Original Research Article

Utility of homoeopathic medicines in management of cases of PCOS - A retrospective hospital based study

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Abstract

Introduction: This comprehensive study evaluates the effectiveness of Homoeopathic medicines in the management of PCOS cases through a hospital based retrospective study & identifies frequently used Homoeopathic medicines and the prominent miasm in the reported outcomes. PCOS is a multisystem disorder on the rise in the last few years. It is marked by irregular menses, Hyperandrogenism, hirsutism, acne, infertility with global prevalence of 6% to 26%.Homoeopathy is a holistic system, which helps in this endocrine disorder.

Aim: To identify utility of homoeopathic medicines,the predominant miasm in cases of PCOS/PCOD through retrospective hospital based study.

Materials and methods: It includes analysis of 792 female patients treated in the last 3 years (January 2021 - January 2024) of reproductive age (12 to 50 years) from a Govt. homoeo Medical College & Hospital, Rajamahendravaram, India. The data collected in specifically designed formats the master charts and details shown in the form of Tables and charts.

Results: Most patients presented with irregular menses, dysmenorrhea, acne, weight gain, hirsutism, and infertility. Individualized homoeopathic medicines, mainly polycrests were frequently used with positive outcomes including menstrual regularization in over 60% of cases. Antimiasmatics and rare

remedies were also applied. The predominant miasm identified through retrospective study was psoro-sycotic.

Conclusion: This retrospective study data indicates individualized/constitutional homoeopathic medicines like polycrests playing a significant role in managing PCOS symptoms, particularly menstrual irregularities and infertility. The predominant miasm identified is Psorosycotic, antimiasmatics complement treatment success. It shows that polycrests are proven effective in treating PCOS. There is a requirement for well documented case formats in hospital settings, well planned, pragmatic research studies and RCTs.

Key words

PCOS/ PCOD, Retrospective study, Homoeopathy, Polycrests, Miasm, Case documentations.

Introduction

Polycystic ovary syndrome (PCOS) is the most common major endocrine disorder troubling the women of reproductive age having multifaceted presentations involving reproductive, metabolic and psychological areas and has varied presentations and complications. Genetics as well as environmental and various factors of lifestyle have major role to play in etiology. Holistic lifestyle management, nutritional interventions along with weight loss are needed to treat patients with PCOS. According to WHO, PCOS has affected 3.4% of women worldwide in 2012. World-wide prevalence of PCOS ranges from 4% to 21%. It is the most common cause of infertility. It's common amongst adolescents, due to changes in lifestyle and stress [1]. PCOS is a "multisystem" disorder with clinical signs of hyperandrogenism such as acne, seborrhoea, hirsutism, irregular menses, infertility, and alopecia, is associated with the metabolic syndrome. Patients may develop obesity, IR, acanthosis nigricans, Type 2 diabetes, dyslipidemias, hypertension, non-alcoholic liver disease, and obstructive sleep apnoea. Good clinical examination with hematological and radiological investigations is required for clinical evaluation. Management is a combined effort involving a dermatologist, endocrinologist, gynecologist, and nutritionist. Counselling, long-term medications (both medical and surgical) and lifestyle changes are essential for a successful outcome. Otherwise, morbidity, a low "self-image" and poor QOL may result [2]. Major clinical presentation of irregular menses, polycysticovaries on USG, oligo/anovulation, hirsutism along with an increased risk to acquire Insulin Resistance (IR) and infertility are seen [3].Many young girls are reporting to the clinics with irregular menses, unwanted hair, obesity, weight gain and many infertility cases have PCOS as the cause where anovulation or oligo ovulation is a very common finding. Homoeopathic treatment has offered good relief to the women suffering from the clinical condition. Homoeopathy also is considered as one of the CAM therapies.

History of PCOS: It was discovered by and named as Stein–Leventhal syndrome in 1935. The different names are as follows: polycystic-ovarian-syndrome, functional ovary androgenism. chronic anovulation, polycystic ovaries disorder,etc. Descriptions of probable PCOS found by Hippocrates, and Antonio Vallisneri in 1721 (18^{th} century), In the 1980s linked to an "ovarian" syndrome [4]. In 1990s at a National Institutes of Health (NIH) "the NIH criteria" and "Rotterdam criteria" introduced use of the USG determined size and morphology of the ovary into the diagnostic criteria. Ferriman-Gallwey score used for assessment of hirsutism. USG - more than 12 follicles of the diameter of < 10 mm visible or an increased ovary volume is a value > 10 ml (need not be bilateral) are the diagnostic Ultrasound criterion [5].

Incidence and prevalence: World-wide prevalence of PCOS ranges from 4% to 21% [1]. ESHRE (European society of Human reproduction and Embryology)/ASRM

(American society of reproductive medicine) (Rotterdam criteria) 2003 includes 2 out of 3 following criteria: 1. oligo or anovulation 2. Clinical and/or biochemical signs of hyperandrogenism. NIH (1990) Includes 1. Oligo-ovulation 2. Hyperandrogenism [6]. Phenotype of PCOS: A, B, C and D as per NIH (National Institute of Health). In Phenotype D metabolic profile is often similar to normal women. Incidence is 4-12% may be as high as 15% depending on the criteria.

HAIR-AN-SYNDROME: It's Hyperandrogenic IR, acanthosis nigricans syndrome. It's either a variant of PCOS or a separate genetic syndrome. HA- Hyperandrogenism IR - insulin resistance AN- acanthosis nigricans [7]. Stressors are either Environmental, Acculturativestress or/and Psychological Stressors, body's response to stressors seems to be playing a role resulting in Psychosomatic disorder [8]. PCOS affects health-related quality of life (HRQOL) and mental health. PCOS cases showed significantly decreased HRQOL. However, Infertility emerges as the major predictor affecting overall HRQOL in PCOS cases [9]. Systematic review and metanalysis done by 2 authors independently showed Pooled prevalence among Indian adolescents' girls was high, approximately one in five [10]. The literature review identifies Working women experience many stressors and considering that working women are at a higher risk of PCOS [11]. Scoping review aims to determine the prevalence of EDs and disordered eating, and to review the etiology of EDs in PCOS. Studies showed strong associations between being overweight, body dissatisfaction, and disordered eating in PCOS. Screening, high-quality studies on prevalence, pathogenesis of specific EDs, relationships to comorbidities, and effective interventions to treat ED in those with PCOS are needed [12].

