

Polycystic Ovarian Syndrome

Dr. Dhanashree Kulkarni (MD Medicine)

Polycystic ovarian disease is one of the most common but complex, heterogeneous, endocrine disorder of uncertain etiology.

Globally Polycystic ovarian disease is found in 5 - 10% of women of reproductive age between 15 – 35 age groups. This condition was first described in 1925 by American gynecologist IRVIN.F.STEIN MICHAEL. LEVENTHAL from whom its original name STEIN – LEVENTHAL SYNDROME is taken.

The disease does not have a clear etiology (everything ranging from genetics, hormonal to insulin resistance)

The underlying cause of Polycystic ovarian disease is unknown & polygenic is suspected, as there is a well documented aggregation of the disorder within families especially an increased prevalence as it has been noted between affected individual, & their sisters (32 – 66%.) & mothers (24 – 52%)

Symptoms include an ovulation, irregular menses, hyperandrogenism, clinically manifested by hirsutism, acne, androgenic alopecia.

Endocrine dysfunction like insulin resistance dyslipidaemia, obesity, acanthus nigricans, type 2 diabetes mellitus, obstructive sleep apnoea, metabolic disorders, cardiovascular diseases, endometrial neoplasia & high cholesterol level.

Today, woman an epitome of care & warmth, blessed with an indispensable power to play a myriad of roles often overlooks her health, current lifestyle & ever changing personality of today's women may get affected by either dysfunction of reproductive system or other associated diseases involving various systems of the body.

One of the common problems affecting the today's women is Polycystic ovarian disease; the leading cause of female sub fertility, the disease is diagnosed by symptoms itself.

The neurotransmitters produced in the higher center of brain and are passed into hypothalamus & to pituitary through hypothalamic hypo-physeal axis. There are number of psychological causes like emotion, shock, grief, mortification, anger, fear, delusions, that affect the mind, such psychological factors could be the root cause of hormonal imbalance through neuro-hormonal pathway leading ultimately to Polycystic ovarian disease .

There are some precipitating and maintaining factors for polycystic ovarian disease such as; Family history of ovarian cyst, overweight women, stressful life, No physical activity, Fat / lipid levels, Insulin / glucose (sugar), Blood pressure (hypertension), Overactive pituitary glands, Over- production of insulin and testosterone.

In Allopathy, it is said that Polycystic ovarian disease is incurable, only it needs to be managed and to prevent the problems, combination of treatment has been given to meet the goal of cure such as; Birth Control Pills – hormone therapy, diabetes medications, fertility medications, laparoscopy, life style modifications, Regular exercise, Healthy diet, Weight control, Avoidance of smoking.

With all these medications, the downside is that they provide only temporary relief besides leading to drug dependency, risk of life because of other complications without eliminating the problem from the root.

In Homoeopathy we consider, person as whole, In other words it is the patient in disease & not the disease in the patient which is to be treated.

In treating Polycystic ovarian disease we consider the psychological factors along with the physical factors which help us to select a most similar remedy which covers all the symptoms of a patient as a whole. With the help of Homoeopathic law of nature i.e., ‘similia similibus curentur’ & ‘law of individualization’. We can select a simple, single, minimum dose of remedy according to patient’s symptom similarity. In our homoeopathic system there is safe, rapid, gentle & permanent cure for Polycystic ovarian disease.

This complex disorder is characterized by excessive androgen production by the ovaries adrenals which interferes with growth of the ovarian follicles therefore Polycystic ovarian disease is a state of androgen excess and chronic an-ovulation.

PATHOLOGY: Typically, the ovaries are enlarged 2-5 times the normal size, stroma is increased, the capsule is thickened and pearly white in colour

ON BISECTION – multiple follicular cysts measuring about 8-10 mm in diameter are crowded around the cortex. (*Dr. D. C Dutta*)

Polycystic ovarian syndrome or Polycystic ovarian disease was earlier known as Stein- Leventhal syndrome 1% of female population suffers from Polycystic ovarian disease of 15-25 years of age characterized by chronic non ovulation and hyperandrogenaemia associated with normal or raised estrogen (e2) raised LH2 and low FSH/ LH ratio.

Infertility occurs in 30%, Obesity and Hirsutism are the additional features

Ultrasound shows several cysts of varying size. In a typical case, ultrasound alone is adequate to confirm the diagnosis. (*Shaw’s textbook*)

Which Women’s are more prone to polycystic ovarian disease?

Women who match one of the below factors in them are more prone to Polycystic ovarian disease, Family history of ovarian cysts, Overweight women, No physical activity, Stressful life, Fat / lipid levels, Insulin / glucose (sugar), Blood pressure (hypertension), Overactive pituitary glands, Over- production of insulin and testosterone.

Common symptoms of Polycystic ovarian disease include the following;

Menstrual disorders, Infertility ,High levels of masculinizing hormones, Metabolic syndrome .Asians suffering from Polycystic ovarian disease are less likely to develop hirsutism.

