

Too Young for Menopause?

GET BACK IN BALANCE!

BY NATALIE HAM, ND



Balance hormones, boost fertility— safely and naturally

Jasmine, age 33, came to see me in 2018 for help with chronic neck pain. During the intake interview, I discovered she had been diagnosed with a type of early menopause at the age of 25, when she was trying to conceive. She'd had fertility treatments, but they were unsuccessful.

Problems with fertility can be devastating for many women like Jasmine, especially when their families are not complete. According to the CDC, infertility affects 12% of women under age 45. Many of these women turn to conventional fertility treatments for help. While some are happy with the outcome, many find fertility treatments stressful and frustrating, as success rates are relatively low (30%) and treatments can be costly and difficult, from both a financial and emotional perspective.¹

Pitfalls of early menopause

Even for women who do not intend to bear children, however, early menopause is problematic. Early loss of estrogen can bring distressing symptoms, such as hot flashes, but it also puts women at increased risk for many illnesses, including cardiovascular disease, dementia, osteoporosis, colon cancer, ovarian cancer, periodontal disease, cataracts, and depression. That's why working to rebalance reproductive health for women with disrupted menstrual cycles is important.

Conventional medicine primarily offers hormone replacement therapy (HRT) with estrogen and progesterone to help alleviate symptoms or reduce the health risks. HRT can help some but not all issues associated with early menopause and will not normally restore a women's menstrual cycle or her fertility. With homeopathic treatment, however, if started early enough or at a young enough age, there is the possibility of turning some forms of early menopause around, so women can resume their cycles, decrease their health risks, and, possibly, become pregnant. I have had several patients with this diagnosis who are being helped with homeopathy. You'll learn about three of them in this article.

Ceasing cycles

Women typically reach menopause between 45 and 55 years old, with an average age of 51 to 52. This is when the menstrual cycle ends due to a natural diminishment of estrogen production by the ovaries. After a year of no menstrual cycle, a woman is officially in menopause regardless of her age.

When a woman goes through menopause between the ages of 40 and 45 years old, doctors call it "early menopause." This can occur naturally but may also be caused by surgical removal of the ovaries or uterus, radiation/cancer treatments, or certain medications that may temporarily or permanently disrupt the cycle. Even smoking cigarettes can be a risk factor. Sometimes a woman's menstrual cycle ceases as the result of an underlying condition such as polycystic ovarian syndrome. In such cases, the underlying cause needs to be treated in order to restore normal cycles.

Primary ovarian insufficiency

Menopause, or the start of menopause, can occur even earlier in some women, however. This is what happened to Jasmine and the other two women whose cases are described below. Women under age 40 who go through menopause or who have perimenopause-like symptoms are considered to have "primary ovarian insufficiency" (POI), also known as "premature ovarian failure." With POI, the ovaries are not functioning properly; they don't produce normal amounts of estrogen or release an egg each month, but they may still function to some degree.

Symptoms of POI, such as spotting, irregular cycles, and loss of cycles, can mimic other conditions, but lab tests help confirm the diagnosis. The most frequent findings are elevated blood levels of follicle stimulating hormone (FSH) and low levels of estradiol (E2 form of estrogen). FSH is a hormone that the brain sends to the ovaries to stimulate the formation of a follicle (which houses an ovum/egg cell). If the FSH is elevated, it means the brain is sending lots of signals, essentially "yelling" at the ovaries to ovulate and then menstruate. An FSH value of less than 10 is optimal for fertility.

Some possible causes of POI include genetic factors, heredity, environmental factors such as pesticides, and autoimmune conditions such as Hashimoto's disease, Crohn's disease, lupus, and rheumatoid arthritis. Many times, unfortunately, the cause of ovarian insufficiency is never determined.

