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Title:

Healing Hormonal Imbalance: Individualized Homoeopathic treatment for PCOD supported with the radiological Evidence - A Case Report

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Abstract

Introduction: Polycystic ovarian disease (PCOD) is a common endocrine-metabolic disorder in women of reproductive age, often presenting with irregular menstruation, hirsutism, obesity, and polycystic ovaries.

Case summary: This case report describes a 23-year-old female with a two-year history of delayed, painful, and irregular menses, progressive weight gain, excessive hair growth, and moderate hair fall. Previous conventional therapy provided only temporary relief. Clinical evaluation revealed overweight status (BMI 27.43 kg/m²) with hirsutism, and ultrasonography confirmed bilateral polycystic ovaries. She was treated exclusively with individualized homoeopathic remedy *Sepia officinalis* in 200C and 1M potencies, prescribed according to the principles of posology outlined in the Organon of Medicine, based on constitutional analysis and repertorization using Synthesis Repertory. Over one year of follow-up, including six months of active medication, the patient achieved regular, painless cycles, 11 kg weight reduction, decreased hair growth, improved well-being, and ultrasonographic normalization of ovarian morphology.

Conclusion: This case adds to the growing evidence supporting individualized homoeopathic management of PCOD and underscores the relevance of addressing both physical and emotional aspects of the disorder. The uniqueness of this case lies in the rapid and sustained clinical improvement supported with radiological investigation, achieved with individualized homoeopathy, emphasizing a holistic, non-invasive approach. Furthermore, the case was assessed using the MONARCH criteria, which demonstrated high therapeutic effectiveness.

Key words: Individualized homoeopathy, Menstrual irregularities, Polycystic ovarian disease, *Sepia officinalis*

Introduction

Polycystic ovarian disease (PCOD) is one of the most prevalent endocrine - metabolic disorders affecting women of reproductive age. It is typically manifested by amenorrhea or oligomenorrhea, hirsutism, obesity, and the presence of enlarged polycystic ovaries on ultrasound. ^[1,2] Recent systematic reviews report that the global prevalence of PCOD is approximately 9 - 12%, varying with diagnostic criteria- around 11.5% with Rotterdam criteria. This reflects a substantial global burden, with significant implications for reproductive, metabolic, and psychological health.^[3]

Conventional treatment options focus on symptom management and include hormonal therapies, such as combined oral contraceptives, anti-androgens, and insulin-sensitizing agents like metformin. While effective in controlling symptoms, these treatments may have side effects and often do not address individualized factors such as emotional, constitutional, or lifestyle aspects of the patient. ^[4,5]

Alternative medicines particularly, homoeopathy has shown promise in managing PCOD by addressing both the physical and emotional aspects of the disorder. In homoeopathy, the selection of remedies is guided by a comprehensive understanding of the patient's symptoms and underlying miasms.^[6] The Psoric and Sycotic miasms are often implicated in the pathogenesis of PCOD, with Psora contributing to functional disturbances and Sycosis leading to structural changes such as cyst formation.^[7] In the Synthesis Repertory, under the chapter Female Genitalia / Sex, the rubric “Tumors - Ovaries - Cysts” is especially relevant for PCOD. Commonly indicated remedies under this rubric include *Apis mellifica*, *Calcarea carbonica*, *Lycopodium*, *Pulsatilla*, *Sepia* and *Thuja*, which are selected based on the individual's symptom profile and constitutional type. ^[2,8]

