupies several years of female's life and it demand adjustments in physical, sexual and psychological spheres. The human menopause is believed to be an evolutionary adaptation that prevents the complications of continued pregnancy, thereby enhancing the well-being of their children and grandchildren. Every woman spend her one third life in Post-menopause phase, with more or less disturbed quality of life by menopausal ailments. Homoeopathy is an exceptional system of medicine for treating menopausal symptoms. An individualistic perception of menopausal symptoms is highly different from one another. These type of individual and distinct presentation of symptoms can only be addressed by individual treatment approach and homoeopathy can propose it without any obnoxious complications making menopause transition untroubled.

Index term: Homoeopathy, Homoeopathic medicines, Holistic, Menopause, Menopause Transition.

DEFINITION

“Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It is the point of time when last and final menstruation occurs”. Cessation of ovarian function resulting in permanent amenorrhoea, it takes twelve consecutive months of amenorrhoea to confirm that menopause has set in, a retrospective diagnosis.

ETYMOLOGY

The term menopause firstly coined by the French physician, Dr. Charles Pierre Louis De Gardanne in 1821. The term "Menopause" is derived from the Greek words "Mēn" meaning month and "Pausis" means to stop or pause.

EPIDEMIOLOGY

According to the 2011 census of India, there were about 96 million women aged 45 years and above, and this number is expected to increase to 401 million in 2026. As the life expectancy after the age of 45 years is 30 years; thus women in India could spend approximately 30 years in post-menopause phase.

AGE

Menopause typically occurs between the ages of 45-55 years; Average age of menopause of an Indian woman is 47 years 8' (46.2 years) and in Western counter parts is 51 years.

AETIOLOGY

1. Natural menopause occurs as woman age, owing to decreased ovarian reservoir and Estrogen and Inhibin.
2. Surgical menopause and Artificial menopause due to radiotherapy or chemotherapy and/or removal of ovaries and uterus.
3. Genetics and Lifestyle: The early and late onset of menopause is to be genetically predetermined, consumption of tobacco is toxic ovary, living at high altitude and severe malnutrition can results in early menopause. Uterine fibroids, diabetes mellitus, estrogenic tumors of the ovary, higher body mass index and high parity are responsible for late/delayed menopause.

STAGES OF MENOPAUSE

The onset of *Peri-menopause* starts few years earlier than menopause, when Estrogen and progesterone levels first start to vary. The period before and after complete halt of menstruation known as *Pre-menopause* and *Post-menopause* respectively. *Premature Menopause* is when ovarian failure occurring 2 standard deviation in years before the mean menopausal age.

PATHOPHYSIOLOGY

Sudden occurrence of menopause is encountered rarely. The several years before menopause; the ovaries shows a sign of impending failure. Along with the depletion of the ovarian follicles the remainder follicles become resistant to pituitary gonadotropins. Then, Graafian follicles also fails to develop, activity of Estrogen is reduced and endometrial atrophy leads to amenorrhoea. Fall in the levels of Estrogen and Inhibin decreases the negative feedback effect on H-P-Axis results in increase in the secretion of Follicle Stimulating-Hormone and Luteinizing Hormone. The FSH level may elevate as much as 50-fold and LH 3-4 fold.

Disturbed Folliculogenesis may results in Oligoovulation, Anovulation and Corpus Luteal Insufficiency. Endometrial Hyperplasia and Menstrual Irregularities prior to menopause is result of low Estrogen.

Estrogen production reduced by 66% and Androgen production reduced by 50% at menopause. The estrogen level may remain as low as 10-20 pg/mL, this may predispose to osteoporosis and ischaemic heart disease (IHD). Only some amount of estrogen comes from ovary, while most of it is estrone(E₁) derived from peripheral conversion of androstenedione. Estrone level varies between 30 and 70 pg/mL. After menopause, the ovarian stroma continues to secrete androgens under the influence of increased level of LH. The principal androgens are testosterone and androstenedione which cause mild hirsutism and change of voice at menopause. Anatomically reproductive organs go under atrophy and regression.

CLINICAL MANIFESTATIONS OF MENOPAUSE

Change in Menstruation:

Abrupt cessation of menstruation.

Gradual reduction in both amount and duration of blood loss and with regular/irregular cycle until final amenorrhoea.

Irregular menses with or without heavy bleeding until final amenorrhoea for 1 year.

Although, during Peri-menopause phase metrorrhagia are considered abnormal and should be investigated for benign/malignant changes of genital organs.

