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## A comprehensive review of the efficacy of homoeopathic remedies in the management of PCOS

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### Abstract

**Background:** Polycystic Ovarian Syndrome (PCOS) is a common endocrine-metabolic disorder affecting women of reproductive age, characterized by hyperandrogenism, oligo/anovulation, and polycystic ovaries. Its multifactorial etiology includes genetic, hormonal, metabolic, and lifestyle factors. Homoeopathic management aims to restore hormonal balance by addressing the root causes and considering the individual constitution of the patient.

**Objective:** To compile and evaluate clinical evidence regarding the effectiveness of homoeopathic remedies in the treatment of PCOS based on literature and case studies.

**Result:** Studies report promising results with individualized homoeopathic remedies such as Pulsatilla, Sepia, Natrum muriaticum, Calcarea carbonica, Lycopodium, and others. These remedies offer improvement in menstrual regularity, ovulation, and hormonal profile, with minimal side effects.

**Conclusion:** Homoeopathy provides a holistic, individualized approach to PCOS management. Remedies selected based on miasmatic background and symptom totality can regulate hormonal imbalance, improve ovulatory function, and address comorbidities such as obesity and insulin resistance.

**Keywords:** Polycystic ovarian syndrome (PCOS), homoeopathic management, hormonal imbalance, individualized remedies, ovarian function

### Introduction

Polycystic Ovarian Syndrome (PCOS) is a chronic, complex, and heterogeneous endocrine disorder primarily affecting women of reproductive age. It is characterized by a constellation of clinical features including oligo/anovulation, hyperandrogenism (either clinical or biochemical), and polycystic ovarian morphology as visualized via ultrasonography. The syndrome frequently associated with insulin resistance, obesity, metabolic syndrome, and infertility, contributing significantly to both gynecological and systemic health burdens. Globally, PCOS affects between 6-15% of women, depending on the diagnostic criteria used, with increasing prevalence due to sedentary lifestyles, dietary changes, and environmental factors. It is now recognized not merely as a gynecological condition but as a multi-system disorder with reproductive, metabolic, dermatological, and psychological implications. The etiology of PCOS remains multifactorial and poorly understood [1]. A genetic predisposition is often unmasked by environmental triggers such as poor diet, lack of exercise, and stress. Dysregulation in the hypothalamic-pituitary-ovarian (HPO) axis, hyperinsulinemia, chronic inflammation, and androgen excess form the core pathophysiological mechanisms. The interplay of these factors creates a vicious cycle that contributes to the persistence and progression of the disorder. Clinically, patients may present with irregular or absent menstruation, hirsutism, acne, weight gain, and infertility. PCOS is also a risk factor for long-term complications including type 2 diabetes mellitus, cardiovascular diseases, endometrial hyperplasia, and psychological disorders like anxiety and depression. In conventional medicine, treatment typically revolves around symptom suppression using hormonal therapies (oral contraceptives), insulin sensitizers (metformin), and fertility treatments (clomiphene citrate or letrozole). These may produce temporary relief but often fail to address the root cause of the disease or its long-term sequelae. Homoeopathy, based on the principle of individualization and holistic care, offers a unique therapeutic approach by considering not only the physical manifestations but also the mental and emotional dimensions of the patient. Remedies are selected on the basis of the totality of symptoms, miasmatic background, and constitutional characteristics, aiming to correct internal

derangements and re-establish systemic equilibrium [2].

**Pathophysiology:** The pathophysiology of PCOS is multifactorial, involving complex interactions between hormonal, metabolic, genetic, and environmental components. The key mechanisms implicated include:

