



# “UTILITY OF HOMOEOPATHIC MEDICINES IN THE TREATMENT OF POLYCYSTIC OVARIAN DISEASE”

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## ABSTRACT

Polycystic ovarian disease (PCOD) is the common disorder nowadays in menstruating females. Homoeopathy is a holistic treatment based on symptom similarity. The study is done on 30 patients of PCOD prescribed homoeopathic medicines on the basis of totality of symptoms and homoeopathic medicines are found effective in 27 cases which showed improvement.

**KEYWORDS:** Polycystic ovarian disease, PCOD, Homoeopathy

## INTRODUCTION

Polycystic ovarian disease (PCOD) or chronic hyperandrogenemic anovulation is due to inappropriate feedback signals to the hypothalamic-pituitary unit. PCOD is one of the most common but complex, heterogeneous, endocrine disorder of uncertain etiology.<sup>1,2</sup>

Globally PCOD is found in 5 - 10% of women of reproductive age between 15 – 35 age group. This condition was first described in 1935 by American gynecologist IRVIN.F.STEIN MICHAEL. LEVENTHAL from whom its original name STEIN – LEVENTHAL SYNDROME is taken.<sup>3,4</sup>

A disease entity with not so clear etiology (everything ranging from genetics to hormonal to insulin resistance). The underlying cause of PCOD is unknown & polygenic is suspected, as there is a well documented aggregation of the disorder within families especially an increased prevalence as it has been noted between affected individual, & their sisters (32 – 66%) & mothers (24 – 52%).

Symptoms include, anovulation, irregular menses hyperandrogenism, clinically manifested by hirsutism, acne, androgenic alopecia and one of the leading cause of female sub fertility.<sup>4</sup> There are multiple cysts i.e. 12 or more of size 2-9 mm that are located peripherally along the surface of the ovary giving it a “necklace appearance” on ultra sonography.<sup>5</sup>

## OBJECTIVES

- To ascertain the efficacy of Homoeopathic medicines in the treatment of cases of PCOD
- Identify the cases & character of PCOD. .
- To improve the quality of life of individual suffering from PCOD.

## MATERIALS AND METHODOLOGY

### Study Setting

The cases will be collected from following sources-

- O.P.D/ I.P.D/ Peripheral OPDs/ Rural Health Camps of Naiminath Homoeopathic Medical College, Hospital and research centre, Agra(U.P).

### Study duration

18 months.

### Sample Selection

30 cases of PCOD were selected based on Inclusion and Exclusion criteria.

### Inclusion Criteria

- Patients in age group 15 to 35 years.
- Patients suffering from symptoms of PCOD.
- Participants had to have taken no other prescribed PCOD medication for atleast two weeks before the study

### Exclusion Criteria

- Patients who did not give consent to withdraw the conventional treatment, has been excluded.
- Patients suffering from some serious medical illness.
- Pregnant women/lactating women.

## Study design

Interventional prospective study.

30 diagnosed patients of PCOD were included in the study.



Case taking was done as per homoeopathic principle and was analyzed and evaluated accordingly.



The patients were given medicine based on totality of symptoms



A regular follow up was taken in 15 days interval



Cases were accessed for a minimum of 3 months and results were formulated based on it.

## Selection of tools

- Consent Form.
- Case taking performa.
- RADAR 10.0 version of Synthesis Repertory
- Poly Cystic Ovarian Syndrome Quality Of Life Scale.

## Intervention

In the selection of medicines, the approach was to individualize each case based on homoeopathic principles.

## Selection and administration of drugs

Medicines were given on the basis of symptom totality after repertorisation of each case through RADAR 10.0 version of Synthesis Repertory. Different potencies were selected ranging from 30 to 1M.

## Dose

1 medicated pellet (no.10) in water and sugar of milk.

## Records

They were maintained for drawing conclusion and analysis and evaluation of the study.

## Data Collection

Data was collected by Sample Survey method, by interviewing children and their parents and other patients during their first visit and subsequent follow ups.

## Follow Up

Patients were called after every 15 days for minimum 3 months.

## Statistical Analysis

The numerical data obtained from the various tasks and observation scales were non statistically analyzed by a senior statistician and Microsoft Excel 2007 was used for spread sheets and constructing graphs.

## Diagnostic criteria

It was done according to Signs and Symptoms as per the cases. Ultra Sonography was the main diagnostic test used during the study, FH/LSH ratio was considered in some cases and other investigations if needed had been used for diagnostic purpose.

## Ethical Clearance

Yes, ethical committee has verified the methodology.

## Consent of the Patient

The consent from the patients was taken before this clinical study after explaining about the homoeopathic aspect of the study and importance of it.

## RESULT

These cases were subjected to statistical study and there statistical analyses are as follows.

