

“ADDRESSING POLYCYSTIC OVARY SYNDROME (PCOS) IN WOMEN THROUGH HOMOEOPATHY”

RESEARCH PAPER

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**ADDRESSING POLYSYSTIC OVARY SYNDROME (PCOS)
IN WOMEN THROUGH HOMEOPATHY**

Addressing of Polycystic Ovary Syndrome (PCOS) in Women through Homoeopathy

Abstract

Background

Polycystic ovary syndrome is a hormonal disorder that affect 8-13% of female at their reproductive age. It is most common cause of infertility in female. Irregular menstrual cycle, anovulation and hyperandrogenism are the main characteristics of PCOS. There be masculine phenotypic. PCOS is due to dysfunction of hypothalamic - pituitary – ovarian axis albeit its precise cause is unknown. Inappropriate production of gonadotropin by the pituitary is more likely to be the consequence ovarian dysfunction. Females with PCOS are clinically manifested with oligomenorrhea or amenorrhea , hirsutism, acne, obesity and infertility and the onset age is often premenarchal. There are several studies show the result of treating PCOS with homeopathy. In this cases are included which show PCOS cases are cured with individualized homeopathy.

Keywords

Polycystic Ovary Syndrome, individualized homeopathy, Amenorrhea, Oligomenorrhea, infertility

Aims and objectives

To assess the effectiveness of homeopathic remedies for improving the menstrual cycle, controlling hormone balance, and treating polycystic ovarian syndrome.

Method

The research was carried out by examining the cases of patients who sought treatment for PCOS at a homoeopathic facility. The data were analyzed using the menstrual patterns of 25 female patients, ages 17 to 35, who received homoeopathic treatment.

Inclusion criteria

- 1) Patients from all socioeconomic background who are between the age 17 and 35.
- 2) Married and unmarried women.

Exclusion criteria

- 1) Metabolic, cardiovascular disorder and diabetes mellitus.
- 2) Endometrial cancer.

Study design

Case series study

Introduction

The most prevalent endocrine condition affecting women in the reproductive age is polycystic ovarian syndrome.ⁱ The prevalence of PCOS varies from 2.2% to 26%.ⁱⁱ PCOS is a complicated hormonal and metabolic condition that manifests as infertility, hyperandrogenism and oligomenorrhea or amenorrhea. Emotional disturbances are linked to hormonal imbalance and infertility is a prevalent condition that has a significant impact on social and personal well-being.ⁱⁱⁱ There are currently four recognized kinds of PCOS, a complicated illness with diverse manifestations.

- i. Polycystic ovaries, oligo /absence of ovulation and hyperandrogenism.
- ii. Oligo/anovulation and hyperandrogenism.
- iii. Hyperandrogenism and polycystic ovaries.
- iv. Polycystic ovaries and oligo/anovulation.

Accurately identifying a patient's phenotype is crucial for physicians because each one has unique long-term effects on metabolism and health.^{iv} If any one of the four common symptoms of PCOS – menstrual abnormalities, hirsutism, acne and infertility occur the diagnosis can be verified. Ultrasound

anovulation that may indicate polycystic ovaries. The diagnosis is verified by biochemical testing to estimate a rise in luteinizing hormone levels and a fasting blood glucose/insulin ratio less than 4.5 and increase testosterone, ruling out congenital adrenal hyperplasia with a late onset.^v The Rotterdam criteria are the most commonly used diagnostic approach for PCOS. This criteria allows for the positive diagnosis of PCOS if any two of the following three symptoms present in the patient:

- I. Ultrasound evidence indicate polycystic ovarian morphology
- II. Hyperandrogenism
- III. Clinical and biochemical indicator of Oligomenorrhea and ovulation^{vi}

