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FROM RUBRICS TO RELIEF: BOERICKE REPERTORY-BASED HOMOEOPATHIC MANAGEMENT OF MENOPAUSAL SYNDROME

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ABSTRACT: Menopausal syndrome is a multidimensional clinical entity characterized by vasomotor, psychological, urogenital, and somatic symptoms arising due to the physiological decline in ovarian hormonal function during the menopausal transition. The increasing life expectancy of women has resulted in a growing population experiencing prolonged postmenopausal morbidity, significantly affecting quality of life. Conventional management, though effective, carries limitations and contraindications, particularly with hormone replacement therapy. Homoeopathy, based on individualization and the law of similars, offers a non-hormonal, holistic alternative. Boericke's Pocket Manual of Homoeopathic Materia Medica and Repertory serves as a concise clinical tool integrating repertorial rubrics with materia medica, facilitating accurate remedy selection in menopausal cases.

INDEXTERMS- Menopausal syndrome; Boericke repertory; Individualized homoeopathic medicine; Menopause Rating Scale; Rubrics

INTRODUCTION:

Menopause is a natural physiological milestone marking the permanent cessation of menstruation and the end of a woman's reproductive life.[1] It is accompanied by a variety of physical, psychological, and urogenital symptoms collectively termed menopausal syndrome, which may persist for several years and adversely affect daily functioning and well-being.[2]

According to World Health Organization (WHO), Menopausal Syndrome is classified under ICD-11 Code GA30.3 of International classification of disease (ICD-11).[3]

Globally, the number of postmenopausal women is increasing, particularly in low- and middle-income countries,

creating a growing public health concern.[4] Homoeopathy, with its individualized approach, addresses the totality of symptoms rather than isolated complaints.[5] Boericke's Pocket Manual Repertory, with its clinically arranged rubrics related to menopause, provides a practical framework for remedy selection corresponding to symptom domains assessed by standardized tools such as the Menopause Rating Scale (MRS).[6,7]

DEFINITION:

Menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity and is diagnosed retrospectively after twelve consecutive months of amenorrhoea for which no other pathological or physiological cause is identified. It represents a normal biological transition rather than a disease process.[1,2,8]

PREVALENCE:

Menopause is a universal event affecting all women who reach midlife.[2,8] The average age of natural menopause worldwide ranges between 45 and 55 years, with regional variations.[2,9,10,11] In India, the mean age of menopause is approximately 47 years, which is slightly earlier than in Western populations.[8,12] A significant proportion of Indian women experience early menopause, attributed to nutritional, socioeconomic, and health-related factors.[8,10,11] Community-based studies from Gujarat have reported a high prevalence of somatic symptoms such as fatigue, musculoskeletal pain, sleep disturbances, and vasomotor complaints among peri- and postmenopausal women.[13]

CLASSFICATION:

- **Natural menopause**, occurring spontaneously due to ovarian follicular depletion.[2,8,9,10]
- **Induced menopause**, resulting from medical interventions such as chemotherapy or radiotherapy.[2,9,10]
- **Surgical menopause**, following bilateral oophorectomy, often associated with sudden onset and severe vasomotor symptoms due to abrupt estrogen withdrawal.[2,8,9,10,11]

MENOPAUSAL STAGING BY DR. BEHRAM ANKLESARIA (1997):[2]

- **Stage I** extends from the onset of early perimenopausal symptoms such as vasomotor instability to the final menstrual period, typically lasting 3–5 years.
- **Stage II** begins from menopause and extends up to five years post-menopause and is subdivided into Stage IIA and IIB. Stage IIA includes vasomotor instability and urethral symptoms within the first year, while Stage IIB includes atrophic vaginitis, dyspareunia, urinary symptoms, and psychological changes.
- **Stage III** begins five years after menopause and includes late complications such as cardiovascular disease and osteoporosis.

FACTORS INFLUENCING AGE OF MENOPAUSE:

The age at which menopause occurs is influenced by genetic predisposition, nutritional status, body mass index, smoking habits, parity, socioeconomic status, and ethnicity. Undernourished women and smokers tend to experience menopause earlier, while women from higher socioeconomic strata may have a slightly delayed onset. Asian women generally attain menopause earlier than Western women.[9,11]

ENDOCRINOLOGY OF MENOPAUSE:

Hypothalamo–Pituitary–Gonadal Axis: Menopause results from ovarian follicular depletion leading to reduced estrogen and inhibin B levels. This causes loss of negative feedback on the hypothalamus and pituitary gland, resulting in increased gonadotropin-releasing hormone secretion and marked elevation of follicle-stimulating hormone and luteinizing hormone levels, producing a hypergonadotropic hypogonadal state.[2,8,10]

