

Nurturing Women's Health: The Power of Homeopathy

Dr. Maheshkumar A. Gite¹

Md, Ph.D.* (Homoeopathy) MBA

Professor and HOD, Homoeopathic Repertory

Shri Prakashchand Jain Homoeopathic Medical College, Hospital & Research, Palaskhede (BK), Jamner, Jalgaon, Maharashtra, 424206

mdhomeo708@gmail.com, 7030669388

Dr. Santoshkumar A. Gite¹

MD, Ph.D. (Homoeopathy) MBA

Associate Professor and HOD, FMT

Shri Prakashchand Jain Homoeopathic Medical College, Hospital & Research, Palaskhede (BK), Jamner, Jalgaon, Maharashtra, 424206

santgite@gmail.com, 7588604547

Dr. Jinesh Ravindra Bora¹, MD Homoeopathy

Associate Professor, Homoeopathic Surgery

Kakasaheb Mhaske Homoeopathic Medical College, Ahilyanagar

dr.homeo86@gmail.com, 9422227728

Dr. Mayank Mishra¹, MD (Homoeopathy)

Associate Professor, Homoeopathic Repertory,

Aarihant Homoeopathic Medical College & RI, Gandhinagar, Gujarat.

homeo.stat27@gmail.com, 9473929873

Dr. Disha Shrotriya¹, MD Homoeopathy

Assistant Professor, Homoeopathic Repertory,

Aarihant Homoeopathic Medical College & RI, Gandhinagar, Gujarat.

homeo.stat27@gmail.com, 9473929873

Abstract

The repository of knowledge accumulated by Samuel Hahnemann, in the “Organon of the Art of Healing,” contains the principles that underlie the homeopathic therapeutic method. This medical practice, which deals with the law of similarity, has been constantly researched and improved by many followers in light of the evolution of new knowledge brought by various branches of science, such as physiology and pathophysiology, and more recently by a systemic approach to being .Homeopathy, as a therapeutic capable of promoting these instabilities by similarity and aiming at cognitive gain, becomes increasingly active, either in the promotion or in the prevention of imbalances in the woman's biopsychosocial system, rescuing her self-care .

The prevention of women's instabilities in the various stages of their biological evolution (puberty, reproductive maturity, climacteric, and menopause) is possible through the balance (homeostasis) and maintenance of self-regulation (also called life force) of all systems involved in this process.

Key words- Women's Health, Homoeopathy

Introduction

Globally, healthcare systems traditionally choose to approach women from a reproductive point of view, focusing on prenatal care, childbirth, and the puerperium, including reproductive planning. Despite the social and epidemiological relevance of this approach, comprehensive care for women and their demands and needs is still in the consolidation phase. For this, knowledge on the biological and physiological processes of women, linked to the

understanding of their interests and individualization of the person is necessary from health promotion and prevention, through screening and early detection of prevalent diseases, to the prevention of damage and unnecessary care—the quaternary prevention. Understanding these processes instead of simply stimulating or blocking them is fundamental to the application of homeopathy.

The menstruation cycle is one of the most important biological markers for women. It involves endocrine, paracrine, and autocrine phenomena, as well as a complex integration of the hypothalamus-pituitary-ovary axis and other organs such as the thyroid, adrenals, liver, and kidneys, in addition to psychic balance. The process of ovarian depletion begins during intrauterine life and continues until menopause. Therefore, puberty/menarche and climacteric or menopause are important phases in a woman's life. After the fertile period, at around 35–40 years of age, numerous physiological and hormonal instability can occur, coinciding with multiple systemic changes, mainly in the glandular metabolism. The greatest clinical evidence observed in the daily practice of gynecology care with homeopathic treatment according to the model of Systemic Homeopathy is the long-term demedicalization of these patients, avoiding treatments based exclusively on hormone replacement that often have abusive and non-exempt side effects, and ignoring quaternary prevention.

Literature Review

the organizational pattern depends both on the innate memory and on the knowledge acquired through the cognitive process for building different action programs, which is the basis of the so-called vital process. Therefore, the life process cannot be fixed—it has to evolve along with the structure. It is at the base of autopoiesis, cognition, and adaptation—improving as it faces health determinations, whether social or related to the physiological development of women. Therefore, the best homeopathic medicine would be one that, in accordance with these assumptions, would offer women the balance (homeostasis) necessary for the development of their self-knowledge and self-care in the face of constant variations and instabilities as parts of life thus understood.

Homeopathic treatment in women's health

In the systemic approach to the patient, in addition to the anamnesis and thorough and investigative physical examination, where each general and particular acute and chronic symptom is exhaustively modalized, individualization also includes biotypology. The biotypological understanding corroborates the attempt to predict the tendencies of the neuro-psycho immune endocrine axis. Another aspect of individualization is the understanding of temperaments, which are nuances of the phases of biological life—lymphatic (childhood), blood (reproductive), biliary (climacteric/menopause), and atrabiliar (senility)—as well as the diagnosis of diatheses (syndromic tendencies), which are essential as personal and hereditary causalities, therefore guiding the choice of systemic treatment in this view.

