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A study on the role of psychosomatic factors in the development of PCOS in females aged 18–40 years and its homoeopathic management

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Abstract

Background and Objective: Polycystic Ovary Syndrome (PCOS) is the most common endocrine disorder affecting women of reproductive age worldwide. It presents with a broad range of clinical manifestations including reproductive issues (infertility, hyperandrogenism, hirsutism), metabolic disturbances (insulin resistance, impaired glucose tolerance, type 2 diabetes, increased cardiovascular risks), and psychological problems (higher anxiety, depression, reduced quality of life). Despite its prevalence, PCOS remains not fully understood. Globally, PCOS affects 8–13% of women according to the World Health Organization, while in India its prevalence varies from 3.7% to 22.5% depending on diagnostic criteria. Beyond physical symptoms, PCOS severely impacts psychological well-being, with patients often experiencing stress, anxiety, emotional suppression, and internal conflicts that may worsen symptoms or contribute to disease persistence. Emotional factors like fear of rejection, unresolved anger, and performance pressures are key psychosomatic triggers observed clinically.

Homoeopathy, as a holistic medicine, emphasizes individualized treatment based on the totality of symptoms including mental and emotional characteristics. According to Dr. Samuel Hahnemann's Organon of Medicine, understanding the patient's mental disposition is essential for selecting the true similimum. This study, titled "A Study on the Role of Psychosomatic Factors in the Development of PCOS in Females Aged 18–40 Years and its Homoeopathic Management," explores the relationship between psychosomatic factors and PCOS development, and evaluates the effect of individualized homoeopathic remedies.

Materials and Methods: Thirty clinically diagnosed PCOS patients aged 18–40 were observed prospectively at Government Homoeopathic Medical College and Hospital, Bhopal. Case histories were taken emphasizing psychosomatic aspects. Remedies were prescribed individually using Kent's method and RADAR Synthesis software. MYMOP and PSS scales assessed symptom severity and quality of life pre- and post-treatment. Paired t-test was used for analysis.

Results: Among 30 patients, 13.3% showed marked, 53.3% moderate, 30% mild, and 3.3% insignificant improvement in physical symptoms. Psychological symptoms showed moderate improvement in 23.3%, mild in 70%, and insignificant in 6.6%. Both MYMOP and PSS scores showed statistically significant reduction ($p<0.05$). Pulsatilla was the most common remedy prescribed. Psoro-sycotic miasm predominated.

Conclusion: Individualized homoeopathic treatment addressing psychosomatic factors offers significant symptomatic relief in PCOS patients. Incorporating emotional and psychological aspects in remedy selection improves outcomes. Further large-scale, controlled studies with longer follow-up are needed to confirm these findings.

Keywords: Polycystic ovary syndrome (PCOS), psychosomatic factors, individualized homeopathy, MYMOP score, PSS scale, holistic management

Introduction

"THE BODY keeps the score: It remembers the trauma even when the mind tries to forget" Bessel Van Der Kolk.

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition by the World Health Organization emphasizes that health cannot be fully understood or restored without considering the mind-body connection. In recent years, this connection has gained substantial attention in understanding chronic diseases, including Polycystic Ovary Syndrome (PCOS), which affects nearly 8–13% of women of reproductive age globally [1]. In India alone, PCOS prevalence is estimated to be around 3.7% to 22.5%, [2] making it one of the leading

endocrine disorders among young females. In the U.S., a study found a prevalence of 5.2% among women aged 16 to 40, with higher rates in Hispanics (6.8%) and lower rates in Asians (4.0%) [3]. The incidence of PCOS has increased, from 1.4 million cases in 1990 to 2.1 million in 2019 [4]. In 2017, 1.55 million women of reproductive age were affected, leading to 0.43 million disability-adjusted life-years (DALYs) [5]. The rising prevalence and associated health impacts emphasize the need for better awareness and management strategies.

Age-Specific Trends in PCOS: It predominantly affects Indian women in their reproductive years, with varying prevalence across age groups. As per the results of a large scale survey conducted across India in 2020, about 16% of women respondents between the ages of 20 and 29 years suffered from PCOS [6]. A recent U.S. study reported that the average age at diagnosis is approximately 26.9 years [7]. This age group is vulnerable due to reproductive health demands and lifestyle factors like diet, physical inactivity, and stress. Early PCOS diagnoses in adolescents are rising, driven by symptoms like irregular menstruation and hyperandrogenism, often linked to obesity and sedentary habits [2].

PCOS is commonly associated with symptoms such as menstrual irregularities, acne, obesity, hirsutism, and infertility. However, research increasingly highlights the psychological burden carried by these patients. Women suffering from PCOS are not only battling hormonal imbalance but also mental health issues such as anxiety, depression, irritability, and reduced quality of life. According to studies, women with PCOS are more likely to experience psychiatric comorbidities, with nearly 60% reporting symptoms of moderate to severe stress or emotional disturbance.

Examination, Diagnosis and Investigation of PCOS: Defining and diagnosing PCOS is essential to identify associated health risks, including increased morbidity and mortality. While PCO morphology on ultrasound is common, it doesn't directly pose a risk but can increase the risk of ovarian hyper stimulation syndrome with ovulation-inducing drugs.

