



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
 P-ISSN: 2616-4485
www.homoeopathicjournal.com
 IJHS 2023; 7(2): 505-510
 Received: 25-02-2023
 Accepted: 02-04-2023

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Efficiency of homoeopathic treatment in case of PCOS

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i2h.875>

Abstract

“Polycystic ovarian syndrome/disease” is abbreviated as PCOS/PCOD respectively. PCOS/PCOD is a heterogenous, 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, hyperinsulinemia, menstrual abnormalities (oligomenorrhoea/amenorrhoea/anovulation) and hyperandrogenism¹⁰. Stein and Leventhal were the first to recognize an association between the presence of polycystic ovaries and signs of hirsutism and amenorrhoea. It may persist from an early adolescent age with various chronic complications such as diabetes, hypertension, hyperlipidaemia, innumerable cardiovascular diseases; these congregated disorders are known as ‘metabolic syndrome’.

Keywords: PCOD/PCOS, polycystic ovarian syndrome, endocrinopathy, metabolic disorders

Introduction

The differentiating features classifying these two subtypes into two distinctive tributaries are as follows ^[11].

PCOD	PCOS
<ul style="list-style-type: none"> - PCOD appears at a much later phase in life, 33% of women all over the world experiences symptoms. - Condition developed due to imbalance of hormones. - Consistent ovulation - Moreover a symptom which can be reversed by proper diet management, exercises, lifestyle changes etc. 	<ul style="list-style-type: none"> - PCOS symptoms appear at an early stage due to metabolic problems, 4%-20% women of reproductive age are affected. - Condition arises due to disorder of endocrine system. - Anovulatory infertility - Serious metabolic disorder which poses risk at individuals in terms of hypertension, vascular heart diseases, endometrial cancer, ovarian cancer, diabetes etc.

Definition: According to the 2003 Rotterdam ESHRE/ASRM – Sponsored PCOS Consensus workshop on PCOS, ‘PCOS is a syndrome of ovarian dysfunction along with the cardinal features of hyperandrogenism and polycystic ovarian morphology

Flowchart of pathogenesis of PCOD

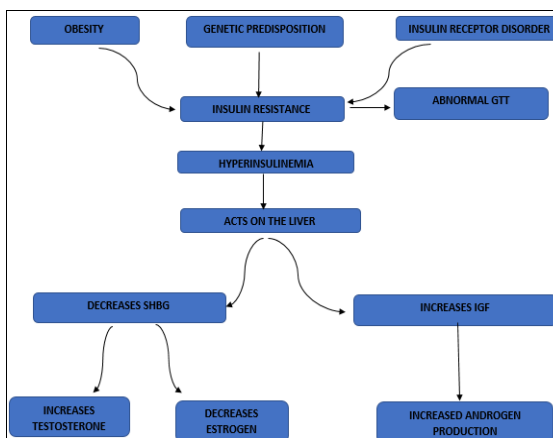


Fig 1: Flowchart of pathogenesis of PCOS (gtt-glucose tolerance test/shbg-sex hormone binding globulin/igf-insulin like growth factor)

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Mechanism of PCOS onset during puberty

1. The onset of pulsatile growth hormone (GH) secretion during early puberty induces release of IGF-1 (INSULIN LIKE GROWTH FACTOR 1) by the liver and other tissues; and also provokes insulin resistance affecting peripheral glucose^[9].
2. Resulting hyperinsulinemia acting on IGF-1 causes hyperstimulation → induces thecal cell hyperplasia and excessive androgen cell production.
3. The alteration in the endocrine cell milieu provokes increased pituitary LH secretion, aggravating thecal cell stimulation.

Pathophysiology: Major features in PCOS include menstrual dysfunction, anovulation, hyperandrogenism. Exact cause although not being properly defined; the aetiopathophysiology is related to abnormal function of the hypothalamic-pituitary-ovarian with raised plasma testosterone level being consistent biochemical feature. Women diagnosed with PCOS suffer with persistent anovulation have higher mean concentration of luteinizing hormone (partly due to increased sensitivity of the pituitary to gonadotrophic releasing hormone stimulation)^[12], but low or normal levels of FSH.

Since FSH levels are not completely degenerated; new follicular growth is continuously stimulated but not to the point of full maturation and ovulation, so they form multiple follicular cysts 2-10 mm in diameter. These follicles are surrounded by hyperplastic theca cells which are luteinized and various follicles which undergo atresia are replaced by new follicles.

