

# A Clinical Study to See the Effect of Homoeopathic Medicines in Polycystic Ovarian Syndrome of Reproductive Age Group between 12-45 Years

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## ABSTRACT

**Objective of the study** -The present study was single arm, clinical study to determine the role of homoeopathic medicines in regulation of menstrual cycle.30 patient fulfilling the eligibility criteria enrolled in this study was underwent homoeopathic intervention, clinical evaluation and detailed menstrual history at baseline.

**Results-** Out of 30 cases, 14 cases (46.66%) showed good improvement in cases of irregular menses, 21 cases (63.3 3%) showed good improvement in Complaints of acne and 25 cases(83.33%) showed good improvement in cases of health related quality of life related to PCOS.

**Conclusion-**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. 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.

**Keywords-** Homoeopathy, Polycystic Ovaries, Menstrual Irregularity, Polycystic Ovarian Syndrome Questionnaire.

## INTRODUCTION

Polycystic Ovarian Syndrome otherwise called PCOS OR PCOD [Polycystic Ovarian Disorder] is a typical hormonal issue and a main source of female infertility around the world. PCOS is additionally called as Stein-Leventhal Syndrome after two specialists who originally depicted it in 1935 <sup>[1]</sup> The Rotterdam 2003 criteria characterizes PCOS as frequency of any two of 3 key criteria in particular, oligoovulation and anovulation, hyperandrogenism and polycystic ovaries [PCO]. <sup>[2][3]</sup> Poly cystic Ovarian Syndrome (PCOS) is a condition wherein females

ordinarily have many number of little cysts around the edge of their ovaries. Polycystic ovaries mean the ovaries containing countless blisters that are not greater than 8mm and grow a larger number of follicles consistently than ordinary ovaries. The growths are the egg containing follicles that don't grow appropriately as a result of hormone imbalance. A few females proceed to create PCOS [Polycystic Ovarian Syndrome] which implies they have different indications including polycystic ovaries. PCOS might be heredity also. Studies shows that ladies with family ancestry of polycystic ovaries are half

bound to create PCOS. PCOS is seen as the most widely recognized explanation behind menstrual abnormalities in 4-12% of ladies of conceptive age [12-45 yrs. old]. [4][5] 5-10% of ladies create PCOS during their young or youngster bearing years. [6] Worldwide PCOS influences up to 6-7% of the populace. In any case, the pervasiveness explicit to the nation fluctuates widely. In India, the frequency of PCOS/PCOD is on the climb; about 35% of ladies experience the ill effects of it. In 2014 examination led in Mumbai (independent) among 600 pre-adult young ladies detailed an expected commonness of 22.5% when the finding was finished utilizing Rotterdam criteria. Another examination was led by All India Institutions of Medical Science(AIIMS) it was discovered that one out of four females experience the ill effects of PCOS.

The Respondent population right now to the conceptive age bunch 12-48 years. Most noteworthy number of sufferers was the understudy classification with 21.27% of them experiencing the Disorder. This demonstrates more young ladies increasingly inclined to hormonal imbalance. [7] PCOS Present with different level of Symptoms like sporadic, rare periods inside 3 or 4years of beginning discharge lighter overwhelming during period, weight gain, and unnecessary hair growth to changing degrees on face, chest, and lower midriff. Moderate stomach inconvenience during periods, skin inflammation, and over the top skin development on neck or in armpit additionally called as acanthosis nigricans. Bone pain [arthralgia] and male pattern baldness [alopecia], stoppage, flauntulence, and heartburn. Polycystic ovarian disorder (PCOS) Divided essentially into two types. [8] 1. Insulin Resistant (IR) PCOS. 2. Non-Insulin Resistant PCOS.

The main cause of PCOS lies in the hormonal aggravation. Homeopathy redresses the hormonal aggravation and brings harmony, without the danger of reaction. It is anyway basic to take homeopathic treatment for PCOS.

