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Management of polycystic ovarian syndrome through individualized homoeopathic medicine: A case report

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Abstract

Polycystic Ovarian Syndrome is a common endocrine disorder affecting women of reproductive age, characterized by hormonal imbalances, ovarian dysfunction, and metabolic disturbances. Lifestyle modifications, pharmacotherapy targeting hormonal regulation and metabolic abnormalities, and fertility treatments may be employed to address Polycystic Ovarian Syndrome symptoms and associated complications. Despite advancements in understanding and managing Polycystic Ovarian Syndrome, further research is needed to optimize treatment strategies for affected individuals. A case of 36 years female suffering from PCOS for 4 years reported here was treated successfully by single individualized homoeopathic medicine Sepia Officinalis 200 C. The improvement is evident from menstrual cycle regularity and also from the ultrasonography.

Keywords: Polycystic ovarian syndrome, individualization, hyperandrogenism, hirsutism

Introduction

Polycystic Ovarian Syndrome (PCOS) is a prevalent endocrine disorder characterized by hormonal imbalances, ovarian dysfunction, and metabolic disturbances. It affects approximately 6-12% of reproductive-aged women globally. PCOS presents challenges in diagnosis and management due to its heterogeneous presentation and variable clinical features [1]. The word "polycystic" refers to "many cysts," and the little, pearl-sized cyst clusters in the ovaries are what give PCOS its name. Because of the hormonal imbalance, these cysts are fluid-filled bubbles called follicles that store eggs that have not yet been released [2].

The etiology of PCOS is multifactorial, involving both genetic and environmental factors. While the exact cause remains incompletely understood, insulin resistance, hyperandrogenism, and dysregulation of gonadotropin-releasing hormone (GnRH) secretion play significant roles [3]. Genetic predisposition, lifestyle factors, and prenatal influences also contribute to the development of PCOS. PCOS is characterized by disruptions in the hypothalamic-pituitary-ovarian axis, leading to hyperandrogenism, anovulation, and ovarian dysfunction. Insulin resistance and hyperinsulinemia exacerbate androgen production, contributing to the pathogenesis of PCOS [4]. PCOS manifests with a diverse array of symptoms, including irregular menstrual cycles, hirsutism, acne, alopecia, and infertility. Many women with PCOS also experience metabolic abnormalities such as obesity, insulin resistance, dyslipidemia, and an increased risk of type 2 diabetes and cardiovascular disease [5]. Diagnostic criteria for PCOS have evolved over time, with the Rotterdam criteria (2003) incorporating two of the following three features for diagnosis: oligo-ovulation or anovulation, clinical and/or biochemical hyperandrogenism, and polycystic ovaries on ultrasound [6].

About 40% of women in India suffer from PCOS. However, barely 60% of them seek treatment from hospitals after realizing they are infertile [7]. PCOS is associated with various long-term complications, including an increased risk of type 2 diabetes, cardiovascular disease, endometrial hyperplasia, and endometrial cancer [8].

The PCOS case in the reproductive age range that was effectively treated with homoeopathy is shown below. She gave her informed consent.

Case report

A 36 years old married female of height 162 cm and weight 70 kg with a clinical history of irregular and scanty menses for 4 years reported to the Outpatient Department (OPD) of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj, on 24th June, 2022. Her duration of cycle was 45-60 days with scanty blood flow. She was also having complaints of soreness of breast before and during menses for 2 years which was relieved after menses. She also complained of abnormal hair growth on her face and abdomen and acne on face for 2 years. Apart from all these complaints, she was having thick yellow leucorrhoea for 3 years and she was having cholelithiasis for 3 months. She was also having complaints of nausea and vomiting immediately after eating meals mostly after breakfast for one year. Her feet were very cold. She had taken conventional treatment for one year but after discontinuing medicines her condition relapsed. She was 60 kg 2 years back, gained 10 kg in 2 years.

Past history

Chicken pox at the age of 14 years.

Family history

Father-Diabetes mellitus

Mother-Arthritis

On Physical examination, her body mass index was $70 / (1.62)^2 = 26.67 \text{ kg/m}^2$, indicating obesity. Her Ferrerman-Gallwey score was 9, indicating hyperandrogenism and hirsutism, and her Acne Global Severity scale was 2.

Physical generals

Thermal reaction: Chilly.

Thirst: 4-5 L/day, thirsty.

Appetite: Normal appetite, can tolerate hunger.

Desires: Sour things.

Aversion: Milk.

Stool: D₂₋₃, N₀, hard stools, constipated.

Urine: D₃₋₄, N₀₋₁, satisfactory.

Perspiration: Profuse, more on scalp.

Sleep: Refreshing, sound sleep, on back.

