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Individualized homoeopathic management of polycystic ovarian disease: A case report on healing hormonal and emotional disarray

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Abstract

Polycystic Ovarian Disease (PCOD) is a prevalent and multifaceted endocrine disorder impacting reproductive, metabolic, and emotional health in women. While modern treatments provide symptomatic relief, they often overlook the chronicity and psychosomatic origins. This case report presents a 30 year old woman diagnosed with PCOD, who achieved significant clinical and ultrasonographic improvement through individualized homoeopathic intervention. A deep constitutional analysis led to the prescription of *Sepia officinalis*, supported by intercurrent remedies for skin and vitality. The treatment improved her hormonal profile, emotional resilience, menstrual pattern, and chronic skin complaints. This case underscores the role of classical homoeopathy in addressing chronic hormonal imbalances by focusing on the person as a whole, mind and body.

Keywords: PCOD, *Sepia officinalis*, homoeopathy, constitutional remedy, psychosomatic healing, individualized treatment

Introduction

Polycystic Ovarian Disease (PCOD) is among the most common endocrine disorders affecting women of reproductive age, with a prevalence estimated to be 6-18% globally and up to 22.5% in Indian urban populations ^[1, 4]. Clinically, PCOD is characterized by hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology on ultrasound (Rotterdam Criteria, 2004) ^[2]. It often manifests with irregular menses, infertility, hirsutism, obesity, insulin resistance, and psychological distress.

Conventional management typically involving oral contraceptives, metformin, anti-androgens, or ovulation-inducing agents aims at symptom suppression rather than cure. Despite temporary relief, these interventions may not address the chronic emotional underpinnings or the metabolic and hormonal dysregulation at the root ^[3].

Homoeopathy, grounded in the philosophy of treating the individual as a whole, offers an alternative by integrating physical, mental, and emotional symptoms into one comprehensive totality. The selection of a remedy is not disease-specific but is based on the patient's constitution and miasmatic background ^[5-7].

Case Report

A 30-year-old married female, Mrs. S.D., a horticulturist from Margao, Goa, presented to the Homoeopathic OPD on 2nd November 2022. Her chief complaint was delayed and scanty menses since puberty, worsening over time. Menstrual cycles were irregular (32-45 days), with dark, clotted flow lasting 1-2 days and associated pelvic heaviness. She also reported primary infertility following an early miscarriage at 6 weeks of gestation in 2019.

She had not undergone hormonal therapy but expressed being emotionally and physically drained due to her chronic symptoms. An ultrasound dated 22.02.2022 confirmed polycystic ovarian morphology with bilaterally enlarged ovaries and peripheral small follicles. She also complained of chronic eczema since 2006 that flared up in winter and left her scratching till it bled, especially on her limbs.

Obstetric History: G1P1A1L0

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Year	Event	Outcome
2017	Marriage	Attempting conception
2019	First pregnancy (natural)	Miscarriage at 6 weeks
2020-2022	No conception	No hormonal treatment taken

Past illnesses: Dengue fever (July 2022)

Family History

- **Husband:** Known diabetic
- **Brother:** Smoker, causes emotional distress

Mind and Emotional State (Patient's Narration)

I don't feel anything anymore. I go through my day like a machine: work, chores, meals everything feels automated. After the miscarriage, something just shut off inside me. I love my husband, but I can't seem to connect anymore. He tries, but I just want to be left alone. My brother leans on me emotionally and I never say anything to him, but it drains me. I've stopped talking about how I feel because honestly, I don't even know what I feel. I avoid people. I avoid conversations. Even small joys like attending to my plants feel like burdens now. And when people try to console me, I just pull away. It makes me angry for no reason. Especially before my periods, everything gets worse. I snap, I cry, and then I go quiet again.

