A Randomized Trial to see the Efficacy of Ultra High-Diluted Pulsatilla Nigricans in Higher Potency in Case of PCOD in Puberty: A Case Report.

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ABSTRACT:

In Poly cystic Ovarian Disease (PCOD) women typically have many number of small cysts around the edge of their ovaries. A polycystic ovary means the ovaries containing a large number of cysts that are less than 8mm and develop more follicles every month than normal ovaries. It is a growing reproductive disease that has an impact on female health and affects an estimated 8-13% woman of reproductive aged. Aprox 70% of affected women remain undiagnosed worldwide. According to the ultrasonography results used in the case report here, the patient had polycystic ovary. The homoeopathic similimum prescribed after careful case taking, in-depth analysis, evaluation, and repertorisation, was successful in treating the patient.

Keywords: Polycystic ovary, oligoovulation and anovulation, hyperandrogenism, Hirsuitism, Homoeopathy, Pulsatilla.

Introduction:

Polycystic Ovarian Syndrome also known as PCOS OR PCOD [Polycystic Ovarian Disorder]. This is a very common hormonal disorder and also a leading cause of female infertility worldwide. In 1935 two doctors Stein and Leventhal who first described PCOS so it also called as Stein- Leventhal Syndrome. PCOS is incidence of any two of 3 key criteria according to Rotterdam 2003 criteria namely Hyperandrogenism, oligoovulation and anovulation and polycystic ovaries [PCO]. PCOS (2, 3) In PCOD the cysts are the egg containing follicles and because of hormonal imbalance they do not develop properly. After Polycystic disease some women go on to develop PCOS (Polycystic Ovarian Syndrome) which means they have other symptoms i.e. Irregular menses, weight gain, acne, Hirsuitism including polycystic ovaries. According to research studies of PCOS it shows that if women have family history of PCOS then there are 50% more chances to develop PCOS. PCOS is found to be the most common reason for irregular menstruation. It affects 4-12% of women of reproductive age [12-45 yrs. old]. Aprox 5-10% of women develop PCOS during their teenage or child bearing years. In India nearly 35% of women are suffering from PCOD/PCOS. According to India Institutions of Medical Science

(AIIMS) study it was found that one out of four women suffers from PCOS. Highest number of PCOD/PCOS patients were recorded in student category with 21.27% of them suffering from the Disorder. This indicates that younger women more prone to hormonal imbalance. (7) PCOS Present with various degree of Symptoms like irregular and infrequent periods within 3 or 4 years of starting menstruate lighter very heavy bleeding during period weight gain, excessive hair growth to varying degrees on chin, face, chest, and lower abdomen. Dysmenorrhoea of slight to severe degree or Moderate abdominal discomfort during periods, acne, and skin tags (excessive skin growth on neck or in armpit), Bone pain [arthralgia] and hair loss [alopecia], Indigestion, constipation and flatulence. Polycystic ovarian syndrome (PCOS) mainly divided into two types. (8) 1.Insulin resistant PCOS (IR PCOS) 2.Non-Insulin Resistant PCOS. Polycystic ovarian syndrome (PCOS) is a complex disorder which includes Metabolic, Endocrine and Reproductive disorder. Retrospective observational studies show the effectiveness, Safety and feasibility of Homeopathic medicines. Homeopathic medicines help in reducing PCOS symptoms in women. The root cause of PCOS lies in hormonal disturbances. Homeopathic medicines correct the hormonal disturbances and bring harmony in body without the risk of side effects. (9) Many medicines are useful in cases of PCOD like Sepia, Natrum muriaticum, Apis Mellifica, Lachesis and Thuja. In this case Medicine Pulsatilla has been prescribed in higher potencies. Homeopathy works best in constitutional dose. According to Boericke materia medica Pulsatilla has the power to dissolve the PCOD. It covers the symptoms like Irregular and scanty menses, Blend, thick leucorrhoea, Weight gain and Constipation. Mentally pulsatilla is Mild, Gentle and weeping disposition. Aversion to Fatty food, warm food and Thirstless. These all symptoms are present in this reported case. So Pulsatilla has been given as constitutional. (10)

Case Study:

The reported case is 21 years old female, Hindu, vegetarian, student by profession, belonging to a middle socioeconomic family and residing in urban area who came to our OPD (1693) of on 06/08/2022 with the complaints as follows:

- 1. Irregular Menses, Menses in 2-3 months.
- 2. Weight gain.
- 3. Delayed Menses.
- 4. Leucorrhoea, thick, blend, and yellowish-green discharge.
- 5. Itching at genitals.
- 6. Hirsuitism (Abnormal hair growth on face).

