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Polycystic ovarian syndrome with endometrial hyperplasia and uterine fibroids treated with homoeopathy: A case report

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Abstract

Introduction: Any circumstance that alters the balance of oestrogen and progesterone leads to excessive, prolonged estrogenic stimulation, or preventing the counteracting effects of progesterone causing various pathological conditions in the reproductive system, as a result. Women with polycystic ovarian syndrome (PCOS) have mostly anovulatory cycles and low serum progesterone levels. Endometrial hyperplasia is most often due to excess oestrogen without progesterone. The clinical significance of chronic oestrogen secretion is an increased risk of endometrial hyperplasia. A striking feature of uterine fibroids (UFs) is their dependency on the ovarian oestrogen and progesterone. Existing treatments are mostly directed at the symptoms but not at the syndrome itself.

Case Summary: A patient suffering from PCOS, with Endometrial Hyperplasia and multiple UFs, was successfully treated with the homoeopathic medicine *Pulsatilla nigricans*. Repeat ultrasonography showed normal endometrial thickness, no hyperechoic or hypoechoic lesions in uterus and no ovarian PCOS morphology after treatment. Thus, the usefulness of homeopathic medicines for the treatment of multi-morbid pathologies related to reproductive system of women is demonstrated.

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Keywords: Endometrial hyperplasia, Homoeopathy, Polycystic ovarian syndrome Pulsatilla Nigricans, Uterine fibroids

INTRODUCTION

Any alteration in the balance between oestrogen and progesterone leading to excessive prolonged estrogenic stimulation and preventing the counteracting effects of progesterone causes various pathological conditions in the reproductive system of women.^[1] Various studies have concluded that circulating androgens in the system are the physiological regulators of the neuroendocrine mechanisms governing ovulatory cyclicality. The pathophysiological actions of androgens in females are also of key importance, mainly as they relate to hyperandrogenic disorders in women. Hyperandrogenaemia is a core characteristic of common reproductive and metabolic disorders, such as polycystic ovarian syndrome (PCOS).^[1] A survey revealed that the incidence of PCOS is quite alarming in women of reproductive age in north India.^[2]

Chronic anovulation, hyperandrogenism and/or the presence of polycystic ovary morphology from ultrasound examination and various degrees of gonadotropic and metabolic abnormalities including vitamin D deficiency are associated with the phenotypic manifestation of this disorder.^[3,4]

PCOS women have anovulatory menstrual cycles with low serum progesterone levels.^[5] There is a constant oestrogen secretion with no cyclic pattern, leading to anovulatory cycles. The clinical significance of chronic oestrogen secretions is an increased risk of endometrial hyperplasia and probably subsequent development of endometrial carcinoma.^[6,7] PCOS has other numerous long-term health risks too.^[8]

Females with PCOS represent higher rates and severity of depression and anxiety with reduced quality of life and an increased prevalence of risk factors for cardiovascular disease (CVD), such as hypertension, dyslipidaemia, diabetes and obesity.^[9,10] Many studies have confirmed that women during reproductive age with irregular menses/hyperandrogenism/PCO morphology suffer from severe phenotype and the greatest number of metabolic risk factors with infertility due to irregular menses.^[11] Studies also suggest that women suffering

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from PCOS are exposed to several psychological problems. It exerts a negative impact on female identity and contributes to the deterioration of quality of life. The mental consequences can be depression and mood disorders.^[12,13] In general, women with PCOS show an increased risk of obstetric, cardiovascular, metabolic and psychological complications compared to non-PCOS women.^[14] Since PCOS is a complex disorder, for which multiple treatment approaches are required, depending on the reason a patient seeks treatment, Clomiphene has shown the best results in treating infertility, whereas data are limited regarding the pharmacological treatment of androgenic symptoms. Long-term consequences of PCOS, which include type-2 diabetes and cardiovascular disease, can be treated with anti-diabetic drugs and statins.^[15]

Uterine fibroids (UF) are the most frequent gynaecologic tumour, affecting 70–80% of women in their lifetime. Although these tumours are benign, they can cause a significant morbidity and may require invasive treatments, such as myomectomy and hysterectomy.^[16] Both clinical and experimental data suggest that oestrogen stimulates the growth of UF during reproductive years.^[5,6,17] Studies suggest a positive association between PCOS and UF.^[18]

This confirmed case of PCOS with endometrial hyperplasia and multiple UFs, which has been successfully treated with homoeopathic intervention.

Patient information

On 13 November 2017, a 26-year-old female presented to the outpatient department of Regional Research Institute, (H.), Mumbai, with complaints of irregular menses for the past 3 years. The patient was a graduate, got married 6 years back

and had one full-term normal delivery 5 years ago. Her menses were regular until her last conception.

