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Dr. KM OM Jee
Assistant Professor,
Obstetrics and Gynecology
University College of
Homoeopathy, Jodhpur
DSSRAU, Jodhpur,
Rajasthan, India

Role of homoeopathy in a challenging case profile: Poly cystic ovarian disease with multiple organic pathology

Dr. KM OM Jee

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Abstract

A 47 years old female presented in outpatient department; University College of homoeopathy, Jodhpur. By the investigations it was confirmed that she was suffering from PCOS, bilateral renal stones, thickening of endometrial layer, bulky uterus and fatty changes in liver. Homoeopathic medicine *Natrum muriaticum* constitutionally worked well on her and *Sabina* helped to manage the case spontaneously by its physiological dosing. For removing miasmatic obstacle in case Medorrhinum has been prescribed. Most of the complaint of patient got relieved after medication.

Keywords: AUB, Hepatomegaly, Homoeopathy, NAT MUR PCOD or PCOD, Renal Stone, SABINA

Introduction

Polycystic ovarian syndrome (PCOS) is a multifaceted enigmatic disease. The definition of PCOS has been reviewed by time to time.

ESHRE/ASRM (Rotterdam) 2003: two of the three

- Clinical and/or biochemical hyperandrogenism(HA)
- Oligo/anovulation(OA)
- Polycystic ovarian morphology (PCOM)

NIH 1990: To include both

- Clinical and/or biochemical hyperandrogenism
- Oligo/anovulation

AE-PCOS (2006): To include both

- Clinical and/or biochemical hyperandrogenism
- Oligo/anovulation and Polycystic ovarian morphology (PCOM)

NIH 2012: To identify one of four phenotypes using Rotterdam criteria

- HA+OA+PCOM
- HA+OA
- HA+PCOM
- OA+PCOM

Etiopathology of PCOS

Familial clustering is common in PCOS-50%

Clinical and biochemical manifestations of PCOS are expressed at puberty in predisposed individual. Evidences are accumulating that stigma of PCOS may start long before puberty. There is an excess luteinizing hormone secretion –preferentially abdominal obesity–predisposes to insulin resistance and anovulation.

Excess LH secretion is due to genetically determined hyperactive LH pulse generator in hypothalamus. This results in programming of hypothalamic pituitary unit.

Other secondary genetic (Multigenic) and environmental factors (dietary) interact to modify the final phenotype.

This results in heterogeneous nature of the syndrome.

Corresponding Author:
Dr. KM OM Jee
Assistant Professor,
Obstetrics and Gynecology
University College of
Homoeopathy, Jodhpur
DSSRAU, Jodhpur,
Rajasthan, India

Signs and symptoms

Menstrual dysfunction
Hyperandrogenism – hirsutism, acne, alopecia
Insulin resistance
Acanthosis nigricans
Dyslipidemia
Obesity
Obstructive sleep apnea
Infertility.

Investigations IN PCOS

Ultrasonography (Transvaginal preferred)
Reassessment of BMI, BP (blood pressure), waist circumference. Serum levels of FSH, LH, TSH, total testosterone, prolactin, DHEAS, 17 OHP
2 hours glucose tolerance test (GTT)
Lipid profile.

Case Report: A 47 years old married women presented in OPD UCH Jodhpur with the complaints of abnormal uterine bleeding pain in whole abdomen, much weakness and great lassitude since 1year. She was having irregular and heavy menstrual bleeding. Severe pain in lower abdomen due to pain and discomfort she was unable to perform her daily routine work. On her USG scan there was first grade fatty liver, bilateral polycysts in ovaries, endometritis, and bulky uterus.

History of presenting complaints

In 2021 during the phase of COVID pandemic the patient was suffered by COVID and in one of her family member (cousin mother in law) has been died. She was much attached with her and always sharing her problems with her cousin mother in law. Since now she is always being afraid and not recovered soon by any of complaints. After some days she is suffering from irregular beeding per vaginum and more pain in lower abdomen. Heavy menstrual bleeding on interval of 15-40 days. During menstruation much pain in abdomen, backache was present and weakness was too much. During that period she became much irritable, unable to do her daily routine works and want to be alone and loss

of intrest to do in her activities. She has taken allopathic medicines for 5-6months but complaints not relieved. Then she came to homoeopathy for her treatment.

