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## Usefulness of individualised homoeopathic medicines in treatment of polycystic ovarian disease: An evidence based case series

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### Abstract

Polycystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. This article gives an overview of polycystic ovarian disease and probable role of homoeopathic medicine through evidence based treatment in two diagnosed cases of polycystic ovarian disease. Significant importance of repertorization and individualized homoeopathic medicines has been also evident in this article. It is seen that *Apis mellifica* and *Natrum muriaticum* has treated polycystic ovarian disease on the basis of individualization and regularize the menstruation cycle.

**Keywords:** Polycystic ovarian disease, homoeopathy, repertorization, individualized homoeopathic medicines

### 1. Introduction

Polycystic ovarian disease commonly called PCOD is one of the rising endocrine disorders prevalent in 5% - 10% females of reproductive age group [1]. It is discovered by Stein & Leventhal in 1935 and hence also named as Stein- Leventhal Syndrome [2]. However, PCOD is associated with many complications and it is quite difficult to cure in contemporary system. The treatment is also cost effective [3]. If a diseased ovary producing large number of symptoms is removed that does not mean that the cause of the symptoms/disease has been removed. It will manifest through the other ovary or some other weak organ of body [4]. Due to this, it is a necessary to explore the possibility of its management with Homoeopathy [5, 6]. Whenever a suspected case of PCOD approaches to homoeopathic physician, try to investigate the condition as per the totality and get the right diagnosis by ruling out other similar conditions. Cure can only be done by taking care of an entity by holistic constitutional approach. Dr. Hahnemann has introduced the constitutional approach towards disease. As per Dr. Hahnemann, the fundamental cause of disease lies within herself/himself. External factors only plays the role of maintaining or exciting cause of disease [7, 8]. The whole idea of publishing this paper in this journal is to prove and show the evidence based efficacy of individualised homoeopathic medicines in cases of PCOD which is conventionally treated with the help of hormones or considered as surgical diseases. So by this paper we are showing that these diseases like PCOD can be treated conservatively with homoeopathic medicines. This result corroborates the previous researches [2, 3].

### 2. Materials and Methods

**Case: 1** A 30 years female, Chartered Accountant (CA) by profession reported to Sindhi camp campus OPD with the presenting complaints of absence of menses since 3 months, along with hair fall and bearing down pain in lower abdomen with sensation as if menses would appear. Also she feels as if her breath would stop and she could not breathe again. Another complaint was interrupted and unsatisfactory urinary flow with frequency and urgency.

#### 2.1 History of presenting complaint

Patient was apparently well 6 years back. She had menarche at the age of 16 years with regular normal cycles for initial 12 years. Gradually she started complaint of irregular pattern of menstrual cycle for last 2-3 years. The duration of cycle varied from short interval to long

Interval with scanty bleeding. LMP was on 21/08/2014. She had consulted to allopathic system and had conservative treatment without significant results.

**2.2 Personal history**

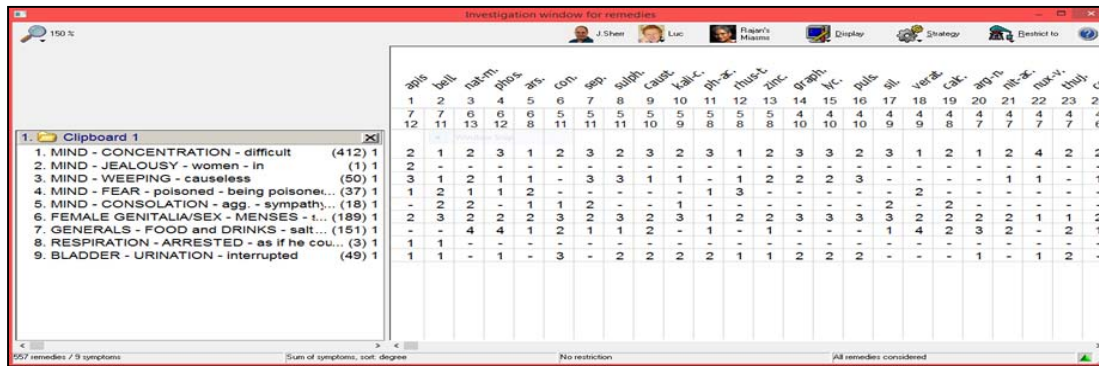
Patient had given some mental symptoms like difficulty in concentration since last 1 year even when recall something, changeable character of emotions with weeping without any cause. Feeling of jealousy with her siblings if they have achieved better results than her and same feeling with her friends and colleagues. There is fear of mishappening, as if being poisoned every time. Due to this fear, she became suspicious. Whenever gets angry or having mood swings,

