

## Case Report

## Magic Efficacy of Pulsatilla to treat Polycystic Ovarian Syndrome

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## ABSTRACT

A complex condition known as polycystic ovarian syndrome (PCOS) affects 5–10% of women and is associated with hyperandrogenism, polycystic ovaries, persistent anovulation, insulin resistance, abdominal obesity, hypertension, and dyslipidemia. It is a typical cause of anovulatory infertility and is susceptible to change throughout a person's lifetime due to changes in metabolism and fat. Although the cause of PCOS is uncertain, in-utero fetal programming may contribute to the condition's emergence. Environmental and genetic factors cause metabolic and menstrual irregularities in PCOS. Polycystic ovarian insulin resistance syndrome, excessive body fat, and obesity-related illnesses like diabetes and cardiovascular disease are becoming increasingly common in Asian Indians. There is a need for complementary therapy that will reduce the symptoms of PCOS without causing side effects because of the negative consequences of conventional treatment, the high cost of care, post-surgical complications, and the patients who do not react to these interventions. Homeopathy is an alternative medical approach used well for various illness situations, including PCOS. A PCOS case is shown here to describe the beneficial effects of specialized homeopathic treatment. More researches are significant to confirm the efficacies of homeopathic medicines, low treatment cost, fewer side effects, and publicity of homeopathic success in curing PCOS are needed by the appropriate authorities.

**Key words:** Polycystic Ovarian Syndrome (PCOS), Homeopathy, Pulsatilla, Endocrinopathy, metabolic syndromes

**P**olycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder affecting women of reproductive age, causing subfertility due to ovulation [1]. The syndrome is influenced by a lack of awareness and lifestyle changes [2]. Awareness of healthy behaviors, such as diet, is crucial for effectively monitoring and regulating the condition. PCOS is also known as polycystic ovarian syndrome, polycystic ovary disease (PCOD), functional ovarian hyperandrogenism, Stein-Leventhal syndrome, ovarian hyperthecosis, and sclerotic ovary syndrome [3, 4, 5].

The exact cause of PCOS is unknown, but it may be related to abnormal hormone levels. Studies showed that PCOS is hereditary, with women with a family history of PCOS being 30% more likely to develop the condition. PCOS affects approximately 6-7 percent of the global population [6]. Excessive insulin production by the pancreas can cause ovaries to produce more androgens, interfering with

follicle development and preventing natural ovulation. Hormones, such as androgens, can prevent ovulation during menstruation cycles. High levels of luteinizing hormone can also affect ovulation. Low-grade inflammation in women with PCOS can stimulate polycystic ovaries to produce androgens, leading to heart and blood vessel problems. PCOS is a syndrome characterized by many symptoms, including obesity, ovarian dysfunction, and hypothalamic-pituitary abnormalities.

It leads to higher rates of miscarriages, fetal deformities, and other complications during pregnancy, including neonatal complications and premature deliveries. Despite being aware of the syndrome, individuals often avoid medical treatment, neglecting its difficulties. PCOS also impacts psychological well-being, causing poor body image, self-esteem issues, depression, and reduced health-related quality of life in affected women. The disease has both short-term and long-term consequences, affecting women unfavorably in various ways and at different stages of their lives.

## Access this article online

Received – 21<sup>st</sup> July 2023Initial Review – 26<sup>th</sup> July 2023Accepted – 1<sup>st</sup> August 2023

Quick Response Code

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Effective therapies must be found to prevent, maintain, and treat PCOS effectively [7]. The National Institute of Health, Office of Prevention, reports that PCOS affects approximately 5 million women of childbearing age, with 5- 10% of females at 18 to 44 years of age affected [8]. Traditional orthodox physicians frequently recommend surgery to patients with severe symptoms to save their lives. In contrast, most homeopathic physicians are unsure of how to treat such patients due to a lack of confidence and publications about effective treatments for these illnesses. These ovarian cysts are treated with homeopathic remedies after taking the patient into account individually and following reportorial rubrics.

