

INDIVIDUALISED HOMOEOPATHIC MANAGEMENT OF PERIMENOPAUSAL SYNDROME: A CASE SERIES OF TWO PATIENTS



Dr. Roopinder Kaur*¹, Dr. Shivangi²

¹* Head of Department & Assoc. Professor, Department of FMT, Homoeopathic Medical College and Hospital, Sector 26, Chandigarh; Ph.D. Scholar, Tania University, Sri Ganganagar, Rajasthan, India.

²MD (Hom), PhD Supervisor, Assoc. Professor, Organon of Medicine, Tania University, Sri Ganganagar, Rajasthan, India

***Corresponding Author:** - Dr. Roopinder Kaur

*Homoeopathic Medical College and Hospital, Sector 26, Chandigarh Email: - dr.roopinderhmc@gmail.com

ABSTRACT

Perimenopause is a transitional phase in women which is a part of reproductive ageing. It is marked by fluctuating hormonal levels which leads to a constellation of vasomotor, psychological, urogenital, and systemic symptoms. These symptoms have significant impact on quality of life. Conventional treatment depends on hormone replacement therapy, which itself carries its own risks and side effects. Contemporary to this, Homoeopathy offers a more holistic and safer approach to manage these perimenopausal symptoms, as it is grounded on the principles of individualisation and constitutional prescribing. This case series presents the clinical course and outcomes of an individualized homeopathic approach for two patients experiencing perimenopausal syndrome, by following the HOM-CASE checklist for case recording and using validated outcome assessment tool- Menopausal Rating Scale. The case demonstrates substantial symptom improvement and quality of life enhancement using individualised homoeopathic medicine, which is validated by Menopausal Rating Scale (MRS) scores, and highlights the value of constitutional prescribing in perimenopausal management.

Keywords: Perimenopause, Homoeopathy, Constitutional Treatment, Menopausal Transition, Quality of Life

INTRODUCTION

Perimenopause – the phase preceding the menopause – which represents a biological transition, extends far beyond a simple endpoint in reproductive life. This period marks the gradual winding down of ovarian function and represents the bridge or a journey between the reproductive years and permanent cessation of menstruation (menopause). (1-4)

It is also viewed as transitional period before menopause, which is characterized by fluctuations in hormone levels and can present clinically with a spectrum of symptoms comprising physical, emotional, and psychological manifestations. (2) Perimenopausal symptoms such as vasomotor instability, mood changes, sleep disturbances, genitourinary complaints and headaches can severely impact the quality of life, resulting in hinderance in performing day to day work (2,3). Conventional management frequently relies on hormone replacement therapy (1,3,10), where as individualized homoeopathic treatment offers holistic, non-hormonal solutions tailored to each patient's symptom profile and constitution. (5)

The physiological upheaval of perimenopause manifests across multiple body systems. It produces a constellation of symptoms that extend

far beyond hot flushes (2). The changes in reproductive system can start with early cycle of 25 days or later changing to delayed and scanty menses. Abnormal menstrual cycles starts with periodic changes in the timing, flow or frequency due to the changing estrogen and progesterone levels. Women commonly report vasomotor symptoms such as sudden episodes of intense heat, profuse sweating and temperature dysregulation – this can disrupt daily routine as well as sleep. Beyond these classic presentations, psychological and emotional symptoms are also found in perimenopausal women such as mood instability, anxiety, irritability and in some cases depressive episodes are also present, which often are distressing and negatively impact the quality of life. (2,3)

Women also frequently report cognitive disturbances, which are colloquially termed as "brain fog". Other than this fatigue from sleep disruption, mood fluctuations and joint pain are also reported—all these reflects the body's complex response to fluctuating hormone levels.

Psychological and urogenital symptoms of perimenopause also significantly impact quality of life and they require careful clinical attention.

Estrogen mediated alterations in serotonin and norepinephrine pathways increases the risk of depression and anxiety, making women in perimenopause two to four times more prone to depressive symptoms. Estrogen deficiency also precipitates the vulvovaginal atrophy resulting in dryness, fissures, and dyspareunia. Urinary symptoms such as frequency, urgency, and increased susceptibility to infection due to urethral and bladder epithelial thinning can also occur. Here we have presented two cases female patients experiencing perimenopausal symptoms and treated with individualized homoeopathic medicine along with diet and lifestyle measures.