Diagnostic Parameters [8]

Criteria Source	Diagnostic Components
1. NIH Statement (1990)	1. Hyperandrogenism and/or Hyperandrogenemia 2. Oligo-anovulation 3. Polycystic ovarian morphology 4. Exclusion of related disorders
2. ESHRE/ASRM Statement (Rotterdam criteria, 2003)	Oligo-anovulation or anovulation (e.g., Amenorrhoea or irregular uterine bleeding) 1. Clinical and/or biochemical signs of hyperandrogenism (e.g., Hirsutism, elevated testosterone) 2. Polycystic ovaries (≥ 12 follicles measuring 2-9 mm or ovarian volume > 10 mL in at least one ovary) 1. Exclusion of related disorders
3. AES Suggested Criteria (2006)	1. Hyperandrogenism (Hirsutism and/or biochemical hyperandrogenism) 2. Ovarian dysfunction (Oligo-anovulation and/or polycystic-appearing ovarian morphology)

Investigations [8]

There is no single test diagnostic for PCOS & number of investigations in unison is useful to confirm the diagnosis.

Table 1: Investigations in PCOS

	TEST	Diagnostic Feature
1.	Day 2 serum FSH /LH	Raised LH, decreased or normal FSH LH:FSH > 2-3 : 1
2.	S. Testosterone	Raised
3.	S. DHEA	Raised
4.	S. Free Estradiol	Increased
5.	S. Prolactin	Increased
6.	S. Fasting Insulin	Increased
7.	GTT	Impaired
8.	S. Fasting glucose: Insulin ratio	< 4.5
9.	USG	“Necklace” / “string of pearls” appearance
10.	Laparoscopy	“Oyster” ovaries

"Psychosomatic" The term "psychosomatic" describes the relationship between the mind (psyche) and the body (soma), emphasizing how emotional and mental states can profoundly affect physical health. Psychosomatic disorders, also called psycho-physiological disorders, occur when psychological stress negatively affects physical (somatic) functioning, leading to distress. The link between emotional and psychological factors and physical illnesses has been recognized for centuries. These disorders can affect nearly any part of the body, though they are most commonly seen in systems that are not under voluntary control [9].

Various types of physical and mental stresses, such as chronic illness, overindulgence, child abuse, feeling of being neglected, reproach, failure, fear, fright, suppressed anger, mortification, debauchery, bachelorhood, marital conflicts and so on. Thus we can say that thoughts may be involved in causing physical illness. Not only they cause the disease but they can make the diseased conditions worsen. To an extent, most of the diseases are “psychosomatic.’’ There is a mental aspect to every disease. Here we have to understand various reactions towards many conditions, which may vary from person to person. The present study is to find out how far PCOS is associated with psychogenic cause.

Stress is believed to influence ovarian function, but it remains uncertain whether ovarian dysfunction triggers anxiety or if stress leads to ovarian damage. Stress is often overlooked as a factor contributing to reproductive issues. Activation of the stress response system suppresses the hypothalamic-pituitary-ovarian (HPO) axis, leading to hormonal imbalances. Perceived daily stress can reduce levels of estrogen, progesterone, and luteinizing hormone (LH) while increasing follicle-stimulating hormone (FSH) in reproductive-aged individuals. Furthermore, the psychological distress caused by reduced ovarian function may amplify the link between stress and ovarian impairment. Individuals with a history of depression tend to have higher FSH and LH levels, lower estradiol levels, and are twice as likely to experience an earlier transition to per menopause compared to those without depressive symptoms [10].

Mechanism of ovarian dysfunction caused by mental stress

Stress Activation
↓
HPA axis and SAM axis are activated by psychological stress.
↓
SAM Axis Response
↓
Norepinephrine (NE) is released, stimulating the adrenal medulla to discharge epinephrine.
↓
HPA Axis Response
↓
Hypothalamus secretes CRH and AVP to stimulate the pituitary to release ACTH, which triggers cortisol production.
↓
Prolonged Stress Effects
Persistent cortisol leads to visceral fat, insulin hyper secretion, and reduced growth hormone, causing hypogonadism (e.g., subfertility, loss of libido).
↓
Hormonal Disruption
↓
Elevated cortisol disrupts GnRH, LH, and FSH, impairing ovarian function and ovulation.
↓
Metabolic Impact
↓
Stress-induced lipid and glucose metabolism irregularities exacerbate ovarian dysfunction.
↓
Ovarian Dysfunction
↓
Combined effects result in irregular cycles, decreased ovarian reserve, and impaired reproductive function.

