Beyond the Physical: Exploring the Role of Kent's Repertory in the Psychological Dimensions of Menopause – A Case Report

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***Abstract*—Background: Menopause is a natural biological transition in a woman's life, often associated with a range of physical, psychological and urogenital symptoms. Psychological manifestations such as depressive mood, irritability, anxiety, emotional instability and sleep disturbances can significantly affect quality of life. Kent's Repertory provides a systematic approach to the individualization of homoeopathic prescriptions by evaluating characteristic mental and emotional symptoms.**

I. INTRODUCTION

Menarche and menopause are the turning point in the life of a woman. "Menopause is a stage of life not a disease". It is a natural phase in a woman's life, marking the end of her reproductive years. Menopause is derived from Greek word "Menos" means menses and "pause" means to stop. Menopause is a physiological transition in a woman's life characterized by the permanent cessation of menstruation following the loss of ovarian follicular activity. It is generally recognized after 12 consecutive months of amenorrhoea without another pathological or physiological cause. (1) The menopausal transition involves significant hormonal changes, particularly fluctuations and eventual reduction in oestrogen levels (2). These changes may influence several body systems and produce a variety of symptoms.

Although vasomotor symptoms such as hot flushes and night sweats are commonly recognized manifestations of menopause, psychological symptoms are equally important. Women may experience irritability, anxiety, depressive mood, emotional instability, sleep disturbances and reduced concentration. These manifestations can affect interpersonal relationships, professional responsibilities and overall quality of life. (3) The psychological experience of menopause is influenced not only by hormonal changes but also by individual personality, family environment, social circumstances, lifestyle and emotional health. (4)

Homoeopathy emphasizes the individualization of treatment by considering the totality of symptoms, including mental, emotional and physical characteristics. In menopausal women, the assessment of psychological symptoms may therefore provide valuable information during case-taking and remedy selection. (5)

This report describes a 48-year-old female with menopausal complaints treated with individualized homoeopathic medicine and followed for about a year. It forms part of a thesis on menopausal complaints treated with homoeopathic approach.

II. CASE REPORT

2.1 Patient information and presenting complaints

A 48-year-old unmarried woman, identified here by the Ms. S. K., attended the outpatient department on 10 March 2025. She is unmarried. She is a professor with post-doctoral educational qualifications and was residing in Mehsana, Gujarat, India. Identifying details have been withheld to protect patient privacy.

The chief complaints recorded were absence of menstruation for approximately one-year, hot flushes for six months and constipation for one month.

The patient had been apparently well until approximately one year before presentation, when her menstrual pattern became irregular. The intervals between periods increased, and she sometimes experienced delayed menstruation for more than a month or bleeding twice in one month. The recorded bleeding was profuse, dark in colour, associated with clots and lasted for more than one week.

For the preceding six months, she had experienced episodes of heat and increased perspiration, predominantly over the face. Each episode lasted approximately five to ten minutes and caused marked discomfort and restlessness. During an episode, she washed her face with cold water, loosened her clothing and sat in a cool place. She had consulted a gynaecologist and had been advised hormonal treatment, which she declined. She then sought homoeopathic care.

For one month, she had experienced hard, unsatisfactory stools, with bowel movements approximately once every two days. Defecation was associated with cutting pain that persisted for a few hours afterwards. The pain was aggravated by movement and relieved by absolute rest. She had taken Ayurvedic treatment for two weeks without significant relief.

2.2 Associated Symptoms and Personal Characteristics

There was noted disturbed sleep due to hot flushes, palpitations, dysuria and occasional joint and muscular discomfort. Appetite was decreased, thirst was moderate and there was a marked desire for sweets. The patient was described as chilly, with profuse perspiration, particularly over the face, accompanied by a sensation of heat. She was intolerant of tight clothing.

Stool was described as hard, offensive and unsatisfactory, with stitching or cutting pain. Urination was recorded as four to five times during the day and zero to one time at night. Dreams and aversions were not specified.

