Polycystic ovarian syndrome with endometrial hyperplasia and uterine fibroids treated with homoeopathy: A case report

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Abstract
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Case Summary: A patient suffering from PCOS, with Endometrial Hyperplasia and multiple UFs, was successfully treated with the homoeopathic medicine Pulsatilla nigricans. Repeat ultrasonography showed normal endometrial thickness, no hyperechoic or hypoechoic lesions in uterus and no ovarian PCOS morphology after treatment. Thus, the usefulness of homeopathic medicines for the treatment of multi-morbid pathologies related to reproductive system of women is demonstrated.

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Polycystic ovarian syndrome with endometrial hyperplasia and uterine fibroids treated with homoeopathy: A case report

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Abstract

Introduction: Any alteration in the balance between oestrogen and progesterone leading to excessive, prolonged estrogenic stimulation, or preventing the counteracting effects of progesterone causing various pathological conditions in the reproductive system, as a result. Women with polycystic ovarian syndrome (PCOS) have mostly anovulatory cycles and low serum progesterone levels. Endometrial hyperplasia is most often due to excess oestrogen without progesterone. The clinical significance of chronic oestrogen secretion is an increased risk of endometrial hyperplasia. A striking feature of uterine fibroids (UFs) is their dependency on the ovarian oestrogen and progesterone. Existing treatments are mostly directed at the symptoms but not at the syndrome itself. Case Summary: A patient suffering from PCOS, with Endometrial Hyperplasia and multiple UFs, was successfully treated with the homeopathic medicine Pulsatilla nigricans. Repeat ultrasonography showed normal endometrial thickness, no hyperchoic or hypoechoic lesions in uterus and no ovarian PCOS morphology after treatment. Thus, the usefulness of homeopathic medicines for the treatment of multi-morbid pathologies related to reproductive system of women is demonstrated.

Keywords: Endometrial hyperplasia, Homoeopathy, Polycystic ovarian syndrome Pulsatilla Nigricans, Uterine fibroids

Introduction

Any alteration in the balance between oestrogen and progesterone leading to excessive prolonged estrogenic stimulation and preventing the counteracting effects of progesterone causes various pathological conditions in the reproductive system of women.[1] Various studies have concluded that circulating androgens in the system are the physiological regulators of the neuroendocrine mechanisms governing ovulatory cyclicity. The pathophysiological actions of androgens in females are also of key importance, mainly as they relate to hyperandrogenic disorders in women. Hyperandrogenaemia is a core characteristic of common reproductive and metabolic disorders, such as polycystic ovarian syndrome (PCOS).[1] A survey revealed that the incidence of PCOS is quite alarming in women of reproductive age in north India.[2]

PCOS women have anovulatory menstrual cycles with low serum progesterone levels.[5] There is a constant oestrogen secretion with no cyclic pattern, leading to anovulatory cycles. The clinical significance of chronic oestrogen secretions is an increased risk of endometrial hyperplasia and probably subsequent development of endometrial carcinoma.[6,7] PCOS has other numerous long-term health risks too.[8] Females with PCOS represent higher rates and severity of depression and anxiety with reduced quality of life and an increased prevalence of risk factors for cardiovascular disease (CVD), such as hypertension, dyslipidaemia, diabetes and obesity.[9,10] Many studies have confirmed that women during reproductive age with irregular menses/hyperandrogenism/PCO morphology suffer from severe phenotype and the greatest number of metabolic risk factors with infertility due to irregular menses.[11] Studies also suggest that women suffering...
from PCOS are exposed to several psychological problems. It exerts a negative impact on female identity and contributes to the deterioration of quality of life. The mental consequences can be depression and mood disorders.\[^{12,13}\] In general, women with PCOS show an increased risk of obstetric, cardiovascular, metabolic and psychological complications compared to non-PCOS women.\[^{14}\] Since PCOS is a complex disorder, for which multiple treatment approaches are required, depending on the reason a patient seeks treatment, Clomiphene has shown the best results in treating infertility, whereas data are limited regarding the pharmacological treatment of androgenic symptoms. Long-term consequences of PCOS, which include type-2 diabetes and cardiovascular disease, can be treated with anti-diabetic drugs and statins.\[^{15}\]

