Original Article

Homoeopathic medicine – *Sepia* for the management of menopausal symptoms: A multicentric, randomised, double-blind placebo-controlled clinical trial

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Abstract

Background: Based on the results of Central Council for Research in Homoeopathy's previous study, wherein *Sepia* was indicated and prescribed in maximum number of cases, this study was planned to further validate efficacyof *Sepia* in the management of menopausal symptoms. **Objectives:** The study was conducted with the objectives of evaluating the efficacy of homoeopathic medicine – *Sepia* in the management of menopausal symptoms using 'The Greene Climacteric Scale' (GCS) and the quality of life using Utian Quality of Life (UQOL) scale. **Materials and Methods:** A randomised double-blind placebo-controlled clinical study was conducted from April 2012 to September 2014 at four research centres of Central Council for Research in Homoeopathy. Perimenopausal cases were screened (n = 471), and those fulfilling the eligibility criteria (n = 88) were enrolled and randomised to receive either homoeopathic intervention, i.e., *Sepia* (n = 44) or identical placebo (n = 44) and followed up for 6 months to assess them on predefined clinical parameters. The primary outcome was the change in the menopausal complaints assessed using GCS and the secondary outcome measure was change in UQOL scale. **Results:** Eighty-eight patients were considered for primary outcome analysis. The primary outcome measure, i.e., total score of GCS, when compared after 6 months, was reduced from 30.23 ± 8.1 to 7.86 ± 4.6 in *Sepia* group (improvement of 73.9%) and from 30.05 ± 8.9 to 12.73 ± 8.3 in placebo group (improvement of 57.63%) (P = 0.001). There was a statistically significant difference between both the groups, when compared after 6 months (P = 0.001). With respect to secondary outcome, the total UQOL score was 59.09 ± 7.74 for *Sepia* group and 57.39 ± 7.80 for placebo group at baseline, and 62.43±7.71 for Sepia group and 63.48±7.53 for placebo group after treatment indicating slight difference in quality of life after 6 months. **Conclusion:** *Sepia* is able to allay the menopausal symptoms when prescribed on symptomatic indications as per homoeopathic principles.

Keywords: Double-blind randomised controlled trial, Greene climacteric scale, Homoeopathy, Menopause, *Sepia,* Utian quality of life scale

Introduction

Menopause is a time of many changes in the psychophysical–social functioning of women, with reduced ovarian hormonal activity and oestrogen levels.[1] Projected figures for 2026 have estimated that the population in India will be 1.4 billion, people over 60 years – 173 million and the menopausal population – 103 million. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71 years.[2] In the present day management of menopause, the age of 45–55 years is taken as the limit of normality and those menstruating after 55 years merit investigation to exclude pathology.[3]

Women around the world suffer from ailments characteristic for the menopausal period regardless of ethnic origin, skin colour or sociodemographic factors. Urogenital symptoms, fatigue and weakness, body aches and pains are the predominant symptoms in both rural and urban menopausal women.[4]

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In most cases, recording a symptom score helps to make the diagnosis. Checking a follicle-stimulating hormone level or serum oestradiol and progesterone are unnecessary tests in diagnosing menopause, and androgen profiles as a routine on all peri-menopausal women are not indicated.[5] Age and time since menopause affect the balance of benefits and risks for hormone therapy (HT) use in post-menopausal women.[6] Observational studies revealed the positive role of Homoeopathy in alleviating the menopausal complaints and improving quality of life.[7-9] An audit report of National Health Service community menopause clinic through homoeopathic intervention suggested greatest response in those patients who reported headaches, vasomotor symptoms, emotional or psychological symptoms and tiredness or fatigue, respectively, as their primary symptoms.[10] Randomised-controlled trials (RCTs) on Homoeopathy for menopausal symptoms and

