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Causation and beyond; homoeopathic management of bilateral polycystic ovarian disease - A case report

Vijay Kumar Pushkar, Vinay Shankar Tiwari, Nutan Sharma, Shakthi Vigneshwar G and Anjali Rai

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Abstract

This case report highlights the management of Polycystic Ovarian Disease (PCOD) in a young female through individualized homeopathic treatment over a period of five months. The patient initially presented with irregular menses, dysmenorrhea, vertigo, and general weakness, with ultrasound findings confirming PCOD. Remedy was selected based on symptom totality. Over time, the patient experienced improved menstrual regularity, decreased dysmenorrhea, resolution of vertigo, and reduction in breast tenderness, alongside stable general health and enhanced emotional well-being. Clinical improvement correlated with follow-up ultrasound findings, suggesting a favorable response. While this single case underscores the potential of homeopathy in PCOD management without adverse effects, further large-scale studies with objective hormonal parameters are essential to validate these findings.

Keywords: Polycystic ovarian disease, homoeopathy, case report, menstrual irregularities, dysmenorrhea, integrative medicine

Introduction

Polycystic Ovary Syndrome (PCOS) is a condition that affects women of childbearing age. It is defined by having at least two out of three: irregular or absent menstrual periods (ovulatory dysfunction), signs of high male hormones (hyperandrogenism), or many small cysts in the ovaries visible on ultrasound. It is important to rule out other diseases that can look like PCOS before making the diagnosis^[1,2]. PCOS is common worldwide and can cause problems beyond fertility: women often have issues with metabolism (blood sugar, fats), higher risk of type-2 diabetes, heart disease, obesity, and also emotional effects like anxiety or depression^[2,3].

Etiology

The cause of PCOS is not fully known. It involves a mix of genes (hereditary factors) and environmental influences. Studies show many genetic regions are involved, especially those important for how the ovaries make hormones, how insulin works in the body, and how the brain controls reproductive hormones^[1,4]. Environmental factors include obesity, poor diet, lack of exercise, and possibly exposure to higher androgen levels before birth. These can worsen or trigger PCOS in women who are genetically predisposed. Also, changes in how certain genes are regulated (epigenetics) may play a role^[1,4].

Pathogenesis

A key problem in PCOS is insulin resistance. When body tissues don't respond well to insulin, more insulin is made. High insulin increases ovarian production of male hormones (androgens), and lowers the liver's output of Sex Hormone-Binding Globulin (SHBG), which means more free active androgens in the blood. These androgens disrupt normal follicle (egg) development in ovaries.^{[1][4]} Also, there is abnormal hormone signaling from the brain: the balance between Luteinizing Hormone (LH) and follicle-stimulating hormone (FSH) shifts. LH tends to be higher, which stimulates androgen production, while FSH remains low or less effective, so follicles don't mature properly and ovulation may not happen. This leads to accumulation of many small follicles (cysts) in the ovaries^[1,5].

Clinical features

Women with PCOS often have irregular menstrual cycles periods may be infrequent or missing. They can also show signs of high androgen levels like excessive body hair (hirsutism), acne, or hair thinning. Infertility due to lack of ovulation is common^[2, 6]. Many also have metabolic signs such as overweight or obesity (especially around the waist), darkening of skin (acanthosis nigricans), and increased risk of impaired glucose tolerance or type 2 diabetes. Emotional or psychological problems like low self-esteem, anxiety, or depression are also more common^[2, 6].

Complications

PCOS can lead to both short-term and long-term problems. Reproductive complications include difficulty getting pregnant, increased risk of miscarriages, and complications in pregnancy such as gestational diabetes or high blood pressure. Continuous absence of ovulation can lead to thickening of the uterine lining (endometrial hyperplasia) and increased risk of endometrial cancer^[2, 6]. Metabolic complications include type 2 diabetes, abnormal lipid (cholesterol) levels, fatty liver disease, and higher risk of cardiovascular disease. Psychological complications (depression, anxiety) and decreased quality of life are also important^[2, 6].

Management

Treatment of PCOS is tailored to the person's goals (fertility, reducing symptoms, improving metabolic health). The first step in almost all cases is lifestyle change: losing weight (if overweight), healthy diet, regular exercise. Even a 5-10% loss in body weight can improve menstrual regularity, reduce androgen symptoms, improve insulin resistance^[2, 7].

