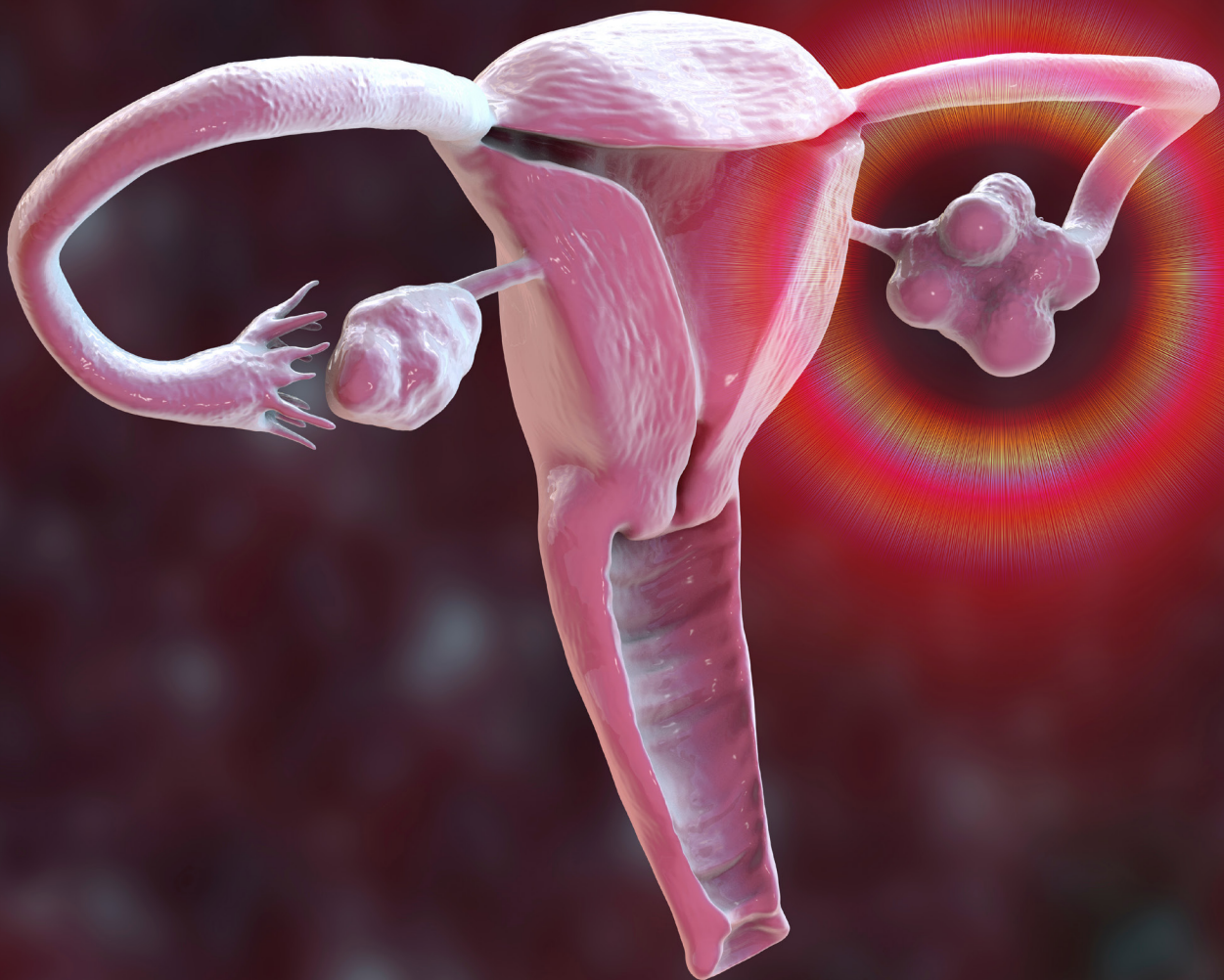


THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

ISSN: 9070-6038

Vol. 49, No. 6, September 2023



Scope Of Homoeopathy In PCOS

- Role of Homoeopathy in Cosmetic Concerns of Females Suffering from PCOS
- "Non-surgical expulsion of renal stone with constitutional Homeopathic medicine: A case report"



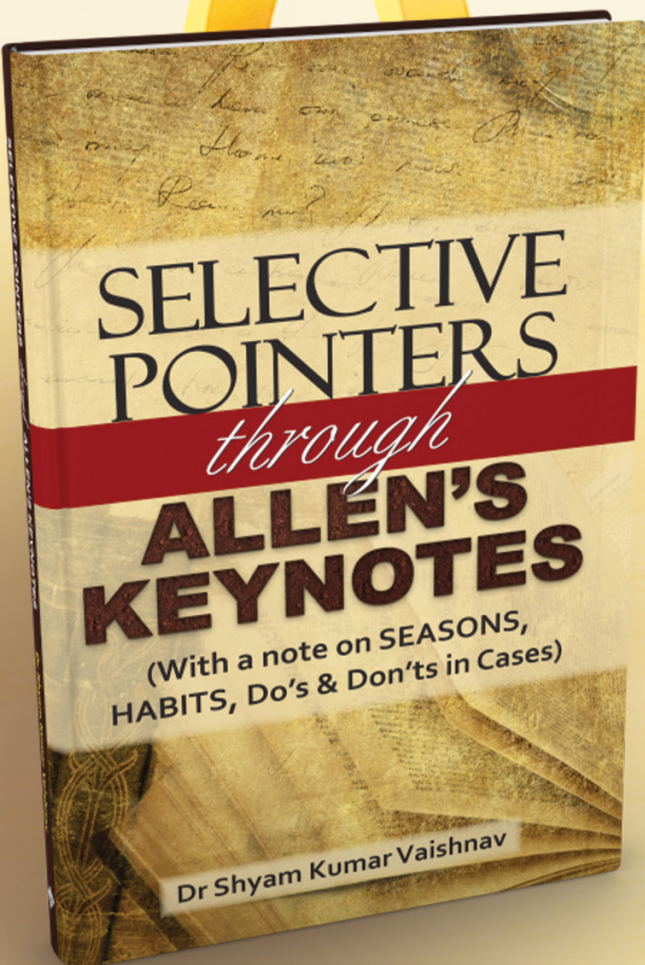
BJAIN

SELECTIVE POINTERS

through

ALLEN'S KEYNOTES

with a note on SEASONS,
HABITS, Do's & Dont's in Cases



Be to
the point
by learning "
THUMB RULE"
of each
remedy

Differentiate
medicine as
per age
and gender

Sharpen
your
knowledge
of Materia
Medica

Become a
Master in
Allen's
Keynotes

THE HOMOEOPATHIC HERITAGE

Vol. 49, No. 6, September 2023,

Pages: 176

CHIEF EDITOR

Dr Farokh J. Master

MANAGING EDITOR

Dr Rashi Prakash

IN HOUSE EDITOR

Dr Mansi Aggarwal

LANGUAGE EDITOR

Dayna Lynn Davis

ASSOCIATE EDITORS

Dr Abha

Dr Amit Sahani

Dr Anit Acharya

Dr Anum Zaheer

Dr Geeta Rani Arora

Dr Hitarth Mehta

Dr Kavitha Kukunoor

Dr Krutik Shah

Dr Manpreet Kaur

Dr Poorav Desai

Dr Shilpi Rastogi

Dr Shweta Singh

Dr Yashika Arora Malhotra

Dr Yogesh Niturkar

REVIEWERS

Dr Ashish Indani

Dr Clare Relton

Dr Chaturbhuj Nayak

Dr Eswara Das

Francis Treuherz

Dr Kamal Sethi

Dr Meeta Gupta

Dr Monika Kathuria

Dr Queenita Fernandes

Dr Raj Kumar Manchanda

Dr Robert Mathie

Dr Sandeep Sathye

Dr Yashveer

INTERNATIONAL ADVISORS

Dr Ajit Kulkarni

Dr Bipin Jain

Chaim Rosenthal

Frederik Schroyens

Grant Bentley

Jan Scholten

Jeremy Sherr

Dr Kamlesh Mehta

Luc De Schepper

Dr L.M. Khan

Miranda Castro

Dr M.K. Sahani

Dr P. K. Sudhir

Dr Rajat Chattopadhyay

Richard Moskowitz

Roberto Petrucci

Dr Sanjay Sehgal

Dr Subhas Singh

Dr Subrata Kumar Banerjee

Dr Tarkeshwar Jain

Todd Rowe

Torako Yui

Dr Uttareshwar R. Pachegaonkar

Dr Yogesh Sehgal

EDITORIAL LEGACY: MENTORS

Dr D. P. Rastogi

Dr H. L. Chitkara

Dr Praful Vijayakar

Dr Robin Murphy

Dr S. P. Koppikar

BUSINESS CONSULTANT

Manish Jain

manish@bjain.com

Layout and Design : Ankita Rajput

For subscription, change of address,
exchange

of copy or any other complaint:

subscribe@bjainbooks.com

Website

www.homeopathicheritage.com

Published by: Mr Kuldeep Jain on behalf of
M/s. B. Jain Publishers (P) Ltd.

Printed at M/s Narain Printers & Binders,
D-6, Sector-63, NOIDA, UP-201307

Published from 1921/10, Chuna Mandi,
New Delhi - 110055

Ph.: 91-11-4567 1000

Email: hheditor@bjain.com

Corporate Office: 0120-4933333

Disclaimer: The Publishers are not liable for manuscripts not sent on the Publisher's demand. In principle, only those papers will be accepted which have not been published previously, domestically or abroad. Furthermore, manuscripts may not be offered to other publications at the same time as they are under consideration for this journal. The article selected can be used in other language editions of the journal. Unsolicited manuscripts will not be returned.

Note: The views and opinions expressed by the authors of articles published in this journal are not necessarily those of the editors and publishers.

CONTENTS

EDITORIAL

Dr Rashi Prakash 5

EDITOR'S DESK

Homeopathy in PCOS: Role & Significance

Francis Treuherz 7

STALWARTS' EXPEDITION

Dr. Jnanendra Nath Majumdar

Dr. Subhas Singh, Dr. Niharika Shaw, Dr. Vignesh K., Dr. Dinesh Sura 10

COLUMN: IN ITALICS

Cough and Its Homoeopathic Treatment Using Kali Carb through the Olfactory

Dr. Jaykumar Chandarana, Dr. Archana Vyas 78

SUBJECTIVE

Role of Homoeopathy in Cosmetic Concerns of Females Suffering from PCOS

Dr. Ishita Ganjoo, Dr. Deeksha Garg 12

The Integrative Approach: Homeopathy's Role in Comprehensive PCOS Care

Dr Mahima Bhatnagar 17

Homeopathy and Lifestyle Modifications in PCOS

Dr Saleha Mohsin 20

Management of PCOS through Homoeopathy It's Miasmatic, Repertorial and Therapeutic Approach

Dr. Esha Bhatia, Dr. Priyanka Mangotra 25

Role of Homoeopathy in PCOS with Miasmatic Evaluation

Dr. Jaya 33

Decoding the Role of Sarcodes in the Homeopathic Management of Polycystic

Ovarian Syndrome: A Comprehensive Review

Dr K.Rama Lakshmi Devi, Dr Pingali Ananda Kumar, Dr G. Chandra Sekhara Rao 40

Scope of Homoeopathy in PCOS

Dr. Sheetal, Dr. Meenu Gupta 45

The Unseen Struggle: Understanding and Managing PCOD through Homeopathic Perspective

Dr. Romal Padsumbiya 49

Why Homoeopathy for PCOS?

Dr. Fakhra Zehra 54

CASE REPORT

A Case of Fibroadenoma of the Breast Cured by Constitutional Remedy

Prof (Dr.) D. K. Sonker, Dr. Manoj Kumar Bharti, Dr. Rahul Kumar Nirala 58

An Individualistic Homoeopathic Approach in a case of Polycystic Ovarian Disease – a Case Report

Dr Hema Suresh, Dr. S. Vanmathi, Dr Thiretha M 65

Homoeopathic Cure of a Case Of Mucocoele: An Evidence- Based Case Report

Dr. Sukanya Mitra, Dr Sayan Biswas 71

Homoeopathic Management of Acne Vulgaris: A Case Report

Dr. Harshit Chaudhary, Dr. Ram Krishna Ghosh, Dr. Bhaskar Debnath, Dr. Aniruddha Banerjee 110

Scope of Individualised Homoeopathic Medicine in PCOS

Dr. Vinita Kumari 114

The Path to Fertility: Unlocking Solutions with Homoeopathic Approaches for Blocked Fallopian Tubes – a Case Report

Dr. Javed Aquatar Bappa, Dr. Rayba Khatoon, Dr. Sumanta Kamila, Dr. Sanjay Sarkar 122

"Non-surgical expulsion of renal stone with constitutional Homeopathic

medicine: A case report"

Dr. Neha Nagar, Dr. Ravi Kumar Poswal, Dr. Ajay Kumar, Kanak Singhal 161

SPECIAL SECTION

Homoeopathic Drug Proving on Sick: First Step Towards A Model

Dr Manpreet Kaur, Dr S M Singh, Dr Pankaj Aggarwal, Dr Vandana Gambhir, Dr Chaturbhuj Nayak 57

CASE STUDY

A Case Study: Myasthenia Gravis and Homeopathy

Dr. Devangi Pandya, Dr. Prashant C Nuval, Dr. Saurav Vimalbhai Patel 131

A Retrospective Observational Study to Assess the Spectrum of Clinical Pre-sentation and Homoeopathic Treatment Modalities In PCOS Management

Dr Trupti M. Deorukhkar., Dr Kanika Sabharwal 137

Pilot Research on Polycystic Ovarian Syndrome with Individualised Homoeopathic Medicines

Dr.G.Lakshmi Narasaiah, Dr. P. Ananda Kumar, Prof.(Dr.) G. Chandra Sekhara Rao 141

Homoeopathy: A Holistic Approach in PCOS

Dr. Rukaiya Sabhai, Dr. Falguni Patel 148

REPERTORY

Simplifying Case Taking in Cases of Cough : A Repertorial Approach with Synthesis

Dr. Tasneem Hashmi, Dr. Sankha Subhra 152

BOOK REVIEW

Utility of Regional Repertories & Overview on "Uterine Therapeutics By Henry Minton"

Dr. G. Umarani 172

Dear Readers,

Rampant among the young women of today, polycystic ovarian syndrome turns out to be one of the major causes of infertility. When it comes to the role of complementary therapies such as ayurveda, siddha, or homeopathy in the cases of pcos, homeopathy seems to be the best alternative. This is so because of its mild nature, and dynamic properties of medicines which do not produce any adversities. Moreover, being highly individualized, homeopathy leaves less room for side effects, long term effects and complications. This issue of 'The Homoeopathic Heritage' brings forth the Role of Homeopathy in Polycystic Ovarian Syndrome (PCOS) with an aim to give the readers an insight into polycystic ovarian syndrome and the multitude of problems- physical and psychological that are associated with it and almost always accompany the disease.

It is often difficult to pinpoint the beginning of polycystic ovarian syndrome in women. Rampant among the young women of today, polycystic ovarian syndrome turns out to be one of the major causes of infertility. While heredity or genetic factors do seem to play a significant role, we are still unclear on what precisely leads to the development of this syndrome in women. Research suggests that a low grade inflammation and a higher than normal level of insulin are the two factors that lead the ovaries to produce more androgens, the hormones behind the symptoms of polycystic ovarian syndrome. Exploring the connection that pcos shares with insulin, the CDC, USA has stated "Women with PCOS are often insulin resistant; their bodies can make insulin but can't use it effectively, increasing their risk for type 2 diabetes. They also have higher levels of androgens (male hormones that females also have), which can stop eggs from being released (ovulation) and cause irregular periods, acne, thinning scalp hair, and excess hair growth on the face and body". In this context, a research paper reads- "Several theories have been proposed

to explain the pathogenesis of PCOS.

- a) An alteration in gonadotropin-releasing hormone secretion results in increased luteinizing hormone (LH) secretion.
- b) An alteration in insulin secretion and insulin action results in hyperinsulinemia and insulin resistance.
- c) A defect in androgen synthesis that results in increased ovarian androgen production".

On the epidemiology of polycystic ovarian syn-

drome the WHO's factsheet reads- "The condition affects an estimated 8–13% of women of reproductive age, and up to 70% of cases are undiagnosed. Polycystic ovarian syndrome is the commonest cause of anovulation and a leading cause of infertility. Polycystic ovarian syndrome is associated with a variety of long-term health problems that affect physical and emotional wellbeing. "PCOS runs in families, but there are ethnic variations in how polycystic ovarian syndrome manifests itself and how it affects people".

When it comes to the treatment of pcos, the conventional system of medicine offers treatments for regulating the menstrual cycles including- Birth control medicines (contraceptive pill) and those for infertility including- lifestyle changes, medicines or surgery to stimulate regular ovulation.

When it comes to the role of complementary therapies such as ayurveda, siddha, or homeopathy in the cases of pcos, homeopathy seems to be the best alternative. This is so because of its mild nature, and dynamic properties of medicines which do not produce any adversities. Moreover, being highly individualized, homeopathy leaves less room for side effects, long term effects and complications. A research paper notes- "In the past, polycystic ovary syndrome has been looked at primarily as an endocrine disorder. Studies now show that polycystic ovary syndrome is a metabolic, hormonal, and psychosocial disorder that impacts a patient's quality of life'. Taking this statement to be the precise definition of pcos, a homeopathic remedy selected after proper case taking and consideration of totality of symptoms, homeopathy is sure to deal effectively with not

just the physical but also the psychological implications of the syndrome.

Quick Word On Issue Content

This issue of 'The Homoeopathic Heritage' brings forth the Role of Homeopathy in Polycystic Ovarian Syndrome (PCOS) with an aim to give the readers an insight into polycystic ovarian syndrome and the multitude of problems- physical and psychological that are associated with it and almost always accompany the disease.

With several articles, both subjective and clinical,

by our young doctors, this issue of 'The Homoeopathic Heritage' also features a distinct column called 'In Italics' by Dr. Jaykumar Chandrana and Dr. Archana Vyas on 'Cough and its homeopathic treatment through the olfactory route by Nebulization'. Showcasing the life history of Dr. J. N. Majumdar, the Stalwarts' Expedition section is written by Dr. Subhas Singh, Director, NIH, Kolkata, and the famous book- Uterine Therapeutics authored by Dr Henry Minton has been reviewed by Dr. G. Umarani.

Dr Rashi Prakash
rashi@bjainbooks.com

Note: The Homoeopathic Heritage is a peer-reviewed journal since January 2013. All articles are peer-reviewed by the in-house editorial team. Articles selected from each issue are sent for peer-review by an external board of reviewers and marked with a 'peer-reviewed' stamp. For inclusion of articles in the peer-review section, kindly send your articles 3-4 months in advance of the said month at hheditor@bjain.com.

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
October 2023	Psychosomatic Diseases And Homoeopathy	August 15, 2023
November 2023	Clinical Trials In Homoeopathy	September 15, 2023
December 2023	Role Of Homoeopathy In Surgical Cases	October 15, 2023

Homeopathy in PCOS: Role & Significance

Francis Treuherz

September has been designated as the month of PCOS awareness. While 5-10% of women in their reproductive age suffer from PCOS, it remains the most underdiagnosed endocrine condition in the world.

It is said- 'If you check the health of a woman you check the health of the society'.

With irregular ovulation, signs of increased androgen levels in a female and multiple small cysts on the ovaries, pcos poses a major threat to fertility of a female besides affecting her physically as well as mentally.

PCOS is an endocrine disorder in women of reproductive age. The aetiology is varied and vast. A few major factors contributing to its development include-

1. Increased insulin levels
2. Genetics and Hereditary factors
3. Increased androgen levels and
4. Low grade inflammatory state

The clinical picture in most women shows- irregular periods, facial hair growth and hair thickening, and the presence of cysts on ovaries. However, the most common complaint that women with pcos come to the doctor with, is infertility- it is their inability to conceive despite trying hard that disturbs them the most. A few notable complications of pcos besides infertility include- uterine cancer, hypertension, type 2 Diabetes Mellitus and problems with the heart, vessels and blood circulation.

While several therapies for PCOS and its complications have been suggested, homoeopathy remains one of the best treatment modalities not just for pcos but also for its complications like insulin resistance which render the patient at risk of developing diabetes mellitus.

In this context, I must share-

"Gymnema Sylvestre is a herb native to the tropi-

cal forests of southern and central India and Sri Lanka. As it suppresses the taste of sugar it has been appropriately called 'Gurmar', meaning sugar-killer. When the leaves are chewed, it so affects the sense of taste that one cannot detect the sweet taste of sugar. John H. Clarke mentions this remedy in his Dictionary of Practical Materia Medica in the 2nd edition published in 1925, where an account of chewing one or two leaves is described".

Further, there are a number of homeopathic remedies that help the homeopath in dealing with problems in the patient's heart. A few of them, I have mentioned in my book- My Journey in Homeopathy.

"Cactus Grandiflorus (Night blooming cactus) tincture could be indicated for heart irregularity and palpitations with vertigo, especially if there is the feeling of constriction in the chest or heart 'as if from an iron band' according to Boericke's Materia Medica.

Gingko biloba tincture is generally regarded as a heart tonic that is also good for the brain and memory in maturity.

When we talk about the homoeopathic remedies for pcos or for that matter any of its complications, selection of the right potency is utmost necessary. A homoeopath must be careful of the potency he uses. My potency selection uses the whole range up to very occasionally higher than 10M. The highest potencies are often used when the mental/emotional and physical symptoms overlap, but are not always the first potencies used. If I am using high potencies I might start with a 1M to give me room to go up to the 10M and very occasionally the 50M.

Finally, a research published recently (Polycystic Ovary Syndrome: An Evolutionary Adaptation to Lifestyle and the Environment

doi: 10.3390/ijerph19031336) notes that "Polycystic ovary syndrome (PCOS) is increasingly recognized as a complex metabolic disorder that mani-


feats in genetically susceptible women following a range of negative exposures to nutritional and environmental factors related to contemporary lifestyle."

Dr. John Briffa, a leading authority on the impact of nutrition and other lifestyle factors on health and illness maintains there is no reason to eat carbohydrate foods such as bread, pastry, pasta, rice, potatoes, corn and most of all sugars. Instead readers are guided towards proteins, and fats with plenty of vegetables and less sweet fruits. For example nuts are a good snack and Greek yogurt with berries makes a nutritious breakfast. Exercise is important but there is no need to embark

on a programme of gruelling workouts that leaves you aching and exhausted".

CONCLUSION

Worldwide, there is increasing evidence that homoeopathy is the treatment of choice for people suffering from ailments which are chronic in nature, and pose a major risk for the development of side effects with conventional methods of treatment. For syndromes such as PCOS which have lasting effects on multiple systems of the body and also on the mental health of the patient, Homoeopathy offers a gentle way to heal the damage.




HOMEO VISION- 2023

Ist National Homoeopathic Conference 2023
Theme: Evidence Based Homoeopathic Practice & Clinical Research



7th & 8th Oct 2023

Organized by
Healthy World Vision Foundation

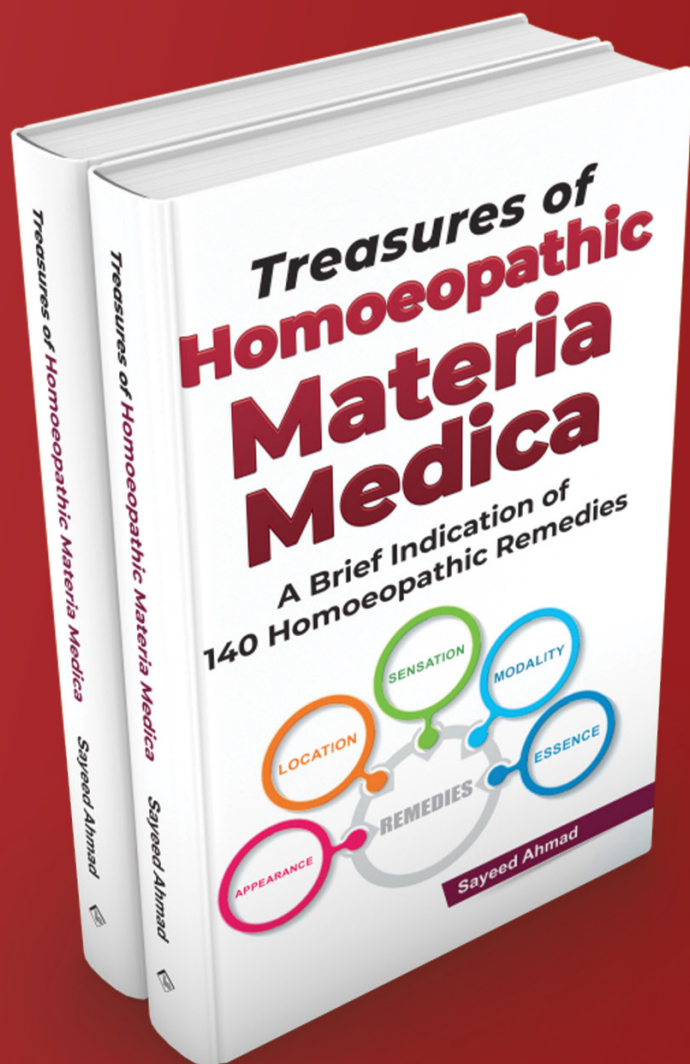


**Lal Bhadur Shastri, Ganna Kisan Sansthan,
Butler Road, Lucknow, Uttar Pradesh**

An Indispensable Companion

For

Students & Seasoned Practitioners Alike



KEY FEATURES

Symptoms on tips- The medicine has been described in very comprehensive and basic English language that even a layman can understand.

Explore key aspects of medicines- This book details each medicine under the 5 key headings- appearance, location, sensation, modality, essence- the five aspects which complete a symptom.

Quick before exam guide- This book serves as Quick guide to refer medicines for students appearing for exam .

Clarity and authenticity - The author has detailed all medicines for students of homeopathy from the exam and practice point of view. By focusing on the essential points mentioned under each drug, readers can quickly grasp the essence of remedy.

Word meanings- The author has presented references to the meaning of tricky medical terms at the end of each page as well as at the end of the book. This provides complete insight into the medicine and ensures a comprehensive understanding of the medicines.



Dr. Jnanendra Nath Majumdar

Dr. Subhas Singh, Dr. Niharika Shaw, Dr. Vignesh K. , Dr. Dinesh Sura

Discovery and development of Homoeopathy was first done by an allopath Dr. Christian Friedrich Samuel Hahnemann and it was spread and popularized in Calcutta and India by an allopath converted Homoeopath Dr. Pratap Chandra Majumdar. His eldest son Dr. Jitendra Nath Majumdar was the father of Dr. Jnanendra Nath Majumdar, next pioneer in this series of '*Pioneers' Expedition*'. Dr. Jnanendra Nath Majumdar belonged to a rich ancestral background and family of three generation allopaths who later converted to Homoeopathy. He was also commonly known as Dr. Jnan Majumdar. He was a well learned physician who dedicated the rest of his life to betterment and increased acceptance of Homoeopathy in the early 20th century in India. Let's look into the life and works of Dr. Jnanendra Nath Majumdar closely.

EARLY LIFE AND EDUCATION

Dr. Jnanendra Nath Majumdar was born on 15 September 1907. He did his schooling from a reputed Metropolitan School in Kolkata which was founded by Pandit Ishwar Chandra Vidyasagar in 1884 and chaired by none other than Swami Vivekananda as Headmaster. He passed his intermediate in Science in 1924 from City College of Calcutta. He then joined Carmichael Medical College (present day's R.G. Kar Medical College) and received his MBBS degree in 1929 with Honours in the subject of Surgery and Midwifery.

His thirst for knowledge did not stop here. He further took his degree of M.Sc. in 1932 and then flew to London to complete his further medical studies. He took his L.R.C.P. degree from London in 1933 and F.R.C.S. from Edinburgh University in 1973. It was after all this that at the age of 66 years Dr. Jnan Majumdar took his D.M.S. examination in Homoeopathy from West Bengal. He was awarded the degree of M.D. from the Council of Homoeopathic Medicine, West Bengal in 1973.

Dr. Majumdar was also actively involved in politics from his college days.

ANCESTORS AND FAMILY

The Homoeopathic lineage of Jnan Majumdar's family started with conversion of Dr. Bihari Lal Bhaduri from allopathy to Homoeopathy on coming in contact with Dr. Salzer and Rajendra Dutta and he became one of the early Homoeopathic stalwarts in India. Dr. Pratap Chandra Majumdar was his great son-in-law who later became a much bigger pioneer of Homoeopathy and established the first Homoeopathic institute, *Calcutta Homoeopathic Medical School* and was the founder editor of *Indian Homoeopathic Review*. Dr. Jitendra Nath Majumdar was eldest son of Dr. Pratap Chandra Majumdar. He was also an allopath converted Homoeopath who established *Pratap Chandra Memorial Homoeopathic Medical College* and also established a Homoeopathic hospital in Madhupur, Bihar.

Dr. Jnanendra Nath Majumdar was born to father Dr. Jitendra Nath Majumdar and mother Smt. Rajeshwari Devi. Dr. Jnan Majumdar's childhood was spent in a family full of Homoeopathic stalwarts. That is why despite studying M.B.B.S., he later took ahead his Homoeopathic family legacy and achieved a bigger milestone for Homoeopathy.

Dr. Jnan Majumdar was married to Smt. Anima Majumdar. She was the iron lady who stood behind Jnan Majumdar and anchored their family in his absence while working for Homoeopathy. All the sons and daughters of Jnan Majumdar were well settled as surgeons and engineers.

HOMOEOPATHIC CONTRIBUTIONS

Dr. Majumdar played a vital role in promoting and establishing Homoeopathy in West Bengal and in India as well. In 1943, he helped pass a law regarding statuses of State Faculty in Bengal. He was an eminent member of the Homoeopathic Advisory Committee from 1956 to 1966 and drafted the Act for the Central Council of Homoeopathy. It was his hard work and dedication which

led to enactment of the Homoeopathic Act of 1963. The syllabus in the Council was the result of hard work of Dr. Majumdar. All his commitments were rewarded when the Central Homoeopathy Council Act was passed and the National Institute of Homoeopathy was established in Calcutta in 1975.

Dr. Jnan Majumdar was one of the most famous and probably most learned Homoeopath of his time. He was President of *All India Homoeopathic Medical Association* and sole patron behind *All India Conference* held in Calcutta in 1977 (probably). He also presided over the first session of *Assam State Homoeopathic Conference* in 1951. He was Principal of *Pratap Hering Memorial Homoeopathic Medical College* and visiting Professor in Surgery in *National Medical College*.

Dr. Majumdar is known not only for his administrative works and achievements. He was a great clinician and a very successful homoeopathic practitioner. He was an admirer of Kent, Boericke and Stuart Close but greatly followed Boenninghausen and Boger in his practice. Homoeopathy in Bengal was spread and ruled by Majumdars through their widespread clinics and dispensaries in Calcutta. Not only from Bengal but many patients consulted him for their illnesses from Nepal, Sri Lanka, East Pakistan and even from more

far-off places like America, Canada and Russia.

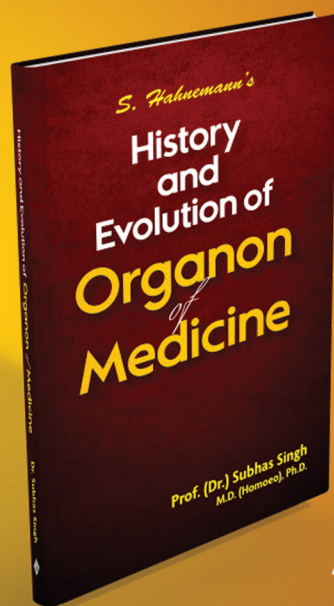
He was a great experimenter beside an administrator and a clinician. He used to verify and experiment with proved as well as characteristic symptoms of a remedy on a regular basis. He even worked in the Homoeopathic Research Sub-Committee from 1958. He has done extensive work on *Aqua cosmos*.

LATER LIFE

Dr. Jnan Majumdar worked tirelessly for Homoeopathy till the end of his life. He neglected his own health in the process and suffered a major heart attack and got bedridden. Despite such conditions he continued his work till 29 November, 1978 when he left for his heavenly abode.

ABOUT THE AUTHORS

1. **Dr. Subhas Singh**, Director, National Institute of Homoeopathy, Kolkata
2. **Dr. Niharika Shaw**, PGT, National Institute of Homoeopathy, Kolkata
3. **Dr. Vignesh K.**, PGT, National Institute of Homoeopathy, Kolkata
4. **Dr. Dinesh Sura**, PGT, National Institute of Homoeopathy, Kolkata



ISBN 9788131923863

Ever got curious to know about the background study of Organon?

Its evolutionary process, chronology of its translations?

Well
this is the book to look for!

A thorough study has been made of each aphorism, its content and the changes it went through in different editions.

An excellent book to give a try for in depth knowledge of the past of Organon and its journey.

A well assembled work of art!

Role of Homoeopathy in Cosmetic Concerns of Females Suffering from Pcos

Dr. Ishita Ganjoo, Dr. Deeksha Garg



ABSTRACT

Polycystic ovarian syndrome is a complex disorder of females in the reproductive age group and a leading cause of infertility. It has multiple effects where skin is the major target of PCOS. The changes in the skin leads to cosmetic manifestations like hirsutism, alopecia and acne. The exact pathophysiology is not well mentioned but it is a hormonal imbalance where there is increase in androgen and oestrogen levels. Clinical diagnosis is made on the basis of menstrual cycle irregularities, obesity, hirsutism and pathological findings of hormonal change followed by ultrasound to confirm the presence of multiple cysts in the ovaries. The homoeopathic treatment in cases of PCOS or related symptoms is as per the totality of symptoms because Homoeopathy treats the patient as a whole. There are multiple remedies in Homoeopathy that will remove the cause and effect of the PCOS.

Keywords: Polycystic ovary, estrogen, oligomenorrhoea, hirsutism, hyperandrogenemia.

Abbreviation: PCOS – Polycystic Ovarian Syndrome, DUB- Dysfunctional Uterine Bleeding, FSH – Follicle Stimulating Hormone, LH – Luteinizing Hormone

INTRODUCTION

Polycystic ovary syndrome a condition characterized by oligomenorrhea and amenorrhea with androgen excess which is a common problem among women of reproductive age various studies report it as ranging from 2 to 5% in women of reproductive age syndrome very often manifests initially on the skin the cosmetic manifestation of PCOS arise due to androgen excess that is associated with PCOS these are acne, hirsutism and androgenic alopecia. It has been reported that 70% of PCOS patients have acne and 90% have hirsutism.¹

Gonadal hormones and the skin tissues are producers as well as targets of hormones. Gonadal hormone in skin generally exert a tropic effect on the cutaneous cells with a predilection for hair follicle and sebaceous glands and sexual zones. Gonadal hormone receptors are not entirely specific and can cross react; for example progesterone can bind to androgen receptors and exert either androgenic or anti - androgenic effect pending on the site of action and made down regulate estrogen receptors both androgens and estrogen are

implicated in regulation of hair growth, sebaceous gland function, proliferation and differentiation of epithelial cells of epidermis and adnexa. Functional activity of dermal fibroblasts, collagen synthesis, maturation and turnover in dermis skin, immune cell activity, regulation of melanocytes and wound healing.¹

The clinical effects of androgen on the skin are increased hair growth, increased pigmentation, thickened and coarse skin, enlarged pores, excessive oiliness, coarse hair on extremities, anterior chest, beard and genitalia show masculinization, enlarged clitoris.¹

Treatment of skin effects due to PCOS is the individual drugs used to affect the different aspects of androgen metabolism by decreasing androgen production, by inhibiting metabolic clearance rate, inhibiting androgen receptors, inhibition of enzymes responsible for peripheral productions of testosterone.³

POLYCYSTIC OVARIAN SYNDROME -

Polycystic ovarian syndrome was originally de-

scribed in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism, obesity, associated with enlarged polycystic ovaries. PCOS is a multifactorial and polygenic condition. This heterogeneous disorder is characterized by excessive androgen production by the ovaries.⁴

PCOS was diagnosed as a syndrome of ovarian hyper function which is influenced by genetic defects causing intrinsic ovarian dysfunction which is influenced by extra ovarian factors. Due to above facts treatment of PCOS remains almost symptomatic.³

Diagnosis is based upon the presence of any two of the following three criteria –

1. Oligoamenorrhoea or anovulation
2. Hyperandrogenism
3. Polycystic ovaries

Biochemical abnormalities associated with PCOS –

- Hyperandrogenemia, hyperinsulinaemia, hyperlipidaemia, hyperprolactinaemia
- High serum estrogens, high secretion LH,
- Low FSH, serum progesterone, serum SHBG
- Androgenic follicular microenvironment⁴

Typically, ovaries are enlarged, ovarian volume increased more than 10 cm³, stroma is increased, capsule is thickened and pearly white in color. Presence of multiple follicular cysts measuring about 2-9 mm in diameter around cortex.

Clinical features of PCOS includes complain of increasing weight, menstrual abnormalities in the form of oligomenorrhoea, amenorrhoea, DUB and infertility. *Presence of acne and hirsutism are an important feature in 70% cases.*⁴

PCOS is diagnosed on the basis of ultrasonographic finding showing enlarged volume of ovaries, increase number of peripherally arranged cysts. Serum values including LH, LH: FSH, Estradiol, testosterone, estrone raised.⁴

Management of PCOS needs individualization of the patient. It depends on her presenting symptoms, like menstrual disorder, infertility, obesity, hirsutism or combined symptoms. The primary

target is to correct the biochemical abnormalities. Patient's counseling is important in all cases of PCOS.⁴

ACNE VULGARIS -

Acne is a disorder of sebaceous glands generally manifesting in adolescence with pleomorphic lesions like comedones, papules, pustules and cysts. All these can lead to extensive scarring. Alteration in the pattern of keratinisation within the sebaceous follicles holds the micro comedo, which is the initial lesion of the acne. Increased production of Keratinocytes and their increased adhesion lead to retention hyperkeratosis. Excessive sebum secretion and sebaceous gland hypertrophy and hyperplasia usually occur in patients of acne.¹

Lesions of acne vulgaris are seen on the sebaceous gland rich body regions mainly the face, mid chest, back, shoulders and upper arms. Comedone scan is described as the most pathognomonic lesion. A Comedone is conical raised lesion with a broad base and a plugged apex. There can be plugs like blackhead and whitehead formed by keratinous material blocking the sebaceous canal. The inflammatory lesions named papules, pustules, nodules and cysts indicate the variety of the disease under acne.¹

ANDROGENETIC ALOPECIA -

Women with PCOS mainly present with pattern hair loss in the second to third decades. Effective treatment of pattern hair loss can include both medical and surgical approaches.¹

Temporal balding is usually seen after prolonged exposure to androgen.³

HIRSUTISM -

The term hirsutism defines the presence of terminal hair in a male pattern but in a woman. The area includes beard, moustache, chest, inner thigh etc. Hirsutism is related to an increase in androgen levels or an end organ response to androgens that's why it is observed only after puberty. The first step in evaluating women with hirsutism is to determine the source of the responsible androgens that are adrenals or the ovaries. It is also important to determine whether the hyper-

androgenism is cutaneous or humoral.¹

Polycystic ovarian disease accounts for 80% of hirsutism and is characterized by oligomenorrhea, obesity, hirsutism and often infertility. Both the ovaries are enlarged and covered with a thick, smooth, fibrotic, pearly white capsule. Multiple small cysts 2 - 8 mm in size are present at the periphery of the ovary and the ovarian stroma is increased due to theca cell hyperplasia. Ultrasonography reveals the ovarian morphology clearly and diagnosis can be accurately established LH level is raised even in the pre-ovulatory phase of

the menstrual cycle; causing a high LH/FSH ratio, this results in anovulation, high estrogen level but absence of progesterone. About 50% of women with PCOS will show raised level of androgen this will lead to hirsutism.²

Even when a PCOS patient has an increased level of androgens, hirsutism may not be present unless there is an increase in peripheral androgen metabolism. That's why some women with PCOS are hirsute and others are not.³ Hirsutism can be graded using the Ferriman – Gallwey scoring system. This scoring system evaluates 9 key anatomic sites.³

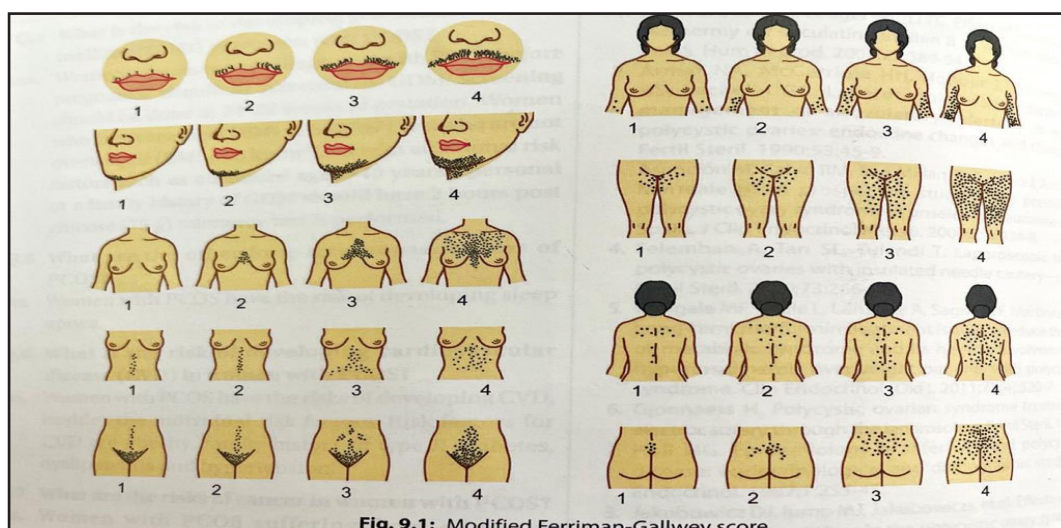


Fig. 9.1: Modified Ferriman-Gallwey score.

MIASMATIC DIAGNOSIS OF PCOS6 –

Symptom of psoric miasm

- All functional menstrual disorders, especially amenorrhoea
- Menstrual flow scanty, or too short duration
- Symptom of sycotic miasm
- Menstrual disturbance from hormonal imbalance
- Ovarian growths
- Polycystic ovarian disease
- Symptom of syphilitic miasm
- Variety of tumour
- Irregular menses both in quality and frequency

HOMOEOPATHIC MANAGEMENT –

PCOS is one of such Malady of Psoric origin in

which there is accumulation of multiple small cyst arranged at periphery of enlarged and bulky ovaries with increased bright central stroma . Homoeopathic remedies stimulate the body's own healing potential for restoring balance of the immune system thereby reversing the PCOS. In Homoeopathy, it is the patient in disease and not the disease in the patient that is the target of this treatment. Thus, Homeopathy not only removes the effect of disease i.e. pathology, but also annihilates the cause of the disease i.e. etiology leading to permanent recovery i.e. cure.⁷

Homoeopathy is safe, non-addictive, and free from any side-effects and can be taken alongside conventional medicine. Combining homoeopathic medicine with proper routine, good lifestyle choices, diet and exercise can be most effective in helping women in PCOS. Recurrence of disease

is also guided by holistic mode of treatment as enunciated by Dr Hahnemann in Organon of Medicine. Use of hormonal treatment should be avoided because it has unpleasant side-effects. Homoeopathic drugs are cost-effective and easy to use with no side-effect.⁷

Symptoms of PCOS⁸

- Acne – Antimonium tartaricum, Berberis aquifolium, Hydrocotyle asiatica, Cimicifuga, Ledum pal, Kali bromatum
- Alopecia – Fluoric acid, Pix liquida
- Hirsutism – Oophorinum, Natrum mur, Sepia, Oleum Jecoris aselli
- Amenorrhoea – Caulophyllum, Cimicifuga, Cyclamen, Pulsatilla, Sepia, Sulphur, Natrum mur
- Obesity – Ambra grisea, Calc carb, Fucus vesiculosus, Phytolacca berry, Thyroidinum
- Irregular menses - Cimicifuga, Cocculus, Graphites, Pulsatilla, Sepia

Cimicifuga⁸ –

- Amenorrhoea,
- Pain in ovarian region; shoots to anterior surface of thigh.
- Menses profuse, dark, coagulated, offensive with backache; nervousness; irregular.
- Ovarian cyst and neuralgia
- Menorrhagia
- Dysmenorrhoea
- Pain across the pelvis from hip to hip
- Facial blemishes in young women

Cocculus cacti⁸ –

- Menses too early, profuse, black and thick
- Metrorrhagia
- Large and dark clots escape with dysuria
- Labia inflamed

Cyclamen europaeum⁸ –

- Menses profuse, black, membranous, clotted, too early with labor like pains from back to pubes
- Metrorrhagia
- Acne in young women

- Pruritus better scratching and by appearance of menses

Pulsatilla⁸ –

- Amenorrhoea
- Suppressed menses from wet feet, nervous debility or chlorosis
- Tardy menses
- Acne at puberty
- Too late, scanty, thick, dark, clotted, changeable and intermittent

Sepia⁸ –

- Bearing down sensation as if everything would escape through the vulva
- Patient must close limbs to prevent protrusion
- Menses too late and scanty
- Chloasma
- Lentigo in young women
- Saddle like brownish distribution on nose and cheeks
- Acne with yellow around the mouth

Phytolacca decandra⁸ –

- Papular and pustular lesions
- Early stages of cutaneous diseases
- Menses too copious and frequent
- Ovarian neuralgia of right side
- Fucus vesiculosus⁸ –
- A remedy for obesity and non toxic goiter
- Obstinate constipation
- Thyroid enlargement in obese subjects
- Digestion diminished

Pix liquida⁸ –

- Skin cracked; itches intolerably
- Skin bleeds on scratching
- Eruptions on the back of hands
- Alopecia

Fluoricum acidum⁸ –

- Menses copious, frequent, too long.
- Nymphomania
- Atony of capillary and venous system
- Eruptions with red edges and vesicles

Oleum jecoris aselli –

- facial hair growth in women
- hair particularly on chin and upper lip
- amenorrhoea and oligomenorrhoea
- soreness of both ovaries with dysmenorrhoea

Oophorinum -

- Useful for hirsutism
- Unwanted facial hair due to ovarian cysts or tumours
- Act on skin related to complain of female genitalia
- Menses too early, profuse, clotted

Berberis aquifolium⁸ –

- Pimples, dry, rough, scaly
- Eruptions on the scalp extending to neck and face
- Acne with glandular induration
- Dry eczema and pruritus
- Clears the complexion
- Acne, blotches and pimples

Calcarea carb⁸ –

- Menses too early, too profuse, too long.
- Menorrhagia and metrorrhagia
- burning and itching of parts before and after menstruation
- nymphomania
- swelling of the upper lip
- itching pimples in the whiskers

Sulphur⁸ –

- menses too late, short, scanty and difficult
- menses preceded by headache
- menses thick, black, acrid, making parts sore
- pudenda itches

Natrum mur⁸ –

- oily, shiny, as if greased
- earthy complexion
- menses irregular and profuse
- suppressed menses
- bearing down pain; worse in the morning

Hydrocotyle⁸ –

- dull pain in the ovarian region
- dry eruption, circular spots with scaly edges
- acne, intolerable itching

Cocculus⁸ –

- menses too early, clotted, with spasmodic colic
- dysmenorrhea, with profuse dark menses
- weak during menstruation

Graphites⁸ –

- itching pimples,
- menses too late, with constipation
- induration of the ovaries

REFERENCES

1. Shah Duru, Bhatena R K, Shroff Safala, The polycystic ovary syndrome, 2004, Orient longman pvt ltd, Chennai, pg no. 84 to 99
2. Padubidri VG, Daftary N Shirish, Howkins and Bourne Shaw's Textbook of Gynaecology, 14th edition, Elsevier, New Delhi, pg no. 102
3. Dutta DK, Dutta Banani, Polycystic ovary syndrome, first edition 2004, jaypee brothers medical publishers pvt ltd, 2004, New Delhi, pg. no. 12,26
4. Dutta DC, Konar Hiralal, D C Dutta's textbook of gynaecology including contraception, sixth edition 2013, jaypee brothers medical publishers pvt ltd, New Delhi, pg no. 459,460,469,470
5. Konar Hiralal, DC Dutta's clinics in Gynaecology, first edition, Jaypee brothers medical publishers, New Delhi, 2022
6. Naik Kedarnath, Handbook of homoeopathic therapeutics on obstetrics and gynaecology, first edition, B Jain publishers pvt ltd, New Delhi, 2012, pg. no. 211 - 212
7. Gupta Girish, Evidence based research in Homoeopathy in Gynaecology, first edition, digiprint Pvt Ltd, Lucknow, 2017, 86, 87, 96, 97
8. Boericke William, Boericke's new manual of homoeopathic material medica with repertory, third reviewed edition, B Jain Publishers Pvt Ltd, 2018

ABOUT THE AUTHORS

1. **Dr. Ishita Ganjoo**, BHMS, M.D.(Practice of Medicine),Gold Medalist, MBA (H.A.) Ph.D. Scholar(H.U, Jaipur), Associate Professor, Dept. of Obstetrics and Gynaecology, HMC&H, Chandigarh
2. **Dr. Deeksha Garg**, BHMS,M.D.(organon of medicine), MBA (Hospital Administration), Assistant Professor, Dept. of Surgery, HMC&H, Chandigarh

The Integrative Approach: Homeopathy's Role in Comprehensive PCOS Care

Dr Mahima Bhatnagar

ABSTRACT

This article explores the scope of homeopathy in managing Polycystic Ovarian Syndrome (PCOS), a prevalent endocrine disorder affecting women of reproductive age. Homeopathy, a system of alternative medicine, offers a holistic approach that aims to restore hormonal balance and alleviate PCOS symptoms. The individualized treatment approach of homeopathy addresses the unique manifestations of PCOS in each patient, promoting long-term healing and overall well-being. Homeopathic remedies, carefully selected based on symptom matching, target hormonal imbalances and regulate excessive androgen production. Studies have suggested the potential efficacy of homeopathy in managing PCOS symptoms, including menstrual irregularities, acne, hirsutism, weight gain, and fatigue. Lifestyle modifications, such as dietary recommendations and stress management techniques, complement the homeopathic treatment. It is crucial to consider homeopathy as a complementary approach alongside conventional medical treatment. Further research is needed to fully understand the mechanisms and effectiveness of homeopathy in PCOS management. Collaborating with qualified homeopaths and medical professionals ensures comprehensive care for women with PCOS.

Keywords: : Polycystic Ovarian Syndrome, PCOS, homeopathy, complementary and alternative medicine, hormonal balance, individualized treatment, symptom management

Abbreviations: PCOS- Polycystic Ovarian Syndrome.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a prevalent endocrine disorder affecting women of reproductive age. It is characterized by hormonal imbalances, ovarian dysfunction ⁽¹⁾, ⁽²⁾, irregular menstrual cycles, cyst formation in the ovaries, and various associated symptoms ⁽³⁾. While conventional medicine offers treatment options, an increasing number of women are turning to alternative therapies like homeopathy ⁽³⁾, ⁽⁴⁾, ⁽⁵⁾, ⁽⁶⁾, ⁽⁷⁾, ⁽⁸⁾, ⁽⁹⁾ to address the complex nature of PCOS. In this article, we will explore the scope of homeopathy in managing PCOS, highlighting its holistic approach, potential benefits, and referencing relevant studies.

PATHOPHYSIOLOGY: The pathophysiology of PCOS involves a combination of genetic, hormonal, and environmental factors. Insulin resistance

and hyperinsulinemia play a crucial role in the pathogenesis of PCOS, leading to hyperandrogenism, anovulation, and ovarian dysfunction ⁽¹⁰⁾, ⁽¹¹⁾. Chronic low-grade inflammation, dysregulation of gonadotropin-releasing hormone (GnRH), and alterations in adipokines and adipose tissue contribute to the pathophysiological features of PCOS ⁽¹²⁾, ⁽¹³⁾.

ETIOLOGY: PCOS has a complex etiology influenced by both genetic and environmental factors. Genetic studies have identified candidate genes involved in insulin signaling, androgen metabolism, and follicle development as potential contributors to PCOS ⁽¹⁴⁾, ⁽¹⁵⁾. Environmental factors such as obesity, lifestyle, and exposure to endocrine-disrupting chemicals also play a role in the development and progression of PCOS ⁽¹⁶⁾, ⁽¹⁷⁾.

CLINICAL FEATURES: The clinical features of PCOS are diverse and can vary among individu-

als. Menstrual irregularities, including oligomenorrhea or amenorrhea, are common presentations⁽¹⁸⁾.

Hyperandrogenism manifests as hirsutism, acne, and androgenic alopecia⁽¹⁹⁾.

Other clinical features may include obesity, insulin resistance, acanthosis nigricans, and psychological symptoms such as mood disorders and reduced quality of life⁽²⁰⁾.

INVESTIGATIONS: Accurate diagnosis of PCOS requires a thorough evaluation of clinical and laboratory parameters. Diagnostic criteria, such as those proposed by the Rotterdam criteria or the Androgen Excess and PCOS Society, encompass the assessment of menstrual irregularities, hyperandrogenism, and polycystic ovaries on ultrasound^{(21), (22)}.

Laboratory investigations include hormonal profiling, such as measuring serum levels of androgens, gonadotropins, and insulin. Imaging techniques, such as transvaginal ultrasound, can aid in visualizing ovarian morphology⁽²³⁾.

Understanding Homeopathy:

Homeopathy is a system of alternative medicine based on the principle of “like cures like.” It employs highly diluted substances derived from natural sources to stimulate the body’s innate healing abilities⁽⁴⁾. Homeopathy views symptoms as an expression of the body’s effort to restore balance and treats the individual as a whole rather than targeting specific ailments⁽⁴⁾. This holistic approach aligns well with the multifaceted nature of PCOS.

Individualized Treatment:

One of the significant advantages of homeopathy is its emphasis on individualized treatment⁽⁴⁾. A homeopath will assess the patient’s physical, emotional, and mental well-being while considering the unique manifestations of PCOS. Rather than adopting a one-size-fits-all approach, a homeopath will tailor the treatment plan based on the specific symptoms and underlying causes experienced by the individual⁽³⁾. This personalized

approach aims to address the root cause of PCOS, promoting long-term healing and overall well-being.

Hormonal Balance and Regulation:

Homeopathic remedies focus on restoring hormonal balance in the body⁽⁴⁾. PCOS is often characterized by an excess of androgens (male hormones) and insulin resistance. Homeopathic remedies, carefully chosen to match the individual’s symptom picture, aim to regulate hormonal levels and reduce excessive androgen production⁽³⁾. Several studies have indicated the potential efficacy of homeopathic medicines in managing PCOS symptoms and hormonal imbalances^{(3), (5), (6), (7), (8)}. **Some commonly used homeopathic medicines for PCOS and their indications include:**

1. ***Pulsatilla*:** Indicated for irregular or suppressed menstrual cycles, hormonal imbalances, and emotional symptoms such as weepiness and mood swings.
2. ***Sepia*:** Suitable for PCOS with irregular periods, heavy bleeding, and associated symptoms such as fatigue, irritability, and a sense of indifference towards loved ones.
3. ***Lachesis*:** Used when there is hormonal imbalance with symptoms of hot flashes, palpitations, and aggravation of symptoms before periods.
4. ***Calcarea carbonica*:** Indicated for overweight individuals with PCOS, excessive sweating, and craving for sweets and eggs.
5. ***Natrum muriaticum*:** Useful for PCOS with irregular periods, headaches, and symptoms worsened by heat and sun exposure.

Symptom Management:

Homeopathic remedies can effectively address various symptoms associated with PCOS¹. Menstrual irregularities, such as absent or irregular periods, heavy bleeding, or prolonged cycles, can be improved with appropriate homeopathic interventions. Additionally, homeopathy may help alleviate acne, hirsutism (excessive hair growth), hair loss, weight gain, mood swings, and fatigue commonly experienced by women with PCOS. By targeting the root cause of these symptoms, homeopathy aims to bring about lasting relief.

Lifestyle Support:

Alongside the use of homeopathic remedies, homeopaths often provide guidance on lifestyle modifications to complement the treatment. This may include dietary recommendations, stress management techniques, and exercise regimens tailored to the individual's needs⁽³⁾. By adopting a comprehensive approach that encompasses both internal and external factors, homeopathy seeks to support overall health and improve the outcomes for women with PCOS.

Complementary Approach:

It is essential to note that homeopathy should be seen as a complementary approach to conventional medical treatment for PCOS. It does not replace the need for medical diagnosis or prescribed medications, especially in cases where medical intervention is necessary, such as severe insulin resistance. Homeopathy can work synergistically with conventional treatments, providing an integrative approach that addresses the broader spectrum of PCOS symptoms and underlying causes⁽³⁾.

CONCLUSION:

The scope of homeopathy in managing PCOS is promising, offering a holistic and individualized approach to address the multifaceted nature of the condition. By restoring hormonal balance, alleviating symptoms, and supporting overall well-being, homeopathy can complement conventional treatments and improve the quality of life for women with PCOS. While further research is needed to fully understand the mechanisms and efficacy of homeopathy in PCOS management, existing studies suggest its potential benefits. It is crucial to consult with a qualified homeopath and collaborate with medical professionals to ensure comprehensive care.

