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## A case report on polycystic ovarian syndrome treated with individualized homoeopathic medicine

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### Abstract

Polycystic ovarian syndrome (PCOS) is a prevalent hormonal disorder in women of reproductive age, often causing fertility issues. Conventional therapy proves challenging and costly due to its protracted complications. However, a 21-year-old female with PCOS was successfully treated within six months using individualized homeopathic medicine *Natrum muriaticum* 1M, administered as per need of the case. Improvement is evident through regular menstrual cycles and ultrasonography reports. This case demonstrates the potential for positive outcomes with individualized homeopathic treatment for this common gynecological condition.

**Keywords:** Polycystic ovarian syndrome, individualized homoeopathic medicines, *Natrum muriaticum*

### Introduction

Polycystic ovarian syndrome (PCOS) is characterized by amenorrhea, hirsutism, and obesity and enlarged polycystic ovaries. The primary characteristic of this heterogeneous illness is increased androgen production by the ovaries. PCOS is disorder polygenic and multifactorial etiology. Although women with ovarian cysts are mostly asymptomatic, they can also complain of infertility, oligomenorrhea, amenorrhea, or dysfunctional uterine hemorrhage, as well as abdominal obesity (50%), menstrual irregularities (70%) and increased weight. The two most common characteristics are hirsutism and acne (70%), whereas virilism is uncommon<sup>[1]</sup>. We can term the condition as PCOS As per Rotterdam criteria, if any two of three following features are present: (1) Oligomenorrhoea or amenorrhoea is the absence of menstrual cycles for 45 days or longer and/or less than 8 menstrual cycles per year<sup>[2]</sup>. Clinical hyperandrogenism: Modified Ferriman and Gallwey Score of 6 or greater indicates clinical hyperandrogenism<sup>[3]</sup>. Polycystic ovaries: a pelvic ultrasound scan that reveals the presence of more than 10 cysts that are 2 to 8 mm in diameter, typically together with an enlarged ovary that is 10 cm<sup>3</sup>, and an echo-dense stroma<sup>[2]</sup>.

The prevalence of PCOS in the India subcontinent Asian women was 52%<sup>[3]</sup>. A comprehensive approach is strongly emphasized in medical management because pharmaceutical treatments seem to be only somewhat effective in treating specific symptoms<sup>[4]</sup>. In some circumstances conventional treatment is not effective at all<sup>[5]</sup>. In addition to its ineffectiveness conventional treatment causes lot of side effects<sup>[6]</sup>. Depending on fertility requirements, pharmaceutical treatments for irregular menstruation include the oral contraceptive pill (OCP) and ovulation induction with clomiphene citrate<sup>[7,8]</sup>. However, women with PCOS are more prone to show contraindications to the OCP, and even while clomiphene has been successful in inducing ovulation, conception chances are still eerily low<sup>[4,5]</sup>. Up to 30 percent of females, more precisely overweight female shaving PCOS, do to respond to clomiphene therapy<sup>[5, 9, 10]</sup>.

Over this background complementary medicine evidences its triumph in alleviation of symptoms of PCOS without deleterious side effects<sup>[11]</sup>. Over the past ten years, women have increasingly turned to complementary medicine (CM), with usage rates ranging from 26% to 91%<sup>[12, 13]</sup>. Homoeopathy is a complementary system of medicine which shows its marvelous effect in the treatment of various diseases including PCOS<sup>[9]</sup>.

The instance of PCOS in a reproductive age group that was successfully treated with homoeopathy is shown below.

### Case Report

A 21 years old, married female of middle-class family presented with complaints of painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years reported to the Outpatient Department (OPD) of National Institute of Homoeopathy, Kolkata on 07-03- 2018.

As per detailed case history patient was having pain on lower abdomen during first day of menstruation with irregular and profuse bleeding, duration of 8-10 days. Last menstrual period (LMP) was on 4-1-18. She also complained of headache which aggravated during mental stress and exposure to sun. Family history of tuberculosis and cancer. Generalities included good appetite and cannot tolerate hunger; desire-salty and fried food, sour, raw salt; stool-2 days interval, hard; thirst-3 lit/day, prefers chilly

water; perspiration-profuse, more on face, neck; thermal relation-hot patient; general tendency-easily catches cold. Mental general- Mentally patient was depressed; grief due to separation with husband; 4 years ago patient married without permission of parents, but after 1 year she separated, after that all complaints start; consolation aggravation

### Ultrasonographic findings

10.01.2018: Right ovary-3.34 cm X1.44 cm X2.57 cm, volume-6.49 cc.  
Left Ovary-2.65 cm X1.73 cm X2.32 cm, volume-5.56 cc.

