

Clinical Assessment of Miasmatic Interference in Polycystic Ovarian Syndrome

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Abstract: Polycystic ovarian syndrome is one of the most common endocrinopathy affecting women. According to Homoeopathic principles, patient is to be treated as a whole not on symptoms based. So, in polycystic ovarian syndrome our objective of treatment will be done solely based on individualization and symptom totality along with proper diet and regimen and regular exercise. **Objective of the study:** This study is a sincere effort to know the miasmatic interference in polycystic ovarian syndrome and thus provide miasmatic treatment for the same. For the study I will select 50 cases fulfilling the inclusion criteria and study was undertaken for a period of 1 year and 6 months. **Results:** Out of 50 cases, 29 cases (%) were covered by Psora - Sycotic miasm. **Conclusion:** Constitutional treatment along with anti - miasmatic remedy seems to be efficacious. The Homoeopathic medicines showed significant improvement treating PCOS. From the analysis of the above results obtained it is obvious that Homoeopathic treatment is effective in polycystic ovarian syndrome. Cases can be treated successfully by homoeopathic treatment. We should consider miasmatic background for most similar homoeopathic remedy. Life style modification along with homoeopathic treatment is effective in reducing signs and symptoms of PCOS.

Keywords: Polycystic ovarian syndrome, Anovulation, Irregular menses, Hirsutism, Insulin Resistance (IR), Infertility, Obesity, Hyperandrogenism, Hormone imbalance, Diabetes mellitus, Stress, Homoeopathy.

1. Introduction

Polycystic Ovarian Syndrome is an endocrine disorder that was first identified in 1935 by Stein and Leventhal who noticed a condition in women characterized by irregular menstruation, obesity, and hirsutism, in addition to cysts on the women's ovaries. Before this time, PCOS was present, but people did not realize what they were seeing. These women were considered "freaks" and often known as "the bearded lady," commonly seen in circus acts or portrayed in certain art work.¹

In 1935, Irving F. Stein and Michael L. Leventhal first described a symptom complex associated with anovulation. Both gynaecologists were born in Chicago, both were graduates of Rush Medical College, and both spent their entire professional careers at Michael Reese Hospital. Stein and Leventhal described 7 patients (4 of whom were obese) with amenorrhoea, hirsutism, and enlarged, polycystic ovaries. They reported the results of bilateral wedge resection, removing one - half to three - fourths of each ovary; all 7 patients resumed regular menses, and 2 became pregnant. Stein and Leventhal developed the wedge resection after they observed that several of their amenorrhoeic patients menstruated after ovarian biopsies. They reasoned that the thickened tunic was preventing follicles from reaching the surface of the ovary.²

Polycystic ovarian syndrome is considered to be not only a reproductive endocrinopathy, but also a metabolic disorder, and its morbidity may include hyperinsulinemia, insulin resistance, early onset of type 2 diabetes mellitus, and dyslipidaemia. Obesity is a prominent feature of polycystic ovarian syndrome, occurring in 40 - 50% of polycystic ovarian syndrome patients.³

Mind - body experts Louise Hay, Deb Shapiro and Christiane Northrup all agree that the female reproductive system is the centre for creativity. When the ovaries are affected, there can often be an internal conflict around both the creation of life, and the creation of new pathways for the

self. Northrup writes that girls who have been suppressed and have grown up believing women are inferior are particularly susceptible to developing this condition – in fact, she writes, 'studies in female monkeys have shown that those who are in a position of social subordination will often undergo ovulatory difficulty'. There may be negative feelings about being a woman generally, or a particularly difficult or traumatic relationship with one of the parents. This could result in subconscious feelings of not wanting anything to do with being a woman, and these feelings could work on this level to make the body more androgynous.

When there are conflicts and negative emotions preventing full development into womanhood, there may also be conflicted feelings around becoming mothers themselves. Families may place pressures on women to have children when they feel that they do not want to.