The homeopathic system treatment options include Apis Mel, Calcarea carb, Conium Mac, Lachesis, Ophorinum, Sepia, Natrum mur, Pulsatilla, Thuja, etc., according to the totality and individualism. Homeopathy focuses on the root cause of PCOS, regulating imbalanced hormones and attempting to make the menstrual cycle proper and regular. However, limited studies have been conducted in Bangladesh, and high-risk individuals must be aware of the syndrome and its consequences. Though many homeopathic physicians worldwide, along with Bangladesh, India, Pakistan, and Iran, cured these diseases with homeopathic medicines, these cases of success were not recorded systematically or published in the journal except few cases. This case study revealed typical guiding symptoms that agreed well and unambiguously supported the choice of single homeopathic medicine (Pulsatilla) as the sole treatment for patients with single and multiple ovarian cysts.

## METHOD AND MATERIALS

Details particulars of the patient were taken, including present complaints, past histories, and family histories by formal case taking. Physical and mental criteria were also assessed. Present symptoms were analyzed through the online Kent repertory, and the first medicine was selected (Figure 1). After getting the first medicine, it was also compared with the Materia Medica of different homeopathic physicians. Ultra-sonograms (USG) were performed on these samples before and after the intervention. USG reports from before and after medication were compared to record the progress of symptoms. After having homeopathic medicine from low to higher potencies (6c to 10 M) for several months, all amelioration symptoms had dramatically decreased.

Drug reaction tendency was analyzed by Naranjo Scores, and no reaction was found against the first prescribed medicines (Figure 2). Higher potencies were occasionally administered for some symptoms that resurfaced. By choosing the correct homeopathic remedy that matches all of the signs and following Kent's rubric, it is possible to treat the economically disadvantaged segment of the population—especially those who live in remote areas with inadequate medical amenities and infrastructure—for a lower cost than would otherwise be necessary. Homeopathic treatment can prevent the need for surgery to remove cysts from the ovary.

Remedy	Leucorrhoea during menses □ 20%	Irregular menses □ 20%	Weeping when telling of her sickness □ 20%	Aversion to her own sex □ 20%	Thirstless □ 20%	! Average Strength	! Minimum Strength
Puls.	1	1	3	0	3	1.60	0
Sep.	0	2	3	0	2	1.40	0
Nux-m.	0	3	0	0	3	1.20	0
Con.	1	2	0	0	2	1.00	0
Cocc.	2	2	0	0	1	1.00	0
Apis.	0	2	0	0	3	1.00	0
Chin.	1	0	0	0	3	0.80	0
Iod.	2	2	0	0	0	0.80	0
Cycl.	0	2	0	0	2	0.80	0
Ip.	0	2	0	0	2	0.80	0
Lyc.	0	2	0	0	2	0.80	0
Arg-n.	0	2	0	0	2	0.80	0
Staph.	0	2	0	0	2	0.80	0
Sabad.	0	1	0	0	3	0.80	0
Mag-m.	2	1	0	0	0	0.60	0
Sec.	0	3	0	0	0	0.60	0
Carb-ac.	1	2	0	0	0	0.60	0
Phos.	1	1	0	0	1	0.60	0
Ars.	1	0	0	0	2	0.60	0
Iris.	0	2	0	0	1	0.60	0
Sulf.	0	2	0	0	1	0.60	0
Nit-ac.	0	2	0	0	1	0.60	0

Figure 1: Reparatory analysis by online repertory of Dr.Kent

Naranjo Scale for ADR of Pulsatilla

Sl.	Questions	Yes	No	Don't Know	Score
1	Are there previous conclusive reports of this reaction?	1	0	0	0
2	Did the adverse event appear after the drug was given?	2	-1	0	-1
3	Did the adverse reaction improve when the drug was discontinued or a specific antagonist was given?	1	0	0	0
4	Did the adverse reaction reappear upon readministering the drug?	2	-1	0	0
5	Were there other possible causes for the reaction?	-1	2	0	0
6	Did the adverse reaction reappear upon administration of placebo?	-1	1	0	0
7	Was the drug detected in the blood or other fluids in toxic concentrations?	1	0	0	0
8	Was the reaction worsened upon increasing the dose? Or, was the reaction lessened upon decreasing the dose?	1	0	0	0
9	Did the patient have a similar reaction to the drug or a related agent in the past?	1	0	0	0
10	Was the adverse event confirmed by any other objective evidence?	1	0	0	0
<b>Total Score</b>					<b>-1</b>

**Interpretation**

Total Range -4 to 13

Definite if  $\geq 9$ 

Probable in between 5 to 8

Possible in between 1 to 4

Doubtful if  $\leq 0$ *Naranjo et al., 1981***Figure 2: Naranjo scale for adverse drug reaction of medicine (Pulsatilla), Naranjo et al., 1981****Case Report**

A 23-year-old Muslim, unmarried woman from middle-class status family met at Rani Homeo Clinic on 3 January 2022. Her chief complaint was painful, irregular menstruation with drowsiness. She was suffering from leucorrhoea. She experienced excessive bleeding during menstruation.