1. **Hypothalamic-Pituitary-Ovarian (HPO) Axis Dysfunction:** In PCOS, there is an increase in the frequency and amplitude of gonadotropin-releasing hormone (GnRH) pulses from the hypothalamus. This favors luteinizing hormone (LH) secretion over follicle-stimulating hormone (FSH) from the anterior pituitary, resulting in a high LH/FSH ratio (often >2:1).
  - Elevated LH stimulates the theca cells in the ovaries to produce excessive androgens (mainly testosterone and androstenedione).
  - Reduced FSH impairs follicular maturation, leading to anovulation and accumulation of immature follicles, forming a polycystic ovarian morphology [5].
2. **Hyperandrogenism:** Androgen excess is a hallmark of PCOS. The elevated androgens result in:
  - Hirsutism: male-pattern hair growth on the face, chest, and back.
  - Acne and oily skin
  - Alopecia (male-pattern hair thinning)

Peripheral conversion of androgens to estrogens (especially estrone) in adipose tissue further disrupts the HPO axis, creating a vicious feedback loop that perpetuates anovulation [4].

### 3. Insulin Resistance and Hyperinsulinemia

Up to 70% of women with PCOS exhibit insulin resistance, independent of body weight. Hyperinsulinemia contributes to:

- a. Stimulation of androgen production by the ovarian theca cells.
- b. Suppression of sex hormone-binding globulin (SHBG) synthesis in the liver, leading to increased free testosterone levels.
- c. Interference with follicular development, causing anovulation.

Insulin resistance also predisposes patients to type 2 diabetes, metabolic syndrome, and cardiovascular complications [3].

4. **Polycystic Ovarian Morphology:** Ultrasound examination reveals enlarged ovaries with increased volume and multiple small peripheral follicles ( $\geq 12$  follicles of 2-9 mm in diameter). These are not true cysts but immature follicles arrested in development due to disrupted folliculogenesis.
5. **Chronic Low-Grade Inflammation:** Numerous studies indicate that PCOS is associated with systemic inflammation, evidenced by elevated levels of C-reactive protein (CRP), interleukin-6 (IL-6), and tumor necrosis factor-alpha (TNF- $\alpha$ ).
  - Inflammatory cytokines exacerbate insulin resistance and contribute to oxidative stress.
  - They may also play a role in endothelial dysfunction, increasing cardiovascular risk.
6. **Mitochondrial Dysfunction and Oxidative Stress:** Emerging research suggests mitochondrial dysfunction

contributes to impaired glucose metabolism and oocyte quality in PCOS. Reactive oxygen species (ROS) further impair insulin signaling and exacerbate the inflammatory state [6].

### Review of Literature

Dr. Padmalaya Rath, an independent research scholar has explained a case of Infertility Due to PCOS Treated Successfully with Homoeopathy, presents a detailed case report of a 31-year-old woman suffering from secondary infertility caused by polycystic ovarian syndrome (PCOS). The patient exhibited classical symptoms of PCOS, including irregular and painful menses, obesity, hirsutism, elevated testosterone levels, and insulin resistance. After unsuccessful allopathic treatment, she was prescribed individualized homoeopathic treatment with Sepia, selected through careful repertorisation and evaluation of her mental and physical constitution. Over the course of seven months, significant improvements were observed—her menstrual cycle regularized, hormonal and metabolic parameters normalized, ultrasound reports showed healthy ovarian patterns, and she eventually conceived and delivered a healthy baby. The article effectively supports the homoeopathic approach with objective data and charts, highlighting improvements in BMI, Ferriman-Gallwey score, LH/FSH ratio, and ovarian volume. While the case is well-documented and strengthens the argument for homoeopathy's role in managing PCOS-related infertility, it remains a single case report without a control group or AMH assessment. The study, though promising, calls for further controlled clinical trials to validate its findings. Overall, the article underscores the potential of individualized homoeopathic treatment in addressing complex endocrine and reproductive disorders like PCOS [7].

Dr. Girish Gupta an independent research scholar, presents a clinical study involving 50 women diagnosed with PCOD, treated at Gaurang Clinic and Centre for Homoeopathic Research. The study used individualized homoeopathic medicines selected via detailed repertorisation, and assessed outcomes through ultrasonography and hormonal analysis. Results showed complete resolution in 44% of patients and significant improvement in another 12%, while statistical analysis confirmed a significant reduction in ovarian size and cyst characteristics. Lycopodium showed the highest treatment efficacy among remedies. The study underscores the potential of homoeopathy as a safe, cost-effective alternative to hormone therapy for PCOD, although it acknowledges limitations such as small sample size, selective hormone profiling, and lack of uniform diagnostic data. The article encourages further large-scale, randomized controlled trials to validate these findings [8].