[Hypothalamic-Pituitary-Adrenal (HPA) axis, Sympathetic-Adrenal-Medullary (SAM) axis, Corticotrophin-Releasing Hormone (CRH) and Arginine Vasopressin (AVP), Adrenocorticotropic Hormone (ACTH)] [10]

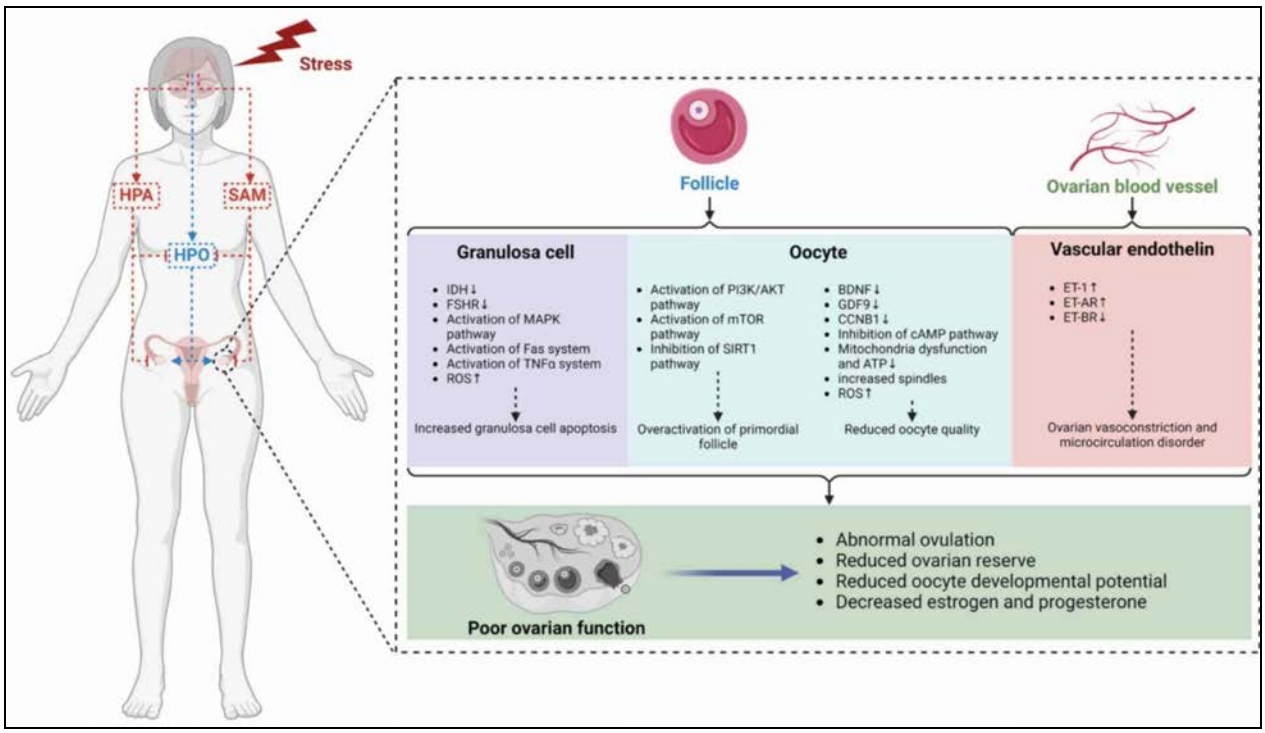

Fig 1: Mechanisms of ovarian dysfunction caused by stress. Psychological stress affects ovarian function and inhibits the HPO axis by activating the HPA and SAM axes. This causes increased granulosa cell apoptosis, diminished oocyte quality and excessive activation of primordial follicles, culminating in decreased ovarian reserve. Meanwhile, psychological stress leads to disorder of the vascular endothelin system of the ovary, resulting in ovarian vasoconstriction and microcirculation disorder. Figure created with BioRender.com. HPA, hypothalamic-pituitary-adrenal; SAM, sympathetic-adrenal-medullary; HPO, hypothalamic-pituitary-ovarian; IDH, is citrate dehydrogenase; FSHR, follicle-stimulating hormone; ROS, reactive oxygen species; BDNF, brain derived neurotrophic factor; GDF, growth differentiation factor; CCN, cyclin; ET-AR, ET-receptor types A. [10]

Psychosomatic illness refers to physical disorders that are caused or aggravated by emotional and psychological stress. In the context of PCOS, psychosomatic factors such as chronic stress, suppressed emotions, anxiety, low self-esteem, and internal conflicts have been increasingly recognized as contributing to its development and persistence. Psychological stress can disrupt the hypothalamic–pituitary–ovarian (HPO) axis, leading to hormonal imbalance and menstrual irregularities. These disturbances may play a significant role in triggering or exacerbating PCOS symptoms such as anovulation, hirsutism, and obesity. Emotional responses like helplessness, fear of rejection, performance pressure, and suppressed anger are commonly reported in clinical cases and may directly influence neuroendocrine functioning through the hypothalamic- pituitary-adrenal (HPA) axis [4]. According to Azizi (2016), stress-related cortisol dysregulation may further worsen insulin resistance and metabolic dysfunction, forming a vicious cycle that perpetuates PCOS [11]. These findings highlight the importance of exploring psychosomatic dimensions in the understanding and management of PCOS. This has been further supported by studies which established a strong association between life stress events and functional amenorrhea, and by Hu et al., who observed how psychological distress impairs ovarian function and fertility outcomes [12].

In PCOS, these psychological triggers often precede or parallel the appearance of physical symptoms. The mind-body connection is well recognized in homoeopathy, where it is acknowledged that mental and emotional stressors can be primary contributors to disease. According to Dr. Hahnemann's Organon of Medicine, "the state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy". In classical homoeopathy, this interplay of mind and body has long been acknowledged in §211–213 of the Organon of Medicine, emphasized that in chronic and especially one-sided diseases, the emotional and mental disposition of the patient must be understood in full depth. [13] Homeopathy's individualized approach involves treating not just the disease, but the whole person — physically, mentally, and emotionally. As Dr. Stuart Close rightly said, "Disease is always the suffering of the whole man," and cure must also occur on all three levels [14].

