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Treatment of Polycystic ovarian syndrome (PCOS) through Homoeopathic medicine- A case report

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ABSTRACT:

PCOS is a commonest endocrinal disorder of women which found in our day to day routine practice. Its prevalence is around 5-10% of women of reproductive age group. It presents with various metabolic disturbances and spectrum of features like menstrual abnormalities, infertility, obesity and hyperandrogenism. This is a case of PCOS, a largest cyst of size measuring 47cm x24 mm in left ovary as per USG findings, in a 36year aged female, associated with dysmenorrhea and Headache. The patient consult OPD with complaints of Irregular profuse menstruation associated with Severe aching pain in left iliac(ovarian) region and nausea < lying in left lateral position since last 18 months. Menses 7-8days/30-35 day cycle, Bleeding profuse for first 4 days can't do her daily activity. The huge sized cyst and intolerable pain found difficult to manage conservatively. As a last resort patient wanted to try homoeopathic treatment and finally cured in 3 months by Ignatia in 50 millesimal potencyfrom0/1 to 0/6.

KEY WORDS: Ignatia in 50millesimal potency, Infertility, Ovarian cyst, Ovarian tumour, Polycystic ovarian syndrome.

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INTRODUCTION:

Polycystic ovarian syndrome (PCOS) is a heterogeneous multisystem disorder first described by Stein & Leventhal [5] The term polycystic means multiple cysts, several cysts are located on the surface of the ovary gives the necklace appearance on USG[1][3]. The features of PCOS like obesity, acanthosis nigricans, hirsutism, acne etc also gives challenges to body & social image of the women as well as the anovulation and infertility affects the health of the patient at the mental & psychological level.

Prevalence of PCOS in India range from 3.7-22.5 %. [9] Worldwide it affects around 5-10% of women of reproductive age group. 8 out of 10 PCOS patients having anovulation.[4] Prevalence of polycystic ovary in USG is very high around 25%. [5]

The exact aetiology of PCOS is unknown. Following are the most common factors-

1. Sedentary lifestyle, improper diet, stressful conditions.

2. Genetic inherited (Autosomal dominant), environmental factors.
3. Mutation of CYP 21 gene. [6]
4. Familial occurrence related to sex linked mode of inheritance.
5. Increase LH causes improper oocyte maturation leads to infertility & menstrual irregularities.[1]
6. Increased ovarian serine phosphorylation activity leads to hyperandrogenism & reduction in insulin receptors peripherally (resistance to insulin).[1][3]
7. Obesity – 50-70% of PCOS patients are obese or become obese. Adipose tissue secretes leptin, adiponectin & cytokines which interrupts insulin pathway & leads to insulin resistance & hyperglycaemia. Insulin resistance & hyperinsulinemia leads to acanthosis nigricans.[1]
8. Hyperandrogenism - High levels of insulin decreases the production of SHBG & increases the free fraction of androgen. Increased androgen stimulates androgen receptor which presents in periphery leads to increased activity of 5α reductase & increases conversion of testosterone to more potent dihydro-testosterone, which leads to hirsutism.

Hormonal changes like rise of LH above 10 IU/ml, FSH level remains unaltered leads to fall in FSH/LH ratio [1][5][6].Oestrone/E2 and Testosterone level rise, along with decreasing in SHBG. The clinical features of PCOS are as follows [1-3]

1. Obesity especially around waist
2. Menstrual irregularities – oligomenorrhea, amenorrhea
3. Infertility
4. Hirsutism & Acne
5. Acanthosis nigricans mainly in neck, axilla & around the breasts.

Based on ASRM (American society for reproductive medicine) / ESHRE (European society of human reproduction & embryology) 2003, also known as Rotterdam criteria. Presence of two of the following three criteria. [1][3]

1. Oligomenorrhea and/ or anovulation
2. Hyperandrogenism (clinically manifested or biochemical changes)
3. Polycystic ovary (ovarian volume >= 10 cm^3. Presence of >= 12 cysts measuring about 2-9 mm in diameter).

CASE REPORT:

A 36yrs old female from Canning, 24 Pgs (S), West Bengal, attended the outdoor patient department (OPD) of National Institute of Homoeopathy, Kolkata on 6th September, 2021 with her relatives. With complaints of Irregular profuse menstruation associated with Severe aching pain in left iliac(ovarian) region and nausea < lying in left lateral position since last 18 months. Menses 7-8days/30-35 day cycle, Bleeding profuse for first 4 days can't do her daily activity. Since last 6 months she had headache to tobacco smoke. She was unwell since last 2years after death of her 10 years old son. She had been taken medication of other system. In the past history she underwent Lower Segment Caesarean Section twice at the year of 2011 and 2013.