The case were recorded according to the standardized format (HOM-CASE using CARE guidelines)(12) for recording and presenting homoeopathic cases. It ensures that no important detail is missed during case recording and a peculiar picture is made out more accurately. For repertorisation Complete repertory 4.5 (7) was used in RADAR v10 software (8). We have used Menopausal Rating Scale (MRS) (11) to measure the intensity of symptoms experienced by the patient which will help to assess quality of life based on the score.

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

Symptoms:	none	mild	moderate	severe	very severe
	Score = 0	1	2	3	4
1. Hot flushes, sweating (episodes of sweating).....	<input type="checkbox"/>				
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness).....	<input type="checkbox"/>				
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early).....	<input type="checkbox"/>				
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).....	<input type="checkbox"/>				
5. Irritability (feeling nervous, inner tension, feeling aggressive).....	<input type="checkbox"/>				
6. Anxiety (inner restlessness, feeling panicky).....	<input type="checkbox"/>				
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness).....	<input type="checkbox"/>				
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction).....	<input type="checkbox"/>				
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>				
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse).....	<input type="checkbox"/>				
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints).....	<input type="checkbox"/>				

Figure 1 Menopausal Rating Scale (11)

It covers **11 common symptoms**—including hot flashes, sleep problems, mood changes, vaginal dryness, and joint pains. Each symptom is rated from **0 to 4**, where: **0 = None** , **1 = Mild** , **2 = Moderate** , **3 = Severe** and **4 = Very Severe**.

Once total score is calculated it is interpreted as following to understand and objective depict the affect on person. Total score is used to compare the condition of patient at baseline and subsequent followups.

Total Score	Severity Level	Meaning / Interpretation
0 – 4	No / Minimal Symptoms	Hardly any menopausal symptoms; daily life not affected.
5 – 8	Mild Symptoms	Occasional discomfort; symptoms noticeable but manageable.
9 – 15	Moderate Symptoms	Symptoms begin to interfere with sleep, mood, or routine activities.
16 – 44	Severe Symptoms	Strong impact on daily life; significant physical or emotional discomfort.

Patient Information

- **Age:** 48 years
- **Gender:** Female
- **Marital Status:** Married
- **Residence:** Semi-urban
- **Occupation:** Teacher (primary school)
- **Financial Status:** Middle class
- **Date of First Consultation:** 03/01/2025

Chief complaint: Hot flashes with sudden heat, rising from chest and extends to face. From last 1.5-2 years. Patient experiences atleast 6 to 7 such episodes daily.

Pelvic heaviness and a weighing down sensation x 2 years, More in evening.

Associated complaints:

Lower backache, vaginal dryness and thin yellow leucorrhoea since last 3 years.

Emotional de-stability and loss of libido x 4 years.

Past Medical History:

1. History of RTA 15 years ago – No surgical emergency, Resolved.

No other specific history.

Family History: No specific history of any chronic or lifestyle disorder.

Gynecological history:

Menses are irregular, delayed(30-50 days) and scanty (3-4 days, with dark colour). Leucorrhoea (+) (thin, yellow, agg. Before menses)

Before menses : Headache, Aggravation in Leucorrhoea.

During : Weakness and exhaustion

After : N.S.

Vaginal dryness and dyspareunia x 4 years.

Obstetric History:

G3P2A1

- **MTP History:** One medical termination of pregnancy (MTPs) in the past.

- **Live Births:** Two full-term normal deliveries (one female, one male)

Diagnostic Assessment

Diagnosis: Perimenopausal syndrome (clinical criteria: age, menstrual history, symptoms above)

Additional symptoms: Suffocative feeling with anxiety felt more during daytime, Emotional withdrawal and sadness since onset of physical symptoms. Constipation and urinary incontinence when delaying micturition.

Personal history: Non-vegetarian, post-graduate, married

Generals

Mental Generals:

Emotional withdrawal: “I want to be left alone”, Irritability at small things and sometimes snaps at family members.