**Impression:** Multiple peripheral cysts are seen in the both ovaries.

NAME :		AGE/SEX :	
REF BY : Dr. DEBALINA BRAHMA		21 Y  Female	
CENTRE CODE : MR/17-18/2171		RECEIVED DATE : 10.01.2018	
		REPORT DATE : 10.01.2018	

**REPORT ON EXAMINATION OF LOWER ABDOMEN**

**KIDNEYS :** Both kidneys are normal in shape, size (right kidney – 9.17 cm & left kidney – 9.34 cm). axes & position. Cortical echogenecity appears normal maintaining corticomedullary differentiation - Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

**URETERS :** Visualised part of upper ureter are not dilated.

**URINARY BLADDER :** Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi/mass) could be detected.

**UTERUS :** Uterus is anteverted, normal in size (6.85 cm X 2.75 cm X 3.57 cm). Surfaces are smooth. Endometrium (collapsed wall) is in midline. Endometrial thickness (9.2 mm). Myometrium appears smooth & homogenous without any detectable/sizeable focal lesion. Cervix looks normal.  
Pouch of Douglas is free.

**ADNEXA :** Adnexa appear clear with no obvious mass lesion could be detected.

**OVARIES :** Ovaries are normal in size, shape, position and margin. **Stromal echo is normal. Multiple peripheral cysts are seen in the both ovaries.**

Right ovary measures : 3.34 cm X 1.44 cm X 2.57 cm, volume – 6.49 cc.  
Left ovary measures : 2.65 cm X 1.73 cm X 2.32 cm, volume – 5.56 cc.

**IMPRESSION :**

- Normal sized ovaries with polycystic changes.

*Suggested correlation with serum LH/FSH/TSH.*

*(Signature)*  
**DR. KASTURI DAS**  
M.B.B.S, MD (RADIODIAGNOSIS)

*LIMITATION OF USE*  
The science of radiology imaging is based on the representation of various shadows produced by normal, abnormal tissues and different organs of the body. Hence, it is not confirmatory or conclusive for the diagnosis of the disease process. So, clinical correlation and further related investigations are necessary for the clinical to reach to a final diagnosis.  
Please intimate us for any typing mistakes and send the report for correction within 7 days.

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**SPARSHA**  
Infertility Centre

Fig 1: Date: 10.01.2018) (Before treatment)

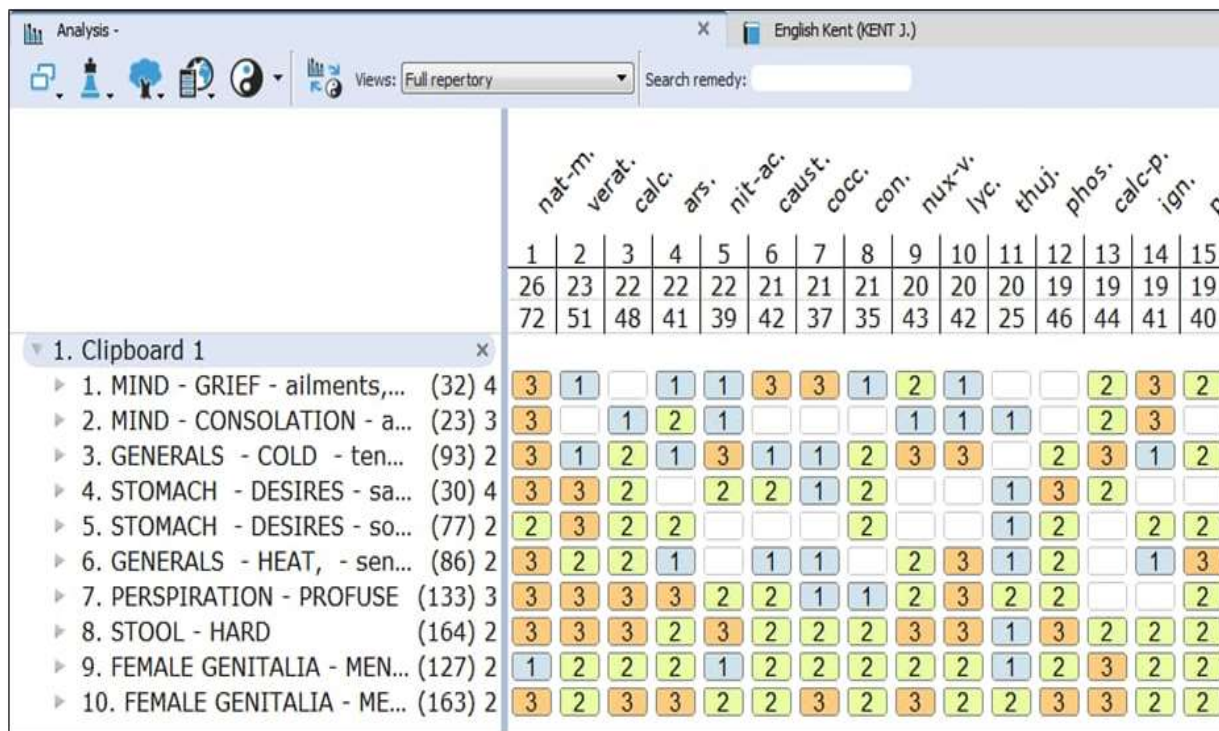
**Totality of Symptoms:** Depressed, grief due to separation from husband and after that all complaints start; consolation aggravation; stool-hard, 2days interval; desire-sour, fried food and salt; perspiration profuse; thermal relation-hot patient; easily catches cold, painful, profuse and irregular

