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Polycystic ovarian syndrome and homoeopathic management: A case series

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Abstract

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Abstract

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Keywords: Anovulation, Individualised homoeopathic medicine, Intermenstrual duration, Oligomenorrhoea, Polycystic ovarian syndrome, Polycystic ovary syndrome

Introduction

Polycystic ovarian syndrome (PCOS) was first described in 1935 by Stein and Leventhal who acknowledged an association between the presence of polycystic ovaries and signs of hirsutism and amenorrhoea.[1] The prevalence of PCOS in India as per Rotterdam's diagnostic criteria is 11.34% in India.[2] A study conducted in ten schools among students aged 15–18 years in Trivandrum City, Kerala, found that 13.56% of the girls had menstrual dysfunction and the rate of detection of PCOS among these was 72.3.[3] The estimated prevalence of PCOS among these adolescent girls was 9.8%. PCOS affects mostly women of reproductive age.[4]

A variable disorder that is marked especially by oligomenorrhoea, amenorrhoea, hirsutism, obesity, infertility and ovarian cysts and 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.[5] This disorder can be morphological that is, resulting in polycystic ovaries or predominantly biochemical that is, hyperandrogenemia, a clinical hallmark of PCOS, can cause inhibition of follicular development, microcysts in the ovaries, anovulation and menstrual changes.[6,7]

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.[8]

PCOS can be described as an oligogenic disorder in which the interaction of several genetic and environmental factors determines the heterogeneous, clinical and biochemical phenotype.[9]

Anovulation is the cause of infertility and it leads to psychological impairments, including depression, other mood

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disorders and metabolic derangement. Cinar *et al*. concluded in a study that depression and anxiety are more common in patients with PCOS as compared with healthy women.[10] The existing conventional method of treatment is very costly and has side effects. Metformin, oral contraceptives, anti-androgens, clomiphene citrate and thiazolidinediones are used for the management of different presentations of PCOS. The known side effects of Metformin are nausea, vomiting and diarrhoea, and lactic acidosis.[11]

To the best of our knowledge, till date, only two randomised controlled trials have been conducted in Homoeopathy[12,13] on PCOS. Out of these, a double-blind randomised controlled trial by Sanchez Resendiz and Guzman Gomez (1997), showed the efficacy of *Pulsatilla 6C*,[12] while the other one by Lamba *et al* concluded that homoeopathic intervention along with lifestyle modification can successfully manage PCOS and improve the Quality of life.[13] In another study by Gupta *et al*, *Calc. carb. and Lyco.* were found effective for PCOS.[14] Further, Lobo *et al* have indicated the effectiveness of homoeopathic treatment in the management of female infertility due to PCOS.[15] The role of Homoeopathy in the management of PCOS and infertility has been well reported in the literature. In different case reports, the role of *Pulsatilla*[16] and *Aurm met.*[17] has resulted in a successful pregnancy and normal delivery. The case series by Parveen and Das[18] has shown the usefulness of homoeopathic intervention in managing cases of PCOS.

Methods

The objective of reporting this case series is to show the role of individualised homoeopathic treatment in PCOS without any side effects. All the cases were treated at Dr. D. P. Rastogi Central Research Institute (H), Noida, Uttar Pradesh, India. In this case series, Rotterdam's criteria[19] were considered for the diagnosis of PCOS. After detailed case-taking, homoeopathic medicines were prescribed based on the presenting totality of symptoms, repertorial analyses, and in consultation with homoeopathic Materia Medica. The assessment of the cases was done on the basis of intermenstrual duration, regularisation of menses, size of ovaries and polycystic ovaries through ultrasound image, acne global (AG) score[20] and Ferriman Gallwey (FG) score.[21] AG score was calculated using the global acne severity scale. This scale is validated both on photographs and acne patients, which can be used either in clinical research or by the dermatologist in his office. The Ferriman-Gallwey scoring (FG score) system has a great significance and value to establish the diagnosis of hirsutism and is an acceptable screening method. In this case series, PCOS in the reproductive age group was successfully treated with Homoeopathy.

The case presentations are as follows:

Case 1

A female of age 23 years, with the clinical history of irregular menses for two years, reported to the outpatient department (OPD) of Dr. D. P. Rastogi Central Research Institute on 7th December, 2017. Her intermenstrual duration (IMD) of cycle was 67 days, along with three days of flow. Her last menstrual period (LMP) was on 28 September 2017. Menses were scanty accompanied with pain in the lower back. She also had a complaint of acne on face and back for four years (AG severity score - 4), abnormal hair growth on chin and upper lip (Ferriman Gallwey score - 12).

Generals

The mental picture revealed that the patient was emotional, and abrupt in reactions. She had a desire to be alone, was irritable and which was aggravated by consolation. She had a habit of brooding, and easily got anxious by small faults.

The patient was of normal built, good nutritional status and a non-vegetarian. She was a chilly patient and had a tendency to catch cold. Her appetite was good and thirst was less, drinking only 2–3 glasses of water in a day. She had a desire for salty food and intolerance to sweets, which used to cause heaviness in abdomen. Her menarche occurred at the age of 14 years.

The weight of the patient was 67 kg and height was 158 cm. Body mass index (BMI) was noted as 26.8 kg/m^2 and blood pressure (BP) was recorded as 124/90 mm Hg on the day of reporting.

Therapeutic intervention

Upon reportorial analysis [Figure 1], *Calc. carb.* was found to be the most similar medicine and also scored the second highest position. Since the patient was chilly, had the tendency to catch cold and perspiration was increased, *Calc. carb.* was prescribed in 30 potencies dispensed in globules. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Follow-ups and outcome assessment

Follow-up of the case along with baseline is given in Table 1. At baseline, ultrasound revealed right ovary measured −10.8 cc and the left ovary measured −11.3 cc.

After ten months, ultrasound was done on 10th October 2018 and the report revealed no significant abnormality. The right ovary measured approximately 3.7 cc in volume whereas left ovary was approximately 4.3 cc in volume.

