



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(2): 345-349

Received: 03-02-2023

Accepted: 07-03-2023

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Polycystic Ovarian Disease (PCOD) successfully treated with Lachesis: An evidence based case report

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i2f.850>

Abstract

This article explores the effectiveness of homeopathy in the treatment of Polycystic Ovary Syndrome (PCOS), a common endocrine disorder affecting reproductive-aged women. PCOS is associated with hormonal imbalances and can result in a range of symptoms, including irregular menstrual cycles, acne, weight gain, and fertility issues. This case study result show PCOS who were successfully treated with homeopathic remedies, highlighting the potential benefits of this treatment. The results suggest that homeopathy may offer a safe and effective treatment option for women with PCOS, although further research is needed to confirm these findings.

Keywords: PCOS, Homoeopathy, Case Report, Lachesis

Introduction

Poly cystic ovarian syndrome (PCOS) is a heterogeneous disorder which affects up to 10% of women of reproductive age ^[1]. International studies report the prevalence of PCOS to be in the range of 4-10 percent of women of reproductive age ^[2]. The prevalence of PCOS is high among young girls in India which steadily increases with age; menstrual irregularity for 2 years can be used as an early indicator for PCOS; and obesity, insulin resistance, and hypertension are the metabolic parameters associated with PCOS ^[3]. Polycystic ovarian syndrome described in 1935 by Stein and Leventhal as a syndrome which is manifested by Amenorrhea/Oligomenorrhea, Hirsutism, acne and Obesity associated with enlarged polycystic ovaries. Prevalence of PCOS is increased in adolescent females when associated with menstrual irregularities, obesity, type 2 diabetes mellitus, hirsutism and acne. PCOS is the most common disorder of endocrine system in a woman of reproductive age. Although there are no universally accepted criteria to define PCOS, the diagnosis of PCOS is made up of the presence of two of the following three criteria: [American Society for Reproductive Medicine (ASRM)/European Society of Human Reproduction and Embryology] (ESHRE), 2003].

- Oligo and/or anovulation
- Hyperandrogenism (clinical and/or biochemical)
- Polycystic ovaries.

In PCOS genetic factor play a role, but the severity and course are determined by the patient's lifestyle especially from body mass index (BMI).

Case report

A female patient age 21years came with complaints of menstrual irregularities. Her menses lasts only 2days since menarche and scanty bleeding. Leucorrhoea was thick, aggravates during urination.

History of present illness

Irregular menses since menarche (menarche- at the age of 14 years)

She was advised for hormonal treatment for irregular menses but found no relief and ultimately came for Homoeopathic treatment.

History of previous illness

Typhoid at the age of 16years, she took Allopathic treatment for it.

Physical generals

Thirstless

Thermal: Towards hot

Sleep: Sometimes there is salivation from mouth

Mental generals

Extroverted, lazy, sleepy all day, jolly nature, jealousy

Physical appearance

Comedones on face

Family history

Mother: Hypertension

Father: Diabetes Mellitus type-2

Laboratory investigation

16/04/2022

USG scan report-

Multiple small follicles in right ovary

Ovaries- right ovary measures 32.26.30 mm

Impression- Residual right polycystic ovarian pattern (H/O PCOD on treatment)

29/09/2022

USG scan report-

Impression- No Sonographic abnormality detected

Intervention

Lachesis 200C medicated on 30 size globules was dispensed single dose with placebo dose three times a day for 15 days after thorough analysis and evaluation of the symptoms the medicine was selected after Repertorisation and further consulting Materia Medica [4]. The potency was selected 200C due to predominance of the mental generals in the case [5].

The patient was advised to do exercise daily, avoid fast food.

