

# Holistic Homoeopathic Management of Polycystic Ovary Syndrome with Infertility Leading to Natural Conception: A Case Report

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## Abstract

Polycystic ovary syndrome (PCOS) is a common endocrine disorder in women of reproductive age and a major cause of anovulatory infertility. It is characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology, often associated with metabolic disturbances such as insulin resistance and obesity. Conventional treatment mainly involves hormonal therapy and ovulation induction, which may have adverse effects or recurrence. Homoeopathy offers an individualized and holistic approach by addressing the patient's constitutional imbalance. This case highlights the successful role of individualized homoeopathic treatment in achieving natural conception in a patient with PCOS-related infertility.

The present case describes a 30-year-old female patient suffering from irregular menses and primary infertility associated with PCOS. The patient presented with a history of emotional stress following the death of her father and brother, which was followed by menstrual irregularities. Based on the totality of symptoms and repertorial analysis, **Pulsatilla 200** was prescribed. The patient showed significant improvement and subsequently conceived, confirmed by urine pregnancy test and ultrasonography. This case highlights the effectiveness of individualized homoeopathic treatment in managing infertility associated with PCOS.

**Keywords:** Homoeopathy, PCOS, Primary infertility, Pulsatilla, Individualized treatment

## INTRODUCTION

Polycystic ovary syndrome is a heterogeneous endocrine disorder affecting women in the reproductive age group. It is characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology on ultrasonography. PCOS is recognized as one of the most common causes of female infertility due to ovulatory dysfunction.<sup>[1]</sup> The syndrome is frequently associated with metabolic abnormalities such as insulin resistance, obesity, dyslipidemia, and increased risk of type 2 diabetes mellitus. The exact etiology of PCOS is multifactorial and involves genetic, endocrine, and environmental influences.<sup>2</sup> Patients commonly present with menstrual irregularities, infertility, acne, hirsutism, and obesity. Management in conventional medicine includes lifestyle modification, hormonal therapy, and ovulation induction agents.<sup>[1,2]</sup>

Homoeopathy aims to treat the patient as a whole by selecting individualized remedies based on the totality of symptoms. Individualized homoeopathic medicines may help restore hormonal balance and improve

reproductive function.

### Prevalence

Polycystic ovary syndrome is one of the most common endocrine disorders affecting women of reproductive age worldwide. According to the World Health Organization (WHO), approximately **10–13% of women globally are affected by PCOS**, and nearly **70% of cases remain undiagnosed**<sup>[3]</sup>. The global prevalence of PCOS varies depending on the diagnostic criteria used, with estimates ranging from **4% to 21% among women of reproductive age**<sup>[4]</sup>. A recent systematic review and meta-analysis reported an overall global prevalence of **approximately 9.2%, with 5.5% using NIH diagnostic criteria and 11.5% using Rotterdam criteria**<sup>[5]</sup>. In India, epidemiological studies have reported prevalence ranging from **3.7% to 22.5%**, indicating a substantial and increasing burden of PCOS among Indian women<sup>[6]</sup>. A pooled analysis of Indian studies estimated the prevalence to be **around 10% using Rotterdam criteria**<sup>[7]</sup>.

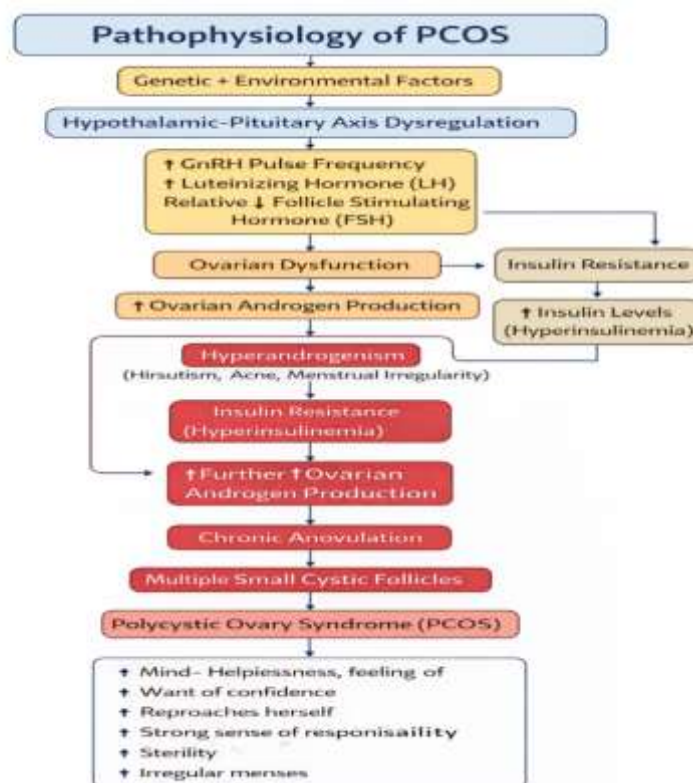
### Etiology

The etiology of PCOS is multifactorial and not completely understood<sup>[1]</sup>. Genetic predisposition plays an important role in the development of the syndrome<sup>[1,8]</sup>. Hormonal imbalance involving increased androgen production contributes significantly to the disorder<sup>[2]</sup>. Insulin resistance and hyperinsulinemia are important pathogenic factors in many patients<sup>[2,9]</sup>. Environmental and lifestyle factors such as obesity and sedentary lifestyle may also contribute to its development<sup>[9]</sup>.

