

# Validation of a symptom of homoeopathic materia medica: a case report

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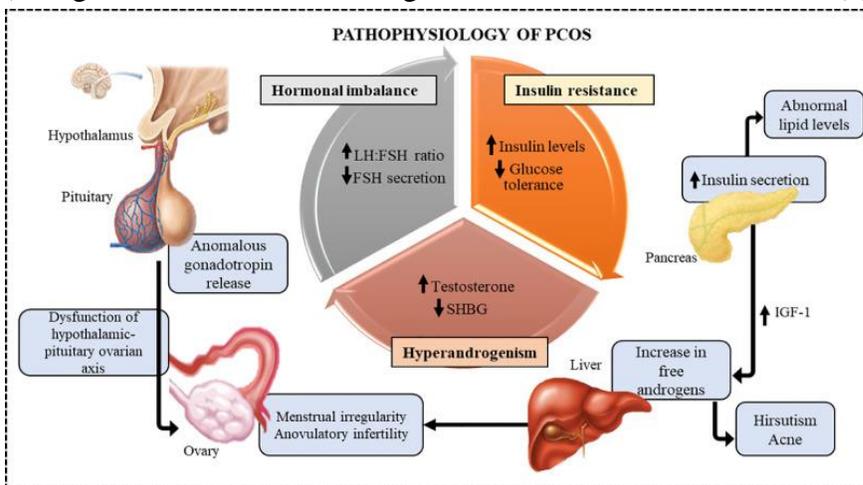
**ABSTRACT:** Polycystic ovary syndrome is a heterogeneous endocrine disorder of woman of reproductive age. The treatment of PCOS is mainly symptomatic and involve lifestyle interventions. However, the management of PCOS is challenging and current interventions are unable to deal with the outcomes of the syndrome. Several shades of evidence shows a positive role of homoeopathy in PCOS and improving the quality of life. This case is an attempt to not only show the efficacy of Homoeopathic treatment in PCOS but also clinically reverify a symptom of homoeopathic materia medica, in order to show their weightage in clinical applicability.

**KEYWORDS:** PCOS, lifestyle disorder, validation of a symptom, homoeopathy.

**Abbreviations:** PCOS - polycystic ovarian syndrome, USG – ultrasonography, BP – blood pressure, ICD – International classification of disease, LMP – last menstrual period

## INTRODUCTION:

Polycystic ovary syndrome (PCOS) was originally delineated in 1935 by Leventhal and Stein. According to the Rotterdam consensus, PCOS diagnosis should be based on the presence of any two of the following three criteria: (a) irregular menstruation i.e. oligomenorrhea and/or anovulation, (b) clinical and/or biochemical evidence of hyperandrogenism, and (c) ultra-sonographic evidence of polycystic ovaries. The major features of PCOS include menstrual dysfunction, anovulation, and signs of hyperandrogenism. Other signs and symptoms of PCOS are hirsutism, infertility, obesity, metabolic syndrome, diabetes and obstructive sleep apnea and even psychological distress.<sup>[1]</sup>



PCOS is a heterogeneous endocrine disorder that affects about 1 in 15 women worldwide.<sup>[3]</sup> The prevalence of PCOS in the Indian subcontinent Asian women was 52%.<sup>[4]</sup> However, recent findings from countries such as China and India, which are undergoing rapid nutritional transitions due to Westernised diets and lifestyle, indicate similar prevalence

Pic 1 : Schematic depiction of PCOS linked mechanism. <sup>[2]</sup>  
Abbreviations - IGF-1- insulin-like growth factor, LH-luteinising hormone, FSH- follicle stimulating hormone.

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ce rates of PCOS.<sup>[5]</sup>

Despite being a common disease in women, an estimated 68% of the total cases remain undiagnosed <sup>[6]</sup>, making it a key public health burden. The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by gestational environment, lifestyle factors or both. Women who have PCOS are at an increased risk for cardiovascular disease, diabetes and pre-diabetes, endometrial cancer, heart attack, hypertension, high levels of low-density lipoprotein and low levels of high-density lipoprotein.<sup>[7]</sup>

In addition to the physical concerns, women with PCOS have eminent physiological distress. Long-term consequences of PCOS on psychological health have always been underestimated and disregarded <sup>[8]</sup>. If PCOS is suspected, a complete medical history, physical examination, blood tests, and a pelvic ultrasound should be performed. Physicians should rule out adrenal hyperplasia, Cushing's syndrome, and hyperprolactinemia, before a PCOS diagnosis is confirmed. Currently, there is no cure for PCOS, but symptoms can be managed with lifestyle changes and medications. <sup>[9]</sup> Increasing daily activity (exercise)—along with eating a high-fiber, low-sugar diet with lots of vegetables, whole grains and fruits, avoiding or reducing intake of processed foods, trans fats, and saturated fats —will help to reduce excess weight and helps to maintain stable blood sugar levels.

