

# A Clinical Study to Assess the Efficiency of Constitutional Homoeopathic Prescription with Emphasis on W.H. Burt's Ovarian Group Remedies in Treatment of PCOS in Reproductive Age Group Through FNPO and PCOS QoL Tools

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## ABSTRACT

Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder affecting 5% to 20% of reproductive-aged women globally. As a chronic, multifaceted condition, PCOS presents with reproductive, metabolic, and psychological comorbidities that require long-term treatment. This study evaluated the efficacy of constitutional homeopathic prescription, with emphasis on W.H. Burt's ovarian group remedies, in women with PCOS. Outcomes were measured using Follicular Number per Ovary (FNPO) to assess ovarian morphology and the PCOSQOL Scale for disease-specific quality of life. The results indicate that individualized homeopathic treatment is effective in managing PCOS, addressing both physiological and psychological dimensions. These findings suggest that Homoeopathy offers a safe, holistic approach to improving ovarian health and patient well-being.

**KEY WORDS:** PCOD, Homoeopathy, PCOS-QOL questionnaire, FNPO tool, Burt's ovarian group, Constitutional treatment.

## INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age, characterized by chronic anovulation, hyperandrogenism, and polycystic ovaries on ultrasound, often accompanied by metabolic derangements such as insulin resistance, obesity, and dyslipidaemia. Clinically, PCOS manifests with menstrual irregularities, infertility, hirsutism, acne, obesity, and hair fall, and it significantly impairs the psychological and social quality of life of women.

Conventional treatments manage symptoms like hormonal and metabolic imbalances but often lead to side effects and recurrence. This lack of holistic efficacy has driven a shift toward safer, more individualized, and integrative therapies, with Homoeopathy emerging as a leading alternative.

Homoeopathy, based on the principle of "Similia Similibus Curentur," emphasizes Constitutional approach, treating the patient as a whole rather than the disease in isolation. W.H. Burt, in his work on Organopathy, classified remedies based on their affinity for specific organs, including the ovarian group remedies such as *Apis mellifica*, *Lachesis*,

Thuja, Mag carb, Platina, Sepia, Ustilago, which have a well-documented action on ovarian pathology and functional disturbances.

#### **AIMS AND OBJECTIVES:**

**AIM:** To evaluate the efficiency of Constitutional homeopathic Prescription in treatment of PCOS, with emphasis on remedies mentioned in "ovarian group" of W.H. Burt's Physiological Materia Medica.

#### **OBJECTIVES:**

1. To analyze and understand remedies mentioned in "ovarian group" of W.H. Burt's Physiological Materia Medica, and emphasize their utility in selecting the constitutional similimum.
2. To demonstrate clinical improvement of PCOS in reproductive age group by using FNPO (follicle number per ovary – USG based) and PCOS-QOL questionnaire tools.

#### **HYPOTHESIS:**

##### **NULL HYPOTHESIS (H<sub>0</sub>):**

Constitutional homeopathic treatment, with an emphasis on W.H. Burt's ovarian group remedies, is not effective in the treatment of PCOS among women in the reproductive age group as measured by FNPO and PCOS-QOL tools.

##### **ALTERNATIVE HYPOTHESIS (H<sub>1</sub>):**

Constitutional Homeopathic treatment, with an emphasis on W.H. Burt's ovarian group remedies, is effective in the treatment of PCOS among women in the reproductive age group as measured by FNPO and PCOS-QOL tools.

#### **SELECTION CRITERIA:**

##### **INCLUSION CRITERIA:**

1. Females in the reproductive age group of 15 to 40 years (both married and unmarried) were enrolled
2. Patients diagnosed with PCOS via clinical assessment and USG were included.

3. Patients with Oligomenorrhoea (cycles >35 days for 3 consecutive cycles) or Amenorrhoea (absence of menses for >3 months 2 years after menarche).
4. Ultrasound findings of polycystic ovaries with increased ovarian size (> 12) and peripherally arranged cysts of (2-9 mm) and also enlarged ovaries (>=10 mm).
5. Only patients who provided written informed consent were accepted.