Medication options are used depending on the symptoms

- For menstrual irregularity and high androgen symptoms, combined oral contraceptives help regulate periods and reduce acne or excess hair. Anti-androgen drugs (like spironolactone) may be added if needed^[2, 7].
- For fertility, medicines like letrozole or clomiphene are used to trigger ovulation. If these fail, more advanced treatments (gonadotropins, IVF) may be considered^[2, 6].
- For metabolic risks, metformin can improve insulin sensitivity and reduce risk of diabetes. Screening for glucose intolerance, cholesterol, blood pressure is important. Psychological support is also part of management^[2, 6].

The case**Personal data**

Date of first visit: 09/12/2023

OPD number: 6

Registration number: 131317

Name of the patient: Miss PQRS

Age/Sex: 23 years / female

Religion: Hindu

Nativity: Alappuzha, Kerala, India.

Occupation: Nursing staff

Marital status: Unmarried, Single

Address: Vishal Khand, Gomti Nagar, Lucknow

Presenting complaints

Location: Female Reproductive System

Sensation: Menses

- Delayed / irregular
- Painful
- Once in 2 or 3 months
- Flow 6 days
- Bright red
- Clotted
- 3 To 4 pads per day

Modalities

- Menses - during night
- When lying
- Ailments from fright

Concomitants

- Irritability
- Vertigo
- Abdomen pain
- Back pain
- Lower limbs pain
- General weakness

History of presenting illness

A 23-years-old, moderately built female walked steadily into OPD No. 6 on December 9, 2023, and reported her menstrual and related complaints. She stated that for the past one and a half years, her periods have been irregular, occurring once every 2 to 3 months, and were accompanied by severe, agonizing pain in the abdomen, back, and legs during menstruation. She also described experiencing vertigo and extreme irritability, especially on the second day of her menstrual flow, which she found particularly excruciating. At the time of consultation, she was on her period, which has started on December 6, 2023. The patient mentioned that she has been taking analgesics and anti-vertigo medication during menstruation, which provided only temporary relief. She sought our help for a sustainable solution to her condition.

History of past illness

- History of typhoid, one month back, took allopathic treatment relieved.
- Not a known case of Diabetes mellitus, systemic hypertension, primary hypothyroidism or any autoimmune disorders, had no surgical interventions.
- Before one and a half years, her menstrual cycle was regular and had never felt such excruciating pain and vertigo during menses.

Family history

- Maternal - mother - N/K/C/O - DM2 / SHTN / Auto immune conditions.
- Paternal - Father - N/K/C/O - DM2 / SHTN / Auto immune conditions.
- Siblings - one younger sister, healthy and well.
- No familial history of PCOD or any other gynecological diseases
- No familial history of any carcinomatous conditions.

Personal history

- Place of birth - Alappuzha, Kerala, India.
- Educational qualification - Diploma in nursing.
- Occupation - Nursing assistant.

- Marital status - Unmarried, Single.
- Economic status - Poor / Lower middle class.
- Siblings - one younger sister.
- Non vegetarian, tea 1 or 2 cups a day.
- No addictions or tobacco usage.

Gynecological history

- Regularity - Irregular, 2 or 3 months
- Duration - 6 days
- Quantity - 3 to 4 pads per day, moderate
- Clots - Clots present
- Color - Bright red.
- Odour - Nothing specific
- Stain - Nothing specific
- FMP - At 13 years of age
- LMP - Since 6th December 2023.
- Until one and a half years ago, menstrual flow was regular and accompanied by manageable abdominal cramps and occasional leg pain.

Life space investigation

The patient is a 23-years-old unmarried female from Alappuzha, Kerala. She comes from a modest socioeconomic background. Her father is a labourer in a private shop and the only earning member of the family, while her mother is a homemaker. She has one younger sister. The family's financial situation is strained, especially with the concern of managing marriage expenses for both daughters with limited income.

After completing her General Nursing and Midwifery (GNM) course, she began working as a nursing staff member in Kerala. However, during the COVID-19 pandemic in 2021, she received a job offer in Lucknow with nearly double the salary she was earning in her hometown. Given her family's financial condition, she accepted the offer and relocated to Lucknow to support them better. The transition was difficult in the beginning, as she struggled with learning new things and adapting to a different environment.

