"HOMOEOPATHY AS SUPPORTIVE THERAPY IN MENOPAUSE AND WOMEN'S HORMONAL HEALTH"

RESEARCH PAPER

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Student of

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ALL PAKISTAN RECKEWEG

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SUBMITTED BY:

Fatima Qadeer

FATHER NAME:

Qadeer Nasir Shahzad

E MAIL:

fatimaqadeer2023@gmail.com

CONTACT #

+92 313 5350703

COLLEGE NAME:

KOHSAR HOMOEOPATHIC MEDICAL COLLEGE RAWALPINDI

POSTAL ADDRESS:

BB-177 ST. NO. 8 Karim Pura Mohallah, Imam Bara, Rawalpindi.

City:

Rawalpindi

TITLE:

Homeopathy as Supportive Therapy in Menopause and Women's Hormonal Health

Contents:

1. ABSTRACT:

This research paper delves into menopause management, particularly analyzing the role of homeopathy as a supportive therapy for women's hormonal health during menopause. Menopause is a natural biological transition typically occurring between the ages of 45 and 55, marked by significant hormonal changes, including declines in estrogen and progesterone, which bring about a range of physical and psychological challenges. Common symptoms such as hot flashes, mood swings, sleep disorders, and bone thickness loss can broadly affect a woman's quality of life. While hormone replacement therapy (HRT) has been widely taken up to mitigate these symptoms, worries about associated risks, including cardiovascular disease, breast cancer, and blood clots, have driven interest in alternative or complementary treatments.

This study assesses the usefulness of homeopathic treatments as supplementary therapy for menopause, offering a holistic approach that may relieve symptoms with irregular side effects. Focusing on commonly prescribed remedies—Sepia for emotional solidity, Lachesis for hot flashes, and Pulsatilla for hormonal balance—this paper analyzes how these treatments could provide relief from menopausal symptoms. By analyzing case studies and patient-reported effects, this research highlights the potential of homeopathy to help as a low-risk, individualized supplement to traditional treatments, addressing both the physical and emotional aspects of menopause. Conclusions from this study contribute to the growing literature on complementary therapies in menopausal care, suggesting that homeopathy could play a vital role in patient-centered, symptom-focused management techniques that align with women's unique health requires during menopause.

2. INTRODUCTION:

Menopause is a complex change that impacts a womans health holistically by affecting her body and mind alike.It usually involves the stoppage of periods. Happens when women are aged between 45 and 55 years old.This phase aligns with a decrease, in activity and reduced levels of hormones like estrogen and progesterone.These changes in hormone levels are linked to issues such, as flashes,mood swings,sleep problems and declining bone density – these can significantly disrupt a womans daily life. Most women experience these symptoms throughout the stages of perimenopause to postmenopause and find that they affect their activities and general health.

2.1 Problem Statement.

Definitive treatments such as hormone replacement therapy have provided relief from symptoms; however they come with worrisome risks like cardiovascular problems and the potential for breast cancer and blood clots which have raised concerns among many individuals seeking other methods for symptom alleviation without adverse effects.These individuals are looking into complementary therapies that take an approach to treatment based around the idea of "similar remedies cure similar ailments " as a possible additional choice, for handling menopause symptoms. This approach focuses on tailoring treatments to individuals and uses substances to support the bodys innate healing capabilities.The growing interest, in this method has led to references, in medical publications discussing the advantages of homeopathy for managing menopausal symptoms and hormonal well being.This trend is driving exploration and study in this area.

2.2 Purpose of the Study.

The purpose of this study is to evaluate the effectiveness of homeopathic treatments as supplementary therapy for menopause, which may serve as a beneficial alternative for relieving symptoms and managing hormonal changes in women. This research will examine commonly prescribed treatments for women experiencing menopause, such as Sepia for mood stabilization, Lachesis for reducing hot flashes, and Pulsatilla for maintaining hormonal balance, which could help clarify their safety and therapeutic profiles. The study aims to validate

homeopathy as a low-risk and effective alternative that could complement, or occasionally replace, conventional therapies. To achieve these goals, patient-reported outcomes and case studies will be analyzed.

2.3 Significance of the Study.

This study is relevant in the sense that homeopathy might offer an alternative, safer, and more individualized pathway for women going through menopause. Since symptoms of menopause vary in terms of severity and duration, there is no one-size-fits-all approach to dealing with this. This approach in homeopathy may help overcome different experiences of women undergoing menopause, thereby granting relief from symptoms while risking the use of synthetic hormones. This research contributes to the science in homeopathy applied in cases involving women's hormonal health, thereby filling up the body of knowledge in the CAM area of interest. This knowledge will, therefore, support more holistic, patient-centered care.

3. BACKGROUND:

Menopause is a natural biological stage that marks the end of a woman's reproductive years, characterized by the permanent cessation of menstrual cycles due to decreased ovarian function and a subsequent decline in estrogen levels. While menopause typically occurs between the ages of 45 and 55, the age at which it occurs and the related experiences can vary widely based on genetic, environmental, and lifestyle factors. Menopause is officially considered to have occurred after a woman has gone 12 consecutive months without a menstrual period, signifying a transition from her reproductive years to a post-reproductive state.

The transition into menopause, referred to as perimenopause, can extend over several years, often starting in the early to mid-40s, and is characterized by changing hormone levels that result in various physical and emotional symptoms. Common symptoms include hot flashes, night sweats, mood swings, disruptions in sleep, and vaginal dryness. Which can affect the quality of life and well-being. The postmenopausal stage, which comes after menopause, lasts a lifetime. On the other hand, it presents new health concerns in women, which include a higher tendency of developing osteoporosis and heart diseases owing to low levels of estrogen hormone after menopause is a stage of life that women have faced physically as well as psychologically and has proven to be evolutionarily beneficial. However, lower estrogen increases also pose the risk of women acquiring cardiovascular diseases.

Throughout time, it is apparent that menopause is expressed and managed differently in different cultures, such that reporting of symptoms and treatment of menopause in different societies differ owing to the differential attitude towards aging and women, in general, There is also, however, increased recognition of the biological, psychological, and social aspects of menopause, which considers better this physiological phase in women's health studies, as a result of modernization. Hormone replacement therapy (HRT) gained prominence around the middle of the 20th century but had its share of controversy on the known pros and cons it brought. The last few decades, however, have seen studies on other therapies that include changes in diet and lifestyle and medications without estrogen to help with menopausal symptoms.

There is also a need to recognize the heterologous history of menopause to ground the work that examines the biological nature of menopause but also the lower-level factors that affect how menopause is perceived and experienced in women. This broad understanding, in turn, would help in the formulation of effective and person-centered management plans that would seek to address the unique experiences and anticipationsof women undergoing the menopausal transition.

4. Histopathology:

The histopathology of menopause involves differences at the tissue level in reproductive organs due to declining estrogen levels. Key features include:

4.1. Ovaries: There is a marked reduction in follicle count, leading to atrophy of ovarian tissue. The cortex becomes fibrotic, and follicles are often replaced by stromal cells.

4.2. Endometrium: The endometrial lining thins, with minimal proliferation due to decreased hormonal stimulation. Endometrial atrophy is common, where the glands appear sparse and small.

4.3. Vaginal Tissue: The vaginal epithelium is thin and less elastic, so often dry and susceptible to infection.

4.4. Breast Tissue: Glandular tissue of the breast decreases and fat and fibrous tissue increases, thereby altering the density of the breasts. This histological change leads to many of the clinical symptoms of menopause, including hot flashes, dryness, and increased risk for osteoporosis due to the effect of declining estrogen.

5. Pathophysiology of Menopause.

Menopause is the final change in a woman's reproductive and endocrine physiology, primarily due to the loss of ovarian function and a resultant decline in estrogen and progesterone. These cause hormonal imbalance, which involves deep-seated outcomes in almost all organ systems, with effects on health and wellbeing concerning reproduction, skeletal, cardiovascular, and neurovascular functions. The following provides a comprehensive analysis of the key mechanisms in the pathophysiology of menopause:

5.1. Loss of Follicles in the Ovaries and Decline in Hormones:

The primary cause of menopause is due to the loss of ovarian follicles through years. These are repositories for eggs and continue to produce estrogen and progesterone throughout a woman's lifetime and fertile years. As a woman ages toward menopause, the number of follicles left is at a level that decreased the ovaries' capacity to produce these hormones. Eventually, at the final stage, it results in permanently low levels of estrogen and progesterone and, therefore, permanent loss of reproduction ability. These declining hormone levels actuate a cascade of physiological changes that present as menopausal symptoms.

5.2 HPO Axis Dysregulation:

Menopause hormones disrupt the hypothalamic-pituitary-ovarian (HPO) axis, a negative feedback system for the reproductive hormones. Lower estrogen production and subsequently less negative feedback from the hypothalamus and pituitary gland results in higher FSH and LH. This rising is an effort toward compensation to increase stimulation of the ovaries, but it turns out to be futile as the ovarian follicles are still destroyed. The imbalance of FSH and LH is the one feature of menopause and results in erratic menstrual flows that describe the condition of perimenopause.

