

Managing PCOS in young women through Homoeopathy: A Holistic Approach

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Abstract -One of the most common hormonal disorders affecting young women today is polycystic ovary syndrome, or PCOS. It usually ends in both physical and emotional pain and is characterized by irregular menstrual periods, high levels of testosterone, acne, hirsutism, and polycystic ovaries. The prevalence of PCOS has rapidly grown, particularly in female adolescents and young adults, as a result of rising stress levels and lifestyle changes. Hormone-regulating medicines, which usually offer temporary relief and may have side effects, are the basis of conventional treatment. As a holistic medical system, homeopathy provides an individual way of treating PCOS by treating the real cause as instead of only treating its symptoms. It promotes individualization while reflecting the patient's mental, emotional, and physical characteristics. In PCOS patients, remedies like pulsatilla, sepia, Lachesis, calcarean carbonica, and natrum muriaticum have showed beneficial effects in balancing hormone levels, controlling menstrual cycles, and improving fertility. This article highlights how homeopathy can help young women with PCOS by using a patient-centric approach.

Keywords – Homoeopathy, Holistic treatment, Hormonal Imbalance, Individualized Medicine, PCOS, Young Women.

I.INTRODUCTION⁽¹⁾

A common hormonal condition that primarily affects young women throughout adolescence and early adulthood is called polycystic ovarian syndrome, or PCOS. Weight gain, ovarian cysts, acne, excessive facial hair, and irregular periods are some of its common symptoms. Younger people's food habits, stress, and lifestyle changes have all been associated to the increasing risk of PCOS. According to research, about one out of ten teenage females in India may be affected. Hormonal

medications and insulin-sensitizing drugs are typically used in conventional treatment; while they may provide short-term relief, they frequently have negative side effects or cause recurrence. By treating the patient as a whole—physically, psychologically, and emotionally—homeopathy provides a gentle, individualized approach that aims at treating the underlying cause of the disease. Depending on the specific symptoms, treatments such as Lachesis, pulsatilla, and sepsis are often used.

II.OVERVIEW OF PCOS

Definition ⁽²⁾

Hyperandrogenism, ovulatory dysfunction, and polycystic ovaries are the main symptoms of PCOS, a common endocrine condition affecting women of reproductive age. The Rotterdam Criteria (2003) provide the most often used criteria, indicating that a diagnosis of PCOS is made when at least two of the three characteristics listed below are present.

- Anovulation or oligo-ovulation (rare or absent ovulation)
- Signs of hyperandrogenism, such as hirsutism, acne, or increased androgens, might be biochemical or clinical.
- On ultrasonography, polycystic ovaries (having more than 12 follicles per ovary or having an enlarged ovarian volume).

III.PREVALENCE OF PCOS ⁽³⁾

The prevalence of polycystic ovary syndrome (PCOS) ranges from 4 percent to 21 percent worldwide, depending on the diagnostic criteria used. The Rotterdam criteria indicate a generally higher prevalence, but the NIH standards suggest a smaller range of 6–10%. Studies in India have

indicated that the incidence among teenagers is approximately 9.13%, while another urban study found that rates among young women between the ages of 18 and 25 may exceed 22.5%. These results demonstrate the growing prevalence of PCOS, particularly among urban people, as a result of sedentary lifestyles, unhealthy eating patterns, and elevated stress levels.

IV. CAUSES OF PCOS ^(4,5)

The exact cause of PCOS is multifactorial. The contributing factors are:

- Hormonal imbalance- Ovulation can be disturbed by elevated levels of LH and androgens.
- Genetic factors- Family history of PCOS, obesity or diabetes increase risk.
- Life style factors – Poor diet, stress and sedentary lifestyle aggravate the condition.
- Insulin resistance- Leads to hyperinsulinemia, which stimulates ovarian androgen production.
- Obesity- aggravate the hormonal imbalance.
- Inflammation – low grade inflammation in PCOS is associated with increased level of androgen.

V. SYMPTOMS OF PCOS ⁽⁶⁾

PCOS symptoms can range from minimal to severe and differ from person to person. Among the most common clinical features are:

- Irregular or absent menstrual cycle (oligomenorrhoea/amenorrhoea)
- Excess facial/body hair
- Acne and oily skin
- Obesity
- Hair thinning or scalp hair loss
- Infertility
- Mood disturbance (anxiety, depression)
- Acanthosis nigricans

VI. DIAGNOSIS OF PCOS ⁽⁷⁾

The diagnosis of PCOS is made using a combination of hormonal blood testing, pelvic ultrasonography, physical examination, and clinical history. The Rotterdam criteria (2003) are the most commonly used, but supportive studies should be completed for each particular diagnosis.