Case Report

A 23-year-old female, diagnosed with Polycystic Ovarian Disease (PCOD), reported to the Repertory OPD of the Homoeopathy Hospital, North Eastern Institute of Ayurveda and Homoeopathy, Shillong, Meghalaya, on 31st July 2024, with the chief complaint of irregular menstruation for the past two years. Her menses were delayed, sometimes skipping for months, and when present, they were painful, lasted only 2-3 days, and were associated with very dark bleeding. She had also experienced progressive weight gain of about 15 kg over the last two years, along with excessive hair growth over the extremities and moderate hair fall. The development and progression of the disease are summarized in Table-1 as a timeline. She had taken allopathic medications for one and a half years, which provided only temporary relief from menstrual irregularities; the problem recurred on discontinuation, while her weight continued to increase. Her past history revealed appendicitis and cholelithiasis in 2015, for which she underwent appendicectomy and cholecystectomy. Family history included appendicitis in her mother and elder brother (both operated), and bronchial asthma in her younger brother. Her appetite was diminished, and she was thirstless. She craved spicy foods and fish. Sleep was unrefreshing. Perspiration was profuse on the palms and back. She was more towards chilly thermals in general. On the mental plane, she had developed marked irritability since the onset of her complaints. She was indifferent to her surroundings, highly sensitive, and prone to weep easily.

Clinical Findings

On physical examination, the patient's height was 154 cm, weight 65 kg, with a BMI of 27.43 kg/m², indicating overweight. Excessive hair growth (hirsutism) was observed over the thighs and upper limbs, with no other remarkable systemic findings.

Table-1: Timeline	
Year/ Date	Clinical Events
2012	Menarche attained; menstrual cycles regular with no associated complaints.Regular cycles continued without significant health concerns.
February 2022	Menstrual irregularities began - cycles delayed for 2–3 months, intermittent skipping; occasional increased frequency (up to 4–5 episodes/month); associated with progressive weight gain.
June 2022	Consulted an allopathic physician. Diagnosed with PCOD. Started on Pregta-Myo D tablets (Twice daily), continued for 1½ years.
June 2022- October 2023	On medication: Partial relief in menstrual regularity. However, on discontinuation, irregular cycles recurred. Weight gain persisted throughout.
October 2023- July 2024	No medications taken. Symptoms of delayed, irregular menses with ongoing weight gain continued.Planned to start stand-alone Homoeopathic treatment for long-term management.

Diagnostic Assessment

The diagnostic assessment was based on clinical evaluation (irregular, painful, delayed menses with weight gain) and imaging. Ultrasonography performed on 27th July 2023 revealed bilateral multiple small follicles arranged peripherally, suggestive of polycystic ovarian disease (Figure-1). To confirm the findings, a repeat ultrasonography was advised and conducted on 1st August 2024, which again revealed features consistent with polycystic ovarian disease (Figure-2). Differential diagnoses such as hypothyroidism were considered but ruled out clinically (Figure-3).

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RADIOLOGY DEPARTMENT	
Name : [REDACTED] Date : 27/07/23 Age/Gender : [REDACTED] Ref by : Dr.T.Bilashini(MD-ObGy) Address : [REDACTED] Ref no. : ----	
USG of WHOLE ABDOMEN	
High resolution real time scanning done on Samsung H570A 3D/4D ultrasound system.	
LIVER	: Normal in size and shape with homogenous parenchymal echotexture.No focal SOL noted. IHBR are not dilated.PORTAL VEIN : 8.9 mm,Normal in course and caliber.
GALL BLADDER	: Status post cholecystectomy.CBD : 3.2 mm,Normal in caliber.
PANCREAS	: Normal in size and echotexture.MPD is not dilated.
SPLEEN	: 8.7 cms, Normal in size and echotexture.
KIDNEYS	: Right : (9.4 x 3.6) cms Left : (9.8 x 3.7) cms Both kidneys are normal in size, shape, lie, outline and position.Normal cortical echotexture with normal cortico-medullary differentiation.No SOL, calculus or hydronephrosis noted.
URETERS	: Not dilated.
URINARY BLADDER	: Well distended with smooth,thin wall. No intramural calculus or growth noted.
UTERUS	: A/V, Normal in size with normal myometrial echotexture.No focal SOL noted.Cervix is clear.
OVARIES	: Both ovaries show multiple small similar sized follicles arranged peripherally along their hyperechoic thickened stroma.
ENDOMETRIUM	: 8.6 mm,Smooth in midline with normal echoes.
INFERENCE	: Bilateral polycystic ovaries.

