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Efficacy of homeopathic medicine in treatment of polycystic ovarian syndrome using Kent repertory

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Abstract

An endocrine disorder known as polycystic ovarian syndrome (PCOS) that affects about 10 million people in the world. Current incidence of PCOS (5-6%) is fast increasing latterly due to change in the lifestyle and stress.

The exact cause is unknown, but it is considered a hormonal problem. It is a leading cause of female infertility and it is responsible for a number of symptoms that can affect the body physically and emotionally.

Keywords: polycystic ovarian syndrome, homoeopathic management, Kent repertory

Introduction

Polycystic ovarian syndrome is a heterogeneous multisystem endocrinopathy in women of reproductive age with the ovarian manifestation of multiple metabolic disorders and broad variety of clinical characteristics, such as, menstrual abnormality, obesity and hyperandrogenism. Named as Stein-Leventhal syndrome in 1935^[1].

Polycystic ovarian syndrome is a heterogeneous disorder which is characterized by increased production of androgen in ovaries^[2].

Incidence and Prevalence

Due to changes in the lifestyle and stress, the current incidence of PCOS (5-6%) is increasingly rising lately. It is a common problem that develops soon after puberty among adolescents^[1].

Polycystic ovarian syndrome's prevalence is generally estimated in the range of 3% to 10% but according to ethnicity and geographical location it is usually unknown for specific subpopulations^[3].

The polycystic ovarian syndrome prevalence in India ranged from about three to twenty-two percentage depending on the study population^[4]. The studies were conducted in Tamil Nadu revealed the prevalence of PCOS as 18% (by using Rotterdam's criteria), were in Maharashtra and south India ranged from 9% and 22 % and 10.7% by (Androgen Excess Society criteria) respectively^[5].

Polycystic Ovarian Syndrome

PCOS has been arguably identified as one of the most regular endocrinopathy amongst the reproductive age grouped women, affecting 5% to 10% of the women worldwide. It is characterized by anovulation with a chronic nature, either clinical or biochemical hyperandrogenism, and polycystic ovaries. Gynaecologists from America, Dr. IRVING F stein and Dr. Michael l leventhal gave the primary or foremost description about the syndrome in 1935 associated with the presence of ovarian cysts with anovulation.

It is known to be a life style disease condition. It is closely related to tissue level insulin resistance- related metabolic syndrome, with resulting hyperinsulimnia. It affects a large percentage of women.

Aetiology

Several causes have been attributed to polycystic ovarian syndrome, including stress, life style changes and diet. Initially the changes can see in the ovary in the endocrine pattern^[1].

Genetic factor^[6].

Candidate genes in pcos^[7].

Familial environment factor ^[1].
 Stress ^[8].
 Obesity ^[9].
 Insulin resistance resulting in hyperinsulinemia ^[9].
 Abnormal lipoproteins are common in pcos
 ▪ Elevated level of total cholesterol and LDL
 ▪ low level of HDL and apoprotein A-I
 ▪ According to one report, decreased HDL level is the most characteristics lipid alterations ^[9].
 Diet- binge eating and pcos ^[10].
 Hyperandrogenism
 Metabolic imbalances- insulin resistance
 Psychological factor ^[10].

Pathology

Macroscopically, both ovaries are enlarged a thick capsule of tunica albuginea is shown in the ovary. There is a chance for lobulated ovarian surface but the adhesions may be free from the peripheral surface. Several cysts (12 or more) 2-9 mm in size are found peripherally along the ovary surface, giving it an ultrasound necklace appearance. These are the atretic follicles which persist. The hyperplasia of theca cells and stromal hyperplasia accounts for an increase in the ovary size of more than 10 cm³ in volume ^[1].

Clinical Features

- Menstrual Irregularities

Oligomenorrhoea
 Amenorrhoea
 Irregular cycles ^[1].

- Dysfunctional uterine bleeding ^[6].
- Infertility
 - Hyperandrogenism ^[1].

Hirsutism
 Acne ^[1].

