

Management of Polycystic Ovarian Syndrome (PCOS) with Constitutional Homoeopathic Medicine- A Case Report.

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ABSTRACT:

PCOS (Polycystic ovarian syndrome), one of the commonest cause of irregular periods & Infertility in females. it was an endocrine disorder of women in reproductive age group. Prevalent among 4-20% of total world women population. Characterized by anovulatory menstrual cycles, menstrual irregularities, features of hyperandrogenism, obesity and complicated with metabolic abnormalities. It was found to be difficult to managed by modern medicine. In this case record a 26year old female, she was suffering from irregular menses since 2years, with an USG report suggesting of cystic changes in ovaries bilaterally, after careful case taking and repertorization in Kent repertory using RADAR 10.0, Pulsatilla has been selected as her individualized homoeopathic medicine. It was prescribed in LM potency along with advises in diet & regimen, within a short duration of 5 month the patient was completely cured from here sufferings. This case report shows successfulness of individualized homoeopathic medicine in hormonal imbalance disorder.

KEY WORDS: Homoeopathy, Hirsutism, PCOS, Pulsatilla, Rotterdam criteria.

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INTRODUCTION:

Polycystic ovarian syndrome, an endocrine disorder in reproductive age group women characterized by development of multiple benign cysts in ovaries [3]. About 4-20% of women worldwide in reproductive age group are affected by this [5]. 80% of PCOS patients having anovulatory menstrual cycle, which leads to Infertility among women [13]. PCOS was a state of

Hyperestrogenmia, Hyperinsulimia & Hyperandrogenism leading to anovulatory cycles, irregular menstruation, hirsutism, type II diabetes mellitus [3][4][7]. It was originally described by Stein & Leventhal in early 19s, so it is also known as Stein & Leventhal syndrome [4][19]. 80% of cases of PCOS has strong association with Obesity (increased adipose tissue). In Modern medicine management was by taking

Counseling the patients, reducing weights, controlling hyperandrogenism, hyperglycemia. Modern medicine use agents such as anti-Aromatase, anti anti-mullerian agents, OCP pills, oral hypoglycemic agents [1][6]. For women who wanting child birth the management was basically inducing ovulation by giving Oral contraceptive pills, it reduce hyperandrogenism state & progesterone in OCP pills promotes ovulation [1]. In women who completed family – anti-androgenic medicines are used. For Diabetes – Metformin [1] was a medicine of choice, depending upon the age and presentation multiple different complex medicines are used by modern medicine physicians. Continuous medication for a long period leads to many adverse effects both physically & mentally. Patients have the risk of developing Cardio-vascular disorders & abnormal lipid profile, thrombo-embolism ect [6], due to prolonged intake of hormone tablets. Homoeopathy system of medicine treatment was based on holistic approach (mind, body, soul) the individualized medicines restore patients without adverse effects. At present days many cases of PCOS successfully treated by constitutional homoeopathy medicines without any adverse effects [8][10][11][15][19]. Along with medicine with improvement of diets & body weight reducing had increased the success rates.

Excess Obesity leads insulin resistance [4]. Theca leutin cells of ovum secretes more amount of androstenedione, under the stimulation of Luteinizing hormone (LH). Androstenedione on the peripheral adipose tissue converted in to estrone by Aromatase enzyme. Estrone a weak form of estrogen under positive feedback mechanism it stimulate pituitary gland to secrete more LH. More LH leads to secretion further increase in Androstenedione, Estrone & Suppression of Follicular stimulating Hormone (FSH).

Leads to increased LH:FSH ratio^{[3][4]}. Estrone stimulates Hyperplasia of endometrium, fragile thick endometrium formed. Raised LH leads to formation of cystic changes in follicles of Ovary. Increasing androstenedione cause raise in Testosterone which leads to Hyperandrogenic changes such as hirsutism, acne & baldness [3][4].

Clinically heterogeneity in presentation, signs & symptom vary with individuals [3][4]. Menstrual abnormality – in the form of oligomenorrhea, amenorrhea, dysmenorrhea & infertility. Increasing body weight (70-80%)^[11], Hyperandrogenism leads to hirsutism (growth of hair in face), Acne. Metabolic abnormalities (33-47%)^[11] leads to, Type-II Diabetes mellitus (30-40%)^[11](hyperinsulinemia), Acanthosis nigricans an greyish brown thickening of skin in nape of neck.

