

Polycystic ovaries:

Background, causes,



Keri is a homeopath and iridologist practising in London and internationally via Skype. She is fascinated by the effect that hormones have on the body, and the effect that the mind and spirit can have on the hormones. She enjoys working with women experiencing the wide variety of hormonal imbalance symptoms, and has dedicated a large part of her practice to working with these patients. In addition to practising, Keri also lectures on iridology and writes a blog about women's health and natural medicine. Her website is www.hormonal-harmony.co.uk.

Having been on a quest to understand her own hormonal imbalance, Keri first encountered PCOS (polycystic ovary syndrome) when her doctor suggested blood tests to discover whether she had the condition. Although the tests were negative, she has since worked with a number of women with the condition, and became fascinated by the complexity of the underlying physiological imbalances, mind-body links and how a combination of prescribing methods may help patients with this condition.

PCOS: the background

Polycystic ovary syndrome (PCOS) is a growing condition affecting millions of women in the UK and in some cases may have very serious long-term effects. In addition to fertility issues, PCOS sufferers have a higher risk of developing long-term health issues such as diabetes mellitus, endometrial cancer, heart disease, hypertension and stroke.

Informed by clinical experience, research and discussions with other homeopaths, this article aims to provide background knowledge on this condition, and suggests options for homeopathic prescribing alongside dietary changes for this condition.

Firstly I discuss the technical side: the signs and symptoms, allopathic approaches, which hormones could be out of balance and which organs may be implicated. Next, I consider the holistic approach, including the mind-body connection, miasmatic implications, nutritional considerations and homeopathic approaches.

What is PCOS?

PCOS was first noted in 1935 and named Stein-Leventhal Syndrome, after the two doctors who first identified the condition. According to Marilyn Glenville, a nutritionist specialising in women's wellbeing,

PCOS is the single most common hormonal imbalance in women of reproductive age and one of the biggest causes of infertility.

When looked at through ultrasound, polycystic ovaries may look like a bunch of grapes. Rather than cysts, these bumps are in fact underdeveloped follicles that began the maturation process in preparation for ovulation, but were never released from the ovary.

The healthy menstrual cycle

(see chart opposite)

During a normal menstrual cycle the pituitary gland releases follicle-stimulating hormone (FSH) on the first day of bleeding. FSH's role is to stimulate the ovaries to mature a follicle in preparation for ovulation.

Over the course of the follicular phase of the cycle, oestradiol levels rise as the follicle matures. As oestradiol levels rise, FSH levels fall which, in turn, serves as the trigger for the luteinising hormone (LH) surge.

The LH surge stimulates ovulation, leaving behind the corpus luteum which produces progesterone for the final part of the cycle – the luteal phase. If the egg is not fertilised, the endometrial lining is shed at the end of the cycle (menstruation).

