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Managing polycystic ovary syndrome with homoeopathy: Balancing hormones naturally

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Abstract
Polycystic ovarian disease is a heterogeneous, multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism.1It mainly alters the menstrual cycle, acnes, obesity, unwanted hair growth etc. It mainly occurs in female of sedentary lifestyle, stressful females, PCOS can also affect the female fertility. Approximately 5-10% of females are affected in developed countries. The findings suggest that homoeopathic interventions can significantly improve menstrual regularity, reduce cystic formations, and enhance overall quality of life, making it a viable complementary therapy in integrative gynaecological care.

Keywords: PCOS description, homoeopathy remedies, individualization

Introduction
Polycystic ovarian syndrome is a hormonal disorder occurring in women of reproductive age group causing enlarged ovaries with small cysts on the outer edges. In 1935, condition identified and given the name Stein-Leventhal syndrome. It is considered most prevalent diseases in women of reproductive age group. To solve such problems homoeopathy provides an alternative management also there are many case studies and research papers for evidence and improvement of individualized homoeopathic medicine are effective in treatment of PCOS.

Pathophysiology
Hormonal imbalance PCOS is characterized by high level of androgens and insulin resistance, leading to ovulatory dysfunction and etc [1].
Insulin resistance: Many women with PCOS have insulin resistance, increasing the risk of developing type-2 diabetes and metabolic syndrome.

Prevalence
Nowadays it became common problem of adolescents and increasing in incidence of PCOS are fast due to change of lifestyle and stress.
Among infertile women 20% are anovulation caused by PCOS. About 3.4%of worldwide population is having PCOS according to an estimate by WHO [2]. Many studies are shows that adolescent girls are higher than other age group.

What Causes PCOS?
- Hormonal Imbalance The body produces too much androgen (male hormone), which disrupts normal ovulation and leads to symptoms like acne, excess hair growth, and irregular periods.
- Insulin Resistance Many women with PCOS have trouble using insulin properly. This causes higher insulin levels, which can trigger the ovaries to produce more androgens.
- Irregular Ovulation Due to hormonal disruptions, the ovaries may not release eggs regularly. This leads to the formation of sma l cysts and fertility issues.

Genetic Factors PCOS often runs in families, suggesting a genetic link.

Clinical feature of PCOS

Table 1: Clinical feature of PCOS

Menstrual irregularities	Oligomenorrhea, Amenorrhea, Dysfunctional uterine bleeding
Reproductive issues	Infertility, Increased risk of early miscarriage
Metabolic manifestation	Obesity, Insulin resistance, Increased risk of type 2 DM
Ovarian dysfunction	Anovulation or oligo ovulation Polycystic ovarian morphology
Hyperandrogenism	Hirsutism, Androgenic alopecia

Complications of PCOS

- Type 2 diabetic mellitus Hypertension.
- Cardiovascular disease and hyperlipidemia Endometrial cancer.
- Endometrial cancer.

Diagnostic criteria

Recent, criteria for diagnosis of PCOS is:
Rotterdam Criteria (2003)
This requires the presence of at least 2 out of following 3 criteria:

- **Oligo-anovulation:** Irregular or absent periods
- clinical and /or biochemical signs of hyperandrogenism- Excessive hair growth, acne male pattern baldness.
- **Polycystic ovaries on USG:** The presence of 12 or more follicles in each ovary measuring 2-9mm in diameter.

Lab Investigation

1. Hormonal Profile: Hormonal evaluation helps confirm biochemical hyperandrogenism and exclude other causes of menstrual irregularities.

- **LH and FSH:** An elevated LH:FSH ratio (>2:1) is commonly seen in PCOS.
- **Total and Free Testosterone:** Elevated in many PCOS patients, confirming hyperandrogenism.
- **Dehydroepiandrosterone sulfate (DHEA-S):** Helps exclude adrenal tumours or adrenal hyperplasia
- **Prolactin:** To rule out hyperprolactinemia as a cause of anovulation.
- **Thyroid-Stimulating Hormone (TSH):** To exclude thyroid dysfunction

2. Metabolic Profile

Given the strong association between PCOS and metabolic syndrome, metabolic assessment is essential.

