

Multimorbidity After Surgical Menopause Treated with Individualized Classical Homeopathy: A Case Report

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ABSTRACT: Classical homeopathy was shown to be beneficial in climacteric syndrome in many studies, but the clinical effect is unclear. To inspect if individualized classical homeopathy has a role in treating complaints after surgical menopause through real world case, we present a case of a 54-year-old Russian woman treated with individualized classical homeopathy for multimorbid conditions after surgical menopause examined for changes from homeopathic treatment. We assessed changes in climacteric symptoms, changes in comorbidities, and the general well-being of the patient. The woman had severe climacteric syndrome, pelvic inflammatory disease, dyslipidemia, obesity, hepatic steatosis, pancreatic lipomatosis, gall bladder disease, and mild subclinical hypothyroidism to begin with. She was treated with individualized classical homeopathy and followed up for 31 months. She was relieved of the vasomotor symptoms and psychological disturbances of climacteric syndrome, her weight reduced, the ultrasound scan showed absence of lipomatosis/gall bladder disease/hepatic steatosis. Blood tests showed reduction of thyroid stimulating hormone and a balance in the lipid status. Individualized classical homeopathy may have a role in the climacteric syndrome and comorbidities after surgical menopause. The efficacy of homeopathic therapy in climacteric problems must be scientifically investigated further.

KEYWORDS: Surgical menopause, climacteric, comorbidities, homeopathy, individualized treatment, vasomotor symptoms, hot flashes, obesity, lipomatosis, dyslipidemia, subclinical hypothyroidism

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Introduction

Climacteric syndrome is a public health burden due to its ability to disrupt daily life activities. The psychiatric and vasomotor symptoms causing insomnia have a negative impact on health.¹ Menopause is associated with accelerated ageing and early menopause is associated with increased mortality and morbidity risk.^{2,3} Hormone replacement therapy (HRT) is known to reduce the risk although many people have reservations about HRT due to the associated risk of breast cancer.⁴ Many researchers are of the opinion that menopausal symptoms must be considered with the associated comorbidities and individualized treatment must be adopted for maximum benefit.⁵ This is especially true of surgical menopause cases as the severity of symptoms and the associated morbidity and mortality risks are all greater with surgical menopause when compared to natural.³ There is also a need to understand the underlying neurophysiological mechanisms in the climacteric syndrome, as many neuroendocrinal pathways seem involved in this process and considering it merely as an annoyance that needs to be handled for the time being may be a detrimental

attitude.⁶ Climacteric syndrome may be associated with deeper neurological disturbances which may have a bearing on future diseases.⁶

In such a scenario, alternative therapies have been suggested as solutions.⁴ Homeopathy has been shown to benefit all the symptoms of climacteric syndrome in some studies but at the same time the clinical effects are unclear. The defect, it seems, is in the design of studies. Homeopathy does not adapt well to RCT and a better suitable design must be employed to test its efficacy.⁴ There have also been case reports on the benefit of homeopathy in obesity and uterine disorders before this.⁷ This case of climacteric syndrome is being reported to delineate the intricacies involved in the homeopathic consultation, treatment, and effect. The idea is to inspect if individualized classical homeopathy has a role in treating complaints after surgical menopause through real world case and explain to the medical world the concepts involved, and the methods adopted. The treatment was assessed for changes in climacteric symptoms, changes in comorbidities and general well-being of the patient.



Case Report

Case presentation

In June, 2016, a 54-year-old Russian woman during a gynecologist consultation, complained of frequent flashes of heat, up to 30 to 35 times in 24 hours, disturbed sleep from perspiration (waking 3-5 times at night to change wet nightwear), and flashes of heat starting with red spots on the neck and chest, along with severe headache, palpitations, and an altered emotional state (ie, she became irritable and quarrelsome).

She gave history of 8 spontaneous abortions in the past and a total hysterectomy at the age of 46 years due to myoma uteri.