Other symptoms:

Vasomotor symptoms:

Hot flushes and sweating are hallmark of climacteric in 85% women. It is characterized by sudden feeling of heat followed by severe sweating, and weakness. Hot flush occurs due low level of Estrogen & LH. It last for 1-10 minutes, and may become unbearable. Hot flushes are comes at any time but more severe and frequent at night. The vasomotor symptoms are more severe in women with surgical menopause.

Psychological symptoms:

Increased frequency of anxiety, Headache, Insomnia (many a times due to hot flushes). Irritability – may be due to frequent hot flush, anxiety and poor sleep. Mood swings. In some women develop condition of “Pseudocyesis”, when they fear pregnancy due to amenorrhoea and increased abdominal girth. Mental depression and poor concentration may be due to poor sleep and sweating. Tiredness and lassitude. Dementia.

Sexual dysfunction:

Changes in Libido and dyspareunia due to vaginal dryness and atrophy. Vaginal dryness, pruritus, leucorrhoea and frequent vaginal infections.

Urinary symptoms:

Urgency of urine and dysuria, Stress incontinence, and Frequent Urinary tract infections. These symptoms during menopause, termed “Urethral syndrome”.

Skin and hair:

Thin, Lax and wrinkled skin especially around mouth and eye due to reduced collagen. Slight hirsutism. There is some loss of axillary, pubic and scalp hair. Brittle hair.

Osteoporotic and Fractures:

Following menopause there is decrease in collagenous bone matrix resulting in osteoporotic changes which makes bone fragile. Osteoporosis maybe due to Primary (type 1) owing to Estrogen loss, age, deficient nutrition(calcium and vitamin D) and hereditary or it may be Secondary(type 2) to endocrine disease(parathyroid and diabetes) and medication(heparin, corticosteroids, GnRH analogs and anticonvulsants).

Cardiovascular and cerebrovascular changes:

Due to decreased level of estrogen, oxidation of low density lipid(LDL) and macrophage cells formation cause vascular endothelial injury, cell death and smooth muscle proliferation. However Obesity,

Insulin resistance, Hypertension, and hyperlipidaemia can be predisposed factor for Cardio-vascular diseases. Risk of Stroke, Alzheimer's Disease, Tooth decay, Keratoconjunctivitis, Cataract and Ano-colonic cancer are known to increase after menopause.

INVESTIGATION

Generally, No tests require to diagnose menopause. Clinically by history of cessation of menstruation for one year, appearance of menopause symptoms such as hot flashes and night sweats and age corresponding to menopausal years.

General examination: Blood pressure, palpation of breast, weight, hirsutism. Ultrasound of pelvis, Blood sugar, lipid profile and ECG, Mammography – to rule out any benign or malignant lesion, Bone density test as needed. Hormone profile – Oestrogen (Estradiol-E₂; < 20 pg/ml) level, FSH and LH(>40mIU/m) level to decide on the need of Hormonal replacement therapy.

PREVENTION

Spontaneous menopause is not preventable. However artificial menopause can be preventable up to some extent.

MANAGEMENT

Counselling:

Menopause is a normal physiological stage of life and should explained adequately to each and every woman. Counselling will abolish her fears or minimize the symptoms of anxiety/depression/insomnia.

Life-style modification: Weight bearing exercise, reducing coffee and alcohol intake. Quitting smoking.

Supplements: Women should include supplements and diet rich in Vitamin A, C, E, and D.

Drugs:

- Homoeopathic: Individualised Homoeopathic Medicine.
- Ayurvedic: It corrects the imbalance of Tri-dosha in the body with appropriate diet, various ayurvedic medication, detoxification and yoga.
- Allopathic: Gabapentin and Clonidine (where Estrogen is contraindicated) for Menopausal hot

flush. Biphosphates, fluoride, denosumab, calcitonin and thiazides for Osteoporosis. Mild tranquilizers and anti-depressants for various psychological symptoms. Menopause Hormone therapy with Estrogen and Progesterone where indicated. If hormonal therapy used continuously for long term it may increase woman risk of developing Endometrial cancer, Endometrial Hyperplasia and Proliferation, Breast Carcinoma, Venous Thromboembolic Disease(VET), Coronary Heart Disease(CHD), Liver and Gall-bladder Disease, Dementia and Alzheimer disease.

