



To Evaluate The Role Of Homoeopathic Medicine In Management Of Polycystic Ovarian Syndrome: A Case Series Study.

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ABSTRACT

Introduction : PCOS (polycystic ovarian syndrome) is the most common endocrine illness in women of reproductive age, and it's linked to a higher rate of depression and anxiety. Homoeopathic offers a holistic approach to treatment and based on individualization of patient.

Method: Case series study, **Study Design:** To Evaluate The Role Of Homoeopathic Medicine In Management Of Polycystic Ovarian Syndrome A Case Series Study, **Study Setting:** Institutional OPD & IPD, **Sample Size:** 30 cases, **Sampling Technique:** Total 30 samples with complaints of selected by convenience sampling Technique

Result: The chief complaints among patients included irregular menstrual cycles, dysmenorrhea, oligomenorrhea, acne, hirsutism, weight gain, mood swings, and hair loss. All 30 patients were female, and their ages ranged between 15 to 45 years.

After homeopathic constitutional treatment, 19 patients showed improvement, while 11 did not. The most frequently indicated constitutional medicines were Natrum muriaticum, Calcarea carbonica, Lycopodium, Sepia, Sulphur, Pulsatilla, and Phosphorus.

KEYWORDS: Polycystic ovarian syndrome, homoeopathy individualized remedy case series study.

INTRODUCTION:-

DEFINITION:

Polycystic Ovarian Syndrome (PCOS) is classified under ICD-10 code E28.2, which refers to "Ovarian dysfunction." This includes conditions characterized by hyperandrogenism, menstrual irregularities, and polycystic ovarian morphology, leading to hormonal imbalances and reproductive issues¹.

PREVALENCE

PCOS produce symptoms in approximately 5-10% of women of reproductive age. It is thought to be one of the leading causes of female subfertility and pregnancy complications. Major symptoms include amenorrhea, oligomenorrhea, dysfunctional uterine bleeding, acne, hirsutism, obesity, etc².

AGE GROUP:

PCOS typically manifests in women aged 15–45 years, particularly during their reproductive years³.

Etiology:

1. Genetic predisposition: Women with a family history of PCOS are more likely to develop the condition.
2. Hormonal imbalance: Excess androgens disrupt ovulation, leading to irregular menstrual cycles.
3. Insulin resistance: Insulin resistance and hyperinsulinemia contribute to ovarian dysfunction⁴.

Clinical Features of PCOS:

1. Menstrual Irregularities: Oligomenorrhea or amenorrhea due to chronic anovulation.
2. Hyperandrogenism: Hirsutism (excessive facial and body hair), Acne and seborrhea, Male-pattern hair thinning (androgenic alopecia).
3. Polycystic Ovaries on Imaging: Enlarged ovaries with multiple subcapsular follicles arranged peripherally ("string of pearls" appearance) on ultrasound.
4. Obesity and Metabolic Dysfunction: Central obesity is frequently observed. Insulin resistance and hyperinsulinemia and Predisposition to type 2 diabetes mellitus and dyslipidemia.
5. Infertility: Chronic anovulation results in subfertility or infertility.
6. Psychosocial Impact: Increased prevalence of depression, anxiety, and low self-esteem, Body image concerns due to cosmetic and reproductive issues⁵.

Management of PCOS:

PCOS is a complex disorder. Treatment of PCOS includes physical activity, balanced diet and Homeopathic medication which can completely cure this complex disorder. Homeopathy adheres in preventing PCOS in a natural way. The aim of PCOS management is to resolve the leading symptoms of PCOS including the balance of hormones, regular menstrual cycle, proper regular ovulation, and also to resolve the associated risk factors like diabetes mellitus, obesity hyperlipidemia⁶.

MIASMATIC APPROACHES:- Psoro-sycotic⁷.

Medication for polycystic ovarian syndrome as per homoeopathy

1. Apis Mellifica

Used for right ovarian congestion with soreness and swelling.

Burning, stinging pain in the ovarian region with numbness down the thigh.

Worse from heat, better from cold applications.

Indicated in PCOS cases with fluid retention, bloating, and edema¹⁰.

2. Calcarea Carbonica

Effective for PCOS in obese women with excessive weight gain.

Menses early, prolonged, and associated with vertigo.

Strong cold intolerance, cravings for chalk, eggs, and indigestible substances.

Mental symptoms include anxiety and fear of insanity¹¹.

3. Conium Maculatum

Helps in hormonal acne that worsens before menstruation.

Suppressed, scanty menses with tearing pain in the enlarged ovaries.

Effective for hardened ovarian cysts with nodular growth¹².

4. Lachesis Mutus

Indicated for left-sided ovarian pain and swelling.

Cannot tolerate tight clothing around the waist.

Menses are scanty, dark, offensive.

Associated with hot flushes, mood swings, and excessive talkativeness¹³.

5. Oophorium

Stimulates ovulation in women with absent or irregular cycles.

Used for ovarian cysts, atrophy, and infertility due to ovarian failure.

Effective in cases of emotional exhaustion from PCOS¹⁴.

6. Sepia Officinalis

Irregular, late, scanty menses with bearing-down sensation in the pelvis.

Ovaries enlarged with cysts, associated with hirsutism (facial hair growth on upper lip and chin).

Worse from cold and dampness, better from exercise and warmth¹⁵.

7. Natrum Muriaticum

Irregular and suppressed menstruation.

Infertility linked to emotional suppression and grief.

Craving for salty food, increased thirst¹⁶.