Indifference to loved ones. Donot want to talk with close family members, especially husband. Patient herself acknowledges it but feels helpless. Also feels **overburdened** by domestic responsibilities. No help from other family members. “Everone is occupied with their own things, no one helps me”. Desire to run away from family duties.

Brain fog and difficulty in mental exertion. Cannot do very complex mental thinking and quickly feels exhausted.

Physical Generals:

Headache aggravated by stress, before menses.

- **Thermal state:** *Hot*, cannot tolerate heat
- **Appetite:** Takes three meals daily
- **Cravings:** N.S.
- **Aversions:** N.S.
- **Thirst:** 3-4L per day (Thirsty).
- **Sleep:** 5-6 hours; Non-refreshing.
- **Perspiration:** Increased+, more in axilla, non-offensive.
- **Stool:** Constipation from 7-8 months. Hard, dry stool. No pain during or after stool
- **Urine** Urinary incontinence since last 3-4 years. Not able to hold urine for a short duration of time. Has to immediately void urine.
- **Build:** Lean

Assessment tool: Menopausal Rating Scale (MRS) administered at baseline and follow-ups.

Symptom	Baseline (0-4)
<i>Hot flushes, sweating</i>	4
<i>Heart discomfort</i>	1
<i>Sleep problems</i>	1
<i>Depressive mood</i>	4
<i>Irritability</i>	1
<i>Anxiety</i>	3
<i>Physical and mental exhaustion</i>	3
<i>Sexual problems</i>	2
<i>Bladder problems</i>	3
<i>Dryness of vagina</i>	3
<i>Joint and muscular discomfort</i>	1

TOTAL SCORE

26

Figure 2 MRS Case 1 at baseline

Mental and Emotional Symptoms (Hierarchy)

- **Emotional withdrawal and desire for solitude.** Avoids speaking with close family members, especially husband. Says “I want to be left alone.”
- **Indifference to loved ones.** Acknowledges emotional disconnect yet feels helpless to change.
- **Desire to escape from responsibilities.** Expresses a strong wish to “run away” from household duties due to feeling overburdened.
- **Feels solely responsible for household functioning** – “Everyone is busy with their own things and no one helps me.”

Physical Generals (Characteristic)

- **Hot and Thirsty Patient**
- **Constipation**
- **Urinary Incontinence**

Rubrics:

- MIND – INDIFFERENCE, apathy – loved ones, to

- **Irritability from small causes.** Snaps at family members, especially when physically or mentally fatigued.
- **Brain fog and poor mental work.** Easily overwhelmed by intellectual tasks and cannot sustain complex thinking with rapid mental exhaustion.
- **Sadness and emotional heaviness.** Feels persistently dull and withdrawn since onset of physical complaints.
- **Anxiety accompanying heat or physical discomfort** with suffocative spells coinciding with hot flushes or fatigue.
 - MIND – ESCAPE, attempts to – family and children, from...
 - MIND – ANXIETY – palpitation – with
 - MIND – RESPONSIBILITY – wants to give up her
 - GENERALITIES – HEAT – sensation of
 - FEMALE – PAIN – bearing down – uterus, and region of
 - FEMALE – LEUCORRHEA – yellow
 - BLADDER – URINATION – involuntary – delayed, if
 - FEMALE – DRYNESS – vagina
 - GENERALITIES – MENSES – agg. – during