Case 2

A girl of 18 years of age reported to the OPD of Dr. D. P. Rastogi Central Research Institute on 14th August 2017 with the complaint of irregular menses. She also had a pain in lower abdomen and lower back since seven years. Her LMP was on 29 July 2017. Before this, it was on 24 May 2017. Her IMD of the cycle was 63 days. Apart from this, she had acne on her face, which was painless (AG severity score −03). Her menarche occurred at the age of 14 years. (Ferriman-Gallwey score −0 as she had no hirsutism).

Generals

She was irritable, got angry on little things, was an introvert and any sort of consolation aggravated her mental condition.

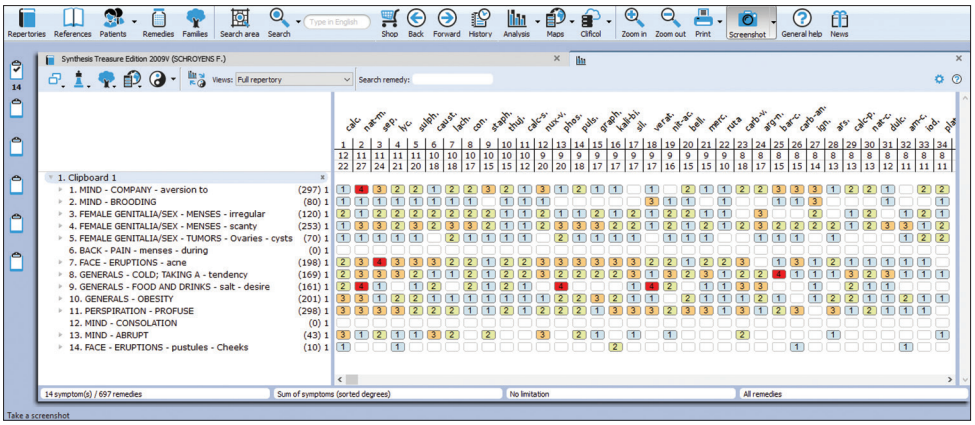

Figure 1: Repertorisation chart of Case 1

Table 1: Case 1 – Follow-up and outcome assessment

S. No.	Date	BMI (Kg/m^2)	Symptoms	Prescription
1	07 December 2017	26.8 kg/m^2	Irregular menses, acne on the face, AG score – 4, FG score – 12, tendency to catch cold, LMP – 28 September 2017.	*Calc. carb.* 30C/TDS/3 days
2	20 December 2017	26.8 kg/m^2	Irregular menses since 2 years, LMP - 28 September 2017, menses not appeared, acne on face same AG score – 4, FG score – 12 headache left side of head since 15 days, throbbing on exposure to heat and sun. IMD - 67 days	*Calc. carb.* 30C/TDS/3 days.
3	31 January 2018	26.4 kg/m^2	Headache better, LMP – 26 January 2018, 24 December 17, IMD – 32 days, acne better AG score – 3, FG – 12, menses flow for 3 days, scanty.	*Calc. carb.* 200C/OD/3 days
4	23 March 2018	26.4 kg/m^2	LMP – 2 March 2018, flow for 4 days, with pain in lower abdomen acne on face – same, AG score – 3, FG – 12, tendency to catch cold is better, constipation, hard stools, No headache.	*Calc. carb.* 30C/BD/5 days
5	25 April 2018	25.8 kg/m^2	LMP – 4 April 18, menses regular but scanty and painful, acne – better, AG score – 2, hair on chin – same, FG – 12. Constipation – better, no cold in last 2 months, No headache.	*Calc. carb.* 30C/BD/5 days
6	23 May 2018	25.8 kg/m^2	LMP – 6 May 2018, acne – better, acne – better, AG score – 2, hair on chin – same, FG – 12, menses scanty, advice for LH, FSH, DHEAS, Testosterone	*Calc. carb.* 30C/BD/5 days
7	20 June 2018	25.8 kg/m^2	LMP – 16 June 2018, hair growth on chin slightly reduced, FG score – 11, IMD - 42 days, acne – better, AG score – 2, hair on chin – same, FG - 12 FSH – 2.11, LH – 1.99, prolactin – 11.49, DHEAS – 401.40.	*Calc. carb.* 30C/BD/5 days
8	28 July 2018	25.8 kg/m^2	LMP – 18 July 2018, flow for 3 days. IMD – 32 days. Hair growth on chin – same, FG – 11, AG score – 1	*Calc. carb.* 200C/OD/3 days
9	15 September 2018	25.4 kg/m^2	LMP – 24 August 2018, 22 September 2018, flow for 4 days, advised USG. AG score – 1. FG score - 10	*Calc. carb.* 1M/OD/3 days
10	29 October 2018	25.4 kg/m^2	LMP – 20 October 2018, flow for 4 days, acne better – AG score – 1. FG score – 10, IMD – 29 days	No medicine was prescribed as improvement continued

BMI: Body mass index, AG: Acne global, LH: Luteinising hormone, IMD: Inter menstrual duration

Her appetite was increased, thirst was good, stool was constipated and hard, especially during menses; and perspiration was increased on face and neck. Thermally, was a hot patient, and had a moderate desire for salt.

General physical examination – Her BP was 120/80 mm Hg, height was 148 cm, weight was 57 kg and her BMI was 26 kg/m^2.

Therapeutic intervention

Natrum muriaticum was selected after considering her totality of symptoms and repertorisation. It scored the second highest position and was thus prescribed in 30C potency and dispensed in globules [Figure 2]. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Follow-ups and outcome assessment

Follow-up of the case along with a baseline prescription is given in Table 2. At baseline, ultrasound showed bilateral polycystic ovaries with right ovary approximately volume 10cc and left ovary approximately 8.7cc.

Post-treatment ultrasound investigation revealed a normal study.

