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Case Report

Management of polycystic ovary syndrome with arcuate uterus through individualized homoeopathy: a case report

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ABSTRACT

Polycystic ovary syndrome (PCOS) is the most common endocrinopathy among reproductive-aged women. It is manifested by irregular menstrual cycles, polycystic ovaries, acne, excess unwanted hair growth, obesity, etc. PCOS can affect a female's fertility. This was a case of 22 years female suffering from PCOS reported here was treated successfully within 1 year by a single individualised homoeopathic medicine Pulsatilla in centesimal potency with repetition as per requirement. The improvement is evident from regularity of menstrual cycle and also from the ultrasonography (USG) reports. Modified Naranjo criteria for homoeopathy score (+8 on the '-6-+13' scale) proved the causal attribution between the homoeopathic medicine and the outcome in the patient. This case study reveals a certain role of homoeopathic treatment in PCOS and demonstrates the potential of homoeopathy in this type of conditions.

Keywords: Polycystic ovary, Individualized homoeopathy, Pulsatilla, MONARCH

INTRODUCTION

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.¹ The word "polycystic" means "many cysts," and the clusters of tiny, pearl-sized cysts in the ovaries are what give PCOS its name. Because of the hormonal imbalance, these cysts are fluid-filled bubbles called follicles that store eggs that have not yet been released.² Stein and Leventhal initially reported it in 1935, recognizing a link between polycystic ovaries and symptoms of amenorrhea and hirsutism.³

According to Rotterdam's diagnostic criteria, 11.34% of Indians have PCOS.⁴ In a study of 15–18-year-old females in ten schools in Trivandrum, Kerala, it was discovered that 13.56% of them experienced menstrual disorder, and 72.3 percent of them had PCOS.⁵ The estimated prevalence of PCOS among these adolescent girls was 9.8%. PCOS affects mostly women of reproductive age.⁶ Although not all patients have all of these characteristics,

it is characterized by irregular menstrual cycles, particularly oligomenorrhea, amenorrhea, and polycystic ovaries, as well as acne, excess unwanted hair, baldness, infertility, and long-term health issues that negatively impact mood and psychological well-being and impair quality of life.⁷ Infertility is brought on by anovulation, which also causes psychological problems like depression, other mood disorders, and metabolic disruption. In a study, Cinar et al found that PCOS patients experience anxiety and depression more frequently than women in good health.⁸

PCOS is usually initiated by an elevated level of luteinising hormone (LH), androgen or oestrogen which results in an abnormal cycle of gonadotropin release by the pituitary gland.⁹ This disorder can be morphological that is, resulting in polycystic ovaries or predominantly biochemical that is, hyperandrogenaemia, a clinical hallmark of PCOS, can cause inhibition of follicular development, microcysts in the ovaries, anovulation and menstrual changes.¹⁰ Further, eight out of every ten women with PCOS could have insulin resistance, resulting

in hyperinsulinemia. Insulin helps to regulate ovarian function, and the ovaries respond to excess insulin by producing androgens lead to anovulation.¹¹

As far as we are aware, there have only been two randomized controlled trials on PCOS in homeopathy to date. The effectiveness of Pulsatilla 6C,¹² was demonstrated in a double-blind, randomized controlled trial conducted by Sanchez Resendiz and Guzman Gomez (1997), while the other study by Lamba et al found that a homeopathic intervention combined with lifestyle modification can effectively manage PCOS and enhance quality of life.¹³ Another study by Gupta et al indicated that Lyco and Calc carb were beneficial for PCOS.¹⁴ Additionally, Lobo et al have demonstrated the efficacy of homeopathic treatment in the treatment of PCOS-related female infertility.¹⁵ The literature has extensively documented the use of homeopathy in the treatment of PCOS and infertility.

The roles of Aurum and Pulsatilla were fulfilled in several case studies has produced a regular delivery and a good pregnancy.^{16,17} The effectiveness of homeopathic intervention in treating PCOS cases has been demonstrated by the case series by Parveen and Das.¹⁸

CASE REPORT

Patient information

In Kolkata, West Bengal, India, a 22-year-old single woman presented herself to the outpatient department (OPD) of a government homeopathic hospital after experiencing irregular menstruation for two years. Her menstrual cycles between forty-five to sixty-days interval. During her menstrual cycle, she had lower abdominal ache. Her menstrual flow was light, clotted, and deep red in color, and it lasted barely two to three days. Her LMP took place on 12 March 2024, duration of which was only 2 days. Leucorrhoea for the past seven months, which occurs after menstruation. Additionally, she exhibited abnormal hair growth on her top lip and chin.