doesn't like to have someone around her and doesn't like to be sympathized. Consolation aggravates. Likes salty food much. Can't tolerate heat. Better feeling in cold temperature.

**2.3 Evaluation of symptoms**

Cannot concentrate, Weeping without any reason, Fear of being poisoned, Feeling of jealous, Desire for salty things, Absence of menses, Sensation as if she could not breathe again, Interrupted urinary flow

**2.4 Reportorial sheet**



**Fig 1:** Repertorial sheet from Synthesis repertory using RADAR software [9]

**2.5 Treatment:** First Prescription: 31/10/2014

**RX**

Apis 200/1dose; Placebo 30/tds/30 days. USG of whole abdomen is advised

**Table: 1** Follow ups

Date	Symptoms	Prescription
05/12/2014	Hair fall – S.Q. Menses have not appeared. Bearing down pain in lower abdomen is reduced. Respiratory and urinary complaints also better. USG suggestive of (s/o) POLY CYSTIC OVARIES.(Fig. 1 a)	Placebo 30/tds 30 days
09/01/2015	Hair fall better. Bearing down pain in lower abdomen reappeared intermittently. Respiratory and urinary complaints better. LMP – 26/12/2014. Menses last for only one day with scanty flow.	Placebo 30/tds 45 days
28/02/2015	Hair fall better. Had an episode of severe bearing down pain in lower abdomen. LMP – 09/02/2015. Menses last for one day with satisfactory flow. Respiratory complaint has also reappeared. No urinary trouble.	Sac Lac 200/1 dose Placebo 30/tds 45 days
10/04/2015	Hair fall relapses. LMP -25/03/2015. Menses last for one day. Bearing down pain in lower abdomen is also mildly persistent. Respiratory trouble same.	Apis 200/ 1 dose Placebo 30/tds 60 days
12/06/2015	Hair fall better. LMP – 27/04/2015 & 03/06/2015. Flow has become satisfactory for 3 days. Bearing down pain intermittently. Shortness of breath since 2- 3 days. Pain in lower extremities also there.	Placebo 30/tds 60 days
21/08/2105	Hair fall – S.Q. LMP – 08/07/2015 & 12/08/2019. Pain in lower abdomen and lower extremities is there. Breathing complaint better.	Placebo 30/tds 60 days
30/10/2015	Hair fall S.Q. Pain in lower abdomen and lower extremities is better. LMP – 13/09/2015 & 20/10/2015. Last menstrual cycle was only for one and half day with scanty flow.	Apis 1M/ 1 dose Placebo 30/tds 60 days
01/01/2016	Hair fall much better. Occasional burning urination. Pain in lower abdomen is much better. LMP – 21/11/2015 & 21/12/2015. Normal menstrual flow for 4 days.	Placebo 30/tds 60 days
26/02/2016	No hair fall. No burning urination. Occasional pain in lower abdomen and lower extremities from over exertion. LMP – 22/01/2016 & 23/02/2016. USG advised.	Placebo 30/tds 7days
05/03/2016	USG s/o Normal ovarian study. (Fig.1b) Overall improvement.	Placebo 30/tds 60days
05/05/2016	No complaints.	Placebo 30/tds 30days

In February, 2016, USG advised to the patient after the sufficient follow ups of the treatment. USG was s/o normal findings of ovaries and multiple small hepatic hemangiomas

(10 to 20 mm sized) with unexplainable aetiological factors. Patient was received placebo for further 3 months without any relapse of symptoms and then treatment was stopped.

