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Individualistic Homoeopathic treatment of women with polycystic ovarian syndrome: A case tudy

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Abstract
Polycystic Ovarian Syndrome (PCOS) is one of the most common problems affecting women. PCOS can affect menstrual cycle, fertility, and hormone level as well as appearance including acne, facial hair growth and balding, overweight. Some women may suffer from depression. It is also a metabolic problem that affects several body systems. The condition gets its name because there are often an increased number of small painless cysts in the ovaries (polycystic ovaries). The case reported with PCOS in a 32 year of age at GOVT Homoeopathic medical hospital, Bhopal dated march 11 2024, who was treated successfully with homoeopathic medicine.

Keywords: Polycystic ovarian syndrome, Oligomenorrhoea, homoeopathy, general management & constitutional homoeopathic treatment, Natrum mur

Introduction

PCOS is a reproductive disorder affecting the ovaries, with a prevalence ranging from 4% to 20%. Symptoms typically emerge between the ages of 18 and 39 years, but diagnosis and treatment are often delayed, leading to many undiagnosed patients.

It is identified by symptoms such as excessive hair growth, acne, high insulin levels, and irregular menstrual cycles. Metabolic issues, like insulin resistance (IR)and obesity, are present in 60 to 80% of women with PCOS. Negative mental health impacts and decreased quality of life are also common. Up to 20% of women with fertility problems, including difficulty conceiving and early pregnancy loss, have PCOS. Early detection of PCOS is crucial for managing related diseases, like obstructive sleep apnea, diabetes, hypertension, depression, and anxiety. The exact cause of PCOS is unknown, but both environmental and genetic factors contribute to its development [1]. The classic features of PCOS include clinical or biochemical hyperandrogenism, oligomenorrhea or amenorrhea associated with chronic anovulation, and polycystic ovary syndrome morphology. The current consensus is that use of the Rotterdam criteria is appropriate for adult women. For diagnosis of PCOS, women must fulfil two of the three characteristics: oligo-ovulation or anovulation, clinical and/or biochemical hyperandrogenism, or polycystic ovary morphology on ultrasound with exclusion of other disorders.

The 2012 National Institutes of Health-sponsored Evidence-Based Methodology PCOS Workshop categorized PCOS into four phenotypes as follows: phenotype A, hyperandrogenism, ovulatory dysfunction, and polycystic ovary morphology; phenotype B, hyperandrogenism and ovulatory dysfunction; phenotype C, hyperandrogenism and polycystic ovary morphology; and phenotype D, ovulatory dysfunction and polycystic ovary morphology. [3]

Table 1: Factors, Sources, and Roles in PCOS Development. [2]

S. No.	Factor	Source / Description	Role in PCOS Development	References
1	Change in diet	Intake of sugar-sweetened beverages, fried foods, processed meat, refined carbohydrates (white bread, sweetened yogurt, ice creams with excess sugar)	These dietary factors promote obesity, insulin resistance, and hormonal imbalance, which trigger the development of PCOS	Lydic & Juturu, 2008
2	Geographic, economic, and social status	Use of synthetic fertilizers, pesticides, and insecticides	These chemicals act as environmental toxins and disrupt endocrine and metabolic functions, contributing to PCOS development	Pathak, 2023; Galt & Asprooth, 2021
3	Stress	Psychological stress	Stress plays a major role in PCOS development; PCOS further leads to anxiety, depression, and severe mental health issues	Damone *et al*., 2019
4	Xenobiotic exposure	Exposure to pesticides, bisphenol A (BPA), phthalates, weakened immune system, poor diet, and family history	Endocrine-disrupting chemicals (EDCs) act as hormone agonists or antagonists. BPA negatively affects oogenesis by interacting with estrogen receptors (ER), membrane ER, and G-protein coupled receptor 30 (GPCR30)	Dunn, 2021
5	Lifestyle modification	Obesity, lack of exercise, sedentary (desk-bound) lifestyle, diet rich in fried foods, processed meats, sausages, hot dogs, high fat and carbohydrates	These factors cause metabolic imbalance, insulin resistance, and hormonal dysregulation. Excess sugar and carbonated drinks stimulate androgen receptors, leading to PCOS	Smyka *et al*., 2017
6	Ethnic background and race	Variations among ethnic groups	PCOS affects all ethnicities, but severity varies. Hirsutism is more prevalent in Black women. Hispanic women show the most severe phenotype. In Asia, 6.3% women are diagnosed with PCOS; 52% in the Indian subcontinent. Higher prevalence of hyperandrogenism and metabolic abnormalities observed among Hispanic and African women	Zhao & Qiao, 2013
7	Genetic variations	Genes involved: CYP11A, CYP21, CYP17, CYP19	PCOS is a genetic syndrome involving inhibition of aromatization of androgens into estrogen and progesterone in theca and granulosa cells	Chaudhary *et al*., 2021
8	Contraceptives	Birth control pills and unprescribed hormonal drugs	These disturb hormonal homeostasis and disrupt the hypothalamic-pituitary-ovarian (HPO) axis	Riddell *et al*., 2018

