



Efficacy of Homeopathic Medicine in Menopausal Depression

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ABSTRACT

Menopausal depression is one of the burning issues in the current scenario. The drug simillimum is widely known homeopathic medicine in the management of cases of menopausal depression. An open, prospective, analytical and clinical study was carried out to ascertain the usefulness of homeopathic treatment of depression during climacteric years (DDCY). Patients were enrolled from the general outpatient department of Parul Institute of Homeopathy and Research Hospital, Parul University, Vadodara. 100 cases of menopause were taken on the basis of clinical presentation, history and inclusion and exclusion criteria by cluster sampling method for period of 2 years. The data in the study were entered in MS Excel and analysed by IBM SPSS version 21 Software. The data were presented using descriptive statistics for the prevalence of menopausal depression and other variables. Non-parametric test like chi square analysis was considered. The homeopathic medicines were selected on the basis of totality of symptoms and administer following the rules and regulation of Organon of Medicine. It was observed that out of 100 cases, highest number of cases i.e. 85 cases showed complete recovery, 5 cases showed medium recovery and 10 cases showed nil improvement. This exhaustive study of two years is made on observation and outcomes based on statistical interpretations. The highest incidence of postmenopausal depression is seen in the age group of 45 to 50 years and the least incidence is seen in the age group of 56 to 60 years. The homeopathic remedies gave maximum relief to the patients.

Keywords: Menopausal depression, DDCY, Simillimum

Received 25.04.2023

Revised 15.06.2023

Accepted 23.07.2023

INTRODUCTION

It is a common myth that as women enter the menopausal years, it is "normal" to feel depressed. Serious depression, however, should never be viewed as a "normal" event, and women who suffer from it at any time in life should receive the same attention as for any other medical illness. This guide is intended to answer commonly asked questions about depression that occurs around menopause [1]. Depression affects up to 25% of women at some point in their lives, a far higher proportion than is seen among men. Depression can be a debilitating disease, limiting daily activity as much as severe arthritis or heart disease. Large-scale research studies have shown that most problems with depression begin when women are in their 20s or younger. It is actually unusual for depression to appear for the first time after menopause, when all menstruation has ceased. However, there is a transitional time in mid-life known as perimenopause when women become somewhat more vulnerable to depression. This is the time when menstrual periods gradually lighten and become less frequent. The transition to complete menopause may last anywhere from a few months to a few years. Menopausal depression is common among women aged 45-60, 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. 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 [2-4]. To overcome the menopausal problems, homeopathy is the time-tested system in offering such a treatment.

MATERIAL AND METHODS

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.

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 similimum in management of cases of menopausal depression.

Study settings

The study was conducted in the OPD of Parul Institute of Homoeopathy and Research Limda, Vadodara district. Vadodara district has a sex ratio of 934 females for every 1000 males.

Study population

Target Population were the women who visited OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura. The study population included women 40-60 years 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. Female suffering from menopausal depression between age group of 45 to 50 years were selected Subject with serious systemic complications and co- existing illness were excluded.

Ethical consideration

Written informed consent was obtained from the subject prior to the start of the interview. Privacy and confidentiality of all the information collected was ensured. The study was approved by Institutional Ethics Committee, Parul institute of Homoeopathy and Research, 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.

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.

RESULTS

107 patients from OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura were eligible participants for this study. Out of these 107 eligible participants, 4 refused to give 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 constraints. 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.

Profile of Age incidence

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

Table 1: Age incidence

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%)

Profile of Occupation:

Table 2: Occupation

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

Table 3: Marital Status

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

Profile of Marital status: Out of 100 cases of post-menopausal women suffering from depression, 72 are married (72%), and 28 are widowed (28%).

Profile of Clinical Presentation of Post-Menopausal Complaints:

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: Clinical Presentation of 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

Table 5: Other complaints in the cases of Post-Menopausal Complaints

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

Table 6: Homeopathic Remedies used in the cases of depression complaints in Post-Menopausal women(100 cases)

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

Table 7: Result of Homoeopathic Treatment

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

Profile of Result of Homoeopathic Treatment:

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.

Miasmatic Diagnosis: The following table summarizes the miasmatic analysis of the 100 cases studied.

Table 8: 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%)

Table 9: Chi-square test of independence

Step 1-Contingency table

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 2- Calculations:

Table 10: Calculation of chi-square test of independence

Result	Age	O	E	(O-E)	(O-E) ²	$\chi^2=(O-E)^2/E$
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 χ^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 χ^2 at 5% level of significance and 2 df is 5.991.

Step 6- Inference.

The calculated value of χ^2 is 5.2, which is less than the table value of χ^2

DISCUSSION

This study discusses the key results of the study, which aimed to assess the scope of homeopathy in management of menopausal depression. 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 oestrogen deficiency. Even though the long-term health impact of oestrogen 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 [1-2]. To overcome the menopausal problems, homeopathy is the time-tested system in offering such a treatment.

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 [3] 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 [4]. 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 [5]. 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 [6].

