



**A STUDY OF SCOPE OF HOMOEOPATHY IN MANAGEMENT OF  
MENOPAUSAL DEPRESSION**

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**ABSTRACT**

**Background:** Menopause is defined as an end of natural occurring of 12 months, after your last menstrual period and it marks the end of menstrual cycles. This period is generally associated with unavoidable manifestation of aging process in women.

**Objectives:** To study clinical presentation of psychological problems associated with menopause. Efficacy of Homoeopathic similimum in management of cases of menopausal depression

**Methods:** This prospective study includes 107 Female suffering from menopausal depression between age group of 45 to 50 years who have visited our institute. Questionnaire is made regarding Demographic, Marital status, Occupation, Post menopausal symptoms, homeopathic treatment etc.. The data has been presented using descriptive statistics for the prevalence of menopausal depression and other variables. Non-parametric test like chi square analysis have been used.

**Results:** 11 cases (11%) of postmenopausal complaints have hot flushes as presenting symptom; 9 cases (9%) have profuse perspiration; 6 cases (6%) have burning micturition; 3 cases (3%) have reduced sexual desire/aversion to sex; 9 cases (6.66%) has itching of genitalia; 8 cases(8%) have palpitation, only 1 case suffer from sleeplessness; 06 cases (6%) have anxiety; 8 cases (8%) have irritability. The maximum symptom was depression in 39 cases (39%). out of 100 cases under study, 11 cases (11%) are given Nux Vom; 10 cases (10%) are given Sepia; 9 cases (9%) are given Calcerea Carb; 11 cases (11%) are given Kali Carb; 10 cases (10%) are given Lycopodium; 10 cases (10%) are given Pulsatilla; 12 cases (12%) are given Sulphur; 11 cases are given Graphitis; 08 cases (8%) are given Lachesis and 8 cases (8%) are given Natrum Mur. Above survey infer that out of 100 cases, 85 cases (85%) were cured; 05 cases (5%) showed Improvement. However, 10 cases (10%) did not show improvement after homeopathy treatment.

**Conclusion:** The highest incidence of postmenopausal depression is seen in the age group of 45 to 45 years and the least incidence is seen in the age group of 56 to 60 years. The highest prevalence of postmenopausal complaints is seen among labourers, housewives and maids. The homeopathic remedies gave maximum relief to the patients. Homeopathic management of menopausal depression is able to annihilate the symptoms and helps to reduce the intensity of the manifestation. There is always an excellent scope in homeopathic system for the treatment of menopausal depression, as the philosophy of the system is based upon holistic and individualistic approach.

The results of this prospective study have proved that the Homeopathic medicines can definitely render immense benefit to patients provided the laws and principles of homeopathy are properly followed rather than considering the part, consider the whole. This proves that Homoeopathy has definite role in treatment of menopausal depression.

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**INTRODUCTION**

Menopause is said to be an end of reproductive phenomenon universally which is perceived as unpleasant. This period is generally associated with unavoidable manifestation of aging process in women.

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It is the end of fertility, the end of the child bearing years. Menopause like menarche is most important event in the reproductive years. In this stage, women's menstruation period is permanently stopped. This stage is associated with hormonal, physical and psychological changes.<sup>[1,2]</sup> This change is gradual or abrupt. It starts as early as the age of 35 and lasts as late as the age of 60. Menopause is not an illness but a

natural biological process, the risk for heart disease and osteoporosis rises after menopause. Symptoms include irregular Menstruation, changes in sexual desire, hot flashes, vaginal dryness and urinary problems, changes in appearance, mood changes, sleep disturbance, palpitation and backaches, anxiety, depression and decreased activity of life. Menopause can happen in age 40 to 50s but the average age is 51 in the United States.<sup>[3,4]</sup>

According to Indian Menopause Society research there are about 65 million Indian women over the age of 45 yrs. average age of menopause is around 48 yrs. But it strikes that Indian women remain young age 30 to 35 years. So menopausal health demands even higher priority in the Indian scenario that affects health of women and sense of well being. Some women face one or more post menopausal symptoms and menopausal problems<sup>[5,6]</sup>.

