



Persistent Anovulation Due to PCOD

(Stein Leventhal Syndrome)

This is the commonest cause of amenorrhoea in young girls. Only pelvic scan can give the true picture of the disease.

The following will confirm the disease.

1. Chronic Anovulation
2. Infertility
3. Elevated plasma LH Values reversed FSH/LH ratio.
4. Hirsutism in majority of the patients.

GENERAL OBSERVATIONS:

These patients have high oestrogen, androgen and LH levels rather than the fluctuating conditions usually observed in ovulating woman. The FSH levels will be low. New follicles in the ovary are continually stimulated due to high estrogenic action, but not to the point of ovulation. They may remain as follicular cysts for long, making the ovary polycystic. The polycystic ovary gives the appearance of thick pearly white capsule.

CLINICAL OBSERVATION:

The patient projects a picture of anovulation with amenorrhea and many a time irregular and heavy bleeding. Ovaries may be enlarged; patient may or may not be obese. Hirsutism is noticed in many of the patients. These patients are generally infertile, though they may ovulate occasionally and conceive also. These patients have increased oestrogen levels, which may have long term risk of developing cancer of breast and endometrium.

DIFFERENTIAL DIAGNOSIS:

Anovulation could be caused because of the many other reasons other than the PCOD. Hence to differentiate the following factors have to be taken into consideration;

1. Premature or early menopause where both the LH and FSH levels will be high.

2. Amenorrhea can also be due to rapid weight loss on extreme physical and mental exertion where FSH and LH levels may be normal for her age.
3. Discontinuation of oral contraceptives can cause temporary anovulation
4. Pituitary adenoma associated with elevated prolactin level may also cause amenorrhea.
5. Hyper and hypothyroidism may cause for hirsutism and amenorrhea, which can be ruled out by assessing thyroid levels.

Whenever there is persistent amenorrhea for more than six months we should always check for FSH, LH, TSH, and prolactin levels. Patients above 35 y with amenorrhea and menorrhagea must be advised for mammography and endometrial biopsy to rule out cancer due to high oestrogen levels as a precautionary measure.

In Allopathy, a course of progesterone will be given for getting withdrawal bleeding. But long term usage is not advisable.

THERAPEUTICS:

Here I would like to deal with Homoeopathic management of the problem. We have good number of drugs to deal with amenorrhea, menorrhagea and hirsutism. Symptomatic approach to the problem gives good relief in a majority of cases.

For getting withdrawal bleeding in long lasting amenorrhea, drugs like *Pulsatilla*, *Cyclamen*, *Senecia*, *Gossypium*. As per my observation the drug should be given for three days continuously and within a week the withdrawal bleeding starts. If the withdrawal bleeding does not appear, then further evaluation of the symptom has to be done.

Once the withdrawal sets in, our attention has to be towards regularising the cycles. For ensuring proper ovu-



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lation medicines like *Graphites*, *Pulsatilla*, *Lachesis*, *Calc-carb*, *Sepia*, and *Kali-carb* are helpful. The above medicines when given with regular periodicity will result in establishing normal regular menstrual cycle in maximum number of cases. Further scan will reveal the correct position of PCOD. Besides this, look for stress and emotional factors, as they are prone to get irritability, inferiority complex due to social reasons like obesity and Hirsutism. Medicines like *Ignatia*, *Argentum-nitricum*, *Asafoetida*, *Platina*, *Natrum-mur*, *Sepia*, *Anacardium*, *Ars-alb*, *Lachesis*, *Amm-mur*, *Fucus -v*, *Phytolacca* are of immense use in treating such conditions.

FOR HIRsutISM: amongst girls medicines like *Calc-carb*, *Thyrodinum*, *Pituitary*, *Adrenalin*, *Nat-mur*, *Nux-vom*, and *Platina* are of use.

In some of the patients we find mammary tumours associated with other PCOD related problems like Amenorrhea, Menorrhagia and Hirsutism etc. in a majority of cases these tumours will be benign. We cannot think of surgery for them at the very onset. They have to be evaluated thoroughly by proper examination. If consistency of tumour points towards malignancy, it is advisable and there after start the treatment. The Homoeo medicines: for benign breast tumours are *Lapis-alba*, *Lac-can*, *Phytolacca*, *Bromium*, *Iodium*, *Calc-carb*, *Silica*, *Myristica*, *Phalandrium* etc.

FOR PCOD: *Apis*, *Iodium*, *Folliculinum*, *Oophorinum*, *Medorrhinum*, *Tuberculinum*, *Calc.carb*, and *Myristica* are the best medicines to rupture the cyst and ensure normal hormonal balance. We must always see that the patient does not produce much of immature follicles at a young age, which may result in sterility. Follow up of the case is done by taking periodical scan and noticing the improvement in her menstrual cycles. A point of observation is that after medication the patient normally feels psychologically elated, which indicates the effectiveness of the drug prescribed.

