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Utility of Individualised Homoeopathic Medicine in Treatment of Polycystic Ovarian Syndrome: A Case Series

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Abstract

Introduction: Polycystic ovarian syndrome (PCOS) is one the most common endocrinological pathology of female reproductive organs especially in reproductive age group. According to WHO currently 8-13% females are suffering from PCOS worldwide while, 70% of the cases remain undiagnosed. The seriousness of the disease is attributed to it for being a leading cause of female infertility due to anovulation. The comprehensive effect of hyperandrogenism and menstrual irregularities leads to adverse psychological consequences in a female's life. Its conventional treatment includes diet management, combined-oral contraceptive pills (OCPs), dexamethasone, metformin etc. which may have side-effects like increased weight, nausea, vomiting, thrombosis and many more. Alternative medicine like Homoeopathic treatment with Individualised and holistic approach can provide a gentle management for PCOS. This article contains a series of four cases showing successful treatment of PCOS and emphasizes its effectiveness as a potential alternative to present conventional medicines available for PCOS.

Conclusion: Homoeopathic treatment was given with Individualised medicines which were selected exclusively in each case. This treated PCOS in a gentle and short frame of time in all four cases. The medicines prescribed were Pulsatilla nigricans in two cases, Sabina and Folliculinum in other two cases respectively. Since incidences of PCOS is increasing day-by-day such evidence-based medicinal studies need to be conducted to elaborate scope of Homoeopathic treatment in polycystic ovarian disease.

Keywords: PCOS, Gynaecological disorder, Hormonal imbalance, Anovulation, Homoeopathy, Case report.

Introduction

Polycystic ovarian disease is an endocrinological disorder which is classified under ICD-10-CM-



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Code E28.2 of international classification of diseases.^[1] It is also known as Stein and Leventhal syndrome after the scientists who described about this disorder in 1935. It originates with imbalance in Hypothalamic-Pituitary-Ovarian axis that leads to hormonal disturbance. The prime effect of PCOS is due to failure of conversion of female androgen into oestrogen leading to a state of hyperandrogenism which in-turn leads to ovarian polycystic development. Insulin resistance is associated as an important causal factor with 50-70% cases of PCOS. Familial or genetic inheritance and genetic mutation in CYP21 gene is also associated with its development. ^[2] The symptoms of PCOS involves irregular menstrual cycles, mood swings, hirsutism, weight gain, anovulation leading to infertility. Patients with PCOS have relative risk of developing cardiovascular diseases, hypertension, endometrial cancer, and type-2 diabetes-mellitus later in the life.^[3]

Diagnosis of PCOS involves **Rotterdam's criteria** which suggests three points: 1) Anovulation, 2) Hyperandrogenism and 3) Polycystic ovaries in ultrasonography (≥ 12 follicles) or ovarian volume ≥ 10 cubic centimetres. [2] PCOS not only affects the physiological functions but also causes psychological stress on a female's reproductive life, moreover, WHO also mentions PCOS as one of the leading factors of female infertility. [4] The incidence of PCOS is ever increasing. The recent issue of *Indian Journal of* Biochemistry and Biophysics published in February 2023, from Press Information Bureau, Ministry of Science and Technology mentions that incidence of PCOS in India is 3.7 - 22.5%. It states that though there are conventional medicines available in pharmacological field but these also have concerning sideeffects thus, the alternative and herbal medicine can play a vital role in treatment of PCOS.^[5] The conventional treatment involves use of combined oral contraceptive pills (OCPs), androgen suppressing pills like dexamethasone, and insulin resistance management from drugs like metformin etc.^[3] The alternative Homoeopathic treatment can prove beneficial in PCOS as it focusses on the totality of both mental and physical symptoms of the patient. Female reproductive disorders have been given utmost importance in Homoeopathic literature, for instance, in Organon of Medicine, 6th Edition, Dr C.F.S. Hahnemann states in 94th aphorism that, "In chronic diseases of females it is especially necessary to pay attention to.... the state of the menstrual discharge....to ascertain if it recurs at too short intervals, or is delayed beyond the proper time, how many days it lasts, whether its flow is continuous or interrupted, what is its general quality, how dark is its colour, whether there is leucorrhoea.... but especially by what bodily or mental ailments, what sensations and pains, it is preceded, accompanied, or followed...".[6] In the book The Chronic Diseases, Dr Hahnemann says that all the encysted tumours, menstrual irregularities, are "characteristic secondary symptoms, of the long-unacknowledged, thousand-headed monster, pregnant with disease, the psora, the original miasmatic malady which now makes its manifest appearance."[7] This paper displays clinically evidenced series of cases where Individualized Homoeopathic treatment treated PCOS, and emphasizes of utility Homoeopathic treatment in management of PCOS.

