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Polycystic ovarian syndrome (PCOS) - a case study with constitutional homoeopathic treatment

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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 PCOD in a 28 year of age at B.L. Gupta Homeopathic Dispensary, Jaipur dated February 26, 2018; who was treated successfully with homoeopathic medicine.

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

Introduction

Polycystic ovarian disease (PCOD) is one of the most common female hormonal disorders in which there is an imbalance in a woman's female sex hormones. PCOD is the most common hormonal reproductive problem in women of childbearing age. An estimated 5 to 10 percent of women of childbearing age have PCOD in developed countries like China and India due to westernized diets and lifestyle. Women suffering from polycystic ovarian disease have multiple small cysts or abnormal fluid-filled sacs in their ovaries. PCOD (Polycystic Ovarian Disease) eventually becomes more evident as it turns into the most severe Polycystic Ovarian Syndrome (PCOS).

The principal features of PCOS are obesity, irregular or absence of menstruation, acne, difficulty in conceiving, excessive amounts of male hormones and excessive hair growth. The symptoms and severity of the syndrome vary greatly among women. If PCOS is left untreated, it can lead to various life-threatening conditions including hypertension, kidney problems, type II diabetes, cardiovascular disease and heart disease.

PCOS is sometimes called "ovarian androgen excess" because the ovaries start producing male hormones (androgens) in slightly increased amounts. Ovaries produce follicles which then grow to form eggs. The eggs then reach into uterus for fertilization, when fertilization doesn't occur. In cases of PCOD, follicles are created, but they don't grow into egg. The ovaries keep on generating follicles and this causes too many cysts in it. Eggs are not forming which gives rise to menstrual cycle and ovaries are not functioning properly they continue to make more male hormones which lead to excess growth of hair or excessive no fertilization hair fall.

The cause of PCOS is unknown, although some scientists believe people may be able to inherit the condition. PCOS may put women at risk for diabetes, heart disease, and cancer of the uterus. About 30% of women with PCOS have a problem processing blood sugar called glucose intolerance. This is a major risk factor for adult-onset diabetes. Women with PCOS also can have elevated bad cholesterol (LDL) levels.

The diagnosis of PCOS made in different ways, including taking medical history, performing a physical exam, and checking hormone levels, ultrasound.

It was found that about 18% of women had PCOS, and that 70% of them were previously undiagnosed. Ultrasonographic findings of polycystic ovaries are found in 8-25% of normal women. 14% women on oral contraceptives are found to have polycystic ovaries. The condition was first described in 1935 by American gynecologists Irving F. Stein, Sr. and Michael L. Leventhal, from whom its original name of *Stein-Leventhal syndrome* is taken. The earliest published description of a person with what is now recognized as PCOS was in 1721 in Italy. Cyst-related changes to the ovaries were described in 1844.

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Case Report: A diagnosed case of 28 years old Hindu female present with irregular menses since 2 years. Menses delayed and comes every 2 or 3 months. Suppressed menses due to fear of exam. Backache with flow. Leucorrhoea in place of menses. Bleeding in spots per vagina. Bleeding bright red, clotted, painless. Burning and itching at vagina. Pain in heels. Headache, pain in temple < evening > pressure.

Past History- Nothing Significant.

Family History -

Father - NAD
 Mother - H/O Irregular, delayed menses.

Physical Generals

Appetite - Good.
 Desire - Sweets
 Thirst - 8-9 glasses of water daily.
 Tongue - dry.
 Stool - Nothing Specific
 Urine - Nothing Specific
 Sweat - Profuse all over body
 Thermal - Hot patient.

Mental General - Talkative, Desire for company.

