

## A promising individualised Homoeopathy approach in the management of Poly- Cystic Ovarian Syndrome (PCOS) - A Case Report

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### ABSTRACT:

Polycystic Ovary Syndrome (PCOS) is a common hormonal disorder affecting women of reproductive age, characterized by irregular menstrual cycles, excess androgens, and ovarian cysts. Modern medicine treatments for PCOS primarily focus on symptom management using hormone therapies that have side effects. This case study explores the effectiveness of Homeopathy in the treatment of PCOS. In this case study, a 27-year-old female presenting with irregular menses associated with severe cramping pain in the lower abdomen with heavy bleeding. Menses 5 to 7 days / 35-40 days cycle. According to ultrasonography findings, bilateral polycystic ovarian morphology was present. Through an individualized approach, Sepia in LM potency from 0/1 to 0/14 over the span of 8 months was prescribed. After medication, significant improvements were observed in menstrual regularity, resolution of symptoms, and enhancement of emotional well-being over an eight-month period. This case underscores the potential of Homeopathy as a treatment modality for PCOS and suggests the need for further research in this area.

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

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### INTRODUCTION:

Polycystic ovarian syndrome (PCOS) is a heterogenous, multisystem endocrine disorder characterised by hyperandrogenism, ovulatory dysfunction, and polycystic ovaries.<sup>[1-2]</sup> Elevated serum LH levels, insulin resistance, and obesity are also common features. <sup>[3]</sup> In women of reproductive age, PCOS is the most prevalent endocrine disorder. <sup>[4]</sup> The prevalence of PCOS in India ranges from 3.7-2.5 %. Worldwide it affects around 5-

10% of women of reproductive age group. There is an increasing incidence due to changes in lifestyle and stress.

The exact etiology is vague. Lifestyle changes, diet, and stress along with genetic, familial, and environmental factors seem to be common contributing factors.<sup>[4-5]</sup> Adipose tissue releases hormones such as leptin, adiponectin, and cytokines that disrupt insulin signalling pathways, causing insulin resistance and hyperinsulinemia.

Long-term consequences can be an increased risk of endometrial hyperplasia, type 2 diabetes, and cardiovascular diseases.

The clinical features of PCOS are heterogenous and are as follows:

1. Increasing Obesity, especially waistline
2. Menstrual abnormalities, in the form of oligomenorrhoea, amenorrhoea, or dysfunctional uterine bleeding}
3. Hirsutism and acne
4. Acanthosis nigricans - due to hyperinsulinemia, the common site being the nape of the neck, axilla, and below the breast
5. Infertility

PCOS can have a negative impact on a woman's mental, physical, and social well-

#### **CASE REPORT:**

A 27 years old female from Murshidabad, West Bengal, attended the outdoor patient department (OPD) of the National Institute of Homoeopathy, Kolkata on 06/05/2022 with her relatives. She complained of irregular menses associated with severe cramping pain in the lower abdomen with heavy bleeding for the last 12 months. The pain > by warm application. Menses 5 to 7 days / 35-40 days cycle. There was hair loss from the scalp and unwanted hair growth on the face and neck. She also complained of persistent fatigue and lack of energy. She had taken allopathic medicines for the last 8 months, having only temporary relief and progressive aggravation in symptoms. Family history, mother has type 2 diabetes and a sister has hypothyroidism. She is a housewife, married for 5 years and had difficulty getting pregnant.

There is history of irregular meals, consumes processed foods, no exercise routine, and lack of sleep. Her appetite was less, could tolerate hunger with occasional sensation of coldness in the abdomen, and had an aversion to meat. The patient is

being. Obesity, hirsutism, acne, and excessive hair growth can result in body image issues leading to decreased self-esteem, anxiety, and social isolation [6]. Associated infertility may impact relationships and cause social stigma, even discrimination taking an emotional toll on mental health.

For the diagnosis of PCOS, at least two among the three criteria should be present [American Society for Reproductive Medicine (ASRM)/European Society of Human Reproduction and Embryology (ESHRE), 2018], these are as follows:

- Oligo and/or anovulation.
- Hyperandrogenism (clinical and/or biochemical)
- Polycystic ovaries

mostly thirstless with a desire for cold drinks. Presence of perspiration while eating. Urine was offensive. Bowel movement is irregular, has constipation, and the stool is hard and black. Sleep was disturbed by bad dreams mostly of snakes. She had mood swings and irritability. Forgetful memory. A deep inquiry revealed an aversion to her family members, especially her husband and household chores.