CASE-1

Patient's information

This is a case of 15 years old female patient who visited on 09/07/2023 with complaint of amenorrhoea from 3 months and spasmodic dysmenorrhoea since menarche. She suffered from left ovarian cyst. She was a student of 11th standard pursuing studies in science field.



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Physical general symptoms

She had a delicate skin and fine hair. She was extremely sensitive to change of temperature and suffered easily from yellowish nasal catarrhal discharges. Since menarche at 12 years, she always suffered from spasmodic pelvic pain during menses with normal flow without clots. Her menses became irregular for last 6 months and her Last Menstrual Period (L.M.P.) was 3 months ago on 04/04/2023. Patient had very low thirst and she is usually constipated.

Mental general symptoms

She is very mild, sensitive to remarks others make about her and weeps easily. She is afraid of dark. She gets suffocated in closed placed.

Clinical findings and diagnosis.

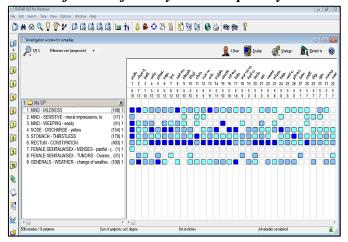
The patient's ultrasonography showed left ovarian cyst of size 35 X 29 X 23 mm, dated 09/07/2023.

Repertorization

Table 1. Totality of symptoms of Case 1.		
Totality of symptoms	Repertorial totality	
Sensitive to what others say about her	MIND- SENSITIVE- moral impressions to	
Patient is mild in nature	MIND- MILDNESS	
She weeps very easily	MIND – WEEPING - easily	
Nasal catarrhal discharges are yellowish	NOSE-DISCHARGE - yellow	
Thirstlessness	STOMACH-THIRSTLESS	
Usually constipated	RECTUM-CONSTPATION	
Dysmenorrhoea since menarche	FEMALE GENITALIA-MENSES-painful-girls-	
	first period; since the	
Ovarian cyst	FEMALE GENITALIA -TUMORS-Ovaries-cysts	
She is sensitive to change of weather	GENERALS-WEATHER-change of weather-agg.	

Repertorization was done through Synthesis repertory on RADAR software (version 10.0). [8]

Figure 1. Repertorial result of Case 1 from Synthesis repertory 9.0 on RADAR version 10.0.





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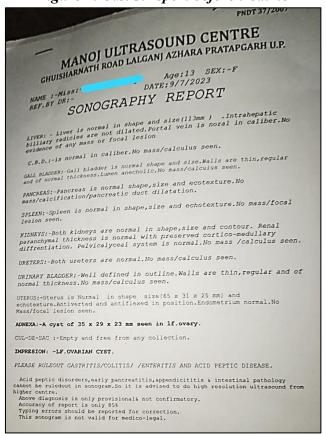
Therapeutic intervention

After repertorization and confirmation from Homoeopathic Materia Medica, *Pulsatilla nigricans* was selected as the similimum as it covered the totality of symptoms. *Pulsatilla nigricans* 200 was prescribed on 09/07/2023 to the patient, one dose, to be taken at night before sleep, with SL 30 (placebo) for 30 days, three times a day (4 globules in each dose). Further prescriptions were done according to principles of *Organon of medicine*, 6th edition. ^[6]