Uterine fibroids (UF) are the most frequent gynaecologic tumour, affecting 70–80% of women in their lifetime. Although these tumours are benign, they can cause a significant morbidity and may require invasive treatments, such as myomectomy and hysterectomy.\[^{16}\] Both clinical and experimental data suggest that oestrogen stimulates the growth of UF during reproductive years.\[^{5,6,17}\] Studies suggest a positive association between PCOS and UF.\[^{18}\]

This confirmed case of PCOS with endometrial hyperplasia and multiple UF's, which has been successfully treated with homoeopathic intervention.

**Patient information**

On 13 November 2017, a 26-year-old female presented to the outpatient department of Regional Research Institute, (H.), Mumbai, with complaints of irregular menses for the past 3 years. The patient was a graduate, got married 6 years back and had one full-term normal delivery 5 years ago. Her menses were regular until her last conception.

**History of present complaints**

The patient had irregular menses with intermenstrual period of an average 90–120 days. The duration of bleeding was 7–8 days with profuse dark red blood. There was an associated severe backache and pain in the hypogastric region during menses. After the delivery of her first child, the menses appeared after 20 months. Thereafter, her cycles were delayed, for which she approached the gynaecologist and started taking hormonal treatment. The hormonal assay – FSH, LH and prolactin and thyroid profiles were normal, even though the patient had a history of galactorrhoea 2 years back. The patient’s spouse was using a condom as the barrier method of contraception.

The per vaginum examination done by a gynaecologist on 8\(^{th}\) August, 2017 revealed anteverted bulky uterus and clear fornix. Ultrasonography of the pelvis (dated 20\(^{th}\) July, 2017) revealed Cervicitis with the presence of endometrial hyperplasia with an endometrial thickness of 16 mm and submucosal fibroids. Furthermore, there were multiple, peripherally arranged follicles suggestive of polycystic ovarian pathology in both the ovaries [Figure 1]. The patient continued with the hormonal treatment with no positive outcome and then visited us for the homoeopathic treatment.

Cervicitis was treated with conventional treatment. There was no past history of any other major illness.

**Family history**

Mother had early menopause (at age of 30 years) and was suffering from haemorrhoids. Father was diabetic and hypertensive.

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**Figure 1:** Ultrasonography – Before treatment
Physical generals
The patient was fair-complexioned with a moderate build. Her tongue was white, thick-coated. She was chilly and could not tolerate cold in general and preferred warmth. She had a satisfactory appetite and a moderate thirst for small quantities at small intervals. She had a craving for sweets, chicken and milk. There was no specific aversion or intolerance to any specific food item. Her bowel habits were regular with normal stools. She had profuse perspiration, especially on her head.

Mental generals
The patient was very short-tempered, irritable and obstinate. She was offended easily, especially after contradiction, and usually expressed her anger. She had a weeping disposition. The patient was oversensitive to trifles and desired company.

Particulars
The patient had irregular menses with a cycle of 90–120 days. There was profuse menstrual bleeding flow for 7–8 days with severe pain in back and hypogastric region. The last menstrual period was on 13th September, 2017. There was no complaint of any abnormal vaginal discharge. The patient had frequent headaches since 3–4 years, especially after exposure to the sun. There was no significant finding in her physical examination, such as pallor.

Analysis of the case and repertorisation
After analysis and evaluation of the symptoms, the totality of symptoms was constructed and the case was repertorised with the help of ‘Hompath software – Wildfire’ using complete repertory [Figure 2].