5.3. Neurovascular Changes and Vasomotor Symptoms:

One of the most experienced symptoms for the condition of menopause is hot flash and night sweat known as vasomotor symptoms. The symptoms arise due to an abnormal thermoregulation in the hypothalamus, which is located inside the brain and controls body temperature. A decrease in estrogen affects the hypothalamic thermoregulatory set point and leads to inappropriate dilation of blood vessels, sudden warmth sensations, and sweating. Such a response is supposed to be due to neurotransmitters like norepinephrine and serotonin, whose levels are reduced by decreased estrogen.

5.4. Genitourinary Syndrome of Menopause (GSM):

Abdominal fat cells are particularly affected by menopause as they undergo expansion owing to a decrease in the secretion of estrogen. GSM has been described as a syndrome resulting from a gradual transition from the complex menopausal process and yearnings, characterized by a reduction in estrogen levels. Increased collagen degradation affects collagen content and blood flow within the lamina propria of the vaginal epithelium as well, which contributes to the tissue becoming thin. Due to the thinning of the epithelium, numerous women report decreased moisture between the components, resulting in dryness, hurt to wallow, and even total discomfort. The urinary tract experiences a similar condition, in many cases resulting in worsening urinary retention, increased urgency, and loss of continence.

5.5. Bone Density Loss and Osteoporosis:

Osteoporosis has been defined as a skeletal condition characterized by low bone mass density, deterioration of bone, and increased risk of fracture; menopause is pronounced as a relative estrogen deficit. Estrogen is essential for a tight balance between the formation and degradation of new bones and the remodeling of existing ones. Post-menopause, many women have a high turnover of bones, evident in depleted rates of the formation of new bones due to a characteristic deficiency in estrogen. Such discrepancies lead to a loss of bone mass and subsequently, a decrease in mineral density which might result in osteoporosis and the prevalence of fractures. Wounds in the lumbar spine, hip, and wrist region of most women who have passed menopause continue to be pronounced and augment the fear of bone mass post-menopause.

5.6. Changes in Cardiovascular Health and Heightened Risk of Heart Disease:

Estrogen plays a protective role in cardiovascular health, enhancing lipid profiles and aiding in the maintenance of blood vessel flexibility. With the onset of menopause, the reduction in estrogen leads to a transition towards a lipid profile that is more prone to atherosclerosis, characterized by increased low-density lipoprotein (LDL) cholesterol and reduced high-density lipoprotein (HDL) cholesterol. These alterations intensify the danger of cardiovascular disorder and atherosclerosis, making it critical to focus on heart health during postmenopausal care.

5.7. Impacts on Psychological Well-being and Cognitive Function:

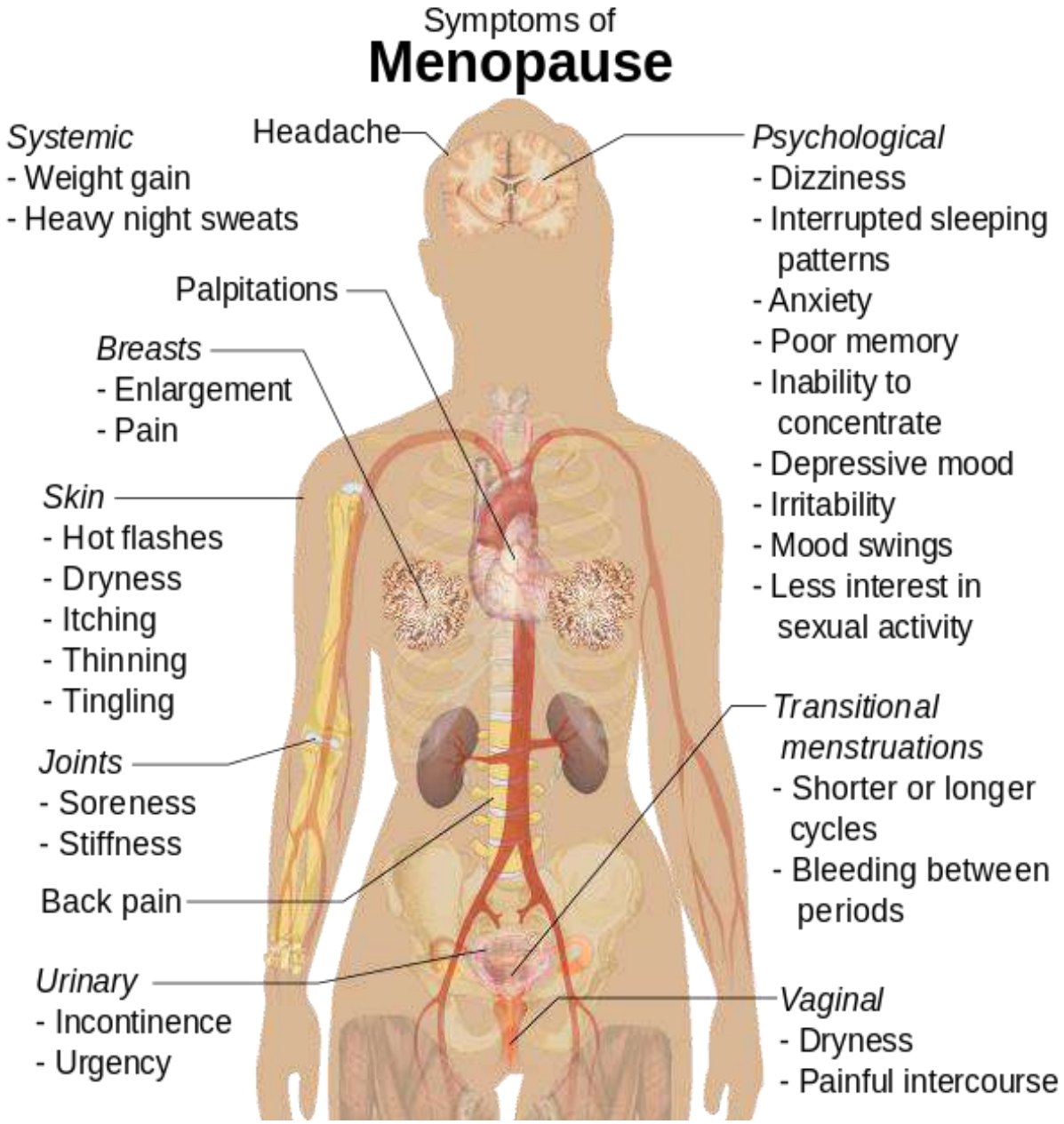
The hormonal instabilities that occur during menopause can also impact mental health and cognitive abilities. Lower levels of estrogen affect neurotransmitter function, including serotonin and dopamine, which are associated with mood regulation. Therefore, many women may experience mood swings, stress, unhappiness, and challenges with awareness, often described as “brain fog.” While further research is required, these mental shifts may have important for the development of age-related neurodegenerative situations.

6. Signs and Symptoms of Menopause:

The quality of a woman's life is much affected because menopause gives a peak to a whole set of symptoms. Experiences are as diverse between one woman and another as possible, yet there are more details regarding familiar symptoms of menopause:

Diagram:
Overview of Menopausal Symptoms and Homeopathy's Role

Below is a suggested diagram that visually demonstrates menopausal symptoms and homeopathy's role in dealing with them.



"**Menopausal Symptoms and the Role of Homoeopathy in Symptom Management**"

Diagram Layout:

- **Central Circle (Core Topic):**
  - Menopausal Symptoms
- **Surrounding Circles (Common Symptoms):**
  - Hot Flashes
  - Mood Swings
  - Disturbance in Sleep
  - Vaginal Dryness
  - Decreased Libido
  - Pain in Joints
  - Density Loss in Bone
  - Weight Gain
- **Outer Layer Arrows (Homoeopathic Remedies):**
  - Each symptom has a connecting arrow pointing to relevant homeopathic remedies:
  - Sepia - Mood Swings, Sleep Disturbances
  - Lachesis - Hot Flashes, Irritability
  - Pulsatilla - Hormonal Imbalance, Emotional Lability
  - Calcarea Carbonica - Weight Gain, Bone Density
  - Sulphur - Skin Dryness, Digestive Complaints

Description Under Diagram:

“This diagram depicts popular symptoms of menopause and correlates with a few commonly used homeopathic medicines to treat these symptoms. Homeopathy is individualistic, meaning it targets unique patterns of symptoms that may help in providing supportive therapy to women during the menopausal phase.

Central Circle (Core Topic): Menopausal Symptoms

The core in the center is "Menopausal Symptoms," and the changes, both physiological and also emotional changes around menopause, denote the reason behind the need to bring together the transition to highlight what is necessary from women, meaning this signifies, of course, a form in which menopause presents as change for a given woman: a set of given symptoms to some extent for some duration.

