

“Homoeopathic management of polycystic ovarian disease: A Case Series study.”**Dr. Dhanashree S. Kulkarni (PG Scholar)****Abstract**

Polycystic ovarian diseases affect approximately 5-7% of women especially in the young reproductive period (second and third decade of life). The studies of family members with PCOS indicate that an autosomal dominant mode of inheritance with premature male pattern baldness as the male phenotype may exist. Major features of PCOD include menstrual dysfunction, anovulation, and signs of hyperandrogenism. Although the exact etiology is not clear, PCOD is an abnormality of the hypothalamic-pituitary-ovarian system. A characteristic of the syndrome is inappropriate gonadotropin secretion, which is more likely a result of, rather than a cause of, ovarian dysfunction. Clinically all types of menstrual irregularity, Obesity, Skin manifestations, Unusual hair growth & Infertility and PCOD affects premenopausal women, and the age of onset most often is perimenarchal.

Aim :To evaluate the role of homoeopathic medicines in cases of polycystic ovarian disease.

Objectives : 1. To study and assess the efficacy of homeopathic medicines in treating Polycystic ovarian disease. 2. To study the most common homoeopathic medicine in PCOD. 3. To study the most common miasm in PCOD.

Method :- The study was undertaken by studying cases of patients attending the Gynecology & Obstetrics OPD (Out Patient Department) of Homoeopathic Hospital. 30 female cases with age group 16- 35 were taken and prescribed with homeopathic medication and analysed for outcome assessment on the basis of menstrual regularities.

Inclusion criteria:

- 1) Patients of age group between 16 to 35 years from all socio economic strata.
- 2) Both unmarried and married females.

Exclusion criteria:

- 1) Diabetes mellitus, Metabolic and Cardiovascular diseases.
- 2) Endometrial neoplasia and all other ovarian cysts.

Study design: Case series study.

Introduction: The condition was first described in 1935 by American gynecologists Irving F. Stein, Sr. and Michael L. Leventhal, from whom its original name of *Stein–Leventhal syndrome* is taken. Polycystic ovarian syndrome (PCOS), also known as PCOD (polycystic ovarian disease) is one of the commonest cause of infertility. Patients suffering from polycystic ovarian disease (PCOD) have multiple small cysts in their ovaries(the word poly means many). These cysts occur when the regular changes of a normal menstrual cycle are disrupted. The ovary is enlarged; and it produces excessive amounts of androgen and estrogenic hormones. This excess, along with the absence of ovulation, may cause infertility.

PCOD is condition which affects the ovary that can produce different problems to women as below. Menstrual disorders, Insulin resistance, Infertility, Hormonal changes, Affects heart and blood vessels,

High levels of male hormones (androgens), Affects even appearance The disease does not has 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%)

There are also 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, Overproduction of insulin and testosterone which plays a very important role in pcod.

Symptoms include anovulation, irregular menses, hyperandrogenism, clinically manifested by hirsutism, acne, androgenic alopecia. Endocrine dysfunctions like insulin resistance dyslipidaemia, obesity, acanthus nigricans, type 2 diabetes mellitus, obstructive sleep apnea, metabolic disorders, cardiovascular diseases, endometrial neoplasia& high cholesterol level.

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) levels, 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.

Today's, 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 .

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 like regular exercise, healthy diet, weight control and avoidance of smoking. Still with all these things the downside is that they provide only temporary relief besides leading to dependency, risk of life because of other complications without eliminating the problem from the root.

In homoeopathy we consider, A 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.

Nowadays, it has become a very common condition leading cause for infertility, therefore I had made an effort to take this topic for dissertation purpose and, we can cope the problem with the utility of homoeopathic remedies.

Discussion: poly cystic ovarian disease (pcod) is a very complex endocrine disorder, commonly seen in women of age group of 12-45 yrs. (reproductive age). It is more like an epidemic these days and seen that one in every three females is either suffering from PCOS or a thyroid disorder- (hypothyroidism and hyperthyroidism). In most cases, getting the conclusive diagnosis of Polycystic Ovary Syndrome comes from the appearance of your ovaries in an ultrasound done by a doctor. Here a special mention, in many cases ultrasound does not reveal PCOS. But, a person shows majority all its symptoms.

