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PCOD: Menstrual rhythm restored through homeopathy at Dr. Batra's

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Abstract

Polycystic ovary disease is a common endocrine disorder among women of reproductive age, marked by menstrual irregularities, hyperandrogenism, and polycystic ovaries. It affects fertility, metabolic health, and emotional well-being if left untreated. This case presents a young female who suffered from irregular, heavy, and clotted periods for four years and was diagnosed with PCOD. After individualized homeopathic treatment at Dr. Batra's, her menstrual cycle became regular, hormonal balance was restored reflecting complete recovery and improved emotional state.

Keywords: PCOD, homeopathy, Dr. Batra's

Introduction

Polycystic ovary syndrome (PCOS), also referred to as polycystic ovary disease (PCOD), is one of the most prevalent endocrine disorders affecting women of reproductive age, with a global prevalence ranging from 6% to 20% depending on the diagnostic criteria used [1]. It is primarily characterized by a triad of clinical features: oligo- or anovulation, hyperandrogenism (excess male hormones), and the presence of polycystic ovaries on ultrasound. Women with PCOS often present with irregular menstrual cycles, acne, hirsutism, hair thinning, obesity (especially central weight gain), and infertility [2]. The exact etiology is multifactorial, involving genetic predisposition, insulin resistance, lifestyle factors such as a sedentary routine and poor diet, and hormonal imbalance-particularly elevated luteinizing hormone (LH) and androgens [3]. Insulin resistance plays a central role in the pathophysiology, leading to compensatory hyperinsulinemia that exacerbates ovarian androgen production. PCOS is not just a gynecological condition but a systemic disorder associated with metabolic disturbances, including impaired glucose tolerance, type 2 diabetes mellitus, dyslipidemia, and increased cardiovascular risk [4]. Psychological concerns such as anxiety, depression, and low self-esteem are also common due to chronic symptoms and body image issues. If left untreated, PCOS can lead to serious long-term complications like endometrial hyperplasia or carcinoma, subfertility or infertility, hypertension, and non-alcoholic fatty liver disease [5]. Early diagnosis and intervention are crucial. While conventional treatments often involve hormonal therapy, they may cause side effects and are not curative. Homeopathy, on the other hand, aims to correct the root cause of hormonal imbalance through individualized and holistic treatment without suppressive medications, offering promising results in many cases [6].

Case Profile

A young female 16 yrs old patient presented with complaints of irregular menstrual cycles persisting for several years. Her periods were often delayed, sometimes skipping one to two months, and when they occurred, they were prolonged, heavy, and associated with clotting. She also experienced lower abdominal pain during menstruation. An ultrasound confirmed the diagnosis of Polycystic Ovary Disease (PCOD). There was no history of white vaginal discharge in the initial stages, but it was occasionally noted during the course. She did not report any history of hair loss. Her appetite, thirst, bowel movements, and urination remained normal throughout. She had never taken any allopathic medications for this condition. Over time, with consistent homeopathic treatment, her menstrual cycles became more regular, the intensity of bleeding reduced, clots disappeared, and the associated abdominal pain diminished significantly.

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Later reports confirmed that the ovaries had returned to normal on ultrasonography, and her menstrual cycles remained consistent and pain-free. The overall physical health of the patient remained stable and showed steady improvement throughout the course of treatment.

Physical Generals

| | |
|------------------|---|
| Diet | Vegetarian |
| Appetite | Excessive hunger with fullness after small amount |
| Desire | Salty Food |
| Aversion | Fatty food |
| Thermal Reaction | Chilly, Sensitive to cold |
| Thirst | Violent Thirst |
| Stools | Constipation |
| Urine | NAD |
| Perspiration | Sweat on exertion |
| Sleep | Sleeplessness |
| Dreams | Not marked |

Examination

Patient is well-nourished, general condition stable
 No pallor, edema, or jaundice
 Body weight and BMI within normal range
 Abdomen soft; mild lower abdominal discomfort during menses
 No tenderness or palpable mass on abdominal palpation
 No clinical signs of hirsutism or acne
 No thyroid enlargement or galactorrhea
 Pelvic USG showed enlarged ovaries with multiple peripheral cysts (suggestive of PCOD)