Common symptoms of PCOS

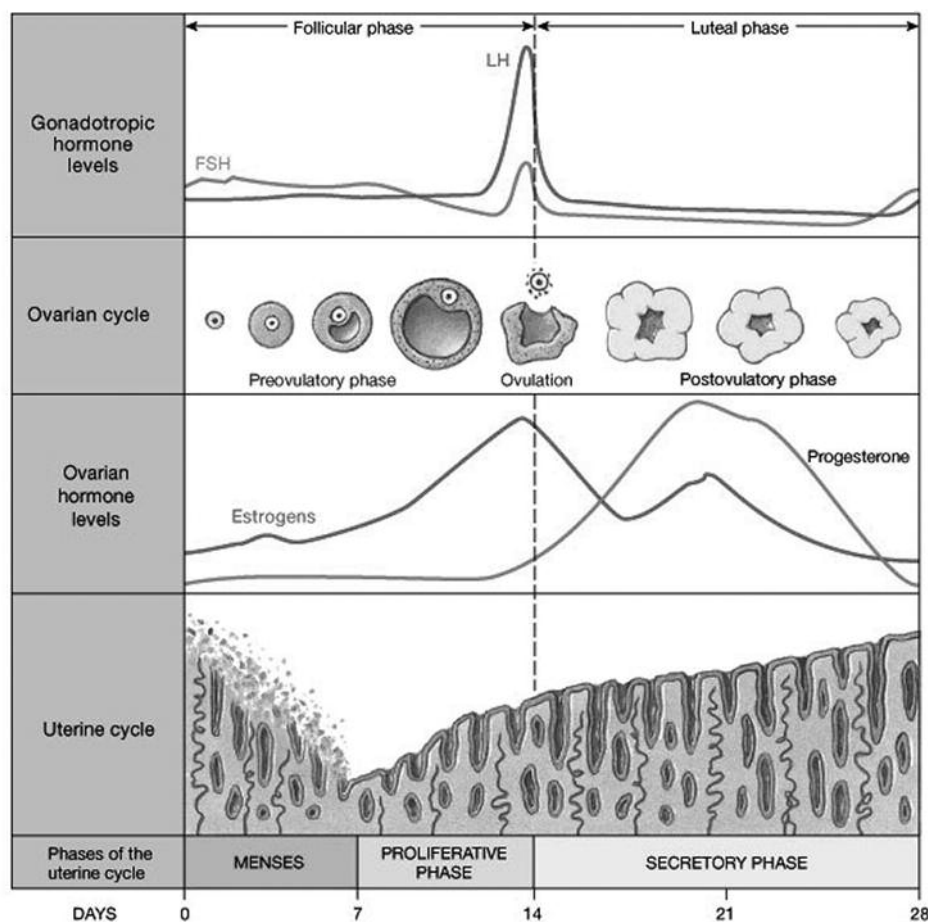
- Irregular periods or amenorrhoea
- Irregular ovulation or anovulatory cycles
- Infertility, difficulty conceiving and a tendency to miscarriage
- Mood swings, low libido and depression
- Weight gain particularly around the middle, and difficulty losing weight
- Food cravings
- Thinning of the hair or hair loss on the head
- Hirsutism – excess hair on face, breasts, inside of the thighs or nipples
- Skin tags
- Acanthosis nigricans – the skin becomes discoloured and may look 'dirty' on the arms, around the neck or under the breasts.

a homeopathic view

nutrition and homeopathic treatment options

by Keri Williams LCPH D.Ir MGNI

The menstrual cycle



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PCOS: female hormonal havoc

When a woman has PCOS the body constantly tries to ovulate, hence LH levels remain high, and there is no 'LH surge' in comparison to the consistently high LH levels. This hormonal imbalance is the main reason behind the anovulatory cycles so often seen in women with PCOS.

FSH levels remain low in comparison to LH, so the ovaries are unable to fully mature a follicle. When ovulation does not occur, there is no corpus luteum to remain after the egg is released to produce progesterone.

The other side of the coin: male hormones

To make matters worse, in some PCOS sufferers the high levels of LH can also lead to the production of excess androgens, which in turn further suppresses ovulation and causes the appearance of multiple follicles on the ovaries. High levels of the male sex hormones are the cause of hirsutism, thinning hair and acne in PCOS sufferers.

The pancreatic link

To add to the already confused hormonal picture, there is a strong link to diabetes and insulin resistance in PCOS patients.

Hormones – a quick reference guide

Cortisol: Cortisol is made in the cortex of the adrenal glands. It is a hormone that is used in a wide variety of functions throughout the body including the regulation of blood pressure levels, water retention, salt balance, metabolism and blood sugar levels. In women with PCOS, particularly lean women, cortisol levels may be raised alongside higher levels of androgens.

Follicle stimulating hormone (FSH): FSH is produced by the anterior pituitary gland. This hormone is essential to the proper function of the ovaries. FSH stimulates the growth of the follicles in the ovary and promotes oestradiol production. In women with PCOS, levels of FSH are usually low in comparison with high lutenising hormone (LH) levels, so the ovaries are unable to properly mature the follicles.

