



A CLINICAL STUDY OF POLYCYSTIC OVARIAN SYNDROME AND ITS HOMOEOPATHIC MANAGEMENT

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Abstract :- Polycystic ovary syndrome (PCOS) is the most common endocrinopathy affecting reproductive aged women, with a prevalence of between 8% and 13% depending on the population studied and definitions used. PCOS is complex with reproductive, metabolic and psychological feature. Infertility is a prevalent presenting feature of PCOS with ~75% of these women suffering infertility due to anovulation, making PCOS by far the most common cause of anovulatory infertility. In the present study, 43 cases were screened, 37 were enrolled, 7 dropped out, 30 completed the study (n= 30), these patients were picked up from the out patients department, inpatient department and attached units of Government Homoeopathic Medical College & Hospital, Bhopal. This study was undertaken to assess the effectiveness of homoeopathic treatment in PCOS.

Keywords :- Homoeopathy, Polycystic ovarian syndrome, ORIDL scale, obesity, Infertility.

Introduction :- Polycystic ovary syndrome (PCOS) was first reported in modern medical literature by Stein and Leventhal who, in 1935, described seven women suffering from amenorrhea, hirsutism, and enlarged ovaries with multiple cysts. Polycystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. To diagnose PCOS, adrenal and androgen secretory ovarian tumour should be excluded. PCOS is a complex syndrome with diagnostic criteria that have been grouped in different, somewhat controversial, classifications. According to the features of the syndrome considered, up to 16 phenotypes may exist with different metabolic and reproductive consequences.

The ORIDL (Outcome in Relation to Impact on Daily Living) instrument measures patients' views of the outcome of care. Created initially for evaluating experimental clinics, its increasing adoption under its former name, the Glasgow Homoeopathic Hospital Outcome Scale (GHHOS), in a number of centres and studies has created a need to study its validity which has not previously been explored. It differs from many other scales by asking about change directly, and by relating outcome to the effect of the intervention on impact on daily life. In the present paper we report on a series of studies in which we have had the opportunity to compare the ORIDL with three validated measures in secondary (integrative care) and primary (conventional care) settings.

Homeopathic Approach & Miasmatic Background- In homeopathy, we give importance to all the mental generals, physical Generals and Particular symptoms, we know that in today's tenacious life, many emotions are suppressed and these emotions give birth to serious diseases such as PCOS, a proper individualization with the help of repertory will be the best treatment for the PCOS. PCOS shows the multiple proliferative cysts in the ovary as well as excessive production of androgenic hormones which leads to facial hair and acne on face and many other symptoms, this shows the Sycotic trait in cases of PCOS. And many proved homeopathic medicines which show the effectiveness towards the PCOS are having Sycotic miasma in the background.

Homeopathy is a system of medicine that utilizes dynamic and potentized medicines in an individualized manner to treat the disease from its root cause. Homeopathic medicines in cases of PCOS act on the body at the dynamic level of vital force and restore the deviated functions. They also help to control the symptoms of PCOS without any harmful effects. In PCOS, homeopathic medicines are prescribed on the basis of individual constitution, temperament, Miasmatic analysis and have to be specific for every individual person that is the reason a detailed history is required to customize the individualized treatment and its management.

Method of Test/ procedure:

In the present study, 43 cases were screened, 37 were enrolled, 7 dropped out, 30 completed the study (n= 30), these patients were picked up from the out patients department, inpatient department and attached units of Government Homeopathic Medical College & Hospital, Bhopal. Before enrolling in the study population, every patient was evaluated and diagnosed on the basis of clinical history and clinical and laboratory examination. Follow-ups were done on the basis of symptoms and repeated USG findings.

After the diagnosis, the patients were enrolled in the study as per inclusion and exclusion criteria. Prior case taking, written informed consent was taken from every patient after explaining the study procedure by signing on the "Subject information sheet". Accordingly, proper case taking was done according to Case Taking Proforma. After concluding the case taking the patients were prescribed indicated homeopathic medicine. The medicine were dispensed from Government Homeopathic Medical College & Hospital, Bhopal. Potency and dose were selected according to need of the case. Follow up was aimed at every 15 days from the period of active interference or as per the need. In the next follow-up indicated homeopathic medicine was prescribed after analysis of all the aspect. No other intermittent therapy were advised for any patient to avoid observational error.

