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A case study of polycystic ovarian syndrome with homoeopathic treatment according to individualistic approach

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Abstract

Polycystic ovarian syndrome is an endocrine disorder that affects 5-15 % women's of reproductive age group. PCOD can be present with other pathological conditions. A Case of 23year female presented in GHMC Bhopal OPD: PCOS with underdeveloped breast successfully treated with individualistic homoeopathic medicine from potency 30-1M with required repetition. Marked improvement noticed as regularity of menstrual cycle for 3 months supported from USG reports.

Keywords: Homoeopathy, polycystic ovaries, hyperandrogenism, hirsutism, underdeveloped breast, irregular menses, women's health

Introduction

Polycystic ovarian syndrome is an endocrine disorder also called as stein leventhal syndrome after two specialist who originally found it in 1935. Polycystic ovaries are defined as multiple cyst (12or more) of 2-9 mm are located peripherally along the surface of ovary giving it a necklace appearance in ultrasound. The Rotterdam 2003 criteria characterizes PCOS as frequency of any two of 3 key criteria in particular:

1. Oligo-ovulation and anovulation
2. Hyperandrogenism
3. Polycystic ovaries

PCOS is seen more among family members, 20-40% of first-degree female relatives affected than in general population which suggests that genetic factors influence the development of syndrome.

A personal or family history of type 2 DM or gestational DM or the presence of hypertension should also be sought in evaluation.

Clinical Features

- Hyperandrogenism clinically seen as: Hirsutism, acne or male pattern alopecia.
- Hirsutism can be defined as the growth of coarse hair in a women's upper lip, chin, upper abdomen, back etc. in male like pattern.
- Chronic anovulation often presents as- oligomenorrhoea, amenorrhoea, dysfunctional uterine bleeding or infertility.
- Acanthosis nigricans (patches of thick, dark, velvety skin) present on physical examination is a sign of IR (Insulin resistance).

PCOS Essentially divided into 2 types

1. Insulin resistant PCOS
2. Non-insulin resistant PCOS

In women with PCOS there is marked relation between hyperandrogenism (testosterone, DHEA) and hyperinsulinemia because of IR. In approximately 60-70 % pts with PCOS insulin sensitivity is impaired, leading to hyperinsulinemia, now this excess amount of insulin perpetuates ovarian hyperandrogenism in several ways. Excessive insulin stimulates the activity of CYP17A. Now this CYP17 is responsible for androgen production in theca cell.

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Excessive insulin amplifies insulin like growth factor 1(IGF 1) Stimulated androgen production, elevating serum free testosterone levels through decreased SHBG. Major factor leading to this phenomenon are: Lack of awareness, lifestyle changes and stress. In India nearly 40% of women are affected by PCOS, among them only 60% report to hospitals for treatment, when they recognize that they have got infertility. Up-to 40% women with PCOS develop either impaired glucose tolerance or type 2 diabetes by age of 40.

Case

A 23year old female of height 172cm and weight 60 kg diagnosed with PCOS on 29 October 2020. She took allopathic treatment for 2 years but no such improvement occurred reported to the out-patient department (OPD) of GHMC BHOPAL on 3 November 2022 with a clinical history of irregular menses for 2 years, she also had underdeveloped breast. She also complained of acne on face and abnormal hair growth on her face and abdomen since last 1.5 years. Ultrasound reveals that both ovaries are enlarged with multiple follicles in them.

On examination

Body mass index of $60/(1.72)^2=20.281\text{kg m}^2$
 Patches of thick, dark pigmentation are present over neck.
 Breast are not developed properly.

Past history: History of irregular menses since menarche
 Family history

Grandmother: Diabetes type 2, HTN

Father: Asthmatic

Treatment taken: She took allopathic medications for last 2 years to regularize her periods and for breast development but there is no such improvement in it.

Physical Generals

Look of the patient: Tall, lean thin appearance

Thermal reaction: Chilly, tendency to catch cold

Desire: Fast food

Aversion: Sour

Thirst: Adequate

Bowel movements: Ineffectual urging

Menses: Irregular, painful.

Perspiration: more on forehead

Sleep: sound

Dreams: Not specific

Mental Generals

Her mood is very changeable, she is yielding at one moment and disagreeable at another, weeping while telling her complaints.