In her family History her father died due to brain stroke. She was a House wife Married, 13 years ago. One son of 10 years died in accident. One blind alive daughter of 8 years is living with her. She was occasionally taking allopathy pain killer.

Her body affected by extremes of both weathers. She was able to tolerate her hunger, her hunger usually less, she usually drinks more water after a long interval, her tongue appear cracked. Regularly she had bowel movements on alternate days. Frequent urination at night. Most of the nights she had disturbed sleep by pain.

During case taking, she expressed an Impatient and sighing in her behaviour,

during enquiring about her nature and disposition from her and bystander she was known to be short tempered, she had strong grief feeling about her death child in a accident before 2 years. Mostly she like to spend her time lonely.

PATHOLOGICAL FINDINGS-

27/08/21 – Cystic left ovary, largest one measures 47*24 mm on USG

Totality of Symptoms –[7]

1. Physically & mentally exhausted by long concentrated grief
2. Involuntary sighing
3. Desire to be alone
4. Can't bear tobacco smoke aggravates headache
5. Sweat moderate but mainly on face
6. Thirst profuse
7. Pain in left iliac region aggravated by lying on left.

REPERTORISATION-[7]

Repertory selected- Synthesis Repertory, because of marked number of general symptoms in the case.

REPERTORIAL ANALYSIS-[8]

Ignatia- 13/5, Belladonna- 12/5, Natrum mur-12/5, Nux vomica- 11/5, Thuja- 10/5, Pulsatilla-9/5.

After repertorization Ignatia covers highest rubrics with maximum marks, finally Ignatia selected after consultation with material medica.

PRESCRIPTION-

1st Prescription on 06/09/2021

Rx,

Ignatia 0/1, 16 doses, Every day morning in Empty stomach for 16 days, followed by Ignatia 0/2, 16 doses for next 16 days in morning.

Table-1: Follow up:

I	07/10/2021 1. Patient feels better 2. Pain of left iliac region better than before 3. Nausea better 4. Headache decreased 5. Menstrual flow better but with same irregularities 6. Appetite – better than before 7. Stool- regular 8. Urine - frequency decreased 9. Sleep- better than before	Rx, Ignatia 0/3, 16 doses every morning for16 days in empty stomach followed by Ignatia 0/4, 16 doses, every morning for16 days.
II	02/12/2021 1. Patient feels better 2. Menses at regular interval 3. All complaints better	Ignatia 0/5, 16 doses every morning for 16 days followed by Ignatia 0/6, 16 doses. Advised for USG of lower abdomen.
III	30/12/2021 USG of lower abdomen (4/12/2021) showing sonographic findings are within normal limit. 1. Patient is feeling better 2. All complaints disappeared	