Clinical Examination: BMI: 30.5, Blood pressure: 130/80 mmHg, Hirsutism: Present on face, neck, and chest, Acne: Present on face and back

In USG findings done on 26/11/2021 showed Bilateral poly cystic ovarian morphology - Both ovaries enlarged with multiple small peripheral follicles (Fig - 2)

#### **TOTALITY OF SYMPTOMS**

1. Mind, aversion to husband
2. Mind, memory forgetful
3. Aversion to meat
4. Desire for cold drinks
5. Coldness of abdomen
6. Urine - Offensive
7. Stool - Black

8. Abdominal pain > warm application
9. Perspiration while eating
10. Dreams of Snakes

### Repertorization

The Synthesis Repertory was chosen as the repertory for this case due to the significant presence of general symptoms throughout the patient's presentation.

### Repertorial analysis

Sepia 19/9, Natrum muriaticum 12/8, Mercurius 18/7, Calcarea carbonica 16/7, Phosphorus 15/7.<sup>[7]</sup> After repertorization,

Sepia covered the highest rubrics with maximum marks and was selected after consultation with material medica.<sup>[7]</sup>

### Prescription

1<sup>st</sup> Prescription on 06/05/22

Rx,

Sepia 0/1, 16 doses, every day morning in empty stomach for 16 days, followed by Sepia 0/2, 16 doses for next 16 days in morning. Detail subsequent follow-up and prescriptions are presented in Table 1.

**Table 1: Time line and follow up:**

Date	Symptoms of complaints	Prescribed medicines
10/06/22	<ol style="list-style-type: none"> <li>1. Patient feels better.</li> <li>2. Pain of abdomen has decreased.</li> <li>3. Menstrual flow better with decreased but with same irregularities.</li> <li>4. Sleep - better than before.</li> </ol>	Sepia 0/3, 16 doses for 16 days, followed by Sepia 0/4, 16 doses for 16 days
13/07/22	<ol style="list-style-type: none"> <li>1. Patient is feeling better.</li> <li>2. Pain has substantially decreased.</li> <li>3. Appetite has improved.</li> <li>4. Urine is less offensive.</li> <li>5. Hair loss has decreased</li> </ol>	Sepia 0/5, 16 doses for 16 days, followed by Sepia 0/6, 16 doses for 16 days
17/08/22	<ol style="list-style-type: none"> <li>1. Patient has improved.</li> <li>2. No pain.</li> <li>3. Menstrual flow is better.</li> <li>4. Stool is regular.</li> </ol>	Sepia 0/7, 16 doses for 16 days, followed by Sepia 0/8, 16 doses for 16 days
20/09/22	<ol style="list-style-type: none"> <li>1. Most complaints are better.</li> <li>2. Menses flow has improved, but irregularities are still there.</li> <li>3. Hair loss has stopped.</li> <li>4. Fatigue is minimal.</li> </ol>	Sepia 0/9, 16 doses for 16 days, followed by Sepia 0/10, 16 doses for 16 days
22/10/22	<ol style="list-style-type: none"> <li>1. Patient feels better.</li> <li>2. Appetite is good, coldness sensation in abdomen has vanished.</li> <li>3. Thirst is good.</li> <li>4. BMI now 26.</li> </ol>	Sepia 0/11, 16 doses for 16 days, followed by Sepia 0/12, 16 doses for 16 days
25/11/22	<ol style="list-style-type: none"> <li>1. Patient feels better.</li> <li>2. Menses at regular interval.</li> <li>3. Mood swing and irritability has significantly decreased.</li> <li>4. Most complaints have subsided.</li> </ol>	Sepia 0/13, 16 doses for 16 days, followed by Sepia 0/14, 16 doses for 16 days
30/12/22	<ol style="list-style-type: none"> <li>1. Patient is better.</li> <li>2. Menstrual flow normal and regular.</li> <li>3. All complaint disappeared</li> </ol>	Advised for USG of Lower Abdomen
17/01/23	USG of lower abdomen (15/01/2023) showing sonographic findings are within normal limit	

