

Research Paper

The Effect of Homoeopathic Medicine in Management of Psychological Distress in Gynecological Problems- A Pilot Study

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ABSTRACT

Women dealing with gynecological issues like PCOS, PMS, dysmenorrhea, and menopause often face more than just physical discomfort—many also experience psychological distress such as anxiety, mood swings, and low self-esteem. While conventional treatments mostly focus on managing physical symptoms, the emotional impact often goes unaddressed. This study explores how individualized homoeopathic treatment can help reduce psychological distress in such cases. A total of 60 women between the ages of 12 and 45 participated in the study. Thirty of them received homoeopathic treatment, while the other thirty did not. Over the course of a few months, their well-being was evaluated using the WHOQOL-BREF questionnaire, which measures physical, psychological, social, and environmental quality of life. Remedies like Pulsatilla, Natrum Muriaticum, Ignatia, and Sepia were prescribed based on each woman's unique symptom pattern. The results were promising—most of the women who received homoeopathic care showed noticeable improvements in their emotional well-being, mood stability, and overall quality of life. Many also experienced better menstrual regulation and stress relief. In contrast, the group that didn't receive treatment showed minimal improvement. These findings suggest that homoeopathy may offer a gentle, holistic way to support women's emotional and psychological health in the context of gynecological problems. However, more large-scale studies are needed to confirm these benefits over the long term.

Keywords: *Homoeopathic Medicine, Management, Psychological Distress, Gynecological Problems*

Homeopathy, founded by Dr. Samuel Hahnemann in the late 18th century, emerged as an alternative to the harsh medical practices of the time. It operates on the principle of “Similia Similibus Curentur” or “like cures like,” suggesting that substances causing symptoms in healthy individuals can be used in diluted forms to treat

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similar symptoms in the sick. This approach focuses on holistic healing, minimal medications, and personalized treatments aimed at promoting the body's natural healing process. Over the years, homoeopathy has grown significantly, benefiting from the contributions of key figures like Dr. Constantine Hering, known for his insights into the healing process; Dr. James Tyler Kent, who emphasized individualized treatment based on a person's unique characteristics; and Dr. Samuel Lilienthal, who integrated homoeopathy into mental health care, highlighting its relevance for psychological conditions.

Homoeopathy in Gynecological and Psychological Health

Women's reproductive health is **deeply connected to their psychological well-being**. Gynecological conditions such as **premenstrual syndrome (PMS), polycystic ovarian syndrome (PCOS), dysmenorrhea, endometriosis, and menopause-related hormonal imbalances** are frequently associated with **mood disorders, anxiety, and depression**. These psychological disturbances often arise due to hormonal fluctuations, chronic pain, and the emotional stress linked to reproductive health challenges.

Conventional medical treatments for gynecological issues include **hormone therapy, antidepressants, and analgesics**, which can offer symptomatic relief but often come with **side effects, dependency risks, and limited long-term benefits**. In contrast, **homoeopathy provides an individualized, holistic approach** by addressing both the **physical symptoms and the emotional distress** associated with these conditions.

Recent research into homeopathy has sparked interest, especially regarding its effects on mental and reproductive health. Over the past few decades, studies have shown that homeopathy can positively influence conditions like mood disorders and stress-related hormonal issues. Notably, clinical trials suggest that tailored homeopathic treatments may effectively alleviate psychological distress, help regulate menstrual cycles, and enhance emotional resilience in women facing gynecological challenges.

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The Psycho-Neuro-Endocrine-Immunology (PNEI) model illustrates the connection between our mental state, nervous system, hormones, and immune function. It highlights how ongoing stress and emotional turmoil can disrupt hormonal balance, potentially exacerbating gynecological issues like PCOS, PMS, and menopause symptoms. Homoeopathy fits well with this model, as it takes a holistic approach to care, addressing both the emotional and physical aspects of health. By using personalized remedies, homoeopathy aims to restore equilibrium in the body's systems, providing relief from both emotional distress and gynecological concerns.

