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Miasmatic evolution in polycystic ovarian syndrome with reportorial analysis

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Abstract

Polycystic Ovarian Syndrome (PCOS) is a common endocrinopathy typified by oligo-ovulation or anovulation, signs of androgen excess, and multiple small ovarian cysts. In case of Polycystic Ovarian Syndrome, it is the Psoric miasm which initially brings about functional changes followed by involvement of Sycotic miasm which leads to cystic changes in ovary. Polycystic Ovarian Syndrome, therefore, is the result of combinations of Psoric and Sycotic miasms in the sick individual, which through neuro-hormonal pathway, leads to imbalance of hormones and formation of cysts. The reportorial it is been emphasized with best possible rubrics which can be used while treating Polycystic Ovarian Syndrome.

Keywords: Polycystic Ovarian Syndrome (PCOS), miasm, psoric, sycotic, repertory

Introduction

Polycystic ovarian condition is the presence of different growths in ovaries which happen when standard changes of an ordinary period are upset. This heterogeneous problem is portrayed by inordinate androgen creation by the ovaries predominantly, which meddles with the conceptive, endocrine and metabolic capacities [1].

PCOS influences for the most part of conceptive age. It influences 10% of ladies of conceptive age bunch. An expected 5-10% ladies of childbearing age have PCOS. It is pervasive in youthful conceptive age bunch (20-30%) [2].

Irving Frailer Stein (1887-1976) and Michael Leo Leventhal (1901-1971), American gynecologist was the distributor of primary portrayal of polycystic ovary disorder in 1935. PCOS is otherwise called Stein Leventhal Syndrome. The soonest distributed portrayal of an individual with what is presently perceived as PCOS was in 1721 in Italy. Growth related changes to the ovaries were portrayed in 1844 [3].

Definition

According to Williams's gynecology: "PCOS is a common endocrinopathy typified by oligo-ovulation or anovulation, signs of androgen excess, and multiple small ovarian cysts".⁴

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" [5].

According to Salhan Sudha's textbook of gynaecology: "Polycystic ovarian syndrome is a complex endocrine disorder characterized by chronic anovulation and androgen excess with clinical manifestations of irregular cycles, hirsutism, acne and obesity" [6].

Clinical Features

Menstrual abnormalities

- Oligomenorrhoea
- Amenorrhoea
- Episodic menometrorrhagia with anemia.

Central Obesity

- BMI >30kg/cm

- Waist line > 35"
- Infertility
- Hirsutism
- Acne
- Seborrhoea^[7].
- Acanthosis nigricans Hair- An- syndrome: characterised by the hyper androgenism, insulin resistance and acanthosis nigricans^[8].
- Increased first trimester miscarriage
- Androgenic alopecia
- Increased terminal (coarse) hair growth in midline structures (face, neck, and abdomen).

Virilization

- Clitoromegaly
- Deepening of the voice
- Temporal balding or masculinisation of body habitus.⁹
- Decreased breast size
- Recurrent spontaneous abortion.

Other Symptoms Include

- Exhaustion or lack of mental alertness.
- Sleep apnea or excessive snoring.
- Thyroid problems.
- Virilization (20%)^[10].
- Skin tags or tiny excess flaps of skin in the armpits or neck area.
- Midcycle pain indicating painful ovulation due to the enlargement and blockage of the surface of the ovaries.
- HAIR-AN syndrome: Characterized by hyperandrogenism, insulin resistance, acanthosis nigricans^[2].
- Psychological problems: Emotional wellness issues including bipolar turmoil and gorging issue additionally happen all the more regularly in ladies with PCOS. Studies have detailed that ladies who have PCOS are more inclined to misery, uneasiness, low confidence, negative self-perception, and psychosexual brokenness, negative effect of state of mind aggravation, helpless confidence and diminished mental prosperity on inspiration and on capacity to carry out and support fruitful way of life changes^[11].

Homoeopathic Review of Literature

Homoeopathy can be defined as a system of therapeutics based on the law of similar. A successful application of the law of similar rests entirely on the ability of the prescriber to identify a portrait in the picture gallery of the homoeopathic materia medica as exactly similar to the portrait of the disease as revealed by the patient^[12].

Polycystic Ovarian Disease-Homoeopathic Perspective

A woman's most vulnerable region frequently is by all accounts associated with her reproductive system and its related hormones, the system is sensitive however it is regularly treated rather gracelessly by current medication. Numerous issues can be settled by protected homeopathic treatment, just as by dietary change, for non-steady conditions^[13].

According to homeopathic philosophy, it is the individual in general who is debilitated regardless of whether her organ seems, by all accounts, to be influenced by the illness cycle. The patient, in this way must be dealt with comprehensively, as such, psychosomatically. The patient in

infection must be thought of and not the sickness in quiet. Such methodology of treatment eliminates the impact of illness (pathology) yet in addition demolishes the reason for sickness (etiology) prompting perpetual recuperation of wellbeing. Repeat of infection can likewise be evaded by comprehensive method of treatment. The most incessant area of the sycotic appearances in ladies is in the pelvic organs and the more persistent sorts incorporates the cystic degeneration of ovaries^[14].