Surrounding Circles (Common Symptoms)

The surrounding circles represent the most prevalent menopausal symptoms:

Hot flashes:

Unprovoked flushing and sweating are accompanied sometimes by a racing heart. Such severe hot flushes may profoundly interfere with most activities of daily living and sleep. It could lead to discomfort, nervousness, and even disorders during sleep.

Mood Swings:

Abrupt mood swings, ranging from irritability and depression to anxiety. Often there is a hormonal component. Concerns relationship, work, and mental health.

Poor Sleep:

Inability to sleep or sleep soundly because of the condition, night sweats are frequently associated. The effects include fatigue, mood changes, and impaired cognitive function.

Vaginal Dryness:

The dry, elastic vaginal tissue can be painful, itchy, or sore during intercourse. This could diminish the quality of their life and sexual satisfaction.

Low Desire:

Decreased sexual desire, is often associated with hormonal imbalances and discomfort in other symptoms, for example, dryness or mood changes. It affects intimate relationships and emotional well-being.

Joint Pain:

Loss of collagen and fall in estrogen may increase stiffness as well as pain in joints. It reduces mobility and physical activities that impact health in general.

Losing Bone Density

Estrogen deficiency makes the bones of low strength and eventually predisposes them toward osteoporosis. Increase the risk of fracturing, reduce independence, and long-term health.

Weight Gain:

Weight gain primarily in the abdominal area, according to changes in metabolism and hormonal changes. Can affect self-esteem, energy, and blood vessels.

Homeopathic Preparations Outer Layer Arrows

Each of the symptoms in the surrounding circles has a connecting arrow pointing to relevant homeopathic remedies. Here's a closer look at the remedies, their applications, and the unique ways they address specific menopausal symptoms:

Sepia:

Associated Symptoms are Mood Swings, Sleep Disturbance, Sepia is prepared from cuttlefish, and is one of the most commonly used remedies in homeopathy; it produces effects that are due to emotional and hormonal imbalances. There has been some relief in mood swings and anxiety in women who feel emotionally drained, irritable, and disconnected. Sepia can sometimes improve sleep because it helps relieve night sweats and mood fluctuations that disturb rest.

Lachesis:

Related Symptoms are Feeling Hot Flashes and irritability, Lachesis is prepared from the venom of the bushmaster snake. This remedy has an action on circulatory disorders, especially in episodes of intense hot flashes and outbursts of emotion. The women most successful with this remedy feel strongly overemotional or overly sensitive to heat, and this remedy stabilizes these responses.

Pulsatilla:

Related Symptoms are Endocrinopathy and mood lability. Pulsatilla is derived from the windflower and is used with women who are highly emotional, sensitive, and more hormonal. They tend to feel weepy or seek reassurance. This is said to help regulate moods and assist a woman in being more emotionally stable.

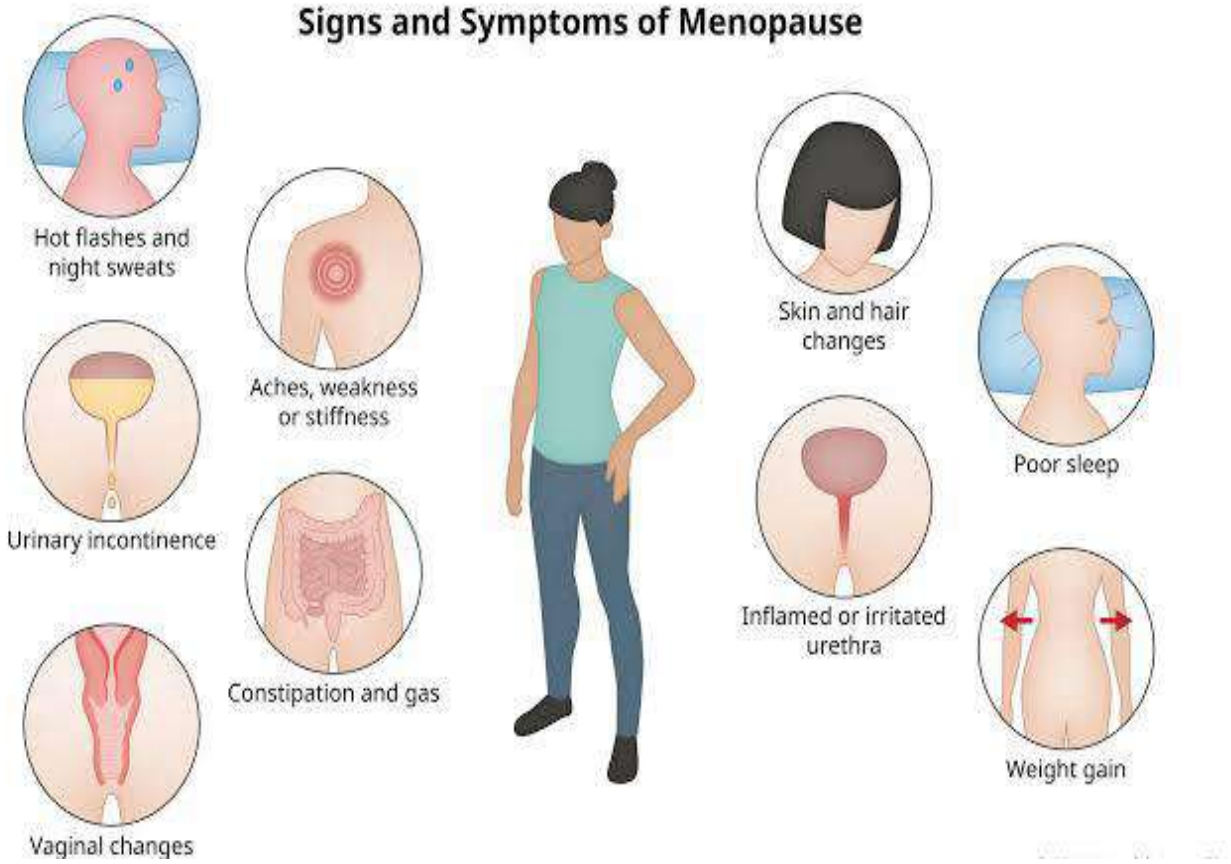
Calcarea Carbonica:

Related Symptoms are Weight gain and bone mass. Calcarea Carbonica is prepared from the oyster shells. Also, it has been applied homeopathically in disorders like metabolic disorders, obesity, and osteoporosis. The remedy is especially very well adapted for women who are too easily exhausted both physically as well as mentally, with an inability to gain weight in the menopausal state. Calcarea Carbonica is also for bone density loss.

Sulfhur:

Related Symptoms are Dry skin and gastrointestinal problems. Sulphur is one of the remedies, that can cause the discomfort and symptoms of dryness, most related to dry skin but could also trigger digestive disturbance during menopause. These women always suffer from some degree of itching, irritation, or indigestion that can be reduced by treating them with the Sulphur remedy, making their state easier.

Diagram Summary: The proposed diagram would thus present how specific homeopathic remedies could be aligned with common menopausal symptoms, really stressing the individualized approach in homeopathy. This visual map underlines how remedies can be adapted for the unique combination of symptoms each woman is facing, it would further support a holistic and comprehensive treatment approach.



7. Diagnosis Menopause.

The determination of menopause typically depends on the clinical assessment of symptoms, menstrual history, and, at times, laboratory tests. As menopause is a natural biological event, the diagnosis primarily centers on affirming the transition based on symptomology and excluding other possible causes of hormonal symptoms or irregular menstruation. Key elements in the diagnosis of menopause include:

7.1. Clinical Evaluation and Symptom Analysis:

The diagnosis of menopause starts with a detailed review of a woman's medical background, concentrating on menstrual patterns, symptomatology, and any significant fluctuations. Common symptoms like hot flashes, night sweats, sleep issues, mood swings, and vaginal dryness often act as primary indicators. Women in the perimenopausal stage typically report alterations in the frequency, duration, or flow of their menstrual cycles, which aids clinicians in monitoring the transition. Furthermore, the absence of menstruation for a full year is deemed diagnostic for menopause.

7.2. Hormonal Testing:

While not always required, hormone testing can assist in confirming a menopause diagnosis when symptoms or menstrual irregularities are unclear, or in cases of early or premature menopause. The most frequently performed tests include:

- **Follicle-Stimulating Hormone (FSH):** FSH levels increase as the ovaries decrease hormone production, particularly estrogen. An elevated FSH level (typically above 30 mIU/mL) alongside symptoms can suggest the onset of menopause, though a single FSH test may not always be conclusive due to hormonal fluctuations.
- **Estradiol:** Low estradiol levels (below 30 pg/mL) may also support the diagnosis of menopause, although estradiol levels fluctuate and are not used as a standalone marker.
- **Anti-Mullerian Hormone (AMH):** AMH levels indicate ovarian reserve and are low in women approaching menopause. AMH testing may be particularly useful in diagnosing premature menopause.

Hormone testing is typically more useful in perimenopausal women under 40 years old, where premature ovarian failure (premature menopause) is a concern.

