

Polycystic Ovarian Syndrome [PCOS]-A Case Study with Constitutional Homoeopathic Treatment

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ABSTRACT

Background:

Polycystic Ovarian Syndrome (PCOS) is a multifactorial endocrine disorder affecting reproductive, metabolic, and emotional health in women of reproductive age. Conventional treatments often provide symptomatic relief but may not address the individual constitution. Homeopathy offers a holistic approach, prescribing on the basis of totality of symptoms.

Objective:

To present a case of PCOS in a 30-year-old female successfully managed with individualized constitutional homeopathic treatment using Pulsatilla.

Methods:

A detailed case history was taken, including physical generals, mental generals, and life space information. Investigations such as ultrasonography confirmed bilateral polycystic ovarian morphology. Repertorial analysis was carried out using Zomeo Pro software. Pulsatilla was selected as the constitutional similimum and prescribed in varying potencies, along with placebo.

Results:

Within three months of treatment, the patient experienced normalization of menstrual cycles and resolution of dysmenorrhoea. Follow-up ultrasonography revealed normal ovarian morphology. Continued follow-up over several months showed sustained improvement in menstrual regularity, emotional stability, and general well-being.

Conclusion:

This case demonstrates the potential role of individualized homeopathic treatment in managing PCOS. Pulsatilla, prescribed on the basis of totality of symptoms, not only restored menstrual function but also improved mental and emotional health.

Keywords: Polycystic Ovary Syndrome (PCOS), Oligomenorrhoea, Homeopathy, General management, Constitutional Treatment, Pulsatilla.

INTRODUCTION

Polycystic Ovarian Disease (PCOD) is a common endocrine disorder of reproductive-age women, marked by an imbalance in female sex hormones and the presence of multiple ovarian cysts. It can progress into

Polycystic Ovarian Syndrome (PCOS), a multisystem condition associated with reproductive, metabolic, and emotional disturbances.

Key features include irregular or absent menses, infertility, obesity, acne, hirsutism, and androgen excess. If untreated, PCOS predisposes to type 2 diabetes, cardiovascular disease, hypertension, and certain cancers. Diagnosis is based on history, examination, hormone assays, and ultrasound. Globally, ~18% of women are affected, with many undiagnosed. The condition, first described by Stein and Leventhal in 1935, is sometimes termed “ovarian androgen excess.”⁵

Aetiology & Pathogenesis

The exact cause of PCOS is unclear but involves genetic, environmental, and lifestyle factors. Sedentary habits, stress, and dietary influences contribute, while familial and genetic associations (e.g., CYP21 mutation) have been noted. Insulin resistance and hyperinsulinemia are central mechanisms, promoting ovarian androgen production and anovulation. Obesity (seen in 50–70% of cases) exacerbates insulin resistance through adipose-derived cytokines and hormones. Raised LH levels, altered hypothalamic-pituitary-ovarian axis function, and adrenal factors also play roles.

Pathology:

Both ovaries are typically enlarged with a thickened tunica albuginea. On ultrasound, ≥ 12 small peripheral cysts (2–9 mm) give the classic “string of pearls” appearance. Theca-cell and stromal hyperplasia contribute to increased ovarian volume ($>10 \text{ cm}^3$).