Insulin: Insulin is produced by the pancreas. Its main role in the body is to control blood sugar levels. In PCOS patients, insulin resistance is often diagnosed. When the cells' receptors become less sensitive to the insulin in the blood stream, the body produces even more insulin to maintain blood sugar levels. These high levels of insulin can encourage the production of testosterone.

Lutenising hormone (LH): This hormone, produced by the anterior pituitary gland, is responsible for triggering ovulation once the follicle has fully matured within the ovary. Around mid-cycle, just before ovulation, there is a sharp rise in this hormone known as the 'LH surge' that triggers the release of the egg. In women with PCOS the LH levels remain consistently high as the body constantly tries to ovulate using the immature ovarian follicles. Further, the imbalance in the levels of FSH and LH can trigger an overproduction of testosterone.

Oestradiol: The most potent of the three naturally produced oestrogens, oestradiol, is the main oestrogen that is produced by the ovaries in premenopausal women. Oestradiol levels rise throughout the course of the normal follicular phase of the menstrual cycle resulting in the maturation of a follicle and the eventual release of the matured egg (ovulation). It also plays a role in thickening the lining of the uterus in preparation for implantation of the fertilised egg.

Progesterone: Produced by the corpus luteum after ovulation, progesterone is responsible for preparing the body for pregnancy and in maintaining a pregnancy should the egg be fertilised. The formation of the corpus luteum is triggered by the surge in LH, just before ovulation. When women with PCOS are not ovulating, they often have a lack of progesterone in the blood stream. Irregular or heavy menstrual bleeding can occur as a result. If ovulation does occur and the egg is fertilised, low progesterone levels can result in miscarriage or early labour.

Testosterone: Testosterone in women is produced by the ovaries and the adrenal glands. As an androgen, it is responsible for the development of male characteristics. Women with PCOS may have high levels of testosterone, which can cause acne, hirsutism, and thinning of the hair. High levels of androgens also suppress ovulation and cause the appearance of multiple follicles on the ovaries.

Some PCOS sufferers are obese or overweight, and can have great difficulty in losing this excess weight. This is often due to the high levels of insulin in the body diverting glucose to the liver. The liver, in turn, converts the glucose to fat and transports the fat via the blood stream to be stored around the body. And once it's there, it can be incredibly

difficult to shift until the underlying hormonal imbalance is addressed.

Further, insulin will also stimulate the ovaries to produce more androgens, the adrenals to produce more male hormones and the pituitary to produce more LH – which, as we know, stimulates the ovaries to produce yet more androgens. A vicious cycle!

Polycystic ovaries may look like a bunch of grapes

Stress: a key maintaining cause

As with so many conditions that we see in practice, stress can be a major maintaining cause in PCOS, and a challenging obstacle to cure for the patient.

The body's reaction to stress determines which hormones are produced, and how well balanced they are. According to Dr Sara Gottfried, much of the interpretation of stressful events and situations takes place in the amygdala.

The amygdala, part of the limbic system, performs a primary role in the processing and memory of emotional reactions. Stress is taken in, interpreted and processed resulting in a particular mental and emotional state.

Dr Gottfried writes that the amygdala is the one part of the brain that tends to exert more influence over the stress response than any other part. In conjunction with the pituitary and hypothalamus, the amygdala manages levels of cortisol, oestrogen, progesterone and thyroid hormones. Hence, any overt reaction to a perceived stressful situation affects the regulation and production of hormones by the hypothalamus and pituitary.

Allopathic diagnosis and treatment

According to the European Society of Human Reproduction and Embryology (ESHRE), for a diagnosis of PCOS the patient must display two of the three following symptoms:

- infrequent or no ovulation
- signs (hirsutism, acne or blood tests showing high androgen levels)
- polycystic ovaries seen on an ultrasound scan.

GPs usually recommend blood tests to help diagnose PCOS. As homeopaths, although we do not need to know what is going on physiologically beneath the symptoms, it may be beneficial to be able to reference the meaning of the test results in clinic (*see table on page 25*).

