

Homoeopathic treatment of women with polycystic ovarian syndrome: A prospective observational study

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Abstract

Background: Polycystic ovarian syndrome (PCOS) is one of the most common hormonal disorders among women of reproductive age group and a leading cause of female sub-fertility. **Objectives:** This study was conducted to evaluate the effect of individualised homoeopathy on clinical and hormonal profile in women suffering from PCOS. **Materials and Methods:** A prospective, observational study was conducted from July 2015 to June 2017 at Homoeopathic Research Foundation, Lucknow, in which 80 cases were screened, and 38 cases fulfilling the eligibility criteria were enrolled. Polycystic Ovary Syndrome Health-Related Quality of Life Questionnaire (PCOSQ) was used to evaluate the quality of life. Serum levels of follicle-stimulating hormone, luteinising hormone, progesterone, prolactin, estrogen, testosterone and insulin were tested at the baseline and 12 months of treatment. Eighteen patients completed the follow-up of 12 months. The analysis was done with 'modified Intention to Treat' approach. **Results:** The comparison of PCOSQ from baseline to 12 months in 34 patients using the paired *t*-test showed significant improvement in the overall PCOSQ of the patients (mean increase \pm standard error: -2.3 ± 0.5 ; 95% confidence interval CI: -3.2 to -1.3 $P = 0.001$). The number of cysts in both ovaries reduced with a statistically significant difference. There was a mean reduction of two cysts on each side of the ovary. The most prescribed medicines were *Calcarea carbonica* (38.24%) and *Lycopodium*. (26.47%) accounting to 64.71% of the total medicines. **Conclusion:** The present study gives positive leads in the management of PCOS with Homoeopathic medicines. Controlled trials are further warranted.

Keywords: Homoeopathy, Hyperandrogenism, Lifestyle modification, Menstrual irregularity, PCOSQ, Polycystic ovarian syndrome, Testosterone

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is one of the most well-known hormonal problems among ladies of reproductive age and a main cause of sub-fertility. It is portrayed by persistent anovulation and hyperandrogenism with variable clinical indications, for example, oligomenorrhoea, inability to conceive, hirsutism and skin inflammation.^[1] The prevalence is variable, going from 2.2% to 26% globally.^[2] The Rotterdam criteria require the presence of two of the following for diagnosis: Oligo/anovulation, hyperandrogenism or polycystic ovaries on ultrasound. Community-based studies using Rotterdam criteria among women of reproductive age in the Asian population have demonstrated varied prevalence from 2% to 7.5%.^[1] In India, the prevalence is 9.13%–36%.^[3]

The Endocrine Society Clinical Practice Guidelines for the treatment of polycystic ovaries^[4] advocate hormonal

contraceptives (HCs) (i.e., oral contraceptives, patches or vaginal rings) as the first-line management for menstrual abnormalities, acne and hirsutism; lifestyle modification (LSM) such as exercise, calorie-restricted diet for overweight and obesity; metformin is prescribed for women with PCOS who have Type 2 diabetes mellitus or impaired glucose tolerance, menstrual irregularity who cannot take or do not tolerate HCs, and as adjuvant therapy for infertility to prevent ovarian

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hyper-stimulation syndrome in women undergoing *in-vitro* fertilisation.^[5] Clomiphene citrate (or comparable oestrogen modulators such as letrozole) is also recommended for treating anovulatory infertility. Although these treatments have shown some positive response, their long-term use is questionable with side effects.^[6]

Existing shreds of evidence from case reports, case series to randomised controlled trials show the positive role of Homoeopathy in PCOS. Rath^[7] successfully treated two cases with Homoeopathic medicines *Pulsatilla nigricans* (*Puls.*) and *Sepia*, respectively, followed by conception and delivery of a female child to each. Rath^[8] also reported successful treatment within 1.5 years by single individualised Homoeopathic medicine *Calcarea carbonica* (*Calc. carb.*) 30C-1M with improvement in ultrasonography (USG) findings and regular menstrual cycle for 3 years. A study^[9] in 1997 on 36 women treated with *Puls. (6C potency)* reported complete resolution of cysts with the disappearance of the symptoms of PCOS and production of normal ovulating follicles. Another comprehensive clinical study^[10,11] reported an overall success rate of 68.81% in 218 cases of PCOS. Sharma^[12] in their clinical study on 132 patients of PCOS successfully treated 91 (68.9%) patients.

Lamba *et al.*^[13] in their randomised placebo-controlled trial concluded the beneficial role of individualised Homoeopathic intervention along with LSM resulting in regular menses with improvement in other signs/symptoms in 60% of the cases. However, the present study did not determine the effect of Homoeopathic medicines on hormonal assays.

There is no 'specific' remedy for PCOS in Homoeopathy. Its treatment involves the selection of a constitutional Homoeopathic remedy capable of working not only on the ovaries but also on the entire psycho-neuro-endocrine system of the patient. There are several homoeopathic medicines capable of influencing this condition when selected after understanding the constitution, genetic predisposition, miasmatic background and peculiarities in the menstrual cycle, if any. The present cohort study was undertaken to add to the existing evidence with an objective to evaluate the effect of individualised Homoeopathic therapy on the clinical and hormonal profile in PCOS patients after 1 year of treatment.

MATERIALS AND METHODS

Study design and setting

A prospective, observational study was conducted from July 2015 to June 2017 for 2 years during which 38 patients of PCOS were enrolled and treated under the aegis of Homoeopathic Research Foundation. Ethical approval was taken from the Institutional Ethics Committee dated 28th May 2014. The study was undertaken between 2015 and 2017; during this period registration at CTRI was not mandatory. All procedures followed the ethical standards on human experimentation as

per the Helsinki Declaration of 1975, as revised in 2013.^[14] The principal investigator (PI) has 38 years of Homoeopathic practice, having a degree to practice Homoeopathy from a Government recognised institution and responsible for the prescription of Homoeopathic medicines. The study staff including a senior research fellow, who also had institutional qualification as per the regulations of Government of India, assisted the PI in conduct of the study.

Participants

The convenience sampling technique was used to achieve a sample of 38 cases. The participants enrolled were based on the following inclusion and exclusion criteria.

Inclusion criteria

- Patients between the age group of 18–40 years
- Oligo/amenorrhoea: The absence of menstruation for 45 days or more and/or <8 menses per year
- Serum testosterone level >70 ng/dl in the absence of other causes of hyperandrogenism
- Polycystic ovaries: Presence of >10 cysts, 2–8 mm in diameter, usually combined with increased ovarian volume of >10 cm³ and an echo-dense stroma in pelvic USG
- No use of birth control pill for at least 3 months before the study and no plans of pregnancy during the study.