Depression is particularly common problem in 20% of menopausal women. It entails the occasional bout of sadness, and if left untreated can lead to more serious mental disorders and a lessened quality of life. Women ageing between 45 to 55 years are four times more likely to have post-menopausal depression. The underlying reason for depression can be due to hormonal imbalance, especially the decreased level of estrogen. This hormone plays a big part in regulating brain functions, especially chemicals like serotonin and cortisol that influence mood. Decreasing levels of estrogen can also cause other physical and mental symptoms like hot flashes and anxiety.<sup>[7,8]</sup>

A homoeopathic remedy helps the body to heal itself, by stimulating the body's own energies or vital force. The remedies initiate the vital force to rid the body of disease, helping the body to return to health. Menstrual disorders at all ages and stages can be treated effectively with homoeopathy<sup>[9]</sup>. The simillimum is a single remedy with the drug picture that matches closest to the symptom picture of the patient. The homoeopathic consultation is so comprehensive; to take into account all aspects of the patient to provide a unique symptom picture. These include: character, stress levels, level of exercise, diet, food preferences, family medical history and the effect of general factors. Each patient is unique so the remedy, which is best suited to the individual, is given, thus different remedies are indicated in different patients<sup>[10]</sup>.

## **MATERIALS AND METHODS**

### ***Study Design***

The study design is analytical and interventional. The objectives of the study were to study clinical presentation of psychological problems associated with menopause. And, to study the efficacy of Homoeopathic simillimum in management of cases of menopausal depression.

### ***Study settings***

The study was conducted in the OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura & Jawaharlal Nehru Homoeopathic Hospital, Limda, Vadodara district. Vadodara district constitutes about 3.97 percent of total area of Gujarat State. Population in the District constitutes about 3.47 percent of State population (0.218 crore in number in year 2019). Vadodara district has a sex ratio of 934 females for every 1000 males. Literacy rate in the District

was 94.5 percent. The proportion of urban and rural population in the district is about 49.6 and 50.4 percent, respectively.

### ***Study population***

Target Population were the women who visited OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura & Jawaharlal Nehru Homoeopathic Hospital, Limda. Source population was the women in the age group of 40-60 years. The study population included women 40-60 years old and who provided formal consent for participating in the study.

### ***Sample selection procedure***

The study involved cluster sampling method for sampling.

### ***Subject selection procedure***

Subjects were selected based on inclusion and exclusion criteria. For baseline and follow up data, the Principal Investigator tried to contact them by phone for the willingness and availability of time for the study after introducing the topic to them. If the woman was willing to participate in the study, the principal investigator visited the household with prior appointment. In case of non response or non availability (even after second attempt) substitution done to complete the required sample size.

***Inclusion criteria:*** Female suffering from menopausal depression between age group of 45 to 50 years will be selected.

***Exclusion criteria:*** Subject with serious systemic complications and co-existing illness.

### ***Ethical consideration***

Written informed consent was obtained from the subject prior to the start of the interview. In the case of women who were not able to give written informed consent, verbal consent was obtained in the presence of an independent witness who would sign. Privacy and confidentiality of all the information collected was ensured. The study was approved by Institutional Ethics Committee, Parul University.

### ***Data entry and analysis***

The data was entered in MS Excel and analysed by IBM SPSS version 21 Software. The data has been presented using descriptive statistics for the prevalence of menopausal depression and other variables. Non-parametric test like chi square analysis have been used.

### ***Data storage, transfer and management***

The data collected was stored in the computer with password encryption of the file. The hard copy of the filled case report form and consent form have been strictly confined to personal locker of the principal investigator. After three year, the copies will be destroyed. Only the final report will be shared with the concerned persons, authorities scientific or Government bodies.

