

Polycystic Ovarian Syndrome

Mollie Hunton describes how she treats this condition homeopathically

Polycystic Ovarian Syndrome (PCOS) used to be called Stein-Leventhal syndrome when I was at medical school, and was so rare that no gynaecologist could find a case of it to demonstrate to us. Now, however, it is extremely common and I see about ten cases a year.

The symptoms in the syndrome are acne, irregular or absent periods, obesity, hirsutism (excessive growth of bodily hair) and infertility. Not all patients have every symptom. In fact some people are not overweight. This can cause difficulty when doctors are not inclined to refer for investigations if the patient does not fit all the categories.

An ultrasound scan shows that sufferers have changes in the ovaries which cause multiple small cysts to occur with-

out ovulation. The cysts are arranged around the outside of the ovary, just under the surface and have not been able to rupture as they should at ovulation.

As ovulation does not occur, hormone levels do not fall as they would normally do. Consequently menstruation, which occurs in response to falling levels of hormones, may be delayed or absent. I feel that this situation should be able to be picked up early in teenagers who do not menstruate regularly. At this point, some homeopathic remedies would help, but the patient and the doctor need to be aware that irregularity may indicate pathology and some tests need to be done, even if no other symptoms are present. I call this early stage the "tough ovary" situation. It is as if

the covering (capsule) of the ovary is too tough to allow the follicle to burst when it has ripened. Some cyclical Follitropin and Ovarian gland in 30c potency usually helps at this early stage.

The elevated levels of testosterone and oestrogen eventually result in hirsutism, acne and long or absent menstrual cycles and obesity. A primary cause is thought to be high levels of insulin due to insulin resistance, where the body tissues do not respond normally to insulin which may be a genetic abnormality. Women with this syndrome (also called Syndrome X) are therefore at risk of premature heart attacks, premature menopause and abnormal growth of the uterine lining (endometrium) which can lead to cancer.

Conventional treatment of the infertility, which is what takes most women to their doctor, is with clomiphene, which is said to induce ovulation in 70 per cent of patients. Inducing ovulation is not the same as getting pregnant though. If people are overweight, a low carbohydrate load diet is advised and also the medication metformin which people with type 2 diabetes take.

In order to understand this complex syndrome I analysed ten patients I had seen in the previous year. I was looking to see how each patient presented, which homeopathic medicines were successful and what the outcome was.

The patients

The youngest was 18, two were in their 20s and seven in their 30s, the oldest being 39. This reflects the situation that people are waiting until later to start their families and when they want to become pregnant find that they have a problem. The 18 year-old was a student, but everyone else was in full-time work, often in busy, stressful jobs like teaching.

Symptoms experienced

Acne Seven patients had acne and two had had Roaccutane which can only be



Photo: istockphoto.com/Sergey Kashkin

Not all women with PCOS have every symptom which can cause difficulties with diagnosis

prescribed by a consultant dermatologist. At no time was PCOS considered as a diagnosis. Dermatologists do not normally ask about periods.

Hirsutism Seven patients had abnormal body hair. One had had it since the age of 16 and was now 31.

Menstrual cycle All the patients had abnormally long menstrual cycles. Six had had the problem since they started menstruating. Usually if a teenager goes to the doctor complaining of a long cycle, investigations for PCOS are not undertaken and the patient is reassured that things will settle down. I don't know if anyone has done any research to see what proportion of young girls who complain of a long cycle do revert to normal and how long it takes, but it seems to be a missed opportunity to diagnose the condition. The situation of a long cycle is not common anyway in my experience, so I would take it seriously if it were presented to me at that age.

Weight Six patients were overweight, so four were not – an important observation. None was diabetic. The Americans describe five different types of PCOS according to the variations in the symptoms, but in three of the variations the weight is normal. This is one time when you can blame your glands for your weight!

Infertility Only four patients complained of infertility and in fact another was actually pregnant. The other five were not contemplating pregnancy. One patient had one child already but had been unable to conceive again and one patient had two children.

Concomitant problems One patient suffered depression and grief, one depression, alcohol problems, heavy smoking, Syndrome X and bulimia, one had epilepsy and suicidal depression, one had recurrent cystitis and Irritable Bowel Syndrome, and one had panic attacks and had had repeated courses of antibiotics.

Investigations

Eight patients had had their hormone levels checked. One had not and one was not sure. Four were told that their testosterone levels were not elevated and the rest were not told their results. Seven had had an ultrasound scan, in two of whom no cysts were seen. This does not necessarily mean that cysts were not there, only that they were not seen. Sometimes the ovaries are not easy to

see if the patient is very overweight or the ovaries are positioned deep in the pelvis. One patient had not been offered a scan. This meant that only five patients had a definite diagnosis of PCOS, which tells you that the GPs do not consider a diagnosis of PCOS or that they feel the expense of the investigations is not warranted.

However, it is important to make a diagnosis because there may be treatment implications – diabetes and Syndrome X must not be left unchecked. I now check the blood sugar of everyone who is overweight. Although only five patients had had a definite diagnosis, the other five had not had an explanation for their long menstrual cycles and other symptoms. Where there were classical symptoms of PCOS but no confirmatory test results, I explained my theory of the “tough ovarian capsule” situation. I did suggest to three patients that they ask their GPs for tests and one person was refused.

Treatment

It is very important for people who are overweight to lose it and for diabetics and women who have Syndrome X to stick to a low carbohydrate (glycemic) load way of eating. Glycemic load is simply the best measure of whether a food, a meal, or a diet will help create blood sugar control, and help lose weight (see Patrick Holford's web site or his book *Low GL Diet Made Easy*). People who are overweight all have emotional problems focussed on food, for example comfort eating. One patient in this study had bulimia, which always is emotional in origin and has added emotional overtones. When you embark on treating PCOS you are treating a chronic condition that has often been present, albeit unrecognised, for many years, which is why people become depressed. Homeopathy is the only system that looks at the whole person and not just at their hormones and ovaries.

Case study

Mrs KJ, aged 31, came to see me because she had had PCOS for ten years and during her first pregnancy she had a large ovarian cyst which could not be oper-

ated on and she had to have a caesarean section. She was now pregnant for the second time and wanted to try and deliver normally.

Her PCOS was diagnosed at the age of 21 when she was experiencing irregular bleeding. At the time she was working on a ship which she found very stressful. She developed severe acne which was treated by a dermatologist with Minocin, a strong antibiotic. After this she developed irregular bleeding and a scan showed ovarian cysts. She was put onto oestrogen patches. She then conceived naturally, but developed the large cyst. The cyst was dealt with during the caesarean.

Eventually she wanted to conceive again, but was unable to. She was referred back to the gynaecologist and was due to have a laparoscopy when she became pregnant.

By nature she was a home person. On board ship she had been very homesick. She was very moody and often burst into tears. She hated stuffy atmospheres and always slept with the window open. She hated to be cold. Despite what she thought about her acne scars, she was a very attractive person with blond hair and blue eyes.

I prescribed Pulsatilla 200c, three tablets to be taken in one day once a month whilst pregnant. She did not develop any cysts and went on to deliver normally.

Outcome

Out of the ten patients treated, two were lost to follow up. Three were unable to handle the diet, however one had an improvement in her cycle despite having considerable emotional problems exposed which can be difficult to treat. Another felt she had had a therapeutic consultation. There were lots of improvements recorded in patients' cycles, in their diets and in their mental health.

This is a complex syndrome with a lot of symptoms in different systems and often of long standing. It would obviously take a long time for changes and recovery to occur. Sometimes there is not enough time and patients find the conventional system with its quick fixes hard to resist.

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