Exclusion criteria

- Elevated creatine kinase above two times the upper limit of normal or liver enzymes (transaminases) above two times of upper limit of normal range
- Current use of any of the following medications: Cyclosporine, fibrates, niacin, antifungal agents and macrolide antibiotics
- Use of oral contraceptives and other steroid hormones 3 months before the study
- Contraindications to oral contraceptives
- Clinical history of systemic illness such as cancer and HIV.

Intervention, treatment plan, baseline and follow-up assessment

All enrolled patients underwent a complete homoeopathic case taking with compulsory USG to confirm the diagnosis of PCOS and to assess the response during and after treatment.

After detailed case taking on a standard case taking proforma, the totality of symptoms was built for each patient based on mental generals, physical generals, constitution, miasmatic background, family history, previous medical history etc as per the Homoeopathic principles. Group of medicines were identified through repertorisation using 'Homopath Classic' software (Version 8.0) (Mind Technologies Private Limited, Mumbai, Maharashtra, India). Materia Medica guided the final selection of medicine. All the prescriptions started with 30 CH potency because this is neither too low nor too high to start the treatment. Thereafter, potency was either repeated, raised or medicine was changed depending on the response of the patient.

The follow-up of the patient to check clinical status was done at an interval of 1 month. The timelines for the assessment of different parameters are mentioned under outcome measures.

Outcome measures

The primary outcome was to determine the overall quality of life (QOL) using PCOS Questionnaire. This questionnaire measures the health-related QOL of a woman with polycystic ovarian disease consisting of a total of 26 items grouped into five domains: Emotions (8 items), body hair (5 items), weight (5 items), infertility (4 items) and menstrual problems (4 items). Each question is associated with a 7-point scale in which '7' represents optimal function and '1' represents the poorest function. Scoring is done by dividing each domain total score by the number of items in the domain.^[15] The PCOS Questionnaire (PCOSQ) was assessed at baseline and every 3 months for 12 months.

The secondary outcome was to assess the changes in hormonal, profiles and USG findings. USG was repeated at 3 months' interval for 12 months. Hormonal assays such as progesterone, estradiol, insulin, thyroid-stimulating hormone (TSH), testosterone, follicle-stimulating hormone (FSH), luteinising hormone (LH), LH/FSH and prolactin were evaluated at baseline and 12 months.

Statistical analysis

Statistical analysis was performed using the Statistical Package for the Social Sciences, SPSS Inc., Chicago, Illinois, USA (SPSS ver. 20.0) for Windows. The analysis was based on 'modified intention to treat' (mITT). Patients who had at least 3 months follow-up were included in the data analysis. Last observation 'carry forward method' was used to fill the missing values. Repeated measures analysis of variance (ANOVA) was applied for comparing the change over 12 months. A paired

t-test (pre-post) was used analysing the outcome at 12 months. A two-tailed ($\alpha = 0.5$) *P* value less than 0.05 ($P < 0.05$) was considered statistically significant.

RESULTS

One hundred cases were registered for screening in the outpatient department, 20 cases did not turn up for a preliminary screening. Out of 80 patients screened, 4 were excluded; due to hypothyroidism ($n=3$) and regular menses ($n=1$). Seventy-six cases were further investigated, out of which 38 were excluded based on investigations and the remaining 38 were included [Figure 1]. Out of these 38 cases, four were lost to follow-up before 3 months hence considered as drop out and were not considered for the analysis. A total of the remaining 34 cases were analyzed on mITT approach. The missing values were filled with using last observation carried forward method. The flow of patients in the study is given in Figure 1. The baseline characteristics of the patients is given in Table 1.

The outcome was assessed in three categories: PCOS questionnaire (PCOSQ), hormonal profile and USG.

PCOS questionnaire

The comparison of PCOSQ from baseline to 12 months after Homoeopathic treatment [Table 2] using the paired *t*-test showed significant improvement in the overall PCOSQ of the patients (mean increase \pm standard error [SE]: -2.3 ± 0.5 ; 95% confidence interval [CI]: -3.2 to -1.3 ; $P = 0.001$), emotions (mean increase [SE]: $-0.5 [0.1]$; 95% CI: -0.8 to -0.3 ; $P < 0.001$) and menstrual complaints (mean increase [SE]: $-0.9 [0.1]$; 95% CI: -1.3 to -0.7 ; $P < 0.001$). However, the improvement was statistically insignificant in body hair ($P = 0.15$), body weight ($P = 0.04$) and infertility ($P = 0.07$). A repeated measure one-way ANOVA at time points (baseline, 3 months, 6 months, 9 months to 12 months) as seen in Figure 2 shows statistically

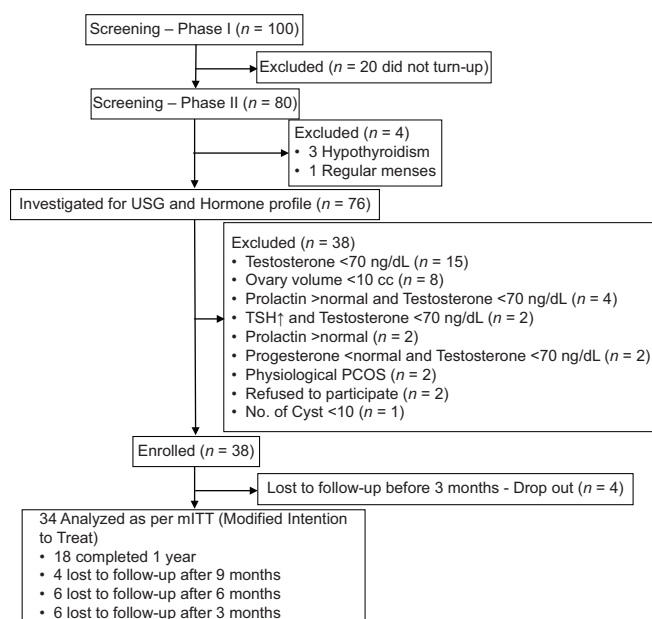


Figure 1: Flow of patients in the study

Table 1: Baseline characteristics of the 34 patients treated with modified intention to treat