Follow-up sheet

Table 2. Follow-up sheet of Case 1.		
VISITS	FOLLOW-UP	PRESCRIPTION
12/08/2023	Menses appeared on 24/07/2023, spasmodic pain remained as it is.	SL 30/ T.I.D./ for one month.
05/09/2023	Menses appeared on 26/08/2023, reduction in pain.	SL 30/ T.I.D./ for one month.
10/10/2023	Cycles are regular, constipation better.	SL 30/ T.I.D./ for one month.
10/11/2023	Menses delayed, pelvic pain and heaviness.	Pulsatilla n. 1M/ 1 dose.
14/12/2023	Menses appeared on 13/11/2023.	SL 30/ T.I.D. for a month.
05/01/2023	Cycles were regular. U.S.G. showed normal ovaries with no cystic pattern.	Patient's medicine was stopped and advised for maintaining diet and regimen.

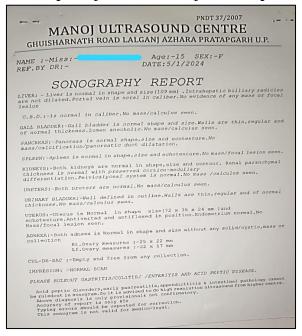
Figure 2. U.S.G. report before treatme





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Figure 3. U.S.G. report after 6 months of Homoeopathic treatment



Result

The ovarian cyst was treated within 6 months of period and features of PCOS, especially irregular menses were treated. with Individualised Homoeopathic treatment with Pulsatilla nigricans.

CASE 2.

Patient's information

This is a case of 23 years old female who was pursuing graduation course in arts. who visited on 24/12/2023 with a complaint of menorrhagia and dysmenorrhoea with debility for last 6 months.

Physical general symptoms

The patient was very weak, frequently felt vertigo due to anaemia and severe menstrual flow. The female started to had menorrhagia for last 6 months and severe bearing down pain during menses. Her L.M.P. was on 01/12/2024. She frequently suffered from hypotension.

Mental general symptoms

She was irritable and usually gets angry at trifles. She is sensitive to even slightest loud noise which irritates her. She got angry whenever consoled.

Clinical findings

Her ultrasonography reports showed a right ovarian cyst of 4.6 X 4.6 cm along-with three uterine fibroids measuring 4.2 X 3.5cm, 4.4 X 4.7cm, 1.6 X 1.5cm respectively.

Repertorization

Repertorization was done through Synthesis repertory on RADAR software (version 10.0).[8]

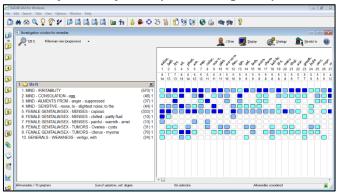
Table 3. Totality of symptoms of Case 2	
Totality of symptoms	Repertorial totality



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She gets irritated easily	MIND- IRRITABILITY	
Irritated when consoled	MIND-CONSOLATION-agg.	
She suppresses her anger which further makes	MIND-AILMENTS FROM- anger suppressed	
her ailments aggravate		
Sensitiveness to noises	MIND-SENSITIVE-noise, to-slightest noise; to the	
Menorrhagia for last 6 months	FEMALE GENITALIA-MENSES-copious	
Menstrual flow is dark	FEMALE GENITALIA-MENSES-dark	
Dysmenorrhoea is relieved by warm	FEMALE GENITALIA-menses-painful-warmth-amel.	
fomentation.		
Right sided ovarian cyst	FEMALE GENITALIA-TUMORS-Ovaries-cysts	
Uterine fibroid	FEMALE GENITALIA-TUMORS-Uterus-myoma	
Vertigo with weakness	GENERALS-WEAKNESS-vertigo, with	

Figure 4. Repertorial result of Case 2 from Synthesis repertory 9.0 on RADAR version 10.0.