Homeopathy directs the menses in characteristic manner. Diminishes Hirsutism (undesirable hairs) and builds the odds of considering. PCOS is the most widely recognized reason for anovulatory infertility. There is absence of awareness in the public about PCOS and its difficulties like fruitlessness, diabetes type 2, cardiovascular sicknesses. Passionate prosperity issues are critical. [9,10] In Allopathy the medications ordinarily utilized for treatment in ladies with PCOS are metformin which can bring down TSH levels and hypothyroidism.

There are scarcely any reports showing the convenience of the Homeopathic treatment. Symptomatic just as ultrasonological improvement in PCOS. Yet, more investigations are required with appropriate thoroughness.

## MATERIAL AND METHODS

**Study setting** – A clinical study was carried out on with detail case study and follow up in Bharati Vidyapeeth Medical Foundation's Homoeopathic Hospital, OPD, IPD and with the help of senior Homoeopathic physicians. Total 30 patients of Reproductive age group between 12-45 yrs. who were suffering from polycystic ovarian syndrome. (PCOS) was enrolled for the study which fulfils the case definition & inclusion /exclusion criteria those who were participated willingly in research. Since it is a time bound study, subject attending, Bharati Vidyapeeth Medical Foundation Homoeopathic Hospital, peripheral O.P.D. and various rural and urban camps series.

**Study design** – A prospective clinical trial interventional single arm single blind method. Study was carried out at Bharati Vidyapeeth Medical Foundation Homoeopathic Hospital, peripheral OPD, Various rural & urban camp series, OPD, IPD from 2019-2020 (Approximately 25 weeks). minimum 30 Cases was selected which fulfils the case definition & inclusion and exclusion criteria those who participated willingly in the research. Data collection was done through Rotterdam

2003 criteria as per ASRM (American society of reproductive medicine) & ESHRE (European society of human reproduction and embryology) guidelines.

### **Intervention**

Patients fulfilling the eligibility criteria was enrolled to receive the homoeopathic intervention. Medicine was given in 30C, 200C or 1M, LM potency as per the prescribing totality. The medicines were repeated depending on the potency and complaints of the patient in accordance with the principles of homoeopathy.

### **Selection of tool –**

Drug was acquired from standard pharmacy (SBL Uttarakhand) & was stored as per rules of Homeopathic Pharmacopoeia. Medicines was stored in Bharati Vidyapeeth Homoeopathic Pharmacy, Katraj, Pune-411043. Liquid was stored in amber colour glass bottle kept in dark place, under appropriate temperature, away from sunlight & humidity condition. Freshly prepared powder dose was used for dispensing purpose. Log no. & Batch no. was maintained.

### **Brief of procedures-**

**Selection of remedy-** The remedy was selected after case taking and making the totality of the symptoms on the basis of constitution & given in powder (Lactose) & globule (Sucrose) & liquid form.

**Dose and Strength of the Drug-** Medicine was given in 30C, 200C, LM / 1M potency as per the prescribing totality. The medicine was repeated depending on the potency and requirement of the patient complaints in accordance with the principles of homoeopathic posology.

**Drug dispensing-** Was done in globule (sucrose) & powder (lactose) and liquid form. (Ref. Aph. No.272 ).

**Declaration –** Was given that the drug used here is not harmful to human beings. Said

remedy is already available in the Homoeopathic literature, well proved on healthy human beings and is harmless, having no side effects.

**Inclusion criteria-** inclusion criteria for the study are: 1) Female aged 12-45 years. 2) Oligomenorrhoea (intermenstrual period of more than 35 days for 3 consecutive cycles/ amenorrhoea for more than 3 months (2 years after menarche) 3) 3) ultrasound findings of polycystic ovaries. [11] 4) Clinical evidence of hirsutism (Ferriman score 8 and above) [12] and/ or acne (acne global severity scale score 1 and above) [13] 5) Body Mass Index (BMI) 23 and above. 6) Females who are diagnosed with PCOS. 7) Patient who willing to give written informed consents for research participation.

**Exclusion criteria –** 1) Patient with other systemic illnesses (DM, Cushing syndrome, hyperprolactinemia. 2) untreated hypo or hyperthyroidism. 3) Adrenal hyperplasia and adrenal tumour 4) ovarian tumour. 5) Hyperthecosis. 6) History of intake of drugs aldactone/ metformin or history of oral contraceptive pills (OCP) use or intake of drugs known to interfere with carbohydrate metabolism 4 weeks prior to enrolment. 7) Pregnancy, breast feeding. 8) Cases with any systemic disease.