From 2013, October onward the Endocrine society recommended Rotterdam criteria for diagnosis^[19]. Any 2 of the following 3 criteria should be present to diagnose a person having PCOD after excluding other cause, [1][2][3][19]

1. Oligomenorrhea or Amenorrhea,
2. Hyperandrogenism (Clinical or biochemical),
3. USG ovarian morphology showing 12 or more cyst sizes of (2-9mm) unilaterally or bilaterally with enlarged ovary more than 10ml volume.

CASE REPORT:

A female 26 years old belonging to middle income group, from Howrah Came to NIH OPD on 10th March 2022. Came with a complaints of irregular menses, diagnosed as a sufferer of cystic changes in Ovaries by an modern medicine Physician. She had a Complaints of Irregular menses since 2yrs Cycle -6-7days/ 50 days, Bright red copious for first 3 days, then scanty in remaining days, During mesturation she have low back

pain, she needs 6-7 large pads in first 3 days, Menstruation worse during night especially on lying. Frontal headache 1-2 days before menses, after menses she was having non-offensive, thick, non-acrid white discharge for a duration of 2-3 days. LMP- 28-02-2022, And increasing body weight since last 2yrs- Body weight – 70kg, Height -1.54cm , BMI- 29.

She had a history suffered from measles at the age of 3 years of age; she had taken conventional medicine & got recovered. When she was 21years old she has been hospitalised for 2 weeks for Dengue. She had a history of taking allopathy medicine for presenting complaints since the last month. In family history, her father was Diabetic & Mother was Asthmatic, Her Elder sister taking treatment Hypothyroidism.

While case taking her response to questions are slow, 2-3 time after repeating only she able answer the question (dullness in response), she got easily tired by daily works. She doesn't make her own decision even doing some domestic work, as she gets easily confused (Irresolution).

She doesn't tolerate over heat & cold, she prefers cold foods, aversion to fanning in winter season, wear loose clothes in summer & desires covering during winter, Daily she drinks around 1.5-2 Liter water/ day, she doesn't feels thirsty. She desires Sour & sweet taste, cold foods, tea (every day -2 tea). Oily foods cause indigestion, discomfort in abdomen & loose stool. Bowel habits are regular, soft occasionally hard. Most of the time she get unrefreshing sleeps, sleeps 6-7 hours at night.

REPERTORY SELECTION & REMEDY SELECTION:

Repertory Selected: KENT REPERTORY, by using RADAR 10.

Reportorial selection & reason: Kent repertory was selected because of marked number of general symptoms in the case.

6 rubrics selected on Kent's method of evaluation.^[16]

1. Mind- dullness
2. Mind- sluggishness
3. Stomach- desires- sour foods
4. Stomach- disordered - fat foods
5. Female genitalia - leucorrhea – menses-- after
6. Head- pain – menses --before

REPERTORIAL ANALYSIS:

Pulsatilla -14/6, Sulphur -14/6, Calc carb - 12/5, Natrum mur- 10/5 Phosphorus -10/5, Sepia -10/5 ^{[12][17]}

Pulsatilla & Sulphur covers all the rubrics with maximum marks, final selection of remedy was done after referring to Material medica.

Pulsatilla ^[14]

Menstrual Flow mostly takes place at night < Lying, Menstrual blood either thick, black, clotted or thin watery, Changeability is marked, Leucorrheal discharge thick, after suppression of menses from fright.

Sulphur^[14]