REFERENCES:

1. Azziz, R., Carmina, E., Chen, Z., Dunaif, A., Laven, J. S., Legro, R.

- S., ... & Witchel, S. F. (2016).
2. Teede, H. J., Misso, M. L., Costello, M. F., Dokras, A., Laven, J., Moran, L., ... & Norman, R. J. (2018).
3. Panahi, Y., Sharif, M. R., Sharif, A., Beiraghdar, F., & Zahiri, Z. (2014). Homeopathic treatment of polycystic ovary syndrome: A case report. *Homeopathy*, 103(2), 147-151.
4. Gosavi, S., Deshpande, S., & Vispute, P. (2018). Management of polycystic ovary syndrome: A homeopathic perspective. *Indian Journal of Research in Homeopathy*, 12(1), 9-14.
5. Singh, S., Gupta, Y. K., & Goyal, J. P. (2017). Homeopathy in polycystic ovary syndrome: A systematic review. *Journal of Evidence-Based Complementary & Alternative Medicine*, 22(4), 944-951.
6. Saha, S., & Shah, M. (2020). Efficacy of individualized homeopathic treatment of PCOS: A double-blind, randomized, placebo-controlled clinical trial. *Homeopathy*, 109(1), 32-38.
7. Yadav, R. K., & Magan, P. (2017). Homeopathic approach in the management of PCOS: A case series. *Journal of Complementary and Alternative Medical Research*, 3(2), 1-4.
8. Saha, S., & Roy, R. (2015). A prospective observational study to evaluate the efficacy of homeopathic medicines in the management of PCOS. *Journal of Case Reports and Studies*, 3(2), 1-5.
9. Oberbaum, M., Galoyan, N., Lerner-Geva, L., Singer, S. R., Grisaru, S., Shashar, D., ... & Lahat, E. (2005). The effect of the homeopathic remedies *Arnica montana* and *Bellis perennis* on mild postpartum bleeding--a randomized, double-blind, placebo-controlled study--preliminary results. *Complementary Therapies in Medicine*, 13(2), 87-90.
10. Dunaif, A. (2016).
11. Yildiz, B. O. (2015).
12. Escobar-Morreale, H. F., Luque-Ramirez, M., & San Millan, J. L. (2011).
13. Franks, S. (2012).
14. Hayes, M. G., Urbanek, M., Ehrmann, D. A., Armstrong, L. L., Lee, J. Y., Sisk, R., ... & Legro, R. S. (2005).
15. Chen, Z. J., Zhao, H., He, L., Shi, Y., Qin, Y., Shi, Y., ... & Zhou, G. (2011).
16. Lim, S. S., Norman, R. J., & Davies, M. J. (2013).
17. Barber, T. M., & Franks, S. (2013).
18. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group (2004).
19. Azziz, R., Carmina, E., Dewailly, D., Diamanti-Kandarakis, E., Escobar-Morreale, H. F., Futterweit, W., ... & Witchel, S. F. (2006).
20. Dokras, A. (2008).
21. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group (2004).
22. Azziz, R., Carmina, E., Dewailly, D., Diamanti-Kandarakis, E., Escobar-Morreale, H. F., Futterweit, W., ... & Witchel, S. F. (2006).
23. Dewailly, D., Gronier, H., Poncelet, E., Robin, G., Leroy, M., Pigny, P., & Catteau-Jonard, S. (2016).

ABOUT THE AUTHOR

Dr. Mahima Bhatnagar

Homeopathy and Lifestyle Modifications in PCOS

Dr Saleha Mohsin

ABSTRACT

PCOS is an endocrine disorder among females characterized by signs and symptoms of hyperandrogenism and ovarian dysfunction. Clinical features include menstrual irregularities, acne, weight gain, inability to conceive, hirsutism. Homeopathy has proved its effectiveness in treating PCOS evident clinically and ultrasonically. Homeopathic medicines are not only effective in treating the syndrome but are also safe from side effects seen in conventional treatment.

Keywords: Syndrome, Homeopathy, endocrine, cyst, hyperandrogenism, ovaries, hirsutism, menses.

Abbreviations: PCOS – polycystic ovarian syndrome, LH- luteinizing hormone, FSH- follicle stimulating hormone, CCRH- central council for research in homeopathy.

INTRODUCTION

PCOS (polycystic ovarian syndrome) is a very common endocrine disorder in females affecting 8-13% of women in reproductive age¹. It is a combination of signs and symptoms occurring as a consequence of hyperandrogenism and ovarian dysfunction in the absence of other specific diagnosis².

- PCOS was first described by Irving F. Stein and Michael L. Leventhal as a combination of amenorrhea associated with bilateral polycystic ovaries³.
- Homeopathic treatment is based on an individualistic approach. Every patient is treated as unique, and the treatment is given based on the totality of signs and symptoms. Importance is given to striking, peculiar and uncommon symptoms of the patient.
- Several research studies have proved the effectiveness of homeopathic medicines in managing PCOS clinically and ultrasonically.

Pathophysiology of PCOS

The exact etiology of PCOS still remains unknown. Several environmental, genetic, and transgenerational factors are responsible. Normal ovaries produce a single dominant follicle which leads to just one ovulation per menstrual cycle.

Throughout the follicular phase of the menstrual cycle, this dominant follicle produces estradiol; after ovulation, it transforms into the corpus luteum, which produces high level of progesterone throughout the luteal phase. The uterus under the action of estradiol and progesterone gets prepared for the implantation of the human embryo. Egg cells are normally present in ovarian follicles and discharged during ovulation. The ovarian cycle and the process of folliculogenesis are disturbed in polycystic ovarian syndrome. Hormone imbalances hinder follicles from developing and maturing enough to release egg cells. Instead, these immature follicles gather in the ovaries as cysts. Affected women may have 12 or more of these follicles.

PCOS is a metabolic syndrome with features of the following:

1. Hyperandrogenism: Elevated androgens is the key feature of PCOS. Excessive androgen triggers early luteinization, which prevents ovulation by affecting the selection of dominant follicles. The excessive hair growth and acne that are evident in PCOS can also be attributed to high androgen levels. Excess androgens also inhibit the manufacture of estradiol, a growth hormone essential for the proper development of antral follicles in

the tissues of the reproductive organs. The cysts in the ovaries formed in PCOS are the premature antral follicles.

2. LH/FSH imbalance: The pituitary gland secretes LH and FSH. LH functions to promote androgen production and FSH causes stimulation and maturation of the egg cell before ovulation. These hormones are unbalanced in PCOS. A decrease in FSH limits the stimulation, maturation, and release of an egg during ovulation whereas an increase in LH causes an excess of androgens which converts into testosterone.
3. Insulin resistance and Hyperinsulinemia: Although it is not one of the PCOS diagnostic

criteria, insulin resistance is found in 60–80% of patients.⁴

Symptoms

The symptoms of PCOS are due to hyperandrogenism and oligo or anovulation. These include:

1. Irregular periods
2. Inability to conceive.
3. Hirsutism
4. Weight gain
5. Thinning or loss of hair from scalp
6. Acne ⁵

Diagnostic criteria ⁶

Table 1: Diagnostic Criteria of PCOS

Adult Diagnostic Criteria (Rotterdam)	
1. Phenotype 1 (classic PCOS)	a. Clinical and/or biochemical evidence of hyperandrogenism b. Evidence of oligo-anovulation c. Ultrasonographic evidence of a polycystic ovary
2. Phenotype 2 (Essential NIH Criteria)	a. Clinical and/or biochemical evidence of hyperandrogenism b. Evidence of oligo-anovulation
3. Phenotype 3 (ovulatory PCOS)	a. Clinical and/or biochemical evidence of hyperandrogenism b. Ultrasonographic evidence of a polycystic ovary
4. Phenotype 4 (non-hyperandrogenic PCOS)	a. Evidence of oligo-anovulation b. Ultrasonographic evidence of a polycystic ovary
Adolescent Diagnostic Criteria	
1. Abnormal uterine bleeding pattern	a. Abnormal for age or gynecologic age b. Persistent symptoms for 1–2 y
2. Evidence of hyperandrogenism	a. Persistent testosterone elevation above adult norms in a reliable reference laboratory is the best evidence. b. Moderate-severe hirsutism is clinical evidence of hyperandrogenism
The combination not diagnosed otherwise	

Complications

Short term complications include:

- Infertility
- Obstetric complications such as gestational diabetes mellitus, pregnancy induced hypertension.

Long term complications include:

- Hypertension, dyslipidemias
- Overweight or obesity
- Diabetes mellitus
- Endometrial, ovarian or breast cancer
- Increased risk of psychological disorder and reduced quality of life ⁷.

Homeopathic treatment

Scope:

Homeopathic treatment in PCOS is intended to provide symptomatic relief, prevent, or slow the progress of disease and associated complications with complete cure. Homeopathic remedies enhance the immune system and cause the release of hormones naturally by stimulating the hypothalamic-pituitary-ovarian axis. The homeopathic approach to treatment of PCOS depends on the stages of disease. If detected early, constitutional medicine is given alongside short acting specific remedies to control acute symptoms if required. If detected later or with associated complications, specific remedies are more often repeated for longer durations to improve the quality of life ⁸.

Research studies:

Several studies suggest that the homeopathic remedies were effective in relieving the symptoms, regularizing the menstrual cycle, and resolving the cysts in ovaries.

- In a case study of 7 women with PCOS by Parveen and Das, it was shown that there were positive results in all seven women with individualized homeopathic treatment. The results were seen clinically and on ultrasonography within 4 to 12 months. The menstrual cycle became regular, cysts were resolved and improvement of associated

symptoms ⁹.

- In another study among 40 patients diagnosed with PCOS, cysts were resolved in 21 patients within 18 months along with amelioration of other relevant symptoms using homeopathic medicines *calcarea carb* and *lycopodium* based on the *similimum* ¹⁰.
- Similarly, a case report by CCRH on secondary infertility due to PCOS showed successful treatment with homeopathic medicine *Sepia*. There was regularization of menstrual cycle, decrease in testosterone levels, improvement in insulin sensitivity and normal ovaries on ultrasound. The patient conceived naturally and delivered a healthy baby ¹¹.

Individualistic Approach:

The homeopathic system of medicine is based on the principle of individuality. Every patient is considered unique, and the medicine is prescribed taking the patient's physical, mental, and genetic makeup to form the complete picture of disease. The remedy prescribed is called the constitutional remedy. The constitutional remedy is individualistic and is identified after an exhaustive session of case taking.

Detailed case taking to find the constitutional remedy includes the following:

- Present symptoms: a list of symptoms along with order of appearance.
- History of present symptoms: detail of each symptom is noted along with the conditions of aggravation and amelioration.
- Past History: history of any ailment in the past.
- Gynecological and obstetrical history: menarche, menstruation history, any dysmenorrhea, oligomenorrhoea, amenorrhea is noted. Obstetrical history contains the details of pregnancy, childbirth, miscarriage, and abortion.
- Family history: history of diseases like tuberculosis, cancer, PCOS, hypertension, diabetes in both paternal and maternal families.
- Physical generals which include reaction to heat and cold, likes, dislikes, desires,

aversions, stool, urine, sleep, and dreams.

- Mental generals which include temperament, attitude, fears, anxiety, stress etc.
- General examination of the patient to check the general health status and rule out any physical signs of deficiencies.

Homeopathic therapeutics for PCOS:

There are numerous homeopathic medicines to manage the signs and symptoms of PCOS like irregular period, acne, hirsutism, oligomenorrhoea, infertility, hair fall, skin pigmentation. The medicine differs from case to case and is selected according to the sign and symptoms in each case. Frequently used medicines are:

- *Pulsatilla*
- *Sepia*
- *Calcarea Carbonicum*
- *Lycopodium Clavatum*
- *Natrum Muriaticum*
- *Kali Carbonicum*
- *Thuja Occidentalis*
- *Olium Iecoris Aselli*
- *Aurum Iodatum*
- *Apis Mellifica*
- *Bovista*
- *Colocynthis*

Repertorial prescribing: Repertorial totality is formed after proper analysis of the symptoms of the patient. It includes the general sphere of the patient along with the particular symptoms. Some of the rubrics which can be taken into consideration are:

1. Tumors, ovaries, cysts (Kent, Chapter-Genitalia-Female)¹²
2. Cysts, Ovaries (Boericke, Chap-Female sexual system)¹³
3. Tumors, Ovaries, cysts, right (Synthesis, Chapter- Female gen)
4. Tumors, Ovaries, cysts, left (Synthesis, Chap-Female gen)
5. Menses, irregular, long, and variable intervals

(Synthesis, Chap- Female gen)

6. Menses, late too, girls in (Synthesis, Chapt-Female gen)
7. Menses, late too, two or three months (Synthesis, Chap- Female gen)¹⁴
8. Menses, scanty with acne (Murphy, Chap-Female)
9. Miscarriage, ovarian disease, from (Murphy, Chap-Female)
10. Miscarriage, time, early months (Murphy, Chap-Female)
11. Hair, Mustache, women, in (Murphy, Chap-Face)
12. Hair, Chin, women, in (Murphy, Chap- Face)
13. Hair, unusual parts, on (Murphy, Chap- Skin)
14. Hairy skin (Murphy, Chap- Skin)¹⁵

Lifestyle modifications:

Along with homeopathic treatment few tips to enhance the quality of life are as follows:

- Dietary: Healthy diet rich in fiber, fruits and vegetables, moderate protein, low fat, and carbohydrates with plenty of fluids is recommended. Consume wholegrains, pulses, legumes, nuts, and seeds. Avoid processed foods, artificial flavors, and sweeteners.
- Physical activity: Regular exercise is essential to maintain a healthy weight. In doing so, the body can utilize insulin more effectively, lower blood sugar levels, and possibly aid in ovulation. 1 hour of active physical exercise, be it cycling, walking, running, yoga or aerobics is necessary.
- Exposure to sunlight every day, especially in the morning.
- Getting regular sleep of 8 hours every day.

CONCLUSION

To see the best outcomes, homeopathic treatment should be followed regularly for a period of time. Homeopathic treatment is safe and effective in controlling the symptoms and curing the disease completely. Homeopathic management of PCOS is holistic and individualistic considering the physical symptoms, mental makeup, and

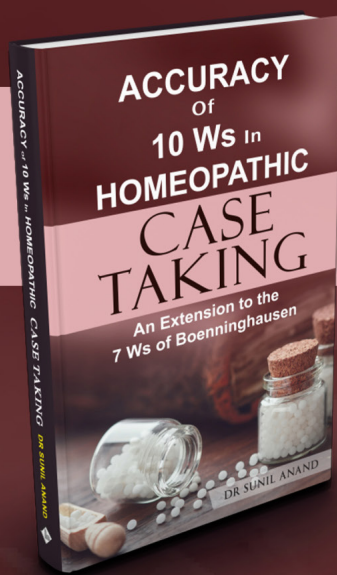
genetic factors of the patient. Along with medicines, a healthy diet, regular exercise, and adequate sleep is very important for improving the quality of life.

REFERENCES:

- 1) Hoeger, K. M.; Dokras, A.; Piltonen, T. Update on PCOS: Consequences, Challenges, and Guiding Treatment. *J. Clin. Endocrinol. Metab.* 2021, 106 (3), e1071–e1083. <https://doi.org/10.1210/clinem/dgaa839>.
- 2) Escobar-Morreale, H. F. Polycystic Ovary Syndrome: Definition, Aetiology, Diagnosis and Treatment. *Nat. Rev. Endocrinol.* 2018, 14 (5), 270–284. <https://doi.org/10.1038/nrendo.2018.24>.
- 3) Stein, I. F.; Leventhal, M. L. Amenorrhea Associated with Bilateral Polycystic Ovaries. *Am. J. Obstet. Gynecol.* 1935, 29 (2), 181–191. [https://doi.org/10.1016/S0002-9378\(15\)30642-6](https://doi.org/10.1016/S0002-9378(15)30642-6).
- 4) *Pathophysiology | Polycystic Ovary Syndrome.* <https://u.osu.edu/7450pcos/pathophysiology/> (accessed 2023-06-16).
- 5) *Polycystic ovary syndrome - Symptoms.* <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/symptoms/> (accessed 2023-06-17).
- 6) Rosenfield, R. L.; Ehrmann, D. A. The Pathogenesis of Polycystic Ovary Syndrome (PCOS): The Hypothesis of PCOS as Functional Ovarian Hyperandrogenism Revisited. *Endocr. Rev.* 2016, 37 (5), 467–520. <https://doi.org/10.1210/er.2015-1104>.
- 7) Palomba, S.; Santagni, S.; Falbo, A.; La Sala, G. B. Complications and Challenges Associated with Polycystic Ovary Syndrome: Current Perspectives. *Int. J. Womens Health* 2015, 7, 745–763. <https://doi.org/10.2147/IJWH.S70314>.
- 8) Arora, S.; Arora, B. Polycystic Ovarian Syndrome and Role of Homeopathy in PCOS. 2017.
- 9) Parveen, S.; Das, S. Homeopathic Treatment in Patients with Polycystic Ovarian Syndrome: A Case Series. *Homeopathy J. Fac. Homeopathy* 2021, 110 (3), 186–193. <https://doi.org/10.1055/s-0041-1725039>.
- 10) Khuda-Bukhsh, A. Efficacy of Two Commonly Used Potentized Homeopathic Drugs, *Calcarea Carbonica* and *Lycopodium Clavatum*, Used for Treating Polycystic Ovarian Syndrome (PCOS) Patients: II. Modulating Effects on Certain Associated Hormonal Levels Debarsi Das¹, Indira Das², Jayeeta Das³, Saroj Kumar Koyal¹, Anisur Rahman Khuda-Bukhsh. *TANG Humanit. Med.* 2016, 26, e7. <https://doi.org/10.5667/tang.2015.0032>.
- 11) Rath, P. A Case of Infertility with to PCOS Treated Successfully with Homeopathy. 2020, 4, 249–260.
- 12) J.K. Kent, *Repertory of the Homeopathic Materia Medica*, New Delhi, B Jain Publishers(P)ltd. 2010
- 13) Boericke W. *New Manual of Homoeopathic Materia Medica and Repertory*. New Delhi: B. Jain Publishers. 2002.
- 14) Schroyens Fredericke, *Synthesis*; Ed 7.1; Homoeopathic Book Publishers. 1998.
- 15) Murphy Robin, *Homoeopathic Medical Repertory*. IBPS, New Delhi. 1994.

ABOUT THE AUTHOR

1. Dr Saleha Mohsin, BHMS from NHMC, DU, CNCC, MSc DFSM from IGNOU



Author:-

Dr. Sunil Anand

ACCURACY OF 10WS IN HOMEOPATHIC

CASE TAKING

An Extension to the 7 Ws of Boenninghausen

The author carries the reader on a journey of understanding how their earliest life experiences result in patterned behaviours that form the lens from which they experience life - both in health and disease.

For a practicing homeopath or an eager student, this book will really help in learning the finer nuances of remedies and the art of case taking.

The author provides the reader glimpses of his role as a practitioner and teacher through case examples from his practice.

The author has introduced a unique understanding and approach of case taking and analysis based on the concept of Dr Boenninghausen's 7 Ws; and named it as "10 Ws

Management of PCOS through Homoeopathy- It's Miasmatic, Repertorial and Therapeutic Approach

Dr. Esha Bhatia, Dr. Priyanka Mangotra

ABSTRACT

PCOS is an endocrinopathy that affects women during their reproductive years particularly with oligo-ovulation/ anovulation, menstrual irregularities, hyperandrogenism, multiple ovarian cysts, obesity, acne, unusual hair growth and infertility. Initially, psoric miasm triggers functional changes which is followed by sycotic miasm that leads to ovarian cysts. It is caused by psoro-sycotic miasms in the person, leading to hormonal and pathological changes. Research findings indicate that homoeopathy is efficacious in management of PCOS, by treating individuals as a whole and helps in correcting the hormonal imbalance. It has been emphasized with best possible homoeopathic medicines, miasmatic analysis and rubrics which can be useful while treating PCOS.

Keywords: : Homoeopathy, Individualisation, Miasms, PCOS, Repertory.

Abbreviations: FSH- Follicle stimulating hormone, LH- Luteinizing hormone, PUFA- Polyunsaturated fatty acids, PCOS- Polycystic ovarian syndrome.

INTRODUCTION

FSH- Follicle stimulating hormone, LH- Luteinizing hormone, PUFA- Polyunsaturated fatty acids, PCOS- Polycystic ovarian syndrome.

The prevalence in developed nations is estimated at 5-10%, whereas in India, the prevalence is reported to be 9.13%.^[2] PCOS risk is higher with family history and hormonal imbalance is the suspected cause, although exact cause is not known. Weight gain history often precedes PCOS. Various environmental influences also have a major impact like psychological issues like grief, stress, tension and depression lead to a stressful lifestyle.^[2]

PATHOGENESIS AND CLINICAL FEATURES-

Insulin resistance, chronic anovulation, and hyperandrogenism are present, with normal or high oestrogen and LH levels and a low FSH:LH ratio. High oestrogen lowers FSH and raises LH

by negative feedback to the pituitary.

Clinical features are menstrual abnormalities like oligomenorrhea, amenorrhoea/ polymenorrhea; hirsutism; acne; infertility; diabetes; obesity; metabolic syndrome; acanthosis nigricans i.e appearance of dark, velvety patches in body folds and creases. Virilization symptoms may include voice deepening, temporal balding, and masculinization.

For the diagnosis, Rotterdam Criteria(2003) suggests that at least 2/3 criteria should be present. This criteria is:-^[3]

- Oligo-ovulation/ oligomenorrhea/ amenorrhea, chronic anovulation, infertility.
- Evidence of hyperandrogenism- hirsutism, acne, abnormal hair growth.
- Pelvicultrasonography indicative of polycystic ovaries. (it had at least one of the following: either 12/ more follicles (2-9 mm in diameter)/ increased ovarian volume (>10cm³). Only one

ovary fitting this definition/ single occurrence of one of the above criteria is sufficient to define polycystic ovary).

MANAGEMENT-

Conventional treatment includes birth control pills, hormone therapies, medications like metformin etc; all these are used to regulate menstrual cycle. But this does not permanently cure PCOS. Lifestyle modification is the first line of treatment and it is known that even 5-10% weight loss has led to significant clinical benefits improving mental, reproductive and metabolic outcomes. Exercise has a positive effect on PCOS, helps with weight loss and also reduces serum testosterone. Exercises like walking, jogging, swimming etc for at least 30 minutes/ day for at least 5 days/week. Diet modification like consumption of foods of low glycemic index; limiting carbohydrates and foods high in PUFA is advocated. Sugar intake should not be more than 5gm/day. Along with these, homoeopathic treatment is helpful in proper management as well as in preventing chronic complications.^[4]

HOMOEOPATHIC PHILOSOPHY

According to Dr Hahnemann in Aph 78, "True natural chronic diseases owe their origin to chronic miasm.....they will never tend to cease the suffering till the end of his life". Chronic diseases, according to him, are produced due to three basic chronic miasms. are Psora, Sycosis and Syphilis.^[5]

According to Dr. H.A. Roberts

Sycotic manifestations often occur in women's pelvic organs. Chronic types show ovarian, uterine, and fallopian tube cystic degeneration. Sycosis inflames pelvic and sexual organs, causing tissue infiltration, hypertrophies and cystic degeneration. If suppressed leads to dishonesty, moral degeneracy and mania.^[6]

According to Dr. JH Allen

"The sexual and reproductive organs of women are not the least free from the influence of miasmatic action; indeed they have become a great center of both physiological, psychological, pathological and therapeutic study for our profound consideration and most serious thought."^[7]

Dr. JH Allen suggests that PCOS and other related diseases are caused by a variety of factors, including suppression leading to abnormal growth.

MIASMATIC CONCEPT OF PCOS ^[8,9,10]

In PCOS, initially, there are functional changes caused by psoric miasm which are followed by cystic changes in the ovaries caused by sycotic miasm. Therefore, PCOS is the result of combination of psoric and sycotic miasm which through neurohormonal pathway leads to imbalance of hormones and formation of cysts. If along with psora-sycotic miasm, syphilitic miasm also unites then it will lead to development of various malignant processes and ultimately lead to cancer pathology. Miasmatic analysis of symptoms of PCOS are described in Table 1.

NEW RELEASE

Let's give our animals
the gentle healing touch of
Homeopathy for common ailments

रोग विवरण एवं सरल उपचार (आधुनिक होमियोपैथी)

Table 1. Miasmatic Analysis Of Symptoms Of Pcos.^[8,9,10]

Miasm	Menses Pain	Skin	Infertility	General Manifestation
PSORA Functional disturbances of ovaries and uterus-amenorrhea of functional origin	Menses bland, scanty, too short, flow intermittent. Menses are slow in setting after puberty, appear one or more times and then cease for several months before returning. Retarded, protracted menses and retarded menses of short duration. Dysmenorrhoea especially at puberty with sharp pains	Face-dry, itching pimples, simple acne.	Impotence, sterility from lack of sexual desire, without any organic defect in sexual parts.	Atrophy, ataxia, anaemia, anoxia. Deficiency disorders. Hypo-immunity. Does not assimilate well.
SYCOSIS Inflammation and cystic degeneration of ovaries and fallopian tubes, any tumour formation of ovaries and fallopian tubes, polycystic disease of ovaries.	Menses acrid, ex-coriating with burning in pudendum. Menses have the odour of fish brine and stains of menstrual blood are difficult to wash off. Spasmodic, col-icky and paroxys-mal pain.	Pale, bluish, drop-sical. Oily skin. Disturbed pigment metabolism, results in hyperpigmenta-tion in patches.	Infertility, sterility re-sults from pelvic in-flammatory disease and other condi-tions like en-dometriosis.	Hypertrophy, growths and deposition or pro-liferation of cells and tissues. Hyper- mental and physical. Overnourishment.
SYPHILIS	Menses- profuse menstrual flow, which is acrid and offensive, men-strual blood have a metallic odour. Ir-regular periods in both quantity and frequency. Menses are characterised by bone pains and lumbago.	Hard acne on the face, depigmenta-tion of skin.	Possible fail-ure to dis-charge the ovum at ovu-lation results in infertility.	Dystrophy, degenera-tion, destruction physi-cal and mental. Deformities and fragility. Disorganised diges-tion.

TUBERCULAR Symptoms associated with bleeding disorders	Menses exhaustive, prolonged, copious in every 2 weeks. Profuse, bright red menses with a lot of clots. Weakness before menses, flow can also be pale, long lasting results in anemia. May not be painful but always exhaustive	Bloated appearance of face especially after sleep	Infertility results from prolonged menstrual bleeding	Dystrophy with haemorrhage, dissatisfaction, and patients crave the things which make them sick.
--	---	---	---	--

REPERTORIAL APPROACH IN PCOS

Best possible rubrics for PCOS from various repertories are discussed in Table 2.

TABLE 2-REPERTORIAL APPROACH IN PCOS^[8]

REPERTORY	RUBRICS
Kent Repertory of Homoeopathic Materia Medica ^[11]	<ul style="list-style-type: none"> Genitalia- female- tumours- ovaries-cyst Genitalia-Female- Menses-absent, amenorrhoea Generals- Obesity Skin- Discoloration-blackish
Boger Boenninghausen Characteristics and Repertory ^[12]	<ul style="list-style-type: none"> Genitalia –Female organs- Cysts Generalities- Obesity
Clarke’s Clinical Repertory ^[13]	<ul style="list-style-type: none"> Ovaries-cysts of Ovaries- Diseases of Ovaries- Dropsy of
Synthesis Repertory ^[14]	<ul style="list-style-type: none"> Female-Genitalia-Tumours- Ovaries- Cysts Female Genitalia- Tumours- Ovaries- Cysts-right side Female Genitalia-Tumours-Ovaries-Cysts-left side Female Genitalia-Tumours-Ovaries- Cysts-painful Female Genitalia- Menses-absent Skin- Hair- Unusual parts;on Skin-Discoloration-blackish

Complete Repertory ^[15]	<ul style="list-style-type: none"> Female-Tumours-Ovaries-Cyst
A Synoptic Key of the materia medica ^[16]	<ul style="list-style-type: none"> Generalities- Cysts
A Concise Repertory of Homoeopathic Materia Medica by Dr SR Phatak ^[17]	<ul style="list-style-type: none"> Ovaries- Cystic M-Menses-absent,suppressed, amenorrhoea M-Menses-absent, suppressed, amenorrhoea- girls, young
Boericke's Repertory ^[18]	<ul style="list-style-type: none"> Cysts, Dropsy Obesity Hair-chin and upper lip in women;on Female Sexual System- Menstruation-type- Amenorrhoea
Homoeopathic Medical Repertory By Robin Murphy ^[19]	<ul style="list-style-type: none"> Female- Cysts, genitalia-cysts,ovarian Female- Cysts, genitalia-cysts,ovarian-left Female- Cysts, genitalia-cysts, ovarian- right Female-Amenorrhea, menses, absent Female- Amenorrhoea, menses,absent-girls,in young Female- Amenorrhea, menses,absent-women, in Generals- Obesity,general- uterine complaints, with Skin- Hair, skin- unusual parts, on Skin- Hairy,skin- women, in
Minton Homoeopathic Uterine Therapeutics ^[20]	<ul style="list-style-type: none"> Periods, discharge of blood between the Premature, returning too soon or too early Premature and Profuse Protracted, continuing too long Profuse, Menorrhagia Menstruation, time and quality of menstrual discharge Scanty too Short duration, of too

HOMOEOPATHIC THERAPEUTICS FOR PCOS ^[18,21]

Following medicines can be useful in treatment as found in various studies but final selection of medicine would be based on individualistic features of respective case:

1. *Pulsatilla Pratensis*- Ideal for puberty-induced derangement. Women with pale face, blue eyes, mild, timid nature, scanty, delayed periods. Periods suppressed by getting feet wet. Severe dysmenorrhea causes her to toss and turn in pain with tears. flow more in the daytime. worse indoors, relieved open-air.
2. *Calcarea Carbonica*- Great antipsoric remedy. Acts on glands, swelling and scrofulous conditions. Heavy, early periods with cold, damp feet. Patient is cold, damp, and has a sour odour with excessive sweating on the head. Minimum mental excitement causes heavy menstrual flow. Sterility with heavy periods, premenstrual headache and colic.
3. *Ignatia Amara*- Suppressed menses due to grief. Irregular periods. Ideal for anxious, excitable, and moody individuals. During menses, exhausted with stomach and abdominal spasms. Menstrual blood is black and has a foul smell.
4. *Sulphur*- Great antipsoric remedy. Delayed or suppressed menses and restlessness at night. Heavy and long periods. Menstrual flow causes soreness, is thick and acrid. Headache before menses. Abdominal movement sensation during dysmenorrhea. Helpful for restarting suppressed menses due to cold or unknown cause. Good remedy for hot flushes in menopause with head and foot burning pain.
5. *Sepia Officinalis*- For those with dark hair and a calm demeanor. Irregular and abnormal menstruation. Bearing down sensation, need to cross limbs to prevent protrusion. Pain in the uterus neck with bearing down. Deep sorrow, fear of solitude, and apathy towards loved ones. Sweat offensive in axilla and soles between periods. Foul tongue clears during menstruation and returns after flow stops.
6. *Thuja Occidentalis*- Retarded menstrual flow. It has the innate ability to dissolve abnormal growth/ accumulation in the body. Also helpful in treatment of extreme hair growth on unusual parts in women due to hormonal imbalance.
7. *Lachesis Mutus*- Menses short, scanty, feeble but at regular time pains all relieved by menstrual flow, always better during menses. Suited to thin and emaciated persons, women of choleric temperament with freckles and red hair. Acts especially well at beginning and close of menstruation.
8. *Natrium Muriaticum*- Menses irregular, profuse with dryness of vagina. Leucorrhoea is acrid and watery with bearing down pains, worse in morning. Suppression of menses; hot during menses. Ailments after grief, fright, anger etc. Desire to live alone with consolation aggravation.
9. *Kali Carbonicum*- Menses early, profuse/ too late, pale and scanty, with soreness about genitals; pains from back pass down through gluteal muscles, with cutting in abdomen. Delayed menses in young girls, with chest symptoms or ascites. Difficult, first menses.
10. *Euphrasia Officinalis*- Menses painful; flow lasts only an hour or day; late, scanty, short. Amenorrhoea, with ophthalmia.
11. *Apis Mellifica*- edema of labia; relieved by cold water. Soreness and stinging pains; ovaritis; worse in right ovary. Menses suppressed, with head symptoms, especially in young girls. Dysmenorrhoea, with severe ovarian pains. Metrorrhagia profuse, with heavy abdomen, faintness, stinging pain. Sense of tightness. Bearing-down, as if menses were to appear. Ovarian tumours, metritis with stinging pains.
12. *Palladium Metallicum*- An ovarian remedy; chronic Oophoritis. Motor weakness, averse to exercise. menorrhagia. Cutting pain in uterus; relieved after stool. Pain and swelling in the region of the right ovary. Shooting or burning pain in pelvis and bearing-down; relieved by rubbing
13. *Senecio Aureus*- Menses retarded, suppressed. Functional amenorrhoea of young girls with backache. Before menses, inflammatory

conditions of throat, chest, and bladder. After menstruation commences, these improve. Anæmic dysmenorrhœa with urinary disturbances. Premature and too profuse menses.

14. *Oleum Jecoris Aselli*- abnormal body hair in unusual places. It especially targets abnormal hair growth on the chin.

RESEARCH IN HOMOEOPATHY- A single blind, randomised, placebo control pilot study was conducted at two research centres. Significant improvement in terms of establishment of menstrual regularity along with improvement in hirsutism/acne were noted in 60% in Homoeopathic Medicine+Life-Style Modification group and none in Placebo+LSM group.^[22] A retrospective, observational study of 72 diagnosed cases of PCOS at community hospital in Maharashtra, where each patient's monthly progress and clinical outcome up to one year were noted which shows marked improvement in symptoms of PCOS.^[23] A single arm clinical study to determine the role of homoeopathic medicines in regulation of menstrual cycle, 14/30 cases showed marked improvement in symptoms of PCOS.^[24] A case of infertility with PCOS treated successfully by Dr. Padmalaya Rath with homoeopathy. A 31 years old woman with clinical presentation of pcos and secondary infertility presented to OPD of CRI(H) Noida. Regularisation of menstrual cycle, normalisation of ultrasound pattern of ovaries followed with conception and normal delivery with homoeopathic medicine were observed.^[25] In addition to this study, a case report was published in IJRH in which a 22 years female suffering from PCOS was treated successfully within 1.5 years by single individualised homoeopathic medicine.^[26]

CONCLUSION

PCOS has a significant impact on women's quality of life, impairing fertility and increasing risk for hypertension, type 2 DM, and cardiovascular disease. PCOS is no longer just an endocrine disorder, but a metabolic, hormonal, and psychosocial condition that affects a patient's quality of life. Depression and anxiety are common in PCOS patients and do not improve with treatment using Oral Contraceptive pills. Ho-

moeopathy takes a holistic approach. Today, Homoeopathic physicians use either therapeutic or single-remedy approaches. This study aims to emphasise the significance of miasmatic evolution in PCOS and provide potential miasmatic diagnostic options. In the repertorial approach, we have identified relevant rubrics for treating PCOS. This is a sincere attempt to understand and practise rationally.

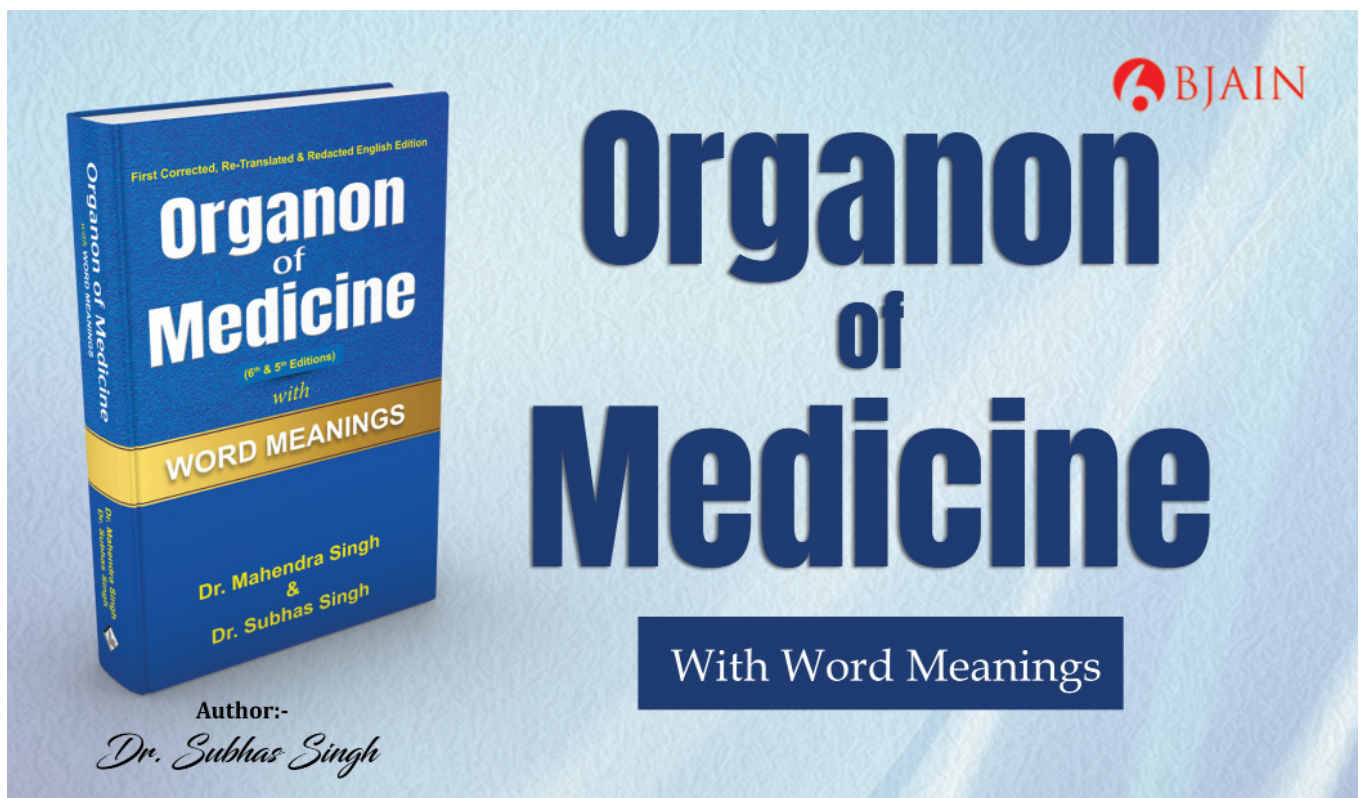
REFERENCES

1. Padubidri VG, Daftary SN. Howkins & Bourne- Shaw's Textbook of Gynaecology 16th edition. India:Elsevier-431-432.
2. Nidhi R, Padmalatha V, Nagarathna R, Amritanshu R. Prevalence of polycystic ovarian syndrome in Indian adolescents. J Pediatr Adolesc Gynecol. 2011 Aug; 24(4): 223-227.
3. Wang R, Mol BW. The Rotterdam criteria for polycystic ovary syndrome: Evidence based criteria. Human Reproduction. 2017 Feb;32(2):261-264
4. Thomas R. Theft of womanhood- Polycystic ovarian syndrome: Role of homoeopathy. The Homoeopathic Heritage. 2014 Aug; 41-42.
5. Hahnemann Samuel. Organon of Medicine. New Delhi: B. Jain Publishers(P) Ltd; 5th and 6th edition combined 2002, 70.
6. Robert HA. The Principles and Art of Cure by Homoeopathy. New Delhi: B. Jain Publishers(P) Ltd; Third Edition 2005, 233-241
7. Allen JH. The Chronic Miasms with Repertory. New Delhi: B. Jain Publishers (P) Ltd; 2007.
8. TM Vishnu, K Sushrutha. Miasmatic evolution in polycystic ovarian syndrome with reportorial analysis. IJHS 2021; 5(3): 284-288
9. Jain Publishers Pvt. Ltd, 2008, 43. 17. Rajendran ES. The nucleus lectures on chronic diseases and miasms. Calicut: Mohna publications. Reddy E, Sharma PK, Raj PP. A clinical study on the effect of Plantago in gingivitis by assessing bleeding and plaque index first edition 2004, 145-146. 18.
10. Kumar Banerjee Subrata. Miasmatic prescribing. New Delhi: B. Jain publishers (p) Ltd; Second extended edition 2006, 67-143.
11. Kent JT. Repertory of the Homoeopathic Materia Medica, B. Jain Publishers Pvt. Ltd, New Delhi, Reprint edition 2002, 745.
12. Boger CM. Bonninghausen's Characteristics & Repertory. B. Jain Publishers (P) Ltd. New Delhi. 49th impression 2019, 659.
13. Clarke J. A clinical repertory to the Dictionary of materia medica. 11th ed. Bradford: Health Science Press 1971, 87.
14. Schroyen's Frederik. Synthesis Repertorium Homoeopathicum syntheticum 9.1. (RADAR OPUS) New Delhi, India. B. Jain Publishers Pvt. Ltd 2016.
15. Zandvoort Van Roger. The Complete Repertory. Reprint Edition, Institute for Research on Homoeopathic Information and Symptomatology 1998. (RADAR OPUS)
16. Boger CM. A Synoptic Key to the Materia Medica, Jain Publishers (P) Ltd". New Delhi. Aug 2002, 34.
17. Phatak SR. A Concise Repertory of Homoeopathic Medicines, 4th edition reprint, B. Jain Publishers, New Delhi, India 2009, 296-297.
18. Boericke William MD. New Manual Of Homoeopathic Materia Medica With Repertory, B. Jain Publishers, New Delhi, 44th impression 2019, 771.
19. Murphy Robin ND. Homoeopathic Medical Repertory. 3rd Revised Edition. New Delhi, India. B. Jain Publishers Pvt. Ltd

- 2011, 764.
20. Minton H. Uterine Therapeutics and its utility in common Obstetrics and Gynaecological conditions", New Delhi: B. Jain 2005.
21. Allen H.C. Allen's Key-notes Rearranged & Classified (10th Edition) With Leading Remedies of The Materia Medica & Bowel Nosodes. BJain publishers(P) limited, new delhi.
22. Lamba CD, Oberai P, Manchanda RK, Rath P, Bindu PH, Padmanabhan M. Evaluation of homoeopathic treatment in polycystic ovary syndrome: A single blind, randomised, placebo-controlled pilot study. Indian Journal of Research in Homoeopathy. 2018;12:35-45.
23. Naik S. The homoeopathic approach to treatment of polycystic ovarian syndrome in a rural set up. Homeopathy. 2020; 109(01): A1-A28.
24. Malvekar PA, Nadgauda SS, Jadhav AB. A clinical study to see the effect of homeopathic medicines in polycystic ovarian syndrome of reproductive age group between 12-45 years. International Journal of Health Sciences & Research. 2020; 10(3): 43-47.
25. Rath P. A case of infertility with polycystic ovarian syndrome treated successfully with homoeopathy. International Journal of Homoeopathic Sciences. 2020; 4(2): 249-260.
26. Rath P. Management of polycystic ovarian syndrome through homoeopathy- A case report. Indian Journal of Research in Homoeopathy. 2018; 12(2): 95-100.

ABOUT THE AUTHOR

- 1) **Dr Esha Bhatia** PG Scholar, Nehru Homoeopathic Medical College and Hospital New Delhi -24
- 2) **Dr Priyanka Mangotra**, PG Scholar, Nehru Homoeopathic Medical College and Hospital New Delhi -24



Role of Homoeopathy in PCOS with Miasmatic Evaluation

Dr. Jaya

ABSTRACT

Polycystic ovarian syndrome (PCOS) is the most common endocrinopathy in females of reproductive age world-wide. This heterogeneous problem is portrayed by inordinate androgen creation by the ovaries predominantly, which meddles with the conception, endocrine and metabolic capacities. It may be asymptomatic as well as can be manifested by a vast range of symptoms.

Keywords: Polycystic Ovarian Syndrome (PCOS), Stein Levanthal syndrome, miasm, psoric, sycotic, repertory.

Abbreviations: PCOS – Polycystic ovarian syndrome, PCOD – Polycystic ovarian disease, LH – Luteinising hormone, FSH – Follicle stimulating hormone.

INTRODUCTION

PCOS is marked by irregular menses, dysmenorrhea, amenorrhea or oligomenorrhoea, obesity, and hirsutism. An estimated 5 to 10 percent of women of childbearing age have PCOS which may cause infertility.^[1]

According to Shaw's textbook of gynaecology - "Polycystic ovarian syndrome is a multisystem endocrinopathy with ovarian expression of metabolic disturbance and a wide spectrum of clinical features, such as hyperandrogenism and obesity along with metabolic disorders".^[2]

Nearly all cases of PCOS are due to functional ovarian hyperandrogenism (FOH). Functional ovarian hyperandrogenism PCOS presents with the primary features: irregular menses, hyperandrogenism, oligo anovulation or anovulation, and polycystic ovaries morphology. In PCOS, fluid-filled immature follicles in ovaries contain an immature egg resulting in anovulation causing altered levels of oestrogen, progesterone, FSH, and LH and low levels of progesterone.^[3]

Irving Frailer Stein (1887-1976) and Michael Leo Leventhal (1901-1971) initially described it in 1935, hence PCOS is otherwise called Stein Leventhal Syndrome.^[2]

Aetiology^[1]

The exact cause is not clear, however there are few factors that are believed to be responsible.

1. Hereditary disease of genetic origin.
2. Overproduction of male hormone androgen by ovaries
3. Insulin resistance, hyperinsulinemia.
4. Inflammation due to high androgen levels.
5. Obesity and inactivity.

Signs^[4]

1. 1.5 to 3 times larger ovaries with multiple cysts which may appear as a "string of pearls" on sonography.
2. A ratio of LH to FSH of 2:1 or greater
3. Increased testosterone levels.
4. Low sex hormone binding globulin levels.
5. Hyperinsulinemia.

Symptoms^[4]

1. Menstrual abnormalities
2. Hirsutism
3. Acne on face, chest and back

4. Chronic pelvic pain due to pelvic crowding from enlarged ovaries
5. Alopecia or male-pattern baldness.
6. Obesity
7. Mood swings and headaches.
8. Acanthosis nigricans
9. Infrequent or no ovulation
10. Skin tags

Diagnosis

Table 1 - Diagnostic Tools for PCOS [6, 7, 8]

NICHD/NIH Criteria (1990)	ESHRE/ASRM Rotterdam Criteria (2003)	Androgen Excess Society (AES) Criteria (2006)
<ul style="list-style-type: none"> Hyperandrogenism Oligo-ovulation / anovulation Exclusion of other related disorders 	<ul style="list-style-type: none"> Hyperandrogenism Oligo-ovulation / anovulation Polycystic ovaries 	<ul style="list-style-type: none"> Hyperandrogenism Oligo-ovulation/anovulation Polycystic ovaries Exclusion of other related disorders

Homoeopathic approach There is no such thing as a prescription for a specific diagnostic entity in homoeopathy. Sickness, according to the homoeopathic medical approach, appears as abnormal functions and sensations when the state of life and mind has changed. In treating a patient, the totality of symptoms as well as the miasmatic background should be evaluated. With the help of Repertorisation and knowledge of homoeopathic materia medica, the similimum must be pre-

scribed in minute dose in most suitable potency.

Miasmatic Background of PCOS

In PCOS, *psoric* miasm first causes functional abnormalities, followed by the *sycotic* miasm, causing cystic changes in the ovary. So, PCOS is *psoro-sycotic* which leads to hormonal imbalance and cyst production via neuro-hormones route. If *syphilitic* miasm is combined with both, it can develop to a variety of malignant processes, cancer.

[9]

Table 2 - Miasmatic Background of symptoms of PCOD [9]

	PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
	Amenorrhoea of functional disturbance of ovaries and uterus	Polycystic disease of the ovaries		bleeding disorders
Menses	Amenorrhoea. Watery menses. Menses slow in setting in after puberty and may appear one or more times and then cease for several months or even for a year before returning. Retarded, protracted menses and retarded menses of short duration. Foetid blood	Fish- brine odour of menses, blood stain is difficult to wash off. Menses are abundant, painful.	Profuse, acrid, offensive flow. Menstrual blood have a metallic odour. Irregular periods in both quantity and frequency	Profuse, bright red menses with lot of clots. Patient feels poorly a week before menstruation starts. Pale, long lasting flow, resulting in anaemia

Discharges	Bland and scanty	Profuse, clotted	Acrid, putrid, offensive	profuse and blood tinged or haemorrhagic associated with clots
Face	Face has dry, itching pimple	Face can be pale, bluish, dropsical	Hard acne on face	Bloated appearance of face, especially after sleep
Infertility	Impotency and sterility from lack of sexual desire, without any organic defect in the sexual parts	Incapability to conceive due to hormone imbalance. Sterility and infertility from pelvic inflammatory disease and endometriosis	Anovulation resulting in infertility	Infertility from prolonged menstrual bleeding
Skin	Pimples with dryness, scurfy scales	Disturbed pigment metabolism, hyper-pigmentation in patches or diffused in different parts. Oily skin	Depigmentation of skin	
General manifestation	Atrophy, ataxia, anaemia, Hypo- immunity	Hypertrophy, incoordination, proliferation of cells/tissues. Hypermental and physical	Dystrophy, degeneration Destruction- physical, mental. Deformities, fragility	Dystrophy with haemorrhage. Dissatisfaction. Depletion
Nourishment	Does not assimilate well	Over-nourishment	Disorganized digestion.	Patients crave things which make them sick

Repertorial Approach

Table 3 - PCOD in various Homoeopathic Repertories

Boericke's Repertory ^[10]	<ul style="list-style-type: none"> • Obesity • Hair – chin and upper lip in women; on • female sexual system – Menstruation – type – Amenorrhoea • Female sexual system, ovaries- cysts, dropsy: • Female Sexual System – Ovaries: Pain: In left ovary
--------------------------------------	---

<p>Kent's Repertory [11]</p>	<ul style="list-style-type: none"> • Genitalia- female-Tumors- ovaries- cyst • female genitalia – menses, – absent, amenorrhoea • generals – obesity • skin – discoloration, – blackish • Female, Tumours, Ovaries, right • Female, Tumours, Ovaries, left
<p>Knerr's Repertory [12]</p>	<ul style="list-style-type: none"> • Female Sexual Organs- ovaries- tumors • Female Sexual Organs- ovaries- pain (undefined)- right, in (ovarian cyst) • Female Sexual Organs- ovaries- sensitive (tender) – right, with ovarian cyst • Female Sexual Organs- ovaries- tumors- cyst (hydatids) • Female Sexual Organs- ovaries- tumors- cyst, with pain in abdomen upon straightening up, walks bent, with hard pressed to painful side • Female Sexual Organs- ovaries- tumors- cyst, size of a head, since six years • Female Sexual Organs- ovaries- tumors- cyst, measurement taken in a line over crests of ilium shows increase in size of ten inches. • Female Sexual Organs- ovaries- tumors- large cyst, supposed to be connected with left ovary, occupying space between rectum, uterus and vagina, so as to obliterate posterior cul-de-sac and almost occlude vagina • Female Sexual Organs- ovaries- tumors- voluminous cyst in right • Female Sexual Organs- ovaries- tumors- cyst, strained herself lifting after appearance of tumour • Female Sexual Organs- ovaries- tumors- with urinary difficulties (cyst)
<p>Phatak's Reper- tory [13]</p>	<ul style="list-style-type: none"> • Ovaries- cystic • Skin parchment, like • Menses, general; irregular • Ovaries, general • Menses – absent, suppressed, amenorrhoea

Synthesis Reper- tory ^[14]	<ul style="list-style-type: none"> • Female Genitalia/Sex - Tumors - Ovaries - cysts • Female Genitalia/Sex - Tumors - Ovaries - cysts – painful • Female Genitalia/Sex – Menses – absent • Skin – Hair – Unusual parts; on • Skin – Discoloration – blackish
Murphy's Reper- tory ^[15]	<ul style="list-style-type: none"> • Female - Cysts, genitalia - cysts, ovarian • Female – amenorrhea, menses, absent – girls, in young • Female – amenorrhea, menses, absent – women, in • Female; menses, general; irregular • Generals – obesity, general – uterine, complaints, with • Generals – obesity, general – young, people, in • Skin – hair, skin – unusual, parts, on • Skin – hairy, skin – women, in • Skin – blackish, discoloration, skin • Skin; hardness, skin; parchment, like
Minton's Uterine therapeutics ^[16]	<ul style="list-style-type: none"> • Abortion miscarriage, cystic • Amenorrhea, ovaries, disease of • General concomitant:- Skin, Unhealthy • Premature, returning too soon or too early • Premature and profuse • Protracted, continuing too long • Profuse, menorrhagia • Retarded, delaying • Scanty, too • Short duration, of too

Clarke's Clinical Repertory ^[17]	<ul style="list-style-type: none"> • Ovaries- cysts of • Ovaries- Diseases of • Ovaries- dropsy of
Complete Reper- tory ^[18]	<ul style="list-style-type: none"> • Female - Tumors - Ovaries – Cysts: • Female Genitalia - Pain: Stitching: Left, through uterus to right ovary:
Gentry's Concor- dance repertory ^[19]	<ul style="list-style-type: none"> • Ovary-tumors or cysts of • Ovary-cyst in region of left ovary • Uterus & Appendages - Cyst: Region of left ovary in: • Uterus & Appendages - Left: ovaritis of left ovary:
Boger's - A Synop- tic Key ^[20]	<ul style="list-style-type: none"> • Generalities – Cysts
BBCR ^[21]	<ul style="list-style-type: none"> • Genitalia - Female organs – cysts • Generalities – Obesity
Khullar's reper- tory ^[22]	<ul style="list-style-type: none"> • Breast-sore-pain-menses-absent with
Scholten's reper- tory ^[23]	<ul style="list-style-type: none"> • Genital female-ovaries-cyst • Genital female-ovaries-cyst-left

Therapeutic approach

Some of the medicines for PCOD with presenting symptoms:

- Apis mellifica - pricking, stinging pains
- Pulsatilla - very scanty, late periods
- Sepia - acute bearing down pains
- Lachesis - repulsion to tight clothes
- Graphites - constipation

Some homeopathic remedies for PCOS associated complaints:

- Alopecia – Wiesbaden, Arnica, Thuja, Acid fluor, China
- Acne – Berberis-aquifolium, Phosphorus, Silicea, Sulphur, Calcareo-sulph, Borax, Hepar- sulph, Kali-brom

- Infertility- Pulsatilla, Sepia, Terantula, Apis, Lycopodium, Lachesis

CONCLUSION

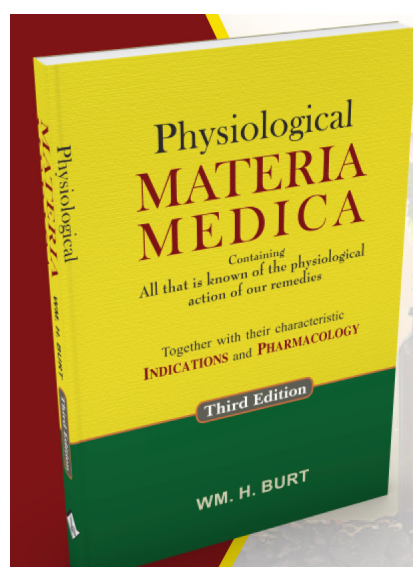
Homoeopathy can be a potential way to cure this condition and will be helpful in improving the quality of patient's life. In today's time the incidence of PCOS is increasing rapidly necessitating the development of a therapy that would allow the patient to live a normal, healthy life. Homoeopathy serves the purpose of simple, permanent and rapid treatment for the same. This article integrates the miasmatic nature of PCOD symptoms with the pathophysiological alterations that cause them. This preceding article also discusses the rubrics stated in various repertories.

REFERENCES

1. Fauci Anthony S, Kasper Dennis L, et al. Harrison's principles of internal medicine. 19th edition: The McGraw – Hill Education 2015.
2. Padubidri VG, Daftary Shirish N, Howkins Bourne. Shaw's textbook of Gynaecology. Elsevier a division of Reed Elsevier India Pvt Ltd; 16th edition.
3. Carvalho LML, Dos Reis FM, Candido AL, et al. Polycystic Ovary Syndrome as a systemic disease with multiple molecular pathways: a narrative review. Endocrine Regul. 2018 Oct 01.
4. Dutta DC. Textbook of Gynaecology (including contraception). 6th ed. Enlarged, revised and reprint. Kolkata. Jaypee Brothers Medical Publishers book (P) Ltd; 2001.
5. Hallajzadeh J, Khoramdad M, et al. Metabolic syndrome and its components among women with polycystic ovary syndrome: a systematic review and meta-analysis. J Cardiovasc Thorac Res. 2018.
6. Rotterdam ESHRE/ASRM-Sponsored PCOS consensus workshop group. Revised 2003 consensus on diagnostic criteria and long-term health risks related to Polycystic Ovary Syndrome (PCOS) Human Reproduction. 2004.
7. Azziz R, Carmina E, Dewailly D, et al. Position statement: Criteria for defining polycystic ovary syndrome as a predominantly hyper-androgenic syndrome. An Androgen Excess Society guideline. J Clin Endocrinol Metab. 2006.
8. Norman RJ, Teede HJ. A new evidence-based guideline for assessment and management of polycystic ovary syndrome. Aust. 2018 Sep 01.
9. Banerjee S.K. Miasmatic prescribing. New Delhi: B. Jain publishers (p) Ltd; Second extended edition 2006
10. Boericke William MD. New Manual Of Homoeopathic Materia Medica With Repertory, B Jain Publishers, New Delhi, 44th impression 2019.
11. Kent JT. Repertory of the Homoeopathic Materia Medica, B. Jain Publishers Pvt. Ltd, New Delhi, Reprint edition 2002.
12. Calvin Knerr B. Repertory of Hering's Guiding Symptoms of Our Materia Medica, export edition reprint edition B. Jain publishers (P) Ltd, New Delhi 2000.
13. Phatak SR. A Concise Repertory of Homoeopathic Medicines, 4th edition re-print, B. Jain Publishers, New Delhi, India 2009.
14. Schroyen's Frederik. Synthesis Repertorium Homoeopathicum syntheticum 9.1. (RADAR OPUS) New Delhi, India. B. Jain Publishers Pvt. Ltd 2016.
15. Murphy Robin ND. Homoeopathic Medical Repertory. 3rd Revised Edition. New Delhi, India. B. Jain Publishers Pvt. Ltd 2011.
16. Minton H. Uterine Therapeutics and its utility in common Obstetrics and Gynaecological conditions, New Delhi: B. Jain 2005.
17. Clarke J. A clinical repertory to the Dictionary of materia medica. 11th ed. Bradford: Health Science Press 1971.
18. Zandvoort Van Roger. The Complete Repertory. Reprint Edition, Institute for Research on Homoeopathic Information and Symptomatology 1998. (RADAR OPUS)
19. Gentry WD. The Concordance Repertory of the Materia Medica Volume 4, B Jain Publishers Pvt. Ltd. New Delhi, Reprint Edition 1995.
20. Boger CM. A Synoptic Key to the Materia Medica, Jain Publishers (P) Ltd. New Delhi. Aug 2002.
21. Boger CM. Bonninghausen's Characteristics & Repertory. B. Jain Publishers (P) Ltd. New Delhi. 49th impression 2019.
22. Khullar RL. Repertory of Concomitant Symptoms Homopath Zomeo LAN New Delhi, India. B. Jain Publishers Pvt. Ltd 2016.
23. Jan Scholten and Roger Savage Repertory of the Elements edition 2004.