One important component linked to the pathophysiology of PCOS is hyperandrogenism. It results in dysregulation of the release of the gonadotrophin-releasing hormone (GnRH), which is caused in part by aberrant progesterone and estrogen feedback. This cause aberrant gonadotrophin and LH release, which worsens the dysregulation in ovarian follicle growth and ultimately increase the amount of androgens secreted by

theca cells .Another significant factor contributing to obesity and adipocyte dysfunction is insulin resistance .These elements influence the synthesis of sex hormone-binding globulin(SHBG)which raise the concentration of free testosterone and make hyperandrogenism-related dysfunction worse.^{vii}Symptoms of PCOS might include amenorrhoea, Infertility and indicators of hyperandrogenemia (HA),which are linked to abnormalities in metabolism combining dyslipidemia and insulin resistance. Women with PCOS have been found to have lower fertility and to be more susceptible to pre-eclampsia, diabetes mellitus and hypertension during pregnancy .In addition compared to women without PCOS , they are more likely to experience mental disorder including anxiety and sadness and are at a high risk of endometrial cancer, particularly during the premenopausal stage.^{viii}There is currently no known pharmaceutical treatment for the syndrome is conventional medicine ,although the clinical symptoms of PCOS are treated with certain drug like oral contraceptive (progesterone only),combine pill consist of both oestrogen and progesterone ,antiandrogens (spironolactone ,flutamide),insulin sensitizers(metformin and thiazolidinediones), ovulation –inducing

agents(clomiphene citrate, tamoxifen and letrozole).In vitro fertilization (IVF) and laparoscopic surgery are two treatments for infertility .Mechanical hair removal methods (such as electrolysis ,depilatory treatments ,shaving ,plucking and waxing)may help to manage hirsutism.^{ix}Since PCOS is a chronic condition with the comorbidities mentioned above , changing one's lifestyle is an important and sensible strategy for women who have PCOS. Modifications to the way of life including nutrition, physical activity and mindset, positively affect testosterone level, body weight and insulin resistance. Compared to the traditional treatment homoeopathy is recognized to have no side effect, to be safer and more affordable solution for PCOS. In homoeopathy patient is treated as a whole, not just their illness.” There **are no disease, but sick people,”** as Dr.*Hahnemann* famously remarked. According to homoeopathy, PCOS is regarded as the ailment of afflicted lady rather than an ovarian condition. Dr. *Kent* states in Lecture on Homoeopathy Philosophy,**Chapter1(The Sick)**,that ‘It is the doctor’s responsibility is to cure the ill .He has responsibility to treat the illness itself ,not just its effects .An equilibrium will be restored in the tissue once the man himself has recovered.”^x Multifactorial examination

combined with a basic and clear underlying pathophysiology enhance patient care and treatment outcomes. All of the patients's symptoms are considered in order to treat her holistically. If her illness will never truly cure if she is mistakenly treated for specific symptoms such as acne, hirsutism, hair loss, irregular menstruation and infertility. Through the dynamic action on the nerves (APHORISM 16), homoeopathy causes our body to correct hormone imbalance and restore ideal balance of health ^{xi}. A potent homoeopathic treatment for a woman with PCOS reduce psychological discomfort and enhances the patient's quality of life by addressing obesity, managing infertility, restoring menstrual regularity, correcting hormonal imbalance and treating patient in a positive manner. PCOS is classified as a dynamic chronic disease with fully developed symptoms of complicated miasmatic etiology under the Hahnemann classification of disease. Psora and sycotic miasm are the main causes of PCOS. It first belongs to PSORA when there are functional alterations at the neurohormonal axis level, and it progresses to SYCOTIC with the growth of cyst. The goal of the current study is to gather some data on PCOS cases that were diagnosis and brought to homoeopathic hospital. This study's goal is to analyze the

sociodemographic and health-related data of the diagnosed patient, assess the effectiveness of homoeopathic treatment in terms of symptoms relief and identify the homoeopathic treatment that are commonly recommended for polycystic ovarian disease.