ANALYSIS OF ORIDL SCALE

S. No.	X	Y	Z = X-Y	Z-Z'	(Z-Z') ²
1	-3	+2	-1	-1.30	1.69
2	-2	+3	+1	+0.70	0.49
3	-4	+2	-2	-2.30	5.29
4	-2	+3	+1	+0.70	0.49
5	-3	+2	-1	-1.30	1.69

6	-4	+3	-1	-1.30	1.69
7	-2	+3	+1	+0.70	0.49
8	-2	+3	+1	+0.70	0.49
9	-1	+4	+3	+2.70	7.29
10	-4	+2	-2	-2.30	5.29
11	-2	+1	-1	-1.30	1.69
12	-4	+3	-1	-1.30	1.69
13	-4	+3	-1	-1.30	1.69
14	-3	+2	-1	-1.30	1.69
15	-2	+4	+2	+1.70	2.89
16	-4	+3	-1	-1.30	1.69
17	-3	+1	-2	-2.30	5.29
18	-3	+2	-1	-1.30	1.69
19	-2	+3	+1	+0.70	0.49
20	-1	+3	+2	+1.70	2.89
21	-3	+2	-1	-1.30	1.69
22	-4	+1	-3	-3.30	10.89
23	-3	+2	-1	-1.30	1.69
24	-3	+4	+1	+0.70	0.49
25	-3	+2	-1	-1.30	1.69
26	-2	+3	+1	+0.70	0.49
27	-3	+2	-1	-1.30	1.69
28	-2	+3	+1	+0.70	0.49

29	-4	+1	-3	-3.30	10.89
30	-2	+3	+1	+0.70	0.49
	Total		-9		68.1

t = 30.4830

df = 29

Standard error of difference = 0.174

The two-tailed P value is less than 0.0001

Extremely statistically significant.

PAIRED T TEST RESULTS

P value and statistical significance:

The two-tailed P value is less than 0.0001

By conventional criteria, this difference is considered to be extremely statistically significant.

Confidence interval:

The mean of Group One minus Group Two equals -5.30

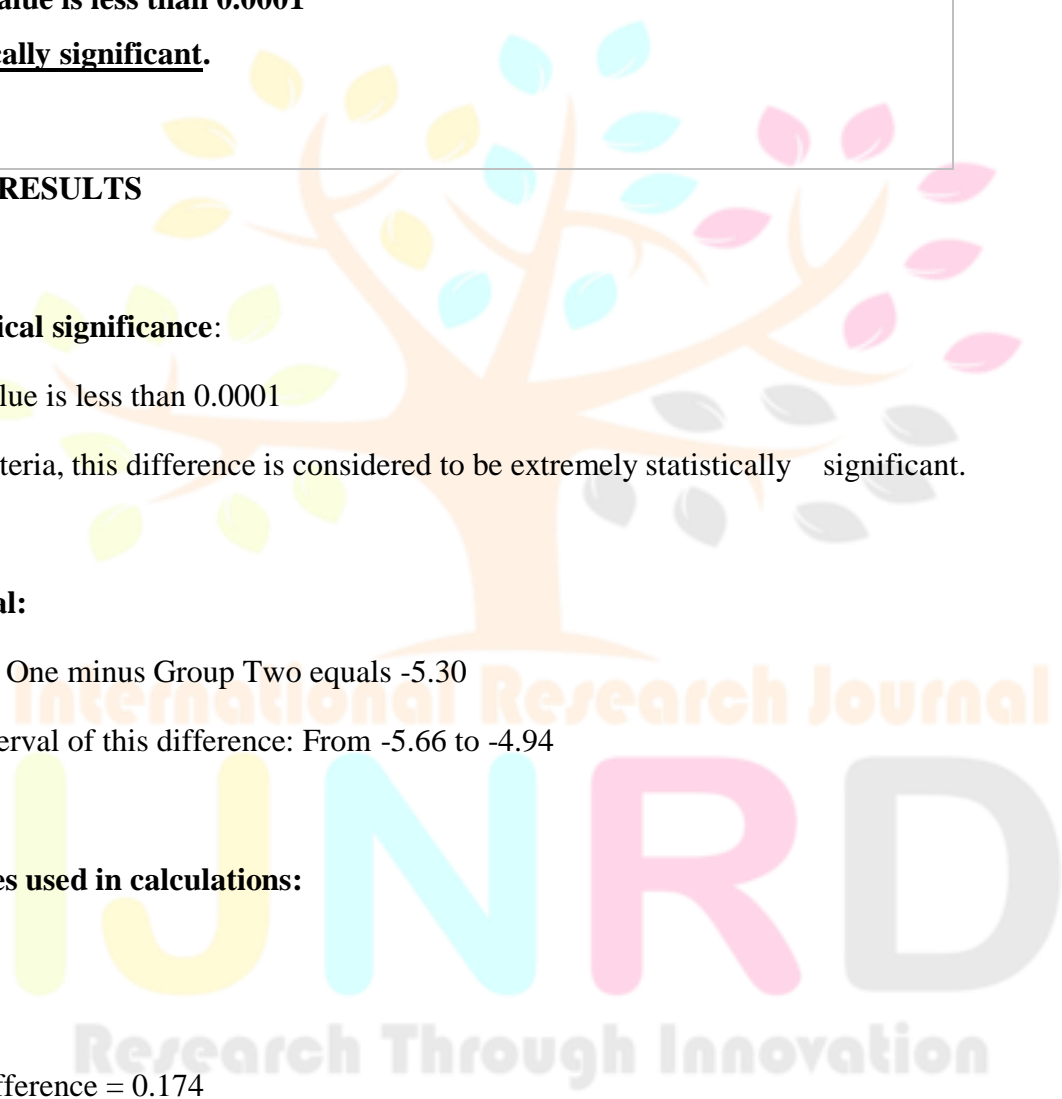
95% confidence interval of this difference: From -5.66 to -4.94