**Beginning complaints:** Irregular menstruation for 3-4 years with great pain and excessive bleeding. Lack of thirst and usually takes a little amount of water. Changeable moods in which she is happy at one moment and the next, she becomes irritable.

**Past histories:** She suffered from stomach ailments in childhood and used to get weak.

**Family histories:** Brain stroke, hypertension, asthma, Hemorrhoids, Chronic kidney disease (CKD), Diabetic, Jaundice, Prolapse of the ovary, Heart disease, and Ringworm in the skin were in the paternal and maternal history.

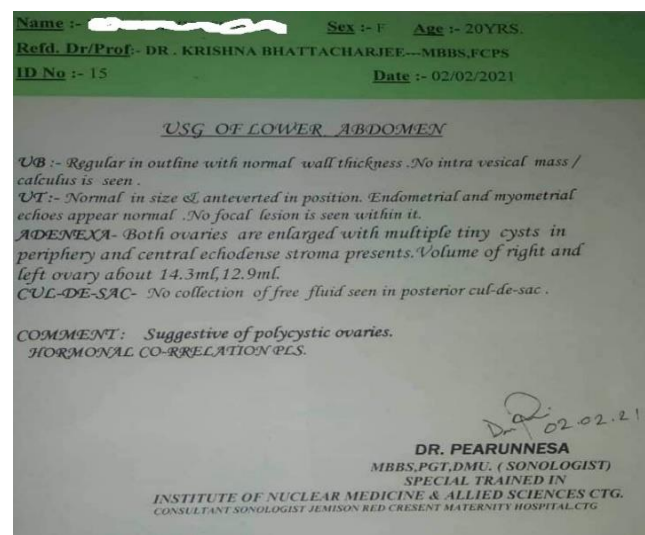
**Mental General:** Mentally the patient was soft-hearted, hot temperate, sympathetic, compassionate, thirst less, weepy, sensitive, and anxious.

**Physical General:** The patient was slim, Fair, Smart, and looked humane.

**General Survey:** The patient was gentle, mild, and yielding to family people. Her mood is frequently changeable. She

became weepy while describing her complaints. She likes open air and has a lack of thirst for drinking. She often experienced jerking of her whole body during sleep. She had a nightmare, and she did not know where she was when awaking at night. The patient was warm-blooded. She tended to get love and sympathy from his close relatives—suppressed and irregular menstruation with excessive bleeding and pain.

**On examination/Diagnostic assessment:** By analyzing the totality of the patient, past, and family history, it was found that strong psychotic miasm is acting in the patient. By examining detailed case taking and checking the ultrasonography report (USG), it was diagnosed as suggestive and large-sized Polycystic Ovary Syndrome (PCOS) (Figure 3).

**Figure 3: USG report beginning of treatment**



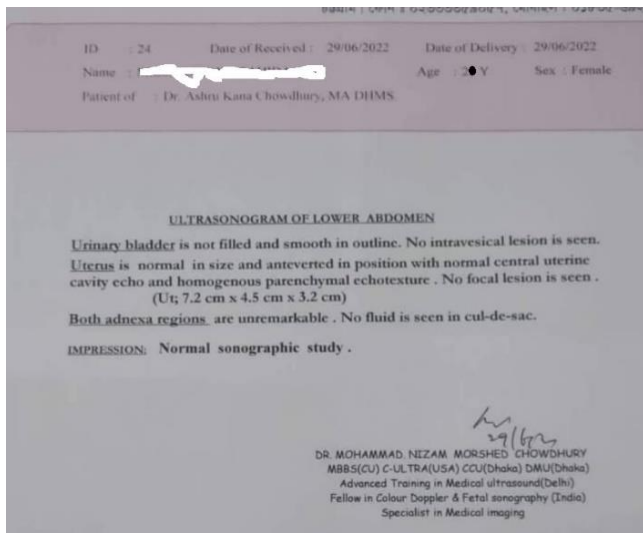


Figure 4: USG report after completion of treatment



Figure 5: Treatment Chart

**Reparatory analysis:** Major and significant symptoms and complaints were analyzed through Dr. Kent Reparatory (Online). Forty (40) homeopathic medicines were listed in the repertory matrix. Among those maximum average strength was 1.60 against the medicine Pulsatile, 1.40 for Sepia, 1.20 Nux-m, and so on. After getting the medication from the repertory was compared with different Materia medica books and positive tendency with Pulsatilla.

