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A case of PCOS with ruptured ovarian cyst treated with a series of homoeopathic remedies

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Abstract

Homoeopathy can effectively treat and manage cases noninvasively, whereas other schools of medicine fail to give permanent cures even after employing invasive methods. For the treatment of PCOS, the usual methods used by allied medicine are prescribing Oral Contraceptive Pills to regularize the menstrual cycles or surgically rupturing the cysts but without any promise of recurrent non-regeneration of cysts. When the ovarian cyst ruptures on its own, it becomes a critical emergency situation.

Keywords: Polycystic Ovarian Syndrome (PCOS), ruptured ovarian cyst, Apis Mellifica and lycopodium

Introduction

Polycystic Ovarian Syndrome was originally described in 1935 by Stein and Leventhal and hence is also known as Stein-Leventhal Syndrome ^[1]. According to the World Health Organization report of June 2023, PCOS affects an estimated 8-13% of reproductive-aged women with up to 70% of affected women remaining undiagnosed worldwide. It is known as Polycystic Ovaries as there occurs development of a number of small painless cysts on the ovaries ^[2]. It is a prevalent endocrine condition for women of reproductive age group. Hormonal abnormalities, irregular menstrual periods, and the existence of tiny ovarian cysts are its defining features. The ovaries of women without PCOS usually have a smooth surface, walnut-like structure, and a capacity of about 4-6 cc each. Nonetheless, the ovaries can grow and become heavy with PCOS, frequently weighing more than 10 ml. The aggregation of several tiny follicles that may not mature normally is the cause of this enlargement. This might result in hormonal imbalances and an increase in the production of androgens, or male hormones, such as testosterone. PCOS hormone abnormalities can cause a variety of symptoms, such as irregular menstruation, infertility, acne, hirsutism, or excessive hair growth and weight gain. In polycystic kidney disease, the name "poly" denotes "many," signifying the existence of several tiny follicles, and "cyst" denotes the sacs filled with fluid that these follicles generate. These cysts are caused by the follicles not maturing properly and staying as tiny sacs within the ovary; they are not the same as pathogenic cysts. One of the main features of polycystic ovarian syndrome (PCOS) is the build-up of immature follicles, which also contributes to the hormonal imbalances and irregular ovulation that are observed in this condition ^[3]. The complications that may arise from the long-continued condition of PCOS are the development of infertility, abortion, TSH abnormality, acanthosis nigricans ^[4], anxiety, depression, diabetes mellitus, endometrial carcinoma, hypertension, cardiovascular disease, sleep apnoea ^[5], rupture of ovarian cyst ^[6].

Case

A 25-year-old unmarried female patient came on 26/8/2020, with a complaint of irregular menses with decreased flow for the last 3-4 months. She also complained of dysmenorrhoea with backache and lower abdominal pain, before and during menses. She was hospitalized on 3/7/2020 due to a ruptured ovarian cyst. She had severe abdominal pain, vomiting, and excessive bleeding due to the rupture of the cyst and had to be admitted to an emergency as her condition was critical. The event had left fear in her as she was advised to operate to avoid a similar situation in the future. She was prescribed oral contraceptive pills to regularise her menses.

Chief Complaints: Irregular menses with decreased blood flow for the last 3-4 months
 Dysmenorrhoea - backache and lower abdominal pain, before and during menses.
 No complaint of leucorrhoea.
 Past History: Enteric Fever - twice, 2 years back
 Family History: Father - Hypertension
 Mother - on psychiatric treatment
 Physical Generals: Desire: Spicy
 Aversion: Sweet, Milk
 Thirst: around 1.5 to 2 liters/day, 1 glass at a time
 Thermal: Chilly
 Bowel: Normal
 Bladder: Normal
 Sleep: sound
 Dreams: Nothing Significant
 Menstrual History: Irregular with decreased flow since last 3-4 months
 Cycle: 2-3 days/ 35-45 days
 Colour: Blackish discharge of blood
 Smell: No foul smell
 Staining: stains cloths
 LMP: 10/8/2020, after 1 course of OCPs
 Previous LMPs: 25/5/2020, followed by 3/7/2020

Mental Generals: She has studied B. Com and is presently a school teacher.
 She is not very talkative.
 She likes to remain alone and has an aversion to crowded places.
 She has very few friends.
 She throws away things when angry.
 She has a fear of crowd/dark / being alone in the dark.
 She also has stage fear.