Where there is suppression of creativity and the female qualities within the ovaries, there are also likely to be issues with nurturing in general. Not only may women have difficulties with the concept of motherhood, but there may also be difficulty in nurturing themselves. Self - sabotaging behaviour may become apparent – poor eating habits, extreme exercise or over working are all possibilities.⁴

PCOS is a multi - factorial disease sometimes runs in families. If any relatives, such as your mother, sister or aunt, have PCOS, then the risk of developing it is often increased. This suggests there may be a genetic link to PCOS, although specific genes associated with the condition are still under research. The several genes proposed and investigated as the main and possibly PCOS - related genes include those that regulate the HPO axis and those associated with peripheral insulin resistance and its sequelae. Genetic and environmental contributors to hormonal disturbances combine with other factors, including obesity, ovarian dysfunction and hypothalamic pituitary abnormalities to contribute to the aetiology of PCOS. In this panorama of unclear aetiology and mechanisms of insulin resistance and

abnormal hormonal levels further research is clearly needed.⁶

- Research has shown that a number of factors may contribute to development of the syndrome like genetics, environmental factors, metabolic factors, and the in-utero environment etc.
- Genetic (inherited) risk factor; a family history of someone with the condition
- High insulin levels
- Lack of physical activity
- Obesity
- Increased dietary consumption of Plastic - packaged foods. Etc⁶

Homoeopathy is known for curing the chronic diseases from the roots and the basic principles on which it is founded have to be really followed for the rational healing and curing. Hahnemann, the founder after having failed in curing several chronic cases, analytically and with the logical mind came to understand the reasons that were acting as obstacles in the process of cure of relapsing conditions and gave the world his theory of Chronic Diseases.⁹

Polycystic ovarian syndrome is a disease of multifactorial origin, thus homoeopathic treatment can serve best to give cure. But majority of homoeopaths face difficulties in finding the dominant miasm and hence the treatment given doesn't lead to complete cure. This study is a sincere effort to find out the dominant miasm as an obstacle to cure and look for an appropriate miasmatic treatment.

The Samuel Hahnemann, founder of Homoeopathy, wrote in the Organon at the end of aphorism³:

".... Finally, the physician must know the obstacles to recovery in each case and be aware of how to clear them away so that the restoration of health may be permanent. "

In § 5 Dr Hahnemann mentioned that "the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration"

As explained in CHRONIC DISEASE by Samuel Hahnemann,

The original remedy sought for must be also of a miasmatic, chronic nature clearly perceivable from circumstances, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never overcome by the most wholesome diet and order of life, nor will it die out of itself. All the chronic disease of mankind., even those left to themselves, not aggravated by a perverted treatment, show, as said, such a constancy and perseverance, that as soon as they have developed and have not been thoroughly healed by the medical art, they ever more increase with the years, and

during the whole man's lifetime; and they cannot be diminished by the strength belonging even to the most robust constitution. Still less can they be overcome and extinguished. Thus they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation constant chronic miasm, whereby their parasitical existence in the human organism is enabled to continually rise and grow.⁵

This study has been done to clinically assess the miasmatic interference in case of Polycystic Ovarian Syndrome. 50 cases have been enrolled in the study. In this study proper case taking and individualization have been done in each case for prescribing the similimum, and the follow up of the cases will be done at the interval of 30 days, which will be assessed on the basis of miasmatic score at the end of the treatment of the person suffering.

2. Material and Methods

Study setting

A clinical study was carried out in detail and follow up in Sri Guru Nanak Dev Homoeopathic Medical College and Hospital's OPD and with the help of senior Homoeopathic Physicians. Total 50 patients of all age group who were suffering from polycystic ovarian syndrome. (PCOS) were enrolled for the study which fulfils the case definition & inclusion /exclusion criteria those who were participated willingly in research. Since it is a time bound study, subject attending, Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, peripheral O. P. D. and various rural and urban camps series.

Study Design

An exploratory clinical study was conducted to assess the miasmatic background of polycystic ovarian syndrome. Study was carried out at Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, peripheral OPD, Various rural & urban camp series, OPD, IPD from 2019 - 2020. 50 Cases were selected which fulfils the case definition & inclusion and exclusion criteria those who participated willingly in the research. Data collection was done through Rotterdam 2003 criteria as per ASRM (American society of reproductive medicine) & ESHRE (European society of human reproduction and embryology) guidelines.

Intervention

Patients fulfilling the eligibility criteria were enrolled for clinical assessment and the homoeopathic intervention. Medicine was given in 30C, 200C or 1M, LM potency as per the prescribing totality. The medicines were repeated depending on the potency and complaints of the patient in accordance with the principles of homoeopathy.

Selection of tool

Drug was acquired from standard pharmacy (SBL Uttarakhand) & was stored as per rules of Homeopathic Pharmacopoeia. Medicines were stored in Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana, Punjab. Freshly prepared powder dose was used for dispensing purpose. Log no. & Batch no. was maintained.

Brief of procedures

Medicines: Medicines will be prescribed on the basis of symptom similarity and after confirmation from *Materia Medica*.