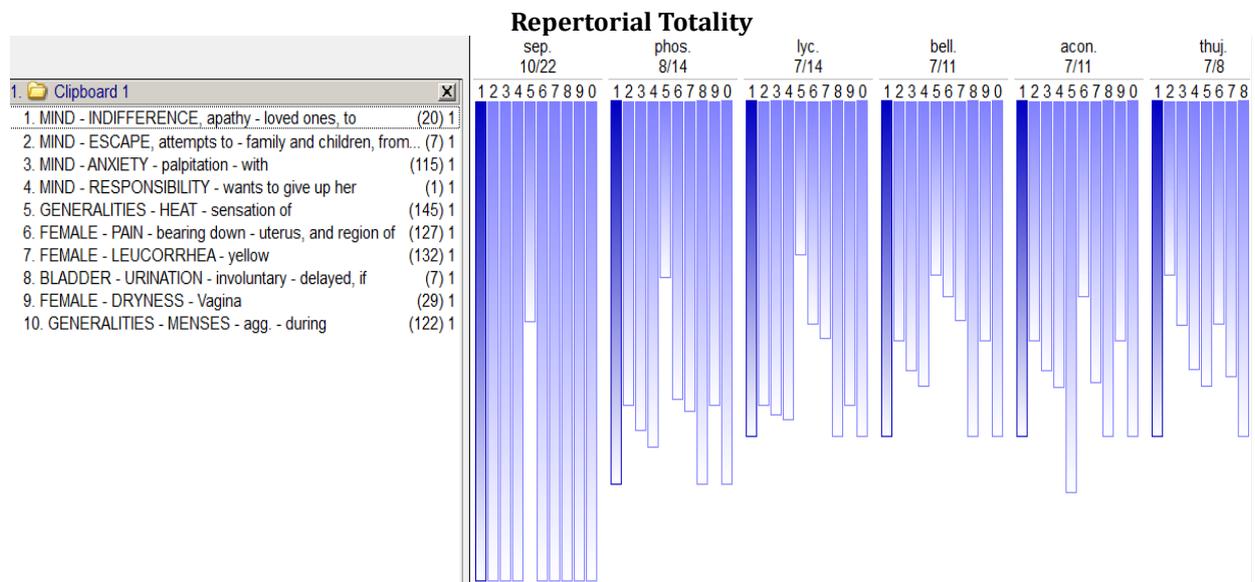


Figure 3 Repertorial Totality - Case 1

Case Analysis:

Patient has expressed strong indifference to family, experienced a lot of responsibilities with desire to escape from all of it. Apart from strong feeling, the bearing down sensation and apathic state of mind clearly rules out near remedies. Along with this, thermals and physical generals helped in

differentiation. The peculiar feelings along with total repertorisation indicated Sepia as the most similimum.

Selection of Remedy: Upon repertorization and proper analysis of case - Sepia officinalis

Prescription:

Sepia 200, 3 doses TDS, SL TDS for 30 days

Follow-Up & Outcomes :

Date	Treatment	Clinical Observations
03-01-2025 MRS - At baseline - 26/44	Sepia 200 * doses , SL TDS 30 Days	Baseline: Headache, mood swings, urinary incontinence, leucorrhoea, anxiety, emotional withdrawal
03-02-2025	SL TDS 30 days	Headache and hot flashes improved with less intensity and slight improvement in constipation
01-03-2025	SL TDS 30 days	Further improvement, better urinary control, less anxiety, improved leucorrhoea.
03-04-2025 MRS - At 3 months -18/44	SL TDS 30 days	Improvement in emotional withdrawal. Marked improvement in anxiety and hot flashes. Able to hold urine to slightly larger duration.
03-05-2024	SL TDS 30 days	Significant mood improvement, no urinary incontinence, infrequent headache. Libido increased. Leucorrhoea resolved.
01-06-2025	SL TDS 30 days	Stable mood, no anxious tone, no headache, leucorrhoea resolved
05-07-2025 MRS - At 6 months- 6/44	SL TDS 30 days	One headache episode, good mood, anxiety improved. Resolution of hot flashes.

Symptom	Baseline	3 Months Follow Up	6 Months Follow Up
Hot flushes, sweating	4	2	1
Heart discomfort	1	1	0
Sleep problems	1	1	0
Depressive mood	4	3	1
Irritability	1	1	0
Anxiety	3	2	1
Physical and mental exhaustion	3	2	1
Sexual problems	2	1	1
Bladder problems	3	2	0
Dryness of vagina	3	2	1
Joint and muscular discomfort	1	1	0
TOTAL SCORE	26	18	6

Figure 4 MRS Score Comparison at Baseline and subsequent follow ups

MRS Score: Pre-treatment 26/44; Post 6 months 6/44 (marked reduction/marked improvement)

CASE - 2

Patient Information

- **Age:** 45 years
- **Gender:** Female
- **Marital Status:** Married
- **Residence:** Semi-urban
- **Occupation:** Housewife
- **Financial Status:** Middle class
- **Date of First Consultation:** 13/12/2024

Chief complaint: Sudden sensation of heat in head and upper body with perspiration since last 8-10 months. (Hot flashes)
Irregular menses since 1.5 Years,

Associated complaints:

Sleep disturbances and emotional changes since 2 years.
Weight Gain - 1.5 Years
Vaginal dryness and dyspareunia since 1 year.
Constipation
Heartburn

Past Medical History:

Hypothyroidism since 1st pregnancy , taking ultroxin 25mg.
No other medical history.