7.3. Thyroid Function Tests:

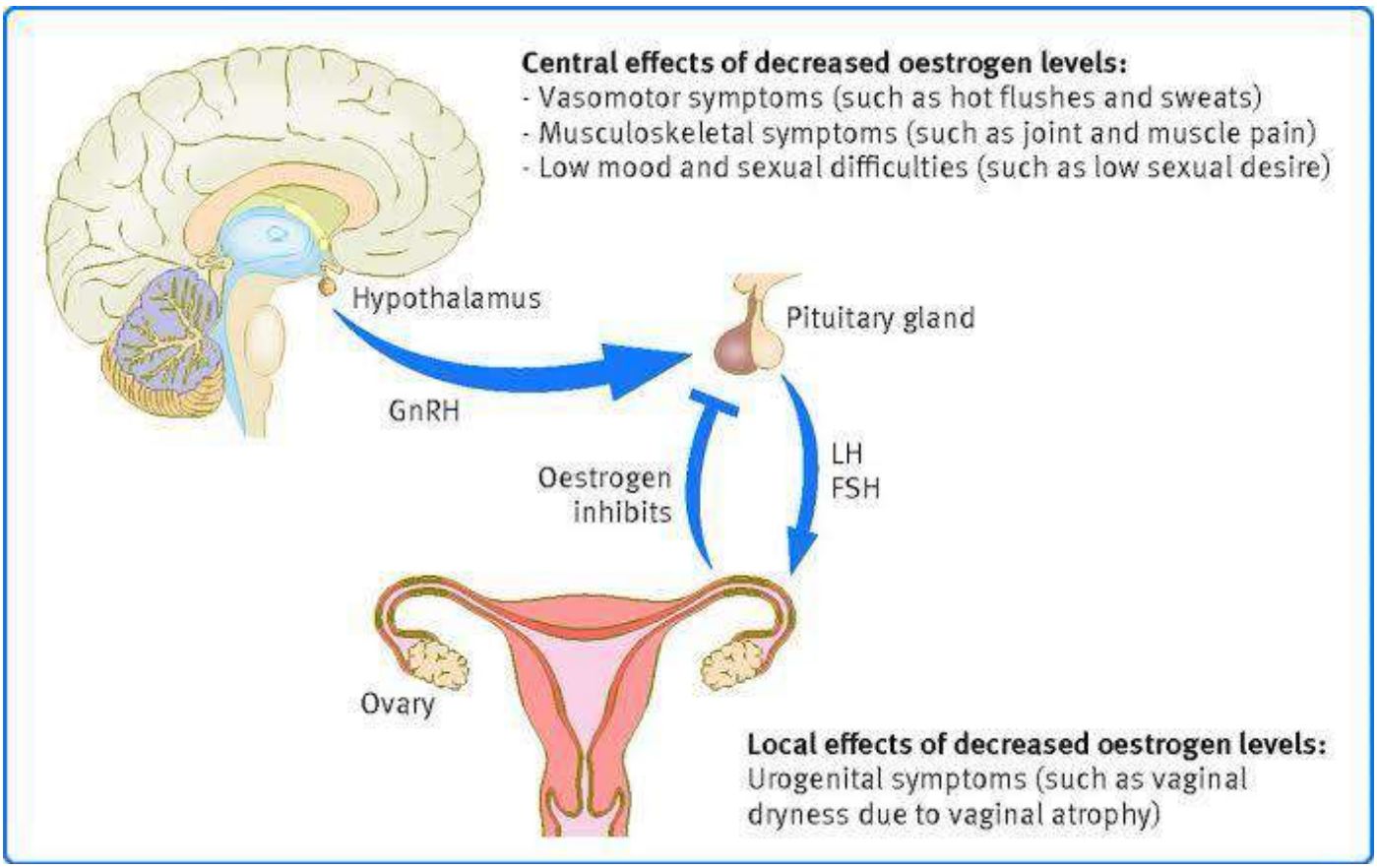
Since thyroid issues can resemble menopausal symptoms like fatigue, mood swings, and irregular menstrual cycles, thyroid function tests (including TSH and T4) are frequently performed to exclude hypothyroidism or hyperthyroidism. This process helps confirm whether the symptoms are genuinely linked to menopause or an underlying thyroid condition.

7.4. Bone Density Testing (Dual-Energy X-ray Absorptiometry, DXA):

While not a diagnostic tool for menopause, bone density testing is typically recommended for women after menopause to evaluate the risk of osteoporosis. The decrease in estrogen levels during menopause speeds up bone loss, making DXA scans important for assessing bone health and informing treatment options.

7.5. Assessing Cardiovascular Risk Markers:

Although it is not a diagnostic process, cardiovascular risk assessment is often recommended as part of the menopause evaluation, particularly for postmenopausal women. Blood lipid profiles, which include total cholesterol, LDL, HDL, and triglycerides, are regularly evaluated since menopause is linked to a heightened cardiovascular risk. Monitoring these markers aids in shaping preventive care and lifestyle advice for women transitioning into postmenopause.



8. Prognosis for Menopause.

The prognosis for menopause is usually very optimistic since it is a normal life stage and not a disease, but again, the long term changes from person to person as a function of health, lifestyle decisions, and how well-related symptoms and risks to health are managed. Although menopause itself does not demand a "treatment," the decrease in estrogen, as well as other hormonal alterations, has the potential to create long-lasting effects on the health of a woman and her ability to live well and predispose her to some chronic diseases. The following are summaries of important considerations that influence the prognosis of menopause:

8.1. Symptoms Duration and Severity

Most symptoms of menopause, including the feeling of hot flashes and night sweats, emotional shifts, and sleep disturbances, tend to diminish over time. Symptoms often peak in the first few years after menopause but often continue for many more years, though in a much milder fashion. Vasomotor symptoms-coupled with hot flashes-have an average duration of seven years, but some women may suffer them for ten years or even a lifetime. The duration and severity of symptoms can determine the quality of life a woman will be able to maintain and may even create the need for continued intervention.

8.2 Bone Health and Osteoporosis Risk

One of the most significant long-term health risks post menopause is the increased risk of osteoporosis due to deficiency of estrogen. Estrogen maintains bone density; its loss speeds up bone loss, especially in the spine and hips. This increased risk makes the postmenopausal woman more likely to undergo fractures. Prognoses for bone health appear better with forward-looking approaches, such as calcium and vitamin D supplementation, weight-bearing exercises, and appropriate use of medications like bisphosphonates as indicated.

8.3. Cardiovascular Health

The hormonal changes during menopause make estrogen levels lower, altering the cholesterol levels, blood pressure, etc., and thus making postmenopausal women more susceptible to heart diseases, stroke, and other cardiovascular diseases. Lifestyle factors like a healthy diet, exercise, quitting smoking, and regular follow-up by the doctor have a good prognosis for wins over cardiovascular diseases. Controlling blood pressure, cholesterol, and body weight could potentially enhance the outcomes of cardiovascular health.

8.4 Cognitive Function and Mental Health

Hormonal changes associated with menopause can lead to mood swings, anxiety, depressed moods, and cognitive impairment, sometimes referred to as "brain fog." While many of these symptoms do eventually subside, others persist for many years after cessation of menstruation. It is predictive of long-term cognitive and psychological well-being through lifestyle choices, genetic factors, prevention of stress, maintenance or enhancement of social connection, and consistent engagement in mental activities. Even though research is ongoing, some studies hint at a possible association with a decline in estrogen that increases the risk for age-related cognitive disorders such as Alzheimer's disease and has confirmed the importance of mental health in managing menopause.

8.5 Quality of Life and Overall Well-being

Menopause transition may impact several aspects of everyday life, but these effects are typically time-limited. While most women settle into the physical and emotional changes of menopause, bothersome symptoms, and medical risks can still impair the general quality of life. A healthy lifestyle, a well-balanced diet, and proactive health monitoring by women tend to improve the long-term outcome significantly. Relief from symptoms and preventive healthcare enhance the quality of life during the postmenopausal period.

9. Management of Menopause.

The strategy of treating menopause centers on symptom alleviation, quality of life improvement, and risk reduction of health risks that come with menopause due to estrogen loss, such as osteoporosis and cardiovascular disease. The kind of treatment differs in the intensity of symptoms experienced, health risks, and individual goals. In order, the essential techniques for menopause treatment are:

9.1. Hormone Replacement Therapy (HRT)

One of the most useful procedures adopted for alleviating the symptoms of menopause is hormone replacement therapy, extremely hot flashes, night sweats, and vaginal dryness. The mechanism through which this drug works is the supplementation of estrogen, which for women who always have their uterus is usually in combination with progesterone to prevent endometrial hyperplasia.

Types of HRT:
HRT can be administered in the forms such as oral pills, transdermal patches, gels, or vaginal rings. Dosages and formulations are tailored for the patient depending on how severe her symptoms are, as well as her medical history.
Risks and Benefits:
Although HRT is adequate, it is linked with some risks, including risk for breast cancer and also with a tendency towards thrombosis and stroke. The risks depend on age, the duration of treatment, and other health conditions so the proper weighing of risks versus benefits should be made by a healthcare provider in each case. Current
Recommendations:
HRT is administered at the minimal dose for the shortest time necessary to ameliorate symptoms at least, preferably in women less than 60 years old or within 10 years of menopause.

