

## EFFICACY OF HOMEOPATHIC MEDICINE IN TREATMENT OF PCOD: A RETROSPECTIVE STUDY

Sheeba S<sup>1\*</sup>, Santhi Serene Sylum V<sup>1</sup>, Gokul Krishna K<sup>2</sup>, Dhanya S.S<sup>2</sup>, Sundarapandiyaraj S<sup>3</sup>, Nisha Gopinath<sup>4</sup> and Sruthi Krishna<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, Kanniyakumari District, Tamilnadu, India.

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

<sup>3</sup>Department of Practice of Medicine, Sri Sairam Homoeopathy Medical College and Research Centre (Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai), Chennai, Tamilnadu, India – 600044.

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

<sup>5</sup>Department of Reperatory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamilnadu, India.

### ABSTRACT

Polycystic Ovarian Syndrome is one of the most common endocrine disorder affecting females of reproductive age group. PCOS affects approximately 20-30 % (12- 45 years) of women and is thought to be one of the leading causes for 40% of women with female infertility. PCOS is a heterogeneous endocrine disorder affecting 1 in 15 women worldwide Prevalence of PCOS in Indian adolescents is 9 13% infertility. It is a heterogeneous symptom complex characterized by persistent hyper androgenic chronic anovulation frequently associated with hyperinsulinemia and insulin resistance, resulting in menstrual irregularity, infertility and hirsutism. Homoeopathy corrects hormonal imbalances, regularize ovulation from the ovaries and restores and normalize the menstrual cycle. Also homoeopathy treats and cures the root cause of the disease rather than focusing on the external factors causing the disease and that's why this offers the most reliable mode of treatment. A retrospective observational study was done to assess the efficacy of homeopathy as a treatment option for pcos.20 female patients between the age group of 18-45 patients progress and clinical outcomes with homeopathic medicine, were noted. the final result of the study was recorded after the analysis of patient condition.

**KEYWORDS:** Amenorrhea, hirsutism, irregular menses, insulin resistance, infertility, polycystic ovaries

### INTRODUCTION:

Polycystic ovary syndrome (PCOS) is a heterogeneous disorder characterized by hyperandrogenism and chronic anovulation<sup>1</sup>. Depending on diagnostic criteria, 6% to 20% of reproductive aged women are affected. Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age<sup>2</sup>. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs. The exact cause

of PCOS is unknown<sup>3</sup>. The term "polycystic" means "many cysts" and PCOS gets its name because of the clusters of small pearl size cysts in the ovaries. (PCOS is a health problem that can affect a women's menstrual cycle, fertility, hormones, insulin production heart, blood vessels and appearance<sup>4</sup>. PCOS are known as Stein and Leventhal Syndrome, as it was first described by them in 1935.

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 oligomenorrhoeic 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**

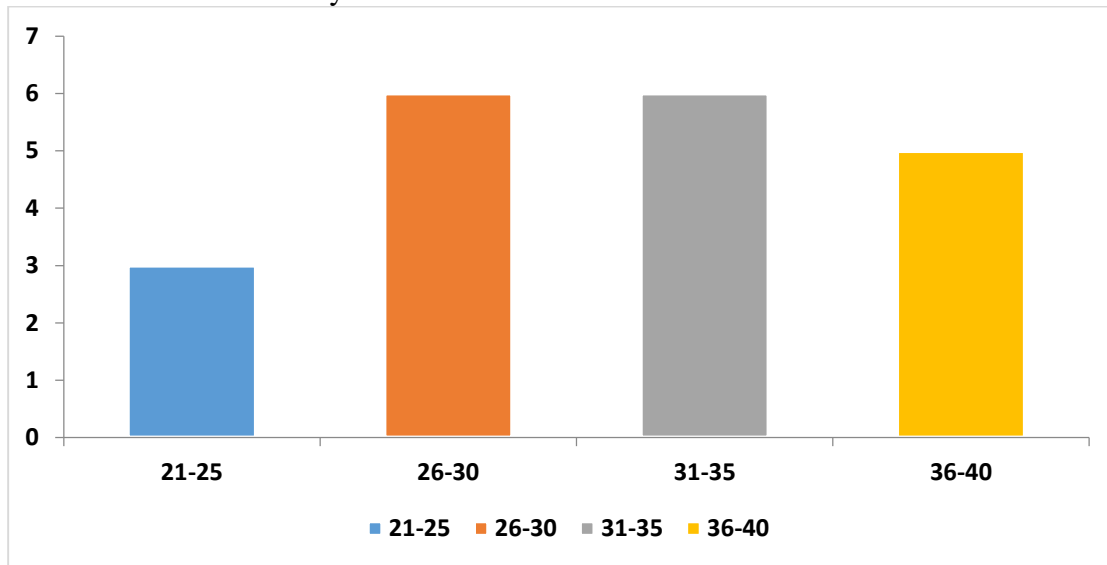
During a period of three years approximately 30 patients were enrolled randomly and investigations like Ultrasonography of abdomen and pelvis were carried out whenever required to ensure enrolment of a minimum of 20 patients for completion of the trial.

