Homeopathic Therapy of Gynecological Disorders

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Abstract

This multicentric prospective study systematically investigated usage indications, dosages, therapeutic efficacy, and tolerance of Hormeel S over a period of 345 cases of treatment documented by 61 physicians. The most frequent reasons for prescribing Hormeel S were premenstrual syndrome and menopausal symptoms. Hormeel S was reliably effective and well tolerated not only in combination with other forms of therapy but also when used alone.

Keywords: Hormeel S, menopausal symptoms, premenstrual syndrome.

Introduction

Hormonal dysfunctions are among the most frequent ailments of reproductive age. Premenstrual syndrome is most prominent in women in their twenties or older, while dysmenorrhea is observed primarily in very young women. Delayed or skipped ovulation due to hormonal disturbances is also one of the most frequent causes of infertility in couples who have been attempting to conceive for years. The menstrual cycle, however, is not exclusively hormonally regulated but is also linked to complex CNS functions. Therefore, menopausal disorders can also be either triggered or masked by psychological factors. Because of the possibility of undesirable side effects, hormonal treatment is not always the optimal solution to such problems. Thus many women today are refusing hormone treatment and looking for therapeutic alternatives that are both better tolerated and convincingly effective. In comparison to hormone substitution therapy, both phytotherapy and homeopathic remedies have proved quite effective in treating functional menstrual disorders and female infertility. Gerhard et al. demonstrated the success of both individually selected homeopathic single remedies and homeopathic combination remedies (such as Hormeel S) in treating hormonal dysfunctions and fertility disorders. The advantages of homeopathic therapy over hormone substitution include better tolerability and the absence of multiple pregnancies or ovarian cyst formation.

As is to be expected from the drug pictures of its components (Table 1), the homeopathic combination remedy Hormeel S (manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden/Germany) has been used successfully for more than thirty years in treating hormonal dysfunctions, especially disorders of the menstrual cycle and related symptoms such as painful menstruation and menopausal complaints, and as an adjuvant therapy in female infertility. Although Hormeel S is commercially available in two forms - drops and as an adjuvant therapy - only the oral form was considered in this prospective study, whose purpose was to gather information on the usage indications, dosages, efficacy, and tolerance of Hormeel S.

Table 1: Ingredients of Hormeel S and selected aspects of their drug pictures.
RESULTS

PATIENT DEMOGRAPHICS

All 345 patients were female, with the emphasis in age distribution falling between 31 and 50 years (65%). The most frequent diagnoses listed during case-taking were premenstrual syndrome (PMS) and menopausal symptoms, but many other diagnoses were also recorded, including menstrual disorders, ovarian insufficiency, dysmenorrhea, and hormonal dysfunction. The age range within each diagnostic group was typical of that syndrome (Table 3). Duration of symptoms or illness prior to treatment ranged from several weeks to months for several years. Only 14% of the patients had been taking prescription medications immediately before being accepted into the study. Most frequently prescribed were gynecological medications and spasmolytics; other prescriptions included various hormone preparations.

TREATMENT WITH HORMEEL S

The standard dosage recommended by the manufacturer is 10 drops 3 times a day. When treatment began, this standard dosage was prescribed for 60% of the patients, while 30% of patients received 10 drops 2 times a day and 4% received 10 drops once a day. (Other dosages ranged from a minimum of 5 drops 3 times a day to a maximum of 30 drops 3 times a day.) In approximately 95% of cases, the dosage of Hormeel S remained the same throughout the entire observation period. Based on their evaluation of the medication, the participating physicians assessed overall tolerance of the preparation as "excellent" in 53% of all cases, "good" in 45%, and "fair" in 1%.

INDICATIONS

<table>
<thead>
<tr>
<th>very good</th>
<th>good</th>
<th>satisfactory</th>
<th>no success</th>
<th>no data</th>
</tr>
</thead>
<tbody>
<tr>
<td>total</td>
<td>(n = 345)</td>
<td>(n = 147)</td>
<td>(n = 137)</td>
<td>(n = 61)</td>
</tr>
<tr>
<td>premenstrual syndrome</td>
<td>85 (24.6%)</td>
<td>39 (26.5%)</td>
<td>30 (49.2%)</td>
<td>14 (23.0%)</td>
</tr>
<tr>
<td>menopausal symptoms</td>
<td>34 (24.8%)</td>
<td>79 (57.1%)</td>
<td>20 (14.6%)</td>
<td>3 (2.2%)</td>
</tr>
<tr>
<td>other diagnoses</td>
<td>12 (19.6%)</td>
<td>30 (49.2%)</td>
<td>14 (23.0%)</td>
<td>5 (8.2%)</td>
</tr>
</tbody>
</table>

TOLERANCE

In a total of three cases, undesired effects of the medication were described (restlessness, nervousness, nausea, intensification of pre-existing allergic symptoms). In all three cases, the attending physicians doubted a causal connection to Hormeel S. In general, this prospective study confirmed that intolerance reactions are the exception rather than the rule when Hormeel S is administered. This estimation was also confirmed by the participating physicians, who assessed overall tolerance of the preparation as "excellent" in 53% of all cases, "good" in 45%, and "fair" in 1%.

RESULTS OF TREATMENT

There were no marked differences among the various diagnostic groups with regard to the point in time when therapy began to take effect. In every third patient, the effect was observed within two weeks, in 30% of patients after 2 to 4 weeks of treatment, and in every fourth patient only after 1 to 2 months of treatment.

According to the physicians' overall assessment of the therapy, complete freedom from symptoms was achieved in every fourth patient and clear improvement occurred in 6 out of 10 patients. Therapy was unsuccessful in 3% of the patients. Hormeel S was effective in treating all symptoms recorded. In the two largest diagnostic groups, "very good" and "good" results were achieved in over 80% of patients. 87% (240) of the patients treated only with Hormeel S achieved "very good" to "good" results (Table 4).

ABSTRACTS

REFERENCES