Disposition of pt. irritable.
 She feels very sad during menses.

On further questioning regarding her affection for her family, she told that she does not have affection for family. This feeling is from last 1 year.

Fear, that something unusual will happen.

First prescription: 3 NOV. 2022

Septia officinalis 30 bedtime for 3 days followed by placebo BD for one month and advised for regular exercise for 30-35 mins per day with avoidance of junk / fast food and high calorie diet.

This case is followed up to June 2023, as per the follow up table [table 1]

Basis of Prescription

Repertorization was done of the following symptoms

Pt. is of lean, thin and tall appearance with underdeveloped breast, chilly patient, tendency to catch cold, changeable mood, irritable disposition, does not feel affection for family, fear that something unusual will happen, irregular menses, irregular bowel movements with ineffectual urging. After repertorization septia scored the second rank.

Remedy	Phos	Sep	Iod	Nit-ac	Sil	Con	Lyc	Calc	Lach	Nux-m	Ars	Puls	Bar-c	Caustr	Graph	Kreos	Lac-d	Med	Nat-m	Mag-c	Sulph	Carb-an
Totality	12	12	11	10	10	9	8	8	8	8	7	7	7	7	7	7	7	7	7	6	6	6
Symptoms Covered	5	5	4	5	5	4	5	4	4	3	4	4	3	3	3	3	3	3	3	5	4	3
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Kent] [Mind]FEAR (SEE ANXIETY):Happen, something, will: (34)	3		2				1	2			2			3	1				2	1		
[Complete] [Mind]INDIFFERENCE, APATHY:Family, towards ones: (3...	4	4		1	1		1															
[Kent] [Mind]WEEPING, TEARFUL MOOD, ETC.:Telling of her sickne...		3										3						2				
[Kent] [Genitalia female]MENSES:Irregular: (61)	1	2	2	2	2	2	2	2	2	3		1	2	1		2	2			1	2	
[Complete] [Female Genitalia]TUMORS:Cysts: (77)	1	1	3	1	3	1	2	1	3		1	2	1		3			3		1	1	1
[Complete] [Chest]ATROPHY:Mammae: (54)			4	3	1	4			1	3	1	1	3			3	3		3	1	1	2
[Kent] [Generalities]HEAT:Vital,lack of: (108)	3	2		3	3	2	2	3	2	2	3		3	3	3	2	2	2	2	2	2	3

Table 1: Shows Symptoms and Medicine, potency and doses

Follow up date	Symptoms	Medicine, potency and doses
10/12/22	LMP: 24 Nov 2022, bright red, with comparatively less clots than before, painful but pain is less than before, her bowel movements are better.	Septia 30 bedtime for 3 days Placebo 30 BD for 30 days

15/01/23	LMP: 05 Jan 2023, bright red, no clots and less pain.	Placebo 30 BD for 30 days
18/02/23	LMP: 11 Feb 2023, bright red, no clots, this time again with very severe pain.	Sepia 200 bedtime for 3 days Placebo 200 BD for 30 days
20/03/23	LMP: 18 Mar 2023, bright red, mild pain only on the first day of menses.	Placebo 200 BD for 30 days
25/04/23	LMP: 22 Apr 2023, bright red, almost with no pain.	Sepia 1M bedtime for 2 days Placebo 200 BD for 30 days
05/06/23	LMP: 27 May 2023, bright red, almost with no pain. Advice for USG Abdomen	Placebo 200 BD for 30 days