Physical Generals

- **Appetite:** Normal
- **Thirst:** Moderate
- **Desire:** Chocolates
- **Aversion:** Fried food
- **Stools:** Regular
- **Urine:** Normal
- **Perspiration:** Normal

- **Sleep:** Disturbed before menses
- **Thermal Reaction:** Chilly
- **Others:** Cold intolerance (extremities), forgetfulness, bleeding gums, leg cramps, hair fall, morning weakness

Menstrual History

- **FMP:** 13 years
- **Duration:** 2-3 days
- **Interval:** 32-45 days
- **Flow:** Initially dark, clotted; improved to non-clotted
- **Associated symptoms:** Breast heaviness before menses
- **Leucorrhoea:** Absent

Examination & Investigations

- **BP:** 100/70-120/80 mmHg
- **Weight Progression:** 53.2 kg (Nov 2022) → 56.0 kg (Aug 2023)
- **Pelvic Ultrasound (22.02.2022):** Bilaterally enlarged ovaries with peripheral follicles (PCOD morphology)
- **Pelvic Ultrasound (21.03.2023):** Ovarian morphology normal; dominant follicle seen

Diagnosis

- **Polycystic Ovarian Disease:** (ICD-10 Code: E28.2)
- **Diagnostic Basis:** Oligomenorrhea, early miscarriage, polycystic ovarian morphology on USG

Pre-Treatment Ultrasound (22.02.2022)

- **Uterus:** Mildly retroflexed, normal size
- **Endometrium:** 9 mm
- **Ovaries:** Bilaterally enlarged (11-12 cc), with approx. 20 small follicles
- **Impression:** Polycystic ovarian morphology.



KAMALA SCANS

Name: SE [REDACTED] A D'S [REDACTED] 30/F Date: 22-02-2022
 Referred by: DR. REWA S. S. DUBHASHI MBBS, DGO, DNB, FMS

USG ABDOMEN & PELVIS

Liver: normal in size, with normal echotexture. Hepatic veins are normal. No focal mass lesion noted. The Portal Vein is normal. There is no dilatation of intra-hepatic biliary radicles. The CBD is normal in caliber.

Gall bladder: adequately distended. No calculi. No wall thickening. No peri-cholecystic fluid.

Spleen: normal in size, with normal echotexture. No focal mass lesion.

Pancreas: normal in size and echotexture. No focal mass noted. The pancreatic duct is normal. No calculi / calcification. No peri-pancreatic collection.

Right kidney: measures 10 cm. The cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No dilatation of pelvicalyceal system noted. No calculi. No focal lesion.

Left kidney: measures 10.6 cm. The cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No dilatation of pelvicalyceal system noted. No calculi. No focal lesion.

Urinary bladder: adequately distended. No calculi. No focal mass. No wall thickening. No e/o internal echoes.

The uterus is anteverted, mildly retro-flexed, normal in size. No fibroids noted.
 The endometrial echo is central, well-defined. Endometrial thickness measures 9 mm.
Both the ovaries have volumes between 11-12 cc. There are approximately 20 small follicles in either ovary. There is no adnexal mass.

The great vessels are normal.
 No bowel wall thickening.
 No intra-abdominal lymphadenopathy.
 No free fluid in the abdominal cavity.
 No basal pleural effusion.
 No obvious mass lesion.

Impression:
 Features of polycystic ovaries are present.


 Dr. Sarvesh L. S. Dubhashi
 Consulting Radiologist
 Dr. SARVESH L. S. DUBHASHI
 Consulting Radiologist
 GMC Registration No. 1899

Thanks for the reference

BEFORE

Page 1 of 1

Clinic Timings : 9:30 am to 1:00 pm and 4:30 pm to 7:30 pm Closed on Sunday
 For appointments contact : 968-969-0000

Analysis and Evaluation

Mental Generals

- Ailments from suppressed grief after miscarriage
- Emotional detachment and numbness
- Irritability and aversion to consolation before menses
- Withdrawal from social interaction
- Sense of emotional exhaustion and disconnection from loved ones

Physical Generals

- Chilly constitution with marked cold intolerance (especially extremities)
- Craving for chocolates
- Weakness on waking, aggravated in the morning
- Forgetfulness and mental dullness
- Bleeding gums
- Hair fall
- Leg cramps

Particulars

- Menses, Irregular, delayed, scanty, dark and clotted with premenstrual breast heaviness.
- Chronic moist eczema since 2006, worse in winter.
- Pain in soles after prolonged standing.
- Disturbed sleep before menses.

Miasmatic Background

Predominantly sycotic (cystic pathology, suppressed eruptions), with PSORIC overlay (grief, functional disturbance).

