

“ADDRESSING POLYCYSTIC OVARY SYNDROME (PCOS) IN WOMEN THROUGH HOMOEOPATHY”

RESEARCH PAPER

By

Muhammad Zahid

Student of
Frontier H.M.C, Peshawar



ALL PAKISTAN RECKEWEG
RESEARCH
COMPETITION

Presented
By



DR. SALIM AHMED & CO.
EST 1975

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Dr. Salim Ahmed & Co.
On behalf of Dr. Reckeweg & Co., Germany

**ADDRESSING POLYCYSTIC
OVARY SYNDROME IN WOMEN
THROUGH
HOMEOPATHY**

Submitted by

Muhammad Zahid

S/O

Haji Abdul Manan

Cellphone #+923339291199

Al-Zahid Single Remedy Homeopathic Clinic and

Research Center

Bilal Town Gate

GT Road Peshawar

Singleremedian@gmail.com

Frontier homeopathic medical college Peshawar

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Addressing Polycystic Ovary Syndrome (PCOS) in Women through Homeopathy

Abstract

PCOS is the first cause of anovulatory infertility nowadays and infertility is found in 70 to 80% of affected women. The current study reports a case study of 33-year-old obese woman with a clinical history of secondary infertility for the past six years presented to Al-Zahid Single Remedy Homeopathic Clinic & Research Center, Peshawar, Pakistan (AZSRHC & RC).. The patient already underwent extensive allopathic treatment in Afghanistan, Pakistan and India for five years, including first to third line therapy. Patient was diagnosed PCOS based on Androgen society and Rotterdam criteria and used all forms of conventional methods for the last 5 years without success. 12 repertories of two different software (Radar Opus and Zomeo) including their different modules, techniques, maps and potency selector were used to select similimum medicine and its potency. So Apis Mellifica was selected based on the totality of the symptoms. Enlarged ovaries right sided 16.8 cc to 5.03cc and left sided 16.0cc to 4.07cc , raised TSH 12.8.µIU/mL to 2.75 .µIU/mL , HBA1C 6.3% to 5.0%, became in normal limits and menstrual cycle improved, the patient conceived after seven months of treatment approximately and delivered a healthy baby girl and then a baby boy.

Keywords: Homeopathy, Polycystic ovary Syndrome, Secondary infertility, Apis Mellifica

Introduction

Polycystic ovarian syndrome (PCOS) is an endocrine and reproductive condition that impacts 7 to 15% of women of reproductive age. Stein and Leventhal initially described it in 1935. The etiology of PCOS is intricate, encompassing genetic, environmental, and behavioral variables, and remains contentious. PCOS is characterized by the fulfillment of a minimum of two of the Rotterdam criteria: oligo-anovulation, clinical or biochemical hyperandrogenism, and the presence of micro polycystic syndrome (ovarian volume above 10 ml and/or more than 12 follicles per ovary).Patients with PCOS will seek consultation for varying degrees of hyperandrogenism (Hirsutism, seborrhea, acne), menstrual cycle irregularities, obesity, and infertility [1]. Polycystic Ovary Syndrome (PCOS) is the primary cause of anovulatory infertility today, with infertility occurring in 70 to 80% of afflicted women. The ovaries often exhibit a size double that of normal, presenting a gray-white coloration with a smooth outer cortex, and are punctuated by subcortical cysts measuring 0.5 to 1.5 cm in diameter. Histological analysis reveals a thicker, fibrotic ovarian capsule with many follicles bordered

by granulosa cells with hyperplastic luteinized theca interna. The ovary has a notable lack of corpora lutea [2].

The PCOS is known by different names (Stein–Leventhal syndrome, Functional Ovarian Hyperandrogenism, Sclerocystic ovarian disease, Ovarian Hyperthecosis, Chronic Hyper-Androgenic Anovulation [3].

It is striking that as the name mentioned the Polycystic Ovarian Syndrome, but in this disease nothing wrong with the ovaries, it is endocrine condition signaling from the brain that is being misfired and there is a hormonal mismatch and as a result eggs don't get released on time, so lots of little follicles rush to the surface trying to compete with each other to release and it doesn't happen and so again a misnomer polycystic ovary, there is no cyst in the ovaries, they are little immature follicles, so wrongly named and badly named [4]

PCOS is one of the sub cause of infertility. It is a global health issue affecting millions of reproduction age worldwide, According to the WHO one in six people experience infertility in the lifetime. Up to 70% of affected women undiagnosed, worldwide, because symptoms of PCOS can differ from person to person and some women with PCOS may have ultrasound scan that doesn't demonstrate polycystic ovaries. Worldwide 8-13% of reproduction aged women affected on estimated figure of WHO [5].

Both men and women respond differently to infertility, occasionally causing a split in the relationship and sometimes culminating in separation. Each spouse frequently encounters despair and anxiety, perhaps increasing stress levels. It is essential for the pair to unite and provide mutual support throughout this moment. Infertility is a medical issue that is not voluntary; some instances can be resolved with appropriate therapy, while others cannot. Total infertility is categorized into primary and secondary infertility. Definitions of primary infertility differ across studies; however, the World Health Organization (WHO) operationally defines primary infertility as the "inability of women to conceive within two years of exposure to pregnancy (i.e., sexually active, non-contraceptive, and non-lactating) among women aged 15 to 49 years." Secondary infertility denotes the incapacity to conceive after having previously been pregnant. Infertility in women can be attributed to Fallopian tube defects or diseases, ovulatory dysfunction, polycystic ovarian disorder (PCOD) in nearly 40 percent of cases, endometriosis, hormonal imbalances such as hypothyroidism, immunological variables, congenital abnormalities, and sexual dysfunction. Additional prevalent reasons include genital tuberculosis, a disorder marked by atypical development inside the female reproductive system,

sexually transmitted diseases that can irreversibly damage the reproductive system, obesity, the use of certain drugs, smoking, and alcohol usage [5]

Scope of the study

Women with PCOS frequently have lipid abnormalities such as high low-density lipoprotein (LDL) levels, triglyceride levels (TGL), low high-density lipoprotein (HDL) levels, and high non-HDL levels. Obesity, insulin resistance, and hyperandrogenism are all present in PCOS, and they all have distinct and interactive influences on dyslipidemia, though the processes underlying these interactions are unknown [6] It seems to be either independent or additive to insulin resistance in obese people without PCOS [5]. Even though not all women with PCOS have Insulin Resistance, dyslipidemia is linked to the condition. PCOS dyslipidemia is caused by a variety of factors. The importance of dyslipidemia as the primary proximate cause of atherogenesis and, as a result, vascular illnesses, factors leading to PCOS dyslipidemia have been the focus of study for lowering CVD [7] This research aims to prove that homeopathic medicines have a significant effect on human health, especially on PCOS.

Differential diagnosis

(1) Premature ovarian insufficiency (elevated FSH and LH levels); (2) Sudden weight loss, excessive physical activity (normal FSH and LH levels for age), or obesity; (3) Cessation of hormonal contraceptives (anovulation may persist for six months or longer); (4) Pituitary adenoma with increased prolactin levels (galactorrhea may be absent); and (5) Hyperthyroidism or hypothyroidism. To exclude other etiologies in women with probable PCOS, FSH, LH, prolactin, and TSH levels should be assessed. Due to the elevated risk of insulin resistance and dyslipidemia, all women with suspected PCOS should undergo testing for hemoglobin A1C, fasting glucose, and a lipid and lipoprotein profile. Women exhibiting clinical signs of androgen excess should undergo measurement of total testosterone, sex hormone-binding globulin or free (bioavailable) testosterone, and 17-hydroxyprogesterone. Women exhibiting stigmata of Cushing's syndrome should have a 24-hour urine free cortisol assessment or a low-dose dexamethasone suppression test. Congenital adrenal hyperplasia and androgen-secreting adrenal tumors are characterized by elevated circulating androgen levels and anovulation with polycystic ovaries; these conditions must be excluded in women .suspected of having PCOS.

