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PSYCHIATRIC CHALLENGES DURING THE MENOPAUSE TRANSITION AND HOLISTIC HOMEOPATHIC APPROACH.

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ABSTRACT:-

This article deals with an overview of psychiatric disorders during the menopause transition and its homeopathic approach. Menopause is an inevitable phase of life in women which comes with various physical and mental health issues. Fourth decade of life in women is common age for the onset of menopause in which fluctuation in sex steroid hormones leads to physical and mental symptoms. Common presentation is usually in the form of vasomotor symptoms (hot flushes and night sweat), mood swings, irritability, anxiety, cognitive impairment etc., Homeopathy is a holistic science that focuses on the overall well-being of an individual. Individualized remedy is the mainstay of Homeopathic treatment, thus improving the quality of life in patients. In Homeopathy, taking the case includes the symptoms, possible causes in the individual, any concomitant symptoms, and considering the individual predisposition, mental picture, and physical symptoms.

KEYWORDS:-

Menopausal transition, depression, mood swings, insomnia, irritability, panic attacks, and Homeopathic Approach.

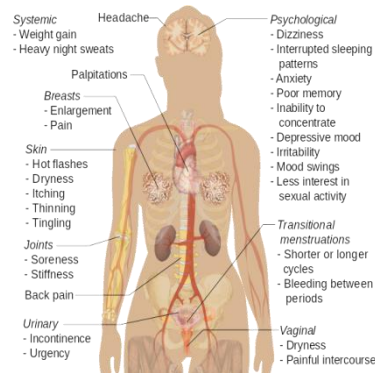
INTRODUCTION:-

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity and is one of the most significant events in the life of a female. It brings up a lot of physiological and psychological changes in the body of females leading to the development of a variety of symptoms. ¹ Menopause Transition is the period during which a woman passes from the reproductive to the non reproductive stage. This phase covers 4 - 7 years on either side of menses and is associated with elevated levels of serum FSH levels and variable length of menstrual cycle and/or missed menses.¹

- **Perimenopause**:- time starting a few years before continuing after the period of onset of menopause.
- **Climacteric**:- time after the cessation of reproductive function.¹
- **Postmenopausal**:- life that comes after the menopause.¹

The age of menopause ranges between 45- 55 years, the average being 47 years. Premature ovarian failure is defined as menopause before the age of 40 years. In cases following chemotherapy, ovarian resection. Although menopause is associated with changes in the hypothalamic and pituitary hormones that regulate the menstrual cycle, menopause is due to primary ovarian failure. In the ovary, there is a depletion of ovarian follicles. So, the ovary is no longer able to respond to the pituitary hormones, that is, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and ovarian estrogen and progesterone production cease.

Menopausal women continue to have low levels of circulating estrogens, from peripheral aromatization of ovarian and adrenal androgens. Adipose tissue is a major site of aromatization, so obesity affects many of the sequelae of menopause. The ovarian-hypothalamic-pituitary axis remains intact during the menopausal transition; thus, FSH levels rise in response to ovarian failure and the absence of negative feedback from the ovary. Atresia of the follicular apparatus, in particular the granulosa cells, results in reduced production of estrogen and inhibin, resulting in reduced inhibin levels and elevated FSH levels, a cardinal sign of menopause. During this period, hormonal changes can potentially lead to psychiatric disorders.²



Symptoms of Menopause

COMMON PSYCHIATRIC DISORDERS DURING MENOPAUSE ^{1,2}:-

- 1. Depression:-** Due to Fluctuations in hormones, particularly estrogen.
- 2. Anxiety:-** Symptoms like hot flashes and sleep disturbances can contribute to heightened anxiety.
- 3. Mood Swings:** Hormonal imbalances during menopause can cause mood swings, irritability, and emotional sensitivity.
- 4. Insomnia:-** Sleep disturbances are common during menopause due to night sweats, hot flashes, and hormonal fluctuations. Insomnia can contribute to or worsen other psychiatric symptoms.
- 5. Cognitive Changes:-** Some women experience memory lapses, difficulty concentrating, and reduced cognitive function during menopause. These changes are often referred to as "menopausal brain fog."
- 6. Panic Disorder:-** The physical symptoms of panic attacks, such as heart palpitations and shortness of breath, can overlap with menopausal symptoms.
- 7. Sexual Dysfunction:-** Menopause can lead to decreased sexual desire, discomfort during intercourse, and other sexual problems, which can contribute to psychological distress.
- 8. Body Image Issues:-** Hormonal changes can cause weight gain and alterations in body composition.

It's important to note that not all women experience psychiatric disorders during menopause, and the severity of symptoms can vary.

FACTORS CONTRIBUTING TO THE DEVELOPMENT OF PSYCHIATRIC DISORDERS DURING MENOPAUSE:-

The development of psychiatric disorders during menopause is complex and can be influenced by a combination of biological, psychological, and environmental factors. Hormonal changes play a significant role, but they interact with other elements to contribute to the development of these disorders:

- 1. Hormonal Fluctuations:-** The decline in estrogen levels during menopause can impact neurotransmitters in the brain that regulate mood and emotions. This hormonal shift can disrupt the delicate balance of these chemicals, potentially leading to mood disorders like depression and anxiety.²
- 2. Genetic Predisposition:** A family history of psychiatric disorders can increase the risk of developing similar conditions.
- 3. Neurobiological Factors:-** Hormones like estrogen also affect brain structure and function. Changes in hormone levels can influence brain regions associated with mood regulation, memory, and cognition. These alterations might contribute to the onset of psychiatric symptoms.
- 4. Stress:-** Elevated stress levels can trigger or exacerbate psychiatric symptoms.
- 5. Lifestyle disorders:-** Poor sleep, lack of exercise, unhealthy diet, and substance abuse can contribute to the development or worsening of psychiatric disorders.¹
- 6. Personal History:-** Individuals with a history of psychiatric disorders, even if they were well-managed, might be more vulnerable to experiencing symptoms during menopause due to hormonal shifts.
- 7. Psychological factors:-** Negative attitudes towards aging, societal expectations, and body image concerns can influence self-esteem and contribute to psychiatric symptoms.

