

# Homeopathy and women's health: gynecology and homeopathy

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## INTRODUCTION

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<sup>1</sup>. 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<sup>2</sup>.

The binomials of health and disease are different states (or, in the systemic understanding, instabilities) of the same process. The disease is dynamic and may represent different degrees of system instability that can take the form of injury, death, or a balance with cognitive gain<sup>3</sup>.

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<sup>4</sup>.

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<sup>1</sup>. The main purpose of this study was to present to medical colleagues some updated themes of women's health, aiming at a “new approach” through more than 30 years of experience with the Homeopathy Clinic of the Hospital do Servidor Público Municipal de São Paulo (HSPM) and in private practice.

## THE WOMAN AND HER COMPLEXITY

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<sup>5</sup>. 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<sup>6</sup>. Understanding these processes instead of simply stimulating or blocking them is fundamental to the application of homeopathy as individual cognitive, biological, and psychic therapy and therefore integral.

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<sup>7</sup>.

The process of ovarian depletion begins during intrauterine life and continues until menopause. The phenomena of recruitment, selection, and follicular atresia occur continuously throughout life<sup>8</sup>. This inevitable loss of follicles leads to a decrease in what Hertig defined as “ovarian capital<sup>9</sup>.” Therefore, puberty/menarche (1st menstruation) and climacteric/menopause (last menstruation) are important phases in a woman's life<sup>7</sup>.

After the fertile period, at around 35–40 years of age, a special and long period begins, called the climacteric, where numerous physiological and physiopathological hormonal instability can occur, coinciding with multiple systemic changes, mainly in the glandular metabolism<sup>8</sup>. In homeopathy, this is understood as the transition between the sanguine temperament (hormonal-rhythmic) and the biliary temperament (increased catabolism)<sup>10</sup>. These reproductive hormones will be gradually replaced by countless others that are more adequate and adapted to the new paths of women. The previous climacteric culminates with

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Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.

Received on February 28, 2023. Accepted on March 24, 2023.

menopause, the last menstruation around 48–52 years of age, a milestone between the reproductive and nonreproductive systems. The greatest clinical evidence observed in the daily practice of gynecology care with homeopathic treatment according to the model of Systemic Classical 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<sup>6,11</sup>.

## VIEW OF CLASSICAL SYSTEMIC HOMEOPATHY ACCORDING TO CARILLO JR'S COMPLEX SYSTEMS MODEL

Several theories have emerged based on the physiology and pathophysiology of integrated systems, for example, Pavlov's (1849–1918) conditioned reflex theory and Anokhin's (1935) functional systems theory—dynamic and self-regulating organizations. According to both the studies, the properties of the parts can only be understood within the context of the broader whole<sup>3</sup>. The evolution of thought by organismic biologists in the early 20th century led to the gradual transformation of the idea of function into that of organization, representing a change from the mechanistic bases of physiology to systemic ones.

The logic of the systemic conception replaces the linear understanding of cause and effect with the understanding of the effect as a result of a dynamic web of interrelated events. “The world thus appears as a complicated fabric of events, in which connections of different types alternate, overlap or combine and thereby determine the texture of the whole<sup>12</sup>.”

The systemic thinking focuses not on basic building blocks but on basic organizing principles. Subatomic particles are not “things” but connections between things, and these in turn are interconnections between other things, and so on. In quantum theory, we never end up arriving at some “thing”; we always deal with interconnections. The perception of the living world as a network of relationships led to thinking in terms of networks. In this way, there is no prevalence of the physical structure, either at an organic or subatomic level, over the organizational pattern, since it itself is the physical embodiment of this pattern<sup>3</sup>.

Likewise, 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<sup>1</sup>. 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<sup>4</sup>.

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<sup>3</sup>.

## HOMEOPATHIC TREATMENT IN WOMEN'S HEALTH

Systemic Classical Homeopathy, according to Carillo Jr's Complex Systems Model, is based on pathogenesis, i.e., experimentation and observation of the healthy and sensitive human being<sup>13</sup>, a true treatise on human pathophysiology; it is constantly evolving with new concepts and research developed at the Brazilian Association of Recycling and Assistance in Homeopathy (ABRAH) after the introduction of this model<sup>14</sup>. Such a model is fundamental for the prevention and treatment of the physiological instabilities inherent to women, leading to the balance of the entire system in a quick, smooth, and lasting way in all stages of their lives<sup>3</sup>.

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 neuropsychoneuroendocrine axis<sup>10</sup>. 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 atrabiliary (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<sup>11</sup>.