Figure-1: USG report taken on 27th July 2023 during conventional treatment, showing both ovaries with multiple small, similar-sized follicles arranged peripherally along the hyperechoic thickened stroma, suggestive of bilateral polycystic ovaries.

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MRN	T105407	Test Date	01-Aug-2024 12:57 PM
Patient Name	[REDACTED]	Report Date	01-Aug-2024 02:23 PM
Gender/ Age	Female / 23Y	IP Ward/BED	OP
Doctor	Cons. OUTSIDE REF.	Bill No:	BL/2024/122339

USG WHOLE ABDOMEN

Findings:

Liver: Normal in shape, size, position and parenchymal echotexture. No focal mass lesion seen. The intrahepatic biliary and portal radicles are not dilated. The hepatic veins appear normal.

Gall Bladder: Absent (post op)

CHD/CBD: Not dilated. Lumen is clear with normal distal tapering.

Pancreas: Normal in shape, size, position and echotexture. MPD is not dilated.

Kidneys: Normal in shape, size, position and echotexture on both sides. No calculus or hydronephrosis seen on either side. No perinephric collection or mass lesion seen.

Spleen: Normal in shape, size, position and echotexture. No focal mass lesion seen. The Splenic and Portal veins appear normal.

PA Region: No abnormality seen. Abdominal Aorta and its branches appear normal. The IVC is not dilated. No para-aortic or mesenteric lymph node enlargement seen.

Iliac fossae: No abnormality seen.

U Bladder: Normally distended with regular outline. No internal echoes seen.

Uterus: Normal in shape, size and echotexture. No focal mass lesion seen. No endometrial collection seen. ET:4.6mm

Ovaries: **B/L Bulky ovaries (Ro vol:16.3cc and Lo vol:13.2cc) and multiple small cysts is seen in both ovaries**

Others: There is no ascites or pleural effusion. No obvious bowel mass or wall thickening seen.

Impression: **Features s/o B/L Polycystic ovaries**

Signature
Dr Mount Valour Syiem
Dr. Mount Valour Syiem
Department of Radiology
Reg No. MCI 11/40603
Nazareth Hospital Shillong

*** END OF REPORT ***

Figure-2: USG report taken on 1st August 2024, showing bilateral bulky ovaries (right ovary volume 16.3 cc and left ovary 13.2 cc) with multiple small cysts.

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R.No. MNHCR / NO / 100 / NH / 2012

DIAGNOSTIC SECTION

SL. ID. : 5541
Name : [REDACTED]
Address : [REDACTED]
Ref. By : [REDACTED]
Investigation: : T3, T4, TSH.

Date : 27-07-23
Age/Sex : 23 Y/Female
Centre : OPD

IMMUNO CHEMISTRY

TEST (s)	RESULTS	NORMAL VALUE	METHOD
T3	: 1.74	0.4 - 9.0 nmol/L	Enzyme Linked Fluorescent Assay (ELFA)
T4	: 73.94	6.0 - 120 nmol/L	Enzyme Linked Fluorescent Assay (ELFA)
TSH	: 4.23	Euthyroid : 0.25 - 5uIU/ml Hyperthyroid : <0.15uIU/ml Hypothyroid : > 7uIU/ml	Enzyme Linked Fluorescent Assay (ELFA)

For, City Hospital & Research Centre

* TEST PERFORMED BY FULLY AUTOMATED BIOMERIEUX VIDAS *

All the investigations are done for clinical purpose. Laboratory test results need co-relation with clinical examination and results of other tests before arriving at a diagnosis.

Figure-3: Thyroid Function Test report dated 27 July 2023, showing values within the normal range, thereby ruling out hypothyroidism.

Therapeutic intervention

The patient was managed exclusively with individualized homoeopathic treatment. After thorough case taking, analysis, and repertorization using the Synthesis Repertory in Radar Opus software version 4.1.11, *Sepia officinalis* 200C, one dose in saclac, was prescribed (Figure-4). During subsequent follow-ups, the remedy was repeated and potency was adjusted based on symptomatic changes and the evolving clinical picture, ensuring individualized and dynamic management throughout the course of treatment (Table-2).