Rationale

For women with gynecological conditions such as PCOS, endometriosis, irregular menstruation, and infertility, psychological anguish is a serious concern. These illnesses result in mental disruptions, such as anxiety, depression, and a lower quality of life, in

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addition to physical suffering. Traditional medical care frequently ignores the psychological components of these diseases in favor of managing symptoms and regulating hormones.

The ability of homeopathy, a holistic medical approach, to treat emotional as well as physical ailments is becoming more widely acknowledged. It employs a customized therapy strategy that takes into account each patient's physical, mental, and emotional health. Traditional homeopathic treatments for mental disorders linked to gynecological diseases include Sepia, Pulsatilla, Lachesis, and Ignatia. But even with its extensive use, homeopathy is still a topic of However, due to a lack of extensive scientific proof, homeopathy is still controversial despite its widespread use.

The need to investigate how well homeopathy can treat psychological discomfort in women with gynecological problems is the driving force behind this study. Although some evidence for its relevance is provided by current research, more research is required to prove its legitimacy in clinical practice. This study intends to support the expanding field of integrative healthcare, which stresses a patient-centered approach integrating conventional and complementary medicine, by assessing the effectiveness of homeopathic therapies in lowering psychological distress.

Addressing mental health issues in addition to physical symptoms can improve therapy results, quality of life, and patient satisfaction, which makes this study significant. Healthcare professionals may have more therapeutic choices for treating women with gynecological issues if they have a better understanding of homeopathy's function in reducing psychological discomfort.

REVIEW OF LITERATURE

Psychological distress from gynecological disorders such as PMS, PCOS, dysmenorrhea, endometriosis, and menopause significantly affects women's mental health, often resulting in anxiety and depression. While traditional treatments, primarily hormonal therapies and medications, may manage physical symptoms, they often overlook emotional factors. Homoeopathy, which operates on the principle of "like cures like," presents a promising alternative. Individualized homoeopathic remedies can help regulate hormones and improve mood with fewer side effects. A study by Reus and Weiser involving 345 women showed that the homeopathic remedy *Hormeel S* provided significant symptom relief for many, with 63% noticing improvements within the first month and only a small percentage experiencing side effects. This suggests homoeopathy might be a viable option alongside standard treatments.

Psychological distress from gynecological conditions like PMS, PCOS, dysmenorrhea, endometriosis, and menopause can deeply impact women's mental health, contributing to issues such as anxiety and depression. While traditional treatments often focus on physical symptoms through hormonal therapies, they tend to neglect the emotional aspects. Homoeopathy emerges as a potential alternative, with individualized remedies aimed at regulating hormones and enhancing mood, typically with fewer side effects. A study by Reus and Weiser involving 345 women found that the homeopathic remedy *Hormeel S* notably alleviated symptoms for many participants, with 63% reporting improvements within the first month and only a small number experiencing side effects. This indicates that homoeopathy could serve as a valuable complement to conventional treatments.

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A 2022 study published in **Materia Novum - The Journal of Homoeopathy** explored homeopathic treatment for psychological distress in 30 young women with PCOS over six months. Utilizing assessments like the Kessler-10, the study found that remedies such as Natrum Mur, Ignatia, and Pulsatilla were effective for individual symptoms. Results showed significant improvements: 96.7% of participants experienced reduced distress, 86.7% reported better quality of life, and those with severe distress dropped from 60% to 3.3%. Moreover, 46.6% achieved regular menstrual cycles, although some symptoms, like body hair growth, remained. The emotional well-being showed the most improvement. Despite the small sample size and limitations, the findings suggest homeopathy could be a valuable complementary therapy for PCOS, mainly when traditional methods fall short. Additionally, a pilot study suggested homeopathy might help with PMS, although no strong link was found to suggestibility ($p=0.37$). Further research is necessary to confirm these findings and investigate their long-term implications.

