

Exploring the Effectiveness of Anti-Miasmatic Intervention in the Clinical Supervision of Polycystic Ovarian Disease Via Homeopathy

Sheeba S^{1*}, Ramya S. S², Sanju S³, Reshma Reghu⁴, Kathika UT⁵

^{1*}Department of Obstetrics and Gynaecology, Sarada Krishna Homoeopathic Medical College. (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India.

²Department of Homoeopathic Pharmacy, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India.

³Department of Forensic Medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India.

⁴Department of Community Medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India

⁵Homoeopathic physician, Trivandrum

Abstract

Polycystic Ovarian Disease (PCOD) is an endocrine disorder characterized by enlarged ovaries with multiple small cystic formations. It is considered a multifactorial and polygenic condition arising from an imbalance of reproductive hormones, leading to excessive androgen production. This hormonal disturbance contributes to ovarian dysfunction, including follicular arrest, stromal hyperplasia, and a characteristic whitish appearance of the ovaries. Common clinical manifestations include obesity, oligo-ovulation or anovulation, Oligomenorrhoea, amenorrhoea, infertility, dysfunctional uterine bleeding, hirsutism, acne, HAIR-AN syndrome, and features of hyperandrogenism. Although several cases of PCOD were observed, ten cases were specifically analysed for this study. The aim of this research is to evaluate the role of individualized homoeopathic remedies in the management of PCOD, based on the principle of symptom similarity and Anti-miasmatic approach. Clinical observations indicate that remedies such as Thuja Occidentalis, Sepia Officinalis, Lachesis Mutus, and Oophorinum demonstrate gradual improvement in symptomatology. Moreover, these interventions help in addressing associated complaints and reducing the recurrence rate, which is often a limitation of conventional treatment methods.

Keywords: Androgen, Anovulation, Hirsutism, Polycystic Ovarian Disease, Polygenic disorder.

INTRODUCTION

The term *Polycystic Ovarian Syndrome (PCOS)* was first introduced by Stein and Leventhal in 1935, describing a distinct clinical picture characterized by amenorrhoea, hirsutism, obesity, and enlarged ovaries with multiple cysts [1]. PCOS is not a single disorder but rather a cluster of clinical manifestations associated with excessive androgen secretion by the ovaries. It is recognized as a complex, polygenic, and multifactorial disorder predominantly affecting women of reproductive age, with a reported prevalence of 30–40% in this group. Some studies suggest that nearly 55% of otherwise healthy women may exhibit

features of PCOS [2]. PCOS remains one of the most common endocrine disorders among women aged 18 to 39 years, exerting a considerable impact on overall health and fertility. Its etiological factors include the formation of follicular cysts, corpus luteum cysts, and theca-lutein cysts [3], which arise due to underlying hormonal imbalance.

Corresponding Author: Sheeba S¹, Department of Obstetrics and Gynaecology, Sarada Krishna Homoeopathic Medical College. (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India.

These alterations often result in a wide spectrum of clinical symptoms such as Oligomenorrhoea or amenorrhea, irregular ovulation leading to infertility, heavy or scanty menstrual bleeding, acne, hirsutism, weight gain, pelvic discomfort, and areas of hyperpigmentation, particularly around the neck and facial region.

Polycystic Ovarian Syndrome (PCOS) is often associated with insulin resistance and obesity [4], both of which significantly contribute to weight gain and related metabolic disturbances.

Persistent hyperinsulinemia can further aggravate the risk of developing metabolic syndrome and type 2 diabetes mellitus [5]. A genetic predisposition is also recognized, as PCOS tends to occur more frequently in females with a positive family history of the condition [6]. The menstrual cycle irregularity primarily affects the follicular phase, which involves the secretion and cumulative effect of follicle-stimulating hormone (FSH). Normally, this phase is characterized by the maturation of dominant follicles preparing for ovulation [7]. However, in PCOS, this physiological process is disrupted due to hormonal imbalance. Although the exact cause of PCOS remains unclear, a common feature is **excess** androgen production by the ovaries, which manifests clinically as hirsutism, acne, and other signs of hyperandrogenism.

