



# POLYCYSTIC OVARIAN SYNDROME AND IT'S HOMEOPATHIC MANAGEMENT

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**Abstract:** For women who are of reproductive age, polycystic ovarian syndrome (PCOS) is a prevalent heterogeneous endocrine condition. It has an impact on women's ovaries, which are reproductive organs that generate modest amounts of relaxin, inhibin, and androgens, which are male hormones that assist regulate the menstrual cycle. Progesterone and oestrogen are also produced by the ovaries. Numerous clinical manifestations, including polycystic ovaries, hyperandrogenism, and ovulatory dysfunction, are its defining characteristics. A complimentary medical approach called homeopathy has been effectively applied to treat a variety of illnesses, including PCOS. Through the holistic approach, homeopathy is quite efficient in managing PCOS situations without causing any negative effects. When used for ovarian cysts, homeopathic medicine can help dissolve existing cysts and lessen or eliminate the propensity to create new ones.

**Keywords:** PCOS, Infertility, Hirsutism, Homeopathy, Homeopathic medicine, etc

## INTRODUCTION

Polycystic ovarian syndrome is a complex, heterogeneous, multisystem endocrinopathy that manifests as ovarian expression of multiple metabolic disturbances, hormonal imbalance, and psychosocial disorder that affects a patient's quality of life and a wide range of clinical features like hyperandrogenism, obesity, and irregular menstruation. Stein-Leventhal first described this illness in 1935. The most common characteristic of PCOS is an imbalance in reproductive hormones, which affects the ovaries as a result. <sup>{1}</sup>

## PREVALENCE

Prevalence rates in a few Asian nations range from 2.3% to 7.5% in China and 6.3% in Sri Lanka. In India, not many studies have been done. According to studies conducted in Maharashtra and South India, the prevalence of PCOS was 22.5% (10.7% by the Androgen Excess Society criteria) and 9.13%, respectively, according to Rotterdam's criteria. <sup>{2}</sup>

## EPIDEMIOLOGY

The epidemiological factors which influence the development of PCOS are as follows:

**Age:** PCOS is one of the most common endocrine disorders in women of childbearing age between 12 and 45 years.

**Socioeconomic status:** In ethnically homogeneous PCOS populations, higher socioeconomic status is associated with a higher prevalence of polycystic ovary syndrome. <sup>{3}</sup>

## ETIOLOGY AND PATHOGENESIS

Etiological factors in the development of PCOS is a combination of genetic and environmental factor. <sup>{4}</sup>

**Predisposing factors are:**

- Obesity,
- A lack of physical exercise,

- Family history,
- Drug- epileptic drug.

PCOS develop when ovaries are stimulated to produce excessive amount of androgenic hormone in particular testosterone, by either the release of luteinizing hormone by the anterior pituitary gland, high level of insulin in blood (Hyperinsulinemia) found in women whose ovaries are sensitive to stimuli.<sup>8</sup> In PCOS a majority of women have insulin resistance and/or obese. Due to this increasing of insulin level contributes to abnormalities seen in Hypothalamic pituitary ovarian axis that leads to PCOS. Increased ovarian androgen production, decreased follicular maturation, Decreases SHBG binding and raised LH secretion by insulin can cause infertility or miscarriage through improper Oocyte maturation.

Adipose tissue (Fat) in obese women creates the paradox having both excess androgen and estrogen. Androgen is responsible for hirsutism, and estrogen inhibits the FSH. <sup>{4}</sup>

## CLINICAL FEATURES

Common symptoms found in majority of cases are as follows: -

- Heavy or prolonged menstruation, Irregular Menstruation, Skin discoloration Dark patches on their skin. Early Oligomenorrhea (87%), Short period of amenorrhea (26%)
- Infertility occurs due to anovulatory cycle (20%), Multiple cysts on their ovaries with PCOS.
- Hyperandrogenism: - appears in the form of
  - Acne (30%), Hirsutism, Facial hair appears over the upper lip, chin, thighs and breast, Sometime baldness is noted. <sup>{1}</sup>

## CRITERIA FOR DIAGNOSIS

### NIH Criteria: <sup>{5}</sup>

In 1990 workshop sponsored by NIH/NICHD suggested that following criteria:

- 1) Oligoovulation,
- 2) Sign of androgen excess (Clinical or biochemical),
- 3) Menstrual irregularity and hyper androgenism.

### Rotterdam criteria: <sup>{5}</sup>

In 2003 workshop sponsored by ESHRE/ASRM, suggested that following criteria,

- 1) Oligomenorrhea / chronic Anovulation,
- 2) Hyperandrogenism,
- 3) Polycystic ovaries by suggested gynaecologic Ultrasonography.

PCOS indicated if any 2 out of 3 criteria are present.