JASMINE: Chronic pain and POI

When fertility treatments failed for Jasmine in her 20s, she and her husband eventually adopted two children. By the time she consulted me for chronic neck pain at age 33, she felt her family was complete. She did not think it was possible for her menstrual cycles to return, as she had not had a period in over a year, and her doctors had told her the book was closed on that part of her life. The cause of Jasmine's POI was very likely genetic since her grandmother's cycle had stopped when she was in her early 30s. Jasmine's current blood tests revealed poor fertility markers, with high FSH levels (90) and undetectable estradiol.

I explained to Jasmine that with homeopathic treatment, it was possible that her menstrual cycles might be restored. Even though she did not wish to become pregnant and was not super excited about a return of her cycle, she did want to feel better since she was experiencing low libido, hot flashes, mood changes, insomnia, and brain fog. After I explained the additional risk factors of premature menopause, Jasmine decided that having a monthly cycle again did not seem like such a bad trade-off.

I prescribed a daily dose of *Sepia* 6c for Jasmine based on the infertility, her pain, and the way she felt more energized with exercise, as well as *Sepia*'s strong association with menopause. Over the next several months, and with increasing potencies of *Sepia*, her pain and energy were somewhat improved. But she had still not had a cycle.

Stressed out and angry

It was not until the third follow-up visit that Jasmine mentioned how stressed she felt about a family friend who had upset her. She believed that the source of a lot of her pain was "stress." When I asked her to explain, she revealed that she had a lot of underlying anger. This was surprising to me, since Jasmine was very mild mannered and had always been nothing but polite and kind to my staff and me. Now I realized that maybe I had missed a key symptom by assuming things about her nature and not digging more deeply into her pain symptoms earlier.

Jasmine said that this family friend had triggered her anger so deeply that she "wanted to break things." She explained further that when she was offended, no one would know, but that she would stew on the subject for days. Her neck pain would then flare up, and she could even develop a headache. During these times, she could feel impatient and quicker to snap; she could also feel that her children were taking advantage of her, which felt unfair considering all she did for them. She had even thrown things on the floor in frustration.

Jasmine said she didn't tell me about this tendency towards irritability and anger earlier because she had presumed it was

related to early menopause. However, she recalled that she had felt this way even before she lost her cycle—just not as frequently.

A change in treatment

Since the *Sepia* prescription had been only marginally effective and I now had additional symptoms to consider, I wondered if changing to a different remedy might give Jasmine better results. Her increase in neck pain and headaches after anger, her tendency to suppress the anger, her indignant and impatient feelings to the point of throwing things, along with her early menopause, all pointed to the remedy *Staphysagria*. (See repertorization chart 1 below.) I prescribed *Staphysagria* 6c, once a day.

	staph.	coloc.	cham.	ign.	acon.	nat-m.	ars.	br.
950 705 655 655 620 595 545 545 5								
8. Clipboard 8								
▶ 1. FEMALE GENITALIA/SEX - MENSES - absent (212) 1	2	2	2	2	2	2	2	2
▶ 2. MIND - INDIGNATION (63) 1	3	2	1	1	1	2	2	1
▶ 3. MIND - IMPATIENCE (250) 1	2	2	3	3	2	2	2	2
▶ 4. HEAD - PAIN - vexation; after (22) 1	3	1	2	1	1	2		2
▶ 5. MIND - AILMENTS FROM - anger - suppressed (50) 1	3	3	1	2	1	2	1	
▶ 6. MIND - THROWING THINGS AROUND (35) 1	3	1	1	1	1		1	1

Repertorization 1: Jasmine

All repertorization charts prepared with RadarOpus software.

Six weeks later, Jasmine reported that she'd had vaginal bleeding on and off for three weeks. This seemed promising, but it could also be worrisome. She had not had a cycle in over a year, and, whenever a postmenopausal woman starts to bleed again, it is important to rule out potentially serious conditions, such as endometrial cancer. So we did that: a well woman's exam and a pelvic ultrasound came back normal. Blood tests showed improvement in fertility markers, with lower FSH (35) and higher estradiol (28) levels. These improvements in her hormone levels, along with the bleeding, indicated that her ovaries were waking up. Jasmine was also happy to report that she had not had any of her usual chronic neck pain, nor any headaches at all, since she began taking *Staphysagria*.