ABOUT THE AUTHOR

1. **Dr. Jaya**, P.G. Scholar, Department of Practice of Medicine, R.B.T.S. Govt. Homoeopathic Medical College & Hospital, Muzaffarpur (Bihar)



PHYSIOLOGICAL MATERIA MEDICA

BY W. BURT

- The book offers extensive knowledge about physiological and pathological actions of more than 200 drugs.
- Detailed description about the drug, its source, preparation of the medicine from the crude drug substance, its action upon the human body, affinity towards certain organs, toxicological effects and the characteristic therapeutics.
- Contains a detailed description about Classification of remedies on the basis of their sources, their action on various tissues and organs of human body.
- A brief description about the pharmacology and highlights its importance is also given.

"Decoding the Role of Sarcodes in the Homeopathic Management of Polycystic Ovarian Syndrome: A Comprehensive Review"

Dr K.Rama Lakshmi Devi, Dr Pingali Ananda Kumar, Dr G. Chandra Sekhara Rao

ABSTRACT

Polycystic ovarian syndrome is a prevalent endocrine disorder impacting 5 to 15% of females in their reproductive years. It significantly disrupts the physiology and metabolism of young women, resulting in menstrual irregularities, obesity, infertility, endometrial hyperplasia, diabetes mellitus, hypertension, and cardiovascular conditions. Moreover, it causes considerable stress and interferes with daily work-life balance. Homeopathy presents a variety of treatments for Polycystic ovarian syndrome. Among numerous homeopathic therapies, Sarcodes can offer comprehensive and personalized care for women suffering from this condition.

Keywords: Polycystic Ovarian Syndrome (PCOS), endocrine disorder, metabolism, menstrual irregularities, obesity, infertility, endometrial hyperplasia, diabetes mellitus, hypertension, cardiovascular disorders, stress, work-life balance, homeopathy, sarcodes, treatment, holistic care, individualized care.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a multifaceted, diverse, and intricate hereditary endocrine and metabolic disorder, primarily identified by frequent anovulation, polycystic ovaries, and both biochemical and clinical demonstrations of hyperandrogenism. It significantly affects the body's physiology and metabolism, potentially progressing into a metabolic pattern characterized by insulin resistance, hyperinsulinemia, abdominal obesity, hypertension and dyslipidemia. These common metabolic traits often peak into severe long-term consequences, comparable to type 2 diabetes mellitus, endometrial hyperplasia, and cardiovascular issues. ⁽¹⁾

PCOS has significant and different clinical counter accusations including

- Reproductive(anovulation, irregular menstrual cycle, gravidity, hyperandrogenism and hirsutism),
- Metabolic(insulin resistance, bloodied glucose forbearance, type-2 Diabetes Mellitus, Cardiovascular complaint(CVD).

- Psychological features(anxiety, depression, worsened the quality of life)⁽²⁾.

Pathophysiology of PCOS : The underlying mechanisms of Polycystic Ovary Syndrome (PCOS) involve intricate malfunctions at several levels, including in the hypothalamic-pituitary system, insulin production and efficacy, as well as within ovarian functions⁽¹⁾.

HPA axis dysregulation affects adrenal steroidogenesis. Metabolic factors like insulin and obesity-induced signals may regulate steroid-producing enzymes and the HPA axis. Chronic HPA overactivity may increase psychological and eating disorders among PCOS women. Insulin resistance and obesity, common in PCOS women, may increase ovarian androgen production, contributing to hyperandrogenism. A reduced sex-hormone-binding globulin due to insulin's regulation heightens available testosterone. Hyperandrogenism encourages insulin resistance, leading to lipolysis, free fatty acids rise, and altered muscle and metabolic functions. Due to enzymes like 3b-dehydrogenase, 17b-hydroxy dehydrogenase, and the aromatase system, intense steroid metabolism occurs in adipose tissues, pos-

sibly leading to increased peripheral androgen production in obese PCOS women.

Androgens may promote the maturation of pre-adipocytes, particularly in belly fat. Obesity indirectly affects the HPA axis in PCOS, as evident from the strong association between these conditions and the influence of body fat, composition, and age on ACTH secretion patterns.⁽³⁾

Clinical Features of PCOS:

- Oligomenorrhea / amenorrhea
- Infertility/first trimester miscarriage
- Obesity
- Hirsutism
- Acne
- Acanthosis nigricans
- Male pattern alopecia

Hyperandrogenism can show up as hirsutism, acne, or male pattern alopecia. Chronic anovulation often leads to irregular or absent menstrual periods, dysfunctional uterine bleeding, and infertility⁽⁴⁾. Having upper-body obesity is a significant element of the Insulin Resistance syndrome. However, obesity is not a mandatory criterion for diagnosing Polycystic Ovary Syndrome (PCOS), with only an estimated 35% to 50% of patients with PCOS being obese.⁽⁵⁾

The presence of Acanthosis nigricans is a sign of insulin resistance. Assessments should also take into account personal or familial instances of type 2 or gestational diabetes, alongside any presence of hypertension.

Investigations for PCOS:

Essential examinations involve testing for prolactin and thyroid-stimulating hormone to rule out alternate disorders, alongside measuring testosterone, SHBG, and free androgen index levels to evaluate the androgen status.⁽⁶⁾ Examinations incorporate a pelvic ultrasound to assess the shape and structure of the ovaries and the thickness of the endometrium. It's appropriate to conduct an oral glucose tolerance test and evaluate lipid profiles for all women at the time of diagnosis and then annually or biannually thereafter, particularly for women who are overweight or possess

a heightened risk of Type 2 Diabetes Mellitus.⁽²⁾

SARCODES

Sarcodes are medicinal substances derived from the healthy tissues and secretions of animals. They symbolize a journey from physiological health to pathological conditions, drawing on the framework of health equilibrium in the animal system. Sarcodes serve as therapeutic agents treating various pathological ailments. This aligns with Hahnemann's theory of disease evolution from functional disturbances to pronounced structural abnormalities, ultimately progressing from physiology to pathology.

Sarcodes indications in PCOS⁽⁷⁾ :

1. Sarcodes can supplement constitutional medicine in both acute and chronic forms of PCOS.
2. They can address clinical conditions where the uterus/ovary loses its primary function or structure or is experiencing atrophy.
3. Sarcodes can be considered for conditions highlighted by hyperactivity in the ovaries or uterus.
4. When a general serious condition is rooted in a single organ like the ovary or uterus, sarcodes can be prescribed.
5. They can be effective in PCOS cases with few characteristic symptoms to pinpoint a constitutional remedy.
6. In complex PCOS cases where multiple organs face structural pathologies, sarcodes can facilitate the choice of suitable remedy.
7. Sarcodes can address the fluctuation in female hormones found in functional or structural changes in PCOS cases.
8. When progress towards recovery is stalled in PCOS despite multiple remedies, sarcodes can serve as a catalyst.
9. They can counteract side effects from excessive hormone use or hormonal replacement therapy in PCOS.
10. In advanced pathology cases of PCOS with

minimal vitality, sarcodes can be a complementary therapeutic approach when prescribing a constitutional remedy is challenging.

Sarcodes and their indications:

Corpus luteum

Indicated especially when functional ovarian cysts like corpus luteal cysts emerge due to the failure of the corpus luteum to regress post-ovum release. Some potential indicators include delayed menstruation in adolescents, diminished thyroid activity, overweight young women exhibiting adiposo-genital syndrome shortly after puberty and amenorrhoea. Symptoms in pale, anemic individuals can range from headaches, fatigue, nervousness, acne vulgaris, to constipation. They may also face scanty or absent menstruation. Women with neurasthenia may suffer from headaches, neuromuscular weakness, emotional irritability, and sleep disorders, coupled with menstrual and ovarian irregularities. It can also be helpful in cases of repeat miscarriages, subsequent curettage, and individuals showing signs of nervous irritability. Symptoms may include breast pain during and before menstruation, pelvic pain, delayed or insufficient menstrual flow, and blood clot formation⁽⁸⁾.

Folliculinum

Folliculinum is associated with a fluctuation between extreme excitability and severe depression, which tends to worsen before menstruation. Sensitivity and irritability also increase prior to menstrual cycles. Unexpected weight gain not linked to excessive eating can occur, which becomes more prominent before menstruation or during ovulation. Premenstrual migraines are another characteristic. Females may experience uterine congestion and premenstrual pain. Pruritus in the vaginal or vulvar regions could intensify before periods. Menses could be prolonged, characterized by bright red blood with clotting. Pain tends to peak during the initial days of menstruation. Leucorrhea, or discharge that is yellow or brownish, sometimes interspersed with blood, can occur between menstrual cycles, especially during ovulation. A minor blood loss could also happen during ovulation. The uterus may present fibrous characteristics and with metrorrhagia⁽⁹⁾. Foubister

asserts that from the moment of birth, one is subject to constraints imposed by others' actions. It's when one's reactions to these impositions, whether current or historical, significantly deviate from the norm that the use of Folliculinum should be contemplated. If an individual hasn't successfully established their individual identity and instead finds their existence intensely tangled or dependent on others, life's pressures can become inordinate, potentially necessitating Folliculinum. Overbearing expectations or burdens in personal, professional, spiritual, religious, or familial realms might induce a state of extreme fatigue, spawning a conflict of commitments that results in undue stress. If typical remedies prove unproductive for a patient grappling amidst such high pressure, Foubister recommends considering Folliculinum, at least until the pressures subside.⁽¹⁰⁾

Estrogen

Indications include amenorrhea, unpredictable bleeding incidents, and more intense vaginal bleeding between regular menstrual cycles. Menorrhagia, which refers to overly long or heavy periods. This could be coupled with vaginal dryness and spotting, characterized by lighter vaginal bleeding in between regular menstrual cycles. Other signs include atrophy of the endometrium, or thinning and shrinking of the uterine lining, alongside reduced sexual desire. Concomitants: Dry skin conditions, migraine headaches, and severe headaches, often accompanied by dizziness or a fainting sensation. Appetite reduction and peripheral edema. Weakness or numbness in an arm or leg. Moreover, it may be connected with depressive states.⁽⁹⁾

Oophorinum / Ovarium

This is a sarcode prepared by the trituration of the expressed juice of the ovary of the sheep or the cow. It has been highly advocated in ailments after excision of the ovaries and in climacteric sufferings, especially those characterized by skin disorders, such as acne, prurigo etc⁽¹¹⁾.

After excision of ovaries⁽¹²⁾. Acne rosacea and other skin diseases. Acne rosacea is associated with ovarian dysfunction⁽¹³⁾. Symptoms better during the menses. Female - menses are frequent, too early. Menses are clotted, coagulated, copious.

Menses of short duration. Infertility. Hot flushes. Infantile genitals. Ovarian cysts. Severe hormonal acne⁽⁹⁾, hairy growth on the face are the major indications of Oophorinum. This patient has low blood pressure, is chilly and may have a history of over-the-counter contraceptive pills usage⁽¹⁴⁾. Disorders of ovarian function. Dysmenorrhea. Amenorrhea. Menopause with symptoms of ovarian deficiency. Menorrhagia. Metrorrhagia. Female infertility. Menopausal neuroses with depression. Nymphomania. Jealous fantasies. Kraurosis vulvae. Breast tenderness. Osteomalacia⁽¹⁵⁾. Myxoedema. You can also try it in ovarian cysts. It also controls prurigo⁽¹¹⁾. Acne and seborrhoea in chlorotic women. Symptoms are better during the menses⁽¹⁷⁾.

Pituitary gland anterior (Anterior lobe of Pituitary Gland)

Hormonal disorders. Premenstrual syndrome. Worse before menses, headache, coryza, pallor of face, nausea, vomiting, distended abdomen, pain in ovaries, pain in uterus, difficult respiration, painful swollen breasts, low backache, sleeplessness. Pain in ovaries before menses, worse stepping. Menses brown at onset, clotted. Menses coagulated during the first day and last days. Menses irregular, protracted with clots. Lack of vital heat during menses. Metrorrhagia between menses. Yellow leucorrhoea, offensive leucorrhoea like fish brine. Sexual desire diminished, enjoyment absent (Sep.). Sterility⁽⁹⁾.

Lac Remedies:

In recent times, the study of lac remedies in homeopathy has gained significant importance. Lac remedies, which also fall under the category of sarcodes, have shown promising results in their application. Among the various lac remedies, Lac Can, Lac VacDefloratum, Lac Felinum, Lac Cameli Dromeri, Lac Equinum, and Lac Lupinum exhibit a greater affinity for PCOS (female organs)⁽¹⁸⁾.

CONCLUSION :

In conclusion, the use of sarcodes in the treatment of Polycystic Ovary Syndrome (PCOS) presents a promising addition to our armamentarium. While

sarcodes are lesser-known and less frequently used in clinical practice, they offer a potential avenue for addressing the complex hormonal imbalances and symptoms associated with PCOS.

Sarcodes can be applied in various ways, depending on the requirements of the individual case. These methods include the organopathic method, the tautopathic method, or constitutional method. In cases where there are no clear indications for a specific remedy, considering a near or suitable sarcode may provide guidance for the next prescription.

However, it is crucial to emphasize that more rigorous scientific research is needed to establish the effectiveness and safety of sarcodes in PCOS treatment. More provings and studies would provide a clearer understanding of the benefits of sarcodes and their long-term effects on fertility and overall health.

By conducting comprehensive research, we can further enhance our knowledge of sarcodes' potential role in treating PCOS. With continued investigation, sarcodes may offer additional benefits to patients, improving their quality of life and reproductive health.

REFERENCES

1. Diamanti-Kandarakis E, Mitrakou A, Hennes MMI, Platanissiotis D, Kaklas N, Spina J, et al. Insulin sensitivity and antiandrogenic therapy in women with polycystic ovary syndrome. *Metabolism*. 1995;44(4).
2. Teede H, Deeks A, Moran L. Polycystic ovary syndrome: A complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan. Vol. 8, *BMC Medicine*. 2010.
3. Veldhuis JD, Keenan DM, Liu PY, Iranmanesh A, Takahashi PY, Nehra AX. The aging male hypothalamic-pituitary-gonadal axis: Pulsatility and feedback. *Mol Cell Endocrinol*. 2009 Feb;299(1):14-22.
4. CONWAY GS, HONOUR JW, JACOBS HS. HETEROGENEITY OF THE POLYCYSTIC OVARY SYNDROME: CLINICAL, ENDOCRINE AND ULTRASOUND FEATURES IN 556 PATIENTS. *Clin Endocrinol (Oxf)*. 1989;30(4).
5. Knochenhauer ES, Key TJ, Kahsar-Miller M, Waggoner W, Boots LR, Azziz R. Prevalence of the Polycystic Ovary Syndrome in Unselected Black and White Women of the Southeastern United States: A Prospective Study 1. *J Clin Endocrinol Metab*. 1998;83(9).
6. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *The Lancet*. 2007 Aug;370(9588):685-97.
7. Dr Ajit Kulkarni. Sarcodes: Resonating organ arsenal... [Internet]. [cited 2023 Jul 16]. Available from: <https://ajitkulkarni.com/sarcodes-resonating-organ-arsenal/>
8. Alexander Leslie BLACKWOOD. *Manual of Materia Medica*,

Therapeutics and Pharmacology.

9. Robin Murphy ND. Natures Materia Medica .
10. The American Homeopath: Journal of the North American Society of Homeopaths. Sarcodes. Synergy homeopathic Software. ;
11. N. M. Choudhuri M.D. A study on materia medica, 2nd edition.
12. BOERICKE W. Pocket manual of Homeopathic Materia Medica.
13. Varma P. N. and Indu V. Encyclopaedia of Homoeopathic Pharmacopoeia.
14. Dr. Sunirmal Sarkar. Just you see , Broadening the homoeopathic Horizon.
15. Hans-Heinrich Reckeweg. Materia medica homoeopathia Antihomotoxica.
16. J H Clarke. Dictionary of Practical Materia Medica , 4th edition.
17. Pulford. Homoeopathic Materia Medica of Graphic Drug

Pictures.

18. Synergy homeopathic Software Ver 2.1. Repertorisation Chart - Complete Repertory - Female Rubrics - .

ABOUT THE AUTHOR'S

1. **Dr. K. Rama Lakshmi Devi**, M.D.(Hom) Ph.d. Research Scholar, Lincoln University College, Malaysia.
2. **Dr. Pingali Ananda Kumar** Ph.d. Research Scholar, Lincoln University College, Malaysia.
3. **Prof Dr. G. Chandra Sekhara Rao**, M.D.(Hom), Ph.d Principal Supervisor, Lincoln University College, Malaysia.



Scope of Homoeopathy in PCOS

Dr. Sheetal, Dr. Meenu Gupta

ABSTRACT

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder affecting women worldwide. It is characterized by hormonal imbalances, ovarian cysts, and various associated symptoms such as irregular menstrual cycles, excessive hair growth, acne, and weight gain. The conventional approach to PCOS management primarily focuses on symptom control through medications, hormonal therapies, and lifestyle modifications.

The scope of homoeopathy in PCOS lies in its ability to restore hormonal balance, regulate menstrual cycles, reduce cyst formation, and alleviate associated symptoms. Homoeopathic management for PCOS involves a detailed case analysis to understand the individual's physical, mental, and emotional characteristics. Remedies are then selected to stimulate the body's self-healing mechanisms and promote overall well-being.

Keywords: homoeopathy, PCOS, insulin resistance, hirsutism, oestrogen, amenorrhoea, oligomenorrhoea, rotterdam criteria

Abbreviations: Polycystic Ovarian Syndrome (PCOS), Endocrine-disrupting chemicals (EDCs), Luteinizing hormone (LH), Sex hormone binding globulin (SHBG)

INTRODUCTION

Polycystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism.^[1]

Stein and Leventhal were the first to describe polycystic ovary syndrome (PCOS) more comprehensively in 1935.^[2] Incidence of PCOS (5–6%) is increasing lately due to change in lifestyle and stress. It is also becoming a common problem amongst adolescents, developing soon after puberty. Amongst infertile women, about 20% infertility is attributed to anovulation caused by PCOS.^[1]

Study published in the Journal of Clinical Endocrinology & Metabolism estimated the prevalence to be approximately 22.5% among Indian women

of reproductive age.

It is estimated that PCOS affects approximately 5-10% of women of reproductive age worldwide.

The increasing prevalence of PCOS is believed to be influenced by various factors, including changes in lifestyle, dietary patterns, and environmental exposures.

ETIOLOGY

The exact cause of PCOS (Polycystic Ovary Syndrome) is not fully understood, but it is believed to involve a combination of genetic and environmental factors. Several contributing factors have been identified that can influence the development of PCOS:

1. **Hormonal Imbalances:** This disrupts the normal functioning of the ovaries, leading to problems with ovulation and the development

of ovarian cysts.

2. **Insulin Resistance:** Insulin resistance leads to increased insulin production, which can stimulate the ovaries to produce more androgens, further exacerbating the hormonal imbalance.
3. **Genetic Factors:** Women with a family history of PCOS are at a higher risk of developing the condition themselves.
4. **Lifestyle Factors:** Obesity and sedentary behavior have been associated with an increased risk of PCOS. Excess weight can worsen insulin resistance and hormonal imbalances, making PCOS symptoms more severe.
5. **Environmental Factors:** Environmental factors, such as exposure to EDCs, have been hypothesized to contribute to the development of PCOS. EDCs are substances that can interfere with the normal functioning of hormones in the body.

It's important to note that PCOS is a complex condition, and the interplay of multiple factors likely contributes to its development.

PATHOPHYSIOLOGY

Insulin resistance, is a common feature of PCOS affecting 50–70% of women with the disorder. [4] Insulin induces LH to cause thecal hyperplasia and secrete androgens, testosterone and epi-androstenedione which are converted to oestrogen in the granulosa cells. Epi-androstenedione is converted in the peripheral fat to oestrone. This leads to rise in the oestrogen and inhibin levels. These in turn cause high LH surge. Hyperandrogenism lowers the level of hepatic SHBG, so that the level of free testosterone rises leading to hirsutism. Androgen also suppresses the growth of the dominant follicle and prevents apoptosis of smaller follicles which are normally destined to disappear in the late follicular phase. [1]

Macroscopically, both ovaries are enlarged, though one PCOS ovary is also diagnostic. Multiple cysts (12 or more) of 2–9 mm size are located peripherally along the surface of the ovary giving it a 'necklace' appearance on ultrasound. These are persistent atretic follicles. Theca cell hyperplasia and stromal hyperplasia account for the in-

crease in the size of the ovary which amounts to more than 10 cm³ in volume. [1]

CLINICAL FEATURES :

PCOS (Polycystic Ovary Syndrome) can present with a range of Signs and symptoms that may vary in severity among affected individuals.

Common Signs and symptoms of PCOS include:

1. **Menstrual Irregularities:** Irregular menstrual cycles are a hallmark of PCOS. This can manifest as oligomenorrhoea, amenorrhoea or unpredictable cycles. Some women may experience heavy or prolonged menstrual cycle.
2. **Ovarian Cysts:** The presence of multiple small cysts on the ovaries is a characteristic feature of PCOS. These cysts are usually benign and result from the follicles (fluid-filled sacs) maturing but not releasing eggs.
3. **Hirsutism:** Elevated levels of androgens (male hormones) in PCOS can lead to excessive hair growth, particularly on the face, chin, chest, abdomen, and back.
4. **Acne:** PCOS-related hormonal imbalances can contribute to the development of acne.
5. **Weight Gain:** Insulin resistance, which is commonly associated with PCOS, can contribute to weight management challenges.
6. **Hair Loss:** Thinning hair or male-pattern baldness (androgenic alopecia) can occur due to the influence of androgens in PCOS.
7. **Skin Changes:** PCOS can result in skin changes such as darkening of the skin in certain areas like the neck, groin, and underarms (acanthosis nigricans).
8. **Infertility:** In the reproductive years, infertility accounts for about 20% cases. If the woman conceives, Pregnancy loss occurs in 20–30% cases. [1]
9. **Mood Changes:** Some women with PCOS may experience mood swings, depression, or anxiety, although the link between PCOS and mental health is not fully understood.
10. It is important to note that not all women with PCOS will exhibit every symptom listed above, and the severity of symptoms can vary widely.

DIAGNOSIS

It is important to note that the diagnosis of PCOS is based on a combination of clinical criteria and exclusion of other potential causes of symptoms. The Rotterdam criteria, established by international consensus, are commonly used for diagnosing PCOS.

The Rotterdam criteria (2003) ^[3] suggests that at least two out of three criteria should be present in a woman to be diagnosed with PCOS.

These criteria are:

1. Oligo/amenorrhoea, anovulation, infertility
2. Hirsutism–acne (clinical and/or biochemical signs of high androgen levels)
3. Ultrasound findings - polycystic ovaries observed on ultrasound (≥ 12 follicles in each ovary measuring 2–9 mm)

Diagnosis is crucial for appropriate management and treatment planning.

HOMOEOPATHIC MANAGEMENT

Homoeopathic remedies for PCOS may be chosen based on the unique symptom profile and presentation of each person. Commonly used remedies in homoeopathy for PCOS include:

1. **Pulsatilla:** It is pre-eminently a female remedy, especially for affectionate, mild, gentle, timid, yielding disposition.^[6] The patient seeks the open air; always feels better there, even though chilly. Amenorrhoea. Suppressed menses from wet feet, nervous debility, or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. ^[5]
2. **Sepia:** This remedy is indicated for PCOS cases with irregular periods, irritability, and a sense of indifference towards loved ones. Great sadness and weeping. Dread of being alone; of men; of meeting friends; with uterine troubles.^[6] Menses Too late and scanty, irregular; early and profuse; sharp clutching pains. ^[5]
3. **Lachesis:** It may be used when there is a history of suppressed menses or hormonal imbalances leading to hot flashes, palpitations, and mood swings. Menses at regular time;

too short, scanty, feeble; pains all relieved by the flow; always better during menses. ^[6] Left ovary very painful and swollen, indurated. Acts especially well at beginning and close of menstruation. ^[5]

4. **Calcarea carbonica:** It may be prescribed when there is a chilly sensation, fatigue, and craving for eggs or indigestible things like chalk or dirt. Menstruation too early, too profuse, too long lasting; with subsequent amenorrhoea and chlorosis with menses scanty or suppressed. ^[6]
5. **Kalium Carbonicum:** It is prescribed in PCOS in anaemic females inclined to obesity. There are delayed and scanty menses or early and profuse menses. Feels badly, week before menstruation; backache, before and during menses. Delayed menses in young girls, with chest symptoms or ascites. Difficult, first menses. ^[5]
6. **Natrum muriaticum:** It is used for PCOS cases with irregular periods, emotional sensitivity, and a tendency to retain water. Females with Psychic causes of disease; ill effects of grief, fright, anger, etc. Consolation aggravates. Irritable; gets into a passion about trifles. Awkward, hasty. Wants to be alone to cry. Suppressed menses. ^[5]
7. **Conium :** It is one of the Homeopathic medicines for PCOS which is of great help in cases where acne appears as a result of the accompanying menstrual irregularities. The acne is worse before menses appear and disappears as soon as the menstrual flow starts. Menses delayed and scanty; parts sensitive. ^[5]
8. **Apis Mellifica :** It is one of the most suitable prescriptions among Homeopathic medicines for PCOS when the symptoms include suppressed periods and pain in the ovarian region, especially on the right side. Menses suppressed, with cerebral and head symptoms, especially in young girls. Ovarian tumors, metritis with stinging pains. ^[5]
9. **Thuja :** It is another of the prominently indicated Homeopathic medicines for PCOS. The underlying symptoms for Thuja use in PCOS are hair growth on the face and body and retarded periods of scanty duration. During periods, pain may be felt in the left

ovary. Menses scanty, retarded. Ovaritis; worse left side, at every menstrual period. [5]

10. **Graphites** : The most prominent symptoms demanding Graphites use are scanty, pale or suppressed periods. Active in patients who are rather stout, of fair complexion, with tendency to skin affections and constipation, fat, chilly, and costive, with delayed menstrual history, take cold easily. Menses too late, with constipation; pale and scanty. [5]

CONCLUSION

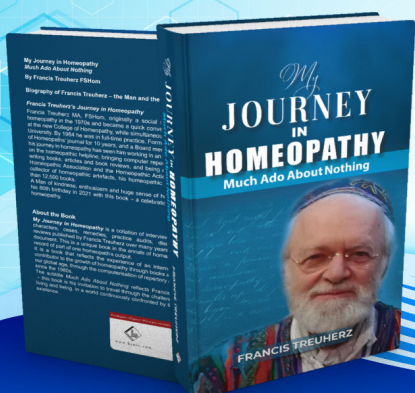
PCOS is becoming a more prevalent disorder among women of reproductive age with lifelong complications. [7] Obesity is found in approximately 30% of PCOS patients. Dietary therapies for weight loss have been shown to improve many symptoms of PCOS, including androgen levels, insulin resistance, anovulation, and irregularity of cycles. [8,9] Unfortunately, the optimal outcomes of diet and exercise are not always long-term. [10] Considering the side effects of conventional treatment like hormonal therapy, there is a growing interest in alternative approaches like homoeopathic management.

REFERENCES

1. Howkins & Bourne Shaw's Textbook of Gynaecology 16th edition Padubidri and Daftary
2. Stein IF, Leventhal ML. Amenorrhea associated with bilateral polycystic ovaries. *Am J Obstet Gynecol.* 1935;29:181–91.
3. Azziz R, Carmina E, Dewailly D, Diamanti-Kandarakis E, Escobar-Morreale HF, Futterweit W, et al. Positions statement: Criteria for defining polycystic ovary syndrome as a predominantly hyperandrogenic syndrome: An Androgen Excess Society guideline. *J Clin Endocrinol Metab.* 2006;91:4237–45.
4. Frank González, Inflammation in Polycystic Ovary Syndrome: Underpinning of insulin resistance and ovarian dysfunction, *Steroids*, Volume 77, Issue 4, 2012,
5. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory. 37th ed. B. JAIN PUBLISHERS (P) LTD; 2016.
6. Keynotes Rearranged and classified with Leading remedies of the materia medica and bowel nosedes by H.C. Allen, M.D.
7. Azziz R, Ehrmann D, Legro RS, Whitcomb RW, Hanley R, Fereshetian AG, O'Keefe M, Ghazzi MN, PCOS/Troglitazone Study Group Troglitazone improves ovulation and hirsutism in the polycystic ovary syndrome: a multicenter, double blind, placebo-controlled trial. *J Clin Endocrinol Metab.* 2001;86:1626–1632.
8. Crave JC, Fimbel S, Lejeune H, Cugnardey N, Déchaud H, Pugeat M. Effects of diet and metformin administration on sex hormone-binding globulin, androgens, and insulin in hirsute and obese women. *J Clin Endocrinol Metab.* 1995;80:2057–2062.
9. Clark AM, Ledger W, Galletly C, Tomlinson L, Blaney F, Wang X, Norman RJ. Weight loss results in significant improvement in pregnancy and ovulation rates in anovulatory obese women. *Hum Reprod.* 1995;10:2705–2712.
10. Yanovski SZ, Yanovski JA. Obesity. *N Engl J Med.* 2002;346:591–602.


ABOUT THE AUTHOR'S

1. **Dr. Sheetal**, Pg Scholar (Batch 2021-22), Dept. Homoeopathic Materia Medica, State National Homoeopathic Medical College And Hospital, Lucknow.
2. **Dr. Meenu Gupta**, Pg Scholar (Batch 2020-21), Dept. Homoeopathic Materia Medica, Government Homoeopathic Medical College And Hospital, Bhopal (Mp)



JOURNEY IN HOMEOPATHY
Much Ado About Nothing

An experience of an internationally recognised contributor to the growth of homeopathy since the 1980s. A Selection and Compilation of the thoughts, practices, prescriptions, philosophy, materia medica, debates, lectures, articles, book reviews and humour. This book is his invitation to travel through the challenges of homeopathic living and being.



The Unseen Struggle: Understanding and Managing PCOD through Homeopathic Perspective

Dr. Romal Padsumbiya

ABSTRACT

Polycystic ovary syndrome (PCOS) is a disease in which there is an abnormal amount of androgen production in the body along with multiple cysts in the ovaries. The prevalence rate is approximately 6% (according to National Institute of Health Consensus 1990) to 20% (according to Rotterdam 2003) in women of the reproductive age group. The polycystic ovarian syndrome consists of benign growths arising in the ovary at any age from menarche to menopause. Patients can be asymptomatic or may present with oligomenorrhea or amenorrhea along with constitutional symptoms like obesity, infertility, obstructive sleep apnea and hirsutism.

Keywords: Homoeopathic medicine, polycystic ovarian syndrome, hirsutism, high androgen level, infertility, anovulation, amenorrhoea.

Abbreviations: Polycystic Ovary Syndrome (PCOS), American Society for Reproductive Medicine (ASRM), European Society of Human Reproduction and Embryology (ESHRE), Ultrasonography (USG), Sex Hormone Binding Globulin (SHBG), Follicle Stimulating Hormone (FSH), Luteinising Hormone (LH), Insulin Ratio (IR), Dehydroepiandrosterone Sulphate (DHEAS), Laparoscopic Ovarian Drilling (LOD)

INTRODUCTION

Polycystic ovary syndrome (PCOS) is a condition in which the ovaries produce abnormal amounts of androgens, male sex hormones that are usually present in women in small amounts. The name polycystic ovary syndrome describes the numerous small cysts (fluid-filled sacs) that form in the ovaries. The prevalence rate is approximately 6% (according to National Institute of Health Consensus 1990) to 20% (according to Rotterdam 2003) in women of the reproductive age group.^[1]

AETIOLOGY: ^{[2][3]}

- Excessive production of androgens by ovaries and from and renal glands. Abnormal regulation of the androgen forming enzyme i.e., P450 C17, is one of the main causes of its excess production from these glands.
- Dysregulation of CYP 11a gene

- Hyperinsulinaemia leads to increased production of androgens, by stimulation of theca cells.
- Obesity (central) is an important contributory factor for the development of PCOS.
- Higher prevalence has been associated in first-degree relatives with PCOS.
- Congenital virilising disorders,
- Above-average or low birth weight for gestational age.
- Premature adrenarche, use of valproic acid as an antiepileptic drug. Studies have also suggested that there is a higher prevalence in Mexican-Americans than non-Hispanic whites and African Americans.

PATHOPHYSIOLOGY OF PCOS^[2]

In PCOS, ovaries of a woman and ovulation are affected. The ovaries are a pair of reproductive organs in women that produce eggs (ovum). The ovaries also produce hormones named estrogen,

progesterone and a little amount of male hormones known as androgens. The ovaries release an egg every month. The process of releasing an egg from the ovary is known as ovulation. Ovulation occurs around the 14th day of a 28 day menstrual cycle. The ovulation is under control of hormones FSH – Follicle stimulating hormone and LH – luteinizing hormone. Among these, FSH controls follicle (sac containing egg) production by ovary and maturation of egg and surge of LH triggers the release of mature egg from ovary.

In case of PCOS, there is an increase in androgen (male hormone) level. This inhibits the production of hormones by ovaries and normal development of an egg. In PCOS, fluid-filled sacs/ immature follicles in ovaries that contain an immature egg develop and ovulation doesn't occur. The absence of ovulation results in altered levels of estrogen, progesterone, FSH, and LH. Additionally, levels of progesterone are low in cases of PCOS.

CLINICAL FEATURES:^[3] 4]

The most common sign and symptoms of PCOS include:

- Irregular periods: Abnormal menstruation involves scanty or missing periods, or not having a period at all. It may also involve heavy bleeding during periods.
- Hirsutism: Abnormal and excess facial hair and heavy hair growth on the arms, chest and abdomen in women.
- Acne: Acne, especially on the back, chest and face are commonly seen in PCOS. These may continue past the teenage years and may be difficult to treat.
- Obesity
- Acanthosis nigricans: Dark coloured patches of skin, especially in the folds of your neck, armpits, groin (between the legs) and under the breasts.
- Skin tags: these are often found in the armpits
- Thinning hair, hairfall
- Infertility: PCOS is the most common cause of female infertility. Decreased frequency or lack of ovulation can result in not being able to conceive.

- Mood swings, Irritability, headache followed by hormonal changes

DIAGNOSIS:^[2]

Diagnosis is based upon the presence of any two of the following three criteria, as per the American society for reproductive medicine (ASRM) / European society of human reproduction and embryology(ESHRE), 2003:

- Oligo and/ or anovulation.
- Hyperandrogenism (clinical and/ or biochemical)
- Polycystic ovaries

In USG:

- Ovaries are enlarged in volume ($\geq 10 \text{ cm}^3$)
- Increased number (>12) of peripherally arranged cysts (of 2-9 mm in diameter) is seen.
- Ovarian capsule is thickened and pearly white in colour.

Serum values:

- LH levels are elevated and/ or the ratio LH:FSH is $> 2:1$.
- Raised fasting insulin levels $>25 \mu\text{IU/ml}$ and fasting glucose to insulin ratio <4.5 suggests IR. Levels of serum insulin response $> 300 \mu\text{IU/ml}$ at 2 hours post glucose (75 gm) load, suggests severe IR.
- Raised level of oestradiol and estrone- the estrone level is markedly elevated.
- SHBG level is reduced.
- Hyperandrogenism- androstenedione is raised.
- Raised serum testosterone ($> 150 \text{ ng/dl}$) and DHEAS may be marginally elevated.

TREATMENT:^[5]

Lifestyle changes:

- You can lose weight by exercising regularly and eating a healthy, balanced diet.
- Weight loss of just 5% can lead to a significant improvement in PCOS.

- Your diet should include plenty of fruit and vegetables, (at least 5 portions a day), whole foods (such as wholemeal bread, wholegrain cereals and brown rice), lean meats, fish and chicken.

b) Medicinal treatment:

- Contraceptive pills may be recommended to induce regular periods, or periods may be induced using an intermittent course of progestogen tablets (which are usually given every 3 to 4 months, but can be given monthly).
- Clomifene is usually the first treatment recommended for women with PCOS who are trying to get pregnant. Clomifene encourages the monthly release of an egg from the ovaries (ovulation).
- Metformin is used to lower blood sugar levels in patients suffering from PCOS. It also stimulates ovulation and regulates monthly periods.
- Medicines to control excess hair loss and hirsutism are spironolactone, flutamide, etc.
- Orlistat – to decrease weight in overweight females
- Statins- helps to reduce blood cholesterol levels
- Acne treatments are also used.
- Laparoscopic ovarian drilling (LOD)

COMPLICATIONS:^{[2][4]}

- Diabetes.
- High blood pressure.
- Cardiovascular disease.
- Endometrial hyperplasia.
- Endometrial cancer.
- Sleep disorders such as sleep apnoea.
- Depression and anxiety.
- Infertility
- Miscarriage

DIRECT RUBRICS FROM DIFFERENT REPERTORIES

1. Boericke's Repertory Chapter: – Female Sexual System

Rubric: – Ovaries: Pain: In left ovary

3marks: Arg-met, Cimic, Coll, Lach, Lil-tig, Naja, Thuja, Vesp, Xanth, Zinc.

2marks: Am-br, Ap-g, Apis, Caps, Carb-ac, Erig, Eup-pur, Frax, Graph,

Iod, Med, Murx, Ov, Phos, Pic-ac, Thea, Thlaspi, Ust, Wye

2. Clarke's Clinical Repertory : – Clinical Rubric: – Cyst:

2marks: Bar-c, Bov, Calc-s, Staph.

3. Synthesis/Kent's Repertory

chapter:- Female Genitalia/Sex

Rubric:- Tumours-ovaries: cysts:

2marks: Apis, Bov, Bufo, Coloc, Iod, Kali-br, Lach, Plat, Rhus-t.

1mark: Arg-m, Canth, Carb-an, Merc, Murx, Prun, Rhod, Syph, Thuja.

VARIOUS HOMOEOPATHIC MEDICINE IN CASE OF PCOS :^{[9][10][11]}

ARGENTUM METALLICUM :Pain in left ovary. Ovaries feel too large. Prolapsus uteri, with pain in left ovary and small of the back, extending in front and downwards.Eroded spongy cervix. Scirrhus of uterus. Climacteric haemorrhage. Leucorrhoea; foul, bloody water, excoriating. Ovarian cysts, tumours. Palpitation during pregnancy.

LILIUM TIGRINUM :It manifests its chief action upon the VENOUS CIRCULATION; of the heart and FEMALE ORGANS; ovaries and uterus; Often indicated in unmarried women. FULL, HEAVY or FORCED OUT feeling; in uterus, ovaries, heart etc.Utero-ovarian sagging.Wandering, flying,shooting pains or opening and shutting pains; radiating; from ovary to heart, to left breast; down the legs etc. Heavy dragging or

outward pressing in pelvis, with dysuria; as if all organs would escape through vagina; must hold it. Menses; early, scanty, dark, clotted, offensive. Flow only when moving about. Ovarian (left) pain down thighs; or up below the left breast. Leucorrhoea; thin, brown, acrid; stains brown, agg. After menses. Neuralgic pains in uterus, can not bear pressure of clothes. Prolapse of anteversion of uterus. Sul-involution. Sexual desire increased; obscene; must keep herself busy. As of a hard body pressing upon rectum and ovaries amel. walking.

OOPHORINUM: It has been suggested as a remedy in ovarian cysts. Suffering following excision of ovaries.

PRUNUS SPINOSA: Tickling, itching in region of ovaries not ameliorated by scratching and rubbing. Menstruation too early, with violent pain in small of back. Metrorrhagia of thin, pale blood, becoming very watery the longer it lasts.

APIS MELLIFICA: It has been used for pains occurring in the right ovarian region and thought of being due to ovarian disease. Amenorrhoea of puberty, ovaries; numb or congested due to suppressed menses. Dysmenorrhoea with scanty discharge of slimy blood or with ovarian pains Ovarian dropsy, even cystic degeneration of the ovary has been cured. Ovarian neuralgia, ovarian and uterine inflammations may call for this drug. The right ovary is mostly affected. Burning stinging pains and great soreness in right ovarian region are the most characteristic symptoms.

NATRUM MURIATICUM: PCOS may manifest differently in different women. One of the most commonly reported symptoms of PCOS is irregular and suppressed periods. Natrum Mur is an effective remedy for this condition. Women who are trying to conceive may also benefit if their efforts to do so have failed.

CALCAREA CARB: Some women may get periods, which are quite profuse and may be longer in terms of duration. It may make you prone to gaining weight as well. Calcarea carb is a very effective medication, which can effectively control these symptoms. Calcarea carb will be prescribed to you if you have a craving for boiled eggs and have heavy sweating (know more about Sweating

problem) on the head as external symptoms.

KALIUM CARBONICUM: Kali Carb is another polycystic ovary homeopathic treatment for women who do not get their periods for several months due to PCOS. It helps with a regular menstrual flow.

SENECIO AUREAUS: It can help women who experience the symptoms of periods even when their menstrual cycle is suppressed. It is beneficial for women with PCOS who experience heaviness or pain in their pelvic region even during the absence of periods.

EUPHRASIA: This medication can help women who suffer from a shorter menstrual cycle than usual due to PCOS. Euphrasia can manage periods that only last for one or two days.

OLEUM JECORIS ASELLI: Women who experience abnormal body hair in unusual places are advised to take this natural medication. It especially targets abnormal hair growth on the chin. This medication can be taken along with Sepia and Thuja, which also treat hirsutism.

SILICEA: Women with PCOS often experience painful acne related to the disease. Silicea and sulphur are effective homeopathic treatments, according to research that can clear out painful and pus-filled acne.

LACHESIS: When there is aversion or intolerance to tight clothes, Lachesis is one of the best Homeopathic remedies for PCOD. Most of the problems are on the left side only. The menses are too short and flow is feeble. There are pains in the abdomen which get better after the flow starts. There is great loquacity in the patient and is often seen jumping from topic to topic. Jealousy is another prominent symptom present in such patients.

GRAPHITES: One of the best Homeopathic medicines for PCOS with constipation When there is constipation along with other symptoms, Graphites is one of the best Homeopathic medicines for PCOS. The patient is often of a stout build or is fat. She cannot tolerate cold and is always feeling chilly. The menses are too late and are pale and scanty. One feels hardness in the ovarian region.

SEPIA OFFICINALIS: Too early, too scanty and flow present only in morning with great weakness < morning, indoors and > in open air; menses are regular but scanty and dark and lasting for only one day. Before menses, burning, excoriation and smarting in vulva; sensation of distension at genitals. During menses: Congestion and stinging pains in ovarian region, running around from the back over each hip, there is bearing down pain from uterus. Tenderness of female parts < touch. Painful stiffness, apparently in uterus; crampy colic with bearing down pains and sensation as if she must cross her legs to keep everything from coming out of vulva; constipation with sensation of a heavy lump in anus; soreness of perineum; After menses: dryness of vulva and vagina, causing a disagreeable sensation when walking; flooding during.

CONIUM MACULATUM: Menses are irregular too early and too feeble, or too late and too scanty, of brownish coloured blood. Dysmenorrhoea with pains extending to left chest; labour like abdominal pains, extending into thighs. Ovaritis; ovaries are enlarged and indurated; lancinating pains. Ill effects of repressed sexual desire or suppressed menses or from excessive indulgence. Breasts enlarge and become hard and painful before and during menses. Induration of cervix and os is present. Rash before menses. Itching around the pudenda. Unready conception (sterility) is present.

AMMONIUM CARBONICUM: Before menses: Face becomes pale. There is pain in abdomen and also small of back. No appetite. At commencement there are cholera like symptoms. During menses, Menstrual flow increases at night, it is blackish, in clots, passing off with spasmodic pains in abdomen and hard stools. Menses are profuse and acrid, these make thighs sore and causes burning pain; too late, scanty and short, always accompanied by frontal headache; very nervous and restless; exhaustion with defective reaction; there is sleeplessness during menses; diarrhoea before and during menses; there is blood from rectum during menses.

THUJA OCCIDENTALIS: A good medicine for Cysto-ovarium. There is inflammation with pain in left ovary. Pain extends through left iliac re-

gion into groin and sometimes into left leg. <from walking or riding, so she has to lie down (during menses); burning pain in ovary, ovarian affections are worse during menses. Menses are scanty and retarded.

PULSATILLA PRATENSIS: There is amenorrhoea. Menses are suppressed from wet feet, nervous debility or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, and intermittent flow. There is chilliness, nausea with a downward pressure and pain. Diarrhoea during or after menses.

REFERENCES:

- 1) National library of medicine. Metabolic Syndrome and PCOS: Pathogenesis and the Role of Metabolites [Internet]. 2021 Dec 14 [cited 2022 April 30]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8709086/>
- 2) Dutta DC, Konar H (ed.) Textbook of gynecology. 2016. Jaypee brothers medical publishers (P) Ltd.
- 3) Johns Hopkins medicine. Polycystic ovary syndrome (PCOS) [Internet]. c2022 [cited 2022 May 4]. Available from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos>
- 4) Cleveland clinic. Polycystic ovary syndrome (PCOS) [Internet]. c2022 [cited 2022 May 4]. Available from: <https://my.clevelandclinic.org/health/diseases/8316-polycystic-ovary-syndrome-pcos>
- 5) NHS. Polycystic ovary syndrome [Internet]. [cited 2022 May 3]. Available from: <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/treatment/>
- 6) Kent JT. Repertory of the homeopathic material medica. New Delhi, India: B Jain; 2021
- 7) Schroyens F. Augmented Clinical Synthesis Repertorium Homeopathicum Syntheticum. B. Jain publishers. 9th edition.
- 8) Clarke Henry Jhon A Clinical Repertory – to the dictionary of material medica: Indian books and periodicals publisher new Delhi; 2008
- 9) Boericke William, Pocket manual of homeopathic material medica & comprising of the characteristic and guiding symptoms of all remedies including indian drugs, New Delhi: B Jain publishers (p) Ltd. 2004
- 10) Lilienthal S. Homoeopathic therapeutics. 24th ed. New Delhi: B. Jain publishers (P) Ltd; 2016.
- 11) H. Clarke. The Prescriber. Third edition. B. Jain Publishers (P) Ltd. 2006; New Delhi. 14] Allen HC. Allen's Keynotes Rearranged and Classified Leading Remedies of the Materia Medica and Bowel Nosodes. New Delhi: B. Jain Publishers (P) Ltd;

ABOUT THE AUTHOR

1. **Dr Romal Padsumbiya**, PG Scholar in Homoeopathic Materia Medica, Rajkot Homoeopathic Medical College, Parul University

Why Homoeopathy for PCOS?

Dr. Fakhra Zehra

ABSTRACT

Polycystic ovary syndrome (PCOS) is a very common heterogeneous disorder characterized by raised levels of androgens and chronic anovulation. PCOS affects women of reproductive ages. It has significant and diverse clinical implications including reproductive, metabolic and psychological features. Comprehensive knowledge regarding the pathogenesis of PCOS will enable early identification of girls with high propensity to develop PCOS.

Keywords: Polycystic ovary syndrome, hyperandrogenism, anovulation, insulin resistance, stress.

INTRODUCTION

Polycystic ovary syndrome, or PCOS, is the most common endocrine disorder in women of reproductive age. The syndrome is named after the characteristic cysts which may form on the ovaries, though it is important to note that this is a symptom and not the underlying cause of the disorder.⁽¹⁾

Though it may sound similar enough, PCOS (Polycystic Ovarian Syndrome) is a bit different from PCOD. *In PCOD the ovaries start releasing immature eggs that lead to hormonal imbalances and swollen ovaries, among other symptoms; while in PCOS, endocrine issues cause the ovaries to produce excess androgens, which makes eggs prone to becoming cysts.* These cysts won't, however, be released like in PCOD - rather they build up in the ovaries themselves.⁽²⁾

Definition and diagnostic criteria of PCOS ⁽¹⁾

According to National Institute of Health (NIH)

In 1990 a consensus workshop sponsored by the NIH/NICHD suggested that a person has PCOS if they have all of the following:

1. oligoovulation
2. signs of androgen excess (clinical or biochemical)
3. exclusion of other disorders that can result in menstrual irregularity and hyperandrogenism

According to Rotterdam

In 2003 a consensus workshop sponsored by ES-HRE/ASRM in Rotterdam indicated PCOS to be present if any two out of three criteria are met, in the absence of other entities that might cause these findings:

1. oligoovulation and/or anovulation
2. excess androgen activity
3. polycystic ovaries (by gynecologic ultrasound)

According to Androgen Excess PCOS Society

In 2006, the Androgen Excess PCOS Society suggested a tightening of the diagnostic criteria to all of the following:

1. excess androgen activity
2. oligoovulation/anovulation and/or polycystic ovaries
3. exclusion of other entities that would cause excess androgen activity

Prevalence of PCOS in India

PCOD is also far more common than PCOS. About one-third of all menstruating women around the globe have PCOD. According to a study conducted in Southern India and Maharashtra, about 9.13% of menstruating women in those regions

suffer from PCOS, while 22.5% have PCOD.⁽²⁾

Causes: The exact cause of PCOS is **NOT** known.

Factors that might play a role include:

1. **Insulin resistance-** If cells become resistant to the action of insulin, then blood sugar levels increase which then results in more insulin production to bring down the blood sugar level. Excess of insulin might cause the body to make too much of the androgen (male hormone) which affects ovulation in females.
2. **Low-grade inflammation-** Research shows that people with PCOS have a type of long-term, low-grade inflammation that leads polycystic ovaries to produce androgens. This can lead to heart and blood vessel problems.
3. **Heredity-** Research suggests that certain genes might be linked to PCOS. Having a family history of PCOS may play a role in developing the condition.
4. **Excess androgen-** With PCOS, the ovaries may produce high levels of androgen. Having too much androgen interferes with ovulation. Excess androgen also can result in hirsutism and acne.⁽³⁾

Symptoms: (4)

1. Missed periods, irregular periods, or very light periods
2. Large ovaries or have many cysts
3. Excess body hair, including the chest, stomach, and back (hirsutism)
4. Obesity
5. Acne
6. Male-pattern baldness or thinning hair
7. Infertility
8. Skin tags
9. Dark or thick skin patches on the back of the neck, in the armpits, and under the breasts

Role of Homoeopathy to deal with PCOS

PCOS is a lifestyle disorder which begins to establish its roots usually in those women who have a history of stress or ongoing stress. Many women first experience symptoms of PCOS in the midst

of anxiety-inducing change, severe stress, or trauma.

In homoeopathy, the patient is treated as a whole because when one part of the body is suffering or affected then it's symptoms are shown by the entire.⁽⁵⁾

Relationship between PCOS and Stress

Usually when we think of stress, we probably think of its symptoms, such as feeling uptight, racing heartbeat, irritability, or even headaches. All of these things can occur as a result of a stress response, which involves the hypothalamus-pituitary-adrenal (HPA) axis or the body's "stress response system". When the brain senses something stressful, it activates a physiological response in the body i.e. "fight or flight" mode. This stimulates the production of stress hormones like cortisol from adrenal glands

Elevated androgens are a common hormonal imbalance associated with PCOS. Both the ovaries and the adrenal glands can contribute to high androgen levels that drive PCOS symptoms. Some women have *adrenal-dominant PCOS* while other women have *ovary-dominant PCOS*, and many women have a *combination of both*.⁽⁶⁾

How homoeopathy could help-

Homoeopathy is the best way to find an approach that solely works for you and eliminate the root cause of the disease. It does not treat the disease rather the person suffering from the disease. The prescription is made focusing on the individuality of the person and the pathological condition. In homoeopathy when PCOS is treated, the goal of treatment is to treat the patient holistically i.e. all the symptoms of PCOS improve simultaneously. Hence, homoeopathic medicines can restore hormonal balance, normal ovulation, menstrual cycles, and also eliminate the need for hormone therapies and surgery thus increasing the chances of conception.

Rubrics related to PCOS from Kent's Repertory⁽⁷⁾

FACE, Eruptions, pimples: Agar., alum., am-m., ambr., anan., *ant-c.*, apis., *ars-i.*, *ars.*, arum-t., as-

ter., aur., bar-c., bar-m., bell., berb., bor., bov., calc-p., calc-s., **Calc.**, **Carb-an.**, carb-s., carb-v., **Caust.**, chel., cic., clem., coloc., con., crot-h., dros., **Eug.**, gels., glon., **Graph.**, hep., hura., hydr., hydr-c., indg., iod., jug-r., kali-ar., **Kali-c.**, kali-chl., kali-n., kali-s., **Kreos.**, lach., led., **Lyc.**, lyss., mag-m., meny., meph., **Merc.**, mosch., mur-ac., nat-a., nat-c., **Nat-m.**, nat-p., nat-s., **Nit-ac.**, **Nux-v.**, ol-an., pall., par., petr., ph-ac., phos., psor., puls., rhus-t., sabin., sanic., sars., sep., sil., sol-t-ae., staph., **Sulph.**, syph., tarax., tarent., thuj., til., vinc., zinc.

FEMALE GENITALIA, Menses, irregular : *Apis.*, apoc., aran., arg-n., art-v., aur-m-n., benz-ac., calc-p., calc-s., calc., carb-ac., carb-s., caul., caust., chel., cemic., cocc., con., cur., cycl., dig., ferr-p., ferr., ham., hyos., ign., iod., ip., iris., kali-bi., kali-p., kreos., lac-d., lach., lil-t., lyc., mag-c., mag-m., merc., murx., nit-ac., **Nux-m.**, nux-v., oena., op., phos., plb., puls., ruta., sabad., **Sec.**, senec., sep., sil., staph., sulph., tub., ust., verat., vesp., xan.

FEMALE GENITALIA, Menses, late : *Acon.*, agn., alum., am-c., apis., arg-n., aster., aur., bell., benz-ac., bov., calc-p., calc-s., canth., carb-ac., **Carb-s.**, cast., caul., **Caust.**, cham., chel., chin., cic., cemic., cinnb., cocc., **Con.**, crot-h., cub., cupr., cur., cycl., daph., dig., dros., **Dulc.**, euphr., ferr-i., ferr-p., ferr., gels., glon., goss., **Graph.**, ham., hep., hyos., hyper., ign., iod., **Kali-c.**, kali-chl., kali-i., kali-n., kali-p., kali-s., kalm., lac-d., lach., lec., lept., lith., **Lyc.**, **Mag-c.**, mag-m., mag-s., merc., nat-c., **Nat-m.**, nat-p., nat-s., nicc., nit-ac., **Nux-m.**, petr., ph-ac., phos., plat., psor., **Puls.**, sabad., sabin., sars., sel., senec., **Sep.**, **Sil.**, staph., stront., sul-ac., **Sulph.**, tab., ter., til., tub., valer., verat-v., verat., xan., zinc.

FEMALE GENITALIA, METRORRHAGIA : *Acet-ac.*, acon., agn., alet., alum., am-br., am-m., ambr., apis., apoc., aran., arg-m., arg-n., arn., ars-i., ars., asc-t., bapt., **Bell.**, **Both.**, bov., bry., bufo., calc-s., **Calc.**, cann-i., canth., carb-an., carb-s., carb-v., card-m., caul., cham., chin-a., chin-s., **Chin.**, cemic., cin-nam., coc-c., coff., colch., coloc., cop., **Croc.**, crot-c., **Crot-h.**, elaps., erig., ferr-ar., ferr-i., ferr-m., ferr-p., **Ferr.**, fl-ac., gels., **Ham.**, helon., hep., hyos., ign., iod., **Ip.**, iris., kali-br., kali-c., kali-chl., **Kali-fer.**, kali-p., kali-s., kreos., lac-c., **Lach.**, led., lyc., lycps., mag-c., mag-m., med., merc., **Mill.**, **Murx.**, nat-a., nat-c., nat-h., nat-m., **Nit-ac.**, nux-m., **Nux-v.**, op., **Phos.**, phyt., **Plat.**, plb., prun-s., **Psor.**, **Puls.**, **Rat.**, rhus-

t., ruta., **Sabin.**, **Sec.**, senec., sep., sil., squil., staph., stram., sulph., tarent., **Tril.**, tub., urt-u., **Ust.**, verat., zinc.

FEMALE GENITALIA, Tumors, Ovaries : **Apis.**, apoc., ars-i., ars., bar-m., calc., coloc., fl-ac., graph., hep., iod., **Lach.**, **Lyc.**, plat., podo., staph., stram., syph., thuj., zinc.

right : *Apis.*, fl-ac., iod., **Lyc.**, podo.

left : **Lach.**, podo.

cysts : *Apis.*, bov., bufo., canth., carb-an., coloc., iod., kali-br., lach., merc., murx., plat., prun-s., rhod., rhus-t., thuj.

GENERALS – OBESITY

agar. ambr. Am-m. Ant-c. asaf. Aur. bar-c. borx. bry. **CALC.** Calc-ar. camph. canth. **CAPS.** chin. cocc. con. Cupr. euph. **FERR.** **GRAPH.** guaj. iod. ip. Kali-bi. Kali-c. Lac-d. lach. laur. Lyc. mag-c. merc. mur-ac. nat-c. nux-m. olnd. op. plat. plb. Puls. sabad. sars. seneg. sep. sil. spig. spong. Sulph. thuj. verat.