Past History

Covid in 2021
Typhoid fever in 2020
Both the diseases treated by allopathic medicines.

Personal history

She was a housewife and workaholics and dutiful to her works in respect to other family members. Always well take care of her children and in laws.

Gynecological and obstetrical history

Menarche at age of 15years. Irregular menses since 2 years before that it was somewhat regular without pain in abdomen. G4T3P3A1L3 (Gravida 4, term preg 3 abortion 1 and live births 3) all deliveries was normal and without any complications. The elder on was male and age of 18 years and 3rd child is 6years old now.

Generals

Patient was anemic; her hemoglobin was 9.5 mg/dl in her previous CBC report. Feeling much weakness, weight was 66 kg. Thermally she was hot patient and preferring a cold weather and room to stay. Always want be alone and thinking about her complaints. Brooding was much marked. Disputes with her in husband were always happening with her. But after all these she always having a careful nature to her husband, children and in laws. She told she don't want to share her complaints with any one. Angry at small things but soon recovered herself in front of people and thinking on the circumstances in alone and weeping many times.

Analysis of case

After analyzing the case, totality was framed by combining characteristic particular and general symptoms. The analysis and evaluation of symptoms is done and given in table no. 1. The table shows clearly the totality of case.

Table 1: Analysis and evaluation of symptoms

Sr. No.	Symptom/Gradation	Mental	Physicals	Particulars	Common	Uncommon
1.	Profuse vaginal bleeding(1)			+	+	
2.	Pain in whole abdomen(1)			+	+	
3.	Weakness (1)		+		+	
4.	Anemic (3)		+		+	
5.	Constantly thinking over thoughts (brooding)(1)	+				+
6.	Irritable; Angry at little things: don't like consolation (2)	+				+
7.	Desires to salty things dislikes sweets(2)		+			+
8.	Deep depression after death of her relative (1)	+			+	
9.	Wants to left alone (2)	+			+	
10.	Weeping in alone (1)	+			+	+
11.	Ovarian cyst bilateral(2)			+		+
12.	Bulkey uterus(2)			+		+
13.	Renal stones bilateral(2)			+		+
14	Enlarged liver with grade 1 st fatty degeneration(2)			+		+
15.	Hot patient				+	

