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Homoeopathic Interventions in the Management of Commonest Menstrual Irregularities: A Systematic Review Protocol

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ABSTRACT

Menstruation, monthly occurrence among women serves as a crucial instrument for evaluating typical development and excluding abnormal situations, and it is a key factor in a woman's reproductive health. Most common menstrual irregularities mentioned by National Institute of Child health and Human Development were Oligomenorrhea, menorrhagia, amenorrhea, dysmenorrhea, and Prolonged menstrual bleeding. As, Menstrual irregularities represent a significant challenge in women's reproductive health which not only affect physical well-being but also have profound psychosocial implications, influencing quality of life, productivity, and long-term health outcomes. In clinical practice, repertories serve as essential tools to guide remedy selection. So, various repertories provide structured pathways for remedy selection, enabling practitioners to navigate complex symptomatology in Menstrual irregularities. Despite their widespread clinical use, consolidated scientific evidence on the effectiveness of homoeopathic interventions in Menstrual irregularities remains limited. The study will cover randomized controlled trials (RCTs), case series and case reports on therapeutic efficacy of Homoeopathic remedies using repertories such as Kent, Synthesis, Complete, Gentry's, Murphy, and Phatak. To identify all relevant published studies an electronic databases search will be used with structured search strategy. This Systematic review will consolidate both narrative and experimental studies to generate robust empirical evidence. Comprehensive databases will be searched, and eligible studies will be screened and organized for analysis. Individual narrative assessments will precede a collective synthesis, with meta-analysis applied where data permits. It will examine the efficacy and safety of remedies in Menstrual irregularities while exploring the role of repertories in guiding individualized prescriptions. By integrating diverse sources

with rigorous methods, the study aims to establish a consolidated evidence base that informs clinical practice, supports academic discourse, and directs future research. Study registration: PROSPERO 2026-CRD420261469634).

Keywords: Menstrual irregularities, Homoeopathic interventions, Repertories, Systematic review

INTRODUCTION

Menstruation, monthly occurrence among women serves as a crucial instrument for evaluating typical development and excluding abnormal situations, and it is a key factor in a woman's reproductive health [1,2]. The commencement of menstruation is influenced by a girl's overall health status, along with genetic, social, and nutritional elements, and is regulated by the hypothalamic–pituitary–ovarian axis [3]. Nevertheless, 14% to 25% of women endure irregular menstrual periods (International Classification of Diseases, Tenth Revision: N92.6), characterized by cycles that deviate in duration, intensity, or are accompanied by other issues such abdominal cramping. In the ICD-11 (International Classification of Diseases, 11th Revision), Menstrual cycle bleeding disorders are classified under the block for abnormal uterine or vaginal bleeding (codes GA20–GA2Z). As, Traditional Medicine Module 2 (TM2) classifies it Female Reproductive System disorders under the code block range SM90–SM9Z. Irregular cycles may be ovulatory, indicating that ovulation takes place, or anovulatory, signifying that ovulation does not take place. The prevalent monthly irregularities encompass amenorrhea, oligomenorrhoea, puberty menorrhagia, extended or prolonged menstrual bleeding, metrorrhagia, menometrorrhagia, and dysmenorrhea. Supplementary menstrual anomalies encompass polymenorrhagia, erratic menstrual cycles, abbreviated menstrual flow, and intermenstrual hemorrhaging. The incidence of menstruation problems in India has been documented to range from 85.0% to 93.4% [4-6]. The occurrence of irregular menstrual cycles varies between 81.7% and 96.3%, whereas school absence due to monthly discomfort fluctuates from 63.5% to 80.6%, as shown in a study conducted in West Bengal [7].

Menstrual irregularities mentioned in National Institute of Child health and Human Development were [8]:

Dysmenorrhea (Painful Periods): Severe, painful menstrual cramps in the lower abdomen and back. It is the most common period problem.

Menorrhagia (Heavy Bleeding): Abnormally heavy or very long menstrual periods that can disrupt normal daily activities.

Amenorrhea (Absent Periods): The complete absence of menstrual bleeding. This applies when a young person does not start menstruating by age 16, or when periods stop for three or more months in someone who is not pregnant.

Oligomenorrhea (Infrequent Periods): Infrequent or very irregular menstrual cycles, usually meaning cycles occur more than 35 days apart

Prolonged menstrual bleeding: Bleeding that exceeds 8 days in duration on a regular basis.