Date	Change in complaints	Prescription
11/03/2022	Irregular menses Comedones on face	Lachesis 200C one dose stat Rubrum 30/T.D.S./15 Days
24/03/2022	Some relief in symptoms Comedones on face Hair falling	Rubrum30/T.D.S./15 Days
13/04/2022	Dryness in palms and soles Redness in palms	Rubrum30/T.D.S./15 Days
25/04/2022	Dryness on palms Menses didn't come Leucorrhoea persistent Eruption on face	Lachesis200C/ 1dose/stat Rubrum30/ T.D.S./ 15 Days
09/05/2022	Menses didn't come Dislike warm food Wants luxury life	Rubrum30/T.D.S./15 Days
25/05/2022	Menses didn't come No new symptoms	Rubrum30/T.D.S./15 Days
08/06/2022	Relief in dry palm No new symptoms LMP-26/05/2022	Rubrum30/T.D.S./15 Days
22/06/2022	Hair falling No new symptoms	Rubrum30/T.D.S./15 Days
28/07/2022	LMP-12/07/2022 No new symptoms	Rubrum30/T.
31/08/2022	LMP- 12/08/2022 Small eruptions on face Hair falling and dryness	Rubrum30/T.D.S./15 Days
16/09/2022	Dull skin Hair falling LMP-09/09/2022	Lachesis200C/1dose/stat Rubrum30/T.D.S./15Days
01/10/2022	No new symptoms	Rubrum30
29/10/2022	LMP-06/10/2022 No new symptoms	Rubrum30/T.D.S./15Days

Investigation window for remedies


125% Millennium view (progressive)

J. Sher Display Strategy Electrost

	lady	luc	cooc	vars	phos	ars	hyos	nat-m	staph	bulb	merc	stram	ars	ign	rh-c	truj	plak	sulph	nat-v	bov	conth	coloc	publ	nat-m	sep	cooc	causa	con	op
1. MIND - LAZINESS (342) 1	3	2	1	1	3	2	1	3	2	1	2	1	1	1	1	2	1	3	3	1	3	1	2	-	3	1	2	1	1
2. MIND - JEALOUSY (61) 1	4	1	1	-	2	4	1	2	-	1	2	1	1	-	1	1	1	3	-	-	1	2	2	1	-	-	-	-	1
3. MIND - CHEERFUL (260) 1	3	2	1	2	2	1	3	1	1	2	1	1	1	2	2	1	2	2	2	1	1	1	2	2	1	3	1	1	2
4. MIND - LOQUACITY (179) 1	4	1	2	2	2	1	3	1	1	2	-	3	1	1	1	1	1	1	1	1	1	1	-	1	-	2	1	1	2
5. MIND - WITTY (18) 1	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	
6. MIND - AMUSEMENT - desire for (15) 1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. MIND - JESTING (66) 1	2	1	2	1	1	-	1	1	1	1	2	1	3	2	-	1	-	-	-	-	-	-	-	2	-	3	-	-	1
8. SLEEP - SLEEPINESS (566) 1	3	2	2	2	3	3	2	2	2	3	2	2	3	1	2	3	1	3	3	2	2	2	3	3	2	3	3	2	3
9. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts (31) 1	2	1	-	2	2	-	-	1	1	-	-	2	1	2	-	2	1	2	-	2	1	2	-	-	-	-	-	-	-
10. FEMALE GENITALIA/SEX - MENSES - scanty (223) 1	3	2	2	1	3	2	1	3	2	1	2	1	2	2	1	1	2	3	2	2	1	2	3	2	3	1	2	3	-
11. FEMALE GENITALIA/SEX - MENSES - late, too (211) 1	2	3	2	1	2	2	1	3	2	2	2	1	1	2	1	1	2	4	1	1	1	1	3	3	3	1	3	3	-
12. STOMACH - THIRSTLESS (178) 1	1	2	1	1	1	3	1	1	2	2	1	2	2	1	1	1	1	1	1	1	2	1	1	3	3	2	-	1	2
13. PERSPIRATION - ODOR - offensive (121) 1	2	3	1	2	2	1	1	1	2	1	3	1	2	1	2	3	-	3	3	1	2	1	3	-	3	-	1	1	-

Before Treatment

Dr. Shivam Bhardwaj
MBBS DNB (Radiodiagnosis)
Consultant Radiologist
- Asian Vivekanand Hospital Moradabad
- Ex. Resident Yashoda Hospital Hyderabad
- Ex. Resident AIIMS Bishkekash



