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HOMOEOPATHIC APPROACH TO PCOS

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ABSTRACT

Polycystic ovary syndrome (PCOS) is a problem with hormones that happens during the reproductive years. It affects women's ovaries, the reproductive organs that produce progesterone and estrogen hormones that help in regulating the menstrual cycle and also produce small amount of hormones inhibin, relaxin, and male hormones called androgens. PCOS is also a leading cause of infertility. It seems to be a familial genetic syndrome caused by a combination of environmental and genetic factors. It can be linked with metabolic disorders in first-degree family members. Homoeopathy is very effective in management of cases of PCOS without any side effects through Holistic approach. Homeopathic medicine for ovarian cysts can help in dissolving the cysts already present and can also reduce/remove the tendency to develop new cysts.

Keywords: Homoeopathy, PCOS

Abbreviations: PCOS -Polycystic ovarian Syndrome

INTRODUCTION

Polycystic ovary syndrome (PCOS) is most common endocrinopathy in women of reproductive age. It is a syndrome consisting of chronic anovulation and hyperandrogenism in the absence of other causes. It presents with multiple cysts in ovary. It is very pathetic experience for women, often it is very complex for managing clinicians and is a scientific challenge for researchers. PCOS is the most common endocrine abnormality in reproductive-age women. The prevalence of PCOS is traditionally estimated at 4% to 8% from studies performed in Greece, Spain and the USA. The prevalence of PCOS has increased with the use of different diagnostic criteria and has recently been shown to be 18% ($17.8 \pm 2.8\%$) in the first community-based prevalence study based on current Rotterdam diagnostic criteria [1]. Importantly, 70% of women in this recent study were undiagnosed [1]. While the upper limit of prevalence for this study was imputed using estimates of polycystic ovaries (PCO) for women who had not had an ultrasound, non-imputed prevalences were calculated as $11.9 \pm 2.4\%$ [1]. The prevalence of PCOS in the Indian subcontinent Asian women was 52%. However, recent findings from countries such as China and India, which are undergoing rapid nutritional transitions due to Westernised diets and lifestyle, indicate similar prevalence rates of PCOS. Prevalence of PCOS in Indian adolescents is 9.13%. This draws attention to the issue of early diagnosis in adolescent girls. In India, nearly 40% of women are affected by PCOS. But among them, only 60% report to hospitals for treatment, when they recognise that they have got infertility [2]

DEFINITION [3]

Two definitions are commonly used:

- **NIH**

In 1990 a consensus workshop sponsored by the NIH/NICHD suggested that a person has PCOS if they have all of the following:

1. oligoovulation
2. signs of androgen excess (clinical or biochemical)

3. exclusion of other disorders that can result in menstrual irregularity and hyperandrogenism

- **Rotterdam**

In 2003 a consensus workshop sponsored by ESHRE/ASRM in Rotterdam indicated PCOS to be present if any two out of three criteria are met, in the absence of other entities that might cause these findings:

1. oligoovulation and/or anovulation
2. excess androgen activity
3. polycystic ovaries (by gynecologic ultrasound)

The Rotterdam definition is wider, including many more women, the most notable ones being women without androgen excess. Critics say that findings obtained from the study of women with androgen excess cannot necessarily be extrapolated to women without androgen excess.

CLINICAL PRESENTATION

The type and severity of symptoms varies from individual. Hyperandrogenism is a primary hallmark of PCOS. PCOS may cause women to develop certain characteristics, such as:

- Abnormal growth of hair on the face, chest, stomach, thumbs, or toes (hirsutism),
- Acne
- Weight gain

Other symptoms/signs include:

- Deeper voice
- Decrease in breast size
- Thin hair
- Pelvic pain
- Anxiety or depression
- Infertility

Along with PCOS a female may have other concurrent health problems, such as diabetes, hypertension, and high cholesterol. These are linked to the weight gain typical in PCOS patients.

CAUSES [4]

PCOS may be caused by a combination of genetic and environmental factors. Risk factors include obesity, a lack of physical exercise, and a family history of someone with the condition. Other factors which can lead to PCOS include:

- **Excessive Insulin**

Insulin is the hormone that is produced in the pancreas that lets cells use sugar from foods. The excess insulin triggers the ovaries to produce more androgens, causing difficulty with ovulation.

- **Low-Grade Inflammation**

This term describes white blood cells' production of substances to fight infection. Research suggests that women suffering from PCOS have low-grade inflammation that stimulates polycystic ovaries to produce androgens, which leads to cardiovascular and blood vessel problems.

- **Heredity**

Research suggests that specific genes might be linked to PCOS. It may run in families, and it is common for a mother and daughter or sisters to have PCOS. Additionally, women with a family history of Polycystic Ovary Syndrome or Type 2 Diabetes are more prone to develop PCOS.