As, Menstrual irregularities represent a significant challenge in women's reproductive health which not only affect physical well-being but also have profound psychosocial implications, influencing quality of life, productivity, and long-term health outcomes. Conventional management strategies often rely on hormonal therapies or surgical interventions, which may be associated with side effects, limited patient acceptance, and variable efficacy. This has prompted growing interest in complementary and alternative medicine approaches, particularly Homoeopathy, which emphasizes individualized treatment and holistic care.

Homoeopathy, based on the principle of "like cures like," emphasizes remedy selection through the totality of symptoms

rather than a single diagnosis. Repertories such as Kent's and Boenninghausen's laid the classical foundation, while modern repertories including Synthesis, Complete, Murphy's, Phatak's, and Gentry's have expanded scope with contemporary observations and digital accessibility. These tools provide structured pathways for managing complex menstrual irregularities. However, consolidated scientific evidence remains limited, with existing studies scattered across case reports, small trials, and observational research, often lacking methodological rigor. The individualized nature of homoeopathic prescriptions further contributes to heterogeneity, complicating synthesis. A systematic review is therefore needed to critically evaluate evidence, compare repertory-based approaches, and assess consistency of outcomes. This review will address efficacy, safety, and the role of repertories in individualized care, aiming to strengthen the evidence base, inform clinical practice, and support integrative healthcare guidelines.

1. Objectives

Primary Objective

1. To evaluate the clinical efficacy and safety of homoeopathic interventions in the management of Menstrual irregularities, with particular emphasis on repertory-guided prescription strategies.

Secondary Objectives

1. Repertory Comparison: To compare the effectiveness of remedies prescribed using different repertories, including Kent, Synthesis, Complete, Gentry's, Murphy, and Phatak**,** in regulating menstrual cycles and alleviating associated symptoms.

2. Prescription Patterns: To analyse consistency and variability in remedy selection across studies, highlighting the role of repertory choice in individualized treatment outcomes.

3. Outcome Assessment: To evaluate improvements in menstrual regularity, symptom relief (pain, fatigue, mood changes), and overall quality of life among women receiving homoeopathic interventions.

4. Safety Profile: To assess the incidence of adverse events or complications associated with homoeopathic remedies in Menstrual Disorder.

5. Methodological Gaps: To identify limitations in existing studies, including sample size, study design, outcome measures, and reporting standards, thereby guiding future research priorities.

3. Eligibility Criteria

Types of Studies

Inclusion:

1. Original research articles published.
2. Studies evaluating Homoeopathic management of Menstrual irregularities.
3. Studies reporting at least one clinical outcome, including regular menstrual cycle (frequency, duration, flow regularity) or any associated symptom relief (pain, fatigue, mood changes) or quality of life.
4. Studies providing adequate methodological details and outcome data for qualitative synthesis.
5. Randomized controlled trials (RCTs), Quasi-experimental studies, Observational studies (cohort, case-control, cross-sectional)
6. Case series with ≥10 participants
7. Case reports

Exclusion:

1. Narrative reviews, Review articles, systematic reviews, editorials, expert opinions
2. Animal or in vitro studies
3. Studies lacking clear outcome measures
4. Studies evaluating only non-Homoeopathic or allopathic interventions.
5. Studies not related to any type of Menstrual irregularities.

MATERIALS & METHODS

This study is planned for systematic review and meta-analysis to get the overall picture

and evidence about the effectiveness of Homoeopathic interventions in the management of Menstrual Disorder. The review will be carried out based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020), to guarantee transparency, reproducibility and methodological rigor. The study will cover randomized controlled trials (RCTs), case series and case reports on therapeutic efficacy of Homoeopathic remedies using repertories such as Kent, Synthesis, Complete, Gentry's, Murphy, and Phatak. To identify all relevant published studies an electronic databases search has been used with the structured search strategy. Studies that met the present inclusion and exclusion criteria were systematically screened, the methodological quality was evaluated, and studies will be included for qualitative synthesis. Quantitative synthesis (meta-analysis) will be planned where adequate homogeneous data is available. The aim of the review is to provide a consolidated evidence base that can inform clinical practice, support academic discourse, and guide future research in homoeopathy.
Study is registered in PROSPERO (PROSPERO 2026- CRD420261469634).