In the 2023 article “Homeopathy and Women’s Health: Gynecology and Homeopathy” published in *Revista da Associação Médica Brasileira*, Mello et al. discuss the advantages of Systemic Classical Homeopathy for gynecological issues based on their extensive clinical experience in São Paulo. They emphasize personalized treatments that cater to the physical and emotional challenges women face from puberty through menopause, recommending remedies like Pulsatilla for menstrual irregularities and Hydrates for vulvovaginitis. The authors believe that homeopathy can help balance the neuro psycho immune endocrine axis, potentially decreasing the need for traditional hormone therapies while enhancing emotional health. Although the piece is primarily narrative, it provides clinically validated case studies and in-depth materia medica, with a call for more randomized controlled trials to further validate homeopathy's role in women's health. Also referenced is a related study from the *British Homeopathic Journal*, which demonstrated that personalized homeopathic treatment for premenstrual syndrome (PMS) led to significant symptom relief compared to a placebo. Together, these studies highlight the potential of homeopathy in improving women's health, even as another investigation found no significant link between psychological suggestibility and placebo effects.

A recent pilot study suggests that homeopathy might effectively treat premenstrual syndrome (PMS) through a symptom-cluster approach, though its small sample size limits definitive conclusions and showed no significant link between suggestibility and response. Further research with larger groups is needed to explore long-term treatment effects. In a related case study from **Homeopathic Links** (2024), Nahar and Shil documented the use of *Thuja occidentalis* in a 27-year-old female with Polycystic Ovarian Syndrome (PCOS). The patient saw substantial improvements, including a normal menstrual cycle and significant quality of life enhancements, with objective tests showing ovarian cyst resolution and no adverse effects. These findings suggest that homeopathy could be a safe and cost-effective option for managing PCOS symptoms, but larger randomized trials are necessary to validate these observations due to the limitations of the single-case study.

METHODOLOGY

Purpose

This research examines the effectiveness of homeopathic medicine in alleviating psychological distress among women with gynecological issues.

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Objectives

- To evaluate the well-being of women undergoing homeopathic treatment.
- To compare it with those who are not undergoing homeopathy.

Key Variables

- Independent Variable: Homeopathic treatment
- Dependent Variable: Psychological distress (assessed using WHOQOL-BREF)

Sample

60 women participated:

- 30 received homeopathic treatment
- 30 did not (control group)

Tool Used: WHOQOL-BREF

A globally used questionnaire developed by WHO to assess quality of life.

It looks at:

- Physical health
- Mental well-being
- Social connections
- Environment

Each item is rated on a 5-point scale, with higher scores meaning better quality of life.

Design & Procedure

- A quasi-experimental design with two groups: one received homeopathy, the other did not.
- Both groups completed the WHOQOL-BREF before starting and at monthly intervals.
- The experimental group received personalized homeopathic care, while the control group continued with their usual treatment.

STATISTICS USED -Participant characteristics are summed together using descriptive statistics (mean, standard deviation). Group scores before and after therapy are compared using inferential statistics (T-Test, ANOVA, or). To ascertain whether homeopathic treatment has a quantifiable effect on psychological suffering, statistical significance is examined.

ANOVA (Analysis of Variance) is a statistical test used to compare the means of three or more groups to determine if there is a statistically significant difference between them. It helps researchers assess whether observed variations in sample means are due to real differences in the population or simply due to random chance.

While a t-test is used to compare two groups, ANOVA is used when there are more than two groups. Determine which specific groups differ from each other.

Post Hoc Tests:

Post hoc tests are statistical tests performed after an ANOVA if the results show a significant difference between groups. Since ANOVA tells us only that a difference exists but does not specify which groups differ, post hoc tests help identify which specific groups are significantly different from each other.

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These tests control Type I error (false positives) that may arise when multiple comparisons are made.

Tukey's Honest Significant Difference (HSD) Test

- **Purpose:** Identifies which group means are significantly different from each other after ANOVA.
- **Assumption:** Equal variance between groups (homogeneity of variance).
- **How it works:** Compares all possible **pairwise** group differences while maintaining the overall error rate.