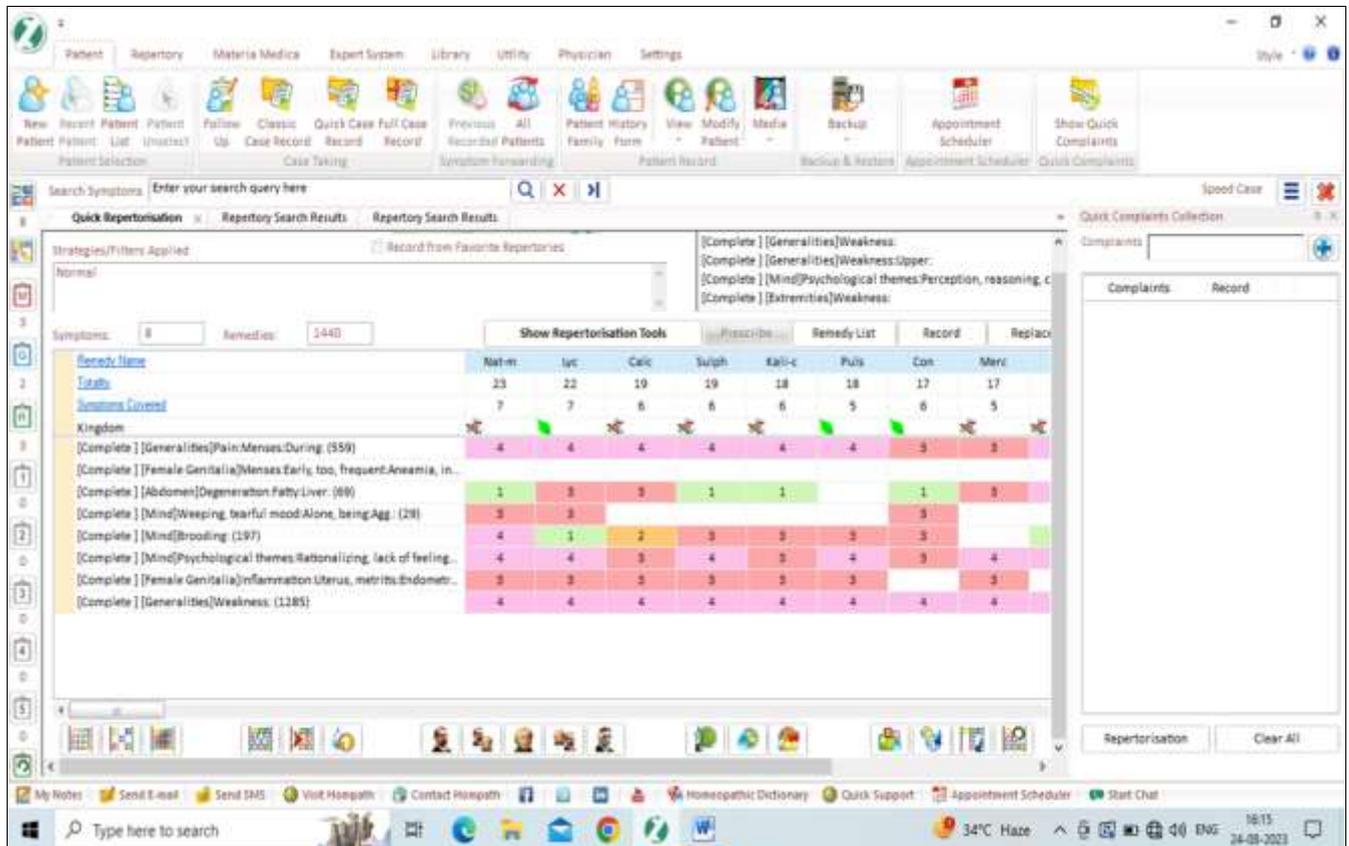
The rubrics taken for repertorisation are given in table no.2 After framing totality the case is repertorised by Zomeo homoeopathic software 3.0. and find Natrum muriaticum as

a similimum for the case. The intensity and grades of symptoms all were matched most suitably to natrum muriaticum.

Table 2: Rubric table

Sr. No.	Rubric	Intensity
1.	Grief : love disappointment	+++
2.	love disappointment, unhappy, ailments from	
3.	Weeping; tearful mood; consolation aggravates	+++
4.	Company : aversion to	+++
5.	Hot patient	++
6.	Brooding	+++
7.	Reserved displeasure	+++
8.	Desires: salt things	+

Repertory Sheet: individualisation.



