

Role Of Homoeopathic Medicines in The Management of Polycystic Ovarian Syndrome (PCOS) A Prospective Observational Study

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Abstract—Background Polycystic Ovarian Syndrome (PCOS) is one of the most common endocrine disorders affecting women of reproductive age. It is characterized by menstrual irregularities, hyperandrogenism, obesity, acne, hirsutism, and infertility. Homoeopathy aims at individualized treatment based on totality of symptoms and constitutional characteristics. **Objective:** To evaluate the role of individualized homoeopathic medicines in the management of polycystic ovarian syndrome. **Materials and Methods:** A prospective observational study was conducted on 30 clinically diagnosed cases of PCOS attending the outpatient department. Patients were followed for 12 months. Assessment parameters included menstrual regularity, body mass index (BMI), acne, hirsutism, ovarian morphology, and overall improvement. Data were analyzed statistically using percentages and Chi-square test. **Results:** Among 30 patients, maximum cases belonged to the age group 21–30 years (56.7%). Menstrual irregularity was observed in 90% cases. Twenty-five patients (83.3%) showed marked to moderate improvement after individualized homoeopathic treatment. Significant improvement was observed in menstrual regularity, acne, and ultrasonographic findings. **Conclusion:** Individualized homoeopathic medicines were associated with improvement in clinical symptoms and quality of life among women with PCOS. Larger controlled studies are recommended.

Index Terms—PCOS, Polycystic ovarian syndrome, Homoeopathy, Menstrual irregularity, Individualization.

I. INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a heterogeneous endocrine disorder affecting

approximately 6–15% of women in reproductive age. It is characterized by hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology.

Common manifestations include:

- Irregular menstruation
- Oligomenorrhoea
- Amenorrhoea
- Acne
- Hirsutism
- Obesity
- Infertility
- Insulin resistance

The exact etiology remains multifactorial involving genetic predisposition, hormonal imbalance, insulin resistance, and environmental factors.

Conventional treatment consists of oral contraceptive pills, metformin, ovulation induction agents, and lifestyle modification. Long-term drug therapy may produce adverse effects and recurrence after discontinuation is common.

Homoeopathy treats the patient as a whole, considering mental, emotional, physical generals, and characteristic symptoms. Medicines frequently indicated in PCOS include:

- Pulsatilla nigricans
- Sepia officinalis
- Calcarea carbonica
- Natrum muriaticum
- Lachesis mutus
- Thuja occidentalis

II. MATERIALS AND METHODS:

Study Design

Prospective observational study.

Study Setting

Homoeopathic Outpatient Department.

Sample Size

30 cases.

Study Duration

12 months.

Inclusion Criteria

- Females aged 15–35 years.
- Diagnosed PCOS by Rotterdam criteria.
- Ultrasonographic confirmation.
- Willingness to participate.