Past medical history

At the age of 46 years (2008), the patient underwent a hysterectomy with bilateral salpingo oophorectomy due to myoma uteri, of the size of 12–13 weeks of pregnancy with frequent uterine bleeding and endometriosis of the ovaries—grade 3 to 4 (ICD 10–N 80.1).⁸ Post surgically, substitutive hormonal therapy (estradiol gel) was recommended to counteract estrogen deprivation. Within a period of 8 years after the surgical operation, the patient put on 12 kg of weight (before surgery, she was 65 kg, currently 77 kg). According to an ultrasound scan of the abdominal organs in 2015, there was hepatic and pancreatic lipomatosis. The patient's physician recommended stopping substitutive hormonal therapy, considering it to be the reason for the new developments. As a result, severe climacteric syndrome started.

She also had genital tract infections many times in the past, including gonorrhoea, for which she was repeatedly treated with antibiotics.

Clinical examination

External genitalia are formed normally with female pattern of hair distribution.

Speculum examination: mucous membranes are pink, uterine cervix is cylindrical, uterine stump is palpated, tender on displacement, marked pelvic adhesions, pelvic vaults are shortened. Discharges are mucoid and scanty.

Current weight: 77 kg

Laboratory investigations

Her blood tests yielded results as follows (those out of range are in bold):

Blood sugar: 5.3 mmol/l (N: 4.1–5.9 mmol/l)

Lipid profile

Total cholesterol: 8.32 mmol/l (N: 3.10–5.16 mmol/l)

High Density Lipids (HDL): 1.19 mmol/l (N: 1.0–2.07 mmol/l)

Low Density Lipids (LDL): 5.12 mmol/l (N: 1.71–3.40 mmol/l)

Very Low Density Lipids (VLDL): 1.87 mmol/l (N: 0.26–1.04 mmol/l)

Triglycerides: 2.04 mmol/l (N: 0.45–1.60 mmol/l)

Atherogenicity index: 5.9 (N: 1.5–3)

TSH: 5.7 µIU/ml (N: 0.4–4 µIU/ml)

The ultrasound scan of abdomen and pelvis yielded the following result:

Signs of fatty liver infiltration, distension of common bile duct, thickening of gall bladder walls, signs of hypotonia of gall bladder, moderate pancreatic lipomatosis is detected.

Uterine stump is visualized, signs of adhesive process in small pelvis.

Diagnosis

Climacteric syndrome (ICD10: N 95), severe form; subclinical hypothyroidism (ICD10: E 02); chronic pelvic inflammatory disease (ICD10: N73.9); adhesive process in the lower pelvis—post infective (ICD10: N73.6); and hyperlipidemia (ICD10 E78.5).⁸

Homeopathic perspective and intervention

The patient consulted a homeopath on 15/06/2016 for the severe climacteric syndrome. Presentation to homeopath: Heat flashes and mood alteration as described above along with severe vertex headaches, which diminished with physical exercise, stretching, and breathing exercises. She felt very cold, and her hands were cold to the touch. The patient had constant leukorrhoea (yellowish mucous, lumpy, sometimes offensive). Her libido had reduced. She had developed brown discolored spots on the bridge of her nose.

She was emotionally unstable: got irritated easily, had a sharp tongue, was domineering, and fought with her housemates (even hit her husband).

She attributed her condition to cessation of hormonal treatment and connected the deterioration of her health with her hereditary background (mother had myoma), multiple miscarriages (8 times), multiple genital tract infections, and constant stress, particularly the risk of loss of money and legal issues in her business.

Rationale of prescription

During a homeopathic prescription, while the patient is examined for the current express pathology, an effort is made to understand that which individualizes the patient. In this case, for example, the woman had a specific combination of having a tendency for multiple abortions and development of large myoma. On the mental/emotional level she had developed extreme irritability with the characteristic that she was cross with her husband and her loved ones rather than people outside. These symptoms were relieved with physical exercise; she had constant leucorrhoea and her libido was down.

This may seem like a trivial detail or a common occurrence to a sweeping glance. But the point to be considered here is, the **change** in psychological disposition that occurred with the development of the pathology is remarkable and is considered for treatment. The latest research shows that psychological symptoms are a part of the climacteric syndrome and they have a great bearing on the productivity and quality of life.¹ Today the field of sickness behavior research is demonstrating it as being beneficial to the organism during infections.⁹ However, the understanding in homeopathy is that such behavior is not generalized but is highly individualistic and is not confined to infections alone. These individualized changes point to medicines which have in their proving similar psychological states.