### **Inclusion and Exclusion Criteria**

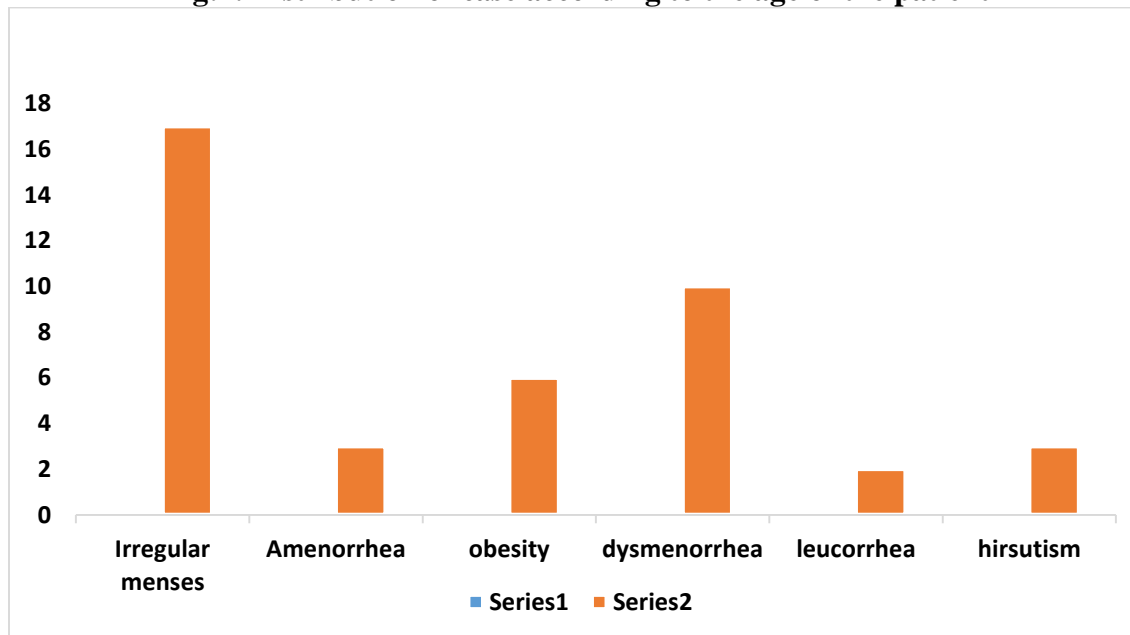
The study's inclusion criteria encompassed females aged between 18 to 50 years diagnosed with Polycystic Ovarian Disease (PCOD). This age range was selected to focus on the demographic most commonly affected by PCOD. Exclusion criteria excluded pediatric females as well as those above 50 years of age, ensuring that the study's scope remained targeted towards the prime reproductive years typically associated with PCOD onset and prevalence. This approach aimed to maintain homogeneity within the study population and enhance the accuracy of the findings concerning PCOD's impact and management within the specified age group.