History of present complaints

The patient had irregular menses with intermenstrual period of an average 90–120 days. The duration of bleeding was 7–8 days with profuse dark red blood. There was an associated severe backache and pain in the hypogastric region during menses. After the delivery of her first child, the menses appeared after 20 months. Thereafter, her cycles were delayed, for which she approached the gynaecologist and started taking hormonal treatment. The hormonal assay – FSH, LH and prolactin and thyroid profiles were normal, even though the patient had a history of galactorrhoea 2 years back. The patient's spouse was using a condom as the barrier method of contraception.

The per vaginum examination done by a gynaecologist on 8th August, 2017 revealed anteverted bulky uterus and clear fornix. Ultrasonography of the pelvis (dated 20th July, 2017) revealed Cervicitis with the presence of endometrial hyperplasia with an endometrial thickness of 16 mm and submucosal fibroids. Furthermore, there were multiple, peripherally arranged follicles suggestive of polycystic ovarian pathology in both the ovaries [Figure 1]. The patient continued with the hormonal treatment with no positive outcome and then visited us for the homoeopathic treatment.

Cervicitis was treated with conventional treatment. There was no past history of any other major illness.

Family history

Mother had early menopause (at age of 30 years) and was suffering from haemorrhoids. Father was diabetic and hypertensive.

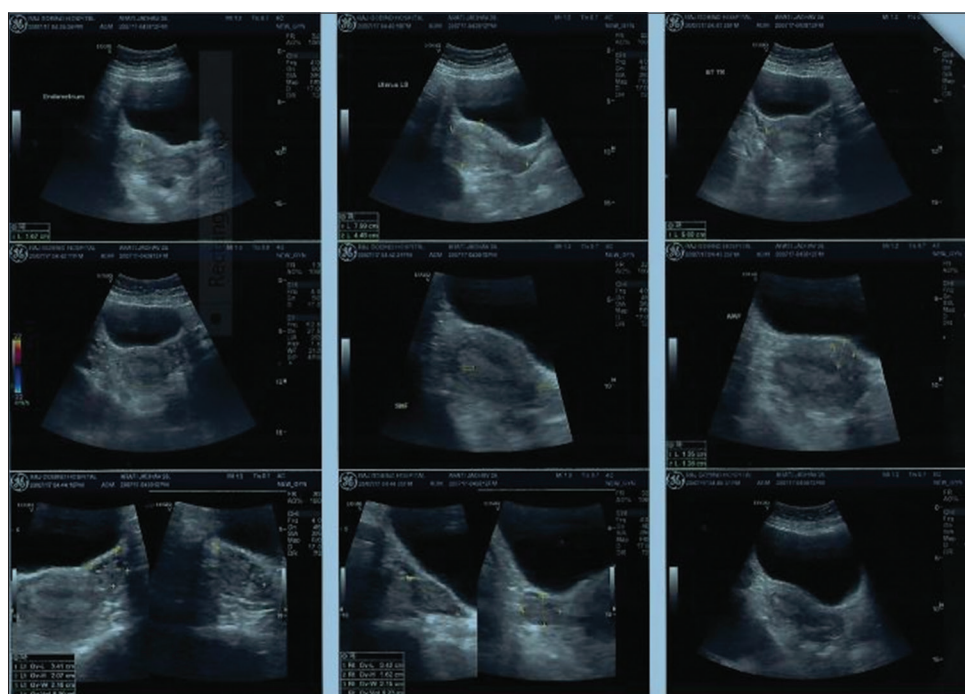


Figure 1: Ultrasonography – Before treatment

Physical generals

The patient was fair-complexioned with a moderate build. Her tongue was white, thick-coated. She was chilly and could not tolerate cold in general and preferred warmth. She had a satisfactory appetite and a moderate thirst for small quantities at small intervals. She had a craving for sweets, chicken and milk. There was no specific aversion or intolerance to any specific food item. Her bowel habits were regular with normal stools. She had profuse perspiration, especially on her head.

Mental generals

The patient was very short-tempered, irritable and obstinate. She was offended easily, especially after contradiction, and usually expressed her anger. She had a weeping disposition. The patient was oversensitive to trifles and desired company.

Particulars

The patient had irregular menses with a cycle of 90–120 days. There was profuse menstrual bleeding flow for 7–8 days with severe pain in back and hypogastric region. The last menstrual period was on 13th September, 2017. There was no complaint of any abnormal vaginal discharge. The patient had frequent headaches since 3–4 years, especially after exposure to the sun. There was no significant finding in her physical examination, such as pallor.

Analysis of the case and repertorisation

After analysis and evaluation of the symptoms, the totality of symptoms was constructed and the case was repertorised with the help of ‘Homopath software – Wildfire’ using complete repertory [Figure 2].