Polycystic ovarian disease is a group of health problems caused due imbalance of hormones, which often involves irregular menstrual periods, beginning in puberty or difficulty in getting pregnant.Regular exercise, a healthy diet, and weight control are all important parts of the treatment for Polycystic ovarian diseases sometimes using medicines to balance the hormones are helpful. There is no such cure for Polycystic ovarian disease but controlling it lowers the risks of infertility, mis-carriages,diabetes, and uterine cancers. (*webmd*)

Every year there are new and new drugs which have an impact on the hormonal system for one or the other reason, to prevent conception, to drop conception, the latest very dangerous one are the emergency contraceptive pills which are very extensively used needed and.....

The outcome is the disease ridden body we have. *(NJH)*

Constitution is Psychological, Functional and Structural Plan of Organization revealed through a pattern made by various characteristics and responsiveness to environmental factors (Dr. M. L. Dhawale).

According to DR. M. L. DHAWALE

“Diathesis represents certain deviations in susceptibility which are not sufficiently marked to merit the label disease and in which the responses to environmental stimuli tend to be exaggerated or erratic” *(Dr. M. L. Dhawale).*

Diathesis is exaggerated constitution in precarious balance. Diathesis is a state or condition of the body or a combination of attributes in an individual causing a susceptibility to disease. For e.g. sycosis diathesis has a tendency to retain water in tissues to produce small cutaneous fig like tumors, chronic catarrh of mucous membranes and the slow insidious progressive development of these and other symptoms *(Dr. M. L. Dhawale).*

DORCSI'S Defines Diathesis means the inherited or acquired organic weakness and systemic inferiority which leads to the morbid disposition and specific pathological process in the evolution of disease.

The morbid disposition arising from the constitution is referred to as – Diathesis.

Diathesis is a phase of precarious balance in which a slight push is sufficient to topple down the system in to the slippery inclined plane of disease with assured and smooth progress to final destruction. It is a borderline between normality and abnormality *(Dr. M. L. Dhawale).*

Dr. Hahnemann never used the term Diathesis. He used predisposing factor rather than diathesis. He also used the term accessory circumstances in aphorism 7 in Organon of Medicine *(Dr. Hahnemann Samuel).*

In the aphorism 76 of Organon of Medicine Dr. Hahnemann considers iatrogenic diseases or patient who develop chronic side effect of drugging, we called as Drug miasm. Hahnemann clearly perceived the diathesis development due to the long continued ever increasing dose of non – conventional medicine which should be eradicated—must be remedied or by the vital force itself.

The primary expression of miasm exhibits preferable manifestations on the skin; when this preferred manifestation has been suppressed or has been taken place then whole is gradually poisoned and the whole patient get polluted.

Fundamental miasm (also called inherited miasm) is the miasm you are born with. It influences the genotype – your constitution and can be elicited by the constitutional genetic characteristics both physical and mental as well as your family history. The fundamental miasm may lie dormant or could express phenotypic ally during the disease process (elicited in the past history as well as the present chief complaint).The phenotypic expressions of the fundamental miasm could be latent - When it is subtly expressed in emotional and physical general symptoms or active - When expressed through an evolutionary process as a local disease/sand or organic pathologies *(Dr. M. L. Dhawale).*

Dominant miasm in a particular disease can actually take over and express itself actively and latently to form a layer of another miasmatic pattern and symptomatology traced to the disease itself. This could

be different than the fundamental miasms and can completely hide the individual's fundamental miasm and its pattern. Multiple such layers give rise to complex chronic layered diseases.

Dr. Hahnemann considers disease as a state indicating disharmonious functioning of the life force. It is abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to the organic dissolution (*Dr. B. K. Sarkar*).

Disease = Presymptomatic phase → Prodrome → Definite Nosological State (*Dr. M. L. Dhawale*).

In this chapter the author explains that manifestations of sycosis on mind are, more permanent on affection, intelligence and memory the mentality of sycosis is suspicious, mischievous, mean, selfish, and forgetful, irritable temperament.

The manifestation on physical sphere of sycosis are, condylomatous growths of various sizes and colors like cauliflower, some of them exude an offensive discharge or they are dry at times all uterine and ovarian troubles of the females are sycotic. All kinds of tumors and tumourous growths are also sycotic or any unusual fleshy growth in any part of the body is sycotic (*Banerjee. P.N*)

As Polycystic ovarian disease is a multi-faceted problem with reproductive, endocrine and metabolic dysfunction; therefore, the study has been planned keeping in view the multi-factorial evaluation of the intervention. It is reported that Lifestyle modification should be the first line of treatment and is effective in reducing the signs and symptoms of Polycystic ovarian disease. (*Dr. Manchanda*)

Complete absence of menses can result into non functioning of particular organ which is sycho-syphilitic. (*Dr. Praful Vijaykar*)

A trial was performed on 36 women whose mental picture matched Pulsatilla. At the end of the trial 30 had complete disappearance of symptoms of Polycystic ovarian disease with production of normal ovulating follicles and 4 became asymptomatic. (Research in Homoeopathy)

Today Polycystic ovarian disease is one such failure of women to keep within limits and a failure of the powers that to be protected, the outcome is trouble and more trouble, finally leading to infertility.