Clinical Features Of Pcos:¹

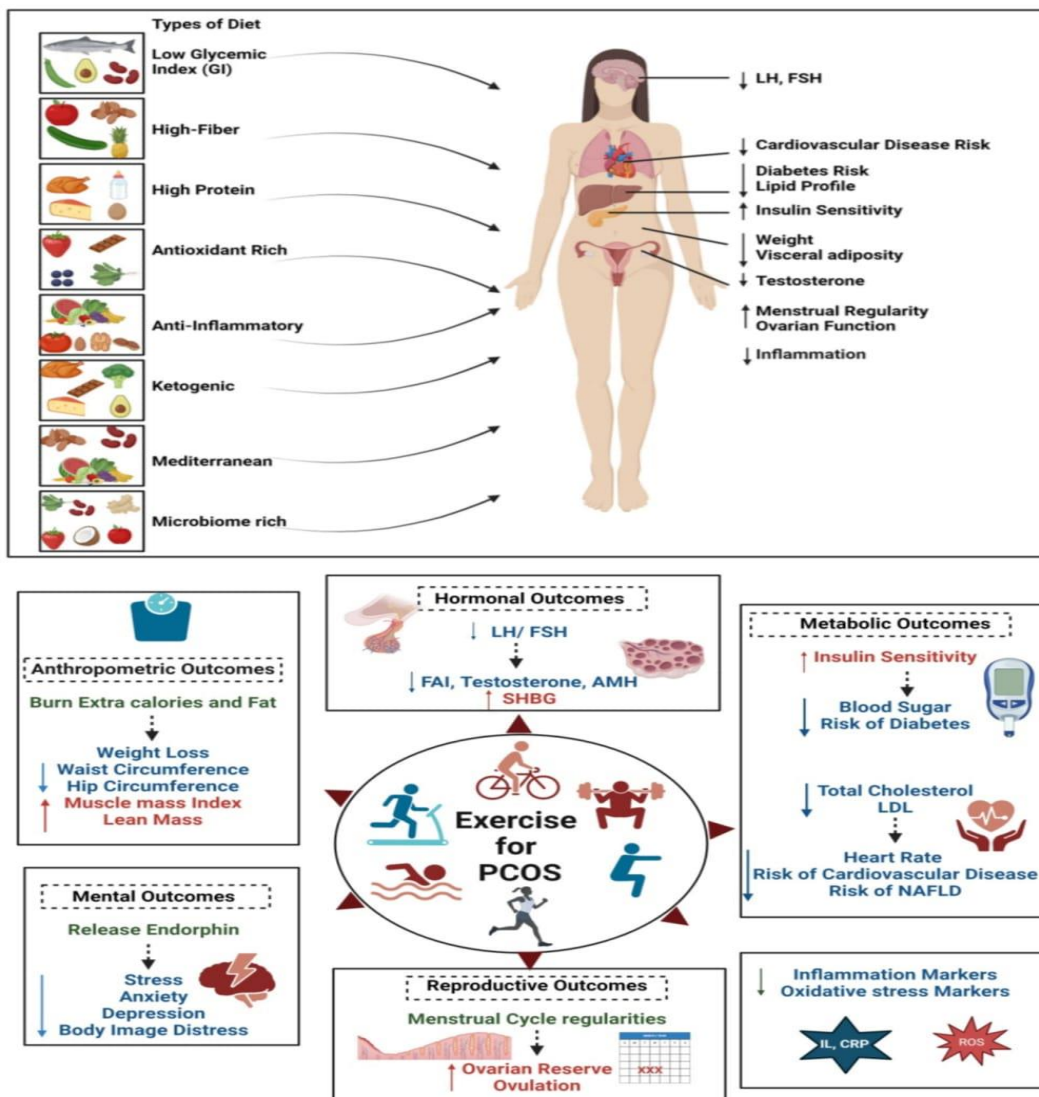
CLINICAL FEATURES	HORMAL	SEQUALAE
Young Woman	↑E2 levels	Diabetes(15%)
Central obesity	↑ LH levels	Cardiovascular Disease
BMI>30kg/cm ²	↑FSH/LH ratio	Lipidaemia's
Waist line>88cm	↑Androgens	Hypertension
Oligomenorrhoea, amenorrhoea	Testosterone, epi-androstenedione, ↑ dehydroepiandrosterone.	Endometrial cancer
Infertility	17- alpha-hydroxyprogesterone> 300ng/dl	Breast cancer
Hirsutism	Testosterone>2ng/ml	Premature ovarian failure following surgery
Acanthosis nigricans due to insulin resistance; thick pigmented skin over the nape of the neck, inner thigh and axilla.	Prolactin ↑, (SHBG)↓Sex hormone-binding globulin	
Most androgen come from ovary	↓E2 /oestrone (E1) ratio	
↑ fasting insulin>10miu/l	F. glucose/insulin ratio<4.5	