Remedy and follow up

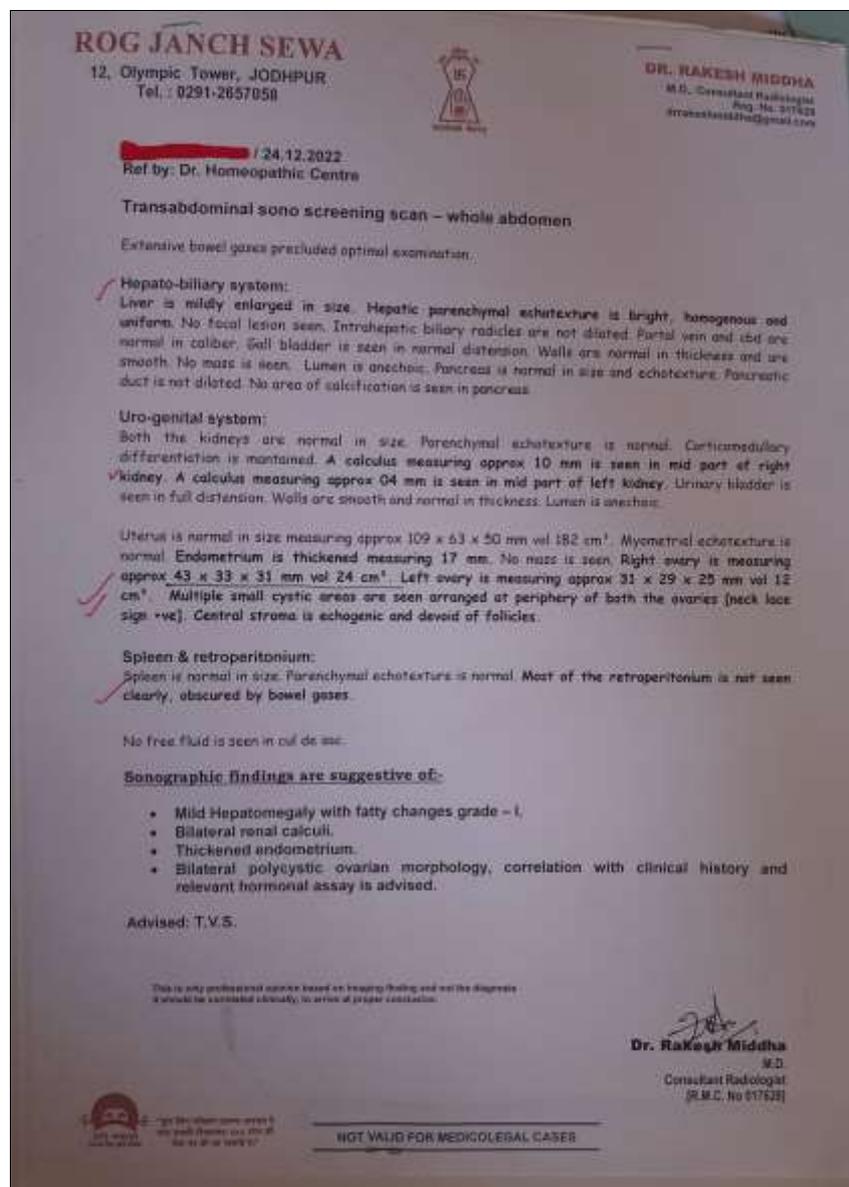
After analyzing the case and repertorisation also natrum muriaticum came out to be the first grade remedy. The rubric chosen are given in table no. 2. natrum muriaticum covered most of the symptoms other medicines which were competing namely lycopodium, calc, sulph, etc. After consulting text books materia medica natrum muriaticum was chosen. Patients complaint were better after giving Natrum muriaticum. The potency used in moderate on the basis of susceptibility and pathological symptoms. Initially 30th, 20th potency was given and then 1M was prescribed

later as per the rules of dosing. As discussed in organon of medicine aphorisms 271 to 280 ; rules of medicine selection and dosing are remembered here during treatment time. Use of single simple and suitable dose of medicine was prescribed. Sabina mother tincture was given to relief immediate checking of bleeding and other locally associated symptoms. The detail of follow up is given in table no. 3. Ultrasound scans of before treatment and after treatment are markedly improved. Patient’s conditions are very better now. Her treatment is continuing till now.



Table 3: Follow ups

Date	Symptoms	General condition	prescription
27/02/23	Pain in whole abdomen, profuse vaginal bleeding since 10 days; blood mixed with large clots, severe backache, profound weakness, bodyache, anxious and depressed.	Very poor	Nat mur 30 1dose stat Sabina Q TDS Rubrum 30 BD for 15 days
14/03/23	Pain in whole abdomen slightly reduced, profuse vaginal bleeding stopped; backache slightly better, weakness and body ache.	Slight better	Sabina Q Rubrum 30; BD for 15 days
28/03/2023	Relieved in all complaints. LMP 20/03/2023,Pain relieved 20%and consized to lower abdomen, bodyache, constipation sometimes, weakness decreased	Improving	Nat mur 30, 1 dose stat Rubrum 30 BD for 30 days
01/05/2023	She came in opd with a happy and smiling face. Relieved in all complaints Pain gone completely, bodyache sometimes, 4 days profuse bleeding and 3 days very less bleeding, dyspepsia sometimes but no constipation. She have done USG scan done for whole abdomen and find out remarked improvement in right ovarian cysts and uterine enlargement.	Improving	Natrum mur 200 stat 1 dose Rubrum 30 BD for 30 days
05/06/2023	Relieved in all complaints, LMP 18/05/2023,bleeding for 5-6 days 3 days normal bleeding no clotting, no pain in body and abdomen, episodes of anxiety and depression comes sometimes and she become tensed	Improving	Rubrum 30 BD for 30 days
03/07/2023	Relieved in all complaints, mentally she is feeling much relaxed, LMP 16/06/2023, bleeding only for 4 days with slight pubic pain and no new complaints.	Improving	Medorrhinum 200 1 dose stat Rubrum 30 BD for 30 days
07/08/2023	Relieved in all complaints, LMP 18/07/2023, Ultrasonography has been done and in findings there was endometrial thickness(17mm) was gone completely Bulky uterus size decreased Right ovarian multiple cysts gone completely B/L renal stone size decreased by 1 mm	Improving	Nat mur 1m 1 dose stat Rubrum 30; BD for 30 days.