MATERIALS AND METHOD

The population under the study was chosen from the patient records in the hospital's computer system. Sample were chosen from the data of cases diagnosis with polycystic ovarian syndrome between January 2018 and august 2021. Every patient who had PCOS confirmed by ultrasonography and received homoeopathic treatment for PCOS. Thus 25 cases were selected for study. The case record format's available demographic and treatment-related data were gathered. Information of the patients including age, marital status and menstrual history was gathered. Analysis was done on treatment – related data, such as prescribed medications and symptoms alleviation. A study was conducted on the variations in the severity of the variable's dysmenorrhea and irregular menstruation. Every patient had either secondary amenorrhea or oligomenorrhea when they first arrived. Menstruation was regular for five patients. The cases were divided into oligomenorrhea and secondary amenorrhea based on types of irregular

menstruation. Oligomenorrhea is defined as menstrual flow that occurs more than 35 days apart and woman without six-month menstruation whose menstruation has been established is called secondary amenorrhea. Consequently ,5 individual had secondary amenorrhea and 15 patients had oligomenorrhea. The menstrual cycles in oligomenorrhea will occur more frequently than 35 days but less frequently than six months apart. However, when longer than six months referred to as secondary amenorrhea. Seventeen of the 25 cases developed dysmenorrhea. Individualized homoeopathic medications were recommended after proper case taking and repertorization. These cases were monitored until they showed sign of improvement. Following symptoms relief, another ultrasound was performed, and the results were compared.

Table1: -baseline characteristics

Variable	Percentage (%)
Menstrual cycle	
Regular	5(20%)
Irregular	20(80%)
Marital status	
Married	10 (40%)
Unmarried	15(60%)
Dysmenorrhea	
Yes	17(68%)
No	8(32%)
Infertility	
Yes	3(30%)
No	7(70%)

Remedy Prescribed in Case Study

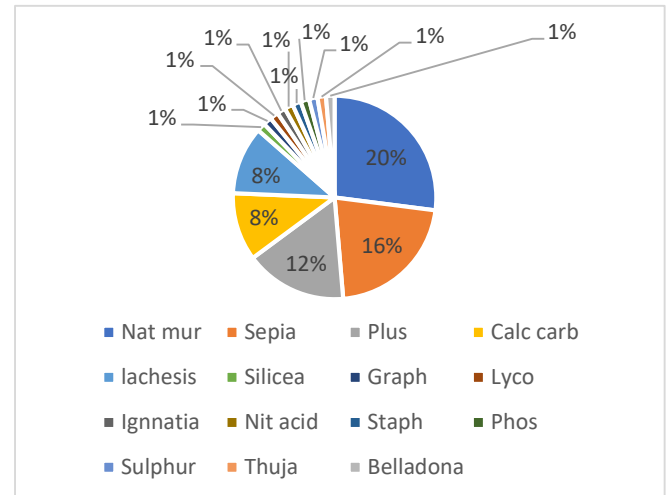
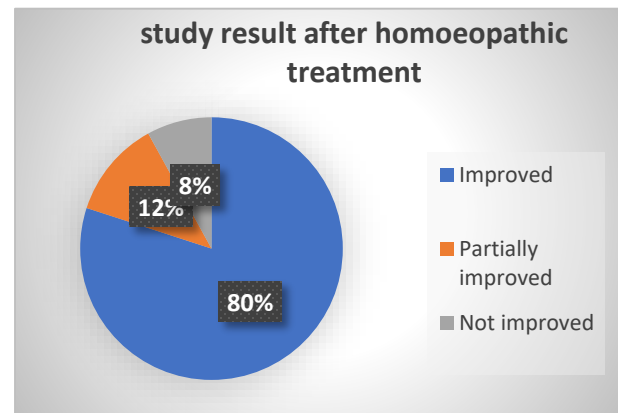