The patient’s prior treatment history from the initial consultation indicated that PCOS had been diagnosed. She received three months of conventional treatment prior to choosing homeopathy, with no improvement in the presenting symptoms.

Past history

History of jaundice in 2017.

Family history

Family history revealed diabetes in her paternal grandparents and her father, hypertension in her father and osteoarthritis and irritable bowel syndrome in her maternal grandmother.

General findings

Her nutritional status was good, appetite was adequate and thirst was diminished (about 1 l/day). She had a craving for spicy and seasoned food. The frequency of once-daily stools was satisfactory. Urine did not contain any anomalies. It was a good, restful sleep. She had a hot thermal reaction.

Clinical findings

Her BP was 124/80 mm Hg, height was 162 cm, weight was 70 kg, and BMI was 26.7.

Diagnostic assessment

The abdominal USG report of 13 February 2024 revealed that the patient was suffering from bulky right ovary with polycystic morphology of ovaries. Multiple peripherally arranged tiny follicles (<5 mm diameter) (number >10). The patient was also had arcuate uterus.

Analysis of symptoms

Miasmatic analysis

According to the H. A. Robert’s philosophy, cystic growths in the ovary fall under the sycotic miasm.¹⁹

Repertorial analysis

The repertorial totality was framed as per the philosophy of the Kent repertory.²⁰ The symptoms were converted into rubrics and the case was repertorised using Kent repertory (Figure 1). After repertorisation, it was found that Pulsatilla and Sulphur covered the maximum number of symptoms and scored the highest.

Remedy Name	Puls	Sulph	Lyc	Phos	Apis	Calc	Nux-v
Totals	18	18	15	14	13	13	12
Symptoms Covered	8	8	7	7	6	6	7
Kingdom							
[Kent] [Genitalia female]Menses:Clotted: (75)	3	2	2		2	3	1
[Kent] [Genitalia female]Menses:Irregular: (61)	1	2	2	1	2	2	2
[Kent] [Genitalia female]Menses:Painful,dysmenorrhoea: (127)	2	2	2	2	1	2	2
[Kent] [Genitalia female]Menses:Scanty: (101)	3	3	2	3	2	1	2
[Kent] [Stomach]Desires:Highly seasoned food: (11)	1	3		3			2
[Kent] [Stomach]Thirstless: (87)	3	1	2	1	3		1
[Kent] [Generalities]Heat:Sensation of: (86)	3	3	3	2	3	2	2
[Kent] [Genitalia female]Leucorrhoea:Menses:After: (61)	2	2	2	2		3	

Figure 1: Repertorial sheet.

Therapeutic intervention

First prescription

On repertorisation, a group of medicines like Pulsatilla, Sulphur, Lycopodium, Phosphorus, Apis mel, Calcarea carb, and Nux vomica, were indicated. Different materia medicas was consulted and the totality of symptoms of the

patient, and active miasmatic state were considered for the selection of the first prescription.²¹⁻²³ So, after considering mental, physical generals and particulars of the case, Pulsatilla 200C was selected as the first prescription. The

medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Table 1: Follow-up.

Date	Symptoms/outcome	Prescription
27/05/2024 Baseline prescription	The patient was presented with irregular menstruation, pain in lower abdomen during mens, with leucorrhoea. Her LMP was on 12/03/2024. Her USG (Figure 2) showed PCOS with arcuate uterus. She was advised to control her diet, as her BMI was 26.7.	<i>Pulsatilla</i> 200/2 doses, OD * 2 days, Placebo 200/OD* 28 days.
24/06/2024 1st Follow-up	Occurrence of period on 30/05/2024, just 3 days after taking the medicine, which lasted for 2 days only, though the bleeding was increased. But she complained about the pain during period. However, leucorrhoea was not present during this period.	Placebo 200/OD* 28 days.
22/07/2024 2nd Follow-up	LMP was on 25/06/2024, stayed for 2 days. Complaint of leucorrhoea after menstruation.	Placebo 200/OD* 28 days.
26/08/2024 3rd Follow-up	Period not came. LMP was on 25/06/2024, did not occur in last month. There was discharge of leucorrhoea for few days after the last visit.	<i>Pulsatilla</i> 1M/1 dose, OD Placebo 200/OD* 28 days.
30/09/2024 4th Follow-up	LMP- 09/09/2024. Last for 3 days. Severe pain in lower abdomen during the first 2 days of menstruation. No complaint of leucorrhoea during this period.	Placebo 300/OD* morning* 28 days.
28/10/2024 5th Follow-up	LMP- 13/10/2024. Last for 4 days. No complaint of pain abdomen. Mild leucorrhoea some times. BMI was 25.9.	Placebo 300/OD* morning* 28 days.
18/11/2024 6th Follow-up	LMP- 13/10/2024. Last for 4 days. No complaint of pain abdomen.	Placebo 400/OD* morning* 28 days.
25/11/2024 7th Follow-up	LMP- 19/11/2024. Last for 3 days. She complained about mild pain in lower abdomen only on the first day of menstruation, after 2 months. Though the intensity of the pain was less than previous ones. No h/o any leucorrhoea.	<i>Pulsatilla</i> 10M/1 dose, OD Placebo 400/OD* 28 days.
30/12/2024 8th Follow-up	LMP- 14/12/2024. Duration was 3 days. No pain during this period. Menstruation cycle was also regular. No h/o any leucorrhoea. Advised for a USG.	Placebo 500/OD* 28 days.
27/01/2025 9th Follow-up	No complaints of anything. Menstruation was regular. LMP was on 12/01/2025. Duration was 4 days. USG report suggest normal study (Figure 3). BMI 24.6.	Placebo 600/OD* 28 days.