Initially, she experienced a lot of fear and anxiety, especially about making mistakes and being judged by others. She also faced a significant language barrier since she did not speak Hindi at the time, which made her hesitant to go out in public or confidently interact with patients. She missed the comfort of her hometown, particularly the local cuisine such as kappa and puttu, and found the climate in Lucknow especially the winter hard to cope with.

Despite these challenges, she gradually adapted to her new environment. She built connections with friends and colleagues, and her dedication to her work helped her gain confidence and emotional stability. She now enjoys working in Lucknow and feels supported by her social circle.

However, she continues to face emotional and physical distress during menstruation. She experiences intolerable pain that often leads her to cry and become emotionally overwhelmed. Additionally, she is currently applying for nursing positions in Gulf countries. The uncertainty of whether she will be selected causes her significant worry, and she feels that resolving her menstrual issues would also help her feel more relaxed and focused.

Overall, the patient demonstrates resilience and determination in the face of financial, emotional, and environmental challenges. Her current concerns centre

around menstrual health and job uncertainty, which contribute to ongoing stress despite her overall adjustment to life and work in a new city.

Obstetrical history

No history of any previous conceptions / pregnancies.

Physical generals

- Desire warm foods
- Desire sweets
- Desire sugar
- Aversion milk
- Appetite - good
- Thirst - adequate
- Sleep - sound
- Stool - regular
- Sweat - normal
- Urine - Satisfactory
- Thermal - chilly

Mental generals

- Desire company
- Ailments from fright
- Easily weeps
- Anxiety about financial situation
- Ardent
- Nervous
- Anxiety about her career
- Irritability during pain

General physical examination

- Anemia - mild pallor
- Jaundice - no icterus
- Cyanosis - no pigmentation / discoloration
- Edema - no edema
- No lymphadenopathy

Vitals

- Temperature - afebrile
- BP: 110/78 mm of hg
- PR: 74/min
- RR: 15/min

Totality of symptoms

- Ailments from fright uc
- Anxiety about financial situation uc
- Anxiety about her career
- Irritability pain during
- Vertigo during menses
- Vertigo during pain
- Menses clotted
- Menses when lying down
- Polycystic ovaries
- Desire sweets
- Aversion milk
- Desire warm foods
- Thermal chilly

Miasmatic analysis

Mixed miasmatic case with PSORA - SYCOTIC preponderance [8].

Repertorial totality

1. Mind - ailments from - fright
2. Mind - anxiety - money matters, about
3. Mind - anxiety - career; about
- 4. Mind - fear - social position about his
5. Female genitalia / sex - menses - complaints of - accompanied by - vertigo
- 6. Vertigo - accompanied by - menses; complaints of
7. Vertigo - Pain - during
7. Female genitalia / sex - menses - clotted

8. Female genitalia / sex - menses - lying - only when lying
9. Female genitalia / sex - tumors - Ovaries - cysts
10. Generals - cold - air - agg
11. Generals - food and drinks - milk - aversion
12. Generals - food and drinks - sweets - desire
13. Generals - food and drinks - warm food - desire

Repertorial chart

The case was repertorised using synthesis repertory by Frederik Schroyens^[9].

13

2

3

4

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9

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Basis of selection**Phosphorus**

1. Irritability during menses^[9]
2. A/F Anger; fear^[10]
3. Fear of death, dread of death when alone^[10, 11]
4. Vertigo, with faintness^[11]
5. Dear magnetized^[12]
6. Anxious about future^[13]
7. During menses - gripping pain in back,^[10]
8. After menses - weakness^[10]
9. Menses with bright red blood^[13]

10. Aversion to boiled milk^[13]

11. Aversion sweets^[13]

12. Ambi to chilly^[12, 13]

13. According to susceptibility of the patient the treatment was started with 200C potency^[14, 15]

First prescription on 09/12/2023**Rx**

1. Phosphorus 1M /3 dose / OD
2. SAC LAC 30 TDS

For 15 days.