Hormonal Changes: Estradiol levels decline significantly, while estrone becomes the predominant circulating estrogen due to peripheral conversion in adipose tissue. Progesterone secretion becomes negligible due to cessation of ovulation. Gonadotropins, especially FSH, rise markedly and serve as a reliable laboratory marker of menopause.[2,9,10,11]

Organ Changes: Ovaries undergo fibrosis and complete follicular depletion. The uterus and endometrium become atrophic, and the vaginal epithelium thins, leading to dryness and increased susceptibility to infections. Estrogen deficiency accelerates bone resorption and adversely alters lipid metabolism, increasing cardiovascular risk.[2,8-12]

MENSTRUAL PATTERN PRIOR TO MENOPAUSE:

The menopausal transition is characterized by initial shortening of menstrual cycles due to luteal phase defects, followed by oligomenorrhoea, missed periods, and irregular heavy bleeding. Anovulatory cycles become increasingly common before the final menstrual period.[2,8,11]

MENOPAUSAL SYMPTOMS:

Menopausal symptoms include vasomotor disturbances such as hot flushes and night sweats, urogenital atrophy leading to urinary complaints and vaginal dryness, psychological symptoms including anxiety, irritability, insomnia, and depression, musculoskeletal pain, sexual dysfunction, and long-term risks such as osteoporosis and cardiovascular disease.[2,8-12]

DIAGNOSIS:

Menopause is primarily a clinical diagnosis confirmed retrospectively after twelve months of amenorrhoea. A detailed menstrual history, symptom assessment, and exclusion of pathological causes are essential. WHO and CCRH guidelines emphasize symptom-based diagnosis supported by standardized tools like the Menopause Rating Scale.[2,8-12]

MENOPAUSAL RATING SCALE (MRS) IN ASSESSMENT:[7,14]

The MRS is a standardized instrument for quantifying severity of menopausal symptoms, encompassing:

- Somatic/Vasomotor: Hot flushes, sweating, heart discomfort
- Psychological: Depression, irritability, anxiety, fatigue
- Urogenital: Sexual problems, bladder problems, vaginal dryness

Scores range from 0 (none) to 4 (very severe) for each symptom, enabling objective assessment of symptom burden. This tool can guide treatment response monitoring in homoeopathic practice.

DIFFERENTIAL DIAGNOSIS: [2,8-12]

Conditions to be excluded include;

- Pregnancy;
- Thyroid disorders;
- Hyperprolactinemia;
- Premature ovarian insufficiency (POI);
- Polycystic ovarian syndrome (PCOS);
- Hypothalamic amenorrhoea;
- Uterine pathology;

- Chronic systemic illnesses.

INVESTIGATIONS IN MENOPAUSE: [2,10-12,15]

- Routine investigations are not required in typical cases over 45 years.
- Hormonal assays such as FSH, estradiol, and inhibin B may be used in diagnostic uncertainty.
- Bone mineral density assessment, lipid profile, and pelvic imaging are recommended for risk stratification.

MANAGEMENT OF MENOPAUSE:

Management includes lifestyle modification, reassurance, dietary measures, hormone replacement therapy where indicated, non-hormonal pharmacological options, and individualized homoeopathic treatment aimed at improving quality of life and preventing long-term complications.[2,8,10-12,15]

HOMOEOPATHIC MANAGEMENT: [6,16,17]

Remedy	Key Menopausal Indications
Sepia	Hot flushes, indifference, mood swings, vaginal dryness, fatigue
Lachesis	Intense flushes, loquacity, sensitivity to heat, urogenital complaints
Sulphur	Heat, burning, night sweats, skin dryness
Pulsatilla	Emotional, changeable mood, sleep disturbances, bloating
Natrum muriaticum	Silent grief, headaches, dryness, emotional suppression
Calcarea carbonica	Sweats, fatigue, joint pains, anxiety
Graphites	Constipation, dry skin, joint stiffness
Ignatia	Depression, emotional sensitivity, weeping easily
Belladonna	Throbbing headaches, red hot flushes, face redness

BOERICKE REPERTORY – COMPREHENSIVE RUBRICS: [6]

Below is a complete mapping of all relevant menopausal symptoms with Boericke rubrics and frequently indicated remedies.

