

Review Article

Pcos and Its Homoeopathic Management

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ABSTRACT

These cases present with many complications and it is difficult to cure in contemporary system and treatment is also very costly. Polycystic ovarian syndrome (PCOS) is an endocrine disorder that affects approximately 5% of all women which are very commonly found in day-to-day (routine) practice. pcos is also a leading cause of infertility. Women with pcos may present with obesity, amenorrhea, oligomenorrhea, infertility, or androgenic features.

Keywords: Hirsutism, Homoeopathy, hyperandrogenism, polycystic ovaries, Polycystic ovarian syndrome



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INTRODUCTION:

Polycystic ovary syndrome (PCOS) is a common reproductive and endocrinologic disorder found in 6-10% of the female population. The three main phenotype characteristics of this condition are hyperandrogenism, polycystic ovaries, and ovulatory dysfunction. This syndrome can also be associated with metabolic issues including obesity, insulin resistance (found in 60-80% of women with PCOS), hyperinsulinemia, and type 2 diabetes mellitus (T2DM). PCOS is associated with cardiovascular problems, neurological and psychological effects on quality of life (including anxiety and depression), and breast and endometrial cancers. As many as 20% of women with infertility problems (including fecundability and early pregnancy loss) have been diagnosed with PCOS

Recently, there has been an increase in interest in the field of PCOS research. In the last five years, there has been thousands of articles published concerning the different

aspects and relationships regarding PCOS. Despite of high and increasing incidence of PCOS among the population, there are several aspects that remain ambiguous. Few studies have been conducted that grasp PCOS in its entire complexity.

Despite increased attention of PCOS, one of the most vital aspects of this disease is still highly disputed upon the diagnosis. The etiology of this disease has not been well understood. There is a fundamental need for more research regarding the pathogenesis of PCOS in order to identify the underlying causes. An increasing number of publications suggest that genetics is the primary factor of this disease, and take unique approaches to understand this genetic association. Genetic abnormalities have been shown to play a significant role in the metabolic complications and appear among both male and female. However, genetic research in PCOS is still new, and previously published findings need to be reevaluated.

There are several inconsistencies among genetic studies regarding PCOS.

DISCUSSION

PCOS, however, seems to be related to an imbalance in a girl's hormones; is the most common hormonal reproductive problem in women of childbearing age. The most important step is to diagnose the condition in time and provide proper treatment for PCOS so that it will help to reduce a girl's or young woman's chances of having serious side effects later on. The conventional medical management of PCOS is symptomatic treatment and lifestyle modification with weight reduction. Metformin, oral contraceptives, anti-androgens, clomiphene citrate and thiazolidinediones are used for the management of different presentations of PCOS. Metformin is commonly used either alone or in combination with other medicines for the treatment of most of the clinical manifestations of PCOS. Moghetti *et al.* concluded after a study that metformin treatment reduced hyperinsulinaemia and hyperandrogenaemia, independently of changes in body weight. In a large number of patients, these changes were associated with striking, sustained improvements in menstrual abnormalities and resumption of ovulation.

PCOS is among the most common diseases during adolescence, there is always a need to investigate all new relevant data. Early recognition and prompt treatment of PCOS in adolescents is important to prevent long-term sequelae. The diagnosis of PCOS was confirmed, with the presence of hyperandrogenism and irregular menstrual cycles as well as polycystic ovaries on ultrasound. The symptoms of PCOS are the major source of psychological morbidity and can negatively affect the quality of life of adolescents or young women.

CONCLUSION

Homoeopathy can take care of chronic hormonal syndrome in an individual, where allopathic hormone-related treatment or surgery is otherwise advised. Non-recurrence of complaint in the past 3 years suggests that PCOS can be treated successfully through

individualised homoeopathic medicine with lifestyle management. However, a well-planned study with large sample size is required to establish the efficacy of Homoeopathy in PCOS. Now, the Central Council for Research in Homoeopathy is conducting 'A randomized controlled pilot study on Management of polycystic ovarian syndrome with homoeopathic intervention versus placebo'.

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