

Efficacy of Homoeopathy in PCOS: An Evidence Based Case Study

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ABSTRACT

Polycystic ovarian syndrome (PCOS) is an endocrine disorder that affects approximately 5% of all women which are very commonly found in day-to-day (routine) practice. When it comes to alternative systems or complementary treatments for PCOS, Homeopathy offers the best alternative. This is because Homeopathy focuses on treating and curing the root cause of the problem. The Homeopathic philosophy of disease is not based on the external causes of diseases. Homeopathy believes that the human body has been perfectly enabled by nature to keep itself disease free. Homeopathic medicines are very safe to use among women of all age groups, and these can treat ovarian cysts very gently without any side effects. Treatment of Ovarian cyst with homeopathic medicine is a holistic approach that treats the main cause behind the problem. Homeopathic medicine for ovarian cysts can help in dissolving the cysts already present and can also reduce/remove the tendency to develop new cysts.

KEYWORDS: Ovarian Cyst, Hormonal And Psychological Changes, Holistic Approach, Menstrual Disturbance

INTRODUCTION

Poly Cystic Ovarian Syndrome or PCOS is a common hormonal system disorder occurring in women of reproductive age. It is also called PCOD. Another name for the disorder is Stein-Leventhal syndrome. This name comes from the two American gynaecologists Irvin F Stein and Michael L Leventhal, who first described this condition way back in 1935. PCOS is a heterogeneous endocrine disorder that affects about 1 in 15 women worldwide. The prevalence of PCOS in the Indian subcontinent Asian women was 52%. Prevalence of PCOS in Indian adolescents is 9.13%. Polycystic morphology is seen on ultrasound in approximately 22% of women.

DEFINITION:-

PCOS is the acronym for Polycystic Ovarian Syndrome. Ovarian cysts are collection of fluid, surrounded by a very thin wall, within an ovary.

SIZE AND SHAPE:-

Any ovarian follicle that is larger than about two centimeters is termed an ovarian cyst. An ovarian cyst can be as small as a pea, or larger than an orange.

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CAUSES AND TYPES OF CYSTS:-

A. Functional Ovarian Cysts

Functional cysts are the most common and harmless ovarian cysts that tend to disappear on their own within two to three menstrual cycles. Functional cysts are linked to the menstrual cycle. Functional cysts are further divided into two types – follicular cyst and corpus luteum cyst.

1. Follicular Cyst:

In a menstruating female, every month a follicle in the ovary matures, and it contains an egg. This follicle ruptures to release the egg (a process known as ovulation). If for any reason the follicle does not rupture and release the egg, then it swells up into a fluid-filled follicular cyst.

2. Corpus Luteum Cyst:

During the menstrual cycle, the ovum (egg) is released from the follicle during ovulation. The follicle then gets converted to a mass known as 'corpus luteum' that secretes the hormone progesterone.

If the ovum gets fertilized with sperm (that is, a pregnancy occurs), then the corpus luteum keeps secreting progesterone to maintain the pregnancy in

the early stages. If pregnancy doesn't happen, then this corpus luteum stops secreting progesterone and disappears. In some cases, the corpus luteum doesn't disappear even in the absence of a pregnancy. It then gets filled with fluid or blood and persists in the ovary in the form of a corpus luteum cyst.

B. Dermoid Cyst:-

A dermoid cyst is a benign cyst that contains some tissues like hair, skin, fat, teeth, thyroid tissue, nails, bone, etc. These cysts are also known as ovarian teratomas. These cysts are seen in women during the reproductive years. Women usually below the age of 30 years tend to develop these cysts. Although not a serious problem, dermoid cysts cause a problem if they rupture. They can then cause infection or ovarian torsion, both of which require medical attention.

