

A Holistic Approach of Homoeopathy in Cases of Polycystic Ovarian Syndrome

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ABSTRACT

Polycystic ovarian disease (PCOD) can be positively impacted by homeopathic therapy, which is founded on the ideas of individualization and symptom similarity. To address the distinct symptomatology of PCOD patients, Homoeopathy offers gentle, non-invasive treatments including Pulsatilla, Sepia, and Lachesis. These treatments work to normalize menstrual cycles, balance hormones, and lessen ovarian cysts. Homoeopathy is a promising treatment for PCOD management since it has few adverse effects and, when used by trained professionals, improves the well-being of those who are affected.

Keywords: Homoeopathy, Repertory, Medicine, Polycystic ovarian disease, Nux Moschata

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a condition with a combination of symptoms, including excess androgens (Hirsutism and/or hyperandrogenemia), ovarian dysfunction (specifically, oligo-ovulation), and / polycystic ovarian morphology (PCOM)(1). It was first described in 1935 by Stein and Leventhal (2). PCOS is a heterogeneous endocrine disorder that affects about 1 in 15 women worldwide(3). The prevalence of PCOS in the Indian subcontinent Asian women was 52%(4). It is a complex and multifactorial condition (5). The exact cause and pathogenesis of PCOS can vary among individuals, and the interplay of these factors can be complex. The diagnosis of PCOS involves a

combination of clinical evaluation, medical history assessment, physical examination, and specific tests (6). Homeopathy is based on the principle of "like cures like," and its individualized approach and focus on the patient's overall well-being. Homeopathic Management typically involves addressing these factors through lifestyle changes, and medication to alleviate symptoms and reduce the risk of associated health problems.

Factors contributing to the development of PCOS:

1. Genetical predisposition (7),
2. Hormonal imbalances, often have higher levels of androgens (male hormones) like testosterone, which can lead to

irregular menstrual cycles and the development of ovarian cysts,

3. Insulin resistance leading to elevated insulin, can contribute to the increased production of androgens by the ovaries.
4. Chronic low-grade inflammation, Inflammation can disrupt normal ovarian function and contribute to insulin resistance.
5. Lifestyle Factors, include Obesity and a sedentary lifestyle. Excess body fat can exacerbate insulin resistance and hormonal imbalances, causing the symptoms of PCOS (8).
6. Environmental Factors: Exposure to certain environmental factors, such as endocrine-disrupting chemicals, may contribute to the development or exacerbation of PCOS.
7. Intrauterine Environment: Fetal development may play a role in the development of PCOS later in life (5).

These factors can disrupt the normal functioning of the hypothalamic-pituitary-ovarian axis, leading to an overproduction of luteinizing hormone (LH). This can affect the production of androgens and the abnormal development of oocytes (9).

Clinical manifestations:

PCOS has different forms with varying symptoms.

1. The classical phenotype includes hyperandrogenism (this condition may include excessive hair growth (hirsutism), acne, hair loss (alopecia), oily skin or scalp (seborrhea), oligo-ovulation (symptoms include menstrual dysfunction, subfertility, and endometrial hyperplasia), menstrual dysfunction, and metabolic comorbidities.
2. Ovulatory PCOS has moderate insulin resistance and can lead to ovarian hyperstimulation syndrome.
3. The non-hyperandrogenic phenotype has a weak association with insulin resistance and metabolic comorbidities (6).

Diagnostic assessment of PCOS:

There is no single definitive test for PCOS, and diagnosis is typically based on a set of criteria established by various medical organizations, such as the Rotterdam criteria or the Androgen Excess Society criteria. The key steps in diagnosing PCOS are:

1. Medical History and Symptom Assessment: Symptoms such as irregular periods, hirsutism, acne, or hair loss, and any family history of PCOS or related conditions.
2. Physical Examination: To assess signs of PCOS, such as excess body hair, acne, or skin changes.
3. Hormone Levels: Blood tests will be used to measure hormone levels, including testosterone, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and sex hormone-binding globulin (SHBG). Elevated levels of androgens (male hormones) are common in PCOS.
4. Insulin Levels: Fasting insulin levels or glucose tolerance tests may be conducted to evaluate for insulin resistance.
5. Thyroid Function: Thyroid function tests may be performed to rule out thyroid disorders that can mimic PCOS symptoms.
6. Pelvic Ultrasound: ultrasound may reveal enlarged ovaries with multiple small follicles or cysts around the periphery.