According to Dr. J.T. Kent, "Man is prior to the body, and disorder in man's will and understanding precedes disorder in the tissues of the body. Disease first affects the mental sphere before becoming localized in the physical organs" [15]. He further states in his lectures that unless the mental symptoms are included in the totality, the prescription cannot reach the deepest level of the disorder. In chronic ailments like PCOS, it becomes essential to understand the emotional makeup, past traumas, and stress patterns of the individual to reach a lasting cure. Thus, homoeopathy's stress on the mentals becomes a strong therapeutic advantage.

Despite various studies exploring the clinical management of PCOS through homoeopathy, a gap remains in examining how psychosomatic causes influence remedy selection and treatment outcomes. Some research has shown improvement with remedies like Pulsatilla, Sepia, and Natrum muriaticum in PCOS, but few studies have deeply explored how emotional states such as grief, domination, fear, suppressed anger, and loss conflicts contribute to the selection of the similimum and the healing process.

The present study aims to explore the psychosomatic dimension of PCOS and its relevance in individualized homoeopathic treatment. By using validated tools like the MYMOP (Measure Yourself Medical Outcome Profile) and the PSS (Perceived Stress Scale), the study evaluates how emotional triggers correlate with both physical symptoms and psychological well-being in women aged 18– 40 years.

Unlike conventional approaches that offer symptomatic relief through hormonal therapy and lifestyle changes, homoeopathy addresses the root psychosomatic causes by considering the patient's physical, mental, and emotional state. This study reaffirms the homoeopathic principle that true healing in chronic conditions like PCOS requires a holistic understanding of the patient's inner life.

By integrating psychosomatic assessment into case-taking, this research seeks to highlight the significance of individualized homoeopathic remedies in managing PCOS. It fills a crucial gap in current literature by emphasizing the mind–body connection and the long-term benefits of treating PCOS through a psychosomatic lens.

Need for study- There is a need to explore the psychosomatic factors contributing to the development of PCOS, as they are often overlooked in conventional treatment. Homoeopathy, with its emphasis on individualization and mind-body connection, offers a unique approach to address these root causes. This study aims to evaluate how emotional triggers influence PCOS and how individualized homoeopathic treatment can improve overall well-being.

Materials and Methods

The present study was a prospective, observational clinical investigation conducted over a period of one year at the Government Homoeopathic Medical College and Hospital, Bhopal, Madhya Pradesh, India. Data were collected from the outpatient and inpatient departments (OPD & IPD), as well as from health camps organized by the institution and its affiliated peripheral units. All homoeopathic medicines used during the study were sourced from the official dispensing unit of the institution. The target population primarily included individuals from Bhopal and nearby districts of Madhya Pradesh. Participants were selected based on defined inclusion and exclusion criteria. The inclusion criteria encompassed females aged 18–40 years with clinical and ultrasonographic evidence of Polycystic Ovary Syndrome (PCOS), and those in whom a significant psychosomatic cause—such as mental stress, trauma, or emotional conflict—was considered the most probable etiological factor. Patients from all religions, socioeconomic, and occupational backgrounds were included, provided they gave written informed consent and agreed to comply with the study protocol**.**

Exclusion criteria included females diagnosed with other medical conditions that could mimic PCOS (e.g., thyroid disorders, diabetes mellitus, adrenal hyperplasia), pregnant or lactating women, those undergoing hormonal therapy or other treatments that could affect PCOS presentation, patients with genetic or congenital predispositions, or those unwilling/unable to participate.

Initially, 51 patients were enrolled in the study, of which only 30 completed the full follow-up period; 21 patients dropped out due to various reasons. Individualized

homoeopathic treatment was administered to all participants. Remedy selection was based on detailed case analysis, evaluation of the patient's miasmatic background, and repertorization using RADAR Synthesis Treasure Edition (Version 9.1, 2009). The totality of symptoms was constructed in each case, considering personality traits, constitution, causation, keynote symptoms, and mental/emotional state. Potencies ranging from 30C to 1M were prescribed, with the dose and repetition tailored according to each case based on homoeopathic principles. Placebos were administered where necessary. Globules No. 30 served as the dispensing medium.

Comprehensive case data were collected through patient interviews and physical examinations. Prior to case taking, participants were informed about the study and signed a subject information sheet. Data were recorded using standardized case record forms, which included preliminary data (demographics), presenting complaints, history of complaints, past and family history, personal and general examination findings, and clinical diagnosis. Each case underwent miasmatic diagnosis, followed by repertorization and final selection of medicine from classical sources. Follow-ups were conducted every 15 days to 1 month for at least six months, with adjustments made in remedy or potency based on clinical response.

As PCOS is a chronic condition, potencies were repeated in some cases, increased in others, or changed altogether if required. Patients were advised on diet and regimen, including low-fat, low-carbohydrate diets, fiber-rich foods, and regular exercise. Lifestyle modifications such as stress management, meditation, proper hygiene, adequate sleep, and gradual weight loss were emphasized. Additional ancillary measures included maintaining a positive mindset and avoiding stressors.