Treatment History - She took allopathic treatment for 6 Months, but temporary relief was obtained. Family History – Mother suffering from PCOD in her young age. Father and all siblings are healthy.

Patient as whole:

Appetite- Adequate, 3 meals/ day and 4 chapatti/ meal.

Thirst- Thirstless, drinks 2-3 glasses / day.

Aversion- Fatty food

Stool- Constipated.

Urine- Pale yellow, non-offensive, increased desire; worse when lying down. Burning micturition Intermittent.

Perspiration- Less, non-offensive, non-staining.

Thermal reaction- Chilly.

Menstrual History- Irregular and delayed menses, Menstrual Flow scanty, Dysmenorrhoea.

Mentals Likes weeping tendency, avoids being alone. Mild and gentle. Craving Sympathy.

General examination: Patient was apparently healthy looking, Anaemia/pallor Absent, facies absent, cyanosis-absent, deformityabsent, oedema absent, skin- dry, cachexia/ emaciation-absent, weight – 65 kg, SpO2- 97%, temperature – Afebrile, height – 166cm, built – ectomorphic, blood pressure- 130/80 mm Hg, respiratory rate - 18/ min, tongue – clean, pulse80/min. Provisional diagnosis PCOD (Figure 1)



(Figure-1. USG before Treatment)

Case Processing:

Table 1: Evaluation and Miasmatic Analysis of Mental Symptoms

Symptoms	Evaluation	Miasmatic analysis
Weeping disposition	+3	Psora
Mild	+3	Psora
Consolation Amelioration	+3	Psora

Table 2: Evaluation and Miasmatic Analysis of Physical Symptoms

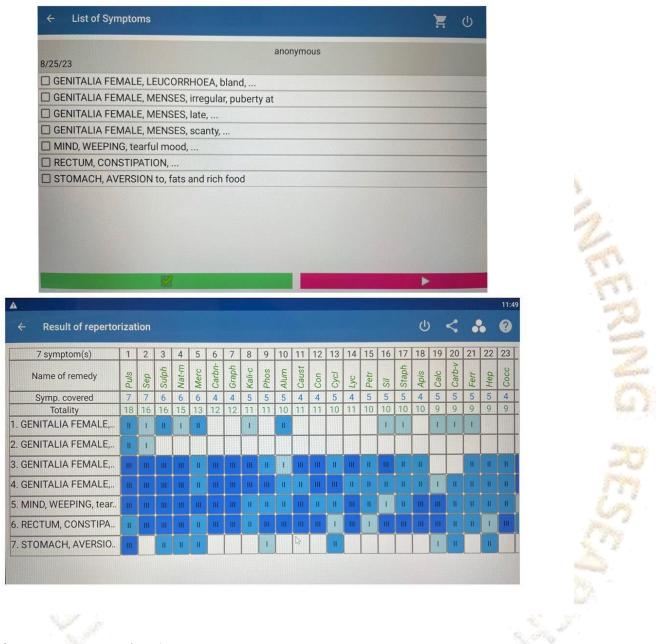
Thirst- Thirstless	+3	Psora-Sycotic
Aversion- Fatty Food, warm drink	+3	Psora-Sycotic
Stool- unsatisfactory	+2	Psora-Sycotic

Table 3: Evaluation and Miasmatic Analysis of Particular Symptoms

Menses –Irregular	+2	Sycotic
Menses – Scanty	+3	Psora-Sycotic
Menses- Late	+3	Psora-Sycotic
Leucorrhoea- Blend, Thick	+2	Psora-Sycotic-Syphilitic

Repertorisation-

As the general symptoms were marked, this case was repertorised with the help of the Synthesis Repertory from RADAR 10.0 version. (Figure 2)



(Figure-2. Repertorisation Sheet)

Selection of remedy- Homeopathic medicine Pulsatilla was selected on the basis of repertorisation (Figure 2) and after the consultation of materia medica, considering the symptom similarity.