Sensitivity: Vomiting during travelling.

Mental generals

She got married in 2017. Her husband used to work in Army. The patient had a 4 year old daughter. After 6 months of delivery of her child, she started experiencing menstrual troubles and started gaining weight. She wanted to become a teacher in a government school. After birth of her child she started preparing for the exam but could not clear the entrance test. During this duration she was living away from her child. During that period she constantly blamed herself for not taking care of her child. Four years back she was jolly, liked meeting people but now she was having company aversion. She had weeping tendency but did not want to be consoled. She was very worried about her career.

Diagnosis**Polycystic ovarian syndrome**

Diagnosis of PCOS was confirmed on the basis of ultrasound and irregular menstrual cycles with hyperandrogenism.

Investigations

Investigations revealed pelvic sonography done on 14th June, 2022; PCOS [Figure 2]; last menstrual period 8th March, 2022; previous period was on 15th January, 2022 (before that taking allopathic medicine to regularise menses, then left and found the same irregularities of period).

Case analysis**Totality of symptoms**

1. Company aversion.
2. Consolation aggravation.
3. Sour things desire.
4. Milk aversion.
5. Vomiting on travelling in a car.
6. Hirsutism.
7. Menses late.
8. Oligomenorrhea.
9. Leucorrhoea-yellow.
10. Feet-cold.

Table 1: Analysis and evaluation

Mental symptoms	Evaluation
Company aversion to	3+
Consolation aggravation	2+
Physical symptoms	
Generals-food and drinks-sour food, acids-desire	2+
Generals-food and drinks-milk-aversion	3+
Generals-Riding-car, in a-agg.	3+
Generals-Hair-distribution in women; masculine	2+
Particular symptoms	
Female genitalia/sex-menses-late, too	3+
Female genitalia/sex-menses-scanty	3+
Female genitalia/sex-leukorrhoea-yellow	2+
Extremities-coldness-foot	2+

Table 2: Symptoms converted into rubrics

Symptoms	Rubrics
Company aversion	Company aversion to
Consolation aggravation	Consolation aggravation
Sour things desire	Generals-food and drinks-sour food, acids-desire
Milk aversion	Generals-food and drinks-milk-aversion
Vomiting on travelling in a car	Generals-Riding-car, in a-agg.
Hirsutism	Generals-Hair-distribution in women; masculine
Menses late	Female genitalia/sex-menses-late, too
Oligomenorrhea	Female genitalia/sex-menses-scanty
Leucorrhoea-yellow	Female genitalia/sex-leukorrhoea-yellow
Feet-cold	Extremities-coldness-foot

Repertorization

- Repertorization done from RADAR software [version 10.0.028(ck), Archibel 2007, Belgium] using Synthesis Repertory.