Exclusion of Other Conditions, such as thyroid disorders, hyperprolactinemia, or non-classical congenital adrenal hyperplasia is important(6).

General Management:

Lifestyle modification (like dietary changes, regular exercise, and weight reduction), Psychological support, Regular medication, and regular follow-up will help to get faster relief from PCOS.

CASE REPORT

Chief Complaints:

- A 21-year-old female presented with a complaint of Irregular menstrual cycle, since 3 years.
- Menses are late and profuse during a cycle. The quality of blood during the cycle is clotted.
- At present menses is delayed around 4 months.

• **Associate Complaints:**

- C/O weight gain in the past 6 months. (She gained 15 kg in the last 6 months). Abnormal hair growth especially at upper lips and on face. Weakness from slight exertion. Extreme dryness of mouth with thirstlessness.
- Her USG abdomen & pelvis on 22/05/23 s/o bilateral ovaries appear bulky PCOD changes.

Physical General-

- Appetite: Satisfactory, 3 times / day
- Thirst- 2-3 litres/ day
- Desire: sweet
- Aversion: Bitter
- Bowel: once /day satisfactory, offensive odor present.
- Urine: 2-3 times/day
- Perspiration: Scanty
- Sleep: Disturbed

Mental Symptoms:

- She Forgets things easily and cannot able to remember things.
- She cannot able to do quick decisions even in simple things.
- Often made mistakes in using words.
- Usually, she is not able to pay attention to what is happening around her. Her attention to the present situation is less.

Menstrual History:

- FMP(Menarche): at the age of 14 years.
- Cycle: Irregular
LMP: 21/1/2022
- Character: clotted
Duration: 4 days

- Quantity: profuse+++ (change 5-6 pads during first 2 days)
- Staining: no
- Odor: no
- Complaints:

Before menses: mild pain in the pelvic region

During menses: pain in the pelvic region.

After menses: no complaints.

• **Leucorrhoea:**

Occasionally Whitish discharge after menses.

Past History-

- Had Dengue, 1 year back.

Family History:

- Mother – Alive and K/C/O Diabetes Mellitus
- Father – Alive and K/C/O Hypertension.

Physical Examination:

- Pulse Rate: 88 beats/ min.
- Blood pressure: 120/80 mm of hg
- Temperature: 98.8 F
- Weight: 72 kg

Diagnosis:

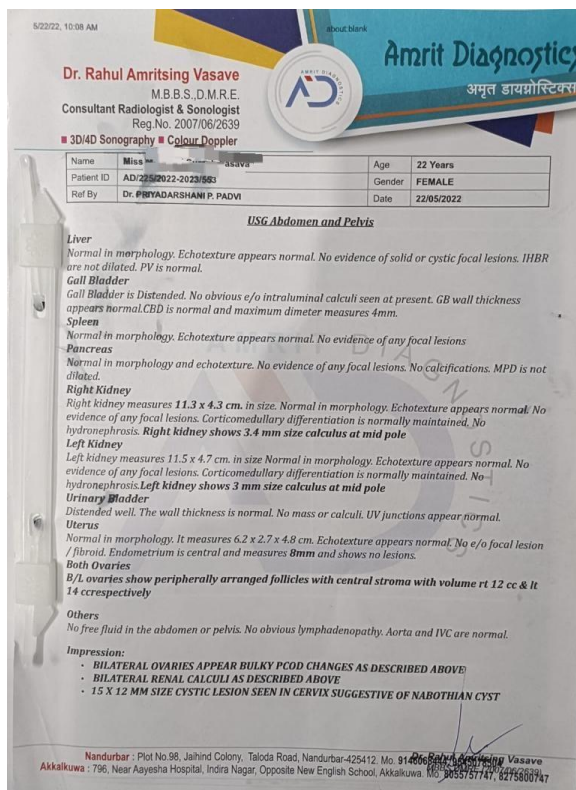
- PCOD: Her use of abdomen & pelvis on 22/05/23 s/o bilateral ovaries appear bulky PCOD changes.