Hormone / test	Normal range
Lutenising hormone (LH)	2-10 iu/l
Follicle stimulating hormone (FSH)	2-8 iu/l
Testosterone	0.5-3.5 nmol/l
Free androgen index (FAI)	Less than 5
Prolactin	Less than 500 mU/l
Fasting glucose	Less than 7 umol/l
Thyroid function (TSH)	0.5-5 iu/l

If a woman with PCOS is not trying to conceive, the first line of treatment is often the contraceptive pill. This is given allopathically with the aim of regulating hormone levels and the menstrual cycle, plus suppressing acne symptoms that may be present.

If insulin is also an issue, women are often prescribed metformin. Metformin is thought to increase the cells' sensitivity to insulin and to suppress the production of glucose in the liver – thereby reducing blood sugar levels.

A holistic view

The Pill: cure or cause?

According to a study conducted at The University of California, blood tests showed that nearly a third of women with PCOS have high levels of liver enzymes, indicating the potential for inflammation and scarring of the liver.

The side effects of the combined oral contraceptive pills listed in the British National Formulary (BNF) include impaired liver function and congestion. With so many women taking the pill for acne, contraception and the regulation of their cycle in younger years, could this research be shedding light on a connection between the side effects of the Pill and the development of PCOS?

The Pill can often be a major obstacle to cure in many cases we see in practice, however, it appears to be even more key in cases of PCOS.

Vaccination history

When taking the homeopathic timeline during the consultation, vaccines may also be discovered in the history that can act as an obstacle to cure. Indeed, some homeopaths consider vaccinations such as rubella to be another potential trigger in PCOS cases.

A recent case in Australia shed light on the potentially devastating effects of the HPV (human papilloma virus) vaccine on the female reproductive system. A 16-year-old

girl suffered complete ovarian failure and experienced early menopause after the administration of the HPV vaccine. As this inoculation is such a recent introduction to the vaccine schedule, homeopaths may find in the near future that the HPV vaccine could be another obstacle to cure that needs consideration in PCOS.

Polycystic ovary syndrome (PCOS) is a growing condition affecting millions of women in the UK

Unfortunately, there are no specific rubrics in the repertory to address ailments from the HPV vaccine as yet; however, general vaccination ailment remedies that have PCOS symptoms in their picture could be considered.

The mind-body connection

Mind-body experts Louise Hay, Deb Shapiro and Christiane Northrup all agree that the female reproductive system is the centre for creativity. When the ovaries are affected, there can often be an internal conflict around both the creation of life, and the creation of new pathways for the self.

Northrup writes that girls who have been suppressed and have grown up believing women are inferior are particularly susceptible to developing this condition – in fact, she writes, 'studies in female monkeys have shown that those

who are in a position of social subordination will often undergo ovulatory difficulty'.

There may be negative feelings about being a woman generally, or a particularly difficult or traumatic relationship with one of the parents. This could result in subconscious feelings of not wanting anything to do with being a woman, and these feelings could work on this level to make the body more androgynous.

When there are conflicts and negative emotions preventing full development into womanhood, there may also be conflicted feelings around becoming mothers themselves. Families may place pressures on women to have children when they feel that they do not want to.

Where there is suppression of creativity and the female qualities within the ovaries, there are also likely to be issues with nurturing in general. Not only may women have difficulties with the concept of motherhood, but there may also be difficulty in nurturing themselves. Self-sabotaging behaviour may become apparent – poor eating habits, extreme exercise or over working are all possibilities.

Healing PCOS

Nutrition and diet: the building blocks

Good nutrition plays a crucial role alongside homeopathic treatment in PCOS. Dietary changes are important in order to tackle any related blood sugar and insulin issues that may present a maintaining cause.

Gluten sensitivity or intolerance may also exacerbate symptoms in many cases of PCOS. There is a strong link to gluten intolerance and female hormonal imbalance. Although there are no major studies that directly link PCOS to gluten intolerance, there are a number of studies that do link gluten intolerance to a range of PCOS symptoms including female infertility, insulin resistance and miscarriage.