Pain relieved, cycles returned

Over the next several months of homeopathic treatment, Jasmine no longer complained of neck pain or headaches. Her menstrual cycles eventually became fairly regular and normal (every 30 to 40 days). Every once in a while, she would miss a month in her cycle, and this was typically a sign that we needed to increase the potency of *Staphysagria*. She also found herself feeling less angry and irritable, in general, and less focused on the stressful situation with the family friend.

Jasmine has been treated with homeopathy under my care for a year and has been taking *Staphysagria* for the last eight months. She has been almost completely free of chronic neck pain and no longer gets her stress-induced headaches.

Although her FSH levels continue to fluctuate in a higher range than normal for a 33-year-old woman, her estrogen levels have increased from undetectable to age-appropriate numbers. Her menstrual cycles are fairly regular, and she is no longer bothered by hot flashes, insomnia, or other postmenopausal symptoms. She was pleased to find relief for these symptoms with homeopathic treatment, without needing to consider hormone replacement therapy, and pleased to have reduced her risk for more serious illnesses, too.

CONSTANCE: Longing for a third child

Constance had been seeing me initially for depression, which improved after several months on *Aurum metallicum*. She continued to see me on and off over the next several years for general health maintenance, because she recognized that homeopathic treatment often helped her through more stressful times.

When Constance returned to my office at age 38, it was because she had been trying to conceive her third child for the past year, with no luck. Her periods had recently been getting later and later, and some months she missed them altogether. She also had occasional spotting throughout the month. She was not ovulating regularly, as confirmed by ovulation test kits, and this can make conception difficult. She had had no problems conceiving her first two children.

Disheartening news

Her gynecologist ordered hormone panels, and Constance was devastated to learn that her FSH was 19 and her estradiol was

undetectable. These values were not favorable for conception. Her gynecologist told her that there was nothing they could do for her except use in vitro fertilization (IVF) with a donor egg and her husband's sperm. The doctor told her, "FSH does not go down," and that she was going into menopause. He also diagnosed her with POI. Constance was resistant to this plan because she had hoped to have her own genetic child. Additionally, she and her husband could not afford both an egg donor and IVF. (This combination treatment averages \$38,000.) She decided to see if I could help, as I had done in the past with her depression.

Although some doctors do not think it is possible for FSH to go down, I have seen it happen frequently. I explained to Constance that it was possible she was in a transient state, triggered by stress. If so, her body might rebalance and her hormone fertility markers might improve with no intervention at all, if her stress diminished. However, based on her age and desire to conceive, it seemed prudent to try everything we could to get her hormones back in balance.

Constance acknowledged that she had been under an enormous amount of pressure lately. She had been a caretaker for the past year for her mother, who had dementia. Her mother had recently passed away, and, since then, Constance had felt apathetic and unmotivated. When she was not occupied with work or household tasks, she felt bored and distant from her family. She reported not feeling connected to her husband currently, although everything was fine between them. Her energy was particularly low in the afternoons around two o'clock when she felt like she could not stay awake unless she went for a walk. In addition to her spotting and irregular cycles, she felt much worse before her menstrual periods. For up to two weeks prior to her period, she would get extremely frustrated and irritable. At these times, she might need to withdraw from family and everyday life in order to emotionally feel relief.

What is POI?

Primary Ovarian Insufficiency

Primary ovarian insufficiency (POI) is diagnosed in a woman younger than age 40 if her ovaries are not producing normal amounts of estrogen or releasing an egg each month. This results in a decrease in fertility. Symptoms may include spotting, irregular cycles, or loss of cycles, as well as night sweats, hot flashes, and low libido. Tests confirm the diagnosis with elevated blood levels of follicle stimulating hormone (FSH) and low levels of estradiol (E2 form of estrogen). Possible causes of POI include genetics, heredity, environmental factors such as pesticides, and autoimmune conditions such as Hashimoto's disease, Crohn's disease, lupus, and rheumatoid arthritis.