- Androgenic alopecia
- Central obesity

BMI > 30 kg / cm²
 Waist line > 35¹

- Acanthosis nigricans –Condition in which the specific skin changes are due to insulin resistance. Commonly seen in the nape of the neck, groin, axilla and Inner thighs ^[2].
- HAIR- AN Syndrome consist of Insulin resistance and Acanthosis nigricans and Hyperandrogenism.
- Virilism is rare.
- Recurrent spontaneous abortion
- Sleep apnea

Diagnosis

Rotterdam criteria, Diagnosis are based upon the presence of any 2 of the following 3 criteria. [American society for reproductive medicine (ASRM)/ European society for the human reproductive embryology (ESHRE) 2003].
 ▪ Oligomenorrhoea /amenorrhoea, anovulation, infertility
 ▪ Hyperandrogenism (clinical / biochemical)
 ▪ Ultrasound findings ^[2].

Aims and objectives

- To study the efficacy of homeopathic medicine in the management and treatment of polycystic ovarian syndrome.
- To know the utility of Kent repertory in polycystic ovarian syndrome.

Materials and Methods

Source of data:

The subjects were collected from the Inpatient department (IPD) /Outpatient department (OPD) and Rural Medical camps conducted and Peripheral Health Centers, by Vinayaka Mission’s Homoeopathic Medical College & Hospital, Salem.

The literature is collected from various authentic medical and Homoeopathic books.

Method of collection of data

Inclusion Criteria

- Female patient of age group between 20 – 35 years were selected for this study.

Exclusion Criteria

- Patients with any congenital anomaly, Patients under other systemic diseases with major complications.

Treatment plan

The patient were assessed, analysed and evaluated according to Dr. J. T. Kent’s method.

Repertorization was done using Kent’s Repertory. Miasmatic Interpretation was done by using presenting complaints, past history, family history, mental and physical generals. Mental and physical generals and characteristic particulars were considered for the selection of remedy.

Criteria for the follow up were mental, physical generals and characteristic particulars

Observations and results

The purpose of this study is to know the efficacy of homeopathic medicine in the management and treatment of polycystic ovarian syndrome using Repertory of homeopathic Materia medica. The present study was performed with 30 patients diagnosed with PCOS based on the diagnostic criteria (Rotterdam criteria). The cases were taken using predesigned homeopathic case Proforma. The age of the female patient selected as the sample ranges from 20 to 35 years were selected based on the inclusion and exclusion criteria and the cases were diagnosed clinically and based on the investigation findings. After the detailed case taking all the case were repertorized using Repertory of Homeopathic Materia medica by J.T Kent and based on the reportorial totality the indicated remedy was prescribed and the cases were reviewed at regular intervals for a period of 12 months.

Table 1: Age wise distribution of polycystic ovarian syndrome cases

SL NO	AGE GROUP	NUMBER OF PATIENTS	PERCENTAGE
1	20-25	12	40
2	25- 30	13	43.33
3	30-35	5	16.66

Table shows, Out of 30 cases, Majority 43.3% of cases comes under 25 -30 years of age group, 40% of cases comes

under 20 – 25 years of age group, Minority group comes under 30- 35 years of age group.

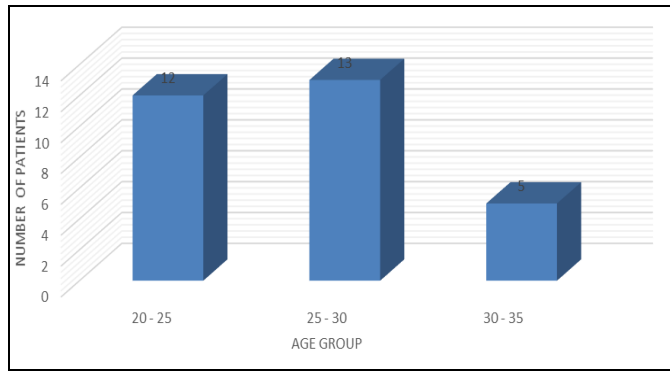


Chart 1: Age wise distribution of polycystic ovarian syndrome cases

Table 2: Distribution of PCOS cases based on occupation

SL NO	OCCUPATION	NUMBER OF PATIENTS	PERCENTAGE
1	STUDENT	10	33.33
2	HOME MAKER	12	40
3	HEALTH WORKER	1	3.33
4	LECTURE	1	3.33
5	IT PROFESSIONAL	3	10
6	BANKING PROFESSIONAL	2	6.66
7	TEXTILE WORKER	1	3.33

