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## PCOS and lesser known homoeopathic medicines

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### Abstract

Polycystic ovarian syndrome (PCOS) is an endocrine disorder that affects approximately 5% of all women which are very commonly found in day-to-day (routine) practice. PCOS is a hyperandrogenic disorder associated with chronic oligo-anovulation, manifested by irregular menstrual cycles, excess unwanted hair, baldness, acne and polycystic ovarian morphology. 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. Risk factors for PCOS in adults includes Type I and II Diabetes, and gestational Diabetes. Insulin resistance affects 50 % - 70% of women with PCOS leading to a number of comorbidities. However, the patients present with many complications and it is difficult to cure in contemporary system and treatment is also very costly. Homoeopathic medicines are very effective in chronic hormonal syndrome in an individual, where hormone-related treatment or surgery is otherwise advised. Proper diagnosis and management of PCOS is essential to address patient concerns but also to prevent future metabolic, endocrine, psychiatric, and cardiovascular complications. This article is a brief review of PCOS focussing on the current status including incidence and prevalence of PCOS, its relation with obesity, diagnosis, management and some lesser known homoeopathic medicines for PCOS.

**Keywords:** Polycystic ovary syndrome, hyperandrogenism, insulin resistance, amenorrhoea, hirsutism, homoeopathy

### Introduction

Polycystic ovary syndrome (PCOS) is a health problem that affects 1 in 10 women of childbearing age <sup>[1]</sup>. Polycystic ovary syndrome (PCOS) is a complex metabolic, endocrine and reproductive disorder <sup>[2]</sup>. The term 'polycystic' means 'many cysts', and PCOS gets its name because of the clusters of small, pearl-size cysts in ovaries. These cysts are fluid-filled bubbles (called follicles) that contain eggs that have not yet been released because of the hormonal imbalance <sup>[3]</sup>. It is manifested by irregular menstrual cycles and polycystic ovaries, excess unwanted hair and baldness, although not all patients have all these features.

It is present in 12–21% of women of reproductive age, depending on the criteria used and the population assessed. Various guidelines have been issued regarding diagnosis of PCOS. The prevalence estimates also vary according to the criteria from 4%–8% as per the (National Institute of Health) NIH/NICHD (National Institute of Child Health and Human Development) criteria to as high as 15%–20% when the (European Society of Human Reproduction and Embryology) ESHRE/ASRM (American Society for Reproductive Medicine) criteria are used. A cross-sectional study among adolescent and young girls in Mumbai, India, indicated the prevalence of 22.5% by Rotterdam and 10.7% by Androgen Excess Society criteria <sup>[2]</sup>.

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 <sup>[3]</sup>.

### Aetiology

The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by gestational environment, lifestyle factors or both. Women who have PCOS are at an increased risk for cardiovascular disease, diabetes and pre-diabetes, endometrial carcinoma, heart attack, hypertension, high levels of low-density lipoprotein and low levels of high-density lipoprotein. Some authors have shown that women who have PCOS are more

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prone to depression, anxiety, low self-esteem, negative body image and psychosexual dysfunction<sup>[3]</sup>

### Relation with obesity

Studies consistently show a higher prevalence of PCOS in women who are overweight and obese, and up to 30% of indigenous women who had a body mass index (BMI) >30 kg/m<sup>2</sup> met PCOS diagnostic criteria. Women with PCOS also have a higher rate of weight gain than those without PCOS-about 1-2 kg/year<sup>[4]</sup>. Up to 40% of women with PCOS develop either impaired glucose tolerance or type 2 diabetes by age 40 as reported in the British Journal of Obstetrics and Gynecology in 2000<sup>[3]</sup>.

The adipose tissue (fat) is considered an endocrine and immunomodulator organ; it secretes leptin, adiponectin and cytokines which interfere with insulin signalling pathways in the liver and muscle resulting in insulin resistance, and hyperinsulinemia. Increased birth weight in obese and PCOS mothers can also cause PCOS in adolescent daughters. It is now proved that insulin resistance with resultant hyperinsulinemia initiates PCOS in 50-70 % cases, though hypothalamic-pituitary-ovarian axis and adrenal glands are also involved to some extent<sup>[5]</sup>.

### Pathology

The ovaries are enlarged, with ovarian volume increased >10cm<sup>3</sup>. Stroma is increased. The capsule is thickened and pearly white in color. Multiple follicular cysts (>12) having diameter of 2-9 mm are crowded around the cortex<sup>[6]</sup>.

### Clinical features

1. Oligomenorrhoea or often amenorrhoea of a few months duration.
2. Obesity.
3. Hyperandrogenism in the form of acne and hirsutism (abnormal hair growth on body, face).
4. Infertility in approximately 30 % cases.
5. Features of Diabetes Mellitus.
6. Hyperinsulinemia, which may manifest as acanthosis nigricans (dark, coarse and thickened skin with a velvety texture) (5%) over the nape of neck, axilla and below the breasts; 75% obese women reveal hyperinsulinemia<sup>[6]</sup>.

