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Title: Polycystic Ovarian Syndrome & it's Homoeopathic Therapeutics

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ABSTRACT

High testosterone levels, irregular menstrual periods, and/or small cysts on one or both ovaries are all symptoms of polycystic ovarian syndrome (PCOS). In PCOS individuals, the levels of luteinizing hormone (LH) and gonadotropin-releasing hormone (GnRH) have been shown to be greater.

KEYWORDS: PCOD, GnRH, LH, SHBG, Cyst.

INTRODUCTION

Obesity, menstrual abnormalities, and hyperandrogenism are all indications of polycystic ovarian disease (PCOD), a multisystem endocrine condition that affects women of reproductive age.^[1] It is the most common reproductive endocrine condition in women^[2]. Polycystic ovarian syndrome may be caused by both inherited and environmental causes.^[4]

PATHOLOGY^[1]

Both ovaries are enlarged macroscopically, however one PCOS ovary is also diagnostic. A thick tunica albuginea capsule may be seen on the ovary. Although the ovary's surface is lobulated, the peritoneal surface is devoid of adhesions.

Multiple cysts (12 or more) ranging in size from 2 to 9 mm are scattered across the ovary's surface, giving it a 'neck lace' look on ultrasound. These are atretic follicles that don't go away. The rise in the size of the ovary, which is greater than 10 cm³ in volume, is due to theca cell hyperplasia and stromal hyperplasia.

CLINICAL FEATURES ^[3]

1. Oligomenorrhoea, amenorrhea, abnormal uterine bleeding (All types of irregularities are more common in obese patients than in lean patients)
2. Infertility
3. Obesity
4. Hirsutism
5. Acne
6. Polycystic Ovary in ultrasonography

Other clinical features include:

1. Breast size has shrunk.
2. Lack of sexual desire
3. Achordonosis (skin tags) — little skin flaps on the eyelids, neck, armpits, and groins.
4. Hypertension (high blood pressure)
5. Emotional ups and downs Anxiety and depression
6. Acanthosis nigricans
7. Alopecia areata (male pattern alopecia) is a condition that affects

Revised 2003 Diagnostic criteria for PCOS-presence of 2 out of 3 of following symptom (Rotterdam criteria)

PCOS diagnosis according to this criteria requires presence of any 2 of the below 3 findings

1. Oligoovulation or anoulation.
2. Signs of hyperandrogenism.
3. Polycystic ovaries.

INVESTIGATIONS:

- Sonography: transvaginal Sonography
- Serum values:
 - LH level- elevated
 - Estradiol and estrone- raised
 - SHBG – reduced
 - Serum testosterone: raised
 - DHEAS: elevated
 - Insulin resistance
- Laparoscopy

DIFFERENTIAL DIAGNOSIS^[5]

Congenital adrenal hyperplasia, Cushing syndrome, hyperprolactinemia, hypothyroidism, and ovarian and adrenal androgen secreting tumors are all part of this condition. In 1935, Stein-Leventhal syndrome was discovered and named after him. ^[1] Differential diagnosis and laboratory test^[6]

Laboratory test to do Differential diagnosis^[6]

Pregnancy - Pregnancy Test

Hypothyroidism - TSH

Hyperprolactinemia - Prolactin

Ovarian Tumor - Total Testosterone

Hyperthecosis - Total Testosterone

HOMOEOPATHIC MANAGEMENT^[7]

1. **Aconite** - The menses are repressed or the flow may be abundant, suggesting active bleeding, with great excitability, restlessness, dread of death, and intense labor, comparable to pressing colic, which pushes her to bend double but offers no comfort.
2. **Belladonna** - Among the most agonizingly unpleasant Congestive dysmenorrhea causes constant and strong tugging and bearing-down agony. Menstrual periods that are very hot, bright red, and include nasty clots. When you're lying down, the dragging is more worse.
3. **Cactus Grandi.**- 'Violent congestion of the uterus in young robust women, with intense spasms and cramping feelings before the flow starts or immediately at the outset, forcing her to cry loudly,' The menses are too early, sparse, and sometimes plentiful, with clots ejected with each paroxysm, extorting screams, and painful urination. The menses are dark, black, and thick, like pitch.
4. **Coccus Cacti.**- Only in the evenings and at night, while lying down, a copious, regular, and prolonged flow of dark, thick blood, passing large black clots that make urination difficult until they pass out, and intense pains in the lower abdomen, first on the right, then on the left.
5. **Chamomilla**- Early and abundant discharge, black clotted blood, followed with labor-like pains and cutting colic, tearing down the legs, grasping and squeezing in the uterus, and irregular discharge of big clots of blood Heat-induced menstrual colic. Membranous Menstrual colic, amel. by heat. Dysmenorrhea; menstrual colic, amel. by heat. Emotion and rage are triggers for Chamomilla sufferers.
6. **Cocculus**- Menses that were too early, too copious, black and clogged, and spilled out as a torrent when you woke up; or irregular and sparse menses. Menses diminish during stomach symptoms and rise when they resolve; flatulence, chest spasms with groaning and sighing, and a propensity to faint.

7. **Calcarea Carb.**— Menses that are excessively numerous and long-lasting (atony of the uterine muscular coat and relaxation), light-colored or bright red, with copious, thick, yellow leucorrhoea, and that occur almost twice a month with the slightest irritation or provocation. Colic causes back and hip discomfort, as well as swelling and sensitivity in the breasts.
8. **Calc Phos.**— Early and vivid red, then black blood, with terrible backache in young females of the remedy's make-up, who complain of headaches for many days and great sexual desire, followed by ample flow, clutching, shooting pains from left to right, significant weakening, and a sinking sensation.
9. **Trillium Pendulum** - Excessive and early menstrual flow or uterine hemorrhages at climaxis, with a pouring of beautiful crimson blood on the slightest movement and a feeling as though the hips were ripping apart, relieved by tight bandages; fibroids hemorrhage.
10. **Erigeron**- Flooding of red blood, especially during climax, that comes in a fast rush, pauses, and then returns with the slightest movement.

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