



“ROLE OF CONSTITUTIONAL HOMEOPATHIC TREATMENT IN CASES OF POLYCYSTIC OVARIAN SYNDROME USING HOMEOPATHIC MEDICAL REPERTORY”

Homeopathy

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ABSTRACT

PCOS said to be the most common endocrine disorder affecting young women. It's a state of clinical hyperandrogenism which includes hirsutism, acne and male type baldness. It is also associated with significant morbidity such as anovulation, psychosocial dysfunction, metabolic syndrome, cardiovascular disease and an increased risk of cancer. One in every 10 women has PCOS in India and it is increased in teenagers. It leads to chain of therapeutic interventions such as Oral contraceptives, weight loss treatment, nutraceuticals, fertility treatments and anti-androgens (1). It is crucial to save the female population from undergoing the versatile morbid processes called PCOS. Homeopathy plays significant role in treating endocrine disorders due to its holistic concept. It offers better patient care at less cost with more competency. There is a need for a complementary therapy which would alleviate the symptoms of PCOS effectively (2). This Randomised Placebo controlled trial will be adding value to the existing mono pharmacy approach of Homeopathy.

KEYWORDS

PCOS, Homeopathy, Constitutional medicine, Murphy Repertory

AIM:

To assess efficacy of homeopathic treatment in cases of PCOS through constitutional approach.

OBJECTIVES:

1. To identify the frequently indicated remedies in the treatment of PCOS
2. To study the efficacy of Homoeopathic Medical Repertory in the treatment of PCOS
3. To assess the role of homeopathic remedies in improving the quality of life in those women suffering with Polycystic Ovarian Syndrome.

Background and Justification:

- Prevalence of PCOS in India is about 40 % and it is the foremost cause for Infertility.
- The untreated PCOS can lead to various systemic illness, obesity and Infertility. Hence early diagnosis and proper management is important to avoid further progress of disease as PCOD.
- It is mandatory to explore the effectiveness of Homeopathic remedies in cases of PCOS along with better patient care.

Review of Literature:

Polycystic Ovarian Syndrome (PCOS) also referred to as hyper androgenic anovulation (HA). PCOS is one of the most common metabolic and reproductive disorders among women of reproductive age. Recent evidence suggests that PCOS is a lifelong syndrome, manifesting since prenatal age. It seems to be a familial genetic syndrome caused by a combination of environmental and genetic factors (3).

PCOS is one of the commonest causes of irregular periods and infertility in females. It is prevalent among 4 – 20% of total population in the world.

The prevalence estimates also vary according to the criteria from 4% -8% as per NIH/NICHD criteria to as high as 15 % - 20 % when the ESHRE/ASRM criteria are used. A cross sectional study among adolescent and young girls in Mumbai, India, indicated the prevalence of 22.5% by Rotterdam and 10.7 % by Androgen Excess Society criteria.

Women suffering from PCOS present with a constellation of symptoms associated with menstrual dysfunction and androgen excess, some cases also characterized by increased anxiety, lowered energy level, sadness etc. which significantly impacts their quality of life. It has numerous implications for general health and well-being (4).

Diagnostic Criteria for PCOS –

1. The *Rotterdam criteria* is the most widely accepted criteria across

Europe, Asia, Australia. The PCOS diagnosis is made if any 2 out of 3 of the following criteria are met with.

- i) **Oligomenorrhoea / amenorrhoea:** absence of menstruation for 45 days or more and / or ≤ 8 menses per year.
 - ii) **Clinical and / or biochemical hyperandrogenism,** manifested by acne, Hirsutism or male-pattern hair loss, elevated circulating levels of androgens (*usually testosterone*), Seborrhea, Increased Muscle Mass, Deepening Voice, Clitoromegaly.
 - iii) **Polycystic ovaries:** presence of multiple cysts, 2–8 mm in diameter, usually combined with increased ovarian volume of >10 cm³, and an echo-dense stroma in pelvic USG.
2. Along with this additionally health related quality of life (*HRQoL*) can be assessed by PCOSQ in women with polycystic ovary syndrome.
 3. **Ferriman–Gallwey Visual Scoring Method:** Presence of Hirsutism, indicating androgen excess, can be assessed with the modified Ferriman–Gallwey Visual Scoring Method. The nine body areas were rated from 0 (absence of terminal hairs) to 4 (extensive terminal hair growth)
 4. **Acne Global Severity Scale Score:** Acne can be evaluated using this scoring system. Scores starts from 0 to 5 where in 0 represent the normal skin and 5 reflect the most inflammatory acne.