Disconnected and indifferent

I often see this collection of symptoms when patients need *Sepia*. They have indifference to family members, which they may have a hard time describing. I usually hear the word "disconnected" when they are trying to describe the indifference they feel. They will also say that getting away or exercising helps them because it is "something I can do for myself." People who need *Sepia* can feel overwhelmed by any duties, including caretaking. Constance had the classic time of aggravation for *Sepia*, which is normally from 2:00 to 4:00 pm or from 3:00 to 5:00 pm. The fact that *Sepia* is so often useful in cases of hormone imbalance or fertility issues confirmed to me that it was likely a good match for Constance. (See repertorization chart 2 on the next page.)

Constance had actually taken *Sepia* several years earlier, when I treated her for PMS symptoms, and she had done well. She had started at 6c at that time and worked her way up to *Sepia* 10M. So, for her current treatment, I asked her to start

taking a daily dose of the next highest potency, *Sepia* 50M. She had always tolerated high potency remedies very well, so I felt comfortable starting her at this higher potency.

	1	2	3	4	5	6	7	8
1020670	670	650	640	610	560	540	5	
1. FEMALE GENITALIA/SEX - MENSES - irregular (120)	2	2	2	1	1	2	2	1
2. FEMALE GENITALIA/SEX - METRORRHAGIA - ... (64)	2	3	1	3	1	1	1	1
3. MIND - AILMENTS FROM - grief (96)	2	1	3	3	2	1	2	
4. FEMALE GENITALIA/SEX - STERILITY (125)	3	2	2	2	2	1	1	2
5. MIND - INDIFFERENCE - loved ones, to (38)	3			3				
6. MIND - OCCUPATION - amel. (79)	3	1	1		1		2	2
7. GENERALS - AFTERNOON - 14 h (22)	3	1	1		1	3		1

Repertorization 2: Constance

I followed up with her one month later, and she had had no spotting that month at all. Her cycle was still late, but at 35 days, it came sooner than it had previously. She was also sure that she had ovulated because she had seen a positive ovulation test reading mid-cycle. Her energy had picked up, and she had not noted any negative mood changes or PMS symptoms before her period at all. In fact, when her period came, it was a surprise to her for this reason (which I love to hear). She felt much better emotionally and had been taking time for herself to avert feeling burnt out. She also reported feeling more loving to her husband, which made the family flow much better. As I often say, when mom is happy, the rest of the house is much more in sync.

The Hormone Alphabet

FSH — Follicle Stimulating Hormone: The hormone secreted by a woman’s pituitary gland to stimulate the ovaries to release eggs. It also controls the ovaries’ estrogen production. A blood level value lower than 10 is desirable for fertility.

E2 — Estradiol: The primary female sex hormone and the form of estrogen that is needed for conception. Blood level values fluctuate throughout a woman’s life and during menstrual cycles, but tend to be below 10 in post-menopausal women.

HRT — Hormone Replacement Therapy: Supplementing a woman’s natural hormone production with hormones from other sources; this typically means giving estrogen and/or progesterone to post-menopausal women.

IVF — In Vitro Fertilization: A woman’s egg is fertilized outside a woman’s body, before being implanted in a uterus.

Back in balance

I followed up with Constance once a month for the next three months. If she’d had any backtracking in symptoms in the prior month, such as a return of low energy or feeling a bit moodier (which are often the first symptoms to appear when a change in potency is needed), or any irregularity of her cycle, I would increase the potency of *Sepia*. I only had to increase the potency once in three months, to *Sepia* CM daily. During this time, Constance’s cycles normalized completely, with no spotting. I then decided to retest her hormones. Low and behold, her FSH had gone down, from 19 to 6, and her estradiol had gone up, from undetectable to 56 on day three of her cycle. Constance was thrilled. These numbers were normal for her age and favorable for conception.

Within four months of homeopathic treatment, Constance’s cycles had returned and normalized, and her hormones came back into balance. She and her husband are actively trying for their third child. Constance is very grateful that she now has a chance for this to happen.

