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Review Article

Polycystic ovarian syndrome/polyendocrine metabolic ovarian syndrome: the syndrome vs. homoeopathy of AYUSH

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ABSTRACT

Women's health is an integral part of public health & in that the most critical group is the reproductive age group of 15-49 years. This article discusses a condition that spans across the women in the reproductive age group. First, it discusses the issue of misnomer of the condition known as polycystic ovarian syndrome (PCOS). As a result of the misnomer, the condition did not get adequate attention of Research and Development (R&D) since it was named in 1935. After a span of 81 years of misdiagnosis, poor treatment, poor focus and follow up, the condition was renamed as Polyendocrine Metabolic Ovarian Syndrome (PMOS). So, the last eight decades, it was a clear case of undignified approach to women's health. As the issue of PCO/PMOS is complex both clinically & culturally, the issue comes under the domain of Community Medicine & Public Health (CMPH). With the renaming not only health policies are impacted but also the approach has to be relooked. As it needs a holistic approach, the approaches that were followed till date in endocrinology will not hold adequacy in future clinical approaches. It is here that Homoeopathy of AYUSH ministry of India steps in with the holistic approach. As it is a metabolic issue that has a hormonal angle. Homoeopathy fits in the bill as it has properties of cost effective, clinical effective & zero side effects to deal with the menace of Non-Communicable Diseases (NCD). PCO/PMOS is one such condition. Dealing with it effectively means impacting women's health positively.

Keywords: PCOS, PMOS, AYUSH, Homoeopathy, NCD

INTRODUCTION

The syndrome affects one in eight women across the globe. It is also a complex syndrome to diagnose as it has a multitude of clinical symptoms. The various tools that are used in the diagnosis of the syndrome are Ultra Sono Graphy (USG), Clinician's Intuition (CI), Hit and Trial (HT) cure. The syndrome is also historically underfunded for Research and Development (RandD) and the diagnosis was also wrongly named for almost a century. This syndrome is the polycystic ovarian syndrome (PCO) or the polyendocrinal metabolic ovarian syndrome (PMOS). Many stakeholders knew through their practice that the cysts are only a fraction of the entire gamut of the syndrome. As mentioned above, the syndrome has a variety of symptoms. Some patients had no cysts while others had extra hair growth and patients were not fat but thin.[1] The syndrome was named as PCO in 1935 when actually it was a complex endocrine disorder with an array

of concomitant symptoms and health/medical complications.[2]

Dr. Helena Teede, an endocrinologist and professor of women health at Monash University Australia cites that historically the syndrome was considered to be an ovarian condition. This consideration led to very less funding for research outside the ovary domain. Further, the naming process also limited the comprehension of the broader and larger related issues. Dr. Teede took a decade and four years that involved 56 organizations, 14000 patients for research in the name change process. The new name given to the syndrome was polyendocrine metabolic ovarian syndrome (PMOS). Very often these decisions are made by developed or rich nations while overlooking the cultural aspects or the impending/ensuing implications as a result of change.

In fact, the shift is much more than a name change of a medical condition. It reaffirms the importance of women health. The other attributes for the name change makes health of the women as a more legitimate issue that is deserving of attention and funding for research and development.[1]

In the current scenario, management of PCOS is entirely focused on symptoms control and reduction of the metabolic risk factors. In future with the name change to PMOS, the approach has to be patient centered. Among the new approaches, the first approach is the life style modification. The life style modification approaches include weight management, exercise and dietary interventions. These three steps can improve Insulin Resistance (IR) which in turn is helpful to restore ovulation in patients of this syndrome. Exercise enhances the metabolic and mitochondrial efficiency. The next intervention in the new approach is to address the hormonal homoeostasis. Here, interventions like oral contraceptive pills (OCP) helps regulate menstrual cycles and deal with androgenic symptoms like hirsute in women. Clinicians prescribe Insulin sensitizers like 'Metformin' to improve the metabolic related parameters that in turn regulate the functional efficiency of the ovaries. Subsequent to that the ovulation induction therapies chip in. The drugs like Letrozole and Clomiphene Citrate are given in ovulation induction therapies if the pregnancy is desired.[1,2]

The continued or sustain therapies include interventions like long term monitoring of diabetes, addressing lipid abnormalities and reduction of cardiovascular risk factors.[1,2]

