

Sentimentality and Sensitivity of Calcarea Carbonicum A Case Study of Polycystic Ovarian Disease In Twenty Year Women.

Dr.Nilima U.Pohane

Assistant Professor in Antarbharti homoeopathic medical college and Hospital-Nagpur-India- Affiliated to Maharashtra University of Health sciences-Nashik.

Dr Uday J.Pohane

Associate Professor in Antarbharti homoeopathic medical college and Hospital- Nagpur, India-Affiliated to Maharashtra University of Health Sciences - Nashik.

Abstract: Polycystic ovary disease represent the organic ovarian pathology during reproductive age characterized by menstrual abnormalities, increasing obesity, hirsutism, acne, acanthosis nigricans. The prevalence rate is one out of five in every Indian Women. The associated risk factor is due to inheritance and epigenesis causing altered pathology and behaviour. Homoeopathic purview pathology in polycystic ovarian syndrome is thought to be detrimental of miasm mainly psora and sycosis, which is responsible for several constellation of altered behaviour and physical symptoms. In this case study an approach of individualization and totality based on constitutional miasmatic treatment is specified curatively, the validation of miasm is observed by blending pathology and characteristic symptoms representing sentimental and sensitive type of personality concerning Calcarea carbonica.

Key words: Calcarea carbonica, polycystic ovarian disease, homoeopathy, individualization, Rotterdam criteria, Psora, Sycosis.

Abbreviations: CYP - Cytochrome P450, PCOS - Polycystic ovarian syndrome, HPO - Hypothalamic-pituitary-ovarian axis, ESHRE - European Society of Human Reproduction, ASRM - American Society for Reproductive Medicine, GnRH - Gonadotropin releasing hormone, FSH - Follicle stimulating hormone, LH - Luteinizing hormone.

Date of Submission: 28-04-2024

Date of acceptance: 07-05-2024

I. INTRODUCTION:

Polycystic ovary syndrome (PCOS) affects 5-18% of women, and is a reproductive, metabolic and psychological condition with impacts across the lifespan. The cause is complex and includes genetic and epigenetic susceptibility, hypothalamic-ovarian dysfunction, excess androgen exposure, insulin resistance and adiposity-related mechanisms. Diagnosis is recommended based on the 2003 Rotterdam criteria and confirmed with two of three criteria: hyperandrogenism (clinical or biochemical), irregular cycles, and polycystic ovary morphology. In adolescents, both the criteria of hyperandrogenism and irregular cycles are needed and ovarian morphology is not included due to poor specificity. The diagnostic criteria generates four phenotypes, and clinical features are heterogeneous, with manifestations typically arising in childhood, then evolving across adolescent and adult life. Treatment involves a combination of lifestyle alterations and medical management. Lifestyle optimization includes a healthy balanced diet and regular exercise to prevent excess weight gain, limit PCOS complications and target weight reduction when needed. [1]

Polycystic ovarian disease (PCOD) was first described as a single disease by Stein and Leventhal in 1935, but now has been separated into several distinct entities, comprising a symptom complex. [2]

AETIOLOGY

The etiology of the disease remains unclear, and the subjective phenotype makes a united diagnosis difficult among physicians. It seems to be a familial genetic syndrome caused by a combination of environmental and genetic factors. It can be linked with metabolic disorders in first-degree family members. PCOS is the cause of up to 30% of infertility in couples seeking treatment. Currently, there is no cure for PCOS. Despite the growing incidence of this syndrome, limited research has been done that encompasses the entirety of PCOS spectrum.[3]

Absence of menses that is amenorrhoea is caused due to five basic factors, namely

1. Abnormal female chromosomal pattern.
2. In coordinated hypothalamic-pituitary-ovarian [HPO] axis.
3. Anatomically abnormality of patency of the outflow of tract.
4. Non responsive endometrium.
5. Non reactive response of thyroid and adrenal gland.