Variable	Mean \pm SD
Age (years)	23.5 \pm 4.4
Weight (kg)	67.8 \pm 11.8
Heights (m)	1.5 \pm 0.05
BMI (kg/m ²)	26.8 \pm 4.7
PCOS questionnaire	
Body hair	4.01 \pm 0.25
Emotions	3.62 \pm 0.19
Body weight	3.28 \pm 0.28
Infertility	4.93 \pm 0.30
Menstrual complaints	3.46 \pm 0.18
Overall	19.3 \pm 4.7
Ovary volume (cm ³)	14.77 \pm 0.78
Number of cysts	12.78 \pm 0.54

BMI: Body mass index, SD: Standard deviation, PCOS: Polycystic ovarian syndrome

Table 2: Results of primary outcome and secondary outcome (n=34)

Variables	Mean±SD		Change (pre-post), mean±SE	Percentage change	95% CI	P	Effect-size
	Pre	Post					
Primary outcome							
PCOSQ							
Body hair	4.0±1.5	4.3±1.4	-0.3±0.2	7.5	-0.7 to 0.1	0.15	0.21
Emotions	3.6±1.1	4.1±0.9	-0.5±0.1	13.8	-0.8 to -0.3	0.001	0.49
Body weight	3.3±1.7	3.5±1.5	-0.2±0.1	6.0	-0.5 to 0.0	0.04	0.12
Infertility	4.9±1.7	5.2±1.6	-0.3±0.1	6.1	-0.5 to 0.0	0.07	0.18
Menstrual complaints	3.5±1.1	4.4±1.1	-0.9±-0.1	25.7	-1.3 to -0.7	0.001	0.82
Overall	19.3±4.7	21.6±4.4	-2.3±0.5	11.9	-3.2 to -1.3	0.001	0.51
Secondary outcome							
USG findings							
Volume (cc ³)							
Right ovary	15.8±6.1	15.0±8.4	0.8±1.4	5.0	2.1 to 3.7	0.58	0.11
Left ovary	12.9±5.2	12.9±6.9	0.03±1.2	0.2	2.4 to 2.5	0.98	0.005
Number of cysts							
Right ovary	12.9±3.4	11.1±4.2	1.8±0.5	13.9	0.8 to 2.8	0.001	0.47
Left ovary	12.4±3.8	10.5±4.4	1.9±0.5	15.3	0.9 to 2.8	0.001	0.46
Cyst size (mm)							
Right ovary	8.1±2.9	7.0±2.6	1.1±0.6	13.6	0.1 to 2.3	0.08	0.39
Left ovary	7.5±2.4	7.6±5.2	-0.1±0.7	1.3	1.5 to 1.3	0.86	0.02
Hormonal assays							
Progesterone	3.1±4.8	2.4±3.5	0.7±0.8	22.6	-0.9 to 2.4	0.34	0.17
Estradiol	84.5±55.0	89.1±46.0	-4.6±10.5	5.4	-25.9 to 16.8	0.67	0.09
Insulin	21.8±17.8	23.3±17.9	-1.5±3.8	7.0	-9.2 to 6.2	0.69	0.08
TSH	2.5±1.0	2.9±1.7	-0.4±0.2	16.0	-0.8 to 0.0	0.06	0.29
Testosterone	83.3±17.3	77.8±22.2	5.5±3.0	6.6	-0.8 to 11.7	0.09	0.28
FSH	4.9±1.5	4.6±1.8	0.3±0.2	6.1	-0.1 to 0.7	0.13	0.18
LH	9.3±4.8	7.8±4.3	1.5±0.7	16.1	0.04 to 2.9	0.04	0.33
LH/FSH	1.9±0.8	1.7±0.8	0.2±0.1	10.5	-0.1 to 0.5	0.25	
Prolactin	14.9±5.1	17.7±7.1	-2.8±0.9	-18.8	-4.7 to -0.9	0.004	0.45

*Increase in PCOSQ shows improvement; The increase in score reflects improvement in quality of life. SD: Standard deviation, SE: Standard error, CI: Confidence interval, PCOSQ: Polycystic ovary syndrome health-related quality of life questionnaire, USG: Ultrasonography, FSH: Follicle-stimulating hormone, LH: Luteinising hormone, TSH: Thyroid stimulating hormone

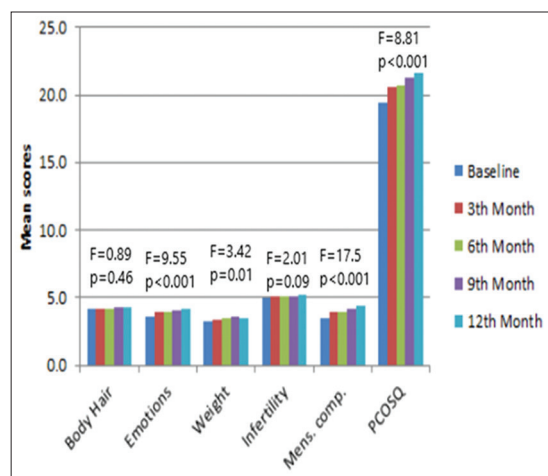


Figure 2: Changes through the timeline in PCOSQ and sub-items

significant changes in emotions ($F = 9.5, P < 0.001$), weight ($F = 3.4, P = 0.01$), menstrual complaints ($F = 17.5, P < 0.001$)

and overall PCOSQ scores ($F = 8.81, P < 0.001$). ‘F’ tests the multivariate effect of time. These tests are based on the linearly independent pairwise comparisons among the estimated marginal means.

Hormonal assay

The comparison of different hormones associated with PCOS before and 12 months after Homoeopathic treatment is shown in Table 2. The level of hormones such as progesterone, estradiol, insulin, TSH, testosterone and FSH did not show any statistically significant increase in their levels. However, the prolactin levels increased statistically (mean increase ± SE: -2.8 ± 0.9 ; 95% CI: -4.7 to -0.9 ; $P = 0.004$). Similarly, the LH reduced statistically (mean reduction ± SE: 1.5 ± 0.7 ; 95% CI: 0.04 to 2.9 ; $P = 0.04$). The insulin hormone though increased from baseline was statistically insignificant (mean increase- 1.5 ± 3.8 ; 95% CI: -9.2 to 6.2 ; $P = 0.69$). In 18 patients, repeat testosterone values at 1 month have shown the following: became normal ($n = 8$), decreased ($n = 4$), status quo ($n = 1$) and worsened ($n = 5$).