The following symptoms were considered for repertorisation:
● Angered easily
● Irritability
● Anger especially after contradiction
● Sentimental
● Offended easily
● Weeps easily
● Desire for company
● Obstinate, headstrong
● Cold aggravation
● Desire-Sweets++
● Desires-Chicken+
● Desires-Milk+
● Sun aggravation
● Thirst for small quantities of water at small intervals
● White coated tongue
● Perspiration on head
● Menses irregular
● Menses late
● Menses profuse
● Backache during menses.

Therapeutic intervention, follow-ups and outcomes
On the basis of individualization, Sepia was selected as the simillimum, even though it scored fourth on repertorisation, covering 19 out of 21 rubrics. On the first visit, Sepia 6C was prescribed twice daily to start with, for 15 days, followed by Sepia 30 for another fortnight. When Sepia did not yield any positive result Pulsatilla nigricans was chosen, considering it a well-known polychrest female remedy. This case, with a wide spectrum of disturbances related to female reproductive system, manifested in the form of three pathologies, that is, PCOS, UF and endometrial hyperplasia, which was considered to be a suitable case for such a female remedy. As dealing with this case having multimorbid pathologies had to be treated, Pulsatilla was chosen with consultation of Materia medica. Therefore, in the subsequent follow-up, Pulsatilla nigricans 30 was prescribed.

The patient was assessed fortnightly, or as per requirement, for 14 months. Sulphur 30 was also given as an intercurrent remedy. A detailed account of follow-ups with prescription is shown in Table 1, and subsequent improvement was seen in the USG dated 13 October, 2018 [Figure 3].

The final outcome and possible causal attribution of the changes in this case were assessed using the ‘Modified Naranjo
Table 1: Timeline including Follow-ups

| Follow-up | Date             | Signs and Symptoms                                                                                                                                                                                                                                                                                                                                 | Prescription medicine with potency and dose |
|-----------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baseline  | 13 November, 2017| Irregular menses since last 3 years  
 LMP 13 September, 2017  
 Headache on and off                                                                                      | Sepia 6/BD/15 days                                                                                         |
| 1         | 27 November, 2017| Menses not appeared  
 Headache persistent                                                                                                                                                                                                                                                                         | Sepia 30/OD/15 days                        |
| 2         | 11 December, 2017| Menses not appeared  
 Headache persistent                                                                                                                                                                                                                                                                         | Pulsatilla 6/BD/15 days                   |
| 3         | 04 January, 2018 | Menses not appeared  
 Headache slightly better                                                                                                                                                                                                                                                                         | Pulsatilla 30/OD/15 days                  |
| 4         | 05 February, 2018| Menses appeared (after 123 days)  
 LMP- 14 January 2018, Moderate flow  
 Irritability decreased  
 Headache slightly better                                                                                           | Rubrum/15 days                             |
| 5         | 03 March, 2018   | Menses not appeared.  
 Headache occasionally present                                                                                                                                                                                                                                                                         | Pulsatilla 30/OD/15 days                  |
| 6         | 12 April 2018    | Menses appeared. (after 60 days)  
 LMP- 15 March 2018  
 Profuse flow with backache.                                                                                                                                                                                                                                                                         | Pulsatilla 30/4 doses  
 Rubrum/1 month                           |
| 7         | 26 April, 2018   | Menses delayed  
 Pain in right breast since 8 days.  
 Tenderness present.  
 Sleep disturbed since 8 days                                                                                   | Pulsatilla 200/6 doses/OD                      |
| 8         | 07 May, 2018     | Menses appeared (after 45 days)  
 LMP – 29 April, 2018  
 Headache better  
 Irritability decreased                                                                                                                                                                                                                                                                         | Rubrum/1 month                             |
| 9         | 11 June, 2018    | Menses delayed  
 LMP – 29 April, 2018                                                                                                                                   | Pulsatilla 200/6 doses/OD                  |
| 10        | 09 July, 2018    | Menses appeared (after 41 days)  
 LMP – 09 June, 2018                                                                                                                                         | Rubrum/1 month                             |
| 11        | 13 August, 2018  | Menses appeared. (after 50 days)  
 LMP – 29 July, 2018  
 Headache better  
 LMP – 29 July, 2018                                                                                                                   | Rubrum/1 month                             |
| 12        | 10 September, 2018| Menses delayed  
 LMP – 29 July, 2018                                                                                                                                         | Pulsatilla 200/8 doses/OD                  |
| 13        | 15 October, 2018 | Menses appeared. (after 53 days)  
 LMP – 20 September, 2018  
 Profuse flow. Backache during menses.  
 Headache persistent. Eruption on tip of fingers with itching since 15 days  
 USG (13 October, 2018) – Normal sized uterus and ovaries                                                                                                        | Pulsatilla 200/6 doses/OD                  |
| 14        | 03 November, 2018| Menses appeared (after 39 days)  
 LMP – 29 October, 2018  
 Profuse flow  
 Backache during menses. Eruption on tip of fingers with itching increased since 8 days                                                                                                          | Pulsatilla 200/single dose  
 Sulphur 30/2 doses/OD (Given as antimiasmatic/intercurrent)                                                                                         |
| 15        | 22 December, 2018| Menses appeared (after 35 days)  
 LMP – 3 December, 2018  
 Profuse flow. Backache during menses.  
 Headache occasionally present.  
 Eruption on tip of fingers slightly better                                                                                                                | Pulsatilla 200/single dose                  |
| 16        | 24 January, 2019 | Menses appeared (after 37 days)  
 LMP - 10 January, 2019  
 Headache relieved significantly.  
 Backache relieved. Eruption on tip of fingers decreased                                                                                                                   | Rubrum                                  |