Shivam Diagnostic Centre
Your Health, Our Priority

Dr. Rudra Bhardwaj
MDS (Oral Pathology and Microbiology)
Consultant Oral Pathologist
Kothliwal Dental College & Research Centre, Moradabad

NAME: Miss . [REDACTED] DATE: 16-4-2022

REF. BY: DR. [REDACTED] AGE- 22 Y/F

USG WHOLE ABDOMEN

LIVER- (126 mm) Normal in size, shape and parenchymal echotexture with no obscuration of portal vein . No obscuration of diaphragm . No obvious focal lesion or IHBR dilatation is seen in liver. Portal vein is normal at porta . Hepatic veins are normal .

GALL BLADDER- Partially distended with no obvious calculus / sludge within. No obvious wall thickening noted. No pericholecystic edema noted. No obvious mass lesion noted.

CBD- Is normal. No obvious calculus seen in CBD . No obvious IHBRD noted.

PANCREAS- Head and body of pancreas is normal in size, shape and echotexture. Tail details obscured by bowel gas. Pancreatic duct appears grossly normal . No obvious intra parenchymal / intraductal calcification noted. No obvious mass lesion noted. No peripancreatic connection noted.

SPLEEN- (91.0 mm) Normal in size, shape and echotexture. Splenic vein appears grossly normal. No obvious mass lesion noted.

RIGHT KIDNEY- (87x57mm) Normal in size, shape and parenchymal echotexture. Cortico medullary differentiation is Maintained. No obvious calculus/mass lesion seen . No obvious hydronephrosis.

LEFT KIDNEY- (99x51mm) Normal in size, shape and parenchymal echotexture. Cortico medullary differentiation is maintained. No obvious calculus/mass lesion seen . No obvious hydronephrosis.

URINARY BLADDER- Partially distended with normal wall thickness. No obvious wall irregularity noted. No obvious vesical calculus noted. No mass lesion noted. No obvious floating echoes noted.

UTERUS- (47x30x51mm) Normal in size, shape and parenchymal echotexture Endometrial thickness measure (8.0 mm) .No obvious focal/mass lesion noted.

RIGHT OVARY - 36x26x30 mm(15.1cc) Bulky in size ,normal in shape and parenchymal echotexture with multiple small (3-8mm) follicles largest measuring 8.0 mm .

LEFT OVARY - 38x24 mm Normal in size, shape and parenchymal echotexture. 17x17 mm dominant follicles is seen in left ovary .


No abnormally dilated bowel loops. Peristalsis of bowel is normal.
No pleural effusion/ascites / retroperitoneal lymphadenopathy is seen.

IMPRESSION:
❖ RESIDUAL RIGHT POLYCYSTIC OVARIAN PATTERN (HISTORY OF PCOD ON TREATMENT).
SUGGESTED: CLINICAL CORRELATION.

Dr. Shivam Bhardwaj MBBS DNB (Radio-Dx)
Sr. Consultant Radiologist (Reg.-66474)

Address- 142A, Ram Ganga Vihar phase-1, Near Sonakpur Stadium, Qile Wali Road, Moradabad
 नोट : हमारे यहाँ पर चूने का विनि परीक्षण नहीं होता है। यह कानूनी दृष्टिकोण अचरित है। Not valid for medicolegal purposes
 Contact- Mr D.K.Singh (Admin) 7262005000, 7262007000 (Emergency services available) TIMINGS : 8:00 am - 8:00 pm

After treatment

Dr. Shivam Bhardwaj MBBS DNB (Radiodiagnosis) Consultant Radiologist • Asian Vivekanand Hospital Moradabad • Ex. Resident Yashoda Hospital Hyderabad • Ex. Resident AIIMS Rishikesh		Dr. Rudra Bhardwaj MDS (Oral Pathology and Microbiology) Consultant Oral Pathologist Kothiwal Dental College & Research Centre, Moradabad	
 Shivam Diagnostic Centre Sonakpur Stadium, Qile Wali Road, Moradabad			
Colour X-Ray	Endoscopy	Pathology	3D/4D
Colour Doppler	Digital X-Ray	Ultrasound	

NAME: Miss. [REDACTED]	DATE: 29-9-2022
REFERRED BY: [REDACTED]	AGE- 22 Y/F

USG WHOLE ABDOMEN

LIVER- (119mm) Normal in size, shape and parenchymal echotexture with no obscuration of portal vein. No obscuration of diaphragm. No obvious focal lesion or IHBR dilatation is seen in liver. Portal vein is normal at porta. Hepatic veins are normal.

