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CASE STUDY

POST-MENOPAUSAL SYNDROME - A CASE STUDY

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Abstract

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Key Word- Menopause, Pre-Menopause, Peri Menopause, Homoeopathy, MRS etc

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Background- A case of woman aged 55 years having postmenopausal symptoms treated with homoeopathic medicines. Post menopause period refers to the time after menopause has set and may continue for 2 to 5 years after it.

Material and methods- The patient has prescribed using homoeopathic principles; then assessed with MRS (menopause rating scale). The first score chart is being mentioned here. The result in terms of score is established after maintaining chart after each follow up of case.

Result- Homoeopathic treatment has reduced the MRS score of the patient suggesting the utility of homoeopathic medicine in treatment of post-menopausal complaints.

INTRODUCTION

Menopause refers to permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It takes 12 consecutive months of amenorrhoea to confirm that menopause has set in, and therefore it is a retrospective diagnosis. Age of menopause is ranges between 45 and 55 years.

Premenopause refers period prior to menopause. Climacteric is the period of time during which a woman from reproductive passes to nonreproductive stage that phase covers 5-10 side of menopause. years either Perimenopause is the part of climacteric when the menstrual cycle is likely to be irregular. **Postmenopause** is the phase of life that comes after the menopause.

Pathophysiology

During climacteric, ovarian activity declines. Initially, ovulation fails. no corpus luteum forms and no progesterone is secreted by the ovary. Therefore the premenopausal menstrual cycles are often anovulatory and irregular. Later graafian follicles also fail to develop, oestrogenic activity is reduced and endometrial atrophy leads to amenorrhoea. Cessation of ovarian activity and a fall in the oestrogen level cause a rebound increase in the secretion of FSH by the anterior pituitary. With further advancing years, gonadotropin activity of the pituitary gland also ceases, results in a fall of FSH level eventually.

Changes Related to Menopause

The most common and most noticeable changes are:

- Neurological- Vasomotor symptoms, paraesthesia; take the form of pins and needles sensation in extremities. Hot flush which is characterised by sudden heat followed by profuse perspiration.
- Libido- Sexual feeling may increase in some women, however many experience decreased libido.
- Urinary tract- oestrogen deficiency can cause urethral caruncle, dysuria, with or without infection, urge and stress incontinence.
- Cardiovascular risk of cardiovascular disease is high in post-

- menopausal women due to oestrogen deficiency. Oestrogen prevents cardiovascular disease by increasing HDL and decreasing LDL and total cholesterol.
- Psychological changes- anxiety, headache, insomnia, irritability, depression, dysphasia, mood swings, lack of concentration and dementia.
- > Osteoporosis and fracture
- > Organ changes- atrophy of urogenital and reproductive organs, etc.

Not all the women experience the above-mentioned symptoms and changes with same intensity rather; it may depend on their constitution and susceptibility.

Case Study

Preliminary Data-

Name of patient- XYZ Age/sex- 55/F

Date- 19.02.2023 Occupation- Housewife

Religion- Hindu

ODP- Patient has burning sensation per urethra since 3 days. Burning sensation extending from tongue to stomach since few days. Patient is experiencing burning sensation all over internally and externally very often since 3-4 years. Recurrent hot flushes since menopause i.e. at the age of 50. Urine test report is normal.

Physical Generals-

Appetite- Normal/	Stool- Once/day,
adequate	satisfactory
Thirst- Thirstless-	Urine- 7-8 times/day
3-4 glasses/day	Perspiration-
Desire- sweets	Profuse in summer
(sugar), salty food	Gyn/obs h/o-
Aversion- N.S.	G2,P2,A2,L2
Thermals- Hot	Menopause at 50
	years of age

- ➤ Medical History- It is a K/C/O hypertension. She is on hypertensive drugs since 5 years
- Physical examination- Average built.
 No eruption on skin. No aphthous/redness in mouth and throat.
 B.P. 130/90 mm hg
- Mental Generals-Patient is expressing violent anger since few months. She is very anxious about what other says about their health, she thinks that she is also having such complaints. Very anxious/suspicious about her health that surely she is having something serious and sometimes even falls sick. Fear of thunderstorm since young age, fear of heights. She is experiencing all the physical and emotional changes after menopause has been set. She had dreams of snakes (in past).
- Provisional Diagnosis- Post-menopausal syndrome

Whi	Which of the following symptoms apply to you at this time?								
(X C	ONE Box For EACH Symptom) For Symptoms That Do Not Apply	, Please Mr	ark "None	n:					
	Symptoms:				-	extreme			
		none	mild	moderate	severe	seve			
	Score		1	2	3				
1.	Hot flashes, sweating (episodes of sweating)				Ø				
2.	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)		Ø						
3.	Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)			12					
4.	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)			0	12				
5.	Irritability (feeling nervous, inner tension, feeling aggressive)			0	12				
6.	Anxiety (inner restlessness, feeling panicky)	-			B.				
7.	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in								
	concentration, forgetfulness)			园					
8.	Sexual problems (change in sexual desire, in sexual activity and satisfaction)								
9.	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	Ø				C			
	Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	Ø				C			
11.	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)		M			г			

Total Score= 18

Totality of Symptoms-

- Violent anger
- ➤ Burning per urethra
- > Burning in tongue extending to stomach
- ➤ Hot flushes
- > Thirstlessness
- Desire cold things
- >Cold application
- ➤ < Warm weather
- >Cold washing

Probable Medicines- Apis mel. Pulsatilla, Lachesis

Chief complaints could be cover by above-mentioned medicines. However, there is absence of peripheral sensitivity of Lachesis, Pulsatilla is lacking in violent aggression. Violent anger and intense burning are well indicate Apis mel.

Prescription- Apis mel 200 BD for 2 days followed by SL for 2 weeks

FUP 1- Date- 7.03.2023

Urethral burning disappear.

Burning sensation in mouth to epigastria relieved, hot flushes disappear. Heat in general reduced. Aggression and anger much reduced. Patient gets emotional, weeps easily on slightest cause and need someone near her, as if she needs attention. Patient is still thirstless. Skin become dry causes itching.

Score- 10

Prescription- Pulsatilla 200 BD for 2 days followed by SL for 2 weeks

FUP 2- Date- 20.03.2023

Patient is emotionally stable. Still need someone to talk, needs company. Sleep better. Skin improved, no itching. Thirst slightly increased. Burning disappear.

Score- 4

Prescription- Placebo for 10 days

FUP 3- Date- 29.03.2023

Burning in tongue to epigastria reappear, general burning sensation reappear, less in intensity aggravated after taking spicy food, sensation as if aphthous in mouth and oesophagus (subjective). Dreams of snakes 2-3 times. Patient craves for sweet and taking extra salt.

Complaints reappear due to some dietary error but with lesser intensity.

Prescription- Arg. nit 200 BD for 2 days followed by SL for 5 days

FUP 4- Date- 05.04.2023

Burning sensation disappear. No cravings. Patient is mentally and emotionally better with general improvement in health.

Score- 0

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