In this case, the indifference to loved ones and her irritability toward husband was indicating the homeopathic remedy *Sepia succus*¹⁰ which were supported by the changes in her physical condition as well (Figure 1).

Initial prescription

Sepia succus 15CH: 2 globules on alternate days to be taken sublingually for 2 months.

Follow-up: The follow-up is presented in Table 1.

Outcome (after 44 months of follow-up)

The patient lost 14 kg, her pancreatic lipomatosis, gall bladder, and liver pathologies decreased, lipid parameters became balanced, and the mild elevation in TSH reduced (Table 1 and Figure 3). The main difference to the patient was the decrease in the hot flashes and the balance she felt psychologically, which she describes in her own words below (Section 9).

Adverse Effects

The patient did not experience any adverse effects during the course of her treatment and follow-up.

Discussion

Vasomotor symptoms are the primary disturbances in menopause and occur in over 80% women. Increased body composition, hysterectomy, and oophorectomy are risk factors for severity of these symptoms, as was seen in this case.¹¹ Further, the comorbidities that the patient had, especially thyroid dysfunction, though mild, was significant in her because of the coexistence of cardiovascular risk factors. This indicates a need for addressing the subclinical hypothyroid state in her.^{12,13} The fact that all her problems became exaggerated with hormonal replacement therapy (HRT) warns us that there may be differences in the way people respond to HRT. While transdermal estrogen HRT is known to be the safest, there have been instances where it is known to increase the TSH.¹² Menopause, especially surgical, by itself increases the steatosis in both liver and pancreas and the HRT may have influenced her gall bladder disease.¹⁴⁻¹⁶ The effect of surgical

menopause and HRT seems to have been unfavorable in this patient. The suggestion to try homeopathic therapy was given in such a background.

Homeopathy

Human being is a complex system, operating on multiple levels at the same time. The defense system on physical as well as psychological levels of the human being is equally complex but with a simple goal of preservation of life to the best possible extent. In this endeavor, the defense system tries to drive away noxious influences in its own way. This is the basic understanding in homeopathy, a principle on which the treatment is designed.^{17,18} Latest studies show that though inflammatory focus may be a specific organ, in chronic inflammatory diseases, there exists systemic inflammation, indicating the need for a systemic approach.^{19,20} Further, homeopathic understanding also is that the effort of the defense system in overcoming such diseased states is highly individualized and comprises of the peculiarities that exist during the diseased state in the disposition of the person and modalities of the symptoms.²¹ This means that while the diagnostic, pathognomonic symptoms are essential to a homeopath to label a case and understand the prognosis, this is not enough for prescription. Each symptom is analyzed for its origin, character, and modalities and through these, a picture of the disease in that particular person is derived. This individual picture (apart from the pathological picture of disease, which is common to all patients) is considered as an effort toward overcoming the disease. The homeopathic medicine that has been proven to produce this specific peculiarity in its proving, when administered, augments the effort and results in cure. In the scenario of this particular case, it is important to understand that homeopathy does not supply the deficient hormone or directly influence the organs in any way. It only supports the inherent defense of the being to overcome the myriad of pathologies. While this is a clinical observation, many reports support this idea,²²⁻²⁵ indicating the need for further investigation into the mode of action of homeopathic medicines. The exact mechanism by which homeopathic medicines act has been elusive hitherto and the clinical effect is the only way to gauge its action for now. However, as physics evolves and the science of the nonmaterial expands, the mechanisms may be explained in the near future.

In understanding the development of diseases, a continuum view is adapted by classical homeopaths. This means that diseases at any particular point in life are not considered as isolated haphazard occurrences but are seen as forming a continuum from the birth of the person. The heredity, circumstances, diseases suffered in the past and the treatment adopted for them all have a bearing on the nature of the disease at present.²⁶ Efficient acute inflammation with high fever, according to this theory, is considered the best and healthiest state of the immune system. When repeatedly treated by drugs such as antibiotics/anti-inflammatories, the body loses the ability to

Table 1. Case follow-up.