The dietary protocol I suggest to clients has been inspired in part by the writings of both Dr Sara Gottfried and Marilyn Glenville:

- Eat gluten free for at least three months (whilst under homeopathic treatment to address gluten intolerance)
- Cut out all processed foods



Rubrics & remedies to consider for specific PCOS symptoms	
Amenorrhoea	<i>Arsenicum, Calc carb, Ignatia, Psorinum, Pulsatilla, Sepia, Silica, Sulphur</i>
Hair loss on head	<i>Apis, Lycopodium, Medorrhinum, Sepia, Zincum metallicum</i>
Hair on face in women	<i>Natrum mur, Oleum jecoris aselli, Sepia, Thuja, Thyroidinum</i>
High insulin levels	<i>Insulin, Lycopodium, Phosphorus</i>
High testosterone levels	<i>Agnus castus, Cortisone, Ginseng, Testosterone, Thuja, Thyroidinum</i>
Irregular menses	<i>Calc carb, Ignatia, Kali carb, Natrum carb, Natrum mur, Oleum jecoris aselli, Sepia</i>
Low libido	<i>Agnus castus, Borax, Damiana, Folliculinum, Graphites, Ignatia, Lycopodium, Natrum carb, Natrum mur, Sepia</i>
Skin discolouration appearing 'dirty'	<i>Berberis vulgaris, Borax, Natrum mur, Psorinum, Thuja</i>
Tendency to miscarriage	<i>Calc carb, Caulophyllum, Kali carb, Sepia, Sulphur</i>
Toxicity from contraceptive pill	<i>Caulophyllum, Folliculinum, Oestrogen, Oophorinum, Pulsatilla, Sepia, Thyroidinum</i>
Toxicity from HPV vaccine	<i>Carcinosin, Gardasil or Cervarix in potency, Lac caninum, Pulsatilla, Sepia, Thuja</i>
Toxicity from rubella vaccine	<i>Ant-tart, Apis, Gelsemium, Phytolacca, Rhus tox, Rubella vaccine in potency, Sulphur</i>
Weight gain	<i>Calc ars, Calc carb, Graphites, Lycopodium, Sepia</i>
Women with masculine tendencies	<i>Calc carb, Fluoric acid, Natrum mur, Nux vomica, Sepia</i>
Leaky gut symptoms	<i>Apple tree, Candida albicans, Clay, Medorrhinum americanum intercurrent, Okoubaka, Yellow</i>

- and switch to unrefined carbohydrates – to help control insulin levels
- Eat more protein – pulses, beans, organic poultry, red meat and seafood plus plenty of oily fish to increase omega oils
 - Eat more vegetables and pulses – the fibre helps to keep the bowels moving efficiently and transport the excess androgens out of the system
 - Cut out dairy for at least three months – dairy can cause excess mucous production and increase inflammation, worsening acne and androgen levels.
 - Reduce or cut out caffeine – to give the adrenal glands a chance to recuperate
 - Reduce or cut out alcohol – to reduce the load on the liver and improve liver function
 - Reduce saturated fat intake and cut out trans-fats completely.

In order to help control blood sugar, and therefore control androgens, foods low on the glycaemic index (GI) should be chosen, along with eating five to six small meals every day. Protein should be included with all snacks and meals. According to

Dr Gottfried, a low-GI diet can reduce androgen levels by as much as 25%.

Contraceptive pill detox
With toxicity from the contraceptive pill being one of the common obstacles to cure in cases of PCOS, a detoxification prescription may be one of the first choices as part of the overall treatment strategy.

Symptoms such as mood swings, depression, migraines, headaches, weight gain, food cravings or low

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libido can all be associated with contraceptive pill toxicity – and interestingly, all tie in with the symptoms of PCOS.

Remedies to address birth control toxicity, and organ support remedies for liver congestion could also enhance the detoxification process.

Miasmatic angle

The cancer miasm appears to be the most implicated miasm in PCOS. With feelings of suppression and subordination on an emotional level, contraceptive pill suppression, ailments from vaccines and physical symptoms such as insulin resistance and pre-diabetic states, *Carcinosin* is the nosode that is often prescribed.