#### **EXCLUSION CRITERIA:**

1. Patients younger than 15 or older than 40 years were excluded.
2. PCOS complicated with systemic and other diseases like DM 2, HTN, endometrial or breast cancer, etc were omitted.
3. PCOS developed as secondary or complication to primary endocrinal pathologies like androgen secreting tumours, hyper prolactinemia, congenital adrenal hyperplasia, hypothyroidism, etc were not considered for study.
4. PCOS associated with diseases like Diabetes mellitus, cushing's disease, Hyper prolactinemia, Untreated hypo or hyperthyroidism, Adrenal hyperplasia and adrenal tumor, Ovarian tumor, Hyperthecosis were not included for study.

#### **MATERIALS AND METHODS**

Thirty cases were selected for the study on a simple random basis from the patients attending the IPD, peripheral OPD, and camps of MNR Homeopathic Medical College and Hospital. The study was carried out over a period of 18 months

**Type of study:** Clinical study.

**Assessment tool:** PCOS-QOL questionnaire, Follicle Number per Ovary (FNPO)

**Ethical consideration:** Ethical clearance to this research topic was taken from the institutional ethical committee.

## METHODOLOGY

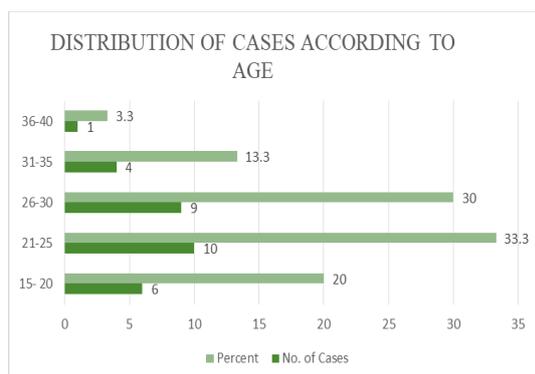
It was ensured that patients were made aware of the study in their own language, and informed consent was obtained from every individual. All patient details were kept confidential. A detailed case history was taken through a holistic approach, encompassing etiological factors, mental generals, physical generals, concomitants, and characteristic particulars. The data were collected and processed in a clinical case-sheet format, and constitutional treatment was administered after proper repertorisation. All cases were evaluated using the PCOS-QOL questionnaire and Follicle Number per Ovary (FNPO) assessments both before and after treatment. Total scores were calculated, and statistical significance was demonstrated through t-test calculation.

## OBSERVATION AND RESULTS:

### 1. DISTRIBUTION OF CASES ACCORDING TO AGE:

Table 1: Distribution of cases according to Age

Age	No. of Cases	Percent
15- 20	6	20
21-25	10	33.3
26-30	9	30
31-35	4	13.3
36-40	1	3.3