### 1. Table for Age Incidence:

S. no.	Age Group	No. of Cases	Percentage
1.	15-20	7	23.33%
2.	21-25	7	23.33%
3.	26-30	9	30%
4.	31-35	7	23.33%
	Total	30	100%

### 2. Table showing Miasmatic Analysis

S.No.	Miasm	No of cases	Percentage
1	Psora	3	10%
2	Psoro –Sycosis	9	30%
3	Psora- Syphilis	3	10%
4	Sycosis	12	40%
5	Syco-syphilitic	3	10%

### 3. Table for Prescribed Remedy:

S. no.	Prescribed remedies	No. of Cases	Percentage
1.	<i>Calcarea carb</i>	6	20%
2.	<i>Sulphur</i>	6	20%
3.	<i>Lycopodium</i>	4	13.33%
4.	<i>Pulsatilla</i>	3	10%
5.	<i>Lachesis</i>	3	10%
6.	<i>Natrum muriaticum</i>	2	6.33%
7.	<i>Baryta carb</i>	2	6.33%
8.	<i>Phosphorus</i>	1	3%
9.	<i>Conium mac</i>	1	3%
10.	<i>Causticum</i>	1	3%
11.	<i>Bryonia alba</i>	1	3%

### 4. Analysis of Result

Analysis	No. of patients	Percentage
Recovered (cured)	16	53.33%
Improved	11	36.66%
Not improved	03	10%
Total	30	100%

**5. PCOSQ scale pre and post scoring:**

Case number	Score before treatment	Score after treatment
1	90	164
2	99	161
3	109	112
4	114	142
5	129	170
6	108	163
7	103	160
8	108	165
9	106	163
10	120	120
11	116	172
12	121	177
13	126	148
14	115	138
15	107	129
16	111	170
17	101	168
18	114	128
19	117	128
20	116	125
21	127	170
22	114	169
23	124	139
24	113	134
25	115	171
26	126	139
27	115	173
28	92	163
29	93	123
30	116	131

**Results:**

It was found that 16 subjects recovered totally with the help of Homoeopathic medications and 11 subjects improved and 03 subjects showed no improvement. Thus, proving clinical implication of constitution in homoeopathic prescribing is good. In this study constitutional remedies gave much relief to the subjects. Acute Remedies were required in some of the cases.

**DISCUSSION:-****Age incidence**

Maximum incidence of PCOD is seen in age group 26-30 years i.e. 30% (9 cases) whereas all the other age groups have 7 cases each. In a research article by Dr. Girish Gupta maximum incidence is found in age group 21-35 years i.e. 74%, patient upto age of 20 years showed 22% cases and 36-50 years showed 4 % cases.<sup>6</sup>

### **Miasmatic consideration**

There were 30 patients in the study out of which 12 cases were of Sycotic Miasm, 9 cases Psoro-Sycotic and 3 cases each of Psora, Psora-Syphilis, Syco-Syphitic case. . In a case series published by Dr Dhanashree S Kulkarni it is seen 24 cases were Psoro-Sycotic, 5 cases were Sycosis-Syphilitic, 1 case was Psoro-Syphilitic.<sup>7</sup>

### **Medicine indicated**

There were 30 patients who were prescribed 11 homoeopathic medicines out of which *Calcarea Carbonicum* and *Sulphur* were prescribed in 6 cases each, *Lycopodium* in 4 cases, *Pulsatilla* and *Lachesis* in 3 cases each, *Natrum Muriaticum* and *Baryta Carbonicum* in 2 cases each and *Phosphorus*, *Conium Mac*, *Causticum*, *Bryonia Alba* in 1 case each. In a case series published by Dr Dhanashree S Kulkarni it is seen that *Lycopodium* and *Natrum Muriaticum* was prescribed in 4 cases each. In another study by Dr. Girish Gupta out of 50 patients *Calcarea carbonicum* was indicated in maximum number of patients (24) followed by *Natrum muriaticum* (10), *Lycopodium* (7) and *Pulsatilla* (5).<sup>6,7</sup>

### **Analysis of result**

There were 30 patients out of which 16 patient were completely recovered, 11 patient showed improvement and 3 patients were not improved. In a case series published by Dr Dhanashree S Kulkarni it is seen 25 cases were improved, 2 cases were partially improved and 3 cases were not improved. In another study by Dr. Girish Gupta it is shown that out of 50 patients, complete resolution of PCOD was achieved in 22 (44.00%), significant improvement in 6 (12.00%), 18 (36.00%) maintained status quo while 4 (8.00%) did not improve.<sup>6,7</sup>

### **Strength of the Study:**

- Case history was done in a proper and detailed way.
- Follow up were taken in an appropriate time.

### **Limitations of the study:**

- In this study, there was a limited time duration, more time would have given even clearer and better understanding of the study.
- Hormone profile i.e. Oestrogen, Progesterone, Follicle Stimulating hormone, Luteinizing hormone, Prolactin and Testosterone were carried out initially in a few patients. It could not be done in all cases due to heavy cost involved.

### **CONCLUSION**

Homoeopathy is a safe and effective tool that can be integrated in to practicing clinician's armor as either a first line therapy or an adjunctive treatment. From the study of "Utility of *Homoeopathic medicines* in the treatment of Polycystic Ovarian Disease", various observations have been made. 30 cases were studied and different homoeopathic medicines based on totality of symptoms were prescribed. From the results of this study the conclusion can be drawn that females suffering from PCOD shown improvement in symptoms with homoeopathic medicines.

### **Further recommendations**

- This study should be conducted with a larger sample size.
- This study should be conducted in multiple centers so that population is not restricted to a specific area.

- There should be proper setup where all the investigations can also be done for free so that money doesn't act as a barrier in study.

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