Intermediate values used in calculations:

t = 30.4830

df = 29

standard error of difference = 0.174



Group	Group -One	Group - two
Mean	-2.80	2.50
SD	0.92	0.86
SEM	0.17	0.16
n	30	30

OBSERVATIONS & RESULT :-

The maximum age incidence of 50% (n= 15) were between the age group of 21-25 years, followed by 40% (n= 12) in the age group 26-30 years, and the next is 07% (n= 02) in the age group of 31-35 years and minimum age incidence 03% (n= 01) in the age groups 16-20 years.

For the analysis of economic status, all the cases (n= 30) were divided into three categories, out of which 30% (n= 09) were in lower middle class, 43% (n= 13) from middle class and 27% (n= 08) belonged to upper middle class.

Out of total 30 cases, 33% (n= 10) were presented with positive family history of PCOD, 27% (n= 09) had no familial history, and 34% (n= 11) were not aware about the history of PCOD in the family.

All the cases (n= 30) were divided into four categories, out of which 53% (n= 16) were students, 27% (n= 08) were house wife, 10% (n= 3) teacher & 10% (n= 3) were related to govt. sector.

The main aim of study was to provide constitutional remedy to the sufferer, so out of 30 patients, 17% (n = 05) were taken calc. carb and same number (n =05) 17% patients were taken sepia. 13 % each (n =04 each) were taken pulsatilla and sulphur. 10% (n= 03) were taken apis mellifica and nux vomica were also taken by 10% (n=03) patients. 07% (n=02) patients were taken tuberculinum. And nat. mur, thuja, Lachesis & phosphorus each were taken by only 03% each (n=01 each) of patients.

Conclusion :-

The result shows that the two-tailed P value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant. Which means homoeopathy medicines gave significant improvement in the symptoms of PCOS of patients.

References :-

1. Costello MF, Misso ML, Balen A, Boyle J, Devoto L, Garad RM, et al. Evidence summaries and recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome: assessment and treatment of infertility. Hum Reprod Open [Internet]. 2019 Jan 4 [cited 2020 May 11];2019(1). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6396642/>
2. Rosenfield RL, Ehrmann DA. The Pathogenesis of Polycystic Ovary Syndrome (PCOS): The Hypothesis of PCOS as Functional Ovarian Hyperandrogenism Revisited. Endocr Rev. 2016 Oct;37(5):467–520.
3. Reilly D, Mercer SW, Bikker AP, Harrison T. Outcome related to impact on daily living: preliminary validation of the ORIDL instrument. BMC Health Serv Res. 2007 Sep 2;7:139.
4. Sirmans SM, Pate KA. Epidemiology, diagnosis, and management of polycystic ovary syndrome. Clin Epidemiol. 2013 Dec 18;6:1–13.
5. Bellver J, Rodríguez-Tabernero L, Robles A, Muñoz E, Martínez F, Landeras J, et al. Polycystic ovary syndrome throughout a woman's life. J Assist Reprod Genet. 2018 Jan;35(1):25–39.

