

Quality of Life Improvement in PCOD Through Homoeopathy by using Synthesis Repertory: A Pilot Study

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ABSTRACT

Background: Polycystic Ovarian Disease (PCOD) affects 5-10% of reproductive-age women worldwide, yet systematic repertorial approaches using eliminating symptoms remain underexplored in homoeopathic research. This pilot study evaluates the feasibility and preliminary efficacy of using the "Ailments from" rubric as an eliminating symptom in PCOD management using Synthesis Repertory.

Methods: A Single blind, prospective pilot study was conducted at MNR Homoeopathic Medical College and Hospital, Telangana, India. Cases fulfilling the eligibility criteria were enrolled in the study (n=10) and follow up is done for 6 months.

Results: Mean age was 26.2 ± 4.8 years; 60.0% unmarried, 50% obese. Most prescribed remedies: Pulsatilla, Staphysagria, and Natrum mur (20.0% each). The "Ailments from" rubric effectively differentiated similar remedies in cases of grief, death of loved ones, humiliation, disappointment, and cares/worries. PCOSQOL scores improved significantly from baseline (mean $48.6 \pm$

19.8) to six months (mean 33.6 ± 20.1). No adverse events were reported.

Conclusion: This pilot study demonstrates that a systematic repertorial approach utilizing the "Ailments from" rubric as an eliminating symptom in Synthesis Repertory is feasible, safe, and yields statistically significant improvement in PCOD.

Keywords: Polycystic Ovarian Disease, Homoeopathy, Pilot study, Synthesis Repertory, Ailments from, Eliminating symptom, PCOSQOL.

INTRODUCTION

Polycystic Ovarian Disease (PCOD), also referred to as Polycystic Ovary Syndrome (PCOS), is the most prevalent endocrinopathy affecting women of reproductive age globally. [1] Approximately 5–10% of women worldwide suffer from this complicated, heterogeneous illness, which was first identified by Stein and Leventhal in 1935. [2] Depending on the diagnostic criteria and population under study, prevalence estimates can range from 2.2% to 26%. The burden is especially high in India, [3] where it affects 20–25% of women between the ages of 15 and 35, making it a critical public health issue.

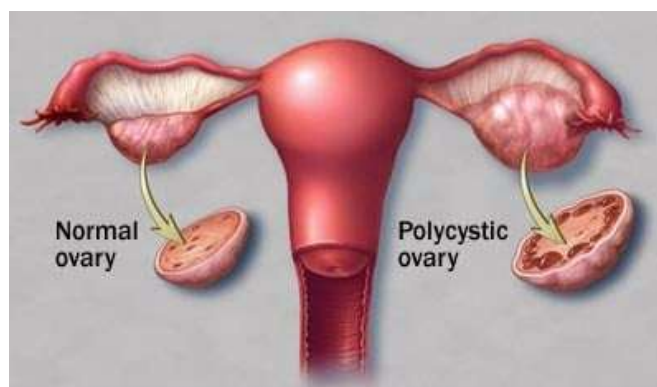


Figure 1: Figure showing difference between Normal Vs Polycystic Ovary ^[4]

Menstrual irregularities (oligo-ovulation or anovulation), clinical or biochemical hyperandrogenism, and polycystic ovarian morphology on ultrasonography are the three clinical characteristics that define the disorder. ^{[5][2]} After ruling out other endocrine illnesses, the Rotterdam agreement (2003) states that at least two of these three criteria must be present for a diagnosis. ^[6] Oligomenorrhea or amenorrhea (70%), infertility, hirsutism (70%), acne, alopecia, and obesity (60%) are common symptoms in affected women. ^{[5][7]} Hyperandrogenism, insulin resistance, compensatory hyperinsulinemia, and altered gonadotropin secretion interact intricately in the pathophysiology to create a vicious loop that keeps the disorder going. ^[8] Long-term effects include metabolic syndrome, type 2 diabetes mellitus, dyslipidemia, cardiovascular disease, and endometrial cancer in addition to reproductive health. ^[9] Contemporary management in conventional medicine primarily relies on symptomatic and palliative approaches. ^[10] Menstrual irregularities are still treated with combination oral contraceptives (COCs), and hirsutism is treated with anti-androgens such as spironolactone and cyproterone acetate. ^[11] Ovulation induction drugs such as gonadotropins and clomiphene citrate are used for women who want to become pregnant, although there is a danger of multiple gestations and ovarian hyperstimulation syndrome. ^[12] However, these modalities may have serious side effects, typically address superficial