Table 1: Baseline characteristics

	Homoeopathy (*n*=44)	Placebo (*n*=44)	*P*
Age (years)	46.00±4.02	45.75±4.16	0.77
40-45	42.82±1.97 (*n*=22)	42.84±1.91 (*n*=25)	0.97
46-50	48.06±1.47 (*n*=18)	47.77±1.17 (*n*=13)	0.57
51-55	54.25±1.50 (*n*=4)	53.50±1.76 (*n*=6)	0.51
BMI	26.22±6.13	25.77±4.89	0.69
Underweight (<18.50)	16.96±0.98 (*n*=2)	16.22±0.91 (*n*=2)	0.52
Normal weight (18.50-24.99)	22.44±1.80 (*n*=18)	22.23±1.90 (*n*=18)	0.74
Overweight (25.00-30.00)	26.77±1.85 (*n*=16)	27.40±1.67 (*n*=17)	0.31
Obese (>30.00)	35.97±6.69 (*n*=8)	33.60±2.59 (*n*=7)	0.40
Symptoms			
Heart beating quickly and strongly	1.70±1.10	1.70±1.11	0.77
Feeling tense or nervous	1.57±1.15	1.39±1.08	0.45
Difficulty in sleeping	1.91±1.36	1.61±1.30	0.30
Excitable	0.55±0.82	0.43±0.85	0.52
Attacks of panic	0.61±0.81	0.61±0.94	1.00
Difficulty in concentrating	1.70±1.25	1.66±1.21	0.86
Feeling tired or lacking in energy	2.18±1.20	2.30±1.07	0.64
Loss of interest in most things	1.98±1.15	2.14±1.15	0.52
Feeling unhappy or depressed	1.89±1.10	1.77±1.18	0.64
Crying spells	1.11±1.20	1.27±1.35	0.56
Irritability	1.75±1.26	2.25±1.06	0.05
Feeling dizzy or faint	0.95±1.16	1.14±1.23	0.48
Pressure or tightness in head or body	0.95±1.08	0.84±1.16	0.63
Parts of body feeling numb or tingling	1.20±1.23	1.07±1.19	0.59
Headache	1.30±1.34	1.48±1.21	0.51
Muscle or joint pains	2.16±0.96	2.16±1.12	1.00
Loss of feeling in hands or feet	0.43±0.93	0.50±0.98	0.74
Breathing difficulties	0.68±0.98	0.57±0.90	0.57
Hot flushes	2.66±0.61	2.68±0.60	0.86
Sweating at night	1.25±1.24	1.00±1.12	0.32
Loss of interest in sex	1.61±1.37	1.48±1.32	0.63
Total score	30.23±8.09	30.05±8.88	0.92
UOQL			
Occupational	14.09±6.53	12.00±5.37	0.11
Health	18.75±2.98	19.11±2.74	0.55
Emotional	18.09±3.37	18.00±3.48	0.90
Sexual	8.16±2.03	8.27±1.53	0.77
QOL-total score	59.09±7.74	57.39±7.80	0.31
Investigations			
Cholesterol	188.44±33.04	188.01±34.04	0.95
TG	121.69±52.51	143.14±71.76	0.11
HDL	48.87±11.80	48.91±11.08	0.99
LDL	111.82±25.46	111.10±28.47	0.90
VLDL	24.41±10.53	28.58±14.36	0.12

BMI: Body mass index, QOL: Quality of life, UQOL: Utian QOL, TG: Triglycerides, HDL: High-density lipoprotein, LDL: Low-density lipoprotein, VLDL: Very LDL

oestrogen withdrawal symptoms in breast cancer survivors did not show statistically significant results.[11,12] In another RCT on moderate to severe depression in peri- and post-menopausal women, individualised Homoeopathy was not only effective for depression but also improved menopause symptoms according to Greene Climacteric Scale (GCS) whereas Fluoxetine was not different from placebo in alleviating menopausal complaints.[13] In an RCT on hot flushes induced by adjuvant endocrine therapy in localised breast cancer patients, Homoeopathy alleviated the hot flushes-related disabling symptoms, providing an interesting support for better adherence to endocrine therapy, thereby reducing the risk of recurrence. There was also a positive impact on QOL.[14]

Based on the promising results of Central Council for Research in Homoeopathy's previous study,[15] wherein *Sepia* was indicated and prescribed in maximum number of cases ($n = 53$), of which 37 patients observed marked improvement, 14 had moderate improvement and 2 had mild improvement, this study was planned to further validate *Sepia* as drug having efficacy in the management of menopausal symptoms. This randomised double-blind placebo-controlled study was designed with an objective to compare the efficacy of *Sepia* against placebo in such a manner that the prescribing indications of *Sepia* are available in both the groups (*Sepia* and control).

Materials and Methods

Study design

The study was a multicentric, randomised, double-blind placebo-controlled with a 6-month intervention and follow-up period.

Study setting

The study was conducted at Regional Research Institute for Homoeopathy, Puri (Odhisa); Regional Research Institute for Homoeopathy, Mumbai (Maharashtra); Clinical Research Unit in Homoeopathy, Siliguri (West Bengal) and Dr. D. P. Rastogi Central Research Institute for Homoeopathy, Noida (Uttar Pradesh).

Data collection

The study was conducted from April 2012 to September 2014. Each case was followed up for 6 months to assess the outcome of the treatment. Study data were collected at baseline, every follow-up (monthly or earlier if required) and at final/termination visit. The patients were evaluated for symptomatic and clinical assessment, laboratory parameters and adverse events, if any, as per the study protocol.

Randomisation

Same set of random numbers were generated for the four study sites. Each patient was assigned either Series 1 or Series 2 as intervention through random numbers obtained from www.randomizer.org.[16] All eligible patients were randomised to either 'Series I' or 'Series II' to receive *Sepia* or identical placebo. Patients and physicians both were blinded in the entire process.

Participants

The inclusion criteria for study participants were as follows: (1) perimenopausal women between 40 and 55 years of age with a history of menopausal symptoms for at least 1 month within the last one year, (2) signed the informed consent form (written consent was taken before detailed case taking to provide observational data and have their data used comparatively), (3) women presenting with indications for medicine – *Sepia* as per homoeopathic literature and (4) if the patient was under any treatment for the menopausal complaints or taking oral contraceptives, she was included only after the washout period of 15 days. In case, the patient was on hormone replacement therapy (HRT), she should have withdrawn HRT for at least 2 months before inclusion.