Ultrasonography

Table 2 shows the USG findings comparing before and after individualised Homoeopathic treatment. There was a mean reduction in the number of cysts in both ovaries. The mean reduction of cysts in the right ovary was 1.8 ± 0.5 ; 95% CI: 0.8 to 2.8; $P = 0.001$. The mean reduction of cysts in the left ovary was 1.9 ± 0.5 ; 95% CI: 0.9 to 2.8; $P = 0.001$. Improvement in USG findings was observed in 16 patients, no improvement in 18 patients.

Medicines prescribed

The medicines which were prescribed in the study are *Calc. carb.* ($n = 13$), *Lycopodium clavatum* (*Lyco.*) ($n = 9$), *Natrum muriaticum* (*Nat. mur.*) ($n = 5$), *Puls.* ($n = 4$), *Nux vomica* (*Nux vom.*) ($n = 1$), *Sepia* ($n = 1$) and *Staphysagria* (*Staph.*) ($n = 1$). Table 3 shows the change of medicine required in patients after the first prescription. All the prescriptions began with 30CH potency. After follow-up at 1st month, potency was either repeated, raised or a change of medicine was done, if required. Change of potency was required in 33 patients: (200CH [$n = 10$]; 1M [$n = 22$]; 10M [$n = 1$]). Change of medicine was required in 5 patients. Table 4 represents the indications of the prescribed medicines.

DISCUSSION

This was a single-arm cohort study undertaken on 34 patients suffering from PCOS for 1 year. The outcome of this evidence-based study is encouraging and generates a hypothesis that Homoeopathy can provide safe and effective treatment to patients of PCOS along with improvement in the ultrasonographic findings and hormonal profile. The overall QOL of patients evaluated using PCOSQ improved with effect size of 0.51. The sub-items of PCOSQ score such as emotion, menstrual complaints and weight also had significant improvement. The same observations can also be found in the findings by Lamba et al.^[13] Other sub-items such as infertility and body hair did not show any changes over 12 months.

In the present study, the prolactin hormone was found to be increased. Studies^[16] have shown that it has no association with the progression of the disease. There was a statistically significant reduction in LH level after treatment. LH

concentration has been associated with an increased risk of infertility and miscarriage.^[17] In the study conducted by Lamba et al.^[13] post-treatment hormonal profile was not carried out which could have added to the results of the clinical findings. This unexplored area can be further investigated on a larger sample size to find association of Homoeopathic medicines on biological markers.

In the study by Gupta et al.^[10] *Calc. carb.* ($n = 80$) was the most prescribed medicine with positive response in 23.39% patients, followed by *Nat. mur.* ($n = 53$), *Puls.* ($n = 37$) and *Lyco.* ($n = 23$). The Homoeopathic medicines prescribed in this study are similar; *Calc. carb.* ($n = 13$) and *Lyco.* ($n = 9$) were the most prescribed medicines followed by *Nat. mur.* ($n = 5$), *Puls.* ($n = 4$). However, in the study done by Lamba et al.^[13] *Puls.* ($n = 12$) was the most prescribed medicine which may be due to the difference of perception of prescribing physician based on the totality of symptoms. Much focus was given to causation and mental generals for selection of medicine. Despite the clinical success and to some extent in USG and hormonal findings, the present study has certain limitations too.

This was an observational study with a single arm. In the absence of a control arm, there is always a chance of overestimation of the effect of treatment. This may be attributable to the placebo effect; regression effect to the mean. The sample size though determined for enrolling 50 patients, but the target could not be achieved due to prefixed inclusion and exclusion criteria. In future studies, biochemical parameters such as lipid profile, fasting blood sugar, Homeostatic Model Assessment of Insulin Resistance (Hom IR) levels, biological markers for PCOS may be considered and further explored.^[18]

CONCLUSION

The study gives positive leads in the management of PCOS with Homoeopathic medicines. The changes were observed in PCOS questionnaire (PCOSQ), hormonal profile and USG.

There was a significant change in PCOSQ and number of cysts. Controlled trials are further warranted; pragmatic randomised control trials/comparative cohort studies with a larger sample size will further investigate the cause and effect relationship of Homoeopathic treatment.

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At baseline	Percentage	1 st change after review
<i>Calc. carb.</i> ($n=13$)	38.24	<i>Lyco</i> ($n=1$)
<i>Lyco</i> ($n=9$)	26.47	<i>Nux vom</i> ($n=1$) <i>Nat mur</i> ($n=2$)
<i>Nat mur</i> ($n=5$)	14.71	<i>Calc. carb.</i> ($n=1$)
<i>Puls.</i> ($n=4$)	11.76	-
<i>Nux vom</i> ($n=1$)	2.94	-
<i>Sepia</i> ($n=1$)	2.94	-
<i>Staphysagria</i> ($n=1$)	2.94	-