Totality of symptoms:

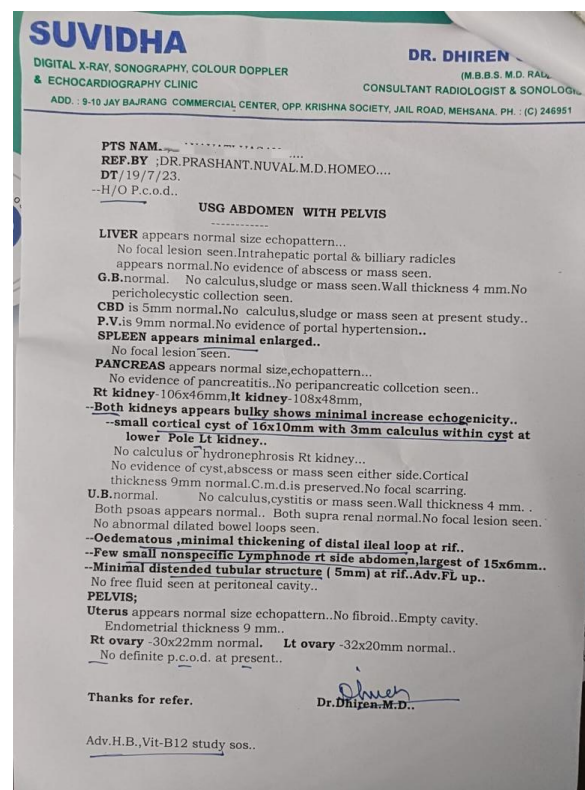
1. Dullness and sluggishness and Difficulty of thinking.
2. Weakness of memory
3. Absent-minded.
4. Mistake in using words.
5. Dryness of mouth with thirstiness
6. Clotted menses
7. Late profuse menses
8. Offensive or from stool
9. Scanty perspiration.
10. Obesity

Repertorization sheet- Repertorial totality prepared with the help of Zomoeo software

Remedy	Nux-m	Lac h	Pul s	Ly c	Si l	Kali -c	Cal c	Coc c	Se p	Grap h	Sulp h	Api s	Cau st	Bel l	Chi n
Totality	21	18	18	17	16	15	15	14	14	14	14	13	13	13	12
Symptoms Covered	9	8	7	8	8	10	7	8	8	6	6	7	6	5	7
[Kent] [Mind]Dullness, sluggishness, difficulty of thinking and comprehending:	3	3	3	3	3	3	3	2	3	3	3	2	2	3	2
[Kent] [Mind]Memory:Weakness of (see Mistakes):	3	3	2	3	2	1	1	3	3	2	2	2	3	3	2
[Kent] [Mind]Absent-minded (see forgetful):	3	3	3	2	2	2	1	2	3	2	2	3	3	2	1
[Kent] [Mind]Mistakes:Wrong words, using:	3	0	0	3	0	1	2	1	1	1	0	0	1	0	3
[Kent] [Mouth]Dryness:Thirstless:	3	0	3	1	2	1	0	2	0	0	0	1	0	2	0
[Kent] [Genitalia female]Menses:Clotted:	1	3	3	2	0	1	3	2	1	0	2	2	2	3	2
[Kent] [Genitalia female]Menses:Late:Profuse:	0	1	0	0	2	2	0	0	0	0	0	0	2	0	0
[Kent] [Stool]ODour:Offensive:	3	3	2	1	3	1	2	1	1	3	3	2	0	0	1
[Kent] [Perspiration]Scanty sweat:	1	1	0	0	1	1	0	0	1	0	0	1	0	0	0
[Kent] [Generalities]Obesity:	1	1	2	2	1	2	3	1	1	3	2	0	0	0	1



Before treatment



After treatment

Prescription-

Nux Moschata 30CH×4pills×At bed time×3 days

Phytum 30CH×4pills×BD× 7days
Plan of follow-up after 10 days.