Pathogenesis: It's a multi-factorial and polygenic condition. Change in lifestyle, diet and stress, Genetic and familial environmental factors, CYP21 gene mutation, enhanced serine phosphorylation unification activity in the ovary and reduced insulin reception activity peripherally plays major role. Hypothalamic-pituitary axis abnormality, androgen excess and hirsutism, anovulation, obesity and IR, long-term consequences like Obesity and Insulin Resistance, hyperinsulinemia which in turn increases the gonadal androgen production [1, 2]. Studies conducted to determine whether depression, anxiety and reduced HRQOL are more common in women with PCOS and associated with metabolic risk and observed that depression and anxiety are more common [13].

Clinical features: Increasing obesity (abdominal), menstrual abnormalitieslike oligomenorrhea,amenorrhea or dysfunctional uterine bleeding (DUB) and infertility. Hirsutism and Acne. Virilism rare. Acanthosis nigricansdue to IR. HAIR-AN syndrome. Internal examination reveals bilaterally enlarged cystic ovaries which may not be revealed due to obesity.

Diagnosis: It is based upon the presence of any two of the following three criteria: American society for reproductive medicine (ASRM)/ European society of human reproduction andembryology (ESHRE), 2003. Oligo and/ or anovulation. Hyperandrogenism (clinical and/or biochemical), Polycysticovaries [1, 2]. In1990s National Institute of Health (NIH) diagnostic criteria proposed. In 2003 - The Rotterdam ESHRE/ASRM–Sponsored PCOS Consensus Workshop Group proposed. The subsequent "Rotterdam criteria" determined by an USG of the ovary into the diagnostic criteria [5]. 3 sets of diagnostic criterion (NIH 1990 criteria, Rotterdam 2003 criteria, AE-PCOS 2006 criteria) proposed over the past 3decades, reviews recent advances in the phenotypic ('Classic'' PCOS (Phenotypes A and B), ''Ovulatory'' (Phenotype C), Nonhyperandrogenic'' (Phenotype D)) approach (Rotterdam criteria), limitations, epidemiology of PCOS were discussed. NIH's 2012 phenotypic extension of the Rotterdam definition has been shown to be the most convenient approach. A significant difference in phenotype, ethnicity, and morbidity identified in the clinical setting vs. the general population. More epidemiologic data, Validation required [14]. The Rotterdam criteria

most widely used and accepted. (Biochemical, Clinical Hyperandrogenism, PCO morphology). PCOM defined as either 20follicles/ovary and/or an ovarian volume of 10 cm^3 on either ovary, using newer transvaginal USG technology with a 8 MHZ or more. Given the continued debate over criteria, inadequate clinical care, the question arises, after almost 20 years, is it time to revisit this diagnosis? [15]

Management: Weight and lifestyle management (LSM) are 1st line therapy in international evidence-based guidelines for PCOS. Research studies are lacking. Insufficient evidence of uptake of Traditional, complementary and integrative medicine (TCIM) approaches, supplement and herbal medicine use, diet, physical activity, behavioral, alcohol and smoking, psychological, sleep, vitamins, vitamin-like supplements, minerals and other supplements is seen. Research investigating inositol supplementation is promising, but for other supplements, herbal medicines, acupuncture and yoga consistent approaches needed, robust clinical trials are warranted [16]. Lifestyle or diet, environmental pollutants, genetics, gut dysbiosis, neuroendocrine alterations, and obesity are among the risk factors, might contribute to upsurging metabolic syndrome. This review deliberates on the variety of risk factors plausible therapeutic interventions, including miRNA therapy and the eubiosis of gut microbiota, personalized therapy approaches, early detection and treatment [17]. Most common cause of anovulatory infertility is PCOS. Treatment options included weight reduction, CC, gonadotropins, LOD, metformin and letrozole. A 32-year-old infertile lady Advised regular physical exercise and metformin and combined oral contraceptive pill followed by pregnancy. Proper control of abnormal metabolic conditions is necessary for a successful treatment outcome [18]. Approximately 75% suffer from infertility due to anovulation [19].

CAM is defined as "a group of diverse medical and health care systems, practices, and products. Adverse side-effects, complications, dissatisfaction result in patients opting for CAM therapy. This study aimed to document the 5 CAM modalities i.e., homoeopathy, Ayurveda (AV), Unani Tibb (UT), Traditional Chinese medicine (TCM) and naturopathy. CAM philosophies have the principles of innate healing, individualised constitution Management – CAM specific therapy, adjunctive therapy and LSM.It not only focus on improving clinical features and metabolic parameters, but also on improving the psychological state of patients [20]. EBM emphasizes a multidisciplinary approach, for alternative treatments. This review examines effects of herbal medicine. There was evidence for the regulation of ovulation, bromocriptine (and Vitex agnus-castus) and CC (and Cimicifuga racemosa). Quantity of pre-clinical data was limited, and the quality was variable [21]. PCOS affects 1 in 5. An important strategy is LSM including diet and exercise. Nutrient supplementation with CAM could provide additional benefits [22]. Several studies confirmed that EA treatments, Manual stimulation, acupuncture, physical activity and (to a lesser extent) resveratrol may improve metabolic, hormonal and psychological profile of PCOS in women [23].