Homeopathy 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 categorize the remedies for a quicker reference in day-to-day busy clinical schedules [7]. 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. The present study "A study of scope of homeopathy in management of menopausal depression" is a work taken up to fulfil the objective. The present study was carried out in 100 cases that fitted into the inclusion criteria. The outcome of the study is discussed below:

1. Age incidence:

The maximum was in the range 40 to 45 years of age group (54 cases). The minimum age incidence was in 56 to 60 years of age group it shows (6 cases). Age group of 46 to 50 showed 32 cases while age 51 to 55 years recorded 8 cases. (Vide table No. 1)

Occupation:

Among the 100 cases of study, an attempt was made to study the prevalence of menopausal depression in the different social, economical strata of the society. It was observed that the highest percentage of occurrence of postmenopausal complaints is noted among labourers (27%), followed by housewives (26%) and then Maids (24%). Teacher profession showed less prevalence (18%). Least prevalence (5%) was observed in business owners. Higher incidence among Labourer, Maids and Housewives may attribute to the work pressure and responsibility roles etc. (table No. 2)

Marital status:

Out of 100 cases of study, 72 are married and 28 cases are widowed. No one is unmarried.

4. Clinical presentation of menopausal syndrome:

In the present study of 100 cases, 39 cases and 11 cases presented with depression and hot flushes. Hence, both these complaints may be considered as the basic and absolute manifestation of the disease. 9 cases presented with profuse perspiration. 6 cases have burning micturition. 3 cases have reduced sexual desire/aversion to sex. 9 cases have itching of genitalia. 8 cases have palpitation. Only 1 case suffer from sleeplessness. 06 cases have anxiety. 8 cases have irritability. (Table no. 4)

Other Complaints:

In the study conducted, 100 cases were analysed for other complaints in post-menopausal syndrome. Out of hundred cases, 21 cases have GIT complaints (constipation, pain in the rectum, recurrent aphthae, bleeding per rectum, acidity and fullness of abdomen). 15 cases have respiratory complaints (recurrent sneezing with coryza, breathlessness and wheezing). 9 cases have skin complaints (skin eruption and pimples). 15 cases have headache. 23 cases have Nausea and 17 cases have backache as other complaints along with menopausal symptoms. This presentation helped to arrive at the totality and conclude at personal diagnosis in a holistic way by the way of individualization. (Table. No.5)

Homeopathic remedies:

The Homeopathic remedies were selected on the basis of totality of the symptoms. In, aph. 147 Organon of Medicine, Hahnemann states the importance of specific remedy to the specific case of disease with the underlying totality of the symptoms. Banerjee says "The difference between the acute and chronic prescription is that, in chronic the medicine has to be miasmatic while in acute it need not be so. The medicine is indicated by the totality of symptoms of the miasm predominant will have to be selected and not the medicine indicated by the totality of mere symptoms of whole case. In brief, prescription must be

miasmatic". Hence the totality of symptoms in each individual case of the disease must be the sole indicator to guide the choice of the remedy.

In the present study, 11 cases are given NuxVom; 10 cases are given Sepia; 9 cases are given Calcerea Carb; 11 cases are given Kali Carb; 10 cases are given Lycopodium; 10 cases are given Pulsatilla; 12 cases are given Sulphur; 11 cases are given Graphitis; 08 cases are given Lachesis and 8 cases are given Natrum Mur. (Table No.6)

In this study certain parameters mentioned below were put to proclaim the cases as recovered, improved and not improved.

a) Cured: Feeling of mental and physical well-being with disappearance of all the signs and symptoms without any relapse of attack during period of study.

b) Improved: Feeling of mental and physical well-being with decrease in signs and symptoms. Frequency of relapse, intensity and duration of attack reduced.

c) Not Improved: No change in patient's presenting complains.

Based on above parameters in this study, it was observed that out of 100 cases, highest number of cases i.e. 85 cases showed complete recovery, 05 cases showed improvement while 10 cases showed no improvement. (Table No.7)

The present study has been a successful one with the recovery rate being 85% wherein the patients have had a total well-being state with no recurrence of the symptoms in 5 cases who had an encouraging improvement. Only 10 patients did not respond to the treatment. All the cases have been worked, with the aid of standard proforma for case recording format keeping the homeopathic approach in view. Therefore, it can be concluded that homeopathic system has a better scope in the management of menopausal depression.

Strengths of the study: This analytical study involved cluster sampling method for case selection. Since it was a single investigator study, the chance of inter- observer variability was reduced.

CONCLUSION

The conclusive remark of this exhaustive study of two years is made on observation and outcomes based on statistical interpretations. 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 current study on 100 cases has been successful one, in terms of fulfilling the aims and objectives I would like to conclude this study of mine on a higher note, as the results of the study are very encouraging. 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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CITATION OF THIS ARTICLE

Bibhu Prasad Panda, Rakesh Gohel. Efficacy of Homeopathic Medicine in Menopausal Depression. *Bull. Env.Pharmacol. Life Sci.*, Vol 12 [8] July2023: 162-167