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CASE STUDY

IMPLEMENTING A COMPREHENSIVE APPROACH OF HOMOEOPATHY IN THE TREATMENT OF POLYCYSTIC OVARIAN SYNDROME

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Abstract

The aim of this study to Implementing a comprehensive approach of homoeopathy in the treatment of Polycystic Ovarian Syndrome. This study was done in the department of homeopathy. A 23-year-old woman approached with a complaint of an irregular menstrual cycle that has been occurring for the last 2 years. Menstruation is delayed and characterised by excessive bleeding during a menstrual cycle. The blood during the menstrual cycle exhibits coagulation. Currently, there is a delay of around 3 months in the menstrual cycle. Nux Moschata 30CH×4pills×At bed time×3 days and Phytum 30CH×4pills×BD× 7days Plan of follow-up after 10 days were used for the treatment of PCOD. Ultimately, the homoeopathic remedy Nux Moschata demonstrates efficacy in the treatment of Polycystic Ovarian Disease (PCOD). Customised dosing of Nux Moschata has

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shown effectiveness as a homoeopathic medicine for PCOD patients, effectively lowering symptoms and improving overall well-being.

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a medical illness characterised by the presence of many symptoms, such as excessive levels of androgens (which may cause hirsutism and/or hyperandrogenemia), malfunction of the ovaries (particularly, irregular ovulation), and the presence of polycystic ovaries (PCOM)(1). The first documentation of this phenomenon occurred in 1935 by Stein and Leventhal (2). Polycystic ovary syndrome (PCOS) is a diverse hormonal condition that affects about 1 in 15 women globally (3). The incidence of polycystic ovary syndrome (PCOS) among Asian women in the Indian subcontinent was found to be 52% (4). The disease is intricate and influenced by several factors (5). The aetiology and pathophysiology of PCOS might exhibit variability across people, and the interaction of these variables can be intricate. The diagnosis of Polycystic Ovary Syndrome (PCOS) is a comprehensive approach that includes clinical evaluation, assessment of medical history, physical examination, and specialised diagnostic testing (6). Homoeopathy is founded on the premise of "similia similibus curentur," which means that a substance that causes symptoms in a healthy person may be used to treat similar symptoms in a sick person. It employs a personalised approach and places emphasis on the patient's holistic health. Homoeopathic management primarily entails treating these variables via lifestyle modifications and using medicine to ease symptoms and mitigate the likelihood of related health complications.

Factors contributing to the development of PCOS: Genetic predisposition (7), Hormonal imbalances often result in elevated amounts of androgens, such as testosterone, which may cause irregular menstruation periods and the formation of ovarian cysts. Insulin resistance, which results in higher levels of insulin, may contribute to the ovaries producing more androgens. Persistent, long-term inflammation of a mild intensity, Inflammation has the potential to disturb regular ovarian function and contribute to the development of insulin resistance. Lifestyle factors include several aspects of

an individual's way of life. The main factors contributing to obesity are excessive body weight and a lack of physical activity. Excessive adipose tissue might worsen insulin resistance and disrupt hormonal equilibrium, leading to the manifestation of PCOS symptoms (8). Environmental factors, such as endocrine-disrupting chemicals, might potentially contribute to the development or worsening of PCOS. The foetal growth inside the uterus may have an influence on the subsequent development of PCOS (Polycystic Ovary Syndrome) (5). These conditions may interfere with the regular operation of the hypothalamic-pituitary-ovarian axis, resulting in excessive synthesis of luteinizing hormone (LH). This may impact the synthesis of androgens and the atypical maturation of oocytes (9).

Clinical manifestations:

Polycystic ovary syndrome (PCOS) manifests in many types, each exhibiting distinct symptoms.

The classical phenotype is characterised by hyperandrogenism, which encompasses symptoms such as excessive hair growth (hirsutism), acne, hair loss (alopecia), oily skin or scalp (seborrhea), infrequent ovulation (manifesting as menstrual dysfunction, subfertility, and endometrial hyperplasia), menstrual dysfunction, and metabolic comorbidities. Ovulatory PCOS is characterised by a moderate level of insulin resistance and has the potential to cause ovarian hyperstimulation syndrome. The phenotype that does not exhibit hyperandrogenism is very mildly associated with insulin resistance and metabolic comorbidities (6).

Diagnostic assessment of PCOS:

The diagnosis of PCOS does not rely on a single conclusive test, but rather on a series of criteria published by several medical organisations, such as the Rotterdam criteria or the Androgen Excess Society criteria. The essential stages in the diagnosis of PCOS are:

Medical History and Symptom Assessment: Indications such as erratic menstrual cycles, excessive hair growth, skin blemishes, or hair thinning, as well as any familial background of PCOS or associated disorders. Physical Examination: Conducted to evaluate manifestations of PCOS, such as hirsutism, acne, or dermatological alterations. Hormone Levels: Blood tests will be used to quantify hormone levels, encompassing testosterone, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and sex hormone-binding globulin (SHBG). PCOS often presents with elevated androgen levels, which are hormones often associated with males. Insulin Levels: Fasting insulin levels or glucose tolerance tests may be performed

to assess insulin resistance. Thyroid Function: Thyroid function tests are conducted to exclude thyroid diseases that might mimic PCOS symptoms. Pelvic Ultrasound: The ultrasound examination may detect larger ovaries with many tiny follicles or cysts located around the outer edge. It is crucial to rule out other conditions, such as thyroid problems, hyperprolactinemia, or non-classical congenital adrenal hyperplasia (6).