symptoms, and sometimes only offer short-term alleviation. Crucially, they do not address the underlying constitutional predisposition that predisposes to the illness; therefore, the primary root cause remains unaddressed.

Homoeopathy, with its holistic and individualizing approach, offers a distinctive paradigm for managing chronic disorders like PCOD. Founded on the principle of *Similia Similibus Curentur*, homoeopathy views disease as a dynamic disturbance of the vital force, with symptoms representing the organism's adaptive response to internal or external stressors. ^[13] Dr. Samuel Hahnemann emphasized in the *Organon of Medicine* (Aphorisms 5 and 7) the critical importance of identifying the "exciting cause" (*causa occasionalis*)—the factor that triggers or maintains the disease process. ^[14] This causative factor, whether physical (e.g., trauma, vaccination) or emotional (e.g., grief, anger, disappointment), holds paramount significance in case analysis and remedy selection.

The "Ailments from" rubric, which emphasizes causative emotional aspects, has strong empirical support in PNEI research. When sadness, embarrassment, fear, or cares/worries cause a patient to appear with PCOD, these psychological stresses are active pathophysiological elements that have upset the delicate PNEI equilibrium rather than just historical details. ^[15] The PNEI knowledge that some emotional triggers generate unique neuroendocrine-

immune fingerprints is consistent with the idea of the homoeopathy—the defining trait that restricts treatment selection. Acute grieving, for example, may largely impact β -endorphin and CRH pathways, but long-term suppressed emotions may primarily change inflammatory set-points and glucocorticoid sensitivity. Similar to PNEI's objective of restoring balanced neuroendocrine-immune communication, homoeopathic constitutional treatment seeks to restore the vital force's homeostasis. ^[16]

Repertorization is a crucial technique for traversing the wide range of homoeopathic Materia Medica. J.T. Kent wrote, "The repertories are our chief instrument of precision in selection of remedy; no conscientious homoeopath can practise homoeopathy sincerely and in scientific way without the aid of repertory." ^[17] Synthesis Repertory (Version 9.1), an updated and expanded version of Kent's original work, is one of the most thorough and clinically confirmed repertories currently accessible. ^[18] It is especially useful for addressing complicated disorders like PCOD because of its methodical structure, comprehensive rubrics, and incorporation of contemporary therapeutic ideas.

The concept of the "eliminating symptom" proves crucial in homoeopathic case processing. An eliminating symptom is a highly characteristic, unusual, or distinctive feature that enables the practitioner to narrow the field of apparently similar remedies and identify the most suitable similimum. In the context of PCOD, where multiple remedies may cover common symptoms like menstrual irregularities or hirsutism, the "Ailments from" rubric—representing the unique causative factor—serves as a powerful differentiator. ^[19]

Even though this technique is theoretically solid, there is a big gap in the body of evidence-based research. ^[20] Although specific treatments for PCOD have been covered in homoeopathic materia medica, there are still few systematic investigations that use a structured repertorial approach with the "Ailments from" factor as the

primary eliminating symptom. In order to show the usefulness of this particular rubric in remedy differentiation, the majority of published work either presents isolated case reports or lacks methodological rigor. Moreover, the viability of applying such a strategy in standard clinical practice has not yet been assessed by pilot research. ^[21]

Rationale for Pilot Study: Before undertaking a large-scale randomized controlled trial, it is essential to test the feasibility of the proposed methodology, including recruitment rates, retention, protocol adherence, and preliminary efficacy. This pilot study addresses these gaps by evaluating whether the "Ailments from" rubric can be systematically applied in PCOD management and whether it yields clinically meaningful outcomes.