A bibliometric analysis (qualitative and quantitative) of PCOS literature showed, USA is dominant, while China is making a significant contribution. Legro RS and Teede HJ are the most active and influential authors in recent times, while Azziz R is the most contributed pioneer. In recent years the keywords like "gut microbiota", "microRNAs", "apoptosis", "Myo-inositol", "TNF-alpha", "androgen receptor", and "Vitamin D-deficient" are considered the latest research PCOS topics [24]. Chronic ovulation dysfunction affects 6–20% of women, has significant IR (varies among different PCOS phenotypes) and compensatory hyperinsulinemia. Genetic and epigenetic changes, hyperandrogenaemia, and obesity aggravate IR. Insulin sensitization drugs are a new treatment modality for PCOS. PubMed, Google Scholar, Elsevier, and UpToDate databases were searched in this review, and

focused on the pathogenesis of IR [25]. This SR and MA aimed to summarize the effects of vitamin E supplementation or vitamin E in combination with omega-3 or magnesium on PCOS from databases. This study demonstrated above might have beneficial effects on serum concentrations of TG, TC, LDL-c, VLDL, TC/HDL-c, hs-CRP, NO, and hirsutism score in PCOS patients, not in others. Additional well-designed clinical trials are needed to affirm these findings [26]. Literature search performed through PubMed, ScienceDirect, Cochrane Library, and Google Scholar (up to December 2019). (English language) Preferred Reporting Items for SRs and MAs guidelines. It yielded 27 surveys with a pooled mean prevalence of 21.27% using different diagnostic criteria. Need of the hour is formulation of epigenetic studies, large epidemiological studies worldwide, possible roles of autoimmune phenomenon in the etiopathogenesis are to be studied [27]. This study aims to summarize the research status and predict the hot spots of PCOS in the future by Bibliometrix. Gut microbiota may be a carrier that can be used to study hormone levels, IR related mechanisms, prevention and treatment in the future [28].

Homoeo general articles: Homeopathy has a holistic approach, Commonly used remedies are Pulsatilla, Apis, Nat.mur, Calc.carb, Sulphur, Ignatia, Sepia, Kali.brom. Algorithm of PCOS Treatment is given [7]. PCOS is a complex disorder, a leading cause of infertility, produces effects on skin which is the major target of PCOS. Cimicifuga, Cocculus, Cyclamen, Phytolacca, Fucus, Pix, Fluoricum, Oleum jecorisaselli, Oophorinum, Calcarea carb, Natrum mur, Hydrocotyle, Cocculus, Graphites are useful in these cosmetic concerns. Advised not to use hormonal preparations as they produce side effects [29]. Psoricmiasm initially brings about functional changes followed by Sycoticmiasm (cystic changes in ovary). Combinations leads to imbalance of hormones and formation of cysts. This study is an effort to make the readers understand the importance of miasmatic evolution in PCOS [30]. Clinical repertories like Homeopathic medical repertory by Robin Murphy. 2. A concise repertory of homeopathic medicine by S.R. Phatak, Regional Repertory like Uterine therapeutics Materia Minton's Repertory are very much helpful for bed side prescription as well authenticity will help to prescribe with confidence [31]. The indigenous, rare, and other medicines could be considered, usually untouched by the prescribers like Aurumiodatum, Aurum muriaticum natronatum, Eupionum, Gossypium herbaceum, Oleum jecoriaselli, Oophorinum/ Ovininum, Ovatosta, Palladium metallicum, Senecio [32].

Tyagi E treated a case of 52 yr old housewife with Irregular menses, Weight gain. USG-Left Ovarian Cyst, Nabothian Cyst. Lachesis Mutus 200 given, Within 3 months USG normal. Constitutional remedy based on totality is effective in the management of Ovarian Cyst [33]. Pal P.P., et al. cured a case of 26 years old housewife reported with Irregular menses, weight gain, Infertility USG-bilateral PCOD. IHM Calcarea carb1M, Belladonna SOS given. Urine test for Pregnancy positive. USG- Single lU gestational sac positive. With HI the patient conceived within 8 months with pathological improvement of PCOS and obesity [34]. Sinnarkar V, et al. reported a case of 17yr old female with irregular menses, acne with red eruptions. Sulphur indicated, later Calcarea carb given as it is psorosycotic and to complete it's action Lycopodium prescribed. USG normal. This Cyclical prescription showed marked improvement as evident from USG reports. The result of this case was evident for the beneficial role of cyclical remedies in PCOD [35]. In this case series by Parveen S, et al. 7 young women treated using IHM. The Modified Naranjo Criteria score of +9/13 across all cases indicated a strong causal attribution to HI, suggesting its potential efficacy. HOM-CASE guidelines used [36]. Rajachandrasekar B, et al. reported a case-series study done on 3 Infertility patients. 3 females with PCOD, 1stcase with tubal block, 2nd case with dyspareunia, 3rdcase with sub-septate uterus and multinodular goitre. Thiosinaminum 30C, Natrum muriaticum, Natrum muriaticum

200C, Sepia officinalis 200C used. MONARCH scores +8+8+8+8. Conceived within 6 months of treatment [37]. Lamba, et al.'s single-blind, randomised, placebo-controlled-pilot-study showed that significant statistical difference (P = 0.016) was noted in reduction of intermenstrual duration in HI + LSM in comparison to placebo + LSM group. In PCOSQ, significant improvement observed in HI group Pulsatilla is the most frequently indicated medicine with LSM shown promising outcome [38]. Senthil G et al reported the Systematic Review of Single Blind Randomised Placebo controlled Pilot Study, A Prospective, Observational-Study, A Clinical Study and a Prospective Observational Study from Research articles indexed in PUBMED and GOOGLE SCHOLAR wherein the research work carried out by various Homoeopathic colleges till date in the field of PCOS was published and the Case reports show evidence based improvement in the condition [39]. A randomised, placebo-controlled, single-blind trial was conducted by Jerin J P, et al. to assess the Efficacy of Ferrum metallicum 30C in restoring menstrual cycle in PCOS patients. The Chi-square test was used. Result Statistically significant at <0.05. This trial suggests that Ferr. met. 30C could be effective in restoring the menstrual cycle in PCOS patients. Rigorous trials and independent replications are warranted [40].
Few systematic reviews are identified which discussed a small number of research studies. No Meta Analysis studies were published on homoeopathic studies of management of PCOS. Limited number of Retrospective studies of homoeopathic management of PCOS are retrieved. Two (2)retrospective studies are identified.

