Review Article

Clinical Utility of Homoeopathic Medicines Selected from Dr. Robin Murphy's Homoeopathic Medical Repertory in the Management of Menorrhagia: A Review

Mohita Nangia[1], Nidhi Arora[2]

From, [1]PG scholar, [2]H.O.D., Department of Repertory, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar, Rajasthan.

ABSTRACT

Background: Menorrhagia is a common gynecological disorder characterized by excessive or prolonged menstrual bleeding, leading to anemia, fatigue, and impaired quality of life. Conventional management often involves hormonal therapy or surgical intervention, which may not be suitable for all patients. This study was done to critically review the clinical utility of homoeopathic medicines selected using Dr. Robin Murphy's Homoeopathic Medical Repertory in the management of menorrhagia. **Materials and Methods:** A narrative review of published literature was conducted using electronic databases and indexed homoeopathic journals. Clinical trials, observational studies, case series, and classical homoeopathic literature related to menorrhagia and repertory-based prescribing were analyzed. **Results:** The reviewed literature suggests that individualized homoeopathic treatment guided by repertorial analysis contributes to a reduction in menstrual blood loss and improvement in associated symptoms such as dysmenorrhea, weakness, and emotional disturbances. Murphy's repertory was found to be clinically useful due to its concise structure and integration of pathological and characteristic symptoms. **Conclusion:** Homoeopathic medicines selected through Dr. Robin Murphy's Homoeopathic Medical Repertory demonstrate potential clinical utility in the management of menorrhagia. However, methodological limitations in existing studies highlight the need for well-designed clinical trials to strengthen the evidence base.

Key words: Menorrhagia, Homeopathy, Complementary Therapies.

Menorrhagia is a common gynecological disorder characterized by excessive or prolonged menstrual bleeding that interferes with a woman's physical health, emotional well-being, and quality of life [1]. Clinically, it is defined as menstrual blood loss exceeding normal duration, typically lasting more than seven days, or involving a volume greater than 80 mL per cycle [1, 2]. It represents one of the most frequent causes of gynecological consultations worldwide and accounts for a substantial proportion of outpatient visits among women of reproductive age [1,3]. Beyond its physical manifestations, menorrhagia exerts a significant socioeconomic burden due to work absenteeism, reduced productivity, and repeated healthcare utilization.

The etiology of menorrhagia is multifactorial. Structural abnormalities such as uterine fibroids, adenomyosis, endometrial polyps, and malignancy are commonly implicated, while non-structural causes include ovulatory dysfunction, endometrial disorders, iatrogenic factors, and systemic conditions affecting coagulation [3].

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The International Federation of Gynecology and Obstetrics (FIGO) classification system, PALM–COEIN (Polyp, Adenomyosis, Leiomyoma, Malignancy, and hyperplasia–Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not yet classified) provides a standardized framework for categorizing the causes of abnormal uterine bleeding, facilitating uniform diagnosis and management [3]. However, a considerable proportion of women continue to be diagnosed with dysfunctional uterine bleeding, where no identifiable organic pathology is detected despite thorough evaluation [4]. Persistent menorrhagia can lead to iron-deficiency anemia, chronic fatigue, impaired cognitive performance, and diminished psychosocial functioning [1, 2]. Many women report limitations in daily activities, social withdrawal, and emotional distress related to unpredictable or excessive bleeding [1]. Conventional management of menorrhagia includes pharmacological and surgical approaches. Medical therapies such as non-steroidal anti-inflammatory drugs, antifibrinolytics, combined oral contraceptives, progestins, and intrauterine hormonal devices [2].

Correspondence to: Dr. Mohita Nangia, Department of Repertory, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar, Rajasthan.

Email: mohitanangia98@gmail.com

These may be associated with adverse effects, contraindications, poor compliance, or concerns regarding long-term hormonal exposure [2, 4]. Surgical options, including endometrial ablation and hysterectomy, are often reserved for refractory cases but carry inherent risks, cost implications, and irreversible loss of fertility [4]. Consequently, a growing number of women seek conservative, non-invasive, and individualized treatment options.

Homoeopathy, as a system of individualized medicine, offers a holistic approach that focuses on restoring internal balance rather than suppressing isolated symptoms. In homoeopathic philosophy, menorrhagia is not considered merely a local uterine disorder, but a manifestation of systemic disharmony influenced by constitutional predisposition, emotional factors, and susceptibility [5, 6]. Treatment is based on the principle of individualization, wherein remedy selection is guided by the totality of symptoms encompassing menstrual characteristics, physical generals, mental-emotional features, and modalities [5].