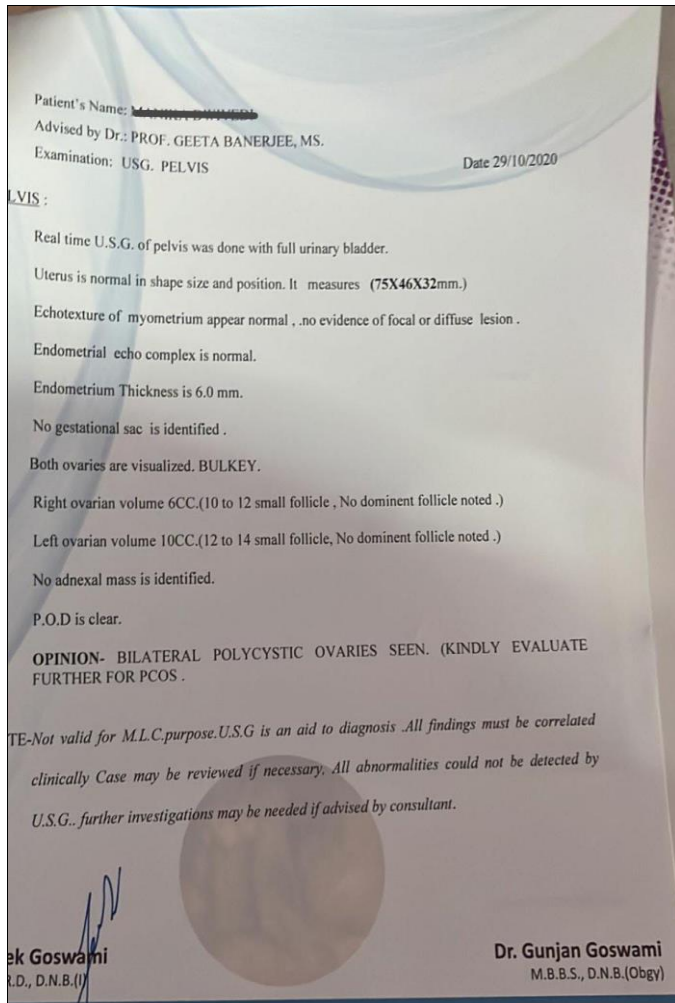


Image 1

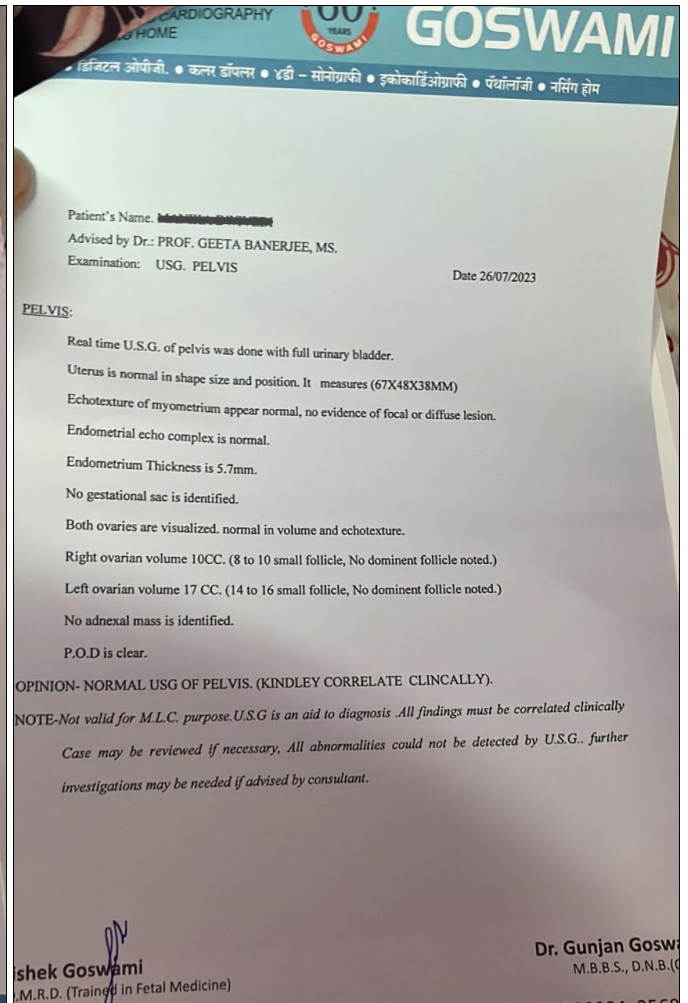


Image 2

Discussion

PCOS is however an imbalance in girl’s hormones, and is also 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 presence of hyperandrogenism and irregular menstrual cycle as well as polycystic ovaries in ultrasound. In adolescent and young women the full blown symptoms of PCOS are major source of psychological morbidity and can negatively affect the quality of life. In this case also the pt. is worried about her personality. Sepia ultimately proved to be indicated in the first prescription, going by the result of repertorization. The potency 30 was selected for the first prescription which is followed by 200 and 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 breast 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.

Conflict of Interest

Not available

Financial Support

Not available

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