Conventional Management

Treatment In Women With Pcos-⁸

Obesity and Metabolic syndrome	Diet, Exercise, change of lifestyle Metformin
Subfertility	Ovulation induction: Letrozole, metformin, gonadotropins
AUB	Progestins, COCs
Body Hair	Antiandrogens, COCs

(COCs-combined oral contraceptives)



Lifestyle modifications—dietary changes, physical activity, and behavioral interventions—are crucial in managing PCOS by addressing metabolic and reproductive issues. RCTs show that low-GI foods, calorie restriction, high-fiber, ketogenic, Mediterranean, omega-3/antioxidant-rich, and anti-inflammatory diets improve insulin sensitivity, hormonal balance, and PCOS symptoms. Among these, the DASH and low-GI diets are most effective, reducing insulin resistance, androgen levels, and menstrual irregularities. Regular exercise, especially aerobic and resistance training, supports weight loss, glucose regulation, hormonal balance, and better quality of life. Aerobic exercise is particularly effective, with both continuous (CAT) and intermittent (IAT) training improving body composition, hyperandrogenism, and quality of life in PCOS women.⁹

Homoeopathic Therapeutics:

Indications of few Homeopathic medicines for PCOS are given below:

1. **Sepia** – Sepia is One of the most important uterine remedies. Sepia affects the venous circulation particularly of the female pelvic organs and of GIT tract. It acts specially on the portal system with venous congestion. Uterus prolapsed. Weakness, anaemic, bearing-down Sensation, especially in women, upon whose organism it has most pronounced effect. Pains goes down to back, easily chilly. Amelioration by sitting with legs crossed, by exercise, dancing. Menses too late and irregular and scanty, early and profuse, sharp clutching pains. Violent stitches upward in the vagina, from uterus to umbilicus. Prolapse of uterus and vagina. Irritability, alternating with indifference. Indifference. Takes pleasure in teasing others. Sad over her health and domestic affairs. Aversion to family to those loved best to sympathy to company, yet fear of alone.

2-**Natrum Mur**: Nat-m. women is very sensitive, Anaemic, emaciated, Ill effects of grief, anger, guilt, disappointment, fright, fit of passion, loss of fluids, Sunlight. Menses irregular, profuse, Suppressed, and Bearing down pain in abdomen. Nat-m. covers the ailments from grief, anger, disappointed love and fright. Natrum Mur suited to Depressed and introverted. Consolation aggravates. Fear of being rejected, fear and anxiety.

3- **Pulsatilla**: Dr. Hahnemann gives the Pulsatilla patients disposition and temperament: "A timid, mild and yielding disposition, weeping disposition with a tendency to inward grief, weeps when talking and silent peevishness, contradictory mood. Pulsatilla acts when there is a disposition to chilliness and thirstlessness. It is suitable for females when there is delay menses. Menstrual cycle too late, scanty, dark, thick, clotted, changeable, intermittent, painful, flow intermits, pain in back aggravates by lying down on left side or on painless side. Better in open air.

4-**Calcarea carb**: Calcarea carb patient is fair, fatty, flabby and profuse perspiring. Painful swelling in the breasts before the menstrual flow begins. Suppressed menses after working in water. Bearing-down sensation. Fibroids and cysts. Ovarian or uterine pains, right sided, extending down thighs, aggravates on reading or writing. Cutting pain in uterus during menstruation, worse from mental exertion or physical exertion. Better by lying on painful side. Uterine polypi.

5-**Thuja occidentalis**: Thuja is the remedy for exuberant, soft, fungoid tissue, polyps. Great prostration and rapid emaciation. The patient is exhausted and soft body feels thin and delicate, fragile. Discharges are foul, acrid, musty or of sweetish Odor. Severe pain in left ovary and left inguinal region. Menstrual flow scanty, retarded. Uterine polypi. Leucorrhoea thick greenish. Profuse perspiration before menses.

6-**Kali carb**: Kali carb suited to persons of soft tissues with tendency to be fat. Kali-c. is suited to the obese, lax tissue. Kali carb patients' pain is sharp and cutting, pain better by motion. Fear of death, future ghosts, Anxiety with fear when alone. Anxiety about health. Menses early, profuse, or too late, and scanty, Pains from back extend through gluteal muscles, with cutting pain in abdomen. Uterine hemorrhage. Pain relieved by sitting and pressure.

