

# EVALUATION OF HOMOEOPATHIC REMEDIES IN THE MANAGEMENT OF PCOD: A RETROSPECTIVE ANALYSIS

**S. Sheeba<sup>1\*</sup>, S.V.Sandhya<sup>2</sup>, D. Genesis Marin Gold Pushpam<sup>3</sup>, K. Gokul Krishna<sup>4</sup>, V. Santhi Serene Sylum<sup>1</sup> and E. Arun Kumar<sup>5</sup>**

<sup>1</sup>Department of Obstetrics and Gynaecology, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari District, Tamilnadu, India.

<sup>2</sup>Department of Pharmacy, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari District, Tamilnadu, India.

<sup>3</sup>Department of Repertory, R.V.S Homoeopathy Medical College & Hospital, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Coimbatore, Tamilnadu, India.

<sup>4</sup>Department of MateriaMedica, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari District, Tamilnadu, India.

<sup>5</sup>Department of Practice of Medicine, Venkateswara Homoeopathic Medical Colleg, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Karambakkam, Porur, Chennai - 600 116.

\*Corresponding Author Email: [sheeba.syduu@gmail.com](mailto:sheeba.syduu@gmail.com)

## ABSTRACT:

The polycystic ovary syndrome (PCOS) is one of the most prevalent endocrine disorders that affects women who are of reproductive age. PCOS is estimated to be one of the primary factors for forty percent of women who experience female infertility. It affects roughly twenty to thirty percent of women between the ages of twelve and forty-five. PCOS is a diverse endocrine condition that affects as many as one in fifteen women all over the world. The prevalence of polycystic ovary syndrome (PCOS) among teenagers in India is 9.13%. It is a heterogeneous symptom complex that is characterised by persistent hyper androgenic chronic anovulation. It is commonly linked with hyperinsulinemia and insulin resistance, which will result in monthly irregularity, infertility, and hirsutism. Through the use of homoeopathy, hormonal imbalances can be corrected, ovulation from the ovaries can be regularised, and the menstrual cycle can be restored and normalised. Additionally, homoeopathy targets and cures the underlying cause of the sickness, as opposed to concentrating on the exterior variables that are the source of the ailment. This is among the reasons why homoeopathy is the most reliable method of treatment. The effectiveness of homoeopathy as a therapeutic option for postpartum depression was evaluated through the use of a retrospective observational research. Twenty female patients between the ages of 18 and 45 were taken into consideration for the purpose of observing their progress and clinical results using homoeopathic medication. Immediately following the completion of the patient condition assessment, the final result of the study was documented.

## INTRODUCTION:

PCOS, also known as polycystic ovarian syndrome, is a diverse condition that is characterised by hyperandrogenism and recurrent anovulation<sup>1</sup>. Between six percent and twenty percent of women of reproductive age are afflicted, depending on the diagnostic criteria. PCOS, also known as polycystic ovarian syndrome, is a hormonal condition that generally affects women who are of reproductive age<sup>2</sup>. Women who have polycystic ovary syndrome (PCOS) may experience menstrual cycles that are either uncommon or protracted, or they may have elevated amounts of androgen, which is a male hormone. It is possible for the ovaries to generate a large number of little collections of fluid, known as follicles, and to stop releasing eggs on a regular basis. It is not understood what exactly causes polycystic ovary syndrome (PCOS)<sup>3</sup>. A cluster of microscopic cysts that are the size of pearls can be found in the ovaries, which is where polycystic ovary syndrome (PCOS) gets its name. The term "polycystic" means "many cysts." A woman's menstrual cycle, fertility, hormones, insulin production, heart, blood vessels, and attractiveness can all be negatively impacted by polycystic ovary syndrome (PCOS), which is a health condition<sup>4</sup>. Since Stein and Leventhal were the ones who first described polycystic ovary syndrome in 1935, it is commonly referred to as PCOS.

