

Unveiling the Role of Homoeopathy in Polycystic Ovarian Syndrome - A Subjective Review

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Abstract: *Polycystic ovarian syndrome (PCOS) is a multifaceted hormonal disorder characterized by various symptoms, including the presence of ovarian cysts, irregular ovulation, and hormonal imbalances in women. Global prevalence of PCOS, as estimated by the World Health Organization (WHO), is over 116 million women, accounting for approximately 3.4% of the female population. The development of PCOS is influenced by multiple risk factors, like genetics, abnormalities in neuroendocrine system, lifestyle, environmental factors, and obesity. These factors contribute to the initiation and progression of PCOS. The underlying mechanisms of PCOS primarily involve the disturbances in hormone regulation, insulin resistance, and elevated androgen levels, which disrupts the normal process of follicle development and increase the risk of associated conditions like endometrial cancer and type II diabetes. This review provides a concise summary of the risk factors, pathophysiology and homoeopathic approaches in managing menstrual irregularities, infertility and clinical symptoms associated with PCOS.*

Keywords: Anovulation, Homoeopathy, Hyperandrogenism, Polycystic ovaries, polycystic ovarian syndrome

1. Introduction^[1, 2, 3]

Polycystic ovarian syndrome (PCOS) is one of the most common hormonal disorders among women of reproductive age which is a leading cause of female infertility. According to the ICD-11 classification, PCOS comes under the code 5A80.1. It is characterized by three main features: infrequent or absent ovulation, excess of androgens and the presence of polycystic ovaries observed through ultrasound imaging. In addition, it is associated with certain abnormalities, such as obesity, insulin resistance and the metabolic syndrome. However, it is important to note that the symptoms can greatly vary and the affected individuals may not display any of these characteristics. Typically, PCOS becomes evident during adolescence, when a normal menstrual pattern fails to establish and there are clinical signs of excessive androgen levels. Moreover, it's worth mentioning that 10% to 25% of women who do not exhibit clinical signs of PCOS may still show polycystic ovaries when examined through ultrasonography. These individuals are often referred to as having polycystic-appearing ovaries (PAO) or polycystic ovarian morphology (PCOM). Some of them may be at risk of developing PCOS in the future.

Diagnostic Criteria^[2]:

- 1) **Rotterdam Criteria:** two of the following three should be present:
 - a) Oligoovulation or anovulation, b) Polycystic ovaries

on ultrasonography (12 or more follicles in a single ovary or ovarian volume of >10mm³ in 1 ovary), c) Clinical and/or biochemical hyperandrogenism.

- 2) **National Institutes of Health Criteria:** Oligoovulation or anovulation and clinical or biochemical hyperandrogenism.
- 3) **Androgen Excess Society:** a) Clinical or biochemical hyperandrogenism and at least 1 of the following should be present. b) Polycystic ovaries or Oligoovulation or Anovulation.

Pathophysiology^[1, 2, 3]:

Dysregulation of Gonadotropin-Releasing Hormone (GnRH) results in disrupted patterns of Luteinizing Hormone (LH) release, leading to increased LH pulsation and elevated ratios of circulating LH to Follicle Stimulating Hormone (FSH). The heightened LH levels promote excessive androgen production by the ovaries, while reduced FSH levels impair proper maturation of follicles and diminish Progesterone production. This decreased progesterone triggers negative feedback to the Hypothalamus, causing an increase in GnRH secretion. The elevated LH levels contribute to the formation of an excessive mass of stromal cells, which in turn leads to abnormal androgen and testosterone production. Excessive androgen levels can lead to hyperinsulinemia, which inhibits Sex Hormone Binding Globulin (SHBG). This association is observed in individuals with a body mass index (BMI) exceeding 25Kg/m², exhibiting Acanthosis nigricans, or having a waist-to-hip ratio higher than 0.85.

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Obesity plays a significant role in inducing insulin resistance and hyperinsulinemia. Furthermore, dysregulation of GnRH can potentially result in hyperprolactinemia, which further amplifies androgen production. Insufficient levels of FSH disrupt follicular growth, leading to anovulatory cycles and infertility. Hirsutism is a common manifestation of hyperandrogenism.

