



Polycystic Ovarian Syndrome Treated with Individualized Homeopathy: A Case Series.

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Abstract:

As Polycystic Ovarian Syndrome (PCOS) / Polycystic Ovarian Disease (PCOD) is multifaceted problem with reproductive endocrine and metabolic dysfunction. PCOS is also called as Stein-leventhal Syndrome after two doctors who first described it in 1935^[1] PCOS is one of the most endocrinopathy affecting women.^[2] The Rotterdam 2003 criteria defines PCOS as incidence of any two of 3 key criteria namely, oligo ovulation and anovulation, hyperandrogenism and polycystic ovaries [PCO].^{[2][3]} PCOS is found to be the most common reason for menstrual irregularities in 4-12% of women of reproductive age [12-45 yrs old].^{[4][5]} 5-10% of women develop PCOS during their teenage or child bearing years.^[6]

Worldwide PCOS affects up to 6-7% of the population. However, the prevalence specific to the country vary extensively. In India, the incidence of PCOS/PCOD is on the hike; nearly 35% of women suffer from it. Symptoms of PCOS/PCOD are irregular, infrequent periods within 3 or 4 years of starting menstruate light or very heavy bleeding during period weight gain, excessive hair growth to varying degrees on face, chest, and lower abdomen. In this review paper the treatment of PCOS with different medicinal system namely Ayurveda, Homeopathy and Allopathy taken into account to compare and analyse best curable medicinal system for PCOS. Allopathy does not cure PCOS, but helps in managing and controlling effects while Ayurveda and Homeopathy can be considered as best cure and promising treatment with no side effects.

Keywords: PCOS/PCOD, polycystic ovaries, syndrome, follicles, cysts, menses, GnRH, homeopathy, diabetes mellitus, anovulation, hormone.

Introduction

Polycystic Ovarian Syndrome also known as PCOS OR PCOD [Polycystic Ovarian Disorder] is a very common hormonal disorder and a leading cause of female infertility worldwide. PCOS is also called as Stein-leventhal Syndrome after two doctors who first described it in 1935.^[1] PCOS is one of the most endocrinopathy affecting women.^[2]

The Rotterdam 2003 criteria defines PCOS as incidence of any two of 3 key criteria namely, oligoovulation and anovulation, hyperandrogenism and polycystic ovaries[PCO].^{[2][3]} Poly cystic Ovarian Syndrome (PCOS) is a condition in which women typically have many number of small cysts around the edge of their ovaries. Polycystic ovaries mean the ovaries containing a large number of cysts that are not bigger than 8mm and develop more follicles than normal every month. Polycystic ovary start maturing at least twice as many follicles compared normal most of which enlarge and mature but do not release an egg. The cysts are the egg containing follicles that do not develop properly because of hormone A imbalance.

Some women go on to develop PCOS [Polycystic Ovarian Syndrome] which means they have other symptoms including polycystic ovaries. PCOS may be heredity as well. Studies shows that women with family history of polycystic ovaries are 50% more likely to develop PCOS. PCOS is found to be the most common reason for menstrual irregularities in 4-12% of women of reproductive age [12-45 yrs old].^{[4][5]} 5-10% of women develop PCOS during their teenage or child bearing years.^[6] Worldwide PCOS affects up to 6-7% of the population. However, the prevalence specific to the country vary extensively. In India, the incidence of PCOS/PCOD is on the hike; nearly 35% of women suffer from it. Symptoms like irregular, infrequent periods within 3 or 4 years of starting menstruate lighter very heavy bleeding during period weight gain, excessive hair growth to varying degrees on face, chest, and lower abdomen. Moderate abdominal discomfort during periods, acne, and excessive skin growth on neck or in armpit also called as skin tags. Bone pain [arthralgia] and hair loss [alopecia], constipation, flauntulence, and indigestion. PCOS is also called as polycystic ovary disease [PCOD], Stein-Leventhal syndrome, ovarian hyperthecosis and sclerocystic ovary syndrome.