Totality of Characteristic Symptoms

- Ailments from suppressed grief after miscarriage.
- Emotional numbness and withdrawal from loved ones.
- Aversion to consolation; becomes irritable if consoled.
- Sadness, especially before menses, tendency to isolate.
- Chilly patient with cold extremities.
- Craving for chocolates.
- Weakness on waking, worse in the morning.
- Bleeding gums.
- Hair fall (progressive, unexplained).
- Forgetfulness and mental dullness.
- Delayed and scanty menses with dark clots.
- Premenstrual breast heaviness.
- Moist eczema since years, aggravated in winter.
- Pain in soles after prolonged standing.
- Disturbed sleep before menses.

Repertorial Analysis (Zomeo, Complete Repertory)

Rubrics Selected

Rubric (Chapter)	Symptom reference in case
Mind - Grief - suppressed	Silent grief post-miscarriage
Mind - Indifference - loved ones - to	Emotional disconnect from husband/family
Mind - Consolation - agg	Withdrawal and irritation on consolation
Female genitalia - Menses - delayed	Cycles 32-45 days
Female genitalia - Menses - scanty	1-2 days duration, dark clots
Female genitalia - Menses - clotted	Objective complaint
Skin - Eruptions - moist	Chronic eczema since 2006
Skin - Eruptions - winter - agg.	Flare-ups in cold season
Extremities - Pain - soles - standing - agg.	Pain in soles after standing
Generalities - Morning - weakness	Complaints worse in the morning
Generalities - Chocolate - desire	Constant craving
Head - Hair - falling	Patient-reported hair fall
Teeth - Bleeding - gums	Bleeding on brushing or spontaneously

Remedy Name	Sep	Phos	Calc	Ars	Con	Nit-ac	Sil	Ph-ac	Thuj	Rhus-t	Caust	Hep
Totally	36	34	32	30	28	27	27	26	25	24	23	23
Symptoms Covered	11	10	10	10	9	9	9	8	11	9	10	8
Kingdom												
[Complete] [Mind]Grief:Silent, pent up: (159)	1	3	1	3	3	3		4	1	1	1	
[Complete] [Mind]Indifference, apathy:Loved ones, to: (85)	4	4		1	2	1	1		1			1
[Complete] [Mind]Consolation, sympathy:Ailments from, agg: (93)	4	3	3	3	3	3	4		3	1	1	1
[Complete] [Female Genitalia]Menses:Late, too: (304)	4	4	3	3	4	2	4	3	3	1	4	3
[Complete] [Female Genitalia]Menses:Clotted, coagulated: (210)	1	1	4		3	4		3	1	4	3	
[Complete] [Skin]Eruptions:Discharging, moist: (226)	4	4	4	4	4	3		4	3	4	4	4
[Complete] [Skin]Eruptions:Winter:Agg: (26)	3		3	1			1		1	4	1	3
[Complete] [Extremities]Pain:Feet:Soles:Standing:Agg: (15)												
[Complete] [Generalities]Weakness:Morning: (308)	4	3	3	4	3	3	3	4	3	3	1	3
[Complete] [Generalities]Food and drinks:Chocolate:Desires: (200)	3	4	3	3			3	1	4		1	
[Complete] [Head]Falling out, hair, alopecia: (239)	4	4	4	4	4	4	4	3	4	3	3	4
[Complete] [Mouth]Hemorrhage:Gums: (231)	4	4	4	4	2	4	3	4	1	3	4	4

Remedies covered: Sepia, Phosphorus, Calc Carb, Ars Alb, Caust, Silicea and Graph.

Justification: Sepia ranks highest and covers all rubrics: mental, physical, general, and particular.

First Prescription (2.11.2022): *Sepia officinalis* 200C / TDS × 1 day; Placebo × 20 days

Reasoning

- **Mental Sphere:** Emotional numbness, aversion to consolation, grief without expression, and irritability form the core of Sepia's picture.
- **Physical Generals:** Craving chocolate, chilly, weakness in morning, hair fall, and bleeding gums align strongly.
- **Particulars:** Delayed and scanty menses, PMS-related

breast heaviness, and chronic eczema align with Sepia's endocrine and dermatological sphere.

- **Miasmatic Action:** Sycosis (cysts, suppressed eruptions), Psora (grief, emotional dullness).
- **Organ Affinity:** Endocrine system, ovaries, skin, venous system.