USG report on 07/12/2023 before treatment

ST. JOSEPH'S HOSPITAL
VISHAL KHAND-5, GOMTI NAGAR, LUCKNOW - 226010 TEL.: 0522-4054228
www.stjosephslucknow.org

07/12/2023

Ms. Ayana 23/F

Utero- 72x42x30mm
ET- 51mm

Rt ov- 37x24x23mm ~ 13.5cc
Lt ov- 34x26x24mm ~ 13cc.

Multiple follicles of 5 to 6mm are arranged at the periphery of both ovaries

- Bilateral bulky polycystic ovaries

Deena

(Signature)

"God Loves You, Get well Soon."
Report is not valid for Medical Legal Purpose.

First prescription on 09/12/2023

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 131317
नाम: AYANA
लिंग: महिला
तारीख: 09/12/2023
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ अरवि
समय: 08:00-00-14:00-00
विभाग: चिकित्सा पदार्थ
रूम संख्या: 6

यह पर्चा 24-12-2023 तक मान्य है।

दिनांक	रोग का लक्षण एवं जीव	उपचार	हस्ताक्षर
9-12-2023	PCOS-7 E Bulky strings 13 years - 13 cc Multiple follicles of 5-6 mm are arranged at periphery of ovaries Irregular menses 2-3 months - 1 1/2 years back started after coming to Lucknow colour - Bright red - clots present flow - duration - 6 days	1. PHOSPHOROUS - 1M - 3 DOSE 2. SE - 30 - TDS (3 - 3 - 3) 15 days	<i>A</i>

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

Dr. Shakti Vigneshwar
88 38954561

Designed & developed by Softpro Innovations (P) Ltd.
E-mail: softproinnovations@gmail.com

Second prescription on 25/12/2023

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 137565
नाम: AYANA
लिंग: महिला
तारीख: 25/12/2023
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ अरविद कुमार वर्मा
समय: 08:00-00-14:00-00
विभाग: रूम संख्या: 1

यह पर्चा 09-01-2024 तक मान्य है।

दिनांक	रोग का लक्षण एवं जीव	उपचार	हस्ताक्षर
Dec-6	Dysmenorrhoea - PCOS - Vertigo - during Second day - f flow - Pain + flow + Vertigo < 2nd day Cremorah - unaltered.	1. Phosphorus - 1M - (3 DOSE -) 2. SE - 30 - TDS (3 - 3 - 3) ↓ 15 days -	<i>R</i>

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

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Third prescription on 03/02/2024

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 13022
नाम: AYANA
लिंग: महिला
तारीख: 03/02/2024
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ यामनी श्रीवास्तव
समय: 08:00-00-14:00-00
विभाग: रूम संख्या: 11

यह पर्चा 18-02-2024 तक मान्य है।

दिनांक	रोग का लक्षण एवं जीव	उपचार	हस्ताक्षर
Followup 12-23-Jan-2024 5-6 days No pain Vertigo - absent App - Ad eq T - Ad eq No new complaints		1. Sac lac 30 / BD / 15 days (morning, evening) 2. Mag phos 6X / 100 / 2 weeks (afternoon)	<i>R</i>

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

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Fourth prescription on 09/03/2024

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 27866
नाम: AYANA
लिंग: महिला
तारीख: 09/03/2024
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. मानसी श्रीवास्तव
समय: 08:00:00-14:00:00
विभाग: सामान्य चिकित्सा
रूम संख्या: 11

यह पर्चा 24-03-2024 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
①	<p>c/o- PCOS - Bilateral Ovaries -</p> <p>Symptoms 1</p> <p>- Aggravating pain</p> <p>- Vertigo -</p> <p>- prostration in the second day -</p> <p>improved / better than before</p> <p>LMP → Feb. 23-25</p> <p>3 day flow -</p> <p>Dysmenorrhea - bitter</p>	<p>1. CALC CARB- 1M / 3 DOSE</p> <p>2. SL- 30 - TDS -</p> <p>3. BRYONIA- 30 - (.80S) (1 dram pills)</p> <p>↓</p> <p>15 days</p>	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

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Fifth prescription on 30/03/2024

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 36770
नाम: AYANA
लिंग: महिला
तारीख: 30/03/2024
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. मानसी श्रीवास्तव
समय: 08:00:00-14:00:00
विभाग: सामान्य चिकित्सा
रूम संख्या: 11