The woman's homeopathic care flowchart is then based on anamnesis, physical examination, prioritization of instabilities, intrinsic and extrinsic, acute/chronic causes, and repertorization of the main symptoms, relating them to the diathesis (chronic health disorder) to be treated. The dynamic conception of the health-disease process imposes an equally dynamic model on the healing process. The dynamic character of homeopathic medicines can only be revealed through the symptoms observed in the experimentation on healthy individuals.

Acute and chronic mucosal diseased conditions

Vulvovaginitis- It is every inflammatory and/or infectious manifestation of the lower genital tract generally related to deficiency IgAs, mainly in puberty and adolescence. It can occur with secondary contamination, which corroborates the possibilities of intrinsic causality (chronic tendencies of illness—diathesis) and/or extrinsic causality (contaminations with microorganisms. it is important to search for the characterization of the secretion in terms of volume, color, odor, duration, and its relationship with the menstrual cycle; related symptoms such as burning, itching, vulvodinia, dyspareunia, dysuria, frequency, hyperthermia, and pain in the lower abdomen

should also be investigated. Here are examples of homeopathic remedies that cover the main symptoms of vulvovaginitis,

| Remedy | Symptoms |
|----------------------|---|
| Hydrastis Canadensis | Acts in a generalized way on the mucous membranes, altering the natural secretions. Excoriating discharge with vulvar itching. |
| Kali-Bich. | Irritation of the mucosa with a tendency to ulcerations. |
| Calendula | In inflammatory processes, it eliminates pain and suppuration, favoring phagocytosis and accelerating healing, and promoting normal granulation. True homeopathic antiseptic. |
| Kreosotum | Cervicitis, metritis, and vaginitis. Ulceration and intense irritation; bleeding cervix injury. |
| Borax | Digestive and gynecological disorders with thrush, discharge and dysmenorrhea. |

Acute and chronic instabilities of the menstrual cycle—menstrual disorders

Whether in adolescence (menace), where the hormonal cycle is still irregular, leading to equally irregular cycles, or in the climacteric, where the decrease in hormone secretion also generates irregularities, conditions such as anovulation, dysmenorrhea, water retention, and the premenstrual tension syndrome are commonly present. Aside from the possibility of hormone replacement and stimulation of physical activity, less can be done with conventional therapy. However, such conditions find important applicability in homeopathy, in accordance with the adequate individualization of the symptoms.

| Drug | Symptoms |
|-----------------------------|---|
| Pulsatilla nigricans | Tuberculin and phosphoric girls with delayed puberty. |
| Actea racemosa (Cimicifuga) | Premenstrual tension syndrome (PMT) menstrual irregularity, dysmenorrhea, and characteristic headaches. |
| Ignatia Amara | PMS, PMDD (premenstrual dysphoric disorder) neurovegetative disorders of the menstrual cycle |
| Magnesia Phosphorica | pre-menstrual dysmenorrhea |
| Sabina | Hyper menorrhagia and dysmenorrhea with characteristic pain. |
| Folliculinum and Oophorinum | Organotherapeutics, important in menstrual cycle disorders |

Important medications in climacteric and menopause

| Drug | Symptoms |
|----------|--|
| Lachesis | Climacteric pre- and post-menopause, with gynecological, extra-gynecological, neurovegetative symptoms, and pluriendocrine and metabolic dysrhythmias. |
| Sulphur | Plurimetabolic syndrome. Hypertension and diabetes (type II) that worsen in the |

| | |
|-----------------------------|---|
| | climacteric. Congested with oppression |
| Actea racemosa (Cimicifuga) | Action on the nervous system (central and peripheral) related to pelvic disorders. Mental imbalance related to genitourinary disorders triggered by menstruation or its suppression |
| Aurum Metallicum | “Cyclothymic” psychic states, neurovegetative with cardiovascular repercussions, aggravated in climacteric and menopause. |
| Phosphorus | Climacteric with bleeding tendencies. Digestive and respiratory neurovegetative disorders. |
| Thuja occidentalis | Neuropsychiatric hyperintensity, fixed ideas, intense anxiety, and palpitations. Tumors (fibroids, polyps) |
| Sepia | Vasomotor and hepatic neurovegetative disorders; neuropsychic disorders—hyposthenicity (dejection, sadness) |

Conclusion

When we observe, listen, and treat women systemically, we really get emotional. She was given the gift of containing a reproductive system, which is highly specialized and complex, the only one capable of exercising the sublime role of gestation. However, beyond the reproductive purposes, the systemic and complex view of this same woman points us to a break with limiting beliefs, allowing the awakening of her feminine energy to be able to promote healing, connection, and empowerment. In other words, this would be the ultimate mission of homeopathy, which, by promoting the balance of the vital force of that same woman, respecting her choices, and endowing her with reason, would allow her to fulfill the “highest ends of existence”

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