DATE	WEIGHT (KG)	FOLLOW-UP	PRESCRIPTION	RATIONALE FOR PRESCRIPTION
24/08/2016	NA	<i>First follow-up homeopathic consultation:</i> All the climacteric symptoms are better completely; has developed increased vaginal discharge after 2wk of starting the treatment and has taken antibiotics. Generally feeling very well	Sepia succus 21CH—to be taken every 3rd d for 2mo	The patient was better, but she had a bacterial infection and had taken antibiotics, indicating need for further stimulation with the remedy. Therefore, the potency was raised and repeated
Early November 2016	NA	<i>Gynecological consultation:</i> Pelvic inflammatory disease has exacerbated	Antibacterial therapy, anti-inflammatory therapy	
		<i>Clinical examination:</i> External genitalia are formed properly, with female pattern of hair distribution. Speculum examination: uterine cervix is cylindrical, vaults are shortened, copious purulent discharge. When palpated uterine stump and uterine adnexa area are painless but enlarged. When sacral spine and vaults are palpated the patient feels severe pain	Azithromycin 0.5 mg once a day for 5 d and Diclofenac 200mg suppositories	
16/11/2016	75	<i>Homeopathic consultation:</i> No climacteric symptoms; headache has reduced; during the relapse of the vaginitis she had fever of 37.5°C. She has taken antibiotics and anti-inflammatory drugs. Patient reports that her relationship with the husband is better and she doesn't quarrel so much anymore	Sepia succus 30CH once in 10d	Again, the relapse of infection and use of antibiotics demands further stimulation with remedy. Therefore, the potency was raised and repeated. However, this is an excellent development as she is now able to raise a fever
15/02/2017	73.5	<i>Homeopathic consultation:</i> Status quo—no further improvement seen	Sepia succus 200CH 1 dose	When we see good reaction to a remedy but the changes halt, we must first raise the potency before changing the remedy
17/05/2017	71.5	<i>Homeopathic consultation:</i> No headaches or climacteric symptoms; Patient developed vaginitis 2wk after the last prescription, with fever of 38.5°C but didn't take any drugs for this condition and it subsided on its own. Patient at this point revealed that her husband had suffered gonorrhoea twice in the past	Medorrhinum 200 CH 1 dose	Here, we see that patient has become better in her mental/emotional situation, but her vaginal infections keep relapsing, indicating a layer of infection that hasn't cleared. The history revealed gonorrhoea, and the symptoms also clearly indicated, medorrhinum
2/2/2018	69	She had symptoms indicating medorrhinum now (Figure 2 Repertorisation on 17/05/2017) <i>Gynecological consultation:</i> <i>Clinical examination:</i> External genitalia are formed properly, with female pattern of hair distribution. Speculum examination: uterine cervix is cylindrical, vaults are shortened, scanty mucoid discharges. When palpated uterine stump and uterine adnexa area are painless, a bit enlarged, marked pelvic adhesions. When sacral spine and vaults are palpated the patient does not feel pain <i>Ultrasound scan abdomen and pelvis:</i> Uterine stump is visualized, signs of adhesive process in small pelvis No pathology detected <i>Laboratory diagnosis:</i> Blood sugar—3.9 mmol/l Lipid profile Total cholesterol 4.67 mmol/l HDL 1.34 mmol/l LDL 3.21 mmol/l VLDL 0.79 mmol/l Triglycerides 1.13 mmol/l	Nil	

(Continued)

Table 1. (Continued)

DATE	WEIGHT (KG)	FOLLOW-UP	PREScription	RATIONALE FOR PRESCRIPTION
		Atherogenicity index—5.9		
		TSH—3.8µIU/ml		
		<i>Vaginal smear cytology:</i> Cytology: no signs of atypical process in the cells		
		WBC—2-4 per field of view, no yeast cells, gram-negative flora is of moderate quantity. No gonococci and trichomonas		
06/03/2019		<i>Homeopathic consultation:</i> Patient is under difficult circumstances with her husband having cancer, but she is managing very well without any issues. She feels very calm inside and therefore despite the turbulent situation is able to keep herself well. She has no complaints gynecological or otherwise now	Nil	Patient has been stable and is able to handle her situation. No need to disturb this state
24/08/2019	66	<i>Gynecological consultation:</i> <i>Laboratory investigations:</i> Blood sugar—3.9 mmol/l Lipid profile Total cholesterol 4.07 mmol/l HDL 1.81 mmol/l; LDL 2.94 mmol/l; VLDL 0.82 mmol/l Triglycerides 1.24 mmol/l Atherogenic coefficient—1.2 TSH—3.1 µIU/ml		
		<i>Vaginal smear cytology:</i> no signs of an atypical process in the cells		
		WBC—3-4 in the field of view, no yeast cells were found, the gram-negative flora in moderation. Gonococcus and trichomonas were not found		
05/03/2020	63	<i>Ultrasound scan:</i> In the conclusion of the ultrasound, the doctor writes that everything is normal. The homeopath called the doctor and asked about the report from 2016, where, lipomatosis of internal organs in the conclusion—The radiologist said that presently there was no lipomatosis and there were some age-related changes only <i>Laboratory investigations:</i> TSH—1.43 mU		