Mental Generals

The patient has been healthy since childhood with good memory and strong academic performance. She maintained good interpersonal relationships with teachers and friends during her school years and has grown up in a supportive family environment. Her grandfather is retired, grandmother is a homemaker, her father is a businessman suffering from a cardiac condition, while her mother is a homemaker. She has a young son who is healthy. She was a calm, mild, and gentle child and continues to carry these qualities into adulthood. She describes herself as reserved and emotionally sensitive, especially towards her family. Although she does not express emotions openly or weep easily, she tends to cry when angry and prefers to be alone during emotional turmoil, refusing consolation. She experiences motion sickness in vehicles like cars and buses and prefers enclosed or familiar spaces. While generally calm, she does express anger occasionally, mostly directed at family members. Recently, she has been under some emotional stress related to family matters but chooses not to share these details, keeping her worries to herself. She has a habit of overthinking, particularly about her illness, and this

leads to constant mental preoccupation. Her confidence level is average, and she tends to bottle up emotions, finding it difficult to express feelings openly. She enjoys singing and writing, which serve as creative outlets for her emotions. One of her happiest memories is receiving good results in her 5th-grade examination, which filled her with pride and joy. She does not report any recurring dreams or significant past grief. Financially cautious by nature, she is mindful of savings. Her personality is largely calm and composed, yet her emotional depth and silent resilience reveal a sensitive and thoughtful inner world.

Past History

The patient had taken homeopathic treatment for her ailment six months ago. She continued the treatment for six months and then discontinued it.

Family History

The patient lives in a joint family.

- Father - Businessman; has a cardiac condition
 - Mother - Housewife; no apparent disease (NAD)
 - Grandfather - Retired; NAD
 - Grandmother - Housewife; NAD
- All other family members are healthy and alive.

Case analysis Reportorial totality

Mind - Reserved
 Mind - Consolation aggravation
 Mind - weeping anger - during
 Mind - Company aversion to
 Mind - Brooding
 Female Genital/Sex organ - Menses - Protracted
 Female Genital/Sex organ - Menses - Irregular
 General - Food & Drinks - Salt - Desire
 Stomach - Thirst
 Generals - Riding car on aggravation

Selection of Remedy

Constitutional Remedy: Natrum muriaticum 200 (2 doses)

- Reserved personality
- Desire for salty food
- Increased thirst

Acute Remedy: Apis mellifica 6C (1 dose)

- Suited for symptoms of polycystic ovary
- Helps in reducing ovarian congestion
- Relieves pain and bloating

Intercurrent Remedy: Thuja occidentalis 200 (1 dose)

- Indicated in chronic ovarian complaints
- Helpful in balancing hormonal irregularities

Repertory Screenshot

| Remedies | nat-m. | sulph. | ign. | sep. | calc. | con. | thuj. | arg-n. | phos. | rux-v. | plat. | staph. | bell. | caust. | lyc. | sil. | cocc. | lach. | ars. | aur-m-n. |
|--|--------|--------|------|------|-------|------|-------|--------|-------|--------|-------|--------|-------|--------|------|------|-------|-------|------|----------|
| Serial Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Symptoms Covered | 10 | 10 | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 |
| Intensity | 25 | 16 | 19 | 18 | 16 | 15 | 12 | 17 | 17 | 14 | 13 | 13 | 12 | 12 | 12 | 14 | 12 | 12 | 11 | 11 |
| Result | 10/25 | 10/16 | 9/19 | 9/18 | 9/16 | 9/15 | 9/12 | 8/17 | 8/17 | 8/14 | 8/13 | 8/13 | 8/12 | 8/12 | 8/12 | 7/14 | 7/12 | 7/12 | 7/11 | 7/11 |
| Clipboard 5 | | | | | | | | | | | | | | | | | | | | |
| MIND - WEEPING - anger - during | 1 | 1 | | | | | | | | | | | | | | | | | 1 | |
| MIND - RESERVED | 3 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 3 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| MIND - CONSOLATION - agg. | 4 | 1 | 3 | 4 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | | 1 | 3 | | | 2 | 2 |
| MIND - COMPANY - aversion to | 4 | 2 | 3 | 3 | 1 | 2 | 2 | 2 | 1 | 3 | 2 | 3 | 2 | 1 | 2 | | | 2 | 1 | 2 |
| MIND - BROODING | 1 | 1 | 3 | 1 | 1 | 1 | 1 | | | 1 | 1 | | 1 | 1 | 1 | | 1 | 1 | | 2 |
| FEMALE GENITALIA/SEX - MENSES - irregular | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 3 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | 1 |
| FEMALE GENITALIA/SEX - MENSES - protracted | 3 | 2 | 2 | 2 | 3 | 2 | 1 | 2 | 2 | 3 | 3 | 2 | 1 | 1 | 3 | 2 | 2 | 2 | 2 | |
| GENERALS - FOOD and DRINKS - salt - desire | 4 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 4 | | | 1 | | 2 | | 1 | 1 | | | 1 |
| GENERALS - RIDING - streetcar, on a - agg. | 1 | 2 | 1 | 3 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 2 | 1 | |
| STOMACH - THIRST | 3 | 3 | 2 | 1 | 3 | 2 | 2 | 3 | 3 | 2 | 1 | 1 | 2 | 3 | 1 | 3 | 2 | 2 | 3 | 1 |