General Management:

Implementing lifestyle modifications such as dietary adjustments, consistent physical activity, and weight reduction, together with psychological support, regular medication, and frequent follow-up, can expedite the alleviation of PCOS symptoms.

CASE REPORT

Chief Complaints: A 23-year-old woman approached with a complaint of an irregular menstrual cycle that has been occurring for the last 2 years. Menstruation is delayed and characterised by excessive bleeding during a menstrual cycle. The blood during the menstrual cycle exhibits coagulation.

Currently, there is a delay of around 3 months in the menstrual cycle.

Associate Complaints:

1. C/O weight gain in the past 6 months. (She gained 13 kg in the last 5 months). Abnormal hair growth especially at upper lips and on face. Weakness from slight exertion. Extreme dryness of mouth with thirstlessness.
2. Her USG abdomen & pelvis on 20/04/23 s/o bilateral ovaries appear bulky PCOD changes.

Physical General

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

Mental Symptoms:

1. She Forgets things easily and cannot able to remember things.
2. She cannot able to do quick decisions even in simple things.
3. Often made mistakes in using words.
4. 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 13 years.
- Cycle: Irregular LMP

- Character: clotted Duration: 4-5 days
- Quantity: profuse+++ (change 4-6 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 - No

Family History:

Mother – Alive and K/C/O Diabetes Mellitus

Father – Alive and K/C/O Hypertension.

Physical Examination:

Pulse Rate: 87 beats/ min.

Blood pressure: 120/80 mm of hg

Temperature: 98.8 F

Weight: 70 kg

Diagnosis:

PCOD: Her use of abdomen & pelvis on 14/05/23 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

Prescription

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

Phytum 30CH×4pills×BD× 7days

Plan of follow-up after 10 days.

Table 1- Follow up:

Date	Complaints	Prescription
14/05/22	Menses appeared as spotting, but the flow wasn't settled. Other complaint same liorates.	NuxMoschata200×4pills×OD for 3 days. Phytum200×4pills×BDfor7days.
25/05/22	Menses appeared clotted & painful for 2 days.	Phytum200×4pills×BD for 30daysSacLac30×4pills×HSfor30 days
14/08/22	Thirst lessness decreased. Menses have yet not appeared.	Phytum 200×4pills× BD for 30 days. Sac Lac30×4pills×HSfor30days NuxMoschata1M

		(insugarofmilk) statdose given
28/08/22	Menses appeared & stayed for 4days.	Phytum 200×4pills× BD for 30 days Saclac30×4pills× HSfor30days
09/09/22	Menses appeared at the expected date.Thirstis improved	Phytum200×4pills× BD for 30 daysSac Lac 30×4pills× HS for 30 days SOS dose so fNux Moschata 1mgiven.
22/9/22	Menses appeared at the expected date. Weight loss schedule & diet regulations given	Phytum200×4pills×BDfor90days Sac Lac 30×4pills× HS for 90 daysSOSvisitinbetweenifrequired.
14/11/22	Menses appeared +/- 7 days from the expected date.Paintolerable. Flowleastclotted. Dryness in the mouth is marked reduced. Forget fullness is less now.	Phytum 200×4pills× BD for 90 daysSac Lac30×4pills×HSfor90days
25/02/23	No marked menstrual complaints. A cycle is settled normally. The mouth has no such dryness. Mentalalertness increased.	Phytum 200×4pills× BD for 90daysSac Lac30×4pills×HS for 90 days
22/04/23	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 abdomenadvised.
14/05/23	Follow up USG abdomens/ono PCOD changes present	All medication was stopped.

Discussion

Polycystic ovarian disease (PCOD) is a common endocrine ailment affecting women in their reproductive years. It is characterised by hormonal imbalances, irregular menstrual cycles, and the presence of cysts in the ovaries. Homoeopathy, a holistic school of medicine, offers a particular technique of regulating PCOD by adhering to its principles of individualization, symptom similarity, and the use of a repertory. Homoeopathy meticulously evaluates the individual situation of each patient,

including their physical, emotional, and mental problems. A comprehensive reference tool known as a repertory assists homoeopaths in selecting the most suitable therapy for each patient based on their specific symptomatology. Pulsatilla, Sepia, and Lachesis are often prescribed homoeopathic remedies for PCOD, according to the individual symptomatology of each patient. These therapies aim to enhance hormonal balance by controlling menstrual cycles, decreasing ovarian cysts, and balancing hormones. Homoeopathy improves the overall health of PCOD patients by targeting associated conditions such as acne, obesity, and abnormal hair growth. The selection of Nux Moschata as the therapy for the patient was based on a comprehensive evaluation of the symptoms, successfully addressing the patient's mental condition and including a broad range of rubrics. Recognising the significance of mental faculties, the patient was given a singular dosage of Nux Moschata, which had been meticulously tailored to their individual condition, on the very same day.

CONCLUSION

Ultimately, the homoeopathic remedy Nux Moschata demonstrates efficacy in the treatment of Polycystic Ovarian Disease (PCOD). Due to its comprehensive coverage of rubrics, capacity to handle mental generals, and vast selection depending on the patient's range of symptoms, it is an outstanding choice for managing PCOD. Customised dosing of Nux Moschata has shown effectiveness as a homoeopathic medicine for PCOD patients, effectively lowering symptoms and improving overall well-being.

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