Aim and Objectives of the Study

This current hospital based retrospective study aims to identify and evaluate the effectiveness of homoeopathic medicines, predominant miasm in cases of PCOS, the treatment options and to identify the outcomes.

Aim

- To identify utility of homoeopathic medicines in cases of PCOS/PCOD

Objectives

- To identify the most useful medicines andthe predominant miasmin cases of PCOS/PCOD through retrospective hospital based study.

Methodology

Study Design: The hospital based Retrospective study is carried out from the data collected between January 2021 to January 2024 in OPD/IPD of Dr. Alluramalingaiah Government Homoeopathic Medical College and Hospital, Rajamahendravaram, Andhra Pradesh, India.

Study Setting: A data of 792 patients registered with the OPD/IPD of the above centre.

Study duration: 3-6 months

Participants: A data of 792 patients registered with the OPD/IPD of the above stated centre is considered for the present retrospective study. The data of all the female patients of reproductive age (12 to 50 years) suffering from PCOD and treated at the site are considered for the study. The inclusion/exclusion criteria were female Patients of age 12 –50 years with the clinical symptoms/ USG findings.

Data collation: Participants data collected at the institute considered for evaluation. The pertinent medical history and prime symptoms were noted. In total 792 patients were involved in the study. The patients whose screening is done based on clinical presentation or ultrasound diagnostic criteria are considered. Cases analyzed and evaluated with reference to material medica, repertory and therapeutics along with the philosophical approach. Cases followed for a minimum of at least 3 months were considered for the study.

Selection of Sample: All cases of PCOS treated at study site.

Sample size: A clinical data of 792 female Patients of reproductive age (12 to 50 yrs) suffering from PCOS/PCOD registered and treated at the site were collected is considered for the study.

Method of collection of data: On Specially Designed Proformas

Master Chart: Containing Regd. No., Diagnostic Criteria (clinical Features/Investigations), medicines, Potencies, Antimiasmatics, Intercurrents, Miasm. Data extraction was done in 3-6 months followed by data analysis.

Analysis of data: The cases that are recorded, analysed, evaluated, prescribed and the repetition, change of potency and remedy done based on principles of homoeopathy.Individualized, Complex, Constitutional, antimiasmatic approaches were considered in this study.
Selection of Tools; Cases taken as per Hahnemannian protocol and analysed.

Assessment criteria: The outcomes of the study assessed by establishment of regular menstrual cycles, USG findings.

Assessment of effectiveness: Treatment outcome was assessed as: Relieved- Relief of symptoms without recurrence during the study period. Partially Relieved-Relief of symptoms with recurrence during the study period. Not Relieved-No relief of symptoms. Outcome Parameters-Establishment of regular menstrual cycles, USG findings.
Data collection: On specially designed Proformas.

Statistical techniques used and Data analysis: Descriptive and inferential statistical analysis

Ethical issues, if any: Confidentiality is maintained as it is a hospital-based study.

Expected outcomes and usefulness: Evaluating and understanding impact of use of various HM in PCOS. Evaluating and understanding impact of homoeopathic treatment on Ovulatory cycles. Understanding role played by intercurrent remedies in PCOS.

Data collation: Data of the Participants collected at the institute considered for evaluation. Every case is thoroughly evaluated. The pertinent medical history and prime symptoms were noted. The patients whose screening is done based on clinical presentation or ultrasound diagnostic criteria are considered. Cases analyzed and evaluated with reference to materia medica, repertory and therapeutics along with the philosophical approach.

Data collation: As this Retrospective study is a hospital based one, a data of 792 patients (12-50 yrs females) registered with the OPD/IPD from January 2021 - January 2024 considered for further data collation and analysis. Data collection was done on specially designed proformas and a master chart containing Regd. no., diagnostic criteria (clinical features/investigations), medicines, potencies, antimiasmatics, intercurrents, miasm was used. Data extraction was done in 3-6 months followed by data analysis.

Results

The patients enrolled were from the areas surrounding Rajamahendravaram. This study is conducted in the Hospital setting and the data of patients enrolled with the centre from January 2020 to January 2024. Data collection was done in 3-6 months i.e. from February 2024 to July 2024 on the master chart. Data sheet is generated. The data was noted down in the master chart. Data was analysed as per the protocol of the study. The data collected is analysed and shown in the form of tables and figures. The data is divided into two categories such as Demographic data and Clinical data.

Demographic: Age, Marital Status
Clinical: Clinical features, Type of Homoeopathy, Miasm, Indicated Medicine, Reported outcomes

Demographic data

Age: 792 cases suffering from PCOS were registered in the OPD/IPD. The details are furnished in **Table - 1**.

Out of the 792 cases registered, the age of patients was between 12-50 years. Out of them 216 were between 12-20 years (27%), 380 were between the age of 21-30 years (48 %), 162 were between 31-40 years (21%), 34 were between the age of 41-50 years (4%). Majority belong to 21-30 age group (48 %).

Table – 1: Distribution of cases according to age.

Age Group (Years)	No	%
<20	216	27.27%
21-30	380	47.98%
31-40	162	20.45%
>40	34	4.29%
Total	792	100.00%

Table – 2: Distribution of cases according to marital status.

Marital Status	No	%
Married	596	75.25%
Unmarried	196	24.75%
Total	792	100.00%

Table – 3: Distribution of cases according to clinical features before and after treatment.