Table 4: Indications of prescribed medicines

Medicine	Symptoms			
	Mental generals	Physical generals	Particulars	Others
<i>Calc carb.</i> (<i>n</i> =13)	a/f + grief (<i>n</i> =4)	Perspiration on palm (<i>n</i> =5)	Hirsutism (<i>n</i> =7)*	Tonsillitis (<i>n</i> =1)*
	a/f death of parents (father) (<i>n</i> =1)	Perspiration on sole (<i>n</i> =3)	Falling of hair (<i>n</i> =5)*	Flatulence (<i>n</i> =3)*
	a/f puberty (<i>n</i> =4)	Perspiration on scalp (<i>n</i> =2)	Acne on face (<i>n</i> =3)*	Stomatitis (<i>n</i> =1)*
	a/f anticipation (<i>n</i> =2)	Perspiration on face (<i>n</i> =1)	Acne on back (<i>n</i> =1)*	Headache (<i>n</i> =1)*
	a/f cares worries (<i>n</i> =1)	Burning on sole (<i>n</i> =1)	Profuse thick p/v discharge (<i>n</i> =3)*	Pain in heels (<i>n</i> =1)*
	Dreams of unsuccessful efforts (<i>n</i> =7)	Tendency to catch cold (<i>n</i> =5)	Thick offensive p/v discharge (<i>n</i> =1)*	Pain in legs (<i>n</i> =1)*
	Dreams of past events (<i>n</i> =4)	Generalized swelling (<i>n</i> =1)	Scanty thick p/v discharge (<i>n</i> =3)*	
	Dreams frightful (<i>n</i> =4)	Obesity (<i>n</i> =2)		
	Fear of dark (<i>n</i> =8)	Desire for chalk (<i>n</i> =1)		
	Fear of being alone (<i>n</i> =4)	Desire for indigestible things (<i>n</i> =1)		
	Fear of snakes (<i>n</i> =5)	Desire for salty food (<i>n</i> =1)		
	Fear of high places (<i>n</i> =3)	Aversion to milk (<i>n</i> =1)*		
	Fear of narrow places (<i>n</i> =5)	Irregular menses (<i>n</i> =13)*		
	Fear of dogs (<i>n</i> =1)	Menses delayed (<i>n</i> =1)*		
	Fear of ghosts (<i>n</i> =3)	Menses profuse (<i>n</i> =2)*		
	Fear of misfortune (<i>n</i> =3)	Menses prolonged (<i>n</i> =1)		
	Delusion of someone behind (<i>n</i> =9)	Menses painful (<i>n</i> =5)*		
	Delusion of snakes (<i>n</i> =1)	Amenorrhoeic phases (<i>n</i> =9)*		
	Aggravation from consolation (<i>n</i> =8)	Tendency to gain weight (<i>n</i> =10)*		
	Desire for company (<i>n</i> =4)			
	Cowardice (<i>n</i> =3)			
	Pessimist (<i>n</i> =9)			
	Timidity (<i>n</i> =6)			
	Anger easily (<i>n</i> =2)			
	Offended easily (<i>n</i> =11)			
	Obstinate (<i>n</i> =9)			
	Brooding (<i>n</i> =9)			
	Frightened easily (<i>n</i> =2)			
	Confusion of mind (<i>n</i> =12)			
	Abrupt (<i>n</i> =1)			
	Irresolution (<i>n</i> =1)			
	Weeping easily (<i>n</i> =3)			
	Dullness (<i>n</i> =10)			
	Optimism (<i>n</i> =3)			
	Irritability (<i>n</i> =1)			
	Irritability before menses (<i>n</i> =1)			
	Sadness (<i>n</i> =1)			
	Reserved (<i>n</i> =1)			
	Forgetfulness (<i>n</i> =5)			
	Childish (<i>n</i> =1)			
	Indolence (<i>n</i> =3)			
	Mathematics inapt for (<i>n</i> =5)			
	Concentration difficult (<i>n</i> =4)			
	Nail biting (<i>n</i> =4)			
	Hurry tendency (<i>n</i> =1)			
	Sympathetic (<i>n</i> =1)			
	Remorse (<i>n</i> =1)			
Cannot support injustice (<i>n</i> =3)				
Horrible things affect her profoundly (<i>n</i> =2)				

Contd...

Table 4: Contd...

Medicine	Symptoms			
	Mental generals	Physical generals	Particulars	Others
<i>Lyc.</i> (n=9)	a/f suppressed anger (n=4) a/f domination (n=1) a/f grief (n=1) a/f disappointment (n=2) a/f anticipation (n=2) Dreams of misfortune (n=2) Dreams of water (n=1) Dreams of flying (n=1) Fear of dark (n=1) Fear of being alone (n=2) Fear of narrow places (n=6) Frightened easily (n=1) Disposition to contradict (n=4) Censorious (n=2) Aggravation from consolation (n=3) Anger from contradiction (n=4) Anger easily (n=7) Weeping easily (n=5) Suspiciousness (n=4) Desire for company (n=5) Offended easily (n=4) Reserved (n=3) Slowness (n=1) Obstinate (n=2) Anxiety about future (n=3) Anticipating anxiety (n=7) Nail biting (n=2) Optimism (n=9) Hurry tendency (n=1) Brooding (n=3) Sadness (n=1) Abrupt (n=6) Dictatorial (n=5) Ambitious (n=4) Extroverted (n=4) Theorizing (n=2) Irresolution (n=2) Quiet disposition (n=1) Hatred (n=1) Heedless (n=1) Sentimental (n=1) Restlessness (n=1) Egotism (n=4) Impatience (n=4)	Aversion to sweets (n=1) Desire for sweets (n=3) Desire for spicy food (n=1) Thirstlessness (n=1) Perspiration on palm (n=1) Perspiration on face (n=1) Irregular menses (n=7) Delayed menarche (n=1) Menses delayed (n=3)* Menses profuse (n=5)* Menses painful (n=5)* Tendency to gain weight (n=4)* Amenorrhoeic phases (n=3)*	Hirsutism (n=4)* Falling of hair (n=2)* Acne on face (n=4)* Acne on arms, chest, back (n=1)* Pain abdomen (n=1)* Profuse thick p/v ++ discharge (n=2)*	Constipation (n=1)* Piles (n=1)* Rectal bleeding (n=1)* Allergic rhinitis (n=2)* Headache (n=2)* Flatulence (n=1)* Pain lower limbs (n=1)*

Contd...

Table 4: Contd...