Miasmatic approach

| Symptoms | Psora | Sycosis | Syphilis | Tubercular |
|----------------------------------|-------|---------|----------|------------|
| Mind - Reserved | Yes | | | |
| Mind - Consolation aggravation | | Yes | | |
| Mind - Overthinking | | Yes | | |
| Female - Ovary complaints of | | Yes | | |
| Mind - weeps in anger | | Yes | | |
| Menses - Irregular | Yes | | | |
| Miasmatic predominance : Sycosis | | | | |

Materials and Methods

Synthesis Repertory.

Results

| Month | Progress | Prescription |
|------------|--|---|
| 1st Month | Irregular menses for 1-2 years. Skipped periods for 1-2 months. Last month had periods twice, lasting 6-7 days. LMP: 27 June. Diagnosed with PCOD. Past history of 6 months of homeopathic treatment. Appetite, urine, motion: normal. | Natrum mur 200 - 2 doses Apis 6C - 1 dose once daily Calcarea Fluorica 6X - 2 tablets twice daily |
| 2nd Month | LMP: 27 June. Started on 2nd July, ended normally. No periods till now. Flow normal, clotted. Lower abdominal pain during menses. Not on any medication. Thirst, appetite: normal. Stress not marked. Thermals: ambithermal. | <i>Same as above</i> |
| 3rd Month | LMP: 8 August, started on 13 August. Flow normal, clotted. Lower abdominal pain during periods. No medicine taken. No white discharges. Appetite, thirst: normal. Thermals: ambithermal. | <i>Same as above</i> |
| 4th Month | LMP delayed by 6 days. Flow normal, no clotting. White discharges marked. Pain not marked. Not taking any other medicines. | <i>Same as above</i> |
| 5th Month | Stable cycles. LMP: 16-19 October. On 16 November, experienced lower abdominal pain. | <i>Same as above</i> |
| 6th Month | Irregular menses problem stable. Regular periods for last 5 months after starting treatment. LMP: 16 November. Duration 4-5 days, flow normal. Appetite, urine, motion: normal. | <i>Same as above</i> |
| 7th Month | PCOD and irregular periods improving. Now regular for last 8 months. LMP: 10 October 2024. Flow for 5-6 days. No clots. Appetite, urine, motion: normal. | <i>Same as above</i> |
| 8th Month | PCOD and irregular menses improved. Periods now regular every month. LMP: 23 November 2024. No clots. Mild, bearable pain. Appetite, urine, motion: normal. G.C. better. Regular cycles. LMP: 22 & 27 January 2025. | <i>Same as above</i> |
| 9th Month | Normal cycle for 5 days. Abdominal pain better. No marked white discharges. Clogging and discharges better than before. Last period: 28 March - 2 April 2025. | <i>Same as above</i> |
| 10th Month | Regular periods. No pain marked. White discharges not marked. Flow normal. | <i>Same as above</i> |
| 11th Month | General condition better. Regular periods. LMP: 22 & 27 January 2025. | <i>Same as above</i> |
| 12th Month | Normal 5-day cycle. Pain in abdomen better. White discharges and bloating not marked. LMP: 28 March - 2 April 2025, then 8-12 May 2025. Flow normal. | <i>Same as above</i> |

Discussion & Conclusion

The patient presented with a long-standing history of irregular menses and was diagnosed with PCOD. She had previously taken homeopathic treatment for six months but discontinued it. On resuming treatment, her menstrual cycle was highly irregular, with episodes of skipped periods and abnormal flow patterns, often accompanied by clotting and abdominal pain. Over the months, a clear pattern of improvement was observed. Her cycles gradually became regular, flow normalized, and associated symptoms like

clotting, pain, and white discharges reduced significantly. The patient consistently followed the treatment plan, which helped in stabilizing her hormonal rhythm. With each subsequent month, the duration, flow, and frequency of her menstrual cycle became more consistent. Her last few menstrual cycles were reported to be regular, painless, and without any discomfort, indicating significant improvement