menstrual problems observed during PCOD study

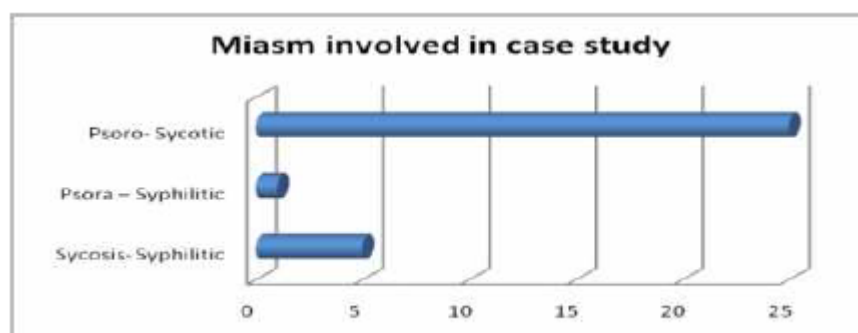
- painful periods centered in ovaries,
- prolonged and heavy bleeding with bright red blood and dark dots
- all sorts of cycle problems, either too short, too long or none at all.

Diet and Regimen (Modification of life-style)

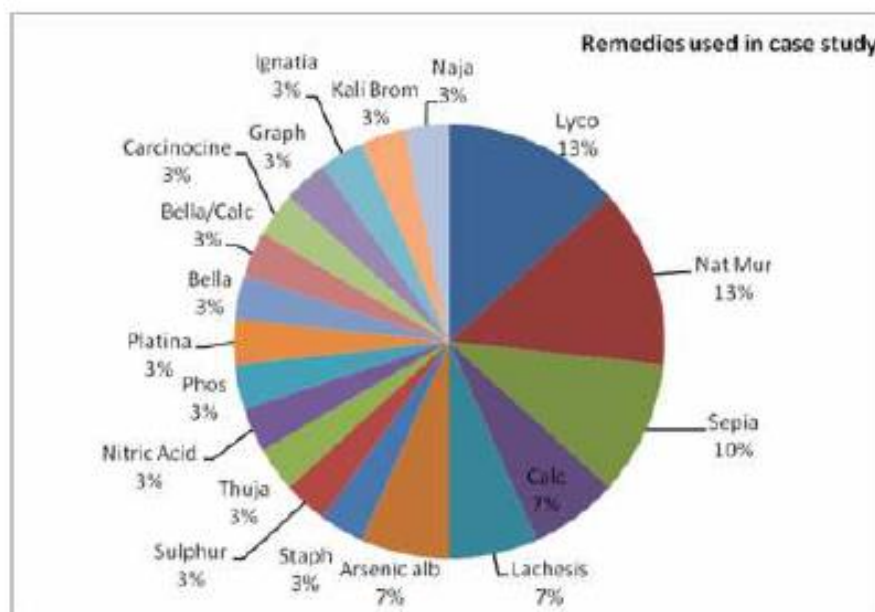
The patients were also counseled on the role of the different factors that affect PCOD. They were actively encouraged to reduce weight if they were obese and to eat healthy food. Obese patients were asked to lose weight by following a scientific diet and exercise programme. They were also asked to initiate measures that would reduce their stress level.

Observation:

MIASMATIC DISTRIBUTION IN CASE STUDY



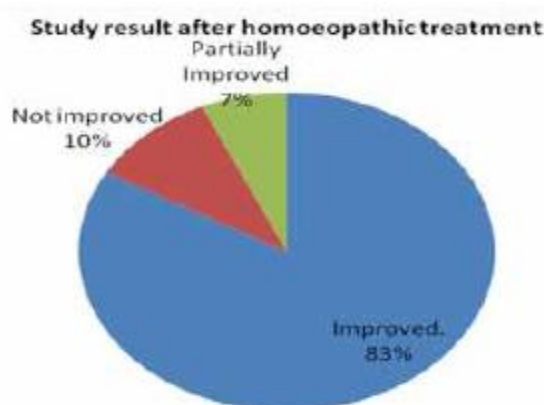
REMEDY PRESCRIBED IN CASE STUDY



REMEDY PRESCRIBED IN CASE STUDY

Sr. No.	Remedy prescribed	No of patient	Percentage
1	Lycopodium	4	13%
2	Nat Mur	4	13%
3	Sepia	3	10%
4	Calc	2	7%
5	Lachesis	2	7%
6	Arswnicum Album	2	7%
7	Staphisagria, Sulphur, Thuja Nitric Acid, Phosphorus, Platina Belladonna, Bella/Calcarea carb, Carcinocine, Graphitis, Kali Brom, Igetia&Naja	Each remedy 1 case	Each @ 3%

CASE STUDY RESULT



Conclusion:

Patients from the age group 16 – 20, 21 – 30, 31 – 35 years were addressed in study. 25 cases have shown favorable result, 03 were partially and 02 patients no improved after the treatment. Hence the success rate was 83%.