Family History: No specific history of any chronic or lifestyle disorder.

Gynecological history:

Menses are irregular, delayed (30-40 days) and profuse (1-3 days). Leucorrhoea (+) (milky, thick) aggravated before menses
 Before menses: Headache, Anxiety, joint pains
 During : Breast tenderness with extreme weakness and exhaustion
 After : N.S.

Obstetric History:

G2P2A0
 • **Live Births:** Two full-term normal deliveries (one female, one male)
Personal history: Non-vegetarian, post-graduate, married
Generals

Mental Generals:

Anxiety about health, Fears something serious will happen to her because of her weight gain and symptoms.
 Anxiety about Family +++ - anxiety and worries about her children and husband.
 Constantly needs reassurances from close relatives.
 Wants to go to her mother – “she is very aged and I miss my home”

Diagnostic Assessment

Diagnosis: Perimenopausal syndrome (clinical criteria: age, menstrual history, symptoms above)

Mental Fatigue and brain fog , sluggishness when patient has to do mental exertion or make any decisions.
 Low libido and irritability

Physical Generals:

Headache before menses. Weakness and slowness in doing routine things. Takes time to complete chores. Does work very slowly.

- **Thermal state:** *Chilly ++* , cannot tolerate cold, gets sick easily.
- **Appetite:** Takes three meals daily
- **Cravings:** Eggs and Chalky texture things.
- **Aversions:** N.S.
- **Thirst:** 3-4L per day (Thirsty).
- **Sleep:** 5-6 hours; Non-refreshing.
- **Perspiration:** Increased ++, more on head and upper body, sometimes offensive.
- **Stool:** Constipation since childbirth. Passes stool once in 2 days if no laxative is taken. Hard and dry stool. No pain during or after stool
- **Urine** Urinary incontinence since last 6 months. Has to immediately void urine otherwise it is passed.
- **Build:** **Obese +**

Assessment tool: Menopausal Rating Scale (MRS) administered at baseline and follow-ups.

<i>Symptom</i>	<i>Baseline (0-4)</i>
<i>Hot flushes, sweating</i>	3
<i>Heart discomfort</i>	1
<i>Sleep problems</i>	2
<i>Depressive mood</i>	3
<i>Irritability</i>	1
<i>Anxiety</i>	3
<i>Physical and mental exhaustion</i>	3
<i>Sexual problems</i>	2
<i>Bladder problems</i>	3
<i>Dryness of vagina</i>	2
<i>Joint and muscular discomfort</i>	1
TOTAL SCORE	24

Figure 5 MRS Score of Case 2 at baseline

Mental and Emotional Symptoms (Hierarchy)

1. Anxiety (Highest importance)

Intense worry about health with fearing something serious is developing due to weight gain and bodily changes.
 Anxiety about her family, especially children and husband and constant anticipatory worry about their wellbeing. Needs frequent reassurance from close relatives, indicating emotional dependence and insecurity.

2. Homesickness with desire for mother

Strong emotional longing for her mother despite being an adult with her own family.
 Expresses statements like “I miss my home and childhood” and “I want to be with my mother”
3. Mental fatigue and cognitive dullness (Brain fog)
 Slow thinking, poor concentration and difficulty with decision-making. Feels mentally exhausted even with mild mental exertion.

4. Emotional instability due to perimenopause

Fluctuating mood with irritability, sadness and feeling overwhelmed at small things. Emotional hypersensitivity to small triggers.

