

Homoeopathic management of polycystic ovarian syndrome – A case series

Sonia Raizada*

D. P. Rastogi Central Research Institute for Homoeopathy, Noida, Uttar Pradesh, India

Abstract

Introduction: Polycystic ovarian syndrome (PCOS) is the most common endocrine disorder in females of the reproductive age group. It is characterised by menstrual irregularities, enlarged ovaries, infertility, high levels of male hormones, excess hair on the face and body, acne and obesity. PCOS can result from abnormal function of the hypothalamic-pituitary-ovarian axis. Women with PCOS have an increased risk of diabetes, high blood pressure, heart disease and endometrial cancer. **Case Summary:** A case series of seven PCOS patients treated with indicated constitutional homoeopathic medicines at Nehru Homoeopathic Medical College and Hospital, New Delhi, India, is presented here. Overall improvement was assessed by improvement in signs and symptoms like restoration of regular menstrual cycles, weight loss, and disappearance of ovarian cysts, as evident in ultrasonography reports, and improved scores of the integrative Medicine Outcome Scale (IMOS) scale and quality of life (WHOQOL-BREF). The resolution of cysts in the ovaries, along with marked symptomatic improvement and improvement in quality of life in all seven patients, shows that homoeopathy has a potential for treating PCOS. Gradation of IMOS scale reduced to 1 in all seven patients after treatment showing complete recovery. One patient, who had presented with infertility, conceived during the treatment. Homoeopathic medicines such as *Natrum muriaticum*, *Lycopodium clavatum*, *Silicea terra*, *Pulsatilla nigricans* and *Sepia* were found most useful.

Keywords: Case series, Homoeopathy, Polycystic ovarian syndrome

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is the most common endocrine disorder among females of the reproductive age group, worldwide.^[1] Globally, the prevalence estimates of PCOS are highly variable, ranging from 2.2% to 26%.^[2] The prevalence of PCOS in India ranges from 3.7% to 22.5% depending on the population studied and the criteria used for diagnosis.^[3] Higher prevalence has been associated in first-degree relatives with PCOS, prepubertal obesity, congenital virilising disorders, above average or low birth weight for gestational age, premature adrenarche and use of valproic acid as an antiepileptic drug.^[1]

The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by gestational environment, lifestyle or environmental factors or both.^[4] Environmental factors such as physical exercise, lifestyle and food may vary widely according to the population and also include endocrine-disrupting chemicals and glycotoxins that may cause genetic variance and imbalance of the metabolic and reproductive pathways, which can develop PCOS phenotypes and related complications.^[5]

Affected women usually present with amenorrhoea, oligomenorrhoea or heavy, irregular and prolonged menses and infertility due to anovulation.^[6] Hyperandrogenism in women with PCOS clinically presents as hirsutism, acne, androgenic alopecia, weight gain, acanthosis nigricans and insulin resistance.^[7]

As per the Rotterdam Criteria, the diagnosis of PCOS is based on the presence of at least two of the following three criteria: Chronic anovulation, hyperandrogenism (clinical or biological) and polycystic ovaries.^[1] Hyperandrogenism is an important clinical characteristic of the syndrome since it is associated with a worse prognosis and a higher risk of metabolic and cardiovascular disease.^[8] Hyperandrogenism is evidenced by raised levels of free (unbound) testosterone in the bloodstream, a key hormone

***Address for correspondence:** Sonia Raizada,
Dr. D. P. Rastogi Central Research Institute for Homoeopathy, Noida, Uttar Pradesh, India.
E-mail: drsoniarazada@gmail.com

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contributing to the pathophysiology of PCOS.^[5] Other than three diagnostic criteria, anti-Mullerian hormone (AMH) is also a marked hormonal indicator and is important for the maturation and development of ovarian follicles. Over secretion of AMH hinders follicular development which results in ovarian malfunction.^[5]

Multiple morbidities are associated with PCOS including infertility, metabolic syndrome, obesity, impaired glucose tolerance, type 2 diabetes mellitus (DM-2), cardiovascular risk, depression, obstructive sleep apnoea and non-alcoholic fatty liver disease/non-alcoholic steatohepatitis.^[11] PCOS may cause serious consequences, including increased risk for the development of endometrial hyperplasia and neoplasia.^[9]

Till date, there is no known pharmacological therapy in conventional medicine to cure the syndrome, but some medications such as oral contraceptives (progesterone-only pills and combined pills containing both oestrogen and progesterone), antiandrogens (spironolactone, flutamide and cyproterone acetate), insulin sensitizers (metformin and thiazolidinediones) and ovulation-inducing agents (clomiphene citrate, tamoxifen and letrozole) are used to treat the clinical symptoms of PCOS. Laparoscopic surgery, *in vitro* fertilisation (IVF), may be used for infertility.^[5] Mechanical hair removal (shaving, plucking, waxing, depilatory creams, electrolysis and laser vaporisation) can assist in controlling hirsutism.^[10]

PCOS is a long-term disease with comorbidities discussed above, so lifestyle modification is a crucial and reasonable approach for women with PCOS. Changes in the lifestyle, including diet, exercise and attitude, have a positive impact on body weight, insulin resistance and testosterone levels.^[5,10]

Homoeopathy is known to be a safer, cost-effective treatment option for PCOS patients and has no or fewer side effects than the conventional treatment. With a holistic approach toward the patient, the patient is treated as a whole, not only the disease condition. Homoeopathic constitutional treatment helps in balancing the hyperactivity of glands and regulating hormonal balance. It acts on the cysts in the ovaries and resumes normal ovarian functioning. Homoeopathy offers a gentle and complete restoration of health in the patients.

A case series suggests a significant role of individualised homoeopathic medicines in PCOS by regularising the menstrual cycle along with the resolution of cysts and associated symptoms.^[11] An observational study gives positive leads in the management of PCOS with homoeopathic medicines as observed in PCOS questionnaire (PCOSQ), hormonal profiles and ultrasonography (USG) findings.^[12] Another study showed homoeopathic intervention along with lifestyle modification, gave a promising outcome in managing PCOS and improvement in quality of life.^[13]

METHODS

The seven cases presented here reported at Nehru Homoeopathic Medical College and Hospital, New Delhi, India, were suffering from symptoms of PCOS, diagnosed by the Rotterdam criteria.

The probable diagnosis was made on clinical suspicion based on presenting complaints followed by an ultrasound pelvis to confirm the diagnosis of PCOS. Other baseline investigations such as haemogram, blood sugar (fasting and postprandial), urine and stool examinations were performed to rule out insulin resistance and any other disease. Endocrine parameters were not advised as they were very costly and were not available at the hospital.

Integrative Medicine Outcome Scale (IMOS)^[14] was applied at every follow-up to assess the symptomatic improvement. The IMOS is a single scale, where the investigator and the patient attendant were asked to independently assess the degree of treatment success in five categories: 1 = Complete recovery; 2 = Major improvement; 3 = Slight to moderate improvement; 4 = No change; and 5 = Deterioration. Gradation of IMOS scale was 1 (complete recovery) after treatment in all seven patients. Improvement in quality of life was assessed using the WHOQOL-BREF every month.^[15] Individualised homoeopathic medicines were prescribed after complete analysis, evaluation and repertorisation^[16] of cases. Lifestyle modifications regarding diet, exercise and attitude towards life were also advised to patients. These cases were followed up till the symptoms improved. Then, ultrasound pelvis was repeated after symptomatic improvement and the findings were compared and noted.

Informed consent of all patients was taken to use the data or results arising from the study for scientific purposes.

Modified Naranjo Criteria for Homoeopathy (Monarch criteria) for causal attribution of outcome has been used for each case to show that the improvement was caused by the prescribed homoeopathic medicines and not due to any other cause.^[17]

CASE SUMMARY

Case 1

A 17-year-old girl presented with the complaints of irregular and profuse menses, acne and hirsutism for 1 year. The menses used to appear after 4 or 5 months and lasted for 7–8 days. The menstrual flow was profuse and offensive. She used to feel very weak during menses. The last menstrual period was on 28/11/2011 which lasted till 05/12/2011.