(Normal reference values: Blood sugar—4, 1-5.9 mmol/l; Lipid profile: Total cholesterol—3, 10-5, 16 mmol/l; High Density Lipids (HDL)—1.0-2.07 mmol/l; Low Density Lipids (LDL)—N 1.71-3, 40 mmol/l; Very Low Density Lipids (VLDL)—0.26-1.04 mmol/l; Triglycerides—0, 45-1, 60 mmol/l; Atherogenic coefficient—1, 5-3; Thyroid Stimulating Hormone (TSH)—0, 4-4 µIU/ml.)

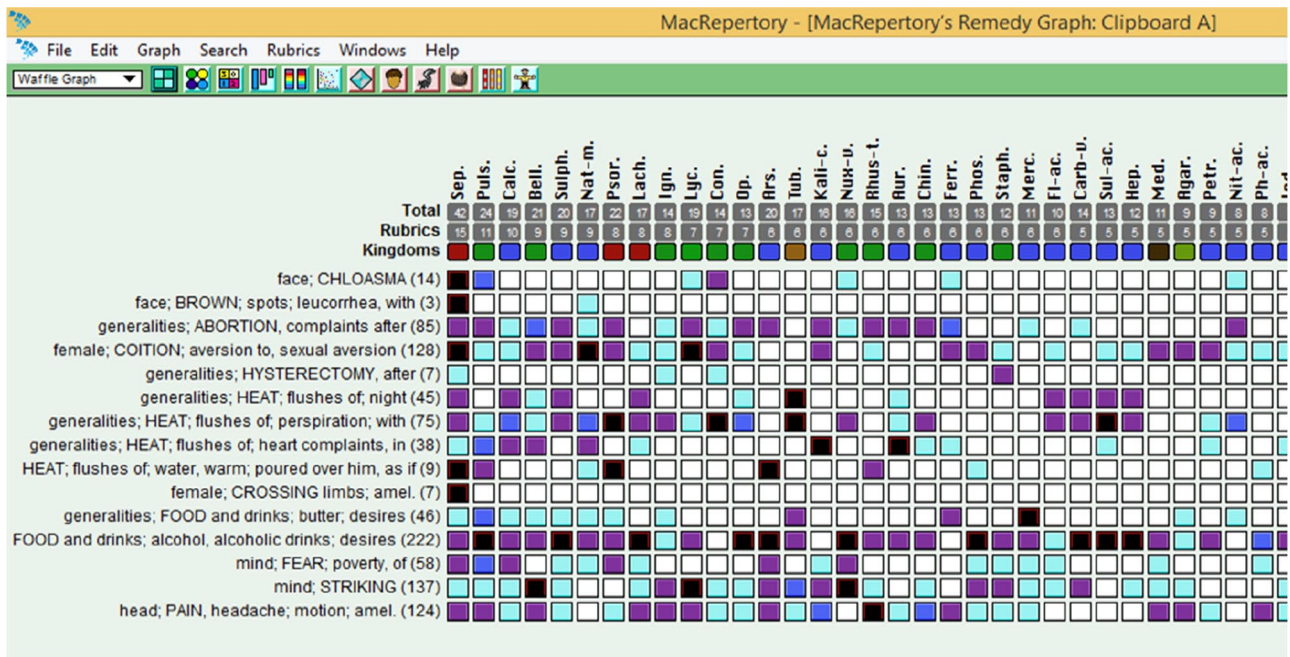


Figure 1. Repertorisation of first consultation on MacRepertory.