Statement of the problem

A patient who was suffering with secondary infertility for more than 6 years due to PCOS and tried all attempts to become a mother in the conventional way of treatment, at last she was refused at Prima Super Specialty Hospital, New Delhi, India, after the 3rd attempt of in-vitro fertilization (IVF) because of anovulation. She gave up hope and wanted to seek the help of Homeopathy, so contacted Al-Zahid Single Remedy Homeopathic Clinic and Research Center, Peshawar, Pakistan. (AZSRHC & RC) Now the problem is that how much homeopathy helps her to rid out her from Sub Clinical Hypothyroidism (SCH), Hyperandrogenesis, Hersuitism Diabetes, and Anovulation due which she became hopeless.

Aim and objectives

Examine the efficacy of homeopathic treatment in managing hormonal imbalance, reducing cyst formation and improving menstrual irregularity and finally to resolve the infertility issue. While the specific objective of the current study was

- i) To access the variation in TSH, HbA1C, in patients having SCH and PCOS and
- ii) To find the clinical utility of personalized homeopathic medicine in PCOS.

Case report

The case description is as follows: A 33-year-old obese lady arrived from Afghanistan with a clinical history of secondary infertility for the past six years despite regular unprotected intercourse. Concurrent signs and symptoms of irregular menses (60-75 days intra menstrual duration) for the last 6 years (last menstrual period – 22.11.18) and hyperandrogenism (Hersuitism, Ferriman-Gallwey score - 8) of equivalent length were observed. She had gained 6.5 kg in the past three months. The comprehensive assessment indicated a normal blood pressure of 110/70 mmHg alongside an elevated BMI of 25.2. Abdominal ultrasonography and transvaginal ultrasonography indicated characteristics indicative with bilateral polycystic ovaries with no developing follicle in either ovary. The right ovarian capacity was 17 cc, and the left ovarian volume was 15.5 cc. Her fasting blood sugar was 98 mg/dL following the use of metformin. The patient unable to conceive for the last 6 years, for which she underwent several allopathic treatments without satisfying results. The case description is as follows

Patient history: (ID #192)

Mrs. Fakhria Burhan, aged 33 years, visited (AZSRHC & RC) Peshawar Pakistan on 07-FEB-2019. Patient provided the following medical history:

Early Life and Puberty:

* No significant chronic illnesses or major medical issues during childhood and early adolescence.

- * Underwent tonsillectomy at age 11.
- * Attained puberty at age 14.
- * Regular menstrual cycles began a month after menarche.

Reproductive health and diagnosis

- * Diagnosed with Polycystic Ovary Syndrome (PCOS) at age 18.
- * Conceived naturally after three months of marriage.

* Delivered her first child via Cesarean section. Diagnosed with Spinal Muscular Atrophy (SMA) in the child due to consanguineous marriage. Unfortunately, the child passed away at six months old. Advised by doctors that future children may also be affected by SMA.

Allopathic treatments and procedures

Underwent extensive allopathic treatment in Afghanistan, Pakistan and India for two years, including first to second line therapy

Treatment for irregular menstruation through OCP and Progesterone hormone

Metformin to improve insulin sensitivity as patients' glucose level raised.

LH-releasing hormone analogs.

Clomiphene citrate to induce ovulation for fecundation. But in vain then they advised to do laparoscopy (Figures 1a-1b)

During 2016 AMH raised 15.5ng/ml (Figure 2)

Then third line therapy started

In Vitro Fertilization (IVF) attempts:

First IVF in January 2016 attempted by patient in India. Second IVF in February-March 2017(Figures 3a-3b), while the third IVF in October 2018 (Figure 4e) at same hospital in India. Received medications for high cholesterol and high prolactin levels, including Ecosprin, Argiprime, and Cabergoline (Figures 3a-3b). Then in October 2018, she went to India for the third time for IVF, where she came to know that she also had hyperprolactinemia. Figure 4a, So there was severe pain after IVF for the third time after eating medicines for a few days, so when she did ultrasound, it was found that she was suffering with Ectopic pregnancy (Figure 4b to 4e).

Seeking homeopathic care

Frustrated by the lack of success with conventional treatments, Mrs. Fakhria Aria sought alternative options. She was referred to (AZSRHC & RC) by an Afghan patient on 07-FEB-2019):

Signs and symptoms

Irregular menstrual cycles, scanty, dark, and clotted periods for 12 years (Intra menstrual duration IMD 65- 75 days):

*Memory weakness and difficulty concentrating for 10 years

*Stiffness in extremities for 10 years

*Difficulty focusing on conversations for 9 years

*Anger and irritability for 5 years

*Back, scapular, and coccyx pain, often triggered by exertion or exposure to cold or wet conditions

*Insomnia for 5 years

*Joint pain, particularly in knees and cervical spine, exacerbated by exertion and exposure to cold or wet conditions

*Skin allergies and itching

*Heat sensations in palms and soles, especially at night

*Headaches, particularly in the right temple and occiput, associated with thyroid dysfunction
Counting on fingers when alone

Fatigue for one year,

Self-talking <when alone for 10 months

Dreams of dogs, cows, and sheep for 8 months

Quarrel with people in dreams for 8 months, FG score 8

How the remedy was chosen

Materials and Methods

This research was conducted at the (AZSRHC&RC) Peshawar Pakistan in response to a complex clinical case that required a detailed approach to the selection of the homeopathic remedy. In line with the principles outlined in the Organon of the Healing Art by Samuel Hahnemann, particularly Aphorism 18, the methodology aimed to identify the similimum, the remedy most suited to the case.

Aphorism 18 states "**The totality of symptoms and conditions in each individual case of disease must be the sole indicator and guide for selecting the appropriate remedy**"

This research focused on a comprehensive evaluation of the patient's symptoms, utilizing multiple homeopathic repertories and software platforms to ensure accuracy in remedy selection. The goal was not only to identify the similimum but also to assess the dominant miasm and the potential need for intercurrent remedy.

Research design and approach

A multi-repertory approach was adopted for the analysis, utilizing a combination of tools to repertorize the symptoms. Given the nature of the case, it was imperative to use several repertories to account for any missing rubric in a single source. The use of different techniques and modules allowed for a more holistic view of the case, ensuring that no critical symptoms were overlooked

The following repertories were employed in the analysis. From Radar Opus Software, Boenninghausen's Repertory, Murphy's Repertory, Synthesis Repertory, Repertory of Infertility, Concise Repertory, and Kent's Repertory.

And from Zomeo software, Complete Repertory, Kneer Repertory, Perfect Repertory, Gentry Repertory, Lippe Repertory.

Case taking and symptom analysis

The case-taking process was conducted over three sessions from 07-FEB-2019 to 14-FEB-, 2019. During these sessions, a comprehensive collection of symptoms was gathered, with particular focus on mind symptoms, physical general symptoms, pathological general symptoms, and specific local symptoms. This process was carried out in alignment with Hahnemannian principles, ensuring that the symptoms collected were carefully evaluated and repertorised. The symptoms were repertorised separately for the mind, physical body, and specific areas of pathology to allow for detailed and critical analysis. This ensured that each symptom was assessed based on its unique attributes, enabling a more refined selection of rubrics and sub-rubrics.

