

Usefulness of Homoeopathic medicines in Poly-cystic ovarian syndrome- Case series

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Abstract:

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder that affects multiple aspect of women's health during the reproductive age group. PCOS exerts a negative impact on female identity and contributes to deterioration of Quality of life. Homoeopathy is a complementary system of medicine that can be used safely without any known side-effects. This article mainly highlights the importance of using individualized homoeopathic medicines in PCOS. Three cases of women in reproductive age with PCOS were treated with individualized homeopathic medicines. Each case was reported according to the criteria set out in the HOM-CASE guidelines. The improvement is evaluated from the regularity of the menstrual cycle by assessing with the PCOS questionnaire, Modified Naranjo Criteria for Homoeopathy (MONARCH), and also from the ultrasonography (USG) reports. Marked improvement was observed in all three cases of PCOS. The irregular menstrual cycles and other associated symptoms became normal, along with a resolution of cysts in ovaries as noticed in ultrasonography. All cases improved within 6 to 18 months of treatment. The Modified Naranjo Criteria total score was +8/13, +9/13, +8/13 for the cases, which indicates a positive causal attribution of homeopathy in relieving the symptoms of PCOS. These case reports suggest a significant role of individualized homeopathic medicines in PCOS. The improvement is evident at the symptomatic level, and also in Ultrasonography.

Key words: Homoeopathy, MONARCH, Polycystic ovarian syndrome.

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Introduction

PCOS is a heterogeneous endocrine disorder that affects women of reproductive age group worldwide.^[1] PCOS is having multifactorial pathology which is influenced by genetic,

endocrine, and environmental factors.^[2] It is the usual cause of menstrual irregularities and infertility among females.^[3] During the start of puberty majority of girls have anovulatory

menstruation. Menses can be even irregular for the first 2 years of puberty.^[4]

According to WHO, the prevalence of PCOS around the world is increasing and about 116 million women of reproductive age are affected across the world.^[5] The prevalence according to NIH/NICHD criteria forms 4%–8% and as high as 15%–20% according to the ESHRE/ASRM criteria.

Due to changes in lifestyles and diet, the prevalence rate in India has also become similar.^[6,7] Studies suggest that the burden of PCOS is considerably lower among rural Indian adolescents when compared to their urban counterparts.^[8] The current incidence of PCOS is fast growing due to changes in lifestyle and stress. It is becoming a common problem amongst adolescence, developing soon after puberty. Hirsutism and obesity produce adverse cosmetic and psychological consequences which can reduce the quality of life. Infertility emerges as one of the major predictors affecting overall Health Related Quality of Life (HRQOL) in PCOS cases.^[9-10] Diagnosis of PCOS at an earlier stage and proper interventions with diet and lifestyle management could prevent the patients from complications like cardiovascular diseases.^[11] Cases were diagnosed based on Rotterdam criteria and USG findings.^[12]

In a pilot case-control study about the Evaluation of homoeopathic treatment in polycystic ovary syndrome, it was found that homoeopathic interventions with lifestyle modification showed better results when compared to the placebo group.^[13]

In this case series, 3 PCOS cases registered and treated at the out patient department (OPD) of the National Homoeopathy Research Institute in Mental Health, Kottayam, were evaluated. Symptomatic and significant improvement in USG report after unsuccessful treatment history for more than 5 years in cases of irregular menses since menarche was the prior consideration. During the initial visit the

patients underwent detailed case taking, followed by repertorisation to find the individualized homoeopathic medicines. Indicated remedy was prescribed in centesimal potency (CM) potency according to the principles of homoeopathy based on the totality of symptoms. The cases were analysed and followed by USG scanning.

Case Presentation- 1:

A 30-year-old, obese female presented with irregular menstruation since menarche (at 15 years of age) with a scanty flow for 2 to 3 days and occasional intermittent flow. She also presented with mastalgia before menses. Moreover, she was gaining weight and her BMI was 27.3 kg/m². Also, she complains about primary infertility for 6 years. She had dryness of the vagina and unsatisfactory sexual life. After one year of married life, they took conventional treatment and done ovulation induction treatment for 6 months followed by IUI 5 times without any successful results. They attempted IVF once but were not able to complete it. In family history her mother suffered from bronchial asthma.