Case 3

A 27-year-old female with a complaint of irregular menses for four years reported to the OPD of Dr. D.P. Rastogi Central Research Institute on 20th April 2018. She had a pain in lower abdomen during menses. Her LMP was on 12 April 2018. Her

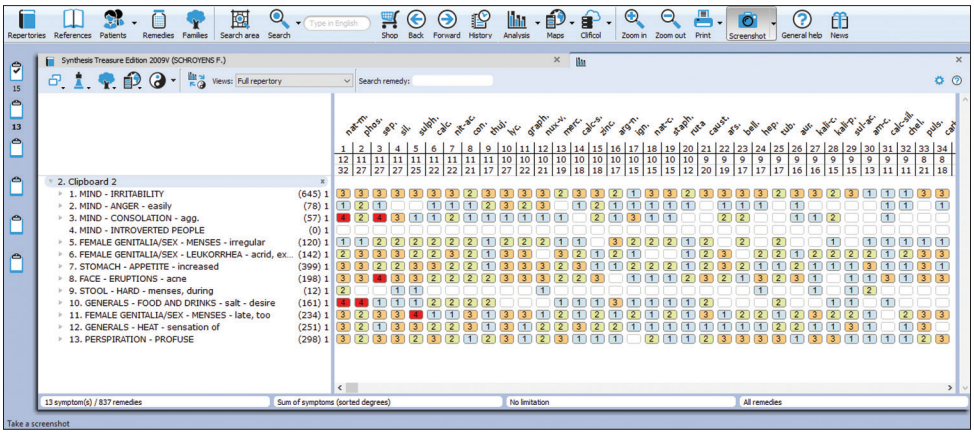

Figure 2: Repertorisation chart of Case 2

Table 2: Case 2 – Follow-up and outcome assessment

S. No.	Date	Symptoms	BMI	Prescription
1	14 August 2017	LMP – 29 July 2017, 24,5,17 IMD – 63 days, painful menses. Acne on face and chin, non-pustular. AG score – 3, Ferriman scale score – 0	26 kg/m^2	*Nat. mur.* 30C/BD/5 days
2	16 September 2017	LMP –. 11 September 2017 with pain in lower limb and lower abdomen during menses. IMD – 40 days, AG score – 3, Ferriman scale score – 0	26 kg/m^2	No medicine was prescribed as improvement continued
3	18 October 2017	LMP – 11 September 2017, menses not appeared. Acne better. AG score – 2. Ferriman scale score – 0	26 kg/m^2	*Nat. mur.* 200C/BD/2 days
4	26 December 2017	LMP – 20 November 2017, 25 October 2017 with slight pain in lower abdomen and legs and weakness. A G score – 2, Ferriman scale score – 0	25.8 kg/m^2	*Nat. mur.* 200C/BD/2 days
5	05 February 2018	LMP – 10 January 2018, 5 December 2017. IMD – 35 days. Acne – same with A G score – 2, Ferriman scale score – 0	25.8 kg/m^2	*Nat. mur.* 1M/OD/3 days
6	13 March 2018	LMP – 8 February 2018 lower abdomen pain during menses was better. IMD – 32 days. Acne better with AG score – 1, Ferriman scale score – 0	25.8 kg/m^2	No medicine was prescribed as improvement continued
7	07 May 2018	LMP – 13 April 2018, 15 March 2018 – IMD – 33 days 4 days flow, No pain during menses, AG score – 1, Ferriman scale score – 0	25.8 kg/m^2	*Nat. mur.* 1M/OD/3 days
8	10 July 2018	LMP – 16 June 2018, 15 May 2018, IMD – 31 days menses regular, acne decreased. AG score – 1, Ferriman scale score – 0	25 kg/m^2	No medicine was prescribed as improvement continued
9	11 October 2018	LMP – 15 September 2018, 12 August 2018, 13 July 2018, menses regular, IMD – 33 days acne decreased. AG score – 1, Ferriman scale score – 0	25 kg/m^2	No medicine was prescribed as improvement continued

BMI: Body mass index, AG: Acne global, LH: Luteinising hormone, IMD: Inter menstrual duration

menstrual flow lasted only for three days, was scanty, deep red in colour and clotted. She also had an abnormal hair growth on chin and upper lip. Her IMD was 41 days. Her menarche occurred at the age of 13 years. The patient was a housewife. She came for homoeopathic treatment in hope to conceive. AG severity score - 01 and Ferriman Gallwey score - 05.

Generals

Mentally, the patient was very calm and timid; she had a weeping disposition and had a desire for company.

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 stools were satisfactory with once-a-day frequency. There was no abnormality in urine. Sleep was sound and refreshing. Her thermal reaction was hot.

Her BP was 124/80 mm Hg, height was 158 cm, weight was 65 kg, and BMI was 26. Her FG score was 5 and AG score was 1.

Therapeutic intervention

On repertorisation, *Pulsatilla* scored the highest marks. The patient had weeping tendency while stating her complaints. She was very polite and timid. So, after considering mental, physical generals and particulars of the case [Figure 3], *Pulsatilla 30* was selected and prescribed in globules. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Follow-ups and outcome assessment

Follow-up of the case, along with baseline prescription, is given in Table 3. At baseline, ultrasound showed bilateral polycystic ovaries. The right ovary measured 12 cc volume and the left ovary measured 11 cc by volume.

Post-treatment ultrasound investigation revealed a normal study.