The exclusion criteria included (1) women with established menopause, either natural or artificial; (2) dysfunctional uterine bleeding/history of endometrial hyperplasia or malignancy; (3) women on long-term medication for any disease; (4) women with a history of severe psychiatric disturbance; (5) women with a history of systemic illnesses, hypertension, diabetes mellitus, cardio- or cerebro-vascular diseases, pelvic pathology requiring surgery or any malignancy and (6) women using any medicine or supplement containing oestrogen and progestin.

The patients were screened for eligibility. Routine examination and investigations including general, systemic and gynaecological examinations (per speculum, per vaginal, if required); complete haemogram; blood sugar fasting and post prandial; lipid profile, kidney function test and liver function test; urine and stool for routine and microscopical examination; ultrasonography of whole abdomen; Papanicolaou test smear if the patients agreed and mammography were done before enrollment.

All procedures were in accordance with the ethical standards of the responsible committee on human experimentation and with the Declaration of Helsinki[17] of 1975 and Good Clinical Practices - India.[15] Necessary clearance of the Ethical Committee was obtained. Trial was registered under Clinical Trial Registry of India under CTRI/2011/12/002269 [Registered on: 22/12/2011].

Intervention

Homoeopathic medicine – *Sepia* 200 C procured from Good Manufacturing Practices compliant-licensed homoeopathic pharmaceutical company. Sepia or identical placebo were prescribed in 200 C at monthly interval.

Criteria for baseline assessment and follow-up

Assessment of menopausal symptoms of all enrolled cases was taken up as per 'The GCS' (primary outcome measure) at baseline and each month for 6 months. Quality of life was also assessed using Utian Quality of Life (UQOL) scale (secondary outcome measure)[18] at baseline and at 6 months. The investigations which were out of range at baseline were repeated at the end of the treatment.

Table 2: Symptoms of *Sepia* reported by patients

Symptoms (number of cases prescribed, percentage)	Modalities and associations
Hot flushes (66, 75)	Hot flushes, itching over body < perspiration
	Hot flushes with anxiety
	Hot flushes < from least exertion < afternoon
	Hot flushes with perspiration
	Hot flushes < night
	Hot flushes head, back, shoulder < evening > washing face with cold water
	Hot flushes extends from abdomen to face < night
	Hot flushes with palpitation < afternoon, night, summer > sitting under fan
	Hot flushes with vertigo < afternoon
	Hot flushes < afternoon
	Hot flushes < exertion, rest > cold application
	Hot flushes < afternoon, night > cold air
	Hot flushes of head < noon > rest
	Hot flushes < morning > rest
	Hot flushes < exertion
	Hot flushes with anxiety < evening
	Hot flushes with perspiration on upper part of body
Irritability (52, 59)	Irritation by slightest cause
	Consolation aggravates
	Irritability after exertion
	Irritability when approached to
	Irritability while conversation
	Irritability with difficulty in concentrating
	Irritability < consolation, after coition
	Irritability with sadness < from exertion
	Irritability with headache
	Irritability < exertion, when spoken to
Anxiety (32, 36.4)	Feels anxiety on trifles
	Feels anxiety when alone
	Anxiety about household matters
	Hurry to finish
	Anxiety about health
	Anxiety about future
	Anxiety with disturbed sleep
	Anxiety with palpitation of heart
	Anxiety during hot flushes
Indifference/sadness (48, 54.5)	Indifference to everything especially daily work
	Sadness without any cause
	Sadness depression due to family affair
	Indifference to her family
	Sadness, depression
	Sadness, depression with weeping
	Depressed
	Aversion to husband
Decreased sexual desire (28, 31.8)	Loss of sexual desire
	Diminished sexual desire
	Lack of sexual desire
Weeping tendency (28, 31.8)	Weeping tearful
	Weeping tendency < consolation
	Weeps easily
	Weeping disposition
Decreased sleep (43, 48.9)	Sleep disturbed
	Sleeplessness at night, sleepy during day
	Disturbed sleep from anxiety

Contd...

Table 2: Contd...

Symptoms (number of cases prescribed, percentage)	Modalities and associations
Weakness (36, 41)	Disturbed sleep due to continuous thoughts Unrefreshing sleep Weakness < slight exertion Weakness felt in back Weakness > lying down Weakness with palpitation Weakness with vertigo Weakness < exertion Weakness and lethargy with no desire to do any work Lethargy with weakness < evening

Table 3: Comparison of both the groups at 6 months

	Symptoms at 6 months		
	Homoeopathy (n=44)	Placebo (n=44)	P value
Heart beating quickly and strongly	0.27±0.67	0.43±0.82	0.32
Feeling tense or nervous	0.16±0.37	0.43±0.79	0.04
Difficulty in sleeping	0.39±0.62	0.68±1.05	0.11
Excitable	0.02±0.15	0.07±0.26	0.31
Attacks of panic	0.05±0.21	0.25±0.58	0.03
Difficulty in concentrating	0.50±0.76	0.84±0.91	0.06
Feeling tired or lacking in energy	0.73±0.85	1.18±10.4	0.03
Loss of interest in most things	0.59±0.76	1.02±1.02	0.03
Feeling unhappy or depressed	0.48±0.63	0.70±0.90	0.18
Crying spells	0.16±0.48	0.52±0.95	0.03
Irritability	0.84±0.96	0.84±0.89	1.00
Feeling dizzy or faint	0.16±0.37	0.55±0.93	0.01
Pressure or tightness in head or body	0.11±0.32	0.23±0.57	0.25
Parts of body feeling numb or tingling	0.11±0.32	0.43±0.85	0.02
Headache	0.43±0.79	0.50±0.79	0.69
Muscle or joint pains	0.75±0.84	1.07±0.97	0.10
Loss of feeling in hands or feet	0.00±0.00	0.16±0.53	0.04
Breathing difficulties	0.20±0.51	0.27±0.59	0.56
Hot flushes	0.43±0.85	0.98±1.07	0.01
Sweating at night	0.27±0.62	0.50±0.90	0.17
Loss of interest in sex	1.20±1.25	1.07±1.21	0.60
Total score	7.86±4.65	12.73±8.31	0.001