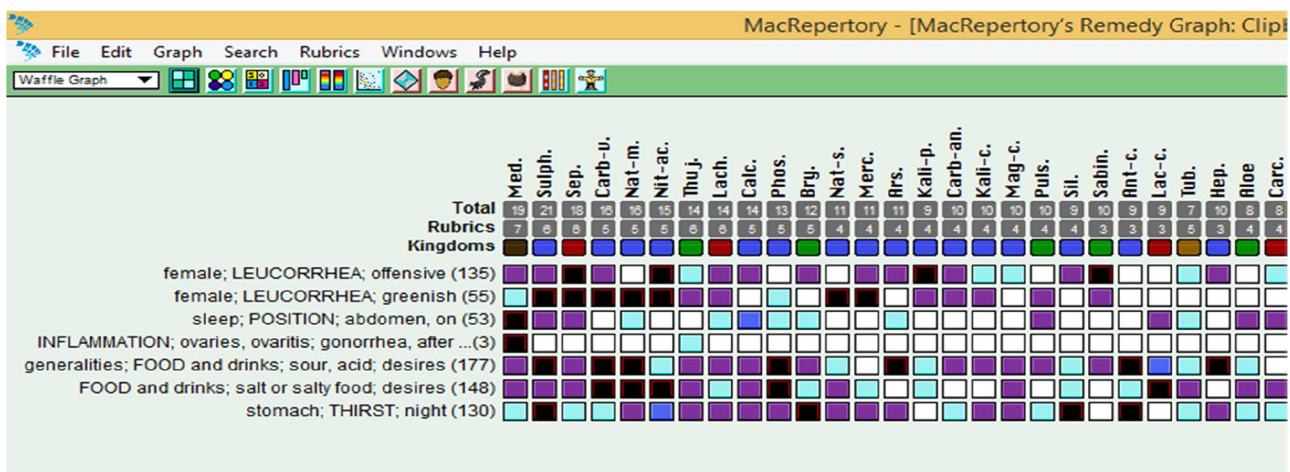


Figure 2. Repertorisation on 17/05/2017.

produce an efficient acute inflammation and enters a state of constant low-grade inflammation. During this, there is not much by way of disease that is expressed outwardly. This sub-acute state eventually triggers the chronic disease that one is predisposed to genetically.²⁶ This may be evidenced by the fact that most people with chronic inflammatory diseases do not exhibit common acute inflammations or high fevers (opportunistic and uncommon organisms are not considered here as they are relevant only in immunocompromised patients, a completely different scenario).²⁷

The reverse phenomenon is apparent when treated with homeopathy. A chronic disease under classical homeopathic treatment, on improvement brings back the previously suppressed acute inflammatory states—indicating the return of the ability to produce efficient defense. This is almost

always attended with a high fever, which is beneficial to the organism.^{28,29}

In this case, the anamnesis exhibited multiple gonorrheal infections, treated conventionally, followed by onset of her hereditary fibroid uterus. On removal of this by surgery, the situation became more complicated and she ended up with multiple morbidities. On treatment with individualized classical homeopathy, these chronic symptoms began to improve well with the return of her acute infectious state, with fever. This state became stronger and the fever became higher which eventually resolved with continued treatment. In homeopathic assessment, unless such a roll back of the immune system to a previous state than the condition being treated is appreciated, the condition is not considered “cured” despite removal of the symptoms.³⁰ This is because, with removal of symptoms, there