PATHOGENESIS

Complete understanding of pathogenesis of PCOS is still lacking due to heterogeneity of this disorder. There are most likely multiple underlying pathophysiological mechanisms. Various theories have been proposed to explain the pathogenesis of PCOS/PCOD.^[7]

They are as follows:

- a. An alteration in gonadotropin releasing hormone secretion results in increase of LH secretion. [lutening hormone]
- b. An alteration in insulin secretion; leads to hyperinsulinemia and insulin resistance.
- c. Defect in androgen synthesis that leads to increase in ovarian androgen production.

LH (Leutinizing Hormone): LH hyper secretion is a main cause of infertility and miscarriage in women having PCOS/PCOD. Many theories have been introduced for the etiology of over secretion of LH by pituitary gland. These include hypothalamic dysfunction, reduced pituitary sensitivity to gonadotropin releasing hormone [GnRH] and increased pulsatility of GnRH. Increase in LH leads to increase in androgen production by theca cells within the ovary.^{[8][9]}

Hyperandrogenism or Androgen excess: Hyperandrogenism is one of the primary symptoms of PCOS/PCOD. Increased or elevated level of circulating androgen is observed in 60-80% of women with PCOS.^{[10][11][12][13][14][15]}

Clinical features of hyperandrogenism in women with PCOS include acne, hirsutism, and androgenic alopecia [hair loss]. Insulin may modulate Gonadotropin secretion Hypothalamus (Rapid GnRH pulse) Pituitary (elevated LH relative to FSH) Insulin resistance, Compensatory Hyperinsulinemia Ovaries and Adrenal Glands, Increased androgen production LH Promotes Androgen production Adrenal Responsiveness to ACTH is enhanced Insulin promotes androgen production Androgen may exacerbate insulin.

Hyperinsulinemia and Insulin resistance[IR]: Hyperinsulinemia is a condition in which

there is excess level of insulin circulating in the blood relative to the levels of glucose. Hyperinsulinemia can result from a various metabolic diseases and condition, one of which is PCOS/PCOD. Whereas insulin resistance is a pathological state or condition in which the ability of cells to respond to normal action of hormone insulin is diminished. Insulin resistance further leads to development of Type 2 diabetes mellitus. [16]30-40% of women

affected with PCOS have impaired glucosetolerance and 10% of women to develop type 2 diabetes mellitus by the age of 40 yrs.^{[17] [18]} Insulin acts collaboratively with LH to enhance androgen production in the ovarian theca cells. It also decreases hepatic synthesis and sex hormone binding globulin secretion, hormone which binds testosterone in circulation therefore increasing the amount of free testosterone which is biologically available.^{[19][20]} Women with PCOS/COD and hyperinsulinemia have free testosterone, but the total concentration of testosterone may be at the upper level of normal or modestly elevated.^[21]

Causes: The main cause of PCOS/PCOD is unknown both environmental and genetic factors are implicated. Causes of PCOS are as follows: ^[22]

1. Genetic susceptibility
2. Raised levels of insulin
3. Hormonal imbalance
4. Contraceptive pills
5. Strong stimulation in adrenal in childhood
6. Obesity
7. Hereditary factors
8. Sedentary lifestyle
9. Stress
10. Diaetes
11. Insulin resistance
12. Hyperprolactinemia
13. Cushing's syndrome
14. Congenital adrenal hyperplasia

Homeopathy:

PCOS/PCOD finds promising treatment with homeopathic mode of system. Homeopathic mode of treatment is very safe and free from any side effects. Homeopathic medicines include dynamically potentized or powerful dominant influential drugs form of pills, powder, liquids, which includes less medicinal substances and greater energy.