PICO Framework:
Population (P)

- **Inclusion:** Women of reproductive age (15–45 years) diagnosed with any type of Menstrual irregularities, including Oligomenorrhea, menorrhagia, amenorrhea, dysmenorrhea, and Prolonged menstrual bleeding.
- **Exclusion:** Studies involving postmenopausal women, pregnant women, or those with menstrual irregularities secondary to systemic diseases (e.g., thyroid disorders, PCOS unless explicitly studied as a subgroup).

Interventions (I)

- **Inclusion:** Homoeopathic remedies prescribed using repertories such as Kent, Synthesis, Complete, Gentrys, Murphy, and Phatak or any other. Both individualized prescriptions and standardized remedy protocols.
- **Exclusion:** Non-homoeopathic interventions (Allopathy, Ayurveda, Unani, herbal medicine, yoga, acupuncture). Combination therapies where homoeopathy is not the primary intervention.

Comparators (C)

- Placebo-controlled groups.
- Conventional medical treatments (e.g., hormonal therapy).
- No intervention or usual care.

Outcomes (O)

- **Primary Outcomes:** Regulation of menstrual cycle (frequency, duration, flow regularity).
- **Secondary Outcomes:**

1. Relief of associated symptoms (pain, fatigue, mood changes).
2. Quality of life measures.
3. Adverse events or safety concerns.

Setting and Language

- **Setting:** Clinical trials, hospital-based studies, outpatient clinics, and community-based interventions.
- **Language:** Studies published in English only will be included.

5. Search Strategy

A comprehensive search will be conducted across multiple electronic databases to ensure broad coverage of relevant literature. PubMed/MEDLINE will be used to identify indexed biomedical and clinical studies, while the Cochrane Library will provide access to systematic reviews and controlled trials. The AYUSH Research Portal will be consulted for Indian studies and AYUSH-funded projects, and HomBRex (Homeopathic Basic Research Database) will be explored for homeopathy-specific clinical and experimental studies. To capture wider academic coverage, Scopus and Web of Science will be included, and Google Scholar will be searched to identify

dissertations, theses, and other forms of grey literature. This multi-database strategy will maximize retrieval of both indexed and non-indexed sources, ensuring a comprehensive and balanced evidence base.

5.1 Search Strategy

Search Terms and Keywords: Search strings will combine controlled vocabulary (MeSH terms) and free-text keywords such as *Homeopathy*, *Homoeopathy*, *Repertory*, *Kent*, *Synthesis*, *Complete*, *Gentrys*, *Murphy*, *Phatak, Irregular menstruation*, *Menstrual disorders*, *Oligomenorrhea*, *Dysmenorrhea*, *Menorrhagia*, *Amenorrhea*, *Prolonged menstrual bleeding*, *Cycle irregularity.*

Boolean operators (AND, OR) will be used to refine results such as (*Homeopathy** OR *Cycle irregularity* OR *Menstrual disorders*) AND ("*Homoeopathy*" OR "*Irregular menstruation*" OR "*Repertory*") AND ("*Oligomenorrhea*" OR "*Dysmenorrhea*" OR *Menorrhagia* OR *Amenorrhea* OR *Prolonged menstrual bleeding* OR *Kent* OR *Synthesis* OR *Gentrys* OR *Murphy* OR *Phatak*

Search strategy for AYUSH research portal [9]**:**

HOME > Medical system > Homoeopathy (2488) > CLINICAL RESEAERCH > FEMALE GENITAL system including Breast > Clinical Research > Evidence Grade A/B/C > TITLE > MENSTRUAL IRREGULARITIES > MENORRHAGIA

The review will include studies published in English only with no restriction on publication year, thereby incorporating all available evidence up to the date of the final search. To ensure transparency and reproducibility, all search strategies will be documented in detail, and the study selection process will be systematically illustrated using a PRISMA flow diagram (See below Fig. 1) [10]. This approach will provide a clear account of how studies were identified, screened, and included, strengthening the methodological rigor of the review.

6. Data Extraction

A standardized data extraction form will be developed to ensure consistency and accuracy in capturing study details. (See below **Table 1**) Two independent reviewers will extract data, with discrepancies resolved through discussion or consultation with a third reviewer.