Outcomes

The outcomes were the changes in the menopausal complaints assessed using GCS and UQOL scales. The Greene Scale provides a brief measure of menopause symptoms. Severity of the problem is scored from 0 (none), 1 (mild), 2 (moderate) and 3 (severe) at baseline and on monthly follow-up till 6 months.

Statistical methods

Statistical analysis was done using IBM SPSS version 20.0 (IBP Corp, IBM SPSS statistics for windows, Armonk, NY: IBM corp.). Comparison between *Sepia* and placebo groups was performed at baseline to assess the randomisation effect using independent *t*-test. The main outcome measure of GCS changes from baseline to 6 months between groups was done using independent *t*-test. The UQOL changes from baseline to 6 months of follow-up were also estimated using independent *t*-test. The data were presented in *n* (no. of cases), mean ± standard deviation in all the analysis, $P < 0.05$ was considered statistically significant.

Results

88 participants who had given written informed consent were enrolled according to the inclusion criteria. Flow diagram of the progress through the phases of a RCT of *Sepia* and placebo (that is, enrollment, intervention, allocation, follow-up and data analysis) is depicted in Figure 1. Mean age in *Sepia* group was 46.3 ± 3.9 and in placebo was 45.9 ± 4.2 years. At baseline, the total score of GCS was 30.23 ± 8.1 and 30.05 ± 8.89 in intervention and verum group, respectively, and UQOL score was 59.09 ± 7.74 and 57.39 ± 7.80 in intervention and verum group, respectively, at baseline. Baseline characteristics and the laboratory investigations were comparable in both the groups and statistically insignificant [Table 1].

Symptoms of medicine – *Sepia* reported by patients at the time of enrollment in both the groups are mentioned cumulatively in Table 2.

The primary outcome, GCS was reduced from 30.23 ± 8.1 to 7.86 ± 4.6 in *Sepia* group (improvement of 73.9%) and from 30.05 ± 8.9 to 12.73 ± 8.3 in placebo group (improvement of 57.63%). There was a statistically significant difference between both the groups, when compared after 6 months ($P = 0.001$) [Tables 3 and 4].

In addition to that, independent *t*-test has been used for change in mean of GCS from baseline to 6 months [Table 5].

The cases that had baseline score ≥20 (n = 82) indicating high degree of symptoms were also analysed. These 82 cases (*Sepia* = 42 and placebo = 40) were analysed, and there was a statistically significant difference between the two groups, when compared after 6 months ($P = 0.001$) [Table 5]. Improvement was observed from 2nd month onwards in Homoeopathy group [Figure 2]. Total score of GCS was reduced from 30.90 ± 7.6 to 7.81 ± 4.6 in *Sepia* group (improvement of 74.72%) and 31.38 ± 8.2–13.15 ± 8.3 in placebo group (improvement of 58.09%) [Table 6].