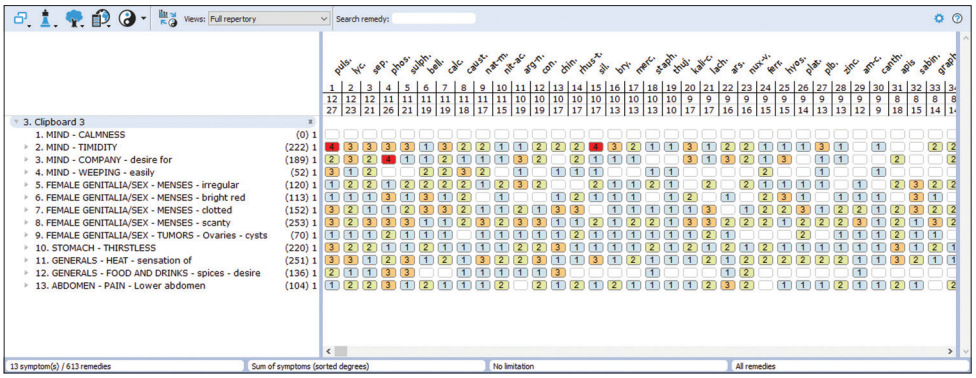

Figure 3: Repertorisation chart of Case 3

Table 3: Case 3 – Follow-up and outcome assessment

S. No	Date	Symptoms	BMI	Prescription
1	20 April 2018	Irregular menses, pain in lower abdomen. LMP-12 April 2018, IMD=41 days, acne global severity score – 1, Ferriman scale score – 5	26 kg/m^2	*Pulsatilla* 30C/BD/3 days
2	22 May 2018	LMP-20 May 2018, IMD=38 days flow for 2 days. Abnormal hair growth on face was same, Ferriman scale score – 5, acne global severity score – 1	26 kg/m^2	*Pulsatilla* 30C/BD/3 days
3	28 June 2018	LMP – 27 June 2018, IMD – 37 days, flow for 3 days, with slight pain in abdomen during menses. Ferriman scale score – 4, acne global severity score – 0	25.8 kg/m^2	*Pulsatilla* 30C/BD/3 days
4	21 August 2018	LMP – 07 August 2018, IMD – 40 days, No pain abdomen acne global severity score – 0, Ferriman scale score – 4	25.8 kg/m^2	*Pulsatilla* 200C/0D/3 days
5	02 October 2018	LMP – 10 September 2018, 13 October 2018 IMD – 33 days, acne global severity score – 0, Ferriman scale score - 4	25.8 kg/m^2	*Pulsatilla* 200C/BD/3 days
6	12 December 2018	LMP – 15 November 2018, IMD – 35 days, acne global severity score – 0, Ferriman scale score – 4	25.6 kg/m^2	*Pulsatilla* 200C/BD/3 days
7	15 February 2019	LMP – 18 January 2019, 20 December 2018, acne global severity score – 0, Ferriman scale score – 3	25.6 kg/m^2	*Pulsatilla* 1M/OD/3 days
8	10 April 2019	LMP – 25 February 2019, 26 March 2019, acne global severity score – 0, Ferriman scale score – 3	25.6 kg/m^2	*Pulsatilla* 1M/OD/3 days
9.	20 June 2019	LMP – 30 March 2019, 28 April 2019 IMD – 32 days, acne global severity score – 0, Ferriman scale score – 4	25.6 kg/m^2	No medicine was prescribed as improvement continued
10.	25 August 2019	LMP – 30 June 2019, Ferriman scale score – 4, acne global severity score – 0 USG – 22 August 2019 – Normal study	25.4 kg/m^2	No medicine was prescribed as improvement continued

BMI: Body mass index, AG: Acne global, LH: Luteinising hormone, IMD: Inter menstrual duration

Case 4

A female of age 22 years reported to the OPD of Dr. D.P. Rastogi Central Research Institution 07 August 2017, with a complaint of absence of menses and pain in lower back during menses for four months with aggravation from motion and better after resting. She also reported of hair fall for nine months and acne on face since one year (AG severity score-02). Her height was 150 cm weight 65 kg, BMI - 27.8 kg/m^2. Her LMP was on 06 April 2017, with of IMD of 122 days. She took allopathic treatment earlier for her irregular menses but had no relief. (AG severity score - 4), abnormal hair growth on chin and upper lip (Ferriman-Gallwey score - 0).

Her father reportedly had diabetes mellitus. All other family members were healthy and alive.

Generals

She used to get angry easily on small things and had melancholic temperament. She was averse to company.

The patient was chilly; she had moderate desire for sweet and for salty food. Her stool was satisfactory, her thirst was increased for cold water approximately 3 L/day, urine was offensive in odour but normal in frequency and quantity and perspiration was slightly increased on face and underarms with no odour.

Her BP was 120/80 mm Hg, weight was 65 kg and BMI was 27.8 kg/m^2. Her FG score was 0 and AG score was 02.

Therapeutic intervention

After repertorisation and considering mental, physical generals and particulars of the case, *Sepia* was prescribed in 30C potency and dispensed in globules [Figure 4]. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Follow-ups and outcome assessment

Follow-up, along with baseline prescription and observations, is given in Table 4. At baseline, ultrasound finding was bilateral polycystic appearing ovaries.