Master Hahnemann Says

"True natural chronic diseases owe their origin to chronic miasm, constantly extending and without carefully regulating mental and bodily functions, they will never tend to cease the suffering till the end of his life" (§78)^[15].

Chronic diseases, according to Hahnemann, are produced due to three basic miasmatic constitutional disturbances or chronic miasm. The chronic miasms giving rise to all forms of chronic disease are psora, syphilis, sycosis.

Further, he mentioned the chronic latent psoric state as a 'sleeping' chronic disease which can be awakened by incidents and life circumstances like excessive hardships, laboring in swamps, bodily injuries, and wounds, excess of cold or heat and even the unsatisfied hunger of poverty. But much more injurious and triggering the latent chronic state to the outbreak of chronic disease manifestations are emotional disturbance or incidents such as an unhappy marriage, remorseful conscience, change of fortune, sudden death of son or melancholy from disappointment in love. The incident is due to the life circumstances of the patient and the chronic state is due to the patient's constitutional predisposition and the inherited pathological miasmatic tendencies^[16].

HA Roberts Says

"When some external manifestation occurs, such as a catarrhal condition, a leucorrhoea, or even the return of the menstrual period, there is a general amelioration of the mental condition"^[14].

The most frequent location of the sycotic manifestations in women is in the pelvic organs. In the more chronic types, we get cystic degeneration of ovaries, the uterus & the fallopian tubes. Sycosis attacks the internal organs, especially the pelvic & sexual organs in the forms of inflammation, infiltration of the tissues, hypertrophies, cystic degeneration; when thrown back into the system by suppression this stigma causes dishonesty, moral degeneracy and mania^[14].

In the footnote of aphorism 94 of Organon of medicine, Hahnemann mentioned in detail the points to be noted in case taking of chronic diseases of females. Proper case-taking, analysis and evaluation of case followed by repertorization is the ideal homoeopathic approach^[15].

Miasmatic Concept

In case of PCOS, it is the psoric miasm which initially brings about functional changes followed by involvement of sycotic miasm which leads to cystic changes in ovary. PCOS, therefore, is the result of combinations of psoric and sycotic miasms in the sick individual, which through neurohormones pathway, leads to imbalance of hormones and formation of cysts. If syphilitic miasm also unites with both two, it leads to various malignant processes and ultimately to cancer pathology.

Miasmatic Background of Polycystic Ovarian Disease

	PSORA	SYCOSIS	SYPHITIS	TUBERCULAR
	Functional disturbance of ovaries and uterus ^[17] , especially amenorrhoea of functional origin ^[18] .	Inflammation and cystic degeneration of ovaries and fallopian tube etc. any tumor formation of ovaries and fallopian tube etc ^[17] . Polycystic disease of the ovaries ^[18] .		Symptoms associated with bleeding disorders ^[17] .
Menses	Bland, scanty, and too short and the flow is intermittent ^[17] . Amenorrhoea. Watery menses. Menses are 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 ^[18] .	Acrid, excoriating, with burning in the pudendum and flow is accompanied by pain ^[17] . Menses has the odour of fish- brine, and the stain of the menstrual blood is difficult to wash off. Menses are abundant and painful ^[18] .	Profuse menstrual flow, which is acrid and offensive, and the menstrual blood have a metallic odour. Irregular periods in both quantity and frequency ^[18] .	Exhaustive, prolonged, and copious. Menses every 2 weeks. ^[17] . profuse, bright red menses with lot of clots. Patient feels poorly a week before menstruation starts. Flow can also be pale but long lasting, often resulting in anaemia ^[18] .
Pain	Dysmenorrhoea especially at puberty with sharp pains ^[17] .	Spasmodic, colicky and paroxysmal pains ^[17] .	Menses are characterized by bone pains and lumbago ^[18] .	May not be painful but always exhaustive ^[17] .
Discharges	Bland and scanty ^[18] .	Acrid, painful, and with pruritis. Blood is offensive, clotted, and stringy, clots are large and dark. ^[17] . Profuse ^[18] .	Acrid, putrid and offensive ^[18] .	Flow is watery and long lasting and rarely offensive ^[17] . profuse and blood tinged or hemorrhagic can be associated with clots ^[18] .
Face	Face has dry, itching pimple and simple acne ^[18] .	Face can be pale, bluish and dropsical ^[18] .	Hard acne on the face ^[18] .	Bloated appearance of face, especially after sleep ^[18] .
Infertility	Impotency and sterility from lack of sexual desire, without any organic defect in the sexual parts ^[18] .	Incapability to conceive due to various factors including hormone imbalance. Sterility and infertility result from pelvic inflammatory disease and other conditions such as endometriosis ^[18] .	Possible failure to discharge the ovum at ovulation resulting in infertility ^[18] .	Infertility results from prolonged menstrual bleeding ^[18] .
Skin	Pimples with dryness and scurfy scales ^[18] .	Hyperpigmentation of the skin, and melanomas. Disturbed pigment metabolism, resulting in hyper- pigmentation in patches or diffused in different parts. Oily skin ^[18] .	Depigmentation of the skin ^[18] .	
General manifestation	Atrophy, ataxia, anaemia and anoxemia. Deficiency disorders. Hypo- immunity ^[18] .	Hypertrophy- growths and incoordination. Deposition, and/ or proliferation of cells/ tissues. Hyper- mental and physical ^[18] .	Dystrophy, degeneration Destruction- physical and mental. Deformities and fragility ^[18] .	Dystrophy with hemorrhage. Dissatisfaction. Depletion ^[18] .
Nourishment	Does not assimilate well ^[18] .	Over nourishment ^[18] .	Disorganized digestion. ^[18] .	Patients crave the things which make them sick ^[18] .