Samuel Hahnemann emphasized that the qualitative nature of discharges, associated sensations, and concomitant symptoms holds greater therapeutic significance than the quantity of bleeding alone [5]. Subsequent homoeopathic scholars reinforced the importance of understanding menstrual disorders in relation to the patient's overall constitution and miasmatic background [6, 7]. This individualized approach distinguishes homoeopathy from protocol-based therapeutic systems and necessitates the use of systematic tools to aid remedy selection.

Repertories play a pivotal role in homoeopathic practice by organizing symptoms into a structured format that facilitates analysis and comparison of remedies. Through repertorial analysis, subjective and objective symptoms are translated into rubrics, enabling rational and reproducible prescriptions. Classical repertories, while comprehensive, may be time-consuming to apply in busy clinical settings. Contemporary repertories have therefore evolved to integrate clinical diagnosis with characteristic symptomatology, enhancing their practical utility.

Dr. Robin Murphy's Homoeopathic Medical Repertory is a modern clinical repertory developed to bridge classical homoeopathic philosophy with contemporary medical practice [8]. It incorporates concise rubrics, modern terminology, and a clinically oriented structure that allows simultaneous consideration of pathological diagnosis and individual symptom expression. The repertory includes well-defined rubrics relevant to gynecological disorders such as menorrhagia, including profuse and prolonged menses, uterine hemorrhage, anemia resulting from excessive bleeding, and associated systemic symptoms [7, 9]. Its design supports efficient repertorization without compromising the principles of individualization.

Several clinical studies, observational reports, and case series have documented favorable outcomes with individualized homoeopathic treatment in menorrhagia, particularly in cases of dysfunctional uterine bleeding [10, 11, 12]. Systematic reviews evaluating homoeopathy in gynecological conditions suggest potential benefits [13, 14]. Despite increasing clinical use of Murphy's repertory, there is limited literature evidence, critically examining its specific utility in the repertorial management of menorrhagia.

This review aims to evaluate the clinical utility of homoeopathic medicines selected using Dr. Robin Murphy's Homoeopathic Medical Repertory in the management of menorrhagia, to analyze existing evidence, identify gaps in current research, and highlight areas for future investigation.

MATERIALS AND METHODS

This narrative review was conducted to evaluate the clinical utility of homoeopathic medicines selected from Dr. Robin Murphy's Homoeopathic Medical Repertory in the management of menorrhagia. A comprehensive literature search was conducted using electronic databases, including PubMed, Google Scholar, and indexed homoeopathic journals. Publications from January 2000 to December 2024 were considered to capture both classical and contemporary evidence relevant to repertory-based homoeopathic prescribing.

The search strategy employed keywords such as menorrhagia, abnormal uterine bleeding, homeopathy, repertory, Murphy's repertory, and individualized homoeopathic treatment. Classical homoeopathic texts, repertories, and reference books were also reviewed to support conceptual understanding of menorrhagia from a homoeopathic perspective and to identify commonly used rubrics and medicines.

A total of 68 articles were initially identified through database searching. After removing duplicate records, 54 articles were screened based on title and abstract. Of these, 32 articles were selected for full-text review. Following a detailed assessment, 14 studies met the eligibility criteria and were included in the final analysis. The included studies comprised 3 randomized controlled trials (RCTs), 6 observational studies, and 5 case series or clinical reports related to homoeopathic management of menorrhagia.

Studies were included if they fulfilled these criteria: (i) evaluation of homoeopathic treatment in patients with menorrhagia or dysfunctional uterine bleeding, (ii) use of individualized or repertory-based prescribing, (iii) reporting of clinical outcomes related to menstrual blood loss, cycle regularity, or associated symptoms, and (iv) publication in the English language. Studies were excluded if they were opinion-based articles without clinical data, lacked clear methodology or outcome assessment, or did not have repertorial analysis.

Findings were analyzed qualitatively with emphasis on repertorial approach, remedy selection, and reported clinical outcomes. Figure 1 shows the steps in selecting the studies.