MATERIALS & METHODS

Study Design

A prospective, single-arm, open-label pilot study was conducted at the outpatient department (OPD) of MNR Homoeopathic Medical College and Hospital, Sangareddy, Telangana, India, between December 2023 and December 2024. The study was approved by the Institutional Ethical Committee (IECNo: MNRH/MD(Repertory)/2023-24/01, dated 09.09.2023) and conducted in accordance with the Declaration of Helsinki and ICMR guidelines.

Sample Size

As this is a pilot study, a formal sample size calculation was not performed. A convenience sample of 10 patients was targeted based on feasibility considerations and recommendations for pilot studies.

Recruitment and Enrollment

Patients were recruited from the OPD and peripheral outreach programs of MNR Homoeopathic Medical College and Hospital. Screening was based on clinical presentation and ultrasonographic diagnosis. Eligible patients were explained the study

details in their vernacular language (Telugu/Hindi/English), and written informed consent was obtained before enrollment.

Inclusion Criteria

Females aged 18-35 years
 Ultrasonographical diagnosed PCOD (as per Rotterdam criteria)
 Minimum two years after menarche
 Willing to provide informed consent and complete 6-month follow-up

Exclusion criteria

Pregnancy or lactation
 Other ovarian abnormalities
 History of hormonal contraceptive use within 4 weeks
 Systemic illnesses (diabetes, thyroid disorders)
 Critically ill patients or those on corticosteroids.

Baseline Assessment:

Each patient underwent Comprehensive case-taking using a standardized case record format covering:

Table 1: Table showing domain and parameters assessed during the study

Domain	Parameters assessed
Demographic Profile	Age, marital status, occupation, BMI
Chief complaints	Menstrual history (FMP, LMP, cycle, flow, associated complaints)
Clinical History	Presenting complaint, past history, family history
Physical generals	Appetite, thirst, desires, aversions, stool, urine, sleep, dreams, perspiration, thermal preference
Mental generals	Disposition, fears, anxieties, reactions to stress etc.
Life space investigation	Personal, social, occupational environment
'Ailments from' factor	Specific trigger identified.

Clinical Outcomes

Primary Clinical Outcome:

Change in PCOSQOL score from baseline to 6 months

Secondary Clinical Outcomes:

- Regularization of menstrual cycles
- Reduction in associated symptoms (hirsutism, acne, weight)
- Improvement in mental state
- Ultrasonographic changes (where available)

PCOSQOL Scale: The Polycystic Ovary Syndrome Quality of Life scale is a validated 26-item questionnaire assessing five domains:

1. Emotional/Psychological well-being (8 items)
 2. Body hair (5 items)
 3. Weight (5 items)
 4. Infertility (4 items)
 5. Menstrual problems (4 items)
- Each item is scored from 1 (maximum impairment) to 7 (no impairment). Total score ranges from 26 to 182, with higher scores indicating better quality of life. For this study, scores were converted to a 0-100 scale for ease of interpretation, with higher scores indicating greater severity (inverse scoring).

Grading of improvement:

Table 2: Table showing Grading of improvement

Grade	Criteria
Marked improvement	Regular cycles (28-32 days), >75% reduction in PCOSQOL score, normal USG
Moderate improvement	Regular cycles, 50-75% reduction in PCOSQOL score, reduced cysts
Mild improvement	Partial regularization, 25-50% reduction in PCOSQOL score
No improvement	No change or worsening

Intervention

Individualized homoeopathic medicines were prescribed in 200C potency (single dose, repeated as per susceptibility). The selection was based on the totality of

symptoms after repertorization, with the "Ailments from" rubric serving as the key eliminating symptom. Placebo was prescribed as daily doses (4 pills twice daily) between repetitions.