## 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, natrum mur, 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**



**Fig:2. Distribution of cases according to the associated symptom**

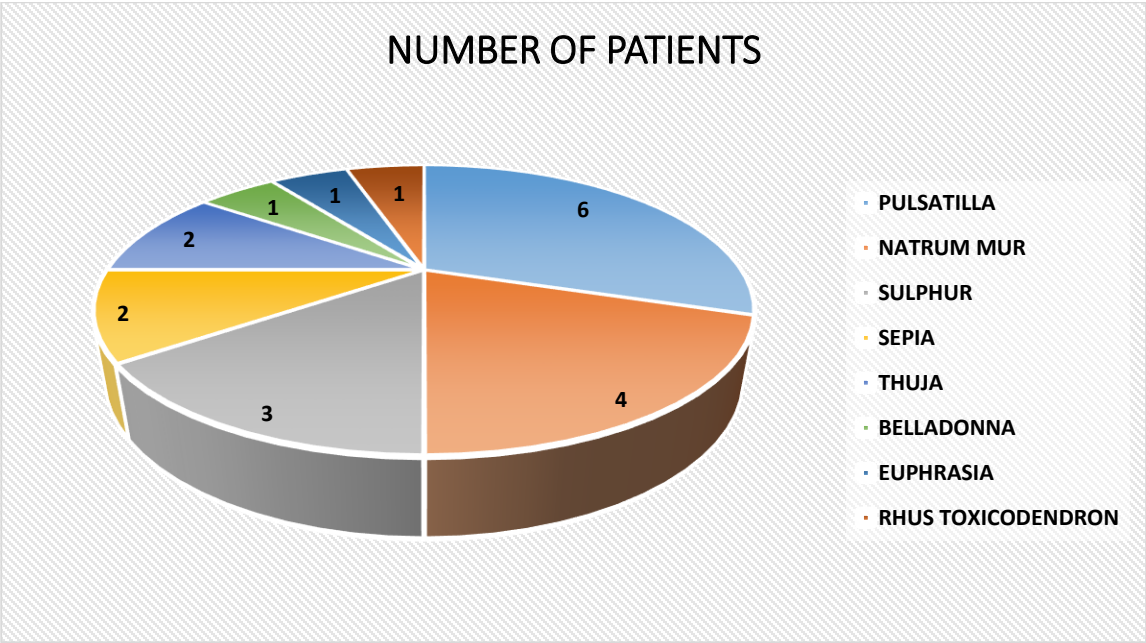


Fig.3. Distribution of cases according to the medicine prescription

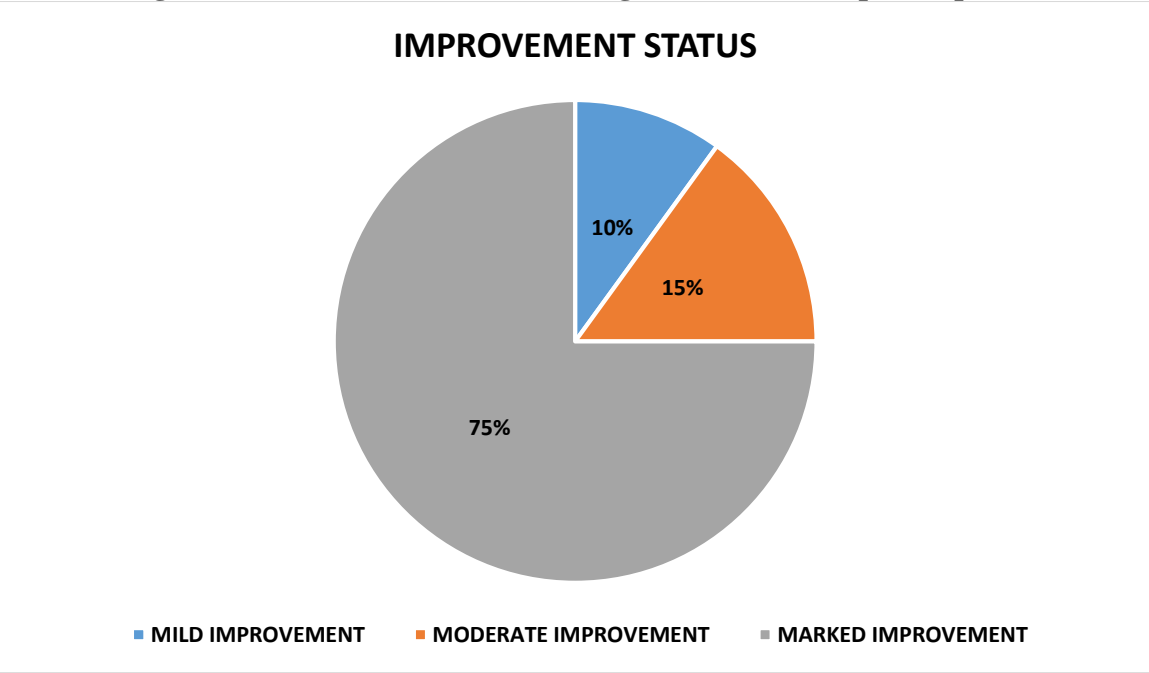


Fig 4: Distribution of cases according to the improvement status

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, homeopathy 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. Amenorrhœa. 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. Leucorrhœa 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. Sabaratnam Arulkumaran, Sivanesaratriam V. AlokendoChatterjee, Pratap Kumar Essentials of Gynaecology 1<sup>st</sup> edition, New Delhi Jaypee Brothers Medical publishers;
2. Dutta CD Text book of Gynaecology 6 edition.
3. Rath padmalaya” Management of PCOS through Homoeopathy -A Case Report Indian journal of research in Homoeopathy April-June 2018 Vol. 12. No.2: Pg no.95,96.
4. <http://www.newindianexpress.com/cities/bengaluru/peon-becoming-epidemic-inbangalore-sav-doctors/2013/07/08/article1673283>. etc
5. Dr. Gupta Girish” Ultra sonographic Follow-up study on PCOD cases in Response to Homoeopathic Drugs Asian Journal of Homoeopathy November 2009-January 2010, Vol.3 No. 4(9) Pg no. 14-15,16-28.
6. Dr Kaur Harcharan,” Polycystic Ovarian Syndrome and Infertility the Homeopathic Heritage May 2009, Vol.34. No 5 Pg no.18-20.
