

Bridging the gap in women's healthcare – The homoeopathic perspective and evidence base

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Abstract

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EDITORIAL

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The celebration of International Women's Day on March 8 serves as a poignant reminder of the unique physiological and psychological challenges faced by women across their lifespan. In the realm of global healthcare, there is a growing shift toward personalised, holistic interventions—a philosophy that has been the cornerstone of homoeopathic practice for over two centuries. As we reflect on the milestones of the *Indian Journal of Research in Homoeopathy* (IJRH), it is evident that our contribution to the scientific validation of Homoeopathy in “Women's Disorders” has been both robust and transformative.

The menopausal transition: A multi-systemic challenge

Menopause is not merely a cessation of menses; it is a systemic shift affecting cardiovascular health, bone density, and psychological well-being. Conventional management often relies on Hormone Replacement Therapy (HRT), which, despite its efficacy, carries concerns regarding long-term safety, including risks of thromboembolism and breast cancer.

Research in IJRH has addressed this gap. Early foundational work on “Menopausal Flushes” demonstrates that medicines like *Lachesis* and *Crotalus horridus* could significantly improve vasomotor symptoms.¹ This was followed by more rigorous documentation; for instance, Chauhan² reinforced the homoeopathic approach to menopausal syndrome as a vital alternative. The studies utilised standardised tools such as the Greene Climacteric Scale and the Menopause Rating Scale (MRS), proving that Homoeopathy does not just “suppress” flashes but improves the overall health-related quality of life (HRQoL) by addressing the accompanying anxiety, insomnia, and mood disturbances.

Uterine fibroids and the non-invasive paradigm

Uterine fibroids (UF) remain the most common benign tumours in women of reproductive age. In

the Indian healthcare context, where many women seek to avoid hysterectomy due to cultural or personal reasons, Homoeopathy offers a significant therapeutic window.

The landmark prospective observational study by Quadri *et al.*³ on 103 patients provided the first major evidence within IJRH. By using individualised medicines—predominantly *Calcarea carbonica*, *Pulsatilla*, and *Phosphorus*—the researchers noted a statistically significant reduction in fibroid volume and a marked decrease in abnormal uterine bleeding.

Oberai *et al.*⁴ elevated this research by conducting a multicentric randomised clinical trial. This study was crucial as it compared Fifty Millesimal (LM) potencies with Centesimal (CH) potencies. The findings were groundbreaking for practitioners: both potencies were equally effective in reducing the symptoms of symptomatic uterine fibroids. This study utilised the Uterine Fibroid Symptom and Health-Related Quality of Life (UFS-QOL) questionnaire, showing that the “Power of the Minimum Dose” translates into measurable clinical success.

Polycystic ovary syndrome (PCOS): The modern epidemic

PCOS is a complex metabolic and endocrine disorder that has become a modern epidemic among young women, often linked to lifestyle changes and environmental stressors. The homoeopathic approach to PCOS is inherently superior in its ability to address the psycho-neuro-endocrine axis.

In 2014, a pilot study⁵ (followed by an evaluation in 2018⁶) focused on the efficacy of individualised Homoeopathy in PCOS. The results showed that homoeopathic intervention significantly improved menstrual regularity and reduced the “Ferriman-Gallwey” score for hirsutism. A more recent study by Lamba *et al.*⁷ found that constitutional remedies like *Lycopodium* and *Calcarea carb.* not only regularised cycles but also led to the resolution of cysts as confirmed by ultrasonography (USG). This shift from “palliative” to “curative” intent is what defines the IJRH's contribution to this field.

Breast health: Fibroadenoma and fibroadenosis

Benign breast diseases often cause significant psychological distress due to the fear of malignancy. IJRH has published several high-quality case reports that challenge the “surgical-only” narrative. A case report⁸ documented the resolution of breast fibroadenoma using *Pulsatilla nigricans*, where the diagnosis and subsequent recovery were mapped using sonomammography. Wadhwa⁹ reported on fibroadenosis treated with *Phytolacca decandra*, highlighting the medicine's affinity for glandular tissue and its role in alleviating the cyclical mastalgia associated with fibrocystic changes.

The frontier of infertility and menstrual disorders

Infertility is a growing concern, and Homoeopathy's role in “functional infertility” is increasingly recognised. Recent 2025 publications in IJRH, such as those by Bhuvanewari *et al.*¹⁰ and Swarup *et al.*¹¹, have utilised high-tech diagnostics to prove success in cases involving endometrioma and recurrent fibroids. These studies highlight that Homoeopathy works by optimising the internal environment, making conception possible even in cases where conventional IVF may have been considered the only option.

Furthermore, conditions like Acne Vulgaris, often dismissed as cosmetic, are treated in Homoeopathy as deep-seated hormonal imbalances. Studies by Miglani and Manchanda¹² on *Azadirachta indica* and *Arctium lappa*¹³ have shown that skin health can be restored without the harsh side effects of long-term antibiotics or retinoids.

A call to action

The journey of IJRH reflects a commitment to the “Scientific Validation of Homoeopathy.” As we look to the future, the challenge lies in increasing the sample sizes of most Homoeopathy trials and embracing “Real World Evidence” (RWE) to show how Homoeopathy functions in diverse Indian and other ethnic populations.

In this issue, further building on the evidence in women's health, we feature a randomised, placebo-controlled trial on efficacy of individualised homeopathic medicines as an adjunct to conventional iron and folic-acid supplementation in iron deficiency anemia among reproductive-aged women.¹⁴ Other articles include screening of antiurolithiac activity

of different formulations of homoeopathic medicines using calcium oxalate crystallization assay,¹⁵ investigation of molecular footprints in ultra-high diluted potentised solutions through combined IR and impedance spectroscopy,¹⁶ Mitochondria-mediated apoptotic induction by *Chionanthus virginica* Q: A cytotoxic and oxidative stress-driven approach in HepG2 hepatocellular carcinoma cells,¹⁷ three case series on indolent chronic venous ulcer,¹⁸ panic disorder,¹⁹ and two case reports on multimorbidity,²⁰ mania with psychotic symptoms.²¹ Along with that this issue highlights a discussion on Indian Standard for *Alfalfa (Medicago sativa L.)*²² and part 2 of a paper on “Homoeopathy during 100 years of LMHI (1925–2025)-Historical perspectives”.²³

On this International Women's Day, we must acknowledge that women's health is the foundation of a healthy society. By integrating the rigorous clinical standards of the Ministry of Ayush with the profound individualization of homoeopathy, we are not just treating diseases—we are empowering the women to lead healthier, more vibrant lives.

The road ahead is paved with evidence. Let us continue to build it, one publication at a time.

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