### Diagnosis

1. The Rotterdam consensus is the most widely criteria accepted across Europe, Asia and Australia and was the definition used for the guideline<sup>[4]</sup>. In 2003, the Rotterdam (ESHRE/ASRM) proposed that the diagnosis include two of the following three criteria:
  - 1.1 Oligo/amenorrhoea: absence of menstruation for 45 days or more and/or ≤8 menses/year.
  - 1.2 Clinical and/or biochemical hyperandrogenism, manifested by acne, hirsutism and/or altered hormone levels.
  - 1.3 Polycystic ovaries: presence of >10 cysts, 2–8 mm in diameter, usually combined with increased ovarian volume of >10 cm<sup>3</sup>, and an echo-dense stroma in pelvic ultrasound scan<sup>[3]</sup>.
2. Health related quality of life can be assessed by PCOSQ consisting of 26 questions divided into 5 domains with 7-point scale in which 7 represents optimal function and 1 represents the poorest function<sup>[7]</sup>.

3. 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)
4. Acne can be evaluated as per acne global severity scale score from 0 to 1 wherein 0 represented normal skin and 5 reflected most inflammatory acne<sup>[2]</sup>.

### Management

A lifestyle program that addresses a healthy diet with caloric restriction, behaviour change support and exercise to aid in weight loss and prevention of future weight gain is the best first line treatment for PCOS. Even a small amount of weight loss (5%) can help restore menstrual cycle regularity and ovulation, assist mental wellbeing, half the risk of diabetes in high risk groups and help prevent future cardio metabolic risk<sup>[4]</sup>.

### Homoeopathic therapeutics in PCOS

No definite cure is available for PCOS except for the hormonal treatment and alteration of lifestyle in the modern medicine. As per the principles of Homoeopathy, which is based on dynamisation and focuses on the physical as well as the psychological wellbeing of the patient, well indicated constitutional remedy on the basis of totality of symptoms can work well. Medicines such as Natrum Mur, Pulsatilla, Apis, Ignatia, Calc. carb, Kali brom, Sepia, etc. have a great effect if given on the basis of similarity and are also the prescription of majority of cases for PCOS. However, when the polychrest or constitutional remedies are not indicated or fail to relieve in the case, then the indigenous, rare, and other medicines could be considered<sup>[8]</sup>. There are some rare medicines which also have tremendous effects in cases of PCOS but are usually untouched by the prescribers.

Characteristics symptoms of *lesser known homoeopathic medicines* for PCOS are:

1. **Aurum iodatum:** Ovarian Cyst, myomata uterus<sup>[9]</sup>. Induration of ovaries. Strong desire for open air. Extreme thirst<sup>[10]</sup>.
2. **Aurum muriaticum natronatum:** Ovaries indurated. Coldness of abdomen. Leucorrhoea, with spasmodic contraction of vagina<sup>[9]</sup>. Asymptomatic ovarian and uterine tumors. Atonic amenorrhoea, scanty and delaying menses, deficient sexual desire, infertility from ovarian torpor, ovarian dropsy<sup>[10]</sup>.
3. **Eupionum:** Burning in the right ovary. Gushing leucorrhoea. After menses, yellow leucorrhoea with severe backache. Sacrum painful as if broken. Intense sweat from the slightest exertion<sup>[9]</sup>.
4. **Gossypium herbaceum:** Intermitent pain in the ovaries. Morning sickness with flow of saliva, before breakfast, with a sensitive uterine region. Suppressed menstruation. Backache, weight & dragging in the pelvis<sup>[9, 10]</sup>.
5. **Oleum jecori aselli:** Establishes the menstrual flow, and restores it when in abeyance. Abnormal growth of hair on face. Yellow leucorrhoea. Soreness of every parts<sup>[10]</sup>.
6. **Oophorium/ Ovininum:** suffering following ovariectomy. Climacteric disturbances generally. Ovarian cysts. Cutaneous disorders and acne rosacea<sup>[9]</sup>.
7. **Ova tosta:** Leucorrhoea profuse and offensive with sensation as if the back were broken into two and tied

with a string <sup>[9]</sup>.

8. **Palladium metallicum:** Chronic oophoritis. Pain and swelling in the region of right ovary. Shooting or burning pains in the pelvis, bearing down; relieved by rubbing. Soreness and shooting pain from navel to the breast. Right ovary affected <sup>[9]</sup>.
9. **Senecio:** Menses retarded, suppressed. Functional amenorrhoea in young girls with backache. Before menses, inflammatory conditions of throat, chest and bladder. After menses commences, these improve <sup>[9]</sup>. Pain from ovaries to breast <sup>[10]</sup>.

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