Clinical Features ^[1, 2, 3]:

- Anovulation
- Menstrual Irregularity
- Obesity
- Acanthosis Nigricans
- Hirsutism
- Acne
- Baldness
- Thyroid dysfunction

Laboratory Findings and Diagnosis ^[1, 2, 3]:

- Ultrasound findings are confirmative for PCOS.
- Serum levels of raised LH or LH:FSH ratio is more than 2:1
- Raised testosterone, androgen, estradiol and dehydroepiandrosterone (DHEAS)
- Raised fasting insulin levels >25µIU/mL.
- Laparoscopy

Complications ^[1, 2, 3]:

- Infertility
- Endometrial cancer
- Miscarriage
- Type 2 Diabetes
- Dyslipidaemia
- Sleep apnoea
- Fatty liver
- Depression

General Management:

- **Lifestyle modifications:** This is the first line of treatment and has been established that even a modest reduction in weight (around 5-10%) can result in significant improvements in various clinical aspects, including psychological well-being, reproductive health, and metabolic functions.
- **Weight loss:** BMI of < 27
- **Diet Modifications:** Consuming foods with a low glycemic index, limiting the intake of carbohydrates, and reducing the consumption of foods high in polyunsaturated fatty acids (PUFA).
- **Exercise:** Engaging in aerobic exercises such as walking, jogging, swimming, and similar activities for a minimum of 30 minutes, at least five days per week.

Homoeopathic Approach:

Miasmatic Background of Polycystic Ovarian Syndrome: ^[4,5]

	PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
Menstruation	Scanty, watery menses. Retarded menses short duration.	Fish – brine odour and the stain of menstrual blood is difficult to wash off. Abundant and painful.	Profuse, acrid and offensive menses. Metallic odour. Irregular menses in both quantity and frequency.	Copious bright red with lots of clots. Profuse and long-lasting menstrual period.
Pain	Occurs at puberty and pains are sharp.	Extremely sharp and colicky, spasmodic and paroxysmal pain.	Characterized bony pains and lumbago.	Exhaustive pain.
Discharges	Scanty, watery and bland. Foetid blood.	Acrid, excoriating, burning in pudendum, offensive, dark and large clots and stringy.	Acrid, offensive and profuse.	Prolonged, copious, bright red clots and long-lasting.
Infertility	Sterility from lack of sexual desire without any defects.	Hormonal imbalance from	Failure to release ovum from	Long lasting menses from
Skin	Pimples with dry skin.	Circular patches of hyperpigmentation and melanomas. Oily skin.	Depigmentation of skin.	

Rubrics for PCOS from different repertories: ^[6,7,8,9,10]

Repertory	Rubrics
Kent’s Repertory of Homoeopathic Materia Medica	<ul style="list-style-type: none"> • Genitalia-female-menses-absent, amenorrhoea • Genitalia-female-tumours-ovaries-cyst • Generals-obesity • Genitalia-female-tumours-ovaries-right • Genitalia-female-tumours-ovaries-left • Skin-discolouration-blackish
A Concise Repertory of Homoeopathic Medicines	<ul style="list-style-type: none"> • Menses-absent, amenorrhoea, suppressed • Ovaries-cystic • Obesity
Boericke’s New Manual of Homoeopathic Materia Medica with Repertory	<ul style="list-style-type: none"> • Female sexual system-menstruation-type-amenorrhoea • Female sexual system-ovaries-cysts, dropsy • Generalities-obesity • Hair-chin and upper lip in women; on

Boger Boenninghausen's Characteristics & Repertory	<ul style="list-style-type: none"> • Genitalia-femaleorgans-cyst • Generalities - Obesity
Complete Repertory	<ul style="list-style-type: none"> • Female-Tumours-Ovaries-Cyst
Minton Homoeopathic Uterine Therapeutic	<ul style="list-style-type: none"> • Periods, discharge of blood between the • Premature, returning too soon or too early • Premature and Profuse • Protracted, continuing too long • Profuse, Menorrhagia • Menstruation, time and quality of menstrual discharge • Scanty too • Short duration, of too
Synthesis Repertory	<ul style="list-style-type: none"> • Femalegenitalia/sex-tumours-ovaries-cyst • Femalegenitalia/sex-tumours-ovaries-cyst-right side • Femalegenitalia/sex-tumours-ovaries-cyst-left side • Femalegenitalia/sex-tumours-ovaries-cyst-painful • Skin-discolouration-blackish
Clarke's Clinical Repertory	<ul style="list-style-type: none"> • Ovaries-cysts of • Ovaries- Diseases of • Ovaries- Dropsy of
Homoeopathic Medical Repertory by Robin Murphy	<ul style="list-style-type: none"> • Female-cyst, genitalia-cyst, ovarian • Female-cyst, genitalia-cyst, ovarian-left • Female-cyst, genitalia-cyst, ovarian-right