Homoeopathic medicines for PCOS

1. **Apis Mellifica**- Adapted to women especially widows; children and girls who, though generally careful, become awkward, and let things fall while handling them. Stinging pains which are accompanied by tenderness over abdomen and uterine region. The patient is unable to tolerate heat and feels worse in the summer. The right side is more likely to be affected. There may even be oedematous swellings of various body parts.⁽⁹⁾
2. **Pulsatilla** – It is often suited to young girls in whom the problem starts at puberty itself. Menses are late or delayed and are scanty. The patient is usually thirstless. The general temperament of the patient is mild, gentle and yielding. There are changeable moods.⁽⁸⁾
3. **Sepia** –When the patient has bearing down pains from the back and abdomen, Sepia is indicated. There is a feeling of a “ball” like sensation in the inner parts. The pelvic organs seem relaxed. The menses are irregular. In

some cases they are too late and scanty while in others they are early and profuse. There may be yellowish or greenish leucorrhea. ⁽⁸⁾

4. **Lachesis** – Women of choleric temperament, with freckles and red hair. When there is aversion or intolerance to anything being worn a little tight, Most of the problems are on the left side only. The menses are too short and flow is feeble. There are *pains in the abdomen which are relieved after the flow starts*. There is great loquacity in the patient and is often seen jumping from topic to topic. Jealousy is another prominent symptom present in such patients. ⁽⁸⁾⁽⁹⁾
5. **Graphites**- *Constipation along with other symptoms*. The patient is often of a stout build or is fat. She cannot tolerate cold and is always feeling chilly. The menses are too late and are pale and scanty. There is tearing pain in the stomach region. Hardness may be felt in the ovarian region. ⁽⁸⁾

CONCLUSION

As PCOS is a disease of multifactorial origin so apart from our homoeopathic medicines other managements like changes in diet and regimen, exercises, weight management, etc are required. Homoeopathic medicines act dynamically and strengthen the immunity of the person thus re-establishing health and harmony. Even a modest reduction in your weight might improve

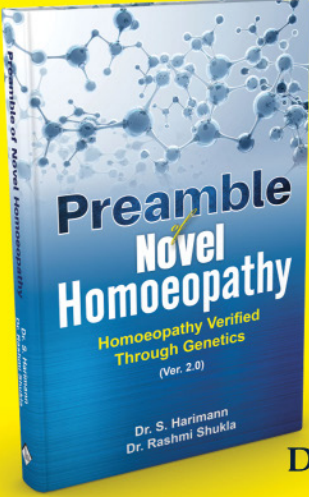
your condition. Losing weight may increase the effectiveness of medications for PCOS, and it can help with infertility.

REFERENCES

- 1-Polycystic ovary syndrome | Introduction and definition | (no date) | Wikipedia.
https://en.wikipedia.org/wiki/Polycystic_ovary_syndrome#References
- 2-PCOD | 30 May 2022 | UNICEF. <https://www.unicef.org/india/stories/do-pcod-and-pcos-mean-same-thing-or-are-they-different>
- 3-Polycystic Ovarian Syndrome | causes | (no date) | Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439>
- 4-Polycystic Ovarian Syndrome | Health | Symptoms | (no date) | Johns Hopkins. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos>
- 5-PCOS and Anxiety Can Often Show Up Together | What is PCOS? | (no date) | Healthline.
<https://www.healthline.com/health/chronic-illness/pcos-and-anxiety#What-is-PCOS?>
- 6-Is Stress Driving Your PCOS Symptoms? | What exactly is stress? | (no dates) | Jillian Greaves.
<https://jilliangureaves.com/blog/2021/12/29/is-stress-driving-your-pcos-symptoms>
- 7- J.T.Kent, Repertory Of The Homoeopathic Materia Medica, 15th Impression 2020, Delhi: B Jain Publishers
- 8- William Boericke, Boericke's New Manual of Homoeopathic Materia Medica with Repertory, 3rd revised & Augmented edition based on 9th edition, Delhi: B Jain Publishers:2019
- 9- Dr S R Phatak, Materia Medica of Homoeopathic Medicines, 2nd edition, Delhi: B Jain Publishers:2019

ABOUT THE AUTHOR

Dr. Fakhra Zehra



Preamble
Novel
Homoeopathy
Homoeopathy Verified
Through Genetics
(Ver. 2.0)
Dr. S. Harimann
Dr. Rashmi Shukla

NEW RELEASE

Author:-
Dr S Harimann

Preamble
Novel
Homoeopathy
Homoeopathy Verified
Through Genetics
(Ver. 2.0)
ISBN - 9788131930939

A Case of Fibroadenoma of The Breast Cured by Constitutional Remedy

Prof (Dr.) D. K. Sonker, Dr. Manoj Kumar Bharti, Dr. Rahul Kumar Nirala

ABSTRACT

Fibroadenoma of the breast is a hormonal-related disease. Fibroadenoma is a non-cancerous breast tumor that most often occurs in young women. Reproductive hormones may cause fibroadenomas.

In this article, there is a case of a 36 years female who was suffering from fibroadenoma. She was treated within 5 months with a single constitutional homeopathic medicine Sulphur 200, sac lac 30/tds.

Method – A detailed case taking was done and Fibroadenoma was diagnosed based on clinical examination, physical examination, and ultrasonography report.

A constitutional homeopathic remedy was prescribed based on complete symptoms with aid of repertorization.

Result- The patient recovered remarkably with homeopathic therapy.

Keywords: Constitutional homeopathic medicine, Fibroadenoma, Sulphur, materia medica.

INTRODUCTION

The most common benign Tumor of the female breast is fibroadenoma. It is a new growth composed of both fibrous and glandular tissues.

AETIOLOGY-

This Tumor is said to develop as the result of increased sensitivity of a focal area of the breast to oestrogen. It is almost an accepted fact that there is some relationship between excess oestrogen levels and fibroadenoma. That is why this condition may present simultaneously with fibroadenomas. Pathology. These lesions are encapsulated and tend to be spherical but occasionally they may be multinodular or somewhat irregular. The gross appearance is characteristic of smooth boundaries and the cut surface is glistening white. If the epithelial elements are excessive, they may appear as light brown areas. Fibroadenoma has mixed epithelial or glandular and mesenchymal elements. Fibroadenomas typically stop growing when they reach 2 to 3 cm in diameter. Blacks have a greater propensity than whites to develop fibroadenomas

at a younger age. This lesion invariably has a relationship to oestrogen sensitivity and it occurs predominantly in the 2nd and 3rd decades of life.

Other variants of fibroadenoma are characterized by increased cellularity of the stroma and/or epithelium. These typically occur in adolescence and bear resemblance to benign phyllodes(leaf-like) tumors. The predominant carcinoma that presents concurrently with fibroadenoma is lobular carcinoma in situ. On section, these lesions are composed of uniform, greyish-white, fleshy, homogeneous masses with fibrous whorls which tend to bulge from the capsule. There may be some minute yellow to pink softer areas. Fibroadenoma is classified into two varieties according to their origins either Peri canalicular or Intracanalicular.

The breast has two components of connective tissue separated by the elastic lamina which covers the ductulus. When the connective tissue outside this elastic lamina becomes proliferated along with the glandular element it is called peri canalicular fibroadenoma. When the connective tissue inside the elastic lamina becomes proliferated

along with the glandular element, it is called intracanalicular fibroadenoma.

The PERICANALICULAR VARIETY (Hard fibroadenoma) is firmer, and smaller with an increase in ducts and fibrous stroma. This Tumor can be felt very clearly out of the breast tissue due to its tremendous firmness and it moves sufficiently within the breast substance, so it is often called a 'breast mouse'. In this type round or oval gland, spaces are presently lined by single or multiple layers of cells.

The INTRACANALICULAR TYPE (Soft fibroadenoma) is relatively less firm, grows larger and the glandular tissue and the duct system are very much compressed with great distortion due to proliferated surrounding connective tissue pressing on them. Connective tissue is so profuse and rather loose that this type is often referred to as intraductal myxoma. It must be remembered that both peri canalicular and intracanalicular patterns may coexist within the same tumor.

CLINICAL FEATURES: -

(i) The peri canalicular or hard type usually occurs in younger girls between 15 and 30 years of age. Intracanalicular or soft fibroadenoma more commonly affects the older group from 30 to 50 years of age.

(ii) This tumor is most commonly presented as a painless, slowly growing, solitary lump in the breast. While this tumor is often seen in the lower part of the breast, fibroadenomas occurs mostly in the upper and outer quadrants of the breast.

(iii) Multiple fibroadenomas may be present in about 10% of cases.

(iv) Pain is usually conspicuous by its absence, though it may occasionally be complained of, particularly when there is associated fibroadenosis.

(v) Though the hard variety is known for its slow growth and never attains a big size, yet intracanalicular fibroadenoma tends to be large in size due to rapid growth. Some discomfort or slight pain may be complained of due to its size rather than anything else.

(vi) Discharge through the nipple is almost unknown.

LOCAL EXAMINATION-

INSPECTION does not reveal anything particular.

PALPATION

(a) Fibroadenomas are smooth or slightly tabulated usually measuring 2 to 3 cm in diameter. With the exception of those adjacent to the nipple, these are characteristically mobile. Mobility is more in young girls. Mobility lessens with increasing age due to the restraining effects of surrounding fibrotic tissue. In only 10% of cases there may be multiple fibroadenomas on presentation.

(b) A freely mobile solitary lump within the breast with a round smooth margin is nothing but a fibroadenoma. The consistency is firm, except in case of large intracanalicular variety when consistency may be softer.

(c) The lump is neither fixed to the overlying skin, nor fixed to the fascia covering pectoralis major. It is also not fixed within the breast and is so freely movable, that it is often called a 'breast mouse'.

(d) The axillary lymph nodes are usually not enlarged.

DIAGNOSIS: -

Up to the age of 25 years clinical diagnosis is enough. Mammography has no place in its routine diagnosis. With increasing age mammography and Fine Needle Aspiration Cytology (FNAC) should be performed to exclude malignancy.

Ultrasonography is quite helpful in the differential diagnosis of a palpable breast lump. Ultrasonography should preferably be done with Logic 500 Preserver having a linear multi frequency with a 6-9 MHz probe. A water pack is used for the examination of all breast lesions. The lesions should be viewed in both longitudinal and transverse planes employing low and high gain settings for the same transducer position. Each breast is examined quadrant by quadrant survey. If the mass is delineated, it is described as circumscribed or non-circumscribed.

Both benign and malignant lesions are detected by this technique. Confirmation of the diagnosis reached at ultrasonography is made by FNAC or

histopathology.

It is a well-known fact that ultrasonography of the breast is very useful in differentiating cystic from solid masses. Well-circumscribed masses are mostly benign and poorly-circumscribed masses are mostly malignant. The accuracy of ultrasound in the detection of solid breast mass is about 65% in Indian studies and the cystic masses are correctly diagnosed in about 95% of cases.

Detection of carcinoma in breast by ultrasound is more accurate in western studies. However, in Indian studies benign lesions of the breast are more readily diagnosed by the ultrasound than malignant lesions. Sensitivity of ultrasound in the diagnosis of fibroadenoma of the breast is expected to be more than 80%.

TREATMENT

Excisional biopsy is the treatment of choice. Although a skilled clinician can probably detect a fibroadenoma with an accuracy of 80% to 85% of cases, excision is mandatory. This gives an opportunity to get the histopathological report. Moreover, removal of the tumour will give the patient a psychological advantage to have been cured of the disease. Peri areolar or sub mammary incision should be attempted at whenever possible for cosmetic reasons. As the tumour is often situated in the lower part of the breast, sub mammary incision (Gaillard Thomas' incision) is often applied. Only when the tumour cannot be removed through one of these incisions, a radial incision or a curved incision along the line of Langer is made. The incision is deepened right up to the capsule of the tumour. In case of peri canalicular variety the capsule is incised and the tumour is removed with a finger which is pushed into the cleavage between the capsule and the tumour, the adhesions are severed and the tumour is brought out of the incision. This is called enucleation. In case of intracanalicular variety enucleation may not be possible and the whole tumour is excised. The dead space is obliterated with catgut suturing. Haemostasis is attained. The skin is closed. Drainage is only necessary when one is not very sure of haemostasis and when there is a big dead space.

It is better to send the excised tumour for frozen section biopsy. Only when, unfortunately, carci-

noma is detected, quadrantectomy or Patay radical mastectomy should be performed according to the size of the tumour. The present trend is that in women under the age of 25 years, routine excision is unnecessary because of greater understanding of the natural history of this condition. If fibroadenomas are left untreated most will slowly increase in size up to 3 cm in diameter over a period of 5 years.

Thereafter they remain static or may gradually become smaller.^[1]

CASE HISTORY: -

A case of a 36 years female suffering from fibroadenoma reported here was treated successfully within 6 months by a constitutional homeopathic medicine sulphur 200.

The improvement is relevant to the decrease of hair falling and also from ultrasonography (USG) reports.

History of present complaints: - The patient is suffering from fibroadenoma of the left breast which has been diagnosed on 24/06/2022 by ultrasonography. Tenderness of breast. The patient was suffering from hair fall for 2 months. Sometimes patient feels vertigo when shaking the head.

The patient was suffering from the sensation of heat on the vertex and pimples on the face. There is a burning sensation in the back region. The patient is suffering from copious menses and thin and acrid excoriating leucorrhoea after menses.

Physical generals: -

She had a good appetite but less thirst. She loved to eat spicy food. Her stool was changeable, sometimes normal, and sometimes hard. She had an aversion to oily fatty food which causes nausea. Her sleep was disturbed, and there was anxiety which causes sleeplessness. Thermally she was hot. There was burning during micturition.

Menstrual history: - regular and copious menses, dark red.

Leucorrhoea: - After menses, acrid and excoriating and yellow colour.

Mental generals: - Suppressed anger, aversion

to work, consolation aggravation, and patient is very impatient.

DIAGNOSIS: -

Diagnosis was based on clinical symptoms, physical examination of the patient and USG report.

Case Analysis And Evaluation Of Symptoms: -

S.no	Type Of Symptoms	Symptoms	Intensity	Miasmatic Analysis ^[2]
1	Physical General	Vertigo amelioration in open air	3	Psoric
2	Physical General	Vertigo aggravated by moving head	2	Psoric
3	Particular	Eruptions on head, pustules	3	Psoric
4	Physical General	Hair falling	2	Syphilitic
5	Particular	Heat sensation on vertex	3	Psoric
6	Particular	Pustules on extremities	2	Psoric
7	Physical general	Leucorrhoea cause itching	3	Sycotic
8	Physical general	Leucorrhoea after menses, leucorrhoea is thin and acrid and excoriating	3	Syphilitic
9	Physical general	Profuse menses	3	Sycotic
10	Particular	Fibroadenoma of breast	2	Sycotic

REPERTORIAL TOTALITY^[2]:-

TOTALITY OF SYMPTOMS: -	RUBRICS
1.Vertigo amelioration in open air	1.[Vertigo]AIR,OPEN, IN Amelioration
2.Vertigo aggravated by moving head	2.[Vertigo]MOVING THE HEAD Quickly
3.Eruptions on head, pustules	[Head]ERUPTION: Suppurating
4.Hair falling	3.[Head]HAIR: Falling
5.Heat sensation on vertex	4.Head]HEAT: Vertex
6.Pustules on extremities	5.[Skin]ERUPTIONS: Pustules:
7.Leucorrhoea cause itching	6.[Genitalia female] ITCHING: Leucorrhoea, from:
8.Leucorrhoea after menses, leucorrhoea is thin and acrid and excoriating	[Genitalia female] LEUCORRHOEA: Acrid, excoriating:
9.Profuse menses	[Genitalia female] MENSES: Copious:
10.Fibroadenoma of breast	[Chest]TUMOURS: Mammae:

Repertorization: -

The screenshot shows the ZOMEIO Repertorisation software interface. At the top, there are tabs for Repertory, Remedy Extract, Repertorisation (active), Quick Symptom Record, Books, and Repertory Search. Below the tabs is a search bar with the text 'Type Keywords for Quick Repertorisation (Ctrl+F)'. The main area displays a grid of symptoms and remedies. The symptoms listed are: Totality (21), Symptoms Covered (9), Kingdom (1), [Kent] [Vertigo]AIR,OPEN,IN :Amel: (43) (2), [Kent] [Vertigo]MOVING THE HEAD:Quickly: (17) (1), [Kent] [Head]ERUPTION:Suppurating: (15) (3), [Kent] [Head]HAIR :Falling: (94) (3), [Kent] [Head]HEAT:Vertex: (44) (3), [Kent] [Skin]ERUPTIONS:Pustules: (78) (3), [Kent] [Genitalia female]ITCHING:Leucorrhoea,from: (28) (2), [Kent] [Genitalia female]LEUCORRHOEA:Acrid,excoriating: (85) (2), [Kent] [Genitalia female]MENSES:Copious: (163) (2), and [Kent] [Chest]TUMOURS:Mammae: (10) (2). The remedies listed are: Sulph (21), Calc (17), Phos (15), Sep (15), Kali-c (13), Ars (13), Carb-v (13), Con (13), Lach (13), Nat-m (13), Nit-ac (12), Calc-s (12), Merc (12), Sil (11), Carb-n-s (11), Caust (11), Fl-ac (11), Graph (11), and Kreos (11). The grid shows the gradation of each remedy for each symptom, with numbers indicating the strength of the match.

This repertorization was done by Kent repertory by using ZOMEIO software.[3]

REPERTORIAL ANALYSIS: -

1. Sulphur---21/9
2. Calcarea carb----17/7
3. Phosphorus –15/7
4. Sepia ----15/6
5. Kali carb ----13/7

SELECTION OF THE REMEDY AND POTENCY: - The reportorial result showed that sulphur covered maximum symptoms with the highest gradation. Therefore, an individualized single

constitutional remedy, SULPHUR was selected based on the totality of symptoms covered in Materia medica Allen's keynote^[4] and boericke Materia medica^[5]. All symptoms are covered by sulphur, although the patient was hot so here, I have prescribed sulphur 200 to the patient. The medicinal dose was only repeated when its action was ceased.^[6]

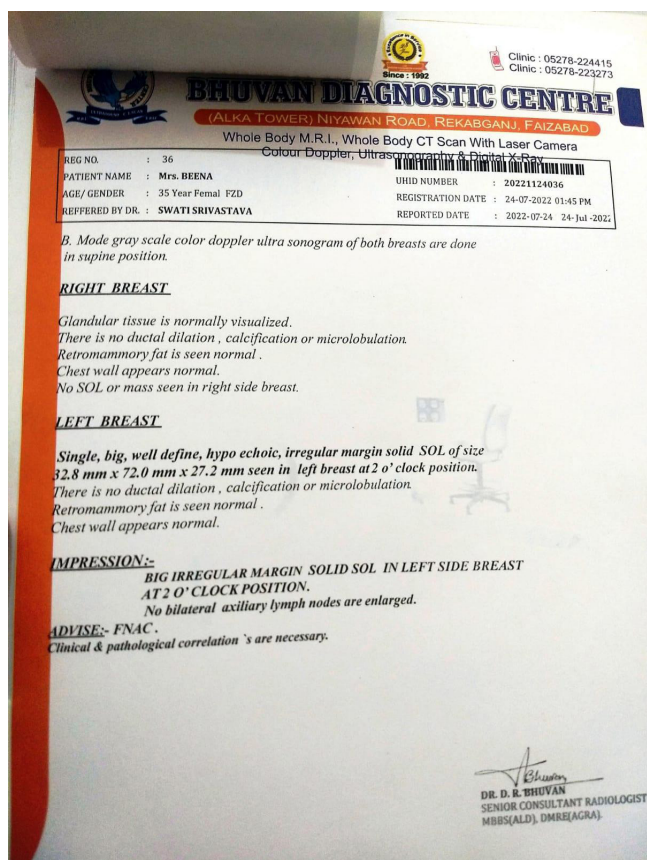
Follow-up: -

After 5 months of regular treatment, the patient improved very much. She reported with USG. In USG, the fibroadenoma is cured.

DATE	RESPONSE	PRESCRIPTION
02/08/2022	The pain of fibroadenoma and eruptions on face and scalp relieved	Rubrum met 200 /3dose Sac lac 30/tds
23/08/2022	Eruptions in extremities decreased, and vertigo episodes decreased. Hairfall improved.	Rubrum met 200 /3dose Sac lac 30/tds

06/09/2022	leukorrhea became normal in consistency	Sulphur 200/3dose Sac lac 30/TDS
27/09/2022	Improved. No vertigo at all.	Rubrum met 200 /3dose Sac lac 30/TDS
04/10/2022	Improved in all complaints	Rubrum met 200 /3dose Sac lac 30/tds
25/10/2022	Suffered from acute coryza with headache.	Sulphur 200 /3dose Sac lac 30/TDS
01/11/2022	Improved	Rubrum met 200 /3dose Sac lac 30/TDS
15/11/2022	No eruptions at all in her body, she was feeling good.	Rubrum met 200 /3dose Sac lac 30/TDS
29/11/2022	Her sonography reports were normal, there was no growth of the breast in form of fibroadenoma.	Rubrum met 200 /3dose Sac lac 30/TDS

BEFORE TREATMENT:-



AFTER TREATMENT :-



DISCUSSION AND CONCLUSION: -

Studies in homeopathy have shown a positive role.

Hyperandrogenism and the effect of Lifestyle modification were not evaluated and statistical rigor was also lacking. Due consideration has been given to all these aspects while drafting this protocol. Despite the increasing incidence of this problem, limited research has been conducted that covers the full spectrum of fibroadenoma.

All symptoms are covered by sulphur, although the patient was not so here, I have prescribed sulphur 200 to the patient. After prescribing medicine, patients have improved so much. Her vertigo and eruptions on body have decreased and her leucorrhoea has also improved.

Ultrasonography (USG) showed a normal result.

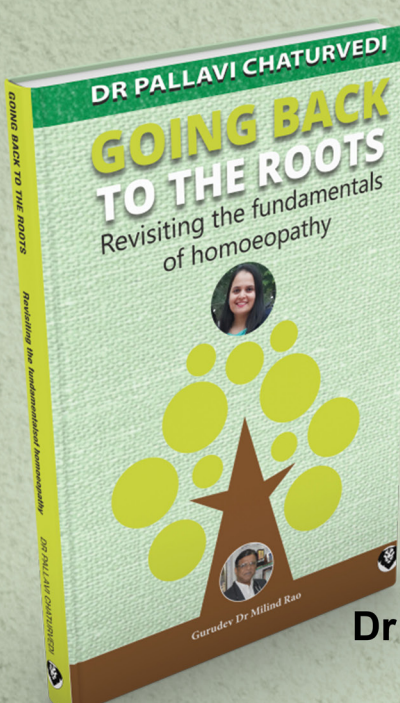
This patient was successfully cured and followed up regularly.

REFERENCES:-

1. Das S. A concise textbook of surgery. 7th ed. Kolkata: Dr S Das publication; 2012.
2. Babu NG, Comprehensive study of Organon, 1.1 ed. New Delhi: B. Jain publishers Ltd.; 2009
3. Zomeo Kent computer repertory Zomeo Elite Version 14.0.0 Copyright 2022 Mind Technologies Pvt. Ltd.
4. Allen TIC, Allen's Keynote Rearranged. & Classified, 10 ed. New Delhi: B. Jain Publishers (P) Ltd.; 2013.
5. Boericke W. Boericke New Manual Of Homoeopathic Material Medica & Repertory, LPE ed. New Delhi: B. Jain Publishers (P) Ltd.; 2014.
6. Das AK. A treatise on Organon of medicine: Part 1. 2nd ed. Kolkata, India: Books & Allied; 2013.

ABOUT THE AUTHOR:

1. **Prof (Dr.) D. K. Sonker**, M.D.(HOM.), Ph.D(Sch)
State National Homoeopathic Medical College and Hospital, Lucknow. Member of Academic Council- Mahayogi Guru Gorakhnath Ayush Vishwavidyalaya, Gorakhpur
2. **Dr. Manoj Kumar Bharti**, Junior Resident Doctor, Dept. of Case Taking & Repertory State National Homoeopathic Medical College and Hospital, Lucknow.
3. **Dr. Rahul Kumar Nirala**, Junior Resident Doctor, Dept. of Case Taking & Repertory State National Homoeopathic Medical College and Hospital, Lucknow



BJAIN

GOING BACK TO THE ROOTS

Revisiting the fundamentals of homoeopathy

Author
Dr Pallavi Chaturvedi

NEW RELEASE

An Individualistic Homoeopathic Approach in a Case of Polycystic Ovarian Disease – A Case Report

Dr Hema Suresh, Dr. S. Vanmathi , Dr Thiretha M

ABSTRACT

Demonstrating positive approach of individualized Homoeopathic treatment in a case of Polycystic Ovarian Disease. It can be linked with metabolic disorder. PCOD is the most common endocrine illness in women of reproductive age and it's linked to a higher rate of depression and anxiety . About 3% of PCOS patients individual suffer with isolated functional adrenal hyperandrogenism. The cause of PCOD is a group of genetic and environmental factors that are common pathologies, often associated with clinical symptoms of arteries, hirsutism, acne, and hyperandrogenism, along with chronic infertility.

Keywords: Polycystic ovarian disease, Constitutional treatment, *Pulstilla nigricans*

Abbreviations: BMI – body mass index, 1 D -1 dose, FMP: First menstrual period, LMP: Last menstrual period

INTRODUCTION

Polycystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. PCOD is fastly increasing due to lifestyle and stress . It is also becoming a common problem amongst adolescents, developing soon after puberty. Several causes include lifestyle change, stress, and diet, genetic and familial factors (autosomal dominant inherited factors).

Clinical feature such as central obesity BMI >30 kg and Waist line >88 cm, oligomennorrhoea, infertility, hirsutism, acanthosis nigricans. Hormonal abnormalities in PCOD cause mature eggs to accumulate in the ovaries instead of being released.

PCOS is the most common endocrine pathology in reproductive aged females worldwide, affecting between 5% and 15 % of females depending on the diagnostic criteria.

Case report

A Patient came with the complaint of irregular menses since 2 years. The complaint hass increased since 2 months. Scanty menses and itching in the vulva during menses. White discharge is present along with foul smell and itching which is worse during menses and better by washing with warm water. Pain in the lumbar region since 2 years on and off which is an aching type of pain. Worse by standing for a long time and better by rest, sitting, stooping, hard pressure and hot fomentation.

- Increased weight (previous weight 46 kg - Present weight 56kg)
- Acne present on both cheeks, forehead, chin
- Black discoloration in both armpit, inner side of thigh

Past history

Had chickenpox at the age of 9 years . Took traditional treatment and got cured.

Treatment history

Took allopathic treatment for the same complaint for 2 months but not yet cured.

Family history

Father: has gout

Mother: has disc prolapse

Physical general

- Appetite : Good , 3 times /day
- Thirst : 1 -2 liters per day (unsatisfied)
- Desire : Spicy foods, meat
- Bowel : Unsatisfied , feel as if stool remain in rectum, 1 time /day
- Micturition : 5 – 6 times per day
- Perspiration : perspiration only on exertion in back ,palm ,armpit
- Sleep : Unsatisfied sleep, sleepy but cannot sleep,6 -7 hrs of sleep

Menstrual history

- FMP :02.02.2012
- LMP:10.10.2022
- Cycle :28 -35 days irregular cycle
- Duration: 5 days
- Quantity: 2 pads per day
- Colour and odour : dark red color and no odour

Mental general

- Sudden change of emotions (sadness, weeping, anger)
- Easily gets anger
- Wants affection from father, feel neglected
- Gets emotional easily
- Cried while stating her complaints and was better

by consolation

- Wants company
- Throw things when anger

General physical examination

- Appearance: Wheatish
- Built : Well built
- Nourishment: Moderately nourished
- Pallor: Absent

Vital signs

- Pulse rate: 74 beats/minute
- Respiratory rate: 17 breath /min
- Temperature: Afebrile
- Blood pressure: 120/80 mmHg
- Height: 159 cm
- Weight:56kg(increased 10 kgs in 12 months)

Systemic examination

- Cardiovascular system: S₁ S₂ heart sound heard and no added or abnormal sound were heard
- Respiratory rate: Normal vesicular breath sound heard and no wheeze, crackles, stridor, rhonchi were heard

Investigation

USG Abdomen and Pelvis, which showed bilateral ovaries appears bulky with multiple subcentimeter follicles arranged peripherally with central echogenic stroma.

Retroverted uterus

Bilateral polycystic ovaries

Diagnosis

Polycystic ovarian disease

Analysis and evaluation of symptoms	Symptoms	Miasmatic
Characteristic mental generals	1.Sudden change of emotions 2.Gets emotional easily 3.Want affection from father feel neglected 4.Throws things away in away 5.Wants company 6.Cried while stating her complaints	Psora Psora Psora Sycosis Psora Psora
Characteristic physical generals	1.Desire fat foods 2.Stool unsatisfied, feel as if stool remain in rectum 3.Sleepy but cannot sleep 4.Chilly patient	Psora sycosis psora psora
Characteristic particular symptoms	1.Irregular and scanty menses 2.White discharge with foul smell 3.Itching in vulva > by warm water 4.Aching pain in lumbar region >by hard pressure ,stooping	Psora Sycosis Psora Psora

Case Analysis

Totality of symptoms

- Sudden change of emotions (weeping, sadness, anger)
- Gets emotional easily
- Wants affection from father feel neglected
- Throw things away in anger
- Wants company
- Cried while stating her complaints
- Desires fat foods
- Stool unsatisfied , feel as if stool remain in rectum

- Sleepy but cannot sleep
- Thermal relation :chilly patient
- Irregular and scanty menses
- White discharge with foul smell
- Itching in vulva > by warm water
- Aching pain in lumber region >by hard pressure, stooping

Rubric

MIND-FORSAKEN feeling

MIND- ANGER, irascibility. - throws things away

MIND- WEEPING. tearful mood, etc. – trifles, at

MIND - COMPANYY, - desire for

STOMACH - THIRST - large quantities for - long intervals. at

SLEEP - SLEEPLESSNESS - sleepiness, with

FEMALE GENITALIA - MENSES, -irregular

FEMALE GENITALIA - MENSES, - scanty

FEMALE GENITALIA -LEUCORRHOEA - white

FEMALE GENITALIA - ITCHING - leucorrhoea, from

BACK - PAIN - Lumbar region - stooping - amelioration

Repertorial Result

Puls -19/10

Sep -19/10

Calc - 16/10

Kali -15/7

Nat-m -15/7

Sulphur - 15/7

Prescription & Follow Up

Follow Up & Remarks	Date	LMP	Prescription
First Prescription Was prescribed based on the repertorial totality.	(26.12.2022)	LMP: (10.10.2022)	1) Pulsatilla nigricans 200 c (3 doses) 2) Sacharrum lactis (3-3-3) x 2weeks
Follow up-1 The patient had no improvement. She did not get her menses.	(10.01.2023)	LMP: (10.10.2022)	1) Pulsatilla nigricans 1M (1 Dose) PC 2) Saccharum lactis (3-3-3) x 2 week PC was prescribed
Follow up-2	(19.02.2023)	LMP: (23.01.2023)	Her back pain have reduced . She got her menses and itching in vulva got reduced. Generals are better. 1) Saccharum lactis 7doses (1 -0-0) dose x 1 week pc was prescribed.
Follow up-3 Her back pain has reduced completely. The acne has reduced slightly. Generals are better.	(20.03.2023)	LMP: (24.02.2023)	1) Saccharum lactis (1-0-0) dose x 1 week was prescribed

Follow up -4 The itching in the vulva reduced completely, but the white discharge with foul smell still present. Her bowel habit is normal. Generals are good	(12.04.2023)	LMP: (23.03.2023)	1. Saccharum lactis 7 dose(1-0-0) x1week was prescribed
Follow up-5 The generals are good.	(23.04.2023)	LMP: (23.03.2023)	1) Pulsatilla nigricans 1 M (1 dose) PC 2) Saccharum lactis (3-3-3) PC x 1 week was prescribed.
Follow up-6 The patient got her menses. Her complaints were better. Generals are good	(06.05.2023)	LMP: (28.04.2023)	1) Saccharum lactis 7 doses (1-0-0) for 1 week PC
Follow up-7 The patient got her menses regular with 4 days normal flow. Generals are better.	(06.06.2023)	LMP :(29.05.2023)	1) Saccharum lactis 7 dose(1-0-0) for 1 week PC

CONCLUSION

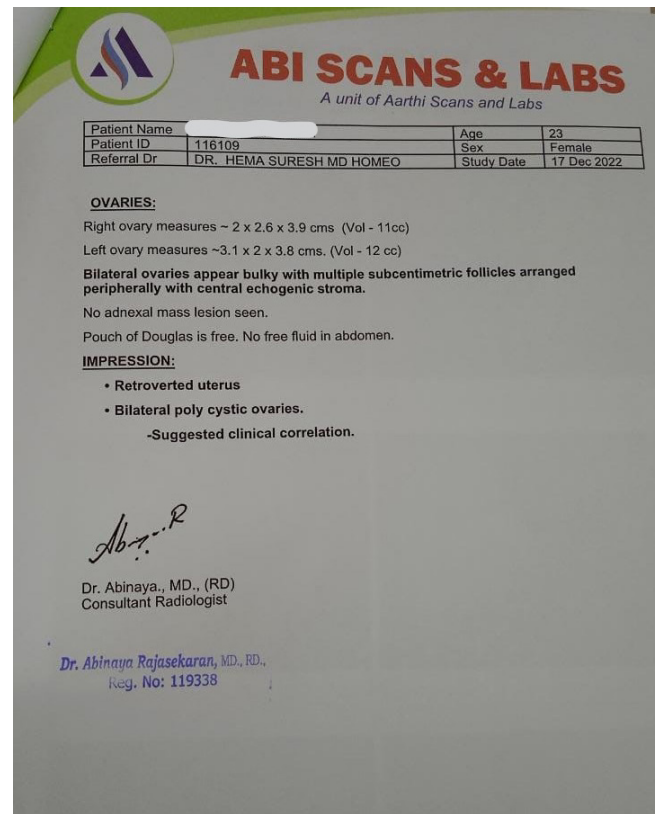
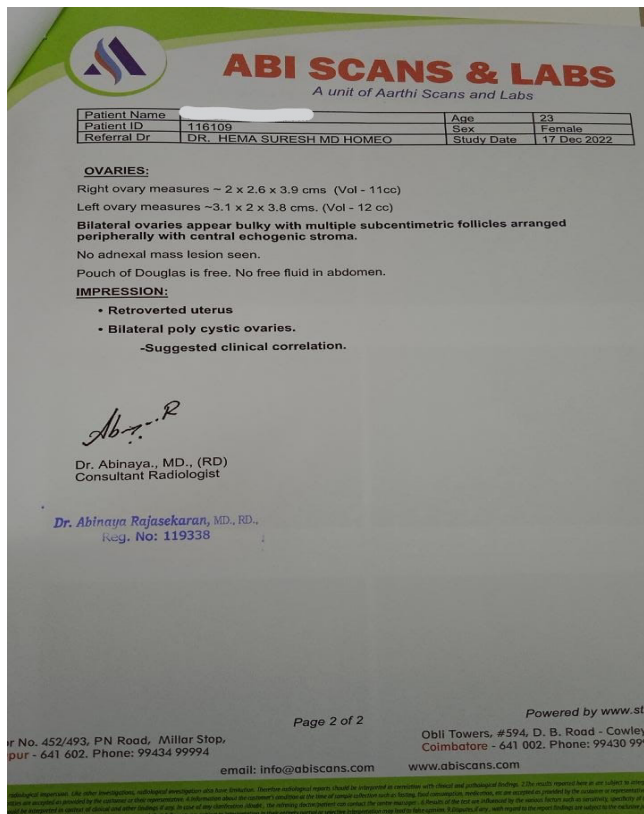
The remedy Pulsatilla nigricans as indicated and prescribed on the basis of constitutional, symptomatology, pathological, miasmatic approach. The Pulsatilla nigricans with its predominant action on young females and female reproductive organs and the patient had a changeable mind, weeping at trifles, which is the key feature of the medicine prescribed.

The outcome of the case report may improve the knowledge of the clinicians which will ultimately benefit the patients suffering from polycystic ovarian disease.

Informed consent:

The authors certify that we have obtained an appropriate patient consent form. The patient has agreed that the images and other clinical information are to be reported in the journal. It is understood by the patient that the initial and name will not be included in the manuscript and due effort will be taken to conceal his identity.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not for profit sectors.



REFERENCES:

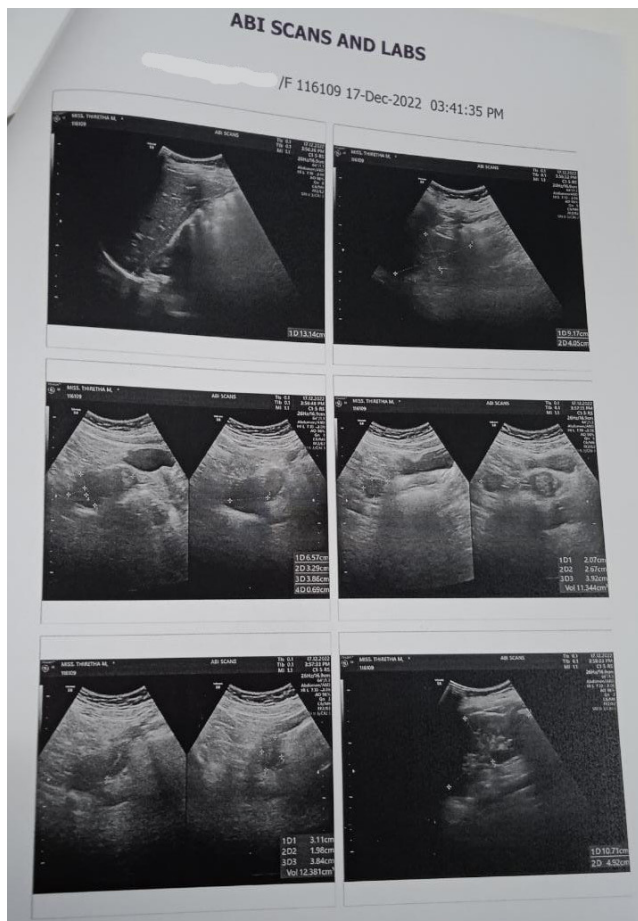
- 1) Hiralal Konar, Ovarian factors, Polycystic Ovarian Syndrome(PCOS), DC Dutta's Textbook of Gynecology, Eighth edition 2020 .p.384 -389
- 2) KV Krishna Das, Ovarian Hormonal Disorders, Polycystic Ovarian Syndrome, Textbook of MEDICINE, Sixth Edition 2017, Volume 1, p.709-710
- 3) Mayo clinic staff polycystic ovary syndrome - AllMayoclinic.com. Mayo clinic .2011.Retrieved 15 November2011.
- 4) Polycystic Ovary Syndrome (PCOS) : Condition information .https://www.nichd.nih.gov/. 2013-05-23
- 5)https://my.clevelandclinic.org/health/diseases/8316-polycystic-ovary-syndrome-pcos
- 6)https://www.healthline.com/health/polycystic-ovary-disease
- 7)https://www.homeobook.com/polycystic-ovarian-syndrome-and-homoeopathy/
- 8)https://iopscience.iop.org/article/10.1149/10701.15973ecst
- 9)https://iopscience.iop.org/article/10.1088/1757-899X/1070/1/012062

ABOUT THE AUTHOR

1. **Dr Hema Suresh BHMS, MD(HOM)**, Professor and Head of the Department of forensic medicine, RVS homoeopathic medical college and hospital, Tamilnadu. Homoeopathic consultant-

CRR -Dr. Vanmathi S, Undergraduate intern, RVS Homoeopathic Medical College and Hospital

CRR -Dr. Thiretha M, Undergraduate intern, RVS Homoeopathic Medical College and Hospital



Homoeopathic Cure of A Case of Mucocele: An Evidence- Based Case Report

Dr. Sukanya Mitra, Dr. Sayan Biswas

ABSTRACT

Background: Mucocele is a ‘fluid filled’ sac that can occur anywhere in the body including buccal mucosa, whereas the most common site is lower lip among oral mucosal. Conventionally there is no medical treatment, only possible measures are excision surgery or cryosurgery. All available treatments are invasive and include the possibility of recurrence.

Methods: A case of lower lip mucocele was treated by individualized Homoeopathic medicine Lycopodium 200 C, and the case was evaluated by ORIDL score and MONARCH score, objective evidence were also attached in favor of improvement.

Result: ORIDL score (+3) marked improved in this case as per patient’s perspective. Improvement in MONARCH score (+8) establishes the likelihood of improvement was attributed to Homoeopathy. Improvement of the case infers individualized Homoeopathic medicine works rapidly, gently and significantly.

Conclusion: Objective evidence, ORIDL score and MONARCH score evidences holistic improvement of the case of mucocele by individualized Homoeopathic medicines.

Keywords: Homoeopathy, mucocele of lip, lycopodium, case report

INTRODUCTION

The term “mucocele” refers to a mucus-filled cyst that can develop in the lacrimal sac, appendix, gall bladder, paranasal sinuses, or oral cavity^{1,2,3,4}. The seventeenth most frequent salivary gland lesion in the oral cavity is a mucocele^{1,5}. It is caused by an overproduction of mucus brought on by changes to the small salivary glands^{3,6}. There are two types of mucocele - extravasation and retention. A damaged salivary gland duct and the subsequent leakage into the soft tissues surrounding the gland cause extravasation mucocele. When the salivary gland ducts are blocked, glandular secretion is reduced or eliminated, which causes retention mucocele⁷. Trauma and blockage are the two primary underlying causes⁸. Most common site for mucocele is lower lip⁹. Commonly, the surrounding mucosa and glandular tissue are

surgically removed up to the muscle layer as part of conventional treatment¹⁰. In different books of Homoeopathic literature we get different medicines for the treatment of mucocele^{11,12,13,14,15,16}.

Patient information:

A 25 year old female patient visited the out patient department (OPD) of our hospital with a cystic swelling in the lower lip. This swelling first appeared when the patient was 23 years old. At first the patient opted for allopathic treatment. Surgical excision was advised, then the patient consulted for Homoeopathic treatment.

Clinical finding:

The patient was tall, thin build, fair complexioned with a body weight of 46 kg. The patient was Chilly in general and his appetite was less and he

used to suffer from empty eructation throughout the day specially after meals. Patient had a desire for cold drink and cold water thirst was moderate and tongue was moist, slightly white coated the patient had profuse perspiration mostly at night. Her bowels were constipated, hard knotty, her urine was clear and menstrual cycle was regular mentally she was very restless, especially in the morning after waking up, she used to get offended very easily.

On physical examination mild pallor was detected, pulse was 76 beats per minute and blood pressure was 110/70 mm of Hg

Diagnostic assessment:

Cystic appearance in the mucosa of lower lip clinically confirmed the case to be mucocele of lower lip, further diagnosis was clinically confirmed by visiting surgeon.

Therapeutic intervention:

The potency, the dose and the repetitions were made at the physician's discretion. Medicine was administered orally. The repertorisation sheet considered for the prescription has been provided (the repertorisation is done using synthesis by RADAR 2.1.13-License:123483)

Prescription:

Two doses of *Lycopodium 200* Ch in the Sugar Of Milk were prescribed followed by placebo for 7 days. The patient was advised to be conscious of accidental biting of the cystic swelling

Basis of prescription:

From the repertorial analysis lycopodium was found to be the first indicated medicine. Lycopodium obtained the highest score on repertorisation. Considering the repertorial totally and based on the other presenting features and after consulting materia medica lycopodium was selected for final prescription

Follow-up and outcome

The details of follow ups are mentioned in table 1.

Response to the course of treatment:

The patient had gradually improved in one and a half months of treatment. The cystic swelling in lower lip gradually reduced in size and other physical symptoms along with mental restlessness also subsided. The signs of improvement in this case also followed the rule of direction of cure by Dr. Hering, as improvement occurred in reverse order of their coming other symptoms of the patient regarding the digestion and bowel movement also improved within due course.

Clinician and patient assessed outcomes:

The patient's reported outcome has been measured by the "Outcome Related to Impact on Daily Living scale" (ORIDL). Assessment of the main complaints and overall well being of patients, on the basis of their subjective experience is commonly done by this scale. After taking the indicated homeopathic medicine the ORIDL score gradually shifted to the positive and ensuring marked improvement of the case.

Objective evidence:

Signs of improvement were systematically documented through photographs taken in every follow up

Possible causal attribution:

Causal attribution of the prescribed medicine was evaluated by "Modified Naranjo Criteria for Homoeopathy" (MONARCH) score after the treatment. The assessed MONARCH score (+8) help to possibly attribute the improvement in cases.

Adverse or unanticipated events:

Throughout the treatment there were no untoward incident reported which may fall under adverse drug reaction.

Homoeopathic Aggravation:

No homoeopathic aggravation was reported by the patient

Table – 1: Timeline for important milestones related to interventions

Relevant past and family history (symptoms, diagnosis, interventions)				
Past history	Chicken pox			
Family history	Nothing significant			
Present complaints	Date	Intervention	ORIDL	
			MC	OWB
Initial visit; A.symptoms: Cystic swelling in the left side of the lower lip persisting for more than 2 years Mentally restless in the morning especially on waking, offended easily, appetite was diminished. Empty eructation was there throughout the day. Profuse perspiration at night and stool was knotty hard and constipated	03.05.2022	Lycopodium 200C/ 1 Dose (in sac. lac.) Take once in morning on empty stomach 2. Rubrum 30/7 doses To be taken once daily for 7 days.	–	–
Cystic swelling reduced a little, restlessness of mind is less than before, appetite increased	10.05.2022	Rubrum 30/7 doses To be taken once daily for 7 days	+1	+1
Cystic swelling reduced further. Mental restlessness is not there. stool was regular clear, appetite increased to a greater extent	19.05.2022	Rubrum 30/7 doses To be taken once daily for 7 days	+1	+1
Cystic swelling reduced further. Mentally calm, appetite was increased, empty eructation decreased than before.	31.05.2022	Rubrum 30/7 doses To be taken once daily for 7 days	+2	+2
Cystic swelling reduce further.Stool is regular and normal. Mental restlessness is not found	07.06.2022	Rubrum 30/7 doses To be taken once daily for 7 days	+2	+2
Cystic swelling was not found.Other mental and physical symptoms were improved to a greater extent.	21.06.2022	Rubrum 30/7 doses To be taken once daily for 7 days	+3	+3
No recurrence of cystic swelling. Mentally calm, bladder and bowel were functioning normally.	03.09.2022	Rubrum 30/30 doses To be taken once daily for 30 days	+3	+3
No recurrence of cystic swelling. Mentally calm, bladder and bowel were functioning normally.	17.011.2022	Rubrum 30/30 doses To be taken once daily for 30 days	+3	+3
No recurrence of cystic swelling. Mentally calm, appetite is good, bladder and bowel were functioning normally.	03.01.2023	Rubrum 30/30 doses To be taken once daily for 30 days	+3	+3

Abbreviation: MC, main complaints; OWB, overall well-being; ORIDL, outcome related to impact on daily life;

Note: each dose consisted of 4 medicated sugar globules of no. size 20

Table – 2: Modified Naranjo Criteria for Homoeopathy

Domains	Modified Naranjo Criteria for Homeopathy	Answered question	Score
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	No	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)?	Yes	+1
5.	Did overall well being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Yes	+1
	(B) 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?	Not sure or N/A	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?	No	0
8.	Are there alternate causes (other than the medicine) that – with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	No	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure or N/A	0
Total score(maximum +13, minimum -6)			+8



(a) initial visit



(b) visit-2



(c) visit-3



(d) visit-4



(e) visit-5



(f) visit-6



(g) visit-7

Figure 1

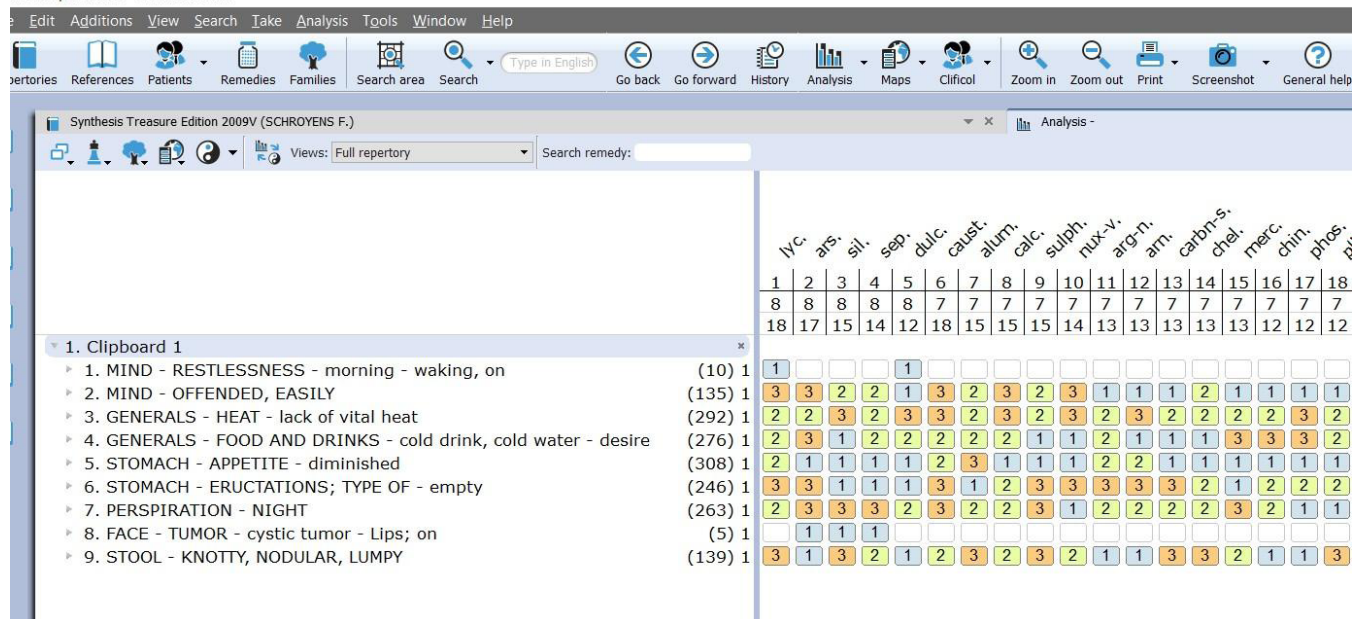


Fig 2: Repertorisation sheet

DISCUSSION

Oral mucocele is a cystic cavity of minor salivary glands that is filled with mucus mostly appear in the lower lip. Studies have demonstrated that in conventional treatment surgical excision is the only answer to mucocele.

In different other studies we see that as an alternative method of surgical excision surgical approach with mucosal sparing using a carbon dioxide laser is suggested in some other studies it is shown that instead of its effectiveness sometimes there is a chance of recurrence and mild discomfort^{17,18}.

Homeopathy is a complementary system of medicine which works gently and rapidly by its principle. In aphorism 186 master Samuel Hahnemann stated that except few termed condition there is nothing such surgical disease, these are all due to the internal vital force¹⁹.

Here a case of mucocele of 25 years old female patient with mental restlessness, constipated bowel habits improved without recurrence after administration of lycopodium 200C.

Homeopathy has demonstrated some positive sheds of evidence in the treatment of mucocele of lip. In this case overall improvement in the sphere

of physical and mental generalities are found along with complete disappearance of the cystic swelling. MONARC scores were evaluated in this case to assess the clinical improvement due to the given intervention. It supports that clinical improvement is not spontaneous and not due to regression to the mean effect. MONARCH score establishes that the likelihood of improvement was only due to homeopathic intervention.

CONCLUSION

Marked improvement in the mental and physical symptoms along with objective evidence of gradual reduction in the size of the mucocele and final disappearance proved the effectiveness of intervention. Increase in MONARCH score and positive shift of ORIDL score finally evidences holistic improvement and re-establishes the Hahnemannian concept of individualised medicine

Financial support and sponsorship :- Nil

Conflict of interest:- None

REFERENCES

1. Baurmash HD. Mucoceles and ranulas. *J Oral Maxillofac Surg.* 2003;61:369-78. [PubMed] [Google Scholar] [Ref list]
2. Ozturk K, Yaman H, Arbag H, Koroglu D, Toy H. Submandibular

- gland mucocele: Report of two cases. *Oral Surg Med Oral Pathol Oral Radiol Endod.* 2005;100:732–5.
3. Rao PK, Hegde D, Shetty SR, Chatra L, Shenai P. Oral Mucocele – Diagnosis and Management. *J Dent Med Med Sci.* 2012 Nov;2:26–30. [Google Scholar]
 4. Laller S, Saini RS, Malik M, Jain R. An Appraisal of Oral Mucous Extravasation cyst case with Mini Review. *J Adv Med Dent Sci Res.* 2014;2:166–70. [Google Scholar] [Ref list]
 5. Sukhtankar LV, Mahajan B, Agarwal P. Treatment of lower lip Mucocele with Diode Laser – A Novel Approach. *Ann Dent Res.* 2013;2(Suppl 1):102–8. [Google Scholar]
 6. Ata-Ali J, Carrillo C, Bonet C, Balaguer J, Peñarrocha M, Peñarrocha M. Oral mucocele: Review of literature. *J Clin Exp Dent.* 2010;2:e18–21. [Google Scholar]
 7. Boneu-Bonet F, Vidal-Homs E, Maizcurrana-Tornil A, GonzálezLagunas J. Submaxillary gland mucocele: presentation of a case. *Med Oral Patol Oral Cir Bucal.* 2005;10:180–4.
 8. Baurmash HD. Mucoceles and ranulas. *J Oral Maxillofac Surg.* 2003;61:369–78.
 9. de Camargo Moraes P, Bönecker M, Furuse C, Thomaz LA, Teixeira RG, de Araújo VC. Mucocele of the gland of Blandin-Nuhn: histological and clinical findings. *Clin Oral Investig.* 2009;13:351–3
 10. Huang IY, Chen CM, Kao YH, Worthington P. Treatment of mucocele of the lower lip with carbon dioxide laser. *J Oral Maxillofac Surg.* 2007;65:855–8
 11. Jahr GHG. Therapeutic Guide. New Delhi: Indian Books and Periodicals Syndicate, 110.
 12. Clarke JH. A Dictionary of Practical Materia Medica. Reprint ed., New Delhi: B Jain Publishers (P) Ltd., 1999; 557:1259.
 13. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. 2nd Re-augmented and revised ed., New Delhi: B Jain Publishers (P) Ltd., 2000, 281.
 14. Boericke W, Dewey WA. The Twelve Tissue Remedies of Schussler. New Delhi: Indian Books and Periodicals Syndicate, 378.
 15. Murphy R. Lotus Materia Medica. 3rd ed., New Delhi: B Jain Publishers (P) Ltd., 2010, 412.
 16. Choudhury H. Indications of Miasm. 2nd ed., New Delhi: B Jain Publishers (P) Ltd., 2012, 53.
 17. Valério RA, de Queiroz AM, Romualdo PC, Brentegani LG, de Paula-Silva FW. Mucocele and fibroma: treatment and clinical features for differential diagnosis. *Braz Dent J.* 2013 Sep-Oct;24(5):537–41. doi: 10.1590/0103-6440201301838. PMID: 24474300.
 18. Kopp, W. K., & St-Hilaire, H. (2004). Mucosal preservation in the treatment of mucocele with CO 2 laser. *Journal of Oral and Maxillofacial Surgery*, 62(12), 1559–1561. <https://doi.org/10.1016/j.joms.2003.12.044>
 19. Hahnemann S. Organon of Medicine. 5th and 6th edition. Dudgeon RE, Boericke W, eds.). New Delhi: B. Jain Publishers Pvt. Ltd; 2013

ABOUT THE AUTHOR

1. **Dr. Sukanya Mitra**, MD (Hom.), Assistant Professor, Department of Homoeopathic Pharmacy, Kharagpur Homoeopathic Medical College and Hospital
2. **Dr Sayan Biswas**, BHMS (WBUHS)





Essentials of FORENSIC MEDICINE

Et

TOXICOLOGY

Author:-
Dr. Dharmendra Sharma

Cough and Its Homoeopathic Treatment Using Kali Carb Through The Olfactory Route by Nebulisation

Dr. Jaykumar Chandarana, Dr. Archana Vyas

About our Columnists



Dr. Jaykumar Chandarana

B Sc. BHMS, NDDY, PGIRPM, M.D.(HOM)

Principal and Medical Superintendent, Prof. and HOD P.G. dept of Hom. Materia Medica., Baroda Homoeopathic Medical College and Hospital, Vadodara Gujarat 391101



Dr. Archana Vyas

M.D. (HOM) scholar, Baroda Homoeopathic Medical College and Hospital, Vadodara, Gujarat

ABSTRACT

Cough is one of the commonest complaints with which the physician has to deal. Cough is an important defense mechanism that helps clear secretions and particulate matter from the airways and protects the lower airways from aspiration of foreign materials. It therefore plays an important role in protecting the airways and lung parenchyma under normal conditions, but sometimes it may become excessively troublesome and requires prompt treatment.

Homoeopathy is more effective than conventional medicine for treating cough which is caused by multifaceted causes. It is believed that overuse of antibiotics in the majority of cases is responsible for potential side effects and antibiotic resistance. Homeopathic medicines are effective both in Acute and Chronic cases. Homeopathic medicines should be selected based on symptom similarity and causative factors. They help in disease prevention and complication, as they are also selected on the basis of the patient's miasmatic state. One of the most effective methods for curing coughs is inhalation with a nebulizer. Our Homeopathic medicine Kali carb acts effectively when given by olfactory route to patient. In acute attacks of cough scientific use of Kali carb in homeopathic dilution by olfactory route provides effective relief.

Role of Kali carb as described by Repertories & Materia Medica as given in Synthesis/ Murphy / Kent

SYNTHESIS REPERTORY:

In this Repertory, in chapter of Cough a total of 213 medicines are given and Kali Carb covers 1 mark.

In Dry cough, a total of 445 medicines are given and Kali carb covers 3 marks and it is a 1st grade remedy

In Loose cough, a total of 228 medicines are given and Kali carb covers 1 mark

In cough paroxysmal, a total of 180 medicines are given and Kali carb covers 2 marks

In cough, Asthmatic (wheezing), a total of 131 medicines are given and Kali carb covers 2 marks

In cough at Night, 235 medicines are given and Kali carb covers 3 marks & it is a 1st grade remedy.

In cough, Choking, 32 medicines are given and Kali carb covers 2 marks

In cough, Exhausting, 124 medicines are given and Kali carb covers 2 marks

KENTS REPERTORY:

In cough, Daytime, 69 medicines are given and Kali carb covers 2 marks

In cough, Loose, 99 medicines are given and Kali carb covers 1 mark

In cough, Paroxysmal, total 108 medicines are given and Kali carb covers 2 marks

In cough, Asthmatic, total 102 medicines are given and Kali carb covers 2 marks

In cough, Night, 162 medicines are given and Kali carb covers 3 marks and it is a 1st grade remedy.