### ***Plan for dissemination***

The final thesis report will be submitted to the Institute of Homoeopathy and Research, Parul University for the award of the PhD degree. The conclusions emerging from the study will be presented to experts in the field for comments and to initiate more research. The findings will be shared with health department for implementing new actions and policy changes

and will be presented in scientific conferences. The final thesis report will be published as working paper.

**Expected outcome**

The study results can be used to provide recommendations to the existing health care programmes or to recommend policy level changes as needed.

**Study hypothesis**

**Alternate Hypothesis**

There is relation between Hahnemannian concept of mental diseases and treatment with menopausal depression.

**Null Hypothesis**

There is no relation between Hahnemannian concept of mental diseases and treatment with menopausal depression.

**RESULTS**

In all, 107 patients who OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura & Jawaharlal Nehru Homoeopathic Hospital, Limda were eligible participants for this study. Of these 107 eligible participants, 4 refused to consent, and 3 could not be included in the analysis because of discontinuation during study and incomplete data. The reasons for refusing consent were inconvenience expressed by the participant for exploring their identifiers, the study not bringing any direct benefit for them, and time constrains. One participant was emotionally unstable because of recent negative event in the family, so the interviewer did not ask for consent. This resulted in 100 eligible participants being included in the analysis. The expected non-response rate was 10 percent, but the final observed non-response rate was only 7 percent. This chapter presents the results of the analysis of the 100 eligible women.

All the patients who have attained Menopause in the age group of 40-60 years are selected for the study (However relaxation of 5 years is considered for the mean age of Menopause).

**Table 1** Age wise distribution of participants

Sr.no	Age group (in years)	No. of cases (Percentage)
1	40 to 45	54 (54%)
2	46 to 50	32 (32%)
3	51 to 55	08 (8%)
4	56 to 60	06 (6%)

From the above chart we infer that the age group of 40 to 45 have maximum 54 cases (54%). The age group between 46 to 50 years have 32 cases (32%). The age group between 51 to 55 years have 08 cases (8%). The age group 56 to 60 years have 6 cases (6%).

**Table 2** Occupation wise distribution of participants

Sr.no	Occupation	No. of cases (Percentage)
1	Teacher	18
2	Housewife	26
3	Business Owner	5
4	Maid	24
5	Labourer	27

The above chart of occupation of the patients infers that out of 100 cases, 18 cases (18%) are teachers, 26 cases (26%) are housewife, 5 cases (5%) are business owners, 24 cases (24%) are Maid and 27 cases (27%) are labourer.

**Table 3** distribution of participants based on marital status

Sr.no	Marital Status	No. of cases (Percentage)
1	Married	72 (72%)
2	Unmarried	00 (0%)
3	Widow	28 (28%)

An attempt was made to study and the incidence of depression on post-menopausal women based on the Marital Status. We infer that, out of 100 cases of post menopausal women suffering from depression, 72 are married (72%), and 28 are widowed (28%).

This statistical study of 100 cases of post menopausal women suffering from depression aims to know the other symptoms of postmenopausal complaints. Such complaints include hot flushes, profuse perspiration, palpitation, diminished sexual desire, sleeplessness, burning micturition, anxiety, depression and irritability.

**Table 4** Distribution based on Post Menopausal Complaints

Sr.no	Symptoms	No. of cases (Percentage)
1	Hot flushes	11
2	Profuse perspiration	9
3	Burning micturition	6
4	Reduced sexual desire/aversion to sex	3
5	Itching of genitalia	9
6	Palpitation	8
7	Sleeplessness	1
8	Anxiety	6
9	Irritability	8
10	Depression	39

The above chart infers that 11 cases (11%) of postmenopausal complaints have hot flushes as presenting symptom; 9 cases (9%) have profuse perspiration; 6 cases (6%) have burning micturition; 3 cases (3%) have reduced sexual desire/aversion to sex; 9 cases (6.66%) has itching of genitalia; 8 cases(8%) have palpitation, only 1 case suffer from sleeplessness; 06 cases (6%) have anxiety; 8 cases (8%) have irritability. The maximum symptom was depression in 39 cases (39%).