Medicine	Symptoms			
	Mental generals	Physical generals	Particulars	Others
<i>Nat mur.</i> (<i>n</i> =5)	a/f grief (<i>n</i> =2)	Desire for salty food (<i>n</i> =1)	Hirsutism (<i>n</i> =3)*	Pain LS region (<i>n</i> =1)*
	a/f suppressed anger (<i>n</i> =2)	Desire for spicy food (<i>n</i> =2)	Acne on face (<i>n</i> =2)*	Bitemporal pain (<i>n</i> =1)*
	a/f disappointed love (<i>n</i> =1)	Thirstlessness (<i>n</i> =1)	Lump right breast (<i>n</i> =1)*	Allergic rhinitis (<i>n</i> =1)*
	a/f sexual abuse (<i>n</i> =1)	Perspiration face (<i>n</i> =1)	Profuse thick p/v discharge (<i>n</i> =3)*	Headache (<i>n</i> =1)*
	Dreams repeating (<i>n</i> =1)	Perspiration on palm (<i>n</i> =2)	Scanty thick acrid putrid p/v discharge (<i>n</i> =1)*	Flatulence (<i>n</i> =1)*
	Dreams of water (<i>n</i> =3)	Perspiration on sole (<i>n</i> =1)	Scanty thick p/v discharge (<i>n</i> =1)*	
	Fear of dogs (<i>n</i> =2)	Coldness of foot (<i>n</i> =1)		
	Fear of misfortune (<i>n</i> =1)	Irregular menses (<i>n</i> =5)*		
	Fear of snakes (<i>n</i> =1)	Menses early (<i>n</i> =1)*		
	Fear of narrow places (<i>n</i> =1)	Menses delayed (<i>n</i> =2)*		
	Introvert (<i>n</i> =2)	Menses scanty (<i>n</i> =3)*		
	Reserved (<i>n</i> =1)	Menses painful (<i>n</i> =3)*		
	Aggravation from consolation (<i>n</i> =5)	Amenorrhoeic phases (<i>n</i> =2)*		
	Irritability (<i>n</i> =1)	Tendency to gain weight (<i>n</i> =3)*		
	Anger easily (<i>n</i> =2)			
	Offended easily (<i>n</i> =4)			
	Sadness cannot weep though sad (<i>n</i> =1)			
	Desire for solitude (<i>n</i> =2)			
	Sadness (<i>n</i> =3)			
	Weeping when alone (<i>n</i> =4)			
	Anticipatory anxiety (<i>n</i> =3)			
	Fastidious (<i>n</i> =2)			
	Pessimist (<i>n</i> =3)			
	Dwells on past (<i>n</i> =3)			
	Obstinate (<i>n</i> =3)			
	Forgetfulness (<i>n</i> =1)			
	Weeping easily (<i>n</i> =1)			
	Sensitive to noise (<i>n</i> =1)			
	Irresolution (<i>n</i> =1)			
	Sympathetic (<i>n</i> =1)			
	Remorse (<i>n</i> =1)			
	Confusion of mind (<i>n</i> =1)			
	Washing hands (<i>n</i> =1)			
Hatred (<i>n</i> =1)				
Nail biting (<i>n</i> =2)				
Forsaken feeling (<i>n</i> =3)				
<i>Puls.</i> (<i>n</i> =4)	a/f grief (<i>n</i> =1)	Thirstlessness (<i>n</i> =2)	Hirsutism (<i>n</i> =1)*	Nausea after meal (<i>n</i> =1)*
	a/f puberty (<i>n</i> =1)	Heat of sole (<i>n</i> =1)	Watery bland p/v discharge (<i>n</i> =1)*	Tonsillitis (<i>n</i> =1)*
	a/f disappointment (<i>n</i> =2)	Burning on sole (<i>n</i> =1)	Profuse slimy acrid p/v discharge (<i>n</i> =1)*	Headache (<i>n</i> =1)*
	Dreams of business of the day (<i>n</i> =1)	Perspiration scalp (<i>n</i> =1)	Abdomen distended (<i>n</i> =1)*	Stomatitis (<i>n</i> =1)*
	Dreams of water (<i>n</i> =1)	Aversion to milk (<i>n</i> =1)		Cheek bite (<i>n</i> =1)*
	Dreams frightful (<i>n</i> =2)	Desire for spicy food (<i>n</i> =1)		
	Dreams of misfortune (<i>n</i> =2)	Desire for chocolate (<i>n</i> =1)		
	Fear of narrow places (<i>n</i> =1)	Irregular menses (<i>n</i> =1)		
	Fear of being alone (<i>n</i> =1)	Menses late (<i>n</i> =2)		
	Fear of ghosts (<i>n</i> =1)	Menses painful (<i>n</i> =2)*		
	Fear of snakes (<i>n</i> =1)	Amenorrhoeic phases (<i>n</i> =3)*		

Contd...

Table 4: Contd...

Medicine	Symptoms			
	Mental generals	Physical generals	Particulars	Others
	Fear of dark (<i>n</i> =2)	Tendency to gain weight (<i>n</i> =3)*		
	Fear of animals (<i>n</i> =1)			
	Fear of dogs (<i>n</i> =1)			
	Amelioration from consolation (<i>n</i> =4)			
	Offended easily (<i>n</i> =4)			
	Hurry tendency (<i>n</i> =1)			
	Timidity bashful (<i>n</i> =3)			
	Timidity (<i>n</i> =1)			
	Confusion of mind (<i>n</i> =1)			
	Fastidious (<i>n</i> =3)			
	Sentimental (<i>n</i> =2)			
	Mildness (<i>n</i> =2)			
	Weeping tendency (<i>n</i> =3)			
	Desire for company (<i>n</i> =3)			
	Optimism (<i>n</i> =3)			
	Irresolution (<i>n</i> =2)			
	Forgetfulness (<i>n</i> =1)			
	Yielding disposition (<i>n</i> =3)			
	Grief (<i>n</i> =1)			
<i>Nux vom</i> (<i>n</i> =1)	a/f anger (<i>n</i> =1)	Heat of palm (<i>n</i> =1)	Hirsutism (<i>n</i> =1)*	Left hemicrania (<i>n</i> =1)*
	Dreams of misfortune (<i>n</i> =1)	Irregular menses (<i>n</i> =1)*	Hyperpigmentation on face (<i>n</i> =1)*	
	Fear of misfortune (<i>n</i> =1)	Menses delayed (<i>n</i> =1)*	Pain lower abdomen before menses (<i>n</i> =1)*	
	Fear of narrow places (<i>n</i> =1)	Menses profuse (<i>n</i> =1)*		
	Desire for company (<i>n</i> =1)	Menses prolonged (<i>n</i> =1)*		
	Dictatorial (<i>n</i> =1)	Tendency to gain weight (<i>n</i> =1)*		
	Anger easily (<i>n</i> =1)			
	Anger from contradiction (<i>n</i> =1)			
	Careless (<i>n</i> =1)			
	Optimism (<i>n</i> =1)			
	Ambitious (<i>n</i> =1)			
	Anxiety about future (<i>n</i> =1)			
<i>Sepia</i> (<i>n</i> =1)	a/f suppressed anger (<i>n</i> =1)	Desire for sweet (<i>n</i> =1)	Hirsutism (<i>n</i> =1)*	Flatulence (<i>n</i> =1)*
	Aggravation from consolation (<i>n</i> =1)	Irregular menses (<i>n</i> =1)	Painful acne (<i>n</i> =1)*	
	Fastidious (<i>n</i> =1)	Menses scanty (<i>n</i> =1)*	Whitish thick p/v discharge (<i>n</i> =1)*	
	Weeping tendency (<i>n</i> =1)	Amenorrhoeic phases (<i>n</i> =1)*	Pain abdomen (<i>n</i> =1)*	
	Dwells on past (<i>n</i> =1)			
	Fear of narrow places (<i>n</i> =1)			
	Desire for company (<i>n</i> =1)			
	Irritability easily (<i>n</i> =1)			
	Offended easily (<i>n</i> =1)			
	Brooding (<i>n</i> =1)			
	Suspiciousness (<i>n</i> =1)			
	Hatred (<i>n</i> =1)			

Contd...

Table 4: Contd...