In cough, Choking, 23 medicines are given and Kali carb covers 2 marks

In cough, Exhausting, 74 medicines are given and Kali carb covers 2 marks

In cough, Dry, a total of 253 medicines are given and Kali carb covers 3 marks and it is a 1st grade

remedy

MURPHYS REPERTORY:

In cough, in general, a total of 94 medicines are given and Kali carb covers 2 marks

In Loose cough, a total of 171 medicines are given and Kali carb covers 1 mark

In cough, Paroxysmal, a total of 166 medicines are given and Kali carb covers 2 marks

In cough, Asthmatic, a total of 125 medicines are given and Kali carb covers 2 marks

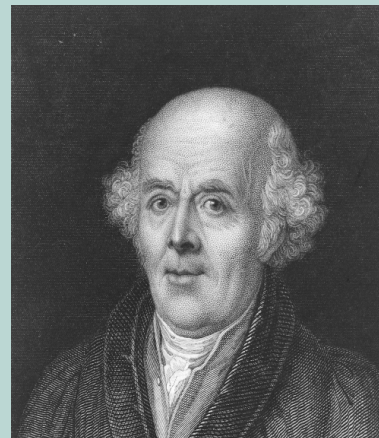
In cough at Night, a total of 162 medicines are given and Kali carb covers 3 marks and it is a 1st grade remedy

ORGANON POINT OF VIEW

Olfaction (inhalation through nose or mouth): Olfaction means 'Act of smelling'. It is a method of administering medicine to a patient through the nose and mouth by the act of smelling.

Master Hahnemann talks about the alternate modes of drug administration in aphorism 284 of 6th edition of organon of medicine. Aphorism 284 6th edition of organon of medicine reads-

"Besides the tongue, mouth and stomach, which are most commonly affected by the administration of medicine, the nose and respiratory organs are receptive of the action of medicines in fluid form by means of olfaction and inhalation through the mouth, But the whole remaining skin of the body clothed with epidermis, is adapted to the action of medicinal solutions, especially in the inunction is connected with simultaneous internal administration."



He talks about the method of olfaction in footnote to aphorism 288 of 5th edition of organon of medicine.

Indicated homeopathic drugs can be administered through different routes.

Olfactory route is one of the routes suggested by Hahnemann in Organon of Medicine. The medicinal aura that is always emanating from globules thus inhaled, comes in contact with the nerves present in the walls of nostrils and produces favorable influence on the vital force necessary to cure the patient.



We have employed homeopathic drugs through olfactory routes to some of our patients in our college hospital. The response was inspiring, encouraging and productive hence we decided to put forth this in the form of an article for our fra-

ternity.

NEBULISER: A nebulizer is a small machine that turns liquid medicine into mist that can be easily inhaled. A patient sits with the machine and breathes in the medicine through a connected mouthpiece or facemask. This allows the medicine to enter the lungs directly. Homoeopathy too offers excellent medicines for the treatment of cough to open up the airways and also to dilate the air passages. Here the medication is through the olfactory route with the additional benefit of contact through the respiratory tract including at the most basic alveolar level. Nebulizers may be used for people with lung disease including Asthma, COPD, Cystic fibrosis, Bronchiectasis etc.

Patients with respiratory allergies may benefit from homeopathic nebulization to help them take homeopathic treatments more effectively. Also it has the added benefit of stopping further allopathic medication.

Bronchodilators like albuterol, formoterol, corticosteroids, levalbuterol, and salmeterol which are used in allopathy all have their side effects but Homoeopathy is much safer and gentle too. This original article along with cases proves this point.

In view of this treatment 5 cases were followed up. A summary chart of which is given below.

Name of the Patient	Age/Sex	O P D / I P D Number	Dates of Treatment	Medicine given	Result
1) Parul ben Shah	53/F	582/2324	31/05/23	Kali carb 30	Improvement
2) Ritaben Shah	70/F	1246/2324	27/05/23	Kali carb 30	Improvement
3) Sarojben R. Brahmbhatt	53/F	6246/2223	06/05/23	Kali carb 30	Improvement
4) Suresh Atri	66/M	7214/2223	03/12/22	Kali carb 30	Improvement
5) Labusingh Rajput	65/M	5660/2225	20/09/22	Kali carb 30	Improvement

Since it would be very lengthy to substantiate all 5, we are hereby attaching one Sample case.

CASE: A Patient aged 66 years came on 03/12/2022 with c/o recurrent dyspnea and cough since last 10 yrs. He was a known case of Allergic Asthma. Patient had severe cough with scanty expectora-

tion < at night

Patient had difficulty in breathing especially aggravated at night, pollution, winter, Dust, pollen

grains, smoke.

Patient felt better in summer, distant fanning. Dyspnea especially at night & attack comes at 1:00 a.m. to 1:30am, or 2-5a.m. associated with perspiration, dry throat and mouth which was better by drinking little water, honey.

Patient is having allergy of dust, pollen grains, smoke, naphthalene balls < Diwali time

ODP: Patient was well before 1992. Then suddenly he had c/o nose block, for which he used to take nasal decongestion, which gave him temporary relief. But then after sometime he had c/o dyspnea which was diagnosed due to Bronchial asthma (allergic) for which he is taking Bronchodilator since last 10 yrs .

PAST HISTORY:

Hypertension, Diabetes mellitus since last 10 years for which he is on allopathic medicines. Hypothyroidism in the last 11 years.

Patient is on allopathic medicine : MINOLAST LX OD AT NIGHT SINCE LONG TIME

ABPHYLLINE BD ALSO DUOLIN AND BECLATE PUFF BD 200 MD /DAY

RABLET 40 OD AT NIGHT

TELMIRID 40 FOR BP OD AT NIGHT ALSO

FAMILY HISTORY:

Grandfather, Father, Mother and elder brother died of Myocardial Infarction.

Two sisters are having osteoarthritis.

Younger brother is having coronary artery blockage.

PERSONAL HISTORY:

Thermal: chilly

Appetite: decreased due to medicines

Desire: sour food but avoids tamarind as it aggravates

Thirst: Adequate, drinks small quantity, at repeated intervals

Dryness of mouth and throat at night during asth-

matic attack

Bowels: Regular once a day

Urine: Normal

Sleep: disturbed at night due to asthmatic attack

Perspiration: profuse perspiration over head and chest during asthmatic attack.

Diet: vegetarian

Aversion: Not specific

Habits/ Addiction: was taking Brandy (30 ml) in lukewarm water 10 years back

Dreams: of his service

LIFE SITUATION AND MIND

Aggressive, fights for justice, speak loudly, immediately expresses his concern

Cooperative & Perfectionist: Job should be at the right time, in the right way, right place , things should be in order. Disorganization of anything – irritates him. Wants everything neat and clean. I am very conservative by nature he said.

Anxiety about his health, about his son's career (3rd child) against his wish, so he is worried for his son's career, future(his son is of 22 yrs of age , had completed his graduation & taking cricket coaching)

Takes time to mix up with others, very honest.

He was very good in academics and intelligent in his student life. During his working period, he took all his work perfectly and took all the responsibilities very seriously.

Hobby: Reading newspaper,

He felt better by consolation

ON EXAMINATION:

RS: Auscultation: Severe inspiratory & expiratory wheezing +++

Spo2: 88% on room air

Pulse: 111 / min

BP: 130 /90 mm of Hg

Analysis:

Aggressive

Anxiety for his health and his son

Consolation relieves

Duty conscious

Fastidious for cleanliness, time, for his work

Honest, Reserved

Allergic asthma, Dyspnea < night 1: 00am to 1:30am with dryness of throat> drinking water , honey winter > summer

Cough is with scanty expectoration at night

Dyspnea with profuse perspiration at night

Thermal: chilly

REPERTORIAL TOTALITY:

Anxiety children about his

Anxiety health about

Consolation ameliorates

Duty too much sense of duty

Fastidious

Proper – too

Reserved

Responsibility taking too seriously

Asthmatic allergic

Respiration difficult night midnight after

Respiration difficult accompanied by perspiration

Remedy: Kali carb 30 administered through nebulization at hospital OPD. Sac Lac BD for 7 days.

FOLLOW UP

DATE	FOLLOW – UP	PRESCRIPTION
10/12/22	Marked improvement in dyspnea and cough	Kali carb 30 3 Doses alternate days
After nebulization	SpO2 : 96%	Sac Lac BD for 1 week
	BP-130/90mm of Hg	
	Pulse : 99/min	
	RS : Mild expiratory wheez	

<p><u>19/12/22</u></p>	<p><u>Improvement in dyspnea and cough</u></p> <p><u>BP: 130/90 mm of Hg</u></p> <p><u>SpO2 : 96%</u></p> <p><u>RS: Mild expiratory wheez</u></p> <p><u>Pulse : 80/min</u></p>	<p>Kali carb 30 administered thorough nebulizer at hospital OPD</p> <p>Kali carb 30 3Doses</p> <p>One dose 3 consecutive days</p> <p>For 10 days</p>
<p><u>26/12/22</u></p>	<p>Pt had stopped All Allopathic medicines, puffs, nebulizer.</p> <p>Dyspnea reduced by 10 to 15%</p> <p>Cough reduced 50%</p> <p>Hyperacidity, Flatulence, < after food.</p> <p>BP: 118/78 mm of Hg</p> <p>RS : Mild Expiratory wheez</p> <p>SpO2 : 96%</p> <p>Pulse : 90/min</p>	<p>Kali carb30 administered through nebulizer at hospital OPD</p> <p>SL for 1 week</p>
<p><u>09/01/23</u></p>	<p>No episode of Asthmatic attack till 21 days in spite of stopping allopathic medicines. Yesterday night mild discomfort was felt but better within 30 mins of taking medicine.</p> <p>BP:130/90mm of Hg</p> <p>RS : Mild wheezing still present</p> <p>SpO2 : 98%</p> <p>Pulse : 80/min</p>	<p>Kali carb 200 4 doses one dose every week</p> <p>Sac Lac for 14days</p>

20/01/23	<p>Episode of asthma last week</p> <p>But in less severity</p> <p>BP : 130/90mm of Hg</p> <p>RS: mild wheeze</p> <p>SpO2 : 96%</p> <p>Pulse : 88/min</p>	<p>Kali carb 200 3 doses at the interval of every 5 days</p> <p>Sac lac for 1 month</p>
23/02/23	<p>No episodes of Asthma since last 1.5 months</p> <p>Dryness of mouth</p> <p>Occ stitching pain in chest > expectoration in breathing</p> <p>BP: 130/80 mm of Hg</p> <p>SpO2 : 98%</p> <p>Pulse : 85/min</p> <p>RS : mild wheez</p>	<p>Kali carb 30 administered through nebulization at hospital</p> <p>Sac lac for 1 month</p>

From the Materia medica point of view

It is a known fact that Kali carb have more specific relation to the solid tissues than to the fluids of the body; to the blood corpuscles rather than to the blood plasma. This medicine has a wide sphere of action and act well on lungs, back, fibrous tissue, ligaments, gastric tract, eyes, throat, female genitals, heart, joints and male organs.

The fibrous tissues are particularly affected, Ailments from catching cold, overstrain (Clarke's materia medica) this medicine has a marked action on respiratory system. It helps to treat clinical conditions like

Cases of asthma, pleurisy, bronchitis, cough, Pneumonia, Tuberculosis.

Cutting pain in chest; worse lying on right side. Hoarseness and loss of voice, Dry hard cough about 3 am, with stitching pains and dryness of

pharynx. Bronchitis, whole chest is very sensitive. Expectoration scanty and tenacious, but increasing in morning and after eating; aggravated right lower chest and lying on painful side. Hydrothorax. Leaning forward relieves chest symptoms. Expectoration must be swallowed; cheesy taste; copious, offensive, lump. Tendency to tuberculosis; constant cold taking; better in warm climate (W. Boericke)

When this medicine is given homoeopathically through nebulizer in acute condition, it promptly gives relief to the patients having typical asthma, bronchitis, cough having symptoms of this medicine.

CONCLUSION:

The case was of Allergic Asthma Grade 4 dyspnea and it was treated well based on causative factor and individualization. The constitution of the pa-

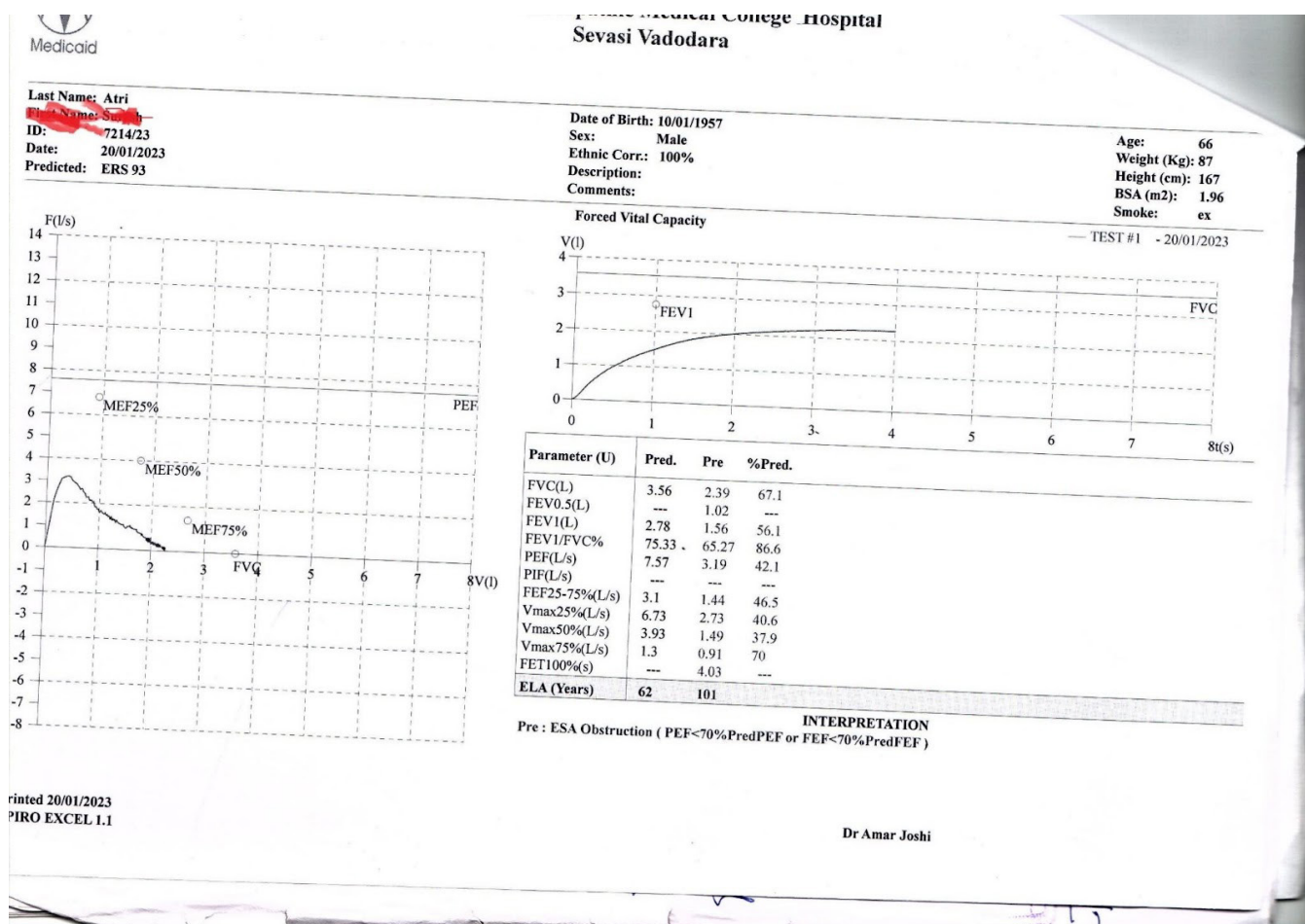
tient was susceptible to the causative factor. Thus after collecting and correlating the symptomatology, the homoeopathic medicines are effective by administrating it through the olfactory route, especially Kali Carb. Vitals were mentioned before & after nebulization, that shows marked improve-

ment in clinical condition of patient. PFT Test perform before & after treatment that shows marked improvement in (FEV1/FVC).

Above case Reports proves the efficacy of Kali carb in treatment of cough when administrated through the olfactory route by nebulisation.

N.B. Attachment

1. pft report before treatment dated 3/1/23
2. pft report after treatment dated 20/1/23





SAHAJ CLINIC

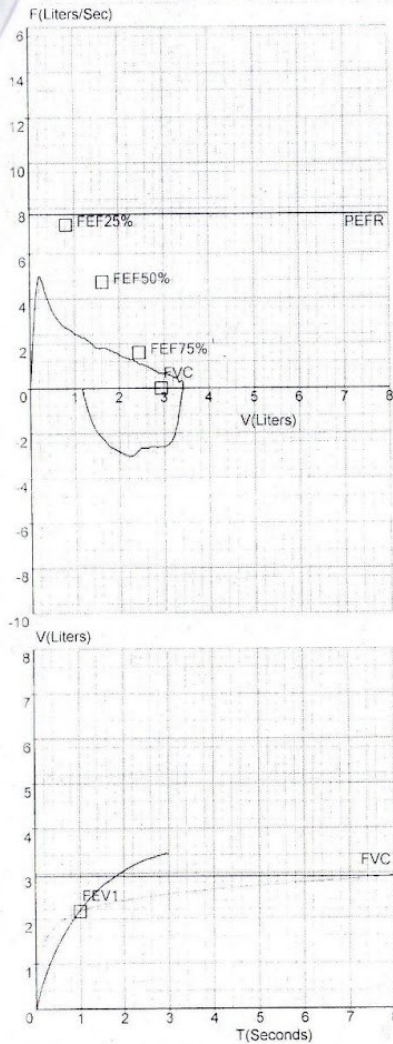
108 D ANANTA TRENDZ, GOTRI, NEWWALKAPURI

MR. SURESH CHANDRA ATRI

rs / Male / Ht 167 Cms / 85 Kgs / Non-Smoker

FVC TEST
Date: 08-11-2023 (T1)

Pred Eqn : CLARITY Eth.Corr : 100 Temp : 0°C
Ref By : DR. JAYKUMAR CHANDARANA



- Pre Medication Report :

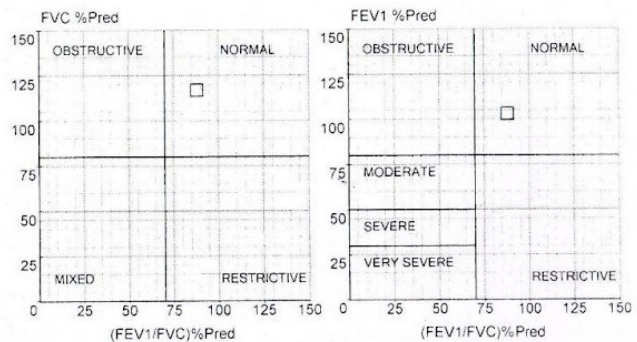
- Pre COPD Severity Report:

N.A

- Doctor's Comments :

Small Airway obstruction
mild obstructive Wm

Parameter	Pred	Pre	Pre%	Post	Post%	Imp%
FVC	[L] 2.94	3.43	117	--	--	--
FEV1	[L] 2.16	2.23	103	--	--	--
FEV.5	[L] --	1.44	--	--	--	--
FEV3	[L] 2.85	--	--	--	--	--
FEV6	[L] --	--	--	--	--	--
PEFR	[L/s] 7.73	5.00	65	--	--	--
FEF25-75	[L/s] 2.71	1.77	65	--	--	--
FEF75-85	[L/s] --	0.85	--	--	--	--
FEF.2-1.2	[L/s] 4.97	2.99	60	--	--	--
FEF25%	[L/s] 7.26	2.88	40	--	--	--
FEF50%	[L/s] 4.76	1.80	38	--	--	--
FEF75%	[L/s] 1.61	1.00	62	--	--	--
FEV.5/FVC	[%] --	42.00	--	--	--	--
FEV1/FVC	[%] 73.71	65.00	88	--	--	--
FEV3/FVC	[%] 97.00	--	--	--	--	--
FEV6/FVC	[%] --	--	--	--	--	--
FEV1/FEV6	[%] --	--	--	--	--	--
FET	[S] --	2.95	--	--	--	--
ExptTime	[S] --	0.05	--	--	--	--
LungAge	[Y] 66.00	64.00	97	--	--	--
FIVC	[L] --	2.25	--	--	--	--
PIFR	[L/s] --	3.04	--	--	--	--
FIF25%	[L/s] --	3.53	--	--	--	--
FIF50%	[L/s] --	2.57	--	--	--	--
FIF75%	[L/s] --	1.82	--	--	--	--
FIV.5	[L] --	0.33	--	--	--	--
FIV1	[L] --	1.70	--	--	--	--
FIV3	[L] --	--	--	--	--	--
FIV.5/FIVC	[%] --	14.79	--	--	--	--
FIV1/FIVC	[%] --	75.62	--	--	--	--



DR. AMAR JOSHI
M.D. (Physician)
REG. No.: G-46467

08/11/2023
Dr. AMAR JOSHI
M.D., CIH

Note: The results may be clinically correlated.

Homoeopathic Drug Proving on Sick: First Step Towards A Model

*Dr Manpreet Kaur, Dr S M Singh, Dr Pankaj Aggarwal,
Dr Vandana Gambhir, Dr Chaturbhuja Nayak*

The rationale of this work is to explain §142, i.e., the methodology of clinical drug proving. Without deviating from the work of Hahnemann, this work establishes the method stated by him for obtaining the pathogenetic symptoms of homoeopathic medicines from sick individuals. It would help in maturing the homoeopathic materia medica by addition of huge pathogenesis to the existing medicines as well as to increase the compendium of 'antimiasmatic' medicines beyond 47 (where Hahnemann left).

INTRODUCTION (Continued from The Homoeopathic Heritage Vol. 49, No. 5, August 2023)

The medicine *Pulsatilla nigricans* appeared in Hahnemann's *Fragmenta* and then in his *Materia Medica Pura*, but not in the *Chronic Diseases*. So, it can be understood that the proving of *Pulsatilla nigricans* was done on the healthy individuals, but never on the sick individuals. With this work, purpose is to obtain the symptoms of *Pulsatilla nigricans* after its administration (as per totality) to sick individuals. Then, comparing the obtained symptoms with those given in the selected source books (*Materia Medica Pura*,¹⁰ *Allen's Encyclopedia*¹¹ and *Hering's Guiding Symptoms*¹²) brings forth a method of doing this verification.

In this method of verification, as described by Hahnemann, the symptoms obtained from the patients are verified with the symptoms of proving of the medicines as recorded in the literature. In this method, when the proving symptoms of a drug are collected from its administration to the sick individuals, clinically, they need to be collaborated and verified with the already existing symptom lists of its proving on the healthy so as to confirm them as the symptoms of the drug be-

ing administered and not as the symptoms of the ailment of the patient to whom the drug has been administered. This method of 'clinical verification', given by Hahnemann, has been utilized in this study.

The symptoms of *Pulsatilla nigricans* obtained from its administration to sick individuals by this method are a major outcome of this study which can be an addition to the pathogenesis of *Pulsatilla nigricans*.

Post-Hahnemannian drug proving on sick individuals

During the era after Hahnemann, there have been many pioneers and scholars who made remarkable contributions in the field of homoeopathic drug-proving. But only few of them have contributed to the sphere of homoeopathic drug proving on the sick individuals. Among them, Dr. Hering [in his *Hering's Guiding Symptoms*¹³] and Dr. Allen of New York [in his *Allen's Encyclopedia*¹⁴] have been the stalwarts who admitted symptoms observed in the sick into their materia medica. Dr. Hering has been identified as an advocate for proving medicines on the sick individuals.¹⁵ Dr Knerr has included 'symptoms observed on the sick only' in his repertory.¹⁶

A note on clinical symptoms

In the homoeopathic parlance, clinical symptoms are those which do not appear in the proving of a drug, but which are observed as appearing as well as those which were observed disappearing after the administration of the drug in sick persons. These symptoms are to be distinguished from those produced after proving of drugs on

Mental Rubrics



Mind guides the way to holistic healing

SUBSCRIPTION RATES 2023

	Current Issues			Life Membership	
	1 Yr	5 Yrs	10 Yrs	Doctor	Stu & 65+
	2023	2023-27	2023-32		
India (Rs)	650/-	2500/-	5000/-	10,000/-	8000/-
Foreign USD	\$ 55	\$ 190		\$ 700	--

✦ (Allows 40% rebate on NJH Bks, Bound volume etc)
Includes Registered post to USA and Australia or anywhere.

Mail to : National Journal Homoeopathy

Smruti bldg no-1, Flat no 4, Phirozshah street, opposite Hi-life mall,
Santacruz west, Mumbai 400054

Mental Rubrics 2



Homoeopathic Jigsaw puzzle!

SUBSCRIPTION RATES 2023

	Current Issues			Life Membership		
	1 Yr	5 Yrs	10 Yrs	Doctor	Stu & 65+	
	2023	2023-27	2023-32			
India (Rs)	650/-	2500/-	5000/-	10,000/-	8000/-	
Foreign USD	\$ 55	\$ 190		\$ 700	--	

✚ (Allows 40% rebate on NJH Bks, Bound volume etc)
Includes Registered post to USA and Australia or anywhere.

Mail to : National Journal Homoeopathy

Smruti bldg no-1, Flat no 4, Phirozshah street, opposite Hi-life mall,
Santacruz west, Mumbai 400054

healthy human beings which constitute the bulk of the homoeopathic materia medica. Dr. Richard Hughes of Britain and his disciples were against the inclusion of these symptoms in homoeopathy. First of all, Dr. Constantine Hering of U.S.A incorporated these symptoms in our materia medica.⁷

A few post-Hahnemannian stalwarts freely admitted clinical symptoms into their materia medicas. Dr. Richard Hughes remarks in *Lecture XII- 'The Future of Pharmacodynamics'* from his book *'The Knowledge of the Physician, A Course of Lectures'*⁴ that:

"But his disciples have seized upon the proceeding and carried it to lengths from which he would have shrunk aghast. They have freely admitted "clinical symptoms" ("that abominable fallacy" as Dr. Allen justly terms it "which has poisoned the fountains of our Materia Medica from Hahnemann to the present time") into our pathogenetic lists, cutting up the cases which have recovered under the action of a remedy into their component parts, and sowing these in the appropriate plots of the schema. They at first (as in Jahr's "Manual") denoted such symptoms by a sign (°or*); but soon grew careless about affixing it, and at last (as in Lippe's "Text-book" and Hering's "Condensed Materia Medica" and "Guiding Symptoms") avowedly omitted it altogether."

(Dr. Richard Hughes remarks the same in his *Lecture V- 'The Knowledge of Medicines'* from his book, *'The Principles and Practice of Homoeopathy'*⁸ also)

Dr. Boericke, in his book, *'A Compend of the Principles of Homeopathy'*¹⁷ talks about the appearance of new symptoms during the treatment of chronic diseases that:

"If such come on after the administration of a remedy, they may be clinical symptoms of the remedy, and if there is at the same time general improvement, they need not be considered, as they will disappear. If they persist, the homoeopathic antidote will soon rectify the passing increase of the morbid phenomena. Under all these conditions, no further medication is required. So long as improvement is thus progressing, it is folly to change the remedy, and it is not advisable even to repeat the dose."

Clinical verification: Hahnemannian v/s post-Hahnemannian

The method of clinical verification as described by Hahnemann is a method in which the symptoms obtained from the patients are verified with the symptoms of proving of the medicines as recorded in the literature. In this method, when pathogenetic symptoms of a drug are to be collected from its administration to the sick individuals they need to be collaborated and verified with the already existing symptom lists of its proving on the healthy so as to confirm them as the symptoms of the drug being administered and not as the symptoms of the ailment of the patient to whom the drug has been administered. *This method has been utilized in the present study.*

The method of clinical verification as adopted by the post-Hahnemannian stalwarts is different from this Hahnemannian method of clinical verification. The clinical verification studies done so far after Hahnemann's era are about the validation of symptoms of the drugs and their therapeutic application.

Criticism of Hahnemann's drug proving on sick: overruled

So far, it has been seen that though Hahnemann conducted proving on both healthy and sick human beings during his era, but ever since after him, his work of drug proving on healthy human beings obtained more recognition than his work of homoeopathic drug proving on sick human beings. After Hahnemann, Dr. Richard Hughes carefully charted the way the Master's thought had evolved over the years. He quoted various references in his various works which indicate that Hahnemann conducted drug-proving on the sick but has condemned the same at various places. The post-Hahnemannian stalwarts got influenced by Richard Hughes' thought and focused only on Hahnemann's work of drug proving on the healthy human beings. Thus, Hahnemann's work of drug proving on the sick, which was not organized and laid down in a proper manner by Hahnemann got overlooked. In the present work, it is intended to overrule Dr. Richard Hughes' viewpoint and establish the method of drug proving on the sick human beings as expressed by

Hahnemann during his time period, which lies in oblivion ever since after him.

MATERIALS AND METHODS

Study Setting and Duration: The study was conducted in the OPDs of Homoeopathy University and Dr. Madan Pratap Khuteta Homoeopathic Medical College, Hospital and Research Centre for a period of 18 months. Patients were enrolled upto two follow-up visits, at the interval of one or two weeks, depending upon their health condition.

Study Design: Qualitative research design was followed. Clinical case study method was used to collect data from the participants and archival research method was used to compare the findings of clinical cases with the already existing sources.

Sampling: The patients were selected on the basis of judgmental/purposive sampling. Initially, 100 patients were taken up for the study. Out of these, 70 patients were dropped out because they did not respond back. The sample size was 30 patients which included 4 males and 26 females.

Inclusion and Exclusion Criteria:

Table 1: Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
<ol style="list-style-type: none"> 1. Patients of both gender between 18-60 years of age. 2. Participants must not have taken any homoeopathic remedy for past two months. 3. Patients suffering from a 'true natural chronic disease', seeking treatment of their ailments 4. Patients for whom <i>Pulsatilla nigricans</i> is indicated, i.e. selected on the basis of totality of symptoms and individualization of the case. 5. The patient must be able to differentiate between different types of sensations and express them exactly to narrate the subjective state generated after the medication. 	<ol style="list-style-type: none"> 1. Hysterical or anxious persons who may display a high incidence of 'Placebo effects'. 2. Women during pregnancy, puerperium and breastfeeding. 3. Patients with colour blindness 4. Patients less than 18 years and more than 60 years. 5. Non-residents who are not available for follow-up.

Tools

- Informed Consent Form and Patient Information Sheet (in English and Hindi languages)
- Case taking proforma/Pre-proving Assessment and Treatment Format
- Patient's Symptom Recording Sheet
- Follow-up/During and Post-proving

Assessment and Treatment Format

- Symptoms Compiling Proforma
- Proforma for clinical verification of the symptoms

Sources for clinical verification of the symptoms:

1. *Materia Medica Pura*¹⁰ by Dr. Samuel Hahnemann

2. *The Encyclopedia of Pure Materia Medica*, Volume 8,¹¹ by Dr. Timothy Field Allen (containing the homoeopathic pathogenetic record of *Pulsatilla nigricans*)
3. *Hering's 'Guiding Symptoms of Homoeopathic Materia Medica*, Volume 8,¹² by Dr. Constantine Hering

Procedure: After providing a patient information sheet, voluntary consent was obtained from each eligible participant of the study. First, a detailed case taking was done for each patient and the symptoms were recorded in 'Case taking profor-

ma/Pre-proving Assessment and Treatment Format'. Then, *Pulsatilla nigricans* (being selected on the basis of totality of symptoms and individualization of each case and the prescribing criteria as given in §153²), was administered in centesimal scale of potencies (30C, 200C, 1M). Single or more doses were given, as per the requirement in each case.

Repetition was done on the basis of the condition of the patient and the nature of the disease. The dose(s) of *Pulsatilla nigricans* was/was not followed by doses of placebo as per the schedule given in TABLE 2.

Table 2: Details Of Cases

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C1	22/F	Chronic rhinitis, ureteric stone	Date: 20.02.2017	28.02.2017	08.03.2017
			<ul style="list-style-type: none"> Chronic sneezing, coryza and obstruction of nose Irregular menses Known case of Ureteric stone 	<ul style="list-style-type: none"> Sensation as if about to menstruate Obstruction of nose feels better Appetite improved Thirst improved 	<ul style="list-style-type: none"> Constipation Sensation as if about to menstruate Obstruction of nose feels better Appetite improved Thirst improved Pain in lower abdomen (due to ureteric stone)
			R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C2	30/F	Metrorrhagia	22.02.2017	02.03.2017	10.03.2017
			<ul style="list-style-type: none"> Frequent and profuse menses (every 20 days) Menses: offensive, black Pain in lower abdomen during menses Decreased appetite with no desire to eat Moderate thirst 	<ul style="list-style-type: none"> Menstrual flow decreased Menses: non-offensive, dark red Pain in lower abdomen accompanied with menses decreased Appetite improved and desires to eat Small, papular, pimple-like red eruptions on face Small, papular, pimple-like red eruptions on back Severe backache (whole back); feels as if the back would break down; > lying down Thirst improved 	<ul style="list-style-type: none"> Menstrual flow stopped Pain in lower abdomen accompanied with menses decreased Appetite improved and desires to eat Small, papular, pimple-like red eruptions on face Small, papular, pimple-like red eruptions on back Severe backache (whole back); feels as if the back would break down; > lying down Thirst improved
			R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/BD; 7 days	R _x S/L 30/BD; 7 days	R _x S/L 30/BD; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C3	25F	Chronic bronchitis	04.02.2017	11.02.2017	18.02.2017
			<ul style="list-style-type: none">• Difficulty in breathing (with bronchitis)• Finds mucus accumulated in the throat in the morning on waking up• Sneezing, coryza with cough• Obstruction of nose• Rawness in the throat• Decreased thirst	<ul style="list-style-type: none">• Difficulty in breathing decreased• Mucus in the throat in the morning decreased• Sneezing, coryza with cough improved• Obstruction of nose decreased• Rawness in the throat decreased• Thirst improved	
			R _x <i>Pulsatilla nigricans</i> 200/3doses (each dose 12 hourly); S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C4	39/F	Polyarthritis with mood disturbances	01.03.2017 <ul style="list-style-type: none"> Pain and stiffness in joints of fingers of hands and knees Sudden stiffness in lumbo-sacral joint, as of a cramp, >rubbing Sudden clenching of jaws Gas formation in abdomen with eructations General weakness Bodyache Irregular menses Mind: attacks of suffocative feeling at night accompanied with great anxiety, restlessness and palpitation; weepy and depressed mood; irritable; anger 	08.03.2017 <ul style="list-style-type: none"> Pain and stiffness in joints of fingers of hands and knees decreased Attacks of suffocative feeling at night accompanied with great anxiety, restlessness and palpitation relieved Feels less weepy now Sudden clenching of jaws relieved Eructations of gas relieved Sudden stiffness in lumbo-sacral joint, as of a cramp; >rubbing-improved General weakness decreased Bodyache decreased Depression of mood decreased Menses become regular Obstinate constipation Cramps in calves of legs (more in left leg) Changeability in eating desires: sometimes feels like eating salty things, and sometimes sweet things Acidity and gas formation in abdomen; burning sensation felt in chest due to acid reflux from the stomach Pain in right shoulder joint 	15.03.2017
			R _x Pulsatilla nigricans 200/3doses (each dose 12 hourly); S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C5	38/F	Osteo-arthritis with cervical spondylosis	24.02.2017	04.03.2017	11.03.2017
			<ul style="list-style-type: none"> • Pain in knee joints, pricking pain, <bending the joint, >hot water • Cervical pain and stiffness, < after waking up in morning, >after-noon • Decreased appetite • Decreased thirst • Weepiness of mood 	<ul style="list-style-type: none"> • Pain in knee joints decreased • Cervical pain and stiffness decreased • Appetite improved • Thirst improved 	<ul style="list-style-type: none"> • Pain in knee joints decreased • Cervical pain and stiffness decreased • Appetite improved • Thirst improved • Feels less weepy now
			R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C6	30/F	Myalgia with recurrent aphthae	21.02.2017	02.03.2017	09.03.2017
			<ul style="list-style-type: none"> Pain in waist: shifts places in the waist; stretching and pricking; <walking, bending forward, lifting heavy weight, >lying down Bodyache Pain in neck with vertigo Recurrent blisters in mouth with intense pain, sensitivity; <warmth, >cold with sour taste in mouth Tingling in hands and feet No desire to eat though hungry, likes cold food Decreased thirst 	<ul style="list-style-type: none"> Pain in waist decreased Bodyache decreased Pain in neck with vertigo decreased Blisters in mouth decreased in number Appetite improved with desire to eat Thirst improved 	<ul style="list-style-type: none"> Pain in waist decreased Bodyache decreased Pain in neck with vertigo decreased Blisters in mouth decreased in number Tingling in hands decreased Tingling in feet decreased Appetite improved with desire to eat Thirst improved
			R _x Pulsatilla nigricans 30/BD/3 days; S/L 30/OD/7days	R _x S/L 30/BD; 7 days	R _x S/L 30/BD; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C7	29/M	Gynaecomastia	15.02.2017	23.02.2017	03.03.2017
			<ul style="list-style-type: none"> Swelling around the nipple over the left side of chest, with tenderness in lateral lower part on the left side, pricking pain, <touch Frequent blisters in the mouth with increased salivation Frequent desire to urinate Decreased appetite 	<ul style="list-style-type: none"> Pain in the swelling in the left side of chest slightly decreased Blisters in the mouth decreased in number with decreased salivation Frequent desire to urinate decreased Appetite improved 	<ul style="list-style-type: none"> Pain in the swelling in the left side of chest decreased Blisters in the mouth decreased in number with decreased salivation Frequent desire to urinate decreased Appetite improved
			R _x <i>Pulsatilla nigricans</i> 30/3doses (each dose 12 hourly); S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days
C8	52/F	Cervical spondylosis	18.02.2017	27.02.2017	06.03.2017
			<ul style="list-style-type: none"> Anxiety that someone may demand something from her; wants to help others but too much helping others brings her a fear of ruining herself Pain in neck Pain in knees with knocking sound Finds mucus accumulated in the throat in the morning on waking up 	<ul style="list-style-type: none"> Anxiety decreased Pain in neck decreased Pain in knees decreased Mucus in the throat during early morning after waking decreased 	<ul style="list-style-type: none"> Anxiety decreased Pain in neck decreased Pain in knees decreased Mucus in the throat during early morning after waking decreased
			R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/BD; 7 days	R _x S/L 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C9	45/F	Chronic urticaria	05.02.2017	13.02.2017	20.02.2017
			<ul style="list-style-type: none"> • Urticaria with excessive itching over whole body; burning after scratching; cannot cover it, must be in open • White spot on the skin of back • Decreased appetite • Pain in left leg, especially in calf muscles; unable to walk and stand; desire to lie down; pain comes suddenly and goes gradually; <walking, summer; heaviness and swelling of calf muscles • Tongue: white coated • Pain in left leg; <climbing, walking, summers 	<ul style="list-style-type: none"> • Itching over the whole body with no urticaria; itching passing in hands • White spot on the skin of back decreased in size • Appetite improved • Pain of calf muscles decreased • Tongue: clean • Pain in left lower limb; difficulty in standing up • Itching over thighs • Numbness of left thigh • Formication in left thigh, <walking, standing • Eye: haziness, unclear vision; watery; black spot before eyes; stitching in eyes • Pain and stiffness in joints of fingers of hands 	<ul style="list-style-type: none"> • Itching over the whole body with no urticaria; itching passing in hands • White spot on the skin of back decreased in size • Appetite improved • Pain of calf muscles decreased • Tongue: clean • Pain in left lower limb; difficulty in standing up • Itching over thighs • Numbness of left thigh • Formication in left thigh, <walking, standing • Eye: haziness, unclear vision; watery; black spot before eyes; stitching in eyes • Pain and stiffness in joints of fingers of hands
			R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/BD; 7 days	R _x S/L 30/BD; 7 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C10	35/F	Mor- phia	11.03.2017	25.03.2017	08.04.2017
			<ul style="list-style-type: none"> Brown discoloration over the cheeks 	<ul style="list-style-type: none"> Brown discoloration over the cheeks slightly decreased in size 	<ul style="list-style-type: none"> Brown discoloration over the cheeks decreased in size Headache, <morning on waking Burning sensation in blackish spots on the cheeks Blister appeared over the tongue
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x S/L 30/TDS; 14 days
C11	50/F	Derma- titis	06.02.2017	14.02.2017	21.02.2017
			<ul style="list-style-type: none"> Itching and eruptions over the soles of feet Itching over the scalp Anxiety with palpitation of the heart during the afternoon Aching pain in both the legs 	<ul style="list-style-type: none"> Itching and eruptions over the soles of feet decreased Itching over the scalp decreased Anxiety with palpitation of the heart during the afternoon decreased Aching pain in both the legs decreased 	<ul style="list-style-type: none"> Itching and eruptions over the soles of feet decreased Itching over the scalp decreased Anxiety with palpitation of the heart during the afternoon decreased Aching pain in both the legs decreased
			R _x <i>Pulsatilla nigricans</i> 200/OD; S/L 30/BD; 7 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C12	30/F	Dysmenorrhea	05.03.2017	16.03.2017	23.03.2017
			<ul style="list-style-type: none"> Pain in lower abdomen during menses; agg. standing, after flow begins; amel. rest Pain in lumbar region of back during menses 	<ul style="list-style-type: none"> Pain in lower abdomen during menses decreased Pain in lumbar region of back during menses decreased 	<ul style="list-style-type: none"> Pain in lower abdomen during menses decreased Pain in lumbar region of back during menses decreased
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 7 days	R _x S/L 30/TDS; 7 days
C13	25/F	Acne vulgaris	08.02.2017	29.03.2017	26.04.2017
			<ul style="list-style-type: none"> Eruptions over the cheeks with pus; painful on touch; leaving reddish scars 	<ul style="list-style-type: none"> Eruptions over the cheeks decreased in number 	<ul style="list-style-type: none"> Eruptions over the cheeks decreased in number General weakness
			R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days
C14	60/F	Lipoma	15.03.2017	01.04.2017	08.04.2017
			<ul style="list-style-type: none"> Eruptions over the body (lipoma) 	<ul style="list-style-type: none"> Eruptions over the body (lipoma) slightly changed 	Eruptions over the body (lipoma) slightly decreased
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 200/1dose; S/L 30/TDS; 14 days
C15	20/F	Acne vulgaris	26.02.2017	12.03.2017	26.03.2017
			<ul style="list-style-type: none"> Acne bilaterally symmetrical, blood and pus, mixed leaving marks behind- bluish 	<ul style="list-style-type: none"> Acne bilaterally symmetrical, blood and pus, mixed leaving marks behind- bluish decreased 	<ul style="list-style-type: none"> Acne bilaterally symmetrical, blood and pus, mixed leaving marks behind- bluish decreased
			R _x <i>Pulsatilla nigricans</i> 200/3doses (each dose 1 hourly); S/L 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 200/1 dose; S/L 30/TDS; 14 days	R _x S/L 30/TDS; 7 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C16	26/F	Chronic leucorrhoea with backache	18.03.2017	22.03.2017	05.04.2017
			<ul style="list-style-type: none"> Profuse leucorrhoea with pain in lumbar region of back, <stooping Dryness in throat Darkness before eyes Pain in abdomen on lying down Pain in lower abdomen during menses 	<ul style="list-style-type: none"> Profuse leucorrhoea with pain in lumbar region of back; <stooping decreased Dryness in throat decreased Darkness before eyes decreased Pain in abdomen on lying down decreased Pain in lower abdomen during menses decreased 	<ul style="list-style-type: none"> Profuse leucorrhoea with pain in lumbar region of back; <stooping decreased Dryness in throat decreased Darkness before eyes decreased Pain in abdomen on lying down decreased Pain in lower abdomen during menses decreased
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 30/QID; 14 days	R _x <i>Pulsatilla nigricans</i> 200/1 dose; S/L 30/TDS; 7 days
C17	37/F	Polyarthritis	04.02.2017	11.02.2017	22.03.2017
			<ul style="list-style-type: none"> Pain with swelling in joints: elbow, knee, hip bones and on sides of both eyes Pain felt in bones, <motion, winters, cold weather, rainy weather; >pressure of tight bandaging with cloth, >lying down, massaging and wrapping with cloth Pain radiates from shoulders to hands Pain radiates from hip to ankles Pain in one joint increases while pain in another joint decrease 	<ul style="list-style-type: none"> Pain with swelling in joints: decreased Pain felt in bones, decreased 	<ul style="list-style-type: none"> Pain with swelling in joints: decreased Pain felt in bones, decreased Pain radiating from shoulders to hands and from hip to ankles decreased Pain in one joint increases while pain in another joint decrease-ameliorated
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C18	30/F	Chronic Urticaria	25.03.2017	19.04.2017	29.04.2017
			<ul style="list-style-type: none"> Itching over whole body, <rainy season Acidity after eating oily or spicy food 	<ul style="list-style-type: none"> Itching over whole body, decreased Acidity after eating oily or spicy food decreased 	<ul style="list-style-type: none"> Itching over whole body, decreased Acidity after eating oily or spicy food decreased Boils over the back of head Boils over the shoulders Pain in left knee joint
			R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days	R _x S/L 30/TDS; 7 days	R _x S/L 30/TDS; 14 days
C19	60/M	Allergic rhinitis	15.02.2017	22.02.2017	10.06.2017
			<ul style="list-style-type: none"> Running nose, watery eyes, <morning 	<ul style="list-style-type: none"> Running nose, watery eyes, <morning decreased 	<ul style="list-style-type: none"> Running nose, watery eyes, <morning decreased
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x S/L 30/TDS; 14 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C20	35/M	Anxiety with GERD	22.03.2017	28.03.2017	12.04.2017
			<ul style="list-style-type: none"> Pain in abdomen during and after stool Backache Pain and heaviness in abdomen after eating meal White coating of the tongue Gas formation with bloating of abdomen, <eating Headache 	<ul style="list-style-type: none"> Pain in abdomen during and after stool decreased Backache decreased Pain and heaviness in abdomen after eating meal decreased White coating of the tongue decreased Gas formation with bloating of abdomen, <eating, decreased Headache decreased Itching in eyes General weakness Pain in feet Increased thirst Dryness of throat, has to get up at night to have water Running nose, sneezing with watering of eyes at change of weather 	
			R _x <i>Pulsatilla nigricans</i> 30/BD; 7 days	R _x <i>Pulsatilla nigricans</i> 30/BD; 14 days	R _x S/L 30/BD; 7 days
C21	19/F	Molluscum on face	11.03.2017	01.04.2017	22.04.2017
			<ul style="list-style-type: none"> Brown discoloration over the cheeks 	<ul style="list-style-type: none"> Brown discoloration over the cheeks slightly decreased 	<ul style="list-style-type: none"> Brown discoloration over the cheeks slightly decreased
			R _x <i>Pulsatilla nigricans</i> 200/1 dose; S/L 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 200/1 dose; S/L 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 10M/1 dose; S/L 30/TDS; 14 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C22	30/F	Chronic Urticaria	22.04.2017	06.05.2017	24.05.2017
			<ul style="list-style-type: none"> Itching over whole body, <change of weather, warm, sleep Burning during urination Weepiness of mood 	<ul style="list-style-type: none"> Itching over whole body decreased Burning during urination decreased Feels less weepy now 	<ul style="list-style-type: none"> Itching over whole body decreased Burning during urination decreased Feels less weepy now Pain in legs Headache
			R _x Pulsatilla nigricans CM/1 dose; S/L 30/TDS; 14 days	R _x S/L 30/TDS; 14 days	R _x S/L 30/TDS; 7 days
C23	25/F	Chronic pain in the left flank	22.04.2017	29.04.2017	13.05.2017
			<ul style="list-style-type: none"> Pain in left flank 	<ul style="list-style-type: none"> Pain in left flank decreased 	<ul style="list-style-type: none"> Pain in left flank decreased
			R _x Pulsatilla nigricans 30/TDS; 7 days	R _x S/L 30/TDS; 14 days	R _x Pulsatilla nigricans 200/1 dose; S/L 30/TDS; 14 days
C24	24/F	Bronchial asthma	19.04.2017	22.04.2017	29.04.2017
			<ul style="list-style-type: none"> Decreased thirst Difficulty in breathing with suffocative feeling in throat and restlessness Palpitation felt in the chest Bodyache Weepiness of mood Pain in ribs Dryness in throat Burning in throat Headache Vertigo 	<ul style="list-style-type: none"> Thirst improved Difficulty in breathing with suffocative feeling in throat and restlessness decreased Palpitation decreased Bodyache decreased Feels less weepy now Pain in ribs decreased Dryness in throat decreased Burning in throat decreased Headache decreased Vertigo decreased Pain in shoulders Decreased appetite Sleep decreased Pain in legs, right leg more painful than the left leg 	<ul style="list-style-type: none"> Thirst improved Difficulty in breathing with suffocative feeling in throat and restlessness decreased Palpitation decreased Bodyache decreased Feels less weepy now Pain in ribs decreased Dryness in throat decreased Burning in throat decreased Headache decreased Vertigo decreased Pain in shoulders Decreased appetite Sleep decreased Pain in legs, right leg more painful than the left leg
			R _x Pulsatilla nigricans 30/QID; 3 days	R _x Pulsatilla nigricans 30/QID; 7 days	R _x Pulsatilla nigricans 30/QID; 4 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C25	38/F	Chronic leucorrhea	03.05.2017	31.05.2017	14.06.2017
			<ul style="list-style-type: none"> White discharge per vagina General weakness 	<ul style="list-style-type: none"> White discharge per vagina decreased General weakness decreased Pain in legs Heaviness in the head 	<ul style="list-style-type: none"> White discharge per vagina decreased General weakness decreased Pain in heels, right heel more painful than the left Vertigo, <standing Sleep decreased
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 200/1 dose; S/L 30/TDS; 14 days	R _x S/L 30/TDS; 7 days
C26	26/F	Polycystic ovarian disease	07.06.2017	28.06.2017	26.07.2017
			<ul style="list-style-type: none"> Absence of menses Gas formation because of fried food leading to headache and vomiting General weakness Swelling in the feet Blackish discoloration over the face Concentration difficult 	<ul style="list-style-type: none"> Gas formation because of fried food leading to headache and vomiting, ameliorated General weakness ameliorated Swelling in the feet decreased Blackish discoloration over the face ameliorated Concentration improved Menses appeared Constipation: difficulty in passing the stool, has to strain a lot Pain in the left side of neck 	
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x <i>Pulsatilla nigricans</i> 30/BD; 14 days	R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C27	32/F	Ir-regular menses	29.04.2017	06.05.2017	28.06.2017
			<ul style="list-style-type: none"> Feeling of nausea after eating food Decreased appetite Absence of menses Pain in lower abdomen during menses Backache during menses, >during flow Pain and heaviness of breasts during menses Craving for fresh air before menses Decreased thirst 	<ul style="list-style-type: none"> Feeling of nausea after eating food decreased Appetite improved Appetite improved Thirst improved Absence of menses Pain and heaviness in abdomen and chest after eating food Red coloured, pimple-like eruptions on the face 	<ul style="list-style-type: none"> Feeling of nausea after eating food decreased Appetite improved Appearance of menses Pain in lower abdomen during menses decreased Backache during menses, >during flow, decreased Pain and heaviness of breasts during menses decreased Craving for fresh air before menses decreased Thirst improved Pain and heaviness in abdomen and chest after eating food Red coloured, pimple-like eruptions on the face Menstrual flow increased, painless heavy bleeding Cold, coryza with sneezing, running nose Difficulty in breathing General weakness
			R _x Pulsatilla nigricans 200/1 dose; S/L 30/TDS; 7 days	R _x S/L 30/TDS; 14 days	R _x S/L 30/BD; 14 days

Case No.	Age (in years)/ Gender	Diagnosis	Symptoms and signs	First follow-up	Second follow-up
C28	58/F	Polyarthritis	24.05.2017	14.06.2017	05.07.2017
			<ul style="list-style-type: none"> Pain in multiple joints, wandering pains, >lying down 	<ul style="list-style-type: none"> Pain in multiple joints, wandering pains, >lying down decreased 	<ul style="list-style-type: none"> Pain in multiple joints, wandering pains, >lying down decreased Sleep became worse- Unrefreshing sleep
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x <i>Pulsatilla nigricans</i> 30/TDS; 14 days	R _x S/L 30/TDS; 14 days
C29	48/M	Chronic allergic rhinitis	24.05.2017	31.05.2017	14.06.2017
			<ul style="list-style-type: none"> Cough; Sneezing; Running nose (chronic allergic rhinitis) 	<ul style="list-style-type: none"> Cough better Sneezing better Running nose better 	<ul style="list-style-type: none"> Cough better Sneezing better Running nose better Headache Pain in hands and feet
			R _x <i>Pulsatilla nigricans</i> 30/TDS; 7 days	R _x S/L 30/TDS; 14 days	R _x S/L 30/TDS; 14 days
C30	38/F	Contact dermatitis	03.05.2017	17.05.2017	31.05.2017
			<ul style="list-style-type: none"> Small eruptions in palm, in between fingers and back of both hands, reddish in colour, <soap, detergent, >scratching, day-time 	<ul style="list-style-type: none"> Small eruptions in palm, in between fingers and back of both hands decreased in number, reddish colour in them decreased 	<ul style="list-style-type: none"> Small eruptions in palm, in between fingers and back of both hands decreased in number, reddish colour in them decreased
			R _x <i>Pulsatilla nigricans</i> 1M/1dose; S/L 30/TDS; 14 days	R _x S/L 30/TDS; 14 days	R _x S/L 30/TDS; 14 days

Both *Pulsatilla nigricans* and placebo, used in this study were procured from the pharmacies of the OPD of Homoeopathy University and Dr. Madan Pratap Khuteta Homoeopathic Medical College, Hospital and Research Centre. Both *Pulsatilla nigricans* and placebo were supplied to the patients orally (in liquid or dry form).

ABOUT THE AUTHORS

1. **Dr Manpreet Kaur**, BHMS, MD (Hom.), PhD (Hom.), DNHE, Fellowship in Palliative Care Associate Professor, Department of Pathology, JR Kissan Homoeopathic Medical College and Hospital, Rohtak, Haryana

2. **Dr S M Singh**, PhD (Hom.), Director, Sri Sainath Postgraduate Institute of Homoeopathy, Prayagraj, Uttar Pradesh.
3. **Dr Pankaj Aggarwal**, PhD (Hom.), Professor, Department of Organon of Medicine, Naiminath Homoeopathic Medical College, Hospital and Research Centre, Agra, Uttar Pradesh.
4. **Dr Vandana Gambhir**, PhD (Psychology), Assistant Professor in Psychology, Department of Psychology, Keshav Mahavidyalaya, New Delhi. Email: drvandanagambhir@yahoo.co.in
5. **Dr Chaturbhuja Nayak**, MD (Hom.), Former President, Homoeopathy University, Jaipur, Rajasthan and Director General of Central Council for Research in Homoeopathy



TENTATIVE LISTS OF FOREIGN SPEAKERS

Dr. Frederich Schroyens (Belgium)
Dr. Leoni Bonamin (Brazil)
Dr. Stephen Baumgartner (Switzerland)

TENTATIVE PROGRAMME SCHEDULE

26.11.23 [SUNDAY]

9:00am - 10:00am - Registration & Breakfast
10:00am - 11:00am - Inaugural Session
11:00am - 12:00 noon - Session 2
12:00noon - 1:00pm - session 3
1:00pm - 2:00pm - Lunch
2:00pm - 3:00pm - Session 4
3:00pm - 4:00 pm - session 5
4:00pm - 5:00pm - High Tea
5:00pm - 6:00pm - Session 6
6:00pm - 7:00 pm - Cultural Programme
7: 30 pm onwards - Dinner

27.11.23 [MONDAY]

9:00 am - 10:00 am - Breakfast
10:00 am - 11:00 am - Session 1
11:00 am - 12 Noon - Session 2
12 noon - 1:00 pm - Session 3
1:00pm - 2:00pm - Lunch
2:00pm - 3:00pm - session 4
3:00pm - 4:00pm - Session 5
4:00pm - 5:00pm - High Tea
5:00pm - 6:00pm - Session 6
6:00pm onwards - Valedictory Session

LINK FOR REGISTRATION
<https://forms.gle/RNequ9ueKS37fHx8>

AIHPGS 2023

26TH & 27TH NOVEMBER

INTEGRATING TRADITION AND INNOVATION IN HOMOEOPATHY

ORGANISED BY
POST-GRADUATE SCHOLARS OF
N D E HOMOEOPATHIC MEDICAL
COLLEGE & HOSPITAL

Homeopathy 360
(Media Partner)

HURRY REGISTER NOW
<https://forms.gle/RNequ9ueKS37fHx8>

2 DAYS PRE SEMINAR WORKSHOP

OPATHIC POSTGRADUATE SEMINAR 2023

Homoeopathic Management of Acne Vulgaris: A Case Report

Dr Harshit Chaudhary, Dr Ram Krishna Ghosh, Dr BhaskarDebnath, Dr Aniruddha Banerjee

ABSTRACT

Acne vulgaris is a common inflammatory skin disorder of the pilo-sebaceous unit. It is a common skin disorder affecting societies worldwide and results in major health care costs and significant morbidity to severely affected individuals. Nowadays, most people use an alternating mode of treatment but it only palliates the symptoms, on the other hand homoeopathic mode of treatment will provide a curative result. The selection of remedy is based upon the theory of individualization and symptom similarity by using holistic approach. Here is a case of acne vulgaris undergoing prescription Arnica Montana followed by Sulphur. The case was followed up regularly at every month for about 5 months; result is disappearance of acne vulgaris which is evident from the photographs.

Keywords: acne vulgaris, individualization, homoeopathy, quality of life

INTRODUCTION

Acne vulgaris, commonly referred to as pimples, is a skin condition known as 'keel' or 'muhasa' in Hindi¹. It is a chronic inflammatory disorder affecting the hair follicles and sebaceous glands, resulting in the formation of comedones, red pimples, and pus-filled papules. In some cases, it may lead to the development of nodules, cysts, and scarring. The most prevalent areas for acne are the face, particularly the cheeks, nose, and chin, as well as the chest and back.²

Both external and internal factors can affect how acne vulgaris appears. Physical abrasion or injury, like from headbands or chin straps on athletic helmets, can break open microcomedones and cause acne lesions with inflammation. Using topical products in cosmetics, hair preparations, or prolonged exposure to comedogenic industrial compounds may also provoke or worsen acne. Additionally, certain medications like lithium, isoniazids, halogens, phenytoin, and phenobarbital can cause acne-like outbreaks or worsen existing acne².