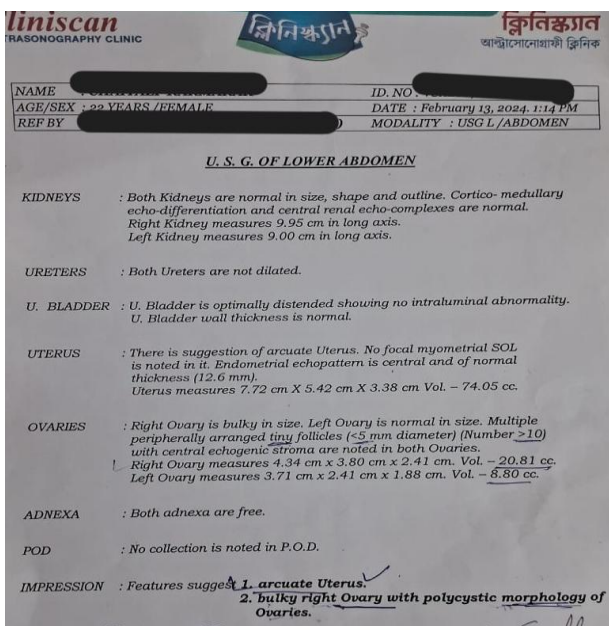


Figure 2: USG before treatment.

Two doses of potentized homoeopathic medicine Pulsatilla 200C, manufactured by a good manufacturing practice (GMP) certified pharmaceutical company, were prescribed in 10 ml aqua dist. Solution and marked 2 equal doses. The patient was advised to take the medicine in the early morning, on an empty stomach for 2 consecutive days. She also advised to follow a proper diet plan and to avoid any fast-food or processed food.

Follow-up assessment

Follow-up of the case, along with baseline prescription, is given in Table 1. The objective evidence of the treatment outcome was documented through USG. At baseline, ultrasound showed bilateral polycystic ovaries. The right ovary measured 20.81 cc volume and the left ovary measured 8.80 cc by volume (Figure 2). Post-treatment ultrasound investigation revealed a normal study (Figure 3).

The patient was asked about timely medication intake in the recommended dosage and adherence to additional

behavioural constraints at each follow-up appointment. The patient was determined to be following the instructions and to have no complaints regarding the tolerability of the intervention. Although the patient reported an initial exacerbation of his pre-existing symptoms for the first two days after taking the medication, there were no other complaints that could be interpreted as proof of homeopathic aggravation during the entire time the patient was receiving homeopathic treatment.^{24,25}

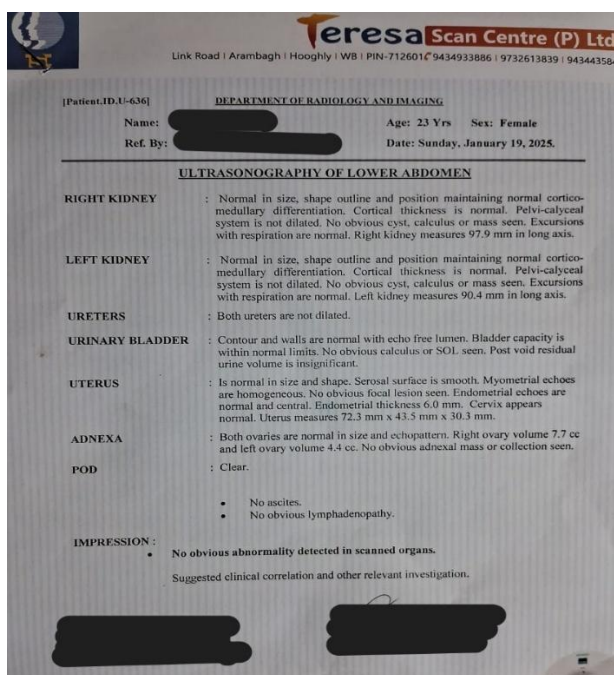


Figure 3: USG after treatment.