Clinical features	Before Treatment		After Treatment	
	No	%	No	%
Infertility	20	2.53%	1	0.13%
Weight gain	151	19.07%	16	2.02%
Acne	167	21.09%	21	2.65%
Hirsutism	102	12.88%	8	1.01%
Irregular menses	483	60.98%	298	39.20%
Acanthosis	96	12.12%	1	0.33%
Total	792	100.00%	345	43.56%

Marital Status: The details of distribution of cases according to marital Status are furnished in **Table – 2**.

Out of the 792 cases Registered in the OPD/IPD the marital status of most of the patients i.e 596 (75.25%) patients married, and 216 (24.75%) were unmarried.

Clinical features: All kinds of menstrual irregularities like delayed menses, amenorrhoea, polymenorrhoea, dysmenorrhoea, profuse, scanty menses, weight gain, acne, hirsutism, acanthosis nigricans, Infertility were reported with or without USG- PCOD.

Irregular menses: Majority 483 reported.

Weight gain: Out of the 792 cases registered in the OPD/IPD the Weight gain was observed in total 151 cases of PCOS. After the usage of medication 16 cases have shown considerable weight loss of about 3-4 kgs. Majority have not shown weight loss.

Acne/pimples: Acne/pimples were observed in total 167 cases. After the usage of medication, 21 cases have shown improvement. Remaining did not show any change in acne/pimples.

Hirsutism: Hair chin/upper lip/unwanted hair was reported in total 102 cases of PCOS. After the usage of HM 18 cases have shown improvement. Majority not shown any change.

Acanthosis: Acanthosis/ blackish discoloration was identified in total 96 cases of PCOS. One case has shown decrease in Acanthosis nigricans. Majority not shown change.

Infertility: Infertility was reported in total 20 cases of PCOS. One (1) Patient conceived. Remaining cases showed substantial improvement in clinical features and regularization of menses.

The details of clinical features are furnished in **Table - 3** for before and after treatment in No and % respectively.

Clinical features before and after treatment: Out of the 792 cases, Acanthosis before treatmentwas reported in 96 (12.12%) and reduction in 1 (0.33%) after treatment. Irregular menses before treatment were reported in 483 (60.98%) and regularization in 298 (39.20%) after treatment. Hirsutism before treatment was reported in102 (12.88%) and reduction in 8 (1.01%) after treatment. Acne before treatment was reported in167 (21.09%) and reduction in 21 (2.65%) after treatment. Weight gain before treatment was reported in151 (19.07%) and weight loss in 16 (2.02%) after treatment. Infertility before treatment was reported in20 (2.53%) and in 1(0.13%) pregnancy positive after treatment.

Type of homoeopathy

The following type of Homoeopathic approaches like Individualised, constitutional, antimiasmatic, complex approaches were used in treating PCOS. Individualised/ Constitutional Homoeopathy used in 601 cases. Complex Homoeopathy (Combination of indicated remedy / remedies, Mother tinctures (Q), tissue remedies) used in 191 cases. Antimiasmatic approach was adopted in 313 cases. The details of type of homoeopathy used are furnished in **Table – 4**.

Individualised / Constitutional homoeopathy used in 601 cases (75.88%). Complex homoeopathy used in 191 cases (24.12%) and antimiasmatics used in 313 cases (39.52%).

Miasm

The details of type of misam are furnished in **Table – 5**.

Out of the 792 cases, 267 were Psorosycotic, 262 patients Sycotic, 121 patients were Psoric, 84 were Sycosyphilitic, 42 were trimiasmatic, 7 Syphilitic, 5 were Psorosyphilitic and 4 Mixed Miasmatic.

Out of the 792 cases, 267(33.71%) were Psorosycotic, 262 (33.08%) patients Sycotic, 121 (15.28%) were Psoric, 84 (10.61%) were Sycosyphilitic, 42 (5.30%) were trimiasmatic, 7 (0.88%) Syphilitic, 5 (0.63%) were Psorosyphilitic and 4 (0.51%) were Mixed Miasmatic.

Indicated medicines

Acid. Nit, Arsenicum album, Apis mellifica, Ashoka, Calcareacarbonica, Ferrum. met, Ignatia amara, Lachesis, Lycopodium clavatum, Medorrhinum, Merc. Sol, Natrum muriaticum, Pulsatilla pratensis, Sabina, Sepia officinalis, Thuja occidentalis, etc. are used.Centesimal, decimal, millesimal scales were used. Frequently centesimalscale used. Frequently used potencies are 30, 200,1M potencies. In a few cases, Q, 3X, 6X, 6C, 12X, 6C, 50C, 10M, 50C, O/1, O/2, O/3, 0/5 were prescribed.

Table – 4: Distribution of cases according to type of homoeopathy.

Type of Homoeopathy	Nos	%
Individualistic/ Constitutional	601	75.88%
Complex	191	24.12%
Antimiasmatic	313	39.52%

Table – 5: Distribution of cases according to miasms.

Miasm	No	%
Psorosycotic	267	33.71%
Sycosis	262	33.08%
Psora	121	15.28%
Sycosyphilitic	84	10.61%
Trimiasmatic	42	5.30%
Syphilitic	7	0.88%
Psoro syphilitic	5	0.63%
Mixed miasm	4	0.51%
Total	792	100.00%

Table – 6: Distribution according to medicines.