Table2: - Remedy Prescribed in Case Study

S r. No	Remedy prescribed	No of patient	Percentage
1	Nat Mur	5	20%
2	Sepia	4	16%
3	Puls	3	12%
4	Calc carb	2	8%
5	Lachesis	2	8%
6	Sil,Graph, Lyco, Ign, Nit acid, Phos, Staph, Sulphur, Thuja, Bell	Each remedy one case	Each @ 4%

Case Study results

According to the research done on the 25 cases, the majority of women with PCOD who were between the ages of 17 and 35 exhibited a number of common concomitant symptoms, including obesity, leucorrhea, dysmenorrhea, hirsutism, irregular menstruation, and amenorrhea. Dysmenorrhea is more likely in patients with irregular menstruation. The medicine prescribed based on the similarity of symptoms, the most often prescribed remedies are pulsatilla, natrummur, sepia, and calc carb. Treatment of PCOS with homeopathic medicines showed notable improvement. The study included patients aged 17–35 years. After treatment, two patients did not improve, three patients showed partial improvement, and twenty cases showed positive results. Thus, 80% was the success rate. It is clear from the results that homeopathic treatment is beneficial for polycystic ovarian syndrome. Cases are treatable effectively by homeopathic treatment.



Case summery

Here few cases are represented with proper follow-up

Case -1

A 17-year-old girl complained of hirsutism, acne, and irregular, heavy menstruation for a year. In the past, the menstrual cycle might start four or five months later and last seven to eight days. The flow of menstruation was heavy and disagreeable. During her periods, she used to feel really weak. The most recent menstrual cycle began on 20/05/2018 and ended on 27/05/2018. She experienced urticarial bouts for an unidentified reason and had a propensity to get colds readily. She disliked sweets and preferred spicy foods, milk products, and eggs. She possessed a

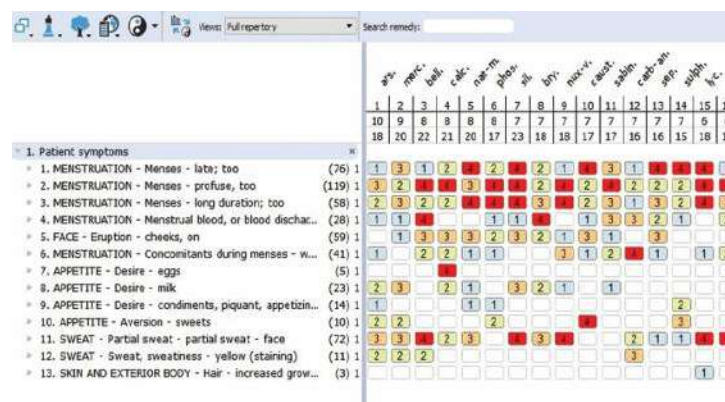
propensity to sweat more on the face, particularly the forehead and upper lip. Her garments tended to get yellow stains from the perspiration. Her reaction to heat was more intense. The patient's mental state was mild. Hair growth was more pronounced on her face, neck, lower back, lower limbs, and lower abdomen. Additionally, she developed papular rash on both cheeks. Her tongue was clean. A lower abdominal ultrasound revealed bilateral polycystic ovarian disease.

Prescription and follow-up

Natrum muriaticum (Nat. mur.) was the medication prescribed based on the patient's constitutional makeup, including propensity to get colds, and reportorial analysis (**figure1**), urticaria propensity, irregular and heavy menstruation, and a feverish patient. In this instance, psoro-sycotic miasm was predominant. On April 1 June 2018, the first prescription was written for Nat. mur. 30/BD (twice daily) for seven days, followed by a placebo. Since menstruation did not occur, on 12 August 2018, Nat. mur. 200/OD (once daily)/day and on 14 September 2018, Nat. mur. 1M/OD 1 day were prescribed respectively and were followed by a placebo.