Since it consist more energy it has more capability to penetrate the system at deeper levels. Homeopathic medicines work on correcting hormonal imbalance, regularizing ovulation, restoring menses normalcy. Some homeopaths or proponents of homeopathy also claim that it helps in dissolving or solubalizing the cysts to eliminate the hormone therapy and surgery that promise complete cure for condition. Homeopathy focuses on treating and

curing the root cause of problem. Combination of homeopathic constitutional treatment with exercise just like 30minutes walk, aerobics, swimming, etc is done. Homeopathic medicines like Apis, Pulsatilla, Sepia, Lachesis and Graphites are often used in treatment of PCOS/PCOD. Sepia is a bestcure for PCOS while Pulsatilla is used for suppressed menses for long duration. Calcarea Carb used for prolonged and profuse period. Natrum mur cure for PCOS with irregular or suppressed menstrual cycles. Thuja occidentalis is used in

retarded menstrual flow. Thuja has innate ability to dissolve abnormal growth or accumulation in the body. It is also helpful in treatment of extreme hair growth on unusual parts in women due to hormonal imbalance. Another treatment is Lycopodium [LYCO] is used for vomiting, indigestion, bloating, constipation, anxiety and insomnia. Lacheisis used in PCOS for blood poisoning, circulation difficulties with menstruation, menopause, tonsillitis and uterine problems. OOPHORINUM is also found to be useful in certain patients. Homeopathic treatments are free from side effects.

Case 1:

27 year young female presented with the PCOS symptoms since 4 years

The screenshot shows the 'Quick Repertorisation' window. The search criteria are 'Hot, Thirstless'. The results table is as follows:

Remedy Name	Lyc	Puls	Med	Sulph	Arg-n	Bry
Totally	13	9	7	7	7	5
Symptoms Covered	5	3	3	3	2	2
Kingdom						
[Complete] [Mind]Introverted: (231)	2	4	3	3	4	
[Murphy] [Mind]Anxiety, general:Health, about their: (86)	3	2	2	1	3	1
[Complete] [Generalities]Food and drinks:Warm:Drinks:Desires: (87)	3	3	2	3		4
[Murphy] [Arms]Pain, arms:Right: (17)	2					
[Murphy] [Female]Cysts, genitalia:Ovarian:Right: (7)	3					

Date	Symptoms	Prescription
2-5-2019		Lyc 200 od, SL bd/1mon
6-6-2019	Pt gets better, menses appeared on 7-5-19	Lyc 200 od, SL bd/1mon
24-7-2019	Menses appeared on 8-6-19 and 10-7-19	Lyc 200 od, SL bd/1mon
29-8-2019	Menses appeared on 10-8-19 USG: NAD,	SL bd/1mon.

ABDOMEN AND PELVIC SCAN

Patient Name : Mrs. VV 25 yrs F DATE : 31/12/2018

Referred Doctor : Dr. Shwetha

1 Abdomen :
 2 Liver : Is normal in size, anatomy and echo texture. No evidence of SOL Or IHBRD
 3 Gall Bladder : Distended and echo free
 4 C.B.D. : Normal in caliber.
 5 Portal Vein : Normal in caliber.
 6 Pancreas : Normal in caliber.
 7 Spleen : Normal in size,
 8 Kidney :
 1. Right Kidney : 7.90 X 4.28 cms with 0.20 - cms parenchymal thickness
 2. Left Kidney : 9.40 X 4.32 cms with 1.04 cms parenchymal thickness
 Uterus : Is Normal in size and measures 6.27x 3.89 x 2.87 cms.
 Rt ovary: measures 2.53 x 1.72 cms. Multiple follicles
 Lt ovary: measures 1.68 X 1.21 cms. Multiple follicles
 Endometrial thickness 6 mm.
 Pelvis -Urinary Bladder : Distended and echo free

10 IMPRESSION : P.C.O.D
 Suggested : PLEASE CORRELATE CLINICALLY

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Name : VV
 MRD No: 13062/06
 Age / Sex: 27Yrs/ Female

Ref. By: Dr. Gurukiran
 Reported on: 29.08.2019

ULTRASOUND ABDOMEN & PELVIS

LIVER:
 Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER: Contracted - Post prandial status.