		<div> <div>sep.</div><div>lyc.</div><div>phos.</div><div>sulph.</div><div>nat-m.</div><div>nit-a.c.</div><div>puls.</div><div>calc.</div><div>nux-v.</div><div>caust.</div><div>lach.</div><div>con.</div><div>kali-p.</div><div>chin.</div> </div>														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		16	16	16	15	15	15	14	14	14	14	14	14	14	14	13
		34	31	31	32	26	25	30	28	28	27	27	26	23	25	24
1. Clipboard 1																
1. MIND - IRRITABILITY (644) 1		3	3	3	3	3	3	3	3	3	3	2	2	2	2	3
2. MIND - INDIFFERENCE (446) 1		3	2	3	2	3	2	3	2	1	1	2	3	2	3	2
3. MIND - WEEPING (454) 1		3	3	2	3	3	2	3	3	2	3	3	2	2	1	1
4. STOMACH - APPETITE - diminished (307) 1		1	2	1	1	1		1	1	1	2	2	2	1	1	1
5. STOMACH - THIRSTLESS (220) 1		2	2	1	1	1	1	3	1	1	1	1	2	1	3	1
6. GENERALS - FOOD AND DRINKS - spices - desire (136) 1		1	1	3	3	1	1	2		2	1		1	1	3	
7. GENERALS - FOOD AND DRINKS - fish - desire (84) 1		1	1	1		2	1				1	1		2		
8. SLEEP - UNREFRESHING (327) 1		2	3	3	2	2	3	2	3	2	3	3	1	1	2	2
9. GENERALS - HEAT - lack of vital heat (292) 1		2	2	3	2	2	3	2	3	3	3	2	2	3	2	3
10. EXTREMITIES - PERSPIRATION - Hand - Palm (109) 1		3	1	2	3	1	1		2	3	1		2	1		3
11. BACK - PERSPIRATION - Dorsal region (33) 1		3	2	1	1		1	1	2	2	1	1			3	1
12. FEMALE GENITALIA/SEX - MENSES - irregular (120) 1		2	2	1	2	1	2	1	2	2	2	2	2	1		2
13. FEMALE GENITALIA/SEX - MENSES - dark (130) 1		2	1	1	2	1	2	3	2	3		2	1	2	2	
14. FEMALE GENITALIA/SEX - MENSES - painful (306) 1		2	2	2	2	1	1	2	2	2	2	2	2	2	1	1
15. FEMALE GENITALIA/SEX - MENSES - late, too (234) 1		3	3	2	4	3	1	3	1	1	3	2	3	2	1	3
16. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts (70) 1		1	1	2	1	1	1	1	1			2	1		1	1

Figure-4: Repertorization result using Synthesis Repertory in Radar Opus software, showing *Sepia* covering the highest number of rubrics and score (34/16), followed by *Lycopodium*(31/16), *Phosphorus*(31/16) and *Sulphur*(32/15).

Table-2: Follow up and outcomes		
Date	Symptoms and Findings	Medicine and Prescription Details
31 st July, 2024	Irregular delayed menses, sometimes skipping for months; when present, painful,lasting 2–3 days with very dark bleeding. Progressive weight gain, excessive hair growth on extremities, moderate hair fall. Irritability and thirstlessness, profuse perspiration on palms and back, disturbed sleep; other generals normal. Body weight: 65kg ;Last menses appeared on 30th July 2024. Advised USG whole abdomen.	<i>Sepia officinalis</i> 200/1 dose in sac lac, empty stomach. Review after 1 week
10 th August,2024	Irritability decreased. Weight gain, excessive hair growth, and hair fall persisted. Thirstless; disturbed sleep, with profuse perspiration in palms and back. USG report dated 01/08/2024 revealed bilateral bulky ovaries, right ovary volume 16.3 cc, left ovary volume 13.2 cc; with multiple small cysts in both ovaries (Figure-2)	<i>Sepia officinalis</i> 200/1 dose in sac lac, empty stomach. Review after 2 weeks
31 st August,2024	Complaints remained more or less the same. Menses did not occur after the last cycle. A reduction in body weight by 1 kg was noted.overall	<i>Sepia officinalis</i> 200/1 dose in sac lac, empty stomach.