5. Dependence and Support-Seeking Behavior
6. Performance Slowness and Lack of Initiative

Rubrics:

- MIND – ANXIETY – health, about
- MIND – ANXIETY – health, about – careful about health, thoughts of disease
- MIND – SLOWNESS
- MIND – IRRESOLUTION, indecision
- MIND – HOMESICKNESS, nostalgia

Sluggish in household work and takes more time to finish routine tasks. Also feels physically and mentally slow.

Physical Generals (Characteristic)

- **Hot and Thirsty Patient**
- **Constipation**
- **Urinary Incontinence**
- CHEST – MAMMAE, complaints of – menses – before
- FEMALE – LEUCORRHEA – milky
- GENERALITIES – OBESITY
- GENERALITIES – MENSES – agg. – before
- GENERALITIES – HYPOTHYROIDISM

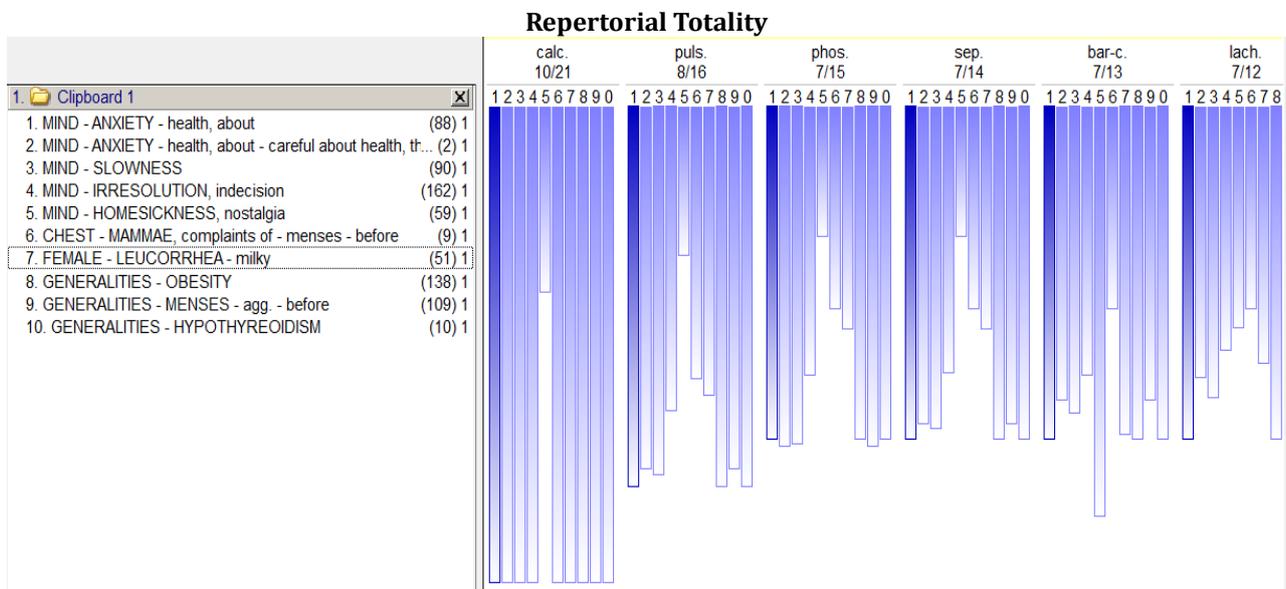


Figure 6 Repertorial Totality - Case 2

Case Analysis:

Patient expressed strong anxiety about health of both herself and her loved ones. There is also some anticipation found objectively. Slowness of mind and sluggishness to make any decision indicates the irresolution of mind building up due to anxiety. Feeling of homesickness and nostalgia to childhood and especially toward mother was clearly seen. The

complete picture along with repertorisation indicates calcarea and pulsatilla both. Since there is not much weeping tendency as that of pulsatilla, with thermals and profuse perspiration especially on head and upper part of body makes Calcarea carb most similitimum.

