Polycystic Ovarian Syndrome Treated by Homoeopathy: An Evidence-Based Case Report

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Abstract

Background Polycystic ovarian syndrome (PCOS) is one of the most common endocrinopathies among reproductive women. Cardinal manifestations of PCOS include hyperandrogenism, oligo/anovulation and/or polycystic ovarian morphology. Affected women often display notable metabolic co-morbidities. Plenty of evidence on PCOS favouring homoeopathy is available in the literature. In this case, also individualised medicine portrayed a favourable response within a short span of time.

Case Summary A case of PCOS with the complaint of irregular, delayed menses, acne on the face and dark pigmentation on the neck for the last 3 years is presented here. The outcome was assessed by using two validated measurement scales. After 4 months of follow-up, the case was markedly improved on the Outcome Related to Impact on Daily Living (ORIDL) scale (+4) as per the patient's perspective. Clinical improvement was correlated with objective evidence from the ultrasonography report. Modified Naranjo criteria for Homeopathy (MONARCH) score recorded at the final visit (+8 on the '−6 to 13' scale) is suggestive of a high likelihood of improvement by homoeopathic intervention.

Conclusion The case report presented here has produced significant evidence of the effect of individualised homoeopathic medicine in the treatment of PCOS within a short time.

Keywords

- polycystic ovarian syndrome
- individualised homoeopathic
- MONARCH
- case report

Introduction

Polycystic ovarian syndrome (PCOS) is a heterogeneous syndrome, considered the most common endocrinopathy in women of reproductive age.[1] As per Rotterdam criteria, diagnosis of PCOS commonly requires at least two of three features: polycystic ovaries on ultrasonography (USG), biochemical/clinical hyperandrogenism and oligo/amenorrhea.[2] PCOS affects 9 to 18% of women of reproductive age,[3] with an overall prevalence of 9.13% in Indian adolescents.[4]

Despite the high prevalence, PCOS is an under-recognised condition and many women remain undiagnosed.[5] It affects health and well-being over the lifespan.[6,7] It is the most common cause of anovulatory infertility and women with PCOS have a greater prevalence of type 2 diabetes, risk factors for cardiovascular disease and symptoms of anxiety and depression.[3] PCOS is often exacerbated by obesity.[8] Loss of body weight (BW) and lifestyle modifications are highly recommended as the first line of management in PCOS, especially for obese women.[9,10] A 5 to 10% loss in BW over 6 months, regardless of body mass index (BMI), may be associated with improvements in central obesity, hyperandrogenism and ovulation rate.[10] However, PCOS is associated with many complications and it is quite difficult to cure by contemporary systems.[11] In the conventional medical system, various medicines are being used for symptomatic management which is very expensive and also has side effects.[12] Homeopathy as an alternative system of treatment may be tried for reducing the excessive side effects and minimise treatment costs.

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Homoeopathy is strictly based on individualisation. For the selection of medicine, more emphasis is to be given to striking, uncommon and peculiar (characteristic) signs and symptoms of the case of disease (§153).[13] Ample studies on PCOS favouring homoeopathy[11,12,14] are available in the literature. Homoeopathic medicines cure patients when the criteria of similarity are completely matched. In this case, improvement was documented through a standard and validated scale. The diagnostic report in the form of USG correlated with clinical improvement. Case reporting was done in compliance with the HOM-CASE guidelines[15] [a supplement of CARE guidelines[16]].

Patient Information

Present Complaints

A 27-year-old unmarried female reported with complaints of the absence of menses for the last 3 months and acne on the face (grade of acne severity was mild in Global Acne Grading System) and dark pigmentation on neck for the last 3 years. She was also having complaints of thin; watery leucorrhoea for the past 1 year. She had a history of a delayed menstrual cycle with a 45 to 55 days interval for 3 years. The patient was taking hormonal pills on and off to regularise periods but without improvement.

Past History

The patient had a history of lipoma on the back, which was operated on, 1 year ago and had a history of chickenpox in childhood.