SPLEEN:
 Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
 Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
 Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
 Uterus -Measures 6.3 x 4.4 x 3.1 cms Normal in size and echotexture normal.
 Endometrial (8 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
 RO - 3.0 x 2.3 cms. LO - 2.8 x 1.8 cms.
 Both ovaries are normal in size, shape and echogenicity.
 No ascites.
 No mass / collection noted in RIF and LIF.
 No significant lymph nodes noted.

IMPRESSION:
NO SONOGRAPHIC ABNORMALITY DETECTED.

Dr. Suresh nayak, DMRD, (D)

BEFORE

AFTER

Case 2

18 year young female presented with PCOS symptoms since 1 year

Record Clear

Strategies/Filters Applied Record from Favorite Repertories

Sort on Totality (Descending) + Remedy Filter: Hot,Right,Thirstless

Symptoms: 6 Remedies: 22 Show Repertorisation Tools Prescribe Remedy List

Remedy Name	Lyc	Puls	Apis	Bry	Sulph	Med	Plat
Totally	18	14	11	10	10	9	9
Symptoms Covered	6	4	4	4	3	5	3
Kingdom							
[Complete] [Mind]Introverted: (231)	2	4	1		3	3	3
[Complete] [Mind]Fear:Alone, being: (149)	4	3	3	1		2	
[Complete] [Mind]Fear:Responsibility, of: (9)	3						
[Complete] [Generalities]Food and drinks:Warm:Drinks:Desires: (87)	3	3		4	3	2	
[Complete] [Stomach]Thirstlessness: (371)	4	4	4	4	4	1	4
[Murphy] [Female]Cysts, genitalia:Ovarian: (43)	2		3	1		1	2

Date	Symptoms	Prescription
8-2-2020		Lyc 200 od, SL bd/1mon
6-3-20	Pt gets better, menses cycle: regular	Lyc 200 od, SL bd/1mon
9-4-20	Pt gets better, dullness and lethargy has reduced, Menses on 16-3-20	Lyc 200 od, SL bd/1mon

9-5-20	Menses on 16-4-20	Lyc0 200 od. SL bd/1mon
8-6-20	Menses slightly delayed 20-5-20	Lyc0 1m od, SL bd/1mon
10-7-20	Menses got regulated, 20-6-20	Lyc0 1m od, SL bd/1mon
15-8-20	Menses on 20-7-20 USG: NAD	SL bd/1mon

Name : **AAAAA**
MRD No: 1745/06
Age / Sex: 18 Yrs/ Female

Ref. By: Dr. Gurukiran
Reported on: 08.02.2020

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows diffuse increase in echotexture. No focal mass lesion seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecyst collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus—Measures 6.8 x 3.4 x 3.0 cms Normal in size and echotexture normal. Endometrial (5 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO – 3.6 x 2.2 cms. LO – 3.6 x 1.9 cms.
Both ovaries are normal in size and show multiple follicles measuring 6 – 8 mm. No dominant follicle.
No ascites.
No mass / collection noted in RIF and LIF.
No significant lymph nodes noted.

IMPRESSION:
> FATTY LIVER.
> POLYCYSTIC OVARIES.

Suggested clinical/biochemical correlation.

Dr. Suresh nayak, DMRD, (DNB)

BEFORE

Name : **AAAAA**
MRD No: 10224/03
Age / Sex: 18 Yrs/ Female

Ref. By: Dr. Gurukiran
Reported on: 15.08.2020

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows mild diffuse increase in echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecyst collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus—Measures 6.5 x 3.7 x 2.7 cms Normal in size and echotexture normal. Endometrial (5 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO – 3.0 x 1.8 cms. LO – 3.2 x 2.0 cms.
Both ovaries are normal in size, shape and echogenicity.
No ascites.
No mass / collection noted in RIF and LIF.
No significant lymph nodes noted.

IMPRESSION:
MILD FATTY LIVER.

Dr. Suresh nayak, DMRD, (DNB)

AFTER

Case 3:

17 year young female presented with **acne over the face** and on the back **since 4 years**. She has been treated for acne by various dermatologists with number of ointments, creams and soaps without diagnosing the actual cause.