LMP: Last menstrual period, OD: Once a day, BD: Twice a day
criteria',[19] the total score was 8 [Table 2], which was close to the maximum score of 13. This shows the positive causal attribution to the prescribed homeopathic medicine.

The authors have followed HOM-CASE guidelines for reporting the outcomes.

**Table 2: Assessment of outcome with Modified Naranjo Algorithm**

<table>
<thead>
<tr>
<th>Modified Naranjo algorithm</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
<td>+2</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
<td>+1</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>3. Was there a homeopathic aggravation of symptoms?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition, (i.e., were other symptoms not related to the main presenting complaint, ultimately improved or changed)?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Did overall wellbeing improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 (B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>+1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• From organs of more importance to those of less importance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From deeper to more superficial aspects of the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From the top downwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>+1</td>
<td>0</td>
<td>✓0</td>
</tr>
<tr>
<td>8. Are there alternative causes (i.e., other than the medicine) that—with a high probability- could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>-3</td>
<td>✓+1</td>
<td>0</td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., investigations and clinical examination)</td>
<td>+2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>+1</td>
<td>0</td>
<td>✓0</td>
</tr>
</tbody>
</table>

**Total score**: +08

**Discussion**

The conventional treatment in PCOS, though beneficial, is reported to have side effects after a long use.[20,21] Existing treatments, including the conventional, have mostly been directed to the symptoms such as hyperinsulinaemia and hyperandrogenaemia with resumption of ovulation, but not at the syndrome itself.[22]

Homoeopathy has proven to have an edge in holistic treatment of the patient. A study undertaken by Central Council for Research in Homoeopathy at six centres from October 2005 to September 2009 shows that homeopathic medicines prescribed on the basis of totality of symptoms act holistically and show a positive regulatory influence on female hormones.[23]