Medicine	Symptoms			
	Mental generals	Physical generals	Particulars	Others
<i>Staphysagria</i> (<i>n</i> =1)	a/f disappointment (<i>n</i> =1)	Desire for sweet (<i>n</i> =1)	Hirsutism (<i>n</i> =1)*	
	a/f suppressed anger (<i>n</i> =1)	Tendency to catch cold (<i>n</i> =1)	Discoloured, itchy lesions on skin folds (<i>n</i> =1)*	
	Delusion of being murdered (<i>n</i> =1)	Irregular menses (<i>n</i> =1)*		
	Aggravation from consolation (<i>n</i> =1)	Scanty menses (<i>n</i> =1)*		
	Desire for solitude (<i>n</i> =1)	Tendency to gain weight (<i>n</i> =1)*		
	Forgetfulness (<i>n</i> =1)			
	Dwells on past (<i>n</i> =1)			
	Anger violent (<i>n</i> =1)			
	Indolence (<i>n</i> =1)			
	Sadness (<i>n</i> =1)			
	Confusion of mind (<i>n</i> =1)			
	Introverted (<i>n</i> =1)			
	Obstinate (<i>n</i> =1)			
	Cowardice (<i>n</i> =1)			
	Concentration difficult (<i>n</i> =1)			

+ a/f: ailments from, ++ p/v: per vagina

under its Extra Mural Research Scheme vide: Letter no. Z.28015/120/2014-HPC (EMR)-AYUSH-D dated 25.6.2015.

Conflicts of interest

None declared.

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अंडाशय में बहुगँठीय लक्षण (पीसीओएस) वाली महिला की होम्योपैथिक चिकित्सा : एक भविष्यदपेक्षक अवलोकनात्मक अध्ययन

पृष्ठभूमि: जनन-चक्र उम्र वाली महिलाओं में पाए जाने वाले सबसे आम हार्मोनल विकारों में से एक अंडाशय में बहुगँठीय लक्षण (पीसीओएस) है और महिला की गर्भधारण में देरी का मुख्य कारण है। **उद्देश्य :** यह अध्ययन पीसीओएस से ग्रसित महिलाओं की नैदानिक, हार्मोनल रूपरेखा पर वैयक्तिकपरक होम्योपैथी के प्रभाव को मूल्यांकित करने के लिए संचालित किया गया था। **सामग्रियाँ एवं प्रणालियाँ :** एक भविष्यदपेक्षक अवलोकनात्मक अध्ययन, जुलाई 2015 से जून 2017 के बीच, होम्योपैथी अनुसंधान संस्थान, लखनऊ में आयोजित किया गया था, जिसमें 80 मामलों की जांच हुई, तथा पात्रता परी करने वाले 38 मामलों को भर्ती किया गया। अंडाशय में बहुगँठीय लक्षण जीविका प्रश्नावली की स्वास्थ्य-संबंधी गुणवत्ता (पीसीओएसक्यू) का इस्तेमाल जीविका गुणवत्ता को मूल्यांकित करने के लिए किया गया था। पुटक उद्दीपक दी पक हार्मोन (एफएसएच), ल्यूटिनाइजिंग हार्मोन (एलएच), प्रोजेस्टेरोन, प्रोलैक्टिन, एस्ट्रोजन, वृषाणि तथा इंसुलिन के सीरम स्तरों को आधार-रेखा तथा 12 महीने की चिकित्सा पर कार्यान्वित किया गया था। 18 रोगी ने 12 महीने की जांच को पूरा किया था। विप्लेशन को "चिकित्सा के बदले हुए उद्देश्य" वाले दृष्टिकोण से किया गया था। **परिणाम :** युग्मित टी-परीक्षण का इस्तेमाल करते हुए 34 रोगी में आधार-रेखा से लेकर 12 महीने तक की गई पीसीओएसक्यू तुलना ने रोगी के संपूर्ण पीसीओएसक्यू (मानक बढ़ोत्तरी \pm एसई : -2.3 ± 0.5 ; 9.5: सीआई : -3.2 से -1.3 ; पी = 0.001) में उद्बोधक सुधार को दर्शाया। दोनों अंडाशयों में गाँठों की संख्या आंकड़ों की दृष्टि से उद्बोधक कमी के साथ घट गई। अंडाशय के हर तरफ दो गाँठों में औसत कमी थी। कैल्केरिया.कार्ब. (38.24 प्रतिशत) तथा लाइकोपोडियम (26.47 प्रतिशत) सबसे ज्यादा निर्धारित की गई दवाएँ थी, जो कुल दवाओं का 64.71 प्रतिशत थीं। **निष्कर्ष :** इस अध्ययन ने पीसीओएस को होम्योपैथी दवाओं से प्रबंधित करने में सकारात्मक उदाहरण प्रस्तुत किए। इसके अतिरिक्त नियंत्रित परीक्षण अनुबद्ध है।

Traitement homéopathique des femmes atteintes du syndrome des ovaires polykystiques (SOPK) : Une étude prospective d'observation

Contexte : Le syndrome des ovaires polykystiques (SOPK) est l'un des troubles hormonaux les plus courants chez les femmes en âge de procréer et l'une des principales causes de la sous-fertilité féminine. **Objectifs :** Cette étude a été menée pour évaluer l'effet de l'homéopathie individualisée sur le profil clinique et hormonal des femmes souffrant du SOPK. **Matériels et méthodes :** Une étude d'observation prospective a été menée de juillet 2015 à juin 2017 à la Homoeopathic Research Foundation, à Lucknow, dans laquelle 80 cas ont été examinés et 38 cas remplissant les critères d'éligibilité ont été inscrits. Le questionnaire sur la qualité de vie liée à la santé du syndrome des ovaires polykystiques (PCOSQ) a été utilisé pour évaluer la qualité de vie. Les taux sériques de l'hormone folliculo-stimulante (FSH), de l'hormone lutéinisante (LH), de la progestérone, de la prolactine, de l'oestrogène, de la testostérone et de l'insuline ont été déterminés au départ et après 12 mois de traitement. 18 patients ont terminé le suivi de 12 mois. L'analyse a été effectuée selon l'approche de "l'intention de traiter modifiée". **Résultats :** La comparaison du PCOSQ du début à 12 mois chez 34 patients utilisant le test t jumelé a montré une amélioration significative du PCOSQ global des patients (augmentation moyenne \pm SE : $-2,3 \pm 0,5$; 95% CI : $-3,2$ à $-1,3$; $p=0,001$). Le nombre de kystes dans les deux ovaires a diminué avec une différence statistiquement significative. Il y a eu une réduction moyenne de deux kystes de chaque côté de l'ovaire. Les médicaments les plus prescrits étaient le Calc. carb. (38,24 %) et Lyco. (26,47 %), soit 64,71 % du total des médicaments. **Le Conclusion:** L'étude donne des pistes positives dans la gestion du SOPK avec des médicaments homéopathiques. Des essais contrôlés sont en outre justifiés.