Treatment outcomes were measured using two standardized assessment tools: the Measure Yourself Medical Outcome Profile (MYMOP) and the Perceived Stress Scale (PSS). The MYMOP assessed patient-identified symptoms and activity limitations using a 7-point scale, with improvement indicated by a reduction in score. The PSS, consisting of 10 questions rated on a 5-point scale (0–4), measured the level of stress perceived by the individual. Scores were stratified as low (0–13), moderate (14–26), and high (27–40) stress levels.

Data were analyzed using descriptive statistics, with results presented in the form of frequency tables, percentages, and graphical illustrations. The paired t-test was applied to determine the statistical significance of treatment outcomes. Percentage improvement was calculated using the formula: [(Baseline score − Post-treatment score) ÷ Baseline score] × 100. Based on this, treatment response was categorized into four grades:

1. **Insignificant improvement:** less than 25% symptom reduction.
2. **Mild improvement:** 25–49% reduction with some mental and physical improvement.
3. **Moderate improvement:** 50–74% reduction with overall improvement.
4. **Marked improvement:** ≥75% symptom reduction with significant clinical recovery.

The study relied solely on clinical methods, with no control group, and all patients were treated on an OPD basis. No concurrent allopathic or other alternative treatments were allowed during the study.

Observation and Result

In this study 51 patients were included. 21 patients were excluded from the final analysis due to various reasons. Therefore, 30 were finally included in this study. The statistical analysis of the study is based upon the data obtained from 30 patients of PCOS who completed the treatment; the statistical data was analysed and presented in the form of tables and charts.

Table 1: Distribution of patients according to their Age:

S. No.	Age group in years	Total	Percentage
1	18-20	4	13.33
2	21-25	16	53.33
3	26-30	4	13.33
4	31-35	5	16.66
5	36-40	1	3.33
	Total	30	100

Table 2: Distribution of patient according to Socio-economic Condition:

S. No.	Socio-economic condition	Number of patients	Percentage
1	Upper Middle Class	2	6.6
2	Middle Class	20	66.6
3	Lower Middle Class	07	23.3
4	Below Poverty Line	01	3.3
5	Total	30	100

Table 3: Distribution of Psychosomatic causes or factors:

S.no	Psychosomatic causes	No. of Patients	Percentage
1	Grief	4	13.33%
2	Fear	3	10%
3	Honour wounded	2	6.67%
4	Suppressed anger	4	13.33%
5	Neglection	3	10%
6	Domination	4	13.33%
7	Liberty desire	3	10%
8	Stress	3	10%
9	Appreciated not being	1	3.33%
10	Jealousy	2	6.67%
11	Suppressed emotion	1	3.33%
	Total	30	100%

Table 4: Distribution of cases according to Prescribed Medicine:

S.no	Medicine	No. of patient	Percentage
01	Sulphur	3	10
02	Ignatia amara	2	6.66
03	Calcarea sulphuricum	1	3.33
04	Phosphorus	4	13.33
05	Calcarea carbonica	3	10
06	Lycopodium clavatum	2	6.66
07	Natrum muriaticum	4	13.33
08	Apis mellifica	1	3.33
09	Pulsatilla nigricans	5	16.66
10.	Kalium carbonicum	1	3.33
11.	Sepia officionalis	4	13.33
Total		30	100

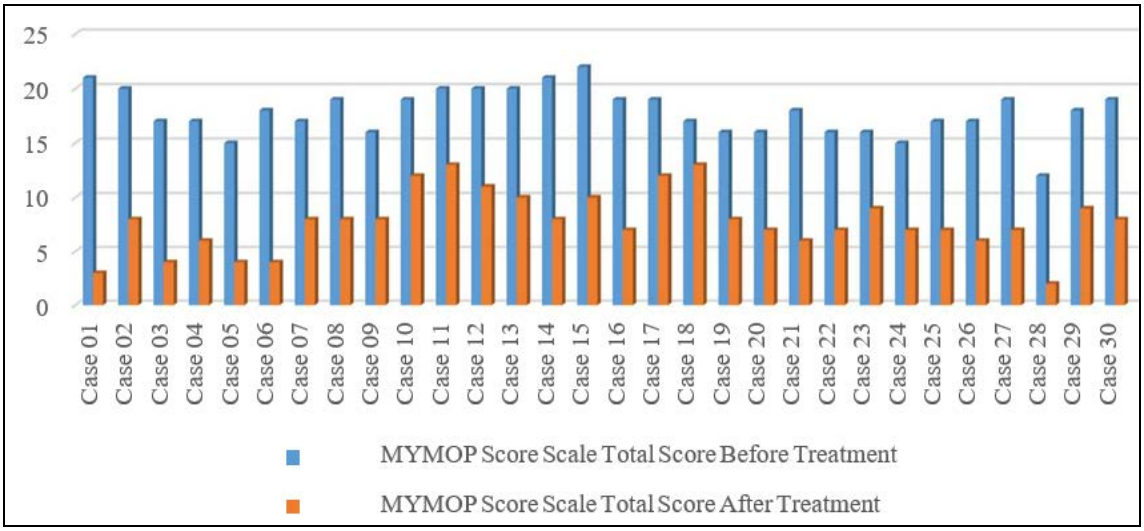

Fig 1: Change in the MYMOP score before and after treatment.