Polycystic ovarian disease is a heterogeneous disorder is characterized by excessive androgen production by the dysregulation of the CYP 11 a gene, up-regulation of enzymes in androgen bio-synthetic pathology. Insulin receptor gene on chromosome 19 are also involved.[Dutt's TB-Gyn-Pg-377]

MECHANISM:

Tonically elevated Luteinizing hormone [LH] leads to increased androgen production from the theca [PCOS] cells and stroma of the ovaries which decreases sex hormone binding globulin and increase unbound estrogens and androgen ultimately pituitary sensitivity to Gonadotropin releasing hormone [GnRH] is increased. Preferentially increased production of LH decreased production of FSH due to inhibit. Disturbed adrenal function is also implicated in androgen excess. A state of hyperandrogenism produces amenorrhoea by its antiestrogenic action. [Dutt's TB-Gyn-Pg-377]

DIAGNOSTIC CRITERIA:

In 2003, when 27 PCOS experts met in Rotterdam, the Netherlands, at a conference sponsored by both the European Society of Human Reproduction (ESHRE) and American Society for Reproductive Medicine (ASRM), and produced a joint consensus statement commonly known as the "Rotterdam Criteria". These criteria broadened the phenotype expression of PCOS to include any two out of the three key characteristics of PCOS: oligo-amenorrhoea, hyperandrogenism, and polycystic-appearing ovarian morphology on ultrasonography. [4]

HOMOEOPATHIC PERSPECTIVE

Dr Hahnemann formulated that human being is a unit of mind, body and spirit, this Hahnemannian philosophy of life, health and disease is the bedrock of homoeopathic therapeutic. While treating any disease we contemplate disease as merge of psychical and somatic factors, and manifestation in totality leads to indicative of similimum.

Polycystic Ovarian Syndrome (PCOS) is a common endocrinology typified by oligo-ovulation or anovulation, signs of androgen excess, and multiple small ovarian cysts. In case of Polycystic Ovarian Syndrome, it is the Psoric miasm which initially brings about functional changes followed by involvement of Sycotic miasm which leads to cystic changes in ovary. Polycystic Ovarian Syndrome, therefore, is the result of combinations of Psoric and Sycotic miasms in the sick individual, which through neuro-hormonal pathway, leads to imbalance of hormones and formation of cysts.[4]

The neurotransmitters produced in the higher center of brain and are passed into hypothalamus & to pituitary through hypothalamic hypo-physeal axis. There are number of psychological causes like emotion, shock, grief, mortification, anger, fear, delusions, that affect the mind, such psychological factors could be the root cause of hormonal imbalance through neuro-hormonal pathway leading ultimately to Polycystic ovarian disease .[5]

Comparatively modern endocrinologist explains any malady as a glandular malfunction or endocrinal imbalance which is truly analogous to homoeopathic philosophy. Therapeutically the patient should be examined in every possible way and totality of symptoms should be made as the basis for prescription.

CASE STUDY

CLINICAL HIGHLIGHTS:

A 20 years female reported of irregular and delayed menses for 2 to 3 months interval with scanty flow since 1 year. Character of menstrual bleed is dark, clotted. Flow continues through days if started has to take allopathic medicines to stop the flow. Her last menstrual period was on date: 10 February 2023

Family history: Mother : No any specific illness. Father: No any Specific illness.

PATIENT AS A PERSON:

Appearance- Build-Endomorphic.
Gait- Steady.
Constitution- Earthy complexion.

PHYSICAL GENERALS:

Thirst- Thirsty
Appetite- Tolerable and satisfied.
Desire- Spicy, Chinese food.

Aversion- No any specific.
Sleep- Always drawsy, unrefreshing sleep.
Dreams- Dreams of Daily routine.

THERMALS: - Ambithermal towards Chilly.
General examination: No abnormality detected
Blood pressure: 110/80.mm of Hg
Pulse rate: 82./Min
Weight: 70 kg.
Respiratory rate: 17 per minute.

SYSTEMIC EXAMINATION

CNS: Intact, well oriented to time, place and person.
CVS: S1, S2 normal, no adventitious sound heard.
RS: Equal air entry to both the lungs, no adventitious sound heard
ABDOMEN: Soft, no signs of organomegaly.
OTHERS: Underarm showed dark blackish discoloration

NATURAL ELIMINATIONS

Perspiration- Profuse on face with no odor and no stain.
Urine:- No any complaint before, during and after urination.
Stool:- Once in a day, soft stool with no any complaint before, during and after stool.
Menstrual Function: - Menarche - 14 yrs, irregular menses, clotted, lasted long

MENTAL GENERALS:

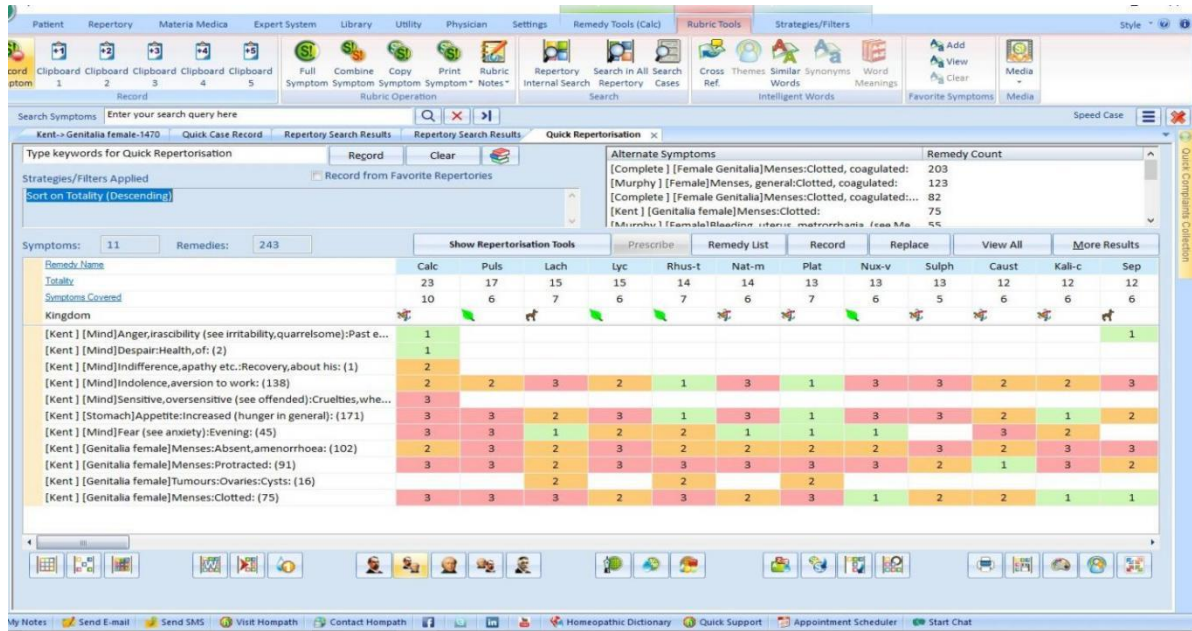
Patient wanted to pursue civil services through UPSC, but changed her mind during Covid-19 Period. She is pursuing her Bachelor of homoeopathic medicine and surgery. She is discontented about her decision. She underwent emotional turmoil and then was diagnosed with hypothyroidism before one year. She like to write orations, poems. Patient is having fear in evening cannot remain alone. She always had persistent question about her health if she would get better or not. Patient is very sensitive to all affairs she is affected easily when she hears about, negative impacts in the society for women and animals. She cannot listen to the cruel things.

Physical examination:

General condition - Fair
Temperature- Afebrile
Pulse - 78/ min
Resp rate - 16/m,
BP - 110/80 mm of Hg,
Height- 5.4",
Weight- 79 kg, ,
Pallor - Absent
Icterus - Absent
Cyanosis - Absent
Clubbing - Absent
Oedema - Absent
Nails - Pink,
Tongue - White coated
Skin - Dry
Hair - Black,
Lymphadenopathy - Absent

Repertorization Table:

FIG: 1 Ref: Zomoeo Ultimate 3.0



RESULT OF QUICK REPERTORIZATION

REMEDY	CALCAREA CARBONICA	PULSATILLA	LACHESIS	RHUS TOX
TOTAL SCORE	23	17	15	15
RUBRICS COVERED	10/23	6/17	7/15	7/14

Medicine selected: Calcarea carbonica

Justification of Prescription: The symptoms irritability, despair health of, Indolence, sensitivity, apathy to work, delayed menses, drawsy all the day, unrefreshing sleep, affinity towards endocrine gland.

FIRST PRESCRIPTION:

Date: 21.06.2023 [Registration no - 28895] [LMP: 10.02.2023]

Calcarea carbonica 1M, 4 to 5 globules, single dose stat was prescribed

Follow up was taken after 1 month.

Diet plan of less carbohydrate and high protein diet was recommended, with light exercise was suggested.

FOLLOWUP INTERPRETATION:

Date: 01.08.2023 [LMP -: 31.07.2023]

On follow up her

1. She had positive outlook towards life, she has started exercise,
2. Appetite improved,
3. Menses appeared, lasted for 3 days.
4. Weight was reduced to 68 kg.
5. Menses appeared on 31.07.23, dark, clotted, bleeding continued up to eight days required two pads per day.