Dr. Yogeshwari Gupta presents a well-documented case of a 28-year-old woman successfully treated for PCOS using the homeopathic remedy Lachesis, selected through classical repertorization based on totality of symptoms. The study highlights the holistic approach of homeopathy, integrating constitutional treatment with lifestyle advice. While the case showed notable improvement within two months, the article's scientific strength is limited due to the absence of objective diagnostic data such as hormonal profiles or ultrasound findings, lack of follow-up, and reliance on a single remedy without discussion of differential diagnosis. Despite these limitations, the article offers

valuable insight into individualized homeopathic management of PCOS, although broader clinical validation is needed for general applicability <sup>[9]</sup>.

Vishnu Kant *et al.* presents a detailed case study of a 23-year-old woman treated for PCOD using homeopathic remedies, primarily Nux Moschata and Phytum. The authors highlight a holistic and individualized approach, considering mental, physical, and lifestyle factors over a nearly year-long follow-up. The case demonstrates significant clinical improvement, culminating in a normal ultrasound and resolution of symptoms. While the study effectively illustrates the potential of homeopathy in PCOD management, it is limited by its single-patient focus, lack of hormonal data, and some typographical errors. Nonetheless, it offers valuable insights for practitioners and supports further exploration of homeopathic interventions in endocrine disorders <sup>[10]</sup>.

Prof. Dr. Shridevi Siddhineni and Asst. Prof. Dr. Chitram Umashankar offers a comprehensive examination of homeopathy as a therapeutic approach for managing PCOS. Through a detailed case study of a 22-year-old woman treated with Ammonium Carbonicum 200, the authors illustrate significant clinical improvement, suggesting the potential of individualized homeopathic remedies in addressing hormonal imbalances. The paper contrasts conventional treatments—often laden with side effects—with homeopathy's holistic methodology, emphasizing its capacity to treat both physical and emotional symptoms. Supported by literature reviews and previous case studies, the article builds a compelling narrative for integrating homeopathy in PCOS management. While promising, the findings call for broader, controlled clinical trials to validate efficacy and establish homeopathy as a mainstream alternative for hormonal disorders like PCOS <sup>[11]</sup>.

Dr. Chetna Deep Lamba *et al* Conducted a single-blind, randomised, Placebo-Controlled Pilot Study” and presents a well-structured investigation into the role of homeopathy, combined with lifestyle modification (LSM), in managing PCOS. Conducted across two centers, the study enrolled 60 women and found that 60% of those receiving homeopathic treatment with LSM experienced menstrual regularity and symptomatic improvement, compared to none in the placebo group. Notably, the homeopathy group showed significant improvements in quality-of-life domains such as weight, fertility, emotions, and menstrual issues, although changes in ultrasound findings and hirsutism were minimal. Pulsatilla was the most frequently prescribed remedy. Despite its limitations—such as small sample size, short duration, and lack of allocation concealment—the study highlights the potential of individualized homeopathic care as a complementary therapy for PCOS and warrants further large-scale research for validation <sup>[12]</sup>.

## Methodology

This narrative review aimed to assess and compile clinical findings on the effectiveness of individualized homeopathic remedies in managing Polycystic Ovarian Disease (PCOD). The methodology followed a systematic process of literature identification, selection, evaluation, and synthesis. Relevant peer-reviewed articles, case reports, and pilot studies were selected from databases such as PubMed, ResearchGate, Google Scholar, and the Indian Journal of Research in Homoeopathy. Search terms included 'Homoeopathy AND PCOD,' 'constitutional remedy for

PCOS,' 'homeopathic management in gynecological disorders,' and 'hormonal regulation with homoeopathy.' The selected literature spanned from 2000 to 2024.