She had a tendency to catch cold easily and had episodes of urticaria due to unknown cause. She had a desire for spicy food, milk products, eggs and an aversion to sweets. She had a tendency to perspire more on the face, especially on the upper lip and forehead. The sweat used to stain her clothes yellow. Her thermal reaction was more towards hot. The patient was mild mentally. No characteristic mental could be found in the case.

There was increased hair growth on her face, neck, lower back, the lower part of the abdomen and lower limbs. She also had papular eruptions on both cheeks. Her tongue was clean and moist. Her body mass index (BMI) was 18.3 kg/m² (height – 157 cm and weight – 45 kg).

Ultrasound of lower abdomen done on 4 January 2012 showed bilateral polycystic ovarian disease.

Prescription and follow-up

The medicine prescribed in this case was *Natrum muriaticum* (*Nat. mur.*) based on repertorial analysis [Figure 1] and the patient’s constitutional make-up, like tendency to catch cold

easily, tendency to develop urticaria, irregular and profuse menses and hot patient. Predominant miasm in this case was psoro-sycotic. First prescription done on 04/01/2012- *Nat. mur.* 30/BD (twice daily)/ 7 days followed by placebo. As menses

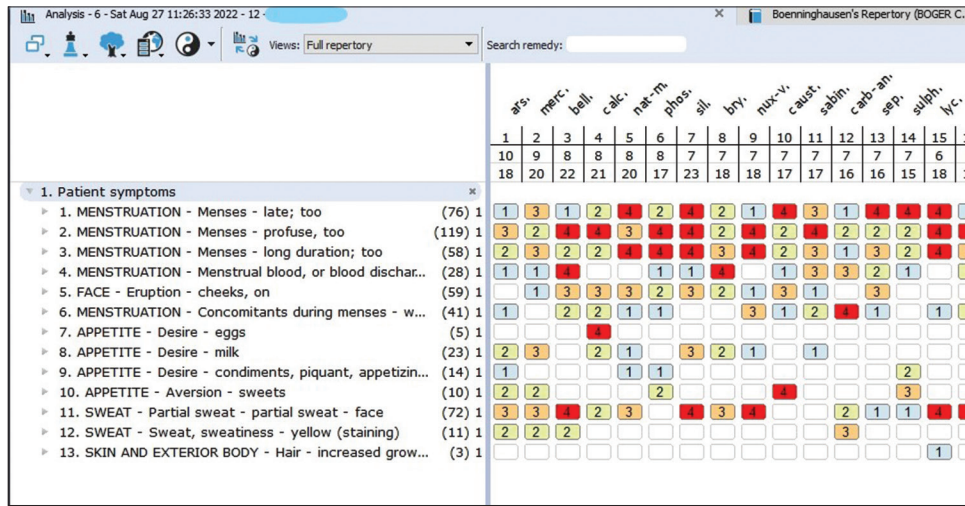


Figure 1: Case 1- Repertorial Sheet

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
04 January 2012	Irregular and profuse menses, acne and hirsutism for 1 year	First visit	60	<i>Natrum muriaticum</i> 30/BD/1 week <i>Placebo</i> 30/BD/3 weeks
02 February 2012	LMP – 28 November 2011, Hirsutism –same, Acne – same	4	60	<i>Placebo</i> 30/BD/4 weeks
12 March 2012	No change. Menses not appeared yet	4	60	<i>Nat. mur.</i> 200/OD/1 day <i>Placebo</i> 30/BD/4 weeks
14 April 2012	No change. Menses not appeared yet	4	60	<i>Nat. mur.</i> 1M/OD/1 day <i>Placebo</i> 30/BD/4 weeks
25 May 2012	Menses appeared on 20 April 2012, 22 May 2012 and 25 June 2012. Lasted for 4–5 days, flow moderate. Was offensive in April but non offensive in May and last time. Weakness – slightly better. Acne much reduced, hirsutism same	3	64	<i>Placebo</i> 30/BD/4 weeks
27 August 2012	LMP – 24 July 2012. Lasted for 4 days, flow moderate, non-offensive. Weakness – slightly better. Acne increased, hirsutism same	3	65	<i>Placebo</i> 30/BD/4 weeks
22 September 2012	Menses not appeared yet. Acne much increased, hirsutism same	4	65	<i>Nat. mur.</i> 1M/OD/1 day <i>Placebo</i> 30/BD/4 weeks
20 November 2012	Menses appeared on 28 September 2012 and 24 October 2012. Lasted for 4–5 days, moderate flow. Weakness – much better. Acne better, hirsutism same	3	67	<i>Placebo</i> 30/BD/4 weeks
23 December 2012	Menses appeared on 21 November 2012 and 19 December 2012. Lasted 4–5 days, moderate flow. Acne absent, hirsutism same, weakness during menses much better	2	70	<i>Placebo</i> 30/BD/4 weeks Advised to get USG Pelvis done.
20 January 2013	LMP – 16 January 2013. Lasted 4–5 days, moderate flow. Acne absent, hirsutism same, weakness during menses much better. USG pelvis done on 16/1/2013 showed normal study.	1	72	<i>Placebo</i> 30/BD/4 weeks
22 February 2013	LMP – 14 February 2013. Lasted 4–5 days, moderate flow. Acne absent, hirsutism same, weakness during menses much better	1	75	<i>Placebo</i> 30/BD/4 weeks

LMP: Last menstrual period, USG: Ultrasonography

Table 2: Follow-up chart (Case 2)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
26 February 2012	Delayed menses since menarche and inability to conceive LMP – 02 February 2012	First visit	52	<i>Calcarea carbonicum</i> 200/OD/3 days <i>Placebo</i> 30/BD/4 weeks Advised to get Ultrasound Pelvis done.
28 March 2012	LMP – 02 March 2012, lasted for 2 days, flow scanty. Flatulence and backache before menses – same USG pelvis done on 04 March 2012 showed polycystic ovaries.	4	53	<i>Placebo</i> 30/BD/4 weeks
25 April 2012	LMP – 10 April 2012, lasted for 2 days, flow scanty. Flatulence and backache before menses – same	4	53	<i>Calc. carb.</i> 1M/OD/1 day <i>Placebo</i> 30/OD/4 weeks
29 May 2012	LMP – 15 May 2012, lasted for 2 days, flow scanty. Flatulence and backache before menses – same	4	53	<i>Placebo</i> 30/BD/4 weeks
30 July 2012	Menses appeared on 19 June 2012 and 24 July 2012. Lasted 2 days each time, flow scanty. Flatulence and backache before menses –same	4	53	<i>Lycopodium clavatum</i> 1M/OD/1 day <i>Placebo</i> 30/BD/4 weeks
05 September 2012	LMP – 28 July 2022, lasted for 4 days, flow improved than before. Flatulence and backache before menses – much better. Urinary frequency increased after taking medicine	3	56	<i>Placebo</i> 30/BD/4 weeks
10 October 2012	LMP – 28 August 2012. UPT came positive on 05 October 2012.	2	60	<i>Placebo</i> 30/BD/4 weeks Advised USG to confirm pregnancy
12 December 2012	USG pelvis done on 11 October 2012 showed well-defined gestational sac with small foetal pole and yolk sac seen in uterus. Single live foetus of 6 weeks 5 days. Both ovaries normal in shape and size	1	64	<i>Placebo</i> 30/BD/4 weeks