Early warning signs of PCOS often go unnoticed, which makes timely diagnosis challenging. One of the primary factors contributing to this condition is excess androgen secretion, which disrupts the normal process of ovulation [8]. During the follicular phase, follicular development is impaired due to either inadequate luteinizing hormone (LH) surge or an imbalance between follicle-stimulating hormone (FSH) and LH, leading to anovulation or delayed ovulation [9]. Follicular cysts typically range in size from 2.5 mm to 9 mm and are associated with clinical features such as abnormal hair growth (hirsutism) [10]. In addition, persistence of granulosa cells along with small follicular cavities can increase estradiol production, which further contributes to menstrual irregularities such as Oligomenorrhoea, amenorrhea, or menorrhagia [11]. A subset of patients presents with HAIR-AN syndrome, a condition characterized by Hyperandrogenism, Insulin Resistance, and Acanthosis Nigricans [12]. Moreover, women with PCOS commonly experience chronic an ovulatory cycle, resulting in skipped or irregular menstrual periods [13].

Materials and Methods

A study on the prevalence and clinical management of

Polycystic Ovarian Syndrome (PCOS) was carried out using a random sampling method, wherein ten diagnosed cases of PCOS were selected from the outpatient department, inpatient department, and peripheral units of our hospital. The inclusion criteria encompassed patients aged 14 to 35 years, and cases within this age range were considered for the research duration. Diagnosis was confirmed primarily through ultra-sonographic findings along with a detailed clinical history and thorough physical examination. A complete chronological case record was maintained for each participant. The objective of this study was two folds. One to evaluate the efficacy of individualized homoeopathic treatment in the management of PCOS and the other to address associated predisposing factors and menstrual irregularities linked to this condition. Each case underwent treatment for a minimum period of three to six months, and outcomes were assessed by comparing pre-treatment and post-treatment findings with respect to clinical symptoms and diagnostic reports.

The study was conducted following the SKHMC standardized model of case documentation. A total of ten cases were included, with consensus established on the basis of the characteristic symptoms presented by each patient. Case evaluation considered key clinical manifestations such as obesity, menstrual irregularities (Oligomenorrhoea, amenorrhea, or dysfunctional uterine bleeding), infertility, hirsutism, acne, hyper pigmented patches, and acanthosis Nigricans. During the analysis, it was observed that insulin resistance was a frequent underlying factor contributing to the pathology of PCOS [14, 15]. Homoeopathic prescriptions were made in accordance with the principles laid down in the Organon of Medicine, ensuring remedy selection based on individualization and totality of symptoms. Reference to standard Materia Medica texts guided the prescription and repetition schedules as per classical methodology. The outcomes, including symptomatic relief and overall improvement, were systematically recorded and summarized in Table 1 and Table 2. These tables represent observations regarding the reduction in symptom severity and improvement in general health. The results were further validated through statistical evaluation, which included symptom score charts, severity grading, and comparative analysis before and after treatment.

Results and Discussion

The outcomes observed in ten documented cases of Polycystic Ovarian Disease (PCOD) were evaluated over a minimum period of three months. The results were analysed by comparing pre-treatment and post-treatment

Table 1. Bestowing the distribution of patients

	No. of. Patients	Proportion (%)
1. Conferring to Age set		
14-29	9	90.00
30-35	1	1.00
2. Conferring to Symptoms		
Amenorrhea	9	90.00
Obesity	7	70.00
Hair growth	5	50.00
Irregular menstruation	9	90.00
Dark patches of skin	6	60.00
Acne	7	70.00
3. Conferring to Potency		
200 potency	6	60.00
1M potency	2	20.00
50 Millesimal	2	20.00
Intensity of the symptoms :	Before	After
Amenorrhea	3 months once	Regular
Obesity	Increases	Reduced
Hair growth	Persist 3 months	Twice Occasionally seen
Irregular menstruation	in month	Regular
Dark patches of skin	3 months once	Nil
Acne	Persist 3 months	Occasionally seen
According to Symptoms:	Pre-test score	Post –test score
Amenorrhea	9	0
Obesity	8	2
Hair growth	8	1
Irregular menstruation	9	0
Dark patches of skin	8	0
Acne	7	1