Family History

From the family history. it was found that her mother and sister had type 2 diabetes mellitus.

Personal History

She was an unmarried girl living in a joint family belonging to a middle socio-economic group and having a good relationship with other family members. She was unemployed, had no addiction and her dietary habit was regular. There was no history of any regular drug intake.

Generalities

Her appetite was satisfactory. She had a desire for fish (+) and salty food (+), and an intolerance for fatty food (++). Thirst was normal. She reported loose stool daily two to three times for the last 6 months which aggravated after breakfast and had a history of frequent urination at late night for the last 1 month. She also had profuse sweat on covered parts of her body. She had disturbed sleep (+) and dreams of falling from height.

Mentally she was irritable, forgetful, weak in memory.

On examination, she was mesomorphic, with a BMI of 23.8 kg/m^2 and blood pressure 110/76 mm Hg. She had no anaemia, jaundice, cyanosis, oedema and lymph node was not palpable.

Her last menstrual period was on 4 April 2018; the previous period was on the 21 February 2018. USG done on 3 July 2018 revealed the existence of polycystic ovarian disease (PCOD), with a bulky uterus.

Diagnostic Assessment

The patient presented with amenorrhoea for the last 3 months and acne on the face, dark pigmentation on the neck for 3 years. She was also having complaints of thin, watery leucorrhoea for the past 1 year. On the basis of USG report she was diagnosed as PCOD with a bulky uterus.

Therapeutic Intervention

For erecting totality, complete repertory was selected and repertorisation was done with the help of HOMPATH software[17] using the rubrics mentioned in the repertorisation chart (►**Fig. 1**). After repertorisation, from the list of drugs (►**Fig. 1**) *Thuja occidentalis* scores highest (21) covering 9 symptoms out of 9. Based on repertorisation and further consultation with materia medica *Thuja occidentalis was* prescribed[18] on the basis of homoeopathic principles of totality. Medicine was procured from Good Manufacturing Practice (GMP) compliant pharmaceutical company and prepared by strictly following the instructions given in Homoeopathic Pharmacopeia of India (HPI).

First Prescription (first visit)

Thuja occidentalis 200, once daily × 4 days with placebo for 14 days and advice for moderate exercise, and to take a balanced diet.

Follow-Up and Outcomes

The detailed follow-up is mentioned in ►**Table 1**.

Clipboard 1		thuj,	nux-v,	lyc,	phos,	bell,	calc,	carbn-s,	puls,	sep,	sulph,	merc,	nat-m,	ferr,	arg-n,	chin,	cycl,	alum,	kali-c,	nux-m,	staph,	pror,	ign,	graph,	caust,	aur,	carb-v,	ars,	hep,
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
		9 21	9 16	8 19	8 17	8 16	8 14	7 17	7 17	7 17	7 17	7 15	7 14	7 13	7 12	7 12	7 12	7 11	7 11	7 11	7 11	7 10	7 9	6 16	6 15	6 14	6 14	6 13	6 13
1. MIND - FORGETFUL	(340) 1	2	2	3	3	2	2	3	1	1	2	3	2	1	2	1	1	2	1	2	1	1	1	2	2	2	2	1	1
2. MIND - IRRITABILITY	(644) 1	3	3	3	3	3	3	3	3	3	3	2	3	2	2	2	2	3	3	1	3	2	1	3	3	3	3	3	3
3. MIND - MEMORY - weakness of memory	(403) 1	2	2	3	3	3	2	3	2	3	2	3	2	1	3	2	2	2	1	3	2	1	2	2	3	2	2	3	3
4. RECTUM - DIARRHOEA - breakfast, - after	(24) 1	3	1	1	1	-	1	1	-	-	-	-	1	-	2	-	1	1	-	-	-	1	-	-	-	-	-	-	-
5. DREAMS - FALLING	(172) 1	3	1	1	1	3	1	-	2	1	2	2	-	1	1	1	-	1	1	1	1	-	1	-	-	1	-	-	2
6. GENERALS - FOOD and DRINKS - fat - agg.	(131) 1	2	1	2	1	1	1	1	3	2	2	1	1	3	1	1	3	1	1	1	1	1	1	3	2	-	3	2	1
7. PERSPIRATION - PROFUSE - Covered parts, on	(8) 1	2	1	-	-	1	-	-	-	-	-	-	-	2	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-
8. FEMALE GENITALIA/SEX - MENSES - absent	(212) 1	2	2	3	2	2	2	3	3	3	3	2	2	3	1	2	2	-	3	2	2	2	2	3	2	3	1	2	-
9. FACE - ERUPTIONS - acne	(198) 1	2	3	3	3	1	2	3	3	4	3	2	3	-	-	-	1	1	1	1	2	1	3	3	3	3	3	2	3