The following symptoms were considered for repertorisation:

- Angered easily
- Irritability
- Anger especially after contradiction
- Sentimental
- Offended easily
- Weeps easily
- Desire for company
- Obstinate, headstrong
- Cold aggravation
- Desire-Sweets⁺⁺
- Desires-Chicken⁺
- Desires-Milk⁺
- Sun aggravation
- Thirst for small quantities of water at small intervals
- White coated tongue
- Perspiration on head
- Menses irregular
- Menses late
- Menses profuse
- Backache during menses.

Therapeutic intervention, follow-ups and outcomes

On the basis of individualization, *Sepia* was selected as the similimum, even though it scored fourth on repertorisation, covering 19 out of 21 rubrics. On the first visit, *Sepia 6C* was

Repertorisation Sheet - Homopath WildFire LAN															
Physician Name: _____															
Patient Name: _____															
Reg. No.: _____															
Date: 13/11/2017															
Remedy	Calc	Lyc	Phos	Sep	Sulph	Puls	Nux-v	Ars	Bry	Graph	Ign	Sil	Caust	Bell	Merc
Totality	59	58	56	56	54	54	52	50	48	46	45	45	44	44	44
Symptoms Covered	18	18	19	19	18	17	18	17	16	16	17	16	17	16	15
[Complete] [Mind] Anger:Easily:	3	4	3	1	1	0	4	3	3	3	1	0	1	1	0
[Complete] [Mind] Irritability:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind] Anger:Contradiction, from:	0	4	0	4	1	0	3	1	3	0	4	3	0	0	1
[Complete] [Mind] Sentimental:	1	1	3	3	3	3	1	1	0	3	4	0	3	0	0
[Complete] [Mind] Offended easily:	4	4	1	3	3	4	4	4	1	3	1	3	4	3	1
[Complete] [Mind] Weeping, tearful mood:Easily:	3	1	0	3	0	4	0	0	0	0	4	1	4	3	0
[Complete] [Mind] Company:Desire for:	3	4	4	3	1	3	3	4	4	1	3	1	1	1	4
[Complete] [Mind] Obstinate, headstrong:	4	4	1	1	3	1	4	3	1	0	3	3	1	4	4
[Complete] [Generalities] Weather:Cold, wet, damp:Agg.:	4	3	3	4	4	3	4	4	4	3	0	4	3	1	4
[Complete] [Generalities] Food and drinks:Sweets:Desires:	3	4	3	3	4	3	1	4	3	4	1	1	0	0	3
[Complete] [Generalities] Food and drinks:Chicken:Desires:	0	0	3	0	0	0	0	0	0	3	0	0	1	0	0
[Complete] [Generalities] Food and drinks:Milk, milk products:Desires:	3	0	3	1	1	0	3	3	3	1	1	3	0	0	3
[Complete] [Generalities] Sun:Agg.:	4	4	3	3	4	4	3	3	4	4	4	1	1	4	3
[Complete] [Stomach] Thirst:Small quantities, for:Often:	0	1	4	0	3	1	0	4	0	0	0	0	0	3	0
[Complete] [Mouth] Coated:White:Tongue:	3	3	1	3	3	4	1	3	4	0	1	0	1	1	4
[Complete] [Head]	4	3	4	4	4	4	4	3	4	3	0	4	3	4	4
Perspiration:															
[Complete] [Female Genitalia] Menses:Irregular:	4	3	1	3	3	3	3	0	1	3	3	3	3	3	1
[Complete] [Female Genitalia] Menses:Late, too:	3	4	4	4	4	4	1	1	1	4	3	4	4	3	3
[Complete] [Female Genitalia] Menses:Late, too:Profuse, and:	1	0	3	1	0	1	1	0	0	1	1	3	3	1	0
[Complete] [Female Genitalia] Menses:Profuse:	4	4	4	4	4	4	4	4	4	2	4	4	3	4	4
[Complete] [Back] Pain:Menses:During:	4	3	4	4	4	4	4	1	4	4	3	3	4	4	1

Figure 2: Repertorisation sheet

prescribed twice daily to start with, for 15 days, followed by *Sepia 30* for another fortnight. When *Sepia* did not yield, any positive result *Pulsatilla nigricans* was chosen, considering it a well-known polychrest female remedy. This case, with a wide spectrum of disturbances related to female reproductive system, manifested in the form of three pathologies, that is, PCOS, UF and endometrial hyperplasia, which was considered to be a suitable case for such a female remedy. As dealing with this case having multimorbid pathologies had to be treated, *Pulsatilla* was chosen with consultation of Materia medica. Therefore, in the subsequent follow-up, *Pulsatilla nigricans 30* was prescribed.

The patient was assessed fortnightly, or as per requirement, for 14 months. *Sulphur 30* was also given as an intercurrent remedy. A detailed account of follow-ups with prescription is shown in Table 1, and subsequent improvement was seen in the USG dated 13 October, 2018 [Figure 3].