LMP: Last menstrual period, USG: Ultrasonography

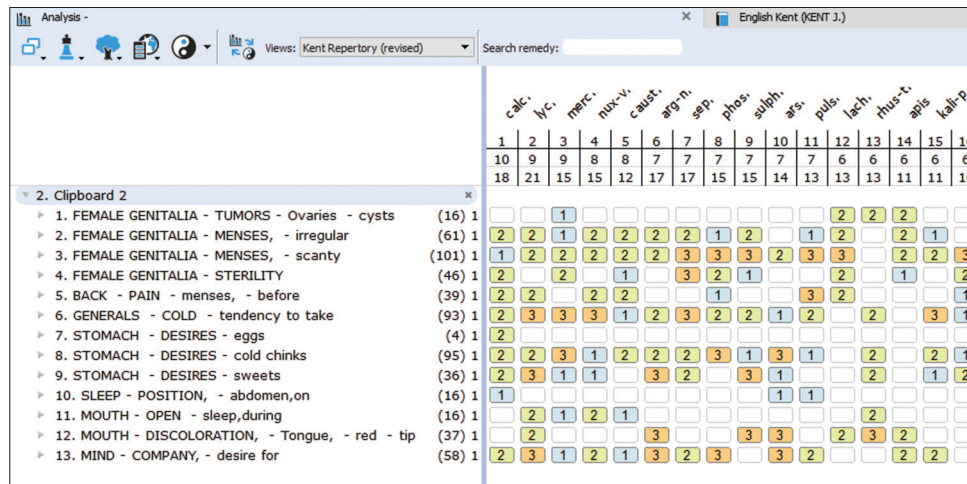


Figure 2: Case 2- Repertorial Sheet

did not appeared, therefore *Nat. mur.* 200/OD (once daily) / 1 day and *Nat. mur.* 1M/OD 1 day were prescribed on 12/03/2012 and 14/04/2012 respectively followed by placebo. Menses appeared on 20/04/2012 and then regularly every month till 24/07/2012. Medicine was again repeated in *1Mpotency/od* for 1 day on 22/09/2012 followed by placebo. Menses appeared on 28/09/2012 and regularly every month thereafter. The patient was followed up for around 1 year [Table 1]. The USG report after a year showed a normal study.

Case 2

A 26-year-old married female presented with delayed menses since menarche and inability to conceive. Her menses used to appear after 35–40 days. For 2 years, she also started having scanty menses, lasting only for 2 days. Earlier, her menses used to last for 3–4 days, and the flow was moderate, bright red, with occasional clots. She also complained of flatulence and backache before menses. Her last menstrual period was on 2 February 2012.

Table 3: Follow-up chart (Case 3)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
21 January 2012	Irregular menses along with weight gain and dandruff. Weight – 66 kg LMP – 1 st week of November	First visit	57	<i>Silicea terra</i> 200/OD/2 days
08 February 2012	Menses not appeared yet. Dandruff – same No new complaint	4	57	<i>Placebo</i> 30/TDS/15 days
22 February 2012	Menses not appeared yet. Dandruff – same No new complaint	4	57	<i>Placebo</i> 30/TDS/15 days
07 March 2012	LMP – 02 March 2012, lasted for 5 days Character of blood flow – moderate, dark red, clots+Constipation –present before and during menses Dandruff –reduced	3	57	<i>Placebo</i> 30/TDS/30 days
11 April 2012	LMP – 06 April 2012, lasted for 5 days Character of blood flow – moderate, dark red, clots+Constipation-present before and during menses Weight – 64 kg	3	60	<i>Placebo</i> 200/TDS/30 days
16 May 2012	LMP – 13 May 2012 Only spotting for 1 day Constipation – same Dandruff – same	3	60	<i>Sil. t.</i> 200/OD/1 day <i>Placebo</i> 200/TDS/30 days
13 June 2012	LMP – 12 June 2012, lasted for 4–5 days Character of blood flow- moderate, bright red, no clots Constipation – before and during menses Dandruff – better	2	64	<i>Placebo</i> 200/TDS/30 days Advised to get Ultrasound Pelvis done
12 July 2012	LMP – 09 July 2012, duration – 5 days No complaints USG pelvis done on 11 July 2012 showed no obvious abnormality.	1	68	<i>Placebo</i> 200/TDS/30 days
09 August 2012	LMP – 06 August 2012, duration – 5 days No complaints Dandruff – absent Weight – 60 kg	1	70	<i>Placebo</i> 200/TDS/30 days
07 September 2012	LMP – 04 September 2012 duration – 4-5 days No complaints	1	70	<i>Placebo</i> 200/TDS/30 days
17 October 2012	LMP – 02 October 2012, duration – 4-5 days No complaints Weight – 59 kg	1	70	<i>Placebo</i> 200/TDS/30 days

LMP: Last menstrual period, USG: Ultrasonography

The patient had a tendency to catch cold easily. She had a desire for eggs, sweets and cold drinks. She used to sleep lying on her abdomen. Her husband informed that her mouth remained open while sleeping. She was ambithermal. Mentally, the patient did not express herself when angry and used to weep when alone. She liked to be consoled. She had fear of being alone, of height, water and electricity and desired company.

There was hyperpigmentation on the neck and her tongue had a red tip. Her BMI was 19.1 kg/m² (height – 165 cm and weight – 52 kg).

Prescription and follow-up

Predominant miasm in this case was psoro-syco-syphilitic (mixed). The medicine selected based on repertorization (Fig. 2)

was *Calcarea carbonica* (*Cal.carb.*) which was prescribed in 200 potency once daily for 3 days on 26/02/2012 followed by placebo. But no major improvement was seen in the patient, so it was repeated in *1M* potency once for 1 day on 25/04/2012, but condition remained the same. The medicine was changed to *Lycopodium clavatum* (*Lyco.*) which was prescribed in *1M* potency once for 1 day on 30/07/2012 followed by placebo. The menstrual flow improved significantly and lasted for 04 days during her next period. Associated complaints like backache and flatulence were also improved. The patient conceived after 2 months of changing the medicine confirmed by USG dated 11/10/2012 (Table 2).

Table 4: Follow-up chart (Case-4)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
18 January 2012	Irregular menses LMP – 13 January 12 Discharge per vaginum Weight gain (72 kg)	First visit	50	<i>Pulsatilla nigricans</i> 30/ BD/7 days <i>Placebo</i> 30/BD/21 days
20 February 2012	Menses not appeared yet Discharge per vaginum – same Flatulence – same. Stool-D3-4N0, goes after eating anything. Frequent urination – same	4	50	<i>Puls.n.</i> 200/OD/2 days <i>Placebo</i> 30/BD/1 month
15 March 2012	LMP – 25 February 12, lasted for 5 days, flow scanty, 1 pad/day Discharge per vaginum – has become watery Flatulence – better. Stool-D1-2N0, satisfactory. Frequent urination – better	3	52	<i>Placebo</i> 30/BD/1 month
28 April 2012	LMP – 22 April 2012 (Earlier on 24 March 12), lasted for 5 days, flow scanty, 1 pad/day Discharge per vaginum – absent Flatulence – absent, Stool-D1-2N0, satisfactory. Frequent urination- absent Weight – 71 kg	2	53	<i>Placebo</i> 30/BD/1 month
25 June 2012	LMP – 17 June 2012 (Earlier on 20 May 12), lasted for 5 days, flow scanty, 1 pad/day Discharge per vaginum – absent	2	55	<i>Placebo</i> 30/BD/1 month
28 July 2012	LMP – 15 July 2012), lasted for 5 days, flow scanty, 1 pad/day No complaints	2	55	<i>Placebo</i> 30/BD/1 month
25 August 2012	LMP – 13 August 2012, lasted for 5 days, flow scanty, 1 pad/day New complaint – Sweating in palms and soles since 15 days Weight – 69 kg	2	57	<i>Placebo</i> 30/BD/1 month
23 October 2012	LMP – 20 October 2012 (Earlier on 17 September 2012), lasted for 5 days, flow scanty, 1 pad/day Sweating in palms and soles – same New complaint – Burning during micturition since 6–7 days	2	58	<i>Puls. n.</i> 200/OD/1 day <i>Placebo</i> 30/BD/1 month
20 November 2012	LMP – 17 November 2012, lasted for 5 days, moderate flow Sweating in palms and soles – absent Burning during micturition – absent	2	63	<i>Placebo</i> 30/BD/1 month. Advised to get USG (Pelvis) done.
22 December 2012	LMP – 13 December 2012, lasted for 5 days, moderate flow No other complaints Weight – 66 kg USG pelvis done on 20 November 12 showed normal scan	1	67	<i>Placebo</i> 30/BD/1 month

LMP: Last menstrual period and USG: Ultrasonography

Case 3

A 20-year-old unmarried female reported complaints of irregular menses for 4 years along with weight gain and dandruff. Her menarche was at the age of 12 years. Initially, the menses were regular but after 4 years, the cycle got prolonged, appearing once in 40–70 days and lasting 4–5 days, with moderate flow of dark red blood, with clots. Her last menstrual period was in the 1st week of November 2011. She also complained of

constipation before and during menses. She had a tendency to catch cold easily, desired milk, salty and juicy things and was averse to sweets. She had profuse perspiration all over her body which was very offensive. Mentally, she used to get angry easily and consolation aggravated her troubles. She had a habit of talking during sleep. She had a fear of falling from height.