Fig. 1 Repertorisation chart.

Table 1 Timeline including follow-up of the case

Relevant past medical history (symptoms, diagnosis, interventions)			**ORIDL score**		**Modified Naranjo criteria for Homeopathy (MONARCH)**
Dates	2001	Chickenpox			
	2017	Lipoma; operated			
Current symptoms	Dates	Interventions	Pt. A.	Phy. A.	
Baseline: • Absence of menses, LMP-04/04/2018 • Irregular and delayed menses • Acne on face • Dark pigmentation on the neck • Thin watery leucorrhoea • Frequent urination • Loose stool • Sleep disturbed$^{(+)}$	First visit	1. *Thuja occidentalis* 200/4D To be taken in the morning on an empty stomach for 4 days 2. Placebo 200/ To be taken once daily for 3 months	–	–	–
Follow-up visits: No change of any symptoms, i.e. same as before	Second visit	1. *Thuja occidentalis* 1M/4D To be taken in the morning on empty stomach for 4 days 2. Placebo 200/28D To be taken once daily	0	0	Not done
LMP- 20/08/2018 Bright red, no clots, Leucorrhoea decreased, acne on face reduced dark pigmentation on neck slightly lightened Frequent urination slightly reduced Sleeplessness persisted Stool complaint remains the same	Third visit	Placebo 30 / BD × 1 month	+2	+2	Not done
LMP- 23/09/2018, Bright red, no clots, Leucorrhoea same, acne on face reduced, dark pigmentation on neck same Sleep disturbed Frequent urination standstill Stool complaint slightly improved	Fourth visit	Placebo 30 / BD × 1 month	+3	+3	Not done
LMP- 22/10/2018 bright red, no clots, leucorrhoea same, acne on face same, dark pigmentation on neck same Frequency of urination same Stool complaint standstill Sleep disturbed Advised for USG pelvis	Fifth visit	1. *Thuja occidentalis* 1M/4D To be taken in the morning on empty stomach for 4 days 2. Placebo 200/28 doses To be taken once daily	+3	+3	Not done
USG Last follow-up (24/11/2018**)** Suggests normal study, acne on face disappeared, dark pigmentation on neck lightened, leucorrhoea disappeared, sleep was markedly improved, urine complaint disappeared, stool regular once daily			**+4**	**+4**	**+8**

Abbreviations: BD, twice daily; LMP, last menstrual period; ORIDL, Outcome Related to Impact on Daily Living; USG, ultrasonography. Pt. A. Patient Assessment, Phy. A.- Physician's Assessment.

Response to the Course of Treatment

The patient was followed up for 4 months. After taking *Thuja* 200C, menses have not appeared, and all the other symptoms were the same as before. After reconsidering the symptomatology, only the potency of the medicine was increased (*Thuja* 1M/4 doses) as per the demand of the case. On changing the potency menses appeared, leucorrhoea decreased, acne on the face reduced, dark pigmentation on the neck slightly lightened and frequent urination slightly reduced. Sleeplessness persisted and stool complaints remained the same. In the subsequent follow-up, she was put on placebo and the same medicine was repeated when the case came to standstill. At the end of treatment, the cysts in both ovaries completely disappeared as shown on pelvic sonography, acne on the face disappeared, dark pigmentation on the neck lightened, abnormal vaginal discharge also disappeared, sleep was markedly improved, urine complaint disappeared, stool became regular once daily.