Table shows, In this study out of 30 cases 40 % of the patients were home maker, 33.33% of cases to students, 6.66% to banking professionals, 10% to IT professional, 1.33% to health workers lectures and Textile worker.

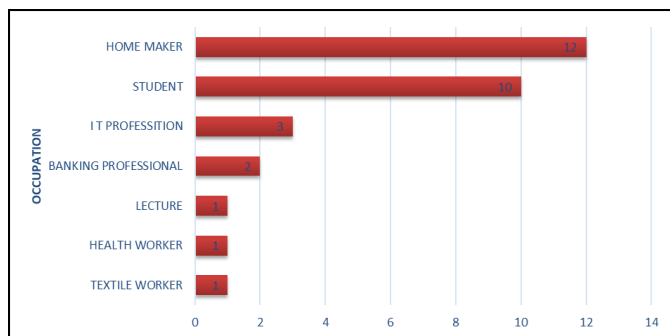


Chart 2: Distribution of PCOS cases based on occupation

Table 3: Distribution of pcos patients based on marital status

SL NO	MARITAL STATUS	NUMBER OF PATIENTS	PERCENTAGE
1	UN MARRIED	10	33.3
2	MARRIED	20	66.66

Table shows, In this study out of 30 cases, PCOS is more prevalence among the married women (66.66 %) and 33.3 % of cases were in unmarried women.

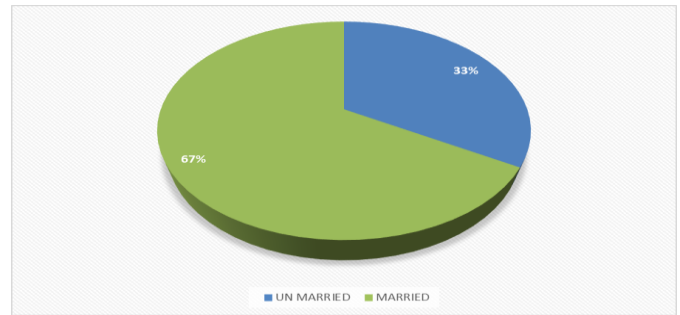


Chart 3: Distribution of PCOS patients based on marital status

Table 4: Distribution of PCOS cases based on side affection

SL NO	SIDE	NUMBER OF CASES	PERCENTAGE
1	UNILATERAL	3	10
2	BILATERAL	27	90

Table shows, In this study, out of 30 cases. Most of the cases showed bilateral affection (90%) and 10 % of patients have unilateral affection.

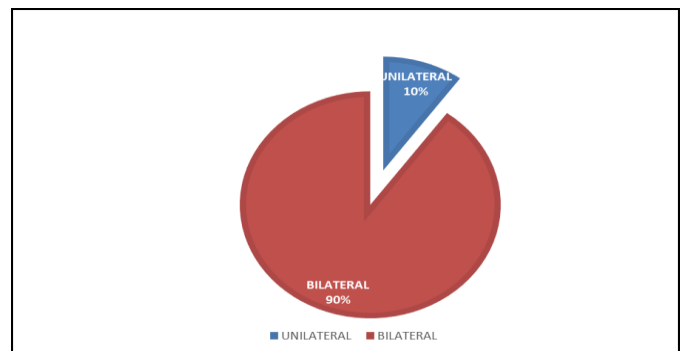


Chart 4: Distribution of PCOS cases based on side affection

Table 5: Distribution of PCOS cases based on dominant Miasm

SL NO	DOMINANT MIASM	NUMBER OF CASES	PERCENTAGE
1	PSORA	0	0
2	SYCOSIS	12	40
3	SYPHILIS	1	3.33
4	PSORA – SYCOTIC	16	53.33
5	SYCO – SYPHILITIC	1	3.33

Table shows, Out of 30 cases Majority (53.33 %) of cases have psora – sycotic as dominant miasm. 40% of cases are with sycosis as dominant miasm. 3.33 % of cases comes under syphilitic and syco – syphilitic as dominant miasm.