At a certain stage, most young people will develop acne. While some may only experience a few small pimples that vanish quickly, others, about

10 to 20%, may suffer from persistent acne that is more noticeable. This can be particularly distressing during puberty. However, there are numerous treatments available for acne, although they require patience.³

Case report:

A 19-year-old male patient from Domkal, Murshidabad, West Bengal, visited Out Patient Department (OPD) of National Institute of Homoeopathy (NIH) on November 21, 2022, with complaints of painful and pustular eruption on face for past 3-4 years which are gradually increasing in numbers. Pain in the eruptions were < Fatty, fried food after, in summer, from touching or washing face > From cold water washing. He also complained of constipation. He was evacuating his bowels in 2-3 days interval.

On examination: location Face- cheek, forehead, chin, nose

Eruption- bilaterally, erythema, pustular.

Face had a warm sensation. Lips were dry & scaly.

A birth mark red color on the right sided face and neck.

History of present complaints:

Eruptions began to appear gradually, & increased their number gradually in duration of 3-4 years, the eruptions were reddish, painful, pustular.

Past history:

Jaundice, 1 month ago, treated with allopathy.

Hemorrhoid, 3 years ago, Allopathic treatment was taken.

Family history: nothing specific

Personal history:

Unmarried, 12th class student.

Mental general:

Mildness

Anxiety about future

Physical general:

Appetite: normal, 3-4 meal / day

Desire: rich, fried, fatty foods, sweet, cold drinks

Intolerance: eggs

Perspiration: profuse, palm and sole < winter

Stool: constipated since 3 years

Thermal relation: hot patient

Totality of symptoms

Mildness

Food desire fat food, sweet, cold drinks, meat

Intolerance egg

Face acne, painful, pustular, inflame

Face warm sensation

Constipation, chronic

P/H of jaundice, hemorrhoid

Diagnosis

On November 21, 2022, patient presented with Acne vulgaris since 3-4 years.

Repertorisation^{4,5}

The screenshot displays the Synthesis Software interface for repertorisation. The left pane, titled 'Clipboard 1', lists 15 symptoms: 1. MIND - Gentle, mild, tender; 2. FACE - Cheeks; 3. FACE - Acne - comedo; 4. FACE - Eruption - nose; 5. FACE - Warmth, sensation of; 6. FACE - Chin; 7. APPETITE - Desire - cold food; 8. APPETITE - Desire - fat food; 9. APPETITE - Desire - meat; 10. APPETITE - Desire - sweets, dainties, etc.; 11. STOOL - Constipation - chronic, habitual; 12. SKIN AND EXTERIOR BODY - Eruptions; 13. SKIN AND EXTERIOR BODY - Eruptions - pustular; 14. SKIN AND EXTERIOR BODY - Eruptions - recurrent; 15. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Summer, warm weather; in the - agg. (34) 1.

The right pane shows a grid of remedy matches. The columns represent remedies: sulph., nat-m., lvc., cocc., bry., calc., graph., caust., thui., carb-v., puls., bell., thue-t., nat-v., ars., sep., nat-c., sabad., sil., ant-c., verat., hep. The rows represent the 15 symptoms, with numerical values indicating the degree of match. For example, for 'FACE - Acne - comedo', the matches are: sulph. 3, nat-m. 1, lvc. 3, cocc. 1, bry. 1, calc. 2, graph. 3, caust. 2, thui. 3, carb-v. 3, puls. 3, bell. 3, thue-t. 3, nat-v. 3, ars. 3, sep. 2, nat-c. 1, sabad. 1, sil. 1, ant-c. 2, verat. 2, hep. 3.

Result:

On first visit, based on the distribution of acne and painfulness, Arnica 0/1 was prescribed, which gave some relief. On next visit the case was repertorized using BBCR Repertory in RADAROPUS.^{4,5} The results were analyzed, giving more priority to mental as well as physical general symptoms then specific symptoms. Sulphur comes on top of repertorial results.

Therapeutic Intervention and follow-Up

Considering the totality and consultation with Materia Medica^{6,7}, Arnica Montana then after Sulphur was selected as an individualised homoeopathic remedy for this case.

Baseline prescription: Arnica Montana 0/1, 16 doses were prescribed in 100 ml of aqua dist. AD for

30 days and along with it placebo was prescribed for 30 days. Advised for a regular healthy diet and plenty of fluid, avoid fatty, rich foods.

Follow-up was done at one-month intervals. After first prescription, the patient responded favorably and his face acne was very much reduced (80-85%) but new eruptions were appearing again & constipation remained unchanged. Now after repertorizing the case with BBCR Repertory and consultation Materia Medica, Sulphur 0/1, 16 doses were prescribed in 100ml of water, AD for 30 days and Placebo was given on alternate days. Patient responded very favorably with Sulphur, the acne eruptions decreased significantly, bowel movement became regular. The treatment continued for next four months to observe any return of existing problems or any new concerns. Follow ups are summarized in Table 1.

Table 1: Follow-up record

Date	Observation	Prescription
First visit	Baseline symptoms (presented subjective and objective symptoms)	Arnica Montana 0/1, 16 dose Placebo 30/1-2 glob. OD x 30 days
Second visit	Acne: very much reduced. But new eruptions continued appearing. Constipation: unchanged	Sulphur 0/1, 16dose Placebo 30/1-2 glob. OD x 30 days
Third visit	Acne: very much reduced, face complexion was clear. Stool- passed 1-2 times per day regular, satisfactory.	Sulphur 0/2, 16dose Placebo 30/1-2 glob. OD x 30 days
Fourth visit	No new acne visible on face. Appetite, sleep, stool all general normal.	Sulphur 0/3, 16dose Placebo 30/1-2 glob. OD x 30 days
Fifth visit	No new complaints were reported and patient was overall better.	Placebo 30/1-2 glob. OD x 30 days



Fig.1: Before Treatment



Fig.2: During Treatment (second visit)



Fig. 3: During Treatment (third visit)



Fig. 4: After Treatment

DISCUSSION

Acne vulgaris is a prevalent medical condition that patients often report to homoeopaths. The most common type of acne is acne simplex, which is frequently observed around puberty. Appropriate diet, hygiene measures, and homoeopathic medication can effectively treat acne within a few weeks to a few months.

After initial prescription, the patient responded very well and acne was resolved within 1-2 months. There was also marked improvement noticed in his other complaints. His constipation also improved within 2 months. The treatment was continued for four months to observe any return of existing complaints or any new concerns. Patient was overall better and no new complaint was reported at the end of the treatment. Till date no recurrence of his existing complaints was observed.

CONCLUSION

This case report suggests homoeopathic treatment as a promising complementary or alternative therapy in treating acne and emphasizes the need of repertorisation in individualized homoeopathic prescription. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

REFERENCES:

1. Master FJ. Skin Homoeopathic Approach to Dermatology. Second revised edition. Noida: B. Jain Publisher (P) Ltd.; c2006.p.658-680.
2. Isselbacher KJ, Joseph M, Eugene B, Fauci AS, Wilson JD, Kasper DL, et al. Harrison's principles and practice of internal medicine, 13th edition. Columbus, OH: McGraw-Hill Education; 1994. P.no.314-315.
3. Vishwakarma Ajay, Homoeopathic management of Acne vulgaris: A case report. International Journal of Homoeopathic Sciences. 2022; 6(4): 325-328.
4. RADAR 10 Computer Software
5. Boger CM. Boger Boenninghausen's Characteristic & Repertory with corrected abbreviation, word index & thumb index. 47th impression. New Delhi: B. Jain Publisher (P) Ltd.; 2019.
6. Murphy R. Lotus Materia Medica. Third edition. Noida, B. Jain Publisher Pvt Ltd; c2006.p.no.220-225
7. Allen H. Keynotes and Characteristic with Comparison of some of the Leading Remedies of the .Materia Medica with Bowel Nosodes. 8th edition. New Delhi: B. Jain; 1999.p.no.45-47.

ABOUT THE AUTHORS-

1. **Dr Harshit Chaudhary** Postgraduate Trainee, Dept. of Case Taking and Repertory, National Institute of Homoeopathy, Govt. of India.
2. **Dr Ram Krishna Ghosh** Assistant Professor & HOD, Dept. of Surgery, National Institute of Homoeopathy, Govt. of India.
3. **Dr Bhaskar Debnath** Postgraduate Trainee, Dept. of Case Taking and Repertory, National Institute of Homoeopathy, Govt. of India.
4. **Dr Aniruddha Banerjee** Assistant Professor, Dept. of Obstetrics & Gynaecology, Midnapore Homoeopathic Medical College & Hospital, Govt. of West Bengal.

Scope of Individualised Homoeopathic Medicine in PCOS

Dr. Vinita Kumari

ABSTRACT

PCOS is the most common endocrine disorder in females of reproductive age. The disease is mainly hyperandrogenic. It usually affects women between the ages of 18 & 44. Multiple morbidities are associated with PCOS including amenorrhoea, hirsutism, obesity, enlarged polycystic ovaries & infertility. PCOS may lead to serious consequences, including increased risk for the development of endometrial hyperplasia.

Case Summary: This case was treated with individualised homoeopathic medicine at the OPD of RBTS Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar. A 25 year old girl presented with complaints of irregular menses and amenorrhoea for 1 and ½ months with pain in right iliac region always. Homoeopathic medicine *Lycopodium* was given to the patient on the basis of individualistic approach. The patient improved in her presenting complaints as well as there was change in diagnostic parameters. USG declared no obvious abnormality after homoeopathic treatment. This case report suggests that a correctly chosen homoeopathic medicine can be beneficial in the treatment of PCOS.

Keywords: Homoeopathy, *Lycopodium*, Polycystic Ovarian syndrome, Hyperandrogenism.

Abbreviations: PCOS - polycystic ovarian syndrome, OPD – outpatient department, USG - ultrasonography

INTRODUCTION

PCOS is also termed as POD (polycystic ovarian disorder). This is a heterogeneous disorder and is marked by excessive androgen production by the ovaries mainly¹. PCOS gets its term due to the formation of clusters of small, pearl-size cysts in ovaries². These cysts are fluid filled follicles containing eggs and due to hormonal imbalance have not been released. PCOS is a multifactorial condition and is a combination of genetic and environmental factors. Lack of awareness, gestational environment and lifestyle changes are the major factors leading to this phenomenon. Environmental factors such as physical exercise, lifestyle and food may vary worldwide that results in genetic variance and imbalance of metabolic and reproductive pathways, which develop PCOS conditions and related complications³. Dysregulation of the CYP

11a gene, insulin receptor gene on chromosome 19p13.2 are also involved¹. This is portrayed by increasing weight gain, irregular menstruation in the form of oligomenorrhoea, amenorrhoea, dysfunctional uterine bleeding and infertility. hirsutism and acne are the important features.

PCOS affects teenage girls and young women most commonly, nowadays it has become a common health problem². Women who have PCOS are at risk for cardiovascular disease, diabetes and pre-diabetes, endometrial cancer, heart attack and hypertension².

Two most common types of cysts are:

1. Follicle cysts- In a normal menstrual cycle, an ovary releases an egg each month & grows inside a tiny sac called a follicle. When the egg matures, the follicle breaks open to release the egg usually. follicle cysts form when the

follicle (tiny sac) doesn't break open to release the egg. This results in the follicle to continue growing into a cyst.

2. Corpus luteum cysts- once the follicle breaks open & releases the egg, the empty follicle sac shrinks into a mass of cells called corpus luteum. Formation of corpus luteum cyst occurs if the sac doesn't shrink instead, the sac reseals itself after the egg is released, filling up fluid inside. Most corpus luteum cysts go away after a few weeks. They may cause bleeding and twisting of the ovary which may cause pain.

After detailed case taking on a standard case taking proforma, the totality of symptoms was built for the patient based on mental generals, physical generals, constitution, miasmatic background, family history, previous medical history etc. as per the homoeopathic principles.

Causes

The cause of PCOS is unknown but studies suggest a strong genetic component that is affected by gestational environment, lifestyle or environmental factors². Abnormal function of the hypothalamic-pituitary-ovarian axis can result in PCOS. However, there are certain factors that cause it. They are:

- Genetic makeup
- Obesity
- Excess androgen
- Insulin resistance

Symptoms

Irregular menstruation- Most common signs of PCOS is irregular menstruation. Due to high amount of male hormones, the body prevents ovulation.

Heavy bleeding- Since the periods are irregular, uterine walls build up more. This leads to heavy bleeding.

Acne- Due to higher amounts of male hormone,

the skin secretes more oil causing more acne.

Hair growth- Most women, who suffer from PCOS, have hair growth on their face, back, stomach and chest. The condition is known as hirsutism.

Weight gain- Most women who suffer from PCOS are obese or overweight.

Crown baldness- Most women with PCOS suffer from male pattern baldness and hair becomes thin on the crown.

Headache- headaches are triggered by hormonal imbalance.

Skin darkening- Women with PCOS experience darkening of skin in the groin, axilla and neck region. This condition is known as acanthosis nigricans¹.

Complications

- **Infertility-** PCOS causes infertility as it reduces or may be completely absent the ovulation in the body.
- **Diabetes-** PCOS causes insulin resistance in the body and results in diabetes.
- **Heart disease-** PCOS increases blood pressure in the body leading to heart problems.
- **Endometrial cancer-** since in PCOS there is delayed ovulation, so thickening of the endometrium, the inner lining of the uterus. This increases the chance of getting endometrial cancer.
- **Depression-** women with PCOS undergo depression due to hormonal imbalance in the Body.

A CASE REPORT

Case history

A 25 years old, Hindu, girl reported in the obstetrics/gynaecology outpatient department of RBTS Government Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar on 07/09/2022 with a complaint of amenorrhoea for 1 and ½ months and pain in right iliac region extend to left with

history of irregular menses, mainly delayed menses. bleeding during menses clotted and menses is painful. The Patient was diagnosed with PCOD. She had taken allopathic treatment under a gynaecologist for 5 years. She got advice to take MALA D (contraceptive pills) for regular menstruation.

Mental general

The patient was very well behaved. She had fear of failure in examination. She always wanted company. She was miserly in her expenses. Her ambition was to make a lot of money. She is afraid of becoming poor.

Physical general

Her appetite was good and she always preferred warm food. She had the desire for spicy things with moderate thirst. Sleep was usually adequate, refreshing with non-specific sleep posture and dreams. She felt a heat sensation in palm. She also complained of pain in the right iliac region extending to the left. Menstrual cycle was irregular with dark clotted bleeding, and unbearable pain

during menses.

Diagnostic assessment

As per the Rotterdam criteria, this is based upon the presence of any two of the following three criteria-

- Oligo and/or anovulation.
- Hyperandrogenism
- Polycystic ovaries.

AMH (anti-Mullerian hormone) is also a hormonal indicator and is important for maturation and development of ovarian follicles. Over secretion of AMH impedes follicular development which leads to ovarian malfunction³.

Investigations such as ultrasonography (whole abdomen) were carried out. Post-treatment outcome corroborated with follow-up investigation with significant changes. USG revealed no obvious abnormality after 3 months of continuous homoeopathic treatment with improvement in PCOD.

Analysis and evaluation of the symptoms with miasmatic analysis⁵:

S. no.	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1.	Desire for company	Mental general	+++	Psora
2.	Cowardice	Mental general	++	Psora
3.	Fear of failure in examination	Mental general	++	Psora
4.	Fear of poverty	Mental general	+	Psora
5.	Thirst for small quantity of water.	Physical general	+++	Psora
6.	Pain in right iliac region extending to left.	Particular	+++	Psora
7.	Menses with dark bleeding	Particular	+	Sycotic
8.	Pain during menses aggravate	Particular	++	Sycotic
9.	Tumour in ovary form cysts	Particular	+++	Sycotic
10	Desire for spices food	Physical general	+	Psora

Totality of symptoms

- Desire for company
- Cowardice
- Fear of failure in examinations.
- Fear of poverty.

- Thirst for small quantity of water
- Pain in right iliac region extending to left
- Menses with dark bleeding.
- Pain during menses aggravates.
- Tumour in ovary form cysts.
- Desire for spicy things

S.no.	Symptoms	Rubrics
1.	Desire for company	Company, desire for
2.	Cowardice	Cowardice
3.	Fear of failure in examination	Fear, failure of, in examination
4.	Fear of poverty	Fear, poverty, of
5.	Thirst for small quantity of water	Thirst, small quantities, for
6.	Pain in right iliac region extending to left	Pain, right, extending to, left
7.	Menses with dark bleeding	Menses, dark
8.	Pain during menses aggravate	Pain -menses- during – agg.
9.	Tumour in ovary form cysts	Tumour's, ovaries, cysts
10.	Desire for spicy things	Food and drinks-spices-desire

Repertorisation Sheet:4

The screenshot shows the Opus Radar Software interface for repertorisation. The top toolbar contains icons for navigation (Go back, Go forward), analysis (History, Analysis), maps (Maps), Clifcol, zoom (Zoom in, Zoom out), print, screenshot, general help, and news. The main window has a search bar and a dropdown menu for 'Views' set to 'Full repertory'. The left pane lists 10 symptoms from a clipboard, and the right pane displays a grid of remedies with their corresponding degrees. The remedies are: lye, ars, puls, sulph, phos, calc, lach, nux-v, sep, sil, nit-ar. The grid shows the degree of each remedy for each symptom, with colors indicating the strength of the match (e.g., red for high, yellow for medium, green for low). The bottom status bar shows '10 symptom(s) / 415 remedies', 'Sum of symptoms (sorted degrees)', 'No limitation', and 'All remedies'.

Figure 1. Repertorisation from synthesis repertory using Opus Radar Software⁴.

Repertorial Analysis

Lycopodium - 10/18

Arsenic - 9/14

Pulsatilla – 8/14

Sulphur – 8/12

Repertorial Selection

As Lycopodium covers maximum numbers of rubrics and got highest marks. After consulting with Materia-Medica, Lycopodium was chosen for prescription.

Therapeutic Intervention

After detailed case taking on a standard case taking proforma, the totality of symptoms was built

for patient based on mental generals, physical generals, constitution, miasmatic background, family history etc. as per the homoeopathic principles.

After repertorisation, the top medicines were Lycopodium, Arsenic, Pulsatilla, sulphur, phosphorus, Calcarea, Lachesis, Nux vomica, sepia. After carefully analysing the mental and physical generals of patient, considering the repertorial result and referring back to homoeopathic MM, a similimum was prescribed. Individualised homoeopathic treatment was started with two doses of Lycopodium 200 followed by placebo following the law of minimum dose.

Prescription

Lycopodium 200/2 doses were given on the first visit in an empty stomach early in the morning.

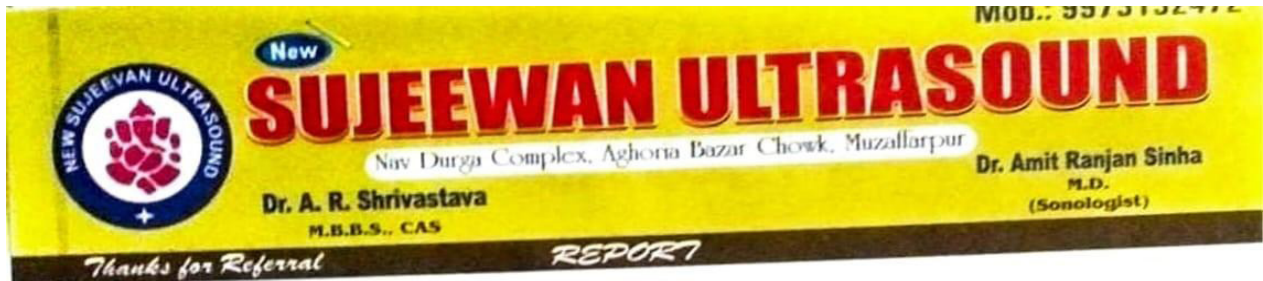
Follow - up sheet

Date of visit	Change in symptoms	Prescription
19/09/2022	Pain in right iliac region relieved much	Placebo for 3 days
11/10/2022	No pain in right iliac region and menstrual cycle recurred with normal bleeding and with slight pain.	Placebo for 3 days
21/10/2022	No pain in right iliac region and menses with normal bleeding and no pain during menses.	Placebo for 3 days
12/11/2022	No pain and regular menstrual cycle.	Placebo for 3 days
28/12/2022	No pain and normal regular menstrual cycle without pain.	Placebo for 3 days
06/03/2023	No pain and normal regular menstrual cycle without any problem.	Placebo for 3 days

Comparison of USG report

Before Treatment:

USG report shows B/L ovarian PCOD.



NAME :- MANSHI KUMARI
REFD.BY DR:- R. B. T. S

DATE :- 01/09/2022
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is normal in size [103.1 mm] and shows normal echotexture. No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Normal distention. Walls are not thickened (3.0 mm). No evidence of calculus, sludge, or mass lesion seen.

C.B.D:- C.B.D. is normal in caliber.

Pancreas:- Pancreas normal in size shape and echo texture.

Spleen:- Normal in shape, size & contour. (bipolar length is 89.0 mm).

Kidneys:- Rt. Kidney :- 85.6 x 21.2 mm Lt. Kidney :- 87.6 x 22.3 mm
Both kidneys are normal in shape, size, contour, cortical echo texture, and sinus echoes. No evidence of calculus, calcification, hydronephrotic changes or mass lesion seen.

UB:- Urinary bladder is smoothly outlined. There is no calculus within.

Uterus:- Uterus measures 62.9 x 25.4 x 23.0mm.
Uterus is normal in size and Endometrium & Myometrium texture appears normal. Cervix texture appears normal.

Adnexa:- Rt. Ovary is :- 20.0 mm. Lt. Ovary is :- 21.5 mm.
No abnormal mass or collection seen in adnexal region.

Adnexa:- Multiple small hypoechoic cystic area seen periphery of Both ovary.
-PCOD.

IMPRESSION :- B/L ovarian PCOD.

(sonologist)

ALL THE FINDINGS ARE VALID FOR THE DAY OF SCANNING. RADIOLOGICAL AND IMAGING DIAGNOSIS ALONE ARE NOT ALWAYS CONFIRMATORY. SHOULD BE CORRELATED WITH CLINICAL FINDING. IN CASE OF ANY DOUBT, PLEASE GET STUDY REPEATED (FOC). NOT VALID FOR MEDICOLEGAL PURPOSES. NO CONFIRMATION IS NOT DONE HERE.

After treatment:

- Normal USG study.
- Both ovaries normal in shape and size.



Name - Manshi
Ref. by: - Dr. R.B. T.S.H.O.S
Part Scanned:- Whole Abdomen

Date:- 29-Nov-22

Liver shows uniform echopattern having no evidence of focal or diffuse pathology.
Gallbladder appears normal having no evidence of calculus or mass within it.
Common bile duct dilatation is 0.35 cm. having no evidence of calculus.
Pancreas and spleen appears normal.
Both kidneys show normal echopattern having no evidence of calyceal dilatation or calculus.
Size of Lt. Kid. 9.21 cm and Rt. Kid. 10.13 cm.
There is no evidence of ascitis pleural effusion or lymphadenopathy.
Urinary Bladder is normal in contour having no evidence of calculus or mass within it.
Uterus is normal in size (6.89 cm x 4.02 cm x 2.95 cm) and echotexture.
Both ovaries appear normal.
Size of Rt. ovary :- 2.46 cm x 1.90 cm
Size of Lt. ovary :- 3.34 cm x 1.86 cm
There is no other mass lesion seen in pelvis.

IMPRESSION :- SONOGRAPHICALLY NORMAL STUDY

KINDLY CORRELATE CLINICAL & GATE FOR MEDICAL COLLEGE, MUZAFFARPUR

SONOLOGIST

CONCLUSION

Homoeopathy is a specialised system of medicine. It treats the patient as a whole and not just symptoms. Homoeopathic treatment is based on individualisation, acting best to cure the disease without harming other systems of the body. Post – treatment USG report is documentary evidence. This case shows a positive role of homoeopathy in treating PCOS.

REFERENCE

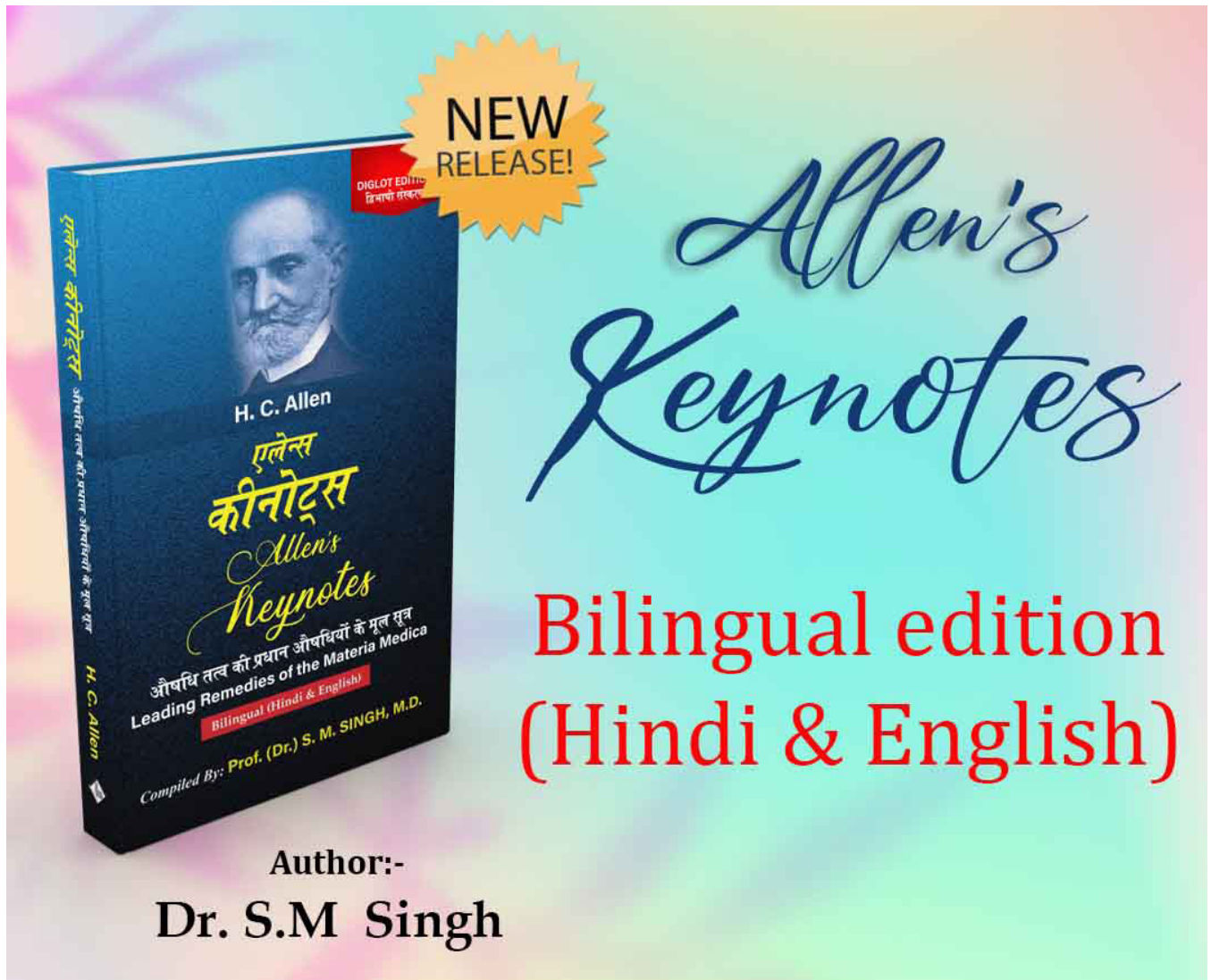
1. Dutta D C. Textbook of gynecology. # 7th edition. New delhi:

jaypee brothers medical publishers (p) ltd;2016.

2. Rathpadmalaya. Management of PCOS through Homoeopathy. *ijrh*.20210825;12(2):01.
3. Raizada sonia. Homoeopathic management of polycystic ovarian syndrome. *ijrh*. 20220927;16(3):3.
4. Radar opus software (synthesis 9.0)
5. Sarkar BK. organon of medicine: Birla publications pvt. Ltd;2005-2006.

ABOUT THE AUTHOR

1. **Dr. Vinita Kumari** , PGT, R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar.



NEW RELEASE!

Allen's
Keynotes

**Bilingual edition
(Hindi & English)**

**Author:-
Dr. S.M Singh**

The Path to Fertility: Unlocking Solutions with Homoeopathic Approaches for Blocked Fallopian Tubes – a Case Report

By Dr. Javed Aquatar Bappa, Dr. Rayba Khatoon, Dr. Sumanta Kamila, Dr. Sanjay Sarkar

ABSTRACT

Infertility is the inability of a person to conceive despite having carefully timed, unprotected sexual intercourse for 2 years. Infertility has a global impact on women. The alternative approach presents a challenge to the dominant position of traditional therapies, which often involve significant expenses, surgical procedures, hormonal treatments, and associated complications and side effects. Homoeopathy, viewed from a holistic standpoint, aims to restore balance and harmony to the female body, thereby enhancing therapeutic outcomes. This case report aims to highlight the significance of using individualised homoeopathic medicine in the treatment of infertility. After detailed case-taking and repertorization, at first individual homoeopathic medicine, *Calcarea carbonicum* 200c was given and thereafter drugs prescribed as per the need of time and demand of case. Remarkably, the woman achieved conception following the treatment.

Keywords: Bilateral tubal block, Homoeopathy, Primary infertility, Homoeopathic management

Abbreviations: chronic pelvic inflammatory disease (PID), polycystic ovary syndrome (PCOS), Last menstrual period (LMP), hysterosalpingogram (HSG), Outpatient department (OPD), World Health Organization (WHO)

INTRODUCTION

Female infertility is a condition characterized by various factors that disrupt fertility. According to the World Health Organization, infertility is defined as the inability of a couple to conceive after one year of consistent, unprotected intercourse. Globally, approximately 15% of couples in their reproductive years' experience infertility, with a significant majority residing in developing nations. [1] [2] Approximately 20–70% of females. [3] The main culprits behind female infertility often encompass ovulation disorders, fallopian tube complications, uterine lesions, and endometriosis. [4] Among the various factors contributing to female infertility, the most prevalent abnormalities include uterine irregularities, hormonal imbalances affecting

ovulation, tubal obstructions impacting fallopian tube functionality, cervical factor attributed to cervical stenosis, menstrual disorders characterized by cycle length dysfunctions, and diseases associated with obesity. [5] In developed countries, the average prevalence of infertility ranges from 3.5% to 16.7%, while in developing countries, it falls within the range of 6.9% to 9.3%. Furthermore, the risk of infertility escalates as the female partner's age advances, particularly beyond 35 years. [6] Hysterolaparoscopy serves as an exceptional diagnostic tool for identifying concealed pathologies in patients who show no apparent clinical symptoms. Through laparoscopy, peri tubal adhesions, peri adnexal adhesions, tubal abnormalities, and endometriosis can be detected in 35% to 68% of cases, even when a normal HSG has been previously conducted. [7]

Diagnostic hysteroscopy holds equal significance as a diagnostic technique for identifying uterine anomalies and other intrauterine pathologies. [8] A study has unveiled the remarkable efficacy of homeopathic intervention in addressing female infertility, yielding highly significant and positive outcomes in achieving conception for infertile women. These favourable results are particularly notable in cases of female infertility attributed to PCOS, PID, and endometriosis. Among a total of 40 instances of female infertility, a remarkable 27 patients (67.5%) successfully conceived following personalized homeopathic treatment. [9]

Repertorial Approaches- Single Remedy Rubrics: [10] [11] [12] [13] [14] [15] [16]

- Female - Bleeding, uterus, metrorrhagia - infertile, women: Argentum nitricum
- Female - Infertility - vagina discharge, with- acid, from: Natrum phosphoricum.
- Female - Infertility - profuse, menstrual flow, from- and too early: Sulphur
- Female - Infertility - non retention of semen, from: Natrum carbonicum.
- Female - Infertility - ovarian atony, from: Eupatorium purpureum
- Female - Infertility - profuse, menstrual flow, from- and too early or too late: Phosphorus.
- Breasts - Atrophy, breasts - ovaries with infertility: Iodum.
- Female - Menses, general - scanty -infertility, in: Cantharis.
- Female - Sexual, desire - increased - infertile women, in: Cannabis indica.
- Pregnancy - Miscarriage, general, spontaneous abortion - tendency, to miscarriage - frequent and early, ovum expelled at every menstrual period causing infertility: Viburnum opulus.

Case Report:

Presenting complaints:

A 25-year-old female patient from a low socio-economic background visited the OPD of The Calcutta Homoeopathic Medical College & Hospital. She presented with a complaint of irregular menstrual cycles that had persisted for 12 years. Additionally, she frequently experienced itching

and burning sensations in her genital area. During her menstrual periods, she noticed the presence of clotted menstrual blood and suffered from sharp, cutting pain. The patient had been married for 9 years but had not yet conceived a child. She had developed an intense craving for sexual intercourse.

Past history:

She experienced an excessive flow of abnormal, thick white discharge accompanied by an unpleasant odour

Family history:

The patient's mother had a history of uterine fibroids and underwent a hysterectomy 7 years ago. Additionally, she has been diagnosed with hypothyroidism and is currently taking medication for it.

The patient's sister had been diagnosed with polycystic ovary syndrome (PCOS) and sought homoeopathic treatment, which successfully resolved her symptoms.

Personal History:

She has been married for 9 years and does not have any known addictions. She is a homemaker.

Menstrual History:

Menarche- at the age of 12 years. LMP- irregular menses comes at intervals of around 35-40 days.

Mental General and Physical General:

Upon investigation, it was discovered that she experienced intense mental anxiety, hopelessness, and an overwhelming desire, constantly preoccupied with her complaints, exacerbating her condition. She constantly sought the company of others.

Regarding her physical condition, it was observed that she was highly sensitive to cold, had an unquenchable thirst, an increased craving for boiled eggs, and a strong aversion to coffee. Additionally, she exhibited intolerance towards milk, which resulted in gastric disturbances. She suffered from constipation, irregular stool, and strained during bowel movements. Her sleep was deep and her perspiration was profuse.

Physical examination:

No clinical abnormalities were detected. Her pulse rate was 78 beats per minute, blood pressure measured at 118/86 mmHg, and her weight was recorded as 54 kilograms. In terms of her physical appearance, she exhibited signs of excess weight, appearing flabby and overweight. Her face displayed wrinkles, and her lips were cracked.

Here is the provided report:

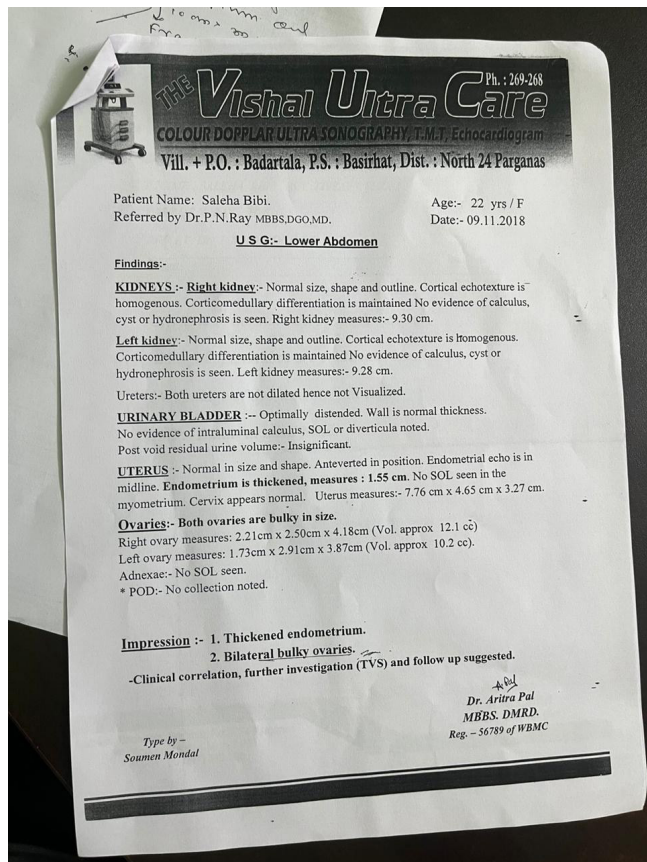


FIGURE- 1(Before the Treatment)

Diagnosis:

She provided a report of an ultrasonography of her lower abdomen and hystero-salpingography, which indicated the following findings:

- Thickened endometrium (Figure 1)
- Bilateral bulky ovaries (Figure 1)
- Bilateral tubal block (Figure 2)

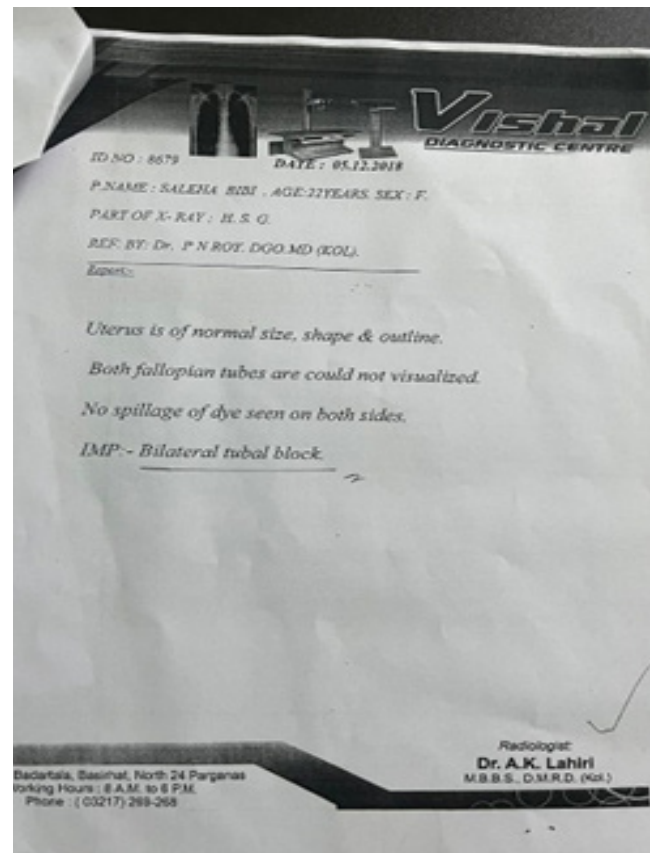


FIGURE- 2 (Before the Treatment)

Analysis and Evaluation of the symptoms:

ANALYSIS OF SYMPTOMS	EVALUATION OF SYMPTOMS (As per Kentian hierarchy)	M i a s m a t i c Analysis ^[17]
MENTAL GENERAL	MENTAL GENERAL	
She experienced intense mental anxiety	Constantly preoccupied with her complaints, exacerbating her condition	Psora, Syphilis, Sycosis

Constantly preoccupied with her complaints, exacerbating her condition	She experienced intense mental anxiety	Sycosis
She constantly sought the company of others.	She constantly sought the company of others.	Psora
PHYSICAL GENERAL	PHYSICAL GENERAL	
Highly sensitive to cold	Highly sensitive to cold	Psora
Unquenchable thirst	Aversion to coffee	Syphilis
Increased craving for boiled eggs	Intolerance towards milk	Psora
Aversion to coffee	Increased craving for boiled eggs	Sycosis, Psora
Intolerance towards milk	Unquenchable thirst	Sycosis, Syphilis
Constipation	Excess weight, appearing flabby and overweight	Psora
Sleep sound	Perspiration was profuse.	Psora
Perspiration was profuse.	Constipation	Psora, Syphilis, Sycosis
Excess weight, appearing flabby and overweight	PARTICULAR GENERAL	
PARTICULAR GENERAL	Irregular menses	Psora
Irregular menses	Menstrual pain is sharp, cutting pain	Sycosis
Itching and burning sensations in her genital	Clotted menstrual discharge	Sycosis
Clotted menstrual discharge	Intense craving for sexual intercourse	Sycosis, Syphilis, Psora
Menstrual pain is sharp, cutting pain	Itching and burning sensations in her genital	Psora
Intense craving for sexual intercourse		Sycosis, Syphilis, Psora

Upon the miasmatic analysis it was seen that *the patient is multi-miasmatic with predominantly Psoric.*

Totality of symptoms:

- Constantly preoccupied with her complaints, exacerbating her condition
- She experienced intense mental anxiety
- She constantly sought the company of others.
- Highly sensitive to cold
- Aversion to coffee
- Intolerance towards milk
- Increased craving for boiled eggs
- Unquenchable thirst

- Excess weight, appearing flabby and overweight
- Perspiration was profuse.
- Constipation
- Irregular menses
- Menstrual pain is sharp, cutting pain
- Clotted menstrual discharge
- Intense craving for sexual intercourse
- Itching and burning sensations in her genital

Repertorial Totality ^[18]:

SYMPTOMS	RUBRICS
Constantly preoccupied with her complaints, exacerbating her condition	MIND, exertion from, mental, Agg
She experienced intense mental anxiety	MIND, anxiety, thinking about it, from
She constantly sought the company of others.	MIND, company, desire for
Highly sensitive to cold	GENERALITIES, heat, vital, lack of
Aversion to coffee	STOMACH, aversion, coffee
Intolerance towards milk	GENERALITIES, food, milk aggravates
Increased craving for boiled eggs	STOMACH, desire, eggs boiled
Unquenchable thirst	STOMACH, thirst, unquenchable
Excess weight, appearing flabby and overweight	GENERALITIES, obesity
Perspiration was profuse.	PERSPIRATION, profuse
Constipation	RECTUM, constipation
Irregular menses	GENITALIA FEMALE, menses, irregular
Menstrual pain is sharp, cutting pain	GENITALIA FEMALE, pain, cutting, uterus, menses, during
Clotted menstrual discharge	GENITALIA FEMALE, menses, clotted
Intense craving for sexual intercourse	GENITALIA FEMALE, desire, increased
Itching and burning sensations in her genital	GENITALIA FEMALE, itching, burning

Selection of Repertory^[18]:

In this scenario, the choice was made to utilize the Repertory of the Homoeopathic Materia Medica by J.T. Kent.

Repertorisation:

The repertorization process was carried out utilizing the HOMPAT ZOMEQ® software, version 3.0.

Remedy	Calc	Lyc	Phos	Nux-v	Lach	Con	Nat-m	Sep	Sulph	Ars	Kali-c	Nit-ac	Puls	Sil	Chin
Totality	43	26	25	24	23	21	21	21	20	20	19	19	19	19	18
Symptoms Covered	16	11	11	10	11	11	10	10	9	8	9	9	9	9	9
[Kent] [Mind]Exertion, from:Mental:Agg:	3	3	2	3	3	2	3	3	2	1	1	2	2	3	2
[Kent] [Mind]Anxiety:Thinking about it, from:	2	0	0	0	0	1	0	0	0	0	0	2	0	0	0
[Kent] [Mind]Company:Desire for:	2	3	3	2	0	2	0	2	0	3	3	0	2	0	0
[Kent] [Generalities]Heat:Vital,lack of:	3	2	3	3	2	2	2	2	2	3	3	3	0	3	2
[Kent] [Stomach]Aversion:Coffee:	3	2	2	3	0	0	2	0	0	0	0	0	0	0	2
[Kent] [Generalities]Food:Milk:Agg:	3	2	2	2	1	3	2	3	3	2	2	3	2	1	3
[Kent] [Stomach]Desires:Eggs:Boiled:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Stomach]Thirst:Unquenchable:	2	0	3	0	2	0	2	0	2	3	0	0	0	0	0
[Kent] [Generalities]Obesity:	3	2	0	0	1	1	0	1	2	0	2	0	2	1	1
[Kent] [Perspiration]Profuse:	3	3	2	2	2	1	3	3	2	3	3	2	2	3	3
[Kent] [Rectum]Constipation (see inactivity):	3	3	3	3	3	3	3	3	3	3	2	3	2	3	2
[Kent] [Genitalia female]Menses:Irregular:	2	2	1	2	2	2	0	2	2	0	0	2	1	2	0
[Kent] [Genitalia female]Pain:Cutting:Uterus:Menses:During:	2	0	1	0	1	0	1	1	0	0	2	0	0	1	0
[Kent] [Genitalia female]Menses:Clotted:	3	2	0	1	3	1	2	1	2	0	1	1	3	0	2
[Kent] [Genitalia female]Desire:Increased:	3	2	3	3	3	3	1	0	0	2	0	1	3	2	1
[Kent] [Genitalia female]Itching: Burning:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FIGURE- 3

Possible Remedies:

After carefully evaluating the complete symptomatology, repertorization was performed using the software version of Homopath Zomeo. The results of the repertorization process revealed the following medicines as potential options for the case illustrated in Figure 3. The top five medicines, ranked from highest to lowest, are as follows: *Calcarea carbonicum*, *Lycopodium clavatum*, *Phosphorus*, *Nux vomica*, and *Lachesis mutus*. It is important to note that *Calcarea carbonicum* exhibited a higher score than the other similar remedies and qualified in all selected rubrics, indicating a stronger alignment with the patient's symptoms.

Prescription:

Following the completion of the repertorization process, Boricke's new manual of Homoeopathic Materia Medica with Repertory^[19] was consulted. Taking into account the comprehensive presentation of the patient's symptoms, the remedy selected for treatment was *Calcarea Carbonicum* 200/1

dose on 22/05/2022

Rationale for the Choice of Medication:

Calcarea Carbonicum was chosen as the most appropriate remedy for this particular case as it fully encompassed all the patient's symptoms. Notably, the following key symptoms strongly indicated the selection of *Calcarea Carbonicum*:

- The patient's constant preoccupation with their complaints, which worsened her condition.
- Heightened sensitivity to cold.
- An increased craving for boiled eggs.
- Intolerance towards milk.
- The presence of excess weight, with a flabby and overweight appearance.
- Irregular menses characterized by sharp, cutting pain and clotted menstrual discharge.
- Experiencing constipation and profuse perspiration.

Considering the significance of these symptoms, *Calcarea Carbonicum* emerged as the most suitable remedy for this specific case.

Differential drugs:

- *Lycopodium clavatum* was not prescribed for this case since there was no evidence of the mental anxiety that typically worsens the patient's complaints. Additionally, there was no specific desire for boiled eggs, which is

characteristic of *Calcarea carbonicum*.

- *Phosphorus* was not administered due to the absence of anxiety that could exacerbate the patient's mental condition.
- *Nux vomica* was not considered as a suitable remedy because, similar to *Lycopodium*, there was no specific craving for boiled eggs. Moreover, the patient's obesity, which is an important symptom of *Calcarea Carbonicum*, was not present in *Nux vomica*.

Follow ups:

Date	Follow up	Prescription
27/06/2022	Mental symptoms like remaining occupied with thoughts, anxiety is better than before but the physical symptoms are same as before.	Placebo
08/08/2022	Both the mental as well as physical symptoms are improving.	Placebo
17/10/2022	Menstrual troubles like sharp cutting pain and clotted discharge relapsed again.	<i>Calcarea carbonica</i> 1M / 1 Dose repeated again.
28/11/2022	Mental symptoms and the physical symptoms better than before.	Placebo
19/12/2022	All the symptoms relapsed again in both mental and the physical level as well.	<i>Calcarea carbonica</i> 1M/ 1Dose repeated again.
06/02/2023	Very slight improvement of the symptoms which relapsed.	<i>Calcarea carbonica</i> 10M/ 1 Dose
20/03/2023	Improving	Placebo
17/04/2023	Mental symptoms and the physical symptoms much improved. The patient came with a report that confirmed her pregnancy.	Placebo

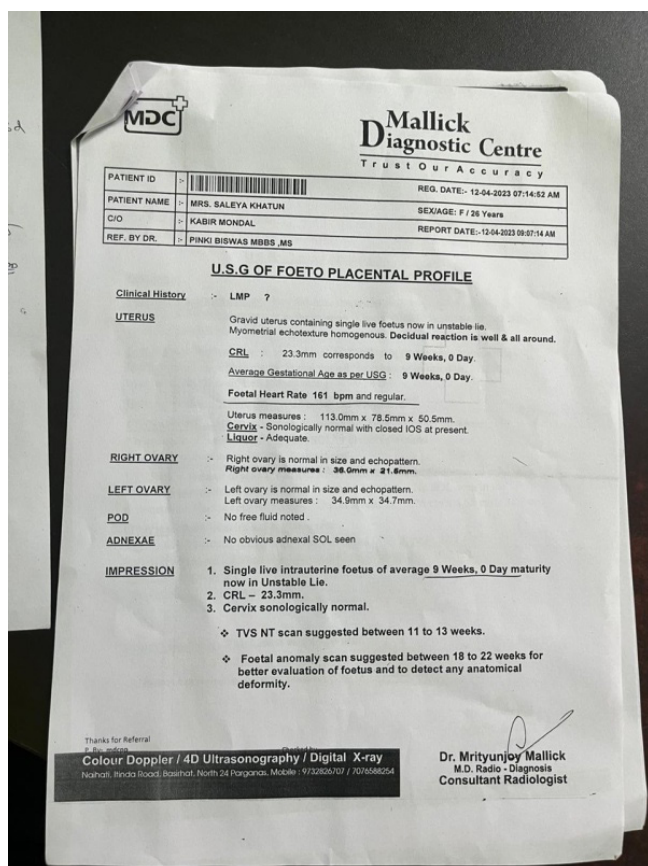


FIGURE- 3

DISCUSSION:

There are very limited studies in the medical literature signifying homoeopathic treatment in the conditions of female infertility. Patients presented with infertility with symptoms such as delayed, scanty and irregular menses; dysmenorrhoea, leucorrhoea and peculiar, characteristic mental symptoms and physical generals. The HSG reports showed bilateral fallopian tube blockage. After thorough case taking, and considering the past history, family history and the whole case and repertorization by the Kent repertory of HOMPETH software and on consulting homoeopathic Materia Medica, our final selection for this case is *Calcarea carbonica*, prescribed in 1M, 10M potencies. After completion of treatment, the patient conceived normally and subsequently delivered healthy babies at full term as evidenced from the foeto-placental profile done on 12/04/2023. This case shows us how homoeopathic medicines can bring back the lost smile of the mothers of our society suffering from infertility.

CONCLUSION:

A well-indicated constitutional homoeopathic medicine, based on the totality of symptoms, could be a useful treatment for the management of female infertility with blockage of the fallopian tube. As in this case report, this approach helped the patients to conceive normally. It is evident from this case that *Calcarea carbonicum* is an effective remedy for treatment of cases involving primary infertility. Further research is pertinent in establishing efficacy of *Calcarea carbonicum* in such cases.

Acknowledgement:

The authors express their sincere gratitude to Prof. (Dr.) Rajat Chattopadhyay, Principal & Administration, and Prof. (Dr.) Himangsu Hait, Head of the Department of Practice of Medicine, at The Calcutta Homoeopathic Medical College & Hospital for their invaluable assistance and unwavering support.

Declaration of Patient Consent:

Written informed consent was obtained from patient for publication of her case in an academic journal

Funding:

No such

Conflicts of interest:

None declared

REFERENCES:


1. Agarwal A, Mulgund A, Hamada A, Chyatte MR. A unique view on male infertility around the globe. *Reprod Biol Endocrinol*. 2015;13. doi: 10.1186/s12958-015-0032-1.
2. Inhorn MC, Patrizio P. Infertility around the globe: new thinking on gender, reproductive technologies and global movements in the 21st century. *Hum Reprod Update*. 2015;21(4). doi: 10.1093/humupd/dmv016.
3. Niederberger C. Re: effect of the male factor on the clinical outcome of intracytoplasmic sperm injection combined with preimplantation aneuploidy testing: observational longitudinal cohort study of 1,219 consecutive cycles. *J Urol*. 2018;200(4):683-684. doi: 10.1016/j.juro.2018.06.059.
4. Hull MGR, Cahill DJ. Female infertility. *Endocrinol Metab Clin North Am*. 1998;27(4):851-876. doi: 10.1016/s0889-8529(05)70044-x.
5. Masoumi SZ, Parsa P, Darvish N, Mokhtari S, Yavangi M, Roshanaei G. An epidemiologic survey on the causes of infertility in patients referred to infertility center in Fatemeh hospital in Hamadan. *Iran J Reprod Med*. 2015;13:513-6.
6. Sabarre KA, Khan Z, Whitten AN, Remes O, Phillips KP. A

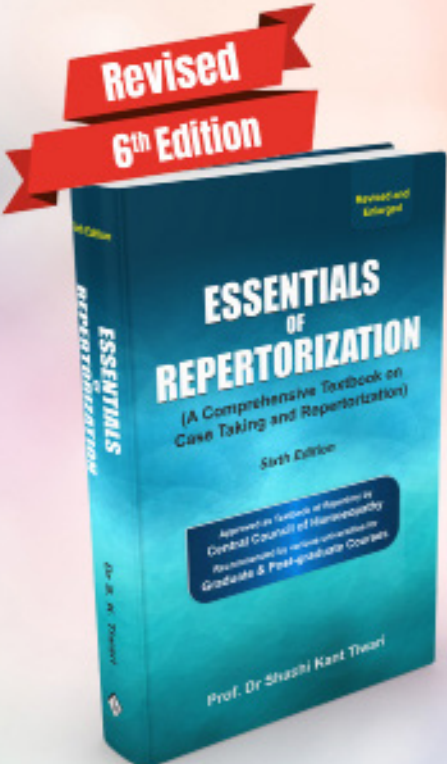
- qualitative study of Ottawa university students' awareness, knowledge and perceptions of infertility, infertility risk factors and assisted reproductive technologies (ART). *Reprod Health*. 2013;10:41.
7. Jahan S. Role of laparoscopy in infertility: review article. *BIRDEM Med J*. 2012;2:99-103. doi: 10.3329/birdem.v2i2.12324.
 8. Huckle J, De Bruyne T, Balan P. Hysteroscopy in infertility — diagnosis and treatment including falloscopy. *Gynecol Obstet*. 2000;20:13-20. doi: 10.1080/01443610063282.
 9. Anita L, Prema D, Blany L. Effectiveness of homoeopathic treatment in female infertility. *Reprod Med Int*. 2018;1:1-5.
 10. Murphy R. Homeopathic Medical Repertory. 2 nd Edition. New Delhi: B. Jain Publishers (P.) Ltd. 2008.
 11. Hutchison J. 700 Redline Symptoms From Cowperthwaite Materia Medica. 1st ed. B. Jain Publishers Pvt. Ltd.; 2000.
 12. Nash E. Leaders in Homoeopathic Therapeutics. 6th edition. B. Jain Publishers Pvt. Ltd.; 2007.
 13. Kent J. Lectures on Homeopathic Materia Medica. B. Jain Publishers; 2011.
 14. Allen HC. Allen's keynotes, Rearranged and classified with leading remedies of the materia medica and bowel nosodes. 10th edition. New Delhi: B. Jain Publishers (P) Ltd.; 2005.
 15. Clark JH. A dictionary of practical materia medica. New Delhi: B. Jain Publishers (P) Ltd.; 2003;1(2):3.
 16. Phatak SR. Materia Medica of Homoeopathic Medicines. 2nd edition. Reprint edition. New Delhi: B. Jain Publisher Pvt. Ltd; 2005.

17. Roberts HA. Principles & art of cure by homoeopathy: A modern textbook with word index. 3rd ed. New Delhi, India: B Jain Publishers; 2022.
18. Kent JT. Repertory of the homeopathic materia medica. New Delhi, India: B Jain; 2022.
19. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. 51st Impression. New Delhi: B. Jain Publishers (P) Ltd; 2011

ABOUT THE AUTHORS

1. **Dr. Javed Aquatar Bappa**, MD(Hom), lecturer of Department of Homoeopathic Pharmacy, The Calcutta Homoeopathic Medical College & Hospital, West Bengal, India.
2. **Dr. Rayba Khatoon**, BHMS (WBUHS). PG Scholar (Part-I), Department of Practice of Medicine of The Calcutta Homoeopathic Medical College & Hospital. Kolkata- 09, WB.
3. **Dr. Sumanta Kamila**, BHMS(WBUHS). PG Scholar (Part- II), Department of Practice of Medicine of The Calcutta Homoeopathic Medical College & Hospital. Kolkata- 09, WB.





Author:-
Dr SK Tiwari

"Find it useful and all round informative book on the subject of repertorisation"

- George Vithoulkas

ESSENTIALS OF REPERTORIZATION

(A Comprehensive Textbook on Case Taking and Repertorization)

ISBN - 9788131901830

A Case Study: Myasthenia Gravis and Homeopathy

Dr. Devangi Pandya, Dr. Prashant C Nuval, Dr. Saurav Vimalbhai Patel

ABSTRACT

Hereby, we present a case of a 64 years Male diagnosed with Myasthenia, a known case of Diabetes Mellitus treated with Homoeopathy in its acute state showing recovery without conventional mode of treatment.

Myasthenia cases require immediate action from the beginning to avoid bad prognosis & homeopathy has a good impact on neuromuscular disorders with good outcome in long-term treatment. However, it is equally important to bring back the deteriorated state of health with Rapid recovery. This case was chosen for the purpose of study as well as to demonstrate the efficacy of individualized Homeopathic treatment in case of Myasthenia Gravis.

Keywords: Homoeopathy, Myasthenia Gravis, Curare, Causticum, Diabetes

INTRODUCTION

Myasthenia gravis is the most common cause of acutely evolving, fatigable weakness and preferentially affects ocular, facial and bulbar muscles.^[1]

It is a long-term neuromuscular disease that leads to varying degrees of skeletal muscle weakness. It can result in double vision, drooping eyelids, trouble talking and walking. The onset can be sudden.^[2]

This condition is characterized by progressive fatigable weakness, particularly of the ocular, neck, facial and bulbar muscles.^[5]

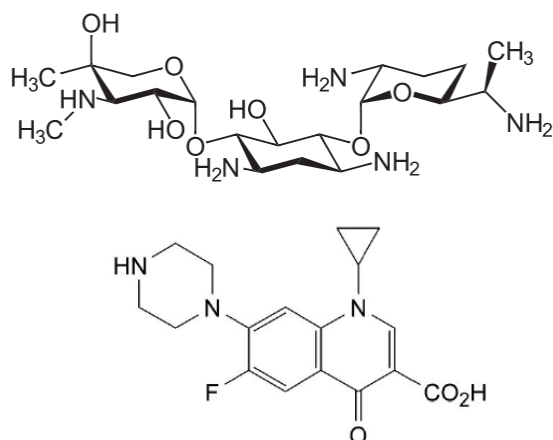
AETIOLOGY & PATHOLOGY

Caused by autoantibodies to acetylcholine receptors in the post-junctional membrane of the neuromuscular junction, Myasthenia is characterized by the blockage of neuromuscular transmission by these antibodies which initiate a complement-

mediated inflammatory response. This reduces the number of acetylcholine receptors and damages the end plate.