Further, a study has shown positive outcomes of the efficacy of homeopathy in PCOS.[24] Another study showed a positive role of homeopathic therapy in the management of ovarian cysts with a total resolution of cyst in 16.67% cases and reduction in the size in 20.83% cases.[25] Effective use of *Calcarea carbonicum* and *Lycopodium* in patients with basic guiding symptoms for either drug has been found to be useful for patients with PCOS.[26] Various case reports have reported large UFs being successfully treated by individualized homoeopathic treatment.[27,28] A prospective observational study showed positive results in terms of reduction and resolution of UFs.[29] Another multicentric randomized clinical trial conducted on symptomatic UF showed that both LM and CH potencies were effective in reducing symptoms of UF as well as effective in improvement of overall health.[30]

This case illustrates improvement of the patient, both symptomatically and pathologically. The patient was not on any other treatment. The prescription had repeated doses all through, since it was a multimorbid case and the physician felt that such
a repetition would take care of various symptoms arising from the combined clinical presentation of various pathologies. *Sepia* covered more rubrics than *Calc carb*, so *Sepia* was chosen as the first prescription. After the first prescription of *Sepia* failed to get a positive response, *Pulsatilla* was chosen as the second prescription, based on the symptom totality. Most of the mental and physical generals of the case were covered by *Pulsatilla nigricans*. It is a well-known polycrest remedy having affinity to female reproductive organs. The case was followed up for 14 months and symptoms were assessed at each follow-up, which showed positive outcomes. Ultrasoundography was done after treatment which showed normal findings, that is, normal endometrial thickness, no hyperechoic or hypoechoic lesions in the uterus, and no ovarian PCOS morphology. This case depicts the role of homoeopathic treatment in holistic improvement of health with PCOS, UF and endometrial hyperplasia being cured, thus treating the patient as a whole.

**CONCLUSION**

Homoeopathy can be effectively used in the treatment of chronic problems, where multimorbid pathologies exist with a wide spectrum of disease. Individualized homoeopathic treatment has a positive effect on the resolution of PCOS symptoms. In the future, well-designed research studies for establishing the effectiveness of homoeopathy in multi-morbid pathologies with PCOS may be planned.

**Declaration of patient consent**

The author declares that appropriate patient’s consent has been obtained for using her images and other clinical information for reporting in the journal was obtained.

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Nil.

**Conflicts of interest**

None declared.

**REFERENCES**

característica llamativa de los fibromas uterinos es su dependencia en el estrógeno ovárico y la progesterona. Los tratamientos existentes se dirigen principalmente a los síntomas, pero no al síndrome en sí. **Resumen del caso:** Un paciente que sufría de SOP, con hiperplasia endometrial y múltiples fibromas uterinos fue tratado exitosamente con el medicamento homeopático Pulsatilla nigricans. La repetición de la ecografía mostró un grosor endometrial normal, ausencia de lesiones hiperecoicas o hipoecoicas en el útero y ausencia de morfología ovárica del SOP después del tratamiento. Así, se demuestra la utilidad de los medicamentos homeopáticos para el tratamiento de patologías multimórbidas relacionadas con el sistema reproductivo de las mujeres.

**多囊卵巢综合征伴子宫内膜增生和子宫肌瘤治疗顺势疗法-一例报告**

**导言:** 任何改变雌激素和黄体酮平衡的情况都会导致过度，延长的雌激素刺激，或阻止黄体酮的抵消作用导致生殖系统中的各种病理状况，结果.患有PCOS的女性大多是无排卵周期和低血清黄体酮水平。子宫内膜增生最常是由于过量的雌激素而没有黄体酮。慢性雌激素分泌的临床意义是子宫内膜增生的风险增加.子宫肌瘤的一个显著特征是它们对卵巢雌激素和黄体酮的依赖.现有的治疗方法主要针对症状，而不是针对综合征本身。**个案摘要:** 患有以下疾病的病人PCOS，子宫内膜增生和多发性子宫肌瘤用顺势疗法药物白头翁成功治疗.重复超声检查显示子宫内膜厚度正常，子宫无高消声或低消声病变，卵巢无 PCOS治疗后的形态. 因此，顺势疗法药物治疗与妇女生殖系统有关的多病状的有用性得到了证明.