Her appetite and thirst were reduced. Occasional urgency with frequent urination and irregular sleep pattern were present. Thermally she was hot. She feared her husband due to his anger. Moreover, she was suffering from itching of skin from exposure to sun and recurrent headaches of shifting nature which was relieved by a tight bandage.

Totality of symptoms

Suppressed emotions.

No sexual satisfaction.

Pain in the breast before menses.

Scanty menses.

Abdomen distension.>flatus.

The treatment started with *NatrumMur*200, one dose per week and later changed to *Lycopodiumclavatum*200, one dose per week, based on the totality of the symptoms. During treatment, her menses became regular and her general health improved. On subsequent USG

investigation, the ovaries were found to be normal. Detailed follow-up is given in Table 1: Timeline of case 1 and the repertorisation chart is given in Fig.1

As per modified Naranjo criteria total score was +8 (for criteria 1,2,5,8,9,10) with zero score for 3,4,6a,6b,7. Modified Naranjo is attached in Table 4.

Case Presentation- 2:

A 32-year-old woman presented at the OPD with irregular menses from menarche. She suffered from secondary amenorrhoea for a period of 4 months followed by profuse and protracted clotted menses which lasted for 8 to 10 days. She gained weight with a BMI of 25.6 Kg/m². Her treatment history includes one year of conventional treatment followed by 6 months of ayurvedic treatment. She had a history of an appendectomy at 20 years of age. Her mother died of brain tumour.

Her appetite was good. Also, constipation and haemorrhoids were present and haemorrhoids are aggravated during menses. Thermally she was ambithermal. Moreover, she complained of recurrent headache with pricking type of pain which got aggravated during exertion, mental worries (frequency increases), and at night. Her anxiety was felt in the stomach region.

Totality of symptoms

Anxious about her disease.

Haemorrhoids during menses.

Headache increased by mental exertion and at night.

Menses is irregular, profuse, protracted, and clotted.

The treatment was started with *Lachesis* 200, one dose per week, based on the totality of symptoms followed by *Lycopodium clavatum* 200, one dose per week. Detailed follow-up is given in Table 2: Timeline of case 2 and a repertorisation chart is given in figure 2.

The patient's total score on modified Naranjo

criteria was +9 (for criteria 1,2,4,5,8,9,10) with zero score for 3,6a,6b,7. Details of modified Naranjo are given in Table 4.

Case Presentation-3:

A 22-year-old female presented with irregular menses from menarche. She had dysmenorrhoea during the first three days of menses, a tendency to obesity (BMI: 26 Kg/m²), and hirsutism on the chin, upper lips, around the areola, and lower abdomen. Also, she suffered from headaches before menses and leucorrhoea before and after menses. She achieved menarche at 13 years of age. Thereafter, her menses would get delayed by 45- 60 days. Gradually complained of the absence of menses for more than 6 months for about 1 year and she was under Conventional treatment.

She had a history of chickenpox at the age of 18 years. Her father is suffering from hypertension, diabetes mellitus, and renal calculi. Her mother has diabetes mellitus. The Patient had a good appetite but was thirst less and used to drink small quantities of cold water at frequent intervals. Moreover, she had desire for eggs.

Totality of symptoms

Thirst- reduced, she prefers cold drinks.

Desires egg

Leucorrhoea before and after menses.

Headache before menses.

Tendency to obesity.

Pulsatilla 200, one dose per week was prescribed for the case. The patient became better symptomatically and on subsequent sonography, the ovaries were found to be normal. Detailed follow-up is given in Table 3 Timeline of case 3 and the repertorisation chart is represented in figure-3.

Modified Naranjo Criteria as proposed by the HPUS Clinical Data Working Group (status December 2015) Maximum score = 13 Minimum score = -3.