12, Olympic Tower, Jodhpur Rd
Tel: 0291-2657888

DR. RAKESH MISHRA
M.D. (General Radiology)
Reg. No. 017922
drakeshmishra@gmail.com

11/04/2023
Ref by: Dr. Om Jee

Transabdominal USDO screening scan - whole abdomen

Estimate bowel gases precluded optimal examination

Hepato-biliary system
Liver is enlarged in size. Hepatic parenchymal architecture is bright, homogeneous and uniform. No focal lesion seen. Intrahepatic biliary radicles are not dilated. Portal vein and CBD are normal in caliber. Gall bladder is seen in partial distension. Lumen is anechoic. Gallstones are normal in size and architecture. Pancreatic duct is not dilated. No area of calcification is seen in pancreas.

Uro-genital system
Both the kidneys are normal in size. Parenchymal architecture is normal. Corticomedullary differentiation is maintained. A calculus measuring approx 09 mm is seen in mid part of right kidney. A calculus measuring approx 08 mm is seen in mid part of left kidney. Urinary bladder is seen in full distension. Wall thickness is normal in thickness. Uterus is enlarged in size measuring approx 112 x 65 x 48 mm and 143 cm³. Myometrial architecture is normal. Endometrium is normal 14 mm in thickness. Multiple small cystic areas are seen arranged at periphery of left ovary (each less than 1cm). Central stroma is echogenic and devoid of follicles.

Spleen & retroperitoneum
Spleen is normal in size. Parenchymal architecture is normal. Most of the retroperitoneum is not seen clearly, obscured by bowel gases.

Free fluid is seen in cul de sac.

Sonographic findings are suggestive of:

- Hepatomegaly with fatty changes grade - I
- Bilateral renal calculi.
- Bulky uterus.
- Left polycystic ovarian morphology, correlation with clinical history and relevant hormonal assay is advised.

This is only professional opinion based on ultrasonography finding and not the diagnosis confirmed by conventional pathology, bio-chem or other investigations.

Dr. Rakesh Mishra
M.D.
General Radiology
[M.C. No. 017922]

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State advanced JH/ND Final Imaging

BHAKAR SONOGRAPHY CENTER
(A Unit of Final Care Imaging & Path Lab)

Add: 110, Bhakar Tower, Near Sunrise Hospital, Panna, Madhya Pradesh (IN) 491001, (IN) 0991 812011

NAME: [REDACTED] SEX: F DATE: 20/07/2023
REF. BY: DR. OM JEE

Thank you, Dr. for your reference.

LIVER - Liver is normal in size (11.88 cm) and shows normal echo texture. Gallbladder and biliary radicles appear normal. There is no evidence of diffuse or focal solid or cystic lesion. The capsule is smooth.

GALL BLADDER - It is well distended and has anechoic lumen. There is no evidence of polypoid, jet or any mass. Common duct is patent and is of normal caliber.

PANCREAS - Shows normal echogenicity of parenchyma. There is no evidence of calcification, diffuse or focal solid or cystic lesion.

SPLEEN - Spleen is normal in size (11.38 cm) with shows normal architecture. No evidence of diffuse or focal lesion seen.

KIDNEYS - Both the kidneys show normal architecture of cortex medullary, parenchymal and collecting systems. There is no evidence of hydronephrosis and cystic lesions. The right kidney measured 10.18 cm x 5.75 cm. A calculus of size 8.7 mm seen in mid calyx. The left kidney measured 10.22 cm x 5.07 cm. A calculus of size 6.0 mm seen in mid calyx.

ACRDS - Is well visualized. There is no evidence of an para-aortic lymphadenopathy.

DUODENUM - Is well distended. No gross or any calcification or any mass. Blurred surface appears smooth.