2.3 Menstrual, Obstetric and Past History

Menarche occurred at 13 years of age. Before the current period of menstrual cessation, menstruation was recorded as occurring approximately once in two months, with profuse dark-red bleeding, clots and an average duration of seven days. The patient was unmarried and had no children.

The past history included a right breast lumpectomy approximately 20 years earlier; the lump was reported to have been benign. The patient had COVID-19 in 2021 and reportedly received steroids for approximately one month. Dry eruptions over the backs of both hands had been present for ten years, worsening in winter and clearing in summer. She used a previously prescribed topical ointment for these eruptions.

Both parents had died in 2021 due to COVID-19-related complications. Her elder sister was reported to have diabetes and to have undergone hysterectomy in 2015 for fibroid uterus.

2.4 Mental State

The patient was described as confident and highly educated, with a strong career orientation. She was fastidious and preferred things to be maintained in proper order. She stated that she had chosen not to marry because she wished to achieve professional goals. She was described as wanting things according to her wishes, finding compromise difficult and having a jealous disposition. She enjoyed travelling, learning new skills and keeping herself occupied. She was talkative when excited.

2.5 Clinical Examination and Diagnosis

At the recorded examination, blood pressure was 160/70 mmHg. The patient was described as thin built, with normal gait and no pallor or cyanosis. Cardiovascular examination documented normal S1 and S2 without murmurs. Respiratory examination recorded bilateral clear breath sounds without added sounds. The abdomen was soft and non-tender, and no central nervous system abnormality was detected.

2.6 Outcome Measures: The Menopausal Rating Scale (MRS) [6] was used to monitor menopausal symptoms. MRS were recorded at baseline before initiation of treatment and at the end of treatment to assess improvement and overall outcome; even each follow up to see the process. The case record documented a baseline total score of 14.

2.7 Diagnosis: The diagnosis recorded in was menopausal syndrome. No laboratory investigations

were recorded at presentation. The Miasmatic diagnosis was psora.

2.8 Symptom Analysis and Totality

The case record identified the following characteristic features for individualization:

- Mental characteristics: confidence; fastidiousness; strong career orientation; difficulty compromising; jealousy; desire to remain occupied; interest in travel and learning.
- Physical generals: marked desire for sweets; chilly thermal state; profuse perspiration, especially over the face, with heat.
- Particular symptoms: hot flushes; history of irregular, profuse, dark menstrual bleeding with clots; hard, offensive and unsatisfactory stool with cutting or stitching pain.

2.9 Repertorial Evaluation and Remedy Selection

The totality of symptoms was converted in rubrics and repertorization was carried out by using Kent's Repertory. [7] The repertorial analysis recorded the following results:

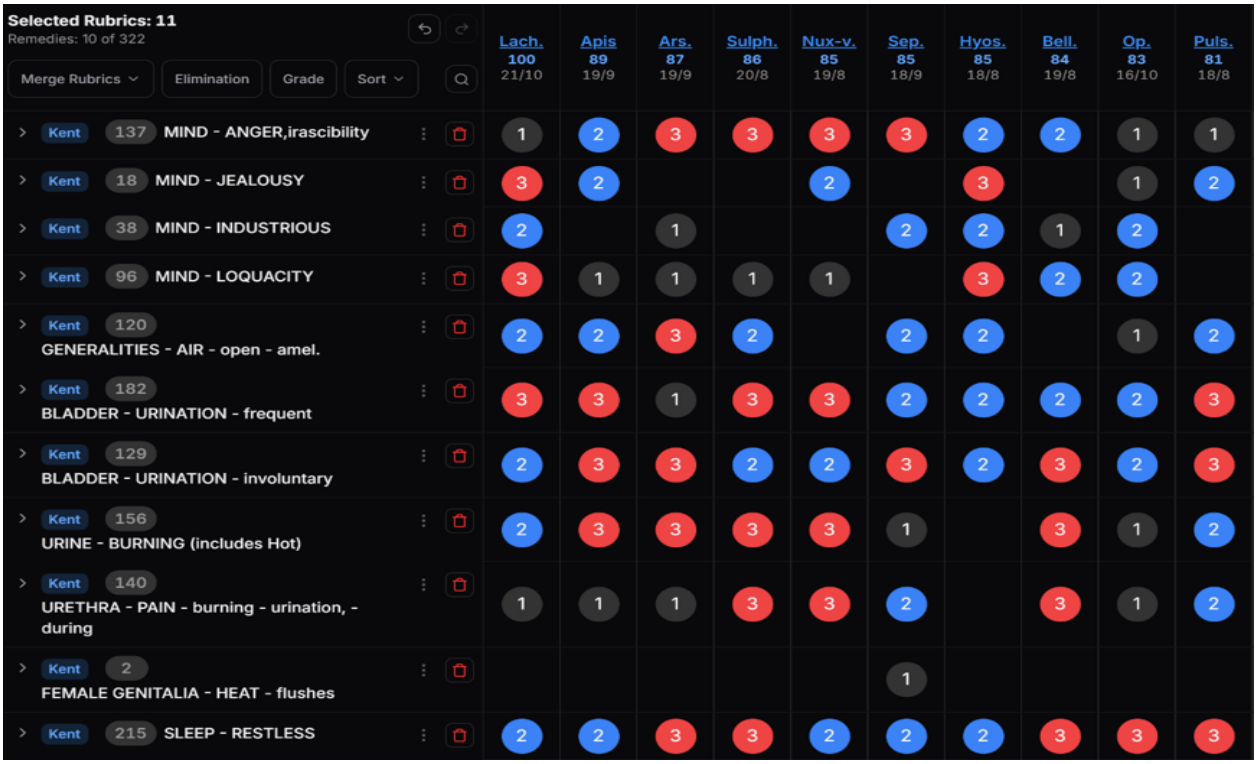


Figure 1 Repertorial sheet (Kent repertory)

Remedy	Recorded score	Rank in recorded analysis
Lachesis	21/10	First
Apis	19/9	Second
Arsenicum album	19/9	Second
Sulphur	20/8	Third

Table 1 Repertorial analysis

On repertorial analysis Lachesis covered maximum number of symptoms of the patient. Lachesis was selected as the similimum, supported the miasma and by the materia medica picture. [8]

2.10 Therapeutic Intervention

On 10/3/25 Lachesis 200 2 doses followed by Sac Lac 30 BD for 15 days was given. At later visits, Sac Lac alone was continued, and Lachesis was repeated as a single dose. The prescription at each visit is shown in table 2. Auxiliary management consisted of avoid extreme stress [9], do yoga and exercise, have healthy foods and walking with recording the MRS every month.

2.11 Follow-up and outcome

The Patient was reviewed at roughly first at every 15 days and then monthly intervals for nearly nine months. The progress is summarised in Table 2 and MRS over time is plotted in Figure 1.

Date	Clinical progress recorded	Prescription recorded	MRS score
10/03/2025 (Baseline)	Baseline assessment	Lachesis 200; Rubrum met 30	14
14/03/2025	Hot flushes better than before	S/L 30, TDS, 15 days	13
24/04/2025	Better than before	S/L 30, TDS, 15 days	12
30/05/2025	No new complaints	S/L 30, TDS, 15 days	12
14/06/2025	No new complaints	S/L 30, TDS, 15 days	8
29/07/2025	Sore throat, fever, body ache and chilliness; hot flushes reported absent	Belladonna 30, TDS, 3 days	8
21/08/2025	No new complaint	S/L 30, TDS, 15 days	6
13/09/2025	No new complaint	S/L 30, TDS, 15 days	6
04/10/2025	No new complaint	S/L 30, TDS, 15 days	4

Table 2 Prescription and follow up management

The recorded MRS total decreased from 14 at baseline to 4 on 4 October 2025.

