

Homeopathy and women's diseases

22.1. Treatment of pain due to unwanted lactation with a homeopathic preparation given in the immediate post-partum period - Fédération de Gynécologie-Obstétrique, Service de Pharmacie, CHU La Grave, Toulouse, France

Link:

Berrebi A, Parant O, Ferval F, Thene M, Ayoubi JM, Connan L, Belon P, "Treatment of pain due to unwanted lactation with a homeopathic preparation given in the immediate post-partum period", *Journal de gynécologie, obstétrique et biologie de la reproduction*, 2001, 30:353–357.

<http://www.ncbi.nlm.nih.gov/pubmed/11431615>

Aim & Method:

"Dopaminergic agonists, such as Parlodel((R)), are now widely used to inhibit lactation. However, some countries, such as the United States, no longer use these drugs in this indication because of their sometimes serious adverse effects. In this context, the authors tested a homeopathic treatment designed for parturients unable or not wanting to breastfeed. The APIS MELLIFICA 9 CH and BRYONIA 9 CH combination was chosen for its anti-inflammatory and analgesic effects. 71 patients were included in this double-blind placebo-controlled study".

Results:

"A significant improvement of lactation pain (main criterion of the study) was observed in parturients treated with homeopathy ($p < 0.02$ on D2 and $p < 0.01$ on D4). A similar effect ($p < 0.05$ on D4) was observed for breast tension and spontaneous milk flow..."

22.2. Homeopathy for menopausal symptoms in breast cancer survivors: a preliminary randomized controlled trial - Department of Epidemiology, University of Washington School of Public Health and Community Medicine, Seattle, WA, USA

Citation & Link:

Jacobs J, Herman P, Heron K, Olsen S, Vaughters L., "Homeopathy for menopausal symptoms in breast cancer survivors: a preliminary randomized controlled trial", *J Altern Complement Med.* 2005 Feb;11(1):21-7.

<http://www.ncbi.nlm.nih.gov/pubmed/15750360>

Aim & Method:

"To carry out a preliminary trial evaluating the effectiveness of two types of homeopathy (an individualized homeopathic single remedy, a homeopathic combination medicine) for the treatment of menopausal symptoms in breast cancer survivors. Subjects were randomized to receive either an individualized homeopathic single remedy, a homeopathic combination medicine, or placebo. Patients were seen by homeopathic providers every 2 months for 1 year".

Results:

"A statistically significant improvement in general health score in both homeopathy groups ($p < 0.05$) on the SF-36 after 1 year was found.... Evidence of a homeopathic "drug proving" in the subjects receiving the homeopathic combination medicine who were not taking tamoxifen also was found. Small sample size precludes definitive answers, but results from this preliminary trial suggest that homeopathy may be of value in the treatment of menopausal symptoms and improving quality of life, especially in those women not on tamoxifen."

22.3. Homeopathy for the treatment of menstrual irregularities: a case series - Homeopathic Clinical Research, Scientific Department FIAMO-Homeosynthesis Medical Association, Colorno, Italy

Citation and Link:

Cardigno P., "Homeopathy for the treatment of menstrual irregularities: a case series", *Homeopathy* 2009 Apr; 98(2):97-106.

http://www.unboundmedicine.com/medline/ebm/record/19358963/full_citation/Homeopathy_for_the_treatment_of_menstrual_irregularities:_a_case_series

Aim & Method:

A preliminary study to evaluate the usefulness of homeopathic treatment in the care of menstrual irregularities.

METHOD: "Patients were diagnosed at the first appointment according to menstrual cycle over the past year: Amenorrhoea (AM), Oligo-amenorrhoea (OL-AM), OL, Taking hormone replacement therapy (HRT). All patients were prescribed an individualised, global homeopathic treatment. The main outcomes were: time to resumption of periods, change of clinical diagnosis at the end of follow-up or after 2 years. The secondary outcomes were: menstrual regularity at the end of follow-up, compared to pre-treatment frequency; flow characteristics; clinical course of acute and chronic concomitant symptoms".

Results:

"18 consecutive cases of secondary amenorrhoea (SA) and oligomenorrhoea (OL) met the entry criteria. 8 women had SA, 2 were on HRT, 6 had OL-AM and 2 had OL. The average duration of considered follow-up was 21 months. The average time before the reappearance of menstruation was 58 days (s.d. 20) in the 8 women with SA at the time of the first appointment, for all cases 46 days (s.d. 42). Change of clinical diagnosis: 50% of women, who were diagnosed AM, recovered their ovulatory cycle (OV), whereas 12.5% remained amenorrhoeic; 33.3% of patients, who were initially OL-AM, showed an OV; 100% of oligomenorrhoeic and HRT patients recovered an OV."

22.4. Homeopathic treatment of patients with dysmenorrhea: a prospective observational study with 2 years follow-up - Institute for Social Medicine, Epidemiology and Health Economics, Charité University Medical Center, Berlin, Germany.

Citation and Link:

Witt CM, Lüdtke R, Willich SN., "Homeopathic treatment of patients with dysmenorrhea: a prospective observational study with 2 years follow-up", *Arch Gynecol Obstet.* 2009 Oct;280(4):603-11. Epub 2009 Feb 20.

<http://www.ncbi.nlm.nih.gov/pubmed/19229544>

Aim and Method:

"Evaluating homeopathic treatment for dysmenorrhea."

"Prospective multicenter observational study in primary care, using standardized questionnaires to record for 2 years diseases, quality of life, medical history, consultations, all treatments, other health services use."

Results:

"Fifty-seven physicians treated 128 women (age 32.4 +/- 7.5 years, mean +/- SD) and 11 girls (13.7 +/- 4.0). Women had dysmenorrhea for 11.6 +/- 9.0 (girls 3.1 +/- 1.5) years. Patients received 7.5 +/- 6.5 (5.9 +/- 3.7) homeopathic prescriptions. Diagnoses and complaints severity improved markedly [at 24 months, dysmenorrhea relieved by > 50% of baseline rating in 46.1% (59) of the women and 45.5% (5) of the girls] with large effect sizes (24 months: Cohen's d from 1.18 to 2.93). In addition, QoL improved (24 months: SF-36 physical component score: 0.25, mental component score 0.25, KINDL sum score 0.27). Conventional medication changed little and use of other health services decreased."

"Patients with dysmenorrhea improved under homeopathic treatment. Controlled studies should investigate efficacy and effectiveness."