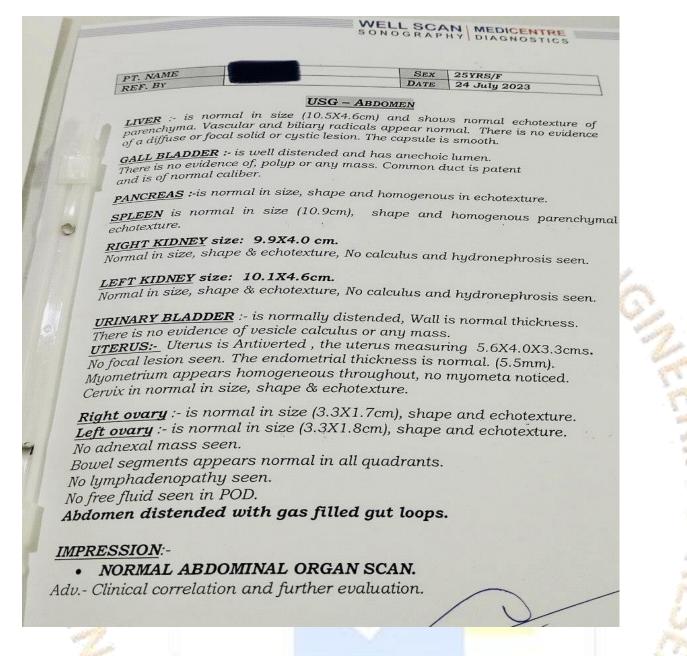
Selection of potency and dose - 1 dose of Pulsatilla 1M, stat dose was prescribed. 28/08/22: Pulsatilla 1M/1 dose of, Rubrum 30/TDS for 15 days.

General Management – Exercise for weight lose, Avoid consuming fast food, packed food and spicy food. Meditation for stress management.

Table 4: Follow Ups during treatment

Date	Changes in symptoms	Prescription	Justification
13/09/2022	> Leucorrhoea, Discomfort in abdomen	Nihilinum 200/ 1 dose and Rubrum 30/ TDS X 14 days	Improvement was observed so no change of medicine and placebo was given.
27/09/2022	> Menses appear, Normal flow, No dysmenorrhoea.	Phytum 1M/ 1 dose Rubrum 30/ TDS X 10 days	Improvement was observed in all symptoms as well so placebo was given.
06/10/2022	>Leucorrhoea, General wellbeing, Urge for urination while lying is decrease.	Pulsatilla 10M/stat dose and Rubrum 30/ TDS X 14 days.	Relief in symptoms noted so same medicine repeated in High potency for more stable relief.
30/10/2022	Relief in Itching at genitals, Leucorrhoea and abdominal discomfort. Again menses appear before 3 days i.e. 27/09/2023, No Dysmenorrhoea, no Discomfort, normal flow.	Phytum 1M/ 1 dose and Rubrum 30 / TDS X 10 days. Phytum 1M/stat dose and Rubrum 30/TDS prescribed for 15 days.	Marked improvement was observed so no need to change or repeat the medicine and only placebo was given. Improvement in symptoms so placebo given.

12/11/2022	Facial hair growth decreased No genital itching, No leucorrhoea.		Improvement in symptoms so higher potency was given for permanent cure.
26/11/2023	Again Menses appear Normal flow, No dysmenorrhoea.	Phytum 1M/stat dose, Rubrum 30/TDS x 14 days.	Improvement in symptoms so placebo given.
10/12/2022	All over relief in complaints.	Phytum 1M/stat dose, Rubrum 30/TDS x 14 days.	Improvement in symptoms so placebo given.
25/01/2023	Again menses appear with normal flow, No dysmenorrhoea, Hirsuitism markedly decrease.	dose and Rubrum	Relief in symptoms so higher potency prescribed for complete cure.
09/01/2023	Relief in all complaint.	Phytum 1M/stat dose and Rubrum 30/TDS x 14 days.	As 4 cycles of menstruation appeared normal, Patient advised to get sonography. Patient wanted to take medicine for some more time. So For her mental satisfaction medicines were continued for few months.
24/07/2023	No symptoms.	No medicine prescribed.	USG showed no PCOD.



(Figure-3. USG after Treatment)

Discussion and Conclusion:

In cases of hormonal imbalance and sometimes surgical illnesses like polycystic ovarian disease, homoeopathy offers a secure and efficient option, according to this case study. We also found that a similimum medicine provided individually and based on totality can work in this situation. Here Pulsatilla being the similimum cured the patient. Some symptoms for considering Pulsatilla as given in literature are – Irregular, Delayed, Scanty menses, Leucorrhoea thick, blend, yellowish discharge, Patient mentally weeping tendency, Mild, and Aversion to fatty food. (10) This case report promotes homoeopathic treatment as a possible complementary or alternative therapy, as well as emphasizing the importance of repertorisation in individualized homoeopathic prescription. Further analysis of the constitutional approach requires investigation into related cases.

Conflict of Interest:

The author declares that there is no conflict of interest regarding the study or this article.

Abbreviations: Outpatient department (O.P.D.), thrice a day (T.D.S.) Adverse Drug Reaction Not reported.

Limitations: PCOD cases complicated with other metabolic and reproductive disease requiring urgency should not be treated with Homoeopathy.

This is a single case report. In future case series can be recorded on effectiveness of individualized homoeopathic medicine in PCOD.

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