Six months back she opted for Homoeopathic treatment and advised for USG abdomen and pelvis.

Remedy Name	Sil	Sulph	Merc	Nit-ac	Sep	Calc	Con
Totally	26	26	25	25	23	23	23
Symptoms Covered	8	7	7	7	8	7	7
Kingdom							
[Complete] [Mind]Introverted: (231)	1	3	3	3	1	1	3
[Complete] [Mirilli's Themes]Yielding: (753)	4	4	4	4	4	4	4
[Complete] [Extremities]Perspiration:Hands:Palms: (130)	4	4	3	2	4	4	4
[Complete] [Extremities]Perspiration:Feet:Soles: (52)	4	3	3	4	1	3	
[Complete] [Perspiration]Offensive: (216)	4	4	4	4	4	3	3
[Complete] [Face]Eruptions:Pimples: (328)	4	4	4	4	4	4	2
[Complete] [Rectum]Constipation: (875)	4	4	4	4	4	4	4
[Miasms] [Female Genitalia]ENLARGED:Ovaries:Chilly: (8)	1				1		3

Date	Symptoms	Prescription
24-4-20		Silicea 200 od, SL bd/1mon
23-5-20	Pimples has slightly reduced over the face. Menses on 30-4-20	Silicea 200 od, SL bd/1mon
2-7-20	Pimples got reduced and hair fall also reduced, Menses on 2-6-20	Silicea 1m od, SL bd/1mon
2-8-20	Menses on 4-7-20. Pimples has reduced, 70 %, menses got regulated, but some more pimples with pain	Silicea 1m od, SL bd/1mon
5-9-20	Menses on: 5-8-20. Pimples got reduced, hair fall has also reduced 80%	Silicea 1m od, SL bd/1mon
6-10-20	Menstrual cycle got regulated. LMP: 5-9-20	SL bd/1mon
5-11-20	USG: NAD	SL bd/1mon

After 6 months of Homoeopathic constitutional treatment, acne disappeared by treating the root cause,

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Name : WWW
 MRD No: 3099/52
 Age / Sex: 17 Yrs/ Female

Ref. By: Dr. Gurukiran
 Reported on: 07.03.2020

ULTRASOUND ABDOMEN & PELVIS

LIVER:
 Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
 Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection.

SPLEEN:
 Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
 Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
 Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
 Uterus -Measures 6.8 x 3.9 x 3.2 cms Normal in size and echotexture normal. Endometrial (9.5 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
 RO - 3.6 x 2.0 cms. LO - 3.8 x 2.1 cms.
Both ovaries are normal in size and show multiple follicles measuring 6 - 8 mm. No dominant follicle.
Small left para ovarian cyst noted measuring 3 x 2 cm.
 No ascites.
 No mass / collection noted in RIF and LIF.
 No significant lymph nodes noted.

IMPRESSION:
 > POLYCYSTIC OVARIES.
 > SMALL LEFT PARA OVARIAN CYST.
 Suggested clinical/biochemical correlation.

ASHWINI DIAGNOSTICS

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Name : WWW
 MRD No: 13778/02
 Age / Sex: 17 Yrs/ Female

Ref. By: Dr. Gurukiran
 Reported on: 04.11.2020

ULTRASOUND ABDOMEN & PELVIS

LIVER:
 Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
 Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection.

SPLEEN:
 Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
 RK: 8.5 x 4.2 cms.
 LK: 8.2 x 3.6 cms.
 Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
 Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
 Uterus -Measures 7.0 x 2.7 x 4.3 cms Normal in size and echotexture normal. Endometrial (8.6 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
 Both ovaries are normal in size, shape and echogenicity.
 No ascites.
 No mass / collection noted in RIF and LIF.
 No significant lymph nodes noted.

IMPRESSION:
NO SONOGRAPHIC ABNORMALITY DETECTED.