9.2. Non-Hormonal Pharmacologic Therapies:

Non-hormonal choices are available for women who cannot take or do not wish to start HRT. These therapies are primarily reserved for the following patients with conditions that serve as a contraindication to estrogen use, such as breast cancer or coagulation disorders.

SSRIs and SNRIs: Paroxetine and venlafaxine, among others, have helped manage vasomotor symptoms like hot flashes. This is through an action that affects neurotransmitter concentration.
Gabapentin: The drug was discovered as an agent for neuropathic pain, but it is helpful in hot flashes, particularly night sweats, as it seems to influence temperature control at the hypothalamus level.
Clonidine: This antihypertensive can also be used to treat hot flashes; however, side effects such as dry mouth and drowsiness are limiting.

9.3. Lifestyle Interventions.

Lifestyle intervention is remarkably effective in treating the symptoms of menopause and is an excellent intervention for maintaining long-term health. Because lifestyle measures are non-invasive, they often make an initial intervention or are used in conjunction with other measures.

Diet and Nutrition:
A well-nourished diet containing adequate calcium and vitamin D is crucial for bone health. Dietary avoidance of foodstuffs rich in phytoestrogens, for example, soy products, tends to attenuate symptoms. Avoidance of spicy foods, alcohol, and caffeine also reduces the occurrence of hot flashes.
Physical Activity
Regular exercise not only benefits general health but also reduces the risk of getting osteoporosis, and can even help with symptoms such as mood swings and sleep disorders. Exercises that stress the skeleton most positively impact bone strength as well as heart health. Sleep Hygiene
Healthy habits related to regular times for sleeping, and keeping a comfortable sleeping environment may also alleviate sleep problems many women complain of during menopause.

9.4. Complementary and Alternative Therapies.

Many women use complementary therapies to treat their symptoms without prescription medication, but the evidence for their efficacy is inconsistent.

Herbal Supplements:

Black cohosh, red clover, and evening primrose oil are among the more popular varieties; some data suggest slight benefits with vasomotor symptoms but safety and effectiveness data are mixed, so patients should be referred to healthcare providers before starting such supplements.
Mind-Body Therapies:
Yoga, acupuncture, mindfulness meditation, and tai chi may be beneficial for mood, stress levels, and overall well-being. Acupuncture has some evidence that it can help minimize hot flashes.
Phytoestrogens:
These are plant-based nutrients in foods like soy, flaxseed, and legumes, which have the same activity as estrogen. Some studies suggest they may reduce hot flashes somewhat, but it varies so much from woman to woman.

9.5. Long-Term Health Risks Management.

Estrogen levels will have significantly decreased in women who have reached menopause, putting them at risk of developing conditions such as osteoporosis and heart diseases. The control of such risks is one part of managing menopause.

Prevention of Osteoporosis:
Women should be counseled to intake supplementary calcium in combination with vitamin D and to maintain a regular exercise routine of weight-bearing activities to prevent bone loss. In case the person is highly prone to fractures, anti-fracture medications can be prescribed, such as bisphosphonates, denosumab, and selective estrogen receptor modulators (SERMs).

Cardiovascular health:
Reducing cardiovascular risk can be achieved through leading a heart-healthy lifestyle, a healthy diet, regular exercise, and stopping smoking. Regular checks of blood pressure, cholesterol, and blood glucose levels can help identify and manage cardiovascular risk factors.

9.6. Non-Hormonal Therapies.

Where patients cannot or will not accept HRT, there are alternative non-hormonal therapies that can alleviate menopausal syndromes' discomfort. These methods are based on lifestyle changes and alternative treatments.

a. Lifestyle Changes.

• **A balanced diet:** A diet that is high in fruits, vegetables, whole grains, and low-fat dairy can promote general health while helping to manage weight.
• **Exercise:** Being regularly physically active, like brisk walking, strength training, or yoga, builds strength, enhances energy and mood, and helps the health of bones.
• **Stress Management:** Engaging regularly in mindfulness meditation, practicing deep breathing, and having good social interaction can help manage stress and maintain emotional well-being.

b. Alternative Therapies.

Many women seek alternative treatments besides the standard ones. Based on very limited evidence and anecdotal reports, some report their benefit from such practices.
• **Acupuncture;** There is evidence that there could be a reduction of hot flashes and improvements in sleep.
• **Yogic and Tai Chi.** Reduces stress, aids the flexibility, and thus will help to relax.9.7. By prescription Medications:

For those with more pronounced symptoms, one or more prescription medications may be useful in managing hot flashes and mood.

- **Antidepressants:** Low doses of some antidepressants (such as some SSRIs) may reduce hot flashes and also have a positive effect on mood.
- **Gabapentin:** Originally approved for neuralgia, gabapentin has also been shown to reduce hot flashes in patients who cannot take estrogen.
- **Blood Pressure Medications:** Some women report success with clonidine, a blood pressure medication.

9.8. Personalized Menopause Management.

Since every woman experiences menopause differently, tailoring a plan that is best suited to each client or patient will be the most productive course of action. Working together with healthcare providers, women can collaborate to assess and determine their best strategy for relief from symptoms while maintaining health in the long run.

10. Complications of Menopause.

While menopause is a natural process of aging, the hormonal alteration it presents does increase the risk of some health conditions. The complications mainly result from a reduction in estrogen, and affect the body's various systems, leading to long-term health issues for some women. Some of the key complications associated with menopause are explained hereunder:

10.1. Osteoporosis and Bone Fractures:

Estrogen reduces the rate of bone resorption in the preservation of healthy bones. The bone loss quickens after menopause with the extremely fast reduction in estrogen, putting someone at greater risk for osteoporosis. Osteoporosis is a condition where the bones become brittle and lose their strength, which raises the risk of breaks: such as a break of the backbone, hips, and wrists. Osteoporosis generates chronic pain and reduces mobility, raising the threat of further disability and influencing the quality of life. Early intervention may involve giving calcium and vitamin D supplements, the prescription of weight-bearing exercises, and sometimes medication to prevent bone loss and fractures.

10.2. Cardiovascular Disease:

Cardiovascular health is an area considerably affected by changes in hormone levels in menopause. Estrogen exerts effects to condition the heart and vessels, thus promoting healthy cholesterol levels, reducing inflammation, and maintaining vascular elasticity. After menopause, the women's LDL cholesterol increases, while the HDL cholesterol decreases, which places the risk high for the occurrence of atherosclerosis, heart attacks, and strokes. Heart disease thus takes on the number one cause of death for the postmenopausal woman.

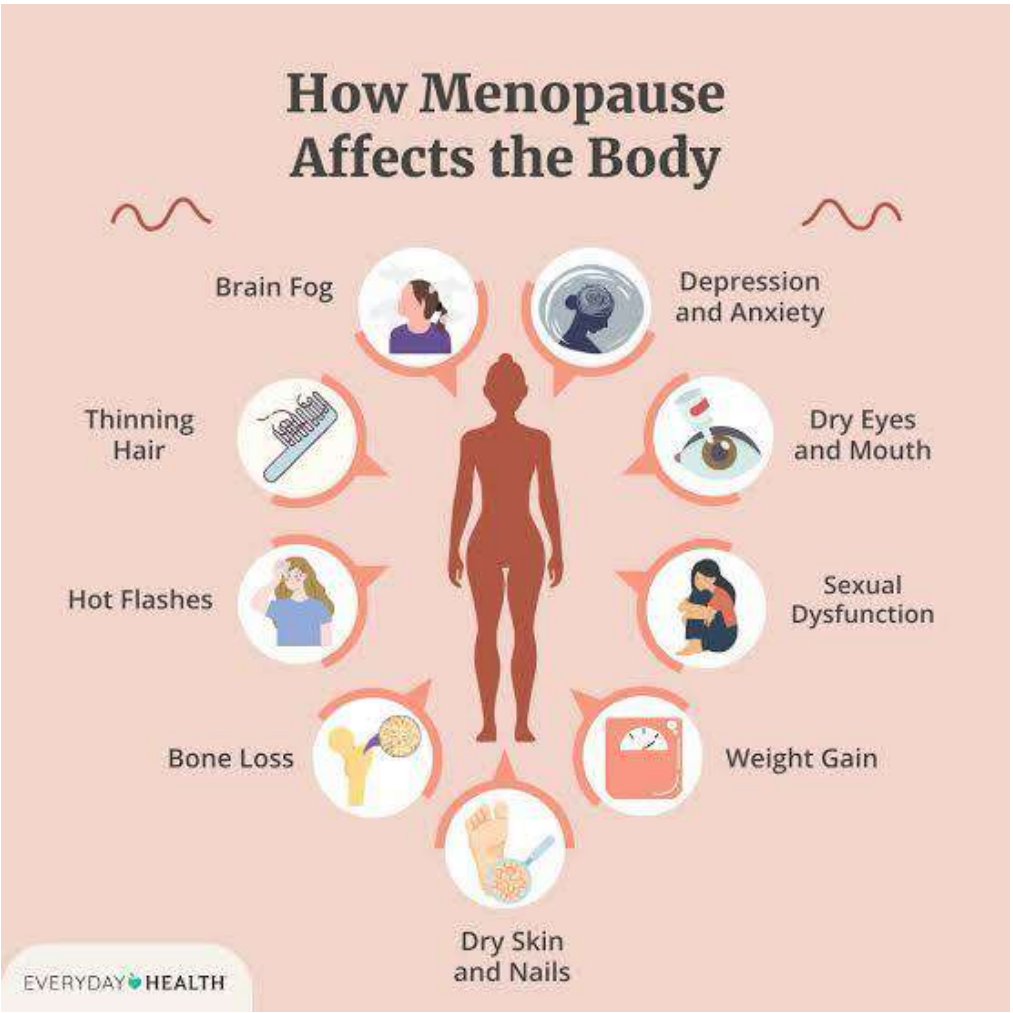
Lifestyle changes, including a diet that would be heart-healthy and ordinary workout, combined with regular monitoring of cardiovascular markers, will work in reducing the risk of the disease.