Table 1: Timeline of case 1:

Date	Symptoms	Prescription
09 June 2016	Baseline consultation. LMP: 01 June 2016.	<i>Natrummur</i> 200/ 4 dose (1 dose/week)
01 July 2016	Patient improving. Pain in the abdomen due to gaseous distension, >by passing flatus. Generals-good. LMP: 01 July 2016.	<i>Lycopodiumclavatum</i> 200/ 4 dose (1 dose/week)
12 August 2016	Pain in the abdomen was relieved. Intermittent headache. Generals-good. LMP: 01 August 2016. Flow for 3 days.	<i>Lycopodiumclavatum</i> 200/ 4 dose (1 dose/week)
08 September 2016	Headache persists. Intermittent throat irritation >warm drinks. Generals-good. LMP: 29 August 2016.	<i>Lycopodiumclavatum</i> 200/ 4 dose (1 dose/week)
01 October 2016	Patient improving. Generals-good. LMP: 29 September 2016.	<i>Sac lac</i> / 4 dose (1 dose/week)
11 November 2016	Patient improving. Generals-good.	<i>Sac lac</i> / 4 dose (1 dose/week)
02 December 2016	Menses regular. Weight-67kg. BMI-26.1 Kg/m ² . Generals-good.	<i>Sac lac</i> / 4 dose (1 dose/week)

Table 2: Timeline of case 2:

Date	Symptoms	Medicine
11 August 2016	Baseline consultation. Haemorrhoids <during menses. Generals-good. PMP: 16 July 2016. LMP: 06 August 2016.	<i>Lachesismutus</i> 30/ 4 dose (1 dose/week)
22 September 2016	Haemorrhoids' persist <during menses. Pain in back <walking. LMP: 06 August 2016.	<i>Lachesismutus</i> 200/ 4 dose (1 dose/week)
06 October 2016	Haemorrhoids' persist < during menses. Leucorrhoea <menses after. PMP: 30 September 2016. Menses- clotted, profuse, flow for 7 days, dark blood. LMP: 05 October 2016.	<i>Lachesismutus</i> 200/ 4 dose (1 dose/week)
24 November 2016	Haemorrhoids' persist, <menses during. Leucorrhoea persist-watery, corrosive with itching forms long strings. LMP: 24 November 2016.	<i>Lachesismutus</i> 200/ 4 dose (1 dose/week)
23 December 2016	Patient improving. Generals-good.	<i>Lachesismutus</i> 200/ 4 dose (1 dose/week)
06 January 2017	Patient improving. Leucorrhoea reduced, itching relived. Pain in the right side of the abdomen. LMP: 24 November 2016.	<i>Lycopodiumclavatum</i> 200/ 4 dose (1 dose/week)
02 March 2017	Patient improving. Leucorrhoea reduced. Hemorrhoids reduced. Generals-good. PMP: 18 January 2017. LMP: 17 February 2017.	<i>Lycopodiumclavatum</i> 200/ 4 dose (1 dose/week)
07 April 2017	Patient improving. Leucorrhoea reduced.	<i>Lycopodiumclavatum</i> 200/ 4

	Hemorrhoids reduced. Generals-good. PMP: 11 March 2017. LMP: 01 April 2017. Profuse bleeding with pain in the right lower abdomen.	dose (1 dose/week)
14 September 2017	Dysmenorrhoea-profuse flow with clots. Burning while urination reduced. Leucorrhoea reduced. LMP: 07 September 2017.	<i>Sac lac</i> / 8 dose(2 dose/week)
06 October 2017	Leucorrhoea reduced. Burning while micturition.	<i>Sac lac</i> / 12 dose (3 dose/week)
17 November 2017	Burning while micturition relieved. LMP: 06 October 2017. Flow for 7 days with clots, brown color, pain in the abdomen and back in first 2 days, pain increased with flow. Generals-good.	<i>Sac lac</i> / 8 dose (2 dose/week)
22 December 2017	LMP: 19 December 2017. Profuse bleeding, dark clotted blood. Dysmenorrhoea with frequent urge to pass stool. Pain in the right lower abdomen.	<i>Sac lac</i> / 4 dose (1 dose/ week)
01 February 2018	Patient improving. LMP: 16 January 2018. Flow for 4 days. Dysmenorrhoea reduced in intensity. Weight-60kg. BMI-23.4 Kg/m ² .Generals-good.	<i>Sac lac</i> / 4 dose (1 dose/ week)

Table 3: Timeline of case 3:

Date	Symptoms	Medicine
20 January 2016	Base line consultation. LMP: 27 December 2015. PMP: 24 November 2015.	<i>Calcarea carb</i> 200/ 4 dose (1dose/week)
22 February 2016	LMP: 28 January 2016. Flow for 4 days. Leucorrhoea before and after menses. Generals-good.	<i>Calcarea carb</i> 200/ 4 dose (1dose/week)
23 March 2016	LMP: 01 March 2016. Scanty flow. Leucorrhoea-white, profuse before and after menses.	<i>Calcarea carb</i> -200/ 4 dose (1dose/week)
06 June 2016	LMP: 05 June 2016. Scanty, intermittent flow for 1-2 days.	<i>Pulsatillanigricans</i> 200/ 4 dose (1dose/week)
13 July 2016	Menses almost regular. Scanty flow.	<i>Pulsatillanigricans</i> 200/ 4 dose (1dose/week)
29 August 2016	LMP: 09 August 2016. Scanty flow for 3 days.	<i>Sac lac</i> / 10 dose (2 dose/week)
03 October 2016	LMP: 09 September 2016. Flow for 3 days.	<i>Sac lac</i> / 10 dose (2 dose/week)
31 October 2016	LMP: 10 October 2016. Dysmenorrhoea. Flow for 4 days. Weight-62kg. BMI-24.8.	<i>Pulsatillanigricans</i> 200/ 4 dose (1dose/week)
28 December 2016	LMP: 15 December 2016. Flow for 2 days. No dysmenorrhoea.	<i>Pulsatillanigricans</i> 200/ 4 dose (1dose/week)

Table 4: Modified Naranjo criteria:

Questions	Case-1	Case-2	Case-3
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	+2	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	+1	+1
3. Was there an initial aggravation of symptoms?	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	0	+1	0
5. Did overall well-being improve?	+1	+1	+1
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	0	0	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	0	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability- could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions)	+1	+1	+1
9. Was the health improvement confirmed by any objective evidence?	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	1	1	1
TOTAL SCORE	8	9	8