Clinician and Patient Assessed Outcomes

The clinical improvement and outcome of signs and symptoms were assessed by Outcome in Relation to Impact on Daily Living (ORIDL)[20] score of the case at every follow-up

visit. Objective evidence of the case was documented by USG report at baseline and after 4 months of treatment.

ORIDL score of the case is given in ►**Table 1**.

Intervention Adherence and Tolerability

The patient was advised to report at every 14 days interval to check the intervention tolerability. She was found to be adherent to the instructions given to her about the dosage and timing of taking the medicines and to take adequate rest, exercise and proper diet.

Adverse or Unanticipated Events

No unanticipated event in the form of aggravation or worsening of symptoms was reported by the patient throughout treatment.[21,22]

Objective Evidence

The improvement of the case was documented by the pelvic USG report (►**Table 1**).

Discussion

PCOS is a common complex condition in women associated with psychological, reproductive and metabolic features. It is a frustrating experience for women, often difficult for clinicians to manage, and is a scientific challenge for researchers. It is a chronic disease with manifestations across the lifespan and represents a major health and economic burden. Both hyperandrogenism and insulin resistance contribute to the pathophysiology of PCOS. Management should focus on support, education, addressing psychological factors and strongly emphasising healthy lifestyle in addition to the targeted medical therapy. Lifestyle changes are the first line of treatment in the management of the majority of PCOS women who are overweight.[7]

The conventional medical management of PCOS includes symptomatic treatment and lifestyle modification with weight reduction. Metformin, oral contraceptives, antiandrogens, clomiphene citrate and thiazolidinediones are being used for the management of different presentations of PCOS. But these drugs are very costly and have many side effects.[12] With the increasing prevalence of PCOS and its association with various co-morbidities, it is a need of the hour to research various aspects of this disease.

Homoeopathy is a simple system of medicine based on the principle of the totality of symptoms. It is a safe and cost-effective way of treatment. In homoeopathy, many studies are found where improvement of general symptoms as well as resolution of PCOS has been evident.[11,12,14,24–27]

A Study by Gupta et al shows homoeopathy treatment helps to manage PCOS cases.[28]

A single blind trial evaluating homoeopathic treatment in PCOS by Central Council of Research in Homeopathy (CCRH) study shows a remarkable result in homeopathy in the verum group than the placebo group for PCOS.[12]

A case report was published in 2018 by Rath P where the patient was improved clinically as well as radiologically within 1.5 years by individualised homoeopathic medicine. The case was observed for further 3 years without recurrence of symptoms.[11]

The above case showing the classical features of PCOS was treated with the help of individualised homoeopathic medicine *Thuja Occidentalis* in increasing potencies (200, 1M) and no adverse event was encountered during the period of treatment. In this case, a validated scale (ORIDL) was used to assess the improvement (i.e. chief complaint as well as general well-being; ►**Table 1**). Scores obtained from this scale revealed clinically significant results after treatment. Objective evidence in the form of pelvic sonography was also documented. MONARCH was applied to assess the causal attribution between prescribed medicine and improvement. The high total score of MONARCH (►**Table 1**) at the final follow-up (+8, on a '−6 to 13' scale) implies that the improvement was by homoeopathic intervention. In this case, homoeopathic medicine *Thuja occidentalis* has been found effective to relieve the symptoms as well as resolution of cysts in the ovary within 4 months of treatment.

Conclusion

This case report shows the usefulness of individualised homoeopathic medicine in the management of PCOS. Although a single case report cannot draw any certain conclusion, more documented cases and scientific research could help to establish the favourable effects of homoeopathy in scientific field. Nevertheless, randomised controlled trial is suggested for further advancement in this regard.

Patients' Consent
Informed consent has been obtained from the patient.

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Conflict of Interest
None declared.

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