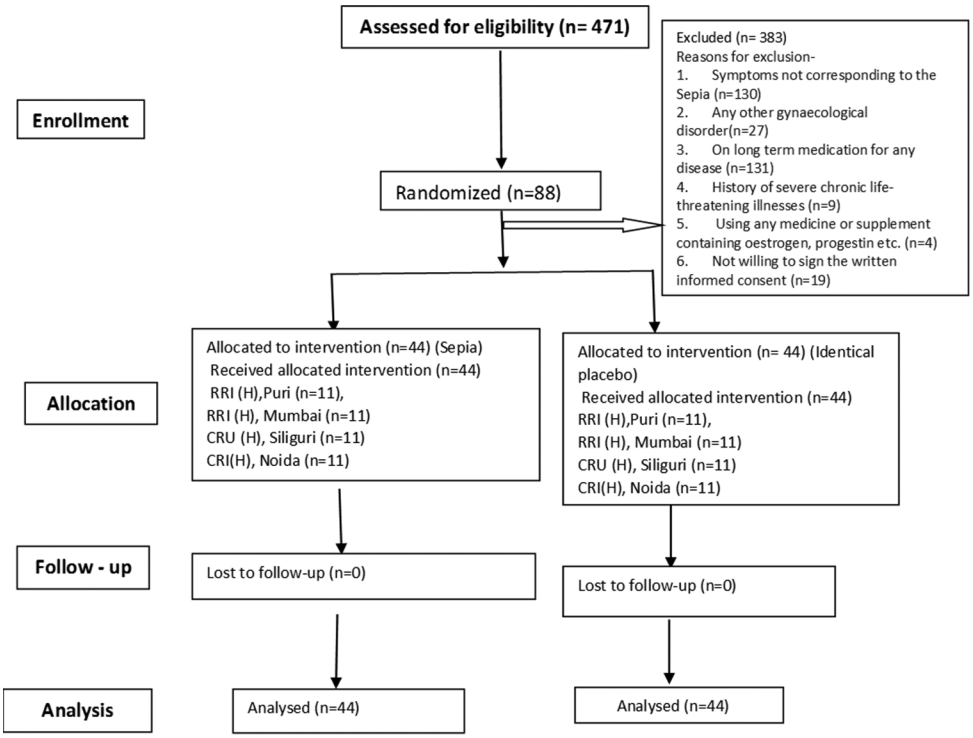

Figure 1: Study flowchart

Table 4: Independent *t*-test applied on Greene Climacteric Scale score (40-55 year age group) at baseline and at 6 months

	Group statistics			Independent samples test	
	n	Mean±SD		*t*	*P*
		Sepia (*n*=44)	Placebo (*n*=44)		
GCS total score					
At baseline	44	30.23±8.1	30.05±8.9	0.100	0.92
Results after 6 months of intervention					
At 6th month	44	7.86±4.6	12.73±8.3	-3.39	0.001

SD: Standard deviation, GCS: Greene Climacteric Scale

Table 5: Independent *t*-test (changes from baseline to 6 months)

GCS score	Change in (mean±SE)		Mean difference	95% CI	*P*
	Sepia	Placebo			
Changes from baseline to 6th month	22.4±1.3	17.3±1.6	5.0	0.9-9.2	0.018

SE: Standard error, CI: Confidence interval, GCS: Greene Climacteric Scale

When the cases of age group 40–50 years were analysed (*Sepia* = 38 and placebo = 35), there was a statistically significant difference between the two groups, when compared after 6 months ($P = 0.001$). Total score of GCS was reduced from 30.37 ± 7.8 to 7.92 ± 4.9 in *Sepia* group (improvement of 73.92%) and 31.83 ± 8.1–13.20 ± 8.1 in placebo group (improvement of 58.52%) [Table 7].

With respect to secondary objective, the total UQOL score was 59.09 ± 7.74 for *Sepia* group and 57.39 ± 7.80 for placebo group at baseline, and 62.43±7.71 for Sepia group and 63.48±7.53 for placebo group after treatment. Homoeopathy showed, however, slightly more improved quality of life in comparison with placebo after 6 months' follow-up.

Discussion

Homoeopathy is a unique therapeutic system, and homoeopathic case management may involve two different types of diagnosis, namely clinical diagnosis – based on the condition and individual diagnosis – based on the symptoms of each single patient.

This study was conducted with the objectives of evaluating the efficacy of *Sepia*, a well-known medicine indicated in the management of menopausal symptoms. 'The GCS' and 'UQOL' were used to assess the outcome.

The most frequent symptoms on which *Sepia* was prescribed were irritability (52, 59%), anxiety (32, 36.4%), indifference

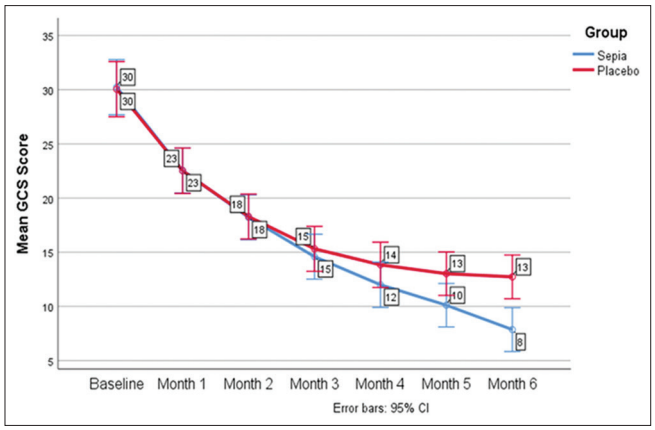

Figure 2: Greene climacteric total score

Table 6: Comparison of both the groups at baseline (Greene Climacteric Scale score >20)

GCS total score	Group statistics, mean±SD		Independent samples test	
	Sepia (*n*=42)	Placebo (*n*=40)	*t*	*P*
At baseline	30.90±7.6	31.38±8.2	−0.269	0.79
At 6th month	7.81±4.6	13.15±8.3	−3.591	0.001

SD: Standard deviation, GCS: Greene Climacteric Scale

Table 7: Comparison of both groups in the age group of 40-50 years

GCS total score	Group statistics, mean±SD		Independent samples test	
	Sepia (*n*=38)	Placebo (*n*=35)	*t*	*P*
At baseline	30.37±7.8	31.83±8.1	−0.783	0.44
At 6th month	7.92±4.9	13.20±8.1	−3.397	0.001

SD: Standard deviation, GCS: Greene Climacteric Scale

(48, 54.5%), weeping tendency (28, 31.8%), decreased sexual desire (28, 31.8%), hot flushes (66, 75%), decreased sleep (43, 48.9%) and weakness (36, 41%).

On analysing the data of patients whose baseline score was either equal to or more than 20, there is a statistically significant difference in reduction of GCS score ($P = 0.001$) when compared after 6 months indicating positive response with the prescription of *Sepia*. There is improvement from 2nd month onwards in *Sepia* group.