S. No	Medicine	Individualised/ constitutional	Antimiasmatic	Inter Current
1	Acid.Nit		15	10
2	Aconite	1		
3	Aesculus	1		
4	Aletris Farinosa	4		
5	Aloes	1		
6	Alumina	1		1
7	Ant.cru	1		
8	Apis mellifica	35	3	13
9	Argenticum.nitricum	2		
10	Arnica	3		
11	Ars iod	1		
12	Arsenicum album	12		1
13	Ashoka Q	33		
14	Aurum mur			1
15	Aurum muriaticum natronatum	4		
16	Bacillinum	2		1
17	Belladona	7		
18	Berberies.A	1		
19	Bryonia alba	3		
20	Bufo	5		
21	Calcareacarbonica	25	5	10
22	Calcarea flour	1		
23	Calcareaiod	9		
24	Calcarea.phos	3	1	
25	Calcarea.sulph	1		

26	Camphor	1		
27	Cantharis	2		
28	Capsicum	1		
29	Carbo.veg	1		
30	Caulophyllum	2		
31	Causticum	3		
32	Cephalandra	1		
33	China	4		3
34	Cimcifuga	3		3
35	Cocculus	1		1
36	Colocynth	3		
37	Conium	2		
38	Erigeron	1		
39	Ferr.met	11		2
40	Ferrum.Phos	4		
41	Gossypium	2		
42	Graphites	4		
43	Hamamelis	1		
44	Hepar.sulph	5		
45	Hyoscyamus	1		
46	Ignatia amara	6		3
47	Kalium bich	3		2
48	Kalium bromatum,	3		1
49	Kalium Carbonicum	3		1
50	Kalium Iodum	1		
51	Kalium mur	1		
52	Kalium phosphoricum	3		
53	Kalium sulph	1		
54	Kreosotum	6		
55	Lachesis	6		2
56	Lecithin	1		
57	Ledumpal	1		
58	Lil.Tig	2		2
59	Lycopodium clavatum	15		10
60	Mag.acet	1		
61	Mag.phos	6		2
62	Medorrhinum	1	36	1
63	Merc.sol	8		2
64	Millefolium	1		
65	Murex			1
66	Natrum muriaticum	27		2
67	Natrum phoshoricum	1		
68	Natrum Sulph	1		
69	Nux vomica	7		3
70	Oophorinum	4		
71	Ovatosta	4		

72	Petroleum	1		
73	Phosphorus	7		
74	Phytolecca	2		
75	Platinum metallicum,	11		
76	Pulsatilla	179	7	22
77	Rhus.tox	2		
78	Sabadilla	1		
79	Sabina	20		5
80	Secale.cor	24		3
81	Sepia officinalis	200		19
82	Spigelia	3		
83	Staphysagria	1		2
84	Stramonium	2		
85	Sulphur		4	4
86	Syphilinum		1	
87	Thalapsi Q	1		
88	Thuja occidentalis	15	49	22
89	Tuberculinum		1	1
90	Viburnum	1		
	Total Cases	**792**	**122**	**156**
	Total Medicines	84	10	32

Table – 7: Distribution of cases according to reported outcomes.

Reported Outcomes	**No**	**%**
Relieved/ Regular	298	37.63%
Partially Relieved	323	40.78%
Not Relieved	171	21.59%

The following Individualised/constitutional medicines were used. Medicines frequently administered in PCOS cases were identified in this study. Frequently used medicines are Sepia officinalis-219, Pulsatilla pratensis-208, Thuja occidentalis-86, Apis mellifica-51, Calcarea carbonica-40, Medorrhinum-38, Ashoka-33, Natrum muriaticum-29, Secale cor-27, Acid. Nit-25, Lycopodium clavatum-25, Sabina-25,Arsenicum album-13, Ferrum met-13, Platina-11, Merc. Sol-10, Nux.vomica-10, Calcarea Iod-9, Ignatia amara-9, Lachesis-8, Mag.phos-8, Sulphur-8, Belladonna-7, China-7, Phosphorus-7, Cimcifuga-6, Kreosotum-6, Bufo-5, Hepar sulph-5, Kali bich-5, Aletris F-4, AurummurNatr. 4, Calcarea phos-4, Ferrum phos-4, Graphites-4, Kali.brom-4, Kali.carb-4, Lil.Tig-4, Oophorinum-4, Ova tosta-4, Arnica-3, Bacillinum-3, Bryonia-3, causticum-3, Colocynth-3, Kali phos-3, Spigelia-3, Staphisagria-3, Alumina-2, Arg.nit-2, Cantharis-2, Caulophyllum-2, Cocculus-2, Conium-2, Gossypium-2, Phytolecca-2, Rhus tox-2, Stramonium-2, Tuberculinum-2, Aconite-1, Aesculus-1, Aloes-1, Ant. Crud-1, Aurum mur-1, Berberis Aqe.-1, Cac.flour-1, Camphor-1, carbo veg.-1, Erigeron-1, Hamamelis-1, Kali.mur-1, Lecithin-1, Ledum pal-1, Mag aceticum-1, Millifolium-1, Sabadilla-1, Viburnum-1 etc.

Antimiasmatic medicines

The following antimiasmatic medicines were used in 313 cases. Medicines frequently prescribed identified in the study as Thuja occidentalis-49, Medorrhinum-36, Acid. Nit-15, Pulsatilla-7, Calcarea carb-5, Sulphur-4, Apis mellifica-3, Calcarea phos-1, Tuberculinum-1, Syphilinum-1.

Intercurrent remedies

The intercurrent remedies were used in 156 cases, in few cases only they were given. Frequently used Intercurrent remedies were Pulsatilla-22, Thuja -22, Sepia -19, Apis mellifica-13, Calcarea carbonica-10, Lycopodium clavatum-10, Acid.nit-10, Sabina-5, Sulphur-4, China-3, Cimcifuga-3, Ignatia amara-3, Nux.vom-3, Secale cor.3, Ferrum met.-2, Kali bich-2, Lachesis-2, Lil.Tig-2, Mag.phos-2, Merc. Sol-2, Natrum muriaticum-2, taphysagria-2, Alumina-1, Arsenicum album-1, Aurum.mur-1, Bacillinum-1, Cocculus-1, Kali.carb-1, Kali.brom-1, Murex-1, Tuberculinum-1 times in that order.

The particulars of indicated medicines are shown below in **Table - 6**.