2.6 Investigations

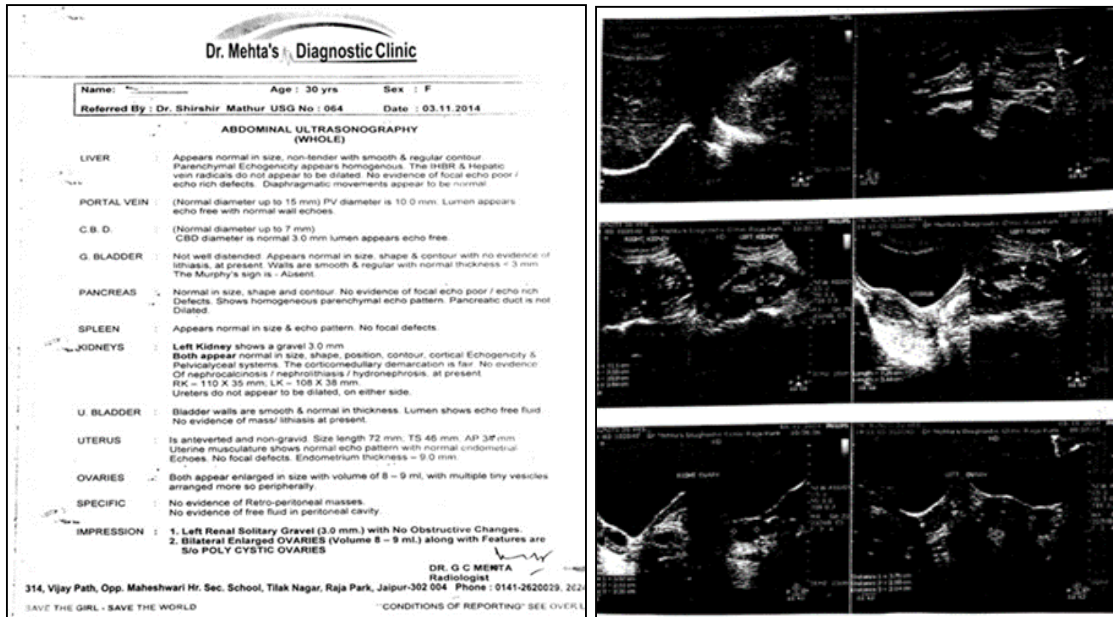


Fig 2: Pre - treatment ultrasonography report

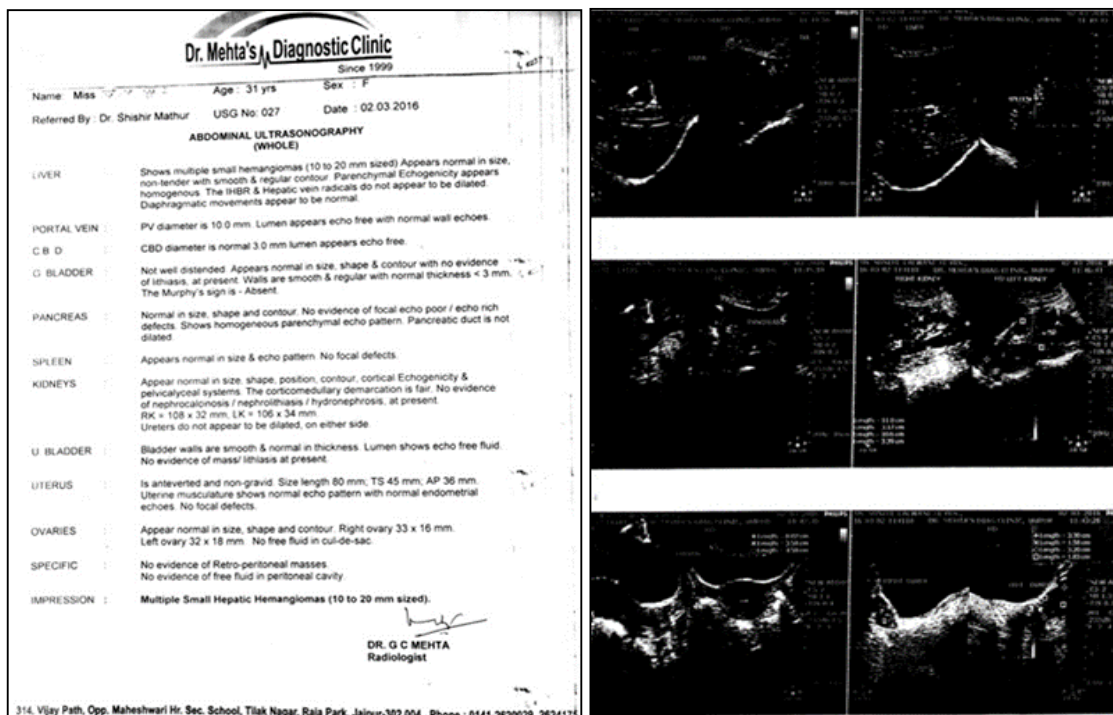


Fig 3 Post - treatment ultrasonography report

**Case: 2** A 26 years old student girl reported to Sindhi camp campus OPD with the presenting complaints of infrequent menses at exceeding intervals of 45 to 90 days since 29 months. Sometime severe cramping pain starts from lower abdomen extending to back and lower extremities when the date of menstrual cycle is approaching.

2.7 History of presenting complaint

Patient had apparently normal regular menstrual cycles till 3 years back. She had a relationship which was broken 2 years back. She was going through much of stress and she felt

helpless at that time. Gradually she had irregular, scanty menses followed by delayed menses. She consulted to gynecologist and received treatment with temporary results. LMP was on 31/07/2016.