Her tongue was clean and moist. Her BMI was 27.5 kg/m² (height – 155 cm and weight – 66 kg).

Table 5: Follow-up chart (Case-5)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
26 February 2012	Irregular menses with acne and hirsutism. LMP – 23 February 2012	First visit	55	<i>Lycopodium clavatum</i> 200/OD/3 days Advised to get USG (Pelvis) done
25 March 2012	LMP – 25 March 2012, lasted 5 days, dysmenorrhoea on first day. Flow moderate, bright red in colour. Acne and hirsutism – same	4	56	<i>Placebo</i> 30/BD/1 month
22 April 2012	LMP – 20 April 2012, lasted 5 days, dysmenorrhoea on first day. Flow moderate, bright red in colour. Acne before menses – slightly better Hirsutism – same	3	57	<i>Placebo</i> 30/BD/1 month
20 May 2012	Menses not appeared yet. Acne – same Hirsutism – same USG Lower abdomen done on 24 April 2012 showed polycystic ovarian pathology.	4	57	<i>Placebo</i> 30/BD/1 month
21 June 2012	Menses not appeared yet. Acne – same Hirsutism – same	4	57	<i>Lyco. c.</i> 1M/OD/1 day <i>Placebo</i> 30/BD/1 month
28 July 2012	LMP – 28 June 2012, lasted for 5 days, dysmenorrhoea on first day. Flow moderate, bright red in colour. Hirsutism – same Acne – absent	3	59	<i>Placebo</i> 30/BD/1 month
25 August 2012	LMP – 29 July 2012, lasted 5 days, dysmenorrhoea on 1 st day. Flow moderate, bright red in colour. Hirsutism – same Acne – absent	3	63	<i>Placebo</i> 30/BD/1 month
22 September 2012	Menses not appeared yet. Acne – reappeared hirsutism – same	4	63	<i>Lyco. c.</i> 1M/OD/1 day <i>Placebo</i> 30/BD/1 month
25 October 2012	LMP – 24 September 2012, lasted 5 days, dysmenorrhoea on 1 st day. Flow moderate, bright red in colour. Hirsutism – same Acne – absent	3	65	<i>Placebo</i> 30/BD/1 month Advised to get Ultrasound Pelvis done.
28 November 2012	LMP – 24 November 2012 (Earlier on 22 October 12), lasted 5 days, dysmenorrhoea on 1 st day. Flow moderate, bright red in colour. Hirsutism – same Acne – absent USG pelvis – Both ovaries normal in size and show normal echo pattern.	1	66	<i>Placebo</i> 30/BD/1 month
23 December 2012	LMP – 23 December 2012, lasted 5 days, dysmenorrhoea on first day. Flow moderate, bright red in colour. Acne – absent Hirsutism – same	1	68	<i>Placebo</i> 30/BD/1 month

LMP: Last menstrual period and USG: Ultrasonography

Ultrasound pelvis done on 17 December 2011 showed polycystic ovarian disease.

Prescription and follow-up

The medicine prescribed in this case after repertorial analysis (Fig. 3) was *Silicea (Sil.)* which was given in 200 potency once daily for 2 days followed by placebo. It was selected based on symptoms like delayed menses, constipation before and during menses,

desire for milk, offensive perspiration, talking during sleep and getting angered easily. Predominant miasm in this case was psoro-syco-syphilitic (Mixed) The medicine was repeated in same potency once for 1 day on 16/05/2012 as patient had only spotting for a day on 13/05/2012 after which her menses were regularized. The patient was followed up for around 9 months (Table 3). USG done on 11.07.2012 showed no obvious abnormality.

Table 6: Follow-up chart (Case-6)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
11 January 2012	Irregular menses LMP – 24 December 2011	First visit	64	<i>Sepia</i> 200/OD/3 days Advised to get USG (pelvis) done
15 February 2012	Menses not appeared yet. USG (pelvis) done on 24 January 2012 showed PCOD.	4	64	<i>Sep.</i> 1M/OD/1 day <i>Placebo</i> 30/tds/15 days
05 March 2012	LMP-20/02/12, lasted for 6 days, moderate flow of dark red blood with clots. Decreased appetite during menses – same	3	65	<i>Placebo</i> 30/tds/30 days
30 March 2012	LMP – 24 March 2012, lasted for 6 days, moderate flow of dark red blood with clots. Decreased appetite during menses – same	3	65	<i>Placebo</i> 30/tds/30 days
28 April 2012	LMP – 25 April 2012, lasted for 6 days, moderate flow of dark red blood with clots. Appetite during menses – normal No other complaints	2	68	<i>Placebo</i> 30/tds/30 days
22 May 2012	LMP – 20 May 2012, lasted for 6 days, moderate flow of dark red blood with clots. No other complaints	2	68	<i>Placebo</i> 30/tds/30 days
24 July 2012	LMP – 15 July 2012 (Earlier on 18 June 12), lasted for 6 days, moderate flow of dark red blood with clots	2	70	<i>Placebo</i> 30/tds/30 days
20 August 2012	Menses not appeared yet. C/O Horrible dreams since few days at night	3	70	<i>Sep.</i> 1M/OD/1 day <i>Placebo</i> 30/BD/30 days
24 September 2012	LMP – 01 September 2012, lasted for 6 days, moderate flow of dark red blood, no clots. No horrible dreams now	2	73	<i>Placebo</i> 30/BD/30 days
22 October 2012	LMP – 28 September 2012, lasted for 6 days, moderate flow of dark red blood, no clots. C/O Sweating of palms and soles	2	75	<i>Placebo</i> 30/BD/30 days
20 November 2012	LMP – 24 October 2012, lasted for 6 days, moderate flow of dark red blood, no clots. Sweating of palms and soles – same	2	75	<i>Placebo</i> 30/BD/30 days
22 December 2012	LMP – 20 December 2012 (Earlier on 22 November 2012), lasted for 6 days, moderate flow of dark red blood, no clots. Sweating of palms and soles – absent	2	75	<i>Placebo</i> 30/BD/30 days Advised to get USG (Pelvis) done
02 February 2013	LMP – 18 January 13, lasted for 6 days, moderate flow of dark red blood, no clots. No complaints USG (pelvis) done on 20/1/13 showed normal report.	1	75	<i>Placebo</i> 30/BD/30 days

LMP: Last menstrual period, USG: Ultrasonography and C/O: Complaining of

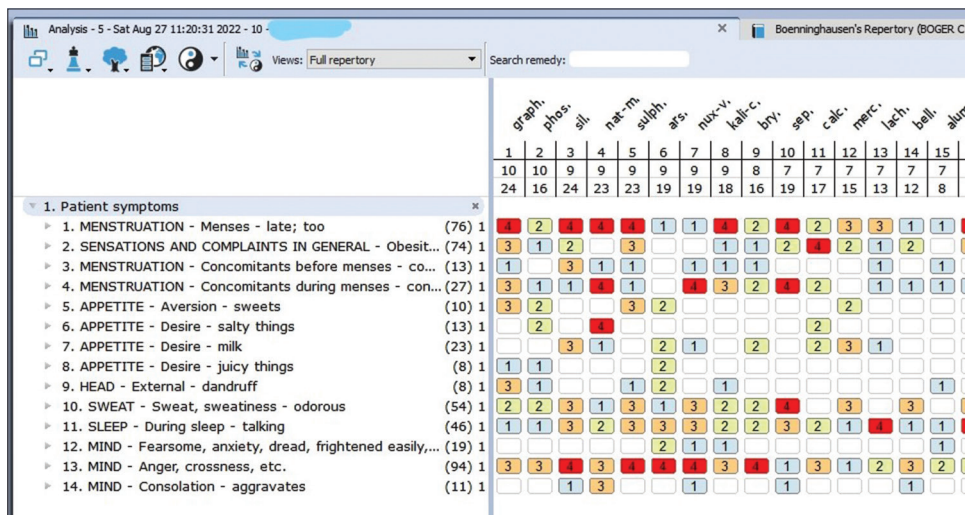


Figure 3: Case 3- Repertorial Sheet

Case 4

A 23-year-old unmarried female presented with the complaints of irregular menses since menarche (at 17 years age) and