**Statistical Analysis –** Descriptive statistical analysis of the scores in terms of mean, median, standard deviation and pre and post analysis (paired t test ) was performed using GRAPH PAD PRISM version .8.0 for different parameters. The results obtained are presented and discussed in the subsequent section.

### **RESULTS**

A total number of thirty cases were included in the study after screening the case as per the inclusion criteria. All the thirty cases were followed up for a minimum period of 25 weeks. These cases were subjected to statistical study.

**Table-1 Paired differences of menses interval before and after treatment**

	N	MEAN	MEDIAN	SD	SEM	DF	T VALUE	P VALUE
INTERVAL OF MENSES BEFORE TREATMENT	30	45.70	45.00	7.557	1.380	7.778	29	<0.0001
INTERVAL OF MENSES AFTER TREATMENT	30	40.00	40.00	6.015	1.098			

(P value <0.0001= considered to be statistically highly significant)

Maximum prevalence was noticed in the age group 20– 25 years, 17 (56.66%) cases. The clinical presentation varied in different cases. Regarding irregularity of menses, irregular menses once in 30-45 days was present in 8 cases(26.66%), irregular menses once in 45 – 55 days was present in 19 cases (63.34%), irregular menses once in 55-65 days was present in 03 cases (10%), and amenorrhea was present in 3 cases (10%), weight gain was present in 4 cases (13.33%), hirsutism was present in 2 cases (6.66%), acne present in 26 cases (86.67%), scanty menstrual flow was noticed in 6 cases (20%), profuse flow of menses in 2 cases (6.66%).

Out of 30 cases 4 (13.33%) patients does not have complaints of acne, 16 (53.33 %) cases of mild acne, 8 cases of moderate acne (26.64%), 2 cases of severe acne. Health related quality of life of PCOS showed improvement in quality of life of patient after taking homoeopathic treatment in the domains of emotions, body hair, weight, Infertility, menstrual problem. Out of 30 cases 2 (6.66%) showed poor response, 10 (33.33%) showed mild response, 6 (20%) cases showed moderate response, 4(13.34%) cases showed good response, 8 (26.66%) showed excellent response.

Considering the miasmatic background diagnosis of the patients, all the 30 patients received anti miasmatic treatment as inter current remedy. Out of which Sycosis was found as the most dominating miasm. Though cases with Psora and psora - Sycosis were also encountered. Out of 30 cases, spores expression was well marked in 1 case (3.33%), sycotic miasm in 16 cases (53.34%) and psora–sycotic was marked in 13 cases (43.33%).

Out of 30 cases, Natrum mur was prescribed as a constitutional remedy in 5 cases(16.66%), Pulsatilla was prescribed as constitutional remedy in 6 cases (20%), Lycopodium and calcarea carb was prescribed as a constitutional remedy in 4 cases each (13.33%), Phosphorus and Borax were prescribed as constitutional remedy in 2 cases each (6.66%), Graphites and sepia were prescribed as constitutional remedies in 2 cases each (10%), kali phos was prescribed as a constitutional remedy in 1 case (3.34%). Out of 30 cases, 14 cases (46.66%) showed good improvement in cases of irregular menses, 21 cases (63.33%) showed good improvement in C/O acne and 25 cases(83.33%) showed good improvement in cases of health related quality of life related to PCOS.

## DISCUSSION

Polycystic ovarian syndrome is a very common hormonal disorder affecting young girls mainly the students. Students deal with various stresses of modern lifestyle. Stress in different aspects of life, in work, inter-personal relationship, financial matters etc. This may lead to further progress of disease.

Homoeopathy gives more importance to psychosomatic aspect, so method of case taking and remedy selection will suit to psychosomatic diseases in general and polycystic ovarian syndrome in particular. As individual variations in the presentation of clinical conditions are extended into therapeutic management as well, “Homoeopathic treatment is effective in the treatment of patients suffering from Polycystic Ovarian Syndrome”

## CONCLUSION

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. 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

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