1. Clinical assessment

- Menstrual history: irregular periods, oligomenorrhoea and amenorrhoea.
- Signs of hyperandrogenism: hirsutism, acne and androgenic alopecia
- BMI and waist circumference: to assess the obesity and risk of insulin resistance.

2. Hormonal and Biochemical Tests

- Serum testosterone (increase in PCOS)
- LH; FSH – Often >2:1 in PCOS
- Fasting insulin and glucose- assess insulin resistance
- 17-OH progesterone- to exclude congenital adrenal hyperplasia
- TSH- to rule out hypothyroidism
- DHEAS (dehydroepiandrosterone sulphate) (increase in adrenal hyperandrogenism)

3. Pelvic Ultrasound

- Transvaginal or abdominal scan
- Findings in PCOS: more than an equal to 12 follicles in each ovary (2-9 mm) and ovarian volume more than 10 mL
- Strings of pearls appearance may be seen

VII. DIFFERENTIAL DIAGNOSIS ⁽⁷⁾

When diagnosing PCOS, it is essential to exclude other endocrine and systemic illnesses that present with similar symptoms.

- Hypothyroidism - Weight gain, irregular or missed periods, and the appearance of ovarian cysts—which might resemble PCOS—are all symptoms of hypothyroidism.
- Hyper prolactinemia- Amenorrhea, oligomenorrhea, and galactorrhea can all result from hyperprolactinemia. These characteristics may be similar to the irregular menstruation associated with PCOS.
- Cushing's Syndrome- Central obesity, acne, hirsutism, irregular menstruation, and insulin resistance are symptoms associated with a chronic excess of cortisol, which can resemble polycystic ovary syndrome (PCOS). To distinguish it from PCOS, specific symptoms can be helpful, including moon face, buffalo hump, purple striae, proximal muscle weakness, and hypertension.
- Congenital Adrenal Hyperplasia (CAH) - The symptoms of non-classic CAH, especially those resulting from 21-hydroxylase deficiency, can resemble those of PCOS. These symptoms include infertility, irregular periods, and

hyperandrogenism. The diagnosis is supported by the presence of elevated levels of 17-hydroxyprogesterone.

- Androgen Secreting Tumor - PCOS can be linked to rapid-onset hirsutism, acne, and virilisation, which are symptoms indicative of androgen-producing ovarian or adrenal tumors. The severity and quick development of symptoms are what set them apart

VIII.HOMOEOPATHIC MANAGEMENT FOR PCOS ⁽⁸⁾

1. Medicinal Approach

The treatment for PCOS varies based on each patient's unique constitution and the specific details of their symptoms. Some of the commonly indicated and lesser known homeopathic medicines for PCOS are –

- Pulsatilla-It is one of the most often prescribed medicines for young girls who have suppressed or delayed menstruation. It works well with gentle, obedient personalities that have a tendency to cry easily and desire fresh air. Menstrual flow is generally irregular or scanty in pulsatilla situations, but at times it is completely reduced.
- Sepia- is important for women who have hormonal imbalances, which appear as irregular menstruation, pelvic bearing down, and an aversion to sex. Mentally, Sepia women frequently show emotional indifference, irritability, and a lack of interest in family.
- Lachesis- is generally indicated in cases of left-sided ovarian diseases, particularly cysts, when there is a significant intolerance for waist-tight clothing. The patient is frequently talkative and cheerful, and symptoms are worse before menstruation.
- Calcarea Carb- It is suggested for individuals who are obese, have a slow metabolism, sweat a lot, and have an egg craving. It works well for women who get tired easily, have colds, or have irregular or delayed periods.
- Natrum Muriaticum- finds use in quiet, grieving young ladies who suffer acne, greasy skin, hair loss, and delayed menstruation. These patients frequently lose weight even when they have a healthy appetite.
- Oophorinum- helps with ovarian cysts, irregular menstruation, hormone imbalance, sterility, and

menopausal diseases by directly acting on the female reproductive system.