Clinical Features

1. **Oligomenorrhea / amenorrhoea:** a) affects 65 -75% of patients with PCOS b) predominantly related to chronic anovulation
2. **Hirsutism:** Affects 30 – 70% of women.
3. **Subfertility:** Affects upto 70% of women with PCOS, difficulty in conceiving.
4. **Obesity (BMI > 25), (WAIST LINE>88cm):** atleast 40% of patients are clinically obese.
5. Fat distribution that favours the upper body is associated with greater insulin resistance as compared to the lower body segment.⁹
6. **Recurrent Miscarriage:** 50-60% of women are affected with more than 3 early

Pregnancy losses

1. **Acanthosis Nigricans:** area of increased skin pigmentation with (texture- velvety/popular hypertrophic pigmented skin on nape of neck, axillae, chest and vulva) Affects around 2% of women with PCOS.
2. Prone to acne.

Diagnosis

PCOS cannot be evaluated or analysed with single test but is a diagnosis of exclusion.

Laboratory investigations

- Elevated testosterone levels (total testosterone level may be marginally elevated/but free testosterone levels are higher.)
- Decreased sex hormone binding globulin (SHBG)

levels.

- Elevated LH levels.
- Elevated LH:FSH ratio.
- Increased fasting insulin levels.
- **ULTRASONOGRAPHY:** - Diagnostic criteria of a cystic or polycystic ovary are eight or more subcapsular follicular cysts equal to or more than 10mm in diameter and arranged peripherally around increased ovarian stroma (Garland Sign).
- **PCOS PHENOTYPES:** -
 - a) HA + OA + PCO (full-blown syndrome)
 - b) HA + OA
 - c) HA + PCO (ovulatory PCOS)
 - d) OA + PCO ('nonhyperandrogenic PCOS')

Risk Factors Determining PCOS^[9]

- Adolescents with anovulatory cycles and high LH levels 4 years after menarche, 57% of patients continue to have anovulation and increased LH levels.
- Adolescents who have irregular menstrual cycles and increased androgens and LH with rarely increased insulin levels develop adult PCOS. Because girls in puberty have an increased sensitivity to insulin that later normalizes in later life.

Cardinal hormonal features

- increased E₂ Levels
- increased LH levels
- increased FSH/LH ratio
- increased androgens
- testosterone-androstenedione, increased dehydroepiandrosterone
- Testosterone > 2 ng/ml
- increased Prolactin
- decreased sex hormone-binding globulin (SHBG)
- decreased E₂/E₁ ratio
- F. Glucose/insulin ratio < 4.5

Clinical examining a girl with PCOS

- **Obesity:** Waist to hip ratio > 0.85 (abnormal)
- **Body mass index:** (25-30)- overweight; (above 30)- obesity
- Thyroid Enlargement
- Hirsutism and acne
- Hyperinsulinaemia – manifests acanthosis Nigricans (5%) over the nape of the neck, axilla, and below the breasts.
- Blood pressure in obese women
- Normal pelvic findings because its not easy to palpate enlarged ovaries.

Case proper

- **Identification**
- Opd reg. No. 973652
- Name: miss xyz
- Age: 19 years
- Sex: Female
- Religion: Muslim
- Address: 24 Paragnas (south)
- P.s.: Usthi
- Date of case Taking: 30/12/22

Present complaint

- Scanty / late / intermittent and irregular menses

- accompanied with dysmenorrhoea since 1 year
- Absence of menses since 3 months with probability of pregnancy being ruled out.
- Sensation: - violent pain and gripping like sensation in bilateral iliac region.
- Modalities: - > pressure, continued motion; < before menses, rest, lying on left side

History of present complaints

- Duration: - Since 1 year
- Mode of onset: - Gradual
- Probable cause: - Not known
- Treatment taken: - Allopathic medication
- Result: - No relief

Family history

- Paternal side: - Father – suffers from diabetes mellitus
- Maternal side: - Mother – suffers from cancer

Personal history

- Occupation: student
- Accommodation: pakka house / well ventilated
- Diet: mixed, non veg, warm food
- Socio-economic status: upper middle class
- Habits and hobbies:- nothing significant
- Marital status: unmarried
- No. Of children: not relevant
- Relation with family members/ field of occupation: cordial
- History of vaccination: taken with no adverse effect.

Physical generals

- Thermal reaction: - chilly but great desire for cold air
- Appetite: good
- Desire: sour+++
- Aversion: milk
- Intolerance: onions (gastric complaints)
- Thirst: great thirstlessness
- Tongue: flabby, yellowish coated
- Mouth: offensive odour throughout the day
- Stool: alternately constipated and loose mucoid stools
- Urine: involuntary dribbling occasionally, cramps in bladder during menses
- Perspiration: scanty
- Sleep: peaceful, great drowsiness throughout the day
- Dreams: of ghosts
- Menstrual history:
 - a. menarche-12 years of age
 - b. LMP- 10/10/22
 - c. nature and character- menses darkish red /clotted/thick blood flow almost blackish in colour, too late with scanty flow, accompanied with intermittent spotting.