findings, focusing on the reduction of symptoms and clinical improvements. The effectiveness of homoeopathic medicines was assessed based on individualized prescription, symptom analysis, and appropriate posology [16,17]. In most cases, conservative management through homoeopathy led to significant improvement in chronic symptoms, thereby minimizing the need for surgical intervention. However, a small subset of patients with severe pathology may eventually require surgical procedures, such as laser therapy, to achieve complete resolution [18].

All ten cases showed clinical improvement within a treatment duration of three to six months. The assessment process involved a comparative evaluation of pre-treatment and post-treatment findings, focusing on changes in symptom intensity, menstrual regularity, and associated clinical features. [19]. Data regarding presenting complaints, etiological factors, menstrual disturbances, acute exacerbations, remedy selection, treatment response, and overall effectiveness were compiled and summarized in Table 1 and Table 2. To validate the clinical outcomes, statistical analysis was performed. The F-test was applied to assess the variance in symptom severity

before and after treatment, whereas the T-test was used to evaluate the significance of differences in symptom scores between the initial and final observations. These analyses confirmed a statistically significant improvement in most cases, highlighting the efficacy of the individualized anti-Miasmatic homoeopathic approach. Detailed statistical interpretations and comparative results are presented in Table 2.

“Although there are varying opinions regarding the sequence of Miasmatic involvement, for practical reconciliation, it may be acknowledged, as Hahnemann indicated in his lesser-known writings, that such an approach holds pragmatic significance. Figure 1 and Table 2 illustrate the grading system and its tabular representation. Based on observations from ten patients, seven cases exhibited marked improvement in their symptoms, two cases