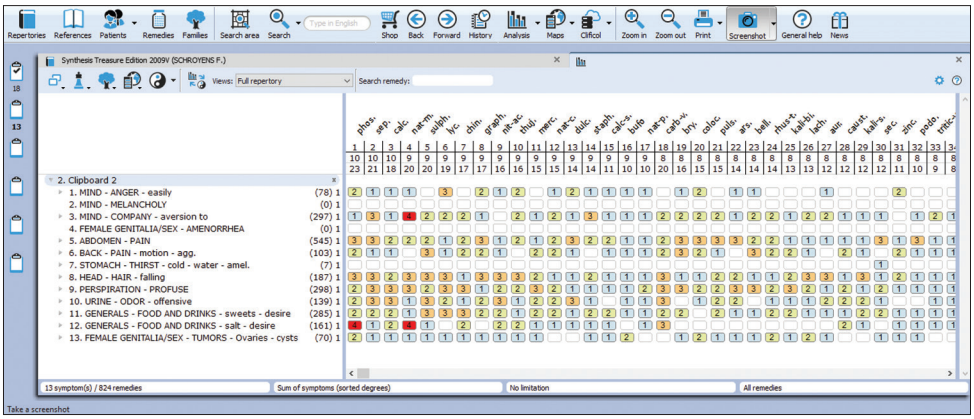

Figure 4: Repertorisation chart of Case 4

Table 4: Case 4 – Follow-up and outcome assessment

S. No.	Date	Symptoms	BMI	Prescription
1	07 August 2017	Polycystic ovaries, LMP – 06 April 2017, 05 January 2017 with low back pain during menses, acne on face (AG score – 2), hair fall, IMD – 122 days	27.8 kg/m^2	*Sepia* 30C/TDS/3 days
2	30 August 2017	LMP – 24 August 2017, mild pain in abdomen 2–3 days before and during menses. IMD – 124 days, AG score – 2, FG score – 0.	27.6 kg/m^2	*Sepia* 30C/TDS/3 days
3	23 September 2017	LMP – 24 August 2017, Acne – better (AG score – 1), FG score – 0, hair fall same	27.5 kg/m^2	*Sepia* 30C/TDS/3 days
6	04 October 2017	LMP – 2 November 2017, IMD – 38 days, low back pain was better. Flow for 5 days, dark in colour, no clots. AG score – 1, FG score - 0.	27.06 kg/m^2	*Sepia* 30C/TDS/3 days
7	22 November 2017	LMP – 12 November 2017. IMD – 39 days, hair fall same, itching on face with mild acne (AG score – 2), (FG score – 0).	27.05 kg/m^2	*Sepia* 200C/BD/2 days
8	5 January 2018	LMP – 20 December 2017. Flow for 5 days, no clots. Hair fall same, acne was better (AG score – 1), FG score – 0.	27.08 kg/m^2	*Sepia* 200C/BD/2 days
9	25 March 2018	LMP – 17 January 2018, 22 February 2018, IMD – 35 days, flow for 4 days. Hair fall slight better, acne was better (AG score – 1), FG score – 0.	27.05 kg/m^2	*Sepia* 200C/BD/2 days
10	22 May 2018	LMP – 28 March 2018, 04 May 2018. Flow for 4 days. Mild pain in abdomen during menses. IMD – 34 days, (AG score – 1), FG score - 0.	27.05 kg/m^2	*Sepia* 200C/OD/2 days
11	26 August 2018	LMP – 08 June 2018, 10 July 2018, 15 August 2018, hair fall increased, mild pain in abdomen, (AG score – 1), FG score – 0.	27.04 kg/m^2	*Sepia* 200C/OD/2 days
12	11 November 2018	LMP – 18 September 2018, 22 October 2018, flow better, pain in abdomen was better. No acne (AG score – 0), FG score – 0 hair fall same. USG – (08 October 2018) – minimally bulky ovaries with polycystic changes.	27 kg/m^2	No medicine was prescribed as improvement continued
13	01 March 2019	LMP – 15 December 2018, 18 January 2019, 12 February 2019 (only spotting for 2 day), no acne (AG score – 0), FG score – 0 slight low back pain.	26.8 kg/m^2	No medicine was prescribed as improvement continued
14	09 May 2019	LMP – 18 March 2019, 23 April 2019, IMD – 34 days AG score – 0, FG score – 0	25.8 kg/m^2	*Sepia* 1M/OD/1 day
15.	22 September 2019	LMP – 28 May 2019, 30 June 2019, 03 August 2019, 08 September 2019 come done app acne on face (AG score – 1). FG score – 0 IMD – 35 days	25.7 kg/m^2	No medicine was prescribed as improvement continued
16	15 October 2019	LMP – 08 September 2019. (AG score – 1). FG score - 0 USG – (12 October 2019) No significant abnormality detected.	25.7 kg/m^2	No medicine was prescribed as improvement continued

BMI: Body mass index, AG: Acne global, LH: Luteinising hormone, IMD: Inter menstrual duration

Post-treatment ultrasound investigation revealed a normal study.

Case 5

A 24-year-old female reported in the OPD of Dr. D. P. Rastogi Central Research Institute with a complaint of primary infertility for six years on 17th February 2018. She also had irregular and scanty menses since eight months and her LMP was on 10 December 2017, with IMD of 51 days. She complained of pain in lower abdomen, nausea and diarrhoea during menses. She also had a mild, white discharge per vagina before menses; it was bland in character and had no odour. She had acne on her cheeks, with AG severity score of 3 and Ferriman-Gallwey score of 05. She took allopathic treatment for two years for her complaint with no relief and had come to seek homoeopathic treatment in hope of recovery.

Her father suffered from had hypertension and mother had uterine fibroid.

Generals

The nutritional status and appetite of the patient were good and thirst was diminished (approx. 1.5 L/day). She craved for oily fatty food but had an aggravation in the form of indigestion and bloating in abdomen from oily food. Her stool was normal. Her thermal reaction was hot. She tended to catch cold easily. Her menarche set in at the age of 15 years.

She was irritable, felt discouraged, had a great desire for company, and used to weep all the time without any major reason. This could be seen even at the time of stating her complaint. Her complaints got ameliorated in open air and after consolation.

Her BP was 120/80 mm Hg, height was 148 cm, weight was 60 kg and BMI was 27.4 kg/m^2. Her FG score was 05 and AG score was 03.

Therapeutic intervention

The patient had a pale face, looked mild and gentle, and reported amelioration consolation and from open air. She had delayed menarche and diminished thirst, which suggested *Pulsatilla*.

Pulsatilla 30C/BD/5 days were given at the baseline in globules after thorough case analysis and repertorisation [Figure 5]. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the duration.

Follow-ups and outcome assessment

Follow-up, along with baseline prescription and observation of the case, is given in Table 5. At baseline, ultrasound showed bilateral PCOD changes, right ovary measuring 10 cc in volume, the left ovary measuring 12 cc.

Menses became normal, and post-treatment ultrasound report on 16 October 2018 also revealed a normal study. The right ovary measured 8.3 cc by volume and the left ovary 5.9 cc by volume. However, the lady could not attain pregnancy until the time of reporting this case.