Therapeutic intervention

After repertorization and confirmation from Homoeopathic Materia Medica, Sabina was selected as the similimum as it covered the totality of symptoms. Sabina 200 was prescribed on 24/12/2023 to the patient, one dose, to be taken in morning empty stomach, with SL 30 (placebo) for 15 days, three times a day (4 globules in each dose). Further prescriptions were done according to principles of Organon of medicine, 6th edition.^[6]

= |प्रशोका ह्यांट्यटल ULTRASOUND ABDOMEN AND PELVIS me, ovoid shape and homogenous echotexture. No mass or pat

Figure 5. U.S.G. report before treatment

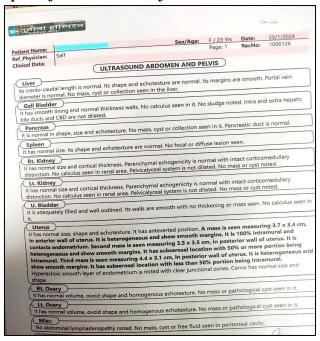


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Follow-up sheet.

Table 4. Follow-up sheet of Case 2.		
VISITS	FOLLOW-UP	PRESCRIPTION
07/01/2024	Menorrhagia was improved and she felt less weakness. Dysmenorrhoea was reduced but still caused discomfort.	
23/01/2024	Her U.S.G. showed that her ovarian cyst was treated and size of two of her uterine fibroids were reduced.	SL 30/ T.I.D./ for 15 days.

Figure 6. U.S.G. report after one month of treatment with Homoeopathic treatment



Result

Within a month of Individualised Homoeopathic treatment with *Sabina* medicine, the patient's U.S.G. report on 23/01/2024 showed that the ovarian cyst was treated, with reduction in severity of menorrhagia and dysmenorrhoea. Out of three uterine fibroids there was reduction in two of the uterine fibroids. The patient is currently continuing the treatment and is on placebo.

Case 3

Patient's information

This is a case of 26 years old female, who visited on 13/05/2022 with complaints of dysmenorrhoea and absence of menses for last 2 months (L.M.P. 02/03/2022). She was a married women who did a home-based urine pregnancy kit test 2 months ago which tested negative. After this, she took allopathic treatment for a month with no appearance of menses, which led her to seek Homoeopathic aid.

Physical general symptoms

The patient is fair with delicate skin. She complained of irregular menstruation for last 6 months but for last 2 months it did not appear even after medication. She always had severe pelvic pain. During pain her menses were always delayed. She had dyspepsia from fatty food and very little to no thirst. She had



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complaint of blind haemorrhoids. Presently she suffered from flatulence, diarrhoea, and hypogastric pain for last one month.

Mental general symptoms

She was a mild person. Her husband confirmed that she generally cared for everyone and was gentle and yielding. She was very sensitive to what comment about her, she also wept easily on criticism.

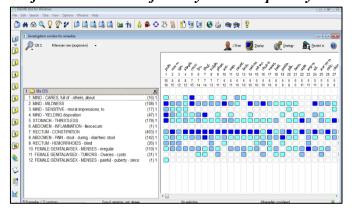
Clinical findings

She was pale and looked anaemic. Her U.S.G. report showed features of PCOS in both ovaries with simple right ovarian cyst (34mm in size). There was also intramural thickening of terminal ileum, caecum, and ascending colon.

Repertorization

Table 5. Totality of symptoms of Case 3		
Totality of symptoms	Repertorial totality	
She was very caring to the family members.	MIND-CARES, full of- others about.	
Patient had mild nature.	MIND-MILDNESS.	
She was very concerned with morals and what	MIND-SENSITIVE-moral impressions, to.	
others say about her.		
She generally did what others told her without much	MIND-YIELDING disposition.	
contradiction.		
She had minimal thirst.	STOMACH-THIRSTLESS	
Her U.S.G. showed inflammation in ileocaecum.	STOMACH-INFLAMMATION-Ileocaecum	
She had diarrhoea with flatulence and colic.	ABDOMEN-PAIN-stool-during-diarrheic stool	
Suffered from constipation.	RECTUM-CONSTIPATION	
The patient had blind haemorrhoids	RECTUM-HEMORRHOIDS-blind	
Her menses have been irregular for last 6 months.	FEMALE GENITALIA-MENSES-irregular	
She had dysmenorrhoea since menarche.	FEMALE GENITALIA-MENSES-painful-	
	puberty since	
She had PCOS with a right ovarian simple cyst	FEMALE GENITALIA-TUMORS-Ovaries-	
(34mm)	cysts.	