Repertorization and software utilization

Mind Symptoms: Repertorized using Radar Opus software. A variety of rubrics and sub-rubrics were considered to account for mental and emotional disturbances, with particular attention given to missing rubrics in leading repertories such as the Synthesis Repertory in Radar Opus and the Complete Repertory in Zomeo.

See (Table 1A)

The sheet of mind symptoms showed Apis is on the top covering 12 rubrics and sub rubrics with 21 marks but Lachesis covering 11 rubrics and sub rubrics but with 25 marks. So counter

opinion taken from Zomeo See (Table 1B)

Remedy	Lach	Hyos	Apis	Nux-v	Puls	Stram	Staph	Ph-ac	Lyc	Aur-m-n	Bell	Ign	Plat	Arn	Phos	Con
Totally	20	19	15	14	12	10	8	7	6	6	6	6	6	6	6	5
Symptoms Covered	9	7	6	5	5	4	5	4	4	3	3	3	3	2	2	3
Kingdom	🐶	🐸	🐶	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸	🐸
[Boericke] [Mind]EMOTION EFFECTS:Jealousy: (4)	3	2	2				2									
[Boenning] [Mind]JEALOUSY, ENVY, ETC.: (10)	2	4	3	1	2			2			2					
[Murphy] [Mind]JEALOUSY, GENERAL : (72)	4	4	3	3	2	2	2	1	2	2	1	1	3			
[Murphy] [Mind]JEALOUSY, GENERAL .Women, in : (3)	2		2										2			
[Complete] [Mind]JEALOUSY:Ailments from, agg.: (16)	4	4	4	4	4		1	3	1	3		3			3	
[Gentry] [Mind and disposition]MEMORY:Remarkable weakness of memo...	1	1					1	1								
[Complete] [Mind]ANGER:Alternating with:Repentance, quick: (21)		1														
[Complete] [Mind]GESTURES. MAKES:Plays with.Fingers. (13)	1	3									1					

The following sheet Lachesis was on the top covering 9 rubrics and sub rubrics with 20 marks and Hyoscymous on second position covering 7 rubric and sub rubrics with 19 marks but Apis in third position covering 6 rubrics and sub rubrics with 15 marks. The difference was due to the absence of certain rubrics and sub-rubrics in the various repertories available in Zomeo. For example, rubrics such as "Dreams of snakes," "Rushes to her," and "Dreams of black dogs, little black dogs of different breeds" were only found in Dr. Degroote Filip's Dream Repertory, which is only included in Radar opus.

Physical general

Physical Symptoms: A thorough analysis of physical generals was conducted. Each symptom was evaluated across multiple repertories to ensure that critical indicators of the disease were not overlooked then physical general symptoms were repertorised and see the (Table 2A)

	phos.	apis	bell.	sulph.	op.	caust.	calc.	con.	droc.	graph.	lyc.	merc.	puls.	sep.	bar-c.	cro
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2
7	6	6	5	4	3	6	6	5	5	5	5	5	5	4	4	4

Clipboard 1		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. GENERALS - LIGHT; from - agg.	(101)	1	3	1	3	2	1	1	3	3	2	3	2	2	3	2	2
2. GENERALS - LIGHT; from - agg. - artificial light	(37)	1	3		2	1		1	3	3	3	2	3	3	3	2	2
3. GENERALS - WARM - bathing - agg. - hot bath	(5)	1		3			1										
4. Generals - BATHING, washing, general - warm, bath, agg.	(12)	1	1	2	1	2	2	1									

The sheet showed Phos and Apis have covering the equal number of rubrics and sub rubrics but Phos have more a mark than Apis which is insignificant when compare it with mental symptoms. Now See (Table 2B) that shows the Physical general rubrics and sub rubrics repertorised by Zomeo

Symptoms : 4 Remedies : 36 Filters : General Symptoms

Remedy	Sulph	Phos	Acon	Bell	Apis	Calc	Euphr	Graph	Lach	Op	Stront-c	Ant	Ant-c	Ars-i	Bar-c	Cact
Totality	4	3	2	2	2	2	2	2	2	2	2	1	1	1	1	1
Symptoms Covered	3	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Murphy] [Generals]BURNING, PAIN:Externally :Bathing, agg. : (2)	1															
[Murphy] [Generals]BATHING, WASHING, GENERAL:Warm, bath, ag...	2	1	1	1	2				2	2	2		1	1		
[Lippe] [Generalities, Aggravations and Ameliorations]LIGHT:From ...	1	2	1	1		2	2	2				1			1	1
[Gentry] [Generalities and Key Notes]LIGHT:Worse from artificial lig...																

The sheet showed Sulphur covering the 3 rubrics and sub rubrics with having 4 marks and Phosphorus covering 2 rubrics and sub rubrics having 3 marks. . The appearance of patient is, stoop-shouldered, she walk and sit stooping, walk stooping like an old man. Redness of lips and there were many reasons to advised her sulphur but Phosphorus constitution is also resemble the sulphur like tall, thin , lean and narrow chest person, but we can differentiate easily. Shortly sulphur is her constitutional remedy but according Dr. Alfone Geukens “you cannot do everything with a constitutional remedy” [8]

Pathological general

In the beginning, when studied Kent’s Materia Medica and not his “Lesser Writings” this was thought , like many beginners, the pathology has no concern with homeopathic selection, Kent who was a great advocate of general symptoms, did not completely ignore pathological symptoms As totality is more important. So after mental, physical general, then pathological

rubrics considered from different repertories. For those who are opposite to considering pathological rubrics the following paragraph of dr. Kent regarding pathological rubrics is very important to understand.

“The examination of serious pathology should be promoted and is vital to the discipline of Homeopathy, and no homeopath has ever dissuaded it. Pathology encompasses all discussions related to illness; it is comprehensive and inclusive. The examination of disease as exhibited via subjective and objective symptoms, the analysis of lesions or disease outcomes revealed by physical inspections, and the understanding of morbid anatomy should all be comprehended by a homeopath, with a thorough knowledge of their actual significance. The disease's progression, history, and all known manifestations should be examined to reveal the uniqueness in a comprehensive overview [9]

Logically and scientifically as well as clinically it is observed abnormal position of fetus in last months of pregnancy is also a pathological condition. Some peoples give here pulsatilla. Of course some cases are solved by it but some others not. Definitely cases that need other remedies would not be solved by puls. A large number of these cases are solved by good homoeopaths with the help of different remedies like Arg-n Bry, Carb-v, Merc, puls and sulph etc. Indicated by the totality of symptoms. Abnormal position of fetus in puls is due to excess of amniotic fluid; in Bryonia due to constipation and pressure of intestine toward uterus; in Carb-v due to pressure of gas accumulated in stomach and intestines. That is, a same pathological condition or symptoms may be due to many different causes/factors and along with varied general symptoms. When we apply the remedy similar to the totality, then the patient gets rid of all symptoms and is cured. .[10]

So the pathological symptoms were repertorised separately, given their importance in identifying the underlying miasm and guiding the selection of both the similimum and any required intercurrent remedies See (Table 3A)



	ap'is	iod.	coloc.	lach.	bov.	kali-br.	plat.	thui.	canth.	merc.	bulfo	hus-t.		
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	6	5	4	4	4	4	4	4	4	4	3	3	3	
	10	9	8	8	7	7	7	6	5	4	6	6	4	
x														
3. Clipboard 3	(108)	1	2	2	2	2	2	2	1	1	1	2	2	1
▶ 1. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts	(3)	1												
▶ 2. FEMALE - HIRSUITISM-VIRILISM - Growth of hair - women on - PCOS-Poly cystic ovaries; with	(9)	1	1			1	1							
▶ 3. O - Ovaries - cystic	(42)	1	3	2	2	2	2	2	2	3	1	1	2	2
▶ 4. Clinical - TUMORS, general - ovaries, cysts	(24)	1	1	2	2	2			1	1	2	1		2
▶ 5. FEMALE SEXUAL SYSTEM - Ovaries - Cysts - dropsy - Inflammation - acute	(16)	1	2	2	2	2	2	2	1	1	1	2	2	
▶ 6. FEMALE GENITALIA - TUMORS - Ovaries - cysts														

The sheet showed again Apis got the top position among the others and Iodum on second position but Lachesis on fourth as compared to the mind clipboard. Then took the counter opinion from pathological clipboard of another software (see Table 3B).