A minority of patients have other autoantibodies to epitopes on the post-junctional membrane, in particular autoantibodies to a muscle-specific kinase (MuSK), an agrin receptor which is involved in the regulation and maintenance of the acetylcholine receptors.

About 15% of patients (mainly those with late onset) present with a thymoma, and a huge chunk of the remainder show thymic follicular hyperplasia. An increase in the incidence of other autoimmune diseases is seen, and the disease is linked with certain HLA haplotypes. Factors which trigger the disease itself are still unknown to us, but penicillamine can cause an antibody mediated myasthenic syndrome which may persist even after drug withdrawal. Some drugs, especially aminoglycosides and ciprofloxacin, often exacerbate the neuromuscular blockade and should be avoided in patients with myasthenia^[5]



CLINICAL FEATURES

The disease is most commonly seen between the ages of 15 and 50 years, with the sex ratio showing women affected more often than men in the younger age groups and the reverse at older ages. A relapsing and remitting course is seen especially during the early years.^[5]

The cardinal symptom is abnormal fatigable weakness of the muscles (which is different from a sensation of muscle fatigue); the muscle movement is strong initially but rapidly declines. Worsening of symptoms is typically seen towards the end of the day or following exercise. There are no sensory signs or signs of involvement of the central nervous system, although weakness of the oculomotor muscles may mimic a central eye movement disorder.^[5] The initial symptoms are usually intermittent ptosis or diplopia, but gradual development of weakness of chewing, swallowing, speaking or limb movement occurs. Any limb muscle may be affected, most commonly those of the shoulder girdle; the patient is unable to undertake tasks above shoulder level, such as combing the hair, without frequent rests. In some cases respiratory muscles may be involved, and in these cases respiratory failure becomes a common cause of death. Aspiration may also occur if the cough is ineffectual. Sudden weakness from a cholinergic or myasthenic crisis may require ventilatory support.^[5]

CASE HISTORY

A 64 Years old, male Diabetic patient presented with Ptosis & difficulty in swallowing of food. His chronology of symptoms- drooping of lids,

difficulty in chewing food, difficulty in swallowing solids and lastly difficulty in speaking too.

Chief Complaint:

C/o - Drooping of eyelids involuntarily, (right >left) started almost one month ago (better at rest and morning & worsen as the day passes). - Difficulty in swallowing solid foods since last one day.

Difficulty in chewing since 15 days ("I thought it is because of his denture") - It was difficult for him to Speak due to weakness also

Occipital headache since a very long period, >spontaneously.

Generals: Appetite- Good but unable to eat as chewing and swallowing are difficult. He complained- "I have to hold my Lower Jaw while eating."

Thirst +

Desire- Sweets++

Aversion- Hard food

Habit- Tobacco chewing

Stool – Constipation chronic >after passing stool

Urine- Normal, sometimes offensive.

Perspiration- Not much

Thermal- Chilly

Sleep- Normal- sound. Position-lateral

Dreams- Not at such

Mental generals:

Retired Electrical Engineer. Now has a sedentary lifestyle. Anxious if cannot get ready in time. Angry easily. "I will shout and express anger". Can't tolerate injustice or false statements. Sensitive to emotional impressions like weeps while seeing emotional scenes on TV or after hearing bad news. Grief about his mother's death recently.

Diagnosis

ICD-10 code G70. 00 for Myasthenia gravis without (acute) exacerbation is a medical classification

as listed by WHO under the range – Diseases of the nervous system.

History – Diploma, ptosis, dysarthria, dysphagia, dyspnea, weakness in proximal limbs, neck extensor, generalized

Fatigue, worse with repeated activity.

Physical examination –

Ptosis, diplopia

Motor power survey: quantitative testing of muscle strength

Forward arm abduction time (5min)

Vital capacity measurement

Absence of other neurologic signs

Investigations

Patient was referred to visit Neurophysician.

04/11/20- NEOSTIGMINE AND RNS TEST- POSITIVE

CT THORAX- NORMAL

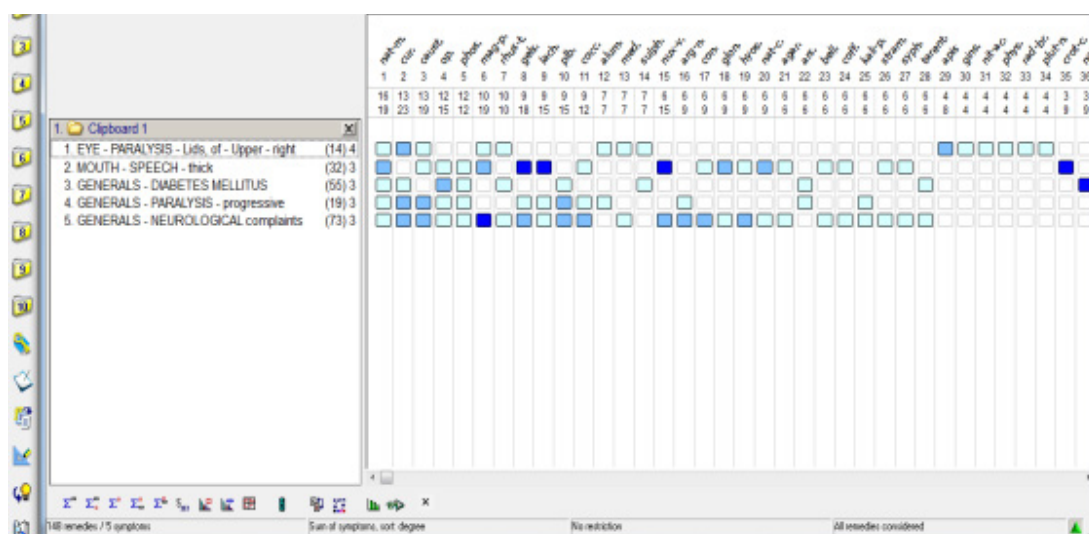
ACH-R -POSITIVE (10.26)

RBS- 176

HbA1C- 9.56

MEAN GLUCOSE-228

Repertory chart



CBC, THYROID FUNCTION TEST AND S. ELEC- TROLYTES- NORMAL

ON THE BASIS OF CLINICAL FINDINGS AND ABOVE INVESTIGATIONS, PATIENT WAS DI- AGNOSED WITH MYASTHENIA GRAVIS.

Prognosis- was found to be poor as patient had bulbar weakness

Case Analysis –

Analysis of the symptoms

Ptosis – Physical – particular- common symptom

Difficulty in chewing & swallowing solids – phys- ical – Particular – Common symptom

Difficulty in speaking - Physical – particular- com- mon symptom

Occipital headache- Physical – particular- com- mon symptom

Diabetes mellitus – Physical – General- common symptom

Totality of symptoms:

- Drooping of upper eyelids
- Speech slurred
- Diabetes mellitus
- General paralysis
- Neurological complaint

The remedy- Curare

Final Selection of remedy –

Curare: Muscular Paralysis without impairing sensation and consciousness. Reflex action diminished. Debility of the aged. ^[2]

This remedy is one of the top remedies in clinical practice for Myasthenia Gravis, especially when the patient presents with the suppressed grief of Ignatia. There is muscular paralysis with impairing sensation and consciousness, along with paralysis of respiratory muscles. The reflex action is diminished. Curare decreases the output of adrenaline. ^[3]

Paralysis of extensor muscles, often with rapid progression.

ALS. Guillain-Barre. Myasthenia.

Sensory: Relatively spared, nearly normal.

Motor: Paralysis of extensor muscles, especially forearm, deltoids and shoulder. The lower limbs may also be affected.

Weakness or drooping of lids.

Swallowing difficult; must drink to force food

down.

Paralysis of respiration in advanced neurological degeneration.

Signs: Decreased or absent tendon reflexes. Loss of gag reflex.

Mental: Deeply negative; abusive of self or others. ^[4]

Noteworthy Symptoms

Ptosis of right side

Facial and buccal paralysis

Diabetes

Neurological disorders

Aversion to company, shut herself up, avoids the signs of the people.

Debility of the aged. ^[3]

Prescription

04/12/20- Owing to the severity of the case and low susceptibility of the patient, CURARE 30 QDS was given for 3 days.

Follow ups & Prescription

DATE	OBSERVATION	PRESCRIPTION
6/12/20:	<p>No ptosis</p> <p>Speech improving now can speak in starting then bubbled again Chewing and difficulty in swallowing not improved.</p> <p>Weakness reduced</p>	<p>Ix – FBS – 150mg/dl, PP2BS – 167mg/dl</p> <p>Rx- Continued Curare 30 QDS</p>

7/12/20	<p>Feels better</p> <p>Ptosis much better – now can open and closed eyes voluntarily Can chew food well but takes time so avoids eating.</p> <p>Speaks few sentences but still babbled sometimes after continuous talking.</p>	<p>: Rx- Curare 200 single dose OD * 2 days(dissolve in one cup water and take 2tsf only)</p>
9/12/20	<p>No Ptosis now</p> <p>Speech much better</p> <p>Swallow's food now. Jaw holding+ while chewing.</p>	<p>Ix – FBS – 161mg/dl</p> <p>Rx- Curare 1M Single dose diluted with one cup water and take 2tsf only.</p>
10/12/20	<p>much better</p> <p>Speech – normal but still babbled sometimes</p> <p>Feels sensation of food swallowing through throat</p>	<p>Ix – FBS – 141mg/dl</p> <p>Rx- Continued the same as on 9/12/20</p>
13/12/20	<p>Chewing good</p> <p>Speech – babbled sometimes</p>	<p>Ix – FBS – 261mg/dl</p> <p>Rx- Given Curare 1M similarly</p> <p>Sac Lac 4BD for 07 days</p> <p>Advice- Follow up after 1 week</p>
09/03/21	<p>Again started having mild ptosis.</p> <p>Chewing difficulty+</p>	<p>Rx Curare 1M single dose was given</p> <p>Saclac 30 4 pills twice a day for 7 days</p>
16/03/21	<p>Not much improved. Ptosis right eye+</p> <p>Chewing difficulty stil+</p> <p>RBS-189</p>	<p>Rx Causticum 1M was given single dose</p> <p>Saclac 30 4 BD for 7 days</p>
23/03/21	<p>Much better now</p>	<p>Rx Saclac 30 4 BD for 15 days</p>



It was one of the most difficult cases and needed urgent relief as the symptoms were aggressive. The accuracy was very mandatory. In such types of cases, it was extremely important to monitor closely and also was necessary to receive inputs from specialists and follow necessary advice. A team work or group discussion helps in doubt and found Respected Sarkar's literature much beneficial in acute crisis.

He was strictly advised to abstain from Tobacco and follow strict dietary advice including Vegan diet, as well as physiotherapy for strengthening muscles which he followed perfectly and all this was much beneficial in bringing appropriate recovery along with Homoeopathic Medicines. His **HbA1C improved and was 6.6 on 31/03/2021. His Ach R- 0.11 Negative** (not mandatory but was re-checked).

Patient improved gradually. Later Causticum 1M single dose was given when again the symptoms relapsed and repeated as and when required. Patient is hemodynamically stable till date.

[NOTE: - Causticum 1M was given on the basis of his physical and mental symptoms]

Right sided paralysis of face. Intensely sympathetic. A/F- Long lasting grief, sudden emotion^[2]

REFERENCES

1. Walker Brian R, Colledge Nicki R, Ralston Stuart H, Penman Ian D, Davidson's Principles & Practice of Medicine. 22th Edition. Churchill Livingstone: Elsevier; 2014
2. Boericke William. New Manual of Homoeopathic Materia Medica with Repertory. 3rd revised & Augmented Edition Based On 9th Edition. New Delhi, B. Jain Publisher(P) LTD: 2010
3. Sarkar Sunirmal Dr. Compiled by Gaikwad Gaurang Dr. Just You Think- The Top Remedies for Various Disease conditions. Volume 2. Mumbai, Homoeopathic Medical Publishers: 2019
4. Morrison Roger. Desktop Guide: To Keynotes and Confirmatory Symptoms. 1st edition. Hahnemann clinic pub; 1993
5. Ralston, Stuart H., et al., editors. *Davidson's Principles and Practice of Medicine*. 23rd ed., Elsevier Health Sciences, 2018.
6. https://www.researchgate.net/publication/282813178_Cigarette_Smoking_and_Activities_of_Daily_Living_in_Ocular_Myasthenia_Gravis
7. <https://pubmed.ncbi.nlm.nih.gov/26457691/> Gratton SM, Herro AM, Feuer WJ, Lam BL. Cigarette Smoking and Activities of Daily Living in Ocular Myasthenia Gravis. J Neuroophthalmol. 2016;36(1):37-40. doi:10.1097/WNO.0000000000000306

ABOUT THE AUTHORS

1. **Dr. Devangi Pandya**, MD (Hom), PG Guide, Prof., Repertory Dept., Alumni, CEP & G20 Co-ordinator, Ahmedabad Homoeopathic Medical College, Ahmedabad (Gujarat)
2. **Dr. Prashant C Nuval**, BHMS, MD (Organon), Ph.D. Scholar, Associate Prof., Organon Dept, Nootan Homoeopathic Medical College, Visnagar (Gujarat)
3. **Dr. Saurav Vimalbhai Patel**, BHMS, Pursuing MD (Hom), Ahmedabad Homoeopathic Medical College, Ahmedabad (Gujarat)

A Retrospective Observational Study to Assess the Spectrum of Clinical Presentation and Homoeopathic Treatment Modalities in PCOS Management

Dr Trupti M. Deorukhkar., Dr Kanika Sabharwal

ABSTRACT

PCOS is the commonest Gynaecological problem encountered in practice. The host of symptoms include menstrual & androgenic features and complications include Insulin Resistance & Infertility.

Treatment modalities include weight loss, ovulation induction, GnRH agonists, ovarian drilling etc. which are often symptom specific.¹

Homeopathy with its individualized approach can efficiently manage PCOS patients, treating the irregular menses, hirsutism, acne and infertility with non-invasive, medical intervention.

This study is a retrospective analysis of 50 patients presenting to the Homeopathic OPD in an urban setup to determine the common presenting clinical features, possible contributory factors and common homoeopathic remedies useful to treat this condition.

Keywords: PCOS, infertility, sarcodes, homoeopathy

Abbreviations

PCOS- Polycystic ovary syndrome

GnRH- Gonadotropin releasing hormone

OPD- out patient department

CAH- congenital adrenal hyperplasia

INTRODUCTION

Polycystic ovary syndrome (PCOS) is one of the most common hormonal disorders among women of reproductive age. Worldwide, it affects 4%–20% (8-40 crore) of women. In India, it affects 3.7% to 22.5% (1.3-7.9 crore) of women.² PCOS presents with a varied symptomatology and can be due to a number of endocrine disorders such as CAH (congenital adrenal hyperplasia),

Hyperprolactinemia, Thyroid disorders etc. and is thus a diagnosis of exclusion. Early diagnosis of PCOS is important as it has been linked to an increased risk for developing several medical conditions including insulin resistance, type 2 diabetes, dyslipidaemia, high blood pressure, heart disease and commonly infertility.

This study aims to analyse the presenting clinical picture of PCOS and a group of remedies that are useful for the same.

Aims and objectives

To study the spectrum of clinical presentation and homeopathic remedies beneficial in managing PCOS cases.

Materials and methods

Study design – A retrospective, single arm, non-randomized observational study

Study settings - 50 patients of PCOS were enrolled after informed voluntary consent via random sampling

Subjects – 50 patients

Study duration – 6 months

Inclusion criteria – Patients in the age group of 18-40 years.

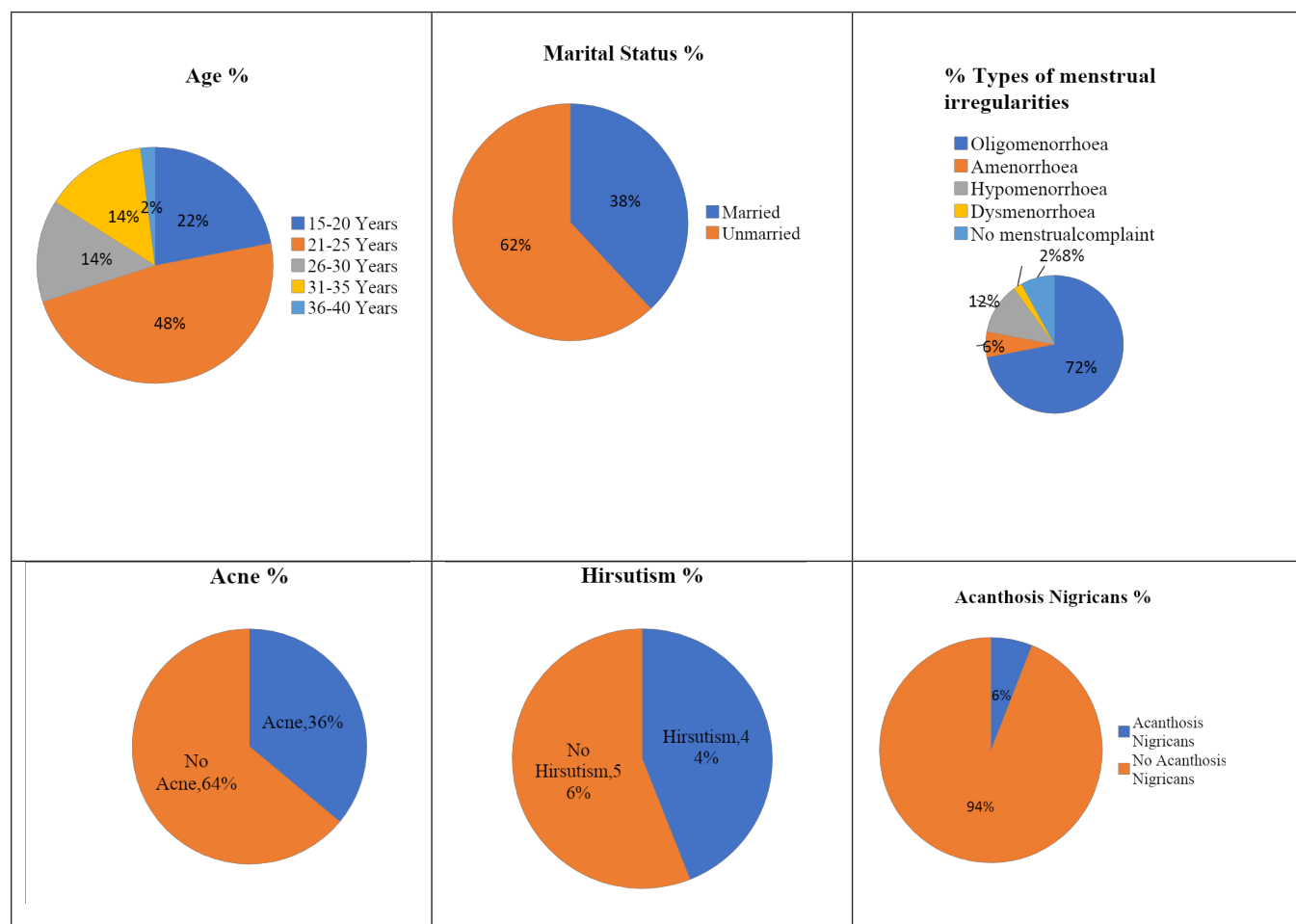
Exclusion criteria - Climacteric age, patients on chemotherapy and autoimmune drugs.

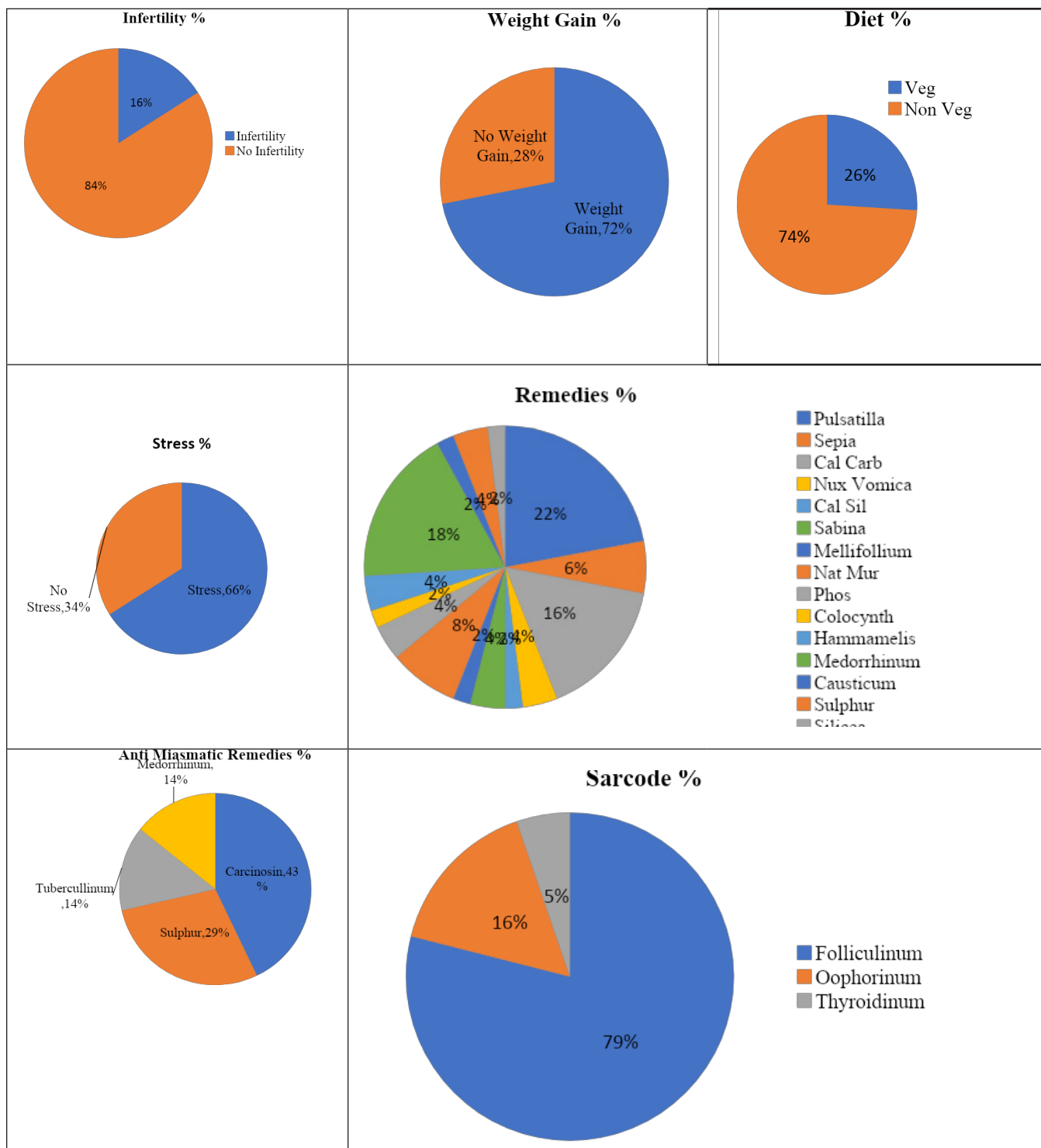
Details of intervention – Homeopathic remedies were given based on Principles of Homeopathy.

Outcome assessment criteria – spectrum of clinical presentation and homeopathic remedies indicated will be analysed. As it is an observational study, the focus is not on treatment outcome.

Other relevant information of the study – Unnecessary hormonal intervention will be avoided.

Results & Observations





DISCUSSION

- Maximum 48% of patients suffering from PCOS were belonging to age group of 21-25 years.

- The prevalence of PCOS was more in unmarried & nulligravida women.
- Both the above information and statistical analysis helps us in supporting the review of literature of PCOS.

- 72% of the patients presented with the complaints of Oligomenorrhoea & weight gain, as the most common presenting features of PCOS.
- 44% cases presented with Hirsutism, 36% cases presented with Acne, 6% cases had Acanthosis nigricans and 16% patients had Infertility
- 74% of patients in the sample had a non-vegetarian diet.
- A wide range of Homeopathic medicines were prescribed, some on the common remedies that came up in the study were Pulsatilla nigricans, Medorrhinum, Calcarea carbonicum and Natrum muraticum.

Along with constitutional remedy, anti-miasmatic and sarcodes were also frequently prescribed to the patients.

CONCLUSION

After the retrograde analysis of 50 cases, we can derive the following conclusions:

PCOS is more common in the age group of 21-25 years amongst unmarried, nulligravida women.

Consuming a meat-based diet & presence of active stress shows a strong association with the incidence of PCOS and can be possible risk factors.

Oligomenorrhoea is the most common menstrual irregularity in these patients, followed by hypomenorrhoea & amenorrhoea.

Weight gain and hirsutism are prevalent in such patients and reiterate the review of literature description about androgenic features.

Individualized approach with the indicated remedy had the best results in treating such patients. However, it was found that anti-miasmatic remedies & sarcodes were frequently needed during the course of treatment.

This study and article verify the literature regarding the varied clinical presentation of PCOS and reiterates PCOS as a syndrome with multi-endo-

crine involvement. The study also enables us to give emphasis on the need for modification of certain lifestyles by the patient like diet and weight management, as these alterations can also help in better patient response and management of PCOS. Homeopathy can treat such cases efficiently with the help of anti-miasmatic, sarcodes and constitutional remedies as indicated.

Limitations

This study focuses only on the different clinical features and wide spectrum of homeopathic remedies prescribed to the patients.

Further evaluation of the remedy response needs to be studied to understand the long-term benefits of homeopathic management of PCOS cases using a larger sample size.

REFERENCES

1. Hiralal Konar. Dc Dutta's Textbook Of Gynecology. S.L.: Jaypee Brothers Medical P; 2020
2. Kala S. PCOS awareness month – September 2022. The Times of India [Internet]. [cited 2023 Jul 7]; Available from: <https://timesofindia.indiatimes.com/blogs/methink/pcos-awareness-month-september-2022/>
3. Kyritsi EM, Dimitriadis GK, Kyrou I, Kaltsas G, Randeva HS. PCOS remains a diagnosis of exclusion: a concise review of key endocrinopathies to exclude. Clinical endocrinology [Internet]. 2017;86(1):1–6. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27664414>
4. Case records from Gynaecological OPD at Shree Mumbadevi Homeopathic Hospital
5. Narendra Malhotra, Jeffcoate N. Jeffcoate's principles of gynaecology. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd; 2019.

ABOUT THE AUTHORS

1. **Dr Trupti M. Deorukhkar**, Associate Professor, Head of Department, Obstetrics and Gynaecology, Smt. Chandaben Mohanbhai Patel Homeopathic Medical College, Mumbai, India
2. **Dr Kanika Sabharwal**, Assistant Professor, Department, Obstetrics and Gynaecology, Smt. Chandaben Mohanbhai Patel Homeopathic Medical College, Mumbai, India

Pilot Research on Polycystic Ovarian Syndrome with Individualised Homoeopathic Medicines

Dr.G.Lakshmi Narasaiah, Dr. P. Ananda Kumar, Prof.(Dr.) G. Chandra Sekhara Rao.

ABSTRACT

Background and Objective: PCOS is the most common endocrine disorder in a women of reproductive age has lot of short term and long term adverse effects such as irregular menses, obesity, infertility, diabetes mellitus, hypertension, cardiovascular diseases and endometrial cancer, hence should be adequately treated at earliest by individualized Homoeopathic medicines. This pilot research study is an effort to understand individual Homoeopathic medicines effectiveness in PCOS.

Methods: A prospective, observational, non-randomised, and non-controlled study was conducted at Sri Adisiva Sadguru Sivaryula Homoeopathic Medical College, Guntakal, Andhra Pradesh, from March 2021 to June 2021. A purposive sampling technique was used to enroll 10 female patients' reproductive age groups by the symptomatic and Ultra sonography of abdomen diagnosis and differentiating the other causes of illness to fit in the study. Individualised Homoeopathic Medicine was prescribed in various potencies repeated doses according to the Homoeopathic posology. The assessment was done by establishing the Polycystic Ovary Syndrome Quality of life scale (PCOS QOL) before and after the intervention at baseline and after the 3 months.

Results: At 9 degrees of freedom, the 10% significant limit of 't' is 2.26. The observed 't' value is 5.58. Hence, Individualized Homoeopathic Highly dynamised medicines yielded a significant effect in the treatment of PCOS.

Limitations: It includes small sample size and that we could not perform the all hormonal investigations to diagnose other causes of PCOS, a lack of control arm and used purposive sampling method for enrolling patients to prescribe.

Conclusion: This study has shown optimistic results regarding the usefulness of Highly dynamised individual Homoeopathic medicines in the treatment of symptomatic PCOS. However, further randomized controlled trials with long-term follow-ups need to be conducted for definite conclusions.

Keywords: PCOS QOL Dynasmised, and Individualized.

INTRODUCTION

Polycystic ovary syndrome (PCOS) is a common endocrine disorder of unknown etiology affecting 5–10% of reproductive age women. PCOS is characterized by chronic anovulation, polycystic ovaries, and hyperandrogenism. It is associated with hirsutism and obesity as well as an increased risk of diabetes mellitus, cardiovascular disease, and metabolic syndrome¹

This disease was discovered by and named as Stein-Leventhal Syndrome in 1935.

Incidence: Current incidence of PCOS (5-6%) is fast increasing lately due to change in life style and stress. It is also becoming a common problem among adolescents developing soon after puberty. Among infertile women, about 20 % infertility is attributed to anovulation caused by PCOS.

Aetiology and pathogene.sis: PCOS has been at-

tributed to several causes including change in life style, diet and stress. Initially, the ovaries were thought to be the primary source which set the changes in the endocrine pattern. Genetic and familial, environmental factors were added as etiological factors in the development of PCOS. Polycystic ovarian syndrome may set in early adolescent life, but clinically manifest in the reproductive age with long term implications of diabetes, hypertension, hyperlipidemia and cardiovascular diseases, this cluster of disorders is known as 'X syndrome'.²

PCOS is a multi-factorial and polygenic condition, dysregulation of the CYP11a gene, Up regulation of enzyme in androgen biosynthetic, Insulin receptor gene on chromosome 19p13.2

Exact pathophysiology of PCOS is not clearly understood.

Pathology:

Ovaries are enlarged

Ovarian volume is increased > 10 cm³

Stroma is increased

Capsule is thickened and pearly white in colour

Presence of multiple (>12) follicular cysts measuring about 2-9 mm in diameter are crowded around the cortex.

Clinical Features:

The patients complains of increasing obesity (abdominal-50%)

Menstrual abnormalities (70%) in the form of oligomenorrhoea, amenorrhoea or dysfunctional uterine bleeding (DUB) and infertility.

Presence of hirsutism and acne are important features (70%).

Acanthosis nigricans is characterized by specific skin changes due to insulin resistance

HAIR-AN Syndrome- in patients with PCOS is characterized by hyperandrogenicity, insulin resistance and acanthosis nigricans.

SEQUELAE OF PCOS	
Short term	Long term
Obesity	Diabetes mellitus- insulin resistance
Menstrual abnormality	Endometrial cancer
Miscarriage	Dyslipidemia
Abnormal lipid profile	Hypertension
Androgen excess- Acne, hirsutism, alopecia	Cardiovascular diseases
Insulin resistance- Glucose intolerance, acanthosis nigricans	Atherosclerosis Obstructive sleep apnea

Investigations:

Sonography: ovaries are enlarged in volume (>10

cm³)

Increased number (>12) of peripherally arranged

cysts (2-9 mm) are seen.

Serum values:

LH level is elevated and the ratio LH : FSH is >2:1

Raised level of estradiol and estrene

Sex hormone binding globulin (SHBG) level is reduced

Androstenedione is raised

Raised serum testosterone (>150 ng/dl)

Diagnosis:

as per American society for reproductive medicine (ASRM)/ European society of human reproduction and embryology-ESHRE 2003 based on the presence of any two of the following three criteria.

1. Oligo and or Anovulation
2. Hyperandrogenism (Clinical or biochemical)
3. Polycystic ovaries

Treatment, management and outcome assessment: A healthy lifestyle is the most effective approach to managing PCOS symptoms, including irregular periods. A healthy lifestyle includes eating a balanced diet, maintaining a healthy weight, being as active as possible and reducing or stopping harmful habits such as smoking and excessive drinking. Hormonal contraceptives may have some side effects.³ Outcome assessment tool for PCOS is Polycystic ovarian syndrome Quality of Life Scale.⁴

Homoeopathy unlike other systems of medicines is a unique and strictly individualized system of treatment. Homoeopathy treats every sickness in man as a unique entity and as such a remedy has to be selected to suit his individualized state of sickness. Miasmatic background of PCOS: Psora and sycosis⁵

Repertorial rubric of PCOS in Homoeopathic Medical Repertory by N.D. Robin Murphy under section female, Cysts ovarian- APIS, apoc, arn, ars, aur, *aut-I*, aur-m-n, bell, *bov*, bry, *bufo*, canth,form, graph, *iod,kali-br*, kali-fer, *lach*, lil-t, *lyc*, med, merc, murx, *ov*, *plat*, prun, rhod, *rhus-t*, sabin, sep, syc-

co, syph, ter, THUJA, zinc.

Cysts ovarian left-apis, coloc, *kali-bi*, LACH, *podo*, *sil*, THUJA

Cysts ovarian right-APIS, fl-ac, *iod*, LYC, *podo*, *sil*.⁶

Some common remedies indications for PCOS^{7,8}:

1. Apis mellifica: ovarian tumours (cysts) worse in right side, stinging pains relieved by cold water.
2. Iodum: menses irregular, wedge like pain in the right ovarian region.
3. Lachesis: left ovary very painful and swollen, indurated.pains all relieved by the flow.
4. Lycopodium: pain in right ovary region
5. Ovarinum: ovarian cysts, cutaneous disorders and acne rosacea.
6. Thuja: severe pain in left ovary and inguinal region, menses scanty, retarded

Aim

The main aim of this study is to ascertain the effectiveness of Individual Homoeopathic Medicine in the treatment of PCOS.

Objectives

The main objective of this study is to study the effectiveness of Homoeopathy in PCOS.

Materials and Methods Study Design

The study is a Prospective, Observational, non-randomised, and non-controlled study.

Study Population Study site

This study was undertaken on patients attending out-patient and In-patient departments of Sri Adisiva sadguru sivaryula Ali sahib Homoeopathic Hospital, Guntakal, Andhra Pradesh, India, from March 2021 to June 2021. This Pilot research study was conducted after getting the permission and approval from the Guide, Principal of the Institute, Superintendent of the Hospital, and Dr.NTR University of Health Sciences, Vijayawada, Andhra Pradesh, India, under the partial submission of the UGSRS program 2021. The sample size of 10 cases was selected, and the

sample selection was made at the study setting based on inclusion and exclusion criteria as stated below.

Inclusion criteria

1. Patients of reproductive age groups females with clinical symptoms of PCOS.
2. Patients diagnosed with symptomatic, USG Abdomen. Cases under the scope of Homoeopathy and relevant to study are included. Subject willing to give written informed consent by participants and parents/guardians under 18 years.

Exclusion criteria

1. Positive family history of malignancy.
2. Persons suffering simultaneously with any other chronic debilitating disorders and inevitably on conventional medication are excluded.

Study period:

The study was conducted for a maximum of three months. Follow up all the cases were reviewed once in fifteen, thirty days, and all cases were followed for a minimum of two months to a maximum of three months.

Results

This study needs a minimum of 10 patients, although screened 15 cases and 10 patients were enrolled. However, no dropouts and the data of all 10 cases are represented.

Clinical protocol

1. A detailed case history was recorded in a predesigned case taking proforma. Outcome evaluated by providing the PCOS questionnaire and PCOS QOLS.
2. The history was taken in detail regarding past history, treatment history, family history, mental generals, physical generals and life space investigation to arrive at a probable cause of the disorder.
3. Potency was selected based on susceptibility

– age, sex, constitution, duration, seat and stage of the disease.

4. Hormonal assay was done in patients who agreed to the investigation to distinguish between PCOS and Hyperandrogenism or if previous reports are considered.

Management

- Appropriate general management techniques, including changes in diet and regimen, lifestyle modifications advised depending on the case.
- Patients were also advised to practice relaxation techniques, meditation, and physical exercises according to the necessity of the case.
- Treatment and follow UP
- Indicated Homoeopathic dilutions were used as per the case in appropriate potency based on the patient's susceptibility.
- All the cases were reviewed once in 7, 15 days followed for a minimum of 2 months and a maximum of 3 months.
- A successive higher dilution was administered whenever a selected or given high dilution failed to bring out the favorable result.

Observation and Results

1. Representation of data according to the age group. (Fig.1).
2. Representation of data according to their reside Urban and rural (Fig.2).
3. Representation of data according to the clinical presentation of PCOS cases (Fig.3).
4. Representation of data according to the miasmatic predominance of patients (Fig.4)
5. Representation of data about Indicated Homoeopathic remedies given to the patients (Fig.5).
6. Representation of data about PCOS QOL scale before and after treatment (Fig.6).

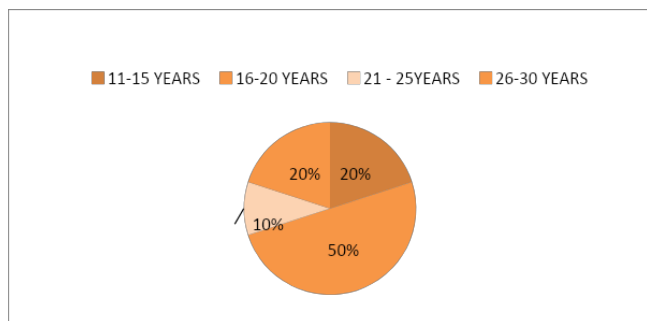


Fig 1: Incidence of age group

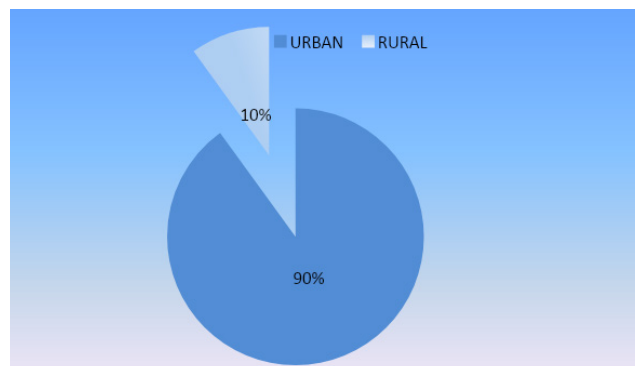


Fig 2: Urban and rural distribution

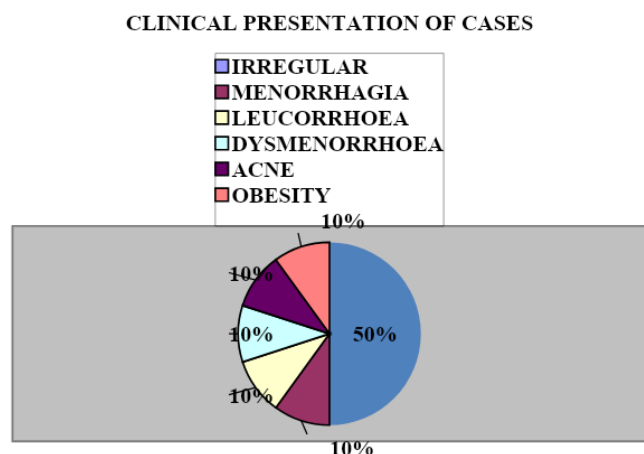


Fig 3: Clinical Presentation of PCOS

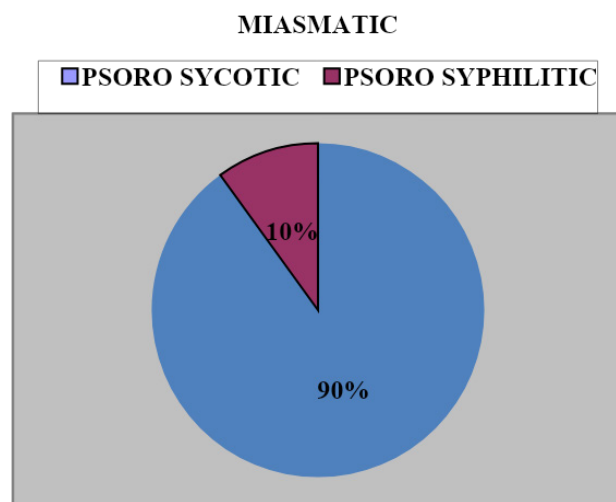


Fig 4: Miasmatic predominance in patients

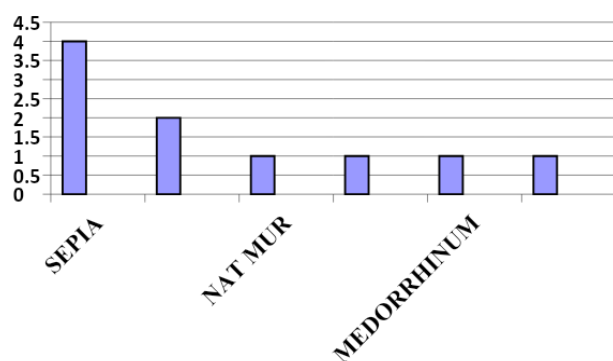


Fig 5: Indicated Homoeopathic remedies given to the patients

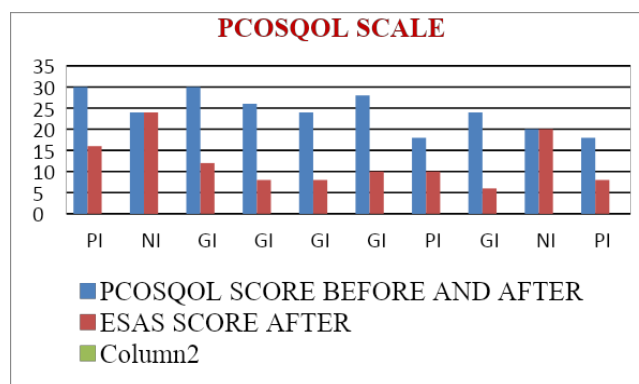


Fig 6: PCOS QOL Scale score before and after treatment

RESULTS AND DISCUSSION

1. **Incidence of age group:** In this study of out of 10 cases, 50 % (5) patients reported in 16-20 age group, followed by 20% (4) patients in 11-16 and 26-30, significantly less percentage, i.e., 10%(1) patient in between 21-25 age group population.
2. **Living in Urban and Rural areas:** In this study, the highest no. (9) of cases, i.e., 90% are residing in the Urban area and 1 case, i.e. 10% in the Rural area. Thus, the highest number of cases, 9 (90%), are recorded in the Urban area of lifestyle group; this observation is close to the existing literature.
3. **Common Presenting Complaints:** In this study of 10 cases of PCOS draws few observations regarding the incidence of symptomatology; the Menstrual irregularities menses delayed is the highest recorded symptom of PCOS in 5 cases 10 cases (50%), menorrhagia, acne, obesity, leucorrhoea and dysmenorrhea in each 1 case (10% each) this observation is close to the existing literature.
4. **Miasmatic predominance:** In this study out of 10 cases, in 9 cases (90%) predominant miasm is psoro sycotic and in 1 case (10%) psoro syphilitic miasm close to the existing literature.
5. **Indicated Individualized Homoeopathic remedies:** Out of 10 cases, in 5 cases (50%) Sepia is indicated, and in 2 cases (20%) Pulsatilla indicated, and Natrum mur, Calcarea Carb, Medorrhinum, and Graphites in each 1 case (10%).
6. **Observation of PCOS QOL before and after the intervention of Individual Homoeopathic Medicines** shows the significant improvement in the PCOS symptoms without any noticeable adverse events in all ten cases.
7. **Statistical Analysis:** Statistical analysis was done using paired t-test. At 9 degrees of freedom, the 10% significant limit of 't' is 2.26. The observed 't' value is 5.58. So null hypothesis was rejected, and the Alternative hypothesis was accepted. Thus, Individual Homoeopathic Medicines produced a significant effect in the treatment of PCOS.

CONCLUSION:

Polycystic ovary syndrome (PCOS) is one of the most common endocrine and metabolic disorders in premenopausal women. Heterogeneous by nature, PCOS is defined by a combination of signs and symptoms of androgen excess and ovarian dysfunction in the absence of other specific diagnoses. The aetiology of this syndrome remains largely unknown, but mounting evidence suggests that PCOS might be a complex multigenic disorder with strong epigenetic and environmental influences, including diet and lifestyle factors. PCOS is frequently associated with abdominal adiposity, insulin resistance, obesity, metabolic disorders and cardiovascular risk factors. PCOS may be diagnosed if you have two or more of the symptoms, irregular or no periods. Features of 'clinical androgen excess' (e.g. pimples and excess hair growth) or higher than normal androgen levels. Polycystic ovaries visible on an ultrasound. The clinical diagnosis was made based on clinical symptoms confirmed with USG abdomen and hormonal assay, and outcome assessed by PCOS QOL score before and after the intervention with constitutional Homoeopathic medicines.

According to the definition age group affected in PCOS is young adolescent (16-20 years) (50%) correlating the existing literature, and clinical presentation of PCOS, the percentage of the spectrum of the symptoms are similar to this study, as like Menstrual irregularity (50%), acne (10%), obesity (10%) and menorrhagia (10%) respectively.

It has been observed that the incidence of this illness was more in the Urban locality (90%) with modern life style which correlating the citing literature.

In this study, the cases miasmatic predominance is psoro sycotic (90%) followed by psoro syphilitic (10%) resemblances to the citing literature.

In all patients, a significant decrease in the symptom score from the first follow-up assessment was seen. Furthermore, the improvement continued in all cases in the PCOS questionnaire score.

The limitation of this study is that we could not perform the complete hormonal assay due to non-cooperation from the participants, a lack of con-

trol arm and used purposive sampling method for enrolling patients. Nevertheless, these favourable results will lead to randomised controlled studies with a larger sample size.


REFERENCES:

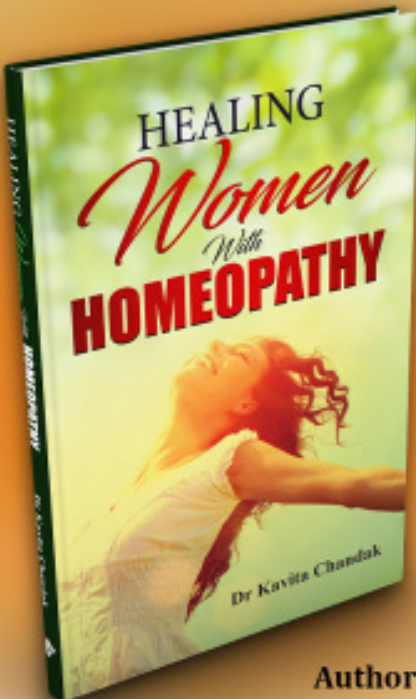
1. Jill Long & Katerina Shvartsman (2022), Current Medical diagnosis and treatment, 61st edition, McGrawhill-Lange, 776.
2. Padubadri VC & Daftary SN (2016), Howkins & Bourne, Shaw's Textbook of Gynaecology, 16th edition, Elsevier publication, 431.
3. Hiralal Konar (2016), DC Dutta's Text book of Gynaecology, 7th edition, Jaypee publishers, 378, 379, 381.
4. Dr. Rakesh Gohal (2022), Outcome assessment tools for Homoeopathic research work & dissertations article, Vital Informer, Volume 30, Issue no 11, Nov 2022 4.
5. Dr. Ajit Singh (2009), Homoeopathic treatment of Polycystic ovarian disease article, Homoeopathic heritage, vol 34, no.5, Nov 2009, 35.
6. Robin Murphy, ND, (2013), Homoeopathic Medical Repertory, 2nd edition, B Jain publishers (P) Ltd, 649.

7. Robin Murphy, ND, (2013), Lotus Materia Medica, 3rd edition, B Jain publishers (P) Ltd, 1450.
8. William Boericke, (2004), New manual of Homoeopathic Materia Medica & Repertory, 9th edition, B Jain publishers (P) Ltd, page no 63, 341, 379, 401, 473, 621.

ABOUT THE AUTHORS

1. **Dr. G. Lakshmi Narasaiah**, M.D.(Hom), Ph.d. Research Scholar, Lincoln University of College, Malaysia.
2. **Dr. P. Ananda Kumar**, Ph.d. Research Scholar, Lincoln University of College, Malaysia
3. **Co-author: Prof.(Dr.) G. Chandra Sekhara Rao**, M.D.(Hom), Ph.d, & Guide, Lincoln University of College, Malaysia.





HEALING *Women* With **HOMEOPATHY**

Author
DR Kavita Chandak

- Covers the most important and widespread gynaecologic disorders starting from menarche over dysmenorrhea to menopause
- Reflects issues from which women suffer frequently
- Sterility, polycystic ovarian syndrome, breast issues, constipation and urinary problems are described thoroughly

Homoeopathy: A Holistic Approach In PCOS

Dr. Rukaiya Sabhai, Dr. Falguni Patel

ABSTRACT

Homoeopathy, a holistic system of medicine deals rationally with many multisystem endocrinopathies and their psychosomatic bases. Amongst them polycystic ovarian syndrome can be well managed without synthetic hormonal therapy and even sequel of PCOS like obesity, infertility etc, and even helpful in regaining hereditary traits of the disease with well selected homoeopathic similimum on the bases of principles of homoeopathy.

Keywords: Heterogenous, PCOS, endocrinopathy, oligomenorrhoea, obesity, hirsutism, hyperinsulinemia, hypothalamo pituitary axis, LH, FSH, hormonal imbalance, oligomenorrhea, Meno-metrorrhagia, acne, anaemia, Hair-An syndrome, hyperandrogenism, insulin resistance, acanthosis nigricans, infertility, synthetic hormones, holistic approach, psychosomatic treatment, constitutional prescription.

INTRODUCTION

It is a heterogenous, multisystem endocrinopathy with features of oligomenorrhoea, non-ovulation, obesity, hirsutism and infertility. It originates from insulin resistance; hyperinsulinemia and obesity are linked.¹

Etiology: Pcos is multifactorial. Causes include 1. Genetic, 2. Lifestyle, diet, stress. 3. Hypothalamo pituitary axis dysfunction, 4. Idiopathic i.e. drug induced.²

Pathology: Macroscopically, both the ovaries are enlarged. Multiple cysts (12 or more) of 2-9 mm size are located peripherally along the surface of ovary.¹

PATHOGENESIS¹ WITH MIASMATIC CO-RELATION 3:

PATHOGENESIS ¹	SYMPTOMS ¹	MIASM ³
Insulin induces LH to cause thecal hyperplasia, leads to:- <ul style="list-style-type: none"> FSH secretion. LH:FSH ratio 	<ul style="list-style-type: none"> Hormonal imbalance. Menstrual Abnormalities:-Amenorrhoea, Oligomenorrhoea, Meno-meterorrhagia. Anaemia. Acne. Obesity. 	Psora
Thecal hyperplasia causes secretion of androgens. leads to:- <ul style="list-style-type: none"> Increase in Testosterone. SHBG. 	<ul style="list-style-type: none"> Cystic growth. Hirsutism. HAIR-AN Syndrome. (Characterized by- Hyperandrogenism, Insulin resistance, Acanthosis nigricans). 	Sycotic.
Destructive changes.	<ul style="list-style-type: none"> Infertility 	Syphilis.

INVESTIGATION:

1) Ultrasound is the gold standard investigation in diagnosis of PCOS¹

0. Raised E2 level, LH level and androgens with low or normal FSH characterize the syndrome.¹

MANAGEMENT: Management is mainly by maintaining healthy life style.²

1. Reducing sugar and carbohydrates in your diet.²
2. Manage weight.²
3. Exercise regularly.²

ROLE OF HOMOEOPATHY IN PCOS:

1. Homoeopathy approaches the case with holistic view i.e. we treat the patient as a whole including their physical, mental symptom along with their genetic makeup that individualises person i.e. treating psychosomatically. For ex - homoeopathic medicine treats physical symptoms like acne and hirsutism along with depression and anxiety.⁴ (§. 82)
2. The pathogenesis is hormonal and homoeopathy has great relation with endocrine system, hence helps in balancing the hormones without any synthetic hormones.⁵
3. In homoeopathy many drugs have the affinity of female reproductive organs, so can help in treating various menstrual disturbances.⁶
4. Homoeopathic constitutional treatment helps to balance hyperactivity of glands, regulate hormonal balance, dissolve the cysts and enhance normal functioning of ovaries thereby eliminating the need for hormone therapies and surgery.⁵
5. Homoeopathy has certain hematinic to treat certain causes like anaemia.
6. Giving the constitutional remedy, it will help to remove symptoms like acanthosis nigricans and alopecia.
7. In homoeopathy we give miasmatic prescrip-

tion, helps in permanently removal of the disease.

8. One of the leading symptoms in PCOS is obesity, which is mostly after taking oc pills, this is well treated by homoeopathic drugs.
9. Treats mental symptom with beautifully acting drugs.⁴ (§.210).
10. Homoeopathy helps in removing hereditary traits of PCOS.
11. Helps in regaining fertility.
12. The different expression of the disease can be managed effectively, safely and gently with homoeopathic remedies.⁴ (§.2).
13. Homoeopathic medicines are given to induce ovulation in a natural way, which would improve and regularize the menstrual cycle.
14. Homoeopathy has certain remedies useful for 1st, 2nd and 3rd grade⁴ of inflammation so cystic growth can be treated accordingly.⁶

Dr. Hahnemann in § 78 says that, " True natural chronic owe their origin to chronic miasm ,constantly extending and without carefully regulating mental and bodily function they will never tend to cease the suffering till the end of his life.⁴

In footnote of § 94 Hahnemann mentioned in detail the points to be noted in case taking of chronic disease in females. Proper case taking, analysis and evaluation of case followed by repertorization is the ideal homoeopathic approach.⁴

CASE

A female of age 25yrs old came on 24th sept 2023 with the complain of irregular menses since menarche. Duration of the menses is 7 days (1st,2nd day flow is more).

2014- USG shows left ovarian cyst (H/O Stomatitis alternating with menses).

27/01/2022 - USG shows - Early changes of PCOD, Hb – 10 mg/dl.

LMP: 11th sept 2022. Delayed every time, 10-15 days to 1-2 months. No much symptoms before

menses, only on first day- lower abdominal pain, thighs sprain, irritability increased. Leucorrhoea whitish, present sometimes.

PAST HISTORY: In childhood - measles 3-4 times. Once - greenish diarrhoea. Motion sickness.

PHYSICAL GENERALS:

Appetite: In morning hunger leads to headache (left) > eating.

Stool: Diarrhoea (stool - loose in consistency). Heavy or outside food causes once semisolid stool, cake causes blackish stool.

Desire: Sour, Sweets, Cold water, Cold drinks.

Aversion: Warm water.

Urine: No any complaints.

Sleep: Sound.

Thermal: Hot.

Perspiration: less.

Thirst: Cold water, thirsty.

MENTALS: Irritability is marked, Fear of darkness, (sensitive to reprimands, negative comments), Dancing is her hobby, Easily weeps, Weeping ameliorates, Mood gets changed.

TOTALITY OF SYMPTOMS: Irritability, Changeable mood, Weeping ameliorates, Fear of darkness, Sensitive to reprimands, Desire- sour, sweet, cold food and drinks, Aversion- warm food, Stool - diarrhoea loose in consistency, Thirsty and wants cold water, Irregular, delayed menses since menarche, Cystic growth esp of left ovary, Stomatitis alternates with menses, Headache > eating.

PRESCRIPTION AND RESULT - 24th sept 2022 – Pulsatilla 1M, single dose, followed by SL two times a day for 15 days.

8th oct 2022 – LMP -1st oct 2023, lasted for 5-6 days, flow was normal, on first day mild lower abdominal pain, headache once before a week but better than before. Diarrhoea once after outside food. Pulsatilla 1 M, 1 dose, followed by SL 2 times a day for 15 days.

11th oct 2022- Pt. had c/o mild Abdominal pain, diarrhoea, with semisolid stool twice, felt better after passing stool. Advised to increase fluid intake and light diet. SL for next 20 days.

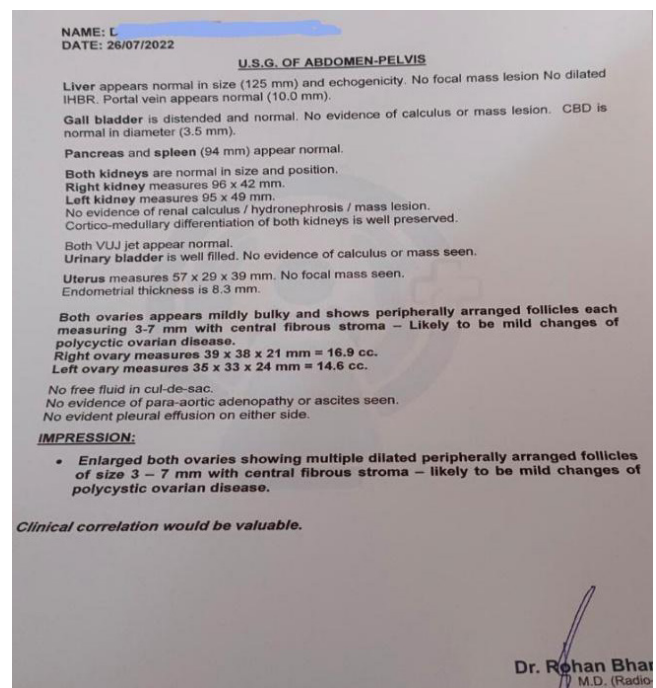
8th Nov 2022- LMP-4th oct, flow was normal, dysmenorrhoea mild on first day, flow lasted for 6 days. Strong smell causes nausea and vomiting, diarrhoea not now, sometimes bloating feelings. SL for 20 days was prescribed. 30th oct – pt complained of stomatitis but mild advised to apply glycerine over ulcers.