Physical Examination: Weight: 36 kg
 Height: 5 feet, 1 inch
 Conjunctiva: pale
 Investigations: Haemoglobin: 10.3 gm/dL (4/7/2020)
 Ultra Sonography: Left Ovarian Simple Cyst measuring 4.4 * 3.2 cm (3/7/2020) (attached)
 Totality: Ovarian Cyst
 Desire: Spicy
 Aversion: Sweet, Milk
 Thermal: Chilly
 Fear crowd
 Fear dark

The Repertorisation Chart is shown in Figure 1.

The screenshot shows a software interface for a repertorisation chart. At the top, it says 'Repertorisation: Normal'. Below this is a toolbar with various icons. The main area is a grid with 'Remedy Name' in the first column and 'Symptom Covered' in the second column. The grid contains numerical values for various remedies across different symptoms. At the bottom, it shows 'Symptoms 7' and 'Remedies 344'.

Fig 1: Repertorisation chart

Prescription: 26/8/2020
 Apis Mellifica 30, 5 globules OD, single dose on empty stomach, tomorrow morning

Followed by Apis Mellifica 200, 5 globules OD, single dose on empty stomach, on 3/9/2020
 Along with Ferrum Metallicum 3x, 4 tab, QDS

Table 1: The follow up details

Date	Symptoms	Prescription
8/9/2020	No present complaint. LMP: 10/8/2020	Apis Mellifica 1M, 5 globules OD, single dose on empty stomach on 10/9/2020 Ferrum Metallicum 3x, 4 tab, QDS
15/9/2020	Menses on 9/9/2020 for 2 days, no complaint of dysmenorrhoea	Apis Mellifica 1M, 5 globules OD, single dose on empty stomach on 24/9/2020 Ferrum Metallicum 3x, 4 tab, QDS
28/9/2020	No present complain	Ferrum Metallicum 3x, 4 tab, QDS
7/10/2020	No present complain	Apis Mellifica 1M, 5 globules OD, single dose on empty stomach on 8/10/2020 Ferrum Metallicum 3x, 4 tab, QDS
19/10/2020	LMP:10/10/2020 for 3 days, no complaint of dysmenorrhoea	Apis Mellifica 1M, 5 globules OD, single dose on empty stomach on 22/10/2020 Ferrum Metallicum 3x, 4 tab, QDS
4/11/2020	No present complain	Thuja Occidentalis 1M, 5 globules OD, single dose

		on empty stomach on 5/11/2020 Apis Mellifica 1M, 5 globules OD, single dose on empty stomach on 12/11/2020 Ferrum Metallicum 3x, 4 tab, QDS
25/11/2020	LMP: 8/11/2020 for 3 days, no complaint of dysmenorrhea	Carcinosin 1M, 5 globules OD, single dose on empty stomach on 26/11/2020 Lycopodium 30, 5 globules OD, single dose on empty stomach on 3/12/2020 Ferrum Metallicum 3x, 4 tab, QDS
16/12/2020	LMP: 12/12/2020, late by 4 days, for 2 days only	Lycopodium 200, 5 globules OD, single dose on empty stomach on 17/12/2020 Ferrum Metallicum 3x, 4 tab, QDS
30/12/2020	No present complain	Lycopodium 1M, 5 globules OD, single dose on empty stomach on 31/12/2020 Ferrum Metallicum 3x, 4 tab, QDS
12/1/2021	LMP: 10/1/2021, for 2 days only	Lycopodium 10M, 5 globules OD, single dose on empty stomach on 14/1/2021 Ferrum Metallicum 3x, 4 tab, QDS
29/1/2021	No present complain Weight: 37 kg	Lycopodium 0/1, 5 pills OD, single dose on empty stomach on 30/1/2021 Ferrum Metallicum 3x, 4 tab, QDS
16/2/2021	LMP: 6/2/2021 Weight: 37.3 kg Advise: USG	Carcinosin 1M, 5 globules OD, single dose on empty stomach on 17/2/2021 Ferrum Metallicum 3x, 4 tab, QDS
6/3/2021	Weight: 37.6 kg USG: Normal	Lycopodium 0/1, 5 pills OD, single dose on empty stomach on 7/3/2021 Ferrum Metallicum 3x, 4 tab, QDS
20/4/2021	LMP: 7/4/2021 Previous LMP: 7/3/2021 Weight: 37.15 kg	---