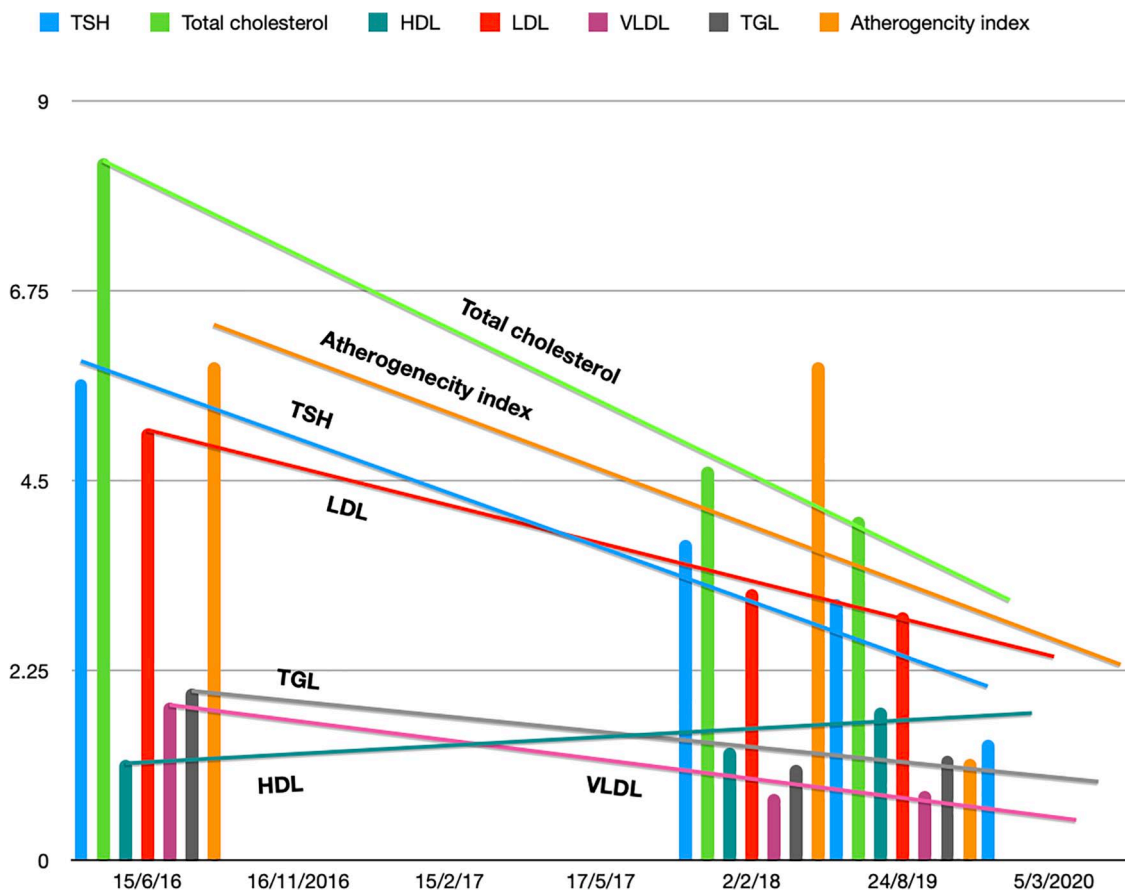


Figure 3. Trend of lipid parameters and Thyroid Stimulating Hormone (TSH).
Trend of lipid parameters and TSH.

Total cholesterol: Reduced from 8.32 to 4.07 mmol/l (N: 3.10-5.16 mmol/l).
High Density Lipids (HDL): Increased from 1.19 to 1.81 mmol/l (N: 1.0-2.07 mmol/l).
Low Density Lipids (LDL): Reduced from 5.12 to 2.94 mmol/l (N: 1.71-3.40 mmol/l).
Very Low Density Lipids (VLDL): Reduced from 1.87 to 0.82 mmol/l (N: 0.26-1.04 mmol/l).
Triglycerides: Reduced from 2.04 to 1.24 mmol/l (N: 0.45-1.60 mmol/l).
Atherogenicity index: Reduced from 5.9 to 1.2 (N: 1.5-3).
TSH: Reduced from 5.7 to 1.43 μ IU/ml (N: 0.4–4 μ IU/ml).

still exists the danger of a relapse or the condition may even have been self-resolved. The return of acute inflammation with high fever, however, is a sure mark of remedial action in homeopathy and usually relapses do not occur beyond this point.¹⁸

Conclusion

Climacteric syndrome associated with multimorbid conditions benefited with classical individualized homeopathy in this case of a 54-year-old Russian woman. The improvement as assessed by classical homeopathic principles, follow a certain pattern which ensure the stability of improvement. The deep improvements in this case call for better investigation into role of classical homeopathy in climacteric syndrome and associated conditions.