Symptoms : 6 Remedies : 69 Filters : Clipboard 3

Remedy	Iod	Bov	Apis	Aur-I	Lyc	Ov	Kali-br	Lach	Plat	Aur-m-n	Bufo	Coloc	Rhus-t	Apoc	Med	Am
Totality	11	10	10	10	10	10	9	9	8	7	7	7	7	6	6	5
Symptoms Covered	4	5	4	4	4	4	4	4	3	4	3	3	3	4	3	4
Kingdom	↓	↑	↑	↓	↓	↑	↓	↑	↓	↓	↑	↓	↓	↓	↑	↓
[Complete] [Female Genitalia]TUMORS:Cysts:Ovaries: (63)	4	3	3	3	3	3	3	3	4	3	3	3	3	1	3	1
[Miasms] [Female Genitalia]TUMORS:Ovaries:Cysts: (43)	2	2	2	2	2	2	2	2	2	1	2	2	2	2		1
[Scholten] [Body]GENITAL FEMALE:Ovaries:Cyst: (3)																
[Murphy] [Female]TUMORS, GENITALIA, (SEE CANCER, CYSTS, FIBR...	2	2	2	2	2	2	2	2	2	1	2	2	2	1	1	1
[Boericke] [Female Sexual System]OVARIES:Cysts, dropsy: (25)	3	2	3	3	3	3	2	2		2				2	2	2
[Complete] [Female Genitalia]TUMORS:Cysts:Ovaries:Both sides: (2)		1														

The sheet showed Iodum was on the top position and Bovista on second position, while Apis on third position, but rubrics were mostly covered by Bovista as it covered 5 rubrics while Iodum and Apis covered 4 rubrics.

Particular rubrics

Then other rubrics were considered from different repertories (see Table 4A).

The screenshot shows the RadarOpus interface with a rubric comparison table. The table has 24 columns representing rubrics and 9 rows representing remedies. The remedies listed are Rhustox, Vanil, Verat, Sulph, Graph, Bar-C, Psor, Alum, Anac, Apis, Kali-Bi, Kali-S, Merc, Calad, Dulc, Echis-ca, Kali-P, Olib-sac, Pepr, Ruta, Thuil, Tritc-vg, Venm-m, and Lach. The table shows the number of matches for each remedy across the rubrics. For example, Rhustox has 4 matches in rubrics 1, 2, 3, and 4, and 9 total matches. Apis has 3 matches in rubrics 1, 2, and 3, and 2 total matches.

The sheet showed Rhustox was on the top by covering 4 rubrics and sub rubrics and obtained 9 marks, and other prominent medicines like Sulphur and Apis covered 3 and 2 rubrics respectively. But the important rubric was the only that contain only one medicine, which was skin, eruption, vesicular, itching, warm room, aggravated and the medicine was Apis mellifica. So took the counter opinion from another software (see Table 4B)

Symptoms : 17 Remedies : 570 Filters : Other Symptoms

Remedy	Rhus-t	Lach	Calc	Lyc	Apis	Bov	Iod	Puls	Ars	Bry	Med	Bufo	Plat	Aur	Rhod	Subh
Totally	22	18	17	16	15	14	14	14	13	12	12	12	12	11	11	11
Symptoms Covered	8	7	6	6	6	6	5	5	7	7	6	5	4	6	6	5
Kingdom	🐞	🐎	👤	🐞	🐎	🐎	🐞	🐞	👤	🐞	🐎	🐎	👤	👤	🐞	🐞
[Complete] [Extremities]STIFFNESS: (530)	4	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4
[Complete] [Boger's General Analysis 7]DAMPNESS, GETTING WET, ...	4		4	2				3	3	2					2	2
[Complete] [Sleep]SLEEPLESSNESS:Midnight:After:One am. or two a...			4													
[Complete] [Female Genitalia]TUMORS:Cysts:Ovaries: (63)	3	3	1	3	3	3	4		1	1	3	3	4	3	1	1
[Miasms] [Female Genitalia]TUMORS:Ovaries:Cysts: (43)	2	2		2	2	2	2		1	1		2	2	1	1	1
[Scholten] [Body]GENITAL FEMALE:Ovaries:Cyst: (3)																
[Murphy] [Female]TUMORS, GENITALIA, (SEE CANCER, CYSTS, FIBR...	2	2		2	2	2	2		1	1	1	2	2	1	1	1

Sheet of software showed Rhus tox again got the top most position covering the majority rubrics and sub rubrics with obtained 22 marks but it was interesting that Lachesis got the second position that covered only one rubric less than Rhus tox. Surprisingly the Apis got the 5th position which may be the absence of symptom (Extremities pain joints getting wet) in the Zomeo software. So sheets of different repertories and both software showed Lachesis and Apis were the medicines that covered majority of the rubrics and sub rubrics in different clipboards.

Totally characteristics

The best selected remedy is similar to all general, particular and pathological symptoms. Kent emphasizes only not to base the selection on pathological ones. We should depend on generals because they individualize and lead us to the decisive selection. We may say that pathological symptoms are paths or roads that mostly resemble each other and general symptoms are traffic signs and milestones. We are guided by milestones and traffic signs and walk on the road to reach our destination. We individualize by generals, match particulars and pathological to them and arrive at the best suited remedy [11]

Conclusion is that combine the pathological symptoms with the general and peculiar symptoms. This is the totality of symptoms that Hahnemann taught us in aphorism 84 to 104 [12]. The detailed repertorization revealed that the remedies Apis and Lachesis were most prominent. At last fully analyzed the case by combining the all 4 clipboards in both software

See (Table 5A) and (Table 5B) respectively.

The sheet of software showed that after the full analysis of 4 clipboards Apis covered 19 rubrics and sub rubrics and obtained highest 31 marks while Lachesis covered 15 rubrics and sub rubrics and obtained 29 marks.