7- **Silicea**: Silicea remedy suited to yielding, excitable, Anxious, nervous, weeping mood and sensitive to all impressions. Sensitive to noise, want of self-confidence, fear of failure. Ailments from anticipation. A milky, acrid leucorrhoea discharge, Itching of vulva and vagina. Bleeding between menstrual periods. Profuse menses with paroxysms of icy coldness over whole body. Vaginal cyst. Complaints aggravates from washing during menses.⁷

Case Report

A 30-year-old married female presented to the Department of Homeopathic Materia Medica, Hamsa Homeopathy Medical College, Hospital & Research Centre, ksheerasagar (V), Siddipet (D), on 10th January 2025, Reg.no- 25/4129 with complaints of scanty, painful menses associated with brownish clots for the past 2 years. She had conceived once, three months after marriage, but experienced a spontaneous abortion. She had

been advised in vitro fertilization (IVF) by a gynecologist, which was financially unfeasible, leading to significant anxiety regarding infertility

Past History: Recurrent cold attacks (on and off) K/C/O- B/L-PCOD

Family History: Father died due to TB.

Physical Generals:

SLEEP- Disturbed, midnight after 2am-5am.

DREAMS- As if she is pregnant, holding child.

THIRST-2-3 litres/day

APPETITE-Moderate

DESIRES-Sour food

URINE-Clear

SWEAT-Scanty

STOOL-Regular and satisfactory

CONSTITUTION- Lean, thin, short stature with wheat complexion.

THERMALS- Towards Chilly

MENSES- LMP 16/12/24, 3 days flow, scanty, dysmenorrhoea, clots brownish colour, menarche at the age of 13 years.

Life Space Investigation:

patient hails from middle class family, studied up to 12th std. she got married at the age of 19 years and its consanguineous marriage. Conceived 3months after marriage and got aborted. Then she consulted a DGO and they suggested IVF which is very expensive, from then she started worrying about children. she is very much attached to her father; he died with TB. she runs a bangle store. she desires company with family, husband. changeability in mood with offended easily and consolation amelioration. she worries about her husband that something bad is going to happen and also suspicious, possessive in nature. She doesn't allow him to talk with others even in family relations, because he often gives money and other things to his family. she often checks his phone call history for any female calls or messages from office colleagues.

Mental Generals:

Grief-death of loved one -father; Religious affections; Anxiety about health and future

Consolation amelioration; Easily offended; Fear of ghost; Fear of dark

Weeping tendency; Suspicious nature, Jealousy.

General Physical Examination:

GENERAL APPEARANCE-GOOD.

GENERAL BUILT AND NUTRITION-Moderate.

GAIT-Biphasic Bipedalic gait. CLUBBING – No PALLOR- no.

ICTERUS- No CYANOSIS- no.

Oedema- No NAILS-No discoloration, healthy. LYMPHADENOPATHY-no.

WEIGHT:50kgs. HEIGHT-5.0', BMI-21.5kg/m²

Vitals:

PULSE:86beats/min. BLOODPRESSURE:130/80mmofhg.

RESPIRATORYRATE:16breaths/min. TEMPERATURE-Afebrile.

Systemic Examination:

Respiratory-Vesicular breath sounds heard

CVS-S1,S2 sounds heard normal.

GI-Bowel sounds normal.

Locomotor-Appearance and movements normal.

CNS-conscious and well oriented with good memory.

Integumentary and Glands- no acanthosis nigricans.

Investigations: [Performed]

07/08/23 and 16/01/25;

Left small renal calculi.

Small anterior uterine wall fibroid.

PCOD patter of both ovaries.

Investigations Suggested:

USG Abdomen Suggested.

Provisional Diagnosis:

B/L Polycystic Ovarian Disease [PCOD]

Totality Of Symptoms:

Religious Affections; Anxiety about health; Grief ; Fear of dark; Fear of ghost

Suspicious, mistrustfulness; Jealousy; Sympathetic; Dreams of being pregnant

Consolation >; Weeping tendency; Offended easily; Desires sour and acid foods

Constitution-lean personality; Menses – clotted, brown colour; Dysmenorrhoea

Polycystic ovarian disease; 3rd month abortion.