Potency Justification

Moderate vitality with deep-rooted emotional causation justifies medium-to-high potency. Split dose stimulates the vital force without overshooting.

Treatment Plan and Follow-Up

Date	Weight	LMP	Follow-Up Observations	Prescription
02.11.2022	53.2 kg	-	Presented with apathy, suppressed grief, scanty menses, and moist eczema (winter aggravation).	Sepia 200C, TDS × 1 day, followed by placebo for 20 days
25.11.2022	53.5 kg	08.11.2022	Breast heaviness before menses, cold intolerance, improved mood but emotional detachment persists.	Sepia 200C, single dose, followed by placebo
21.12.2022	54.0 kg	05.12.2022	Complaints of leg cramps, forgetfulness, and persistent morning weakness; menses slightly improved in flow.	Sepia 200C, single dose, followed by placebo
18.01.2023	54.8 kg	03.01.2023	Eczema flared due to seasonal aggravation; emotional state slightly better, but skin discomfort prominent.	Graphites 30C, BD × 3 days, followed by placebo
21.03.2023	55.0 kg	26.02.2023	USG showed dominant follicle with normal ovarian morphology. Patient reported better energy and improved cycles.	Sepia 200C, single dose, followed by placebo
18.04.2023	55.3 kg	30.03.2023	Menses regularised (28-30 days), improved PMS, emotional state much better, no acute complaints.	Sepia 200C, single dose, followed by placebo
20.08.2023	56.0 kg	23.07.2023	Complete relief from eczema, stable menses, emotional equilibrium restored. No current complaints.	Calcarea carb 30C, OD × 5 days

Post-Treatment USG Report (21.03.2023)

- **Uterus:** Retroverted, size 7.3 × 3.6 × 4.5 cm
- **Endometrium:** 7 mm, proliferative

- **Ovaries:** Normal morphology; dominant follicle seen
- **Impression:** No PCOD features observed

Dr. JAYESH BORKAR'S
ULTRASOUND CLINIC

Dr. JAYESH V. S. BORKAR
M.B.B.S., M.D.
Consultant Radiologist
GMC Reg. No. 0634

ULTRASOUND • COLOR DOPPLER

Patient Name : Ms Seva D' [REDACTED] 21/03/2023
Ref By : Self

USG - ABDOMEN PELVIS

D 14

Uterus is retroverted and normal in size measuring 7.3 cm x 3.6 cm x 4.5 cm.
Endometrial thickness measures 7 mm showing proliferative pattern.
No evidence of any wall lesion / fibroid.

Right ovary measures 3.1 cm x 2.0 cm.
Left ovary measures 3.0 cm x 1.3 cm
Both ovaries are normal in size.
Right ovary shows a dominant follicle measuring 18 mm.
No adenexal mass.

No free fluid in abdomen / pelvis.

Liver is normal in size and shows normal echotexture. No evidence of any focal lesion in liver.
I.H.B.D. / P.V. appear normal in caliber.

Gallbladder is normal. No gallstones.
C.B.D. is normal in caliber.

Spleen is normal in size.

Pancreas appears normal in size / echotexture.

Both kidneys are normal in size showing normal c-m differentiation.
No evidence of any renal calculus or hydronephrosis.

U bladder is normal.

AFTER

Dr Jayesh Borkar, M.D.

Discussion

This case demonstrates the holistic potential of classical homoeopathy in PCOD. *Sepia officinalis* covered the mental, general, and particular symptoms. Its known affinity for hormonal and emotional disorders was central to recovery. Intercurrent remedies like *Graphites* and *Calcarea carb* helped manage chronic skin symptoms and enhance vitality, respectively.

Ultrasonographic normalization, menstrual regulation, and psychosomatic healing underscore the success of the constitutional approach. Findings are in alignment with studies from Dwivedi *et al.* and CCRH.

Conclusion

This case report illustrates the profound healing potential of individualized homoeopathy in a chronic multisystemic disorder like PCOD. Through targeted constitutional treatment, the patient experienced normalization of menses, improved emotional health, cessation of chronic skin symptoms, and radiological resolution of cysts, all without hormonal medication.

It highlights the need for early constitutional evaluation in PCOD and suggests future scope in the form of larger observational studies or RCTs to strengthen evidence.

Conflict of Interest

Not available

Financial Support

Not available

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