LITERATURE REVIEW

Polycystic ovary syndrome (PCOS)/(PMOS) is a reproductive disorder manifesting through irregular menstrual cycles, acne, weight gain or infertility. The traditional name framing or PCOS was only a portion of the entire biological reality. Medical science now recognizes the syndrome as one of the most prevalent metabolic disorders affecting the reproductive years or the 15-49 year age group. When we see the syndrome through the epidemiological lens in India, nearly one in five urban Indian women exhibit features like PCOS. This means there is a high prevalence of this syndrome. In spite of this high prevalence, PCOS are often treated for the manifested symptoms and not as a systemic condition that has life style ramifications or implications.[1,2,3]

Hippocrates (460-377BC) in his treatise "Diseases of Women", mentioned about PCOS for the first time in history.[4] Modern medicine worked on PCOS for the last 1.5 century.[5] Stein et al coined the term PCOS in 1935.[6] However, Dr. Achille Chereau in 1844 described the diseases of the ovaries and particularly the cysts.[7] To add to that, before 1935, many researchers had described ovaries and its related pathology.[1,2,3]

The issue of non-communicable diseases (NCD) reflects the metabolic angle of this condition. Researchers have found that many women with PCOS/PMOS have Insulin Resistance (IR), dyslipidemia with abnormal cholesterol and triglycerides levels. Further, these PCOS/PMOS women also have chronically low-grade inflammations or high inflammatory markers. They also have heightened risk of type 2 diabetes (T2D), cardiovascular diseases, infertility issues related to abnormal metabolic indicators and endocrinal irregularities.[1-3]

As mentioned above, the syndrome has a myriad of issues. Hence, the role of mitochondria that are the cellular organelles responsible for energy production in the biology of PCOS/PMOS is critical. These organelles regulate adenosine tri phosphate (ATP) generation, fatty acid metabolism, oxidative balance and the process of steroid hormone synthesis. Generation of ovarian granular cells and development of oocytes are dependent on efficiency of the mitochondria or the energy pockets of the cell. The functional efficiencies of the mitochondria help in follicular maturation and ovulation. Irregular mitochondrial activity, impaired oxidative metabolism and heightened oxidative stress are risk/unhealthy markers in women with PCOS/PMOS.[8]

The effect of IR is very crucial in this syndrome. As tissues respond poorly to insulin, compensatory hyperinsulinemia develops inside the body. The elevated insulin level directly stimulates ovarian androgen production and reduces circulating sex hormone binding globulin. This phenomenon leads to hormonal imbalance in PCOS/PMOS affected women. It is to be seen that as a part of the broader metabolic disturbance, the hyper-androgenism occurs in the body. So the two faceted phenomena of impaired cellular energy utilization and metabolic stress act as the stimulators or catalysts of hormonal imbalance that is observed clinically.[8]

Inefficiency of the mitochondria leads to increased production of reactive oxygen species leading to oxidative

stress. The phenomenon of this stress is a cross-cutting issue in the studies related to PCOS/PMOS. The oxidative imbalance not only has a generalized effect but also a specific effect on the ovaries. In the ovaries, it disrupts granulose cell signaling and follicular development. Thus, multiple follicles initiate growth in the ovaries but unfortunately these follicles do not mature. The poor maturation helps the cysts to develop and ovulation does not occur.[8]

Adequacy in mitochondrial integrity and in ATP availability impacts on the competency of the oocytes in the ovaries. Researchers have also identified altered mitochondrial structure and reduced mitochondrial deoxy ribo nucleic acid (DNA) copy number in oocytes from women with PCOS/PMOS. These bio-energetic changes lead to variability in fertility outcomes, poor responses to assisted reproductive treatment (ART) and high reproductive dysfunction. This is how the effects in PCOS/PMOS go beyond the domain of hormonal imbalance or regulation.[8]

The clinical diagnosis of PCOS/PMOS is relied on symptoms like irregular ovulation, hyper-androgenism and polycystic ovarian morphology. Unfortunately, these are just the tip of the ice berg that is visible clinically. Thus, it is seen that reproductive functions in a woman's body are only a small portion of the entire endocrinal and metabolic processes that occur in PCOS/PMOS.[1-3]

REFLECTIONS

With the new nomenclature, future care for PCOS will be seen as PMOS by all stakeholders. One needs to have integrated personalized approaches that combine reproductive endocrinology with metabolic medicine. In future, in-depth understanding about cellular metabolism, oxidative stress and energy regulation through mitochondrial efficiency will help all the related stakeholders to deal with the PCOS/PMOS efficiently and effectively.[1-3]