Symptoms : 34 Remedies : 632 Filters : Normal

Remedy	Lach	Apis	Puls	Rhus-t	Lyc	Calc	Hyos	Nux-v	Sulph	Plat	Bell	Ars	Con	Bry	Arn	Bov
Totally	40	32	27	26	23	23	23	23	20	18	17	17	15	15	15	11
Symptoms Covered	17	13	11	11	11	10	8	8	11	7	10	9	9	8	7	7
Kingdom	🐾	🐾	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🌿
[Boericke] [Mind]EMOTION EFFECTS:Jealousy; (4)	3	2					2									
[Boening] [Mind]JEALOUSY, ENVY, ETC.: (10)	2	3	2		2		4	1								
[Murphy] [Mind]JEALOUSY, GENERAL : (72)	4	3	2		2	1	4	3	1	3	1	3	1			
[Murphy] [Mind]JEALOUSY, GENERAL:Women, in : (3)	2	2								2						
[Complete] [Mind]JEALOUSY:Ailments from, agg.: (16)	4	4	4		1		4	4								
[Gentry] [Mind and disposition]MEMORY:Remarkable weakness of ...	1						1		1							
[Complete] [Mind]ANGER:Alternating with:Repentance, quick: (21)							1		3							

The sheet of software showed that after the combining the clipboards and full analysis Lachesis covered 17 rubrics and sub rubrics and obtained highest 40 marks while Apis covered 13 rubrics and sub rubrics and obtained 32 marks.

Then used the Vitoulkas Expert System (VES), Ortega module, to select the most appropriate remedy.

See (Table 6A, and 6B).

Limit your analysis to a view: Full repertory Remedy:

Vithoulkas Expert System

version 1.5

Unbalanced underlining: change the intensity of some of the symptoms or add more symptoms with another intensity
 Too many symptoms (100 %) with intensity 1
 Also ask questions about **apis**

Large remedies	Medium	Small	Rubrics with apis (apis mellifica)	Rep.	Pt.
apis	bung-fa.	ophidia*	FEMALE SEXUAL SYSTEM - Ovaries - Cysts - dropsy - Inflammation - acute (24)	1	1
lach.	vinc.	vip-t.	MIND - Jealousy, envy, etc. (10)	3	1
hyoc.	thyr.	kali-f.	O - Ovaries - cystic (9)	1	1
anan.	hom-xyz.	thyr+	FEMALE GENITALIA - TUMORS - Ovaries - cysts (16)	2	1
lyss.	culk.	ovar.			
ign.	guet.	bor-h			
nux-v.	macro.	rubiac*			
croc.	eris.	monnd-ct.			
olind.	ichth.	johnein.			

Rubrics without apis (apis mellifica)	Rep.	Pt.
Mind - TALKING, talks; general - self, talks to - only when alone (3)	-	1
DREAMS - Fight - quarrel / discussion ends in a fight (2)	-	1
MIND - ANGER - alternating with - repentance; quick (32)	-	1
MIND - ANGER - alternating with - repentance; quick (32)	-	1

RadarOpus

	apis	lach.	nux-v.	lyc.	puls.	sulph.	hyos.	phos.	trit-vg.	graph.	iod.	merc.	ph-ac.	plat.	staph.	thui.	aur.	bar-c.	bell.
1. Psora	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. MIND - AILMENTS FROM - jealousy (15) 1	2	2	3	1	3		3	2	1				1		1				
2. MIND - MEMORY - weakness of memory (512) 1	2	3	2	3	2	2	3	3	2	2	1	3	3	3	2	2	2	3	3
3. MIND - ANGER - alternating with - rep... (32) 1		1	1		2				1								1		
2. Sycosis	2	2	3	1	3		3	2	1				1		1				
1. MIND - AILMENTS FROM - jealousy (15) 1		1	1		2				1								1		
2. MIND - ANGER - alternating with - rep... (32) 1		3							1	1									1
3. EXTREMITIES - HEAT - Feet - Soles - n... (8) 1	2	2	3	1	3		3	2	1				1		1				
3. Syphilis		3							1	1									1
1. MIND - AILMENTS FROM - jealousy (15) 1	2	2	3	1	3		3	2	1				1		1				
2. EXTREMITIES - HEAT - Feet - Soles - n... (8) 1		3							1	1									1
4. No Ortega tag	3	2	1	2	2		4												

Confirmation from Materia Medica

As Lachesis and Apis were highly marked medicines so Materia Medica consulted where the following words confirmed the similimum.

It appears that the chronically weakened organ is more likely to decompose after the organism's resistance is reduced. If you look closely at the actual, dynamic causation of each situation, you will frequently notice such a relationship, even if this theory may appear to be a crude simplification of the intricate and very sophisticated biological processes that occur in the human organism. Because of this perspective, we must assess each case at a level far higher than that of obvious disease [13]

During history taking procedure it was revealed that “Jealousy” played an important role in the lowering of the resistance as showed in the above paragraph due to which organs had been chronically compromised. As patient’s sister in law who married above one year after her marriage but the patient was still infertile, and Lachesis and Apis both have the jealousy symptoms.

The fact that Apis is a jealous medicine may lead to confusion with Lachesis, especially considering the other basic characteristics shared by both remedies--aggravation from heat and touch and amelioration from cold. However, Apis' jealousy differs from Lachesis'. Lachesis' jealousy is much crazier and more illogical than Apis'. Lachesis is afflicted by suspicion, but Apis is jealous for the following reasons: they are sexually passionate persons whose intense sexual behavior may approximate, if not mirror, that of the sexually insane, yet they are uncomfortable expressing their sentiments and emotions. This combination of discomfort and sexual ardor makes them constantly concerned about their companion. Apis women, for example, are continually concerned that they may lose their spouse to another woman that he would have sexual encounters with other women that are as intense as those they enjoy in marriage. They have a tough time discussing such problems, however. They will see some signals in their spouse, such as flirting conduct, and will keep silent; nevertheless, the poison of "signs," their previously latent suspicious nature, will burst in a rage of jealousy. At their age, they will say something that will greatly upset the other person and then regret it. They recognize their own difficulty and lack of smoothness and appreciate others' ability to express themselves so simply, fluently, and calmly, especially in situations such as envy. Following multiple such explosions, their sexual drive is inhibited, and the pathological process that results in an ovarian tumor or cyst begins. It appears as if the sexual energy, unable to express itself, acts destructively. [13]

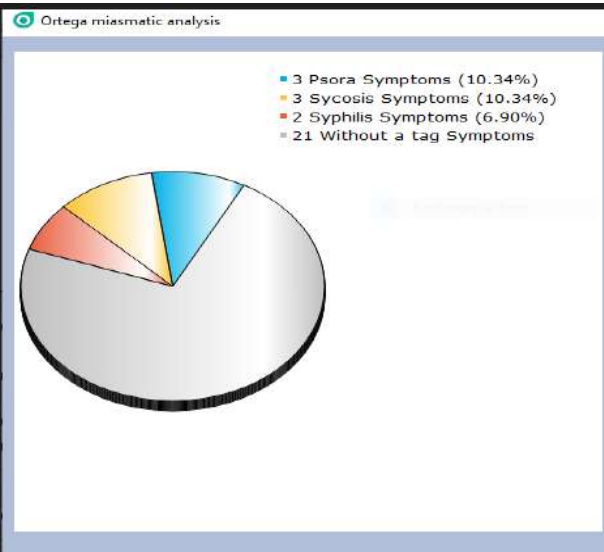
In this case both jealousy and sexual factors were present as causation factors because her husband was also flirtatious behavior and she was anxious about to losing her husband due to the second expected marriage of her husband as because her mother in law was trying to convince her husband for second marriage due to the lack of child and this is common in afghan custom.

So in the light of Aphorism 18 **Apis mellifica** was selected for her.

Miasmatic diagnosis and find out the intercurrent remedy

After the confirming the most similar medicine it is important to find out the most dominant miasm involved in the case and what would be the intercurrent remedy, for the purpose I used the Homeopathic Facial Analysis(HFA) techniques, Ortega module, Sankaran and John Scholten Map from Radar Opus. See (Table 7A, 7B, 7C, and 7D) respectively.