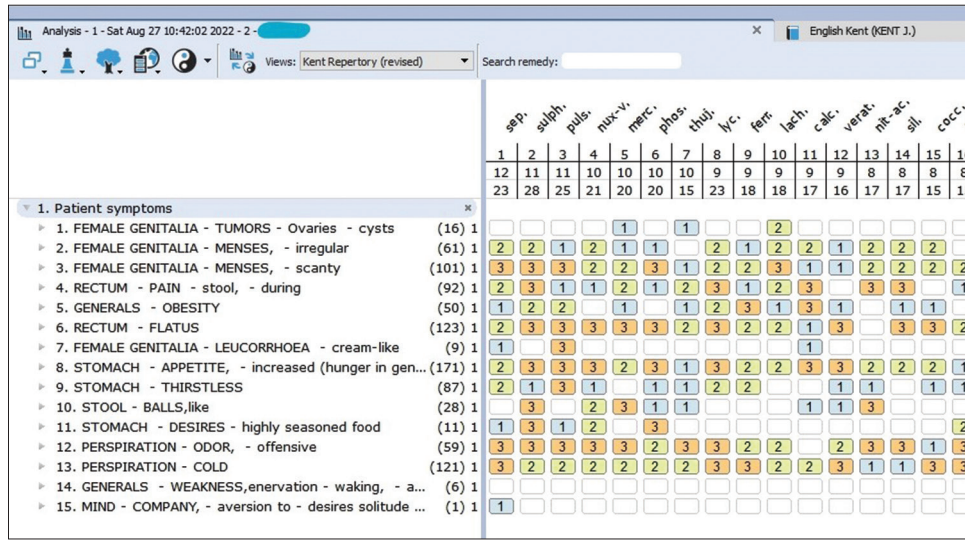


Figure 4: Case 4- Repertorial Sheet

Table 7: Follow-up chart (Case-7)

Date	Symptoms	IMOS gradation	WHOQOL-BREF	Prescription
21 March 2012	Irregular menses with weight gain and hirsutism. LMP – 8 February 2012, Weight – 74 kg	First visit	56	<i>Pulsatilla nigricans</i> 200/ OD/1 day
04 April 2012	LMP – 23 March 2012, lasted for 4 days, moderate flow of bright red, clotted blood. Pain in legs before menses – much better	3	58	Placebo 30/BD/15 days
18 April 2012	LMP – 11 April 2012, lasted for 4 days, moderate flow of bright red, clotted blood. Pain in legs before menses – much better	2	58	Placebo 30/BD/1 month
16 May 2012	LMP – 13 May 2012, lasted for 4 days, moderate flow of bright red, clotted blood. Pain in legs before menses – absent	2	60	Placebo 30/BD/1 month
20 June 2012	LMP – 15 June 2012, lasted for 4 days, moderate flow of bright red, clotted blood. Weight – 70 kg C/O Itching in anus	2	63	Placebo 30/BD/1 month
25 July 2012	Menses not appeared yet. Itching in anus-absent	2	63	<i>Puls. n.</i> 200/OD/1 day Placebo 30/BD/1 month
24 August 2012	LMP – 24 August 2012, lasted for 4 days, moderate flow of bright red blood without clots. No complaints	2	65	Placebo 30/BD/1 month Advised to get USG (Pelvis)
26 September 2012	LMP – 23 September 2012 lasted for 4 days, moderate flow of bright red blood without clots. Weight – 68 kg USG pelvis done on 25 August 2012 showed normal scan.	1	68	Placebo 30/BD/1 month
31 October 2012	LMP – 24 October 2012 lasted for 4 days, moderate flow of bright red blood without clots. No complaints	1	70	Placebo 30/BD/1 month
30 November 2012	LMP – 26 November 2012 lasted for 4 days, moderate flow of bright red blood without clots. Weight – 64 kg	1	72	Placebo 30/BD/1 month
26 December 2012	LMP – 24 December 2012 lasted for 4 days, moderate flow of bright red blood without clots. No complaints Weight – 64 kg	1	72	Placebo 30/BD/1 month

LMP: Last menstrual period, USG: Ultrasonography and C/O: Complaining of

Table 8: MONARCH criteria for causal attribution of outcome

Items	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7
1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2	+2	+2	+2	+2	+2	+2
2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	+1	+1	+1	+1	+1	+1
3. Was there a homoeopathic aggravation of symptoms?	0	0	0	0	0	0	0
4. Did the effect encompass more than the main symptom or condition that is, were other symptoms, not related to the main presenting complaint, improved or changed?	+1	+1	+1	+1	0	+1	+1
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	+1	+1	+1	+1	+1	+1
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0	0	0	0	0
6B. Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:	0	0	0	+1	0	+1	0
- From organs of more importance to those of less importance?							
- From deeper to more superficial aspects of the individual?							
- From the top downwards?							
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0	0	0	0	0
8. Are there alternative causes (i.e., other than the medicine) that	+1	+1	+1	+1	+1	+1	+1
- With a high probability							
- Could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)							
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	+2	+2	+2	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	+1	+1	+1	+1	+1
Total score	09	08	09	10	08	10	09

weight gain for 2–3 years. She also had occasional discharge per vaginam. Her menses used to last for 5 days. The blood flow was bright red and scanty (1 pad/day), with clots and a slight odour. Her last menstrual period was on 13 January 2012. The vaginal discharge was creamy, thick and offensive which used to stiffen the linen.

She had malaria at 6–7 years of age. She was allergic to cotton dust which caused sneezing. She also had a history of renal stones which were treated successfully. She had a strong family history of renal stones. Her mother was suffering from arthritis and hypertension.

The patient was thermally hot, with increased appetite and decreased thirst. She had a desire for fried and spicy food and green vegetables. Sweets and milk disagreed. She had hard, unsatisfactory stools with flatulence and urgency of passing urine. She had slightly offensive perspiration all over her body, which stained her clothes white. She had non-refreshing sleep with fearful dreams.

She used to become angry easily. She also had a tendency to weep easily but felt better when someone consoled her. Her memory for recent and past events was weak. She had a clean and moist tongue.

Her BMI was 30 kg/m² (height – 155 cm and weight – 72 kg).

Ultrasound pelvis done on 15 January 2012 showed bilateral polycystic ovaries.

Prescription and follow-up

The medicine prescribed in this case was *Pulsatilla* (*Puls.*) based on repertorial totality [Figure 4] and generals of the patient such as hot thermal inclination, decreased thirst, desire for fatty food and consolation ameliorates. The predominant miasm, in this case, was psoro-sycotic. First prescription was *Puls. 30/ bd (twice daily)/7* days on 18/01/2012. It failed to bring menses, so higher potency (200th) of same medicine was given once daily for 2 days on 20/02/2012 followed by placebo. Menses appeared on 25/02/2012 and then regularly till August 2012. In September 2012, she again missed her periods and developed new complaints like sweating of palms and soles and burning during micturition. *Puls. 200* was repeated once for 1 day which caused restoration of regular menstrual cycles. The patient was followed up for around 11 months [Table 4]. USG pelvis done on 20 November 12 showed a normal scan.