One has to move on and not see PCOS as a reproductive concern. This syndrome gives us an insight into the metabolic stress especially in young women. This metabolic issue throws one window of opportunity so that clinicians can intervene early in PCOS/PMOS.[1-3]

HOMOEOPATHIC PERSPECTIVE

All the management, life style and dietetic measures are to be adhered while dealing with the case through homoeopathic therapeutics. All these have been discussed above.[9-13]

As mentioned above, PCOS/PMOS require personalized approach. Here homoeopathy fits the bill as it is not a generalized system of therapeutics but a personalized one. The triad of cellular metabolism, oxidative stress and energy regulation can be easily dealt with homoeopathy as in homoeopathic therapeutics these are the 'miasms' which in homoeopathy means 'disease causing dynamic agents that are infectious in nature'. Actually, these are the background of PCOS/PMOS.

Cellular metabolism leads to formation of cysts in the ovary and their inflammatory markers in the body. This is the 'Sycotic' miasm where the body tends to have extra growth in any part of the body. Oxidative stress is related to the 'Psoric' miasm where functional disturbances occur in any part of the body. The third is energy regulation where the mitochondria cannot give out energy to the body efficiently. Here energy is destroyed in the body. This is the 'Syphilitic' miasm where the body tends to have tissue destruction in any part of the body.

Hence the anti-sycotic, anti-psoric and anti-syphilitic as decided by the homoeopath has to be given inter currently to deal with these obstacles in the background.

As for the ovaries in general where all ovarian conditions can be dealt with, there are many medicines in homoeopathy. These are 'Palladium', 'Oophorinum', 'Foliculinum', 'Corpus Leuticum', 'Apium Graveolens', 'Ova Gallinae Penicula', 'Erodium Cicutarium', 'Iridium Met', 'Epihysterinum', 'Ovaria Siccata', 'Platinum Mur Nat', 'Zinc Valeriana', 'Gossypium Herbaceum', 'Hydrastinum Mur', 'Alumen Crudum',

For the cysts in the ovary, 'Aurum Iod', 'Bovista', 'Colchicum', 'Coloccynth', 'Iodum', 'Kali Brom', 'Lachesis', 'Lycopodium', 'Ovary', 'Platina', 'Rhus Tox'.

For tissue destruction in ovaries, the drugs are 'Aur Mur Nat', 'Carcinosin', 'Conium', 'Lachesis', 'Lilium Tigrinum', 'Palladium', 'Sepia', 'Scirrhinum', 'Thuja', 'Vipera B'.

For Oophoritis, the drugs are 'Aconite', 'Apis', 'Belladonna', 'Lycopodium', 'Merc Sol', 'Palladium', 'Phosphorus', 'Podophyllum', 'Sabina', 'Sepia', 'Thuja'.

For hormonal imbalance, the drugs are 'Testes', Testosteronum', 'Leprominum', 'Radium Brom', 'X-Ray', 'Androgen', 'Agnus Castus'.

For fertility issues, the drugs are 'Oestrogen', 'Progesterone', Follicle Stimulating Hormone', Leutinizing Hormone', 'Oxytocin', 'Prolactin'.

For managing stress levels and inflammation inside the body, the drugs are 'Cortisol', 'Melatonin', 'Pineal Gland', 'Adrenalin', 'Serotonin', 'Dopamine', 'Bambusa', 'Ergotin', 'Ocimum Sanc', 'Rosamarinus O', 'Nigella S', 'Vitis V', 'Phyllanthus N', 'Musa S', 'Eclipta A', 'Crocus S'. 'Cissus Q', 'Lavandula A', 'Boswellia S', 'Commiphora M', 'Corticotropinum'.

Specifically for metabolic issues the drugs are 'Insulinum', 'Pancreatinum', 'Pepsinum', 'Natrum Bi Carb', 'Alloxan',

'Chromium', 'Selenium', 'Molybdenum', 'Cadmium', 'Morphinum', 'Eupatorium P',

Specifically, if there are glandular involvement like the Thyroid gland and as it is an endocrinal as well as an ovarian syndrome, the drugs are 'Ferrum Iod', 'Ferrum Ars', "Scrophularia Nodosa', 'Alnus', 'Argentum Iod', 'Plumbum Iod', 'Fucus V', 'Lapis Alb', 'Calcarea Flour', 'Zincum Iod', 'Aconitum Lycotonum', 'Agraphis Nutans', 'Sulphanilamide'.