Follow up:

Date	Complaints	Prescription
3/06/22	Menses appeared as spotting, but the flow wasn't settled. Other complaints ameliorates.	NuxMoschata200×4pills×OD for 3 days. Phytum200×4pills×BD for 7 days.
13/06/22	Menses appeared clotted & painful for 2 days.	Phytum200×4pills×BD for 30days Sac Lac 30 ×4pills×HS for 30 days
8/7/22	Thirstlessness decreased. Menses have yet not appeared.	Phytum 200×4pills× BD for 30 days. Sac Lac 30 ×4pills×HS for 30 days Nux Moschata 1M(in sugar of milk) stat dose given
14/7/22	Menses appeared & stayed for 4 days.	Phytum 200×4pills× BD for 30 days Sac lac 30×4pills× HS for 30 days
22/8/23	Menses appeared at the expected date. Thirst is improved	Phytum200×4pills× BD for 30 days Sac Lac 30×4pills× HS for 30 days SOS doses of Nux Moschata 1m given.
30/9/22	Menses appeared at the expected date. Weight loss schedule & diet regulations given	Phytum 200×4pills× BD for 90 days Sac Lac 30×4pills× HS for 90 days SOS visit in between if required.
10/11/22	Menses appeared +/- 7 days from the expected date. Pain tolerable. Flow least clotted. Dryness in the mouth is marked reduced. Forgetfulness is less now.	Phytum 200×4pills× BD for 90 days Sac Lac 30×4pills× HS for 90 days
2/3/23	No marked menstrual complaints. A cycle is settled normally. The mouth has no such dryness. Mental alertness increased.	Phytum 200×4pills× BD for 90 days Sac Lac 30×4pills× HS for 90 days
9/6/23	She is fine with menstrual or other complaints. Started yoga and workout-reducing weight accordingly.	Phytum 200×4pills× BD for 30 days Follow up with USG abdomen advised.
19/7/23	Follow up USG abdomen s/o no PCOD changes present	All medication was stopped.

DISCUSSION

women of reproductive age, polycystic ovarian disease (PCOD) is a prevalent endocrine condition that is characterized by hormonal imbalances, irregular menstruation, and ovarian cysts. By upholding its core tenets of individualization, symptom similarity, and the use of a repertory, homoeopathy, a holistic school of medicine, offers a distinctive method of controlling PCOD.

Each patient's case is carefully examined in Homoeopathy, taking into account their physical, emotional, and mental symptoms. A detailed reference tool called a repertory helps homeopaths choose the best treatment for each patient depending on their particular symptomatology.

Depending on each patient's unique symptom presentation, Pulsatilla, Sepia, and Lachesis are common homeopathic treatments for PCOD. By balancing hormones, regulating menstrual cycles, and reducing ovarian cysts, these treatments hope to improve hormonal equilibrium. Homoeopathy treats PCOD patients' general well-being by addressing related disorders

like acne, obesity, and hair growth problems.

Nux Moschata was chosen as the treatment for the patient based on the full spectrum of symptoms, effectively treating the patient's mental state and covering a wide range of rubrics. Given the importance of mental generals, a single dose of Nux Moschata that was specifically formulated for the patient's situation was given that same day.

CONCLUSION

In conclusion, the homeopathic medication Nux Moschata is effective in treating Polycystic Ovarian Disease (PCOD). It is an excellent option for PCOD management due to its selection based on the patient's whole variety of symptoms, thorough coverage of rubrics, capability to address mental generals and extensive coverage of rubrics. The administration of Nux Moschata, customized for each patient, can show encouraging results in reducing symptoms and enhancing general well-being in PCOD patients, demonstrating its efficacy as a homeopathic remedy.

Declaration by Authors

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