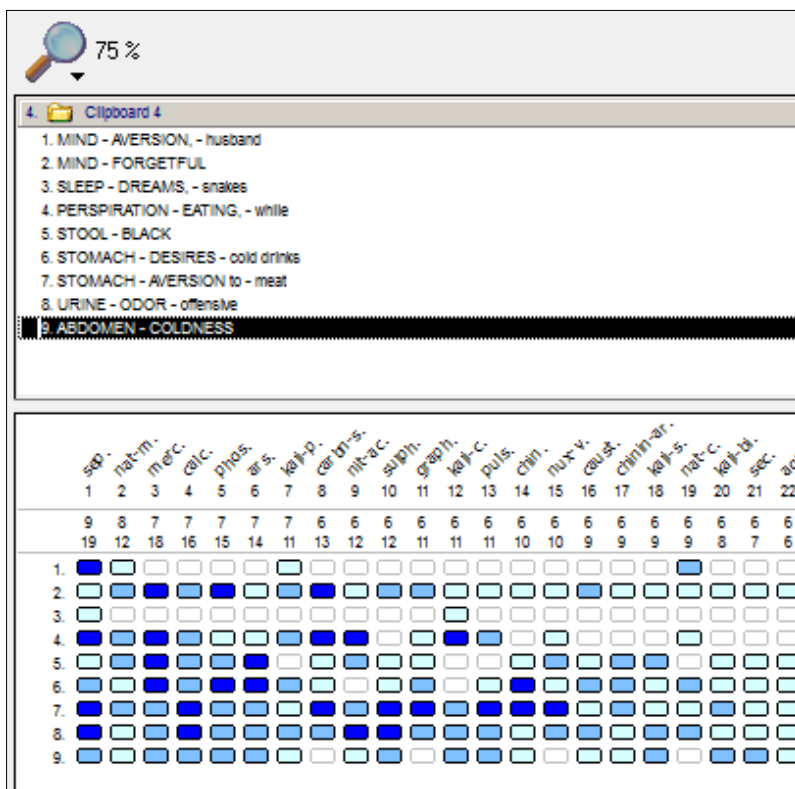


Fig- 1 : Repertorisation Chart

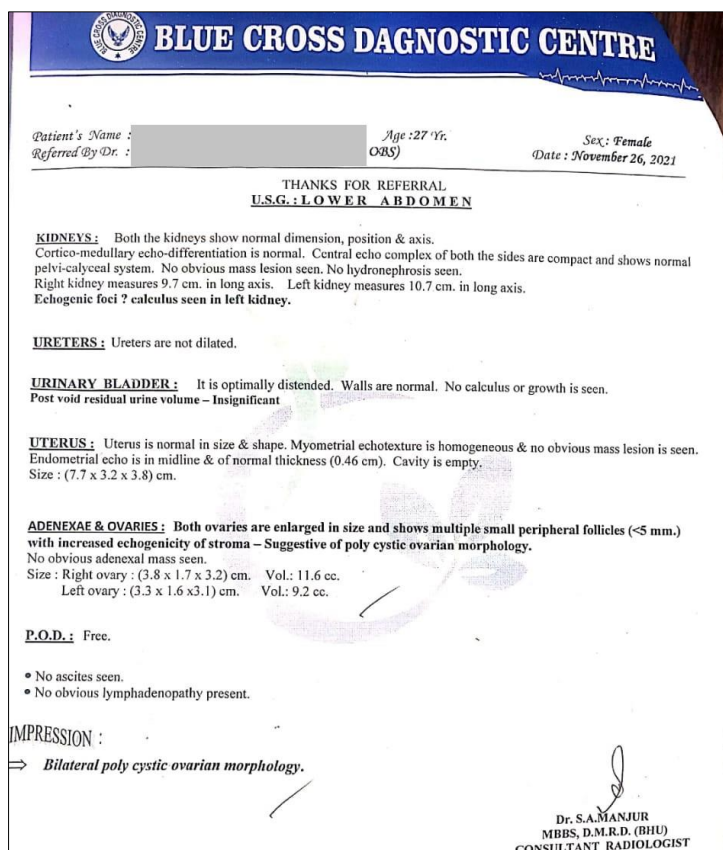



Fig-2: USG findings on 26.11.2021 showing bilateral polycystic ovarian morphology



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Patient Name : <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span> Age/Sex : 29 Y/Female Address : Referred BY : Dr. National Institute Of Homoeopathy	V.Id : 012301150315 Pt.Id : 012301150315 Billing DATE : 15/Jan/2023 10:37 AM Report DATE : 15/Jan/2023 01:51 PM
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**USG OF WHOLE ABDOMEN**  
*[Thanking you for referring the patient]*