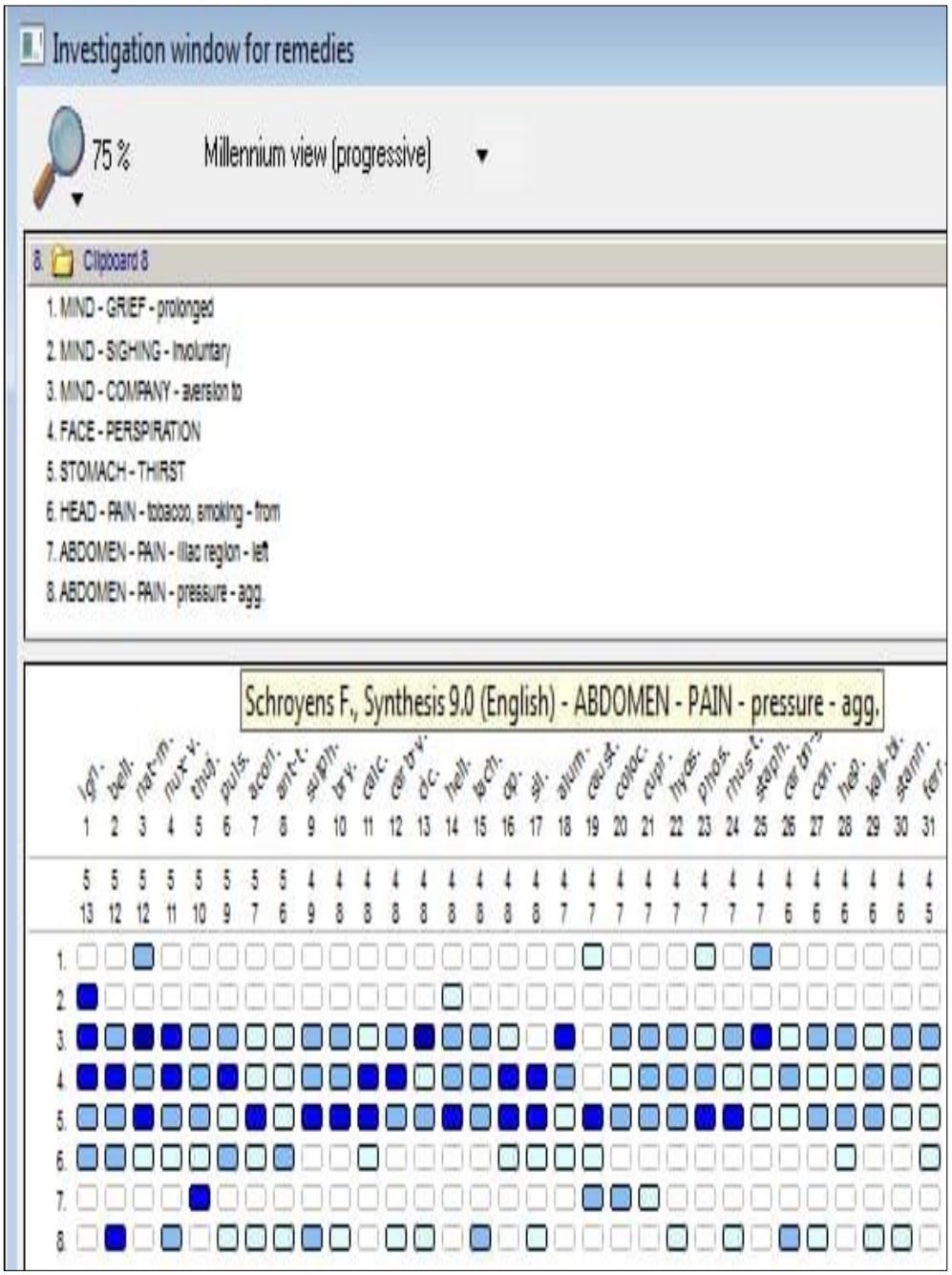
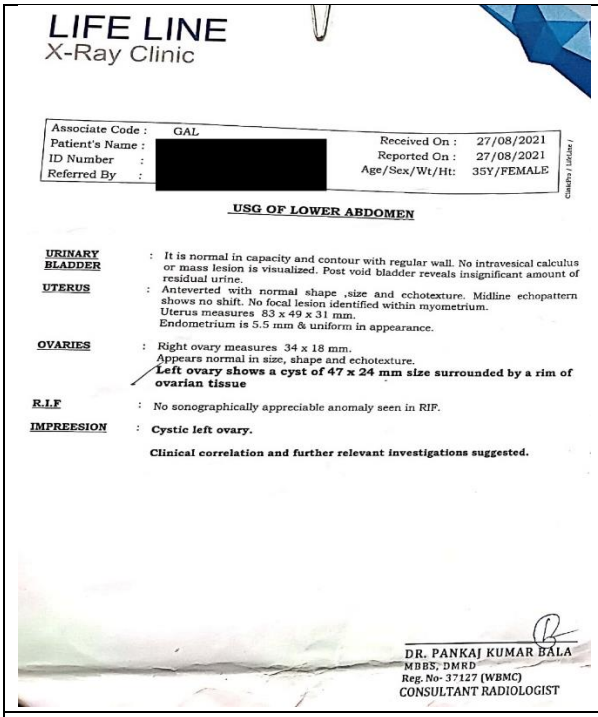


Fig- 1:Repertorisation Chart[8]



LIFE LINE
X-Ray Clinic

Associate Code : GAL
Patient's Name : [redacted]
ID Number :
Referred By :
Received On : 27/08/2021
Reported On : 27/08/2021
Age/Sex/Wt/Ht: 35Y/FEMALE

USG OF LOWER ABDOMEN

URINARY BLADDER : It is normal in capacity and contour with regular wall. No intravesical calculus or mass lesion is visualized. Post void bladder reveals insignificant amount of residual urine.

UTERUS : Anteverted with normal shape ,size and echotexture. Midline echopattern shows no shift. No focal lesion identified within myometrium. Uterus measures 83 x 49 x 31 mm. Endometrium is 5.5 mm & uniform in appearance.