Repertorization Analysis:

Puls 66/19, Lach 54/17, Sulph 54/17, Lyco 53/19,

Ars 52/18, Ign52/16, Phos 50/19, Nux50/17, Nat-m48/17,

Caust48/16, Calc47/18, Nit-ac44/16, Sep43/17, Rhus-tox 43/15.

Repertorial Sheet:⁶

ymptoms:	20	Remedies:	994	Show Repertorisation Tools	Prescribe	Remedy List	Record
Remedy Name	Puls	Lach	Ars	Sulph	Lyc	Ign	Phos
Totally	65	53	51	51	49	48	47
Symptoms Covered	18	16	17	16	18	15	18
Kingdom							
[Complete] [Mind]Religious affections: (171)	4	4	4	4	3	3	1
[Complete] [Mind]Anxiety:Health, about: (317)	4	4	4	4	3	4	4
[Complete] [Mind]Grief:Ailments from, agg.: (197)	4	4	4	3	4	4	3
[Complete] [Mind]Death:Ailments from, agg.:Loved ones, of: (61)		1	1	1	1	4	1
[Complete] [Mind]Fear:Dark, of: (126)	4		3	1	3		3
[Complete] [Mind]Fear:Ghosts, spectres, of:Night: (13)	3		1	3	3		
[Complete] [Mind]Suspiciousness, mistrustfulness: (192)	4	4	4	4	4	3	3
[Complete] [Mind]Jealousy:Ailments from, agg.: (16)	4	4			1	3	3
[Complete] [Mind]Sympathetic, compassionate, too: (189)	4	1	3	3	1	3	4
[Complete] [Generalities]Food and drinks:Sour, acid:Desires: (187)	3	3	4	4	1	3	4
[Complete] [Mind]Offended easily: (174)	4	3	4	3	4	3	1
[Complete] [Mind]Weeping, tearful mood:Trifles, about: (146)	4	3	3	3	1	4	1
[Complete] [Mind]Consolation, sympathy:Amel.: (46)	4		1			3	3
[Complete] [Stomach]Fullness:Eating:After: (166)	4	3	3	3	4		3
[Complete] [Female Genitalia]Menses:Brown: (44)	1						
[Complete] [Female Genitalia]Menses:Painful, dysmenorrhea: (499)	4	4	3	4	3	3	3
[Complete] [Female Genitalia]Menses:Clotted, coagulated: (217)	4	4		3	3	4	1
[Complete] [Generalities]Cold taking, becoming: (547)	4	4	4	4	4	3	4
[Complete] [Generalities]Lean people: (88)	2	4	4	4	3	1	4
[Complete] [Female Genitalia]Tumors:Cysts:Ovaries: (63)		3	1		3		1

Medicine Prescribed: 1. Pulsatilla 200/2doses. BID

2. Placebo /1week. TID

Remedy Selected: Pulsatilla

Pulsatilla weeps easily, fears to dark places and ghosts. likes sympathy and consolation amelioration, religious, clotted and painful menses[dysmenorrhoea]. mistrustful, anxious about health, easily offended, suspicious, craves acids, fulness after eating, easy satiety.²³⁴

Potency: According to the susceptibility of the patient and intensity of the disease 200 is selected.

Dosage: According to severity of disease dosage is selected.

Followups:

DATE	FOLLOWUP	PRESCRIPTION
22/01/2025	LMP-18/1/2025 -3days flow, no clots, no leucorrhoea,Dysmenorrhoea +, Suspicious++, Anxiety++.	Pulsatilla 1m 1 dose

22/02/2025	LMP- 17/2/2025- 3 days flow, no clots ,no leucorrhoea, no pain during or before menses. USG- 21-2-25 IMPRESSION-Normal Study.	Placebo/1month.
23/03/2025	LMP-18/03/25- 3 days flow Bloating of abdomen and watery discharge before menses with increased appetite. Suspicious and anxiety+ decreased but slightly present.	Pulsatilla 1m 1dose