Inclusion criteria comprised English-language articles focused on homeopathic management of PCOD, with clinical data involving diagnostic confirmation (ultrasound, hormonal assays), individualized remedy selection, and follow-up outcomes. Excluded were non-homeopathic or multi-modality studies, and articles without measurable clinical endpoints. A total of six published reports, involving over 145 patients, were included. Each selected study was reviewed for patient demographics, presenting complaints, remedy choice, potency, treatment duration, diagnostic tools, and follow-up findings. Both qualitative (emotional well-being, acne, hirsutism) and quantitative parameters (BMI, Ferriman-Gallwey score, ultrasound) were used for data extraction and comparison. Thematic analysis allowed identification of core remedy patterns and systemic responses to individualized treatment.

## Result

Across the six selected studies evaluating homeopathic management of Polycystic Ovarian Disease (PCOD), consistently positive clinical outcomes were observed, supporting the potential of individualized homeopathy as an effective therapeutic approach. The first case report by Dr. Padmalaya Rath <sup>[7]</sup> documented a 31-year-old woman with secondary infertility caused by PCOD. She was treated with Sepia 200C, chosen through detailed constitutional analysis. Over seven months, the patient experienced complete normalization of menstrual cycles, hormonal balance (including LH/FSH ratio and testosterone levels), and ultrasound findings, eventually leading to conception and delivery of a healthy baby. Notably, BMI and Ferriman-Gallwey scores improved, with no recurrence over long-term follow-up.

The second study by Dr. Girish Gupta <sup>[8]</sup>, involving 50 women treated at a homeopathic research center, highlighted that 44% of cases showed complete resolution and 12% showed significant improvement. Lycopodium was found most effective, especially in patients with digestive issues, right-sided complaints, and suppressed emotions. Hormonal profiles and ultrasonography supported the results, showing significant reductions in ovarian size and cyst number. This study strengthened the case for homeopathy as a cost-effective and safe alternative to hormonal therapy.

In the third case report by Dr. Yogeshwari Gupta <sup>[9]</sup>, Lachesis was prescribed for a 28-year-old woman based on the totality of symptoms including emotional instability and menstrual disturbances. Although lacking in biochemical diagnostics, the report noted marked clinical improvement within two months, suggesting fast action of the remedy in constitutionally matched cases.

The fourth case study by Vishnu Kant *et al.* <sup>[10]</sup> followed a 23-year-old woman treated with Nux Moschata and Phytum over a period of nearly one year. A holistic and individualized approach considering both physical and mental generals resulted in the complete resolution of symptoms and normalization of ultrasound findings. While hormonal markers were not assessed, the long-term follow-up reinforced the role of homeopathy in managing chronic endocrine conditions.

The fifth article by Prof. Dr. Shridevi Siddhineni and Dr.



Chitram Umashankar <sup>[11]</sup> reported on a 22-year-old patient with PCOD who responded well to Ammonium Carbonicum 200C. The remedy was selected based on the patient's obesity, lethargy, and hormonal imbalance. The patient demonstrated clear clinical improvement, with enhanced energy levels, regulated cycles, and symptom resolution within a few months of treatment.

Lastly, the sixth and most methodologically rigorous study by Dr. Chetna Deep Lamba *et al.* <sup>[12]</sup> was a single-blind, randomized, placebo-controlled pilot trial involving 60 women across two centers. The group receiving individualized homoeopathy along with lifestyle modifications showed a 60% improvement in menstrual regulation, emotional well-being, and weight management, while the placebo group showed no significant changes. Pulsatilla was the most commonly prescribed remedy. Although ultrasound changes were modest, and allocation concealment was not applied, the trial added scientific weight to the individualized homoeopathic approach.

Overall, all six studies consistently reported favorable outcomes—ranging from menstrual regulation and hormonal normalization to conception and symptom relief—without adverse effects. However, most studies were limited by small sample sizes, absence of double-blinding (except one), and incomplete long-term follow-up, indicating the need for larger randomized trials to validate and standardize homoeopathic treatment protocols for PCOD.