Combination of Single or multiple remedies, Mother Tincture (Q) and tissue remedies are given in 191 Cases.

Frequently used medicines are Sepia officinalis-219, Pulsatilla pratensis-208, Thuja occidentalis-86, Apis mellifica-51, Calcarea carbonica-40, Medorrhinum-38, Ashoka-33, Natrum muriaticum-29, Secale cor-27, Acid. Nit-25, Lycopodium clavatum-25, Sabina-25. Combination of indicated remedy/ remedies, Q, tissue remedies given in 191 cases.

Total number of Individualised/constitutional medicines used are 84. Total number of antimiasmatics used is 10. Total number of Inter Current remedies used is 12.

The details of reported outcomes are shown in **Table – 7**.

Reported outcomes

Out of the792 cases in 298 cases menses regularized (37.63%), relieved, 323 cases partially relieved (40.78%) and balance 171 cases (21.59%) are not relieved.

Out of the 483 cases with irregular menses 298 regularised (61.7%), pain decreased, cysts decreased, flow normal, In 323 (66.87%) cases partial relief was noticed, acne decreased in 21(12.57%) cases, 4-5 kgs weight loss seen in 16 (10.60%) cases, hirsutism disappeared in 8 (7.84%) cases, acanthosis disappeared in One (1.04%), One (5%) conceived out of 20 Infertility cases with homoeopathic medicines. It shows the PCOS cases are effectively treated by homoeopathic medicines.

Discussion

PCOD is a disorder which is very common that presents with a constellation of symptoms associated with menstrual irregularities and Hyperandrogenism. Genetics, neuroendocrine factors, obesity, lifestyle/environment play major role as predisposing risk factors. PCOS approximately affects 5 million females of reproductive age in the U.S. Costs approximately $4 billion per year. Research showed that 5% to 10% of women (18 to 44 years) are affected. As per World-Health-Organization (WHO) estimation, it was noted that worldwide over 116 million women (3.4%) are affected by PCOS. Due to this, different sets of diagnostic criteria have been used for PCOS confirmation. Along with the treatment, i.e. effective, maintenance of QoL and right protocol is needed.

The homeopathic approach towards the effective management of PCOS is individualistic and constitutional. Early intervention is necessary. As per conventional medicine protocol metformin, clomiphene citrate, contraceptive oral pills, antiandrogens and thiazolidinediones are used. Metformin has side effects, hence exploration of possibility of Homoeopathic management is needed. PCOS is a complex, multisystem disorder which requires a holistic health model approach. Homoeopathy is a therapeutic system of medicine which has holistic/ individualistic/constitutional and anti-miasmatic approach to select similimum. Totality of symptoms is the basis for prescription. The review studies showed the effectiveness of HI in infertility cases, where patients have conceived after HI.

A retrospective study by Shareena et al on 35 patients (USG-PCOS) with at least 6 months follow-up analyzed. The study indicates the possible effectiveness of HM especially Pulsatilla and Calc-carb in the treatment of PCOD. As it was a retrospective study, there was no available data regarding BMI, hirsutism, acne, and LH/FSH ratio that are important assessment parameters in PCOD. [41] A retrospective single arm, non-randomized observational study was conducted by Deorukkar. T M et al on 50 cases (18-40 yrs). Individualized approach with the indicated remedy had the best results. Antimiasmatics and Sarcodes were frequently needed. Need for modification of certain lifestyle by the patients like diet and weight management. [42]This hospital based retrospective study tries to evaluate effectiveness of Homoeopathic medicines in managing cases of PCOS and the miasmatic aspect of PCOS.

A Retrospective Hospital Based Study; This study is conducted in the Hospital setting and the data of patients enrolled with the center from Jan 2020 to Jan 2024 years. Data collection was done in 3-6 months i.e from Feb 2024 to July 2024 on the master chart. Data sheet is generated. The data was noted down in the master chart. Data was analyzed as per the protocol of the study. Majority of the patients presented with Irregular menses (Amenorrhoea, Late menses, Delayed, Scanty menses and in few cases menorrhagia, Polymenorrhoea sometimes associated with dysmenorrhoea). The data was analysed and total 792 cases were registered with the clinical features of irregular menses, acne, weight gain, hirsutism and Infertility. The ages varied from 2^{nd} decade to 5^{th} decade. Out of these case 267 cases were having psorosycoticmiasm, 262 cases reported Sycosis, 121 cases were having Psora miasm, 84 cases reported sycosyphilitic, 42 cases were trimiasmatic, 7 cases reported Syphilis, 5 cases reported psorosyphilitic and 4 reported mixed miasm. Out of 792 cases 601 cases were administered Individualistic/constitutional remedies.191 cases were given complex Homoeopathic treatment, depending on the need antimiasmatic remedies were administered in 313 cases. After the Homoeopathic treatment 298 cases showed the result as regular, relieved, 323 cases showed partial relief, 171 cases showed no relief which also includes the cases which were discontinued. Out of the cases 1 case conceived, 16 cases showed loss of weight, 21 cases reported decrease in acne, 8 cases reported decrease in Hirsutism, and in 298 cases relief was obtained and in 323 cases menses was regularized but the other criteria like wt. gain, acne, hirsutism and acanthosis showed no improvement and was considered as partial relief. After the analysis of data, it is observed that in the majority the major clinical feature of Irregular menses was rectified, menses regularised and flow also was normal. Very little change noted in the other criteria. This study shows that HM is effective in establishing normal flow and regularising cycles in cases of PCOD. 1 case conceived. Medicines used were as follows: Sepia was used in 200 cases, Pulsatilla in 179 cases, Apis-in 35 cases, Ashoka in 33 cases, Nat.mur-in 27 cases, calc.carb in 25 cases, Secale cor in 24 cases, Sabina in 20 cases. Thuja was administered as antimiasmatic remedy in 49 cases followed by Medorrhinum in 36 cases, Acid nit. in 15 cases, Pulsatilla in 7 cases. The Intercurrent remedy used frequently was Pulsatilla and Thuja in 22 cases each, followed by Sepia in 19 cases, Apis in 13 cases, and Calc.carb, Lycopodium and Acid nit. in 10 cases each. In toto 90 Homoeopathic remedies were used. Centesimal potencies were the most frequently used. Frequently used Potencies are 30, 200, 1M and in few cases Q, 3X, 6X, 12X, 6C, 50C,10M, 0/1, 0/2, 0/3, 0/5 were prescribed. Mother tinctures were used in a no. of cases in Complex Homoeopathic prescriptions, in some cases as first prescription followed by constitutional prescription. The studies with Millesimal potencies were most warranted as there seem to be rare prescriptions in PCOS cases. In this retrospective study it was observed that in majority of cases the favorable outcome was regularisation of menses which is the key feature in PCOS.