C. Others :-

- Endometriotic Cysts also called Chocolate cyst
- Ovarian Serous Cystadenoma
- Ovarian Mucinous Cystadenoma
- Ovarian Cystic Adenofibroma
- Hemorrhagic Cyst
- Parovarian Cysts

CLINICAL FEATURES:-

- Pain in pelvis, abdomen, lower back
- Uterine Bleeding
- Irregular periods
- General Symptoms like Malaise, Fatigue, Lethargy, etc.
- Gastrointestinal symptoms like Difficulty in bowel movement due to large cyst causing pressure symptoms
- Nausea, Flatulence and gaseous distention may also be present in many cases

HOMOEOPATHIC VIEW POINT OF OVARIAN CYST:-

Homoeopathy has a significant role as an alternative treatment in the cases like polycystic ovarian disease where conventional treatment fails to improve or cure the patient. No definite cure is available for PCOS except for the hormonal treatment and alteration of lifestyle in the modern medicine. Homoeopathy focuses on the physical as well as the psychological wellbeing of the patient, well indicated constitutional remedy on the basis of totality of symptoms can work well.

The few homoeopathic medicines that would prove beneficial for the treatment of PCOS are:-

- Apis Mellifica- One of the best Homeopathic medicines for the treatment of PCOS with stinging pains When there are stinging pains in

the ovarian region, Apis Mellifica is one of the best Homeopathic medicines for PCOD. The stinging pains are more likely to be accompanied by tenderness over abdomen and uterine region. This medicine is made from the honey bee and its characteristic pains are also like the sting of a honey bee. The patient is unable to tolerate heat and feels worse in summers. The right side is more likely to be affected. There may even be oedematous swellings of various body parts.

- Pulsatilla – One of the best Homeopathic medicines for PCOD with scanty and late menses When the menses are late or delayed and are scanty, Pulsatilla is one of the best Homeopathic medicines for PCOD. The patient is usually thirstless and takes little water. The general temperament of the patient is mild, gentle and yielding. There are changeable moods in which patient is happy at one moment and the very next moment, she becomes irritable. Pulsatilla is often suited to young girls in whom the problem starts at puberty itself.
- Sepia – One of the best Homeopathic remedies for PCOS with bearing down pains When the patient has bearing down pains from the back and abdomen, Sepia is one of the best homeopathic remedies for PCOS. There is a feeling of a "ball" like sensation in the inner parts. The pelvic organs seem relaxed. The menses are irregular. In some cases they are too late and scanty while in others they are early and profuse. There may be yellowish or greenish leucorrhea. The mental temperament of the patient is such that she is irritable and indifferent. She cares the least even for her family members.
- Lachesis – One of the best Homeopathic remedies for PCOD with aversion to tight clothes When there is aversion or intolerance to anything being worn a little tight, Lachesis is one of the best Homeopathic remedies for PCOD. Most of the problems are on the left side only. The menses are too short and flow is feeble. There are pains in the abdomen which are relieved after the flow starts. There is great loquacity in the patient and is often seen jumping from topic to topic. Jealousy is another prominent symptom present in such patients.
- Graphites- One of the best Homeopathic medicines for PCOS with constipation. When there is constipation along with other symptoms, Graphites is one of the best Homeopathic medicines for PCOS. The patient

is often of a stout build or is fat. She cannot tolerate cold and is always feeling chilly. The menses are too late and are pale and scanty. There is tearing pain in the stomach region. Hardness may be felt in the ovarian region.

- Aurum iodatum: Ovarian Cyst, myomata uterus. Induration of ovaries. Strong desire for open air. Extreme thirst.
- Aurum muriaticum natronatum: Ovaries indurated. Coldness of abdomen. Leucorrhoea, with spasmodic contraction of vagina [9]. Asymptomatic ovarian and uterine tumors. Atonic amenorrhoea, scanty and delaying menses, deficient sexual desire, infertility from ovarian torpor, ovarian dropsy
- Eupionum: Burning in the right ovary. Gushing leucorrhoea. After menses, yellow leucorrhoea with severe backache. Sacrum painful as if broken. Intense sweat from the slightest exertion
- Gossypium herbaceum: Intermittent pain in the ovaries. Morning sickness with flow of saliva, before breakfast, with a sensitive uterine region. Suppressed menstruation. Backache, weight & dragging in the pelvis
- Oleum jecori aselli: Establishes the menstrual flow, and restores it when in abeyance. Abnormal growth of hair on face. Yellow leucorrhoea. Soreness of every parts
- Oophorinum/ Ovininum: suffering following ovariectomy. Climacteric disturbances generally. Ovarian cysts. Cutaneous disorders and acne rosacea

CASE PRESENTATION:-

A 26 years old student girl reported with the presenting complaints of infrequent menses at exceeding intervals of 45 to 90 days since 2 yrs. Sometime severe cramping pain starts from lower abdomen extending to back and lower extremities when the date of menstrual cycle is approaching.