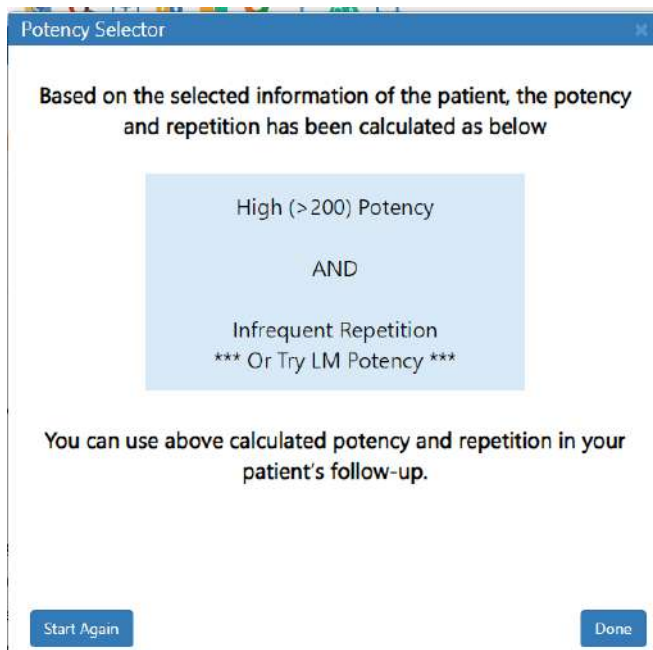
		lvc.	puls.	sulph.	graph.	bry.	petr.	kali-c.	carb-v.	op.	pod.	psor.	berb.	chal.	all-c.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
		12	12	11	9	8	7	6	5	5	5	4	3	3	2
		22	27	21	15	15	12	9	10	9	7	8	5	7	4
1. Psora	*														
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1	3												
▶ 2. MIND - MEMORY - weakness of memory	(512) 1	3	2	2	2	2	2	1	2	2	1	1	1	1	1
▶ 3. MIND - ANGER - alternating with - repentance; quick	(32) 1			2											
● 4. HFA YELLOW (CONFIRMED)	(14) 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2. Sycosis	*														
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1	3												
▶ 2. MIND - ANGER - alternating with - repentance; quick	(32) 1			2											
▶ 3. EXTREMITIES - HEAT - Feet - Soles - night	(8) 1				1		1								
3. Syphilis	*														
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1	3												
▶ 2. EXTREMITIES - HEAT - Feet - Soles - night	(8) 1				1		1								



		lvc.	sulph.	graph.	c.alc.	kali-c.	cupr.	nat-c.	psor.	ferr.
		1	2	3	4	5	6	7	8	9
		12	11	9	7	6	4	4	4	3
		20	19	13	12	7	7	6	6	3
1. Psora	*									
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1								
▶ 2. MIND - MEMORY - weakness of memory	(512) 1	3	2	2	2	1	2	2	1	1
▶ 3. MIND - ANGER - alternating with - repentance; quick	(32) 1		2							
● 4. Sankaran - Psora	(11) 1	1	1	1	1	1	1	1	1	1
2. Sycosis	*									
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1								
▶ 2. MIND - ANGER - alternating with - repentance; quick	(32) 1		2							
▶ 3. EXTREMITIES - HEAT - Feet - Soles - night	(8) 1			1						
3. Syphilis	*									
▶ 1. MIND - AILMENTS FROM - jealousy	(15) 1	1								
▶ 2. EXTREMITIES - HEAT - Feet - Soles - night	(8) 1			1						

	sulph.	ant-c.	calc-s.	chinin-s.	hep.	kali-s.	nat-s.	sul-ac.	aur-s.	bar-s.	Caobn-s.	cmhu.	sulfur	ant-s-aur	ars-s-f.	atro-s.	cadm-s.	lih-s.	merc-sul	sul-l	
1. Psora	11	5	5	4	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	
1. MIND - AILMENTS FROM - jealousy																					
2. MIND - MEMORY - weakness of memory																					
3. MIND - ANGER - alternating with - repentance; quick																					
4. Silicium series [Period 3] - Sulphur [P3, G16]	65	1	2	3	3	3	3	3	3	3	2	3	3	1	1	3	1	2	1	1	2
2. Sycoosis	11	5	5	4	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	
1. MIND - AILMENTS FROM - jealousy																					
2. MIND - ANGER - alternating with - repentance; quick																					
3. EXTREMITIES - HEAT - Feet - Soles - night																					
3. Syphilis	11	5	5	4	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	
1. MIND - AILMENTS FROM - jealousy																					
2. EXTREMITIES - HEAT - Feet - Soles - night																					
4. No Ortega tag	11	5	5	4	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	
1. MIND - Jealousy, envy, etc.																					
2. Mind - JEALOUSY, general - women, in																					
3. MIND - Gestures - plays with fingers - counting money, as if																					

So all these results along with the HFA techniques proved that Psora was the dominant miasm and the best intercurrent remedy was **Sulphur**. (A remedy which is administered with view of providing momentum to a case in which the previous homeopathic remedy has stopped acting.) The potency was selected through a lengthy process of the Zomeo software potency selector. See (Figure 4f)



Since the patient was using allopathic medicines, some of her test readings were in the normal range. But most were still not normal (Figure 5a to 5h). Also, it is important to note here that the patient had more new problems after allopathic treatment like nebothian cysts in cervix measuring up to 8mm as well as in the rest of the suffering the FG score, urine test, the large abnormalities in the ultrasound like anovulation (Figure 6).