The transformation

| BEFORE | AFTER |
|---|--|
| <p>ABC AMAN DIAGNOSTIC CENTRE Dr. AMAN GARG M.B.B.S., D.M.R.D. Reg. No. 39525 (U.P.) Ex-Radiologist APOLLO HOSPITAL, New Delhi.</p> <p>J-77, PATEL NAGAR-1, OPP. G.D.J. AND ROADWAYS BUS STAND, GHAZIABAD</p> <p>Phone : 989156575 / 989151525</p> <p>Latest ULTRASOUND and COLOUR DOPPLER with high resolution Liner, Trans-Vaginal & Trans-rectal Probes with Facilities for Neonatal Brain, Testes, Breast, Thyroid, Eye, Musculoskeletal, Peripheral-Vascular, Renal, CAROTID, OBSTRATIC, Ultrasound & COLOUR DOPPLER</p> <p>Name: [REDACTED] Ref. By: Dr. Batra Date: 21-04-2024</p> <p>ULTRASOUND WHOLE ABDOMEN (FEMALE)</p> <ul style="list-style-type: none"> The Liver is normal in size and outline. It shows uniform echotexture. No obvious focal or diffuse pathology is noted. Intra hepatic biliary passages are not dilated. The CBD is normal. The Gall Bladder is normal in size, has normal wall thickness. No evidence of calculus. The Pancreas is normal in size, shape and echotexture. Spleen is normal in size (101 mm) and echogenicity. Both Kidneys are normal in size, position, outline and show normal cortical echogenicity. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side. Right kidney measures 98x34 mm. Left kidney measures 99x35 mm. Bilateral Costophrenic angles show no pleural effusion. The Urinary Bladder is normal in size & outline. There is no evidence of any obvious intraluminal abnormality. The Uterus is anteverted, normal in shape, size (measures 70x34 mm) and position. The myometrial and endometrial echoes are normal. The endometrium thickness measures 6 mm. Both Ovaries are enlarged in size, normal in shape and show multiple small cysts of 5 mm or less than 5 mm size arranged at the periphery suggestive of Bilateral Polycystic Ovaries. Right ovary measures 38x14x23 mm and volume is 6 cc. Left ovary measures 39x17x16 mm and volume is 6 cc. There is no evidence of free fluid in the Pouch of Douglas. The Cervix appears normal. There is no evidence of ascites or obvious lymphadenopathy. Bowel loops are unremarkable. <p>IMPRESSION: -BILATERAL POLYCYSTIC OVARIES (P.C.O.D.).</p> <p>SUGGESTION: -PLEASE CORRELATE WITH CLINICAL AND LAB FINDINGS.</p> <p>Dr. AMAN</p> | <p>ABC AMAN DIAGNOSTIC CENTRE Dr. AMAN GARG M.B.B.S., D.M.R.D. Reg. No. 39525 (U.P.) Ex-Radiologist APOLLO HOSPITAL, New Delhi.</p> <p>J-77, PATEL NAGAR-1, OPP. G.D.J. AND ROADWAYS BUS STAND, GHAZIABAD</p> <p>Phone : 989156575 / 989151525</p> <p>Latest ULTRASOUND and COLOUR DOPPLER with high resolution Liner, Trans-Vaginal & Trans-rectal Probes with Facilities for Neonatal Brain, Testes, Breast, Thyroid, Eye, Musculoskeletal, Peripheral-Vascular, Renal, CAROTID, OBSTRATIC, Ultrasound & COLOUR DOPPLER</p> <p>Name: [REDACTED] Ref. by: Dr. Batra's Positive Health Clinic Date: 21-10-2024</p> <p>ULTRASOUND PELVIS (FEMALE)</p> <ul style="list-style-type: none"> The Urinary Bladder is normal in size and out line. No evidence of any obvious intraluminal pathology is seen. The Uterus is anteverted, normal in shape, size (measures 70x28 mm) and position. The myometrial and endometrial echoes are normal. The endometrium thickness measures 4 mm. Right Ovary is normal in size and shows uniform parenchymal echogenicity and smooth outlines. Right ovary measures 29x14x15 mm-volume 3 cc. Left Ovary is normal in size and shows uniform parenchymal echogenicity and smooth outlines. Left ovary measures 30x16x15 mm-volume 4 cc. There is no evidence of free fluid in Pouch of Douglas. The cervix appears normal. Bowel loops are unremarkable. <p>IMPRESSION: -NO ABNORMALITY SEEN.</p> <p>Dr. AMAN GARG D.M.R.D. (Consultant Radiologist)</p> |
| <p>21.04.2024 B/L PCOD</p> | <p>21.10.2024 Normal study</p> |

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Conflict of Interest

Not available.

Financial Support

Not available.

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