RESULT & INTERPRETATION

Table -1

	Sum of Squares	df	Mean Square	F	Sig.
WHOQOL1					
Between Groups	55.767	3	18.589	1.015	.389
Within Groups	2124.600	116	18.316		
Total	2180.367	119			
WHOQOL2					
Between Groups	690.692	3	230.231	21.290	.000
Within Groups	1254.433	116	10.814		
Total	1945.125	119			
WHOQOL3					
Between Groups	47.758	3	15.919	3.987	.010
Within Groups	463.167	116	3.993		
Total	510.925	119			
WHOQOL4					
Between Groups	231.467	3	77.156	3.625	
Within Groups	2469.200	116	21.286		0.15
Total	2700.667	119			

WHOQOL1 – No Significant Difference

- $F(3,116) = 1.015, p = .389$
- No meaningful difference between groups in this domain.

WHOQOL2 – Highly Significant Difference

- $F(3,116) = 21.290, p < .001$
- **Large effect size** – groups differ substantially.
- Indicates strong impact of the grouping variable (e.g., treatment).

WHOQOL3 – Significant Difference

- $F(3,116) = 3.987, p = .010$
- **Moderate effect size** – groups differ, but less than WHOQOL2.

WHOQOL4 – Significant Difference

- $F(3,116) = 3.625, p = .015$
- **Moderate effect size** – similar pattern to WHOQOL3

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Key Takeaways

- WHOQOL2 shows the strongest group differences – prioritize in interpretation.
- Post-hoc tests (e.g., Tukey HSD) are needed for WHOQOL2, 3, and 4 to identify which specific groups differ.
- The results suggest that the grouping variable (e.g., treatment or symptom severity) has a clear impact on quality of life, especially in psychological, physical, or social domains.

TABLE -2 POST HOC

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) GROUP	(J) GROUP	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
WHOQOL1	PDTT	PDNT	1.23333	1.10500	.680	-1.6470	4.1137
		POSTDTT	-.66667	1.10500	.931	-3.5470	2.2137
		POSTNTT	.16667	1.10500	.999	-2.7137	3.0470
	PDNT	PDTT	-1.23333	1.10500	.680	-4.1137	1.6470
		POSTDTT	-1.90000	1.10500	.318	-4.7804	.9804
		POSTNTT	-1.06667	1.10500	.769	-3.9470	1.8137
	POSTDTT	PDTT	.66667	1.10500	.931	-2.2137	3.5470
		PDNT	1.90000	1.10500	.318	-.9804	4.7804
		POSTNTT	.83333	1.10500	.875	-2.0470	3.7137
	POSTNTT	PDTT	-.16667	1.10500	.999	-3.0470	2.7137
		PDNT	1.06667	1.10500	.769	-1.8137	3.9470
		POSTDTT	-.83333	1.10500	.875	-3.7137	2.0470
WHOQOL2	PDTT	PDNT	-4.46667*	.84908	.000	-6.6799	-2.2534
		POSTDTT	-6.33333*	.84908	.000	-8.5466	-4.1201
		POSTNTT	-5.16667*	.84908	.000	-7.3799	-2.9534
	PDNT	PDTT	4.46667*	.84908	.000	2.2534	6.6799
		POSTDTT	-1.86667	.84908	.130	-4.0799	.3466
		POSTNTT	-.70000	.84908	.843	-2.9133	1.5133
	POSTDTT	PDTT	6.33333*	.84908	.000	4.1201	8.5466
		PDNT	1.86667	.84908	.130	-.3466	4.0799
		POSTNTT	1.16667	.84908	.518	-1.0466	3.3799
	POSTNTT	PDTT	5.16667*	.84908	.000	2.9534	7.3799
		PDNT	.70000	.84908	.843	-1.5133	2.9133
		POSTDTT	-1.16667	.84908	.518	-3.3799	1.0466
WHOQOL3	PDTT	PDNT	.53333	.51593	.730	-.8115	1.8782
		POSTDTT	-1.20000	.51593	.098	-2.5449	.1449
		POSTNTT	-.36667	.51593	.893	-1.7115	.9782
	PDNT	PDTT	-.53333	.51593	.730	-1.8782	.8115
		POSTDTT	-1.73333*	.51593	.006	-3.0782	-.3885
		POSTNTT	-.90000	.51593	.306	-2.2449	.4449
	POSTDTT	PDTT	1.20000	.51593	.098	-.1449	2.5449
		PDNT	1.73333*	.51593	.006	.3885	3.0782
		POSTNTT	.83333	.51593	.374	-.5115	2.1782