**Table 5** Symptom wise distribution of Post Menopausal women

Sr.no	Other complaints	No. of cases (Percentage)
1	Gastrointestinal Tract complaints	21
2	Respiratory Tract complaints	15
3	Skin complaints	9
4	Headache	15
5	Nausea	23
6	Backache	17

Above survey infer that out of hundred cases, 21 cases (21%) have GIT complaints; 15 cases (15%) have respiratory complaints; 9 cases (9%) have skin complaints; 15 cases (15%) have headache; 23 cases (23%) have Nausea and 17 cases (17%) have backache as other complaints along with menopausal symptoms.

**Table 1** Homeopathic Remedies used in the cases of depression complaints in Post Menopausal women

Sr.no	Homeopathic remedies	No. of cases (Percentage)
1	Nux Vom IIIII-I	11
2	Sepia IIIII-IIIII	10
3	Calcerea Carb IIII	9
4	Kali Carb IIII	11
5	Lycopodium IIIII	10
6	Pulsatilla IIIII	11
7	Sulphur IIIII-I	12
8	Graphitis IIII	11
9	Lachesis	8
10	Natrum Mur	7

The above tabulation showed that out of 100 cases under study, 11 cases (11%) are given Nux Vom; 10 cases (10%) are given Sepia; 9 cases (9%) are given Calcerea Carb; 11 cases (11%) are given Kali Carb; 10 cases (10%) are given Lycopodium; 10 cases (10%) are given Pulsatilla; 12 cases (12%) are given Sulphur; 11 cases are given Graphitis; 08 cases (8%) are given Lachesis and 8 cases (8%) are given Natrum Mur.

**Table 2** Result of Homoeopathic Treatment

Sr.no	Result	No. of cases (Percentage)
1	Cured	85 (85%)
2	Improvement	05 (5%)
3	Not improved	10 (28%)

Above survey infer that out of 100 cases, 85 cases (85%) were cured; 05 cases (5%) showed Improvement. However, 10 cases (10%) did not show improvement after homeopathy treatment.

**Table 3** Miasmatic Diagnosis

Sr.no	Predominant Miasm	No. of cases (Percentage)
1	Psoric	23 (23%)
2	Sycotic	27 (27%)
3	Psora sycotic	28 (28%)
4	Syphilitic	22 (22%)

As is evident from the table, the maximum no. of patients (28 cases) i.e. 28% showed Psora sycotic as the predominant miasm, this is followed by 27% i.e. 27 cases showing sycotic predominance and 23% i.e. 23 cases showing Psoric predominance. The rest 22% i.e. 22 cases showed syphilitic predominance.

**Table 4** Chi-square test of independence

Sr.no		Below 50 years	Above 50 years	Total
1	Cured	43	42	85
2	Significant improvement	2	3	5
3	Not improved	7	3	10
4	Total	42	58	100

(Step 1-Contingency table)

**Null Hypothesis:** There is no relation between Hahnemannian concept of mental diseases and treatment with menopausal depression.

**Alternate Hypothesis:** There is relation between Hahnemannian concept of mental diseases and treatment with menopausal depression.

Step 2- Calculations:

**Table 5** Calculation of chi-square test of independence

Result	Age	O	E	(O-E)	(O-E) <sup>2</sup>	$\chi^2 = (O-E)^2/E$
Cured	Below 50 years	43	40.2	-2.8	7.84	1.6
	Above 50 years	42	44.8	2.8	7.84	0.7
Significant improvement	Below 50 years	2	0.3	-1.7	2.89	0.8
	Above 50 years	3	4.7	1.7	2.89	0.3
Not improved	Below 50 years	7	5.9	-1.1	1.21	1.3
	Above 50 years	3	4.1	1.1	1.21	0.5
						Total=5.2

**Calculations:**

O = Observed values.