The mean menopausal age of the sample population was 46.3 ± 3.9 years which corroborates with survey undertaken by Indian Menopause Society and found 46.2 ± 4.9 years as the average age.[18] In another observational study by Nayak *et al*., the mean menopausal age of the sample population was 46.66 years.[15] Therefore, it was felt pertinent to analyse data of patients between the age group (40–50 years) in this study which turned out to be statistically significant.

In another study by Andrade *et al*.,[19] the homoeopathic medicine of *Capsicum frutescens* (Malagueta) was superior to placebo in reducing the intensity of hot flashes in menopausal women after 4 weeks of treatment.

With respect to secondary objective (to assess the quality of life using UQOL), Homoeopathy showed, however, slightly better quality of life in comparison with placebo after 6 months' follow-up. This could be because the patients belonged to moderate category of symptoms at baseline; therefore, they did not report of marked improvement in quality of life.

'Single remedy' approach has been used by Shipley *et al*.[20] and Savage and Roe[21] on similar lines.

The limitation of this study was that after selecting *Sepia* as medicine for patients at baseline, the investigators were supposed to continue the same medicine during follow-up period, which contradicts the routine homoeopathic practice where there could be requirement of change in prescription. It was observed in one of the reviews that, often, in Homoeopathy, it is not possible to find the correct remedy at once and/or change the remedy as the clinical picture changes. In a case of a double-blind trial, a homoeopathic practitioner often encounters the challenges due to any three possibilities, namely, a failure to reach correct similimum, any symptom shift in patients and totality or patient being a participant of a placebo group.[22]

In the present study, double-blind, placebo-controlled methodology was adapted, which is the gold standard in conventional medicine for clinical trials using single drug intervention, but it seems that this methodology might be a constraint for achieving the sample size, as large number of patients screening is required, for recruiting/enrolling patients requiring a particular remedy. This challenge is also reported by other researchers.[19,23]

Patients in the placebo group had undergone homoeopathic case history recording procedure that might contribute considerably to a possible treatment effect, decreasing the likelihood of identifying differences between the groups.[24]

The biggest problem faced by clinical research in Homoeopathy is that of independent reproducibility. The issue of independent reproducibility was also raised by the publication of a series of studies of homoeopathic therapy of headache. A randomised, double-blind, placebo-controlled clinical trial of the treatment of migraine with the limited range of homoeopathic medicines by Brigo and Serpelloni[25] gave strongly positive result; however, study by Whitmarsh *et al*.[26] and Walach *et al*.[27] failed to show any difference between Homoeopathy and placebo, although the two studies were of high methodology quality.[28]

Despite all these constraints for clinical trial with double-blind RCT design, this study has shown positive response of homoeopathic medicines in allaying the menopausal symptoms in comparison to placebo within the duration of 6 months.

Conclusion

Sepia is able to allay the menopausal symptoms when prescribed on symptomatic indications as per homoeopathic

principles. Further validation of *Sepia* symptoms deduced in this study can be taken up through an independent study.

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Conflicts of interest

None declared.

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रजोनिवृत्ति के लक्षणों के प्रबंधन के लिए होम्योपैथिक दवा सीपिया : एक बहु–केंद्रित यादृच्छिक डबल ब्लाइंड प्लेसिबो नियंत्रित नैदानिक परीक्षण।

उद्देश्य: 'द ग्रीन क्लाईमेक्टेरिक स्केल' (जीसीएस) का उपयोग करते हुए सीपिया द्वारा रजोनिवृत्ति के लक्षणों का प्रबंधन और जीवन की गुणवत्ता मापदंड (यूक्यूओएल) का उपयोग करते हुए जीवन की गुणवत्ता तथा होम्योपैथिक चिकित्सा की प्रभावकारिता का मूल्याकंन।

विधि: अप्रैल 2012 से सितंबर 2014 तक परिषद् के चार अनुसंधान केंद्रों पर एक यादृच्छिक डबल–ब्लाइंड प्लेसिबो नियंत्रित नैदानिक अध्ययन किया गया। पेरी मेनोपॉजल मामलों की जांच की गई (n=471) और मापदंड मानक (n=88) को पूरा करने वालों प्रयोज्यों को किसी एक होम्योपैथिक हस्तक्षेप अर्थात सेपिया (n=44) या समरुप प्लेसिबो (n=44) में नामांकित और यादृच्छिक किया गया था और उसके बाद पूर्वनिर्धारित नैदानिक परिण ामों के मूल्यांकन के लिए छह महीने तक लगातार जांचा गया। प्राथमिक परिणाम ग्रीने क्लाइमेक्टेरिक स्केल (जीसीएस) का उपयोग करके मूल्यांकन की गई रजोनिवृत्ति की शिकायतों में परिवर्तन था और द्वितीयक परिणाम में जीवन के यूटीएन गुणवत्ता (यूक्यूओएल) पैमाने में परिवर्तन पाया गया।
परिणाम : प्राथमिक परिणाम विश्लेषण के लिए 88 रोगियों पर विचार किया गया। जीसीएस का प्राथमिक परिणाम माप यानी कुल स्कोर से जब 6 महीने बाद तुलना की गई, तो 30.23 ± 8.1 ls 7.86 ± 4.6 तक घटा था। सिपिया समूह में सुधार 73.9% और 30.05 ± 8.9 से 12.73 ± 8.3 प्लेसिबो समूह में सुधार (57.63% का सुधार) (पी = 0.001)। छह महीने (पी = 0.001) के बाद दोनों समूहों के बीच सांख्यिकीय रुप से महत्वपूर्ण अंतर था। माध्यमिक परिणाम के संबंध में, कुल यूक्यूओएल स्कोर 59.09 ± 7.74 सिपिया समूह के लिए और 57.39 ± 7.80 बेसलाइन पर प्लेसिबो समूह के लिए और 62.43 ± 7.71 सिपिया समूह के लिए और 63.48 ± 7.53 बेसलाइन पर प्लेसिबो समूह के लिए जीवन की गुणवत्ता में छह महीने के बाद मामूली अंतर है।