Homoeopathic Therapeutics ^[11, 12, 13, 14]:

1) PULSATILLA NIGRICANS:

Menstruation that has been painful since puberty in plethoric girls. Amenorrhoea. Suppressed menses from wet feet, nervous debility, or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable with erratic pains, intermittent. Freckles on face. Nose bleed acts vicariously for the menses. Menses flow more in daytime and while walking about, very little at night.

2) FERRUM METALLICUM:

Copious, watery flow; haemorrhage or suppression, amenorrhoea - no flow at all, only a leucorrhoea. Menses ceases a day or two, and then return. Discharge of long pieces from uterus, partly fluid and partly black. Exophthalmic goitre after suppression of menses. Metrorrhagia. Menses too soon too profuse and lasting too long, with fiery red face, ringing in ears, pale, watery, debilitating.

3) ACTEA RACEMOSA:

Rheumatic dysmenorrhea. Amenorrhoea. Pain immediately before menses. Amenorrhoea in neuralgic subjects, nervous excitability, melancholy and pressive headache. Menses profuse, early; dark, coagulated; scanty, irregular, delayed, or suppressed with chorea or hysteria or mental disease.

4) APIS MELLIFICA:

Ovaritis, worse in right ovary. Menses suppressed, with cerebral and head symptoms., especially in young girls. Metrorrhagia profuse, with heaviness of the abdomen. Bearing down as if menses were to appear. Ovarian cyst with stinging pain.

5) THUJA OCCIDENTALIS:

Severe pain in left ovary and left inguinal region. Menses scanty, retarded. Profuse perspiration before

menses. Inflammation with pain in the left ovary, extending through the left iliac region into the groin and to left leg, worse form walking or riding. cysto-ovarium.

6) LACHESIS:

Pains, boring or burning, until relieved by a discharge of blood from the vagina. Shooting pains extending from the left to the right ovarian region. Stitching pressing, tensive pain with swelling of the left ovary. Menses too short, too feeble; pains, all relieved by the flow. Left ovary very painful and swollen, indurated.

7) LYCOPODIUM:

Burning, stitching pains in ovaries; relieved by urinating; sharp, shooting pains, extending from right to left ovarian region. Menses too late; last too long, too profuse. Pain in the right ovarian region.

8) SEPIA OFFICINALI:

Irregular menses of nearly every form-early, late, scanty, profuse. Violent stitches upward in the vagina, lancinating pains from the uterus to the umbilicus. Bearing down sensation as if everything would escape though the vulva, feels as though she must cross her legs to prevent everything coming out. Dull heavy pain in the ovaries.

9) PLATINUM METALLICUM:

Menses too early, too profuse, too long-lasting; dark, clotted, offensive, pains in uterus with twitching; genitals sensitive. Metrorrhagia; Flow in black clots and fluid, thick, blacky, tarry.

10) COLOCYNTHIS:

Boring pain in the ovary. Must bend double, with great restlessness. Round, small cystic tumours in the ovaries or broad ligament. Wants abdomen supported by pressure. Cramp like pain in left ovary; in uterus, as if parts were squeezed in a vice. Ovarian cyst.

2. Conclusion

Polycystic Ovary Syndrome (PCOS) is on the rise among women of reproductive age and brings with it lifelong complications. Approximately 30% of PCOS patients are affected by obesity. In light of the side effects associated with conventional treatments such as hormonal therapy, there is a growing interest in alternative approaches like homeopathic management. Homeopathy offers a potential way for addressing this condition and can greatly enhance the quality of life for patients. As the prevalence of PCOS continues to rise, there is a growing demand for therapies that enable patients to lead a normal and healthy life. Homeopathy serves the purpose of simple, permanent and rapid treatment by restoring hormonal balance, alleviating symptoms, and supporting overall well-being.

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