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Importance of mental symptoms in homoeopathy prescription vis-à-vis therapeutic prescription in cases of PCOS

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Abstract
Background: PCOS is a complex condition characterized by elevated androgen level, menstrual irregularities and small cyst on ovaries affecting about 6-8% of women worldwide. This study is an attempt to compare the effect of two basis of treatment i.e. mental and therapeutically on BMI & Waist-Hip circumference in cases suffering from PCOS.
Methods: A comparative study between October 2017 to November 2018 on reproductive age group with menstrual irregularities which are prescribed on the basis of mental and therapeutic basis randomly by randomization table.
Result: Study shows that prescription on mental basis show significant improvement in BMI and Waist-Hip circumference then therapeutically.
Conclusion: Prescription on mental basis is more significant then prescription on therapeutic basis and BMI shows more significant improvement then Waist-Hip circumference in mental basis prescription.

Keywords: Importance, symptoms in homoeopathy, PCOS

Introduction

Poly cystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with ovarian expression of various metabolic disturbance and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism [1].

PCOS disease was discovered by and named as Stein-Leventhal syndrome in 1935 [1] PCOS affect about 116 million of women worldwide [2]. It one of the most common human disorders and the single most common endocrinopathy among women of reproductive age [2]. In India, nearly 40% of women are affected by PCOS. But among them, only 60% report to hospitals for treatment, when they recognize that they have got infertility [3]. 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 [4]. Large amounts of testosterone is secreted in PCOS which possibly prevent ovaries from releasing an egg each month, thus causing infertility, which may be the result of high levels of insulin that stimulate ovaries to produce excess testosterone [4]. High testosterone levels can also cause excessive hair growth, simulating male pattern baldness and acne. In patients with PCOS, insulin resistance causes fat deposition and excessive production of testosterone [4].

Method

A comparative study on reproductive age group with PCOS which are prescribed on the basis of mental and therapeutic basis, With BMI and Waist-Hip circumference. The Study was done in OPD of Mangilal Nirban Homoeopathic Medical College & R.I. Bikaner, Rajasthan.

Patients were enrolled as and when they came to the OPDs according to inclusion criteria till 3 months. They were randomized in two groups one group was prescribed on mental symptoms and other group was prescribe on therapeutic basis. They were followed up to 9 months and then analyzed. Thus total samples to be taken was 100 cases.

- Group A- 50 cases- Prescribing on *Mental symptoms*
- Group B- 50 case- Prescribing on *Therapeutics.*

Inclusion criteria

Screening- Screening was done on the basis of presenting complaints.

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- Cases with PCOS Reproductive age group were included in the study irrespective of their, caste, religion & duration of illness.
- Patients who gave consent for the study.

Exclusion criteria
- Females who, were pregnant or lactating.
- Cases with any other severe systemic disorder already diagnosed or diagnosed during screening if clinical features were suggestive of some other sever systemic illness.
- Patient pursuing other treatment and are not willing to leave it.
- Patient who, taken contraceptive pills.

The study was approved by the institutional ethics committee. Written informed consent was taken. All the data was entered in MS excel for statistical analysis.

Result

For this study 100 sample size was taken out of which 4 patient was dropped out so, This study was done on the 96 patients who came to OPD. 100 patients enrolled within 3 months, and divided into two groups by randomization table group A for prescription on mental and group B for prescription on therapeutic basis. Both groups were studied on habitat, occupation, age group, socioeconomic status, body mass index, and waist hip ratio.

Table 1: Distribution of 100 cases according to age group.

Age Group	Percentage
Youth	45%
Adult	55%

Table 2: Distribution of 100 cases according to occupation.