7. Dr Nandha, Dr Purohit Hitesh, “PCOS: Homoeopathic Management National Journal of Homoeopathy May 2015 Vol.17 No.5 Pg no 27 29.
8. Dr Panakkada Dilip, Dr Roy Kaur Varinder, “PCOS A general concept National Homoeo Recorder,2014 April-JuneVol 10. No 2 Pg. no 8-14.
9. <http://www.icd10data.com/ICD10CM/codes/E00-E89/E20-E35/E28 E28.2>
10. Dr Asrani HC “Polycystic Ovary Syndrome “National Journal of Homoeopathy 2011 Vol.13. No 1 Pg no 8-10.

11. Dr Dawn S C Textbook of Gynaecology Contraception and Demography 14 th edition: Kolkata: Dawn books(P)Ltd, 2003 Pg No.81,82.
12. Berck S Jonathan Novaks Gynaecology 13<sup>th</sup> edition Philadelphia Lippincott and Williams and wilkins(P)Ltd 2002 P.876-880.
13. Clarke JH. A dictionary of practical materia medica. 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; 1998van der Zee H, Chappell P. Evolution of the Concept of Miasms in Homeopathy. Homeopathic Links. 2012 Dec;25(04):244-9.
- 16.<https://www.homoeopathicjournal.com/articles/434/5-2-34-118.pdf>
- 17.[www.ijhsr.org](http://www.ijhsr.org)
- 18.Hahnemann S. The chronic diseases: their peculiar nature and their homeopathic cure. C. Ringer & Company; 1896.
- 19.Hering C. Herings Guiding Symptoms of Our Materia Medica. B. Jain Publishers; 2003 Jun 30.
20. Hahnemann Samuel. Organon of Medicine. fifth and sixth edition. New Delhi: Kul deep Jain, B. Jain Publishers; 2004;