

CASE RECORD

Menopausal Flushes: A bane for Women

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Abstract

This case report highlights the positive role of homoeopathic treatment in the management of the endocrinal syndrome of 'Menopause'. The improvement registered was not only subjective but also on *patho-physiological* parameters. This is evident from the data with regard to subjective and objective manifestations and pathological investigations recorded at the commencement of treatment and on conclusion of the treatment. The improvement in *psychosomatic* manifestations was corroborated by improvement in hormonal levels where FSH level came down from 54.61 to 15.72 mIU/ml. The *psychosomatic* manifestations included anxiety and depression, palpitation, insomnia, memory lapses, mood swings, hot flushes and night sweats; all were alleviated with a drug not frequently used for *climacteric ailments*, i.e. *Crotalus horridus*. The common presenting symptoms of the patient were repertorized to arrive at this medicine, which is not so frequently used for menopausal complaints (an approach different from the conventional one of repertorizing individual characteristics of the patient). With this medicine other concomitant pathological conditions like *Trichomonas vaginalis discharge, chronic cervicitis, Nabothian follicle and tenderness in the right fornix* disappeared completely. The consultant Gynaecologist monitored the case throughout the study and she duly authenticated the findings.

Key words : menopause, psychosomatic, trichomonas vaginalis, crotalus horridus, hot flushes, lachesis, crotalus horridus, climacteric period, case study.

Introduction

Menopause is defined as the permanent cessation of menses for 1 year and is physiologically correlated with the decline in estrogen secretion resulting from the loss of follicular function. It is the most identifiable event of the perimenopausal period. The years immediately preceding and the decades afterward, however, are of far greater clinical significance. The perimenopausal period encompasses the time before, during, and after menopause. This period of hormonal transition is sometimes known as the menopausal transition period. Perimenopause usually begins in the mid – to late 40s; it often is insidious and uneventful but may be abrupt and symptomatic. Symptoms that begin with the menopausal transition usually continue into the postmenopausal period¹.

Menopause is preceded by a transient phase marked by irregular menstrual periods when levels of

reproductive hormones – oestrogen and progesterone – rise and fall unevenly; this period is described as 'perimenopause'. Perimenopause encompasses the years leading up to menopause (anywhere from two to eight years), plus the first year after the final period. It often is insidious and uneventful but it can be abrupt and symptomatic in some cases. Most of somatic, psychic and patho-physiological changes encountered during menopause are attributed mainly to oestrogen withdrawal. The hot flushes so commonly associated with menopause are not only uncomfortable but may be embarrassing and disruptive to a woman's life at work.

The Central Council for Research in Homoeopathy has undertaken a multicentric, open clinical trial on this project to ascertain the role of homoeopathic therapy in the management of *Distress During Climacteric (menopausal) Years (DDCY)*². Regional Research Institute for Homoeopathy, Shimla, is one of the centres where this study is being carried out. A clinical case of the centre is presented here.

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Case Report

A 43-year-old housewife came to the Regional Research Institute, Shimla, presenting with the following complaints for 2 years:

- Anxiety: as if something would happen to her; better going out in open air.
- Palpitation: in chest accompanied with hot flushes and clammy perspiration.
- Hot flushes: feeling of heat rising from hands and feet to chest and face with a desire to throw off covers.
- Memory lapses
- Sleeplessness
- Irregular menses with a history of amenorrhoea for 3 months.

On further interrogation, other symptoms included depression/ sadness, smothering, mood swings etc. Ecchymoses on lower limbs and recurrent pustular eruptions all over the body were the other concomitant complaints. So marked were her *psychosomatic manifestations* like anxiety, palpitation, insomnia and memory lapses that she was taken to a *psychiatrist* for treatment. She was investigated for psychiatric disorder at the Government Hospital, Shimla and was treated there for a couple of months. Partial relief and fear of dependence on the drugs made her to come to the Institute for homoeopathic treatment. There was neither a history of mood disorder nor a family history of psychiatric disorder. Her psychosomatic manifestations were suggestive of climacteric distress. After obtaining her consent in a prescribed form, she was subjected to certain investigations, including '*hormonal assay*'. Gravindex test was done to rule out pregnancy, as she had not had her menses for three consecutive months. The Consultant Gynaecologist appointed for this project examined her and carried out complete gynaecological check up. Pap smear was also taken to rule out Cervical Intraepithelial Neoplasia (CIN). USG of pelvic organs was done to rule out any pelvic pathology.