NAOMI:

Facing challenges with a good attitude

Naomi, a medical doctor, has been a patient of mine since my first year in practice 13 years ago, so being with her on this particular health journey feels like helping a family friend. She originally came to see me for help with Crohn’s disease, an inflammatory bowel condition causing her pain, cramping, bloating, fatigue, and more. Conventional medicine has no known cure for this chronic autoimmune disorder, which can be potentially serious, but offers symptom relief with anti-inflammatory steroids, immune suppressants, and biologic medications. With homeopathic treatment, Naomi was able to stop taking all her conventional medications for Crohn’s.

Stressors and hormone imbalance

About five years ago, however, when Naomi was 36, her menstrual periods started to slow down. She would sometimes miss a cycle and occasionally have very scanty, short periods. At this time, she was starting at a new hospital and was also going through a breakup. These two things were obviously creating a lot of added stress in her life.

When I ran her blood work, I was disappointed to find that her FSH was 36, in the postmenopausal range. Although she still had some circulating estrogen, it was low at 10. By this time, she had not had a period in over 60 days. The lab work also showed that her thyroid was underactive (hypothyroid). Although it is possible to lose a cycle due to stress and hypothyroidism, this would not explain her extremely high FSH. Naomi, being a physician herself, was very aware of what these values meant, and she was devastated. What was even more

“She told me she had faith that this was temporary, and her body would cycle out of this.”



upsetting to her was that she had just ended a long-term relationship and still desired to have a family. Although the lab results were not to her liking, Naomi had an amazing attitude about them. She told me she had faith that this was temporary, and her body would cycle out of this.

To reduce inflammation in her system, we both decided that she try a paleo-autoimmune diet, which mostly includes non-processed meat and non-inflammatory fruits and vegetables. It eliminates grains, eggs, nuts, seeds, sugar, dairy, nightshade vegetables, and alcohol, as they could possibly worsen the symptoms of people with autoimmune diseases. I also placed her on 30 mg of Armour Thyroid, a naturally derived thyroid hormone, in the hope of inducing a cycle, but this did not have that effect. I rechecked her FSH the following month and, unfortunately, it was 20 points higher, at 56.

Under my care, Naomi had been responding well to daily doses of homeopathic *Silica* for her Crohn’s disease symptoms, but I speculated that all the new stress in her life was a big factor in her current situation, and a new remedy was needed. She had also broken out with a bout of eczema that was not responding to the *Silica*. Now, her story is filled with a lot of twists and turns, as most complicated cases are, and the remedy was not simple and straightforward. She actually needed several remedies to get back on track, so I will summarize the most important points moving forward.

Troublesome eczema

Since eczema was what was making Naomi the most uncomfortable, I chose a remedy by considering these symptoms along with what her cycle looked like before she lost it. She

said the eruptions, which were all over her abdomen and neck, felt itchy and stinging. They were bright red, and each area of eruption looked slightly swollen. She was also getting new eruptions around her lips and eyes, and the swelling was particularly noticeable around her eyes.

Naomi also noticed that around the time she was supposed to get her period, she would feel dizzy or have a mild headache. Prior to losing her cycle, she had become exceptionally clumsy around the time of her period and dropped things more often. Although it is not unusual for women to feel clumsier at this time, this was new for her. Additionally, prior to her period, she often had an eczema flare-up.

Based on these new symptoms, I prescribed the remedy *Apis* for Naomi. A classic indication for *Apis* is a sensation of “stinging” pain, often with swelling, as Naomi had around her eyes and other areas of eruption. *Apis* also matched her symptoms of an absent cycle and eruptions prior to the menstrual period. Finally, people who need *Apis* can be clumsy and drop things. To capture her symptoms of headaches and mild dizziness before her period, I used the repertory rubrics “head symptoms from suppressed menses” along with “head pain from suppressed menses.” *Apis* is in both rubrics. (See the repertorization chart 3 below.) So I asked Naomi to take *Apis* 30c, once a day.