यह पर्चा 14-04-2024 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
①	<p>Menses Haven't fallen on March (delayed) by 1 week</p> <p>Pyrophosphoric acid</p> <p>thirst</p> <p>sleep - night shift</p> <p>snore - regular</p> <p>H/o - penum (prostration)</p>	<p>1. SBR- 1M - / 3 DOSE</p> <p>2. MAG PHOS- 6X - TDS</p> <p>↓</p> <p>15 days</p>	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

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Sixth prescription on 09/05/2024

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 54942
नाम: AYANA
लिंग: महिला
तारीख: 09/05/2024
आयु: 23
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. रितु वर्मा
समय: 08:00:00-14:00:00
विभाग: सामान्य चिकित्सा
रूम संख्या: 10

यह पर्चा 24-05-2024 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
①	<p>c/o- PCOS -</p> <p>H/o B/L → ① ovary</p> <p>bimanual women</p> <p>② PCOS - Bulky uterus -</p> <p>[Since 2 months delayed menses by 1 week]</p> <p>Amenorrhoea</p> <p>Since - April - 30 (March)</p> <p>LMP - March 30 - April - 6</p>	<p>1. PHYROM- 200 / 3 DOSE</p> <p>2. SBR 30 / TDS</p> <p>↓</p> <p>15 days</p> <p>Only</p>	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) बार-बार डॉक्टर को मत बदलें।

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USG report on 13/2/2023 after treatment

ST. JOSEPH'S HOSPITAL
VISHAL KHAND-5, GOMTI NAGAR, LUCKNOW - 226010 TEL.: 0522-4054228
www.stjosephslucknow.org

23/F

13/02/2024

Uterus - 56 x 37 x 32 mm

ET - 5.8 mm

RT ovary - Enlarged in size - 38 x 30 mm

LT ovary - Normal in size - 24 x 19 mm

imp - Right PCOD

(Signature)

"God Loves You, Get well Soon"

Report is not valid for Medical/Legal Purpose.

Follow up chart

S. No.	Date	Symptoms	Treatment	Remarks
1.	09/12/2023 First prescription	Irregular menses, dysmenorrhea, vertigo during menses, general weakness, LMP - since dec 6 th . USG done on 07/12/2023	1. Phosphorus 1M / 3 Dose - OM 2. SL 30 - TDS For 15 days	Advice to take fibre rich diet
2.	25/12/2023 Second prescription	LMP - dec 6 th to next six days, No new complaints, Generals - NAD.	1. Phosphorus 1M / 3 Dose - OM 2. SL 30 - TDS For 15 days	Advice to avoid junk foods
3.	03/02/2024 Third prescription	LMP - 23 rd Jan 2024, Flow 5 - 6 days, Vertigo - absent No severe pain during menses, & no new c/o Generals - NAD	1. SAC LAC 30 / BD 2. MAG PHOS 6X / OD Daily afternoon For 15 days	Advice to take fibre rich diet
4.	09/03/2024 Fourth prescription	LMP - 25 February 2024 Flow 3 days, Vertigo - absent No severe pain during menses, Generals - NAD, B/L mammae pain before and during menses USG done on 13/02/2024.	1. CALC CARB 1M / 3 Dose / OM 2. SL 30 / TDS 3. Bryonia 30 - (SOS) 1 dram pills For 15 days	Advice to avoid exertion
5.	30/03/2024 Fifth prescription	LMP - 25 February 2024 No Menses in march 2024 Generals - NAD, No new complaints, occasionally tired. History of fever, B/L mammae pain before and during menses	1. SBR 1M / 3 Dose - OM 2. MAG PHOS 6X - TDS For 15 days	Advice to take fruits and vegetables
6.	09/05/2024 Sixth prescription	LMP - 6th April 2024 Flow 7 days, breast pain better Since 2 months menses delayed by 1-week, Slight constipation, other generals - NAD	1. Phytum 200 / 3 Dose 2. SBR 30 / TDS For 15 days	Advice to avoid exertion

Results and Discussion

This case presents the homeopathic management of a young female patient diagnosed with Polycystic Ovarian Disease (PCOD), who reported with multiple symptoms including irregular menses, dysmenorrhea, vertigo during menstruation, and general weakness, with a last menstrual period (LMP) starting on December 6, 2023. An initial pelvic ultrasound (USG) on 07/12/2023 revealed a bulky uterus (72×42×30 mm), endometrial thickness (ET) of 5.1 mm, right ovary measuring 37×24×23 mm (~13.5 cc), left ovary 34×26×24 mm (~13 cc), and multiple follicles of 5-6 mm arranged peripherally in both ovaries, giving an impression of bilateral bulky polycystic ovaries, supporting the diagnosis.