निष्कर्ष : जब होम्योपैथिक सिद्धांतो के अनुसार रोगसूचक संकेतों के आधार पर दवा निर्धारित की गई, तो सिपिया, रजोनिवृत्ति के लक्षणों को दूर करने में सक्षम पाई गई।

Médicament homéopathique Sepia pour la gestion des symptômes de la ménopause : essai clinique multicentrique randomisé à double insu contrôlé contre placebo

Objectifs : Évaluer l'efficacité du médicament homéopathique, Sepia dans la gestion des symptômes de la ménopause à l'aide de la grille 'The Greene Climacteric Scale' (GCS – échelle climatérique de Greene) et sur la qualité de vie à l'aide de la grille 'Utian Quality of Life Scale' (UQOL – échelle d'Utian sur la qualité de vie). **Méthodes :** Une étude clinique randomisée à double insu contrôlée contre placebo a été menée d'avril 2012 à septembre 2014 dans quatre centres de recherche du CCRH. Les cas péri-ménopausiques ont été examinés (n = 471) et ceux répondant aux critères d'éligibilité (n = 88) ont été retenus et randomisés pour soit une intervention homéopathique, c'est-à-dire Sepia (n=44) ou un placebo identique (n=44) et les sujets ont été suivis pendant six mois pour évaluer les résultats cliniques prédéfinis. Le premier indicateur de résultat a été le changement des plaintes liées à la ménopause évaluées à l'aide de la grille 'Greene Climacteric Scale' (GCS) et le deuxième indicateur de résultat a été le changement de la qualité de vie évalué à l'aide de la grille 'Utian Quality of Life Scale' (UQOL). **Résultats :** 88 patientes ont été considérées pour l'analyse du premier indicateur de résultat. Le premier indicateur de résultat, à savoir le score total de GCS, comparé après 6 mois, avait réduit de 30,23 ± 8,1 à 7,86 ± 4,6 dans le groupe Sepia (amélioration de 73,9 %) et de 30,05 ± 8,9 à 12,73 ± 8,3 dans le groupe placebo (amélioration de 57,63 %) (p = 0,001). Il y avait une différence statistiquement significative entre les deux groupes après six mois (p = 0,001). En ce qui concerne le deuxième indicateur de résultat, le score UQoL total était de 59,09 ± 7,74 pour le groupe Sepia et de 57,39 ± 7,80 pour le groupe placebo au départ, et de 62,43 ± 7,71 pour le groupe Sepia et de 63,48 ± 7,53 pour le groupe placebo à la fin, indiquant une légère différence de qualité de vie après six mois. **Conclusion :** Le médicament Sepia arrive à soulager les symptômes de la ménopause lorsqu'il est prescrit sur des indications symptomatiques selon les principes homéopathiques.

Medicamento homeopático Sepia en el tratamiento de los síntomas menopáusicos: Ensayo clínico controlado con placebo, aleatorizado, a doble ciego y multicéntrico

Objetivos: Evaluar la eficacia del medicamento homeopático, Sepia, en el tratamiento del síndrome menopáusico utilizando la escala GCS (*Greene Climacteric Scale*) y la escala UQOL (*Utian Quality of Life*) de la calidad de vida. **Métodos:** Entre abril de 2012 y septiembre de 2014, se efectuó un estudio clínico controlado con placebo, aleatorizado, a doble ciego en cuatro centros de investigación del CCRH. Entre los casos perimenopáusicos seleccionados (n=471), se incluyeron aquellos que cumplían los criterios de elegibilidad (n=88) y se aleatorizaron al grupo de intervención homeopática, es decir, *Sepia* (n=44) o a un grupo idéntico con placebo (n=44). A continuación, se hizo un seguimiento durante hasta 6 meses para la evaluación de los parámetros clínicos predefinidos. El parámetro primario fue el cambio en las molestias menopáusicas que se evaluó con la escala GCS y el parámetro secundario fue el cambio en la escala UQOL. **Resultados:** 88 pacientes fueron considerados para el análisis del parámetro principal. El parámetro principal, es decir, la puntuación total de la escala GCS, en comparación tras 6 meses, se redujo de 30,23±8,1 a 7,86±4,6 en el grupo con Sepia (mejoría del 73.9%) y de 30,05± 8,9 a12,73±8,3 en el grupo placebo (mejoría del 57,63%) (p=0,001). Se produjo una diferencia estadísticamente significativa entre ambos grupos tras seis meses (p=0,001). En cuanto al parámetro secundario, la puntuación UQOL total fue de 59,09±7,74 en el grupo de Sepia y 57,39±7,80 en el grupo placebo al inicio y de 62,43±7,71 en el grupo con Sepia y 63,48±7,53 en el grupo placebo a los seis meses . , lo que indica una leve diferencia en la calidad de vida tras seis meses. **Conclusiones:** *Sepia* tiene la capacidad de aliviar los síntomas menopáusicos si se prescribe conforme a las indicaciones sintomáticas siguiendo los principios homeopáticos.