The final outcome and possible causal attribution of the changes in this case were assessed using the ‘Modified Naranjo

Table 1: Timeline including Follow-ups

Follow-up	Date	Signs and Symptoms	Prescription medicine with potency and dose
Baseline	13 November, 2017	Irregular menses since last 3 years LMP 13 September, 2017 Headache on and off	<i>Sepia</i> 6/BD/15 days
1	27 November, 2017	Menses not appeared Headache persistent	<i>Sepia</i> 30/OD/15 days
2	11 December, 2017	Menses not appeared Headache persistent	<i>Pulsatilla</i> 6/BD/15 days
3	04 January, 2018	Menses not appeared Headache slightly better	<i>Pulsatilla</i> 30/OD/15 days
4	05 February, 2018	Menses appeared (after 123 days) LMP- 14 January 2018 , Moderate flow Irritability decreased Headache slightly better	Rubrum/15 days
5	03 March, 2018	Menses not appeared. Headache occasionally present	<i>Pulsatilla</i> 30/OD/15 days
6	12 April 2018	Menses appeared. (after 60 days) LMP- 15 March 2018 Profuse flow with backache.	<i>Pulsatilla</i> 30/4 doses Rubrum/1 month
7	26 April, 2018	Menses delayed Pain in right breast since 8 days. Tenderness present. Sleep disturbed since 8 days	<i>Pulsatilla</i> 200/6 doses/OD
8	7 May, 2018	Menses appeared (after 45 days) LMP – 29 April, 2018 Headache better Irritability decreased	Rubrum/1 month
9	11 June, 2018	Menses delayed LMP – 29 April, 2018	<i>Pulsatilla</i> 200/6 doses/OD
10	9 July, 2018	Menses appeared (after 41 days) LMP – 09 June, 2018	Rubrum/1 month
11	13 August, 2018	Menses appeared. (after 50 days) Headache better LMP – 29 July, 2018	Rubrum/1 month
12	10 September, 2018	Menses delayed LMP – 29 July, 2018	<i>Pulsatilla</i> 200/8 doses/OD
13	15 October, 2018	Menses appeared. (after 53 days) LMP – 20 September, 2018 Profuse flow. Backache during menses. Headache persistent. Eruption on tip of fingers with itching since 15 days USG (13 October, 2018) – Normal sized uterus and ovaries	<i>Pulsatilla</i> 200/6 doses/OD
14	3 November, 2018	Menses appeared (after 39 days) LMP – 29 October, 2018 Profuse flow Backache during menses. Eruption on tip of fingers with itching increased since 8 days	<i>Pulsatilla</i> 200/single dose Sulphur 30/2 doses/OD (Given as antimiasmatic/intercurrent)
15	22 December, 2018	Menses appeared (after 35 days) LMP – 3 December, 2018 Profuse flow. Backache during menses. Headache occasionally present. Eruption on tip of fingers slightly better	<i>Pulsatilla</i> 200/single dose
16	24 January, 2019	Menses appeared (after 37 days) LMP- 10 January, 2019 Headache relived significantly. Backache relieved. Eruption on tip of fingers decreased	Rubrum

LMP: Last menstrual period, OD: Once a day, BD: Twice a day

criteria',^[19] the total score was 8 [Table 2], which was close to the maximum score of 13. This shows the positive causal attribution to the prescribed homoeopathic medicine.

The authors have followed HOM-CASE guidelines for reporting the outcomes.

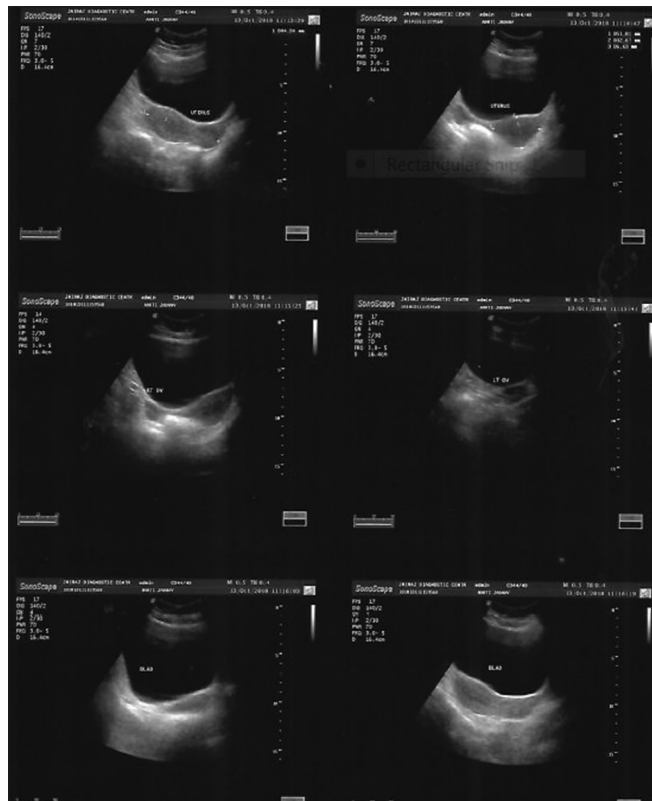


Figure 3: Ultrasonography – After treatment

DISCUSSION

The conventional treatment in PCOS, though beneficial, is reported to have side effects after a long use.^[20,21] Existing treatments, including the conventional, have mostly been directed to the symptoms such as hyperinsulinaemia and hyperandrogenaemia with resumption of ovulation, but not at the syndrome itself.^[22]