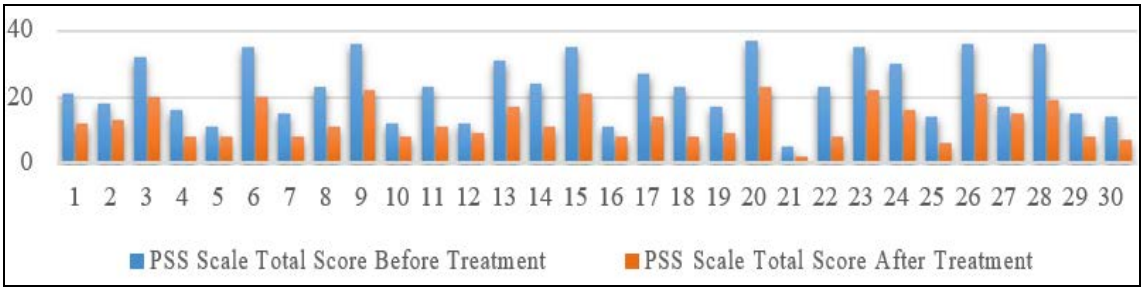

Fig 2: Change in the PSS score before and after treatment.

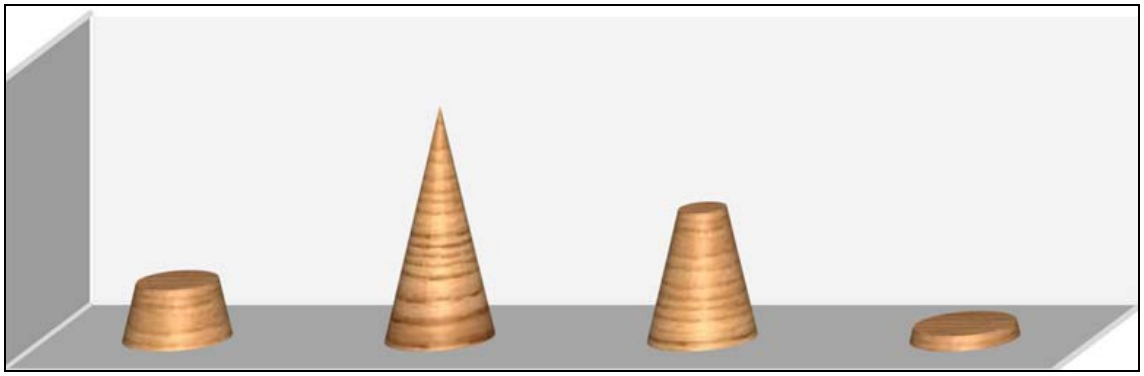

Fig 3: Distribution of cases based on treatment outcomes evaluated using MYMOP scores

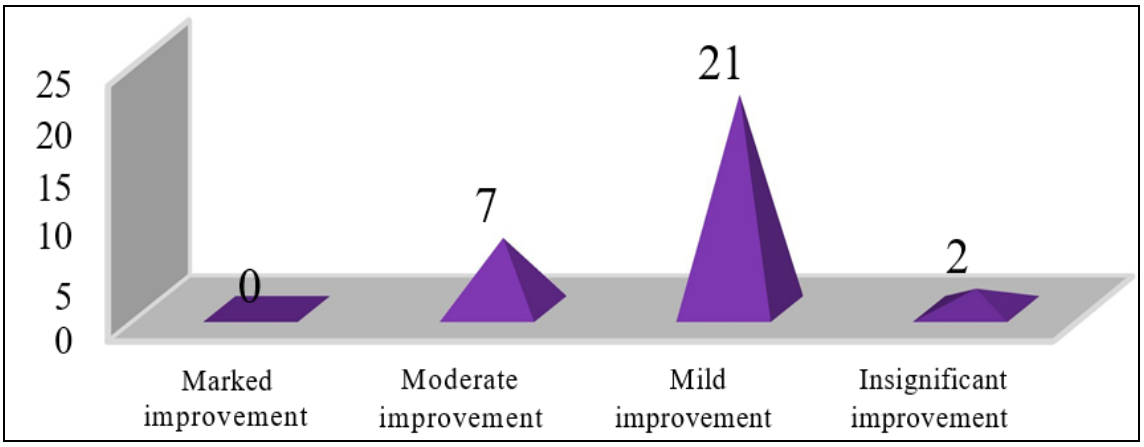

Fig 4: Distribution of cases based on treatment outcomes evaluated using PSS scores.

Statistical analysis

Table 5: Statistical Calculation on Mymop Scale.

Parameter	Value
Number of cases (n)	30
Degree of freedom (df)	29
MYMOP Score before treatment (X) — MYMOP Score after treatment (Y)	—
Mean difference ($\bar{D}$) = Σd / n	10.13
Σ (d − $\bar{D}$)²	211.4625
Standard Deviation (SD)	√ (Σ (d − $\bar{D}$)² / n−1) = √ (211.4625 / 29) = 2.70
Standard Error of Mean (SE)	SD / √n = 2.70 / √30 = 0.493
Calculated t-value (tcal)	$\bar{D}$ / SE = 10.13 / 0.493 = 20.54
Critical t-value (tcrit) at df=29 (p<0.05)	2.045

Comparison with the table value

The test statistic follows student's 't' distribution with n-1 (29) degree of freedom. Here tabled value of t' at 5% level of significance is 2.045. Since the calculated value of 't' is 20.54 is greater than the table value at 5% level of significance, hence we reject the null hypothesis.