BEFORE

AFTER

Case 4:

A young female aged 20 years was presented with **pimples on face since 3 years**, painful sometimes. The pimples were pustular. Then she was advised for USG abdomen and pelvis. Then the detailed case taking according to homoeopathic perspective was done.
 bowels: irregular, sweat: profuse on palms and soles, sleep: disturbed, Thermals: chilly++
weight: 70.4 kgs
mental symptoms: introvert, moody, reserve, yielding, angered easily, likes travelling.
 According to the case the homoeopathic constitutional medicine was prescribed.
After 5 months of treatment, USG of abdomen and pelvis was advised.

Remedy Name	Sil	Thuja	Nit-ac	Phos	Stann	Ambr	Nat-m
Totally	14	13	12	11	11	10	10
Symptoms Covered	5	4	4	3	3	3	3
Kingdom							
[Complete] [Mind]Introversed: (231)	1	3	3	3	4	3	4
[Complete] [Face]Eruptions:Pimples: (328)	4	4	4	4	4	4	4
[Complete] [Extremities]Perspiration:Offensive:Feet:Soles: (9)	4	3	3				
[Murphy] [Clinical]Tumors, general, (see Cancer, chapter):Ovaries, cy...	2	3					
[Murphy] [Constitutions]LEAN, thin constitutions: (55)	3		2	4	3	3	2

DATE	SYMPTOMS	PRESCRIPTION
24-8-20		Silicea 200 od, SL bd/1mon
25-9-20	Pimples started to reduce and body weight has reduced.	Silicea 200 od, SL bd/1mon

30-10-20	Pimples further more reduced, menses appeared 2-10-20	Silicea 200 od, SL bd/1mon
7-12-20	Menses appeared on 2-11-20, body weight reduced around 3.5 kg, pimples with pustule and mild pain	Silicea 1m od, SL bd/1mon
23-1-21	Menses cycle got regulated, pimples has reduced, body weight has reduced 5 kg	SL bd/1mon

The patient **weight** was 61.3 kg after Homoeopathic treatment.

The pimples on the face were disappeared.

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Name : WWWWWW Ref. By: Dr. Gurukiran
MRD No: 10342/00 Reported on: 24.08.202
Age / Sex: 20 Yrs/ Female

Name : WWWWWW Ref. By: Dr. Gurukiran
MRD No: 973/19 Reported on: 23.01.2021
Age / Sex: 20 Yrs/ Female

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Int and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholec collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus -Measures 5.8 x 3.2 x 2.8 cms Normal in size and echotexture normal. Endometrial (9 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO - 4.6 x 2.5 cms. LO - 4.3 x 2.9 cms.
Both ovaries are enlarged in size and show multiple follicles measuring 6 - 8 mm arranged in periphery with central echogenic stroma. No dominant follicle. No ascites. No mass / collection noted in RIF and LIF. No significant lymph nodes noted.

IMPRESSION:
POLYCYSTIC OVARIAN DISEASE.

Suggested clinical/biochemical correlation.

Dr. Suresh nayak, DMRD, (DN)
Consultant Radiologist

BEFORE

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows normal echotexture. No focal mass lesions seen and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholec collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus -Measures 5.6 x 3.3 x 2.5 cms Normal in size and echotexture normal. Endometrial (7 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO - 3.4 x 2.0 cms. LO - 3.8 x 3.0 cms.
Both ovaries are normal in size, shape and echogenicity. Dominant follicles noted in both ovary. No ascites. No mass / collection noted in RIF and LIF. No significant lymph nodes noted.

IMPRESSION:
NO SONOGRAPHIC ABNORMALITY DETECTED.

Dr. Suresh nayak, DMRD, (DN)
Consultant Radiologist

AFTER

Case 5:

A female aged 16 years was presented with the symptoms of irregular menses since 8 months. after this irregular menses, she has undergone ultrasonography of the abdomen. The patient has been diagnosed with PCOD and she was advised to take **hormone pills for 21 days**.

After taking hormone pills, the patient use to get her menstrual cycle regular, when she asked the stop the hormonal pills then the menstrual cycle got irregular. after this disgust, the patient opted for Homoeopathic treatment.