Vasomotor Symptoms-

Symptom	Boericke Rubrics	Remedies
Hot flushes	Heat – flushes; Climacteric – hot flushes	Sepia, Lachesis, Sulphur, Belladonna
Night sweats	Perspiration – night; Sweat – profuse – menopause	Sulphur, Sepia, Calcarea carb
Palpitations	Heart – palpitation – climacteric	Lachesis, Sepia, Pulsatilla
Face red/flushes	Face – red; Face – hot	Belladonna, Sulphur, Sepia
Throbbing head	Head – throbbing – flushes	Belladonna, Glonoinum

Mental / Emotional Symptoms-

Symptom	Boericke Rubrics	Remedies
Irritability	Mind – irritability – climacteric	Sepia, Natrum muriaticum, Pulsatilla
Anxiety	Mind – anxiety – climacteric	Lachesis, Pulsatilla, Arsenicum album
Depression	Mind – depression – menopause	Sepia, Natrum muriaticum, Ignatia
Weeping easily	Mind – weeping easily	Pulsatilla, Ignatia, Sepia
Indifference / Apathy	Mind – indifference – menopausal	Sepia, Calcarea carb, Lachesis
Mood swings	Mind – changeable – climacteric	Pulsatilla, Lachesis, Sepia
Memory loss	Mind – forgetful – climacteric	Natrum muriaticum, Sepia, Sulphur

Sleep Disturbances-

Symptom	Boericke Rubrics	Remedies
Insomnia	Sleep – sleeplessness – climacteric	Sulphur, Sepia, Nux vomica
Restless sleep	Sleep – restless	Pulsatilla, Lachesis
Unrefreshing sleep	Sleep – unrefreshing	Sepia, Calcarea carb
Nightmares	Dreams – anxious	Arsenicum album, Sepia
Frequent awakening	Sleep – frequent waking	Sepia, Pulsatilla

Musculoskeletal symptoms-

Symptom	Boericke Rubrics	Remedies
Joint pain	Extremities – pain – joints – menopause	Calcarea carb, Graphites, Sepia
Muscle cramps	Extremities – cramp – climacteric	Magnesia phosphorica, Cuprum
Backache	Back – pain – climacteric	Sepia, Calcarea carb, Rhus tox
Stiffness	Joints – stiffness – menopause	Rhus tox, Bryonia
Osteoporosis / Bone weakness	Bones – weak – menopause	Calcarea phosphorica, Calcarea carb

Urogenital / Genital Symptoms-

Symptom	Boericke Rubrics	Remedies
Vaginal dryness	Vagina – dryness	Sepia, Sulphur, Natrum muriaticum
Dyspareunia	Sexual desire – painful intercourse	Sepia, Lachesis
Decreased libido	Sexual desire – diminished	Sepia, Natrum muriaticum, Lachesis
Urinary frequency	Urinary – frequency – menopause	Sepia, Pulsatilla
Urinary incontinence	Urinary – incontinence – climacteric	Sepia, Causticum
Menses – suppressed	Menses – suppressed – climacteric	Sepia, Lachesis, Pulsatilla

Gastrointestinal / Digestive Symptoms-

Symptom	Boericke Rubrics	Remedies
Constipation	Stool – constipated – climacteric	Sulphur, Graphites, Sepia
Bloating	Abdomen – bloating	Lycopodium, Pulsatilla
Appetite changes	Appetite – variable – climacteric	Pulsatilla, Sepia

Skin / Dermatological Symptoms-

Symptom	Boericke Rubrics	Remedies
Dry skin	Skin – dry – climacteric	Graphites, Sepia, Sulphur
Hot flushes of face	Face – hot	Belladonna, Sepia

Other / Systemic Symptoms-

Symptom	Boericke Rubrics	Remedies
Fatigue	Generalities – weakness – menopause	Sepia, Calcarea carb, Sulphur
Headache	Head – headache – climacteric	Belladonna, Glonoinum, Sepia
Dizziness	Vertigo – climacteric	Gelsemium, Lachesis

RECOMMENDATION:

Further research is required to strengthen the scientific evidence of Boericke repertory-based individualized homoeopathic management in menopausal syndrome. Large-scale multicentric studies with bigger sample sizes and longer follow-up periods are needed to validate and generalize the findings. Randomized controlled trials comparing homoeopathic treatment with conventional management modalities may provide stronger clinical evidence regarding efficacy and safety. Future studies may also incorporate objective hormonal and biochemical parameters along with standardized assessment tools like the Menopause Rating Scale for comprehensive evaluation. Additionally, comparative research between Boericke's repertory and other homoeopathic repertories may help in understanding their relative clinical utility in menopausal cases.

CONCLUSION:

Boericke repertory-based individualized homoeopathic management offers a structured, holistic, and non-hormonal approach to menopausal syndrome. Its integration with standardized assessment tools like the MRS enhances scientific evaluation and clinical relevance, making it a valuable modality in menopausal care.

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