

Klimakt-Heel and Ignatia-Homaccord for the treatment of perimenopausal problems

by Dr. Ursula Zimmer, Pfinztal

Summary of a study conducted by Bohdan Wasilewski and Slawomir Krogulski
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Hormone replacement therapy (HRT) is a well-researched and popular method for treating menopausal women. Nevertheless, despite the therapy's undoubted benefits, questions concerning the long-term consequences of this treatment method are repeatedly being raised. Many women simply refuse HRT, while others break it off early.

If, in addition to climacteric complaints, depressive disorders emerge, the options for a conventional course of anti-depressive treatment are limited, since such depressive states are frequently atypical and chronic – and as such do not respond well to medication. An appropriate therapy needs to be made available for women for whom HRT is not an option – for whatever reason.

Women with perimenopausal problems were given antihomotoxic treatment. How did the therapy rate in comparison with conventional HRT? Of particular interest: the effect of combination therapy (Klimakt-Heel/Klimakteel and Ignatia-Homaccord) on depressive disorders in perimenopausal women.

ANTIHOMOTOXIC THERAPY VERSUS HRT

The aim of the study was to investigate the therapeutic efficacy of antihomotoxic drugs (Klimakt-Heel/Klimakteel® and Ignatia-Homaccord®) in women with perimenopausal problems yet not undergoing HRT – for whatever reason – when compared with a group of women treated with hormones and conventional antidepressants.

A total of 196 perimenopausal women took part in the study. 97 patients successfully completed a six-month course of antihomotoxic therapy with Klimakt-Heel/Klimakteel (1 tablet 3x/day). The hormone therapy (n=81) was administered orally or transdermally. In both groups those diagnosed with depression were separated into sub-groups (n=24 and 43 respectively). These women were given 10 drops of Ignatia-Homaccord 3x/day.

Using the Kupperman index, a considerable alleviation of climacteric symptoms was measured in both groups. The improvement in the group receiving Klimakt-Heel/Klimakteel was somewhat more pronounced. Both groups showed a marked psychological improvement (general mood, self-assessment, social functioning, powers of perception). Levels of restlessness and anxiety diminished, while there was an increase in self-acceptance. In both groups, quality of life improved considerably.

DEPRESSIONS FAVORABLY AFFECTED

Both sub-groups deemed the therapeutic benefit of Ignatia-Homaccord satisfactory. In the case of those women diagnosed with depression, the clinical picture improved during Ignatia-Homaccord therapy. Depressive disorders occurred less frequently among the women treated with Klimakt-Heel/Klimakteel than among those receiving HRT. This could be due to a prophylactic effect on the part of Klimakt-Heel/Klimakteel, which might possibly reduce the susceptibility towards depression or, in the case of recurrent disorders, lengthen the period of remission.

In the group receiving antihomotoxic treatment, observed side effects were fewer in number and their duration shorter than in the group of women receiving HRT. This was particularly apparent during the first three months of treatment. While side effects were the only reason given in the HRT group for breaking off the therapy, no reference was made to side effects as a reason for giving up therapy in the Klimakt-Heel/Klimakteel group.

CONCLUSION

When treating women with perimenopausal problems, the therapeutic benefits of Klimakt-Heel/Klimakteel are comparable with those of conventional HRT. Advantages attributable to antihomotoxic treatment are better tolerability and a possible prophylactic effect vis-à-vis the occurrence of depressive disorders.



Gynecologists, GP