Statistical Significance – p value = 7.82 × 10-19

Inference: This study provides the evidence to say that there is significance reduction in MYMOP score after giving homoeopathic medicine selected by considering psychosomatic cause found in the cases. Therefore, finding psychosomatic causes had a significant role in selection of similimum for management of PCOS.

Table 5: Statistical Calculation on PSS Scale.

Parameter	Value
Number of cases (n)	30
Degree of freedom (df)	29
PSS Score before treatment (X) —	—
PSS Score after treatment (Y) —	—
Mean difference ($\bar{D}$) = Σd / n	9.96
Σ (d − $\bar{D}$)²	628.97
Standard Deviation (SD)	√ (Σ (d − $\bar{D}$)² / n−1) = √ (628.97 / 29) = 4.66
Standard Error of Mean (SE)	SD / √n = 4.66 / √30 = 4.66 / 5.4772 = 0.8508
Calculated t-value (tcal)	$\bar{D}$ / SE = 9.96 / 0.8508 = 11.70
Critical t-value (tcrit) at df=29 (p<0.05)	2.045

Comparison with the table value

The test statistic follows student's't' distribution with n-1 (29) degree of freedom. Here tabled value of 't' at 5% level of significance is 2.045. Since the calculated value of 't' is 11.70 is greater than the table value at 5% level of significance, hence we reject the null hypothesis.

Statistical Significance – p value = 1.59831 × 10 -12

Inference: This study provides evidence that there is a significant reduction in the PSS score following the administration of homeopathic medicines, selected by considering the psychosomatic causes identified in the cases. The reduction in perceived stress levels supports the conclusion that addressing psychosomatic factors plays a crucial role in selecting the appropriate similimum for managing PCOS. Thus, the findings highlight the significance of incorporating psychosomatic considerations in homeopathic treatment for PCOS, leading to a meaningful improvement in the patients' perceived stress levels.

Discussion

The present study is an attempt to demonstrate the role of psychosomatic causes in the development of PCOS and their relevance in the selection of the similimum for managing PCOS homeopathically. It was conducted on patients suffering from PCOS who visited for consultations in the OPD, IPD, and other collaborative OPDs of the Govt. Homoeopathic Medical College and Hospital, Bhopal, Madhya Pradesh, as well as during regularly organized health camps, in accordance with the inclusion criteria over a period of 12 months. The selection of the medicine was based on the concept of totality and repertorial results.

A total of 30 cases were recorded using a pre-structured case record format. The cases were analyzed, and the totality of symptoms was evaluated. Symptom assessment scores were used for clinical evaluation both before and after treatment. The scores before and after treatment were calculated. To determine the statistical significance of the findings, a paired t-test was applied.

In a sample of 30 cases, the majority (53.3%) of patients were in the 21-25 age group, followed by 16.6% in the 31-35 age group, and 13.3% each in the 18-20 and 26-30 age groups. Only one patient (3.3%) was in the 36-40 age group. This age distribution aligns with findings from various studies on PCOS in India. A clinico-social study of PCOS in women of reproductive age reported a mean age of 22.74 years. [16] Additionally, a systematic review and meta-analysis on the prevalence of PCOS in India indicated that the pooled prevalence of PCOS among Indian women was 11.33%, with variations across different age groups, with a notable prevalence among respondents between the ages of 20 and 29 years, [18] reinforcing the higher prevalence observed in the 21-25 age range in this study.

In this study, 66% of PCOS cases were from the middle class, 23.33% from the lower middle class, 6.6% from the upper middle class, and 3.33% from below the poverty line. This is in line with a study published in the International Journal of Infertility and Fetal Medicine, which found that

45% of PCOS cases were from the middle socioeconomic class, with 62.67% residing in urban areas. [17] Some studies have observed a higher prevalence of insulin resistance in urban populations compared to rural counterparts, indicating that environmental and lifestyle factors play a significant role in the development of PCOS. [71]

In this study out of 30 cases, 16 patients (53.3 %) were students. 7 were in private job (23.3 %), 5 patients (16.6 %) were Housewives, and 2 were in Govt. job.

The most common presenting complaint was irregular periods 30 (100%) of cases followed by obesity and acne in 18 (60%) cases, complaint of facial hair and hair fall in 15 (50%), and acanthosis in 10 (33.33%) cases were seen. These findings are consistent with the research conducted by a clinico-social study of PCOS, which also highlighted similar symptom prevalence in their study of infertile women with PCOS. In their study, they reported (82.4%) irregular periods, (66.9%) obesity, acne, and (30.7%) hirsutism as common clinical manifestations, aligning with the symptoms observed in our sample [16].