## GENERAL MANAGEMENT –

### Weight Reduction:

Weight loss is recommended as a first approach to managing the short- and long-term effects of PCOS. Weight loss has been shown to improve all her PCOS symptoms and correct endocrine status. <sup>{6}</sup>

### Lifestyle modifications:

Lifestyle modifications focus on behavioural and nutritional management and exercise that can help improve reproductive and metabolic function in PCOS. Lifestyle change is best defined as changing behaviour and correcting bad eating habits. Weight loss occurs when energy expenditure exceeds energy intake. Therefore, physical activity is an important part of a weight management program. Lifestyle changes are an important treatment strategy for overweight or obese people with PCOS. <sup>{6}</sup>

### Diet:

"Atkins Diet" refers to a high protein, high fat, low carbohydrate diet that results in significant weight loss and improved reproductive performance. Avoiding high-calorie foods appears to be more important, and there are evidence that high-protein diets are better than high-carbohydrate diets. <sup>{7}</sup>

### Exercise:

The role of regular exercise and a low-calorie diet as a supplement in weight loss and improving reproductive function in women with

PCOS is unclear. However, it should be recommended as an important part of a weight loss program as it can improve long-term weight loss maintenance. <sup>{6}</sup>

## HOMEOPATHIC MANAGEMENT

- Our principle is based on the law of similar, and we choose the remedy based on the totality of the symptoms. we care about the environmental and fundamental causes, not the end result of the disease. We investigate cases in accordance with the guidelines outlined in Organon of Medicine Aphorisms 83–104.
- The sustaining cause in the specific case should be assessed and communicated to the patient so that we can avoid obstacles to cure. A remedy should be prescribed based on the totality of symptoms and the miasmatic state. <sup>{8}</sup>

## HOMOEOPATHIC THERAPEUTICS: <sup>{9}</sup>, <sup>{10}</sup>

Indications of few Homeopathic medicines for PCOS are given below:

**1.Sepia** – Sepia is One of the most important uterine remedies. Sepia affects the venous circulation particularly of the female pelvic organs and of GIT tract. It acts specially on the portal system with venous congestion. Uterus prolapsed. Weakness, anaemic, bearing-down Sensation, especially in women, upon whose organism it has most pronounced effect. Pains goes down to back, easily chilly. Amelioration by sitting with legs crossed, by exercise, dancing. Menses too late and irregular and scanty, early and profuse, sharp clutchingpains. Violent stitches upward in the vagina, from uterus to umbilicus. Prolapse of uterus and vagina. Irritability, alternating with indifference. Indifference. Takes pleasure in teasing others. Sad over her health and domestic affairs. Aversion to family to those loved best to sympathy to company, yet fear of alone.

**2-Natrum Mur:** Nat-m. women is very sensitive, Anaemic, emaciated, Ill effects of grief,anger, guilt, disappointment, fright, fit of passion, loss of fluids, Sunlight. Menses irregular, profuse, Suppressed, and Bearing down pain inabdomen. Nat-m. covers the ailments from grief, anger, disappointed love andfright. Natrum Mur suited to Depressed and introverted. Consolationaggravates. Fear of being rejected, fear and anxiety.

**3- Pulsatilla:** Dr. Hahnemann gives the Pulsatilla patients disposition and temperament: "A timid, mild and yielding disposition, weeping disposition with a tendency to inward grief, weeps when talking and silent peevishness, contradictory mood. Pulsatilla acts when there is a disposition to chilliness and thirstlessness. It is suitable for females when there is delay menses. Menstrual cycle too late, scanty, dark, thick, clotted, changeable, intermittent, painful, flow intermits, pain in back aggravates by lyingdown on left side or on painless side. Better in open air.

**4-Calcaria carb:** Calcaria carb patient is fair, fatty, flabby and profuse perspiring. Painfulswelling in the breasts before the menstrual flow begins. Suppressed menses after working in water. Bearing-down sensation. Fibroids and cysts. Ovarian or uterine pains, right sided, extending down thighs, aggravates on reading or writing. Cutting pain in uterus during menstruation, worse from mental exertionor physical exertion. Better by lying on painful side. Uterine polypi.

**5-Thuja occidentalis:** Thuja is the remedy for exuberant, soft, fungoid tissue, polyps. Great prostration and rapid emaciation. The patient is exhausted and soft body feelsthin and delicate, fragile. Discharges are foul, acrid, musty or of sweetish Odor. Severe pain in left ovary and left inguinal region. Menstrual flow scanty, retarded. Uterine polypi. Leucorrhoea thick greenish. Profuse perspirationbefore menses.

**6-Kali carb:** Kali carb suited to persons of soft tissues with tendency to be fat. Kali-c. is suited to the obese, lax tissue. Kali carb patients' pain is sharp and cutting, pain better by motion. Fear of death, future ghosts, Anxietywith fear when alone. Anxiety about health. Manses early, profuse, or too late, and scanty, Pains from back extendthrough gluteal muscles, with cutting pain in abdomen. Uterine hemorrhage. Pain relieved by sitting and pressure.

**7- Silicea:** Silicea remedy suited to yielding, excitable, Anxious, nervous, weepingmood and sensitive to all impressions. Sensitive to noise, want of self-confidence, fear of failure. Ailments from anticipation. A milky, acrid leucorrhoea discharge, Itching of vulva and vagina. Bleeding between menstrual periods. Profuse menses with paroxysmsof icy coldness over whole body. Vaginal cyst. Complaints aggravatesfrom washing during menses.

## CONCLUSION

The Polycystic ovarian syndrome is a heterogenous endocrine disorder. With mild to severe disturbance of reproductive, endocrine and metabolic function.

PCOS is primarily a metabolic syndrome related to discordant lifestyle and underlying stress, homoeopathy may play an instrumental role in resolving the root cause of this disorder. PCOS is primarily a metabolic syndrome related to discordant lifestyle and underlying stress, homoeopathy may play an instrumental role in resolving the root cause of this disorder

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