Homoeopathy has proven to have an edge in holistic treatment of the patient. A study undertaken by Central Council for Research in Homoeopathy at six centres from October 2005 to September 2009 shows that homoeopathic medicines prescribed on the basis of totality of symptoms act holistically and show a positive regulatory influence on female hormones.^[23]

Further, a study has shown positive outcomes of the efficacy of homoeopathy in PCOS.^[24] Another study showed a positive role of homoeopathic therapy in the management of ovarian cysts with a total resolution of cyst in 16.67% cases and reduction in the size in 20.83% cases.^[25] Effective use of *Calcarea carbonicum* and *Lycopodium* in patients with basic guiding symptoms for either drug has been found to be useful for patients with PCOS.^[26] Various case reports have reported large UFs being successfully treated by individualized homoeopathic treatment.^[27,28] A prospective observational study showed positive results in terms of reduction and resolution of UFs.^[29] Another multicentric randomized clinical trial conducted on symptomatic UF showed that both LM and CH potencies were effective in reducing symptoms of UF as well as effective in improvement of overall health.^[30]

This case illustrates improvement of the patient, both symptomatically and pathologically. The patient was not on any other treatment. The prescription had repeated doses all through, since it was a multimorbid case and the physician felt that such

Table 2: Assessment of outcome with Modified Naranjo Algorithm

Modified Naranjo algorithm	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	✓+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	✓+1	-2	0
3. Was there a homeopathic aggravation of symptoms?	+1	✓0	0
4. Did the effect encompass more than the main symptom or condition, (i.e., were other symptoms not related to the main presenting complaint, ultimately improved or changed)?	✓+1	0	0
5. Did overall wellbeing improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	✓+1	0	0
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	✓0	0
6 (B) <i>Direction of cure</i> : did at least one 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 the course of improvement?	+1	0	✓0
8. Are there alternative causes (i.e., other than the medicine) that –with a high probability- could have produced 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., investigations and clinical examination)	✓+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	✓0
Total score			+08

a repetition would take care of various symptoms arising from the combined clinical presentation of various pathologies. *Sepia* covered more rubrics than *Calc carb*, so *Sepia* was chosen as the first prescription. After the first prescription of *Sepia* failed to get a positive response, *Pulsatilla* was chosen as the second prescription, based on the symptom totality. Most of the mental and physical generals of the case were covered by *Pulsatilla nigricans*. It is a well-known polycystic remedy having affinity to female reproductive organs.^[31,32] The case was followed up for 14 months and symptoms were assessed at each follow-up, which showed positive outcomes. Ultrasonography was done after treatment which showed normal findings, that is, normal endometrial thickness, no hyperechoic or hypoechoic lesions in the uterus, and no ovarian PCOS morphology. This case depicts the role of homoeopathic treatment in holistic improvement of health with PCOS, UF and endometrial hyperplasia being cured, thus treating the patient as a whole.

CONCLUSION

Homoeopathy can be effectively used in the treatment of chronic problems, where multimorbid pathologies exist with a wide spectrum of disease. Individualized homoeopathic treatment has a positive effect on the resolution of PCOS symptoms. In the future, well-designed research studies for establishing the effectiveness of homoeopathy in multi-morbid pathologies with PCOS may be planned.

Declaration of patient consent

The author declares that appropriate patient's consent has been obtained for using her images and other clinical information for reporting in the journal was obtained.

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Nil.

Conflicts of interest

None declared.