In some cases, however, the sycotic miasm may also be clearly indicated when the family background and medical history is explored. Cystic ovaries are seen within the picture of *Medorrhinum*, and there could be a perceived overgrowth with the appearance of multiple follicles on the ovaries. *Medorrhinum* can also be indicated in pre-diabetic or diabetic states.

Rebalancing the endocrine system with sarcodes

An intercurrent sequential sequence of endocrine sarcodes remedies may be helpful in PCOS. Homeopathic sarcodes provide the blueprint for normal organ function, and stimulate the glands to rebalance and function regularly.

Starting from the hypothalamus (the master regulator of the endocrine system) down to the uterus, three doses of each sarcodes is given once a week over six to eight weeks. (See the remedies chart on page 28 for full details of the protocol.)

Putting it all together

PCOS is a complex and multi-layered condition with many factors for the homeopath to take into consideration when analysing the case.

A multi-faceted healing strategy that takes into account stress, hormones, digestive dysfunction, organ support and detoxification may need to be mapped out. In my experience so far, I have found the following overall strategy (when tailored appropriately to the patient's case and supported with constitutional remedies) has had positive results:

Commonly indicated constitutional remedies

Sepia

Sepia is likely to be the most indicated polycyst for many of the symptoms associated with PCOS. A *Sepia* patient with PCOS may present with difficulties in being a woman, masculine tendencies, have high androgen levels resulting in hair growing on the face and irregular periods. Amenorrhoea is also covered by *Sepia*. However, *Sepia* is not the only remedy to consider.

Pulsatilla

The *Pulsatilla* patient may experience amenorrhoea, painful periods or late periods. Her menstrual flow can be clotted, dark and thick – and of course, changeable. It may go from a scanty and intermittent flow to heavy and irregular. Clients needing *Pulsatilla* are emotional and likely to experience hormonal mood swings – being overly sensitive, potentially even crying pre-menstrually.

The Lacs

Remedies such as *Lac humanum* and *Lac caninum* may also play a big role in PCOS patients whose self-esteem levels are low. Self-contempt will be evident in patients that would benefit from *Lac caninum*, along with aggression and absent-mindedness. There may be a constant desire to wash hands, ravenous hunger and a strong craving for salt. Their breasts may be painful and swollen before menses, and there is likely to be contraceptive pill use in the time line. Menses can start out very scanty and then flow in gushes with pain on the left side.

In *Lac humanum* cases, there may be clotted menses, dark and / or black flow of menstrual blood and pains in the ovaries. Emotionally there is dejection, desolation and isolation in the picture. There may be an aversion to company and an indifference to everything alongside a lack of self-confidence. A difficult relationship with their mother, resulting in difficulty in becoming a woman, is also within the *Lac humanum* picture.

Thuja

Thuja patients may well present like *Phosphorus*. ‘Nobody does a *Phosphorus* like a *Thuja* patient’, the well-known saying goes! *Thuja* patients may have hair on the face or chest, and their menses is likely to be scanty and retarded. There may be pain on the left side in the ovary region, and a tendency to miscarry, especially during the third month. Menses can be too short, and there may be history of venereal disease or genital warts.

The Natrums

Natrum muriaticum is helpful in cases where grief and suppression may be perceived as an obstacle to cure. *Natrum muriaticum* is indicated for amenorrhoea and hair on the face and chest, and also irregular periods. The *muriaticum* component suggests an affinity to heal difficult relationships with the mother, whereas *Natrum carbonicum* could be considered in cases with father issues. *Natrum carbonicum* has irregular menses, amenorrhoea, infertility; it has been used traditionally to promote conception. On a mental and emotional level depression is seen in the picture, along with great sensitivity, irritability and an aversion to everyone including their own family and loved ones.