The Homeopathic Medical Repertory by Dr Robin Murphy is one of the best modern clinical repertory. This repertory gives more emphasis on mental generals as well as clinical rubrics of current medical society. PCOS is heterogeneous multisystemic disorder with a constellation of symptoms with most of the psychological symptoms (which are predominantly seen in cases of PCOS) along with physical generals and particulars. Hence Homoeopathic Medical Repertory by Robin Murphy will be a valuable tool in arriving the constitutional remedy (5).

MATERIALS AND METHODS

Study design – Single Blind Randomised Placebo Controlled Study

Study setting

The study will be undertaken at Bharati Vidyapeeth (Deemed to be university) Homoeopathic Medical college OPD, IPD, Post graduate and research center, Pune and also from Gupte Hospital, Bhandarkar, Pune.

Duration of study – 12 months

Sample size - 100

Total number of sample is 100. In which 50 cases will be allotted to Constitutional homeopathic treatment and 50 cases will be given Placebo.

Sampling technique

Cases which are fulfilling criteria will be included for the study using

Simple random sampling technique. Odd numbers will be placed in Group A for constitutional treatment. Even numbers will be placed in Group B for Placebo treatment

8. Constitutional therapeutics by A. M. Woodward reprint edition -2003, B. Jain Publishers New Delhi. 557 Pages.
9. Authentic Internet sites-PubMed, Google Scholar, Cochrane Library, National Digital Library India, nim.nih.gov.

Blinding: Single blinding.

Inclusion Criteria

1. Female cases diagnosed with PCOS using Rotterdam criteria.
2. Women between the age group 12–40 years
3. Those who are willing to participate throughout the period of study

Exclusion Criteria

1. Age group below 12 years and beyond 40 years.
2. Cases which are having associated illnesses such as Diabetes Mellitus, Cushing Syndrome, Hyper Prolactinemia and untreated Hypo or Hyperthyroidism.
3. Patients who are in need of emergency medical intervention.
4. Patients with history of metformin intake, oral contraceptive pills (OCP) intake and intake of any drugs in the past 4 weeks which are known to interfere with carbohydrate metabolism.

Study Intervention

Group A will be given Constitutional Homoeopathic treatment

Group B will be given Placebo

Data collection procedure

Data collection will be done by following ways-

1. Patients identified with known case of PCOS will be interrogated and those willing to provide written consent will be enrolled for the study. Homoeopathic case taking will be done using standard format.
2. Participants will be asked to fill PCOSQ (Polycystic Ovarian Syndrome Questionnaire)

Data collection instruments

- CASE FORMAT “Case Format .docx”
- Inform consent form “Consent Form. docx”
- The appropriate investigations such as USG, and Hormonal tests as FSH, LH, Testosterone will be done before and after treatment.
- PCOS Questionnaire Quality of life in Marathi, English.pdf and feedback docx.
- Multidimensional scoring scale as Ferriman-gallwey visual score and Acne global severity scale score.

Data Analysis

Symptomatic and statistical analysis will be done by using the following data.

1. Cases will be analyzed according to the homeopathic principles and repertorisation will be done using Homeopathic software (RADAR 10).
2. Investigation reports taken before and after the study such as USG abdomen, Hormonal assay (Testosterone, FSH, LH) will be duly
3. PCOSQ score taken before and after study
4. Acne global severity scale score
5. Ferriman – Gallwey visual score

Follow up Criteria

Cases will be duly followed every 2 months or earlier based on the symptom severity for 12 months.

CONCLUSION

Along with treatment of PCOS and patient care It is essential to conduct evidence based studies and Randomized trials to prove the efficacy of homoeopathic remedies in today's scenario. This study will be a valuable tool to attain the same.

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