It's important to remember that not every woman will develop psychiatric disorders during menopause, and many experience a smooth transition.

HOMOEOPATHIC APPROACH:-**Treatment Plan -**

Taking the case includes the symptoms, possible causes in the individual, any concomitant symptoms, and considering the individual predisposition, mental picture, and physical symptoms.

HOMOEOPATHIC REMEDIES:-

1. Sepia:- women experiencing hot flushes, irritability, indifference to loved ones, and fatigue. Averse to occupation, to family. Easily offended. Dreads to be alone, very sad. Weeps when telling symptoms.³ Vagina is painful, especially on coition. Pelvic organs relaxed, bearing down sensation as if everything would escape from the vulva, must cross the limbs to prevent protrusion or press against the vulva⁴.

2. Lachesis:- women have intense mood changes, jealousy, suspicion, and restlessness. Climacteric troubles, palpitations, hot flushes, hemorrhages, vertex headache, fainting spells. Their symptoms often worsen after sleep. Better appearance of discharges, warm application. Great loquacity⁴. Sad in the morning. No desire to mix in the world. Restlessness and uneasiness. Does not want to attend to business, want to be off somewhere all the time. Mental labor is best performed at night. Religious insanity. Morning aggravation. There is a cloudy state, sadness, melancholy, insane notions, whims.⁶

3. Pulsatilla:- Timid, yielding disposition. clinginess, weepiness, and a need for emotional support. While she is mild, gentle, and tearful, she is remarkably irritable.⁶ They may have shifting emotions and a desire for consolation. Aggravation warm room, heat, towards evening and better in open air. Changeable mood. Likes sympathy.³

4. Ignatia:- for individuals experiencing grief, sadness, and sudden mood changes. It's often indicated for those who suppress their emotions and have a tendency to sigh frequently. Hysterical women.⁶ It is specially adapted to the nervous temperament - women of sensitive, easily excited nature, dark, mild disposition, quick to perceive, and rapid in execution. Great contradictory.³ Changeable mood, introspective, silent grief.⁴

5. Cimicifuga:- women with severe mood swings, depression, headaches, and muscle tension during menopause. They may also experience joint pains.⁴ Great Depression, with the dream of impending evil. Incessant talking. Delirium tremens tries to injure himself, mania follows the disappearance of neuralgia.³

6. Natrum muriaticum:- there's a sense of isolation, sadness, and a desire to be alone. It's often used for individuals who bottle up their emotions³. Great weakness and weariness Oversensitive to all sorts of influences. Great debility⁴, most weakness felt in the morning in bed

7. Aurum Metallicum:- This remedy could be considered when depression is deep-seated and accompanied by feelings of hopelessness. It's often recommended for individuals with a loss of interest and pleasure. The feeling of self-condemnation and utter worthlessness. Profound despondency, with increased blood pressure, thorough disgust of life, and thoughts of suicide. Constant rapid questioning without waiting for a reply³.

8 Graphites:- Graphites might be indicated for menopausal women with heavy periods, weight gain, and a tendency toward constipation. They may also experience skin issues. Timid, apprehensive, despondency, indecision. Unable to decide. Want of disposition to work. Fidgety while sitting at work. Music makes her weep. Anemia with redness of the face.³

9. Sanguinaria:- hot flushes that predominantly affect the head, particularly the top of the head, with a feeling of heat rising. Climacteric troubles. Burning heat and ebullitions. It produces vasomotor disturbance, as is seen in circumscribed redness of the cheeks, tongue, and abdomen, etc., congestion of the blood to the head, chest, and abdomen, etc., flushes of heat, and general pulsation⁵. Periodical sick headache; pain begins in the occiput, spreads upwards, and settles over the eyes, especially the eyes. Aggravation by motion, touch and ameliorated by sleep, and darkness.³

10. Sulphur:- Very forgetful, difficult thinking, delusions think rags beautiful things that she is immensely wealthy. Busy all the time. Irritable, depressed, thin, and weak, even with a good appetite. Affections vitiated, very selfish, no regard for others. Averse to business. Sulfur might be considered for women experiencing intense heat sensations and flushing, especially at night. They often seek cool environments and prefer loose clothing. Dirty, filthy people, prone to skin affections. Standing is the worst position.³ Worse at rest, when standing, warmth in bed, washing, bathing.⁴ Better in dry, warm weather, lying on the right side, from drawing up affected limbs.

It's important to note that the selection of a homeopathic remedy is based on a detailed assessment of the individual's symptoms, emotional state, and overall constitution. Homeopathy aims to treat the whole person, not just isolated symptoms. Remedies are chosen to match the individual's unique symptom pattern and overall well-being.

Conclusion:-

The management of psychiatric disorders during menopause using homeopathy offers a holistic and individualized approach. Homeopathic remedies aim to address not only the physical symptoms but also the emotional and mental aspects of a person's well-being. Through the selection of remedies based on the principles of similarity and individualization, homeopathy seeks to alleviate symptoms such as mood swings, anxiety, depression, and sleep disturbances.

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