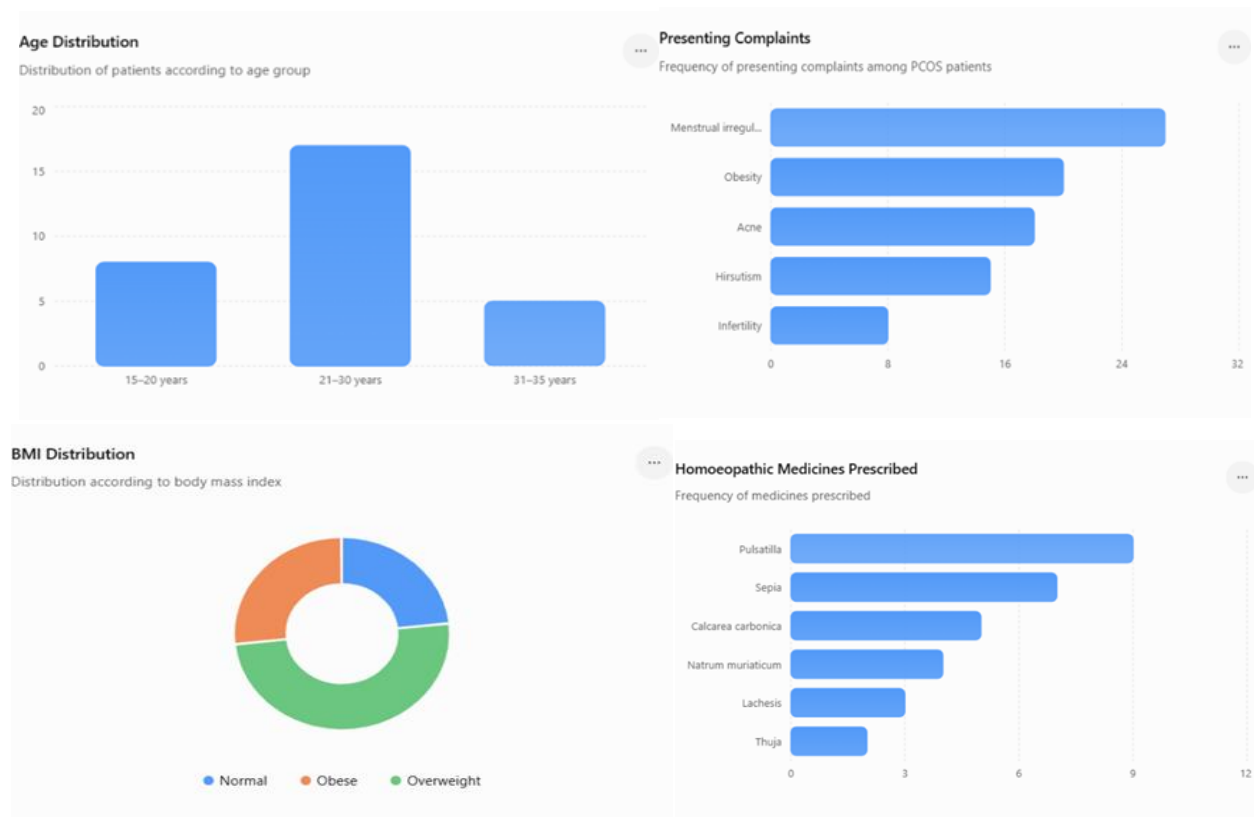
Exclusion Criteria

- Thyroid disorders.
- Hyperprolactinemia.
- Diabetes mellitus.
- Pregnancy.
- Patients receiving hormonal therapy.

Parameters Evaluated

1. Menstrual regularity.
2. Acne.
3. Hirsutism.
4. Body Mass Index.
5. Ultrasonographic findings.
6. Overall clinical improvement.

III. OBSERVATION AND RESULTS



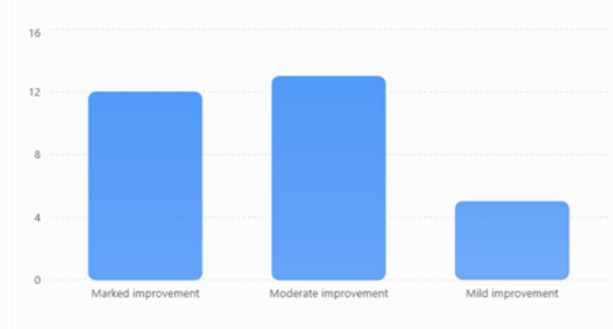
Menstrual Regularity after Treatment

Improvement in menstrual cycle after homoeopathic treatment



Overall Clinical Improvement

Clinical outcome after treatment



IV. DISCUSSION

PCOS predominantly affected women between 21 and 30 years, which corresponds to the reproductive age group. Menstrual irregularity was the most frequent complaint (90%), followed by obesity and acne.

Pulsatilla was the most frequently prescribed remedy owing to symptoms such as delayed menses, mild temperament, and hormonal imbalance. Sepia was prescribed in patients having bearing-down sensation, irritability, and menstrual disturbances. Calcarea carbonica was indicated in obese patients with profuse perspiration and delayed periods.

After one year of treatment, 83.3% of cases showed marked to moderate improvement. Improvement was observed in menstrual cycle regularity, acne, and ultrasound findings. Similar observations have been reported in previous homoeopathic studies on PCOS.

The limitations of the present study were:

- Small sample size.
- Lack of control group.
- Short follow-up period.
- Subjective assessment.

V. SUMMARY

- Thirty patients with PCOS were studied.
- Maximum patients belonged to the age group 21–30 years.
- Menstrual irregularity was present in 90% cases.
- Overweight and obesity were common findings.
- Pulsatilla was the most commonly prescribed remedy.
- Twenty-five patients (83.3%) showed marked to moderate improvement.

- Statistical analysis revealed significant improvement ($p < 0.05$).

VI. CONCLUSION

Individualized homoeopathic medicines demonstrated encouraging results in the management of polycystic ovarian syndrome. Significant improvement was observed in menstrual regularity, acne, obesity, and overall quality of life. Homoeopathy may serve as a complementary therapeutic approach in PCOS; however, larger randomized controlled trials are necessary to establish its efficacy scientifically.

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