Case 5

A 26-year-old unmarried female presented with irregular menses with acne and hirsutism for 7 years. She was

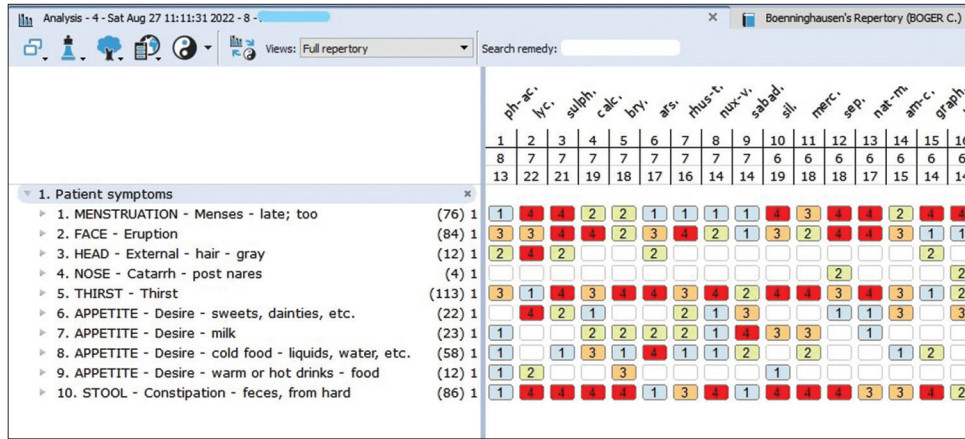


Figure 5: Case 5- Repertorial Sheet

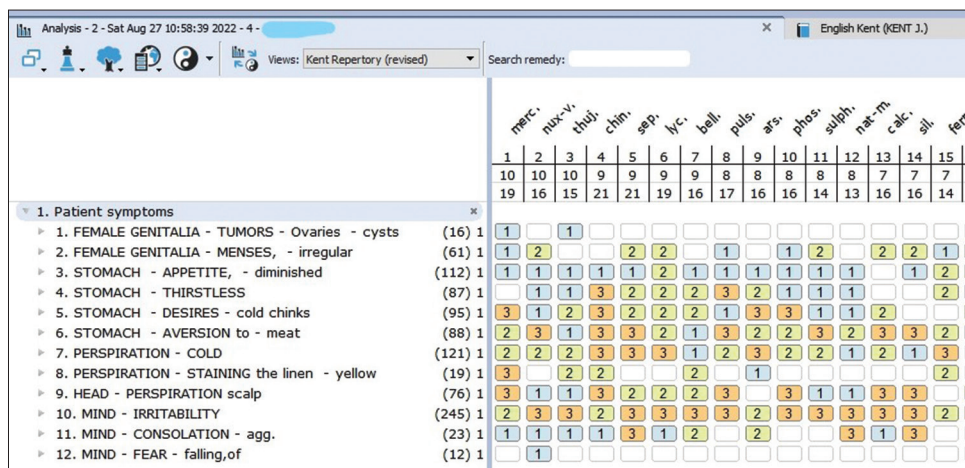


Figure 6: Case 5- Repertorial Sheet

apparently well 7 years back when she had no menses for 2 months and noticed hair growth on her chin. She consulted an allopathic physician who advised her to get an ultrasound pelvis done after which PCOS was diagnosed. She took allopathic treatment for 8 months which gave temporary relief. In 2007, she again had the same symptoms and took allopathic treatment.

Her menses were irregular, lasting for 5 days, bright red coloured with moderate flow. There was dysmenorrhoea on the 1st day of menses. Acne on the face (cheeks, forehead and chin) appeared before menses which were painful, became pustular and left scars on healing.

She had a tendency to catch cold easily. She had typhoid 2 years back and jaundice 4 years back. Both her parents were hypertensive. Her mother had a history of uterine fibroid and had undergone a hysterectomy.

She was a hot patient with a normal appetite, good thirst, desire for sweets and warm food. The stool was hard and unsatisfactory and urine was normal. She had cold perspiration, more marked on the upper lip. She reported having a good, refreshing sleep. She liked to be in someone’s company and was emotionally vulnerable.

Her tongue was moist and clean. She had pustular eruptions on both cheeks, forehead and chin which were painful and left scars on healing. She also had excessive hair growth on her chin. She had a BMI of 22.5 kg/m² (height – 155 cm and weight – 54 kg).

Prescription and follow-up

The medicine selected was *Lycopodium clavatum* (*Lyc.*) based on repertorial totality [Figure 5]. Further, her desire for sweets, liking for warm food, hard, unsatisfactory stools, etc., supported the selection of *Lyc.* The predominant miasm, in this case, was psoro-syphilitic. *Lyc.* was prescribed in 200 potency once daily for 3 days followed by placebo. It was again repeated in 1M potency once daily for 1 day on 21/06/2012 and 22/09/2012 due to irregular menses. The patient was followed up for around 10 months [Table 5]. USG pelvis dated 28 November 12 showed both ovaries normal in size and with normal echo pattern.

Case 6

A 17-year-old girl presented with irregular menses for 1 year. Menses lasted for 7 days with a moderate amount of flow of dark red blood with clots. She also complained of decreased appetite during menses. Her last menstrual period was on 24 December 2011.

She had a history of chickenpox at 12 years of age. She had an allergy to dust, leading to sneezing. Her father was hypertensive. She was a hot patient and had decreased appetite and thirst. She had a desire for spicy food, cold drinks, oranges, sweets and an aversion to meat. Perspiration was cold, more on the scalp, even during sleep and stained the linen yellow. Mentally, the patient was irritable and used to weep when alone. Consolation aggravated her complaints. She had a fear of falling from height and of closed spaces. The tongue was coated white all over.

Her BMI was 18.6 kg/m² (height – 152 cm and weight – 43 kg).

Ultrasound lower abdomen done on 24 January 2012 showed that both ovaries are normal in size but the arrangement of follicles was suggestive of PCOS.

Prescription and follow-up

The medicine prescribed in this case was *Sepia* based on repertorial analysis [Figure 6] and characteristic mental such as irritability and aggravation from consolation, which, further, supported the selection of the remedy. Predominant miasm, in this case, was psoro-syco-syphilitic (mixed miasm). *Sepia* was prescribed in 200th potency once daily for 3 days on 11/01/2012 followed by placebo. It was repeated in 1M potency one dose on 15/02/2012 and 20/08/2012 due to irregularity in menstrual cycle. The patient was followed up for around 1 year [Table 6]. USG (pelvis) done on 20 January 2013 showed a normal report.

Case 7

A 24-year-old female presented with the complaints of irregular menses and weight gain for 2 years and hair growth on her face for 4–5 months. Menses usually lasted for 4 days, reportedly bright red in colour, clotted with moderate flow. The patient also complained of pain in her legs before menses. Her last menstrual period was on 8 February 2012.

She had a history of chickenpox at 10 years of age and had a tendency for sore throat and itching in ears on taking cold things. Her mother was diabetic and hypertensive. She was not much affected by extremes of temperature, had a decreased thirst (1 glass/day) and had an excessive desire for sweets and chocolates. She was intolerant of fatty foods, which resulted in flatulence. Constipation with hard, unsatisfactory stool became better during menses.

In the mental sphere, she was irritable and got angry easily.

She also wept easily and had a desire for company. There was excessive hair growth on her cheeks and chin area.

Her tongue was moist and clean. Her BMI was 28.9 kg/m² (height – 160 cm and weight – 74 kg).

Ultrasound pelvis done on 15 March 2012 showed polycystic ovaries.

Prescription and follow-up

Both *Pulsatilla nigricans* and *Lycopodium clavatum* covered the same marks in the repertorial analysis of the case [Figure 7], but thirstlessness was marked, even in summers; and there was intolerance to fatty food. Hence, the medicine prescribed in this case was *Pulsatilla nigricans* (*Puls.*). 200 one dose on 21/03/2012 followed by placebo. It was again repeated in same potency and dosage for 1 day on 25/07/2012 due to delayed menses. The predominant miasm, in this case, was psoro-syco-syphilitic (mixed miasm). The patient was followed up for around 9 months [Table 7]. USG pelvis done on 25 August 2012 showed a normal scan.

DISCUSSION

The case taking for all cases was done adhering to the homoeopathic principles. All the data, including personal and family history, physical and mental generals, were assessed. Patients were also advised to undergo lifestyle modifications such as regular brisk walking or exercise/yoga at least 30 min/day, avoiding high-calorie foods such as junk food and fried/oily food and advised to incorporate fresh vegetables and fruits into their diet. They were also advised to undergo meditation for having a positive attitude towards life.

Individualised homoeopathic medicines were prescribed after repertorisation based on constitutional make-up, physical generals, mental, well-marked particulars and other important symptoms/signs found during thorough case taking. The predominant miasms were also taken into consideration before prescribing the medicine.