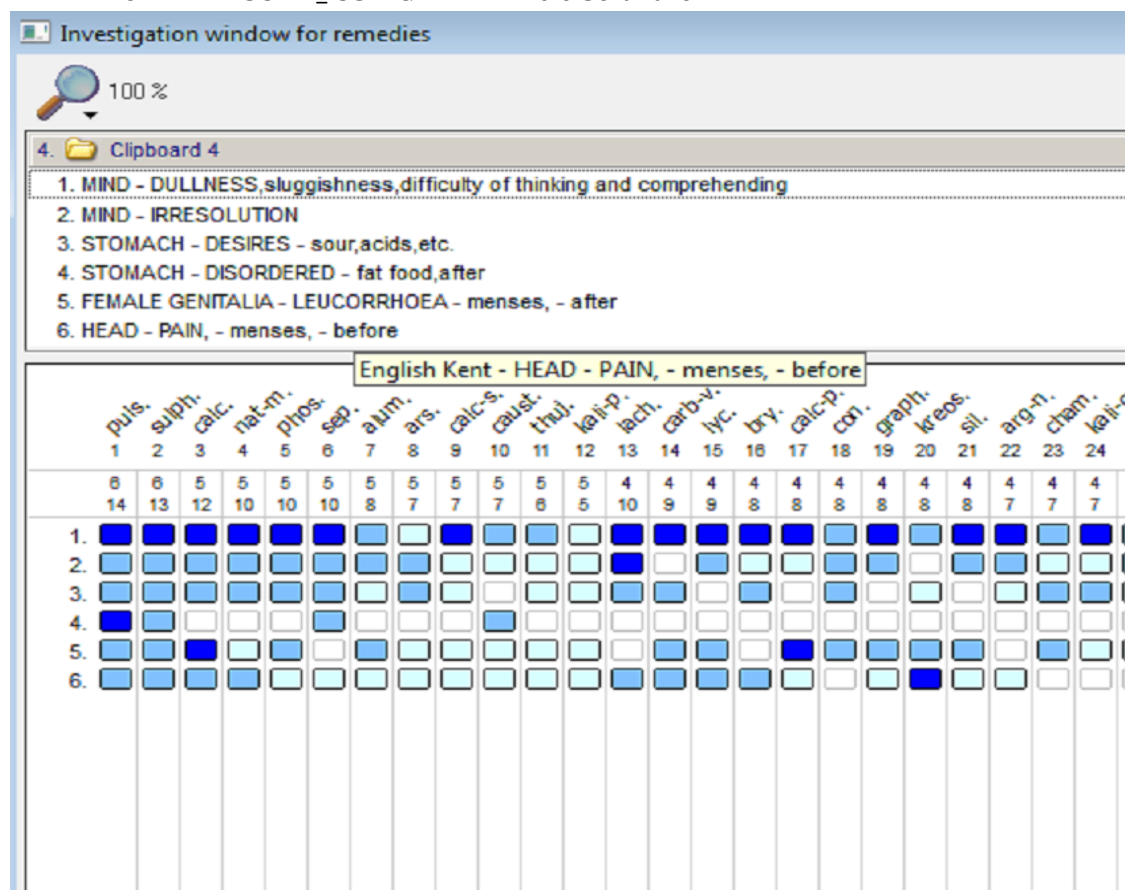
Great congestion of parts with bearing down sensation from pelvis to genitalia < Standing, Leucorrhea & Menses are acrid.

Pulsatilla was selected as an individualized medicine as patient's discharges are non acrid. For repetition and avoiding unwanted aggravation LM potency was used, Pulsatilla 0/1 was prescribed in daily dose for first month of treatment.

Table- 1: FOLLOWS UPS:

Sl.no	Date	Condition	Prescription
I	9-04-2022	Patient feels better Menstruation appeared after 35days on 3-04-2022, last for 5 days. Leucorrheal discharge decreased Headache not occurred	Rx Pulstilla 0/2, /30d (1month) Rubrum 30/1dram (1 month)
II	10-06-2022	Patient feels better Menstruation occur at the cycle 5/35days, Leucorrhea persist No other complaints	Rx Pulstilla 0/3/30d(1month) Rubrum30/1dram (1month)
III	16-08-2022	Patient feels better Menstruation regular, no pain, 5/35 days. Leucorrhea reduced. No new complaints USG dated- 13-08-2022 reveals normal findings of ovaries.	Rx Rubrum 30/1dram (1 month) Advice for regular follow up at 3 months interval for 6 month, to confirm patient complain not relapsed again.

REPERTORIAL RESULT _ USING RADAR 10.0 Software [17]



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Associate Code : DIR
Patient's Name : MS SAMPA MAITY
ID Number : PD/23026/B-80768
Referred By : SELF

Received On : 10/02/2022
Reported On : 17/02/2022
Age/Sex : 25Y/FEMALE

ULTRASONOGRAPHY OF LOWER ABDOMEN (FEMALE)
REAL TIME SCAN BY LOGIQ F6 (MAKE WIPRO GE)

BOTH KIDNEYS:
Right kidney measures 86 mm.
Left kidney measures 85 mm.
Both are normal in position, size, shape, outline and echotexture.
The corticomedullary differentiation is maintained.
No calculus or hydronephrosis is seen.

URETERS: Are not seen dilated.

URINARY BLADDER :
It is normal in capacity and contour. The bladder wall is normal.
No calculus or mass is seen within the urinary bladder.

UTERUS:
Uterus measures 84 x 54 x 34 mm. It is normal in size, shape and outline.
Endometrial echo is in midline and endometrial thickness is 7 mm. No SOL is seen in the myometrium. The uterine cervix is normal.