The woman's homeopathic care flowchart is then based on anamnesis, physical examination, prioritization of instabilities, intrinsic and extrinsic, acute/chronic causes, and re-orientation of the main symptoms<sup>8</sup>, 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. Therefore, the reproduction capacity of the pathophysiological picture of a medicine (artificial disease) demonstrates its healing power, which is the foundation of therapy for similar conditions<sup>1</sup>. Therefore, the medicine capable of reproducing in healthy women, the symptoms that we intend to treat in those who are in instability, becomes the appropriate medicine

for them, so that they then start to develop means of rebalancing themselves, which is similar to the injured individuals who have benefit from physiotherapy, which does nothing more than reproduce in these individuals the same movements (in a smooth and lasting way) that caused their injury by reconditioning them. In both cases, we can state, in a comprehensive way, that the so-called cognitive gain was observed<sup>3</sup>.

Below are examples of practical applicability of homeopathic treatment in promoting women's health.

## ACUTE AND CHRONIC MUCOSAL INSTABILITIES--VULVOVAGINITIS

It is every inflammatory and/or infectious manifestation of the lower genital tract generally related to deficiency IgAs (secretory immunoglobulin A), 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)<sup>15</sup>.

In the anamnesis, 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, vulvodynia, 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 (Table 1).

## ACUTE AND CHRONIC INSTABILITIES OF THE MENSTRUAL CYCLE--MENSTRUAL DISORDERS

Whether in adolescence (menacme), 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<sup>7</sup>. 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, as shown in Tables 2 and 3.

**Table 1.** Main drugs in vulvovaginitis<sup>16</sup>.

Drug	Symptoms
Hydrastis canadensis	Acts in a generalized way on the mucous membranes, altering the natural secretions. Excoriating discharge with vulvar itching.
Kali bichromicum	Irritation of the mucosa with a tendency to ulcerations.
Lamium album	Leukorrhea in girls with early menarche.
Cubeba	Inflammatory irritation of the mucous membranes, with urethritis--vaginitis
Calendula	In inflammatory processes, it eliminates pain and suppuration, favoring phagocytosis and accelerating healing, and promoting normal granulation. True homeopathic antiseptic.
Aletris farinosa	Drainer of the genital mucous membranes.
Borax	Digestive and gynecological disorders with thrush, discharge and dysmenorrhea.
Kreosotum	Cervicitis, metritis, and vaginitis. Ulceration and intense irritation; bleeding cervix injury.

**Table 2.** Principal medications in menacme<sup>16</sup>.

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	PMT, PMDD (premenstrual dysphoric disorder-DSM-V, 2013)--neurovegetative disorders of the menstrual cycle.
Magnesia phosphorica	Proiomenorrhea and pre-menstrual dysmenorrhea.
Chamomilla	Hypermenorrhagia; dysmenorrhea; PMT with hypersensitivity and irritability.
Sabina	Hypermenorrhagia and dysmenorrhea with characteristic pain.
Drymis	Emergency medicine in uterine bleeding.
Folliculinum and Oophorium	Organotherapeutics, important in menstrual cycle disorders.

**Table 3.** Important medications in climacteric and menopause<sup>16</sup>.

Drug	Symptoms and diathesis
Lachesis	Climacteric pre- and post-menopause, with gynecological, extra-gynecological, neurovegetative symptoms, and pluriendocrine and metabolic dysrhythmias.
Sulfur	Diathesis psoric--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.
Sepia	Vasomotor and hepatic neurovegetative disorders; neuropsychic disorders--hyposthenicity (dejection, sadness).
Thuja occidentalis	Neuropsychiatric hyperintensity, fixed ideas, intense anxiety, and palpitations. Tumors (fibroids, polyps).
Sulphuricum acidum	Very close to sulfur with great exhaustion due to hypermenorrhagia. Neurovegetative disorders--hot flashes with cold sweats.

## 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<sup>17</sup>".

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## ETHICAL ASPECTS

All the authors are, at the moment, teaching in the postgraduate and updating courses in Homeopathy of the Brazilian Association of Recycling and Assistance in Homeopathy (ABRAH), accredited school of the Brazilian Medical-Homeopathic Association (AMHB), on a voluntary basis, and declare that they have no conflict of interest with other institutions.

## AUTHORS' CONTRIBUTIONS

**MLHM:** Conceptualization, Supervision, Writing – review and editing. **DJVC:** Conceptualization, Supervision, Writing – review and editing. **ISDT:** Conceptualization, Supervision, Writing – review and editing.

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