Black obsidian

Black obsidian may present with right-sided ovarian pain and cystic ovaries. There is often infertility with a history of amenorrhoea. IBS and headaches may be concomitant symptoms. These patients can feel lonely, isolated and emotionally heavy. Consider this remedy in cases with a long history of antidepressant use. *Black obsidian* has a very cleansing effect on the body. Colin Griffith notes in his materia medica that this remedy can stir up toxicity and cause aggravations, so toxic patients may benefit from a bowel nosode prescribed alongside, such as *Morgan*.

Thyroidinum

Thyroidinum also features prominently in many of the classic PCOS symptoms’ rubrics, including contraceptive pill toxicity, suggesting the influence that this gland will have in these cases. Like *Sepia*, patients requiring *Thyroidinum* may present with hair on the face, irregular menses, a tendency to carry weight and sluggish bowels. Emotionally these patients can be irritable, suspicious, easy to anger, argumentative and have depression running through the picture.

Ignatia

Ignatia patients are likely to present with irregular menses and amenorrhoea with grief as the main aetiology. This picture may emerge after the clearance of pill toxicity. There is grief, fright and emotional shock in the background. Capricious in nature, the *Ignatia* patient has internal conflict with herself and broods silently.

Oleum jecoris aselli

Oleum jecoris aselli (cod liver oil) may be well indicated for women with excess hair growth around the chin or on the chest or breasts. This remedy has been known to re-establish menses, and it also enhances the absorption of nutrients and supports the liver. *Ol-j.* has an affinity for both the thyroid and the pancreas.



Suggested options for supporting the constitutional prescription in PCOS

<p>Rebalance the endocrine system – sequential sarcodes protocol</p> <p><i>3 doses of the single sarcodes – taken on one day per week, over 7-9 weeks.</i></p>	<p>Week 1: <i>Hypothalamus</i> Week 2: <i>Pituitary gland</i> Week 3: <i>Thyroidinum</i> Week 4: <i>Parathyroid</i> Week 5: <i>Thymus gland</i> Week 6: <i>Oophorinum</i> Week 7: <i>Uterus</i> Also consider: <i>Pancreatinum, Adrenal gland</i></p>
<p>Support the female hormonal system</p>	<p><i>Agnus castus</i> Ø – regulates pituitary gland <i>Cimicifuga racemosa</i> Ø – reduces high levels of LH <i>Siberian ginseng</i> Ø – rebalances testosterone and supports the adrenals through stress <i>Sabal serrulata</i> Ø – downgrades testosterone</p>
<p>Support the liver</p>	<p><i>Chelidonium</i> – liver and gall bladder pains, pain in right shoulder, toxicity-related headaches <i>Nux vomica</i> – liver toxicity from drugs, medication or alcohol; liver weakness from poor diet / lifestyle; inflammation and stitching pain in the liver region <i>Berberis vulgaris</i> – sluggish liver due to environmental or drug toxicity, stimulates liver and supports spleen, pancreas and kidney <i>Milk thistle</i> Ø – promotes optimal liver function and supports healthy new cell growth in liver</p>
<p>Heal the digestive tract</p>	<p><i>Liquorice</i> Ø – helps to maintain mucosal lining in stomach and duodenum <i>Slippery elm</i> – increases natural mucous secretion within the stomach and intestinal lining to promote gut healing <i>Marshmallow root</i> Ø – creates protective lining within the digestive tract <i>Alfalfa</i> Ø – promotes the absorption of nutrients and provides a rich source of vitamins and minerals <i>L-Glutamine</i> – helps to maintain villi and absorptive surfaces within the intestinal lining</p>
<p>Promote blood sugar balance</p>	<p>Narayani <i>Blood sugar balance</i> (BR2) 50M</p>
<p>Support the pancreas <i>Complex recommended by M&P Joyce</i></p>	<p>‘PPI 6c’ – <i>Pancreatinum</i> + <i>Phosphorus</i> + <i>Iris versicolor</i></p>
<p>Detox the contraceptive pill <i>Complex recommended by Ellen Kramer</i></p>	<p><i>Nux vomica</i> + <i>Carcinosin</i> + <i>Sepia</i> or drug in potency (e.g. <i>Yasmin</i> or <i>Microgynon</i>) Often given in LM potency over 3 months</p>
<p>General detoxification to open the case <i>Recommended by Katherine Golding</i></p>	<p>Appointment 1: Day 1 – <i>Morgan</i> 200c BD Days 2 to 18 – <i>Sulphur</i> 30c am, <i>Nux vomica</i> or <i>Pulsatilla</i> 30c noon, <i>Carcinosin</i> 30c pm Appointment 2: <i>Carcinosin</i> 200c, 1M, 10M Appointment 3 onwards: Constitutional treatment</p>
<p>Gluten intolerance or Candida detox</p>	<p>‘CWOK’ 30c – <i>Candida albicans</i> + <i>Wheat</i> + <i>Proteus</i> + <i>Okubaka</i></p>