Past History

Typhoid at the age of 10 Jaundice 2 years ago.

Treatment History

Alprax - 0.25 mg for a long period.

Family History

Parents died at an early age when she was 8-10 years old. Father died due to post-operative infection. Cause of mother's death could not be elucidated.

Personal History

Married at the age of 17 years, her relation with husband was reported to be cordial. The patient was financially secure and had 3 daughters and a son. Although fond of sewing and embroidery, she had to stop it because she felt incapacitated to do it.

Menstrual History

Menarche set in at the age of 14 she got married at the age of 17. In the early years menses was irregular, delayed and lasted 8 days with dark clots in the flow. Every menstrual cycle was preceded by heaviness in breasts. After two years, menses became regular but she started having pain in the lower abdomen and back. She was never examined by any gynaecologist for this pain.

Obstetrical History

Full-term deliveries – 4. Delivered healthy babies
Pre-term deliveries – none
Abortions – 2 (Medical Terminations of Pregnancy)
No. of living children – 4. (Last delivery in 1993)
Tubectomy done in 1998

Associated complaints

Non-ulcer flatulent dyspepsia. Haemorrhoids. Recurrent phlebitis, veins become prominent and painful, but no history of DVT (deep vein thrombosis).

Palpitation++. Cannot bear tight clothes around waist and abdomen. Profuse sweat on neck, head and chest.

Constitution

Sallow complexion, stocky built.

Generals

Mental: Loquacious++, anxious+++, apprehensive+, speaks loudly+. Memory poor++. Torments others with her complaints.

Physical: Feels smothered++, desires open air, weakness and prostration, appetite reduced.

Thermal reaction: Hot patient, warm hands and feet sweating profusely on head, neck and chest.

General examination

Palor: nil
Oedema: nil
Pulse: 80/min.

B.P.: 134/70 mm of Hg.
Hirsutism: nil
Weight: 62 kg.
Height: 5 feet.

Gynaecological examination

P/A - Abdominal examination revealed nothing.
P/V - Size & shape of uterus: multiparous-sized, normal shape
Position of uterus: retroverted

Mobility: positive
Tenderness: Found on right appendage.
Pouch of Douglas: clear
Bleeding on exam: nil
P/S - Condition of cervix: Nabothian follicle on posterior lip of cervix.
Chronic Cervicitis. Cystocele and Enterocele were also present.
Microscopical examination of the vaginal discharge showed present of trichomonas vaginalis.

Table 1 : Investigations at entry

Tests	Result	Reference Range
1. FSH	54.61 mIU/ml	10-25 mIU/ml
2. Haemogram		
• Haemoglobin	10.80 gm%	11 – 13.4 gm%
• T L C	8500 per cu. mm	4000-11000 per cu. mm
3. Blood sugar (fasting)	89 mg/dl	65-110 mg/dl
4. Lipid profile		
• Cholesterol	170 mg/dl	140-250 mg/dl
• Triglyceride	110 mg/dl	25-160 mg/dl
• HDL	50 mg/dl	30-80 mg/dl
• LDL	98 mg/dl	60-185 mg/dl
• VLDL	22 mg/dl	10-45 mg/dl

PAP Smear : It was done to rule out malignancy, as a part of the protocol guide.
USG : Normal. Uterus measures 8x4.3x4.7 cm. Endometrial thickness – 6 mm.