- **Excessive Androgen**

The ovaries produce elevated androgen levels, resulting in physical signs like hirsutism, male pattern baldness, and acne.

PATHOLOGY [5]

The ovaries get enlarged and their volume increased with increment of stroma. There is presence of multiple(>12) follicular cysts measuring about 2-9 mm in diameter and they are

found crowded around the cortex. Histologically there is thickening of tunica albuginea. There occurs theca cell hypertrophy.

DIAGNOSIS

1.Serum values- LH level is elevated, raised level of oestradiol and oestrogen, raised serum testosterone.[5]

2 Clinical and/or biochemical hyperandrogenism, manifested by acne, hirsutism and/or altered hormone levels.

3 Polycystic ovaries: presence of >10 cysts, 2–8 mm in diameter, usually combined with increased ovarian volume of >10 cm³, and an echo-dense stroma in pelvic ultrasound scan [2]

4.Presence of hirsutism, indicating androgen excess, can be assessed with the modified Ferriman–Gallwey visual scoring method. The nine body areas were rated from 0 (absence of terminal hairs) to 4 (extensive terminal hair growth)

5.Laproscopy – Bilateral polycystic ovaries are characteristic of PCOS [5]

HOMOEOPATHIC APPROACH

Homeopathic approach towards management of PCOS is constitutional, taking into account the patient's physical symptoms along with their mental and genetic make-up that individualises the person. We treat patient as a whole.

Our master Dr. Samuel Hahnemann has mentioned about the case taking of female patients in footnote §94. Again in § 5, Dr Hahnemann has mentioned, “the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc. are to be taken into consideration.”[6] After proper case taking and analysis and evaluation of symptoms followed by repertorisation and after that consulting to materia medica we can prescribe the most suitable medicine for such cases.

As explained in CHRONIC DISEASE by Samuel Hahnemann, the original remedy sought for must be also of a miasmatic, chronic nature clearly perceivable from circumstances, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never overcome by the most wholesome diet and order of life, nor will it die out of itself. All the chronic disease of mankind., even those left to themselves, not aggravated by a perverted treatment, show, as said, such a constancy and perseverance, that as soon as they have developed and have not been thoroughly healed by the medical art, they ever more increase with the years, and during the whole man's lifetime; and they cannot be diminished by the strength belonging even to the most robust constitution. Still less can they be overcome and extinguished.

Thus, they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation constant chronic miasm, whereby their parasitical existence in the human organism is enabled to continually rise and grow.[7]

Homeopathic constitutional treatment helps to regulate hormonal balance, dissolve the cysts in the ovaries and enhances the normal functioning of ovaries thereby eliminating the need for hormone therapies and surgery. The frustration and agony through which the female patient is going on can be removed, leading them to lead a healthier life further.

Homeopathic Medicines used for treatment of PCOS

1. Calcarea carb -This remedy is used for PCOS on the basis of constitution of patient along with local symptoms of cutting uterine pains. This is a suitable remedy in fatty, flabby and mostly fair females who have early, profuse and long-lasting menstruation. The complaints are mostly aggravated after hard work and strain. Calcarea carb is highly efficacious in those cases where constitution of the patient and local symptoms match [8]

2.Sepia - One of the best Homeopathic remedies for PCOS with bearing down pains When the patient has bearing down pains from the back and abdomen. There is a feeling of a "ball" like sensation in the inner parts. The pelvic organs seem relaxed. The menses are irregular. In some cases, they are too late and scanty while in others they are early and profuse. There

may be yellowish or greenish leucorrhea. The mental temperament of the patient is such that she is irritable and indifferent. She cares the least even for her family members [8]

3. **Phosphorus** -Phosphorus is a remedy for highly sensitive, intelligent and long slender females having PCOS along with marked stitching pains in uterine region. This is a suitable remedy in lean thin heightened females who have early, scanty and longlasting menstruation [8,9]

4. **Apis mellifica** -Apis is a remedy for females who develop PCOS due to suppressed sexual desire, jealousy with local symptoms of marked tenderness over uterine region. This is a suitable remedy in females who have painful menstruation with stinging burning pains [8,9]

5. **Conium**- Conium is a remedy for PCOS that are caused by suppression of unsatisfied sexual desire, from excessive indulgence or from effects of some sort of injury. It is suitable for PCOS with dysmenorrhea and pain in thighs [8,9]

6. **Bufo rana** -It is a palliative remedy of PCOS for controlling pains and other symptoms including menorrhagia and metrorrhagia. However, it could be prove curative in uterine fibroids if given to a female who have strong sexual desire that can be satisfied with coition and females are indulge in masturbation [8,9]

7. **Calcarea phos** -This bio chemic salt remedy is highly efficacious for PCOS on the basis of constitution of patient. Females are lean, thin, and anemic with weak bones, too early, excessive, and bright menses [8,9]