Tratamiento homeopático de mujeres con síndrome ovárico poliúístico (SOP): Estudio observacional prospectivo

Antecedentes: El síndrome ovárico poliúístico (SOP) es uno de los trastornos hormonales más comunes entre las mujeres en edad reproductiva y una de las principales causas de la subfertilidad femenina. **Objetivos:** Este estudio se realizó para evaluar el efecto de la homeopatía individualizada sobre el perfil clínico y hormonal en mujeres con SOP. **Materiales y métodos:** Se realizó un estudio observacional prospectivo de julio de 2015 a junio de 2017 en Homoeopathic Research Foundation, Lucknow, en el que se realizaron pruebas de detección de 80 casos y se inscribieron 38 casos que cumplían los criterios de elegibilidad. El cuestionario de calidad de vida (PCOSQ) relacionado con la salud del síndrome de ovario poliúístico se utilizó para evaluar la calidad de vida. Niveles séricos de hormona folículo estimulante (FSH), hormona luteinizante (LH), progesterona, prolactina, estrógeno, testosterona e insulina se llevaron a cabo al inicio y 12 meses de tratamiento. 18 pacientes completaron el seguimiento de 12 meses. El análisis se realizó con un enfoque de "intención modificada de tratar". **Resultados:** La comparación del PCOSQ desde el inicio hasta los 12 meses en 34 pacientes que utilizaron pruebas T emparejadas mostró una mejora significativa en el PCOSQ general de los pacientes (aumento medio \pm SE: $-2,3 \pm 0,5$; CI del 95%: $-3,2$ a $-1,3$; $p=0,001$). El número de quistes en ambos ovarios se redujo con una diferencia estadísticamente significativa. Hubo una reducción media de dos quistes a cada lado del ovario. Los medicamentos más prescritos fueron la Cal. Carb. (38.24%) y Lyco. (26.47%) que representan el 64.71% del total de medicamentos. **Conclusión:** El estudio da pistas positivas en el manejo del SOP con medicamentos homeopáticos. Los juicios controlados están justificados.

Homöopathische Behandlung von Frauen mit polyzystischem Ovarialsyndrom (PCOS): Eine prospektive Beobachtungsstudie

Hintergrund: Das polyzystische Ovarialsyndrom (PCOS) ist eine der häufigsten hormonellen Störungen bei Frauen im gebärfähigen Alter und eine der Hauptursachen für weibliche Unterfruchtbarkeit. **Ziele:** Diese Studie wurde durchgeführt, um die Wirkung der individualisierten Homöopathie auf das klinische und hormonelle Profil bei Frauen mit PCOS zu bewerten. **Materialien und Methoden:** Eine prospektive Beobachtungsstudie wurde von Juli 2015 bis Juni 2017 bei der Homöopathic Research Foundation, Lucknow, durchgeführt, in der 80 Fälle untersucht und 38 Fälle, die die Zulassungskriterien erfüllten, eingeschrieben wurden. Polyzystische Ovar-Syndrom Fragebogen zur gesundheitsbezogenen Lebensqualität (PCOSQ) wurde zur Beurteilung der Qualität des Lebens. Serumspiegel von follikelstimulierendem Hormon (FSH), luteinisierendem Hormon (LH), Progesteron, Prolaktin, Östrogen, Testosteron und Insulin wurden zu Studienbeginn und nach 12 Monaten Behandlung durchgeführt. 18 Patienten absolvierten das Follow-up von 12 Monaten. Die Analyse erfolgte mit der modifizierten Absicht zu behandeln " - Ansatz. **Ergebnisse:** Der Vergleich von PCOSQ vom Ausgangswert mit 12 Monaten bei 34 Patienten, die einen gepaarten T-Test verwendeten, zeigte eine signifikante Verbesserung des Gesamt-PCOSQ der Patienten (mittlerer Anstieg \pm SE: $-2,3 \pm 0,5$; 95% CI: $-3,2$ bis $-1,3$; $p=0,001$). Die Anzahl der Zysten in beiden Eierstöcken verringerte sich mit einem statistisch signifikanten Unterschied. Es gab eine mittlere Reduktion von zwei Zysten auf jeder Seite des Eierstocks. Die am häufigsten verschriebenen Medikamente waren Calc. kickloch. (38,24%) und Lyco. (26,47%) auf 64,71% der gesamten Arzneimittel entfallen. **Schlussfolgerung:** Die Studie gibt positive Hinweise auf die Behandlung von PCOS mit homöopathischen Arzneimitteln. Kontrollierte Versuche sind weiterhin gerechtfertigt.

多囊卵巢综合征 (PCOS) 女性顺势疗法治疗：前瞻性观察研究

背景: 多囊卵巢综合征 (PCOS) 是育龄妇女中最常见的荷尔蒙失调之一，也是女性亚生育的主要原因。 **目标:** 这项研究是为了评估个人化顺势疗法对临床和激素配置文件中患有多囊卵巢综合征的妇女的影响。 **材料和方法:** 在2015年7月至2017年6月在勒克瑙顺势疗法研究基金会进行了一项前瞻性观察研究，其中筛选了80例病例，并登记了38例符合资格标准的病例。多囊卵巢综合征与健康有关的生活质量问卷 (PCOSQ) 用于评估生活质量。血清水平的促卵泡激素 (FSH)、黄体生成激素 (LH)、孕激素、催乳素、雌激素、睾酮和胰岛素进行了基线和12个月的治疗。18名患者完成了12个月的随访。分析是用“修改意图治疗”的方法进行的。 **结果:** 使用配对t-test的34名患者的PCOSQ从基线到12个月的比较显示患者的整体PCOSQ显著改善 (平均增加 \pm SE: -2.3 ± 0.5 ; 95% CI: -3.2 到 -1.3 ; $p=0.001$)。两个卵巢囊肿的数量减少，具有统计学显著性差异。卵巢两侧平均减少两个囊肿。处方最多的药物是Calc. 碳水化合物 (38.24%) 和Lyco. 占药品总量的64.71%。 **结论:** 这项研究为顺势疗法药物多囊卵巢综合征的管理提供了积极的线索。对照试验也是必要的。