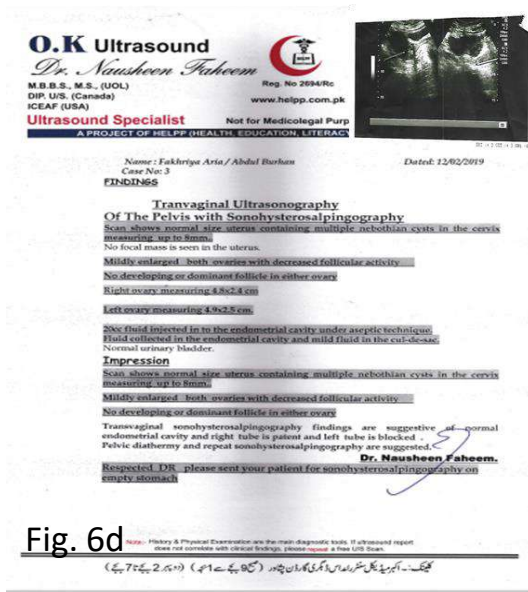


Fig. 6d

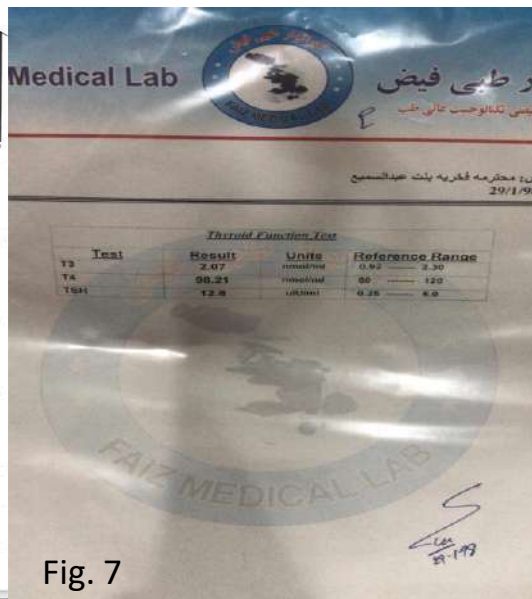


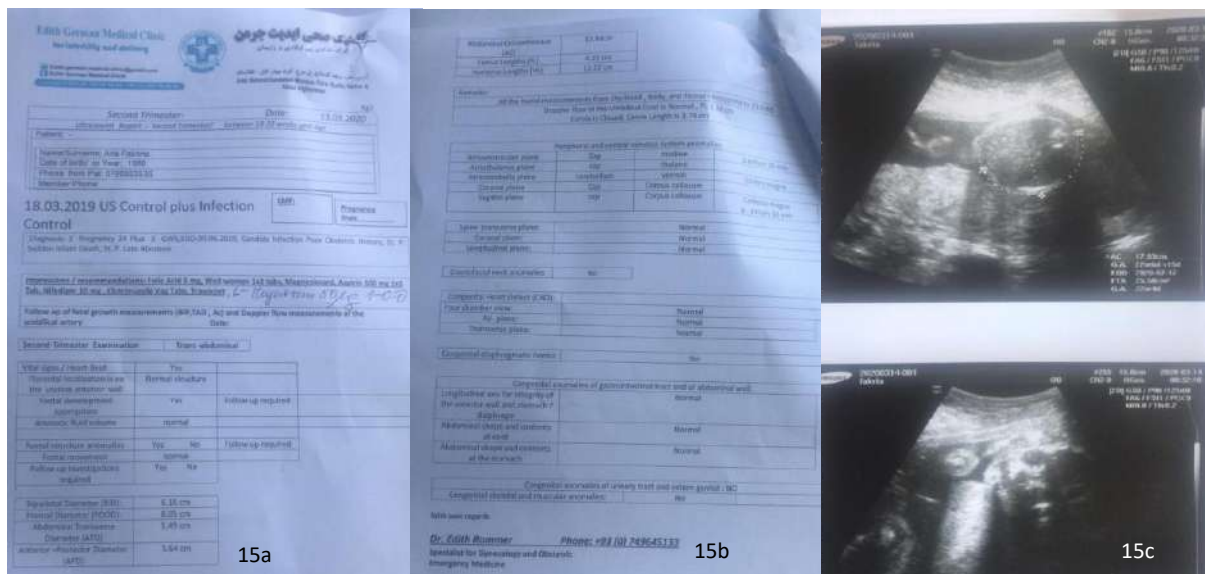
Fig. 7

due to which the patient was refused to the IVF in India. So I directed to stop all allopathic medicines that's why when she suggested for TFT in Kabul in March 2019 TSH were raised up to 12.8uIU/ml. (Figure 7). But on other side homeopathic treatment which was started during Feb 2019 gave result in the form of reducing inter menstrual duration and dissolving of neobothian cysts in cervix. (Figure 8) As well as after the regular use of homeopathic medicine her TSH also decrease from 12.8uIU/ml up to 4.506uIU/ml (Figure 9a). Contradictory her HbA1C level increased from 6.0% to 6.3% (Figure 9b).similarly ultrasound on 29-june-2019 revealed enlarged ovaries, measuring 16.8 cc on the right and 16 cc on the left (Figure 9C-9D).Which showed the implementation of Dr.Herring's laws of cure of direction that symptoms are reducing from upward to downwards as TSH was reducing and ovaries size were increasing so it is further confirmed by a subsequent ultrasound on **July 1,2019**, showed a significant reduction in ovary size, approaching near to normal levels (Figure 10). After the reduction in the size of the ovaries and regulation of menstruation the other symptoms of the patient also relieved which have shown in separate table. It was suggested to new lab investigations from authentic labs. Due to security and visa restrictions, she sought medical attention in Delhi, India. An ultrasound there revealed an 8-week pregnancy and kidney stones (Figure 11a-11c).

A TSH test conducted in Delhi showed normal thyroid function (Fig. 11D). Concerned about the pregnancy, particularly given a previous child's death from SMA, the patient underwent Trisomy screening in Kabul (Figure 13a-13d).

Pregnancy monitoring and delivery

On January 2020 ultrasound (Figure 14) confirmed the pregnancy. As the due date approached, the patient sought care from Dr. Edith Rammer in Kabul. A pre-registration ultrasound was conducted on March 13, 2020 (Figure 15a-15c).



Routine blood tests in March 2020 showed normal sugar levels (Figure 16a) but elevated TSH levels (Figure 16b). A single dose of anti-miasmatic medication normalized TSH levels within a week (Figure 17a). However, elevated neutrophil counts indicated an acute infection, treated with Apis (Figure 17b-17c). On June 14, 2020, the patient delivered a healthy baby girl, Helen, via C-section at Dr. Rammer's clinic. The birth certificate, stamped by the German hospital and authenticated by the Afghan Ministry of Foreign Affairs, strong evidence of this (Figure 18a-18b).



Figure (18b): Birth certificate of patient's daughter (19b) birth certificate of her son

Hyperandrogenesis, Hirsutism Diabetes, and Anovulation due to which she became hopeless, and suffering anxiety/depression.

Examine the efficacy of homeopathic treatment in managing hormonal imbalance, reducing ovary enlargement and improving menstrual irregularity and finally to resolve the infertility issue.

While the specific objective of the current study was

- i) To assess the variation in TSH, HbA1C, in patients having SCH and PCOS and
- ii) To find the clinical utility of personalized homeopathic medicine in PCOS.

Here is a case of secondary infertility, successfully treated with evidence based Homeopathic medicine showing the usefulness of homeopathy in the management of infertility due to PCOS. The presented case of PCOS with secondary infertility has been successfully managed with Apis Mellifica. The strength 200th to 1M potency resulted in regulation of menstrual cycle, reduction ovarian volume, normalization of ovarian pattern and improvement in insulin sensitivity. TSH became normal, where not only the conception took place but a normal baby delivered without miscarriage. But FG score did not decrease. This presented case is a good example for efficacy of homeopathic medicine Apis Mellifica for infertility. Rath et al [16] Khare et al [17] Dewan, Rashmi et al [18] Daphi et al [19] and Mantori and Beedar et al [20] also mentioned the effective results of Apis in the treatment of PCOS. This case may helpful for the promotion of homeopathy and motivation of homeopaths.

Personalized medicine

One important law of homeopathy is the law of individualization according to this law, every patient is different from another patient, a physician should prescribe on the basis of the symptoms, not on the basis of disease. In other words homeopathy has been personalized medicine since its inception, two centuries before conventional medicine recognized that a medicine should fit the person, not just the disease. With the rise of pharmacogenetics, we now understand why: differences in genotype influence the action of a medicine or phenotype. Good observers may notice this already in the phenotypic, and it would be more evident if homeopathy was administered. But Plausibility is not a dependable compass for medicine; statistics have demonstrated countless instances when plausibility might mislead us. If data prove that homeopathy can work when conventional treatment fails, this should take precedence over plausibility. In reality, if a procedure fails, believability loses its meaning. Similar to what Einstein means: **"we can't solve problems by using the same kind of thinking we used when we created them "**

So we should not follow the quantitative analysis like in random control trial (RCT) as in old school of medicines.

The Bayes theorem

The Bayes' theorem which is older than homeopathy, has been a source of contention among (frequentist) statisticians for many years. Its practical significance for a variety of everyday problems has prompted. It is extremely important in diagnosis and prognosis, and hence in personalized treatment. Because of their expertise with personalized therapy, the homeopathic community has the potential to play a leadership role in the use of Bayesian statistics and personalized/stratified medicine research which is a branch of prognosis research study in medicine.