History of presenting complaint:-

Patient had apparently normal regular menstrual cycles till 3 years back. She had a relationship which was broken 2 years back. She was going through much of stress and she felt helpless at that time.

Gradually she had irregular, scanty menses followed by delayed menses.

History of past treatment:-

She consulted to gynecologist and received treatment with temporary results.

PERSONAL HISTORY:-

PHYSICAL GENERALS:-

Appetite:- 3-4 chapatis/meal.

Thirst:- no desire to drink water

Desire:- specific craving for salt and also likes pastry & chocolates

Aversion:- not specific

Urine:- 3-4/0 – D/N

Stool:- constipation without urge for evacuation since last 9 months

MENTAL GENERALS:-

She easily gets irritated on little things with dislike to talk with anyone. She doesn't like to share her problems or talks with anyone. She wants to stay alone especially when sad or upset and during weeping. She can't tolerate chill. All complaint started after break up.

ANALYSIS AND EVALUATION OF SYMPTOMS:-

- From the above case study the symptoms for my totality which I have elicited are (according to kentian method) :-
- A/F disappointment of love
- Irritable on trifles
- Taciturn
- Aversion to company
- Weeps or broods when alone
- Thirstless
- craving for salt and also likes pastry & chocolates
- Constipation without urge for evacuation since last 9 months
- Irregular, scanty menses followed by delayed menses
- Severe cramping pain starts from lower abdomen extending to back and lower extremities

REPEDITORIZATION:-
BEFORE**ULTRASONOGRAPHY ABDOMEN:**

LIVER: Is normal in size & parenchymal echotexture.
No focal or diffuse lesion is seen. No evidence of dilated I.H.B.R.
CBD & Portal vein appears normal in caliber.

GALL BLADDER: Is distended. No evidence of calculus or abnormal wall thickening is noted.

SPLEEN: Is normal in size & echotexture. No evident focal lesion is seen.
Splenic vein at hilum appear normal.

PANCREAS: Is normal in size & echotexture.

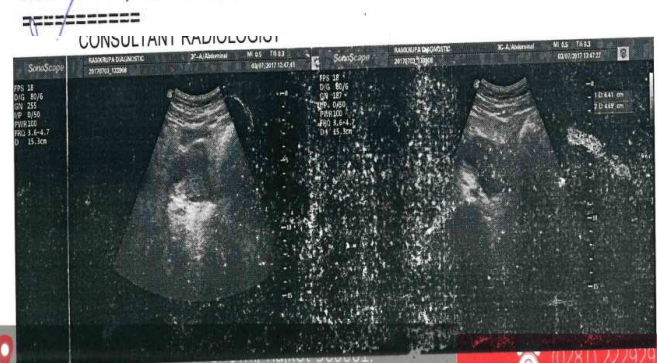
BOTH KIDNEYS: Normal in shape, size & position.
No evidence of calculi or hydronephrosis on either side.
Cortical thickness & echogenicity appear normal.

BLADDER: Distended. No evident calculus or mass lesion.
Bladder wall thickness within normal limits.

UTERUS: Is anteverted, normal in size & echotexture. No evident focal lesion seen. Uterine fundal contour appear normal with indentation of 1.04 cm in endometrial canal is noted. - Favour uterine anomaly - P/o septate uterus.
Endometrial thickness 5 to 6 mm.

>>A large cyst (6.4x4.5x4.0cm) with solid areas on peripheral aspect is seen in right adnexa. No septation/internal echoes are seen within. Right ovary is not separately visualized. - ovarian cyst. P/o endometrioma (chocolate cyst).
Further evaluation is suggested to rule out other pathology.

No evidence of ovarian or adnexal mass lesion is seen on left side.
No ascites or para aortic lymphadenopathy is seen.