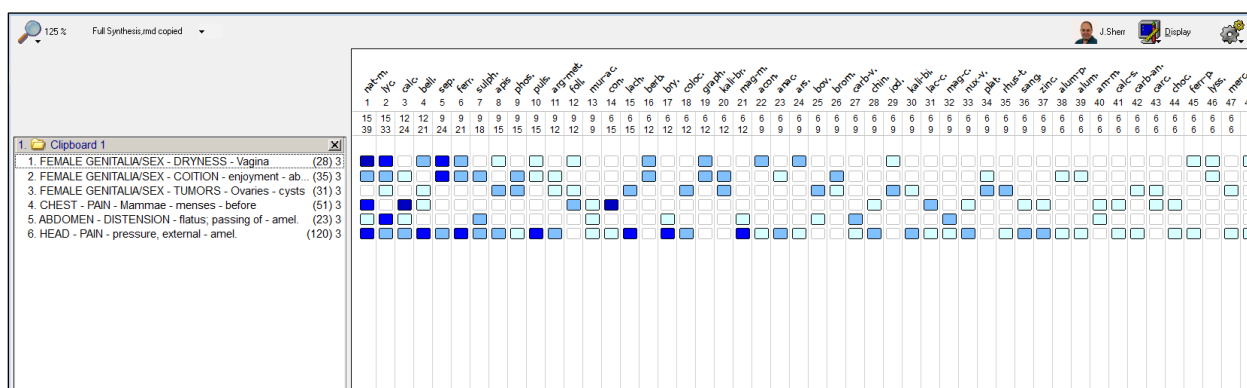


Figure-1: Repertory chart for case 1

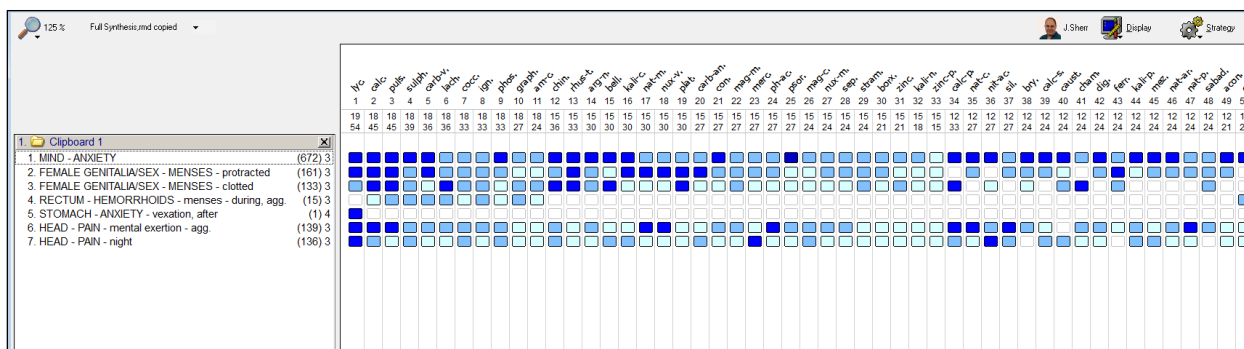


Figure-2: Repertorisation chart for case 2

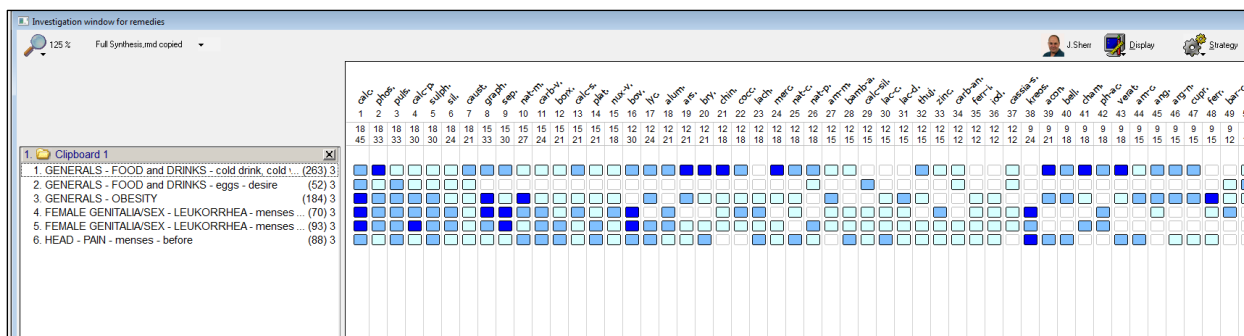
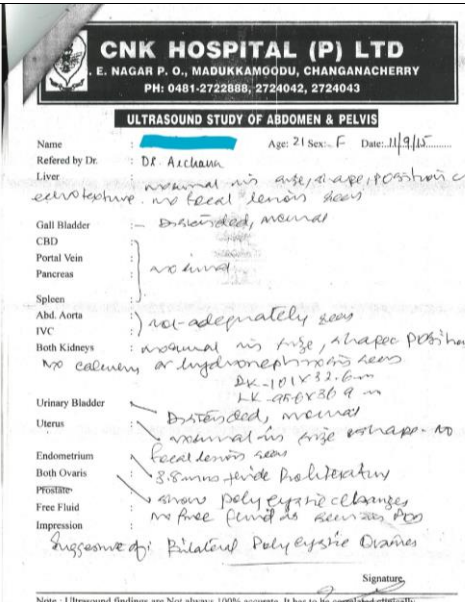
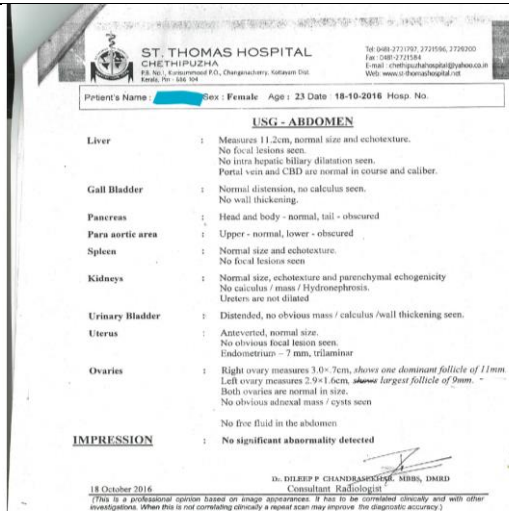


Figure-3: Repertorisation chart for case-3

USG reports BT and AT:

Case	BT Report	AT Report
Case-1	Both ovaries are mildly enlarged, with multiple cysts showing polycystic pattern	Both ovaries show normal appearance.
Case-2	Polycystic changes noted in both ovaries	Both ovaries are normal in size with small follicle
Case-3	Bilateral polycystic ovaries	Both ovaries normal in size, right ovary shows a dominant follicle of 11mm.
		

Result and Discussion:

In the first and third cases, the total score as per modified Naranjo criteria is +8. In the second case, it is +9.