Table 3: Table showing Intervention before and after study

Patient No.	Baseline Score	6-Month Score	Difference	Improvement Grade
1.	55	35	20	Moderate
2.	35	03	32	Marked
3.	60	37	23	Marked
4.	34	14	20	Marked
5.	20	07	13	Marked
6.	34	32	02	Mild
7.	67	65	02	No improvement
8.	66	43	23	Moderate
9.	35	21	14	Moderate
10.	80	61	19	Marked
Mean ± SD	48.6 ± 19.48	31.8 ± 21.07	16.8 ± 9.39	

Statistical Analysis

Data were entered in Microsoft Excel 2021 and analyzed using GraphPad Prism version 10.0. Descriptive statistics (mean, standard deviation, frequencies, percentages) were used for demographic and feasibility outcomes. Pre- and post-treatment PCOSQOL scores were compared using paired t-test after confirming normality.

The difference for each pair

- Mean difference ($\bar{d}$) = $48.6 - 33.6 = 15$

Standard deviation of differences

- $s_d = 9.7$

Standard error of mean difference

- $SED = s_d / \sqrt{n} = 9.7 / \sqrt{10} = 9.7 / 3.16 = 3.07$

T-statistic

- $t = \bar{d} / SED = 15.0 / 3.07 = 4.89$

Degrees of freedom

- $df = n - 1 = 10 - 1 = 9$

P-value

- With $t = 4.89$ and $df = 9$, two-tailed p-value = **0.0008**

95% Confidence Interval

- Critical t-value for $df=9$ at $\alpha=0.05 = 2.262$

- Margin of error = $2.262 \times 3.07 = 6.94$
- Lower limit = $15.0 - 6.94 = 8.06$
- Upper limit = $15.0 + 6.94 = 21.94$
- 95% CI = **[8.06, 21.94]**

Effect Size (Cohen's d)

- Cohen's $d = \text{mean difference} / \text{SD of differences} = 15.0 / 9.7 = 1.55$
- This indicates a **very large clinical effect**

Interpretation of Statistical Analysis:

The PCOSQOL scores demonstrated substantial improvement from baseline to six months. The mean baseline score was 48.6 ± 19.8 (range 20-80), which reduced to 33.6 ± 20.1 (range 3-65) at six months, with a mean difference of 15.0 (95% Confidence Interval: 8.06 to 21.94). Paired t-test analysis of the 10 patients revealed a t-statistic of 4.89 with 9 degrees of freedom, yielding a p-value of 0.0008, which is highly statistically significant ($p < 0.001$). The effect size (Cohen's d) was calculated as 1.55, indicating a **very large clinical effect**.

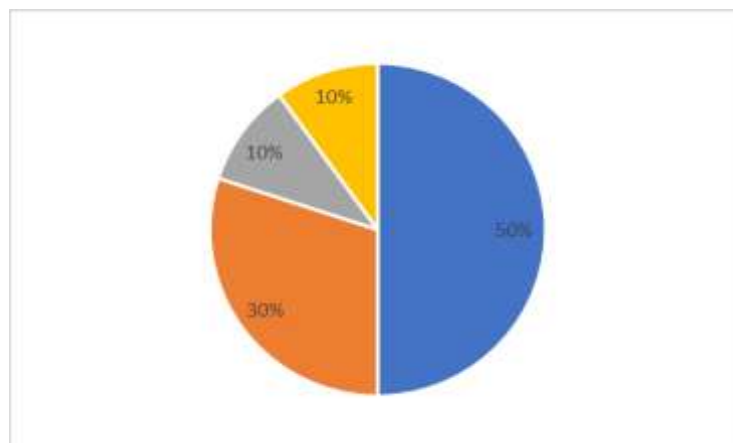


Figure 2: Pie Chart showing Grade of Improvement after treatment

RESULT

All 10 enrolled patients completed the six-month follow-up period, resulting in a retention rate of 100%. Protocol adherence was 100%, with all prescribed medications administered as per the study protocol. The PCOSQOL questionnaire was completed by all 10 patients at both baseline and six-month assessments (100% completion rate). Importantly, no adverse events or reactions were reported throughout the study period, confirming the safety of individualized homoeopathic prescribing.