Mental generals

- Craves sympathy, mild, timid, emotional and easily disposed to weeping.
- Fear of darkness /being alone / ghosts
- likes to cut down expenses
- easily offended

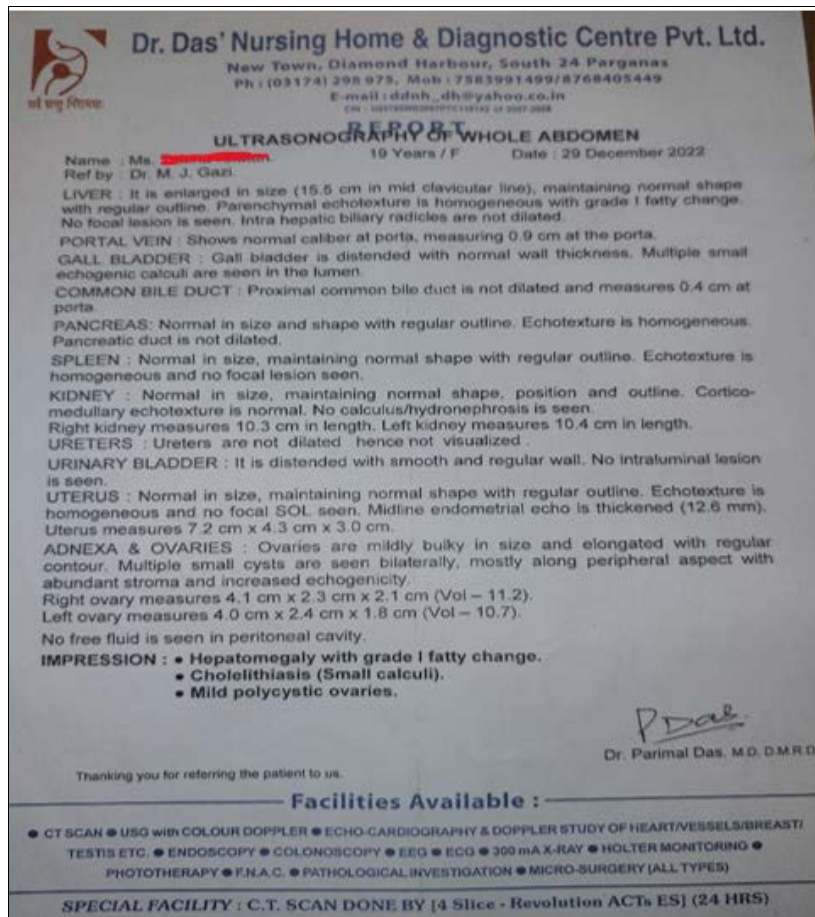


Fig 2: lab investigation USG report on 29/12/22 (before treatment)

Totality of symptoms

- craves sympathy, mild, timid, emotional and easily disposed to weeping.
- Fear of darkness /being alone / ghosts
- likes to cut down expenses
- easily offended
- Thermal reaction: chilly but great desire for cold air
- Desire:- sour+++

- Aversion: milk
- Intolerance: onions (gastric complaints)
- Thirst: great thirstlessness
- Sleep: peaceful, great drowsiness throughout the day
- Dreams: of ghosts
- nature and character- menses darkish red /clotted/thick blood flow almost blackish in colour, too late with scanty flow, accompanied with intermittent spotting.

Table 1: Repertorization

Rubric	Drug remedy				
	PULS.	NAT-M.	LYC.	SEP.	PHOS.
Total symptom	16	12	11	11	10
Total degree	31	19	24	17	19
1. Mind-ailments from-emotions	3	2	2	1	2
2. Fear-alone, of being darkness; in the	1		1		
3. Mind-fear-ghosts, of	2	1	3	1	3
4. Mind-fear-misfortune,of	2	1			
5. Mind-inconstancy	2	1	1	2	
6. Mind-offended,easily	2	2	3	2	1
7. Mind-sympathy from others, desire	1	1			3
8. Mind-weeping- Sympathy with others, from	1		1	1	
9. stomach-indigestion-onions agg.	2		3		
10. Stomach-thirstless accopanied by- tongue; dryness of	3	2			1
11. Female genitalia/sex-menses-clotted-dark clots	2		2		
12. Female genitalia/sex-menses-late,too	3	3	3	3	2
13. Dreams-ghosts	1	1		1	1
14. Generals-food and drinks-milk-aversion	2	2	1	2	2
15. Generals-food and drinks- onions- agg.	2	1	3	1	1
16. Generals-heat-lack of vital heat	2	2	2	2	3

Result

This particular case report was repertorized using SYNTHESIS REPERTORY and SOFTWARE RADAR OPUS 3.1.5. The provided result was analysed; prioritizing equal importance to nearly all the symptoms but outlining the demarcating features intricately calculated through TOTALITY OF SYMPTOMS, laying the basis of foundation. The most well indicated remedy turned out to be ‘PULSATILLA’.