8. Thuja Occidentalis

Multiple cysts in the left ovary.

Cysts are painless but persistent.

Used for hormonal imbalances due to vaccination history¹⁷.

9. Pulsatilla Nigricans

Best for PCOS symptoms appearing after puberty.

Menses delayed, scanty, or suppressed with shifting pain.

Emotional sensitivity, weeping tendency, mood swings.

Other homoeopathic constitutional medicine also be indicated on basis of individualization¹⁸.

METHODOLOGY

1. Study Design: Case series study .

In this study we shall be comparing the effects of individualized homoeopathic medicine in pcos.

2. Study Setting: Institutional OPD & IPD .

3. Study Population: age group of 15-45 years Female .

4. Sample Size: 30 cases.

5. Sampling Technique: CONVENIENCE SAMPLING TECHNIQUE .

6. Method of Selection of Study Subjects:

A| Inclusion Criteria:

- 1) This study includes female who is suffering from polycystic ovarian syndrome.
- 2) This study includes age group from 15 – 45 years only.
- 3) The patient will be included during the period of study only.

B| Exclusion criteria -

- 1.The patient who is not between age of 15-45 will not be included.
- 2.The patient who hadpreexisting substantial chronic liver, kidney or heart disease will not be included.
3. Carcinoma
- 4.Immunocompromised patients.
- 5.Patients with psychiatric illness.
6. The patient who had PCOS with complications are not included.

C|Subject withdrawal criteria –

Lost to follow ups

Not Consensual

7. Operational Definitions:

The study will be carried out on womanaged 15-45

We used the ultrasonography for selecting the polycystic ovarian disease cases.

To all 30 patient will be given individualized homeopathic medicine and by

Taking follow-ups every time, the severity of symptoms will be analyzed using a Ultrasonography.

The effectivity of individualized homeopathic medicine will be studied in

Managing cases of polycysticovarian disease.

8. Method of Measurement: ULTRASONOGRAPHY

1. Ovarian Volume:

An ovary is considered polycystic if the ovarian volume exceeds 10 cm³.

The volume is calculated using the formula:

$$\text{Ovarian Volume} = (\text{Length} \times \text{Width} \times \text{Thickness} \times 0.523)$$

2. Follicle Count: The presence of 12 or more follicles in each ovary, measuring 2–9 mm in diameter, is considered indicative of PCOD.

3. Appearance of Ovaries: Ovaries often show a "string of pearls" appearance, where follicles are arranged peripherally.

9. Study Instruments/Data Collection Tools: Ms Word, Ms Excel, Case Recording Format.

10. Method of Data Collection: Case record format, Hospital, World Health Organisation, Previous Proposed Theories, Journals & Articles, medical records And Published Research Papers, Government Reports, classical textbooks, reference books and website.

11. Data Management and Analysis Procedure: Data would be compiled in Microsoft word and appropriate ultrasonography report would be applied at the end of the study.

12. Data Analysis Plan and Methods: Data would be compiled in Microsoft word and appropriate ultrasonography report would be applied at the end of the study.

13. Outcome Assessment Criteria:

Improved criteria:- 1. Patients ovarian volume decreased also follicular Count also reduced.

2. Patients general symptoms are getting

Not improved:- 1. Patients ovarian volume also follicular Count does not show any changes

2. Patients general symptoms are showing not any changes

Data Collection: Case Recording Format, MS excel, MS word.

Selection of Potency: The selection of potency in homeopathy depends on the nature of the case and the patient's susceptibility.

Repetition Schedule: 1. Individualized Treatment: Remedies are selected based on the totality of symptoms, considering the patient's physical, mental, and emotional states⁸.

2. Potency Selection: Chronic Cases: Higher potencies (200C, 1M), administered less frequently (e.g., weekly or monthly)⁹.

Ethical issues, if any: no

DISCUSSION

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder that affects women of reproductive age. It leads to hormonal imbalances, irregular menstrual cycles, and metabolic disturbances. Due to its complexity, an individualized approach to treatment is essential. Homeopathy, which employs a holistic methodology, aims to restore hormonal balance and address the root causes of PCOS rather than merely managing symptoms.

In a study involving 30 cases of PCOS, individualized homeopathic treatments were administered. Of these cases, 19 (63.3%) showed improvement, which included regularized menstrual cycles, reduced acne, and enhanced overall well-being. However, the remaining 11 cases (36.7%) did not show improvement, highlighting the necessity to investigate factors such as the duration of the condition, metabolic issues, and the selection of remedies.

These results suggest that homeopathy may provide a non-invasive approach to managing PCOS by supporting hormonal regulation and ovarian function. Nevertheless, the rate of non-improvement (47%) indicates that the success of treatment can depend on factors such as lifestyle modifications, adherence to the prescribed remedies, and the severity of the disease.

While the findings are promising, they underscore the need for further research with larger sample sizes, objective hormonal assessments, and long-term follow-ups. Integrating homeopathy with lifestyle changes may enhance treatment outcomes, and future studies should focus on validating its efficacy through clinical trials.

CONCLUSION

This study evaluated the effect of individualized homeopathic medicine in managing pcod. A total of 30 cases were treated based on their unique symptomatology. Out of these, 19 cases (63.3%) showed improvement, while 11 cases (36.7%) had no improvement. Cases that did not respond were either prescribed an alternative homeopathic remedy or managed with standard care. The findings suggest that individualized homeopathy may have a role in pcod management, but further research with a larger sample size is necessary to establish its effectiveness.

Conflict of Interest: None

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