



Review

Alternative and complementary therapies for the menopause: A homeopathic approach

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ABSTRACT

The menopause is seen as a highly variable adjustment phase where for some women difficult symptoms can significantly impact on quality of life and in breast cancer that adjustment phase can be intensified and prolonged by anti-oestrogen medication. Homeopathy, defined as one of the many complementary and alternative medicines which women use to manage this transition, has been delivered within the National Health Service since its inception and has been used to alleviate menopausal symptoms both in the climacteric and more recently in breast cancer survivors. Individualized treatment by a homeopath, regarded as the gold standard of homeopathic care, is a complex intervention where the homeopathic medicine is matched to a woman presenting with a range of symptoms such as hot flushes, sleep and mood disturbance, joint pains and fatigue. These symptoms are thought to represent a whole system disturbance and the homeopathic medicine chosen reflects this disturbance. This article describes the delivery of homeopathic care within the UK, as part of an integrated approach to difficult symptoms, basic science that might offer a potential model of action, and reviews available data from observational studies and randomised trials in this clinical setting.

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Transition

Head for the space
 where thoughts are let loosed
 childish dreams exchanged for chreoneish reality
 lines etched
 hearts broken

no longer generating fertility
 emotions unmoored
 fired up and washed away
 in the crucible of change

what will survive
 this treacherous transition
 when awakening each day
 to a different you?

1. Introduction

The menopause creates a challenging adjustment process for many women where changing hormone levels trigger a number of symptoms in the body which for some are mild and for others significantly impact on quality of life [1]. Thirty to 70% of women experience vasomotor symptoms such as hot flushes and night sweats during the menopause [2] and for 20–25% of women, symptoms can persist for at least 5 years along with fatigue and mood disturbance. Menopausal symptoms due to chemotherapy induced follicle cell death, ovarian ablation or the use of anti-oestrogen medication are associated with low quality of life for breast cancer survivors. Research confirms that hot flushes begin at an earlier age and may occur at a greater frequency and intensity compared with hot flushes associated with the normal menopause [3]. Management of menopausal symptoms is based on symptom control with a range of hormonal, non-hormonal and complementary therapies [4]. As potential problems with long-term HRT emerge the role of non-hormonal and complementary therapies in this clinical arena become of greater significance.

2. Delivery of homeopathic care

Homeopathy, regarded as a Complementary and Alternative Medicine (CAM), is delivered across Europe via public and private healthcare systems. For example it has been available in the United Kingdom National Health Service (NHS) since 1948 and a survey of one in eight general practices in 2001 reported that homeopathy was one of the two most commonly provided CAM therapies [5]. In a recent retrospective questionnaire based study of a sample of 563 menopausal women in the USA who discontinued HRT nearly half were using CAM and homeopathy was one of the more common choices women made [6]. An integrated approach where a range of conventional and complementary treatment options are offered is popular with women. Given the large number of users, and the availability of homeopathy within the NHS, it is important to establish whether homeopathy is a clinically relevant option for women with menopausal symptoms.

3. Homeopathy in clinical practice**3.1. Background philosophy**

Samuel Hahnemann (1755–1843), a German physician and scientist, uncovered the central tenets of homeopathic philosophy and believed in the vital force, thought to direct growth, healing and repair in the body. He postulated that the homeopathic remedy acted through the vital force stimulating a repair response.

Hahnemann tested medicines and the first proving (*pruefung* meaning a trial of a substance) used *Chinchona*, the Peruvian Yew bark, known for its beneficial action in malaria and from which we eventually derived Quinine. When given to a healthy person Hahnemann found that a pattern of symptoms developed similar to those found in the malaria sufferer. These symptom pictures particular to a medicine, could be matched to the symptoms in the sick person. Having discovered that medicines given in this way could be curative in acute diseases, he restated the law of similars, “let like be treated with like”, a concept already offered by Hippocrates centuries before. Proving is done to this present day as there are infinite substances, plant, mineral and animal whose symptom pictures could be ascertained. The third concept central to homeopathic thinking is the minimum dose which Hahnemann pursued—the smallest amount of a substance that could be given to avoid side effects and yet would still bring about a regulatory response. To his surprise, at some of the lower doses, the curative action of certain preparations seemed to be stronger, particularly when shaken vigorously (a process known as succussion). The preparation of a homeopathic medicine using serial dilution and succussion, he termed potentisation and the succussion process rather than the dilution may be the key to activating a solution.

Three central tenets of homeopathic philosophy

- Man has a regulating mechanism responsible for growth and repair through which the homeopathic remedy acts.
- Homeo (similar) pathos (suffering) encapsulates the law of similars where the symptom picture guides the practitioner to a substance in nature which causes these similar symptoms. Proving, toxicology and clinical cases give information about these homeopathic symptom pictures.
- Homeopathic medicines are ultra-dilute and highly succussed and these low doses reflect the body's innate sensitivity to certain medicines.

4. Delivery of care

Homeopathic care varies and researchers have been encouraged to report the nature of the intervention clearly in trials [7]. Individual treatment by a homeopath, regarded as the gold standard of homeopathic care, consists of a series of in-depth interviews with a strong focus on the patient's subjective experience to match the homeopathic medicine to the totality of symptoms that emerge during a consultation. Formulaic or complex homeopathy contains one or many remedies, put together for a particular clinical indication and are often sold over the counter. The homeopathic community debates, which approach is most effective but most prescribers agree that the closely matched similar using the totality of the symptom picture is the ideal and when accurate leads to the strongest stimulus [8]. The body's innate sensitivity to a small range of medicines may explain why case studies suggest that one remedy may not produce any response whereas another, which fits the symptom pattern more closely, may be followed by dramatic improvement in key symptoms as well as non-specific improvements in anxiety and psychological adjustment. As the homeopath becomes more experienced they are able to bring coherence to the developing symptom picture and thereby identify remedies more accurately. A conceptual framework, known as “the levels” lets the practitioner know where they are in the territory of the individual's map of experience [9]. It begins with level 1; the name of the disease and then moves to the level of fact; the level of symptoms,

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