Table 1: Data Fields to be Extracted

Category	Data Fields	Notes
Study Identification	Author(s), Year of publication, Country, Journal/Source	Helps track geographic and temporal trends
Study Design	RCT, quasi-experimental, observational, case series	Classification for risk of bias assessment
Participants/ Population	Sample size, Age range, Inclusion/exclusion criteria, Type of menstrual irregularities (oligomenorrhea, menorrhagia, amenorrhea, dysmenorrhea or Prolonged menstrual bleeding)	Ensures comparability across studies
Intervention Details	Remedy prescribed, Potency, Dosage, Duration of treatment	Captures individualized prescription details
Repertory Used	Kent, Synthesis, Complete, Gentrys, Murphy, Phatak	Key variable for comparative analysis
Comparator	Placebo, conventional therapy, no intervention	Defines control group
Outcomes	Primary: Menstrual cycle regulation (frequency, duration, flow) Secondary: Symptom relief, quality of life, adverse events	Standardized outcome categories
Results	Effect size, Statistical significance, Confidence intervals	For meta-analysis and narrative synthesis
Risk of Bias	Randomization, blinding, attrition, reporting bias	Assessed using Cochrane RoB 2.0 or ROBINS-I
Funding/Conflict of Interest	Source of funding, declared conflicts	Transparency and bias consideration

Special Note:
Remedies will be coded both by name (e.g., Pulsatilla, Sepia) and by repertory pathway through the rubrics used, ensuring clarity in mapping prescriptions to repertory guidance. Outcomes will be standardized into quantitative measures such as cycle length and bleeding days, alongside qualitative measures including patient-reported symptom relief, to allow for consistent comparison across studies. Any missing data will be explicitly documented, and study authors may be contacted for clarification to enhance completeness and reliability of the evidence base.

7. Risk of Bias Assessment:
To ensure methodological rigor, the risk of bias will be assessed independently by two reviewers, with disagreements resolved through consensus or consultation with a third reviewer. Different tools will be applied depending on study design.

Randomized Controlled Trials (RCTs)
Tool: Cochrane Risk of Bias 2.0 (RoB 2.0).
Domains Assessed:
1. Randomization process (sequence generation, allocation concealment).
2. Deviations from intended interventions (blinding of participants and personnel).
3. Missing outcome data (attrition bias).
4. Measurement of outcomes (blinding of outcome assessors).
5. Selection of reported results (reporting bias).

- **Judgment:** Each domain rated as *low risk*, *some concerns*, or *high risk*.

Non-Randomized and Observational Studies
Tool: ROBINS-I (Risk of Bias in Non-randomized Studies of Interventions).
Domains Assessed:
1. Bias due to confounding (e.g., baseline differences in patient characteristics).
2. Bias in selection of participants.
3. Bias in classification of interventions (accuracy of repertory-guided prescriptions).
4. Bias due to deviations from intended interventions.
5. Bias due to missing data.
6. Bias in measurement of outcomes.
7. Bias in selection of reported results.

- **Judgment:** Each domain rated as *low*, *moderate*, *serious*, or *critical risk of bias*.

Case Series (≥10 participants)
Tool: Adapted Joanna Briggs Institute (JBI) checklist for case series.
Domains Assessed:
1. Clear inclusion criteria.
2. Consecutive inclusion of participants.
3. Complete reporting of patient demographics and clinical information.
4. Standardized outcome measurement.
5. Transparent reporting of repertory used (Kent, Synthesis, Complete, Gentry's, Murphy, Phatak).
6. Adequate follow-up period.

- **Judgment:** Classified as *low*, *moderate*, or *high risk of bias*.

Case reports
Tool: Adapted Joanna Briggs Institute (JBI) checklist for case series.
Domains Assessed:
1. Clear inclusion criteria.
2. Consecutive inclusion of case/patient.
3. Complete reporting of patient demographics and clinical information (Pre & post intervention).
4. Standardized outcome measurement.
5. Transparent reporting of repertory used (Kent, Synthesis, Complete, Gentry's, Murphy, Phatak or any other).
6. CARE (CAse REport) guideines to ensure complete and transparent reporting.
7. Adequate follow-up period.

- **Judgment:** Classified as *low*, *moderate*, or *high risk of bias*.

Special Considerations for Homoeopathy
Individualization bias will be addressed by recognizing that remedies are tailored to patient-specific symptoms, with heterogeneity carefully documented and explored through subgroup analyses.

