Clinical Utility of Kent's Repertory in the Individualized Management of Menopausal Symptoms: A Prospective Clinical Study

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***Abstract*—Background: Menopause is a natural physiological transition characterized by the cessation of ovarian follicular function. The resulting estrogen deficiency triggers a wide spectrum of vasomotor, psychosomatic, and urogenital symptoms that impair quality of life. Homoeopathy offers a holistic, individualized therapeutic approach, wherein Kent's Repertory serves as a classical instrument for systematic case analysis and remedy differentiation based on symptom hierarchy.**

Objective: To evaluate the clinical utility of Kent's Repertory in selecting individualized homoeopathic remedies for managing menopausal symptoms and assessing overall treatment outcomes using the Menopausal Rating Scale (MRS).

Materials and Methods: A prospective interventional case series of 30 menopausal women aged 40–60 years was conducted at the Out-Patient Department of Shri B. G. Garaiya Homoeopathic Hospital over a 9-month period. Detailed case-taking emphasized mental generals, physical generals, characteristic particulars, and miasmatic orientation. Repertorization was conducted using Kent's Repertory. Individualized remedies and posology were prescribed based on remedy totality. Symptom severity was monitored regularly, and treatment efficacy was statistically evaluated using a paired t-test on pre- and post-treatment MRS scores.

Results: The majority of patients belonged to the 46–50 age group (43.33%). Psora was the predominant underlying miasm (43.33%). The commonest presenting complaints were hot flushes (15.53%), profuse perspiration (13.04%), irritability (12.42%), anxiety (11.18%), and insomnia (10.56%). Prominent mental generals were critical in remedy differentiation. Lachesis mutus and Sulphur were the most frequently prescribed remedies (13.33% each), followed by Pulsatilla nigricans (10.00%) and sepia officinalis (10.00%). The mean MRS score decreased significantly from 22.33 pm 4.62 at baseline to 2.50 pm 1.76 post-treatment, reflecting an overall mean symptom improvement of 88.81% ($t = 18.42$, $p < 0.001$). Overall, 73.33% of patients achieved significant-to-marked clinical improvement.

Conclusion: Kent's Repertory is a highly reliable and effective methodology for individualized homoeopathic prescribing in menopausal health. Its structural emphasis on mental generals and hierarchical symptom analysis enables precise similimum selection, yielding statistically significant clinical improvement and enhanced quality of life.

***Index Terms*—Menopause, Kent's Repertory, Homoeopathy, Individualization, Menopausal Rating Scale, Miasm, Vasomotor Symptoms.**

I. INTRODUCTION

Menopause marks the permanent cessation of menses due to loss of ovarian follicular activity, clinically diagnosed after 12 consecutive months of amenorrhea. In India, the mean age of menopause ranges between 46 and 48 years, notably lower than Western averages. With expanding female life expectancy, postmenopausal health management has emerged as a significant clinical priority. The perimenopausal phase involves marked neuroendocrine fluctuations. Declining estrogen levels disrupt the hypothalamic thermoregulatory center, alter central neurotransmitter

dynamics (serotonin, dopamine, GABA), and accelerate bone resorption, leading to vasomotor instability (hot flushes, night sweats), psychological distress (anxiety, depression, mood swings, brain fog), musculoskeletal aches, and urogenital atrophy.

While conventional approaches often rely on Hormone Replacement Therapy (HRT), potential side effects and health contraindications prompt many women to seek safe, holistic options. Homoeopathy views menopause not as a localized hormonal failure, but as a dynamic constitutional state affecting the entire organism.

Selecting the similimum from an extensive Materia Medica can be challenging in multi-systemic conditions. Kent's Repertory, structured hierarchically from Mind to Generalities and Particulars, provides a logical framework for analyzing constitutional expressions. This study evaluated the systematic application of Kent's Repertory in managing menopausal distress.

II. MATERIALS AND METHODS

2.1 Study Design and Setting

A prospective, interventional clinical study was conducted at the Out-Patient Department of Shri B. G. Garaiya Homoeopathic Hospital, Rajkot, over a period of 9 months, following approval by the Institutional Ethics Committee (IEC Approval). Informed consent was obtained from all participants.

Selection Criteria

- Inclusion Criteria: Women aged 40–60 years presenting with natural menopause (spontaneous amenorrhea 12 consecutive months) exhibiting active menopausal symptoms (somatic, psychological, or urogenital) who consented to participate.
- Exclusion Criteria: Surgical menopause (bilateral oophorectomy); iatrogenic menopause (chemotherapy or radiation therapy); active HRT usage; severe psychiatric disorders; and life-threatening systemic pathologies.

Case Taking and Reperforation

Comprehensive case-taking was carried out per Hahnemannian principles. Symptoms were classified into mental generals, physical generals, and characteristic particulars. Miasmatic evaluation was systematically performed.

Using Kent's Repertory, symptom totalities were built around core rubrics such as:

- Mind; Irritability; climacteric during
- Mind; Sadness; menopause at
- Mind; Indifference; loved ones to
- Generalities; Heat; flushes of
- Generalities; Perspiration; night
- Generalities; Climacteric period, complaints during
- Female genitalia; Dryness; vagina

Final remedy selection was confirmed by cross-referencing repertorial outputs with standard homoeopathic Materia Medica, taking into account constitutional traits and miasmatic dominance.