Table 2 : Baseline Assessment at entry

A.	Symptoms	0	Symptom Score				Score at entry
			1	2	3	4	
1.	Hot Flushes	No	1-2 times/day	3-4 times/day & night	> 4 times/day		3
2.	Cold Sweats	No	1-2 times/day	3-4 times/day & night	> 4 times/day		3
3.	Mood Swings						
	a) Anxiety psychic	No	Worrying about minor matters in speech without questioning	Apprehensive attitude, apparent expressed	Fear and anxiety		2
	b) Depression	No	Feelings expressed on questioning. facial expression	Expresses non-verbally through communication	Expresses in verbal & non-verbal		1

	Symptoms		Symptom Score				Score at entry
A.		0	1	2	3	4	
4.	Palpitation	No	2-3 times a week	> 3 times a week			2
5.	Pruritis	No	Present but not disturbing work	Present and disturbing work			1
6.	Dysuria	No	Tolerable	Intolerable			0
7.	Sexual desire	Same	Increased	Decreased			0
8.	Poor memory	No	Occasional	Disturbing routine work			2
9.	Stress incontinence	No	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
10.	Dyspareunia	No	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
11.	Vaginal dryness on P/S exam.	No	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
12.	Discharge	No	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
13.	Insomnia	No	Occasional	Regular			1
14.	Are work & activities affected	No	Thoughts and feelings of incapacity & fatigue	Loss of interest in work and activity	Decrease in actual time spent in working	Stopped work because of illness	3
	Total Baseline Symptom score						18

Treatment plan

Her complaints were recorded on a Case Recording Form (CRF), as provided in the protocol, after taking thorough history as per the principles of Homoeopathy. After analysis and evaluation, her symptoms were converted to relevant rubrics for repertorisation³, as given under :

1. Anxiety, climacteric period, during
2. Palpitation, heart, climacteric period

3. Heat flushes, climacteric, menopausal
4. Perspiration clammy, climacteric period at
5. Weakness, climacteric period, during
6. Complaining, climacteric period, during
7. Ecchymoses

The case was repertorised combined repertory of *CARA Professional v1.4. software*. On repertorisation,

Repertorisation Chart

ANXIETY, CLIMACTERIC PERIOD, DURING PALPITATION, HEART, CLIMACTERIC PERIOD HEAT FLUSHES CLIMACTERIC, MENOPAUSAL PERSPIRATION, CLAMMY CLIMACTERIC PERIOD AT WEAKNESS, CLIMACTERIC PERIOD DURING COMPLAINING, CLIMACTERIC PERIOD, DURING ECCHYMOSES

	Lach	Croch	Cul-ac	Ter	Con	Sep	Sulph	Chin	Amylam	Kail-br	Ph-ac	Phos	Am	Dig	Ferr	Glon	Led	Lyc
Weighted	12	10	9	6	5	5	5	4	4	4	4	4	3	3	3	3	3	3
Rubrics covered	5	5	4	3	3	3	2	2	2	2	2	2	1	2	2	2	1	2
Rubric grades	12	10	9	6	5	5	5	4	4	4	4	4	3	3	3	3	3	3
CS Mentals						1			2							1		
CS Chest	3	2																
CS Generarls	3	2	3	2	1	2	3		2	2	1			2		2		1
CS Generarls	2	2	2	2														2
CS Generarls	2	2	1		2	2		3				1		1				
CS Mentals										2								
CS Skins	2	2	3	2	2		2	1			3	3	3			2	3	

Lachesis covered 5 rubrics and scored 12. *Crotalus horridus*, covering the same number of rubrics, scored 10. *Crotalus horridus* 30, 1 dose orally, empty stomach, was prescribed on 12.04.06 (the reasons for prescribing *Crotalus horridus* and not Lachesis are mentioned under 'Discussion'). The same was repeated after a week, with which she showed mild improvement and her score reduced from 18 to 13.

The score again rose to 15 in July 2006 and became static. She was prescribed *Crotalus horridus* 200C on 25.7.06 and 22.8.06, after which her symptom score plummeted to 3. Finally, her score came down to 1 on 10.04.07. The plan of potency, dosage and repetition is shown in Table 3 under follow up visits. An overall improvement was registered on all parameters. The same is reflected in Tables 4, 5 and figure 1.