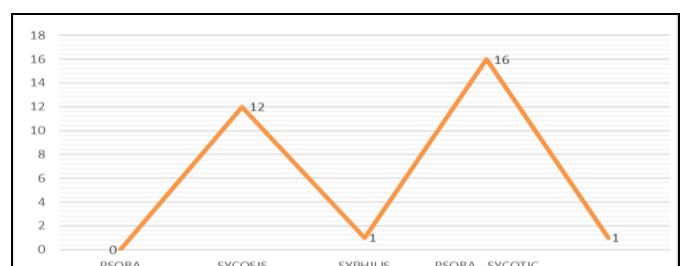


Chart 5: Distribution of PCOS cases based on dominant Miasm

Table 6: Distribution of PCOS cases based on fundamental Miasm

SL NO	FUNDAMENTAL MIASM	NO OF CASES	PERCENTAGE
1	PSORA	0	0
2	SYCOSIS	19	63.33
3	SYPHILIS	0	0
4	PSORA – SYCOTIC	6	20
5	SYCO – SYPHILITIC	5	16.66

Table shows, After analysing the fundamental miasm of this study most of the cases have sycotic miasm (63.33%).16.66 % of case are with syco- syphilitic miasm.20 % of cases comes under syphilitic and psoric- sycotic miasm.

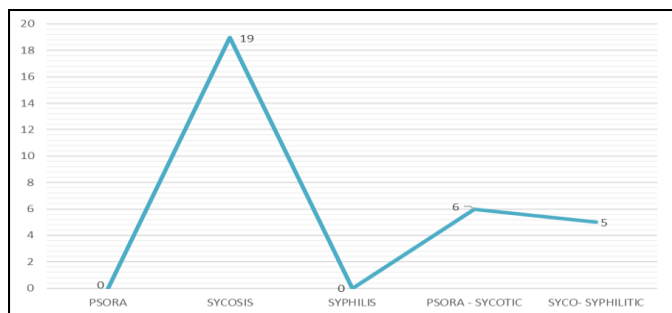


Chart 6: Distribution of PCOS cases based on fundamental Miasm

Table 7: Distribution of PCOS cases based on medicine prescription

SL NO	MEDICINE PRESCRIBED	NO OF CASES	PERCENTAGE
1	SEPIA OFFICINALIS	5	16.66
2	LACHESIS MUTUS	4	13.33
3	APIS MELLIFICA	3	10
4	PULSATILLA	3	10
5	NATRIUM MURIATICUM	3	10
6	MEDORRHINUM	2	6.66
7	CAUSTICUM	2	6.66
8	PHOSPHORUS	2	6.66
9	ARSENICUM ALBUM	2	6.66
10	LYCOPodium CLAVATUM	2	6.66
11	PHYTOLACCA DECANDRA	1	3.33
12	SULPHUR	1	3.33

Table shows, In this study 16.66 % of patient were prescribed with Sepia officinalis,13.33 % of cases were prescribed with Lachesis mutus,10 % of cases were prescribed with Apis mellifica, Pulsatilla and Natrum muriaticum.6.66% of patients were prescribed with Medorrhinum, Causticum, Phosphorus, Arsenicum album and Lycopodium.3.33% of patients were prescribed with Phytolacca and Sulphur