For overweight or obesity issues, the drugs are 'Ammon Brom', 'Somatotropine', 'Gambogia', 'Chlorpromazinum', 'Lycopersicum Esculentum', 'Phytolaca B',

For Hyper-cholesteromia, the drugs are 'Cholesterinum', 'Fel Tauri', 'Gauterria Gaumeri', 'Balsamodendron M', 'Taraxacum', 'Myrica', 'Chionanthus', 'Ceanothus'.

For cases having insomnia, the drugs are 'Aquilegia V', 'Pineal Gland', 'Passiflora I', Oleum Santali', 'Coffea T', 'Valium', 'MSG', 'Diazepam', 'Escholtzia C', 'Valeriana'.

Hence, it is seen here that homoeopathy has a full range of medicines to deal with this syndrome. A homoeopath can use her/his intuition and experience to choose the potency of the medicines suggested above.

CONCLUSION

The name change from PCOS to PMOS is a matter under health policy at the global level. Besides the clinical intervention, the name changes impacts gender, women health, family health, cultural practices, myths and misconceptions, outlook of the society towards this syndrome. As a homoeopath with a practice of 35 years till date, the lead author always treated cases of PCOS/PMOS with a holistic approach with success. The patient has to adhere and comply to the long-term process to get the desired results.

This name change process has multiplier effect. The understanding of the new nomenclature will help us to move on from ancient words that are related to women's health like 'hysteria' that is related to uterus. All the physical sufferings were dismissed as these were directly or indirectly related to the hysterical nature of women. The new name will help in better understanding and diagnosis. When we keep stress at the forefront, the metabolic and endocrinal issues will also be given priority.

Women are still expected to bear pain as a natural process be it during periods or child birth. Being shamed is often linked to asking for pain relief in cases like Intra Uterine Devices insertion. Usually, women's pain is framed in emotional and not physiological terms. The next issue for women's health that should follow PMOS is the 'menopause' at the global level.

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REFERENCES

1. Teede HJ, Khomami MB, Morman R, Laven JS, Joham AE, Costello MF, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. The Lancet. 2026;407(10545):2329-39.
2. Davidson, Principles and Practice of Medicine, ELBS 16th Edition, Longman Group (FE) Limited, ISBN- 0-443-04482-1. and 24th Edition, 2023, Elsevier Limited Publishers, International ISBN: 978-0-7020-8348-8; 2023.
3. Meczekalski B. Polycystic Ovary Syndrome: Past, Present and Future. J Clin Med. 2023;12(11):3808.
4. Hanson AE. Hippocrates: Diseases of Women 1. Signs J Women Cult Soc. 1975;1:567-84.
5. Adashi EY, Cibula D, Peterson M, Azziz R. The polycystic ovary syndrome: First 150 years of study. FS Rep. 2022;4:2-18.
6. Stein IF, Leventhal ML. Amenorrhea associated with bilateral polycystic ovaries. Am. J. Obstet. Gynecol. 1935; 29:181–91.
7. Chereau A. Memories pour Servir a l'Etude des Maladies des Ovaries. Masson et CIe; Paris, France: 1844.
8. Malamauli M etal. The mitochondrial profile in women with PCOS: impact of exercise, Journal of Molecular Endocrinology 2022;68(3): R11-R23.
9. Murphy R, Lotus Materia Medica, 3rd edition, B. Jain publishers (P) Ltd, 2017.
10. Murphy R, Homoeopathic Medical Repertory, 3rd edition, B. Jain publishers (p) Ltd, 2017, ISBN-978-81-319-0858-7.
11. Phatak SR, A Concise Repertory of Homoeopathic Medicines, B. Jain publishers (P) Ltd, 2002, Reprint edition. 2002.
12. Allen, H C, Key notes and characteristics with comparisons of some of the leading remedies of the Homoeopathic Materia Medica with Bowel Nosodes, Reprint edition, B. Jain publishers Pvt. Ltd; 1993.
13. Boericke William, New Manual of Homoeopathic Materia Medica with Repertory, reprint edition, 2008, B. Jain publishers private limited, New Delhi; 2008: 362-366.

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