Discussion

PCOS is a multifaceted female endocrine disorder, with its incidence steadily rising. The manifestations of PCOS include irregularities in menstrual cycles, notably characterised by oligomenorrhoea, amenorrhoea and hirsutism, as well as

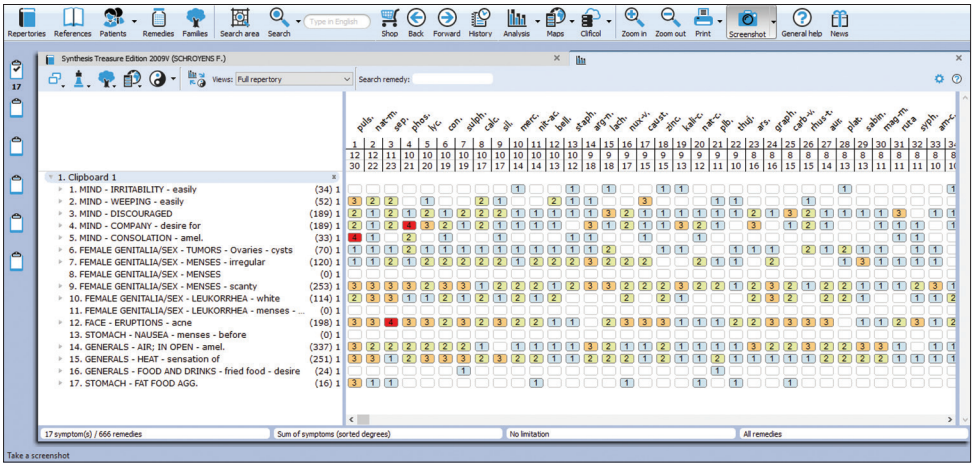

Figure 5: Repertorisation chart of Case 5

Table 5: Case 5 – Follow-up and outcome assessment

S. No.	Date	BMI	Justification	Prescription
1	17 February 2018	27.4 kg/m^2	LMP – 10 December 2017, 20 October 2017. AG score – 2, FG score – 05. IMD – 51 days	*Pulsatilla* 30C/BD/5 days
2	14 March 2018	27.4 kg/m^2	LMP – 21 February 2018. Menses appeared after medicine, AG score – 2, FG score – 5.	No medicine was prescribed as improvement continued
3	12 April 2018	27.1 kg/m^2	LMP – 21 February 2018, IMD – 41 days irregular.	*Pulsatilla* 30C/OD/3 days
4	10 May 2018	27.0 kg/m^2	LMP – 22 April 2018, acne was better. AG score – 1, FG score – 05.	*Pulsatilla* 200C/OD/3 days
5	06 June 2018	27.0 kg/m^2	LMP – 20 May 2018, IMD – 28 days, AG score – 1, FG score – 04.	No medicine was prescribed as improvement continued
6	10 July 2018	26.5 kg/m^2	UPT – negative	*Pulsatilla* 200C/BD/3 days
7	11 September 2018	26.5 kg/m^2	Lmp – 8 July 2018, acne was better, AG score – 0, FG score – 03.	*Pulsatilla* 1 M/OD/3 days
8	17 October 2018	26.2 kg/m^2	Lmp – 16 October 2018. USG normal, UPT – negative, AG score – 0, FG score – 03.	No medicine was prescribed as improvement continued
9	14 November 2018	25.7 kg/m^2	Lmp – 12 November 18, menses regular, IMD – 26 days, AG score – 0, FG score – 03.	No medicine was prescribed as improvement continued

BMI: Body mass index, AG: Acne global, LH: Luteinising hormone, IMD: Inter menstrual duration

obesity and acne, all of which were observed in this case series. This case series also reveals a consistent correlation between obesity and PCOS. In these cases, homoeopathic medicines were administered based on the principle of individualisation, beginning with 30C potencies and progressively increasing the order of potencies, as needed. Each patient was instructed to adhere to a regimen of low carbohydrates, low-fat intake and the restriction of junk food, coupled with engaging in moderate exercise for at least 30 min, 5 days a week. However, none of the patients adhered to the exercise regimen, and only three out of five followed the prescribed diet. Had the patients diligently embraced lifestyle modifications alongside their homoeopathic medication, the healing process may have expedited. Table 6 presents the classic signs and symptoms, ultrasound patterns and hormonal and biochemical parameters before and after treatment. The indications basing on which medicines have been prescribed have been mentioned under therapeutic intervention in each case.

The outcome parameters like AG score[20] and Ferriman-Gallwey score[21] were utilised to assess acne and hirsutism at each follow-up. The mean AG severity score decreased from 2.4 to 0.6, while the mean and standard deviation of intermenstrual duration reduced from 68.8 ± 31.45 to 31 ± 3.53. The BMI decreased from 26.8 ± 0.72 to 25.44 ± 0.25. This improvement was accompanied by the establishment of regular menstrual cycles and also observed in either ultrasonography or hirsutism/acne.

The scope of Homoeopathy in the management of PCOS has been well reported in the literature. There are several other studies which have successfully managed the cases of PCOS. The placebo-controlled study by CCRH[13] shows the promising results of Homoeopathy for PCOS. A clinical Study of Gupta[14] shows Homoeopathy treatment helps to manage PCOS cases. Lobo *et al*[15] have shown the effectiveness of Homoeopathy in the treatment of PCOD with infertility through homoeopathic constitutional remedies. Some case series and case reports have shown a positive role in the treatment of symptoms of PCOS, without any complications.[16-19,22-26] These PCOS cases have been managed successfully with homoeopathic medicines, including *Pulsatilla*, *Sepia*, *Natrum mur and Calc. carb*. The possible causal attribution of the changes in this case series was assessed using the Modified Naranjo Criteria [Table 7]. The total scores for case 1 and case 3 was +9, for case 2 case and for case 4 was +10 and for case 5 was 11. As per these criteria, the scores are relatively close to the maximum of +13 and, therefore, suggest positive causal attribution to the individualised homoeopathic medicines of improvement. Similar effectiveness of *Sepia* has been reported earlier in case report of hypothyroid with PCOD and secondary infertility.[18] *Natrum mur*, *Lachesis*, *Lycopodium*, *Calc. carb.* and *Pulsatilla* were found useful in treatment of PCOS alone or in infertility with PCOS.[16-26] In the homoeopathic literature, other medicines such as *Thuja*[18] and *Apis. mel*[22] have also been found similarly useful.