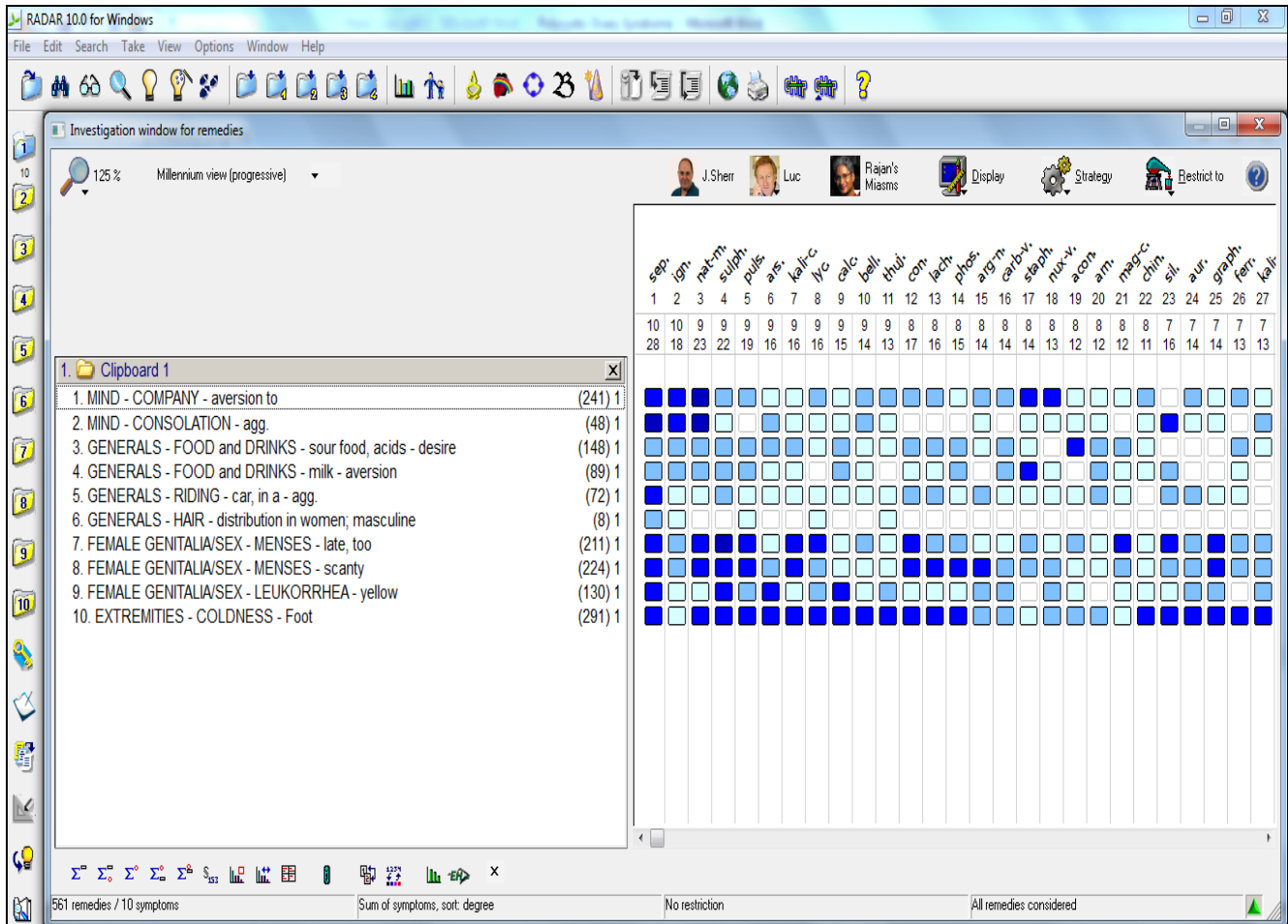


Fig 1: Repertorization chart

Analysis of Repertorial result

S. No.	Medicine	Mark obtain
1.	Sepia officinalis	28/10
2.	Ignatia Amara	18/10
3.	Natrum muriaticum	23/9
4.	Sulphur	22/9
5.	Pulsatilla nigricans	19/9

First prescription (24th June 2022)

After case taking, based on repertorial totality and consultation of homoeopathic Materia Medica [9], Sepia officinalis is 200C / 1 dose / 4 globules /OD and placebo for 1 month was prescribed and advised for regular exercise for 30-35 min/per day with avoidance of junk/fast food and

high-calorie diet. This case is followed up to 22nd Nov, 2022, as per the follow-up table [Table 1].

Reasoning behind remedy and chosen potency

In repertorial analysis, Sepia officinalis, Ignatia Amara, Natrum muriaticum and Sulphur cover all rubrics, but Sepia officinalis covered maximum number of symptoms. Based on the repertorial totality and consultation of text books of Materia Medica [9], Sepia officinalis is seemed to be the most suitable drug in this case and thus prescribed in 200C, one dose. The potency selection and repetition was based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy [10].

Follow up

Table 1: Follow up of the case

Date	Symptoms	Weight	Prescription
23/07/22	L.M.P-12/07/22, blood flow was normal, no clots for 3 days. Relief in nausea and vomiting. Leucorrhoea decreased	70 kg	Placebo for 30 days
23/08/22	L.M.P-15/08/22, Bright red, no clots, no pain, no nausea and vomiting, Leucorrhoea decreased, soreness of breast decreased	68 kg	Placebo for 30 days
23/09/22	L.M.P-16/09/22, Bright red, no clots, no pain, Leucorrhoea decreased, soreness of breast decreased	67 kg	Placebo for 30 days
22/10/22	L.M.P-14/10/22, No soreness of breast in last period, No leucorrhoea	65 kg	Placebo for 30 days Advice for USG pelvis
22/11/22	L.M.P-15/11/22, Normal blood flow, no clots, Leucorrhoea absent. USG-no PCOS, GB stone size decreased	64 kg	Placebo for 30 days