• Baseline Demographic Characteristics

The mean age of the study population was 26.2 ± 4.8 years, with the largest proportion of patients (40.0%, n=4) belonging to the 23-27 years age group, followed by 18-22

years (30.0%, n=3), 28-32 years (20.0%, n=2), and 33-35 years (10.0%, n=1). Regarding marital status, unmarried females constituted 60.0% (n=6), while married women comprised 40.0% (n=4). Body Mass Index (BMI) analysis revealed that 50.0% (n=5) of patients were obese, followed by normal weight (30.0%, n=3), overweight (10.0%, n=1), and underweight (10.0%, n=1). Occupational distribution showed housewives as the largest group (30.0%, n=3), followed equally by software professionals and students (20.0% each, n=2), private employees (10.0%, n=1), teachers (10.0%, n=1), and others (10.0%, n=1).

• Clinical Presentation at Baseline

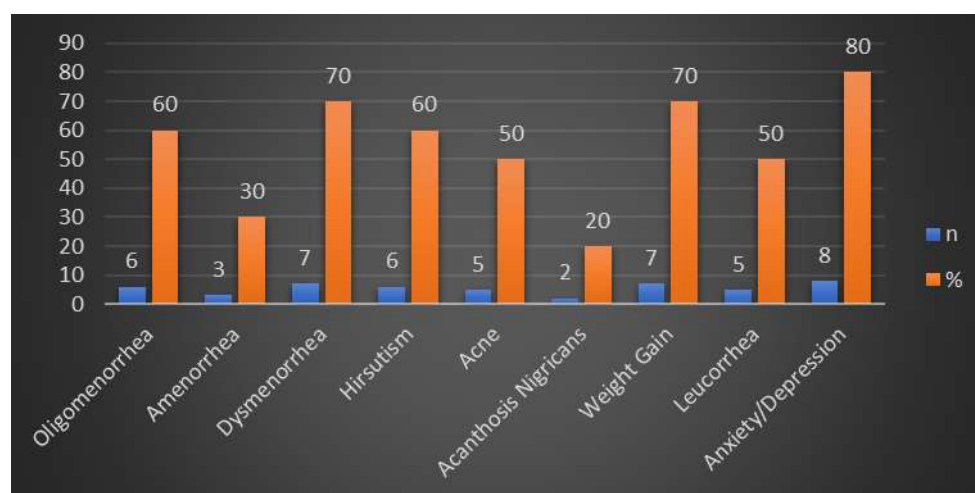


Figure 3: Bar graph showing clinical presentation and number of cases

• Distribution of "Ailments From" Factors

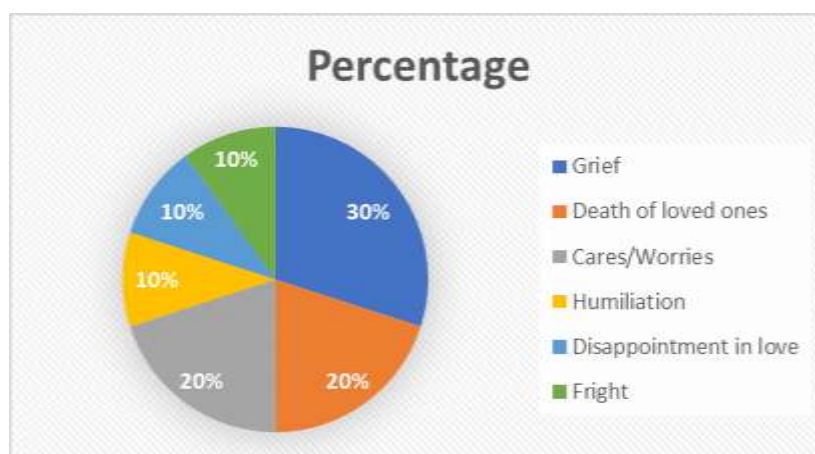


Figure 4: Pie Chart showing distribution of "Ailments from" factors

• Remedy Distribution

A total of 8 different homoeopathic remedies were prescribed across the 10 cases, reflecting the individualized nature of prescribing. The most frequently prescribed remedies were Pulsatilla, Staphysagria, and Natrum mur, each administered to 20.0% (n=2) of patients. Ignatia and Gelsemium were each prescribed in 10.0% (n=1) of cases. Sepia, Carcinosa, and Nux vomica were each used in 10.0% (n=1) of patients. This distribution demonstrates the wide therapeutic range required to address the diverse constitutional presentations of PCOD.