The cases reported here are the classical presentation of PCOS phenotype, characterised by obesity, hyperandrogenism,

Table 6: Comparable table of all the cases before and after treatment

Variable	Case- 1		Case- 2		Case- 3		Case-4		Case-5		Mean/SD	Mean/SD
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before Treatment	After Treatment
Acne global score	4	1	3	1	1	0	2	1	2	0	2.4±1.14	0.6±0.54
FG score	12	10	0	0	5	3	0	0	5	3	4.4±4.92	3.2±4.08
BMI	26.8	25.4	26	25	26	25.4	27.8	25.7	27.4	25.7	26.8±0.72	25.44±0.25
Volume of right ovary	10.8 cc	3.7 cc	9.9 cc	5 cc	13 cc	7 cc	15.1 cc	7.86 cc	12 cc	8.3 cc	12.6±1.88	7.032±1.26
Volume of left ovary	11.3 cc	4.3 cc	8.7 cc	6 cc	11 cc	6 cc	13.4 cc	3.87 cc	10 cc	5.9 cc	10.82±1.72	5.55±0.94
Intermenstrual duration	67 days	29 days	63 days	33 days	41 days	32 days	122 days	35 days	51 days	26 days	68.8±31.45	31±3.53
Lutenising hormone/ Follicle Stimulating hormone	24.26/ 6.48 miu/mL	1.99/ 2.11 miu/mL	6.52/ 6.60 miu/mL	4.24/ 4 miu/mL	4.14/ 6.29 miu/mL	-	7.7/8.4	2.26/3.68	0.5 miu/mL	6.66/ 13.20 miu/mL	1.52±1.240415	0.91±0.169706
Dehydroepiandrosterone sulphate	566.50 ug/mL	401.40 ug/mL	148.50 ug/mL	NR	234.50 ug/mL	-	139 ug/mL	-	330 ug/mL	3.3 ug/mL	272.125±200.89	202.35±281.49
Testosterone	31 ng/mL	26.55 ng/mL	40.04ng/mL	18.33 ng/mL	17.57 ng/mL	-	38 ng/mL	35.6 ng/mL	10 ng/mL	0.01 ng/mL	136.61±13.08	20.12±15.15

BMI: Body mass index, SD: Standard deviation

Table 7: MONARCH score evaluation

Items	Case 1	Case 2	Case 3	Case 4	Case 5
1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2	+2	+2	+2	+2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	+2	+1	+1	+2
3. Was there a homeopathic aggravation of symptoms?	0	0	0	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, improved or changed)? ultimately improved or changed?	+2	+2	+2	+2	+2
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	+1	+1	+2	+2
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
6B. Direction of cure: 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	0	0	0	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?	0	0	0	0	0
8. Are there alternate 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)	0	0	0	0	0
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination etc.)	+2	+2	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	+1	+1	+1	+1
Total	09	10	09	10	11

oligoamenorrhoea and FSH/LH inversion. The classic sign and symptoms, ultrasound pattern and hormonal as well as biochemical parameters before and after treatment are shown in Table 6. However, Anti mullerian hormone (AMH) is an essential criterion for diagnosis of PCOS, which has not been evaluated. Serum AMH levels may be related to the severity of the syndrome because they have been observed to be higher in women with insulin-resistant PCOS than in patients with normal insulin sensitivity.[19] We can suggest through these cases that the homoeopathic treatment, along with dietary management, can improve all the presenting and pathological symptoms of PCOS and may also prevent its complications as well as recurrence.

This case series is a fine example of evaluating the usefulness of individualised homoeopathic medicines for PCOS and may serve as a reliable evidence-based reference. As well as form a basis for further randomised studies.

Conclusion

The efficacy of homeopathy in treating PCOS has been corroborated by numerous studies. The current case series underscore the pivotal role of individualised homoeopathic intervention in PCOS management. Consequently, there is a pressing need for additional studies and randomised trials to validate the effectiveness of homoeopathic treatment in PCOS management.

Declaration of patient consent

The authors certify that they have obtained all appropriate written,informed patient consent forms from the patients publication of results, while maintaining anonymity.

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Conflicts of interest

None declared.

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Syndrome des ovaires polykystiques et prise en charge homéopathique : une série de cas

Introduction: Le syndrome des ovaires polykystiques (SOPK) est un trouble de la fonction ovarienne chroniquement anormale et d'hyperandrogénie (taux d'androgènes anormalement élevés). Il se manifeste par des cycles menstruels irréguliers, des ovaires polykystiques, de l'acné, une pilosité excessive et indésirable, l'obésité, etc. Le SOPK peut affecter la fertilité d'une femme. La prévalence mondiale du SOPK varie de 5 % à 18 %, avec une prévalence moyenne de 276-4 cas pour 100 000 personnes en Europe. La prévalence du SOPK en Inde varie de 3,7 à 22,5 % selon la population étudiée. **Résumé du cas:** Il s'agit d'une série de cas de cinq patientes souffrant du SOPK, évaluées sur la base de la durée intermenstruelle, du score global d'acné, du score de Ferriman-Gallwey (score FG), des rapports d'échographie pour la taille des ovaires, des rapports biochimiques et hormonaux au début et à la fin du traitement. Dans cette série de cas, des médicaments homéopathiques individualisés ont été administrés pour la prise en charge du SOPK. Des médicaments homéopathiques constitutionnels indiqués, tels que *Pulsatilla, Sepia, Calc. carb*. et *Nat. mur.* ont été prescrits à ces patientes. Français Les cas ont répondu avec une amélioration marquée de la durée intermenstruelle et des scores d'indice de masse corporelle, ainsi qu'un dérèglement hormonal