Symptom progression and response to treatment

The patient received Phosphorus 1M and SL 30 in the first two prescriptions. At the second visit (25/12/2023), she reported no new complaints and improved general condition, indicating a positive initial response. The menstrual cycle was maintained with normal flow duration (6 days), and no aggravation of symptoms was noted. By the third prescription (03/02/2024), after the administration of SAC LAC 30 and Mag Phos 6X, the patient's LMP had shifted to 23rd January 2024, with a flow of 5-6 days. Notably, vertigo and menstrual pain were absent, showing improvement in both systemic and localized symptoms. Dietary advice with fibre-rich foods likely supported metabolic function, further assisting in symptomatic control.

The fourth consultation (09/03/2024) noted continued regularity in the cycle (LMP: 25/02/2024), reduced flow to 3 days, and the absence of both vertigo and severe dysmenorrhea. However, bilateral breast tenderness was reported, prompting a change in prescription to Calcarea Carbonica 1M, SL 30, and Bryonia 30 SOS. A follow-up USG on 13/02/2024 showed a reduction in uterine size (56×37×32 mm), ET 5.8 mm, left ovary normalized in size (24×19 mm), while the right ovary remained enlarged

(38×30 mm) with an impression of right-sided PCOD. This indicates partial resolution, correlating with clinical symptom regression and suggesting progress.

At the fifth prescription (30/03/2024), amenorrhea was noted for March despite a previously regular cycle. However, no significant new complaints were present, and general health remained unaffected. The recurrence of breast pain and a history of recent fever were addressed with SBR (SAC LAC) 1M and Mag Phos 6X, indicating individualized remedy selection based on evolving symptoms.

During the sixth prescription (09/05/2024), menses returned (LMP: 06/04/2024) with a 7-day flow. Breast pain had significantly reduced, though the patient reported slight constipation and minor delays (by a week) in the last two cycles. These are commonly observed in PCOD and may reflect underlying hormonal shifts. The remedy was adjusted to Phytum (SAC LAC) 200 and SBR (SAC LAC) 30, continuing a focus on restoring reproductive function and systemic balance.

Clinical insights

Across six months of follow-up:

- Menstrual cycles became more regular.
- Dysmenorrhea and vertigo resolved.
- Breast tenderness decreased.
- No significant general health issues or side effects were observed.
- Homeopathic remedies were tailored according to symptom presentation and miasmatic tendencies.
- USG findings demonstrated regression from bilateral bulky polycystic ovaries to unilateral right-sided PCOD, reflecting clinical improvement and structural changes.

The case exemplifies dynamic remedy management in homeopathy based on symptom evolution and individualized patient profiling. The medicine was prescribed after proper repertorisation and final selection of

the medicine was done after referring various books of materia medica, reflecting a classic homoeopathic approach that takes both constitutional and acute layers into account.

Conclusion

This case highlights the potential role of individualized homeopathic treatment in the holistic management of PCOD, a complex endocrine disorder with reproductive, metabolic, and psychological dimensions.

Through consistent follow-ups, it was observed that:

- Menstrual regularity improved
- Pain and hormonal symptoms reduced
- Overall well-being was maintained without complications
- USG confirmed regression of bilateral bulky ovaries to unilateral PCOD, supporting the therapeutic response

Importantly, the patient did not require conventional hormonal therapy or surgical intervention during this period. Dietary and lifestyle advice complemented the remedy-based management, supporting the holistic nature of care. While this is a single case, it supports the inclusion of homeopathy as a complementary approach in managing PCOD, particularly in cases where patients prefer non-hormonal, individualized therapy. However, more systematic studies and larger sample sizes are necessary to validate these outcomes in broader clinical settings.

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