Sr.no.	Name	Age	Miasm	Remedy	Result	Objective fulfilled
1	D. N. D.	34	Psora-Sycosis	Arsenic alb	Improved	1,2,3
2	L. K. M.	33	Psora – sycotic	Carcinocin	Improved	1,2,3
3	R. D. K.	30	Psora – Sycotic	Kali Brom	Improved	1,2,3
4	K. P. D.	22	Sycosis- Syphilitic	Phosphorus	Partially Improved	2,3
5	S. H. A.	18	Psora– sycotic	Belladonna	Improved.	1,2,3
6	M. G. P.	28	Psora- Sycotic	Sepia	Improved	1,2,3
7	M. T. N.	19	Psora- Sycotic	Nat Mur	Improved	1,2,3
8	H. C. D.	31	Psora – Syphilitic	Nat Mur	Improved	1,2,3
9	U. K. L.	28	Psora- Sycotic	Sepia	Improved	1,2,3
10	P. S. L. Z	22	Sycosis- Syphilitic	Lachesis	Improved	1,2,3
11	S.D.D.	28	Psora-sycosis	Platina	Improved	1,2,3
12	S.M.B.	34	Psora-sycosis	Lachesis	Improved	1,2,3
13	S.J.M	31	Psora-sycosis	Naja	Improved	1,2,3
14	R. D. K.	30	Psora-sycosis	Nat mur	Not improved	2,3
15	SRT	24	Syco-Syphilitic	Lyco	Improved	1,2,3
16	SMT	19	Psora- Sycosis.	Calc-C	Improved	1,2,3
17	SGK	25	Psora- Sycosis.	Sepia	Improved	1,2,3
18	SRD	21	Psora-Sycosis	Sulphur	Improved	1,2,3
19	MBI	33	Psora- sycosis	Graph	Partially Improved	2,3
20	KMY	18	Psora-Sycosis	Bella/Calc	Not improved	2,3
21	KBI	26	Psora-Sycosis	Calc	Improved	1,2,3
22	AKD	24	Psora – Sycosis	Nitric Acid	Improved	1,2,3
23	BGT	30	Psoro- Sycotic	Lyco	Not Improved	2,3
24	ASK	31	Sycosis- Syphilitic	Lyco	Improved	1,2,3
25	SAG	33	Sycosis-Syphilitic	Arsenic alb	Improved	1,2,3
	VAR	28	Psoro- Sycotic	Staph	Improved	1,2,3
27	RSK	23	Psoro- Sycotic	Ignatia	Improved	1,2,3
28	KMN	24	Psoro- Sycotic	Nat-M	Improved	1,2,3
29	MBD	29	Psoro- Sycotic	Lyco	Improved	1,2,3

REFERENCES/BIBLIOGRAPHY:

1. Dr. Cowperthwaite. A.C M.D, Phd a Text book of Gynaecology, chapter xiii, reprint edition- 1980, page 328
2. Dr. Chaudhari N.M, A Study on Materia Medica, B.Jain publication, reprint edition- 1994, page no. 140, 318
3. Dr. Farrington. E.A MD, Clinical Materia Medica, B. Jain publications, 4th edition, reprint edition- 1997, page no. 112, 285
4. Dr. Nash. E.B MD, Leaders in Homeopathic Therapeutics. B. Jain publications, reprint edition- 2000 – 01, page no. 111 to 143
5. Dr. Richard Hughe's, The Principal And Practice of Homeopathy B. Jain publication, reprint edition- 2001, page no-657 to 659
6. Dr. William Boericke MD, A New Manual of Homeopathic Materia Medica and Repertory, B. Jain publications 9th edition reprint -2005, page no. 473, 357
7. National journal of homoeopathy volume 11, no.1, 112nd edition, Jan 2009, page no. 16
8. Banerjee. P.N, Chronic Disease its Cause and Cure, The Chronic Miasm part- iv, page no. 297
9. <http://www.homeoconsult.com/pcos.php>