Repertory bias, arising from the choice of repertory (Kent, Synthesis, Complete, Gentry's, Murphy, Phatak) and its potential influence on remedy selection, will be explicitly noted and systematically compared across studies to highlight differences and commonalities. Publication bias will be assessed using funnel plots when at least ten studies are available for meta-analysis, and Egger's regression test will be applied to detect small-study effects, ensuring transparency and rigor in the evaluation of evidence.

8. Data Synthesis

A narrative synthesis will be undertaken to summarize findings across all included studies, focusing on the types of repertories employed (Kent, Synthesis, Complete, Gentry's, Murphy, Phatak), prescription patterns and remedy selection strategies, reported clinical outcomes such as cycle regulation, symptom relief, and quality of life, as well as safety and adverse events. Comparisons will be drawn across repertories to highlight consistency, variability, and unique contributions to remedy selection, while contextual factors including study setting, participant demographics, and methodological quality will be integrated into the synthesis to provide a comprehensive perspective. For quantitative synthesis, where three or more homogeneous randomized controlled trials or quasi-experimental studies are available, a meta-analysis will be conducted. Effect measures will include risk ratios (RR) or odds ratios (OR) for dichotomous outcomes such as cycle regularity achieved versus not achieved, and mean differences (MD) or standardized mean differences (SMD) for continuous outcomes such as cycle length, bleeding duration, and symptom scores, thereby ensuring both qualitative richness and statistical rigor in the evaluation of evidence.

9. Statistical Analysis

A random-effects model will be applied to account for heterogeneity across studies, with heterogeneity assessed using the Chi-square test (Q statistic) and quantified through the I^2 statistic. Subgroup analyses will be conducted to explore variations by repertory type (Kent, Synthesis, Complete, Gentry's, Murphy, Phatak), potency and dosage, and type of menstrual irregularities (Oligomenorrhea, Menorrhagia, Amenorrhea, Dysmenorrhea, and Prolonged menstrual bleeding). Sensitivity analyses will be performed by excluding studies at high risk of bias and by comparing individualized versus standardized prescriptions. Publication bias will be examined through funnel plots when at least ten studies are included in a meta-analysis, and Egger's regression test will be used to detect small-study effects. Integration of evidence will combine findings from both qualitative and quantitative syntheses to provide a comprehensive overview, with certainty of evidence assessed using the GRADE framework to classify outcomes as high, moderate, low, or very low certainty. A Summary of Findings (SoF) table will be prepared to present key results, effect sizes, and certainty ratings for each outcome, ensuring transparency and clarity in reporting.

10. Safety & Adverse Events

As, homoeopathic interventions represent a favorable safety profile, with no or less serious adverse events and only minimal adverse drug reactions reported. Safety and adverse events will be systematically recorded. To contextualize these findings, the incidence of adverse events will be compared with those observed in conventional treatments, providing a balanced assessment of relative safety and tolerability.

DISCUSSION

The protocol has been registered with PROSPERO to ensure methodological transparency. Preliminary searches identified several clinical trials and narrative reviews on homoeopathic interventions for menstrual irregularities, though these have

not yet been systematically synthesized. This review will consolidate both narrative and experimental studies to generate robust empirical evidence. Comprehensive databases will be searched, and eligible studies will be screened and organized for analysis. Individual narrative assessments will precede a collective synthesis, with meta-analysis applied where data permits. The review will critically evaluate available evidence, compare repertory-based approaches, and assess consistency of outcomes across homoeopathic methodologies. It will examine the efficacy and safety of remedies in menstrual irregularities while exploring the role of repertories in guiding individualized prescriptions. By integrating diverse sources with rigorous methods, the study aims to establish a consolidated evidence base that informs clinical practice, supports academic discourse, and directs future research. Ultimately, the findings are expected to strengthen treatment guidelines and enhance the credibility of homoeopathy within integrative healthcare frameworks.

Current status: Study has been registered in PROSPERO (PROSPERO 2026-CRD420261469634). Till date number of 312 full-text articles were assessed as per eligibility criteria and details will be exported to data extraction sheet. Various Homoeopathic interventions will be studied and treatment choices based on repertory will be summarized.

Declaration by Authors

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Conflict of Interest: The authors declare no conflict of interest.

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