- Reduce stress and adrenal fatigue (good diet, yoga, meditation, adrenal support remedies and herbs)
- Promote optimum absorption within the gut (reduce stress, eat slowly, improve diet, heal the gut with remedies and herbs, cleanse the colon)
- Encourage the channels of elimination to open and

support the weakened organs (organotherapy for specific organs and body systems implicated)

- Detoxify the body (look into contraceptive pill, vaccines, environmental toxicity etc).

Conclusion

Although PCOS is a growing condition, homeopathy can provide the

perfect tools for dealing with this complex condition. By addressing the underlying factors and promoting healing of compromised organs and body systems, homeopathy paves the way for the body to heal and correct this devastating condition.

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REFERENCES

Adalian E (2010) 'Sculpting the Software' *Homeopathy in Practice*, Winter 2010
 Caruso H (2008) *Your Drug-Free Guide to Digestive Health*. Emryss Publishers
 Glenville M (2012) *Natural Solutions to PCOS*. Pan Macmillan
 Gottfried S (2013) *The Hormone Cure*. Scribner
 Griffith C (2007) *The New Materia Medica*. Watkins Publishing
 Hay L (2007) *You Can Heal Your Life*. Hay House Ltd
 Joyce P & J M (2013) *Alphabetical Repertory of Meditative Provings*.

Self Published
 Murphy R (2005) *Homeopathic Clinical Repertory*, 3rd edition. Lotus Health Institute.
 Murphy R (2000) *Homeopathic Remedy Guide*, 2nd edition. H.A.N.A. Press.
 Nicolle L & Woodriff-Beirne A (2010) *Biochemical Imbalances in Disease*. Singing Dragon
 Northrup C (2006) *Women's Bodies, Women's Wisdom*. Piatkus Books Ltd
 Pope A & Bennett J (2008) *The Pill – Are You Sure It's For You?* Allan & Unwin
 Shapiro D (2006) *Your Body Speaks Your Mind*. Piatkus Books Ltd
 Vermeulen F (2004) *Prisma The Arcana of Materia Medica Illuminated*, 3rd edn. Emryss Publishers
 No author (2006) *British National Formulary 51*. RPS Publishing and BMJ Publishing Group Ltd
http://www.usenature.com/article_polycystic_ovaries.htm

http://www.yourhormones.info/endocrine_conditions/polycystic_ovary_syndrome.aspx
http://en.wikipedia.org/wiki/Sex_hormone-binding_globulin
<http://www.ncbi.nlm.nih.gov/pubmed/15705403>
http://www.medicinenet.com/drug_induced_liver_disease/page7.htm
<http://www.netdoctor.co.uk/diabetes/medicines/glucoophage.html>
<http://www.nhs.uk/Conditions/Polycystic-ovarian-syndrome/Pages/Introduction.aspx>
<http://www.coreonehealth.com/gluten-sensitivity-and-female-hormones>
<http://worldtruth.tv/wheat-200-clinically-confirmed-reasons-not-to-eat-it/>
<http://healthimpactnews.com/2013/studyhpv-vaccine-linked-to-early-menopause-in-young-girls/>
<http://www.ncbi.nlm.nih.gov/pubmed/14671189>
<http://www.yourhormones.info/>

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