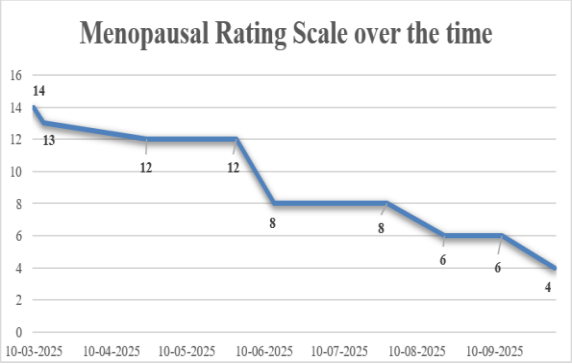


Figure 2 Menopausal Rating Scale over the time

Parameter	Baseline (10/03/2025)	Last follow-up (21/08/2025)
MRS total score	14	4
Change in MRS score	—	−10 points (70% reduction)
Hot flushes	Present for 6 months	Reported absent
Sweating	Profuse, predominantly over face	Improvement reported along with hot flushes
Sleep	Disturbed due to hot flushes	No new complaints recorded
Heart discomfort	Palpitations present	No palpitations
Psychological symptoms	Depressive mood, irritability and anxiety recorded	No new complaints recorded
Physical and mental exhaustion	Present	No new complaints recorded
Bladder problems	Dysuria	No burning or pain while urination
Joint and muscular discomfort	Occasional discomfort	Can walk and change places easily, no pain

Table 3. Comparison of Clinical Outcomes at Baseline and at the Last Follow-up

III. DISCUSSION

This case illustrates a structured approach to an individual presentation of menopausal complaints. In addition to vasomotor symptoms, the case record included sleep disturbance, palpitations, mood-related symptoms, exhaustion, sexual and urinary complaints, and musculoskeletal discomfort. The mental and physical characteristics documented during case-taking were considered alongside the presenting complaints when forming the symptom totality.

Kent's Repertory was used as an aid to remedy selection, with Lachesis receiving the highest recorded repertorial score (21/10), followed by Apis and Arsenicum album (19/9 each); Lachesis 200 on the basis of repertorial coverage and the overall case assessment. An important aspect of this case was the consideration of the patient's individual characteristics rather than relying exclusively on the common symptoms of menopause. The mental generals

included confidence, fastidiousness, jealousy, a strong desire to achieve professional goals, difficulty compromising and a tendency to remain occupied. These characteristics were evaluated alongside the physical generals, particularly the desire for sweets, chilly thermal state and profuse perspiration associated with hot flushes. Ghosh et al. (2023) conducted a double-blind, randomized, placebo-controlled trial to evaluate individualized homoeopathic medicines in menopausal syndrome. Their study reported improvement in certain secondary outcome measures, suggesting a potential role of individualized homoeopathic treatment in addressing menopausal complaints. The findings provide a clinical research background for the present case and support the need for further investigation in this area. (11)

Clinical Significance and Limitations

The present case emphasizes the importance of comprehensive case-taking in women presenting with menopausal complaints. Psychological characteristics, emotional responses, physical generals and particular symptoms were considered together to construct the symptom totality. The use of Kent's Repertory provided a systematic framework for repertorial evaluation, while the MRS offered a structured method of documenting symptom severity over time.

However, certain limitations must be acknowledged. This is a single-patient case report without a control group; therefore, the observed changes cannot establish a causal relationship between the homoeopathic intervention and symptom improvement.

IV. CONCLUSION

In this patient with menopausal syndrome, individualised homoeopathic treatment with Lachesis 200, selected on the totality of symptoms using Kent Repertory, was followed over nearly nine months by a fall in the MRS from 14 to 4, together with better sleep and a calmer state of mind and no hot flushes. These observations are consistent with a possible role for individualised homoeopathy in Menopause. This case demonstrates how Kent's Repertory can be incorporated into the individualized assessment of a menopausal patient by considering both psychological and physical characteristics. It also illustrates the usefulness of a standardized symptom assessment tool such as the MRS for documenting clinical progress. Controlled studies with larger samples, a fixed definition of the daily diary, and recording of concomitant medication are needed to confirm these findings.

V. PATIENT CONSENT AND ETHICS

Written informed consent was obtained from the patient for publication of this case. Personal identifiers have been removed. - Author to confirm before submission.

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