Behandlung der wechseljahrbedingten Beschwerden mit dem homöopathischen Arzneimittel Sepia: Multizentrische randomisierte doppelblind Placebo-kontrollierte klinische Studie

Zielsetzung: Beurteilung der Wirksamkeit von Sepia, einem homöopathischen Mittel, in der Behandlung der wechseljahrbedingten Beschwerden unter Benutzung der GCS- (*The Greene Climacteric Scale*) und UQOL-(*Utian Quality of Life Scale*)-Skalen. **Methode:** Es wurde eine multizentrische randomisierte doppelblind Placebo-kontrollierte klinische Studie von April 2012 bis September 2014 an vier wissenschaftlichen Zentren des CCRH durchgeführt. Die perimenopausalen Fälle wurden (n=471) untersucht und diejenigen, die die Auswahlkriterien erfüllten (n=88), in die Studie einbezogen. Die einbezogenen Fälle wurden entweder der homöopathischen, mit Sepia behandelten Gruppe (n=44) oder der mit identischen Placebo behandelten Gruppe (n=44) zugeordnet und einer sechs-monatigen Verlauskontolle zur Beurteilung der vorgegebenen klinischen Parameter unterzogen. Der primäre Endpunkt war die Veränderung der wechseljahrbedingten Beschwerden beurteilt mittels der GCS-Skala (*Greene Climacteric Scale*) und der sekundäre die Veränderungen in der Lebensqualität bewertet mittels der UQOL-Skala (*Utian quality of life scale*). **Ergebnisse:** 88 Patienten wurden in die Analyse des primären Endpunkts einbezogen. Der primäre Endpunkt, d.h. Gesamtpunktzahl der GCS-Skala, war von 30,23±8,1 am Anfang auf 7,86±4,6 nach 6 Monaten in der Sepia-Gruppe gefallen (eine 73,9% Besserung), während der entsprechende Rückgang in der Placebo-Gruppe nur von 30,05±8,9 auf 12,73±8,3 war (eine 57,63% Besserung) (p=0,001). Nach sechs Monaten hatte sich also ein statistisch signifikanter Unterschied zwischen beiden Gruppen ergeben (p=0,001). In Bezug auf den sekundären Endpunkt, d.h. die Gesamtpunktzahl der UQOL-Skala, wurden am Anfang Werte von 59,09±7,74 in der Sepia-Gruppe und von 57,39±7,80 in der Placebo-Gruppe und nach sechs Monaten Werte von 62,43±7,71 in der Sepia- und von 63,48±7,53 in der Placebo Gruppe verzeichnet. Dies bedeutet ein leichter Unterschied in der Lebensqualität nach sechs Monaten. **Fazit:** Sepia bessert die wechseljahrbedingten Beschwerden, wenn es den nach homöopatischen Prinzipien, entsprechenden symptomatischen Indikationen verordnet wird.

以順勢療法療劑墨魚汁（Sep.）處理更年期症狀：多中心隨機雙盲安慰劑對照臨床實驗

目的：使用「格林更年期量表」（GCS）和 Utian 生活品質量表（UQOL）評估順勢療法藥物--墨魚汁治療更年期症狀的療效。

方法：2012 年 4 月至 2014 年 9 月，在 CCRH 的四個研究中心進行隨機雙盲安慰劑對照臨床研究。對環更年期（Peri-menopausal）患者進行篩查（n=471），符合資格標準的患者（n=88）被納入並隨機分爲兩組，一組以順勢療法作介入，即墨魚汁（n=44），另一組爲同一的安慰劑（n=44），並作隨後跟進 6 個月，以評估預先確定的臨床結果。主要結果是更年期疾病的變化，採用格林更年期量表（GCS）進行評估，次要結果是量度 Utian 生活品質量表（UQOL）的變化。

結果：88 位患者被納入初步結果分析。與 6 個月後比較，主要觀察指標，即 GCS 總分，在墨魚汁組別從 30.23±8.1 降至 7.86±4.6（改善 73.9%），在安慰劑組別從 30.05±8.9 降至 12.73±8.3（改善57.63%）（p=0.001）。6 個月後兩組間有顯著統計學差異（p=0.001）。在次要結果方面，於基線時，墨魚汁組別的總 UQoL 得分爲 59.09±7.74，安慰劑組爲 57.39±7.80。於基線時 A 組的 UQoL 總得分爲 62.43±7.71，安慰劑組爲 63.48±7.53，表明六個月後生活質量略有差異。

結論：當使用符合順勢療法原則（以症狀作指引）處方時，墨魚汁有效舒緩更年期症狀。