Before Treatment:

ESHWARA SAI NURSING HO
Pregnancy House, GAZWEL, Suburban East (100) 100m 1/454 218
E-mail: esh2005@gmail.com, Vellore, Tamil Nadu 605 002
Tel: 9840402222

Patient's Name: [REDACTED]
Address: Gowdaram Age: 29 Sex: F
Referred by Dr.: Self Prgn. No.:
Date: 21-12-23

ULTRA-SOUND SCANNING REPORT OF ABDOMEN

LIVER : Normal in size and Echo Texture ✓
No Mass / Abscess seen.
No. 1, H.B.D. Dilatation seen,
C.B.D. and PV normal

GALL BLADDER : Well distended and normal No Calculi / Mass Seen
G.B. Wall is Normal

PANCREAS : Normal in size and Echotexture x
No mass seen, Duct is normal.
No. Calcification seen.

SPLEEN : Normal in size and Echotexture
No mass / Abscess seen.

BOTH KIDNEYS : Normal in size Echotexture No Calculi, Hydro nephrosis seen.
No mass seen Cortico-Medullary Differentiation seen
Renal calyces Normal / Dilated.
Right Kidney measures x cms
Left Kidney measures x cms

URINARY BLADDER : Well distended and normal.
No Calculi / Mass Seen.
Bladder wall is normal.
No Significant post void residual urine noted.

PROSTATE : Normal in size and Echo Texture
It measure x cms and weights cms

UTERUS : Anteverted / Retroverted Normal is size and Echo Texture
Size 5.1 x 2.6 x 2.3 cms Volume cms
Endometrium is normal

OVERIES : Normal in size and Echo Texture
No cysts seen
R.O. Measures cyst 2.5 x 2.9 cms
L.O. Measures x cms
Pouch of Douglas is free.
No Ascites seen
No Lymphadenopathy seen

IMPRESSION : 1. At multicystic cyst
2.
3.

CONSULTANT SONOLOGIST

NOTE: CORRELATE CLINICALLY

ND NITHYA DIAGNOSTICS

(Branch of Adithya Diagnostics SDPT)

Pidched Road & Annapurna Ricemill Road, Beside Geethanjali Junior College,
GAJWEL, Siddipet, Tel: 9949954347, 8897973232

Name : [REDACTED]

Gender: : Female

Age : 27 Years

Patient Id : 250116-015

Ref By: KOTHA MEERABHAI HOSPITAL

Date : 16-Jan-2025

ULTRA SONOGRAPHIC EXAMINATION OF ABDOMEN

LIVER: Normal in size (12.3 cm) and echotexture. No focal lesions / Intra hepatic biliary ductal dilatation. C.B.D. is normal. P.V. is normal.

GALL BLADDER: Distended. Wall thickness is normal. No e/o calculi / focal lesions. No intraluminal sludge / peri GB collection.

PANCREAS: Normal in size and echotexture. No calcification / Calculi seen. PD is normal.

SPLEEN: Normal in size and echotexture. No focal lesions. Splenic vein appear normal.

RIGHT KIDNEY: Measuring 91x36 mm. Normal in size, shape and echotexture. Pelvicalyceal system normal. No calculi. Cortico medullary differentiation is made out.

LEFT KIDNEY: Measuring 106x46 mm. Normal in size, shape and echotexture. Pelvicalyceal system normal. Cortico medullary differentiation is made out.
E/o two calculi seen in left kidney m/s 3 - 4 mm in size

URINARY BLADDER: Distended, wall thickness is normal. No e/o calculi.

UTERUS: Measuring 8.1x3.1x4.0 cm. Normal in size and small 16x13 mm mild hypoechoic lesion seen in anterior wall / fundus of uterus - Fibroid. Endometrium is 5 mm.

Right ovary measuring 3.3x2.4 cm. Left ovary measuring 3.0x1.6 cm. Both ovaries are normal in size with multiple, peripherally arranged follicles (2 - 3 mm) seen with central echogenic stroma - PCOD pattern.

Aorta and IVC normal.

No e/o any obvious lymphadenopathy / bowel wall thickening / nodes / collection.