	apis	bell.	nat-m.	sulph.	sepp.	kali-c.	phos-t.	sil.	phos.
1. Clipboard 1									
1. FEMALE GENITALIA/SEX - MENSES - absent (212) 1	2	2	2	3	3	3	2	3	2
2. EXTREMITIES - AWKWARDNESS - Hands - dro... (56) 1	3	1	2	2	1			1	
3. SKIN - ERUPTIONS - stinging (83) 1	3	2	2	3	3	1	2	3	1
4. FACE - ERUPTIONS - Lips (121) 1	1	1	3	1	3	1	3	2	1
5. HEAD - MENSES - suppressed menses; from (4) 1	2								
6. HEAD - PAIN - menses - suppressed menses; f... (33) 1	1	1		1	1	1		1	1
7. SKIN - ERUPTIONS - menses - before - agg. (28) 1	1	2	2	2		1		1	1
8. FACE - SWELLING - Eyes - Around (47) 1	3	1	1		1	3		2	1

Repertorization 3: Naomi

Skin clears, POI lingers

A month later, Naomi reported that she’d had her period for the first time in three months. She was very excited about this. In addition, her skin was better. Because results from the homeopathic treatment of eczema can be hard to assess after one month, expectations should be tempered to varying degrees of improvement over time, with each flare-up becoming less intense than the last, until it slowly and finally goes away. This was the case with Naomi. It took about four months for the eczema to dissipate completely.

During this time, she had regular monthly cycles, which was a positive sign, but they were shorter and scantier than she was used to. I increased the potency of *Apis* at any signs of backtracking of her improvements, until she was taking *Apis* 10M daily. At this time, her FSH was 40 and estradiol was less than 10. She also reported that, although her skin was clear at this point, her period was a week late. Based on this lack of

significant improvement in her hormone levels and the late period, I felt like it was time to change the remedy.

A breakup, a remedy change

One of the things that Naomi had been focusing on a lot in the last several months was her breakup with her boyfriend, which had contributed to the stress-induced eczema in the first place. She felt extremely disappointed to have put so much time and energy into a relationship that, in the end, was never going to work. She even started to think about other ex-boyfriends and what had gone wrong in those relationships. She found herself being more irritable towards her friends and family and just wanting to be alone more often.

I had originally considered giving Naomi *Natrum muriaticum* after the breakup because her hypothyroidism had also developed at that time, and this remedy is strongly indicated for ailments that come on after disappointed love, as well as for thyroid disorders. However, her skin symptoms were so prominent at the time and matched *Apis* so well that I had started with that remedy. *Natrum muriaticum* also covers the symptom of dropping things, which was still a symptom Naomi had around her period. This remedy also fit her emotional symptoms of dwelling on past losses and wanting to be alone. (See repertorization chart 4 below.) So I asked her to stop taking *Apis* and instead to start taking *Nat mur* 30c once a day.

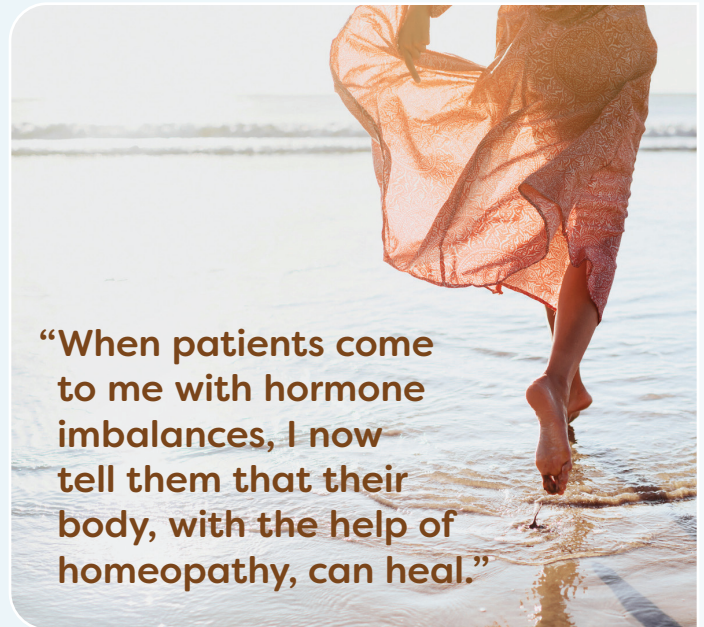
	1	2	3	4	5	6	7	8
1060695	670	655	570	560	550	520	5	5
8. Clipboard 8								
1. FEMALE GENITALIA/SEX - STERILITY (125)	1							
2. MIND - ALLMENTS FROM - love; disappointed (57)	1							
3. GENERALIS - HYPOTHYROIDISM (41)	1							
4. EXTREMITIES - AWKWARDNESS - Hands - dro... (56)	1							
5. MIND - DWELLS - past disagreeable occurrenc... (84)	1							
6. MIND - COMPANY - aversion to (297)	1							