The assessment of improvement was done *clinically* by symptoms such as regularisation of menses, the disappearance of other associated complaints, periodic measurements of weight and using different scales like IMOS scale for symptomatic improvement, WHOQOL-BREF for improvement in quality

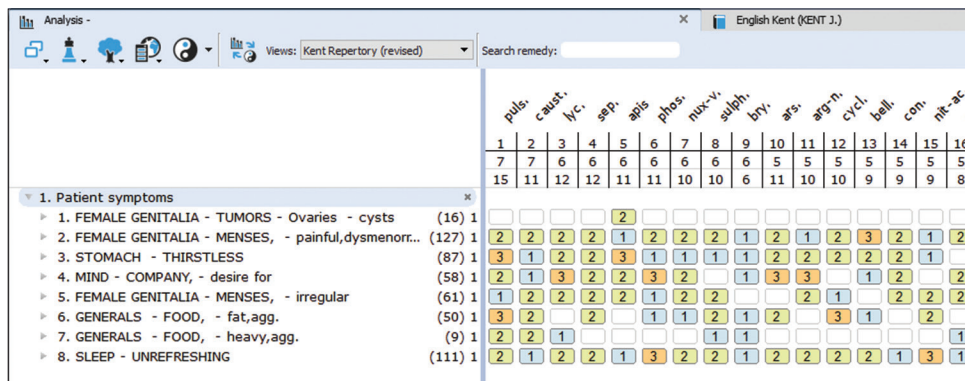


Figure 7: Case 7- Repertorial Sheet

of life, MONARCH criteria [Table 8] for causal attribution of outcome and *radiologically* by USG pelvis.

Improvement in quality of life was assessed using the WHOQOL-BREF which is a 26-item instrument consisting of four domains: Physical health (seven items), psychological health (six items), social relationships (three items) and environmental health (eight items); it also contains QOL and general health items. Each item of the WHOQOL-BREF is scored from 1 to 5 on a response scale, which is stipulated as a 5-point ordinal scale.^[15]

The Modified Naranjo Criteria for Homoeopathy (MONARCH)-Causal Attribution Inventory was identified as a valid tool for assessing the likelihood of a causal relationship between a homoeopathic intervention and clinical outcome.^[17]

IMOS and WHOQOL-BREF were used at every follow-up to assess the symptomatic improvement and overall improvement in quality of life. Scoring of both these scales is given in follow-up charts of each case [Tables 1-7] and MONARCH was applied at the end of treatment in each case presented in this case series [Table 8].

In Case 1, the patient started improving after she was prescribed *Nat. m.* 1M. It was given based on the tendency to develop urticaria and irregular and profuse menses. After 1 year of follow-up, USG showed a normal result. Her menses also started appearing regularly every month, the flow became moderate and duration also reduced from 7–8 days to 4–5 days.

In Case 2, the patient not only conceived successfully but also her ovaries resumed to normal size and shape as evidenced by the USG report. She did not improve with *Cal. carb.* but responded very well to *Lyco.* as evident by relief in backache and flatulence before menses. Furthermore, the increase in urinary frequency after starting the medicine showed favourable response to the medicine.

In Case 3, the medicine selected was *Sil.* based on characteristic symptoms which were covered in highest grade by the medicine like too late menses, constipation before and during menses, desire for milk, offensive perspiration, talking during sleep and getting angry easily. The patient responded slowly initially, but after repetition of one dose of *Sil.* 200, the recovery was speedy, gentle and complete as per the principles of homoeopathy. The patient also lost 7 kg weight in a span of 9 months. Her menstrual cycle was restored back to normal and related complaints were also relieved.

Case 4 was a *Puls.* case as even though she was a hot patient, she had reported decreased thirst, desire for fatty food, aggravation from taking milk, having hard, unsatisfactory stool with flatulence and weeping tendency ameliorated by consolation. The patient responded to the 200th potency of *Puls.* and the effect of the medicine was marked as the menstrual cycle was restored within 5 days of giving the medicine. This shows the potential of homoeopathy being gentle yet quick

in its action. The patient also lost 6 kg weight in 11 months. Ultrasound done after 10 months of treatment showed a normal report.

In Case 5, the patient was prescribed *Lyco.* on the basis of too late menses, premature greying of hair, desire for sweets and warm food and hard stools. The patient responded well to *Lyco.* 200 but required repetition of higher potency (1M) at 3–4 months intervals. Ultrasonography done towards the end of treatment showed a normal study. This case showed that homoeopathy reverses the pathological changes and restores the health of the patient back to normal.

In Case 6, the medicine prescribed was *Sepia* on basis of repertorisation and characteristic mental such as irritability and aggravation from consolation. The patient was followed up for more than 1 year. The patient responded well to *Sepia* 1M which was repeated once after 6 months. Her appetite also improved during menses. Ultrasound done after 1 year showed a normal report.

In Case 7, *Puls.* 200 was prescribed on basis of reportorial analysis and other characteristics of the patient as mentioned. One dose was repeated after 4 months. Ultrasound done after 5 months of treatment showed a normal report. The patient was followed up for a period of around 9 months during which she lost 10 kg weight.

No recurrence of the symptoms was reported in all these patients subsequently.

Marked improvement in symptoms of patients such as regularisation of menstrual cycles as well as the disappearance of ovarian pathology with reduction of weight along with overall improvement in their quality of life shows the positive effects of homoeopathic medicines on the human body. The case series showed the potential of homoeopathy to reverse the organic pathology and to bring favourable changes in the body as evident by the ability to conceive normally, without undergoing any conventional/surgical treatment.

From all these cases, it can be inferred that homoeopathic medicines have a strong role to play in the treatment of PCOS and can greatly modify the quality of life in patients suffering from this syndrome. Homoeopathic treatment also reduces the chances of long-term dependency on conventional medicines and their associated side effects. However, adequate lifestyle counselling and assurance of compliance may facilitate achieving the results.

CONCLUSION

Homoeopathic treatment was able to reduce the various complaints arising due to PCOS. It could re-establishes the normal menstrual cycle, reduces morbid weight gain and revive the ability to conceive causing the improved quality of life. Individualised homoeopathic treatment may help in reducing consumption of long-term conventional medications for regularisation of periods and conception.

Declaration of patient's consent

The author certifies that due consent was taken from all the patients for use of collected data (clinical information, investigation reports, etc.) in scientific research publications anonymously.

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Conflicts of interest

None declared.

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Gestion homéopathique du syndrome des ovaires polykystiques - une série de cas

Introduction: Le syndrome des ovaires polykystiques (PCOS) est le trouble endocrinien le plus courant chez les femmes en âge de procréer. Il se caractérise par des irrégularités menstruelles, des ovaires hypertrophiés, l'infertilité, des taux élevés d'hormones mâles, une pilosité excessive sur le visage et le corps, l'acné et l'obésité. Le PCOS peut résulter d'un fonctionnement anormal de l'axe hypothalamo-hypophysio-ovarien. Les femmes atteintes de PCOS présentent un risque accru de diabète, d'hypertension artérielle, de maladies cardiaques et de cancer de l'endomètre. **Résumé des affaires:** Nous présentons ici une série de cas de sept patients atteints de PCOS traités avec des médicaments homéopathiques constitutionnels indiqués au Nehru Homoeopathic Medical College & Hospital, New Delhi, Inde. L'amélioration globale a été évaluée en fonction de l'amélioration des signes et des symptômes comme le rétablissement de cycles menstruels réguliers, la perte de poids, la disparition des kystes ovariens, comme le montrent les rapports d'échographie, les scores de l'échelle (IMOS) (integrative Medicine Outcome Scale) et la qualité de vie. (WHOQOL-BREF). La résolution des kystes dans les ovaires, ainsi qu'une amélioration symptomatique marquée et une amélioration de la qualité de vie chez les sept patients, montrent que l'homéopathie a un potentiel pour traiter le PCOS. La gradation de l'échelle IMOS a été ramenée à 1 chez les sept patients, après le traitement, ce qui montre une guérison complète. Une patiente, qui avait présenté une infertilité, a conçu pendant le traitement. Les médicaments homéopathiques comme Natrum muriaticum, Lycopodium clavatum, Silicea terra, Pulsatilla nigricans, et Sepia ont été jugés les plus utiles.