Case

A 32-year-old female of height 160 CM and weight 82 kg diagnosed with PCOS on 06 march 2024 reported to the out-patient department (OPD) of GHMC BHOPAL on 11 March 2024 with a clinical history of irregular menses for 7 months and pain in lower abdomen, she also gained weight from few months. She also complained of acne on face and abnormal hair growth on her face and abdomen since last 1 year. Ultrasound reveals that both ovaries are enlarged with multiple follicles in them. She took allopathic treatment for but no such improvement occurred.

- **Past history:** History of irregular menses since menarche
- Family history
- **Grandmother:** DIABETES type 2, HTN Mother-hypothyroidism
- **Father:** Died by cardiac arrest
- **Treatment taken:** She took allopathic medications for last 4 months to regularize her periods but there is no such improvement in it
- **Physical Generals Look of the patient:** obese, bulky and fair in appearance Thermal reaction: hot, heat of sun aggravates [specially headache]
- **Desire:** spicy salted food and non -veg food Thirst: decrease
- **Bowel movements:** Ineffectual urging and constipation GIT- frequent eructation's and heartburn
- **Menses:** Irregular, painful Leucorrhoea- present
- **Perspiration:** more on forehead and face Sleep: sound
- **Dreams:** Not specific

Mental Generals Her mood is very changeable, weeping very easily. Disposition of pt. irritable. She had grief of her father's death [who died 12 years ago]. Dwells on past hurts. She cannot forget or forgive easily to those who hurts her. Crying when alone brings relief; consolation aggravates her troubles Prefers solitude, keeps emotions to herself.

First prescription: 11 march 2024

NATRUM MURIATICUM 200 OD for 3 days followed by placebo BD for one month and advised for regular exercise for 30- 35 mins per day with avoidance of non veg food and high calorie diet. This case is followed up to July 2024.

Basis of Prescription

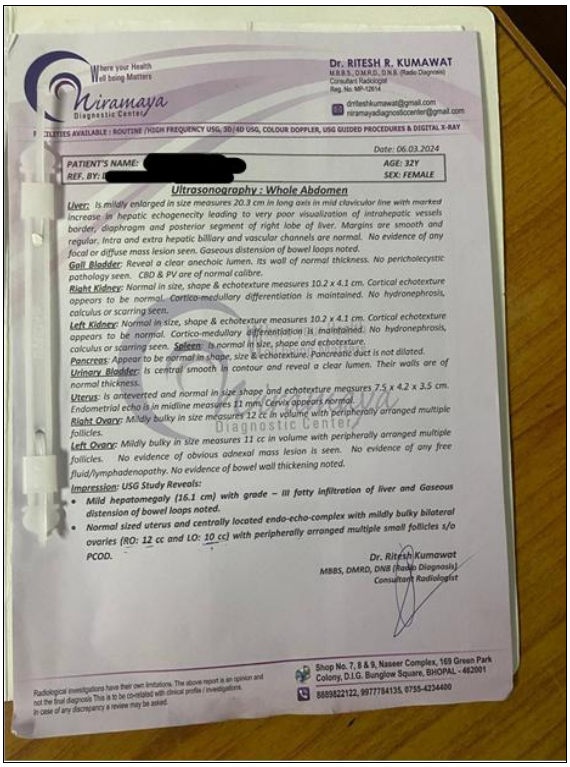
Repertorization was done of the following symptoms

Pt. has sun aggravation with desire of salt, hot patient, sad and weeping mood, irritable disposition, with history of chronic grief irregular menses, irregular bowel movements with gastric troubles. After repertorization NATRUM MURIATICUM scored the first rank.