Summary

Data was analysed as per the protocol of the study.

Therapeutic Approaches and Frequently Used Medicines

The study was done at only one site. The most useful medicines identified in cases of PCOS/PCOD through retrospective hospital based study are top 7 remedies Calc.carb, Sepia-138, Pulsatilla-135, Thuja-68, Apis-30, Sec.cor-29, Ashoka-29 and Sabina-16. Top 4 antimiasmatics are Thuja, Medorrhinum, Acid nit. Pulsatilla, Top 5 intercurrent remedies are Pulsatilla, Thuja, Sepia, Apis, Cac.carb. Rare remedies also used.

Clinical features and assessment criteria

Majority presented with Irregular menses, sometimes associated with dysmenorrhea, features of irregular menses, acne, weight gain, hirsutism and Infertility.

Utility of homoeopathic medicines

In the retrospective studies the efficacy of Homoeopathic medicines proved. Relieved 38%, Partially relieved 41%, Not relieved22%. Major clinical feature of irregular menses regularized 61.7%, Partial relief -66.87%.

Effectiveness and Outcomes

The Retrospective hospital-based study indicate that individualized/constitutional homoeopathic medicines are effective in treating PCOS/PCOD, for symptoms such as irregular menses, acne, weight gain, hirsutism, and infertility.

Statistical Outcomes

In a retrospective study of 792 patients: 601 received individualized/ constitutional remedies. 191 received complex homoeopathic treatment. 313 received antimiasmatic remedies as needed. 156 received intercurrent remedies. The most common age group was 21–30 years.

Miasmatic Analysis, Dominant Miasms

The predominant miasm identified was psorosycotic, followed by sycotic and psoric. This influenced the choice of antimiasmatic remedies such as Thuja, Medorrhinum, and Acidumnitricum. Frequently used remedies included Sepia officinalis, Pulsatilla pratensis, Thuja occidentalis, Apis mellifica, Calcareacarbonica, Medorrhinum, Ashoka, Natrum muriaticum, Secale cornutum, Acidumnitricum, Lycopodium clavatum, and Sabina.The most preferred potencies were centesimal (30, 200, 1M), with some use of Q, 3X, 6X, 6C, 12X, 50C, 10M, and LM potencies. Major clinical improvement was seen in menstrual regularity (61.7% regularized, 66.87% partial relief).

Limitations and Challenges

Retrospective Study Issues

Study Design and Reporting: Many case studies lacked structured reporting and did not consistently follow diagnostic criteria (e.g., Rotterdam criteria). Data collection was tedious due to poor documentation and non-availability of full case formats. Many patients did not have USG reports before and after treatment, especially those from lower socioeconomic backgrounds. Data collection was hampered by incomplete documentation, missing follow-up, and limited infrastructure.Lack of systematic follow-up made it hard to assess long-term outcomes or complications.

Recommendations for Future Research: Improved Documentation: All institutes and practitioners should maintain comprehensive, well-structured case records to support evidence-based medicine.

Collaboration: Greater coordination between academic institutions, practitioners, and hospitals is needed to promote research and facilitate pilot and retrospective studies.

Research Design: More controlled trials (RCTs) and pragmatic studies are recommended, with adherence to diagnostic guidelines and standardized reporting (e.g., Rotterdam criteria, CONSORT, HOMECARE).

Comorbidity Screening: Future studies should include screening for comorbidities like diabetes, endometrial hyperplasia, and mental health issues.

Long-term Follow-up: Extended follow-up is necessary to assess the durability of treatment effects and monitor for complications.

Conclusion

The retrospective study done showed that in Individualised/constitutional Homoeopathic medicines were used, antimiasmatics were used.

The top 5 remedies identified are Sepia, Pulsatilla, Nat.mur, Calc.carb and Lycopodium.

The predominant miasm identified was psorosycotic, followed by sycotic and psoric. This influenced the choice of antimiasmatic remedies such as Thuja, Medorrhinum, and Acidumnitricum. Preferred scale is Centesimal scale. Limited studies were done with Millesimal scale. Medicines frequently used were popular polycrests. It shows that polycrests are effective in treating PCOS. Antimiasmatics and lesser-known remedies also may be given. The retrospective hospital-based study was done at only one site. In this it was observed that in majority of cases the favorable outcome was regularisation of menses which is the key feature in PCOS. There was no extended follow-up of the cases as the cycle became regular and longterm effects cannot be predicted. A long-term follow-up may be needed to assess any complications or to generate strong evidence which is in favour of homoeopathic medicines. Especially the physicians and health care professionals should be aware of the prevalence in adolescents and the incidence in families, PCOS especially connected not only to the varied presentations but also the complications which may arise and the best modes of management in the target population of women of age12-50 years.

Promise of Homoeopathy

Individualized/constitutional homoeopathic treatment shows significant promise for managing PCOS/PCOD, especially for restoring menstrual regularity and improving quality of life.

Need for Evidence

While results are encouraging, more robust, well-designed, and evidence-based studies are needed to confirm efficacy and to guide best practices.

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