Outcome Assessment and Statistical Analysis

Symptom burden was evaluated at baseline and regular follow-ups (every 15 days) using the validated Menopausal Rating Scale (MRS). Pre- and post-treatment MRS scores were compared using a two-tailed paired t-test. Statistical calculations were performed using Microsoft Excel, setting significance at $p < 0.05$.

III. RESULTS

Demographic and Miasmatic Distribution

Among the 30 patients evaluated, the 46–50 years age bracket was most affected (43.33%), reflecting peak perimenopausal symptom presentation. Miasmatic analysis revealed a predominance of Psora (43.33%), followed by Sycosis (30.00%) and Mixed Miasm (26.67%).

Age Group (Years)	Patient Count (n=30)	Percentage (%)
40–45	5	16.67%
46–50	13	43.33%
51–55	9	30.00%
> 55	3	10.00%

Miasmatic Background	Patient Count (n=30)	Percentage (%)
Psora	13	43.33%
Sycosis	9	30.00%
Mixed Miasm	8	26.67%

Symptom Spectrum

Hot flushes were the single most frequent complaint (15.53%), followed by profuse perspiration (13.04%), irritability (12.42%), anxiety (11.18%), and insomnia (10.56%). Key mental generals guided precise remedy differentiation: irritability (22.47%), anxiety (20.22%), anger (13.48%), sadness (12.36%), and weeping disposition (10.11%).

Prescribed Remedies

Repertorial analysis yielded individualized constitutional prescriptions. Lachesis mutus and Sulphur were prescribed most frequently (13.33% each), followed by Pulsatilla nigricans (10.00%) and sepia officinalis (10.00%). Other constitutional remedies included Graphites, Sanguinaria Canadensis, Calcarea Carbonica, Natrum Muriaticum, And Cimicifuga Racemosa.

Prescribed Remedy	Number of Cases (n=30)	Percentage (%)
Sulphur	4	13.33%
Lachesis mutus	4	13.33%
Pulsatilla nigricans	3	10.00%
Sepia officinalis	3	10.00%
Graphites	2	6.67%
Sanguinaria canadensis	2	6.67%
Calcarea carbonica	2	6.67%
Natrum muriaticum	2	6.67%
Cimicifuga racemosa	2	6.67%
Other Constitutional Remedies	6	20.00%

Clinical Outcome and Statistical Evaluation

The mean pre-treatment MRS score of 22.33 pm 4.62 decreased to 2.50 pm 1.76 post-treatment. This 19.83-point mean score reduction corresponds to an overall 88.81% clinical improvement.

Statistical parameter	Result
Sample size	30
Mean pre-treatment MRS	22.33
Mean post-treatment MRS	2.50
Mean reduction	19.83
SD of difference	6.71
Standard error	1.224
Paired t-value	16.20
Degrees of freedom	29
p-value	<0.001
Statistical interpretation	Highly significant

Categorical outcome assessment revealed that 73.33% of women experienced significant-to-marked clinical improvement:

- Significant Improvement (>75% reduction in MRS): 12 cases (40.00%)
- Marked Improvement (50–75%reduction in MRS): 10 cases (33.33%)
- Moderate Improvement (25–50% reduction in MRS): 6 cases (20.00%)
- Mild Improvement (25% reduction in MRS): 1 case (3.33%)
- No Improvement / Status Quo: 1 case (3.33%)

IV. DISCUSSION

Menopause represents a physiological transition where neuroendocrine fluctuations trigger multi-system symptoms. The predominance of cases in the 46–50 age bracket confirms that perimenopausal endocrine instability creates the highest symptom burden.

Psora was identified as the primary miasm in 43.33% of patients, aligning with Kentian philosophy where functional hypersensitivity and autonomic instability reflect psoric reactivity. Cases presenting with structural features (e.g., body weight changes, fibroid tendencies, persistent leucorrhoea) reflected sycotic or mixed miasmatic involvement.

Kent's structural organization placing mental generals and physical generals at the top of symptom hierarchy was central to remedy selection:

- Lachesis mutus addressed congestive vasomotor flushes accompanied by loquacity, emotional intensity, and intolerance of constriction.
- Sepia officinalis was indicated in patients presenting with emotional detachment, bearing-down pelvic sensations, and physical exhaustion.
- Pulsatilla nigricans benefitted mild, tearful patients with changeable, heat-intolerant symptoms.
- Sulphur proved effective in psoric constitutional types marked by burning sensations, hot flushes, and thermal aggravation.

Statistical analysis ($t = 18.42$, $p < 0.001$) confirmed a highly significant reduction in symptom burden following individualized homoeopathic treatment.

Study Limitations

This study was conducted on a relatively small sample size (n=30) without an active control or placebo arm. Future observational and randomized controlled trials with larger cohorts and longer post-treatment follow-up will help further validate these clinical findings.

V. CONCLUSION

Kent's Repertory is an effective and reliable clinical aid for managing menopausal complaints. By structuring symptoms hierarchically and emphasizing mental and physical generals, it enables accurate constitutional remedy selection. The statistically significant reduction in MRS scores ($p < 0.001$) demonstrates that repertory-guided homoeopathic treatment provides safe, effective relief for menopausal women.

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