Follow up

- **09/04/2025:** Menses appeared, flow was scanty and pain in abdomen persist Prescription- PLACEBO 30 BD FOR 20 Days
- **02/05/2024:** Menstrual flow was regular and pain on first day of menses Prescription- PLACEBO 200 BD FOR 15 Days
- **20/06/2025:** Menses delayed this time and pain in lower abdomen present Prescription- NATRUM MURIATICUM 1 M OD FOR 3 Days
- **05/07/2025:** Menese appeared with very less pain and patients condition is overall better Prescription - SAC LAC 200 BD for 30 Days

Remedies	ΣSym	ΣDeg	Symptoms
nat-m.	6	16	1, 2, 3, 4, 5, 6
ign.	6	11	1, 2, 3, 4, 5, 6
aur-m-n.	6	9	1, 2, 3, 4, 5, 6
phos.	5	9	1, 2, 4, 5, 6
sulph.	5	7	1, 2, 4, 5, 6
bell.	4	8	1, 2, 4, 5




Noble
IMAGING & DIAGNOSTIC CENTRE
Dr. Sandeep Bansal
Pt. Name: [redacted] Age/Sex: 32 Years /Female
Ref. By: KHUSHI LAL HOSPITAL Date: 16/Aug/2024
USG WHOLE ABDOMEN
LIVER: Mild hepatomegaly noted involving both lobes with early grade – II fatty infiltration of liver seen causing impaired visualization of intrahepatic vessels border. No evidence of any focal or diffuse mass lesion seen.
GALL BLADDER: Reveals a clear anechoic non-lithiatic lumen. Its walls are of normal thickness. No pericholecystic pathology seen. CBD & PV are of normal calibre.
SPLEEN: Normal in size, shape & echotexture.
PANCREAS: Is normal in size, shape and echotexture. Pancreatic duct is not dilated.
BOTH KIDNEYS: Normal in size, shape & echotexture. Cortical echotexture appears to be normal. Cortico- medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.
URINARY BLADDER: Is central smooth in contour & reveal a clear lumen. Its walls are of normal thickness.
UTERUS: Is anteverted measures 8.13 x 3.34 x 5.34 cms normal in size, shape & echotexture. ET measures 9.2 mm. Cervix & Vagina appears normal. No free fluid seen in POD.
ADNEXA: Both ovaries are normal in size, shape & echopattern.
• No evidence of retroperitoneal lymphadenopathy / Ascites seen.
MPRESSION: - USG STUDY REVEALS:
Mild hepatomegaly with early grade II fatty changes.
Gall bladder, spleen, pancreas, kidneys & urinary bladder appears normal.
No other remarkable abnormality.
dly correlate clinically
DR SANDEEP BANSAL
CONSULTANT RADIOLOGIST
of radiological diagnosis is based on interpretation of various shadow produced by both normal & abnormal tissues, dissimilar diverse produce similar shadows, hence this report represents various possibilities & should be clinically correlated also not meant for medico rposes
BHOPAL
ple Body CT Scan • 4-D Sonography • Colour Doppler • Echo Cardiography & Cardiac Doppler
300 MA X-Ray • Digital OPG • Mammography • ECG • EEG • HSG • Barium • Pathology

Discussion

PCOS is the commonest hormonal trouble in women's of reproductive age group. To provide proper treatment, the most important step is to diagnose the condition at right time. In this case, the diagnosis of PCOS was confirmed with the irregular menstrual cycle as well as polycystic ovaries in ultrasound. NATRUM MUR ultimately proved to be indicated in the first prescription, going by the result of repertorization. The potency 200 was selected for the first prescription which is followed by 1 M. When pt. came for follow up her menses are at regular interval and with almost no pain and she felt some change in her behaviour also. Ultrasonography showed normal follicular study.

Conclusion

Homoeopathy can cure chronic hormonal syndrome in an individual. Constitutional homoeopathic remedy along with proper diet and management is very effective. The homoeopathic medicines showed momentous improvement in treating polycystic ovarian syndrome. It is very important to consider mental general and constitution of patient for most similar homoeopathic remedy. Lifestyle modification along with homoeopathic treatment is effective in reducing signs and symptoms of PCOS.

Declaration of patient consent: Taken

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