Selection of Remedy: Upon repertorization and proper analysis of case – Calcarea Carbonicum

Prescription: Calc-carb 200, 3 doses TDS, SL TDS for 30 days

Follow-Up & Outcomes

Date	Treatment	Clinical Observations
13-12-2024 MRS - At baseline - 24/44	Calc-carb 200 * doses , SL TDS 30 Days	Baseline: Anxiety, Hot flashes, mood swings, urinary incontinence, leucorrhoea, anxiety, emotional withdrawal
13-01-2025	SL TDS 30 days	Headache and hot flashes are now less intense. Constipation slightly worse but no medicine taken. Able to hold urine for a short duration.
14-02-2025	SL TDS 30 days	Further improvement- Decrease in anxiety, improved leucorrhoea. Less intense hot flashes,
13-03-2025 MRS - At 3 months - 16/44	SL TDS 30 days	Improvement in anxiety and hot flashes. Feeling of being well. Started doing things with better control. Able to hold urine to slightly larger duration.
15-04-2025	SL TDS 30 days	Significant mood improvement, no urinary incontinence. Menses still delayed but no anxiety or discomfort to it.
14-05-2025	SL TDS 30 days	No anxiety, no headache, only few episodes of hot flashes. leucorrhoea completely resolved. General feeling of being well.
15-06-2025 MRS - At 6 months- 4/44	SL TDS 30 days	Resolution of anxiety for herself. Urine incontinence and mood generally improved markedly. Resolution of hot flashes.

Figure 7 MRS Score comparison of Case 2 at baseline and subsequent follow ups

Symptom	Baseline	3 Months Follow Up	6 Months Follow Up
Hot flushes, sweating	3	2	1
Heart discomfort	1	1	0
Sleep problems	2	1	0
Depressive mood	3	2	1
Irritability	1	1	0
Anxiety	3	2	1
Physical and mental exhaustion	3	2	1
Sexual problems	2	1	0
Bladder problems	3	1	0
Dryness of vagina	2	2	0
Joint and muscular discomfort	1	1	0
TOTAL SCORE	24	16	4

MRS Score: Pre-treatment 24/44; Post 6 months 4/44 (marked reduction/marked improvement)

DISCUSSION

This case series helps in gathering evidence and imply that individualized homoeopathic medicines can help in management of perimenopausal symptoms. Treatment outcomes of both cases were assessed by using the MRS scale for measuring objective improvement and to validate the treatment outcomes. In both these cases, Individualised homoeopathic medicines were selected on basis of totality of symptoms, systematic repertorisation and a final medicine was selected which was corresponding to dynamic symptom picture and constitutional requirements.

In **Case 1** patient presented with classic *Sepia* picture as characterized by venous congestion (pelvic heaviness & constipation) and peculiar and distinct psychological sphere seen as indifference to loved ones and desire for solitude and running away. Resolution of both her physical stasis (constipation, urinary incontinence) and emotional withdrawal after *Sepia* administration also validates the *Sepia*'s affinity for female reproductive and portal systems during hormonal transitions. The reduction of her MRS score from 26 (Severe) to 6 (Mild) measures the improvement and validates the treatment.

Case 2 patient exhibited a constitution of *Calcarea Carbonica*. Her symptomatology was full of anxiety regarding health and family, need for reassurance and metabolic sluggishness (obesity & hypothyroidism). Unlike the indifference as seen in first case this patient displayed insecurity and profuse perspiration on the head and upper body both of which are key indicators for *Calcarea carbonica*. Improvement in her anxiety levels and vasomotor symptoms highlights importance of addressing patient's core constitutional susceptibility which in this case is her compromised sense of security and metabolic slowing. Reduction in MRS score was 24 (severe) to 4 (minimal symptoms). Both patients experienced marked relief in hot flashes and other perimenopausal symptoms. Apart from just menopausal symptoms, overall restoration of good health and ultimately improvement in quality of life was seen. This case series supports holistic and individualized approach of homoeopathy for constellation of symptoms experienced by women in perimenopausal phase and improvement was corroborated by objective scores and long-term follow-up.