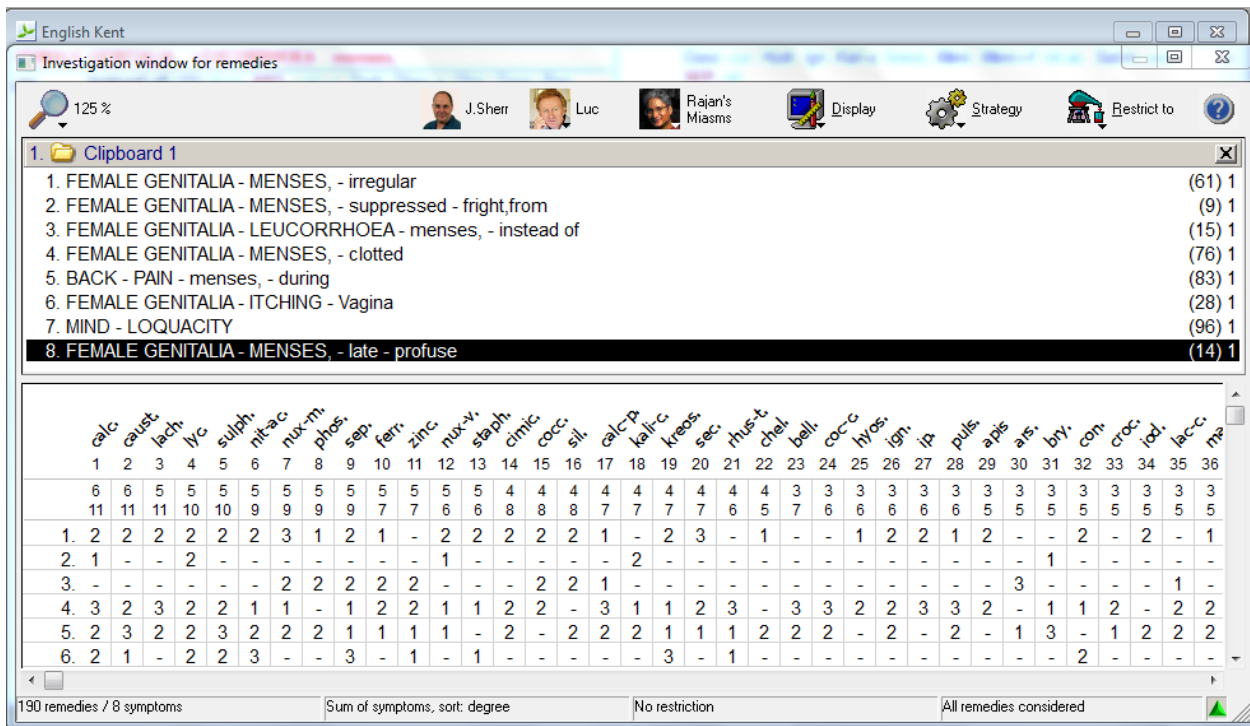
Clinical Examination -

Built - Height - 162 cms, weight - 72kg (Tall, Obese)
 Pulse - 70/minute; B.P. - 130/80 mm of Hg
 Systemic Examination - P/A, CVS, CNS, Respiratory system - Nothing abnormal detected.

Totality of Symptoms

Menses irregular, delayed.
 Profuse bleeding. Bleeding bright red, clotted, painless.
 Suppressed menses due to fear of exam.
 Backache with flow.
 Leucorrhoea in place of menses.
 Burning and itching at vagina.
 Pain in heels.
 Hot patient.
 Built - Tall, obese person.
 Loquacity, Desire for company.

Repertorisation done by RADAR 9.1 using synthesis repertory - After analysis & Evaluation of symptoms, Repertorisation and consultation of Materia Medica Medicine selected was Lachesis.



Medicine prescribed - Lachesis 200/ 1 dose Stat, followed by placebo/ TDS for 15 days. Menses started within 5 days. Patient felt better. Again placebo repeated for 30 days. No complaints at all.

Conclusion

As the PCOS is a multi-faceted problem with reproductive, endocrine and metabolic dysfunction. The lifestyle modification and counseling is considered to be the first line of treatment which is effective in reducing the signs and symptoms of PCOS. Cases can be treated successfully by Homoeopathic treatment. For this, we should consider the constitution, mental generals for the selection of most appropriate homeopathic remedy. Special diet is a very important aspect of PCOS care. Some women with PCOS

find success by reducing their total intake of carbohydrates (cereals, breads, pastas) and choosing to eat different types of carbohydrates that are less processed (whole wheat, brown rice, beans). Replacing manufactured carbohydrate products with whole grains, fruits and vegetables can help to reduce insulin response. The diet also should include enough protein to control the amount of sugar in the blood. Exercise also can help to maintain the insulin level and weight.

In above explained case, her menstrual irregularity and other associated symptoms became normal with Lachesis in just 2 month. This shows, how effective homoeopathy is in treating such lifestyle disorders in a short course of time. Homoeopathic Treatment based on symptoms similarity (Totality of symptoms). For selection of remedy, a detailed

case taking is necessary. For this, the repertory is also very useful.

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