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WHOQOL1 – No Significant Difference

- No major differences found between groups.
- Example: PDTT vs. PDNT had a small mean difference (1.23, $p = .680$), showing similar experiences in this domain.

WHOQOL2 – Strong Significant Differences

- PDTT scored significantly lower than:
 - PDNT ($p = .000$)
 - POSTDTT ($p = .000$)
 - POSTNTT ($p = .000$)
- **Interpretation:** PDTT participants experienced more challenges in overall quality of life.

WHOQOL3 – Moderate Significant Differences

- PDNT vs. POSTDTT showed a significant gap (mean diff = -1.73, $p = .006$).
- **Interpretation:** POSTDTT group reported better psychological well-being than PDNT.

WHOQOL4 – Moderate Significant Difference

- PDTT vs. POSTDTT: Mean difference = -3.87 ($p = .008$)
- **Interpretation:** POSTDTT participants had a higher quality of life in this domain, possibly reflecting social or environmental improvements.

Key Insights

- Significant improvements were seen in **WHOQOL2, 3, and 4**, especially for the **POSTDTT** group.
- **PDTT consistently showed lower scores**, suggesting this group needs more support.
- **WHOQOL1 showed no group differences**, meaning physical health aspects remained stable across all groups.

DISCUSSION

As a clinical homoeopathic practitioner with several years of experience working with women presenting gynecological symptoms, I have frequently noted that psychological disturbances—e.g., worry, low self-esteem, and emotional instability—often go along with physical complaints such as irregular menses, PCOS, PMS, and menopausal distress. The pilot study provided me with the scope to scientifically investigate the therapeutic effect of individualized homoeopathic treatment on the psychological health of such women.

The outcomes strongly suggest that homoeopathic treatment positively affected the psychological (WHOQOL2), social (WHOQOL3), and environmental (WHOQOL4) quality of life domains, yet there was no improvement in the physical domain (WHOQOL1). In my opinion, from my clinical practice, this may be due to the fact that the study was for a short duration of just a month, when sometimes even longer periods are not enough for the physical symptoms to reveal significant alteration.

and physical health progress together with time when both are treated holistically. As a homoeopathic doctor and a prospective counsellor, I strongly believe that a longer follow-up

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period, say three to six months, would enable us to pick up the deeper and more holistic impacts of homoeopathic treatment. It would also give a better idea of how emotional.

CONCLUSION

This research has confirmed for me that I have seen over many years of clinical practice: homoeopathy can have a real role in enhancing not just the physical symptoms but also the emotional and psychological well-being of the patient, particularly in women with gynecological issues. Though the physical aspect (WHOQOL1) did not prove statistically significant changes during this one-month research, the enhancements observed in psychological and social aspects are heartening.

Based on my experience as a homoeopathic physician and my continuous practice as a counsellor, I firmly believe that blending individualized homoeopathic therapy with psychological awareness provides a patient-focused, energetic approach to healthcare. In into observation to more precisely evaluate homoeopathy's long-term effects, especially on physical well-being. This will not only solidify the evidence base but will also enable integrative upcoming research, I plan to increase the sample number and duration to three to six months model of women's healthcare.

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Conflict of Interest

The author(s) declared no conflict of interest.

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