DISCUSSION

PCOS, however, the most prevalent hormonal reproductive issue in women of childbearing age, appears to be linked to a hormonal imbalance in girls. The most crucial thing is to identify PCOS early and treat it appropriately to help lower the likelihood that a girl or young woman would experience severe side effects in the future. Symptomatic therapy and lifestyle changes, including weight loss, are the standard medical care of PCOS. Various forms of PCOS are treated with metformin, oral contraceptives, anti-androgens, clomiphene citrate, and thiazolidinediones.¹ Following a

study, Moghetti et al came to the conclusion that metformin treatment decreased hyperinsulinemia and hyperandrogenaemia without affecting body weight changes. These alterations were linked to notable, long-lasting improvements in menstrual irregularities and ovulation in a significant number of individuals.²⁶

The extent to which homeopathy can be used to treat PCOS has been well documented in the literature. PCOS cases have been successfully handled in a number of additional trials. Central Council for Research in Homeopathy (CCRH’s) placebo-controlled study demonstrates the encouraging outcomes of homeopathy for PCOS.^{1,16,27} Certain case reports and case series have demonstrated a beneficial function in treating PCOS symptoms without any problems.^{1,16,26-31} Homeopathic medications such as Calc, Natrum Mur, Sepia, and Pulsatilla have been effective in treating certain PCOS instances.

In this instance, the presence of polycystic ovaries on ultrasound and irregular menstrual cycles supported the PCOS diagnosis. The primary cause of psychological morbidity, PCOS symptoms can have a detrimental impact on young women’s or teenagers’ quality of life.³² In this case also the patient was worried about her weight and personality. Pulsatilla ultimately proved to be the indicated medicine as the first prescription, going by the result of repertorization. The potency 200C was selected in the beginning followed by 1 M and 10 M potency. The potencies 200C and 1M were able to regularise the menses and 10M relieved the dysmenorrhoea. She was also advised to follow a proper diet as her BMI was 26.7 during her first visit, and during the last follow-up it was down to 24.6. Then the potency was increased when the pain in lower abdomen and leucorrhoea was persisting, 1 M potency was given with required result i.e., to remove pain in the lower abdomen and leucorrhoea. Ultrasonography (USG) showed normal study (Figure 3). This case was successfully treated as the patient was regularly followed-up. Again, whenever the patient came to OPD for any other complaints, she was asked about her menstrual symptoms, and for the next 1 year she was under observation. There was no menstrual irregularity was found. Further, the MONARCH³³ score at the final visit (+8 on the ‘-6 to +13’ scale) is suggestive of a high likelihood that the improvement of the patient can be attributed to the homeopathic treatment provided (Table 2).

Table 2: Modified Naranjo criteria.

S. no.	Domains	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2√	-1	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1√	-2	0
3	Was there an initial aggravation of symptoms?	+1√	0	0
4	Did the effecten compass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1√	0	0

Continued.

S. no.	Domains	Yes	No	Not sure or N/A
5	Did overall well-being improve? (suggest using a validated scale)	+1√	0	0
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0√
6B	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1	0	0√
7	Did “old symptoms”(defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	+1	0√	0
8	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	–3	+1	0√
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation)	+2√	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0√
	Total score	08		

Since PCOS is one of the most prevalent conditions in adolescents, it is always necessary to look into any new information that may be pertinent. This case study is an excellent illustration of assessing the efficacy of customized homeopathic remedies for PCOS and could be a trustworthy source of evidence.

Limitations

This is only a case report. However, a well-planned study with large sample size is required to establish the efficacy of homeopathy in PCOS.

CONCLUSION

In cases of PCOS, when hormone-related treatment or surgery is recommended, homeopathy can treat a person's chronic hormonal syndrome. Non-recurrence of complaint in the past 1 years suggests that PCOS can be treated successfully through individualized homeopathic medicine with lifestyle management.

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Ethical approval: Not required

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