Periods

appeared on 20 September 2018 and continued on a monthly basis until 24 December 2018. On 22 February 2019, the medication was administered once more in 1M potency/od for one day, and then a placebo was given. On 28 February 2019, menstruation began, and it continued on a monthly basis after that. For approximately a year, the patient was monitored [Table 3]. A year later, the USG report revealed a normal study.



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FIGURE: CASE 1- REPERTORIAL SHEET

Table 3: Follow-up Chart (Case1)

Date	Symptoms	Prescription
1 June 2018	Acne, hirsutism and irregular heavy period for a year	Natrum muriaticum 30/ BD/1 week Placebo 30/BD/3 weeks
2 July 2018	LMP- 20/05/2018 and acne	Placebo 30/BD/4 weeks

	hirsutism are the same.	
12 August 2018	Nothing has changed. menstruation has not yet begun.	Nat. mur. 200/OD/1 day Placebo 30/BD/4 weeks
14 September 2018	Nothing has changed. Menstruation has not yet begun.	Nat. mur. 1M/OD/1 day Placebo 30/BD/4 weeks
25 October 2018	On 20 september 2018 and 22 october 2018, menstruation began. lasted 4–5 days, with a moderate flow. was non-offensive yet offensive in September. Weakness: marginally improved. Much less acne and the same amount of hirsutism	Placebo 30/BD/4 weeks
27 January 2019	LMP, 24 december 2018 Four days of moderate, non-offensive flow. Weakness: marginally improved. Increased acne and unchanged hirsutism	Placebo 30/BD/4 weeks

22 February 2019	Menstruation has not yet begun. Hirsutism same and acne significantly increased.	Nat. mur. 1M/OD/1 day Placebo 30/BD/4 weeks
20 April 2019	On 28 february 2019 and 24 march 2019 menstruation began. moderate flow that lasted for four to five days. Weakness and acne better and the same hirsutism.	Placebo 30/BD/4 weeks
23 May 2019	On 21 April 2019 and 19 May 2019, menstruation began. 4–5 days, with a moderate flow. Absence of acne, similar hirsutism and weakness much better.	Placebo 30/BD/4 weeks Advised to get USG Pelvis done.
20 June 2019	LMP on 16 June 2019, 4–5 days, with a moderate flow. Hirsutism is the same, acne is nonexistent and menstrual weakness is significantly improved. On 16 June 2019, a USG	Placebo 30/BD/4 weeks

	of the pelvis revealed a normal examination.	
22 July 2019	LMP on 14 July 2019, 4–5 days with a moderate flow. Absence of acne, similar hirsutism, and significantly improved menstrual weakness	Placebo 30/BD/4 weeks

Case - 2

A married 26-year-old woman complained of infertility and delayed menstruation since menarche. She used to have her period 35–40 days later. For two years, she also began to have brief menstrual cycles, lasting only two days. Her periods used to be moderate, bright red, and occasionally clots, lasting three to four days. Prior to her periods, she also reported having back pain and flatulence. On February 2, 2019 she had her most recent menstrual cycle. The patient was prone to getting colds readily. She craved cold beverages, chocolates, and eggs. She used to lie on her abdomen to sleep. Her mouth stayed open while she slept, according to her spouse. Mentally, the patient cry when she is alone and did not express her anger. She wanted company and was afraid of heights,

water, and electricity. Her tongue had a scarlet tip, and her neck was hyperpigmented.

FIGURE 2:CASE 2 – REPERTORIAL SHEET

Prescription and follow-up

In this case, psoro-syco-syphilitic (mixed) miasm predominated. The medication chosen in accordance with repertorization (Fig. 2). On February 26, 2019, a prescription was Calcarea carbonica (Cal.carb.)200 once day for three days was given, followed by a placebo. However, the patient showed no significant improvement, thus on April 25, 2019, it was repeated once for one day at 1M potency, but the patient's condition did not change. The medication was altered to Lycopodium clavatum (Lyco.), which was administered once for one day on July 30, 2019, in 1M potency, and then a placebo. Over the course of her subsequent period, the menstrual flow considerably improved and continued for four days. Flatulence and backache, two related problems, also improved. The patient became pregnant following USG confirmed two months after

the medication change on November 10, 2019 (**Table 4**).