REFERENCES

- Dunaif A, Thomas A. Current concepts in the polycystic ovary syndrome. *Annu Rev Med* 2001;52:401-19.
- Gill H, Tiwari P, Dabadghao P. Prevalence of polycystic ovary syndrome in young women from North India: A community-based study. *Indian J Endocrinol Metab* 2012;16(Suppl 2):S389-92.
- Lin MW, Wu MH. The role of vitamin D in polycystic ovary syndrome. *Indian J Med Res* 2015;142:238-40.
- Dasgupta S, Dutta J, Annamaneni S, Kudugunti N, Battini MR. Association of vitamin D receptor gene polymorphisms with polycystic ovary syndrome among Indian women. *Indian J Med Res* 2015;142:276-85.
- Chang RJ, Kazer RR. Polycystic Ovary Syndrome the Global Library of Women's Medicine's, Welfare of Women, Global Health Programme; 2014. Available From <https://www.glowm.com/section/view/heading/Polycystic%20Ovary%20Syndrome/item/300#.YuiBRnZByUk> [Last accessed on 2019 Sep 11].
- Hapangama DK, Kamal AM, Bulmer JN. Estrogen receptor β : The guardian of the endometrium. *Hum Reprod Update* 2015;21:174-93.
- Jabbour HN, Kelly RW, Fraser HM, Critchley HO. Endocrine regulation of menstruation. *Endocr Rev* 2006;27:17-46.
- Peigne M, Dewailly D. Long term complications of polycystic ovary syndrome (PCOS). *Ann Endocrinol (Paris)* 2014;75:194-9.
- Fausser BC, Tarlatzis BC, Rebar RW, Legro RS, Balen AH, Lobo R, *et al.* Consensus on women's health aspects of polycystic ovary syndrome (PCOS): The Amsterdam ESHRE/ASRM-sponsored 3rd PCOS consensus workshop group. *Fertil Steril* 2012;97:28-38.e25.
- Wild RA, Carmina E, Diamanti-Kandaraki E, Dokras A, Escobar-Morreale HF, Futterweit W, *et al.* Assessment of cardiovascular risk and prevention of cardiovascular disease in women with the polycystic ovary syndrome: A consensus statement by the androgen excess and polycystic ovary syndrome (AE-PCOS) society. *J Clin Endocrinol Metab* 2010;95:2038-49.
- Welt CK, Carmina E. Clinical review: Lifecycle of polycystic ovary syndrome (PCOS): From in utero to menopause. *J Clin Endocrinol Metab* 2013;98:4629-38.
- Kohlne Papp I. Psychosocial approach in polycystic ovary syndrome. *Orv Hetil* 2014;155:1867-71.
- Podfigurna-Stopa A, Luisi S, Regini C, Katulski K, Centini G, Meczekalski B, *et al.* Mood disorders and quality of life in polycystic ovary syndrome. *Gynecol Endocrinol* 2015;31:431-4.
- Palomba S, Santagni S, Falbo A, La Sala GB. Complications and challenges associated with polycystic ovary syndrome: Current perspectives. *Int J Womens Health* 2015;7:745-63.
- Ndefo UA, Eaton A, Green MR. Polycystic ovary syndrome: A review of treatment options with a focus on pharmacological approaches. *P T* 2013;38:336-55.
- Katz TA, Yang Q, Treviño LS, Walker CL, Al-Hendy A. Endocrine-disrupting chemicals and uterine fibroids. *Fertil Steril* 2016;106:967-77.
- Bulun SE. Uterine fibroids. *N Engl J Med* 2013;369:1344-55.
- Wise LA, Palmer JR, Stewart EA, Rosenberg L. Polycystic ovary syndrome and risk of uterine leiomyomata. *Fertil Steril* 2007;87:1108-15.
- Lamba CD, Gupta VK, van Haselen R, Ruttan L, Mahajan N, Molla AM, *et al.* Evaluation of the naranjo criteria for assessing causal attribution of clinical outcome to homoeopathic intervention as presented in case reports. *Homoeopathy* 2020;109:191-7.
- Sheehan MT. Polycystic ovarian syndrome: Diagnosis and management. *Clin Med Res* 2004;2:13-27.
- Moggetti P, Castello R, Negri C, Tosi F, Perrone F, Caputo M, *et al.* Metformin effects on clinical features, endocrine and metabolic profiles, and insulin sensitivity in polycystic ovary syndrome: A randomized, double-blind, placebo-controlled 6-month trial, followed by open, long-term clinical evaluation. *J Clin Endocrinol Metab* 2000;85:139-46.
- Badawy A, Elnashar A. Treatment options for polycystic ovary syndrome. *Int J Womens Health* 2011;3:25-35.
- Nayak C, Singh V, Singh K, Singh H, Gupta J, Lamba CD, *et al.* Management of distress during climacteric years by homeopathic therapy. *J Altern Complement Med* 2011;17:1037-42.
- Lamba CD, Oberoi P, Manchanda R, Rath P, Bindu H, Padmanabhan M. Evaluation of homoeopathic treatment in polycystic ovary syndrome: A single-blind, randomised, placebo-controlled pilot study. *Indian J Res Homoeopathy* 2018;12:35-45.
- Gupta G, Singh N, Singh R, Singh S, Nayak C, Khurana A. Evidence based clinical study on the effect of homoeopathic medicines in cases of ovarian cysts. *Indian J Res Homoeopathy* 2011;5:36-42.
- Das D, Das I, Das J, Kayal SK, Khuda-Bukhsh AR. Efficacy of two traditionally used potentized homeopathic medicines, *Calcarea carbonica* and *Lycopodium clavatum*, used for treating PCOS patients: I. Effects on certain important external guiding symptoms. *Tang [Hum Med]* 2016;6:e6.1-6.
- Das D, Khuda-Bukhsh AR. A patient with uterine fundal leiomyoma and a large hemorrhagic cyst in right ovary cured by homeopathic remedies-a case report. *Indian J Med Case Rep* 2016;5:13-9.
- Sharma A. Homoeopathic management of uterine leiomyomata: A case report. *Indian J Res Homoeopathy* 2010;4:51-8.
- Quadri IJ, Shahid Ali MD, Vatsalya B, Ponnamb HB, Parveen NS. Role of homoeopathic medicines in treating uterine fibroid: A prospective observational study. *Indian J Res Homoeopathy* 2012;6:8-14.
- Krishna Pillai IB, Oberai P. Homoeopathic management of uterine fibroids. *Homeopathy* 2018;107:55-78.
- Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*. New Delhi: B. Jain Publishers Pvt.; 2008. p. 133-5.
- Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes*. New Delhi: B. Jain Publishers Pvt.; 2004.