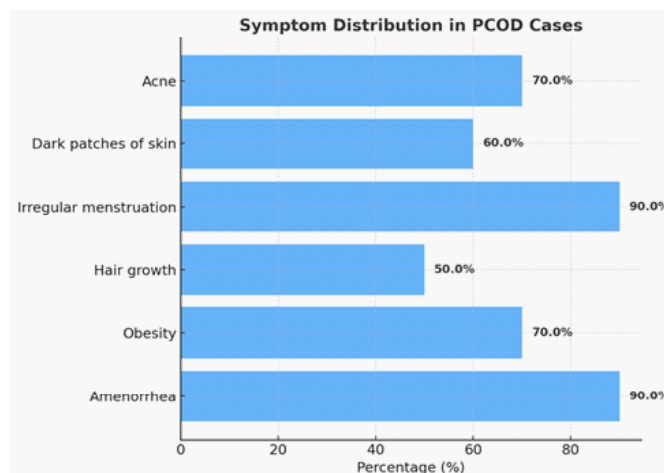


Fig1. Symptoms distribution in PCOS cases

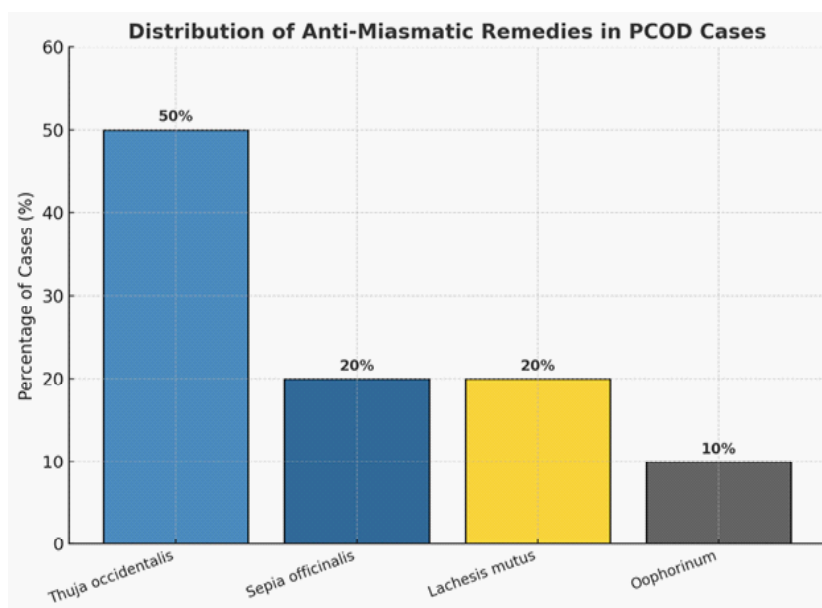


Fig1. Distribution of antimiasmatic remedies in PCOD cases

demonstrated moderate improvement, and one case showed only slight progress. Dr. Samuel Hahnemann, in the footnote to Aphorism 94 of the Organon of Medicine, emphasized that in chronic diseases of women, special attention must be given to factors such as pregnancy, sterility, childbirth, miscarriage, lactation, and menstrual irregularities [20, 21]. This principle underscores the holistic approach required for the successful treatment of conditions like PCOD through homoeopathy.

The study outcomes analysed through a Miasmatic perspective are summarized in Table 2 and represented in Figure 1. Among the prescribed remedies, Thuja Occidentalis was administered in five cases (50%), Lachesis Mutus in two cases (20%), Sepia Officinalis in two cases (20%), and Oophorinum in one case (10%). Table 3 provides detailed information on Miasmatic classification and the corresponding anti-Miasmatic medicines utilized during the study. These findings strongly suggest that

Table 2. *Sharing the cases conferring with grades.*

Affording outcomes	No. of. Patients	Proportion (%)
Marked progress	7	70.00
Adequate progress	2	20.00
Slight progress	1	10.00

anti-Miasmatic interventions play a significant role in the effective management of Polycystic Ovarian Disease (PCOD) through individualized homeopathic treatment

Conclusion

A total of ten cases were randomly selected and analysed using inclusion and exclusion criteria. The cases were organized after a detailed evaluation and were based on the totality of symptoms, further correlated with *Materia Medica* and confirmed through repertorization. Each patient was observed for a minimum period of three to six months, while others were followed for a shorter duration [21, 22]. This study acknowledges the inherent limitations in terms of statistical analysis; however, the grading of symptoms and their improvement were systematically documented. The primary objective was to evaluate the effectiveness of homeopathic therapy in managing Polycystic Ovarian Disease (PCOD) through symptom assessment and criterion score improvement. As emphasized by Hahnemann, attention to the origin of chronic conditions, mental symptoms, sensations, modalities, and concomitant factors remains crucial for accurate prescription. This comprehensive understanding of the patient's state ensures an individualized approach rather than a generalized symptomatic treatment.