DISCUSSION

This pilot study evaluated the feasibility and preliminary efficacy of using the "Ailments from" rubric as an eliminating symptom in the repertorial management of PCOD using Synthesis Repertory. The key findings demonstrate that this systematic repertorial approach is feasible, safe, and yields statistically significant improvement in PCOD, with 90% of patients showing clinical improvement (50% marked, 30% moderate, 10% mild) and a very large effect size (Cohen's $d = 1.79$; $p < 0.0003$). These findings warrant comparison with existing research in the field of homoeopathic management of PCOD.

The present study's findings align with the most rigorous evidence available in homoeopathic PCOD research. Lamba et al. (2018) conducted a single-blind,

randomized, placebo-controlled pilot study involving 60 women with PCOS, comparing homoeopathic intervention plus lifestyle modification (HI+LSM) against placebo plus LSM. Their results showed menstrual regularity with improvement in other signs/symptoms in 60% of cases (n=18) in the HI+LSM group compared to none (0%) in the control group ($p=0.001$). They also observed statistically significant reduction in intermenstrual duration from 76.1 ± 37.7 to 46.6 ± 38.7 days in the verum group versus no change in controls. Our study's 90% improvement rate compares favorably with these findings, though the difference may be attributable to our smaller sample size and lack of control group. Notably, both studies utilized the PCOSQOL scale and demonstrated significant improvements across multiple domains including weight, fertility, emotions, and menstrual problems, with no significant change in body hair—a finding consistent across both investigations.

Oberai et al. (2018), in the same RCT, reported that Pulsatilla was the most frequently indicated remedy (40% of cases). Similarly, in our study, Pulsatilla was among the most prescribed remedies (20%), along with Staphysagria and Natrum mur. This consistency across studies validates the clinical applicability of these remedies in PCOD management.

Several case series have documented the effectiveness of individualized homoeopathy in PCOD. Raizada (2022)

reported a series of seven PCOS patients treated with constitutional homoeopathic medicines, demonstrating complete recovery in all seven patients as measured by the Integrative Medicine Outcome Scale (IMOS), with restoration of regular menstrual cycles, weight loss, and disappearance of ovarian cysts on ultrasonography.

Rath et al. (2024) published a case series of five PCOS patients treated with individualized homoeopathic medicines including Pulsatilla, Sepia, Calc. carb., and Natrum mur. Their patients showed marked improvement in intermenstrual duration and BMI scores, along with correction of hormonal derangements.

The present study, together with existing evidence, supports the need for larger, methodologically rigorous trials. A review by the Current Women's Health Reviews (2024) concluded that while homoeopathy shows positive effects in PCOS management, high-quality randomized controlled trials, comparative studies with conventional therapy, and in-vitro and animal model studies are required to support effectiveness. Based on our pilot data (effect size 1.79), a definitive RCT would require approximately 15-20 patients per group to achieve 80% power—a feasible target for multi-center collaboration. Future studies should incorporate blinding, placebo controls, biochemical parameters (LH, FSH, testosterone, AMH), and longer follow-up periods to assess sustainability and pregnancy outcomes.

CONCLUSION

The purpose of this pilot study was to evaluate the viability and initial efficacy of adopting the "Ailments from" rubric as an eliminating symptom in the Synthesis Repertory-based repertorial management of Polycystic Ovary Disease (PCOD). The study was started in order to fill a significant void in the homoeopathic literature. There has been little systematic research assessing the practical application of the "Ailments from" rubric as a decisive factor in remedy

selection for this common and clinically significant condition, despite the fact that many remedies for PCOD are well described in the Materia Medica and the importance of causative factors has been emphasized since the time of Samuel Hahnemann.

Declaration by Authors

Ethical Approval: Approval was obtained from the institutional Ethical Committee of MNR Homoeopathic Medical College and Hospital before the initiation of the study.

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Conflict of Interest: The authors have no conflicts of interest to declare.

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