**Materia Medica analysis:** After selecting medicines from Repertory and Materia Medica, medication was given to the patient with detailed guidelines. The treatment chart with a short description is given below (Figure 5).

**Advice:** Analyzing totality of symptoms, past history, family history, and miasm, suggestive medicines by Dr. Kent repertory and Materia Medica Pulsatilla 6 was given (Figure 5)

**Follow up and Outcomes:** After fifteen days of having medicines (Pulsatilla-6), Adverse Drug Reaction (ADR) was counted according to Naranjo’s Scale [9]. The total range of the Naranjo Scale is -4 to 13. If the value is greater than 9, the reaction is definite; if it is between 5 to 8, the reaction is probably; if it is between 1 to 4, the reaction may be possible; and if it is less than Zero (0) reaction of the drug is doubtful. For this case, ADR for Pulsatilla was -1, and the reaction was doubtful (Fig-2). That’s why higher potencies of Pulsatilla (6 to 10 M) was administered until complete cure.

### DISCUSSION

The results of this case have provided strong evidence in support of its proposition made more than two hundred years ago. It has been demonstrated with authenticated evidence that specific homeopathic remedies, if selected based on the totality of symptoms, can yield spectacular success by suitable use of potencies, even in removing large-sized ovarian cysts. Unfortunately, many practitioners might not have many reports on the removal of single cysts by single homeopathic remedies available in the literature, mainly published in peer-reviewed journals/magazines. However, works on successfully removing multiple cysts in PCOS have occasionally been reported. The USG images of the respective patients have been provided, showing the beginning of homeopathic drug administration and after the treatment was complete (Fig-3 and Fig-4).

Dr. Punam Kumar, 2020 [10] cured a Hemorrhagic ovarian cyst of a house wife of 26 years by different potencies of Conium maculatum. Abhisake Sabud and Abhinandan Das, 2022 [11], fixed 21 years of unmarried Hindu women by Phosphorus, Silicea, and Thuja. Das et al., 2016 [12] cured their patient by applying Thuja Occidentalis of various potencies. Besides, Claire Davies, 2011 [13] mentioned Apis Mellifica, Belladonna, Platinum, Lilium, Staphisagria, Lachesis, Zincum, Graphites, Argentum metallicum, Naja, Arsenicum, Colocynth, Hamamelis, Iodine, Podophyllum to cure ovarian cysts. Our study showed that another homeopathic medicine, Pulsatilla, successfully cured PCOS within six months without

complications. Few articles have been published on this topic, though Homoeopathy offers a wide range of constitutional medicines for pain-free resolution of all ovarian cysts. Therefore it needs to treat more and more cases of PCOS with constitutional Homoeopathy to validate the effect of Homoeopathic treatment in the coming future.

## CONCLUSION

The most prevalent endocrinopathy is polycystic ovarian syndrome. It alludes to numerous pathogenic and hormonal occurrences. This ailment is spreading in popularity in modern society due to sedentary lifestyles, pollution, and excessive consumption of junk food. Metabolic syndromes such hyperinsulinemia, obesity, dyslipidemia, hypertriglyceridemia, hypertension, atherosclerosis, and type II diabetes are more likely to occur in people with PCOS. Homoeopathy focuses on the underlying causes of PCOS, aids in managing hormone imbalances, and works to restore a healthy, regular menstrual cycle. Surgery and hormone treatments may have some unfavorable effects. The obstacles of modern allopathic medicine include postoperative complications, disease recurrence, expensive treatment costs, and limited physical activity. In contrast, homeopathy can permanently cure patients with a low-cost, less invasive method. The homeopathic physician should do more research scientists to keep record and publish success to the people.