Table 3 : Follow up visits

Date	Baseline Score (at entry)	Score during Trial	Medicine	Remarks
12.04.06	18	–	<i>Crotalus horridus</i> 30C	Single dose
19.04.06	18	18	<i>Crotalus horridus</i> 30C	Single dose
26.04.06	18	13	Placebo	
18.05.06	18	15	Placebo	
18.06.06	18	15	<i>Nux vomica</i> 6C	She suffered from diarrhoea and colicky pain in abdomen. In total, 9 doses were given.
25.07.06	18	15	<i>Crotalus horridus</i> 200C	Single dose
07.08.06	18	06	Placebo	
22.08.06	18	06	<i>Crotalus horridus</i> 200C	Single dose
16.09.06	18	03	Placebo	
03.11.06	18	03	Placebo	
06.12.06	18	03	Placebo	
23.01.07	18	03	Placebo	
03.02.07	18	03	Placebo	
10.04.07	18	01	<i>Crotalus horridus</i> 200C	Single dose

Table 4: Final assessment score

A.	Symptoms		Symptom Score				Score at entry
			0	1	2	3	
1.	Hot Flushes	NO	1-2 times/day	3-4 times/day	> 4 times/day & night		0
2.	Cold Sweats	NO	1-2 times/day	3-4 times/day	> 4 times/day & night		0
3.	Mood Swings						
	a) Anxiety psychic	NO	Worrying about minor matters	Apprehensive attitude, apparent in speech	Fear and anxiety expressed without questioning		0
	b) Depression	NO	Feelings expressed on questioning.	Expresses non-verbally through facial expression.	Expresses in verbal & non-verbal communication.		0
4.	Palpitation	NO	2-3 times a week	> 3 times a week			0
5.	Pruritis	NO	Present but not disturbing work.	Present and disturbing work.			0
6.	Dysuria	NO	Tolerable	Intolerable			0
7.	Sexual desire	Same	Increased	Decreased			0
8.	Poor memory	NO	Occasional	Disturbing routine work			0
9.	Stress in continence	NO	Symptom revealed on enquiry.	Symptom expressed spontaneously.			0
10.	Dyspareunia	NO	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
11.	Vaginal dryness on P/S exam.	NO	Symptom revealed on enquiry.	Symptom expressed spontaneously			0
12.	Discharge	NO	Symptom revealed on enquiry.	Symptom expressed spontaneously			1
13.	Insomnia	NO	Occasional	Regular			0
14.	Are work & activities affected	NO	Thoughts and feelings of incapacity & fatigue	Loss of interest in work and activity.	Decrease in actual time spent in working of illness .	Stopped work because	0
15.	Are work & activities affected	NO	Thoughts and feelings of incapacity & fatigue	Loss of interest in work and activity.	Decrease in actual time spent in working of illness .	Stopped work because	0
	Total Symptom score on completion						1

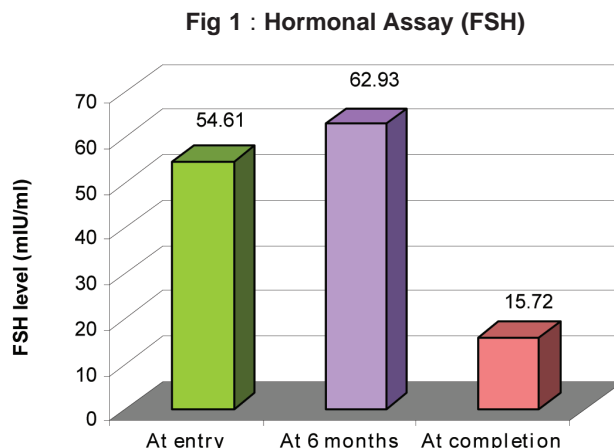


Table 5: Gynaecological examination done by the consultant gynaecologist

P/V and P/S findings	At entry	At completion
Discharge (Microscopic Examination)	Trichomonas vaginalis discharge present	No discharge
Position of Uterus/Cervix	Cervix downward and forward. Uterus retroverted.	Cervix downward and forward. Uterus retroverted.
Condition of Cervix	Nabothian follicle on posterior lip of cervix, Chronic cervicitis.	Cervix healthy, Nabothian follicle disappeared.
Size and shape of uterus	Multiparous size	Normal size
Mobility of uterus	Positive	Positive
Tenderness	Right appendage palpable and tender	Absent.
Pouch of Douglas	Clear	Clear
Bleeding after examination	Nil	Nil