Figure 7. Repertorial result of Case 3 obtained from Synthesis repertory 9.0 on RADAR version 10.0





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Repertorization was done through Synthesis repertory on RADAR software (version 10.0).^[8]

Therapeutic intervention

After repertorization and confirmation from Homoeopathic Materia Medica, *Pulsatilla nigricans* was selected as the similimum as it covered the totality of symptoms. *Pulsatilla nigricans* 200 was prescribed on 13/05/2023 to the patient, one dose, to be taken at night before sleep, with SL 30 (placebo) for 30 days, three times a day (4 globules in each dose). Further prescriptions were done according to principles of *Organon of medicine*, 6th edition.^[6]

Follow-up sheet

Table 6. Follow-up sheet of Case 3.			
VISITS FOLLOW-UP		PRESCRIPTION	
16/06/2022	Her menses appeared on 24/05/2022, dysmenorrhoea remained. The hypogastric pain and diarrhoea were better.	SL 30/ T.I.D./ for one month.	
12/07/2022	Cycles were regular, menses appeared on 26/06/2022. Gastric symptoms better.	SL 30/ T.I.D./ for one month.	
14/08/2022	Patient felt better. Her U.S.G. report showed a normal scan.	She was advised to keep a healthy diet and regimen and then her treatment was completed.	

Chandra SCANS PVI. Ltd. ULTRASOUND WHOLE ABDOMEN Age/Sex 26 Y/ F C/O Mr.
Date 13/May/22 Pt. ID 5007/18 OBSERVATION Normal in size, shape & echopattern. IHBR are normal. No focal lesion is seen. Portal vein is normal Distended. Wall thickness is normal, No Intraluminal echoes are seen. GALL BLADDER Normal in caliber Normal in size, shape & echopattern. PD is Norm PANCREAS Normal in size, shape & echopattern. SPLEEN Right kidney is normal in size, shape & echopattern CMD are normal. No hydronephrosis or calculus se KIDNEYS Left kidney is normal in size, shape & echopattern. CMD are normal. No hydronephrosis or calculus seen URETER : Not dilated. URINARY BLADDER : Distended, No intraluminal echoes are seen, Wall thickness is normal. Normal in size (82x30mm), shape & echopattern. Endometrial thickness is 6.7mm. Cavity is Central & clear. No myometrial lesion is seen. Cervix is intact. UTERUS Normal. Both ovaries are enlarged in size and shows multiple follicles in peripheral part and stroma is relatively echogenic ADNEXAE Right ovary shows a thin wall echo free cyst of 34mm in size. RO- 53x25x30=21.5cc LO- 57x21x26=17.0cc.

Figure 8. U.S.G. report before treatment.



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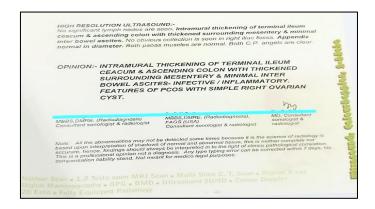


Figure 9. U.S.G. report after 3 months of Homoeopathic treatment.



Result

The symptoms of acute inflammatory condition of intestines and menstrual symptoms along-with PCOS were treated within 3 months of Individualised Homoeopathic treatment with *Pulsatilla nigricans*. Patient felt better and her primary dysmenorrhoea was also benefitted with the treatment.

Case 4

Patient's information

This is a case of a 19 years old female who was a graduate student preparing for exam to become a teacher. She visited on 18/05/2022 with complaint of amenorrhoea for last 5 months (L.M.P. 22/12/2021) with sudden weight gain and facial hair growth.