10.3. Genitourinary Syndrome of Menopause (GSM):

Genitourinary syndrome of menopause (GSM) refers to the constellation of consequences on the urinary and genital tracts that occur as a result of the decline of estrogen. It is characterized by symptoms such as dryness, itchiness, burning sensation, dyspareunia, and recurrent urinary tract infections. Thinning of the tissues that constitute the vaginal and urinary tract tends to increase sensitivity, infection, and discomfort; therefore GSM can have several important impacts on sexual health, quality of life, and mental well-being. Vaginal moisturizers and lubricants as well as local estrogen therapy treatments may significantly alleviate GSM symptoms and genitourinary health.

10.4. Weight Gain and Metabolic Syndrome:

Changes in body composition are some of the aspects of menopause, and a significant gain of fat in the abdomen is usually associated with the loss of lean muscle mass. Such changes may lead to a gain in weight due to changes within the abdominal area, increasing the possibility of this gaining weight developing into a cluster of conditions identified as metabolic syndrome, which involves high blood pressure, insulin resistance, high triglycerides, and central obesity. Metabolic syndrome is a significant risk factor for type 2 diabetes and cardiovascular disease. Weight Gain and Metabolic Changes.



11. RISK FACTORS:

Menopause is a natural stage of aging, but several risk factors can influence the timing, experience, and health impacts of menopause. Here are key risk factors commonly examined in menopause research:

Age: Age is the main cause of menopause onset. Early menopause (before age 40) and early menopause (between years 40 and 45) increase the risk of long-term health issues, while natural menopause normally lasts between ages 45 and 55.

Genetics: The date of menopause is influenced by family history because daughters typically go through menopause at the same age as their mothers. Early menopause has also been connected to certain genetic markers that influence the risk of cardiovascular problems and osteoporosis.

Smoking: One of the most important lifestyle factors linked to early menopause is smoking. Because nicotine affects ovarian health and raises the risk of cardiovascular disease and bone loss, smokers frequently experience menopause 1-2 years earlier than non-smokers.

Medical Interventions: Medical treatments can lead to menopause. Various chemotherapy and radiation treatments for cancer can damage the ovarian tissue, resulting in the early onset of ovarian failure. Oophorectomy, that is, removal of the ovaries, causes an immediate start of menopause since it stops hormone production and leaves a person vulnerable to diseases.

Autoimmune Diseases: Conditions like rheumatoid arthritis or thyroid disorders may contribute to premature menopause. In this case, the autoimmune reaction damages ovarian tissue and accelerates the decline of estrogen production, resulting in an earlier menopause.

BMI: Women with lower body weight are prone to premature menopause because they have less fat tissue through which the estrogen is produced. Low body weight women may be more likely to enter menopause early, merely due to lower levels of estrogen. Conversely, women with higher amounts of body fat tend to delay menopause but are likely to feel hot flashes and other symptoms of menopause more severely.

History of Reproduction: Women who had no pregnancies or a lesser number of pregnancies are at a slightly elevated risk of experiencing early menopause. Earlier age of onset of menstrual flow also has a statistically significant association with an earlier age of occurrence of menopause.
Ethnicity and Cultural Background: From the studies, one can conclude that the symptoms of menopause and their severity differ across ethnic groups. For example, among African American and Hispanic women, the symptoms are believed to be more aggressive, while Asian women often experience fewer problems. Such a difference may be attributed to genetic, environmental, and sociocultural factors.

Chronic Health Conditions: This would also include chronic diseases such as diabetes, cardiovascular conditions, or metabolic syndrome. Such conditions may lead to the advancement and exacerbation of symptoms of menopause. Such women may have severe symptoms that will affect their health and well-being.

Psychological Stress: Apart from depression or tension, long-term stress may indirectly impact the hormonal balance causing early menopause or enhancing the symptoms of menopause. It alters the hypothalamic-pituitary-adrenal system in the body, thereby altering estrogen production and affecting the menstrual cycle.

Diet and Exercise: A healthy diet and regular exercise can delay the onset of menopause and may even reduce the severity of the symptoms. A diet lacking nutrient deficiency and no exercise may cause an early age for menopause and risk of health problems.
Environmental Toxins: Exposure to toxins, including endocrine-disrupting substances-freons found in plastics, pesticides, and pollutants-may rapidly advance to ovarian aging and result in an ear before the start of menopause, impacting fertility and long-term health.

12. Literature Survey on Menopause

Scientific literature has always presented menopause as the complex biological transition that takes place at the average age of 45 to 55 years, thus marking the definitive end of a woman's reproductive years. This transition is characterized by a natural decline in the function of the ovaries and associated hormonal changes and reductions mainly in estrogen and progesterone. According to Davis et al. (2015) and Santoro et al. (2016), the change has a wide range of effects on her body, both physiological and psychological, such as hot flashes, night sweats, mood swings, sleep problems, and bone density loss.

The mainstay treatment for menopausal symptoms since menopause was first described many years ago is hormone replacement therapy. HRT diminishes the risk and intensity of vasomotor symptoms and prevents the loss of bone density, thereby eliminating the possibility of osteoporosis in the postmenopausal period (Shifren & Gass, 2014). Conversely, research has found that prolonged HRT use poses risks, making the outcomes more probable in the development of cardiovascular disease, breast cancer, and stroke (Manson et al., 2013). This led to recommendations for tailor-made HRT, with a minimal dose sufficient for the shortest period to balance symptom relief with safety in consideration (NAMS, 2017).

Apart from the risks that HRT poses, other non-hormonal treatments have been advanced in the literature. SSRIs and SNRIs like paroxetine and venlafaxine, which have been used to treat hot flashes and mood disturbances, have proven to be effective (Freeman et al., 2014). Lifestyle interventions are also recommended as foundational approaches to enhance general health conditions and diminish symptoms through regular exercise and a balanced diet with a good intake of calcium and vitamin D (Elavsky & McAuley, 2007).

Alternative and complementary approaches, including acupuncture and herbal supplements, often appear in the menopause literature. A fairly low number of hot flashes and symptoms are reported to decrease with the use of acupuncture, with some variation in results (Avis et al., 2016). A more popular herbal supplement is the mixture containing black cohosh, red clover, or soy isoflavones, for their phytoestrogens that may represent a part of estrogen activity, although systematic studies confirming its effectiveness are rare (Borrelli & Ernst, 2008).

Psychological and social studies on menopause show the biological and cultural interconnectedness of the experience of menopause. Hormonal changes, such as mood changes, anxiety, and cognitive impairments, associated with menopausal transitions will be exacerbated by societal views about aging and menopause. Positive societal views about menopause have been associated with reduced distress related to symptomatology, where menopause is viewed as a life transition rather than a decline in life status.

More recent studies emphasize personalized and holistic management with the development of individualized hormone therapy regimens aimed at each woman's symptomatology, health history, and preference (Stuenkel et al., 2015). The newest literature also discusses genetics and looks into prospective biomarkers that could predict levels of symptom severity or treatment response again stressing the personalized approach (Kling et al., 2019).

Thus, literature on the subject of menopause calls for more holistic management approaches incorporating traditional, non-hormonal, and complementary therapies. Emerging research thus tends to support a patient-centered approach that allows for tailored menopause care best suited for optimizing the physical, psychological, and social features of this life stage.

13. Cases for Efficacy of Homoeopathic Treatment in Menopause.

13.1 CASE 1:

Name	Zara
Age	49
Major Symptoms	Painful hot flashes and night sweats.
Associated Symptoms	Tension, irritability, sleeplessness.
Vitals	Blood pressure: 125/80 mmHg; Heart rate: 78 bpm
Physical Examination	Barely raised BMI, no other abnormalities
Investigations	FSH elevated at 33 mIU/mL; estradiol level low at 20 pg/mL
Family History	Mother had menopause at 48 with intense hot flashes; no record of osteoporosis

Homoeopathic remedies for case:

- **Lachesis 30C** is prescribed for hot flashes, irritability, and sensitivity to heat.
- **Pulsatilla 200C** for mood swings and anxiety.