	general state satisfactory.	Review after 1 month.
18 th September,2024	After the last cycle on 30th July 2024, menstruation occurred on 5th September 2024, flow for 3 days, dark blood, no pain, thirst improved, profuse perspiration on palms and back, sound sleep; other generals better, mentally happy.	Sepia officinalis 200/4 doses in sac lac, one dose to be repeated after 1 week, in empty stomach Review after 1 month
15 th October,2024	Last menses occurred on 5th October,2024, 3 days of dark bleeding with clots, no pain; all generals improved, body weight reduced by 3 kg.	Sepia officinalis 200/4 doses in sac lac, one dose per week, in empty stomach Review after 1 month
17 th November,2024	Last menses occurred on 4 th November,2024. menses lasting 3 days with dark-coloured blood, no other complaints, overall condition better.	Sepia officinalis 200/4 doses in sac lac, one dose per week, in empty stomach Review after 1 month
14 th December,2024	Last menses commenced on 6 th December,2024, regular menses for 3 days, not painful; all generals improved, body weight reduced by 2 kg. Patient noticed slow hair growth on extremities compared to before.	Sepia officinalis 200/4 doses in sac lac, one dose per week, in empty stomach Review after 1 month
25 th January,2025	Last menses occurred on 8 th January,2025, menses lasting 3 days, with slight dysmenorrhea on the first day; generals are good.	Sepia officinalis 1M/1 dose in sac lac, in empty stomach Review after 1 month
15 th March,2025	Last menses occurred on 6 th March,2025 regular cycles for the past 7 months (28 ± 3 days), dark menses, no pain; patient generally feels better.	Sepia officinalis 1M/0 dose in sac lac, in empty stomach Review after 1 month
25 th April,2025	Last menses occurred on 11 th April,2025. menses	Sepia officinalis

	lasting 3 days, no other complaints; generals are good, body weight reduced by 2.5 kg.	1M/0 dose in sac lac, in empty stomach Review after 1 month
14 th June,2025	Last menses occurred on11th June,2025; menses lasting 3 days,no other complaints; generally, feels better.	Sepia officinalis 1M/0 dose in sac lac, in empty stomach Review after 1 month
21 st July,2025	Last menses occurred on12th July,2025; regular menses for 3 days, no other complaints.Advised to undergo USG whole abdomen.	Sepia officinalis 1M/0 dose in sac lac, in empty stomach Review after 1 month
4 th August,2025	Last menses began on12 th July,2025; with regular menses maintaining a cycle duration of 28 ± 3 days since the past 11 months. The menstrual flows lasted for 3 days, with no associated complaints. Notable improvements were observed, including a decrease in hair growth on extremities and reduction in hair fall. The patient's weight was recorded as 54 kg, showing a reduction of 11 kg from baseline.USG whole abdomen done on 1st August revealed normal findings(Figure-5).	Sepia officinalis 1M/0 dose in sac lac, in empty stomach

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DEPARTMENT OF RADIOLOGY AND IMAGING

Reference No. : BHS/2025/G/005293	Bill Date & Time : 01/08/2025, 12:02 PM
Patient : [REDACTED]	UHID No : BHS-B-028682
Age : 24 YRS Gender : Female	Report Date & Time : 01/08/2025, 12:27
Address : [REDACTED]	
Referred By : [REDACTED]	

Investigation : Whole Abdomen Scan

Report :

Liver is normal in size and outline with normal parenchymal echotexture. No focal mass lesion seen. No IHBR dilatation seen. MPV, hepatic veins and intrahepatic IVC are normal.

Post cholecystectomy status. CBD is normal.

Pancreas is normal in size and echotexture. MPD is not dilated. No peri-pancreatic fluid collection.