Rx

Rubrum sulph was prescribed with follow up after one month.

FOLLOW UP

DATE: 31.08.2023

LMP ; 31.07.2023

Her general condition improved

Rx

Rubrum Sulp , 4-5 globules single dose Stat

was prescribed and patient was under observation up to the next month.

II. DISCUSSION

After thorough case taking and correct case processing it was observed that the more emphasis was given on the sentimental symptoms of the patient with the chief complaint. Case was repertorized with the aid of zomoeo Ultimate 3.0, showing Calcarea carb to be topmost remedy as it covers 23/10 total score. It also match the constitution of the patient

III. RESULT

After prescribing Calcarea carbonica in appropriate dose, menses appeared which was absent since six months. Thus it is concluded that the medicine which was prescribed on the individual characteristic symptoms wholistically including mental symptoms acted as an similimum of the patient and has showed the signs of improvement.

IV. CONCLUSION

The case reported shows the effectiveness of Calcarea carbonica in the treatment of Polycystic disease in the girl of age group twenty, when prescribed on the principles of Homoeopathy. Homoeopathic medicines is effective in any given case when the individualization and totality is matched with the appropriated doses in fare repetition.

CITATIONS:

1. Anju E Joham 1, Robert J Norman 2, Elisabet Stener-Victorin 3, Richard S Legro 4, Stephen Franks 5, Lisa J Moran 6, Jacqueline Boyle 6, Helena J Teede 7, Affiliations expand, PMID: 35934017DOI: 10.1016/S2213-8587(22)00163-2
2. Polycystic ovarian disease , S G Raj, L M Talbert, PMID: 6232474
3. Barthelme EK, Naz RK. Polycystic ovary syndrome: current status and future perspective. Front Biosci (Elite Ed). 2014 Jan 1;6(1):104-19. doi: 10.2741/e695.PMID: 24389146; PMCID: PMC4341818
4. Current Guidelines for Diagnosing PCOS, Jacob P. Christ and Marcelle I. Cedars*Enrico Carmina, Academic Editor, National library of Medicine
Author information Article notes Copyright and License information PMC Disclaimer Published online 2023 Mar 15.
- 5 Miasmatic evolution in polycystic ovarian syndrome with reportorial analysis Dr. Vishnu TM and Dr. Sushrutha K DOI: <https://doi.org/10.33545/26164485.2021.v5.i3d.434>.

REFERENCES

- [1]. DC Dutt's Textbook of Gynecology-Hiralal Konar-Seventh edition-2016-Jaypee the health science publisher.
- [2]. Organon of medicine-6th edition- Dr Samuel Hahnemann-Indian Book Periodical Publishers-Reprint Edition: June 2015.
- [3]. Lectures on homoeopathic materia medica- Dr. J T Kent- B. Jain Publisher[P] Ltd.-August-2002.
- [4]. Robert's The Principles and art of cure by homoeopathy-Herbert A. Roberts-B.Jain's Publishers [P] Ltd.-August-2002.
- [5]. The Genius Of Homoeopathy-Lectures and Essays on Homoeopathic Philosophy- Stuart Close. MD.-B.JAIN PUBLISHERS [P] LTD.
- [6]. The Principles And Art Of Cure By Homoeopathy-Herbert A.Roberts, MD.-B.Jain Publishers Pvt. Ltd.-10th Impression-2011
- [7]. Essentials of Principles and Practice of Homoeopathy-Enlarged Third Edition-Published by Dr.Mrs Sabit Rani Dey.-Reprint: January 2005.
- [8]. Homoeopathic psychology, personality profiles of the major constitutional remedies, by Philips M. Bailey-B. Jain Publisher.- Reprint edition:2004, 2005.
- [9]. Essence of Materia Medica -Second edition-George Vithoukas.-B.JAIN PUBLISHERS [P] LTD.-12th Impression-2010.
- [10]. Miasmatic Diagnosis Practical Tips With Clinical Comparisons- Dr. Subrata Kumar Banerjea-B. Jain Publisher PVT.LTD-Revised Edition: 2003.
- [11]. Miasms-The Devious Intrigue-Dr.Kishor Mehta-Publishrtd-Mind Technologies-1st Edition 2008.