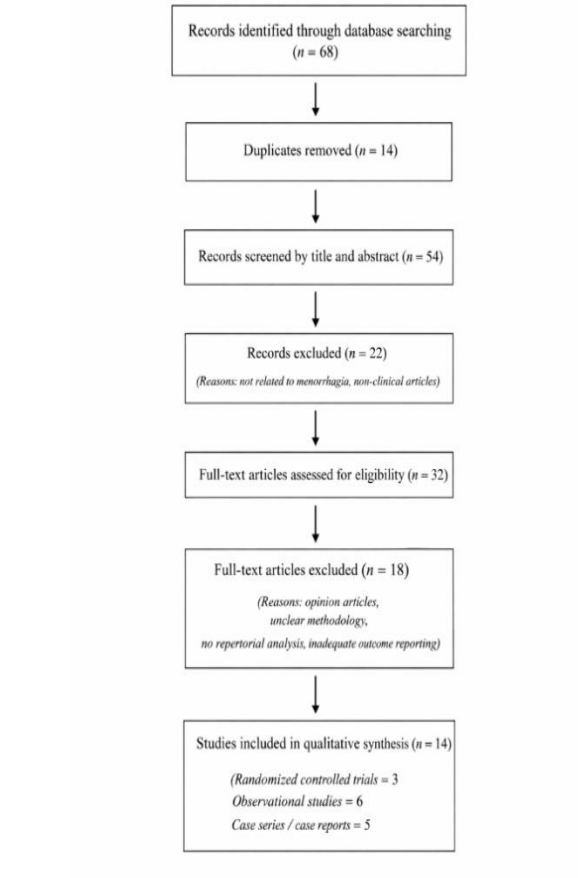


Figure 1. Selection of studies included in the review

Clinical concept of menorrhagia in homoeopathy

Hahnemann emphasized individualization, asserting that the nature of discharges, associated sensations, modalities, and concomitant symptoms are essential for remedy selection for menorrhagia. Factors such as menstrual periodicity, color, consistency, presence of clots, aggravations, and accompanying mental symptoms guide the physician toward an appropriate remedy [5, 6].

Repertorial framework and rubric selection

To analyze the repertorial basis of homoeopathic prescriptions used in menorrhagia, relevant rubrics were identified from Dr. Robin Murphy's Homoeopathic Medical Repertory. Rubrics were selected based on their clinical relevance to excessive menstrual bleeding, duration of flow, associated anemia, and aggravating factors commonly reported in menorrhagia. Table 1 shows the rubrics related to menorrhagia from the repertory.

These rubrics facilitated systematic repertorial analysis by allowing correlation between menstrual characteristics, systemic effects such as anemia, and individual symptom expression. The repertory's structure enabled simultaneous consideration of pathological diagnosis and characteristic symptoms, supporting individualized remedy selection

Table 1. Common rubrics related to menorrhagia from Murphy's Homoeopathic Medical Repertory

Section	Rubric
Female	MENSES, general, profuse
Female	MENSES, general, profuse, menopause, during
Female	MENSES, general, profuse, walking, agg
Female	MENSES, general, profuse, short duration
Female	MENSES, general, protracted
Female	MENSES, general, protracted, not ceasing entirely until the next period, almost until
Blood	Anemia, from menorrhagia

Commonly indicated Homoeopathic medicines for menorrhagia

Natrum muriaticum

Natrum muriaticum is frequently indicated in cases of menorrhagia associated with chronic emotional stress, grief, or suppressed emotions. Clinically, it corresponds to prolonged or profuse menses accompanied by weakness, headache, and anemia. Menstrual disturbances are often linked with emotional sensitivity, introversion, and difficulty expressing feelings. Repertorially, this remedy emerges under rubrics such as Menses – profuse, Menses – prolonged, and Weakness during menses, particularly when mental generals and emotional concomitants form a significant part of the symptom totality [8, 15].

Sepia officinalis

Sepia officinalis is prescribed in women experiencing menorrhagia with marked pelvic congestion, bearing-down sensations, hormonal imbalance, and when the bleeding is irregular, prolonged, and associated with irritability, indifference to family, and exhaustion. Sepia is relevant in cases of menorrhagia related to uterine atony, postpartum changes, or perimenopausal transition. In Murphy's repertory, Sepia frequently appears under rubrics involving menstrual irregularities, uterine hemorrhage, and general weakness, particularly when emotional detachment and hormonal dysregulation coexist [8, 15].

China officinalis

China officinalis is indicated in menorrhagia where excessive blood loss leads to pronounced weakness, dizziness, and exhaustion. The remedy is relevant in cases with a history of prolonged or recurrent hemorrhage resulting in anemia and debility. Patients often report sensitivity to touch, bloating, and periodicity of complaints. From a repertorial perspective, China is represented in rubrics related to Menses – profuse, Weakness from loss of fluids, and Hemorrhage with exhaustion, making

it a valuable remedy in cases dominated by post-hemorrhagic sequelae [8, 15].