No free fluid in the peritoneal cavity.


IMPRESSION :

- LEFT SMALL RENAL CALCULI .
- SMALL ANTERIOR UTERINE WALL FIBROID .
- PCOD PATTERN OF BOTH OVARIES.



Dr. RAVICHANDER, MD(OSM)
RADIOLOGIST.

Suggested clinical, lab correlation & follow up.

After Treatment:



Shreyaan-Ishaan Educational Society's
HAMSA HOMEOPATHY MEDICAL COLLEGE
HOSPITAL, RESEARCH & DIAGNOSTIC CENTRE



Ksheerasagar Vill., Mulugu Mandal, Siddipet Dt. Telangana
Ph. Nos. 63004 40493 / 6302578721 Email: hamsahomeopathy@gmail.com

Name: [REDACTED] Age/Gender: 30 Yr/F
Refer Dr: Kailas Bill No:
Bill Date: 21-02-25

ULTRASOUND WHOLE ABDOMEN

History : H/O PCOD and infertility

Liver : Appears Normal in size (16.4 cm), Normal echotexture. No focal lesion/ SOL seen. No Intrahepatic biliary radicals dilatation is seen. Liver is showing smooth surface & sharp margins.

Gall bladder : Appears normal with anechoic lumen. No sizeable calculus / any other focus is noted in gall Bladder lumen. Wall of Gall Bladder is normal in thickness. No pericholecystic free fluid is noted.

Pancreas : is normal in size and echotexture showing smooth & regular outline. Pancreatic duct is not dilated. No pancreatic calcification is noted. Peripancreatic areas appear normal.

Spleen : is normal in size (10.4 cm) and echotexture. No focal lesion SOL is seen. Splenic capsule is showing no sizeable underlying collection/ haematoma.

Kidneys : Right Kidney appear normal in size (9.3 x 4.2 Cm), shape and echogenicity. Corticomedullary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

: Left kidney appear normal in size (10.1 X 4.5 cm), shape and echogenicity. Corticomedullary differentiation maintained. Central sinus echoes are not split, suggestive of no appreciable hydronephrosis. No sizeable calculus/ mass lesion/ cyst noted. Perinephric spaces appear clear.

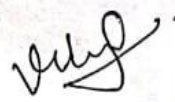
Urinary bladder : is normal with anechoic lumen. No sizeable calculus/ mass lesion/ any other echogenic focus are seen in urinary bladder lumen. Wall of urinary bladder is normal in thickness.

Uterus : appear normal in size (6.0x 4.3 cm),
Endometrial Echo's: is midline and endometrial thickness measuring (6mm).
Right Ovary: appears normal (2.4 X 1.6 mm). No ovarian mass or cyst seen
Left Ovary: appears normal (2.4 X 1.6 mm). No ovarian mass or cyst seen

Other Finding : No ascites.

IMPRESSION:

1. Normal study


Dr. Venkat Reddy
MD
Radiology

Suggested clinical correlation and follow up.

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G-19, Aditya Arcade, Ishaq Colony, Wellington Road, Picket, Secunderabad

www.hamsahomeopathy.org

CONCLUSION

As the PCOS is a multi-faceted problem with reproductive, endocrine and metabolic dysfunction. The lifestyle modification and counselling is considered to be the first line of treatment which is effective when we consider the constitution, mental and physical generals. Cases can be treated successfully by homoeopathy in order to get cure. Special diet is a very important aspect of PCOS care. Replacing manufactured carbohydrate products with whole grains, fruits and vegetables can help to reduce insulin response. The diet also should include enough protein to control the amount of sugar in the blood. Exercise also can help to maintain the insulin level and weight. In above explained case, her menstrual irregularity and other associated symptoms became normal with pulsatilla in just 2 months, still under treatment including her husband with oligospermia. This shows, how effective homoeopathy is in treating such lifestyle disorders in a short course of time. Homoeopathic Treatment based on symptoms similarity (Totality of symptoms). For selection of remedy, a detailed case taking and repertorization are necessary.⁵

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Conflict Of Interest: Authors Declare No Conflict of Interest.

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