Spleen is normal in size, outline and echotexture.

Both kidneys are normal in size, outline and position. Cortical echogenicity is normal and CMD is maintained. No hydronephrosis, mass or calculus seen. Ureters are not dilated.

Abdominal aorta and IVC are normal. No detectable bowel abnormality.

Urinary bladder is well distended, lumen is anechoic. No calculi or wall thickening noted.

Uterus is normal in size, outline and echotexture. No focal lesion. Endometrium is normal.

Both ovaries are normal. No adnexal mass seen.

No mesenteric lymphadenopathy. No ascites.

IMPRESSION

No significant abnormality detected.

DR. STEPHANSON POHLONG, MBBS, MD
Consultant Radiologist

NOTE : THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE. DISCREPANCY IN REPORTS CAN BE CORRECTED.

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Figure-5: USG taken on 1st August, 2025, showing normal findings after stand-alone individualized homeopathic treatment

Discussion

This case report presents a 23-year-old female diagnosed with Polycystic Ovarian Disease (PCOD), who underwent individualized homeopathic treatment with *Sepia officinalis*, leading to significant clinical and radiological improvements. The patient's menstrual cycles became regular and painless, with a reduction in body weight and excessive hair growth over one year. Medicines were continued for 6 months followed, while regular follow-ups were maintained for a period of one year. Ultrasonography confirmed the resolution of polycystic ovaries, marking a notable therapeutic achievement. The individualized approach in homeopathy, emphasizing constitutional prescribing based on the totality of symptoms, is well-documented in PCOD management. For instance, Rath (2018) reported successful treatment of a 22-year-old female with PCOD using *Calcarea carbonica*, resulting in regular menstrual cycles and resolution of ovarian cysts within 1.5 years, with no recurrence over the subsequent 3 years ^[9]. Similarly, Lamba (2022) treated an 18-year-old female with PCOD using individualized homeopathic medicines, leading to significant improvement over a 1-year period ^[10]. The uniqueness of this case lies in the rapid and sustained improvement

observed within one year, achieved with only six months of individualized homeopathic medication and supported by regular follow-ups for one year, coupled with the resolution of polycystic ovaries as confirmed by ultrasonography. This outcome underscores the potential of individualized homeopathic treatment in managing PCOD, offering a holistic and non-invasive alternative to conventional therapies.

This case contributes to the growing body of evidence supporting the efficacy of individualized homeopathic treatment in PCOD management. Further studies with larger sample sizes and rigorous methodologies are warranted to validate these findings and establish standardized treatment protocols.

This case was evaluated using the MONARCH criteria, which yielded a score of 10, indicating a high level of therapeutic effectiveness (Table-3).^[11]

Table-3: Follow-up assessment using MONARCH inventory guidelines.			
Domain	Question	Answer	Score
1	Was there an improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homoeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	Yes	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1
6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
6B	Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	Yes	+1
7	Did ‘old symptoms’ (defined as non-seasonal and non-	No	0

	cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		
8	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Yes	+1
	Total score obtained		+10

Conclusion

Individualized homoeopathic treatment with *Sepia officinalis* led to significant clinical and radiological improvement in PCOD, including regularization of menstrual cycles, weight reduction, and decreased hirsutism. This case highlights the potential of holistic, patient-centred homoeopathy as a safe and effective approach for managing PCOD. The strengths of this case include thorough constitutional analysis, dynamic adjustment of remedies, and objective ultrasonographic monitoring, while limitations involve the single-patient design and absence of long-term follow-up. The rationale for the conclusions is based on consistent symptomatic and radiological improvement, supported by existing literature. These factors collectively underscore the value of individualized homoeopathy in PCOD management.

Patient's perspective

The patient reported significant improvement in menstrual regularity, reduced hair growth, and weight loss. She felt the individualized homoeopathic treatment addressed both her physical and emotional concerns and appreciated the non-invasive, personalized approach. Overall, she was satisfied and confident with the outcomes.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images, with concealment of name and personal details.

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