Syndrom des ovaires polykystiques avec hyperplasie endométriale et fibromes utérins traités par homéopathie - Rapport de cas.

Introduction: Toute circonstance qui modifie l'équilibre entre les œstrogènes et la progestérone entraîne une stimulation œstrogénique excessive et prolongée, ou empêche les effets contraires de la progestérone, provoquant ainsi diverses conditions pathologiques dans le système reproducteur. Les femmes atteintes du SOPK ont le plus souvent des cycles anovulatoires et de faibles taux sériques de progestérone. L'hyperplasie endométriale est le plus souvent due à un excès d'œstrogènes sans progestérone. La signification clinique de la sécrétion chronique d'œstrogènes est un risque accru d'hyperplasie endométriale. Une caractéristique frappante des fibromes utérins est leur dépendance vis-à-vis des œstrogènes et de la progestérone ovariens. Les traitements existants sont principalement axés sur les symptômes, mais pas sur le syndrome lui-même. **Résumé du cas:** Une patiente souffrant de PCOS, avec une hyperplasie de l'endomètre et de multiples fibromes utérins a été traitée avec succès avec le médicament homéopathique Pulsatilla nigricans. Une nouvelle échographie a montré une épaisseur endométriale normale, aucune lésion hyperéchogène ou hypoéchogène dans l'utérus et aucune morphologie ovarienne de PCOS après le traitement. Ainsi, l'utilité des médicaments homéopathiques pour le traitement des pathologies multimorbides liées au système reproducteur des femmes est démontrée.

Polyzystisches Ovarialsyndrom mit Endometriumhyperplasie und Uterusmyomen, behandelt mit Homöopathie - ein Fallbericht

Einführung: Jeder Umstand, der das Gleichgewicht von Östrogen und Progesteron stört, führt zu einer übermäßigen, anhaltenden Östrogenstimulation oder verhindert die entgegengesetzte Wirkung von Progesteron, was verschiedene pathologische Zustände im Fortpflanzungssystem zur Folge hat. Frauen mit PCOS haben meist anovulatorische Zyklen und niedrige Serumprogesteronspiegel. Die Endometriumhyperplasie ist meist auf einen Östrogenüberschuss ohne Progesteron zurückzuführen. Die klinische Bedeutung einer chronischen Östrogensekretion besteht in einem erhöhten Risiko einer Endometriumhyperplasie. Ein auffälliges Merkmal von Uterusmyomen ist ihre Abhängigkeit vom Östrogen und Progesteron der Eierstöcke. Bestehende Behandlungen sind meist auf die Symptome, nicht aber auf das Syndrom selbst gerichtet. **Zusammenfassung des Falles:** Eine an PCOS leidende Patientin mit Endometriumhyperplasie und multiplen Uterusmyomen wurde erfolgreich mit dem homöopathischen Arzneimittel Pulsatilla nigricans behandelt. Eine erneute Ultraschalluntersuchung zeigte eine normale Dicke des Endometriums, keine hyperechoischen oder hypoechoischen Läsionen im Uterus und keine ovarielle PCOS-Morphologie nach der Behandlung. Damit ist die Nützlichkeit homöopathischer Arzneimittel für die Behandlung multimorbider Pathologien im Zusammenhang mit dem Fortpflanzungssystem von Frauen nachgewiesen.