In the past, polycystic ovary syndrome has been looked at primarily as an endocrine disorder. Studies now show that polycystic ovary syndrome is a metabolic, hormonal, and psychosocial disorder that impacts a patient's quality of life. So holistic approach for healing is the need of time. Several shreds of evidence from case reports, case series to randomised controlled trials show the positive role of Homoeopathy in PCOS and improving the quality of life . <sup>[10]</sup>

To successfully prescribe a homoeopathic remedy and get a perfect result, it is important to have not only good knowledge of symptomatology but also an ability to closely differentiate a remedy from others and conceive the individuality of each and every well proved drug in our mind after careful interpretation, analysis and synthesis of proving symptomatology, as stated in *Materia Medica Pura, Chronic Disease, Allen's Encyclopedia, Hering's Guiding Symptoms* and hundreds of materia medica's available from the time of Hahnemann till today. <sup>[11]</sup>

The main aim of this case is to clinically verify and validate such drug symptoms from authentic materia medica and to show their weightage in treating the case.

## **CASE REPORT :**

A female patient aged 18 years visited the OPD of CHMC and H on 22<sup>nd</sup> March, 2022 with the

A) Present complaints:

- Irregularity of menses from last 3years;  
LMP:1/2/22, menses not yet appeared.

Cycle :Irregular( no fixed interval; but generally 45-60days)

Duration: 7-8days

Quantity: Profuse

Character: Dark red

Pain: Severe, specially in lower abdomen, for first 2days

B) History of development of present complaints:

- Probable cause: PCOS,taken allopathic medications for last 3years; but again the complaints return after stopping the medicines.

C) Complaint on further enquiry :

- Pain in: both temples ,with throbbing character, < sunheat >sleep; from last few months.

#### FAMILY HISTORY:

- Tuberculosis of lung(mother)

#### GENERALITIES:

A) Physical general.

- Thermal reaction: Hot patient
- Desire : Sour food.
- Intolerance : Milk
- Thirst : less (1-2 litres/day)
- Bowel : Unsatisfactory ,once a day; with frequent ineffectual urging,.
- Perspiration : Less, specially while eating and over the nose.
- Leucorrhoea: Profuse, like white of an egg, sticky, especially before menses, >after menses, associated with excessive itching in vagina.
- Menstruation : Irregularity of menses from last 3years.  
LMP:1/2/22, menses not yet appeared.

B) Mental general :

- Irritable ++, throws things when get angry
- Depressed,couldn't forget anything about past.
- Consolation <
- Impatient
- Avoids: Crowd, company because she didn't like much people.
- Fears: Crowd
- Aversion to noises