- Yoga and Exercise: Various Yoga Asanas and hatha yoga proves beneficial for every woman in every stage of life. Moderate exercise or daily walks helps in maintaining healthy body.
- Music therapy: Combination of various melodies, soulful and ambient music calms the body and mind, improves mood and sleep.
- Aroma therapy: Various essential oils proves beneficial when applied singly or in combination for menopausal symptoms.
- Acupuncture: Different acupuncture technique helps to reduce symptoms like menopausal hot flush and anxiety.

SCOPE OF HOMOEOPATHY IN MENOPAUSE AND ITS PHILOSOPHY

Every woman who goes through menopause suffers from different symptoms with distinct characteristics. There is no other system of medicine that points out to soothe the all the dimensions of menopause simultaneously except homoeopathy.

As holistic and individualistic science, homoeopathy provide long lasting relief for menopausal symptoms considering person as whole.

Homoeopathy is an *integral science*, and remedies are selected after considering all the planes of menopause whether physical, mental, emotional or social and offers a smoothening transition at this stage of life.

Miasmatic Analysis of Menopausal Symptoms:

Psoric Symptoms: Hot flushes, Sensation of burning in palms and soles, Uncomfortable sensation in cardiac region, Sleeplessness, unrefreshing sleep, disturbance of the mind and spirits of all kind, sadness, weeping disposition, mood swing, irritability, irritability with anxiety, anxiety, Mental exhaustion, difficult concentration, weak/poor

memory, Incontinence of urine, frequent UTIs, Changes in libido, amenorrhoea and mentrorrhagia.

Sycotic symptoms: Sweating (excessive), burning pains, palpitations with anxiety, wakes frequently, restless sleep, irritability explodes into anger, loss of memory, Vulval and vaginal pruritus and Vagina infections.

Syphilitic symptoms: Sleep disturbed by sweats, irritability with cruelty and total forgetfulness.

Psoro-sycotic symptoms: Stamina lacking, frequent micturition and dryness of vagina.

Syphilo-sycotic symptoms: Impaired memory or forgetful and osteoporosis.

Tubercular symptoms: Menorrhagia.

Syco-tubercular symptoms: Palpitations.

Homoeopathic Medicines:

Wide range of remedies available in Homoeopathic Materia Medica for the management of menopausal ailments. Various therapeutic hints were mentioned in different books of homoeopathic therapeutics; like Nash's therapeutics, Lilienthal's therapeutics, Henry Minton's therapeutics, Dewey's therapeutics etc. These books are helpful for quick recommendation of medicines for different conditions.

Graphites: Dr. H. C. Allen says that, "What Pulsatilla is at puberty, Graphites is at the climacteric." It suited to women who have stout structure, fair complexion and to those who are inclined to be corpulent. Mentally, she is cautious, timid, indecisive, despondent, and have suicidal thoughts. Great fidgety at work, do not want to attend any work/business. Oscillatory moods. She is irritable, critical, irresolute and extremely anxious. Feeling of rush of blood to the head with flushed face along with flatulence, fainting, numb feeling the headache and sometimes with epistaxis. Suffocating feeling & constructive feeling in chest during sleep. Women who need this remedy have history of late, scanty and pale menses with costiveness and obesity. In sexual sphere she has little or no libido, dryness and heat of vagina.

Lachesis: "Never well since that time", suited to females who have not recovered from change of life. Hot flushes, fainting spells, Palpitations and hot perspiration; < from pressure of garments. Burning vertex. Headache, frequent uterine haemorrhage, backache and insomnia at or after climax. Cannot

bear pressure of clothes around neck, chest and trunk. Patients who need this remedy are oversensitive, easily excitable mentally, loquacious, jealous, suspicious and restless. Suffers from sudden moods changes and anxiety. Anger is more prominent than low moods.

Sanguinaria Canadensis: This medicine is one of the most indicated medicine during climacteric for hot flushes and headaches. Hectic flush of the face, leaves a red circumscribed spot on the cheeks. Heat flushes descending type, from head to stomach. Awful Climacteric flush with goneness in stomach, dyspnoea and dyspepsia. There is also a painful enlargement of breast present. Headache return at every 7th day at menopause. Burning heat alternates with chilliness; glowing from the head to the stomach. Burning of palms and soles, compelling her to throw bedclothes. Woman with great lassitude, who does not want to move or do any mental effort.