Physical general symptoms

The patient suddenly gained weight (8 kilograms in 3 months). She complained of frequent dyspepsia. She had tenderness of mammary before menses. Her sleep was disturbed which easily got interrupted.



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Mental general symptoms

The patient was an ambitious, strong opinionated person but she had always suppressed her ambition due to her dominating family. She wanted to become a nurse but she was forced to take art field and graduate as her family thought teaching is a comparatively more comfortable occupation for her. She had started to have mood-swings and irritation before menses.

Clinical findings

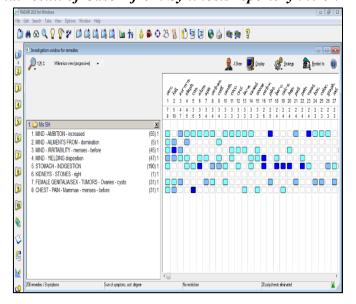
Her U.S.G. report showed she had features of PCOS with multiple cystic follicles in both ovaries alongwith a renal calculus (4.55mm) in mid pole of right kidney.

Repertorization

Repertorization was done through Synthesis repertory on RADAR software (version 10.0).^[8]

Table 7. Totality of symptoms of Case 4.		
Totality of symptoms	Repertorial totality	
The patient was an ambitious person who wanted to be	MIND-AMBITION-increased	
a teacher.		
She was dominated by family who made choices for	MIND-AILMENTS FROM-domination	
her.		
She had mood-swings before menses.	MIND-IRRITABILITY-menses-before.	
She yielded and was easily dominated by her family.	MIND-YIELDING disposition	
She has frequent dyspepsia.	STOMACH-INDIGESTION	
She had right renal calculus	KIDNEYS-Stones	
She suffered from PCOS features in both ovaries	FEMALE GENITALIA-TUMORS-Ovaries-	
	cysts	
There was tenderness in mammae before menses.	CHEST-PAIN-Mammae-menses-before	
Her sleep was disturbed easily.	SLEEP-DISTURBED	

Figure 10. Repertorial result of Case 4 from Synthesis repertory 9.0 on RADAR version 10.0





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Therapeutic intervention

After repertorization and confirmation from Homoeopathic Materia Medica, Folliculinum was selected as the similimum as it covered the totality of symptoms, as the patient had an ovarian pathology, a history of OCP intake for long time, along-with this, medicine *Carcinocin* was eliminated as she did not have its keynote symptoms like being artistic and fastidious. *Folliculinum 200* was prescribed on 18/05/2022 to the patient, one dose, to be taken in morning empty stomach, with SL 30 (placebo) for 30 days, three times a day (4 globules in each dose). Further prescriptions were done according to principles of *Organon of medicine*, 6th edition. ^[6]

Follow-up sheet

Table 8. Follow-up sheet of Case 4.		÷ 4.
VISITS	FOLLOW-UP	PRESCRIPTION
21/06/2022	Her menses appeared on 29/05/2022. Her mood	SL 30/ T.I.D./ for one month.
	swings and chest tenderness were better.	
15/07/2022	L.M.P. 26/06/2022, associated complaints were	SL 30/ T.I.D./ for one month.
	better, she reduced 2 kgs in these two months.	
18/08/2022	Her menses was delayed and painful. She also had	Folliculinum 200 /1 dose/ to be
	dyspepsia and heartburn.	taken empty stomach in morning.
		SL 30/T.I.D./for one month.
20/09/2022	Her L.M.P. was 26/09/2022, symptoms were	SL 30/ T.I.D./ for one month.
	better.	
23/10/2022	She felt better. LM.P. 28/09/2022	SL 30/ T.I.D./ for one month.
28/11/2022	Her U.S.G. report showed her PCOS was treated	SL 30/ T.I.D./ for one month.
	and her stone was reduced in size. Her weight was	
	reduced by 4kgs.	

Figure 11. U.S.G. report before treatment.