Conclusion

Homeopathy has been found to be effective by several other works in such cases. The present case report clearly reprise the role of individualized homeopathic medicine in the management of PCOS with secondary infertility or in other words it is also called personalized medicine and in future may play a leadership role by the use of personalized/stratified medicine research.

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شاہ کھان میموریل کینسر ہسپتال و ریسرچ سنٹر
The Aga Khan University Hospital, Karachi

New City Grade Station, Amin Colony CT
Road Pathway
Tel: 021-26114147

Medical Record #: L2298954 (PUS1102)
Patient Name: MRS FARHVA
Specimen ID: 0802019-064731R
Clinical information / Comments:
Age / Gender: 35Y / Female
Location: PAFID
Referring Physician: DR M ZAHID
Requested on: 08/02/2019 - 10:47
Collected on: 08/02/2019 - 10:47
Reported on: 08/02/2019 - 14:19

Test	Current Result	Previous Results & Date	Unit	Ranges
PLASMA GLUCOSE FASTING	88		mg/dL	

5g

This is a computer generated report. It contains data but does not require any signature.
Printed on: 08/02/2019 08:21 PM. Report generated by:
Dr. Arshad Hussain (MD, PhD, FRCR, FRCR) - Director, Pathology
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Dr. Saba Muneer (MD, FRCR, FRCR) - Senior Lecturer, Pathology

Shaikat Khan Memorial Cancer Hospital & Research Centre
Jahar Town, Lahore, Pakistan. Phone: +92-42-35905500, 111-199-555. Fax: 042-26945100
Email: info@skhmc.org.pk, 10090101@www.shaikatkhancancer.org.pk

Department of Pathology
Special Chemistry Report

Order Ref: 0022019002084
MRNO: 061-0002043422
Name: FARHVA
Age/Sex: 35 Year(s)/Female
Phone: 03-0333-606199

Ordered by: Muhammad Zaid
In-house Consultant: -
Report Destination: C-42, Pathway Walk-In Clinic
Requested: 08 FEB 2019 10:47:09
Specimen Received: 08 FEB 2019 04:00:04
Reported: 08 FEB 2019 04:00:04

TEST(s)	RESULT(s) UNITS	REFERENCE RANGE
Tetrahexone, Total	23,400 ng/dL	Female Postmenopausal: ND - 43 Caucasian: ND - 73

5e

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Dr. Sadiq Muneer (MD, FRCR, FRCR) - Senior Lecturer, Pathology
Dr. Saba Muneer (MD, FRCR, FRCR) - Senior Lecturer, Pathology

Shaikat Khan Memorial Cancer Hospital & Research Centre
Jahar Town, Lahore, Pakistan. Phone: +92-42-35905500, 111-199-555. Fax: 042-26945100
Email: info@skhmc.org.pk, 10090101@www.shaikatkhancancer.org.pk

Department of Pathology
Special Chemistry Report

Order Ref: 0022019002084
MRNO: 061-0002043422
Name: FARHVA
Age/Sex: 35 Year(s)/Female
Phone: 03-0333-606199

Ordered by: Muhammad Zaid
In-house Consultant: -
Report Destination: C-42, Pathway Walk-In Clinic
Requested: 08 FEB 2019 10:47:09
Specimen Received: 08 FEB 2019 04:00:04
Reported: 08 FEB 2019 04:00:04

TEST(s)	RESULT(s) UNITS	REFERENCE RANGE
LH	19,200 mIU/mL	Adult Male: 0.5 - 7.5 Adult Female: 1.1 - 11.6 Mid-Cycle: 17 - 77 Luteal Phase: 0 - 14.7 Post Menopausal: 11.3 - 39.8 Oval Contraceptives: 0 - 8.0

5c

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Printed on: 08/02/2019 08:21 PM. Report generated by:
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Dr. Farah Nadeem (MD, FRCR, FRCR) - Senior Lecturer, Pathology
Dr. Naveed Akhtar (MD, FRCR, FRCR) - Senior Lecturer, Pathology
Dr. Muhammad Raziq (MD, FRCR, FRCR) - Senior Lecturer, Pathology
Dr. Sadiq Muneer (MD, FRCR, FRCR) - Senior Lecturer, Pathology
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TEST(s)	RESULT(s) UNITS	REFERENCE RANGE
T-3, Total	88 ng/dL	ND - 312
T-4, (Thyroxine)	7.84 µg/dL	4.5 - 12.5
TSH	2.22 µU/mL	0.6 - 4

5d

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TEST(s)	RESULT(s) UNITS	REFERENCE RANGE
FSH	5,300 mIU/mL	Adult Male: 0.7 - 11.1 Adult Female: 2.6 - 11.3 Mid-Cycle: 5.8 - 21 Luteal Phase: 1.2 - 9 Oval Contraceptives: 0 - 4.9 Post Menopausal: 21.7 - 153 Post Menopausal (ERT): 0.7 - 11.1

5b

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Dr. Lal PathLabs

NAME: Mrs. PARHMA
 Lab No: 4828884
 Age: 37 Years
 Gender: Female
 Ref: Dr. R.K. Sharma

TEST NAME: HCG BETA TOTAL, PREGNANCY, SERUM

Result: 176.82

Units: IU/ml

Ref. Range: 0-100 IU/ml

PREGNANCY WEEKS FIRST LMP	HCG LEVELS IN IU/ml
1-2	5-50
3-6	250-1000
7-14	10,000-100,000
15-24	50,000-200,000
25-40	100,000-1,000,000
40-42	100,000-500,000

4b

Primus Super Speciality Hospital

LABORATORY INVESTIGATION REPORT

Patient Name: Mrs. PARHMA, AGA
 Age/Sex: 37 Years/Female
 Order Date: 11/10/2024 12:16
 Ref. Doctor: Dr. R.K. Sharma
 Facility: Primus Super Speciality Hospital

Immunology

TEST: HCG BETA TOTAL, PREGNANCY, SERUM
 Result: 176.82 IU/ml
 Ref. Range: 0-100 IU/ml

4a

Algerian Central Civil Registration Authority - ACCRA

دائرة التسجيل المدني المركزي
 وزارة الداخلية
 Algerian Central Civil Registration Authority - ACCRA

تسجيل ولادة / تسجيل موت / تسجيل زواج / تسجيل طلاق / تسجيل انفصال

الاسم: ...
 الجنس: ...
 التاريخ: ...

18a

Dr. Sadia Tariq
 Ultrasound Specialist

OBSTETRICAL EXAMINATION

Name: Siba Fatma Date: 13/8/24

LMP: ... EDD: ... Gate Age: ...

Number	1	2	3	4
Position	Vertex	Breech	Transverse	Other
Activity	Normal	Abnormal	Abnormal	Not visualized
Heart	Ver	Ver	Ver	Ver
Body	Ver	Ver	Ver	Ver
Breathing	Ver	Ver	Ver	Ver
Gender	Male	Female	Unknown	Not reported

14

OPERATION NOTES

Operation: Diagnostic laparoscopy
 Date: 2-11-14
 Procedure: uterus

uterus normal size, multiple ovaries both normal size with multiple follicular activity & no corpus luteum.

POD NAD

Intestines Tubel

Both looked normal & free fimbrial ends

Dye PCFT 25ml of dye

1a

Injected using various solutions
 showed NO filling & NO spill on either side

POB Normal look of uterus but for HD

Prognosis for child bearing

Suggested POD Management:

Exclude male F

IVF

1b

Chiphath

CHIPHATH LABORATORY

TEST: ...

Result: ...

2