## KEYWORDS:

Amenorrhea, hirsutism, irregular menses, insulin resistance, infertility, polycystic ovaries

DOI:

10.5455/jcmr.2024.15.02. 1

The clinical features of PCOS are as follows: Menstrual irregularities or Amenorrhea. This occurs in up to 65-75 % of patients with PCOS and related to chronic anovulation. Majority of oligomenorrhic having only six to eight spontaneous episodes of vaginal bleeding per year.<sup>5</sup>The amenorrhea is usually secondary but may rarely be primary.<sup>6</sup> Menstrual abnormality includes menstrual intervals longer than 35 days, fewer than eight menstrual cycles a year, failure to menstruate for four months or longer and prolonged periods that may be scanty or heavy.<sup>7</sup> Hirsutism: Excessive hair growth primarily along the angle of jaw upper lip and chin (70%).<sup>8</sup> and more hair on chest, belly and back: Obesity About 50 -70% patients with PCOS are obese The insulin resistance prevents cells using sugar in the blood normally and the sugar is stored as fat instead. The obesity commonly seen with PCOS is characterized by an increase in the waist circumference (>35 inches) as opposed to truncal or overall obesity.<sup>9</sup>Acanthosis nigricans: It is thickened. Pigmented velvety skin lesion is most often found in the vulva and may be present on the axilla, over the nape of the neck, below the breast and on the inner thigh. It is seen in about 5% of patients with PCOS.<sup>10</sup>HAIR-AN Syndrome: This is the term used to describe Hyper Androgenism, Insulin Resistance and Acanthosis Nigricans. These patients often have high testosterone levels, hyperinsulinemia and an abnormal GIT.<sup>11</sup>

Typically blood levels of hormones reveal a high LH(Luteinizing hormone) level and a normal FSH(Follicle stimulating hormone level and elevated levels of androgens Imaging studies include ovarian ultrasonography, preferably by Transvaginal scan, and can be performed to assess ovarian morphology In USG ovaries appear polycystic with many small follicles scattered under the surface of the ovary in the periphery resembling a string of pearls or Necklace pattern and almost none in the middle of the ovary. These follicles are all small and immature, generally do not exceed 10mm in size Ovarian size is increased and more than 5 cysts in each ovary Ovaries have a dense echogenic stroma<sup>12</sup>

#### **MATERIALS AND METHODS**

Approval of the II-B unit of Sarada Krishna homoeopathic medical college was obtained before the initiation of the project. Patients attending the obstetrics and gynaecology opd of Sarada Krishna Homoeopathic medical college Hospital were selected.

#### **Study Design**

During a period of three years approximately 30 patients were enrolled randomly and investigations like Ultrasonography of abdomen and pelvis were carried out whenever required to ensure enrolment of a minimum of 20 patients for completion of the trial.

#### **Inclusion Criteria**

In this study, the inclusion criteria are focused on individuals aged between 18 and 50 years who are diagnosed with Polycystic Ovarian Disease (PCOD). This age range is selected to ensure the relevance of findings to a specific demographic while excluding potential age-related variations in disease presentation and management.

#### **Exclusion Criteria**

The exclusion criteria eliminate participants who are either below 18 years of age or above 50 years, as these groups might have different health profiles and responses that could skew the results. By delineating these criteria, the study aims to maintain a homogenous participant group for accurate assessment and comparison.

#### **RESULTS AND DISCUSSION:**

From the study conducted among the 20 cases, most of the women's affecting with pcod between the age group of 25yrs-35yrs, most of the patients had a common associated symptom such as irregular menses, hirsutism, amenorrhea, obesity, leucorrhoea, dysmenorrhea. On that patient with irregular menses with dysmenorrhea are more common. After complete case taking medicine prescribed according to the symptom similarity and also constitutional and miasmatic prescription on that pulsatilla, natrummur, sepia, sulphur, is the most common remedy to be prescribed. after continue follow up in 6-month duration improvement of symptom such as irregular menses, amenorrhea leucorrhoea and dysmenorrhea should be noted