**USG ABDOMEN AND PELVIS**

LIVER: is normal in size and echotexture. No focal or diffuse lesions are seen.
The intra hepatic biliary and portal radicles are normal.
The portal vein and CBD are normal.

GALL BLADDER: appears normal with no calculi. No evidence of cholecystitis is seen. Gall bladder wall thickness appears normal.

PANCREAS: appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.

SPLEEN: is normal in size and echotexture. No evidence of focal or diffuse lesion seen.

BOTH KIDNEYS are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of focal mass lesion seen. No evidence of any calculi or hydronephrosis.

Right kidney measures 92 x 40 mms Left kidney measures 100 x 38 mms

No free fluid or lymphadenopathy is seen.

URINARY BLADDER: is partially filled. No evidence of calculi or mass lesion seen.

Arcuate / ?? subseptate uterus noted.

UTERUS: is anteverted, normal size, and measures 62 x 40 x 34 mms.
Endometrial thickness is 5.5 mms.

Endometrial and myometrial echotexture appear normal. No focal lesion is seen.

16 x 15 mm sized cyst with internal echoes noted in right ovary. Possibility of residual endometrioma. No significant change as compared to previous USG.

REST OF BOTH OVARIES are normal in size and shape. No focal solid or cystic lesion is seen. No other adnexal mass is seen.

No free fluid is seen in the pouch of douglas.

THANKS FOR REFERENCE.

DURING R_x

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Bladder wall thickness within normal limits.

UTERUS: Is anteverted, normal in size & echotexture. No evident focal lesion seen. Uterine fundal contour appear normal with indentation of 1.04 cm in endometrial canal is noted. - Favour uterine anomaly - P/o septate uterus.
Endometrial thickness 5.0 mm.

BOTH OVARIES: Are normal in size R-25x21mm; L-20x14mm & echotexture.
Dominant follicle of 12x13 mm in right ovary

No evidence of adnexal mass lesion is seen.
No ascites or para aortic lymphadenopathy is seen.



AFTER

FOLLOW UP:-

SR. NO.	CHANGES IN COMPLAINTS	PRESCRIPTION
1 ST	The lady had 60% relief in all her complaints. The pain during menstrual complaints was reduced. Mental complaints had slight relief but not appreciable changes. Constipation was not relieved up to the mark.	CALCAREA CARB 200 2 doses at interval of every 3 days, S.L. 4 pills T.D.S. for 15 days
2 nd	Pain was reduced. Relief in mental complaints up to 50% but still sometimes gets disturbed due to anxiety about the disease condition. Menstrual complaints relieved but menses returns sometimes on hearing bad news or from shock	CALC CARB 1M 1 dose S.L. 4 pills T.D.S. for 15 days
3 rd	All the complaints were relieved about 80%. And pt was advised to carry out USG abdomen again .	S.L. 4 pills T.D.S. for 15 days.
4 th	From the reports attached above, it was concluded the cyst was resolved and the complaints of patient were also relieved. So she was now advised to stop the medication after this week.	S.L. 4 pills T.D.S. for 7 days and advised to stop the medication.

CONCLUSION:-

The conventional mode of treatment usually prescribes oral contraceptives or birth control pills in most cases of ovarian cysts. These pills don't treat the root cause of ovarian cysts; they mask the symptoms by regularising the menstrual cycle without treating the cysts. They may also suppress ovulation to prevent the formation of more cysts. These pills do not dissolve the existing ovarian cysts, and discontinuing their use can lead to the formation of new cysts. In addition to this, there are some side effects of these pills like nausea, breast

tenderness, vaginal discharge, decreased libido, mood changes, weight gain, and migraine.

Homeopathy is one of the most popular holistic systems of medicine. The selection of homeopathic medicine for ovarian cyst is based upon the theory of individualization and symptoms similarity by using holistic approach. This is the only way through which a state of complete health can be regained by removing all the sign and symptoms from which the patient is suffering. The aim of homeopathy is not merely removal of external manifestations of the disease but to address its

underlying cause and individual susceptibility. As far as therapeutic medication is concerned, several remedies are available to treat ovarian disease that can be selected on the basis of cause, sensations and modalities of the complaints.

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