## Discussion

This review highlights the individualized effectiveness of homoeopathic treatment in the management of PCOD. Each selected study or case contributes a unique perspective toward understanding how specific remedies act on reproductive, metabolic, and emotional disturbances in PCOD patients.

Dr. Padmalaya Rath (2020) <sup>[7]</sup> presented a compelling case of a 31-year-old woman with secondary infertility due to PCOS. Her case was treated with Sepia, based on her constitutional totality and miasmatic background. Over seven months, significant changes were noted in her hormonal levels, menstrual pattern, BMI, and USG reports. This case emphasizes the depth of action Sepia can offer in patients presenting with pelvic congestion, emotional indifference, and hormonal suppression.

Dr. Girish Gupta's (2017) clinical study <sup>[8]</sup> on 50 PCOD patients offered statistical strength to the argument of homoeopathic efficacy. Lycopodium emerged as the most effective remedy in cases characterized by poor digestion, bloating, right-sided symptoms, and suppressed emotions. With a 44% complete resolution rate and a further 12% marked improvement, this study confirms that even in a sample population, remedy individualization remains pivotal. Hormonal improvement and cyst resolution were confirmed via USG and biochemical markers.

Dr. Yogeshwari Gupta (2019) <sup>[9]</sup> documented a single but illustrative case managed successfully with Lachesis, showing improvement within two months. The remedy was prescribed based on emotional instability, left-sided symptoms, and intense aggravation during menses. Although lacking lab data, this report reflects the speed of response when accurate constitutional remedies are used.

Vishnu Kant *et al.* <sup>[10]</sup> managed a case using Nux Moschata and Phytum, focusing on holistic and lifestyle-based

management. The follow-up over nearly a year resulted in symptom resolution and normal USG reports. Though hormone values were not presented, the long-term follow-up and remedy response highlight the practical utility of individualized homoeopathy.

Prof. Dr. Shridevi Siddhineni and Dr. Chitram Umashankar <sup>[11]</sup> treated a 22-year-old patient using Ammonium carbonicum. The remedy suited the patient's profile of obesity, hormonal irregularity, and mental dullness. Marked improvement was observed, and the study also reviewed previous supporting literature, enhancing its credibility. This supports the remedy's indication in sluggish, cold-sensitive PCOD patients.

Dr. Chetna Deep Lamba's placebo-controlled trial <sup>[12]</sup> adds scientific rigor to the discussion. In this 60-patient study, Pulsatilla was the most frequently prescribed remedy. Notable improvement was found in emotional health, menstrual regularity, and weight management. Despite limitations like short duration and lack of allocation concealment, the study showed a 60% response in the homoeopathy group compared to no response in the placebo group, reinforcing clinical observations with comparative data.

Overall, the review underscores that individualized constitutional remedies, chosen through thorough case analysis and repertorization, show promise in addressing the hormonal, reproductive, and emotional imbalances seen in PCOD. The recurrence of remedies like Sepia, Pulsatilla, Lachesis, and Lycopodium reflects their central position in female hormonal pathologies. Miasmatic analysis further supports the therapeutic depth, especially in chronic and inherited cases. However, more large-scale studies with long-term follow-up are essential to validate these findings and integrate homoeopathy into broader clinical practice.

## Conclusion

Homoeopathy provides a gentle yet profound method to address the multifactorial nature of PCOD. The reviewed cases and studies confirm its utility in regulating the menstrual cycle, improving fertility, and restoring hormonal balance. With no significant adverse effects and a focus on constitutional healing, homoeopathy stands out as a viable alternative in managing complex endocrine disorders like PCOD.

Nonetheless, the path forward involves rigorous scientific validation through larger randomized controlled trials, longitudinal follow-ups, and biochemical profiling. Until such data accumulates, the current evidence allows homoeopathy to be positioned as an integrative option—particularly in chronic, lifestyle-based, and stress-exacerbated cases of PCOD.

## Conflict of Interest

Not available

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Not available

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