Placebo: It is in the form of Sugar of milk & globules which are given along with the remedy.

Declaration

Was given that the drug used here is not harmful to human beings. Said remedy is already available in the Homoeopathic literature, well proved on healthy human beings and is harmless, having no side effects

Inclusion Criteria

- 1) Oligomenorrhoea (intermenstrual period of more than 35 days for 3 consecutive cycles) / amenorrhoea for more than 3 months (2 years after menarche)
- 2) Ultrasound findings of polycystic ovaries.
- 3) clinical evidence of hirsutism
- 4) Body Mass Index (BMI) 23 and above.
- 5) Participants willing to adopt Healthy diet and to take regular exercise (at least 30 minutes of exercise for at least 5 days a week)
- 6) Written informed consent from the patient.¹⁰

Exclusion Criteria

- 1) Cushing's disease, hyper - prolactinemia;
- 2) Untreated hypo or hyperthyroidism
- 3) Adrenal hyperplasia and adrenal tumour
- 4) Ovarian tumour
- 5) Hyperthecosis
- 6) Significant renal impairment
- 7) History of intake of drugs Aldactone/ metformin or history of oral contraceptive pills (OCP) use or intake of drugs known to interfere with carbohydrate metabolism 4 weeks prior to enrolment
- 8) Pregnancy, breast feeding
- 9) Cases with any systemic disease

3. Results

A total number of fifty cases were included in the study after screening the case as per the inclusion criteria. All the fifty cases were followed up for a minimum period of 25 weeks. These cases were subjected to statistical study.

Paired t - test was conducted to access the clinically the miasmatic interference in polycystic ovarian syndrome. The result showed that the value of critical t (38.11) is greater than the tabulated value in t - table at df=49 at confidence level 95% at 0.05 i. e. 2.0096, which is statistically significant. Thus, the null hypothesis (H₀) is being rejected and the alternate hypothesis (H_a) that Homoeopathy is effective in treatment of polycystic ovarian syndrome and there is miasmatic interference in occurrence of the disease is being accepted.

The clinical presentation varied in different cases. The most of the patients involved in the study were found to be in the age group of 20 - 25 years which was 36%, followed by the age groups of 25 - 30 years, 30 - 35 years, 15 - 20 years, 35 -

40 & 40 - 45 years the least in years which was 20%, 18%, 18%, 6% & 2% respectively.

Though polycystic ovarian syndrome is a multi - miasmatic disease but in this study In 50 cases Psora - Sycosis was the dominating miasm in 58% cases, followed by Sycotic & Mixed Miasmatic states i. e., 18% & 24% respectively. Miasmatic score before and after the treatment was calculated to find out the interference in each case.

Each case was given the most similar remedy based on symptom similarity and the specific patient constitution. On analysing 50 cases of polycystic ovarian syndrome, it was seen that Pulsatilla has been prescribed to 9 cases, Calcarea carb. to 8 cases, Nat Mur in 6 cases & Sepia in 4 cases. Phosphorus, Silicea, Sulphur & Graphitis were prescribed to 3 cases each. Lachesis, Thuja & Apis shares 2 cases each. Bryonia, Oophorinum, Actea Racemosa, Ignatia & Medorhinum were prescribed in only 1 case each. From the study it was found that In 50 cases, the percentage of unmarried females was more i. e., 62% cases, where as 38% females were married and suffering from Polycystic Ovarian Syndrome.

4. Discussion

Polycystic ovarian syndrome is a very common hormonal disorder affecting young girls mainly the students. Students deal with various stresses of modern lifestyle. Stress in different aspects of life, in work, inter - personal relationship, financial matters etc. This may lead to further progress of disease. Homoeopathy gives more importance to psychosomatic aspect, so method of case taking and remedy selection will suit to psychosomatic diseases in general and polycystic ovarian syndrome in particular. As individual variations in the presentation of clinical conditions are extended into therapeutic management as well, "Homoeopathic treatment along with miasmatic consideration is effective in the treatment of patients suffering from Polycystic Ovarian Syndrome".

5. Conclusion

Constitutional treatment along with anti - miasmatic remedy seems to be efficacious. The Homoeopathic medicines showed significant improvement treating PCOS. From the analysis of the above results obtained it is obvious that Homoeopathic treatment is effective in polycystic ovarian syndrome. Cases can be treated successfully by homoeopathic treatment. We should consider miasmatic background for most similar homoeopathic remedy. Life style modification along with homoeopathic treatment is effective in reducing signs and symptoms of PCOS.

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