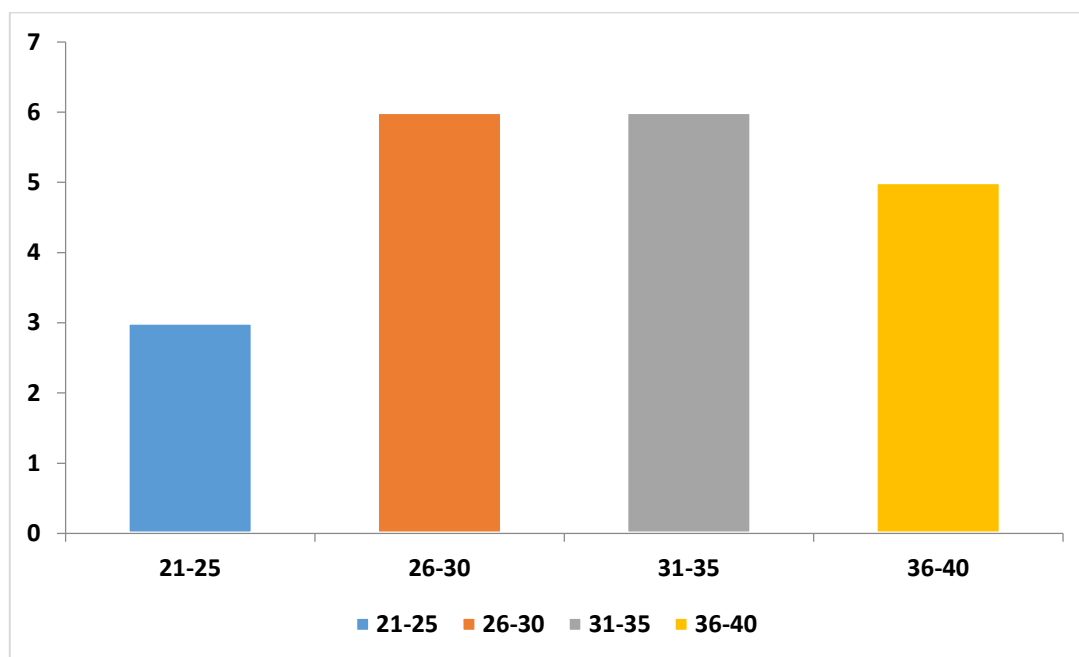


Fig: 1 Distribution of case according to the age of the patient

The outcomes remained in kin of symptoms, obligated with comparison of verifications. The efficiency of Homoeopathic medication assorts the analysed symptom and by appropriate potencies. Conservative healing out-turn in the course of resolution and manifestations of substantial majority in patients with severity, but a few require surgery in the form of laser treatment. The study furnishes the evidence and presumably

witnessed with the significance of reducing the intensity of symptomatic scores by administering Homoeopathic treatment and by the management. The causes of noxious influences must lie at the root of initiations and progress of serious, obstinate disease of long standing; the assigned causes could only rouse into activity of latent chronic miasm.