Table 4: Follow –up chart (Case 2)

Date	Symptoms	Prescription
26 February 2019	Infertility and delayed menstruation since menarche LMP – 02 February 2019	Calcarea carbonicum 200/ OD/3 days Placebo 30/BD/4 weeks Advised to get Ultrasound Pelvis done.
28 March 2019	LMP-02 March 2019, two days long, scanty flow. Backache and flatulence prior to menstruation are the same . On March 4, 2019, a USG pelvis diagnose polycystic ovaries.	Placebo 30/BD/4 weeks
25 April 2019	LMP-April 10, 2019; two days, little flow. Backache and flatulence prior to menstruation are the same.	Calc. carb. 1M/OD/1 day Placebo 30/OD/4 weeks

29 May 2019	LMP- May 15, 2019, two days,little flow. Backache and flatulence prior to menstruation are the same	Placebo 30/BD/4 weeks
30 July 2019	On June 19, 2019and July 24, 2019, menstruation began. Each time, the flow was sparse and took two days. Backache and flatulence prior to menstruation are the same.	Lycopodium clavatum 1M/ OD/1 day Placebo 30/BD/4 weeks
05 September 2019	LMP: July 28, 2019 lasted four days, and the flow was better than before. Backache and flatulence prior to menstruation are substantially better.	Placebo 30/BD/4 weeks
10 October 2019	LMP: August 28, 2019.	Placebo 30/BD/4

	On October 5, 2019, urine pregnancy test had a favorable result.	weeks Advised USG to confirm pregnancy
12 December 2019	A well-defined gestational sac with a tiny fetal pole and yolk sac seen in the uterus was revealed in the USG pelvis performed on October 11, 2019. The size and form of both ovaries are normal.	Placebo 30/BD/4 weeks

Case - 3

A 17-year-old girl had irregular periods. There was a moderate flow of dark red blood with clots during the seven days of the menstrual cycle. She also have decreased hunger while having a period. On December 24, 2019, she had her most recent menstrual cycle. She had experienced chickenpox when she was twelve years old. She sneezed because she had a dust allergy. Her dad had high blood pressure. She was a hot patient who was less thirsty and hungry. She disliked

meat and preferred spicy meals, cold beverages, oranges, and sweets. Cold sweat was more prevalent on the scalp even while sleeping and it discolored the linens yellow.

The patient was mentally agitated and prone to crying when left alone. Her troubles were made worse by consolation. She was afraid of enclosed areas and of falling from a height. The entire tongue was covered with white. On January 24, 2020, a lower abdominal ultrasound diagnoses that both ovaries were of normal size, but the follicular configuration suggested PCOS.

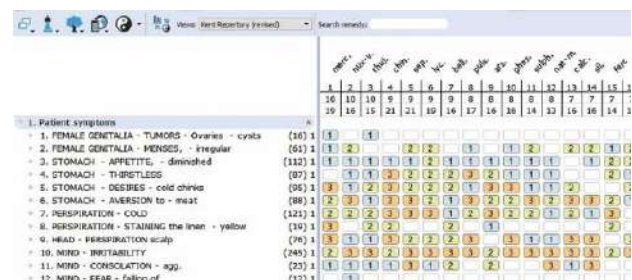


FIGURE 3: CASE 3- REPORTORIAL SHEET

Prescription and follow-up

Based on reportorial analysis [Figure 3] and distinctive mental symptoms like irritation and aggravation from consoling, the medication recommended in this case was Sepia. In this instance, psoro-syco-syphilitic (mixed miasm) was the predominant miasm. On November 1, 2020, Sepia was prescribed in 200th potency once every day for three

days then a placebo. Due to irregularities in the menstrual cycle, it was repeated in a single dose of 1M potency on February 15, 2020, and August 20, 2020. For approximately a year, the patient was monitored [Table 5].