OVARIES : Right ovary measures 34 x 18 mm. Appears normal in size, shape and echotexture. **Left ovary shows a cyst of 47 x 24 mm size surrounded by a rim of ovarian tissue**

R.I.F : No sonographically appreciable anomaly seen in RIF.

IMPREESION : **Cystic left ovary.**

Clinical correlation and further relevant investigations suggested.

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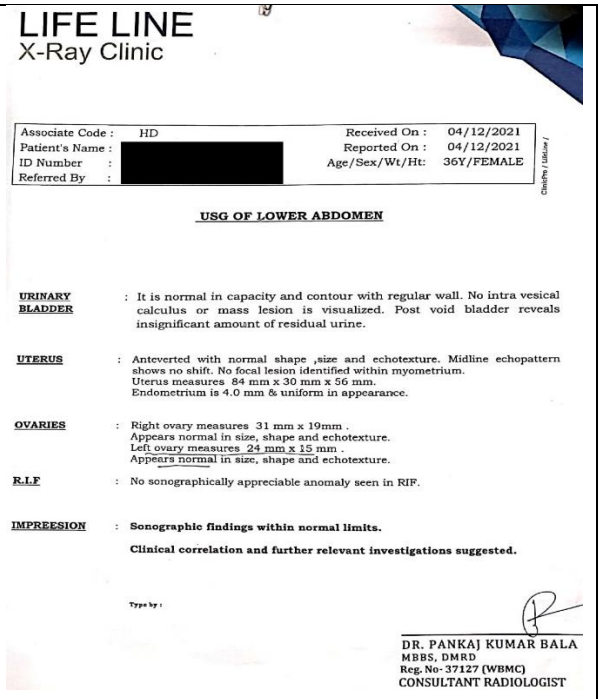
Fig-2: USG findings on 27.08.2021 showing cyst in left ovary.



LIFE LINE
X-Ray Clinic

Associate Code : HD
Patient's Name : [redacted]
ID Number :
Referred By :
Received On : 04/12/2021
Reported On : 04/12/2021
Age/Sex/Wt/Ht: 36Y/FEMALE

USG OF LOWER ABDOMEN

URINARY BLADDER : It is normal in capacity and contour with regular wall. No intra vesical calculus or mass lesion is visualized. Post void bladder reveals insignificant amount of residual urine.

UTERUS : Anteverted with normal shape ,size and echotexture. Midline echopattern shows no shift. No focal lesion identified within myometrium. Uterus measures 84 mm x 30 mm x 56 mm. Endometrium is 4.0 mm & uniform in appearance.

OVARIES : Right ovary measures 31 mm x 19mm . Appears normal in size, shape and echotexture. Left ovary measures 24 mm x 15 mm . Appears normal in size, shape and echotexture.

R.I.F : No sonographically appreciable anomaly seen in RIF.

IMPREESION : **Sonographic findings within normal limits.**

Clinical correlation and further relevant investigations suggested.

Type by :

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Fig-3: USG findings on 04.12.2021 showing normal study.

DISCUSSION:

The PCOS state of Hyperandrogenic stage leads sub-fertility, 8 out of 10 infertility cases due to anovulatory cycle caused by PCOS[4]. PCOS hormonal imbalance disorder, have multi-dimensional causes shows association with over body weight. Industrialization and change of life-styles and food habits increasing the prevalence of this condition. Recent studies had shown that PCOS women are having risk of give birth to child with congenital anomalies[8].

In this era where pcos is a commonest disorder among reproductive age group females, management in other systems are mainly hormone therapy. Homoeopathy system of medicine approach is based on individualization and holistic approach, show better results in many cases of Hormonal disorders than modern medicine. This above case record also one of the evidence of for effectiveness of individualized medicine in the treatment of PCOS. Homoeopathy medicines are cheaper and effective than other system of medicine.

In modern medicine the management is by hormonal pill, along with steps to reduce body weight. In cases with sub- infertility treatment is by clomiphere citrate or laproscopical ovarian surgery to induce ovulation.[8] The procedure are expansive. In cases with dysmenorrhea the are checked by pain killers and hormonal pills, they are only temporary relief. They also has their own side effects.

Homoeopathy system of medicine provides good prognosis in many hormonal dyscrasia. Above case vindicates the effectiveness of individualized medicine in 50 miliseimal potency. The above case 36year old suffered from dysmenorrhea last 2 years, by her individualized medicine Ignatia 0/1 to 0/6 within 3month, she got well, she had taken modern medicine in past not given any relief.

CONCLUSION:

This case study showed that Ignatia in LM potency based on individualisation can

cured the large tumors of the ovary and need to studied in more number of cases.

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