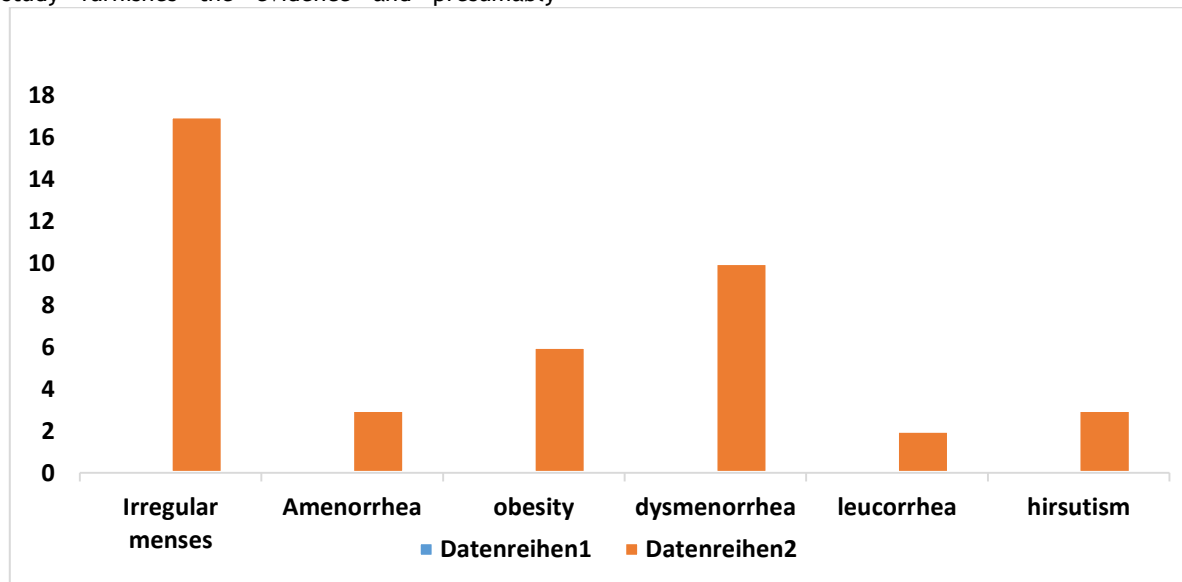


Fig: 2 Distribution of cases according to the associated symptom

Homoeopathy are evident as mild symptoms producing a kind of cure that brought the manifest psora back into a latent state and thus created a kind of healthy condition, especially with young, vigorous people, such as any observer of real health completely developed with chronic diseases caused by a Psora. In this study, the most of the cases linked with dominant miasm i.e., sycosis. The scores of symptoms and miasm was

statistically construed, marked reduction was perceived in post test scores as equated to pre test scores. The scores were statistically evaluated and thus we can conclude that administration of Homoeopathy remedies in anti-miasmatic treatment could give virtuous relief in managing the symptoms as well as the disease, polycystic ovarian disease.

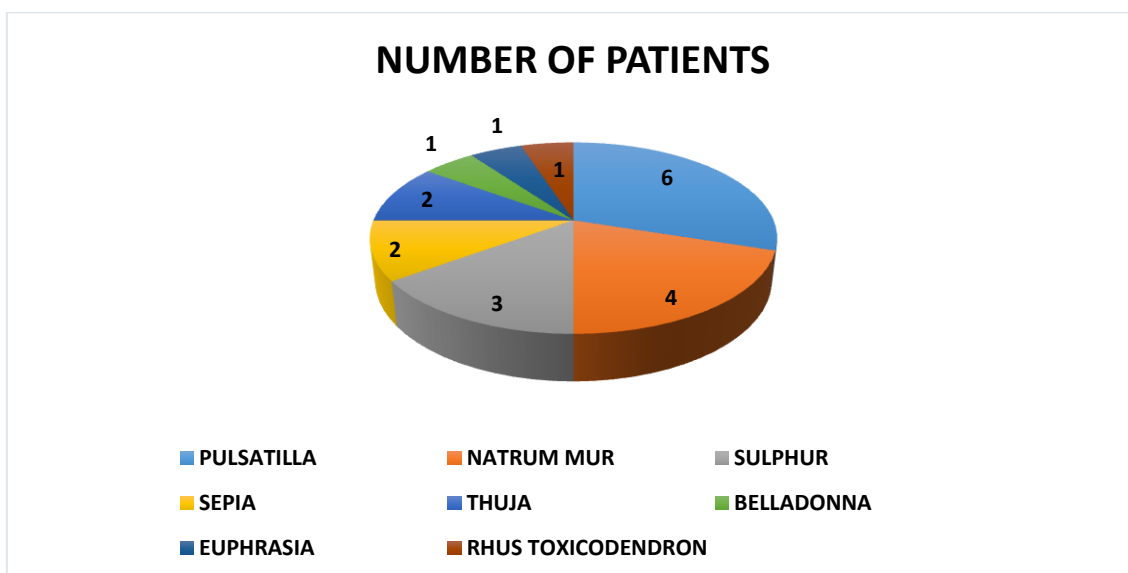


Fig: 3 Distribution of cases according to the medicine prescription

Dr. Samuel Hahnemann explains in foot note of aphorism 81 about the life style disorders i.e. some of these causes that exercise a modifying influence on the transformation of psora into chronic diseases.<sup>(16)</sup> Manifestly depends on the climate alterations, physical variations, character of the abode places, both have been neglected. So by the diet and regimen, passions, manners, habits and customs of various kinds are should be considered.