8. **Lycopodium**- Lycopodium is a constitutional remedy for many ailments prescribed on the basis of mentality and physical appearance. Lycopodium proved to be highly efficacious remedy in case of females with loss of confidence who suppress their Youngers and is suppressed by their elders and who have marked emaciation particularly of upper body part [8,9]

9. **Carcinocin**- Carcinocin is a nosode and given in all cases of malignant outgrowths. Sometimes cancerous predisposition in family history of patients of PCOS necessitates the administration of Carcinocin as an inter-current remedy [8]

Miasmatic Concept In case of PCOS [8]

It is the psoric miasm which initially brings about functional changes followed by involvement of sycotic miasm which leads to cystic changes in ovary. PCOS, therefore, is the result of combinations of psoric and sycotic miasms in the sick individual, which through neurohormones pathway, leads to imbalance of hormones and formation of cysts. If syphilitic miasm also unites with both two, it leads to various malignant processes and ultimately to cancer pathology

CONCLUSION

PCOS is leading cause of frustration in women of reproductive age group. PCOS is a condition where the patient suffers irregularity in the monthly menstrual cycle and has excess androgens which are the male hormones. When it occurs due to lack of ovulation it leads to infertility. While on one hand conventional system of medicine employs the medications which have lots of side effects or else surgery is their last option; on the other hand, Homoeopathy by its holistic concept can cure this problem permanently without any side-effects. There are ample number of medicines mentioned in Materia medica which can be employed efficiently after following fixed principles of Homoeopathy. Homoeopathy can also curtail cost of treatment for economically under privileged section of the people as well, particularly residing in remote areas where medical amenities and infrastructural facilities for doing surgery are by and large are unavailable.

REFERENCES:

1. March WA, Moore VM, Willson KJ, Phillips DI, Norman RJ, Davies MJ. The prevalence of polycystic ovary syndrome in a community sample assessed under contrasting diagnostic criteria. *Hum Reprod.* 2010;**25**: 544–551.
2. Rath P. Management of PCOS through Homoeopathy A case report. *Indian J Res Homoeopathy.* 2018
3. https://en.wikipedia.org/wiki/Polycystic_ovary_syndrome
4. <https://www.smart-academy.in/blog/pcos-its-awareness-and->

[prevention/?psafe_param=1&campaigntype=dynamicsearch&adgroup=healthcare&keyword=&gad=1&gclid=Cj0KCQjwqNqkBhDIARIsAFaxvwyI2KKLU-U6zmoPsMD_F](https://www.wikipedia.org/wiki/Polycystic_ovary_syndrome)

5. Konnar H; D C Duttas textbook of gynecology 8th edition; 2020:440.
6. Hahnemann Samuel, Organon of Medicine, 5th & 6th edition, Kolkata, Modern Homoeopathic Publishers, 2013-2014.
7. Hahnemann Samuel, The Chronic Disease, Their Peculiar Nature and Their Homoeopathic Cure, Noida U. P.: B. Jain Publishers (P) Ltd.; 2018.
8. Kent JT. Lectures on materia medica. India: B. Jain Publishers, 2002.
9. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies (clinical and Pathogenetic [sic]) Including Indian Drugs. India: B. Jain Publishers, 2002.
10. Kumar Banerjee Subrata. Miasmatic prescribing. New Delhi: B. Jain publishers (p) Ltd; Second extended edition 2006, 67-143.
11. Rath P. Management of PCOS through Homoeopathy, A case report. Indian J Res Homoeopathy. 2018; 12:95- 100
12. March WA, Moore VM, Willson KJ, Phillips DI, Norman RJ, Davies MJ. The prevalence of polycystic ovary syndrome in a community sample assessed under contrasting diagnostic criteria. *Hum Reprod*. 2010; 25:544–551. doi: 10.1093/humrep/dep399.
13. https://en.wikipedia.org/wiki/Polycystic_ovary_syndrome
14. https://www.smart-academy.in/blog/pcos-its-awareness-and-prevention/?psafe_param=1&campaigntype=dynamicsearch&adgroup=healthcare&keyword=&gad=1&gclid=Cj0KCQjwqNqkBhDIARIsAFaxvwyI2KKLU-U6zmoPsMD_F
15. Konnar H; D C Duttas textbook of gynecology 8th edition; 2020:440
16. Rath P. Management of PCOS through Homoeopathy, A case report. Indian J Res Homoeopathy. 2018; 12:95- 100
17. Kent JT. Lectures on materia medica. India: B. Jain Publishers, 2002. 11. Boericke W.

Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies (clinical and Pahtogenetic [sic]) Including Indian Drugs. India: B. Jain Publishers, 2002.

18. Kumar Banerjea Subrata. Miasmatic prescribing. New Delhi: B. Jain publishers (p) Ltd; Second extended edition 2006, 67-143.