Phosphorus

Phosphorus is indicated in menorrhagia with bright red bleeding, a tendency toward easy bleeding, and heightened emotional sensitivity. Patients with anxiety, sympathetic disposition, and increased susceptibility to external stimuli. Clinically, Phosphorus is given for menorrhagia associated with hemorrhagic diathesis, nutritional deficiencies, or constitutional weakness. In repertorial analysis, it frequently appears under rubrics involving profuse bleeding, hemorrhagic tendencies, and systemic exhaustion, particularly when mental and emotional responsiveness is pronounced [8, 15].

Crocus sativus

Crocus sativus is given for menorrhagia, characterized by dark, stringy, or clotted blood. The bleeding is often irregular and may alternate between profuse flow and sudden cessation. Emotional symptoms such as excitability or mood fluctuations may accompany the menstrual disorder. Repertorially, Crocus is strongly represented under rubrics related to Menses – dark, Menses – clots, and Uterine hemorrhage, making it especially useful when the physical characteristics of the menstrual flow are striking and well-defined [8, 15].

RESULTS

Of the 14 studies included in the review, comprising RCTs, observational studies, and case series, most reported symptomatic improvement following individualized homoeopathic treatment in patients with menorrhagia [10, 11, 12]. Reported outcomes included reduction in menstrual blood loss, improvement in cycle regularity, and relief from associated symptoms such as dysmenorrhea, fatigue, and generalized weakness [10, 11].

Observational studies and case series described gradual clinical improvement over successive menstrual cycles, suggesting a sustained therapeutic response rather than short-term suppression of bleeding [11, 12]. In some studies, improvement in anemia-related symptoms and hemoglobin levels was noted, although objective laboratory assessment was inconsistently reported [10, 12]

RCTs demonstrated favorable trends toward symptom improvement with individualized homoeopathic treatment; however, small sample sizes, variable outcome measures, and short follow-up periods limited the strength of evidence. Most studies relied on subjective assessment of menstrual bleeding, and standardized tools such as menstrual scoring charts were infrequently used. Overall, while the available evidence suggests potential clinical benefit of repertory-based homoeopathic treatment in menorrhagia, heterogeneity in study design and outcome reporting restricts definitive conclusions [13, 14].

DISCUSSION

The findings of this review suggest that individualized homoeopathic treatment guided by repertorial analysis offers symptomatic benefit in the management of menorrhagia, particularly in functional or idiopathic cases [10, 11, 12]. Improvement in menstrual blood loss, cycle regularity, and associated systemic symptoms reported across multiple studies supports the relevance of individualized prescribing in gynecological practice [11, 12].

Murphy's Homoeopathic Medical Repertory appears to be a practical clinical tool due to its concise structure and integration of pathological and characteristic symptoms, enabling efficient repertorial analysis in cases of menorrhagia [8, 9]. The use of clinically relevant rubrics related to profuse and prolonged menses, uterine hemorrhage, and anemia facilitates individualized remedy selection while maintaining alignment with classical homoeopathic principles [8].

Despite these favorable observations, the strength of evidence remains limited. Systematic reviews have methodological weaknesses, including small sample sizes, lack of blinding, and inconsistent outcome assessments, which were evident in studies on menorrhagia [13, 14, 16]. The limited number of high-quality RCTs restricts the generalizability of findings. The present review is distinct in its focus on the repertorial framework, particularly Murphy's repertory, rather than on individual remedies alone. This shows the importance of structured repertorial analysis in achieving individualized treatment outcomes. Future research should prioritize well-designed clinical trials with standardized assessment tools and transparent documentation of repertorial reasoning to strengthen the evidence base [13, 16]. As a narrative review, this study was subjected to selection bias and couldn't provide a quantitative synthesis of data. Many studies relied on subjective assessment of menstrual blood loss, and detailed documentation of repertorial analysis was often insufficient. These factors restrict the generalizability of findings and highlight the need for more methodologically robust clinical studies.

CONCLUSION

Homoeopathic medicines selected through Dr. Robin Murphy's Homoeopathic Medical Repertory demonstrated promising clinical utility in the management of menorrhagia. Individualized treatment based on repertorial analysis offers a safe and effective complementary approach.

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