menses, frontal headache aggravated by stress and sun heat;

**Repertorial Analysis** <sup>[14]</sup>: Using Kent's Repertory, after conversion of characteristic or important symptoms into rubrics and sub rubrics. 1. Genitalia Female, Menses,

painful, dysmenorrhea; 2.Genitalia Female, Menses, Copious; 3.Mind, Grief, ailments from; 4. Mind, Consolation (Kind Words), Agg; 5. Generalities, cold,

Tendency to Take; 6. Stomach, Desires, Salt things for; 7. Stomach, Desires, Sour, Acids Etc; 8. Generalities, Heat, Sensation Of; 9. Perspiration, Profuse; 10. Stool, Hard.



**Fig 2:** Repertorial Sheet using computer repertorization of Kent’s Repertory

**Medicine Selected:** Natrum muriaticum 1M

After consulting with materia Medica Medicine was selected as per totality of symptoms and potency as per susceptibility of the patient and homoeopathic guidelines.

**First Prescription**

07.03.2018- Natrum muriaticum 1M one dose for 1 day followed by placebo for 4 weeks.

**Table 1:** Follow up of the case

Date	Previous status	Present status	Prescription
02.04.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	<ul style="list-style-type: none"> <li>LMP-15.3.18</li> <li>Pain during menses better than before</li> <li>Menstrual flow reduce to 6 days</li> <li>Headache-same</li> <li>Hair fall-same</li> <li>Sleep-better</li> </ul>	Placebo for 1 month
30.04.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	<ul style="list-style-type: none"> <li>LMP-22.4.18</li> <li>Pain during menses better than before</li> <li>Menstrual flow reduced</li> <li>Headache-better</li> <li>Hair fall-same</li> <li>Sleep-better</li> </ul>	Placebo for 15days
16.05.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	Patient is same as before	Placebo for 1 month
05.06.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	Period not come. Patient is same as before	Natrum muriaticum 1M- 1dose
27.06.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	LMP-12.6.18. All complaints better than before	Placebo for 1 month
22.07.2018-	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	<ul style="list-style-type: none"> <li>LMP-15.7.18</li> <li>Pain during menses better than before</li> <li>Menstrual flow reduced</li> <li>Headache-better</li> <li>Hair fall-reduce</li> <li>Sleep better</li> </ul>	Placebo for 1 month