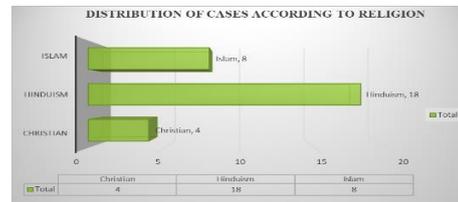


Graph 1: Distribution of cases according to Age

### 2. DISTRIBUTION OF CASES ACCORDING TO RELIGION

Table 2: Distribution of Cases According to Religion

Religion	No of Cases
Christian	4
Hinduism	18
Islam	8
Total	30

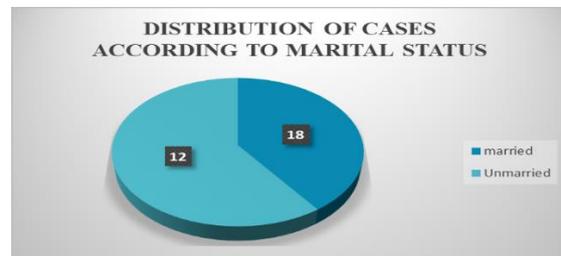


Graph 2: Figure representing distribution of cases according to religion

### 3. DISTRIBUTION OF CASES ACCORDING TO MARITAL STATUS

Table 3: Distribution of cases according to marital status

Marital status	No. of Cases	%
married	12	40
Unmarried	18	60
Total	30	100

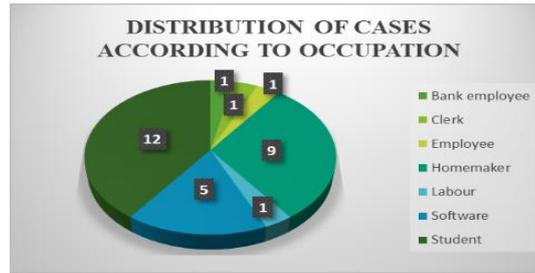


Graph 3: Distribution of cases according to marital status

### 4. TABLE REPRESENTING DISTRIBUTION OF CASES ACCORDING TO OCCUPATION

Table 4: Distribution of cases according to occupation

Occupation	No. of Cases
Bank employee	1
Clerk	1
Employee	1
Homemaker	9
Labour	1
Software	5
Student	12
Total	30

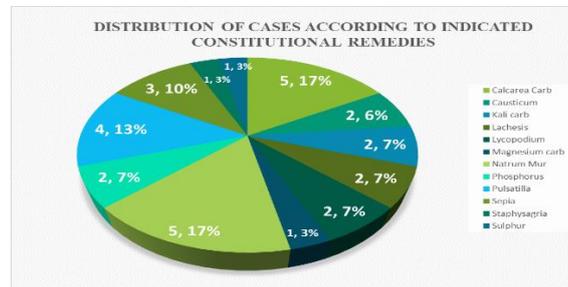


Graph 4: Distribution of cases according to occupation

## 5. DISTRIBUTION OF CASES ACCORDING TO CONSTITUTIONAL REMEDIES

Table 5: Distribution of cases according to indicated constitutional remedies

CONSTITUTIONAL REMEDIES	No. of Cases
Calcarea Carb	5
Causticum	2
Kali carb	2
Lachesis	2
Lycopodium	2
Magnesium carb	1
Natrum Mur	5
Phosphorus	2
Pulsatilla	4
Sepia	3
Staphysagria	1
Sulphur	1
Grand Total	30

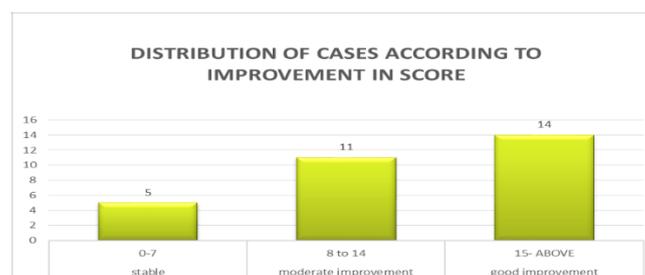


Graph 5: Distribution of cases according to indicated constitutional remedies

## 6. DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT IN SCORE

Table 6: Distribution of cases according to improvement in score

IMPROVEMENT	SCORE REDUCTION	NO OF CASES
Stable Improvement	0-7	5
Moderate improvement	8 – 14	11
Good Improvement	15 & Above	14
	TOTAL	30



Graph 6: Distribution of cases according to improvement in score

**STATISTICAL ANALYSIS:** The obtained data is subjected to Paired “t-test” to test the significance of difference.

SL.NO	BEFORE TREATMENT (A)	AFTER TREATMENT (B)	DIFFERENCE (A-B= X)	SQUARES X <sup>2</sup>
1	23	11	12	144
2	23	11	12	144
3	22	12	10	100
4	36	16	20	400
5	18	11	7	49
6	19	6	13	169
7	25	11	14	196
8	25	5	20	400
9	29	10	19	361
10	25	13	12	144
11	26	12	14	196
12	28	25	3	9
13	29	27	2	4
14	31	15	16	256
15	35	8	27	729
16	34	17	17	289
17	22	7	15	225
18	29	12	17	289
19	28	13	15	225
20	34	17	17	289
21	28	12	16	256
22	33	28	5	25
23	36	12	24	576
24	22	11	11	121
25	27	12	15	225
26	17	9	8	64
27	22	11	11	121
28	38	18	20	400
29	23	10	13	169
30	20	17	3	9
TOTAL			∑X=437	∑X <sup>2</sup> =7455