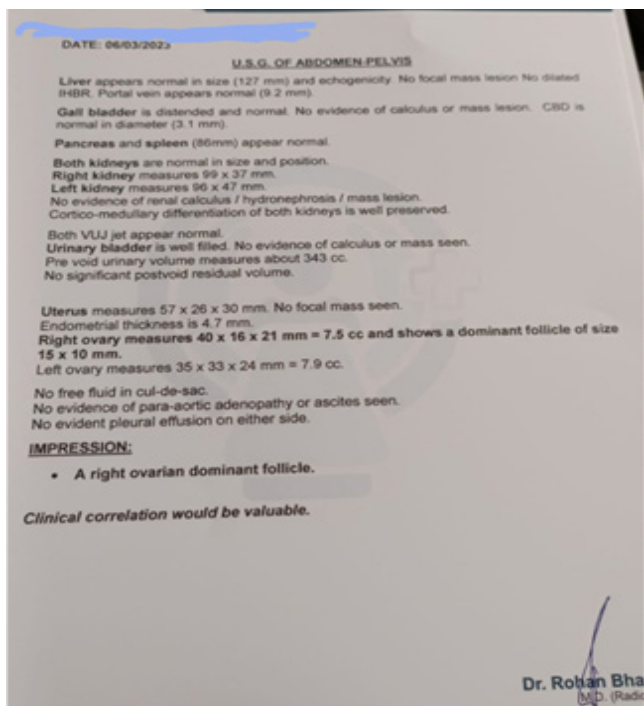
5th Dec 2022 – today first day of flow, spotting only, no pain in lower abdomen. SL prescribed for 20 days.

29th Dec 2022 – constipated a few days back with mild bleeding per anus. H/O same complaints a few years back. Puls 1M, one dose, followed by SL for a month.

12th Feb 2023 – LMP-11th Jan & 11th Feb, with 6 days normal flow and no symptoms of PMS or headache, stool – normal, no stomatitis now. SL for a month.

26th March 2023 – LMP – 20th march, no any complaints now. Repeat USG shows following changes.





recting the ovulatory cycles as well very proficient in managing symptoms of ovarian cyst.

BIBLIOGRAPHY

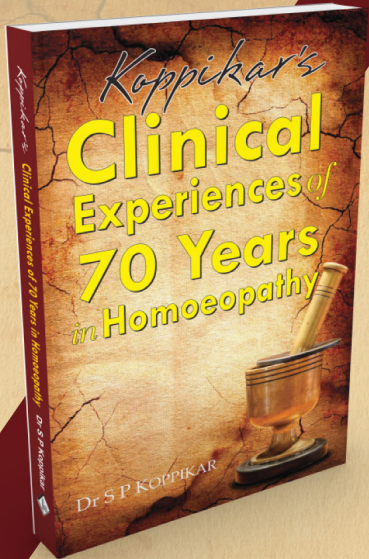
1. Howkins and Bourne SHAW'S TEXTBOOK of gynaecology, 18th edition by VG Padubidri and SN daftary.
2. DC Duttas textbook of gynaecology, 8th edition by Hiralal Konar.
3. DR.SUBRATA BANERJEA, Miasmatic prescribing, Second extended edition.
4. Dr.Samuel Hahnemann's ORGANON OF MEDICINE, 6th edition translated by R.E.DUDGEON, with an introduction and commentary on the text by B.K SARKAR.
5. H.A Roberts, The principle and art of cure by homoeopathy, 2nd Edition.
6. WILLIAM BOERICKE'S Pocket Manual of homoeopathic material medica and repertory, 9th edition).
7. J.T.KENTS Repertory of the Homoeopathic Materia Medica 6th Edition by Ehrhart and Karl)

ABOUT THE AUTHORS

1. Rukaiya Sabhai, 4TH BHMS, BHMCH, Vadodara, Gujarat.
2. Dr. Falguni Patel (MD. HOMOEOPATH, CR), Clinician and HOD, Dept of practice of medicine, Baroda homoeopathic medical college and hospital, Vadodara, Gujarat.

CONCLUSION:

Homoeopathy is quite effective in PCOS in nature and certainly the best alternative medication by correcting hormonal imbalance and thereby cor-



Koppikar's

CLINICAL EXPERIENCES OF 70 YEARS HOMOEOPATHY

Dr S P KOPPIKAR

ISBN: 9788131900772 | ₹349 | 424 pp

- Dr. S. P. Koppikar is probably the most experienced homeopath in India. He has been practicing since 1937 and his book is like a journey through his times.
- A large part of the book comprises of speeches that the author has delivered on various occasions and articles he has published in various journals
- The book is neatly divided into many sections like memories, history, materia medica, repertory, practice, therapeutics, research etc.

Simplifying Case Taking in Cases of Cough : a Repertorial Approach with Synthesis

Dr. Tasneem Hashmi, Dr. Sankha Subhra

ABSTRACT

Case Taking is an art of collecting all the facts about the patient using various tools like observation, perception, history taken as given by the patient or told by the attendant, clinical examination etc. in order to find a remedy for the patient[1]. The selection of a homoeopathic medicine depends solely on the tact of asking the exact questions while taking the case. Failure to do so results in the selection of a partially similar medicine and hence results are not as desired. This can be prevented by developing a habit of completing a symptom as was told by Dr. Boenninghausen, i.e., asking about the time modalities of the chief complaints, the aggravating and ameliorating factors, defining the location of the complain, sensations, concomitants etc [2]. In order to be able to select the correct remedy in any case, one must master the art of case taking first. The next step is conversion of symptoms into rubrics and the rest is taken care of by the different computer software repertories available for physicians' use. Study of repertory helps in understanding the symptoms and how the symptoms are modified in the form of rubrics. Here all the rubrics of cough, as given in synthesis repertory, have been tabulated in a simplified form which will aid in asking more refined questions, help in completing the symptoms and ultimately lead to a better selection of remedy.

Keywords: Case taking, complete symptom, rubric, repertory, cough.

INTRODUCTION

Case Taking is described in the sec. 83 to 104 of Organon of Medicine[3]. In everyday practice there are many cases where the physicians get confused about what to ask during case taking. Due to the tendency of asking the same set of questions repeatedly in a particular condition of illness, it is highly likely to arrive at the same set of remedies as well. As a result of such practice, the vast array of medicines listed under different materia medicas get ignored and the idea of a perfect similimum is lost. This can be illustrated with an example.

Suppose a patient comes with complaints of cough, the first question that is usually asked is – “Since when have you been suffering with cough?” Then the patient is questioned about the causation behind the cough. Although there are variety of factors that can cause cough as has been

listed in different repertories but due to lack of knowledge all that is asked during case taking is whether the patient was exposed to cold wind, or subjected to any change of weather, or whether the patient took cold drinks, or is it due to bathing, overheating, dust irritation, overuse of voice etc.

As far as causation is concerned several uncommon and peculiar causes of cough have been listed in synthesis repertory, for e.g. Cough from affections of heart, from suppressed eruptions, sweets, spices, salt, mortification, worms, vaccination etc^[4]. Such uncommon causes are easily missed by the patient as it may seem irrelevant to them. It is the duty of the physician to enquire thoroughly into the case and bring out the peculiarities in it. With the aid of repertory more specific questions can be asked- for example, if a patient says cough is caused by irritation from dust he must be further enquired about where exactly the irritation

is present like- air passage, throat, trachea, throat pit, tonsils, uvula, palate, stomach. This pertains to the location of the complaint.

Apart from it, the seasonal variations with respect to the direction in which the wind blows like north westerly winds, southern winds, western winds etc. should also be considered as they help in differentiating similar remedies. So to help the practitioners in case taking, most of the probable questions to complete any case of cough have been discussed as per Boenninghausen's theory of complete symptom. Boenninghausen suggested that if each symptom is complete in terms of location, sensation and modalities as well as concomitants^[2], the individualization would become easier. Here is an attempt to define a systematic formulation to apply in cases of cough during practice. The symptoms of cough can be arranged under the following headings-

3. Causation

<ul style="list-style-type: none"> Abuse of quinine Affections Of Heart After, before and during: Fever After: <ul style="list-style-type: none"> i) Anger, ii) Arms becoming, iii) Chickenpox As if by Dreams Change of temperature Dancing Dentition During or after: Influenza From dryness: <ul style="list-style-type: none"> i) In throat ii) Trachea 	<ul style="list-style-type: none"> Hunger Lactation Mortification Nervousness: <ul style="list-style-type: none"> i) When anyone enters the room ii) After operation Oppression in: <ul style="list-style-type: none"> i) Chest ii) Epigastrium Overheating Overuse of voice Oyster Pepper Roughness from: <ul style="list-style-type: none"> i) Chest 	<ul style="list-style-type: none"> Swelling of: <ul style="list-style-type: none"> i) Larynx ii) Neck iii) Throat Tuberculous persons Uncovering : <ul style="list-style-type: none"> i) Hands ii) Head iii) Single parts iv) Feet or head Vaccination Vapor Variola Weakness : <ul style="list-style-type: none"> i) In general ii) In chest
--	--	--

1. Location

The part that is mostly affected should be specified. Cough may involve

- Lower respiratory tract- trachea, bronchi, bifurcation of bronchi, bronchioles, alveoli
- Upper respiratory tract- pharynx, larynx

2. Duration

- Acute cough
- Chronic cough

We also need to observe the age of the patients whether this is cough of old people or children:

- Old People, In
- Children, In
- Students, Of ^[4]

<ul style="list-style-type: none"> From dust in: <ol style="list-style-type: none"> Throat Trachea <ol style="list-style-type: none"> From Mucus in: <ol style="list-style-type: none"> Chest Larynx Throat Trachea Posterior nares <ul style="list-style-type: none"> Gastric Haemorrhoids : <ol style="list-style-type: none"> After appearance After disappearance Suppression 	<ol style="list-style-type: none"> Larynx Palate Throat Trachea <ul style="list-style-type: none"> Salivation Salt food Sea wind Spices Sucking Sun Suppressed eruptions Surprise Swallowing liquid Sweets 	<ul style="list-style-type: none"> Weather: <ol style="list-style-type: none"> Change Hot Foggy Stormy Warm Wet <ul style="list-style-type: none"> Wind: <ol style="list-style-type: none"> East North east Sea wind South West South west <ul style="list-style-type: none"> Worms
---	--	--

4. Types of Cough

a. Dry Cough

<ul style="list-style-type: none"> At: <ol style="list-style-type: none"> 1 pm 3 pm 4 pm 5 pm 6 pm 7 pm 	<ul style="list-style-type: none"> At day loose at night dry At before or after midnight At night on going to sleep Before menses During lying 	<ul style="list-style-type: none"> From discharge of blood From Sitting From Talking From lying From reading aloud
--	---	---

b. Moist Cough

c. Hard Cough

• Morning	Evening	Night
-----------	---------	-------

d. Short Cough

<ul style="list-style-type: none"> • Afternoon • Evening • Forenoon • Morning • Night 	<ul style="list-style-type: none"> • Frequent • From irritation in larynx • From tickling in larynx • Motion 	<ul style="list-style-type: none"> • On swallowing • On talking • On walking • Sleep aggravation
--	--	--

e. Paroxysmal

<ul style="list-style-type: none"> • One cough • Two cough • Three cough 	<ul style="list-style-type: none"> • Few coughs • Quick succession • Uninterrupted 	<ul style="list-style-type: none"> • Long cough • Short cough
---	---	---

f. Constant

<ul style="list-style-type: none"> • Day and Night • Day or night 	<ul style="list-style-type: none"> • Lying • Morning 	<ul style="list-style-type: none"> • Night • Pregnancy
---	--	--

5. Character of Cough

<ul style="list-style-type: none"> • Periodical: <ol style="list-style-type: none"> clock like same hour every third hour alternate night every fourth night every year • Persistent 	<ul style="list-style-type: none"> • Hoarse: <ol style="list-style-type: none"> Morning Evening Night • Puffing • Rasping • Rough • Spasmodic 	<ul style="list-style-type: none"> • Splitting • Stertorous • Tight: <ol style="list-style-type: none"> Day Night • Titillating • Whooping
---	--	--

6. Sound

<ul style="list-style-type: none"> • Barking • Coughing in a tube • Croupy: <ul style="list-style-type: none"> i. Morning ii. Evening iii. Night iv. Winter v. waking • Crowing • Deep sounding: <ul style="list-style-type: none"> i. General ii. Night iii. Periodical • Dull • Explosive • Hacking 	<ul style="list-style-type: none"> • Hissing • Hollow <ul style="list-style-type: none"> i. Day ii. Evening iii. Morning iv. Night • Purring • Racking <ul style="list-style-type: none"> i. Afternoon ii. Evening iii. Morning iv. Night v. Midnight vi. Sitting up in bed • Rasping • Sonorous • Soundless 	<ul style="list-style-type: none"> • Rattling <ul style="list-style-type: none"> i. In open air ii. Daytime iii. After eating iv. Evening v. Morning • Resonant • Ringing • Sharp • Shattering • Shrill • Sibilant • Toneless • Trumpet toned • Wheezing • Whistling
---	---	---

7. Sensation

<ul style="list-style-type: none"> i. Morning ii. Evening iii. Night • Constriction in epigastrium • Hair in tongue • Inability to cough from pain • Hacking 	<ul style="list-style-type: none"> • Must sit up as soon as cough commences • Must swallow • Prickling in tongue • Seems to avoid as long as possible • Smothered • Tearing in cardiac region 	<ul style="list-style-type: none"> • Sudden <ul style="list-style-type: none"> i. Day ii. Night iii. Morning iv. Evening v. Forenoon • Tickling <ul style="list-style-type: none"> i. points of time modalities ii. constant iii. after eating
---	---	--

All the sensations given below should be asked under the following headings:

A) Larynx B) Throat C) Trachea D) Pharynx E) Throat pit F) Sternum
G) Chest H) Epiglottis I) Air passages J) Bronchi K) Uvula

<ul style="list-style-type: none"> • Constriction • Crawling • Cutting • Dry with tickling • Foreign body • Hair 	<ul style="list-style-type: none"> • Lump • Plug • Prickling • Rawness • Scraping • Sticking 	<ul style="list-style-type: none"> • Stitching • Tearing • Tickling • Tightness • Tingling
--	--	---

8. Modalities:

The factors which aggravate or ameliorate the intensity of cough with relation to time, position, motion, rest, lying, sleep etc. should be specified.

When asking about time, more emphasis should be given on the exact time of the day if possible; like if the patient says the symptoms aggravate at night, it should be asked when exactly at night- fortnight, midnight or at any specific hour of the night like 8 pm, 9 pm, 10 pm etc. Effects of drinking water, swallowing, turning in bed, from being touched in different parts are some modalities that are easily missed out.

Time:

- MORNING: bathing, bed agg, early, evening

c. Sleep

<ul style="list-style-type: none"> • After • Before • During 	<ul style="list-style-type: none"> • Disturbing • Falling asleep • On going to 	<ul style="list-style-type: none"> • Preventing • Wakens from
---	---	---

and morning, night and morning, rising, sleep agg, 7am, 8am, 9am, morning to night

- DAYTIME: only, 6am-6pm
- NOON: until evening, lying down, until noon
- FORENOON:
- AFTERNOON: after bathing, afternoon to evening, Cold air, dry air, 1pm, 1.30pm, 2pm, 3pm, 3 to 4pm, 3 to 5pm, 3 to 10pm, 4pm, 5pm, afternoon to evening, until night
- EVENING: 6pm, 6.30pm, 7.30pm, 7 or 8pm, 8pm, 9pm, evening and morning, night and morning

9. Seasons:

Autumn, Spring, Winter, Rainy, Storm, Summer, Frosty, Foggy

d. Amelioration

<ul style="list-style-type: none"> • After diarrhoea • Bathing • Bending forward • By ice cream at first • Cold drink • Deep breathing • Eructation • Foggy weather 	<ul style="list-style-type: none"> • Hands on thigh • Holding breath • Knee chest • Lying down • Mental exertion • Motion • Repose • Resting 	<ul style="list-style-type: none"> • Sea • Sitting • Smoking • Sneezing • Sugar • Swallowing • Walking slowly
---	--	--

e. Aggravation

<ul style="list-style-type: none"> • Ascending • After: Delivery, Coition • After or during: i. Diarrhoea, ii. Perspiration • Alcohol • Anger • Approaching or passing a person • Beer • Before during or after: i. Chill ii. Breakfast, iii. Menopause iv. Menses • Before or after: Dinner • Brushing teeth • Coffee 	<ul style="list-style-type: none"> • Covering: i. Head ii. Mouth • Crying • Damp room • Dressing • Emotions • Eructation • Exertion • Fasting • Fat food • Fright • From being touched at : i. ear canal ii. larynx iii. neck iv. parotid 	<ul style="list-style-type: none"> • Manual Labour • Meat • New Moon • On coming to a room • Onions • Reading loudly • Running • Smoking • Sneezing • Stooping • Stretching • Strong odor • Suppressed menses • Swallowing • Tea • Thinking of it • Tight Clothes
---	--	--

<ul style="list-style-type: none"> • Cold: i. bathing ii. food iii. drink iv. milk v. water • Closing eyes at night • Consolation • Constipation 	<ul style="list-style-type: none"> v. tonsils • Full Moon • Hawking • Holding breath • Irritating thing • Laughing • Mental exertion • Music 	<ul style="list-style-type: none"> • Turning in: i. General ii. single parts iii. head • Vexation • Weeping • Wine
---	--	---

8. Concomitants

There are some important concomitant symptoms that should be paid attention to while enquiring in cases of cough

a. Alternating With:

<ul style="list-style-type: none"> • Headache • Eruption 	<ul style="list-style-type: none"> • Hemorrhoids • Leucorrhoea 	<ul style="list-style-type: none"> • Sciatica
--	--	--

b. Followed By

<ul style="list-style-type: none"> • Copious mucus • Eructation 	<ul style="list-style-type: none"> • Gurgling • Headache 	<ul style="list-style-type: none"> • Putrid taste • Sneezing
---	--	--

c. Pain

<ul style="list-style-type: none"> • Abdomen • Cervical • Chest • Distant parts 	<ul style="list-style-type: none"> • Epigastrium • Evening • Larynx • Night 	<ul style="list-style-type: none"> • Throat pit • Trachea • Uterus
---	---	---

CONCLUSION:

The tools that are handed over to us in the form of repertory must be utilized in a better and smarter way so that the task of finding the similimum becomes less tedious. The tabular presentation of rubrics of cough presented above is to provide a quick approach towards finding a similimum. This method in no way suggests that generals can be done away with, but instead, this work could be expanded to cover more acute or chronic conditions as well. It can come up as a simple exercise to systematically workout any case and at the same time bring our repertories to their full utility and throw some light on the things that are mostly neglected. Furthermore, this simplification of case taking, can be presented in the form of case sheets, questionnaires, proformas etc. that will give a shape to our case taking methods and remove haphazard ways of questioning. It will help in keeping case records and further guide in

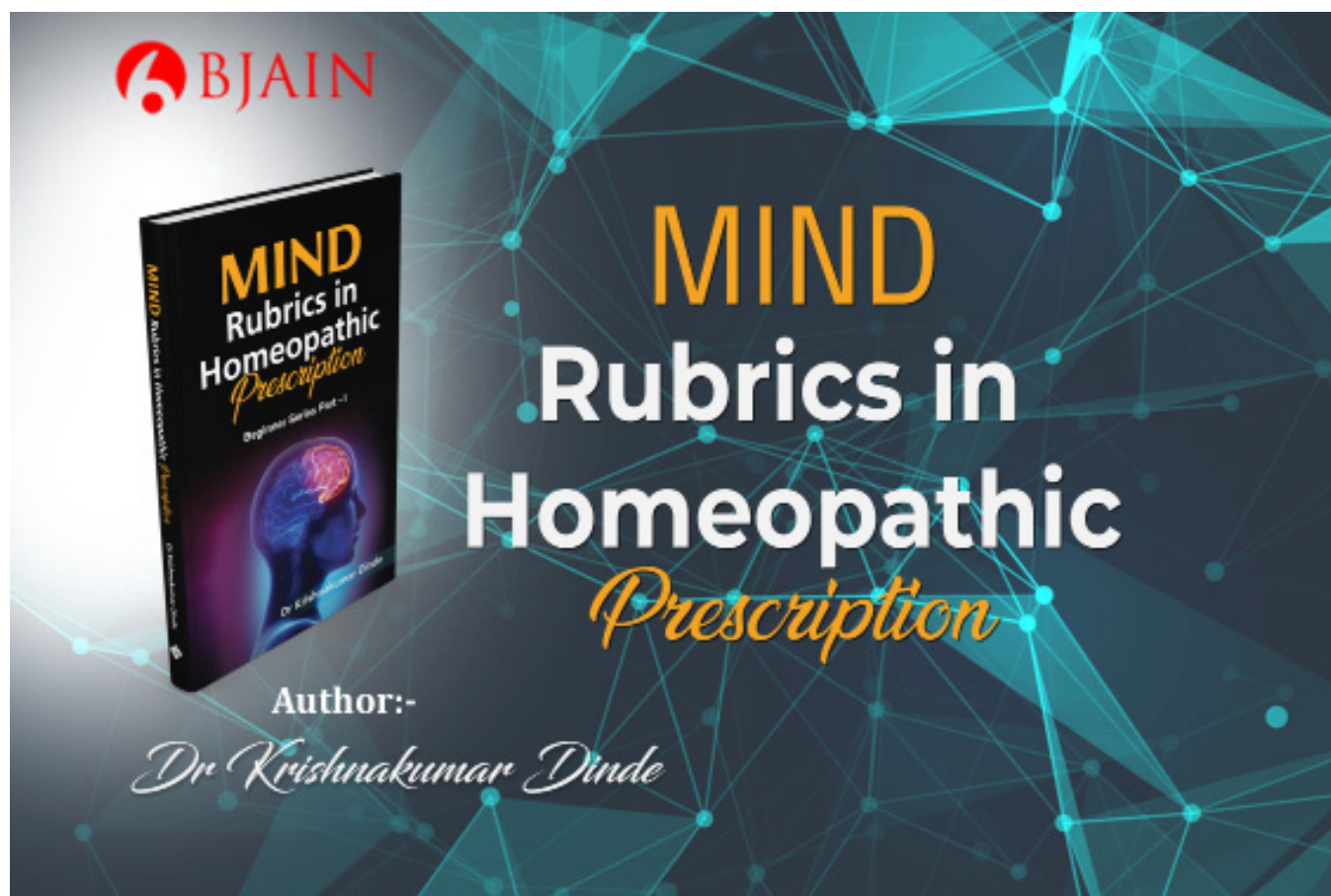
research works as well.

REFERENCES:

1. Bhatia M. Homoeopathic Case Taking [Internet]. Hpathy; 2009. Available from: <https://hpathy.com/organon-philosophy/case-taking/>
2. Allen TF, von Boenninghausen CM. Boenninghausen's Therapeutic Pocket Book. New Delhi: B. Jain Publishers; 1994.
3. Hahnemann S. Organon of medicine. 5th & 6th ed. New Delhi: B Jain publishers (P) Ltd.; 2021.
4. Schroyens F. Synthesis repertorium homoeopathicum syntheticum. 9.1 ed. New Delhi: B Jain publishers (P) Ltd.; 2005.

ABOUT THE AUTHOR

1. **Dr. Tasneem Hashmi**, M.D. Scholar, Pandit Jawaharlal Nehru State Homeopathic College and Hospital, Kanpur
2. **Dr. Sankha Subhra** Sengupta, Junior Resident, Case Taking & Repertory, Pt. Jawaharlal Nehru State Homoeopathic Medical College & Hospital, Kanpur, Uttar Pradesh, India





"Non-Surgical Expulsion of Renal Stone with Constitutional Homeopathic Medicine: A Case Report"

Dr Neha Nagar, Dr Ravi Kumar Poswal, Dr Ajay Kumar, Kanak Singhal

ABSTRACT

Introduction-It is estimated that approximately 2% of the population experiences renal stone disease at some-times in their life with male-female ratio of 2:1. Uroliths less than 5 mm in size are usually excreted spontaneously in the urine, but only 50% of stones 5-7 mm in size are excreted spontaneously. Stones larger than 7 mm usually require expensive medical procedures, such as shock wave lithotripsy or surgery to remove the stone. **Case summary-** A 35 years old male patient presented with continuous severe pain in the left renal region for 5 days. A 6 mm calculus was found in the left vesico-ureteric junction causing left-sided hydronephrosis with haematuria and grade 1 hepatomegaly size 17 cm with fatty liver, diagnosed by USG (Ultrasonography). Eminent stone centre advised him to go for surgery but he won't and willingly choose homoeopathic treatment. According to the symptoms similarity, homoeopathic medicine *Lycopodium clavatum* 0/1 was prescribed. Subsequently, the stone was expelled through urine. **Conclusion:** This case study provides an example of successful non-surgical expulsion of renal calculi with Homoeopathic treatment alone and without using any modern analgesics.

Key Words- Constitutional treatment, Homoeopathy, Renal calculi, Reprtorization

Abbreviation- KSD (kidney Stone Disease)

INTRODUCTION

In India, KSD (Kidney stone disease) is prevalent, with an expectancy of 12% in a total population reported to be prone to urinary stones . Renal stone belt occupies areas of Maharashtra, Gujarat, Rajasthan, Punjab, Haryana, Delhi, Madhya Pradesh, Bihar, and West Bengal .The process of forming renal stones, generally begins when urine becomes supersaturated with insoluble materials like Calcium oxalate, Uric acid and Urates, etc. Stones are more common in the upper and lower urinary tracts. Renal calculi can form at any age, but males of 30-40 years of age are more at risk of developing stones in the industrialized countries while children under 10 years of age in the developing countries are at more risk .

Incidence: approximately 2% of the population

experiences renal stone disease at sometimes in their life. About half of people who have had a kidney stone will develop another stone within 10 years.

- Gender: Male - female ratio - 2:1.
- Age: The highest incidence is observed in the 20th to 30th years of life.

Renal calculi are characterised clinically by colicky pain (*renal colic*) as they pass down along the ureter and manifest by haematuria.

Different types of urinary calculi-

1. Calcium stones- Calcium stones are the most common about 75% of all urinary calculi.

2. Mixed Stones= About 15% of urinary calculi are made of magnesium-ammonium-calcium

phosphate, also called as 'struvite stones' or 'triple phosphate stones'.

3. Uric acid stones -Approximately 6% of urinary calculi are made of uric acid.

4. Cystine stones -Cystine stones comprise less than 2% of urinary calculi.

5. Other calculi -Less than 2% of urinary calculi named as xanthine stones.

General clinical features of urinary calculi-

- **Renal pain-** Patient will feel dull aching to pricking type of pain posteriorly in the renal region.
- **Ureteric colic-** When the stone is there in the pelviureteric junction or anywhere in the ureter, it results in severe colicky pain originating at the loin and radiating to the groin.
- **Haematuria-**common with renal stone because the majority of stones are oxalate stones. The quantity of blood lost is small but it is fresh blood comes with urination.
- **Recurrent urinary tract infection-** Fever with chills and rigors, burning micturition, along with increased frequency of micturition.

Treatment- Urgent intervention is most often needed in acute obstruction. If a stone enters the ureter, the obstruction can reduce glomerular filtration rate, reduce renal blood flow, and cause hydronephrosis. However, stones of less than 0.5 cm diameter may pass spontaneously without causing any symptoms, and those more than 0.5 cm diameter can cause ureteric obstruction and colic. Stones of 0.5–0.7 cm size have a 50% chance of passage but those larger than 0.7 cm almost always require surgical intervention.

Case Report-

A 35 years old male patient on date- 25/05/2023 complaints of severe pain in left side of back since 10 days. Urine came drop by drop with blood also came out with urine at the end of urination. Stitching type of pain with burning sensation.

He was came with USG(ultrasonography) findings were 6mm calculus in left vesico- ureteric junction (VUJ) with grade -1 hydroureterone-

phrosis with mild hepatomegaly with fatty liver grade-1 also.

History of Presenting Complaints-

He was apparently well. Suddenly 10 days back in night mild pain was noticed in left side of back off and on ,intensity of pain was suddenly increased ,consulted Allopathic physician for the same, advised to performed USG. It was a known case of Renal calculi with mild hepatomegaly.

Past History-At the age of 17 years , he had malaria fever took Allopathic treatment for the same

Family History-Mother- Died due to blood cancer

Father - Hypertension

Physical Generals-

Appetite-increased but pain in stomach while eating

Thirst- complete thirst less

Desire-cheese

Bowel movements were quite regular .

Urine- urine comes drop by drop, burning, blood come out at the end of urination

Dreams- in his dreams always saw animals

Mental Generals-

Marked anxiety especially in evening only, he feels restless at night.

Local Examination-

Tenderness on palpation on left side of back and below ribs

Totality of symptoms after analysis and evaluation -

1-Marked anxiety in the evening only

2-Restless at night

3-Appetite increased but pain with eating

4-Complete thirstless

5-Desire for cheese

6-Blood comes out with urine in last part during urination

7-Repeated dreams of animals

8-Left side Renal calculi

9-Stitching type of pain

10-Burning with pain during urination

11-Urine comes drop by drop

Conversion of symptoms into rubrics. As follows

S.NO	SYMPTOMS	RUBRIC
1	Marked anxiety in the evening only	Mind-Anxiety-evening
2	Restless at night	Mind-restless-night
3	Appetite increased but pain with eating	Stomach-Appetite-pain in stomach with
4	Complete thirstless	Stomach-thirstless
5	Desire for cheese	Stomach-desire-cheese
6	Blood comes out with urine in last part during urination	Urine-bloody-last part
7	Repeated dreams of animals	Sleep-dream-animals
8	Left side Renal calculi	Urine-sediments-renal calculi
9	Stitching type of pain	Kidney-pain-ureter-stitching
10	Burning with pain during urination	Bladder-pain-burning-urination during
11	Urine comes drop by drop	Bladder-urination-dribbling

Table-1 (Conversion of symptoms into rubric)

Reprtorization sheet-

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. MIND - ANXIETY - evening (74)	1	2	2	2	2	1	3	1	1	1	3	1	1	2	2	2
2. MIND - RESTLESSNESS, nervousness - night (168)	1	3	3	2	1	1	2	3	1	1	3	3	1	1	3	3
3. STOMACH - APPETITE, - Increased (hunger I...	(4)	1	1	1	1	1	1	1	2	2	2	1	2	1	1	1
4. STOMACH - THIRSTLESS (87)	1	2	3	1	1	1	2	1	3	2	2	1	2	1	1	1
5. STOMACH - DESIRES - cheese (6)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. URINE - BLOODY - last part (10)	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
7. SLEEP - DREAMS, - animals (23)	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1
8. URINE - SEDIMENT - renal calculi (17)	1	3	2	2	2	1	1	1	1	1	1	1	1	1	1	1
9. KIDNEY-URINARY ORGANS - PAIN - stitchin... (58)	1	2	1	1	2	2	2	1	1	1	2	1	2	2	1	1
10. BLADDER-URINARY ORGANS - PAIN - burni... (12)	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
11. BLADDER-URINARY ORGANS - URINATION, ... (89)	1	2	3	1	3	3	2	3	1	1	1	1	1	1	3	2

FIGURE- 1 (Repertorization sheet)

Repertorial Result-

1-*Lycopodium clavatum*-19/10

2-*Pulsatilla nigricans*-17/8

3-*Phosphorus*-12/8

4-*Cantharis* -12/7

5-*Nux vomica*-12/7

Prescription-

Lycopodium clavatum 0/1 in 100 ml /TDS was prescribed

on first visit (25/05/2023) considering the reportorial totality and constitutional approach.

Justification of prescription-

Lycopodium covers maximum rubrics with maximum numbers, after consulting *Materia medica*.

follow Up -

S.no	Date	Follow-up	Prescription	Justification of prescription
1-	26/05/23	After taking 1 dose of medicine, his pain slight increased, burning also increased.	Advice to take medicine same as prescribed before	Here in this case it was only a Homoeopathic aggravation in this temporarily increasing of existing symptom, which need no change in prescription.
2-	27/05/23	He visited to show USG reports (self-referred) again which was done on 27/05/23 -Size and position of calculus was same -No changes in hydroureteronephrosis - but mild hepatomegaly grade-1,liver size which was 17 cm on 24/05/23,now 16 cm after taking medicine only for 1 day	Advice to take medicine same as prescribed before	
3-	3/06/23	Pain better Burning better Slight bleeding comes out yesterday while urinating, he suspect that stone has gone	<i>Lycopodium</i> 0/1,TDS for 5 days	
4-	5/06/23	Surprisingly stone expelled out No pain No burning No bleeding Mentally patient feels relaxed	<i>Lycopodium</i> 0/1,TDS for 15 days	

TABLE-2 (FOLLOW-UP)

RESULT-

In this present case constitutional Homoeopathic medicine given after case taking and repertorization. Medicine selection was done by consulting the Materia Medica. 6mm calculus in left vesico-

ureteric junction which was causing grade -1 hydronephrosis to the patient, completely got cured after taking 12 days treatment only. His hepatomegaly with fatty liver grade-1 size which was 17 cm on his first visit now it become 15.5 cm.



NAME: MR.ASHISH AGGARWAL DATE:-24/05/2023
AGE- 35 YR/M REFF BY: DR.GHULAM

USG WHOLE ABDOMEN

Liver: is mildly enlarged measuring ~ 17 cm and shows increased echogenicity. IHBR are normal. CBD and PV are normal in course and caliber.

Gall bladder: Normally distended. Lumen is echofree. Wall thickness is normal.

Kidneys: Both kidneys are normal in size, shape and echotexture. Renal sinus echoes are normal. Corticomedullary differentiation is normal. **There is mild dilation of left pelvicalyceal system and ureter. Left vesico-ureteric junction (VUJ) calculus measuring ~ 6mm.**

Pancreas: Normal in size, shape and echotexture.

Spleen: Normal in size, shape and echotexture

Urinary bladder: has normal distention. Wall thickness is normal.

Prostate: is normal shape, size & echotexture.

No evidence of free fluid in abdomen seen.


IMPRESSION:

- Mild hepatomegaly with fatty liver grade-I. (Adv- LFT and Lipid profile correlation)
- Left vesico-ureteric junction (VUJ) calculus with grade-I hydronephrosis.

❖ This is a professional opinion based on imaging finding and not the diagnosis.

❖ Not valid for medico-legal purposes.

❖ In case of any discrepancy due to machine error or typing error, please get it rectified immediately.


DR. IFAT ALI
M.B.B.S., M.D.
CONSULTANT RADIOLOGIST

FACILITIES : • 24 Hours Emergency • Advance Trauma Centre • Fully Automated Pathological Lab
• Digital X-Ray • HSG • Ultrasound • Pharmacy • ECG • Physiotherapy • Dental Care • Charitable OPD

Not For Medico Legal Purpose

Figure-2 (USG Reports done on 24/05/23)



Figure-3 (USG Reports done on 24/05/23)



DATE:-27/05/2023

NAME: MR.ASHISH AGGARWAL

AGE- 35 YR/M

REF BY: DR.GHULAM

USG WHOLE ABDOMEN

Liver: is mildly enlarged measuring ~ 16 cm and shows increased echogenicity. IHBR are normal. CBD and PV are normal in course and caliber.

Gall bladder: Normally distended. Lumen is echofree. Wall thickness is normal.

Kidneys: Both kidneys are normal in size, shape and echotexture. Renal sinus echoes are normal. Corticomedullary differentiation is normal. **There is mild dilation of left pelvicalyceal system and ureter. Left vesico-ureteric junction (VUJ) calculus measuring ~ 6 mm.**

Pancreas: Normal in size, shape and echotexture.

Spleen: Normal in size, shape and echotexture

Urinary bladder: has normal distention. Wall thickness is normal.

Prostate: is normal shape, size & echotexture.

No evidence of free fluid in abdomen seen.


IMPRESSION:

- Mild hepatomegaly with fatty liver grade-I.
(Adv- LFT and Lipid profile correlation)
- Left vesico-ureteric junction (VUJ) calculus with grade-I hydronephrosis.

❖ This is a professional opinion based on imaging finding and not the diagnosis.

❖ Not valid for medico-legal purposes.

❖ In case of any discrepancy due to machine error or typing error, please get it rectified immediately.


DR. IFFAT ALI
M.B.B.S, M.D.
CONSULTANT RADIOLOGIST

FACILITIES : • 24 Hours Emergency • Advance Trauma Centre • Fully Automated Pathological Lab
• Digital X-Ray • HSG • Ultrasound • Pharmacy • ECG • Physiotherapy • Dental Care • Charitable OPD

Not For Medico Legal Purpose

Figure-4(USG Reports done on 27/05/23)

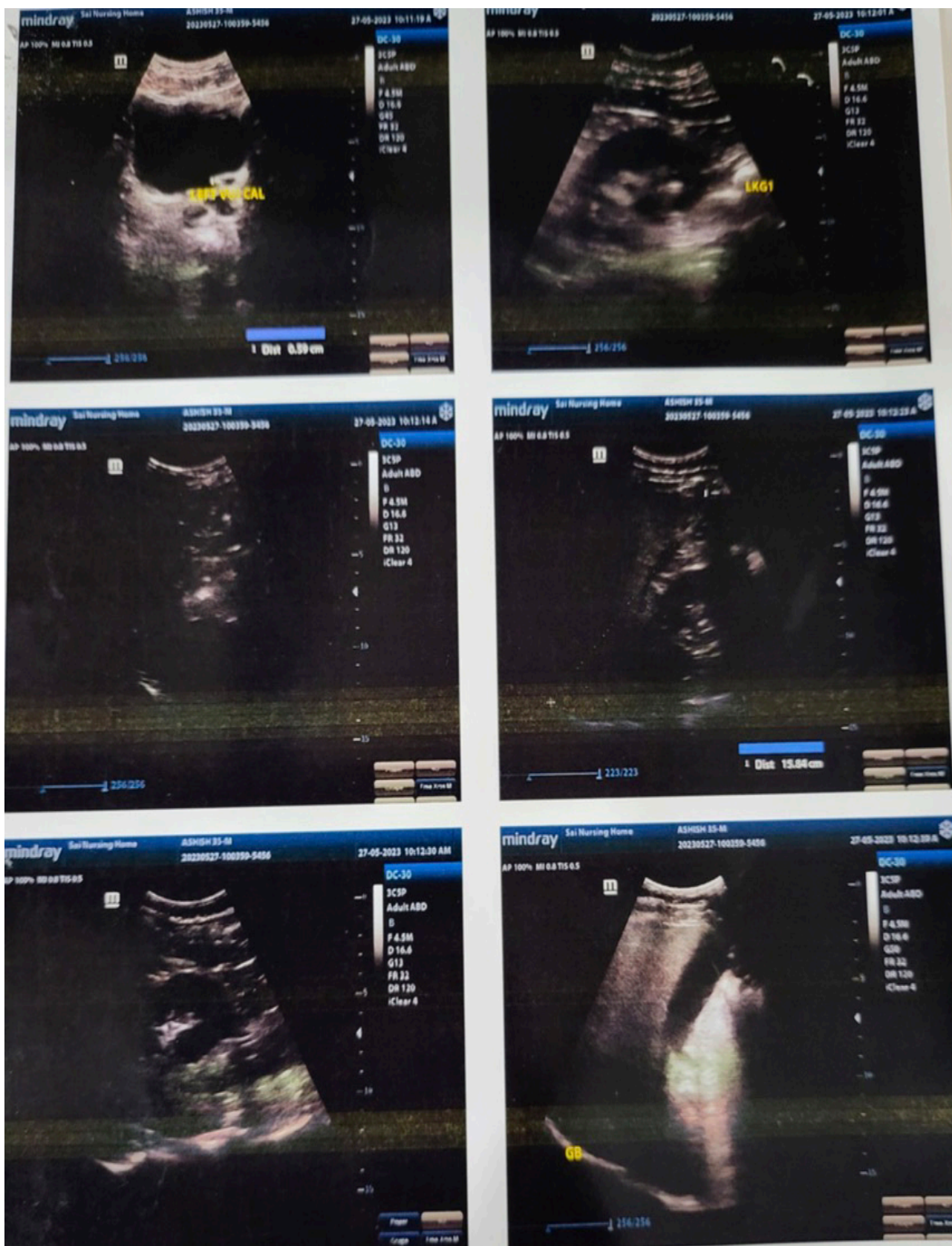


Figure-5(USG Reports done on 27/05/23)



NAME: MR. ASHISH AGE- 33 YR/ M DATE: 05/06/2023
REF BY: SELF

USG WHOLE ABDOMEN

Liver: Mildly enlarged in size ~ 15.5 cm with mild increase in echogenicity. IHBR is normal. CBD and PV are normal in course and caliber.

Gall bladder: Normally distended. Lumen is echofree. Wall thickness normal.

Kidneys: Both kidneys are normal in size, shape and echotexture. renal sinus echoes are normal. Corticomedullary differentiation is normal.

Pancreas: Normal in size, shape and echotexture.

Spleen: Normal in size and echotexture.

Urinary bladder: has normal distention. Wall thickness is normal.


Prostate: is normal shape, size & echotexture.

No evidence of free fluid in abdomen seen.

IMPRESSION:

- Mild hepatomegaly with Fatty liver grade –I.

- ❖ Kindly review patient for appendix and mesenteric lymphadenopathy from linear probe
- ❖ This is a professional opinion based on imaging finding and not the diagnosis.
- ❖ Not valid for medico-legal purposes.
- ❖ In case of any discrepancy due to machine error or typing error, please get it rectified immediately.


DR. IFFAT ALI
M.B.B.S. M.D.
CONSULTANT RADIOLOGIST

FACILITIES : • 24 Hours Emergency • Advance Trauma Centre • Fully Automated Pathological Lab
• Digital X-Ray • HSG • Ultrasound • Pharmacy • ECG • Physiotherapy • Dental Care • Charitable OPD

Not For Medico Legal Purpose

Figure-6 (USG Reports done on 05/06/23)

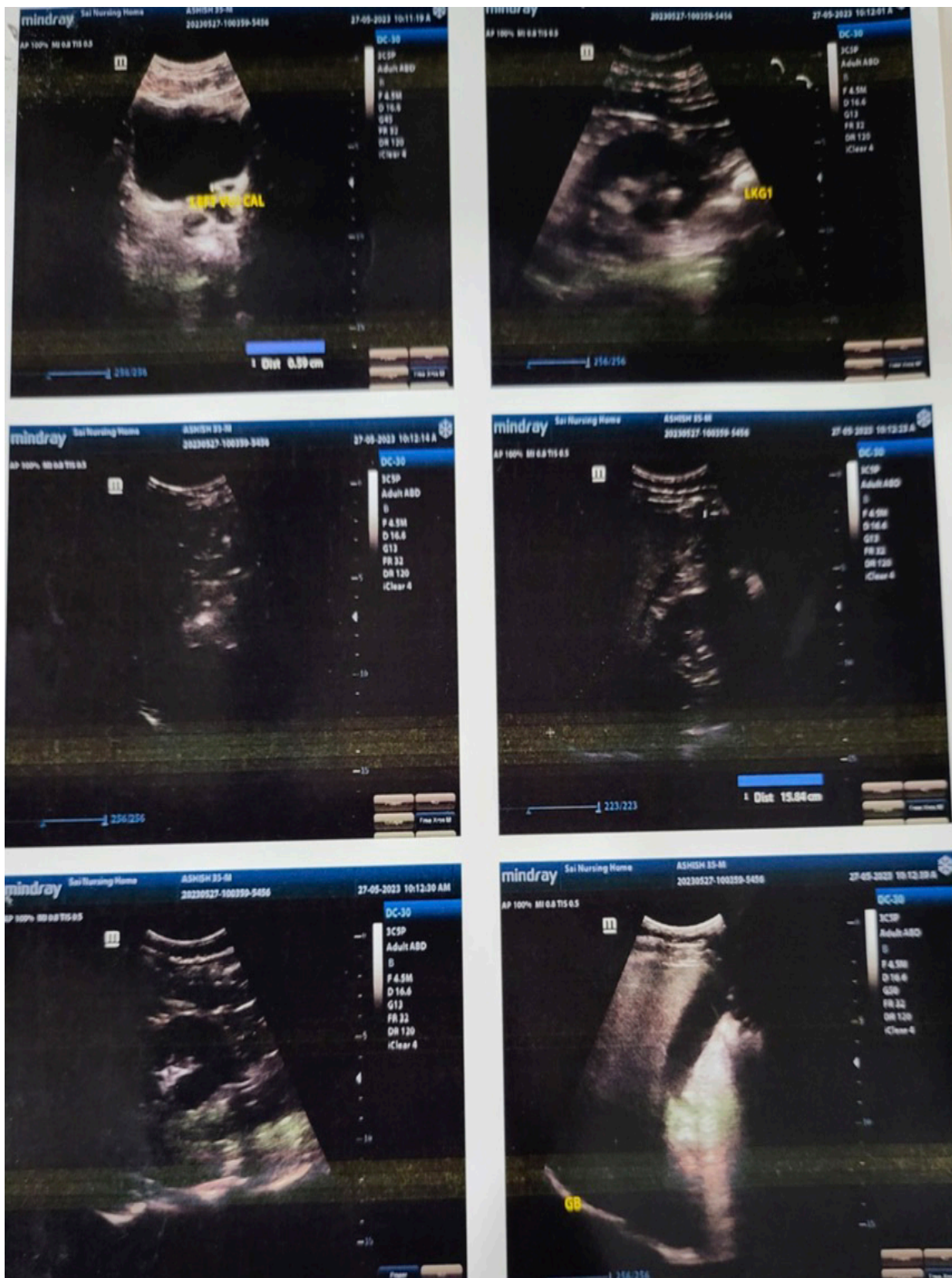


Figure -7 (USG Reports done on 05/06/23)

DISCUSSION

In the presented case, the renal stone of size 6 mm was expelled after constitutional homoeopathic treatment. There were marked improvement in the patient also evident by the USG ,calculus expulsion with -in 12 days. This case report demonstrates management of surgical cases by the homoeopathic medicine. It is though very important to strictly follow the principles laying the foundation of homoeopathy, which are essential for the successful treatment. However, to further substantiate the role of homoeopathy in renal stone, clinical trials are warranted.

CONCLUSION

This case of renal stone shows that homoeopathic medicine when prescribed on the basis of constitutional approach can remove the stone even more than 0.6 cm diameter size.

DECLARATION OF PATIENT'S CONSENT

The authors certify that they have obtained appropriate patient consent. In the consent form, the patient has given his consent for his clinical information to be reported. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil.

CONFLICTS OF INTEREST

None declared.

REFERENCES

1. Nalini H. Sofia. Manickavasakam. K. Thomas M. Walter. Prevalence and risk factors of kidney stone. Global Journal For Research Analysis. 2016 Mar;5(3).
2. Guha. M.Banerjee.H. Mitra. Das, M. Demographic Diversity of Food Intake and Prevalence of Kidney Stone Diseases in Indian Continent. National Library of Medicine. 2019 Jan 21;8:37.
3. Parmar MS. Kidney stones. BMJ. 2004 Jun 12;328(7453):1420-4. doi: 10.1136/bmj.328.7453.1420. PMID: 15191979; PMCID: PMC421787.
4. Asplin JR, Ceo FL, Favus MJ. Nephrolithiasis. 2008. In: Braunwald E, Hauser SL, Fauci AS et al. (eds), *Harrisons Principle of Internal Medicine*, Vol. 2., 17th edition. New Jersey: Mc Graw-Hill Medical Publishing Division, p.1816-1817.
5. Mohan H. Textbook of Pathology. 6th ed. Jaypee Brohters Medical Publishers.p.714-16.
6. Shenoy K. R. Manipal Manual Of Surgery. 5th ed. CBS; 2020.p.935-937.
7. Miller NL, Lingeman JE. Management of kidney stones. BMJ. 2007 Mar 3;334(7591):468-72. doi: 10.1136/bmj.39113.480185.80. PMID: 17332586; PMCID: PMC1808123.
8. Greenberg A. Nephrolithiasis : Primer on kidney disease. 5th ed. Saunders Elsevier; 2009. p. 387.
9. Software. RADAR OPUS PRO1.41.16 version
10. W Boericke. Pocket Manual of Homeopathic Materia Medica and Repertory and a Chapter on Rare and Uncommon Remedies. Wazirpur, Delhi, India: B. Jain Publishers; 1998.p.409-13.

ABOUT THE AUTHORS

1. **Dr Neha Nagar**, M.D.(Hom.), Assistant Professor in the Department of Repertory, Bakson Homoeopathic Medical College & Hospital, Greater Noida
2. **Dr Ravi Kumar Poswal**, M.D.(Hom.), Associate Professor in the Department of Materia Medica ,Bakson Homoeopathic Medical College & Hospital, Greater Noida
3. **Dr. Ajay Kumar** - M.D.(Hom.) - Assistant Professor in the Department of Paediatrics, Bakson Homoeopathic Medical College & Hospital, Greater Noida
4. **Kanak Singhal** - (Intern), Bakson Homoeopathic Medical College & Hospital, Greater Noida

Utility of Regional Repertories & Overview on “Uterine Therapeutics by Henry Minton”

Dr. G. Umarani



About the Reviewer

Dr. G. Umarani, Bhms, Md (Repertory), Msc(Med) Anatomy, Associate Professor, Jims Homoeopathic Medical College & Hospital

INTRODUCTION

From the time of Hahnemann till now every homoeopath feels the need of a repertory. Starting from the first repertory till to date there are more than 200 repertories to the Homoeopathic fraternity but unfortunately no repertory is complete. Every repertory has got its own advantages and limitations.

Every case has its own dimension, which decides the selection of repertory, and every repertory has its own method of repertorization².

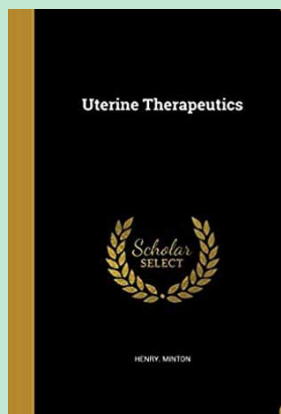
Referring to different repertories under different conditions is of utmost importance. Depending upon only one repertory for all types of cases would lead to unsatisfactory results. Case decides which repertory to choose. **So physician should have the knowledge of disease, Hahnemannian classification of diseases, analysis and evaluation of symptoms and finally knowledge about each repertory construction, philosophical background etc.,** in order to know which repertory to select in each case in order to get the best repertorization result.

CLINICAL REPERTORIES:²

Clinical repertories are those repertories which contain clinical symptoms/conditions and corresponding group of medicines facilitating the selection of a remedy on the basis of

pathological similarity, causation, modalities and concomitants. They are not commonly used for the purpose of repertorization but for the ready reference at the bedside. However, these repertories can be used for repertorization of cases where clinical conditions mask the characteristics of the patient. In such cases the physician finds the prominent common symptoms with a few modalities and concomitants at the general level. These cases need the help of clinical repertories for selecting the simillimum.²

Clinical Repertories are divided into a) covering the whole b) Covering the regions



REGIONAL CLINICAL REPERTORIES: are divided into a) On special parts b) On clinical conditions. There are many regional clinical repertories which help the practitioners to find a similar remedy.

Regional repertories mainly focus on the in-

formation relevant to a particular system or a region. They are mainly used for reference purposes, not for individualisation, but having the advantage of elaborating on a particular theme with a high degree of specificity.

Various regional repertories on female disorders:

Apart from the main repertories, there are a number of repertories on diseases of the females. They are as per their publishing years:

1878: *Boericke and Tafel*- The Homoeopathic Therapeutics of Uterine and Vaginal Discharges.

1878: *Eggert, W*- Therapeutics of Ovarian Disease.

1881: *Hempel, C. J.* – Uterine Therapeutic Materia Medica and Repertory. 1883: *Milton, H.* - Uterine Therapeutics.

1894: *Yingling, W. A.* – Repertory of Labour.

Saler, M. – Repertory of Pregnancy and Peuperium.

Uterine Therapeutics By Henry Minton ¹

Plan of study

1. Introduction
2. About the Author
3. Plan of the book
4. Special Features
5. Adaptability
6. Limitations

1. INTRODUCTION:¹

Minton's Uterine Therapeutics is one such repertory which is a useful monograph on the problems of menstruation and other related functions. It was published in 1883 by Henry Minton, A.M., M.D. as a result of 16 years of patient study and clinical practice, which commenced in the year 1867.

2. ABOUT THE AUTHOR:¹

Dr. Henry Minton was born in the year 1831. He graduated from Hahnemannian Homoeopathic Medical College of Philadelphia in 1869. He died in the year 1895.

1. He was the editor of "The Homoeopathic Journal of Obstetrics and Diseases of Women and Children".
2. Visiting physician to the Brooklyn Homoeopathic Hospital.
3. Member of American Institute of Homoeopathy.
4. Author of "Diseases of Woman and Children", "The Homoeopathist's visiting Book of Engagement and Pocket Repertory for 1959".

3. Plan of the Book:¹

The Repertory starts with the quotes of Bacon

and Horace.

THE PART I¹

contains 'The remedies and their indication'. In this section, there is alphabetical arrangement of remedies. In this section, the name of the remedy is given in BOLD CAPITALS at the center of the page followed by its common in (ROMAN CAPITALS) in brackets.

The medicines are discussed under the following headings

Menstruation:

Before Menstruation:

During Menstruation: .

After Menstruation:

Amenorrhoea:

Metrorrhagia:

Lochia Leucorrhoea:

Concomitants:

Aggravations:

Ameliorations:

This first part in Uterine Therapeutics has been written with an aim to list for the practitioner all the necessary symptoms of the medicine. This section is a complete Materia Medica in itself ready for use.¹

THE PART-II

Contains the Repertory Proper which includes the different chapters concerning the uterus and its disorders under the following sections and sub-sections.

SPECIAL FEATURES:¹

1. It contains rubrics related to females at one place, and so serves as a quick bed side reference.
2. The section "Persons remedies especially for" is a masterpiece and covers most of the

constitutions. It also serves as a confirmation stamp on the choice of remedy.

3. Concomitant symptoms of each chapter are placed along with followed by general concomitant chapter in the end which contains symptoms of person as a whole.
4. The General concomitant chapter contains the symptoms relating to the whole body and mind. It in itself forms a complete record of general symptoms.
5. If we critically compare the drugs given in this work with those of Kent's repertory (6th edition), Dictamnus and Epiera diadema are the two drugs present in this repertory but are missing in Kent's repertory.
6. Minton has quoted Dr. Hovav in Curare, Dr. Hughes in Glonoine and even Dr. Hahnemann in Dictamnus. Other than their masterpieces he had also referred to a large number of books, records, journals, magazines and pamphlets for the making of this repertory. It is a very elaborate and detailed work covering most of the symptoms.

ADAPTABILITY:²

- The first part can be used in the study of homoeopathic therapeutics as well as Materia Medica.
- It can be used as a quick reference book at the bed-side.
- Being a Clinical Repertory this book has a record of a number of clinical conditions along with the group of medicines. This serves as a necessary aid in cases where there is advanced pathology or in paucity of symptoms. However, the rubrics given are the result of clinical observations and so their use is limited to a specific number of cases.
- It helps to repertorize the following types of cases:
 - Cases rich in common symptoms
 - Cases with clinical diagnosis
 - Short cases with a few symptoms
- It can help us to find the most appropriate palliative medicine in incurable cases and help in finding out the simillimum in a specific

clinical condition.

- This contains some rubrics, which are not found in other general repertories; therefore it can become a good companion in the study of such rubrics.

Limitations:¹

- The number of medicines and Number of Clinical rubrics are limited.
- Being a clinical repertory, it is not complete and is mainly used for reference works.
- Same symptom is repeated under different rubrics or headings and again in concomitants.
- Mental condition is specifically given under "Abortion" only and not under "Amenorrhoea" or "Leucorrhoea" though it is mentioned under General concomitants.
- After Amenorrhoea, Metrorrhagia is given in therapeutic part. But in repertorial part, Abortion is added in between them; Abortion is not given as a separate heading in therapeutic part.
- Only "Lochia" is given, no other complaint of pregnancy or lying-in-period is covered.
- No clarity regarding references.
- No separate sections on aggravations and ameliorations in repertorial part.

CONCLUSION

In spite of its shortcomings, Minton's Uterine Therapeutics is a complete repertory in itself. Its therapeutic part can be utilised as a ready reference at bedside for most of the gynaecological and obstetric disorders. The repertorial part can be used in most of the present female diseases with favourable results.

REFERENCES

1. Uterine Therapeutics By Henry Minton, A.M, M.D, Newyork: A.L.Chatterton Publishing Co., 1884
2. Essentials of Repertorisation 5th edition by prof Dr. Shasikant Tiwari B Jain publisher (p) limited.
3. .Reperire 5th revised & Added edition by prof Dr.Vidyadhar R.Khanaj , Mayur Jain Indian Books & periodical Publishers.
4. An Overview of Repertories 2nd edition by Dr. D.P Rastogi ,B Jain Publishers (p) limited.



Vinay Rai



R. Harshitha



Kamal Kant



Vrinda Vakil



Aditya Gupta



Swassti kamboj



Vikas



Mahak kumara



Karan Malakar



Vasava Kashish



Trupti Mahanta



Sakshi



Ankur Kumar



Panchal Dhruvi



Samiksha



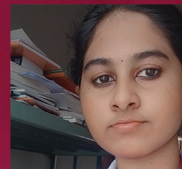
Mohd Huzefa



Nirmal Kumar



Sakthikumar S



S. Preethi



Bariya Bhakti



Dhruvin



Bavaliya



Rutvik

Congratulations

to all the winners of B Jain Books Quiz Marathon August 2023

Homeopathy360

You think, We Link...

One Stop Resource Centre For You

STAY UPDATED, STAY AHEAD

Be the voice of Homeopathy

LATEST NEWS



EVENTS



ARTICLES



VIDEOS



INTERVIEWS



CAREER & JOBS



BOOK REVIEW



Get your work published!

Email us at- articles@homeopathy360.com

Website: www.homeopathy360.com

[@homeopathy360forall](https://www.facebook.com/homeopathy360forall)

[@homeopathy360](https://twitter.com/homeopathy360)

[@homeopathy360](https://www.instagram.com/homeopathy360)