2.8 Personal history

Patient has specific craving for salt and also likes pastry & chocolates. She has constipated bowel habits without urge for evacuation since last 6 months. No desire to drink water. She easily gets irritated on little things with dislike to talk with anyone. She doesn't like to share her problems or talks

with anyone. She wants to stay alone especially when sad or upset and during weeping. She can't tolerate chill. All complaint started after break up.

Dislikes company. No desire to drink water, craving for salt, pastry & chocolates No urge for stool, Delayed menses, Cramping pain in lower abdomen, extending to back & lower extremities.

**2.9 Evaluation of symptoms**

Ailments after broken relationship Irritable on little things

**2.10 Reportorial sheet**

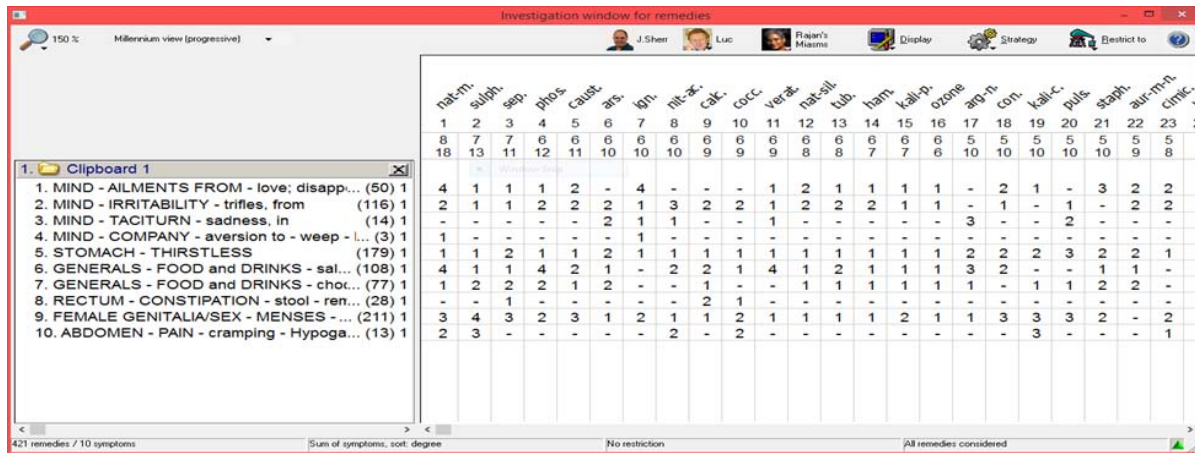


Fig 4: Reportorial sheet from Synthesis repertory using RADAR software [9]