According to the homoeopathic case-taking the constitutional medicine for the patient was prescribed.

The screenshot shows the 'Quick Repertorisation' software interface. The search criteria include 'Symptoms Covered: 7' and 'Remedies: 84'. The results table lists various remedies and their coverage for symptoms: Nat-m, Sulph, Arg-n, Puls, Lyc, Lach, Arn, and Aloe. Remedies like Nat-m, Sulph, and Arg-n show high coverage across multiple symptoms.

Remedy Name	Nat-m	Sulph	Arg-n	Puls	Lyc	Lach	Arn	Aloe
Totally	20	18	17	17	15	15	13	13
Symptoms Covered	6	6	7	5	6	5	6	5
Kingdom								
[Complete] [Mind]Extroverted: (50)		3	3		1	3		
[Complete] [Mind]Sympathetic, compassionate, too: (171)	3	1	3	4	1	1	1	1
[Complete] [Mind]Consolation, sympathy:Ailments from, agg.: (86)	4	3	3		1		3	3
[Complete] [Mind]Mortification:Ailments from, agg.: (275)	4	3	3	4	4	4	3	3
[Complete] [Generalities]Constitution:Hydrogenoid: (51)	3		1	1			2	
[Complete] [Generalities]Weather:Damp, rainy, wet:Agg.: (405)	3	4	3	4	4	4	3	4
[Complete] [Female Genitalia]Menses:Absent, amenorrhea: (291)	3	4	1	4	4	3	1	2

DATE	SYMPTOMS	PRESCRIPTION
11-4-22	Menses were delayed.	Nat sulph 200 od, SL bd/1mon
17-3-22	Mild pain in the abdomen and in the lower back, but menses delayed.	Oophorinum 1m od, SL bd/1mon
11-4-22	Menses appeared on 20-3-22	Nat sul 200 od, SL bd/1mon
12-5-22	Pt gets better, menses appeared on 19-4-22	Nat sul 200 od, SL bd/1mon
15-6-22	Menstrual cycle got regulated. The patient feels more active and body feels light.	Nat sul 200 od, SL bd/1mon
23-7-22	Pt gets better, menses as per the schedule.	SL bd/1mon

Follow up: after constitutional treatment the patient got better, menstrual cycle got regulated.

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Name : F [REDACTED]
MRD No: 14452/11
Age / Sex: 16 Yrs/ Female

Ref. By: Dr. Gurukiran
Reported on: 21.11.2020

Name : [REDACTED]
MRD No: 8401/06
Age / Sex: 18 Yrs/ Female

Ref. By: Dr. Gurukiran
Reported on: 23.07.2022

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Normal in size & shows normal echopattern.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus - Measures 5.7 x 3.4 x 3.0 cms Normal in size and echotexture normal. Endometrial (7 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO - 4.2 x 2.9 cms. LO - 4.4 x 2.6 cms.
Both ovaries are enlarged in size and show multiple follicles measuring 6 - 8 mm arranged in periphery with central echogenic stroma. No dominant follicle. No ascites.
No mass / collection noted in RIF and LIF.
No significant lymph nodes noted.

IMPRESSION:
POLYCYSTIC OVARIAN DISEASE.
Suggested clinical/biochemical correlation.

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Name : [REDACTED]
MRD No: 8401/06
Age / Sex: 18 Yrs/ Female

Ref. By: Dr. Gurukiran
Reported on: 23.07.2022

ULTRASOUND ABDOMEN & PELVIS

LIVER:
Liver is normal in size and shows normal echotexture. No focal mass lesions seen. Intra and extra hepatic biliary radicles are normal. Portal vein and CBD are normal.

GALL BLADDER:
Distended. No obvious calculi. Wall thickness is within normal limits. No pericholecystic collection.

SPLEEN:
Normal in size and shows normal echo pattern. No focal lesion.

PANCREAS: Head and body visualised appears normal. Tail obscured by bowel gas.