FOR MENORRHAGIA: *Sec-cor*, *Bovista*, *Coccus-cacti*, *Ustilago*, *Millifolium*, *Crocus*, *Crotalus-hor*, *Arnica*,

Ipecac, etc. Besides these indicated drugs we should not forget to give them *China* and *Ferrum-met* to prevent anaemia. If blood loss is severe we must try to supplement it with a Haematinic.

INDICATIONS OF REMEDIES FOR PCOD.

1. ***Apis*** – Thin walled multi locular ovarian cyst with tenderness in lower abdomen. Menorrhagia after a long gap of Amenorrhea with usual aggravations of *Apis* that is by heat and touch and > cold.
2. ***Iodium*** – In PCOD with special characteristic features of *Iodium* viz, Loss of weight, increased appetite this medicine works well.
3. ***Folliculinum*** – When too many unruptured follicles are noticed, this medicine, if given regularly good results are seen. I got introduced to this medicine recently and need time to collect data for authenticating the efficacy. This medicine is available only in CM potency.
4. ***Oophorinum*** – Usually helpful in climateric states but I have used this drug for ovarian cysts in young girls with encouraging results.
5. ***Medorrhinum*** – Should be used as a Miasmatic remedy. Has offensive flow with difficulty in washing. May or may not be associated with warts on genitalia. Left ovary more painful, breast tenderness with dismenorrhea.
6. ***Tuberculinum*** – Patient with a Tubercular diathesis along with the associated respiratory complaints; if PCOD is there it is more useful. Patient is more infatuated, fear of animals, benign mammary tumours and dismenorrhea at the onset of the flow.
7. ***Calc-carb*** – Best suited to the patients with *Calc* constitution. Periods too early, profuse and long lasting. Least amount of excitement brings the flow. Before periods mammary tenderness, sweating on forehead and external genitalia.
8. ***Silicia*** – With its common nature of being cold, chilly and desirous of warmth, has milky white leucorrhoea, increased flow of menses with icy coldness of body. Nipples sore and are drawn in, vaginal and ovarian cysts with hard lumps in breasts.



9. *Myristica* – A very good antiseptic and a good abortifacient of pus. It hastens suppuration hence can be used when the condition is highly inflammatory. This drug is commonly termed as Homoeopathic surgeon.
10. *Platina* – With severe gastric irritation and increased sexual urge; patient will be always with delusion of grandeur.
11. *Graphitis* – Very good medicine to correct the menstrual irregularities and to cure pre-menstrual related problems. Patient has induration of ovaries with aversion to opposite sex. During periods severe nausea and constipation. A good medicine for obesity also.
12. *Sepia* – Irritability is marked in the patient cannot tolerate the sight of children and kith. Periods are early and profuse. Backache more on washing.



Aurum-Muriaticum-Natronatum

(Double chloride of Sodium and Gold) NaCl, AuCl₃2H₂O

Region	Worse	
Gastro-intestinal tract (G-I.)	Cold wet weather	
Glands Uterus; ovaries Testes	October to March (head) Night Rest	
Liver Kidneys	Mercury Narcotics (on giving up)	
Bones Arteries	Vexation	

Exudative. Glandular. Ulcerative.
Malignant Sclerotic. Hysterical.
Syphilitic

Quite faithful to its pedigree, it retains many of the features of its parent *Aurum*. Starts on the degenerative process like *Aur-m*, but, it soon abandons them, yet in malignancies goes ahead of it. And, unlike both *Aur* and *Aur-m*, its troubles start (like *Ars* or *Graph.*) from the GI tract, and the heart is not much involved.

Is the *Natrum* element responsible for this ?



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For the rest all the three are almost replicas of each other. Modalities here may prove guiding.

Aur has syphilis grafted on a scrofulous background and is chilly. *Aur-m* has sycosis grafted on a syphilitic background and is warm. *Aur-m-n* has syphilis grafted on sycosis (like *Fl-ac*) and is more tumorous and malignant, while *Aur-m* is more ulcerative.

A gastro-intestinal irritant (like *Ars*), but with copious discharges: saliva, stool, urine, also sweat, menses, leucorrhoea? (like *Eucal.* which may be its acute).

Exudative diathesis. Dropsy with copious urine.

The most active of all the preparations of gold (Hale). Has more power on uterine tumours than any other remedy (Burnett).

MAKE-UP: Mercurio-syphilitic. Carbo-nitrogenoid. Scorbutic. Scrofulous. Irritable. Sanguine. Bilious. Hysterical. Melancholic.

Venous. Plethoric. Mannish women and girlish boys. *Aurums* are all so.

Nerves

Epilepsy: Impulse to run out of house, lapsing into a comatose state; desire to touch someone; tendency to bite her nails, stands still during attacks; depressed; answers in monosyllables.

Hysterical spasms, coldness starting from the abdo-