**2.11 Treatment: First Prescription: 23/09/2016**

**RX**

Natrum mur 1M/1 dose; Phytum 30/tds/ 14 days. USG of whole abdomen advised.

Table: 2 Follow ups

Date	Symptoms	Prescription
07/10/2016	LMP – 31/07/2016. Cramping pain in lower abdomen with extension to back and thighs since 7 days. Thirst – same. There is urge for stool but unsatisfactory stools. Irritability same. USG s/o bilateral PCOD.(Fig. 2 a)	Phytum 30/tds 30 days
11/11/2016	LMP – 02/11/2016. There was severe cramps in lower abdomen during menses. Flow lasts only in spots of blood for 1 day. Thirst improved. Stool same. Irritability increased before menses.	Phytum 30/tds 30 days
16/12/2016	Occasional cramps in lower abdomen. Thirst improved. Constipation is also better. Slight reduction in irritability.	Phytum 30/tds 30 days
20/01/2017	LMP – 02/01/2017. Flow for 1 day. Abdominal cramps is much better. Thirst satisfactory. Constipation is also much better. Irritability is also reduced.	Phytum 30/tds 30 days
17/02/2017	LMP – 11/02/2017. Abdominal cramps before and during menses reduced. Flow lasts for 2 days. No constipation. Irritability much reduced.	Phytum 30/tds 60 days
28/04/2017	LMP – 17/03/2017 & 22/04/2017. Cramping pain during menses. Flow satisfactory for 2 days. Constipation since 7 days due to travelling.	Phytum 30/tds 60 days
07/07/2017	LMP – 29/05/2017 & 06/06/2017. There is persistent cramping pain in lower abdomen since last 10 days. Also there is frontal headache in sun exposure with whirling sensation. Thirst and appetite diminished due to this.	Natrum mur 1M/1 dose Phytum 30/tds 60 days
08/09/2017	LMP – 10/07/2017 & 16/08/2017. Flow normal for 3 days. No cramping pain in lower abdomen. Mild headache occasional. Appetite and thirst are also better.	Phytum 30/tds 60 days
17/11/2017	LMP – 21/09/2017 & 25/10/2017. All complaints better.	Phytum 30/tds 90 days
23/02/2018	Regular monthly cycles. All complaints better.	Phytum 30/tds 90 days
25/05/2018	All complaints better. USG of whole abdomen is advised	Phytum 30/tds 60 days
27/07/2018	G.C. better. USG report s/o normal ovarian study. (Fig. 2 b)	Phytum 30/tds 60 days

After sufficient follow ups USG was advised which s/o was Normal ovarian study with mild fatty liver.

The aetiology and certain underlying cause behind this is unexplainable.