BLADDER - Contract is uncontracted. The volume measures 5.63 cm x 3.79 cm x 3.25 cm. The focal lesion seen. The endometrial thickness is normal (7.8 mm).

UTERUS - Contract is normal in size, shape.

OVARIES - Both the ovaries were well imaged and appear normal in size. Right ovary measures 2.79 cm x 3.25 cm. Left ovary measures 3.22 cm x 2.01 cm. Several septations appears normal in all quadrants. No lymphadenopathy seen. Mild free fluid seen in POD.

IMPRESSION

- BILATERAL RENAL CALCULI.
- MILD PID.

Adv. Correlate clinically and further evaluation.

This is only professional opinion and not the final diagnosis. USG is subject to variations due to technical limitation. Final correlation with clinical findings & other investigations should be carried out by the referring physician of the patient.

DR. DEEPA MEHRA
M.D. RADIO DIAGNOSIS

Specialization (Postgraduate):
1. All Indian CB Radiology (State Advanced JH/ND Machine)

Facilities:
• All type of sonographies including
• Color doppler and fetal/fetalistic
• Adult echocardiography

- 3D/4D Anomaly Scan, NT Scan
- 3D Fetalist/Monitoring
- 3D Fetal Scan
- Serial / New / Broad Sonography

This is a diagnostic/therapeutic center with full time Radiologist. It is subject to variation of the diagnosis. All final diagnosis are done in consultation with most of all cases of the state. All cases of the state are subject to variation of the diagnosis. All final diagnosis are done in consultation with most of all cases of the state.

NOT VALID FOR MEDICAL LEGAL PURPOSES

Abbreviations: AE-PCOS, ASRM, ESHRE, HA, NIH, OA, OPD PCOM, PCOS, UCH.

Discussion and Conclusion

In this case mental symptoms were very marked. Brooding on thoughts, wants to remain lonely, don't want to share her feeling to anyone and so on. Natrum muriaticum in moderate and minimum doses worked well on the patient and she got relief all of her symptoms as well as she feels better in all aspects of life. The anxiety over little things has gone completely and menstruation cycle is stabilized and pain is gone completely. In between to medorrhinum single dose was prescribed as a intercurrent remedy to remove the obstacles in path of cure. This case clearly shows a multidimensional effect of homoeopathic medicine. Polychrest nat mur has shown a wonderful effect on the patient and cured her ovarian uterine and renal complaints effectively. The patient is continuing medication for remaining renal complaints yet she have renal stones asymptomatic.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Malhotra N, Malhotra J, Saxena R, et al., Jeffcoate's principles of Gynaecology, 9th international edition, New Delhi. Jaypee brothers medical publishers (P) ltd; c2019. p. 460-470.
2. Hoffman, Schorge, Halvorson et al., Williams gynecology, 4th international edition, Mc Graw Hill; access medicine ObGyn collection: Library of congress cataloging-in-publication Data; c2020. p. 389-399.
3. Dutta DC. Clinics in gynecology, 1st edition, New Delhi. Jaypee Brothers medical publishers (P) ltd; c2022. p. 74-77.
4. Dutta DC. Textbook of gynecology. 8th reprint edition, New Delhi. Jaypee brothers medical publishers (P) ltd; c2023, 384-390
5. Goldzieher JW, Leonard R. Axelrod, Clinical and Biochemical Features of Polycystic Ovarian Disease, Fertility and Sterility. 1963;14(6):631-653. ISSN 0015-0282, [https://doi.org/10.1016/S0015-0282\(16\)350476](https://doi.org/10.1016/S0015-0282(16)350476). (<https://www.sciencedirect.com/science/article/pii/S0015028216350476>)
6. Allen HC. keynotes and characteristics with comparisons of some of the leading remedies of the Materia Medica, 8th edition. New Delhi. B. Jain Publishers(P) ltd. 2006, 201-202, 178-180
7. Boericke W. homoeopathic materia medica, 8th edition. New Delhi. B. Jain Publishers(P) ltd; c2006.
8. Dudgeon RE, Boericke W. Organon of medicine word index included, 5th and 6th edition combined; New Delhi B. Jain Publishers (P) ltd; c2022. p. 241 249.
9. Zomeo homoeopathic software 3.0

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