E = Expected values

Where E = column total X row total / Sample total

Step 3-sum of  $\chi^2$  values of all cells = 5.2

Step 4- calculation of degree of freedom (df)

Where df = (no of column - 1) X (no of rows -1)  
 = (3-1) (2-1)  
 = 2

Step 5- Table value of  $\chi^2$  at 5% level of significance and 2 df is 5.991.

Step 6- Inference.

The calculated value of  $\chi^2$  is 5.2, which is less than the table value of  $\chi^2$

**DISCUSSION**

Menopausal depression is common among women aged 45-60. The study mainly looked into the scope of homeopathy in management of menopausal depression among women visiting OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura & Jawaharlal Nehru Homoeopathic Hospital, Limda.

Menopausal depression is all of the time in a woman's life that take place after her last period ever, or more accurately, all of the time that follows the point when her ovaries become inactive. The postmenopausal depression is one of the relative ovarian quiescence following menopause. During this period, women are vulnerable to condition caused by estrogen deficiency.<sup>[11]</sup> Even though the long-term health impact of estrogen deficiency may be similar to that of thyroid or adrenal disorders. A decade or two, women at the age of 40 and above accepted the role of grandmothers and stayed indoors. Today's women start a fresh career or expand business at this age. It is the time to take care of personal interests. Unfortunately menopause a natural and inevitable state and its many physical, emotional, physiological inconveniences come in the way. In this age group, 85% of the women display the typical symptoms of climacteric. 35% of the affected women experience some weakness, 35% display moderate symptom, 25% complain of severe pain and 5% of these women are so affected that they are incapable of working. To overcome the menopausal problems, homeopathy is the time tested system in offering such a treatment.<sup>[12]</sup>

The proportions of women sought care for any one of the menopause related symptoms can be comparable to a population based study in United States, were 60 percent of the participants sought care<sup>[13]</sup> and it is different from population studied in Malaysia in which three by fourth of the study participants did not seek care for any menopause related symptoms<sup>[14]</sup>. study in Aligarh, India found that most of the rural women had no access to the treatment when compared to those living in urban area<sup>[15]</sup>. Majority of the women sought care for physical symptoms mostly muscle and joint aches. The suffering of the women from physical symptoms like muscle and joint pain may have been interpreted as a part of the aging process or any medical condition or any other pathology rather than a consequence of menopausal status<sup>[16,17]</sup>.

Homoeopathy does not treat physical, emotional and mental or even spiritual illnesses separately but regard them as intimately connected since all are aspects of the whole of the patient's suffering. Menopausal depression being multi-faceted clinical entity needs to be approached in holistic way, wherein though homeopathic Materia Medica has vast treasure house of remedies to deal with all the ailments in an individualistic way, yet there is a need to clinically categories the remedies for a quicker reference in day-to-day busy clinical schedules<sup>[18,19]</sup>

The repertory is a useful tool or an index of symptoms wherein the final choice of remedies can be narrowed down. Therefore, there is a need to clinically arrange such common clinical condition like menopausal depression in a systematic way.

## CONCLUSION

The highest incidence of postmenopausal depression is seen in the age group of 40 to 45 years and the least incidence is seen in the age group of 56 to 60 years. The highest prevalence of postmenopausal complaints is seen among labourers, housewives and maids. The homeopathic remedies gave maximum relief to the patients. Homeopathic management of menopausal depression is able to annihilate the symptoms and helps to reduce the intensity of the manifestation. There is always an excellent scope in homeopathic system for the treatment of menopausal depression, as the philosophy of the system is based upon holistic and individualistic approach. The results of this prospective study have proved that the Homeopathic medicines can definitely render immense benefit to patients provided the laws and principles of homeopathy are properly followed rather than considering the part, consider the whole. This proves that Homeopathy has definite role in treatment of menopausal depression.

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