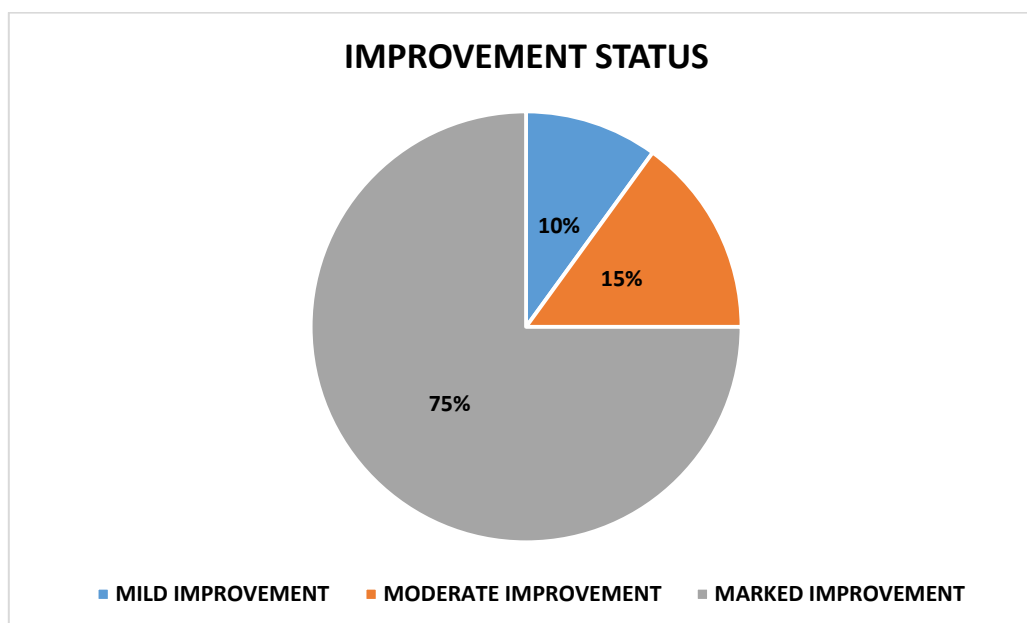


Fig 4: Distribution of cases according to the improvement status

Medicine required to extract the disease from its roots varies from case to case. Analysis is made on both mental and physical sphere after which prescription is made. The ideal cure of Menstrual irregularity is little time consuming process which cannot be done within few days. It needs thorough observation regarding the changes in symptom of patient and frequent clinical follow-ups<sup>13</sup>. Dr. Samuel Hahnemann explains in foot note of aphorism 81 about the life style disorders i.e. some of these causes that exercise a modifying influence on the transformation of Psora into chronic diseases<sup>14</sup>. Manifestly depends on the climate and the peculiar physical; character of the abode place in the physical and mental training of youth, both of which may have been neglected. On

the matter of diet and regimen, passions, manners, habits and customs of various kinds are should be considered<sup>15</sup>.

**CONCLUSION:**

This observational study demonstrated the effectiveness, safety and feasibility of homeopathic remedies in reducing PCOS symptoms in women<sup>16</sup>. Since PCOS is primarily a metabolic syndrome related to discordant lifestyle and underlying stress, homoeopathy may play an instrumental role in resolving the root cause of this disorder. Constitutional treatment along with Anti-miasmatic remedy seems to be Efficacious. The Homoeopathic Medicines Showed significant improvement treating PCOS. From the analysis of the above Results obtained it is obvious that

Homoeopathic treatment is effective in Polycystic Ovarian Syndrome. Cases can be Treated successfully by homoeopathic Treatment<sup>17</sup>. We should consider mental General and constitution of patient for most Similar homoeopathic remedy. Life style Modification along with homoeopathic Treatment is effective in reducing signs and Symptoms of PCOS