**Declaration of patient consent:** The patient gave positive consent to publish her case in the journal.

**Acknowledgement:** We are very grateful to the patient for his patient to take treatment from our pharmacy and gave her positive consent to publish her case in the journal.

**Conflict of Interest:** Authors and physician had no financial interest to publish this case report. This case was aimed to publish for the health related benefits of the mass people from the homeopathic treatment.

**Financial Support:** There was no financial aids or support from any government, non-government, private bodies for this publications. It was fully beard by the authors.

## REFERENCE

1. Rajkumar SV, Kumar S, Lonial S, et al. Smoldering multiple myeloma current treatment algorithms. Blood Cancer J [Internet]. 2022; 12(9): 129. Available from: <http://dx.doi.org/10.1038/s41408-022-00719-0>
2. Chadha C, Kataria J, Chugh P, et al. Quality of life in young adult females with PCOS. Indian J Physiother Occup Ther

- [Internet]. 2019;13(1):40. Available from: <http://dx.doi.org/10.5958/0973-5674.2019.00008>.
3. Thomson RL, Buckley JD, Brinkworth GD. Exercise for the treatment and management of overweight women with polycystic ovary syndrome: a review of the literature. Obesity reviews. 2011 May;12(5):e202-10.
4. Sessa AK, Harris RM, Hofmann HA. Sex steroid hormones modulate responses to social challenge and opportunity in males of the monogamous convict cichlid, *Amatitlania nigrofasciata*. Gen Comp Endocrinol [Internet]. 2013; 189: 59–65. Available from: <http://dx.doi.org/10.1016/j.ygcen.2013.04.031>
5. Pandey S. Homeopathic Management of PCOS: A Review. Journal of Medical and Pharmaceutical Innovation [Internet]. 2022-10-2020; 7(36): 1–4. Available from: <http://jmedpharm.com/index.php/home/article/view/78>
6. Azziz R, Woods KS, Reyna R, et al. The prevalence and features of the polycystic ovary syndrome in an unselected population. J Clin Endocrinol Metab [Internet]. 2004; 89(6): 2745–9. Available from: <http://dx.doi.org/10.1210/jc.2003-032046>
7. Nidhi R, Padmalatha V, Nagarathna R, et al. Prevalence of polycystic ovarian syndrome in Indian adolescents. J Pediatr Adolesc Gynecol [Internet]. 2011;24(4):223–7. Available from: <http://dx.doi.org/10.1016/j.jpag.2011.03.002>
8. Yogendra Bhadoriya, Ashis K Jain. Polycystic ovarian syndrome and management through alternative approaches w.s.r. to homeopathy. European Journal of Biomedical and Pharmaceutical Science [Internet]. 7(6):321–4. Available from: [https://www.ejbps.com/ejbps/abstract\\_id/6902](https://www.ejbps.com/ejbps/abstract_id/6902)
9. Naranjo CA, Busto U, Sellers EM, et al. A method for estimating the probability of adverse drug reactions. Clinical Pharmacology & Therapeutics. 1981 Aug; 30(2):239-45.
10. Kumari DP. Hemorrhagic ovarian cyst treated with constitutional Homoeopathy: A case report. Int J Homoeopathic Sci [Internet]. 2020;4(4):143–7. Available from: <http://dx.doi.org/10.33545/26164485.2020.v4.i4c.268>
11. Sabud A, Das A. Homoeopathic constitutional medicine helps to cure ovarian cyst: A case report. Int J Homoeopathic Sci [Internet]. 2022;6(4):319–24. Available from: <http://dx.doi.org/10.33545/26164485.2022.v6.i4e.678>
12. Das D, Saiful H, Asmita S, et al. Removal of Large Sized Ovarian Cysts in Three Patients by Administration of a Single Remedy, *Thuja occidentalis*: Hormonal Assay and Ultrasonographic Images. J Integrative Med Ther. 2016;3(1).
13. Davies C. The 3-Steps Home Treatment Program for Ovarian Cysts. Food and Drug Administration (FDA,USA): Yew First Publishing; 2011.

**How to cite this article:** Md Mazharul Islam, Ashru Kana Chowdhury. Magic Efficacy of Pulsatilla to treat PCOS. Indian J Integr Med. 2023; Online First.

*Funding: None*

*Conflict of Interest: None Stated*