RESULTS:

After 3 months of therapy, Zara noted a decreased decline in hot flashes and night sweats by about 70%. Anxiety and mood swings improved, and she reported satisfactory sleep quality.

13.2 CASE 2:

Name	Areeba
Age	52
Major Symptoms	Vaginal dryness and painful intercourse
Associated Symptoms	Urinary urgency, recurrent UTIs, mild back pain
Vitals	Blood pressure: 120/78 mmHg; Heart rate: 75 bpm
Physical Examination	Vaginal atrophy was reported; slight compassion in the lumbar area
Investigations	FSH at 36 mIU/mL; estradiol low at 15 pg/mL; bone density scan indicates early signs of osteopenia
Family History	Both mother and sister experienced osteoporosis

Homoeopathic remedies for case:

- **Sepia 200C** – chosen for vaginal dryness, urinary urgency, and low libido.
- **Calcarea phosphorica 30C** for early signs of bone weakness and back pain.

RESULTS:

After 4 months of treatment, Areeba experienced less discomfort during intercourse, fewer UTIs, and reduced urinary urgency. She also reported improvement in lower back pain and maintained stable bone density.

13.3. CASE 3:

Name	Maheen
Age	50
Major Symptoms	Mood swings, irritability, and low energy
Associated Symptoms	Mild weight gain, bloating, and digestive discomfort
Vitals	Blood pressure: 130/85 mmHg; Heart rate: 82 bpm
Physical Examination	Central abdominal weight gain noted; no other abnormalities
Investigations	FSH elevated at 38 mIU/mL; estradiol at 18 pg/mL; a slight increase in LDL cholesterol
Family History	Family history of high cholesterol and cardiovascular disease

Homoeopathic remedies for case:

- **Ignatia 30C** for mood swings, emotional sensitivity, and irritability.
- **Nux vomica 200C** for digestive issues, bloating, and low energy.

RESULTS:

After 3 months, Maheen reported more balanced moods, fewer irritability episodes, and increased energy levels. Digestive issues and bloating improved significantly, and she maintained her weight.

13.4 CASE 4:

Name	Sumaiya
Age	54
Major Symptoms	Chronic joint pain and stiffness, especially in knees
Associated Symptoms	Hot flashes, fatigue, mild depression
Vitals	Blood pressure: 128/80 mmHg; Heart rate: 80 bpm
Physical Examination	Reduced flexibility in knees; BMI within normal range
Investigations	Elevated FSH at 42 mIU/mL; low estradiol at 12 pg/mL; DXA scan shows decreased bone density
Family History	Mother had arthritis and osteoporosis; father had a history of joint pain

Homoeopathic remedies for case:

- **Calcarea carbonica 200C** for bone health, joint pain, and hot flashes.
- **Rhus Toxicodendron 30C** for stiffness and joint discomfort

RESULTS:

After 5 months, Sumaiya reported decreased joint pain and stiffness, especially with consistent exercise. Hot flashes were reduced by half, and she noted improved energy and mood stability. Bone density remained stable.

13.5 CASE 5:

Name	Sara
Age	48
Major Symptoms	Persistent fatigue and low libido
Associated Symptoms	Mood swings, mild depression, and difficulty concentrating ("brain fog")
Vitals	Blood pressure: 118/76 mmHg; Heart rate: 72 bpm
Physical Examination	Slight pallor, otherwise normal physical findings
Investigations	FSH elevated at 30 mIU/mL; estradiol level low at 17 pg/mL; normal thyroid function
Family History	Mother had menopause at 49, experienced depression and low energy

(

Homoeopathic remedies for case:

- **Sepia 30C** is prescribed for low libido, fatigue, and depressive symptoms.
- **Kali phosphoricum 6X** for mental clarity and to alleviate "brain fog" and concentration difficulties

RESULTS:

After 3 months, Sara reported a marked improvement in energy levels and concentration. Mood swings and depressive symptoms reduced significantly, and she noted a gradual increase in libido. Overall, her quality of life and feeling of well-being improved notably.

14. Discussion.

Menopause is a substantial life phase that brings hormonal shifts affecting different aspects of a woman's health. As estrogen levels decrease, women may encounter symptoms such as hotglints, night sweats, mood swings, and increased risk for conditions like osteoporosis and cardiovascular disease. These symptoms can interfere with a woman's daily life, simulating her physical, emotional, and mental well-being. Traditional approaches to manipulating menopausal symptoms include hormone replacement therapy (HRT), which can alleviate symptoms but is associated with certain risks, including increased likelihood of breast cancer and cardiovascular issues. This has led many women to seek alternative or supportive treatments.

Homeopathy is increasingly acknowledged as a helpful supportive therapy in menopause and women's hormonal health, as it offers individualized, non-invasive treatment options that can complement or even replace traditional therapies. Homeopathic treatment for menopausal symptoms is highly personalized, taking into account the totality of symptoms, constitutional type, miasmatic background, and temperament of the patient. Remedies are selected based on each woman's unique symptom shape, aiming not only to alleviate symptoms but also to promote equilibrium and long-term health.

This study was performed to collect data from females experiencing menopausal symptoms and hormonal health problems. The data show that symptoms often strengthen during perimenopause and menopause, commonly in women aged 45–60. Another notable finding was the prevalence of menopausal symptoms in women with a BMI greater than 25.4, suggesting that weight may play a role in symptom severity. In addition, hot flashes and heavy menstrual bleeding were among the most repeatedly reported symptoms.
Homeopathic remedies selected according to the principles of the Organon of Medicine proved useful in managing these symptoms, offering relief from hot flashes, mood swings, and sleep disturbances. Remedies such

as Sepia, Pulsatilla, and Lachesis were particularly helpful, with women experiencing fewer and less intense symptoms over time. Beyond symptomatic relief, homeopathy also helped stabilize hormonal fluctuations, enhancing the overall quality of life during menopause. This individualized approach aligns with holistic health principles, aiming to restore balance in a way that supports women's physical and emotional health throughout the menopausal transition.

15. Conclusion.

In conclusion, this study underscores the effectiveness of homeopathic medicine as a valuable supportive therapy for managing menopause and enhancing hormonal health in women. Menopause is a natural biological transition that typically occurs between the ages of 45 and 55, marked by the gradual decline of estrogen and progesterone. This hormonal shift often brings about a range of challenging symptoms, including hot flashes, night sweats, mood swings, sleep disturbances, vaginal dryness, and decreased bone density, all of which can disrupt daily life and well-being. Traditional treatments, such as hormone replacement therapy (HRT), are effective in alleviating these symptoms but carry potential risks, such as increased susceptibility to cardiovascular disease, breast cancer, and blood clots, leading many women to seek safer, natural alternatives.

Homeopathy, with its individualized approach, has shown promise in addressing both the physical and emotional symptoms of menopause by selecting remedies based on each woman's unique symptom profile, constitution, temperament, and miasmatic background. Key homeopathic remedies used in menopausal symptom management include Sepia, Lachesis, and Pulsatilla. Sepia is particularly beneficial for women experiencing emotional fatigue, irritability, and mood instability, as well as physical symptoms like hot flashes and night sweats. Lachesis, derived from bushmaster snake venom, is helpful for women suffering from intense hot flashes, hypersensitivity to heat, and emotional outbursts, providing relief by stabilizing these intense reactions. Pulsatilla is frequently prescribed for those experiencing hormonal imbalance, mood swings, and emotional sensitivity, helping to foster emotional resilience and restore a sense of balance.

The findings from this study's case analyses reveal that homeopathic treatment not only reduced the intensity and frequency of menopausal symptoms but also helped in preventing the recurrence of symptoms. Additionally, homeopathic remedies provided improvements in quality of sleep, emotional well-being, and overall energy levels, without the adverse side effects often associated with conventional treatments. The holistic nature of homeopathy supports women's overall health during menopause, contributing to both symptom relief and long-term wellness by working with the body's natural processes.

This study suggests that homeopathy may serve as a viable alternative or complementary approach for women who prefer non-invasive treatment options. By focusing on individualized care, homeopathic medicine empowers women to navigate menopause with greater comfort, resilience, and improved quality of life, offering a holistic, low-risk approach that addresses the comprehensive health needs of women during this significant life stage.

15.1. RECKEWEG FOR MENOPAUSE.

Homeopathic remedies can be valuable in managing menopause symptoms gently and naturally:

- **Ashoka Q:** Known to support uterine health, it helps reduce excessive bleeding, calm irritability, and ease discomfort during menopause.
- **Helonias Q:** Often used for fatigue and weakness, it helps restore vitality and balances hormonal disturbances linked to menopause.
- **Pulsatilla:** Effective for mood swings and hot flashes, Pulsatilla is known to relieve anxiety and emotional fluctuations common in menopause.