Homöopathische Behandlung des polyzystischen Ovarialsyndroms - eine Fallserie

Einführung: Das polyzystische Ovarsyndrom (PCOS) ist die häufigste endokrine Störung bei Frauen in der reproduktiven Altersgruppe. Es ist gekennzeichnet durch Menstruationsunregelmäßigkeiten, vergrößerte Eierstöcke, Unfruchtbarkeit, hohe Werte männlicher Hormone, übermäßige Behaarung im Gesicht und am Körper, Akne und Fettleibigkeit. PCOS kann durch eine Funktionsstörung der Hypothalamus-Hypophysen-Ovarial-Achse verursacht werden. Frauen mit PCOS haben ein erhöhtes Risiko für Diabetes, Bluthochdruck, Herzkrankheiten und Gebärmutterkrebs. **Zusammenfassung der Fälle:** Hier wird eine Fallserie von sieben PCOS-Patientinnen vorgestellt, die mit indizierten, konstitutionellen homöopathischen Arzneimitteln am Nehru Homoeopathic Medical College & Hospital, New Delhi, Indien, behandelt wurden. Die Gesamtverbesserung wurde anhand der Verbesserung der Anzeichen und Symptome wie Wiederherstellung regelmäßiger Menstruationszyklen, Gewichtsabnahme, Verschwinden der Eierstockzysten, wie in den Ultraschallberichten ersichtlich, sowie anhand der Ergebnisse der IMOS-Skala (Integrative Medicine Outcome Scale) und der Lebensqualität (WHOQOL-BREF) bewertet. Die Auflösung der Zysten in den Eierstöcken zusammen mit einer deutlichen Verbesserung der Symptome und der Lebensqualität bei allen sieben Patienten zeigt, dass die Homöopathie ein Potenzial zur Behandlung von PCOS hat. Abstufung der IMOS-Skala bei allen 07 Patienten nach der Behandlung auf 1 reduziert, die sich vollständig erholten. Eine Patientin, die mit Unfruchtbarkeit zu kämpfen hatte, wurde während der Behandlung schwanger. Homöopathische Arzneimittel wie Natrum muriaticum, Lycopodium clavatum, Silicea terra, Pulsatilla nigricans und Sepia erwiesen sich als sehr nützlich.

पॉलीसिस्टिक गर्भाशय सिंड्रोम का होम्योपैथिक उपचार - एक मामला श्रृंखला

परिचय: पॉलीसिस्टिक गर्भाशय सिंड्रोम (पीसीओएस) वह अंतःस्त्रावी रोग है जो प्रजनन आयु वर्ग वाली महिलाओं में सबसे ज्यादा पाया जाता है। मासिक धर्म की अनियमितता, गर्भाशय का बढ़ा हुआ आकार, बांझपन, पुरुष हार्मोन्स के उच्च स्तर, मुँह एवं शरीर पर अत्यधिक बाल, मुँहासे और मोटापा इस बीमारी के लक्षण हैं। हाइपोथैलेमिक-पीयूषग्रन्थि-गर्भाशय एक्सिस के अनियमित हो जाने से पीसीओएस की बीमारी हो सकती है। पीसीओएस से ग्रसित महिलाओं को मधुमेह, उच्च रक्तचाप, हृदय रोग, तथा अंतगर्भाशयकला संबंधी कैंसर होने की संभावना ज्यादा रहती है। **विषय सारांश:** पीसीओएस से ग्रसित सात महिला मरीजों का मामला श्रृंखला यहाँ प्रस्तुत किया गया है जिनका उपचार नेहरू होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, नई दिल्ली, भारत में वैध एवं मान्यता प्राप्त होम्योपैथिक दवाओं से किया गया था। सभी सुधारों का मूल्यांकन लक्षणों में आए सुधारों से किया गया था जैसे मासिक धर्मों का नियमित होना, वजन घटने के साथ-साथ गर्भाशय की गांठों का खत्म होना, जैसा कि अल्ट्रासोनोग्राफी रिपोर्ट्स में दिखा था, तथा एकीकृत दवा परिणाम पैमाने (आईएमओएस) एवं आजीविका गुणवत्ता (डब्ल्यूएचओक्यूओएल-बीआरईएफ) में प्राप्त किए गए अंक। सभी सात महिला मरीजों के गर्भाशय में गांठों के खत्म होने के साथ-साथ लक्षणों में प्रत्यक्षतः देखे गए सुधार तथा आजीविका गुणवत्ता में हुई बढ़ोत्तरी से दर्शाया गया है कि होम्योपैथी में पीसीओएस को ठीक करने की क्षमता है। उपचार के बाद, सभी सात महिला मरीजों में आईएमओएस पैमाने का ग्रेडेशन 1 तक घट गया था, जो कि पूरी तरह से ठीक होने को दर्शाता है। एक महिला मरीज, जो बांझपन की समस्या से ग्रसित थी, वह उपचार के दौरान गर्भवती हो गई थी। इस उपचार में नेटरम मूरियाटिकम, लाइकोपोडियम क्लैवेटम, साइलिसिया टेरा, पल्साटिला नाइग्रिकेन्स, तथा सीपिया नामक होम्योपैथिक दवाएँ बेहद कारगर साबित हुई थी।

Manejo Homoeopático del Síndrome de Ovario Poliquístico – Serie De Casos

Introducción: El síndrome de ovario poliquístico (SOP) es el trastorno endocrino más común en las mujeres del grupo de edad reproductiva. Se caracteriza por irregularidades menstruales, agrandamiento de los ovarios, infertilidad, altos niveles de

hormonas masculinas, exceso de cabello en la cara y el cuerpo, acné y obesidad. El SOP puede ser el resultado de una función anormal del eje hipotalámico-hipofisario-ovárico. Las mujeres con SOP tienen un mayor riesgo de diabetes, presión arterial alta, enfermedades cardíacas y cáncer de endometrio. **Resumen de casos:** Se presenta aquí una serie de casos de siete pacientes con SOPQ tratados con medicamentos homeopáticos constitucionales indicados en el Nehru Homoeopathic Medical College & Hospital, Nueva Delhi, India. La mejoría general fue evaluada por la mejoría en los signos y síntomas como la restauración de ciclos menstruales regulares, pérdida de peso, a lo largo de la desaparición de quistes ováricos, como es evidente en los informes ecográficos, y puntuaciones de la escala de resultados de medicina integrativa (IMOS) y en la calidad de vida (WHOQOL-BREF). La resolución de quistes en los ovarios, junto con una marcada mejoría sintomática y mejora de la calidad de vida en los siete pacientes, muestra que la Homeopatía tiene un potencial para tratar el SOP. La gradación de la escala IMOS se redujo a 1 en los 07 pacientes, después del tratamiento, mostrando una recuperación completa. Un paciente, que había presentado infertilidad, concibió durante el tratamiento. Los medicamentos homeopáticos como Natrum muriaticum, Lycopodium clavatum, Silicea terra, Pulsatilla nigricans y Sepia fueron los más útiles.

多囊卵巢综合症的顺势疗法治疗-一例系列

引言: 多囊卵巢综合征(PCOS) 是生殖年龄组女性最常见的内分泌紊乱。它的特点是月经不调，卵巢扩大，不孕症，高水平的雄性激素，脸部和身体多余的头发，痤疮和肥胖。PCOS可由下丘脑-垂体-卵巢轴功能异常引起。妇女与PCOS有糖尿病，高血压的风险增加，心脏病，和子宫内膜癌。**个案摘要:** 七个案例系列PCOS接受指示治疗的病人，尼赫鲁顺势疗法医学院及医院的宪政顺势疗法药物，印度新德里在这里介绍。总体改善是通过改善体征和症状，如恢复正常月经周期来评估的，体重减轻，卵巢囊肿消失，如超声检查报告所示，以及综合医学结果量表 (IMOS) 规模和生活质量(WHOQOL-BREF)。卵巢囊肿的解决，以及所有七名患者的症状改善和生活质量的改善，表明顺势疗法具有治疗PCOS的潜力。07例IMOS分级降至1例，治疗后，显示完全恢复。一名患有不孕症的患者在治疗期间受孕。顺势疗法药物，如鼠尾草，[医]紫杉醇钠，[医]硅土，白头翁，白头翁，和棕褐色被发现最有用。