OVARIES:
Right ovary measures 28 x 32 mm.
Multiple cysts (largest one 8 x 10 mm) noted in RO.
Left ovary measures 33 x 29 mm.
Multiple cysts (largest one 11 x 13 mm) noted in LO.

P.O.D.: Clear.


ADNEXAE: No adenexal mass is seen.

IMPRESSION: Cystic changes both ovaries.

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Fig-1: USG on- 17-02-2022, showing cystic changes in both ovaries.

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Associate : DIR
Name : MS SAMPA MAITY
Age / Gender : 26Y/FEMALE
ID Number : PD/13052/H-81336/23/20
Referred By : SELF

Date : 13/08/2022

User: sawick
CinePro / Probe
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ULTRASONOGRAPHY OF LOWER ABDOMEN (FEMALE)
REAL TIME SCAN BY LOGIQ F6 (MAKE WIPRO GE)

BOTH KIDNEYS:
Right kidney measures 91 mm.
Left kidney measures 92 mm.
Both are normal in position, size, shape, outline and echotexture.
The corticomedullary differentiation is maintained.
No calculus or hydronephrosis is seen.

URETERS: Are not seen dilated.

URINARY BLADDER :
It is normal in capacity and contour. The bladder wall is normal.
No calculus or mass is seen within the urinary bladder.

UTERUS:
Uterus measures 73 x 53 x 45 mm. It is normal in size, shape and outline.
Endometrial echo is in midline and endometrial thickness is 5 mm. No SOL is seen in the myometrium. The uterine cervix is normal.

OVARIES:
Right ovary measures 23 x 22 mm.
Left ovary measures 33 x 28 mm.
Both are normal in size, shape, outline and echotexture.

P.O.D. : Clear.

ADNEXAE: No adenexal mass is seen.

IMPRESSION : Normal study.

Advice :- Clinical correlation Further investigation for confirmation .

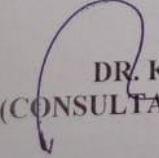

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Fig-2: USG on 13-08-2022, showing Normal studies.

DISCUSSION:

PCOS an syndrome due to imbalance of female reproductive hormones, Recent studies shown that In India the prevalence of Obesity & irregular diet habits among urban population, they posses more risk of developing PCOS than rural population^[2]. Being a state of chronic anovulatory cycle due to hyperandrogenism, 80% cases associated with Infertility, one of the leading cause of secondary infertility. Early diagnosis & management reduce the risk of infertility.

Currently the available treatment is by reducing weight with life style modification along with use complex of hormonal tablets & oral hypoglycemic medicine. Studies show that 10% weight reduction shows 80% improvement ovulation rate & 29% pregnancy rate^[11].

Metformin commonly used oral hypoglycemic tablet causes nausea, vomiting, in some cases lactic acidosis as an adverse reaction^[6]. Hormonal pills - increased the risk of DVT by 3-6 folds, anti-androgenic medicine- like Flutamide have an Hepatotoxicity effect^[6]. Modern medicine cost of treatment is less affordable for Low income people.

Homoeopathy one of the alternative methods of treatment, the treatment was based on holistic approach, many recent case studies shown homoeopathy medicine has no adverse effects & found effective in treatment of Hormonal disorders. Comparatively cost affordable than modern medicine. Patients improved wholly from (Physically as well as mentally) sufferings, compare to symptomatic improvement given by modern medicine.

The above case was an 26 year old unmarried girl having irregular menstruation since last 2years, as early, she was diagnosed she came to us for treatment, as her complaints not much altered by

modern medicine, we got a positive result in a short interval of period. By proper case taking, her case found to have more general symptoms, we selected the basic Kent repertory for repertorization, and we got Pulsatilla & Sulphur with good marks covering all symptoms. But Pulsatilla was finally selected on basis of referring to Homeopathic Material medica, we prescribed medicine in LM scale, along with advise for daily exercise & balance diet, with every month she improved from her sufferings, finally the 2nd USG report after 5 month shows no sign of cystic change & size of right ovary considerably reduced in size than previous report, her monthly cycle become normal. We advise her for a monthly health check up follow up for next 6 month. Up to her last visit she had no complaints. We advised her to take a USG scan in next year February.

CONCLUSION:

Homoeopathy, system of medicine treatment, based on law of similibus & individualization, found effective in treatment of many hormonal disorders. Now a day's PCOS prevalence increasing all over India. Homoeopathy medicines are at affordable price without adverse effects. Pulsatilla individualized medicine for the above patient in LM potency completely remove the structural changes in USG report within a short duration of 5months.

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