- **Fasting blood glucose and fasting insulin:** To detect insulin resistance.
- **Oral Glucose Tolerance Test (OGTT):** Recommended in overweight, obese, or high-risk women.
- **Lipid Profile:** For screening dyslipidemia, commonly showing elevated triglycerides and low HDL cholesterol.

3. Imaging Studies

Pelvic Ultrasound (Transvaginal or Transabdominal) Demonstrates characteristic polycystic ovarian morphology. Diagnostic features include ≥12 small follicles (2-9 mm in diameter) in one or both ovaries and/or ovarian volume >10 ML. The classic "string of pearls" sign is often seen [1].

Ultrasound findings must be correlated with clinical and features for diagnosis.

Remedies for PCOS Non-Repertory Approach

- **Apis Mellifica:** Ovaritis, worse in right ovary, menses suppressed, with cerebral and head symptoms. Especially in young girls. Dysmenorrhoea with severe ovarian pain, tenderness over abdomen and uterine region [3].
- **Bufo Rana:** To early and copious clots and bloody discharge at other times. Epileptic attack during excitement and time of menses [1].
- **Folliculinum:** No sode extracted from ovarian follicle hormone, used in hormonal dysregulation and estrogen dominance.
- **Graphites:** violent colicky pain during menses, patient feel weak and prostrated, leucorrhoea before and after menstruation in fat, chilly, constipated, swelling and pain in right ovarian region before and during menses.
- **Natrum Muriaticum:** Irregular menses which may be various type, bearing down pain worse in morning, sterility with too early and profuse menstruation.
- Oophorinum irregular, profuse, or clotted menstruation, infertility, ovarian cyst, suffering from ovariotomy
- **Pulsati la Nigricans:** Irregular, late or suppressed menstruation, especially when periods are delayed and scanty, Emotional sensitivity, mood swings, Thirstlessness and preference for cool, open air, White vaginal discharge before menstruation, Symptoms aggravated by emotional stress.
- **Sepia Officinalis:** All kind of menstrual irregularities (early, scanty, profuse, amenorrhoea, menorrhagia and metrorrhagia. With menses bearing down sensation, hair loss, libido, indifference.
- **Senico Aureus:** Target irregular menstruation and pelvic congestion, used in anovulatory cycles.
- **Thuja occidentalis:** Ovarian cysts, hirsutism, oily skin, severe pain left ovary worse left side, profuse perspiration before menses.

Conclusion

Homeopathy offers a holistic and individualized approach to managing Polycystic Ovary Syndrome (PCOS). By focusing on the root causes rather than just suppressing symptoms, homeopathic remedies aim to restore hormonal balance, regulate menstrual cycles, improve fertility, and address associated concerns like acne, obesity, and mood swings. Unlike conventional treatments that may involve long-term medication with side effects, homeopathy emphasizes safe, gentle, and natural healing. While scientific evidence is still evolving, many women have experienced improvement in their overall l well-being with consistent and guided homeopathic care. Combining homeopathy with lifestyle modifications such as a balanced diet, stress management, and regular exercise can provide a comprehensive and sustainable path toward managing PCOS and enhancing quality of life.

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Reference

1. Kumar S, Padubidri VG, Daftary SN, editors. Shaw's Textbook of Gynaecology. 17th ed. New Delhi, India: Elsevier; 2018. p. 325-332.
2. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group. Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome. Fertility and Sterility. 2004;81(1):19-25.
3. Rajachandrasekar B, Ravindran N. Usefulness of homoeopathic medicines in poly-cystic ovarian syndrome Case series. International Journal of AYUSH Case Reports. 2021;5(4):333-342.
4. Broekmans FJ, Visser JA, Laven JSE, Broer SL, Themmen APN, Fauser BC. Anti-Müllerian hormone and ovarian dysfunction. Trends in Endocrinology and Metabolism. 2008;19(9):340-347.
5. Boericke W. New Manual of Homoeopathic Materia Medica & Repertory with Relationship of Remedies: Including Indian drugs, nosodes uncommon, rare remedies, mother tinctures, relationship, sides of the body, drug affinities & list of abbreviations. 3rd ed. New Delhi, India: B Jain; 2023. p. 456-462.
6. Dubey SK. Text Book of Materia Medica: Including Allen's Keynotes - an Easy Explanation. 3rd ed. New Delhi, India: B Jain; 2001. p. 210-225.

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