पॉलीसिस्टिक गर्भाशय सिंड्रोम के साथ-साथ अंतगर्भाशयकला संबंधी हाइपरप्लासिया तथा गर्भाशय संबंधी गाँठ को होम्योपैथिक से ठीक किया गया था - एक मामला रिपोर्ट

परिचय: ऐसी कोई भी स्थिति जो एस्ट्रोजन और प्रोजेस्टोरन के संतुलन को बिगाड़ती है वह अत्यधिक, लंबे समय तक चलने वाली एस्ट्रोजेनिक उत्तेजना, या प्रोजेस्टोरन के प्रतिकारी प्रभावों को रोकने का कारण बनती है जिसके परिणामस्वरूप, प्रजनन तंत्र में कई प्रकार के रोग उत्पन्न हो जाते हैं। पीसीओएस वाली महिलाओं के अधिकांशतः अनियमित मासिक धर्म एवं सीरम प्रोजेस्टोरन के स्तर न्यून होते हैं। अंतगर्भाशयकला संबंधी हाइपरप्लासिया रोग अधिकतर प्रायः प्रोजेस्टोरन की अनुपस्थिति में अत्यधिक एस्ट्रोजन की वजह से होता है। क्रॉनिक एस्ट्रोजन साव की नैदानिक महत्वता अंतगर्भाशयकला संबंधी हाइपरप्लासिया रोग का बढ़ता जोखिम है। गर्भाशय गाँठ की विचित्र विशेषता यह है कि वे गर्भाशय के एस्ट्रोजन तथा प्रोजेस्टोन पर आश्रित होते हैं। अधिकांश मौजूदा उपचार सिंड्रोम पर ना होकर लक्षणों को रोकने पर केन्द्रित हैं। **विषय सारांश:** एक महिला मरीज़ जो पीसीओएस, के साथ-साथ अंतगर्भाशयकला संबंधी हाइपरप्लासिया तथा अनेक गर्भाशय संबंधी तनत्वाओं से पीड़ित थी, उसका पल्सेटीला नाइग्रिकेन्स नामक होम्योपैथिक दवा से सफलतापूर्वक उपचार किया गया था। उपचार के बाद पुनः की गई अल्ट्रासोनोग्राफी ने अंतगर्भाशयकला की मोटाई को सामान्य दिखाया था, गर्भाशय में हाइपरचोइक या हाइपोइकोइक को कोई नुकसान नहीं हुआ था तथा गर्भाशय पीसीओएस की बनावट भी सही थी। अतः, महिलाओं के प्रजनन अंग से संबंधित बहु-रोगी विकृतियों के उपचार में होम्योपैथिक दवाओं की उपयोगिता प्रदर्शित की गई थी।

Síndrome ovárico poliquístico con hiperplasia endometrial y fibromas uterinos tratados con homeopatía - un informe del caso

Introducción: Cualquier circunstancia que altere el equilibrio del estrógeno y la progesterona conduce a la estimulación estrogénica excesiva y prolongada, o a la prevención de los efectos contrarrestantes de la progesterona causando diversas condiciones patológicas en el sistema reproductivo, como resultado. Las mujeres con SOP tienen sobre todo ciclos anovulatorios y bajos niveles de progesterona sérica. La hiperplasia endometrial se debe con mayor frecuencia al exceso de estrógeno sin progesterona. La importancia clínica de la secreción crónica de estrógeno es un riesgo creciente de hiperplasia endometrial. Una

característica llamativa de los fibromas uterinos es su dependencia en el estrógeno ovárico y la progesterona. Los tratamientos existentes se dirigen principalmente a los síntomas, pero no al síndrome en sí. **Resumen del caso:** Un paciente que sufría de SOP, con hiperplasia endometrial y múltiples fibromas uterinos fue tratado exitosamente con el medicamento homeopático Pulsatilla nigricans. La repetición de la ecografía mostró un grosor endometrial normal, ausencia de lesiones hiperecoicas o hipoecoicas en el útero y ausencia de morfología ovárica del SOP después del tratamiento. Así, se demuestra la utilidad de los medicamentos homeopáticos para el tratamiento de patologías multimórbidas relacionadas con el sistema reproductivo de las mujeres.

多囊卵巢综合征伴子宫内膜增生和子宫肌瘤治疗顺势疗法-一例报告

导言:任何改变雌激素和孕酮平衡的情况都会导致过度，延长的雌激素刺激，或阻止孕酮的抵消作用导致生殖系统中的各种病理状况，结果.患有PCOS的女性大多是无排卵周期和低血清孕酮水平。子宫内膜增生最常是由于过量的雌激素而没有孕酮。慢性雌激素分泌的临床意义是子宫内膜增生的风险增加.子宫肌瘤的一个显著特征是它们对卵巢雌激素和孕酮的依赖.现有的治疗方法主要针对症状，而不是针对综合征本身。 **个案摘要:** 患有以下疾病的病人PCOS，子宫内膜增生和多发性子宫肌瘤用顺势疗法药物白头翁成功治疗.重复超声检查显示子宫内膜厚度正常，子宫无高回声或低回声病变，卵巢无 PCOS治疗后的形态。因此，顺势疗法药物治疗与妇女生殖系统有关的多病状的有效得到了证明。