Among the reproductive phase of women, PCOS is becoming a common problem ^[14]so evaluation of the condition is done at the earliest to identify the cause to provide an effective treatment. A sedentary lifestyle with lack of exercise and changes in food habits contribute significantly to the development of PCOS. Homeopathic medicines with regular exercise and changes in food habits will give additional benefits. In all 3 cases, patients had to take menstruation-inducing drugs regularly every month, with steroids which produced side effects like obesity. All the patients treated with individualized homeopathic medicines didn't report any untoward reactions from medicines. We were able to produce changes on both the functional level and structural level. There was a disappearance of ovarian pathology in USG after homeopathic treatment. In first case, as per modified Naranjo criteria total score was +8 (for criteria 1,2,5,8,9,10) with zero score for 3,4,6a,6b,7.. Detailing of these scores – for criteria 1 and 2 (improvement of the main symptom in a plausible period with homeopathic treatment), 8 (no other forms of treatment and other clinically relevant interventions were taken), 9 (improvement were documented before and after treatment with USG) – suggests clinical improvement of the patient, 10 (repeat dosing, if concluded, will create similar clinical improvement) No aggravation of symptoms were recorded nor did old symptoms reappear. This can be concluded as there is a causal attribution of treatment to the disease condition.

In the second case, the patient's total score on modified Naranjo criteria was +9 (for criteria 1,2,4,5,8,9,10) with zero scores for 3,6a,6b,7. Detailing of these scores – for criteria 1 and 2 (improvement of the main symptom in a plausible period with homeopathic treatment) 8 (no other forms of

treatment and other clinically relevant interventions were taken), 9 (improvement were documented before and after treatment with USG), 10 (repeat dosing, if concluded, will create similar clinical improvement) suggests clinical improvement of the patient. No initial aggravation of symptoms was recorded nor did old unresolved symptoms reappear. This can be concluded that the clinical improvement can be attributed to homeopathic treatment.

In the third case, the patients total score on modified Naranjo criteria was +8 (for criteria 1,2,5,8,9) with zero score for 3,4,6a,6b,7. Detailing of these scores – for criteria 1 and 2 (improvement of the main symptom in a plausible period with homeopathic treatment), 8 (no other forms of treatment and other clinically relevant interventions were taken), 9 (improvement were documented before and after treatment with USG), 10 (repeat dosing, if concluded, will create similar clinical improvement) suggests clinical improvement of the patient. No aggravations of symptoms were recorded, the direction of cure was not established nor did old symptoms reappear. As such, based on modified Naranjo criteria scoring, the patient's improvement is attributable to the treatment. Modified Naranjo is attached in Table A. The cases were observed further for 2 years without recurrence, suggesting the indicated homeopathic medicines can prevent its recurrence.

On comparing The Polycystic Ovarian Syndrome Health related Quality of Life Questionnaire (PCOSQ) there was an improvement in the five domains like emotions, body hair, body weight, infertility, and menstrual problems. They got regular menstruation even without the use of hormone therapies. Depression and anxiety are counterparts of PCOS, which can affect their quality of life. Continuous thinking about the disease can produce a negative impact on the individual.^[15] Homeopathic medicines being holistic considers the physical, mental and

emotional aspects which help to improve their state at every level.

In the first case on considering the suppression of emotions with physical ailments like dryness of the vagina, NatMur was prescribed later considering her abdominal ailments it was followed by *Lycopodium* and *pulsatilla*, while in 2nd case on considering the totality *Lachesis* followed by *Lycopodium* showed good results. In the third case on considering her desires for egg and cold drinks, *Calcarea carb* was prescribed later followed by *Pulsatilla* due to scanty flow of menses. In Lamba, et al, study the commonly indicated medicines were *Pulsatilla*, *Calcarea Carb*, and *Lycopodium* (7). These case reports suggest that homoeopathy is useful for PCOS cases.

Conclusion:

This study concludes that individualized homoeopathic treatment can significantly manage PCOS cases, which can produce changes at functional and pathological levels. Homoeopathic medicines along with life style modifications will be more beneficial in the treatment of these cases. Further large sample studies should be done to re-evaluate the effectiveness.

Consent of Patient:

The patient's consent was duly taken for registration as ethics for treatment and publication without disclosing the patient's identity.

Limitation of study:

The same intervention may be tried in more cases for its scientific outcome.

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