Prescription

Rx
 PULSATILLA 0/1 * 16 DOSES
 BDAC* 8 DAYS
 PULSATILLA 0/2* 16 DOSES
 BDAC * 8 DAYS

Follow-UP (20/01/23)

patient visited OPD with ultrasonography reports with impressions such as:

Timeline (Course of Treatment)

The treatment initiated from 30th DECEMBER 2022,followed by one subsequent follow-up on 20/01/23 Based on precised repertorization, ‘PULSATILLA’ with 50 MILLESIMAL POTENCY ‘0/1 and 0/2’ was weeks selected as the most well indicated remedy. The pt. was advised to report after two weeks. 20/01/23- menses reappeared 8 days after taking medicine with subsequent low intensity of pain.

Epidemiology: - Prevalence of PCOS in India ranges from 3.7% to 22.5% depending on the various population survey reports.

A prospective study conducted in Tamil Nadu assessed young adolescent females and found a prevalence of 18% for PCOS, where proportion was way higher in urban females as compared to rural.¹

In an urban community based study, carried out in Mumbai found that prevalence of PCOS was 22.5% by Rotterdam criteria and 10.7% by Androgen excess society criteria.²

A study from Lucknow was published; study was based on the menstrual irregularity and hirsutism in the age range of 18-25 years, the prevalence calculated using NIH criteria was 3.7%^[3].

Study based on the Rotterdam criteria for PCOS depicts that 9.13% of young women attending residential college satisfied the criteria^[4].

Vidya Bharti *et al* showed prevalence of PCOS among rural and urban women from Chennai diagnosed by the ‘ROTTERDAM CRITERIA’ turned out to be 6%^[5].

International studies report the prevalence of PCOS to be in the range of 4% to 10% of women from reproductive age^[6].

Homoeopathic approach for the treatment of PCOS

Homoeopathy recognizes the individuality of each patient and respective cases. It does not treat the mere morbid ailment but the patient as a whole. In other words homoeopathy follows treatment based on constitutional approach and totality of mental and physical generals. It must follow the rule of individualization and cover the level of susceptibility, the behavioural patterns and underlying miasms.

Points supporting in reference to ‘organon of medicine’^[8]:- In context of aphorism 5, when the disease is chronic, physical constitution is determined by genetic code of the individual. Therefore, physician should consider it along with the probable exciting cause of the acute diseases.

The physical constitutional makeup should never be neglected while arriving at similimum.

According to aphorism 7, Hahnemann outlines the importance of symptoms in understanding diseases and identifying their respective medicines respectively.

Hahnemann's preposition depicts the totality of patients that is the entirety of symptoms are the outwardly reflection picture of the internal essence of the disease, which in turn guides selection of homoeopathic medicine.



Fig 3: after treatment

The three remarkable points for understanding the disease essence through symptoms are:

1. Removal of exciting or maintaining cause:- In footnote of aphorism 7, Hahnemann has explained the importance of removing a foreign body on the eye to halt the inflammation it's exciting.
2. 'Accessory circumstances' which depicts the obstruction to health caused by patient's lifestyle.
3. The deeper roots which predisposes us to diseases, such as genetics are some or more of the symptoms may be attributed as 'MIASM'.

In Hahnemann's 6th edition of the ORGANON OF MEDICINE; according to aphorism 146-209, homoeopathic treatment of acute, chronic as well as one-sided diseases are explained.

Various studies based on evidential findings it has been

proved that PCOS is not a primary endocrine disorder but metabolic, hormonal and psychosocial disorder implying effect on quality of life of patient's.

In footnote of aphorism 94 of organon of medicine, Dr. SAMUEL Hahnemann the points which are important to put into consideration for taking case in chronic diseases o females.

Conclusion

- As the PCOS is a multi-faceted problem with reproductive, endocrine and metabolic dysfunction. The lifestyle modification and counselling is considered to be the first line 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, RELEVANT MENTAL AND PHYSICAL generals for the selection

of most appropriate well indicated homeopathic remedy. Well balanced 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.

- The individual's case discussed above depicts the important role homoeopathy plays in regularising the menstrual abnormalities and other related symptoms of the elaborated syndrome. The evidential lab investigation reports and improvement in generalities shows, how effective homoeopathy is in
- treating such lifestyle disorders in a short course of time.
- Homoeopathic Treatment is based on symptoms similarity, according to which we form conclusion of (Totality of symptoms). an extensive, detailed and thorough repertorization of the case is very essential for selection of most well indicated remedy.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

K Raj Roy, P Nidhi. Efficiency of homoeopathic treatment in case of PCOS. *International Journal of Homoeopathic Sciences.* 2023;7(2):505-510.

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