#### CLINICAL EXAMINATION:

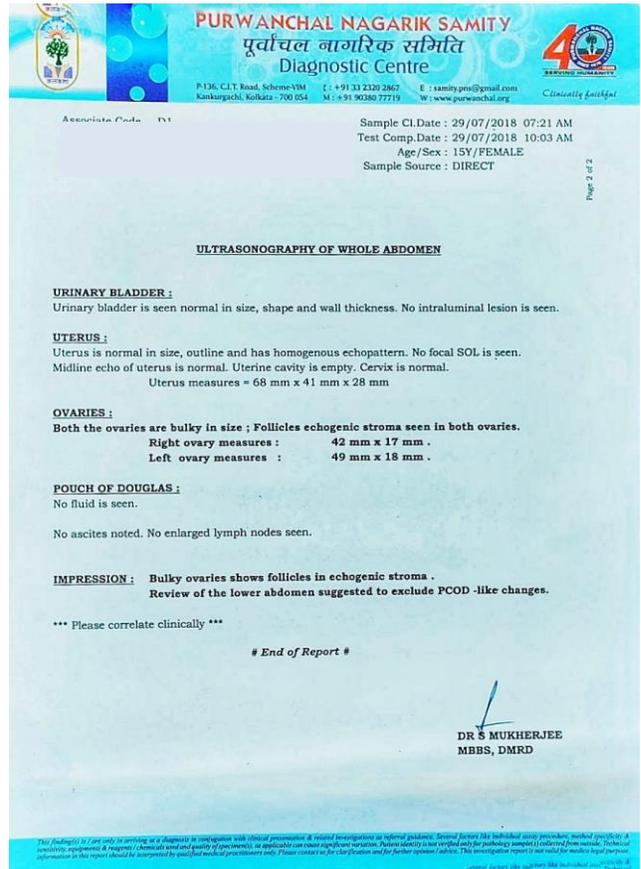
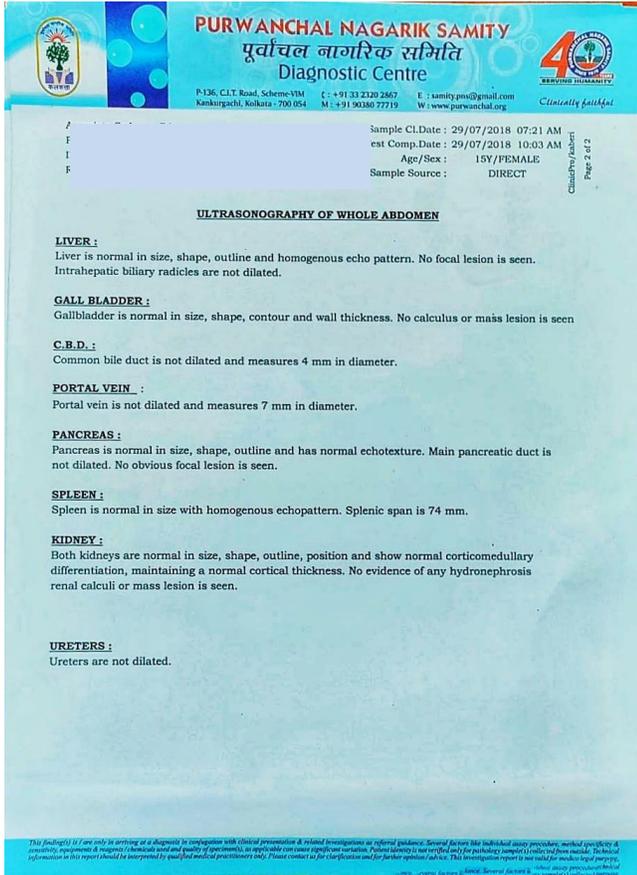
General survey:

- Appearance: Tall, dark complexion
- Built : Thin.
- B.P : 100/70 mm of Hg

**PROVISIONAL DIAGNOSIS:**  
**PCOS (ICD-11: 5A80.1) [12]**

**LABORATORY INVESTIGATIONS:**

- **USG on 29/07/2018, shows bulky ovaries, with follicles in echogenic stroma.**



Pic 2: Showing ultrasonography report of the patient (name and details of the patient has been covered for privacy concern )

**CONFIRMED DIAGNOSIS:**

- Yet to be confirmed as biochemical markers are not investigated.

**ANALYSIS and EVALUTION OF SYMPTOMS:**

<p>Characteristics Mental general:</p>	<ul style="list-style-type: none"> <li>• Fears: Crowd</li> <li>• Aversion to noises</li> <li>• Avoids: Crowd ,company because she didn't like much people</li> <li>• Consolation &lt;</li> </ul>
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	<ul style="list-style-type: none"> <li>• Impatient</li> </ul>
Characteristics Physical general	<ul style="list-style-type: none"> <li>• Thermal reaction: Hot patient</li> <li>• Intolerance : Milk</li> <li>• Desire : Sour food.</li> </ul>
Characteristics Particular	<ul style="list-style-type: none"> <li>• Leucorrhoea: Profuse, like white of an egg, sticky , &gt;after menses, associated with excessive itching in vagina</li> <li>• Pain in both temples ,with throbbing character, &lt; sun heat &gt;Sleep; from last few month</li> <li>• Perspiration: Less, specially while eating</li> </ul>