Based on this study, out of 30 patients, 4 patients (13.33%) reported experiencing grief, suppressed anger, and domination. Additionally, 3 patients (10%) each reported fear, neglect, a desire for liberty, and stress as psychosomatic causes. Furthermore, 2 patients (6.67%) mentioned having feelings of wounded honor and jealousy, while 1 patient (3.33%) reported emotions such as a sense of being unappreciated and suppressed emotions.

In this study, the miasmatic analysis revealed that 14 patients (46.66%) had a predominant Psoro-sycotic miasmic background, while 9 patients (30%) exhibited a syco-syphilitic miasmatic background. Additionally, 4 patients (13.3%) showed a Psoro-syco-syphilitic miasmatic background, and 3 patients (10%) had a Psoro-syphilitic miasmatic background.

In this study, the most frequently prescribed remedy for PCOS was Pulsatilla, administered to 5 patients (16.66%), proving to be the most effective treatment. Four patients (13.33%) each were prescribed Natrum muriaticum, Phosphorus, and Sepia officinalis. Three patients (10%) each received Calcarea carbonicum and Sulphur. Additionally, 2 patients (6.67%) were treated with Lycopodium and Ignatia amara, while the remaining 1 patient (3.33%) each received Apis mellifica, Calcarea sulphuricum, and Kalium carbonicum, respectively.

The results of this study showed a significant reduction in PCOS symptoms. According to the MYMOP (Measure Yourself Medical Outcome Profile), 4 patients (13.33%) showed marked improvement, 16 patients (53.3%) exhibited moderate improvement, 9 patients (30%) had mild improvement, and 1 patient (3.33%) showed insignificant improvement. The statistical analysis, with a significance level set at $P < 0.05$, revealed that the calculated t-value (tc) was higher than the observed t-value, leading to the rejection of the null hypothesis (H0) and the acceptance of the alternative hypothesis (HA). This indicates that psychosomatic causes play a significant role in PCOS development and are crucial in selecting the similimum for homeopathic management.

Similarly, for the PSS (Perceived Stress Scale), 7 patients (23.3%) showed moderate improvement, 21 patients (70%) had mild improvement, and 2 patients (6.66%) showed insignificant improvement. The statistical analysis confirmed a significant change in PSS scores before and after treatment, reinforcing the relevance of psychosomatic causes in identifying the similimum for PCOS.

Limitations and Weaknesses of the Study

This study, while offering valuable insights into the role of psychosomatic causes in the selection of similimum for PCOS management, has several limitations. The small sample size of 30 patients restricts the generalizability of the findings, and a larger sample would enhance the reliability of the results. The short duration of the study also limited the ability to assess long-term outcomes. Additionally, the lack of a control group makes it difficult to conclusively evaluate the effectiveness of homeopathic treatment compared to other approaches.

The study used purposive sampling, which may have introduced bias, and randomization could have improved the robustness of the findings. Only centesimal potency was utilized in the treatment, and future studies should explore the efficacy of decimal and LM potencies to broaden understanding. Furthermore, the study relied on just 11 homeopathic remedies, which may not capture the full range of potential treatment options, suggesting that a wider selection of remedies could yield more comprehensive insights. Further studies with larger sample sizes, control groups, and longer follow-up periods are recommended.

Conclusion

This prospective study was conducted on 30 cases to evaluate the role of psychosomatic causes in the development of PCOS and their relevance in selecting the similimum for homeopathic management. The findings revealed that the majority of patients (53.33%) were in the 21-25 age group, with PCOS being more prevalent among individuals from the middle socioeconomic class (66%), highlighting the influence of environmental and lifestyle factors in urban settings. Regarding occupation, most patients were students (53.3%), followed by private job workers (23.3%), housewives (16.6%), and government employees (6.67%). Irregular periods were the most common presenting complaint, observed in all cases (100%), followed by obesity and acne (60%), facial hair and hair fall (50%), and acanthosis (33.33%). Psychosomatic causes, such as grief, suppressed anger, and domination (13.33%), as well as fear, neglect, liberty issues, and stress (10%), were frequently reported, underscoring the need to address emotional and mental health in PCOS management. Miasmatic analysis revealed a predominance of Psoro-sycotic miasm (46.66%), followed by Syco-syphilitic (30%), Psoro-syco-syphilitic (13.3%), and Psoro- syphilitic (10%) miasms. The most frequently prescribed remedies were Pulsatilla (16.66%), followed by Natrum muriaticum, Phosphorus, and Sepia officinalis (13.33% each), along with Calcarea carbonica and Sulphur (10% each). Treatment outcomes showed that, according to the MYMOP scale, 4 patients (13.33%) exhibited marked improvement, 16 (53.3%) showed moderate improvement, 9 (30%) showed mild improvement, and 1 (3.33%) showed insignificant improvement. Similarly, PSS results revealed moderate improvement in 7 patients (23.3%), mild improvement in 21 patients (70%), and insignificant improvement in 2 patients (6.66%). Statistical analysis using paired t-tests showed a significant reduction in MYMOP and PSS scores post-treatment ($p<0.05$), confirming the relevance of psychosomatic factors in PCOS development and their

importance in selecting individualized homeopathic remedies. This study emphasizes that, while psychosomatic causes are not the sole contributors to PCOS development, their consideration is crucial in achieving holistic management through homeopathy. The mental and emotional improvements observed further highlight the need to address these aspects in treatment.

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