GALL BLADDER- Partially distended with no obvious calculus / sludge within. No obvious wall thickening noted. No pericholecystic edema noted. No obvious mass lesion noted.

CBD- Is normal. No obvious calculus seen in CBD. No obvious IHBRD noted.

PANCREAS- Head and body of pancreas is normal in size, shape and echotexture. Tail details obscured by bowel gas. Pancreatic duct appears grossly normal. No obvious intra parenchymal / intraductal calcification noted. No obvious mass lesion noted. No peripancreatic connection noted.

SPLEEN- (94.0mm) Normal in size, shape and echotexture. Splenic vein appears grossly normal. No obvious mass lesion noted.

RIGHT KIDNEY- (93x48mm) Normal in size, shape and parenchymal echotexture. Cortico medullary differentiation is Maintained. No obvious calculus/mass lesion seen. No obvious hydronephrosis.

LEFT KIDNEY- (102x52mm) Normal in size, shape and parenchymal echotexture. Cortico medullary differentiation is maintained. No obvious calculus/mass lesion seen. No obvious hydronephrosis.

URINARY BLADDER- Partially distended with normal wall thickness. No obvious wall irregularity noted. No obvious calculus noted. No mass lesion noted. No obvious floating echoes noted.

UTERUS - (56x35x45mm) Normal in size, shape and parenchymal echotexture Endometrial thickness measure (9.9mm) .No obvious focal/mass lesion noted.

BILATERAL OVARIES - Are normal in size, shape and parenchymal echotexture. No obvious focal/mass lesion noted in right ovary. (Right ovary-33x22 mm, Left ovary -27x30mm)9x9 mm follicle noted in right ovary.

No abnormally dilated bowel loops. Peristalsis of bowel is normal.
No pleural effusion/ascites / retroperitoneal lymphadenopathy is seen.

IMPRESSION:
NO SONOGRAPHIC ABNORMALITY DETECTED IN PRESENT SCAN.

SUGGESTED: CLINICAL CORRELATION.

Dr Shivam Bhardwaj MBBS DNB (Radio-Dx)
Sr. Consultant radiologist (Reg -66474)

Disclaimer:-In case of any discrepancy due to machine /typing error, please report immediately form rectification. This is a professional report based on imaging findings only & should be correlated clinically & with other relevant investigations. This report is not legal purpose.

Typist :- Anamika Chandra.

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Address- 142A, Ram Ganga Vihar Phase-1, Near Sonakpur Stadium, Qile Wali Road, Moradabad
 मोट : इयार वरुं पर भुण कऱ लिंग परीक्षण नरुं हुनऱ हऱ। यह कऱनुनी दण्डनीय अणऱण हऱ।

Contact- Mr. D.K. Singh (Admin) 7262005000, 7262007000 (Emergency services available) **TIMINGS : 8:00 am - 8:00 pm**

Discussion

In this case Lachesis was the indicated medicine which was selected after Repertorisation. It is quite evident from the reports attached that it gave beneficial effects in the menstrual irregularities. After 2 doses of the Lachesis 200 at the interval of 15days the remedy has shown wonderful results on the patient.

Conclusion

We may conclude that when the Homoeopathic medicine are selected and prescribe as per the low of Similia and cardinal principles of Homoeopathy they heal in rapid, gentle and permanent manner. The individualized Homoeopathic treatment plays a very vital role in such cases. Further studies are suggested for evaluating more remedies in treating cases of PCOS.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Thebar J, Chahar A, Saini N, Mahala V. Polycystic Ovarian Disease (PCOD) successfully treated with Lachesis: An evidence based case report. International Journal of Homoeopathic Sciences. 2023;7(2):345-349.

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