Occupation	Percentage
House hold worker	27%
Sitting job	24%
Farmer	18%
Student	15%
Lecturer	7%
Labor	6%
Advocate	1%

Table 3: Distribution of 100 cases according to habitat.
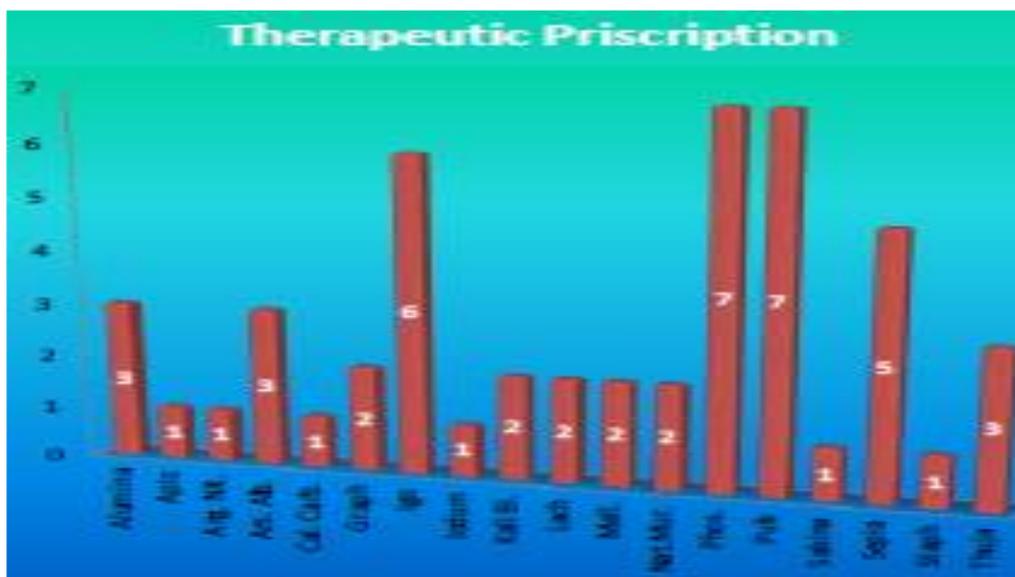
Habitat	Percentage
Urban	48%
Rural	52%

Table 4: Distribution of 100 cases according to socioeconomic status.

Socioeconomic status	Percentage
Middle	58%,
Upper	22%
Lower	20%
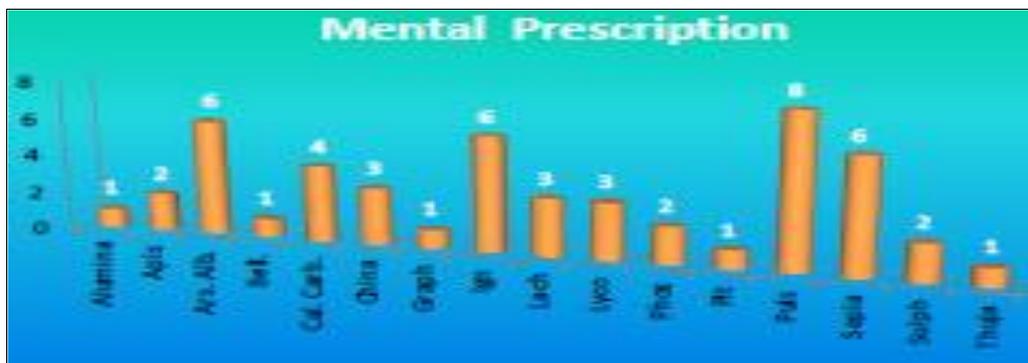
Fig 1: Distribution of 100 cases according to mental symptom based prescription.

Fig 2: Distribution of 100 cases according to therapeutic symptom based prescription.

Statistical Analysis

Statistical analysis with SPSS, in both group A and group B, paired and independent analysis done for BMI and WHR. Which shows significant difference in both BMI and WHR. Mean Of Before (Group A-34.45, Group B- 31.87) and after (Group A-31.02,

Group B- 29.68) score of BMI in both groups show significant difference (fig-3). Mean of Before (Group A-0.89, Group B-0.88) and after (Group A-0.86, Group B-0.86) score of WHR in both groups show significant difference (fig-4)
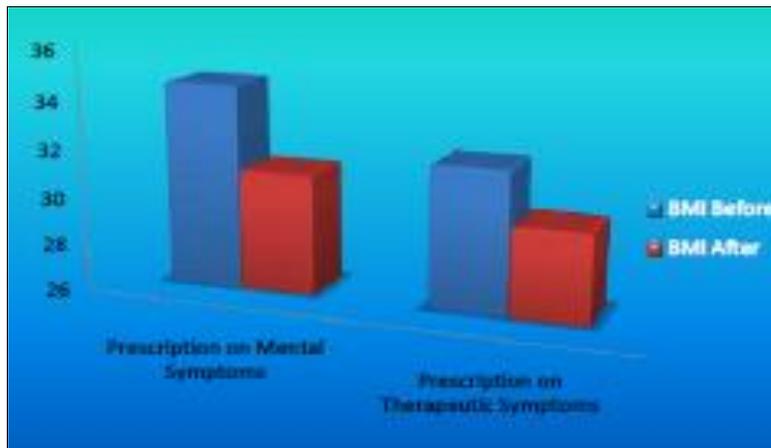