Polyzystisches Ovarialsyndrom und homöopathische Behandlung: Eine Fallserie

Einleitung: Das polyzystische Ovarialsyndrom (PCOS) ist eine Erkrankung mit chronisch abnormer Eierstockfunktion und Hyperandrogenismus (abnorm erhöhter Androgenspiegel). Es äußert sich in unregelmäßigen Menstruationszyklen, polyzystischen Eierstöcken, Akne, übermäßigem unerwünschtem Haarwuchs, Fettleibigkeit usw. PCOS kann die Fruchtbarkeit einer Frau beeinträchtigen. Die weltweite Prävalenz von PCOS variiert zwischen 5 % und 18 %, wobei die durchschnittliche Prävalenz in Europa 276-4 Fälle pro 100.000 Menschen beträgt. Die Prävalenz von PCOS in Indien liegt je nach untersuchter Bevölkerung zwischen 3.7 und 22.5 %. **Fallzusammenfassung:** Dies ist eine Fallserie von fünf Patientinnen mit PCOS, die anhand der intermenstruellen Dauer, des Akne-Gesamtscores, des Ferriman-Gallwey-Scores (FG-Score), Ultraschallberichten zur Größe der Eierstöcke sowie biochemischen und hormonellen Berichten zu Beginn und am Ende der Behandlung beurteilt wurden. In dieser Fallserie wurden individualisierte homöopathische Arzneimittel zur Behandlung von PCOS verabreicht. Diesen Patientinnen wurden geeignete konstitutionelle homöopathische Arzneimittel wie *Pulsatilla, Sepia, Calc. carb.* und *Nat. mur.* verschrieben. Die Fälle reagierten mit einer deutlichen Verbesserung der intermenstruellen Dauer und der Body-Mass-Index-Werte sowie mit hormonellen Störungen.

पॉलीसिस्टिक ओवेरियन सिंड्रोम और होम्योपैथिक प्रबंधन: एक केस सीरीज़

परिचय: पॉलीसिस्टिक ओवरी सिंड्रोम (पीसीओएस) क्रोनिक रूप से असामान्य ओवेरीअन कार्ये और हाइपरएंड्रोजेनिज्म (असामान्य रूप से ऊंचा एण्ड्रोजन स्तर) का एक विकार है। यह अनियमित मासिक धर्म चक्र, पॉलीसिस्टिक अंडाशय, मुँहासे, अत्यधिक अनचाहे बालों की वृद्धि, मोटापा आदि इसके प्रमुख लक्षण हैं। पीसीओएस एक महिला की प्रजनन क्षमता को प्रभावित कर सकता है। पीसीओएस का वैश्विक प्रसार 5% से 18% तक है, यूरोप में प्रति 100,000 लोगों पर 276.4 मामलों का औसत प्रसार है। अध्ययन की गई आबादी के आधार पर भारत में पीसीओएस का प्रसार 3.7 से 22.5% तक है। **केस सारांश:** यह पीसीओएस से पीड़ित पांच रोगियों की केस सीरीज है, जिसका मूल्यांकन मासिक धर्म के बीच की अवधि, मुंहासे के वैश्विक स्कोर, फेरिमैन-गैलवे स्कोर (एफजी स्कोर), अंडाशय के आकार के लिए अल्ट्रासाउंड रिपोर्ट, बेसलाइन पर और उपचार के अंत में जैव रासायनिक और हार्मोनल रिपोर्ट के आधार पर किया गया। इस केस सीरीज में, पीसीओएस के प्रबंधन के लिए व्यक्तिगत होम्योपैथिक दवाएँ दी गईं। इन रोगियों को *पल्सेटिला, सीपिया, कैल्क. कार्ब.* और *नेट. म्यूर* जैसी संकेतित संवैधानिक होम्योपैथिक दवाएँ दी गईं। इन मामलों में मासिक धर्म के बीच की अवधि और बॉडी मास इंडेक्स स्कोर में उल्लेखनीय सुधार के साथ-साथ हार्मोनल गड़बड़ी में भी सुधार देखा गया।

Síndrome de ovario poliquístico y tratamiento homeopático: una serie de casos

Introducción: El síndrome de ovario poliquístico (SOP) es un trastorno caracterizado por una función ovárica crónicamente anormal y por hiperandrogenismo (niveles anormalmente elevados de andrógenos). Se manifiesta por ciclos menstruales irregulares, ovarios poliquísticos, acné, crecimiento excesivo de vello no deseado, obesidad, etc. El SOP puede afectar la fertilidad femenina. La prevalencia mundial del SOP varía del 5 % al 18 %, con una prevalencia media de 276,4 casos por cada 100 000 personas en Europa. La prevalencia del SOP en la India varía del 3.7 al 22.5 % según la población estudiada. **Resumen de caso:** Se trata de una serie de casos de cinco pacientes con SOP, evaluadas sobre la base de la duración intermenstrual, la puntuación global del acné, la puntuación de Ferriman-Gallwey (puntuación FG), los informes de ultrasonidos para el tamaño de los ovarios, los informes bioquímicos y hormonales al inicio y al final del tratamiento. En esta serie de casos, se administraron medicamentos homeopáticos individualizados para el tratamiento del SOP. Se prescribieron a estas pacientes medicamentos homeopáticos constitucionales indicados, como *Pulsatilla, Sepia, Calc. carb.* y *Nat. mur.* Los casos respondieron con una marcada mejoría en la duración intermenstrual y las puntuaciones del índice de masa corporal, junto con un trastorno hormonal.

多囊卵巢综合征和顺势疗法治疗：病例系列

简介：多囊卵巢综合征（ PCOS ）是一种慢性卵巢功能异常和雄激素过多症（雄激素水平异常升高）的疾病。其表现为月经周期不规律、多囊卵巢、痤疮、多余毛发生长、肥胖等。 PCOS 会影响女性的生育能力。 PCOS 的全球患病率为 5% 至 18%，欧洲平均每 100,000 人有 276-4 例。印度 PCOS 的患病率为 3.7% 至 22.5%，具体取决于所研究的人群**。病例摘要：**这是五名患有 PCOS 的患者的病例系列，根据治疗前和治疗结束时的月经间隔时间、痤疮总体评分、Ferriman-Gallwey 评分 (FG 评分)、卵巢大小超声报告、生化和激素报告进行评估。在这个病例系列中，我们为 PCOS 的治疗提供了个性化的顺势疗法药物。我们为这些患者开出了适合体质的顺势疗法药物，例如 Pulsatilla、Sepia、Calc. carb. 和 Nat. mur.。这些病例的治疗效果显著，月经间隔时间和体重指数评分以及激素紊乱均有改善。