References

- Dutta DC, Konar H. DC Dutta's textbook of Gynaecology including contraception, 21th Edition, Churchill Livingstone Elsevier. 2010.
- Padubidri V, Editor. Howkins and Bourne Shaw S Textbook of Gynaecology. 12th Edition: Elsevier India; 2008. CRC Press; 2016 Jan 7.
- Sheeba S, Sylum VSS, Reghu R, Sanju S, Ramya S. Clinical Study to Determine the Effectiveness of Pulsatilla Nigricans in the Management of Hypothyroidism with PCOD. Open Access Journal of Gynecology. 2025;10(1):000299. doi:10.23880/oaig-16000299
- Jana B. Text book of Gynaecology and Obstetrics. 7th Edition: B. Jain Publishers; 2002. May 1;43(5):577-82.
- Bhargava VL. Textbook of Gynaecology. Eleventh Edition. Scientific book company; Anne Books Pvt Ltd; 2009
- Bhargava S, Bhargava SK. Textbook of colour Doppler imaging. Jaypee Brothers Medical Publishers; 2019 Feb 28.
- Edmonds K, editor. Dewhurst's textbook of obstetrics and gynaecology. John Wiley & Sons; 2011 Nov 29.
- Novak E. Textbook of gynaecology. The Williams & Wilkins; 1948. 21st Edition. London: Elsevier Science Limited; 2002.
- Kurjak A. Donald School Textbook of Ultrasound in Obstetrics & Gynaecology. JP Medical Ltd; 2017 Jul 17. JP Medical Ltd; 2017 Sep 30.
- Sheeba S, Gokul Krishna K, Santhi V, Jose [initials]. Evaluating antioxidant properties of homeopathic Fucus Vesiculosus in DPPH and nitric oxide radical scavenging assays. [Internet]. Published on January 2024 [cited 2025 Aug 18]. Available from: <https://www.researchgate.net/publication/384574224>
- O'Dowd MJ, Philipp EE. The history of obstetrics and gynaecology. Fifth Edition. CRC press; 2000 Jul 15.
- Mudaliar AL. Mudaliar and Menon's clinical obstetrics. Orient Blackswan; Eleventh Edition. Scientific book company; 2005.
- Bennett P, Williamson C. Basic Science in Obstetrics and Gynaecology E-Book: A Textbook for Marko Part 1. Elsevier Health Sciences; 2014 Apr 10.
- Sheeba S, Santhi Serene Sylum V, Gokul Krishna K, Dhanya S.S, Sundarapandiyaraj S, Nisha Gopinath and Sruthi Krishna. Efficacy of Homeopathic Medicine in Treatment of Pcod: A Retrospective Study. Chinese Journal of Evidence-Based Medicine. 2024;20(1). Available from: <https://cjebm.org/index.php/cjebm/article/view/56>
- Boericke W. New manual of Homoeopathic Materia Medica with Repertory. Ninth Edition. New York: Kessinger Publishing; 2004.
- Dhanya, S., Sheeba, S., Sylum, V. S., & Saheena. (2024). Insights and perspectives on polycystic ovarian syndrome: A narrative review. Journal of Nonlinear Analysis and Optimization, 15(1), Article No. 6. [https://www.researchgate.net/publication/\[article_ID\]](https://www.researchgate.net/publication/[article_ID])

17. Kent. J.T. Repertory of the Homoeopathic Materia Medica. New Delhi. Kul deep Jain, Jain Publishers (P) LTD;2002;
18. Nash. E.B. Leaders in Homoeopathic Therapeutics with Grouping and Classification. New Delhi. Kul deep Jain, B. Jain Publishers (P) LTD; 2002;
19. Kent JT. Lectures on homoeopathic philosophy. In Lectures on homoeopathic philosophy 1989.Noida, Uttar Pradesh: B. Jain publishers
20. Roberts HA. The Principles and Art of Cure by Homoeopathy: A Modern Textbook. B. Jain Publishers; 1997.
21. Hahnemann Samuel. Organon of Medicine. Fifth and Sixth Edition. New Delhi: Kul deep Jain, B. Jain Publishers; 2004; p. 71, 144, 215-216.
22. Hahnemann S. The lesser writings of Samuel Hahnemann. William Raddle; B. Jain Publishers (P) LTD. New Delhi, India.1852.
23. Hahnemann S. The chronic diseases, their peculiar nature and their homoeopathic cure. New Delhi: B.
24. Hahnemann Samuel. The Muratorian fragment and the development of the canon. Oxford University Press; 1992.
25. Sheeba S, Krishna GK, Sylum SS. Evaluation of homoeopathic remedies in the management of PCOD: A retrospective analysis. Indian J Res Homoeopathy. 2024;18(2):101-108

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