Glonoine: This remedy especially suited to nervous and plethoric women. Mentally, she is in great confusion along with dizzy feeling in the head. There's no inclination to work, extremely irritable and easily excited by the slightest opposition leading to congestive head symptoms. Climacteric heat flushes, flushed face, hot, pale and sweaty. She has hot flushes of head with general perspiration. Headache in places of menstruation. Headache of throbbing, bursting type; has to hold head with her hands and she unable to lie down; < from head of gaslight, sun and gas stove. Confusion of localities during congestion of head. Heat flushes/rush of blood from the stomach to the chest and then to the head with fainting spells; < exertion, > vomiting, open air and cold application. She has violent palpitation, throbbing carotids and dyspnoea; feels pulsations in the fingers.

Amylum Nitrosum: This remedy indicated in nervous, sensitive and plethoric females. Great palpitations of heart and flushing (starts from face) during menopause. Hot flush followed by excessive sweat, part below are icy cold leaves her in great prostration. Exciting factor being sudden emotions. Craves fresh air and open clothing. Anxiety as if something bad will happen, she must have fresh air and wants window open in the coldest weather. Great restlessness, she is constantly moving and suffers from Insomnia.

Sulphur: Females who need this remedy are of nervous temperament, scrofulous diathesis, and lean, stoop-shouldered. She suffers from frequent flushes

of heat, burning on the top of the head and soles of the feet at climaxis. Anxious palpitations at night. Hot flushes followed by slight sweating and then by weakness and debility. Burning soles at night; has to uncover the feet to cool them off, while during day time feet feels cold. Urethral syndrome of menopause and burning in vagina. She is very forgetful, difficult thinking, irritable, peevish, fault-finding and too lazy to attend her business.

Sepia: It is suited to woman with dark hair, rigid fibres, and of mild easy disposition. She suffers from anxiety with fear and heat flushes of the face and head, towards evening. Hot flushes from least motion; with anxiety, weakness and fainting, followed by general perspiration at menopause. Heat flushes ascends from pelvic organs. Women with Hair fall at climacteric benefited by this remedy. "Bearing down sensation as if everything would protrude from pelvis; must cross limbs tightly to prevent it." Chloasma with every ovarian-uterine disorders. Urethral syndrome of climaxis. Chronic menorrhagia. Yellowish green leucorrhoea. Dyspareunia. Mentally she is anxious, extremely irritable, taciturn, melancholic, forgetful, Oversensitive to criticism and opposition, indifferent to family members and business & weeps when telling her suffering.

Cimicifuga, Sulphuric acid, Conium, Crotalus horridus, Natrum Muriaticum, Belladonna, Kali-carb., Jaborandi, Ammonium carb., Hepar sulph., Follicullinum, Calcarea arsenica, Helonia diodica, Kreosotum, Majeptil, Murex purpura, Mancinella, Morgan Bach, Ustilago,, Sabina Sumbul are some of the other important medicines for the different menopausal ailments.

Repertorial Perspective Related To Menopause:

Menopause is a physiological phase of woman's life which involves the changes in the physical, mental and emotional planes. Thus, symptomatology of menopause is larger than some other diseases. In the different repertories, more than hundreds of rubrics related to menopause is available. There are certain rubrics that we find in repertories which are either synonym or cross-reference for menopause. These rubrics are to be found in the chapter related to female genitalia and these are:

Climacteric/Climacteric period.

Change of life.

Climaxis.

Menopausia/menopause.

While other symptoms like hot flushes/heat flushes of different parts are found in the related chapter of repertory; i.e.

Heat flushes of the head → Head – Heat – Flushes of.

Heat flushes of heart region → Chest – Heat – Heart region of – Flushes of.

Likewise, each symptom related to menopause are to be found in the respective chapters of Reperoty, i.e. Menstrual irregularities in Female Genitalia chapter, Sleep related symptoms in the Sleep chapter, Weakness/Lassitude/Exhaustion in Generalities chapter, all the mental symptom in the Mind chapter and so on.

CONCLUSION

Homoeopathy provides a positive approach to manage Menopause Transition by considering patient as a whole and distinct symptomatology of menopause, enhancing one's overall health. Its individualistic and holistic philosophy makes it efficient in cases of Menopausal Hot flush, Menopausal depressive symptoms, Insomnia during menopause, Urethral syndrome of menopause and weakness & backache during menopause. However, in cases of major pathological changes and during an acute emergency, it requires immediate conventional treatments. With increasing awareness and holistic approach of homoeopathy, the scope of homoeopathy continues to enlarge, and providing smooth and hassle free menopausal transition to innumerable women.

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