Patient's Report

После отмены заместительной гормональной терапии (2016 г.), назначенной после удаления матки и яичников (2008 г), самочувствие мое значительно ухудшилось. частые приливы жара с обильным потоотделением головы, груди, и шее до 30-35 раз в сутки, ночью не могла спать

из-за приливов по 3-5 раз меняла ночную рубашку. Появились приступы сильной головной боли в области макушки и темени. За 8 лет после операции прибавила в весе 12 кг.

На фоне приливов появилась раздражительность, дискомфорт, быстрая смена настроения в негативную сторону, ссоры с мужем и сыном часто по пустякам. Нарушились анализы.

Я была отчаянии и не знала что предпринять. И мой гинеколог порекомендовал мне пойти на прием к гомеопату. Я была в полном недоверии к этому методу, но полностью доверяла своему гинекологу, поэтому решила попробовать.

После назначения Сепия улучшилось настроение, общий тонус, уменьшилось количество приливов, и их интенсивность. Позднее легче стали головные боли. Улучшились взаимоотношения с мужем и сыном.

Похудела на 2 кг.

Через год гомеопатического лечения совсем исчезли головные боли. Приливы только на стрессовые ситуации. Похудела еще на 2 кг, в общей сложности за год на 4 кг.

Совсем поменялось свое отношение к мужу. Ухаживаю за мужем (болен раком), поддерживаю ему, сочувствую. Стала вести бизнес самостоятельно. С сыном активное взаимодействие и доброжелательные взаимоотношения.

Настроение ровное, доброжелательное. Даже не помню себя в таком настроении и высоком тоне, при таких сложных обстоятельствах своей жизни, что всегда раньше раздражалась, сердилась и плохо себя чувствовала. Занимаюсь активно фитнесом.

В настоящее время в март 2020 приливов совсем нет. Болей в малом тазу нет. За прошедший год повышения температуры не было, признаков воспалительных реакций не было. Вес снизился на 14 кг. Очень рада и признательна врачам.

Translation to English

When hormonal substitution therapy, which had been prescribed after removal of uterus and ovaries (in 2008), was stopped (in 2016)—my general state got significantly better. But I developed frequent heat flashes with profuse perspiration on my head, chest, and neck up to 30 to 35 times per 24 hours. I couldn't sleep due to the flushes of heat, would change my sleepwear 3 to 5 times per night. I had episodes of strong headache—on the crown of head. I had put on weight of 12 kg since 8 years after this surgical operation.

With the heat flashes came irritability, discomfort, rapid mood swings, and negative thinking. I quarreled with my husband and the son about trifles. My lab test results turned abnormal.

I was desperate and didn't know what to do. Then my gynecologist suggested that I should try and consult a homeopath. I didn't trust this method at all, but I fully trusted my gynecologist and I decided to give it a try.

After Sepia had been prescribed, my mood and general energy state got better. Both the intensity and quantity of heat flashes became less. Later my headaches ameliorated. Relationship with my husband and son got better.

My weight reduced by 2 kg.

After a year of homeopathic treatment my headaches disappeared totally. I would develop heat flashes only in a stressful situation. I lost 2 more kg, that is, 4 kgs in total within a year.

My attitude toward my husband has changed dramatically. Now I take care of him (he has cancer), I support him, console him, show my compassion to him. I started running our business on my own, all alone. My son and I interact actively and our relationship is friendly, kind, and benevolent.

My mood now is steady and happy. I cannot recall any period of my life, when I might be feeling like this, being so energetic and in so good mood—even under such hard circumstances, as I have currently. Before I would often feel and behave irritable, angry, and felt unwell. Now I go in for fitness.

At the moment (March 2020) I do not have heat flashes at all. No pains in the pelvic area. There were no body temperature increase and signs of inflammatory process since a year and

a half. My weight has reduced by 14 kg. I'm very pleased and really grateful to the doctors.

Authors' Contributions

The case was treated by the physicians TD, NP, and LG. The data was analyzed and interpreted according to homeopathic principles by SM, MM, TD, NP, and LG. The manuscript was written and referenced by SM and MM. The whole study took shape under the guidance of GV.

Consent for publication

Written consent has been obtained from the patient for publication.

Ethical Approval

Not applicable as case report is from voluntarily sought treatment.

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Data Statement

The deidentified data from this study may be obtained by writing to the corresponding author.

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