Fig 2: Before treatment

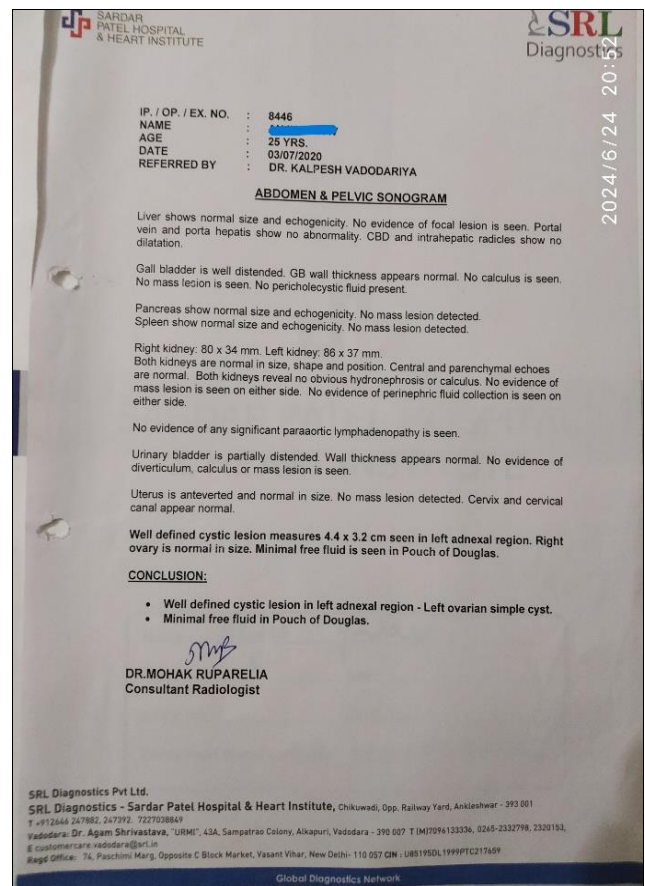


Fig 3: After treatment

Results

The patient was cured of polycystic ovary and had regular menstrual cycles. She has no complaint related to PCOS or menses, to date.

Discussion

The patient presented after an episode of hospitalisation due to a ruptured ovarian cyst. She was initially treated with the specific medicine Apis Mellifica, which is found under the

rubric of Genitalia, female, tumours, ovaries, and cyst in Kent Repertory. The selection of the specific medicine from the group of 10 remedies was made on the symptom that the patient was clumsy. She dropped things easily. Under the specific treatment, the patient was improving and getting her menses regularly, but Homoeopathy is not about specifics. Specifics help to palliate a condition, especially in case of emergency. Homoeopathy is about individualised treatment. Hence to cure her permanently, her constitutional remedy, as per her physical and mental generals was found to be Lycopodium, which was then prescribed in gradually increasing potency along with inter current prescription of anti-miasmatic and nosode, which completely cured her permanently, to the fact that till date, after more than 3 years of treatment, she has no complaint of PCOS or menses.

Conclusion

Homoeopathy treats the man in disease and not the disease in man, is an age-old saying but stands true even today. Every science has its limitations. In case of emergency, when the condition of a patient is critical, hospitalisation is required and it is of utmost importance to stabilise the patient. In the present case, the patient had presented after being hospitalised. Initially, to regularise the menstrual cycle of the patient without OCPs, a specific remedy was prescribed which was selected according to the acute totality of the patient. Moreover, the patient's constitutional remedy as per her mental generals and other symptoms, turned out to be Lycopodium but as H. C Allen has mentioned in Keynotes 'It is rarely advisable to begin the treatment of a chronic disease with Lycopodium unless clearly indicated; it is better to give first another antipsoric,' so a specific was initially prescribed before using Lycopodium. Also, as Hahnemann, while studying chronic diseases, came up with the use of anti-miasmatic remedies to stop the recurrence of chronic ailments, anti-miasmatic medicines, and nosode were used as intercurrent. Hence, when used correctly, following the guidelines of the stalwarts, Homoeopathy never fails to amaze us. It is a wonderful science with immense potential.

Consent of Patient

Patients has agreed that their reports and other clinical information can be used for research work and can be reported in the journal. The patient understood his name and initials will not be included in the manuscript and due efforts will be taken to conceal his identity.

Conflict of interest: None

Acknowledgment

The author acknowledges the consent given by the patient to use her case and report for research and publication.

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