A – Score before the treatment

B – Score after the treatment

$$\begin{aligned} \text{Mean difference of } \bar{X} \text{ (mean)} &= \frac{\sum X}{n} \\ &= 437 / 30 \\ &= 14.57 \end{aligned}$$

$$\begin{aligned} \text{Formula of variable} &= \frac{\sum X^2 - (\sum X)^2 / n}{n-1} \\ &= \frac{7455 - (437)^2 / 30}{29} \\ &= 6.13 \end{aligned}$$

$$\text{Formula of standard deviation (SD)} = \sqrt{\text{var}} = \sqrt{6.13}$$

$$\begin{aligned} \text{SE of difference} &= \text{SD} / (\sqrt{n}) = \sqrt{\text{var}} / \sqrt{n} = \sqrt{6.13} / \sqrt{30} \\ &= 6.13 / 5.477 \\ &= 1.12 \end{aligned}$$

$$\text{Degree of freedom df} = n-1 = 30-1 = 29$$

$$\begin{aligned}\text{Determine the } t_{29} \text{ value} &= X^{-}/SE \\ &= 14.57/1.12 \\ &= 13.01\end{aligned}$$

Calculated value at  $t_{29} = 13.01$

Table value at  $t_{29} = 2.045$

## INFERENCE FROM STATISTICAL RESULT

The critical value of 't' at 29 degrees of freedom with a 5% level of significance is 2.045. Since the calculated value (13.01) significantly exceeds the table value, the results are statistically highly significant. Consequently, the Null Hypothesis ( $H_0$ ) is rejected, and the Research Hypothesis ( $H_1$ ) is accepted. There is real difference between means, before and after treatment, demonstrating the efficacy of Homeopathic intervention in PCOS.

## DISCUSSION

Among the 30 cases, the 21–25 age group was the most prevalent (33.3%). The demographic profile predominantly comprised Hindu (18), married (60%), and middle-class (14) individuals. Occupational analysis showed a higher incidence among students (12) and homemakers (9), followed by software employees. Constitutional analysis revealed Calcarea Carbonica and Natrum Muriaticum as the most effective remedies for PCOS improvement, followed by Pulsatilla and Sepia. These findings corroborate the principles established in Burt's Organopathy, demonstrating that the "ovarian group remedies" exert a highly specific therapeutic action on ovarian pathology and remain highly relevant in modern-day clinical practice.

For acute management, Pulsatilla was the leading prescription (4 cases), while Tuberculinum served as the primary intercurrent remedy in 9 cases. The therapeutic outcomes were positive, with 14 cases showing good improvement and 11 showing moderate progress.

Although FNPO was found to be less reliable due to inter-observer variations and limited patient compliance with repeat scans, the

PCOS-QOL tool provided a more holistic measure of patient progress.

## CONCLUSION

This study concludes that Constitutional homeopathic treatment, with emphasis on Burt's ovarian group remedies, is effective in the management of PCOS in women of reproductive age. These findings highlight the potential of Homeopathy as a safe, individualized, and holistic approach in addressing both the physical and psychological dimensions of PCOS.

## LIMITATIONS OF THE STUDY:

The small sample size of 30 cases limits the generalization of results to the broader population.

The 18-month duration was insufficient to assess the long-term sustainability of the treatment.

FNPO was unreliable due to inter-observer variability among radiologists and inconsistent patient follow-up.

The study relied on subjective tools (PCOS-QOL) rather than objective biochemical markers like AMH or insulin levels.

The absence of a control group prevents an objective comparison with standard allopathic efficacy.

External variables such as diet, exercise, and stress were not uniformly regulated.

## Declaration by Authors

**Ethical Approval:** Approved

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** No conflicts of interest declared.

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