30.08.2018	Painful, profuse and irregular menstruation along with hair fall, frontal headache and disturbed sleep for 2 years.	LMP-18.8.18. Menstruation cycle-regular along with marked improvement of other complaints. Mentally patient also feeling good, in general patient was better. In USG there was no cyst in both ovaries	Placebo for 1 month
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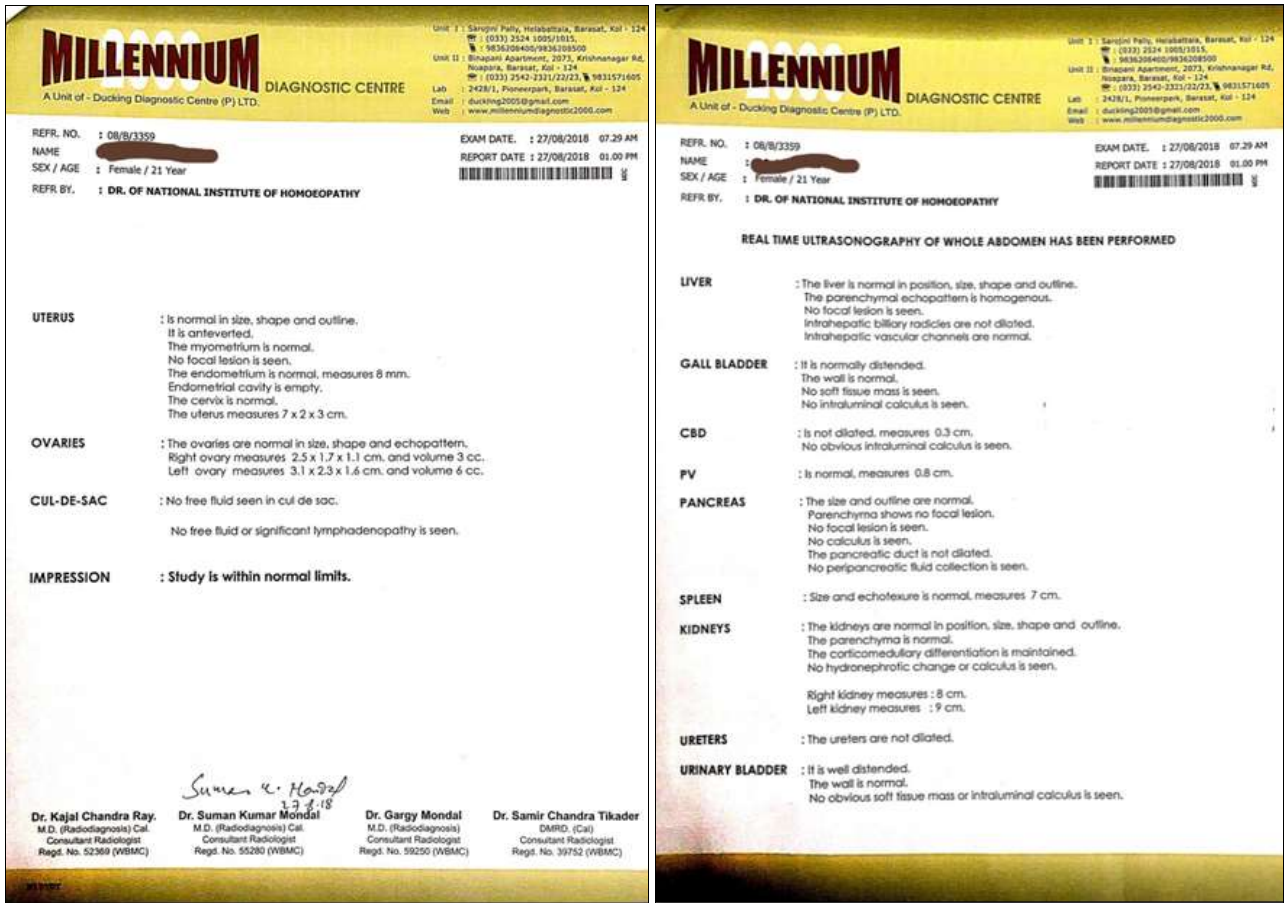


Fig 3: Date: 27.08.2018 (After treatment)

Table 2: Assessment by Modified Naranjo Criteria Score

Sl. No.	Questions	Yes	No	Not Sure/N.A.
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	--	--
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3	Was there an initial aggravation of symptoms?		0	
4	Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	+1		
5	Did overall wellbeing improve? (to suggest using validated scale)	+1		
6	Did the course of improvement follow Hering's Rule?	+2		
7	Did 'old symptoms' (Non-seasonal and non- cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8	Are there alternate cause (other than the medicine) that solely could have caused the improvement? (to consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?			0

Total Score - 10

**Discussion**

Here in this case we saw that the individualized homoeopathic medicine Natrum muriaticum was prescribed on the basis of homoeopathic laws and principles [15, 16]. The assessment of final causal attribution score was determined using the Modified Naranjo Criteria, as suggested by the HPUS Clinical Data Working Group in June 2014 [17]. The total score was 10, indicating a 'definite' connection between

the medication and the result (where 'definite' is for scores ≥ 9; 'probable' for scores 5-8; 'possible' for scores 1-4; and 'doubtful' for scores ≤ 0).

As PCOS is one of the most prevalent illnesses in adolescents, there is always need to investigate all new pertinent data. To prevent long term consequences early detection and prompt treatment is necessary in cases of PCOS among adolescents.

## Conclusion

The above-mentioned case of a polycystic ovarian syndrome showed a significant reverse of apparently irreversible changes in the internal organ with the internal homoeopathic medication strictly selected on the basis of individualization. Also reduces the chance of prolonged use of dissimilar medication along with surgical interventions. However, more case studies and randomized trials are suggested further to evaluate the efficacy of individualized homoeopathic medicines in the treatment of polycystic ovarian syndrome.

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**Informed Consent:** Signed “Informed Consent” was obtained from the patient while she came for of her treatment exclusively through homoeopathic medicines under care of the doctor.

## Source of Financial Support

None

## Declaration of Competing Interest

None

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