Investigation reports before and after treatment

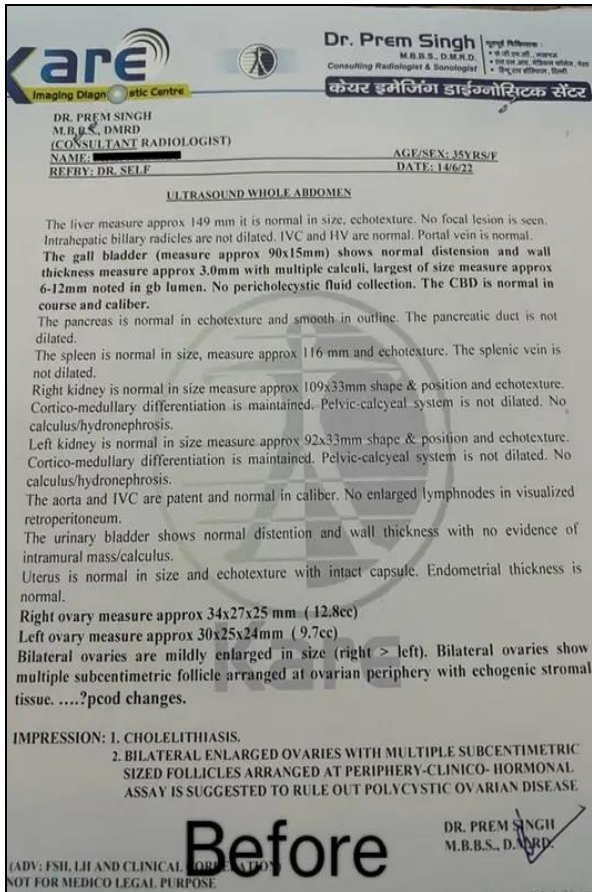


Fig 2: Before treatment

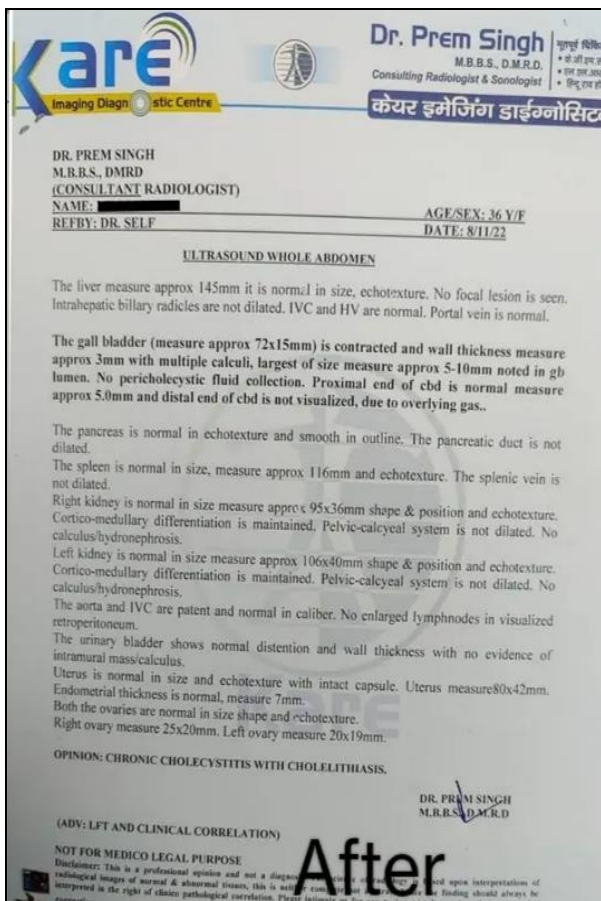


Fig 3: After treatment

Discussion

PCOS is a complex and multifaceted condition that requires a comprehensive approach to diagnosis and management. The conventional management of PCOS includes metformin, oral contraceptives, anti-androgens, clomiphene citrate and thiazolidinediones which are used for the management of different presentations of PCOS. But all of them have some side effects on human body. The most common side effects are nausea, vomiting and diarrhoea which are caused by metformin.

Homoeopathic medicines has no side effects and individualized homoeopathic medicines are being selected on the basis of personality, social conditions, mental status and mode of living of patients, therefore homoeopathic treatment brings a holistic approach in curing a patient. In this case, diagnosis of PCOS was confirmed on the basis of ultrasound and irregular menstrual cycles with hyperandrogenism. The patient was worried about her career and also felt guilty for not giving proper time to her child because of her studies. Previously she was jolly but now she had developed company aversion. *Sepia officinalis* was prescribed on the basis of totality of symptoms, going by the result of repertorization. 200C potency was selected based on the susceptibility of the case. This case was successfully treated with homoeopathic medicine. Ultrasonography done after 5 months revealed normal study.

Conclusion

Homoeopathy can treat the chronic hormonal irregularation in PCOS where conventional treatment cannot permanently remove the disease without surgery. Non-recurrence of complaints in this case indicates that single dose of individualized homoeopathic medicine chosen by symptom similarity can treat the cases of PCOS. However, to prove homoeopathy's effectiveness in PCOS, a carefully thought-out study with a sizable sample size is necessary.

Conflict of Interest

Not available

Financial Support

Not available

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