Discussion

Sometimes the intensity of symptoms like anxiety, depression, insomnia etc. during *climacteric years* warrants psychiatric intervention, as also happened in this case. The patient was compelled to consult a psychiatrist, who prescribed Alprax 0.25mg for a long term. This could provide her only a temporary relief. However, the patient discontinued it for the fear of dependence. On examination of this patient at our institute, her anxiety, palpitation and other psychiatric manifestations like mood swings, smothering, memory lapses, apprehensiveness etc. were, in fact, attributed to menopausal distress. There was neither any past history nor a family history of such a psychiatric

complaint. It is evident from this case report that how a patient of '*menopausal syndrome*' may fall prey in the hands of psychiatrist. A thorough analysis of the case history could have easily linked her psychiatric manifestations to menopause.

Due to our clinical bias, Lachesis often comes to our mind in such conditions and we tend to prescribe it the moment we come across a patient of '*menopausal syndrome*', such is the reputation of Lachesis in the cases of menopausal distress. If we peruse the repertorisation chart showing the common symptoms of menopause, we find the other drug, *Crotalus*

horridus, equally indicated. *Crotalus horridus* covers most of the common patho-physiological symptoms associated with menopause. Yet, it is often overlooked due to the want of knowledge or due weightage.

Literary search reveals that menopause-related symptoms are found in the 'Drug Pathogenesis' of *Crotalus horridus* during the proving of this drug. "In proving 6, a married lady of 40 years of age to whom 3rd centesimal dilution of *Crotalus horridus* was given two hourly for 24 hours, on 20th Sept. 1872, started complaining of much palpitation and trembling of heart with a feeling as if heart tumbled out. She also developed heat and itching of palms and flushing of heat throughout whole body. Next morning the tumbling of heart was worse, and she objected to take any more of the drug. In proving 7, a married lady aged 50 years who was of nervous temperament was given 3rd centesimal dilution 4 times a day on March 28th 1874. She continued taking it for 2 weeks and she started complaining of a feeling of exhaustion at heart and sensation as if it is jumping out or tumbling over with general weak feeling". On page 421, 59 out of 74 provers are shown to be suffering from lassitude and 46 out of 74, from heat⁴.

The present case corroborates the above drug pathogenesis recorded during drug proving of *Crotalus horridus* more than 130 years ago.

In contrast to the conventional method of repertorisation, common symptoms of menopause, like heat flushes, night sweats, palpitation and weakness were repertorised. On repertorisation of these symptoms, *Lachesis* scored 12 and covered 5 rubrics while *Crotalus horridus* scored 10 and covered the same number of rubrics:

- Anxiety, climacteric period, during
- Palpitation, heart, climacteric period
- Heat flushes, climacteric, menopausal
- Perspiration, clammy, climacteric period at
- Weakness, climacteric period, during
- Ecchymoses

Yet, the prescription was *Crotalus horridus* and not *Lachesis* for the following reasons⁵.

- Right sidedness of her complaints, i.e., tenderness in right appendage *Crotalus* is predominantly right-sided medicine, *Lachesis* is more left.
- Poor memory
- Yellowness

- Aversion to tight clothing. Can scarcely bear clothes on
- Recurrent phlebitis
- Dreaming of the dead

Crotalus horridus proved beneficial for 'Distress During Climacteric Years' in this case. It is equally indicated for the condition as *Lachesis* is. It covers most of the common symptoms found associated with menopause, like heat flushes, palpitation, perspiration, poor memory, weakness etc. But still due to our clinical bias often *Lachesis* is prescribed even when *Crotalus horridus* is indicated.

Conclusion

Though repertorisation helps in short listing the medicines, knowledge of *Materia Medica* helps in reaching the similitum when there is confusion. The results of this case envisage the use of homoeopathic medicine in the management of climacteric distress, when chosen for the individual case.

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