## 2.12 Investigations

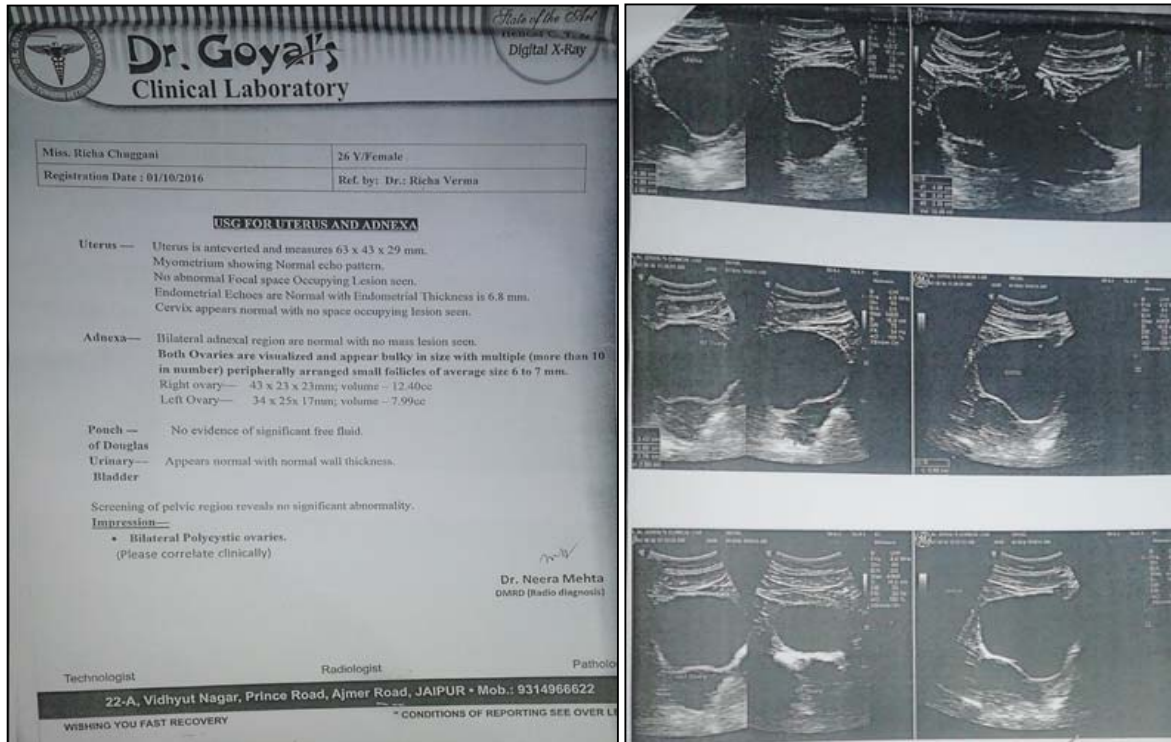


Fig: 5 Pre - treatment ultrasonography report

## 3. Results and Discussion

This article discusses the significant role of individualised homoeopathic medicines in cases of polycystic ovarian disease by regularizing the menstrual cycle along with removal of associated complaints and pathology by removal of cysts as evidenced by USG. This evidence based article also indicates the importance of individualization in terms of physical generals and mental symptoms. Homoeopathy acts dynamically on the medium of the sentient faculty of the nerves (aphorism 16) and induces our body to regulate the hormonal imbalance and bring back the perfect equilibrium of health.<sup>7</sup> Homoeopathy considers it as illness of suffering woman but not as a disease of ovaries. The patient is treated as a whole by taking into account of all the symptoms she suffers from. If a case is treated on particular symptoms like menstrual irregularities, acne, hirsutism or weight gain then her disease condition will not improve and cure will not be achieved. Miasmatic background is also important in holistic constitutional prescribing for permanent cure. When the functional changes are at the level of neuro-hormonal axis in cases of PCOD, it belongs to psora and when there is proliferation by development of cysts, it is considered as sycotic miasm<sup>[10]</sup>. As per Hahnemann's classification of disease, PCOD falls under dynamic chronic disease with fully developed symptoms of complex miasm, combination of "Psora-Sycotic miasm"<sup>[7, 8]</sup>. Thus the anti-miasmatic constitutional remedy can be helpful in the treatment of this type of cases<sup>[10, 11]</sup>. Remedy selection was done on the basis of repertorization through synthesis repertory version 9.0 from RADAR<sup>[9]</sup> which also suggests the usefulness and importance of repertory and the art of repertorization. In both the cases, post treatment USG report s/o normal study of ovaries but some other organic findings like left renal gravels and mild fatty liver which is

quite unexplainable.

## 4. Conclusion

Homoeopathy has a significant role as an alternative treatment in the cases like polycystic ovarian disease where conventional treatment fails to improve or cure the patient.

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