<b>LIVER-</b>  <b>GALLBLADDER -</b>  <b>C.B.D-</b> <b>P.V-</b> <b>PANCREAS-</b> <b>SPLEEN-</b> <b>KIDNEYS -</b> <b>UTERUS -</b> <b>OVARIES &amp; ADNEXA-</b> <b>POD-</b> <b>URINARY BLADDER -</b> <b>RETROPERITONEUM-</b> <b>BOTH ILIAC FOSSAE-</b>	Normal in size & shows normal echo-texture without any obvious visualized S.O.L. I.H.B.R. are not dilated. Normal in shape & size with regular mucosal outline. Wall thickness is normal. There is no intraluminal calculus or S.O.L. Measures approx 3.6 mm. No stone or soft tissue noted within common bile duct. Measures approx 8.4 mm. There is no intraluminal thrombus visualized. Normal in shape, size and echo-texture. Main pancreatic duct is not dilated. Normal in size and echo-texture. Splenic vein at hilum is normal. Both kidneys show normal shape, size & echo-texture. Cortico-medullary echo differentiation is well maintained. There is no calculus /SOL or hydronephrosis. Normal in shape & size, measures 76.7 x 38.1 x 29.4 mm. Myometrium shows normal in echo-texture. No obvious SOL is seen. Endometrial thickness is 6.4 mm. Both the ovaries are normal in size. Both adnexae clear. Right ovary volume 5.8 cc. Left ovary volume 6.3 cc. Both the ovaries show tiny follicles. No dominant follicle in either ovary. Clear. Optimally distended with normal shape and mucosal pattern is normal. Wall thickness is 2.4 mm. There is no intraluminal calculus or S.O.L. No Pre & para-aortic Lymphadenopathy. Visualized retroperitoneum is unremarkable. No obvious increased omental echogenicity / loculated collection seen at present. No obvious inflamed dilated appendix seen separately at RIF. No obvious abnormality in LIF. ** No ascites.
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**IMPRESSION:**  

- No significant abnormality detected at present.

Clinical correlation and hormonal assay suggested.

\*\*\* End of Report \*\*\*

Created By : BISWARUP

  
 15/01/23  
 Dr. SANTANU DAS  
 MD [Radio-Diagnosis]  
 Consultant Radiologist  
 Reg. No. WBHC - 74899

**Fig-3: USG findings on 15.01.2023 showing normal study.**

## DISCUSSION

PCOS is increasingly prevalent among women of reproductive age, hormone therapy remains the primary method of management in other medical fields. In modern medicine, weight loss strategies are employed along with contraceptive pills and anti-androgens. These have potential side effects. Employed modern medicines to improve insulin resistance have gastrointestinal side effects. Treatment of subfertility by laparoscopic ovarian surgery is both expensive and short-lived. The

individualised and holistic approach of Homeopathy has shown promise in treating hormonal disorders like PCOS.<sup>[8]</sup> Compared to modern medicine, Homeopathic remedies are less expensive and can be more effective in treating PCOS and other hormonal disorders. The success of treating PCOS with individualized medicine in 50 millesimal potency is evidenced by the presented case. This highlights the effectiveness of individualised Homeopathic Treatments for PCOS and other hormonal disorders.

**CONCLUSION:**

This case study highlights the potential of individualized Homoeopathic treatment for curing PCOS, suggesting the need for further research in larger case studies.

**Limitation of study:**

This is a single case report. In future case series can be recorded on effectiveness of individualised Homeopathic medicine in PCOS.

**Patient consent:**

The authors certify that they have obtained appropriate patient consent form and the patient understood her name and initials will not be mentioned in the manuscript and due efforts will be taken to conceal her identity.

**REFERENCES:**

1. Hoffman BL, Schorge JO, Halvorson LM, Hamid C, Corton M, Schaffer JI. Williams Gynecology, Polycystic Ovarian Syndrome and Hyperandrogenism. McGraw-Hill, New York. 4<sup>th</sup> Edition 2020, pp-389-403.
2. Monga A, Dobbs S, editors. Gynaecology by Ten Teachers, Disorders of the menstrual cycle. Hodder Education, London. 19<sup>th</sup> edition 2011, pp-43-45
3. Seshadri L. Essentials of gynaecology, Secondary Amenorrhoea and Polycystic Ovarian Syndrome. Wolters Kluwer India, Gurgaon; 2<sup>nd</sup> edition 2016, pp-268-271.
4. Konar H. DC Dutta's textbook of Gynecology. Amenorrhea. Jaypee Brothers Medical, New Delhi, India. 8<sup>th</sup> edition 2020, pp-384-389.
5. Kumar S, Padubidri VG, Daftary SN, editors. Shaw's textbook of gynaecology, Benign diseases of the ovary. Elsevier, New Delhi, India. 17<sup>th</sup> Editon 2018, pp-314-318.
6. Chaudhari AP, Mazumdar K, Mehta PD. Anxiety, Depression, and Quality of Life in Women with Polycystic Ovarian Syndrome. Indian J Psychol Med. 2018 May-Jun;40(3):239-246.
7. Synchorne F. Radar. Belgium: Synthesis; 2007. Synthesis Adonis: New Homoeopathy Synthesis updates: RadarOpus [Last accessed 20.02.2023]
8. Mehadi AB, Singh BP, Vignesh kumar S. Treatment of Polycystic ovarian syndrome (PCOS) through Homoeopathic medicine- A case report. Int. J. AYUSH CaRe. 2023;7(1):68-73.

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