Table 1: Table showing evaluation of symptoms

**REPERTORISATION: [13]**

Remedy Name	Nat-m	Sep	Calc	Sulph	Puls	Ign	Nux-v	Lach	Chin	Lyc	Ars	Nat-c
Totally	28	22	20	20	19	18	18	16	15	15	14	14
Symptoms Covered	12	8	11	9	9	9	8	8	9	8	8	8
Kingdom												
[Kent ] [Mind]Fear (see anxiety):Crowd:In a:	2		1	1	2		2			2	1	1
[Kent ] [Mind]Sensitive,oversensitive (see offended):Noise,to:	2	3	2		2	2	3	2	3	2	2	2
[Kent ] [Mind]Company:Aversion to:	3	2	1	2	2	3	3	2	2	2		2
[Kent ] [Mind]Consolation :Agg:	3	3	1			3	1		1	1	2	
[Kent ] [Mind]Impatience:	2	3	2	3	2	3	3	2	1	2	2	1
[Kent ] [Generalities]Heat:Sensation of:	3		2	3	3	1	2	2	1	3	1	1
[Kent ] [Generalities]Food:Milk :Agg:	2	3	3	3	2	1	2	1	3	2	2	2
[Kent ] [Stomach]Desires:Sour,acids,etc.:	2	2	2	2	2	2		2	1		2	
[Kent ] [Genitalia female]Leucorrhoea:Copious:	2	3	3	2	1			2	1	1	2	2
[Kent ] [Genitalia female]Leucorrhoea:Albuminous:	3	3	1									
[Kent ] [Head]Pain,headache in general:Sun,from exposure to :Agg:	2		2	2	3	1	2	3	2			3
[Kent ] [Face]Perspiration:Eating:While:	2			2		2						

Table 2: Table showing repertorisation of the symptoms using *Kent's Repertory in Hompath Firefly Software*

### REPERTORIAL SELECTION WITH REASONS:

*Natrum muriaticum* 28/12

*Calcarea carbonicum* 20/11

*Sepia officinalis* 22/8

*Sulphur* 20/9

As *Natrum muriaticum* has covered the maximum number of symptoms and has obtained the highest score, so *Natrum muriaticum* was the repertorial selection.

### FINAL SELECTION OF MEDICINE:

Considering the whole case, after consulting with the materia medica, the medicine prescribed was *Natrum muriaticum* 200.

### BASIS OF SELECTION: <sup>[14]</sup>

- Fears: Crowd
- Aversion to noises
- Avoids: Crowd ,company because she didn't like much people
- Consolation <
- Impatient
- Thermal reaction: Hot patient
- Intolerance : Milk
- Desire : Sour food.
- Leucorrhoea: Profuse, like white of an egg, sticky, >after menses, associated with excessive itching in vagina
- Pain in both temples ,with throbbing character, < Sun heat >Sleep; from last few month
- Perspiration: Less, specially while eating.
- Tall, dark complexion
- Built : Thin.

### FOLLOW UP:

Date	Present complaints	Prescription
22/3/22	Irregular menses. Headache	<i>Natrum Mur</i> 200/1 dose
!9/4/22	Headache –Better Menses ,not appeared.	<i>Kali carbonicam</i> 200/1 dose
10/5/22	Menses appear on :20/4/22 Headache –better Patient's general health better.	Placebo was prescribed.
14/6/22	LMP- 18/5/22 No new symptoms. Patient was better.	Placebo prescribed.

Table 3: Table showing Follow up details of the patient

**PRESCRIPTION:**

Pic 3: Picture showing the prescriptions of the patient

**DISCUSSION:**

Since Hahnemann’s time, homoeopaths are correlating the symptoms of the patients with the drug symptoms which are being written in the homoeopathic materia medica. The life work of the student of the homoeopathy is one of the constant comparison and differentiation. This work is such an attempt for revision and re-verifying the symptoms from the book “*Keynotes and characteristics with comparison of some of the leading remedies of Materia Medica*”, by Dr H.C Allen. In the drug *Kalium carbonicum*, there is a symptom in relations that- “Will bring on the menses when *Natrium muriaticum* though apparently indicated fails-Hahnemann”.<sup>[15]</sup> This case is the verification of that symptom. Though, considering the totality, *Natrium muriaticum* is being selected, but it fails to bring the menses. When *Kalium carbonicum* was prescribed on the subsequent follow up, menses occur on the next day. Thus,

our objective is being achieved. The writing of a materia medica is a gigantic task and it is the duty of later generations to revise and improve, adding to what the early giants had contributed. It has been many years since Hering, Allen or Clarke published their materia medica mentioning the clinical conditions responding to each remedy by that time, many of which are today found to be obsolete and requiring a scientific appraisal. This work is a first attempt to clinically verify some of its symptomatology, identify the clinical sphere amenable to such a remedy in the current scenario, with due regards to the textbooks of homoeopathic materia medica of these stalwarts, and gauge the clinical applicability as well as therapeutic outcome.

### **CONCLUSION:**

As our aim was to establish the validation of symptoms from materia medica, and here in this case, that aim was correctly achieved. The clinical applicability of each symptoms and their verification is very important for establishing the use and importance of those symptoms in clinical practise.

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