Repertorization 4: Naomi

The right direction

This turned out to be the correct move. At the next follow-up visit, Naomi was in great spirits. She felt “healed” emotionally and was barely thinking about her ex anymore. Her energy and sleep were great, and her last period was right on time and was the best flow she’d had in a while. This cycle was how her menses had been in the past, four full days and a normal flow, a sign that her estrogen was increasing.

She did well over the next two months; at one point, after a minor backtracking in her mood, I increased the potency of her daily dose to *Nat mur* 200c. When I tested her hormones again, we were both excited to see that her FSH had come down to 14 and her estradiol had risen to 47; the FSH was still a little on the high side but much more desirable, and her estradiol was completely normal. After this, Naomi went on to have several good years of normal menstrual cycles and balanced hormone levels.



“When patients come to me with hormone imbalances, I now tell them that their body, with the help of homeopathy, can heal.”

Turning 40

Unfortunately, her periods began to diminish again around the time she turned 40. Naomi had just gotten married and was hoping to conceive as quickly as possible when this old problem reared its head. Time not on our side, I ran her FSH again, which unfortunately had jumped up over 100. At 40 years old, she no longer fit the age category for POI and now was considered to be in early menopause.

Because *Natrum muriaticum* had worked well for her in the past and seemed to fit her current symptom picture, I went right back to this remedy, starting with the next highest potency, 1M, and daily dosing. We were both excited when she slowly started to get her cycle back. However, she would go 40 to 60 days between periods. She was attempting to conceive with these irregular cycles, but it was difficult to determine if or when she ovulated. I decided that because of our time crunch, I needed to search harder in hopes of finding a better homeopathic remedy.

New symptoms, new remedy

Naomi noticed that in the previous several months, she had felt very tired. She would fall asleep easily at night but wake feeling unrefreshed. She would also wake between 3:00 and 4:00 am and have a hard time falling back to sleep. She had become much more irritable lately, getting offended at little things her husband said. This irritability was specifically worse when her husband or a co-worker asked her a question. Additionally, her old symptom of dropping things around the time of her period had returned. She also felt nauseated with her periods, which was new for her.

Based on these symptoms, I considered the remedies *Nux vomica*, *Sepia*, and *Sulphur*. (See repertorization chart 5 on page 39.) Although *Natrum muriaticum* fit all the symptoms,

too, it was not working as well as I wished. I chose *Nux vomica* because it strongly fit her symptoms of being irritable with interruption or questions, along with the waking time of 3:00 to 4:00 am. She also had the confirmatory symptom of being chilled easily, with an aversion to cold drafts. I prescribed *Nux vomica* 6c once a day.