The results of a USG (pelvis) performed on January 20, 2021, were normal.

Table 5: Follow-up chart (Case- 3)

Date	Symptoms	Prescription
11 January 2020	Menstrual irregularities – LMP – December 24, 2019	Sepia 200/OD/3 days Advised to get USG (pelvis) done
15 February 2020	Menstruation has not yet begun. On January 24, 2020, a pelvic USG diagnose PCOD.	Sep. 1M/OD/1 day Placebo 30/tds/15 days
05 March 2020	LMP- 20/02/2020, a moderate flow of dark blood with clots, continued for six days. Menstrual-related decrease in appetite	Placebo 30/tds/30 days
30 March 2020	LMP: On March 24, 2020, a	Placebo 30/tds/30 days

	considerable flow of dark red blood with clots occurred, lasting six days. Same reduced appetite during menstruation	
28 April 2020	LMP: April 25, 2020, significant flow of dark red blood with clots, duration: 6 days. During menstruation, appetite is normal. No further symptoms	Placebo 30/tds/30 days
22 May 2020	LMP: May 20, 2020, significant flow of dark red blood with clots. duration: 6 days. No further symptoms.	Placebo 30/tds/30 days
24 July 2020	LMP lasted six days from July 15, 2020 (formerly June 18, 2020), and involved a moderate flow of dark red blood with clots.	Placebo 30/tds/30 days

20 August 2020	Menstruation has not yet begun. complaint of terrible nighttime dreams for a few days	Sep. 1M/OD/1 day Placebo 30/BD/30 days
24 September 2020	The six-day LMP that began on September 1, 2020 had a moderate flow of dark red blood and no clots. No more terrible dreams.	Placebo 30/BD/30 days
22 October 2020	LMP: September 28, 2020 six days long, moderate dark red blood flow, no clots. problem with Sweating on the Palms and Soles	Placebo 30/BD/30 day
20 November 2020	Dark red blood flowed moderately for six days, with no clots, during LMP on October 24, 2020. Sweating on both the palms and soles	Placebo 30/BD/30 days
22 December 2020	LMP on December 20, 2020 (previously on November	Placebo 30/BD/30 days

	22, 2020), with a significant dark red blood flow and no clots, continued for six days. Absence of sweating on the palms and soles	Advised to get USG (Pelvis) done
02 February 2021	LMP-18 January 2021, 6 days long, with a moderate dark red blood flow and no clots. No other symptom The results of the pelvic USG performed on 20/1/2021 were normal.	Placebo 30/BD/30 days

Case- 4

A 24-year-old woman complained of weight gain and irregular periods for two years, as well as facial hair growth for four to five months. Usually lasting four days, menstruation was described as being brilliant red, clogged, and flowing moderately. Prior to her periods, the woman also complained of leg pain. On February 8, 2018, she had her most recent menstrual cycle. In addition to having a history of chickenpox at age 10, she also had a propensity for sore throats and itchy ears when she took colds. Her mother had both high blood pressure and diabetes.

She had a reduced thirst (1 glass per day), was not particularly impacted by temperature changes, and had an overwhelming craving for chocolate and sweets. She experienced flatulence as a result of her intolerance for fatty foods. During menstruation, her problem of constipated stools improved. She was easily agitated and irritable in her mental state. She also needed company and cried easily. Her chin and cheeks had an overabundance of hair growth. Ultrasound pelvis done on 15 March 2018 showed polycystic ovaries.