- Sabina- PCOS with menorrhagia, ovarian symptoms that extend to the thighs, a tendency for abortion, and heavy uterine bleeding in between periods.
- Cimicifuga Racemosa- hormonal imbalance followed by ovarian neuralgia, melancholy, and a fear of going insane, as well as irregular, painful, or suppressed menstruation.
- Platina- Hypersensitive ovarian discomfort, arrogant mental symptoms, strong sexual desire, and irregular menstruation.
- Ova Tosta- Leucorrhoea that is offensive and plentiful with a sensation like a string tying the back in two pieces.
- Palladium Metallicum-chronic oophoritis. The right ovary is swollen and in pain. Pelvic discomfort that is burning or shooting and bears down; it is relieved by rubbing. Pain that radiates from the navel to the breast and is painful. It affects the right ovary.
- Senecio-Menstruation can be suppressed and delayed. Young girls with functional amenorrhea may experience backache. Inflammatory conditions of the neck, chest, and bladder can occur prior to menstruation. These symptoms typically improve after menstruation begins. There may also be pain that radiates from the ovaries to the breasts.
- Eupionum-The right ovary is burning. Leucorrhoea that is gushing. Yellow leucorrhoea with painful back pain following menstruation. The sacrum pains as though it were broken. Sweating intensely at the initial indication of exertion.

2. Miasmatic Background in PCOS⁽⁹⁾

PCOS is a chronic condition with an essential miasmatic cause, according to homeopathy. Its development involves all three of the basic miasms—psora, sycosis, and syphilis—although sycosis is the most prominent. It is essential for understanding the miasmatic background because it helps one to follow the development of disease from functional disturbance to structural pathology and offers a logical basis for individualized treatments.

- Psora Miasm- The most prominent disturbances are functional. Patients come in with mood swings, emotional discomfort, acne, and irregular or scanty menstruation. Psora is characterized by these characteristics, where the

pathology is primarily functional rather than structural.

- Sycotic Miasm - The primary indication of PCOS is the sycotic miasm. The development of many ovarian cysts, which indicates the sycotic tendency for growth and accumulation, is its defining feature. Obesity, water retention, hirsutism, and anovulation-induced infertility are other prominent characteristics. The hypertrophic and proliferative alterations that define PCOS are explained by the sycotic effect.
- Syphilis Miasm- Destructive tendencies are present during times of syphilitic involvement, which is observed in more advanced or chronic cases. This miasm manifests as degenerative changes in the ovaries, recurrent infertility, and severe psychological symptoms, including despair and hopelessness.

3. Homeopathic Perspective on PCOS ⁽¹⁰⁾

From a homeopathic perspective, emotional, physical, and miasmatic variables are used to understand Polycystic Ovary Syndrome (PCOS). The illness is frequently exacerbated by underlying miasms, hormonal imbalances, and emotional stress. Among the main symptoms are hirsutism, hair loss, acne, irregular menstruation, and emotional disorders like anxiety and irritability. In homeopathy, remedies are selected according to the patient's physical, mental, and emotional appearance as well as their miasmatic history. Treatment is individualized for the patient and concentrates on all of these symptoms. Restoring the general balance and promoting long-term well-being are the goals of this approach.

IX.GENERAL MANAGEMENT IN PCOS ⁽⁷⁾

Patients with PCOS benefit significantly from general management alongside homeopathic medicine. Adopting a healthy, balanced diet with a decreased intake of processed foods, refined sugars, and unhealthy fats is part of the lifestyle change that is the basis of management. Regular physical activity helps reduce weight, improve insulin sensitivity, and balance hormones. This is particularly accurate of aerobic and yoga exercises. It is also essential to manage stress through counselling, meditation, or relaxation techniques because emotional stress frequently aggravates PCOS symptoms.

Counselling and educating patients about the chronic nature of the disease and the significance of adhering to treatment can enhance therapeutic outcomes. Therefore, a holistic approach to managing PCOS includes both general care and tailored homeopathic prescriptions.

X.CONCLUSION

Polycystic Ovary Syndrome is a complicated condition that affects a woman's everyday life and long-term reproductive health. It also affects her physical and mental health. Effective management requires early detection, awareness, and a thorough strategy. Women may recover hormonal balance and improve their general quality of life by combining supporting lifestyle changes, such as regular exercise, stress management, and a balanced diet, with individualized care. Further, enhancing treatment results and empowering patients to take an active role in their care also helps them feel more in control of their disease and more comfortable in their ability to manage it. In the end, a complete, patient-centred approach ensures that women with PCOS can eventually attain long-term well-being, improved health, and increased well-being.

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