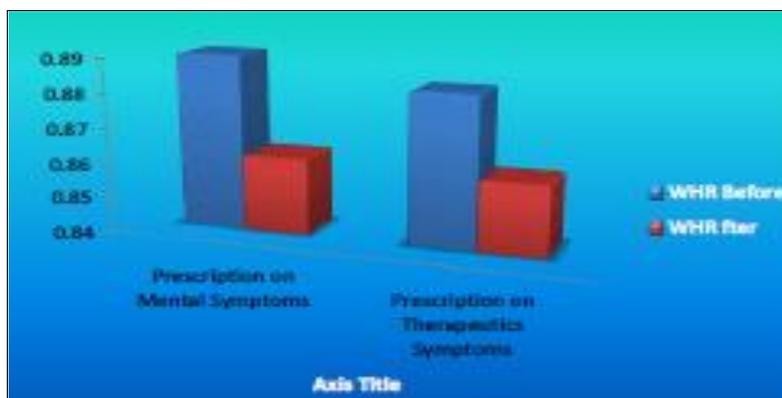
Fig 3: Mean of Before and after score of BMI

Fig 4: Mean of Before and after score of WHR

Discussion

In this study 100 patients were enrolled and divided into two groups by randomization where group A patients were prescribed on the basis of mental symptoms and group B patient were prescribed on the therapeutic basis. During the study there were two drop outs. The study shows that PCOS affect rural population more (52%) than urban population (48%). Contrary to this, another research "Prevalence and symptomatology of polycystic ovarian syndrome, in Indian women: is there a rising Incidence?"[5] shows that PCOS effect urban population more (78%) than rural population (21.4%). This study shows high prevalence of PCOS in middle income group(58%) as compared to Upper(22%) and lower (20%) income group. Study done on work basis shows that PCOS effects household worker (27%) more than sitting job or sedentary life style job (24%). In present study, PCOS was mostly found in adults(55%) than youths(45%). While in another study, "Prevalence and symptomatology of polycystic ovarian syndrome, in Indian women: is there a rising Incidence?" [5]shows mostly affected age group was 21-25yrs (37%), followed by 25-30 years age group (24.28%), 16-20 years age group (21.4%), and 30+ years age group (2.85%) in PCOS cases. *Pulsatilla* and *Ignitia* were most frequently used medicine in group A. A study "Role of homoeopathic medicine in cases of polycystic ovarian disease assessed by modern diagnostic

parameters [6]." Show that maximum response was obtained with *Lycopodium* (71.43%) followed by *Pulsatilla* (60%). In group B *Pulsatilla* and *Phosphorus* were mostly used medicine. A study on "Effect of *Pulsatilla* on polycystic ovarian syndrome and its associated cancer" [7] shows that *Pulsatilla* gives good result in PCOD cases. Analysis of PCOS cases on BMI shows significant difference in both groups(A&B) (0.038) with low BMI in group B. Present study done on Waist-hip ratio shows no any significant difference in both group (A&B) (0.579).

Conclusion

Prescription on basis of mental and prescription on therapeutic in cases of PCOS, that shows that prescription on the basis of mental symptoms give significant improvement in BMI and Waist-Hip ratio in comparison to prescription done on the basis of therapeutic symptoms. Where, significant improvement in BMI was seen comparison to Waist-Hip ratio. In group A prescription on the basis of mental symptoms *Pulsatilla* is most effective medicine and in group B prescription on the basis of therapeutic symptoms both *Pulsatilla* and *Phosphorous* both are effective medicines.

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