In § 94 Dr. Hahnemann explains details about the female case taking, he says that in chronic disease of females it is especially necessary to pay attention to pregnancy, sterility, sexual desire, miscarriage, suckling and the menstrual discharge<sup>18</sup>. Pulsatilla, sepia, Calcarea carb are the homoeopathic remedies which shows the marked action upon the female sexual organs. Pulsatilla has its action in case of. Amenorrhoea. Suppressed menses from wet feet, nervous debility, or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. Chilliness, nausea, downward pressure, painful, flow intermits. Leucorrhoea acrid, burning, creamy, Pain in back; tired feeling, Diarrhea during or after menses<sup>19</sup>. Homeopathy considers emotional symptoms, physical symptoms and personal peculiarities for medicine selection Homeopathy has been used traditionally to improve the general health wellbeing of women at a fertile age Homeopathy supports female hormonal health during the reproductive cycle<sup>20</sup>.

#### REFERENCES:

1. Arulkumaran S, Chatterjee A, Kumar P. Essentials of Gynaecology. 1st ed. New Delhi: Jaypee Brothers Medical Publishers; n.d.
2. Dutta CD. Text book of Gynaecology. 6th ed. May 2009;34(5):18-20.
3. Rath P. Management of PCOS through Homoeopathy - A Case Report. Indian Journal of Research in Homoeopathy. April-June 2018;12(2):95-6.
4. The study of PCOS cases in review strategy for the adult girls by managing with homeopathy. [Internet]. Available from: <http://www.newindianexpress.com/cities/bengaluru/peon-becoming-epidemic-in-bangalore-doctors/2013/07/08/article1673283>
5. Gupta G. Ultra sonographic Follow-up study on PCOD cases in Response to Homoeopathic Drugs. Asian Journal of Homoeopathy. Nov 2009-Jan 2010;3(4):14-28.
6. Kaur H. Polycystic Ovarian Syndrome and Infertility the Homeopathic Heritage. May 2009;34(5):18-20.
7. Nandha P, Purohit H. PCOS: Homoeopathic Management. National Journal of Homoeopathy. May 2015;17(5):27-9.
8. Panakkada D, Roy V. PCOS: A general concept. National Homoeo Recorder. Apr-Jun 2014;10(2):8-14.
9. Analysis of PCOS cases in the clinics as to diet regulatory format and by managing homeopathy. [Internet]. Available from: <http://www.icd10data.com/ICD10CM/codes/E00-E89/E20-E35/E28/E28.2>
10. Asrani HC. Polycystic Ovary Syndrome. National Journal of Homoeopathy. 2011;13(1):8-10.
11. Dawn SC. Textbook of Gynaecology Contraception and Demography. 14th ed. Kolkata: Dawn Books (P) Ltd; 2003. p. 81-2.
12. Berck S, Novak S. Gynaecology. 13th ed. Philadelphia: Lippincott Williams & Wilkins (P) Ltd; 2002. p. 876-80.
13. Clarke JH. A Dictionary of Practical MateriaMedica. Homoeopathic Publishing Company; 1902.
14. Hahnemann S. The Lesser Writings of Samuel Hahnemann. William Radde; 1852.
15. Allen JH. The Chronic Miasms. B. Jain Publishers; 1998.
16. van der Zee H, Chappell P. Evolution of the Concept of Miasms in Homeopathy. Homeopathic Links. 2012 Dec;25(4):244-9.
17. O'Dowd MJ, Philipp EE. The History of Obstetrics and Gynaecology. 5th ed. CRC Press; 2000 Jul 15.
18. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure. C. Ringer & Company; 1896.
19. Hering C. Hering's Guiding Symptoms of Our MateriaMedica. B. Jain Publishers; 2003 Jun 30.
20. Hahnemann S. Organon of Medicine. 5th and 6th ed. New Delhi: Kuldeep Jain, B. Jain Publishers; 2004.