Repertory in Clinical Practice

The word repertory means a store house, a store collection of information. Every well proved drug has got thousands of symptoms and for a man of average intelligence, it is almost impossible to remember all the symptoms of the entire drug as well as to establish total correspondence between drugs and diseases. Repertory bridges the gulf between Materia Medica on one hand and disease on the other.

Repertory is a systematically and logically arranged index to homoeopathic Materia Medica, which is loaded with data gathered from toxicology, drug demonstrating and clinical experience. The repertory encourages us to discover the necessary indications, along with the medication or a bunch of meds having various evaluations. It is an associating join between the Materia Medica and sickness ^[19].

Different Observations about Repertory

Repertory	Rubrics
Kent's Repertory of Homoeopathic Materia Medica ^[20]	<ul style="list-style-type: none"> • Genitalia- female-Tumors- ovaries- cyst
Knerr Repertory of Hering's Guiding Symptoms Of Our Materia Medica ^[21]	<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 hand 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 tumor • Female Sexual Organs- ovaries- tumors- cyst, after tapping • Female Sexual Organs- ovaries- tumors- cyst, tapped twice • Female Sexual Organs- ovaries- tumors- with urinary difficulties (cyst)
Clarke's- Clinical Repertory ^[22]	<ul style="list-style-type: none"> • Ovaries- cysts of, • Ovaries- Diseases of • Ovaries- dropsy of
Complete Repertory ^[23]	<ul style="list-style-type: none"> • Female - Tumors - Ovaries – Cysts:
A Synoptic Key Of The Materia Medica ^[24]	<ul style="list-style-type: none"> • Generalities – Cysts
A Concise Repertory of Homoeopathic Materia Medica ^[25]	<ul style="list-style-type: none"> • Ovaries- cystic
Pocket Manual Of Homoeopathic Materia Medica & Repertory ^[26]	<ul style="list-style-type: none"> • Female Sexual System - Ovaries - Cysts – dropsy
Boger Boennighausan Characteristic Repertory ^[27]	<ul style="list-style-type: none"> • Genitalia - Female organs – cysts
Synthesis Repertory ^[28]	<ul style="list-style-type: none"> • Female Genitalia/Sex - Tumors - Ovaries – Cysts • Female Genitalia/Sex - Tumors - Ovaries - cysts - right side • Female Genitalia/Sex - Tumors - Ovaries - cysts - left side • Female Genitalia/Sex - Tumors - Ovaries - cysts – painful
Homoeopathic Medical Repertory ^[29]	<ul style="list-style-type: none"> • Female - Cysts, genitalia - cysts, ovarian • Female - Cysts, genitalia - cysts, ovarian – left • Female - Cysts, genitalia - cysts, ovarian – right
Ward's repertory ^[30]	<ul style="list-style-type: none"> • Congestion – Sensation as of swelling and congestion of ovaries- with pain as if from a corrosive tumor
Gentry's repertory ^[31]	<ul style="list-style-type: none"> • Ovary-tumors or cysts of • Ovary-cyst in region of left ovary
Scholten's repertory ^[32]	<ul style="list-style-type: none"> • Genital female-ovaries-cyst • Genital female-ovaries-cyst-left
Khullar's repertory ^[33]	<ul style="list-style-type: none"> • Breast-sore-pain-menses-absent with
Minton H. Uterine therapeutics ^[34]	<ul style="list-style-type: none"> • Menstruation, time and quality of menstrual discharge • Irregular • Periods, discharge of blood between the • Premature, returning too soon or too early • Premature and profuse • Protracted, continuing too long • Profuse, menorrhagia • Retarded, delaying • Scanty, too • Short duration, of too

Homoeopathic Therapeutics

Common remedies covering the symptoms of PCOD are Sepia, Pulsatilla, Calcarea Carb, Natrum Mur, Thuja, Pulsatilla, Kali Carb, Senecio, Euphrasia, Coccus Cacti, Psorinum, Sulphur, Silicea, Graphites and Ammonium Carb ^[35].

Conclusion

In day today practice most of the homoeopathic physicians

are having either therapeutic approach or single remedy single dose approach. But it is not always that we consider Miasm or Repertory while treating this syndrome. This study is an effort to make the readers understand the importance of miasmatic evolution in PCOS which will help us to achieve possible miasmatic diagnosis. In the section of reportorial approach we have highlighted with best possible rubrics which can be selected or referred while treating PCOS. This is a genuine effort to understand and practice in

the best possible rational way.

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