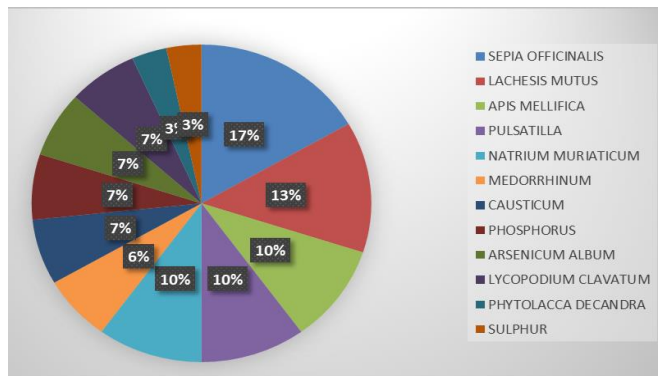


Chart 7: Distribution of PCOS cases based on medicine prescription

Table 8: Distribution of PCOS cases according to result

SL.NO	RESULT	NO OF CASES	PERCENTAGE
1	CURED	10	33.33%
2	MARKED IMPROVEMENT	13	43.33%
3	MODERATE IMPROVEMENT	3	10%
4	MILD IMPROVEMENT	1	3.33%
5	NO IMPROVEMENT	3	10%

Table shows, After analysing the data 33.33 % of cases are cured, 43.33 % of showed marked improvement and 10 % of cases showed moderate improvement 3.33 % of cases showed mild improvement and 10 % of cases showed no improvement.

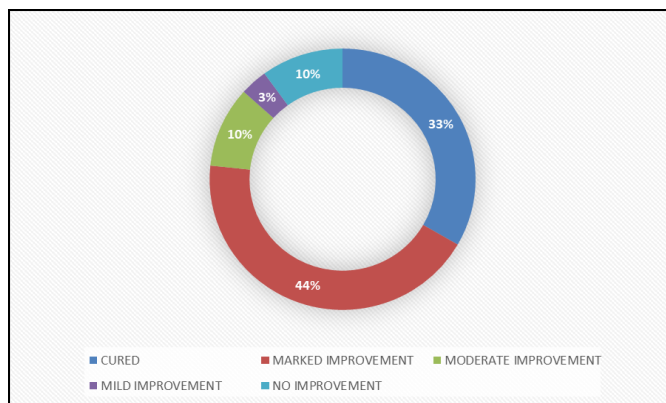


Chart 8: Distribution of PCOS cases according to result

Summary and conclusion

The study was conducted to determine the efficacy of Homeopathic medicine in treatment of polycystic Ovarian syndrome using Kent Repertory. The number of patients taken for the study was 30. The study population of the patient were between 20 – 35 years. After the detailed case taking all the case were repertorized using Repertory of Homeopathic Materia medica by J.T Kent and based on the reportorial totality the indicated remedy was prescribed in order to assess the utility of Repertory of the Homeopathic Materia Medica by J.T Kent in treating polycystic ovarian syndrome.

According to my study

- Most of the women find out they have PCOS in between the age group of 25-30 years.
- Most of the patients affected with polycystic ovarian syndrome are married women.
- Occupational history shows more prevalence of PCOS among home makers and students. Number of students affected with PCOS is increased when compare to the previous years.
- Majority of patients having bilateral affections of ovary.
- Polycystic ovarian syndrome has predominantly Sycosis as fundamental miasm and psoric -sycotic and sycosis as dominant miasm.
- In my study majority of the patients relieved from their complaint but the secondary signs and symptoms like hirsutism, Acanthosis nigricans, obesity take long duration of time to cure.
- Stress and life style changes have a major role in the development of PCOS.
- Marked changes in the level of mental general and physical general of the patient can see during the period of treatment.
- There is no further progress and complication of disease is reported and the patient can be well managed with homeopathic medicine.
- In my cases I have used Medicines with much good effect includes Sepia, Lachesis, Apis mellifica, Pulsatila and Natrum muriaticum.
- The Kent repertory has been utilized for repertorization and showed the result of 33.33% of cases are Cured, 43.33% of showed marked improvement and 10 % of cases showed moderate improvement 3.33% of cases showed mild improvement in PCOS treatment.

So, I concluded my study with the note that homeopathic medicine selected using Repertory of the Homeopathic Materia Medica by J. T Kent is effective in treatment and management of polycystic ovarian syndrome.

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