CONCLUSION

Individualized homeopathic management led to marked improvement in both cases for perimenopausal symptoms and overall quality of life and documented by symptom trajectory and validated MRS scales. The HOM-CASE checklist format enhances transparency and reproducibility of case reporting and case processing and supports evidence based clinical practice for individualized homoeopathic treatment in perimenopause. These findings helps to reinforce core tenet of homoeopathy which is treating the patient as whole rather than just targeting isolated symptoms. By selecting remedies based on unique and individualized picture including psychosomatic state, physical symptoms and susceptibility, we observed comprehensive restoration of health and well being. In conclusion we can say that Individualized homoeopathic approach offers promising, safe and non-hormonal alternative to conventional treatment options such as Hormone Replacement Therapy (HRT). Though these results are encouraging but further large scale, controlled clinical trials are recommended to gather and establish robust evidence based protocols for homoeopathic management of perimenopause.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

BIBLIOGRAPHY

2. Freeman, E. W., et al. (2007). Symptoms associated with menopausal transition and postmenopause. *Obstetrics & Gynecology*, 110(2), 230-238.
3. Nelson, H. D. (2008). Menopause. *The Lancet*, 371(9614), 760-770.
4. Santoro, N., Epperson, C. N., & Mathews, S. B. (2016). Menopausal symptoms and their management. *Endocrinology and Metabolism Clinics*, 44(3), 497-515
5. Schorge JO, Bradshaw KD, Halvorson LM, et al. *Williams Gynecology*. 4th ed. New York: McGraw-Hill Education; 2020. Chapter 16, Menopause and the Perimenopausal Transition.
6. Hahnemann S. *Organon of Medicine*. 5th ed. Translated by Dudgeon RE. New Delhi: B. Jain Publishers; 2000. ISBN No: 9788131903117
7. Allen HC. *Keynotes and Characteristics with Comparisons*. 10th ed. New Delhi: B. Jain Publishers; 2004.
8. Van Zandvoort R. *Complete Repertory*. Version 4.5. Leidschendam (Netherlands): Institute for Research in Homoeopathic Information (IRHI); 1996.
9. Archibel SA. *RADAR 10 (Rapid Aid to Drug Aimed Research)*, Homeopathic Software Suite. Version 10.0. Belgium: Archibel NV; 2008
10. Harlow, S. D., Gass, M., Hall, J. E., et al. (2012). Executive summary of the Stages of Reproductive Aging Workshop +10: addressing the unfinished agenda of staging reproductive aging. *Menopause*, 19(4), 387-395. <https://doi.org/10.1097/gme.0b013e31824d8f40>
11. Rossouw, J. E., et al. (2002). Risks and benefits of estrogen plus progestin in healthy postmenopausal women. *JAMA*, 288(3), 321-333.
12. Schneider HP, Heinemann LAJ, Rosemeier HP, Potthoff P, Behre HM. The Menopause Rating Scale (MRS): a methodological review. *Climacteric*. 2000;3(1):59-64.
13. Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med*. 2016;25:78-85.
14. Bell, I. R., Koithan, M., & Brooks, A. J. (2013). Advances in integrative nanomedicine for improving the efficacy of Homoeopathic remedies in menopause. *Homoeopathy*, 102(02), 139-150.
15. Thompson, E. A., & Reilly, D. (2005). The Homoeopathic approach to menopausal problems: A randomized placebo-controlled trial. *BJOG: An International Journal of Obstetrics & Gynaecology*, 112(4), 514-520.

16. Gupta, M., et al. (2017). Integrative medicine approach in menopausal syndrome. *Journal of Mid-life Health*, 8(2), 71-75.
17. Thompson EA, Relton C. Designing clinical trials of Homoeopathy for menopausal symptoms: a review of the literature. *Menopause Int*. 2009 Mar;15(1):31-4. doi: 10.1258/mi.2009.009006. PMID: 19237620.
18. Nayak C, Singh V, Singh K, Singh H, Gupta J, Lamba CD, Sharma A, Sharma B, Indira B, Bhuvaneshwari S, Bindra SK, Luxmi KS. Management of distress during climacteric years by Homoeopathic therapy. *J Altern Complement Med*. 2011 Nov;17(11):1037-42. doi: 10.1089/acm.2010.0301. PMID: 22087613.
19. Thompson EA. Alternative and complementary therapies for the menopause: a Homoeopathic approach. *Maturitas*. 2010 Aug;66(4):350-4. doi: 10.1016/j.maturitas.2010.02.003. Epub 2010 Mar 6. PMID: 20207087.