Reckeweg offers several homeopathic remedies that can help manage menopause symptoms. Some common ones are:

1. **R10** – Specifically designed for menopausal symptoms, R10 may help with hot flashes, mood swings, anxiety, and other hormonal imbalances associated with menopause. It contains ingredients like Sepia, Lachesis, and Sulfur, known in homeopathy for addressing menopausal issues.
2. **R28** – This is often used for symptoms related to hormonal disturbances, such as irregular menstruation, fatigue, and mood swings. It can help balance hormones and alleviate symptoms of hormonal imbalances, including menopause-related ones.
3. **R19** – Primarily aimed at thyroid function, R19 can be helpful if menopause symptoms include thyroid-related issues like weight gain or fatigue.
4. **R31** – For symptoms such as joint pain, muscle aches, and stiffness that sometimes accompany menopause, R31 may provide some relief.
5. **R2** – If circulatory symptoms like hot flashes and palpitations are prominent, R2 is sometimes recommended.

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17. Appendices:

AL-SHEIKH HOMOEOPATHIC WELFARE CLINIC

الشیخ ہومیو پیتھک ویلفیئر کلینک

Phone No : 051-5552742

PHC Registration No. 47404

اوقات کار صبح 10:00 تا 07:00 بجے رات

ناغہ بروز اتوار

Ref #_____ Time:_____ Sex: F Age: 49 Date 6-11-24

Patient Name: Zara S/O, D/o W.o Khalid

Address:_____ Cell:_____

B.P 100/80 Temp: 99°F Weight: 65 Pulse:_____ Allergic:_____

Symptoms Severe hot flashes and night sweats

Findings_____

Inscriptions

H_x : Mother had menopause with severe hot flashes at the age of 48.

R_x :

① Lachesis 30. (tds)

② Pulsatilla 200 (bds)

Subscription

Instructions:

Signature/Stamp

دوا ایک ہفتہ استعمال کے بعد تشریف لائیں، اور پرچی ہمراہ لائیں۔

BB-62 شاہ اللہ دتہ روڈ، نزد پل شاہ نذر دیوان، راولپنڈی

SHAOOR HOMOEO CLINIC

Homoeopathic
Dr. Noreen Umar Malik
D.H.M.S., R.H.M.P.
+92 317 1079594

Patient Name: Areeba Contact No:

Age: 52 Gender: Female Date: 7-11-24

Rx

① Sepia 200 (1tds)

BP: 120/78

② Calcarea Phosphorica 30 (1bds)

HR: 75bpm

C/O:

Vaginal Dryness and Painful intercourse.

FX

Both mother and sister experienced osteoporosis

Sign & Stamp

B.H.M.C

ریڈ ہومیو میڈیکل کمپلیکس

ڈاکٹر آصف محمود ملک
ایم ڈی (بی۔ایچ۔ایم۔سی)
ڈی۔ایچ۔ایم۔ایس (پنجاب)
آر۔ایم۔پی۔ایچ
0336-3555608

ڈاکٹر حافظ محمد شفیق عباسی
ایم ڈی (بی۔ایچ۔ایم۔سی)
ڈی۔ایچ۔ایم۔ایس (پنجاب)
آر۔ایم۔پی۔ایچ
0321-5632613
0312-9889124

ڈاکٹر مسز شفیق عباسی
ڈی۔ایچ۔ایم۔ایس
آر۔ایم۔پی
ہومیو گائنوکالوجسٹ
0321-5632613
0312-9889124

Rx

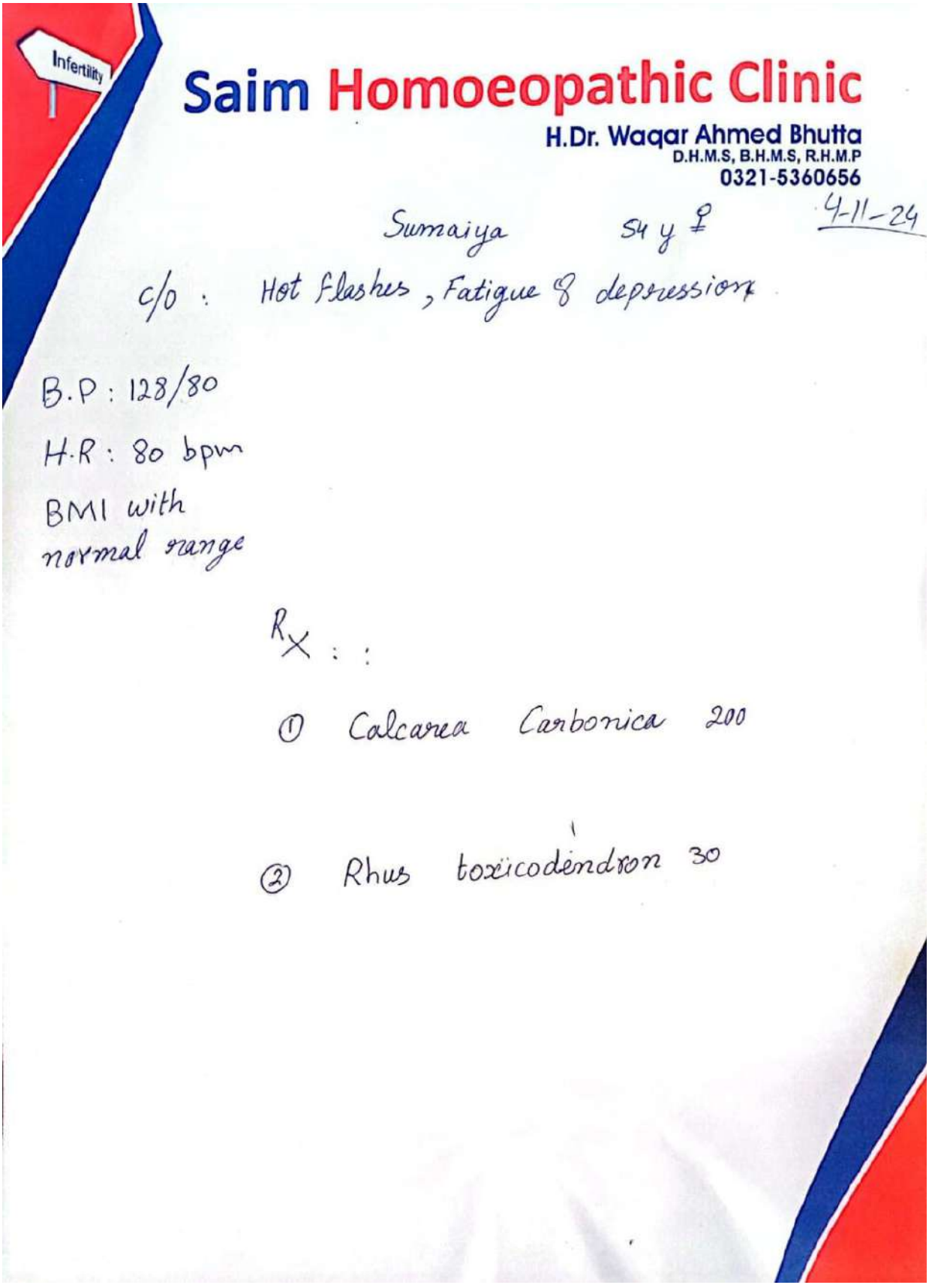
Maheen 60/F 1-11-24

(1) Ignatia 30 (Tabs)

(2) Nux Vomica 200 (bels)

B.P. : 130/85

H.R. 82BPM C/O : Mood swings
digestive discomfort



Saim Homoeopathic Clinic

H.Dr. Waqar Ahmed Bhutta
D.H.M.S, B.H.M.S, R.H.M.P
0321-5360656

Sumaiya 54 y ♀ 4-11-24

c/o : Hot flashes, Fatigue & depression

B.P : 128/80

H.R : 80 bpm

BMI with normal range

℞ : :

① Calcarea Carbonica 200

② Rhus toxicodendron 30

BILAL HOMOEO MEDICAL COMPLEX

Prof. Dr. Abdul Sattar

M.Sc. M.Phil.
D.H.M.S (R.H.M.P)
NCH # 94967
Kohsar Homoeopathic Medical College Rawalpindi

پروفیسر ڈاکٹر عبدالستار
ایم۔ایس۔سی۔ایم فل
ڈی۔ایچ۔ایم۔ایس۔ار ایچ ایم پی۔
پی۔این سی ایچ
کوہسار ہومیوپیتھک میڈیکل کالج راولپنڈی

Sara 48y ♀ 29-10-24

C/O:
Persistant fatigue & low libido

B.P: 118/76

H.R: 72bpm

Fx: Mother had menopause at 49, with depression & low energy.

Rx:

Sepia Offacinalis – 30

(tds)

Kali Phosphoricum -6X

(4+4+4)

Twin city Plaza
Murree Road, Faizabad
Rawalpindi
+92-333-5173043
dsattar512@gmail.com