	1	2	3	4	5	6	7	8	9	10	11
	1180	995	900	895	850	795	790	780	770	760	760
8. Clipboard 8											
1. FEMALE GENITALIA/SEX - STERILITY (125)	1	3	3	1		2	2	2		2	1
2. FEMALE GENITALIA/SEX - MENSES - late, too (234)	1	3	3	1		2	3	3	1	3	
3. SLEEP - UNREFRESHING (327)	2	2	2	2	1	3	2	2	3	3	1
4. SLEEP - SLEEPINESS - overpowering (146)	2	1	2	1	2	2	2	2	1	1	1
5. SLEEP - WAKING - night - midnight - after - 3 h (90)	3	1	1	3	1			1	2	1	2
6. MIND - IMPATIENCE (250)	3	2	3	3	2	2	2	3	2	2	2
7. MIND - IRRITABILITY - questioned, when (29)	3	1			1		1				
8. STOMACH - NAUSEA - menses - during - agg. (60)	3	1	1			2	1	2		2	2
9. EXTREMITIES - AWKWARDNESS - Hands - dro... (56)	1	2	1	2	1	2		1	1		

Repertorization 5: Naomi

Rays of hope

Naomi got her next cycle a little late, at 40 days. Her energy and mood were vastly improved. She felt much better overall and was very appreciative that she could enjoy her new husband and job again without the impatience and irritability she had felt before. I ran her FSH and it was down to 33. Although this was still not a desirable level for conception, it was a big improvement from the last value. Naomi began exploring options for conventional fertility treatments at this time as well, but was told her only option was to use a donor egg, and she and her husband were not interested in that.

Despite my belief that her FSH was too high for conception and despite the fertility doctor’s opinion that a donor egg was her only option, Naomi called me the next month to tell me that she had conceived naturally at the age of 41. Although this was very exciting news, it was short lived, as the pregnancy only lasted seven weeks before she miscarried. This was, of

What’s the timing?

After one year of no menstrual cycles, a woman is considered to be in menopause.

- **Natural Menopause** — 51 years is the average age in the U.S., with a range of 45 to 55 years
- **Early Menopause** — the term for menopause that occurs from 40 to 45 years of age
- **Premature Ovarian Insufficiency (POI)** — when a woman younger than age 40 experiences menopause or perimenopause-type symptoms, POI is the usual diagnosis.

course, heartbreaking for her and her family, as well as for me, considering the journey she had been on.

I am continuing to treat Naomi with homeopathy, and we are in the process of getting her back on track after the miscarriage, hoping she will conceive again with a different outcome. Naomi continues to have an amazingly positive attitude, saying, “If it is meant to happen for me, it will.”

Hope with homeopathy

In the conventional medical world, POI and early menopause are often viewed as incurable conditions. But the cases of Jasmine, Constance, and Naomi show that homeopathic treatment can help. I know many women who were told by their doctors that they would not be able to conceive without intervention, or at all, only to have them conceive naturally after just a few months of homeopathic treatment.

My positive experiences using homeopathy to help women rebalance their reproductive health has built my confidence in talking to patients about homeopathy as a treatment option. When patients come to me with hormone imbalances, I now tell them that their body, with the help of homeopathy, can heal. The three women highlighted in this article have not had live births as of this writing, but homeopathic treatment has decreased their overall health risks, improved their quality of life, and given them hope for a possible pregnancy, if they desire one. 💧

* Names and identifying details have been changed to protect patient privacy.

A Note on Dosing Methods: In chronic cases, such as the ones in this article, I typically start with a remedy in low potency, such as 6c or 30c, and ask the patient to take it every day. I expect to see slow, steady improvement over an extended course of treatment. Every 4 to 6 weeks (or as needed), I follow up with the patient. When their improvement plateaus, I tend to increase the potency of the remedy—as long as the person’s symptoms have not changed substantially. I continue in this way, climbing up the potency scale, as long as the patient continues to be responding well to the remedy. This method of dosing is rooted in the work of Samuel Hahnemann (*Organon of Medicine*, 6th edition, especially paragraph 246, footnote a), Francisco Eizayaga (*Treatise on Homeopathic Medicine*), and Douglas M. Borland (*Pneumonias*), and was introduced to me by Stephen Messer, ND, DHANP, at Southwest College of Naturopathic Medicine.

References

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