KIDNEYS:
Both kidneys are normal in size, position and show normal echopattern. No calculi or Hydroureteronephrosis seen. Cortico-medullary differentiation is well maintained.

URINARY BLADDER:
Distended, with normal wall thickness. No internal echoes within. No calculi.

UTERUS AND OVARIES:
Uterus - Measures 6.5 x 3.9 x 3.1 cms Normal in size and echotexture normal. Endometrial (9 mm) and myometrial echoes are normal. No focal endometrial / myometrial lesion.
RO - 3.7 x 2.9 cms. LO - 3.7 x 3.0 cms.
Both ovaries are normal in size, shape and echogenicity. No ascites.
No mass / collection noted in RIF and LIF.
No significant lymph nodes noted.

IMPRESSION:
NO SONOGRAPHIC ABNORMALITY DETECTED.

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Consultant Radiologist
KMC Reg. No. 75487

Before Treatment

After Homoeopathic treatment

Discussion

As PCOS/PCOD is multifaceted problem with reproductive endocrine and metabolic dysfunction. PCOS is characterized by infertility, ovarian dysfunction, hyperandrogenism, insulin resistance and chronic anovulation while major metabolic consequences including obesity, type II diabetes and cardiovascular disease affecting 5-10 % of female population of developed countries. Symptoms like irregular, infrequent periods within 3 or 4 years of starting menstruate light or very heavy bleeding during period weight gain, excessive hair growth to varying degrees on face, chest, and lower abdomen. Moderate abdominal discomfort during periods, acne, and excessive skin growth on neck or in armpit also called as skin tags. Bone pain [arthralgia] and hair loss [alopecia], constipation, flauntulence, and indigestion.

1. Early, scanty, dark, clotted Menses – Lilium tigrum, Agnus castus
2. Amenorrhoea, Bladder inflammation - Senecio aureus
3. Infertility
4. Heavy periods, painful uterus during periods – Calcarea carbonica
5. Burning uterus - lachesis
6. Metrorrhagia - Nux vomica
7. Swollen breast before period and Bloating feeling - Pulsatilla
8. Neuralgic pain during menses and irregular menses - Xanthoxylum fraxineum
9. Ovarian inflammation or Ovaritis and ovarian cysts - Apis mellifica
10. Chronic Pelvic disorder,
11. Burning vaginal discharge, Painful intercourse - Lycopodium
12. Menstrual colic, threatened abortions - Secale cor
13. Tumours and polyps of uterus - Bufo rana
14. Bleeding With uterine fibroids - Salix nigra 3X
15. Warts on vulva and perineum - Thuja occidentalis
16. Prolapsed uterus, enlargement of uterus - Fraxinus americana
17. Malposition of uterus, itchy vagina and vulva - Helonias Dandelion
18. Hysteria, sobbing and grief - Ignatia amara, Nat mur, Aurum, Cocculus, Phosphoric acid
19. Uterine displacement - Lappa
20. Metritis - phosphorous

21. Hemorrhages, bruised feeling, uterine cramps- Thlaspi bursa Pastoris
22. Hypertrophied uterus- Ustilago maydis

Conclusion

PCOS is an increasing public health problem which is very common and leading cause of infertility in women.

Polycystic ovarian syndrome or PCOS is a condition in which a women's level of sex hormone like estrogen and progesterone are imbalanced. Symptoms like irregular, infrequent periods within 3 or 4 years of starting menstruate light or very heavy bleeding during period weight gain, excessive hair growth to varying degrees on face, chest, and lower abdomen. Moderate abdominal discomfort during periods, acne, and excessive skin growth on neck or in armpit also called as skin diabetes, Bone pain [arthralgia], hair loss [alopecia], constipation, flautulence, and indigestion. Homeopathy can be considered as bestcure and promising treatment with no side effects.

According to aphorism 7

The totality of these symptoms of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires – the totality of the symptoms must be the principal indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that the disease shall be cured and transformed into health.

These cases proves the efficacy of the Homoeopathic treatment in producing consistent good results of PCOD cases.

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