FIGURE 4: CASE 4- REPORTORIAL SHEET

Prescription and follow –up

In the case's reportorial study, *Lycopodium clavatum* and *Pulsatilla nigricans* both covered the symptoms [Figure 4], but thirstlessness was noticeable, especially throughout the summer; and there was sensitivity to foods high in fat. *Pulsatilla nigricans* (Puls.) was the medication that was prescribed in this instance. 200 in a single dosage on March 21, 2018, followed by a placebo. It was repeated with the same intensity and dose for one day on July 25,

2018, because of a late menstrual cycle. In this case, psoro-syco-syphilitic (mixed miasm) was the prevailing miasm. For approximately nine months, the patient was monitored [Table 6]. On August 25, 2018, a USG pelvis revealed a normal scan.

Table 6: Follow-up Chart (case -4)

Date	Symptoms	Prescription
21 March 2018	weight gain and hirsutism together with irregular menstruation. Weight 74 kg, LMP: February 8, 2018	<i>Pulsatilla nigricans</i> 200/ OD/1 day
04 April 2018	LMP: Bright crimson, clotted blood flowed moderately for four days starting on March 23, 2018. Leg pain before periods is considerably better.	Placebo 30/BD/15 days
18 April 2018	LMP: On April 11, 2018, there was a moderate flow of bright crimson, clotted blood	Placebo 30/BD/1 month

	that persisted for four days. Leg pain prior to menstruation is significantly better.	
16 May 2018	LMP: May 13, 2018, a moderate flow of clotted, bright crimson blood that continued for four days. Absence of leg pain before to menstruation	Placebo 30/BD/1 month
20 June 2018	LMP: June 15, 2018, significant flow of clotted, bright red blood; lasted 4 days. Weight: 70 kg. A report of itching in the anus	Placebo 30/BD/1 month
25 July 2018	Menstruation has not yet begun. Absent itching in the anus	Puls. n. 200/OD/1 day Placebo 30/BD/1 month
24 August 2018	LMP: On August 24, 2018, there was a moderate, clot-free flow	Placebo 30/BD/1 month Advised to

	of brilliant crimson blood that continued for four days.	get USG (Pelvis)
26 September 2018	LMP: September 23, 2018, lasted four days and was characterized by a moderate, clot-free flow of brilliant crimson blood. Weight: 68 kg On August 25, 2018, a USG pelvis scan revealed a normal result.	Placebo 30/BD/1 month
31 October 2018	LMP: On October 24, 2018, there was a moderate, clot-free flow of bright crimson blood that continued for four days.	Placebo 30/BD/1 month
30 November 2018	LMP: On November 26, 2018, there was a moderate, clot-free flow of brilliant crimson blood for four days.	Placebo 30/BD/1 month

	weight is 64kg	
26 December 2018	The four-day LMP on December 24, 2018, was characterized by a modest flow of bright red blood free of clots. No other symptoms 64 kg in weight	Placebo 30/BD/1 month

Discussion

All cases were taken while following the homeopathic principles. Every piece of information, including family and personal histories as well as general physical and mental health, was evaluated. Individualized homeopathic medications were administered following repertorization based on the patient's mental, physical, and constitutional makeup, as well as other significant indications and symptoms discovered during a comprehensive case taking. Prior to prescribing the medication, the prevalent miasms were also taken into account. Patients' symptoms, including normal menstrual cycles and the elimination of ovarian pathology with weight loss, have significantly improved. Their general increase in quality of life demonstrates the

benefits of homeopathic remedies on the human body. The cases demonstrated how homeopathy can correct organic pathology and result in positive changes in the body as demonstrated by the capacity to conceive naturally without the need for any kind of traditional or surgical therapy. It is clear from all of these cases that homeopathic remedies can significantly improve the quality of life for those who suffer from PCOS and have a significant role in its treatment.

Conclusion

Numerous PCOS-related problems were lessened by homeopathic treatment. It may restore a regular menstrual cycle, lessen excessive weight gain, and restore the capacity to conceive, leading to an improvement in life quality. The use of long-term conventional drugs for menstrual regularization and conception may be reduced with individualized homeopathic treatment.

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