

EDITORIAL

Holistic Care of Women: Mind, Body, and Hormones

Syeda Batool Mazhar

Doctors today practice allopathic medicine, an evidence-based system of care, where effective treatments are based on trials and studies. A scientific alternative system is osteopathic medicine, focusing on holistic approach by including mind and spirit in addition to the body. Homeopathic and Ayurvedic medicine are included in alternative therapeutic options with less support from the global scientific community. Currently, in the developed countries, modern medicine is transitioning to client centered care and shared decision making in clinical practice. This is driven by the educated, well aware and discerning clients presenting in their clinics and hospitals.

The biopsychosocial model, proposes that health and illness are consequences of complex interplay of biological, psychological, and social factors.¹ Engel, a lead proponent of this model suggests that a physician's "basic professional knowledge and skills must span the social, psychological, and biological, for his decisions and actions on the patient's behalf to involve all three."² Mind & Body medicine can therefore provide a unique approach to health promotion in the community.

The linkage of public health with clinical medicine for primary, secondary and tertiary prevention of diseases can also be pivotal for change.³ The non-communicable conditions affecting women reproductive health such as polycystic ovary syndrome (PCOS), endometriosis, adenomyosis, anemia and subfertility followed by post reproductive problems like menopause transition are increasingly being managed in a holistic fashion rather than with just polypharmacy.

Correspondence:

Prof. Dr.Syeda Batool Mazhar

FRCOG (U.K), FCPS (PK) CHPE (PK) CBT (ISUOG)

Visiting Consultant AMC, MEDICSI & ART Consultant ACIMC,

Advisor, ACS Implementation Research in PTB, WHO & HSA

President SAFOMS & PMS, Vice President SOGO

Member, IRC RCOG, Pakistan, Patron Rwp-Isb Chapter, SOGP

Formerly Head of Programs, Ipas & Ex Chairperson Rwp-Isb

Chapter, SOGP

Ex HOD MCHC, MD FMTI, PIMS & Ex Pro Vice Chancellor,

SZABMU, Islamabad.

E-mail: batoolmazhar@yahoo.com

Received: May 02, 2025; Accepted: May 08, 2025

<https://doi.org/10.57234/jiimc.june25.2622>

PCOS is an endocrine disorder with varying degrees of hyperandrogenism, insulin resistance and metabolic syndrome. It affects 1 in 15 women globally. While there is no cure for PCOS, several medical treatments, such as the combined oral contraceptive pill, can help manage its symptoms. However, increasingly a more natural approach is being preferred which includes weight loss, exercise, dietary changes, herbal supplements and probiotics to improve the immune system. In PCOS associated anovulatory subfertility, extracts from aloe vera and chamomile increase the number of ovarian follicles thereby assisting conception. Similarly, de chiro inositol, cinnamon and ginseng improve impaired glucose tolerance in PCOS patients. As side effects are minimal, patient satisfaction is improved although the treatment takes longer to be effective compared to standard medications.⁴

Endometriosis, another common chronic condition, is associated with pelvic pain and subfertility. Sometimes conventional medical and surgical treatments do not provide effective pain relief and side effects of medications may limit their use. The holistic strategies for managing endometriosis related pelvic pain include nutritional interventions, cognitive behavioral therapy, acupuncture, traditional Chinese medicine and transcutaneous electrical nerve stimulation. Such holistic management strategies are increasingly being incorporated into routine counselling when offering conservative, medical and or surgical treatments for endometriosis.⁵

In a longitudinal study in Australia, analyzing pregnant women's attitudes towards the use of Complementary and Alternative Medicine (CAM) products in pregnancy, one third of 1835 respondents used herbal products. The women using CAM, like aromatherapy and homeopathy wanted greater personal control over their body. Their personal experience of CAM benefits led to preference for alternatives over the maternity care providers' standard advice.⁶

Finally, all women menstruating during the reproductive years will go through menopause with decrease in the hormones, estrogen and

progesterone. The common symptoms women experience during perimenopause include hot flashes, night sweats with sleep disturbance, mood swings, forgetfulness, weight gain and fatigue. Hormone therapy (HT) remains the most effective treatment for vasomotor symptoms and can be advised in selected menopausal women within 10 years of their last menstrual period. For women with contraindications to HT like estrogen-dependent cancers or cardiovascular disease or personal preference, it is important for doctors to be well informed about nonhormone treatment options that are supported by evidence.⁷

Choices commonly used by women in dealing with menopause symptoms include intake of natural soya products, flaxseeds and sprouted legumes which have plant estrogens. These phytoestrogens may help relieve some symptoms like hot flashes and poor sleep. Drinking eight to ten glasses of water per day can help with bloating and vaginal dryness caused by hormone fluctuations. Supplements like Black Cohosh, Vitex or Chasteberry also relieve hot flashes. Exercise, Acupuncture, Aromatherapy, Volunteering, Spiritual practices, including meditation are useful for managing stress at menopause.⁸ The importance of this concept is highlighted by the choice of the theme of world menopause day by International Menopause Society on 18th October 2025 is “Life Style Medicine in Menopause”.

It is time to rethink alternative medicine and this should be offered in our clinics and hospitals. This can contribute to increased patient satisfaction and contribute to better outcomes in managing these complex conditions.

REFERENCES:

1. Dossett ML, Fricchione GL, Benson H. A new era for mind-body medicine. *N Engl J Med*. 2020;382:1390–1.
2. Engel GL. The need for a new medical model: a challenge for biomedicine. *Science*. 1977;196:129–36.
3. Fricchione *BioPsychoSocial Medicine (2023) 17:12* <https://doi.org/10.1186/s13030-023-00268-3>.
4. Manouchehri A, Abbaszadeh S, Ahmadi M, Nejad FK, Bahmani M, Dastyar N. Polycystic ovaries and herbal remedies: A systematic review. *JBRA Assist Reprod*. 2023 Jan-Mar;27(1):85–91. doi: 10.5935/1518-0557.20220024.
5. Desai J, Strong S, Ball E. Holistic approaches to living well with endometriosis. *Review mF1000Res*. 2024 Nov 8;13:359. doi: 10.12688/f1000research.142586.2. eCollection 2024.
6. J. Frawley, D. Sibbritt, A. Broom, C. Gallois, A. Steel & J. Adams. Women's attitudes towards the use of complementary and alternative medicine products during pregnancy. *Journal of Obstetrics and Gynaecology*, May 2016;36(4):462-7.
7. “The 2023 Nonhormone Therapy Position Statement of The North American Menopause Society” Advisory Panel . *The 2023 nonhormone therapy position statement of The North American Menopause Society. Menopause* 2023;30:573-90.
8. Rachel Gibbons. The menopause transition: a call for a holistic approach. Part of: *BJPsych Bulletin Against the Stream Collection*. Published online by Cambridge University Press: 25 March 2025. pp. 1 - 3 DOI: <https://doi.org/10.1192/bjb.2025.17>.

CONFLICT OF INTEREST

Authors declared no conflicts of Interest.

GRANT SUPPORT AND FINANCIAL DISCLOSURE

Authors have declared no specific grant for this research from any funding agency in public, commercial or nonprofit sector.

This is an Open Access article distributed under the terms of the Creative Commons Attribution- Non-Commercial 2.0 Generic License.