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Order Date 28/11/2022 11:59AN
Receiving Date 28/11/2022 2:08PM
Report Date 28/11/2022 2:10PM
Report Status Final 28/11/2022 2:10PM Referral Type ULTRASOUND REPORT LIVER: Appeared normal in size, shape, echogenicity and position. IHBR are not dilated No focal parenchymal lesion is seen Portal and hepatic veins are normal. Measures -123,35mm from Mid parenchymal le: Clavicular Line. GAL BLADDER:~Well distended. Wall thickness is normal. No mass lesion detected. COMMON DUCT: Not dilated. No obstructive lesion seen. PANCREAS:~ Appeared normal in size and echotexture SPLEEN: ~ Appeared normal in size, shape and echopattern. KIDNEYS:~ Both Kidneys appeared normal in size, shape, echogenicity and position. Cortex and renal sinuses are well differentiated bilaterally. mass is not detected. A calculus (size,3.7mm) seen in right kidney mid pole. U. BLADDER:~ Well filled. Wall are normal . No stone or mass is seen UTERUS:~ Anteverted. appeared normal in size [Long Axis:70.31mm] shape and echogenicity. OVARIES: ~ Both ovaries appeared normal in size shape and echogenicity. No adnexal seen. OTHERS:~ No free fluid is seen in abdomino-pelvic region. IMPRESSION:~Right nephrolithiasis. Bowel pathology cannot be ruled out. - Please co-relate clinically. ADV: TECHNICIAN M.B.B.S M.S(Obs & Gynae) Sonologist Post Graduate Diploma In Somography U
Prachi Hospital has proven excellent services in healthcare since 14 years.

Figure 12.U.S.G. report after 6 months of treatment

Result

Within a period of six months of Homoeopathic treatment with Individualized medicine *Folliculinum*, the patient's symptoms of PCOS were treated completely. The size of the renal calculus was also reduced from 4.55 mm to 3.7mm. She lost a total weight of 4 kgs within these six months. She was kept under treatment for a period of one year after which her calculus was treated also. She was advised to maintain diet and exercise and her treatment was completed.

Discussion

PCOS is a leading female reproductive organ endocrinological disorder which not only cause problems in physiological reproductive functions of a female but also acts as a psychological stress factor causing premenstrual symptoms and mood-swings. PCOS is a serious problem as it is a leading cause of infertility. With current lifestyle, dietary and sedentary habits, increasing incidence of endocrinological disorders like hypothyroidism, insulin-resistance, diabetes mellitus, obesity etc. PCOS is becoming a major health concern. The side-effects from conventional treatment calls for alternative treatment. Homoeopathy is proving itself as a gentle and effective treatment for endocrinological disorders, especially PCOS. With a large variety of medicines and a holistic-individualised approach Homoeopathy can provide a beneficial alternative to conventional treatment in management of PCOS.



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Conclusion

This paper showcased four cases of females who suffered from PCOS, and how Individualised Homoeopathic treatment proved effective in each case in treatment of PCOS within a plausible time-period. In the treatment, the medicines that were prescribed were *Pulsatilla nigricans*, *Sabina*, and *Folliculinum*. Mostly prescribed potency was 200^{th} potency. Further, more elaborate studies concentrating on Homoeopathic management of PCOS are needed to be conducted to ascertain its effectiveness.

Acknowledgement

The author is grateful to Faculty of Department of Organon of Medicine and Homoeopathic Philosophy and Fundamentals of Psychology, Faculty of Obstetrics and Gynaecology and Faculty of Materia Medica, for teaching us both pathological and psychological aspects of the Homoeopathic medicines which helps in finding similimum. Hospital staff was also very supportive. We are also thankful to the patients for their patience and belief in us, giving enough time to analyse the progress of the case.

Consent Of the patient

The author declares that the patients has given written consent for their clinical information to be reported in the journal on anonymous grounds. All the details revealing the identity of the patients, and of clinical reports are concealed on patient's demand and for ethical reasons.

Financial Support and Sponsorship

None.

Conflicts Of Interest

None declared.

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