### Risk Factors

Several factors increase the risk of developing PCOS<sup>[1]</sup>. Family history of PCOS or endocrine disorders is an important risk factor<sup>[1]</sup>. Obesity and increased body mass index are strongly associated with PCOS<sup>[2]</sup>. Insulin resistance and metabolic syndrome increase susceptibility to the disorder<sup>[9]</sup>. Sedentary lifestyle and unhealthy dietary habits may contribute to the development of PCOS<sup>[2]</sup>.

### Pathophysiology



## Signs and Symptoms

Women with PCOS commonly present with menstrual irregularities such as oligomenorrhea or amenorrhea<sup>[1]</sup>. Infertility due to chronic anovulation is a major clinical manifestation<sup>[1,2]</sup>. Hyperandrogenic features such as hirsutism, acne, and androgenic alopecia may be present<sup>[2]</sup>. Obesity and weight gain are frequently associated with the syndrome<sup>[2,9]</sup>. Patients may also complain of pelvic discomfort and psychological distress<sup>[1]</sup>.

## Investigations

Diagnosis of PCOS involves clinical, biochemical, and imaging evaluation<sup>[2]</sup>. Ultrasonography typically shows enlarged ovaries with multiple small peripheral follicles arranged in a “**string of pearls**” appearance<sup>[1,8]</sup>. Hormonal investigations may reveal elevated luteinizing hormone levels and increased LH:FSH ratio<sup>[2]</sup>. Serum androgen levels may also be elevated in many patients<sup>[2]</sup>. Metabolic evaluation may reveal insulin resistance and dyslipidemia<sup>[9]</sup>.

## Management

### General Management

Lifestyle modification is an essential component of PCOS management<sup>[2]</sup>. Weight reduction through diet and exercise improves insulin sensitivity and ovulatory function<sup>[2]</sup>. Psychological counseling may be beneficial in patients experiencing emotional distress<sup>[1]</sup>.

### Surgical Management

Surgical treatment may be considered in selected cases where medical therapy fails<sup>[2]</sup>. Laparoscopic ovarian drilling may be performed to induce ovulation<sup>[9]</sup>. However, surgical intervention is generally reserved for resistant cases<sup>[9]</sup>.

## HOMOEOPATHIC MEDICINES WITH INDICATIONS

### Pulsatilla

Pulsatilla is indicated in irregular, delayed, or scanty menstruation with infertility due to anovulation, often accompanied by bland, creamy leucorrhoea and pelvic pain. The patient is mild, gentle, emotional, easily weeping, and desires sympathy and company. Symptoms are worse from heat and warm rooms and better in open air and gentle motion<sup>[10,11]</sup>.

### Sepia

Sepia is indicated in irregular, delayed, or scanty menstruation with amenorrhea or oligomenorrhea, often associated with pelvic heaviness, bearing-down sensation, and infertility due to ovarian dysfunction. Mentally, the patient shows indifference to loved ones, irritability, and aversion to company. Symptoms are worse from standing, evening, and cold damp weather, and better from warmth, pressure, and vigorous exercise<sup>[10,12,13]</sup>.

### Calcarea Carbonica

Calcarea carbonica is indicated in delayed or irregular menstruation with infertility associated with obesity and endocrine imbalance, often accompanied by leucorrhoea and ovarian congestion. Patients are typically obese, chilly, easily fatigued, and perspire profusely on the head during sleep. Mentally they are anxious about health, mentally slow, and symptoms are worse from cold, damp weather and exertion, but better from warmth and rest<sup>[10,11,12]</sup>.

### Natrum Muriaticum

Natrum muriaticum is indicated in irregular or suppressed menstruation with infertility related to hormonal imbalance and emotional grief. Patients are typically reserved, sensitive, and averse to consolation, often

dwelling on past disappointments and craving salty foods. Symptoms are worse from heat, sun exposure, and emotional stress, and better in open air, rest, and cold bathing<sup>[10,11,12]</sup>.

### Apis Mellifica

Apis mellifica is indicated in ovarian inflammation or cystic enlargement with stinging pains, swelling, and menstrual irregularities associated with ovarian dysfunction. Patients may show restlessness, irritability, and characteristic edematous swelling with burning or stinging pains, often without thirst. Symptoms are worse from heat and touch, and better from cold applications and open air<sup>[10,11,12]</sup>.

### Case Report

#### Patient Information

Date: 01/01/2026

OPD No.: \*\*\*\*\*096

Hospital: Jawaharlal Nehru Homoeopathic Medical College Hospital, Waghodia, Vadodara

Name: XYZ

Age: 30 years

Occupation: Nursing

Education: ANM (2019)

Marital status: Married in 2023

Address: Chhotaudaipur, Gujarat

#### Chief Complaints

- Irregular menses come after 1.5 to 2 months every time since 2023.
- Obesity and Primary infertility since 2023.

LMP: 21/08/2025

#### History of Present Illness

The patient was apparently well until 2022. Following the death of her brother in 2021 and father in 2022, she experienced emotional stress and loss of confidence. Subsequently, she developed irregular menstrual cycles beginning in 2023. She was diagnosed with **polycystic ovarian syndrome (PCOS)** in March 2024 after consulting a gynecologist. Ultrasonography revealed immature follicles.

#### Past History

Hypothyroidism since 2024.

Patient has been on **Thyroxine 25 µg once daily** for the past two years.

#### Family History

Father – Died due to brain stroke (2024)

Mother – Alive

Brother – Died in 2021

Sisters – 4, alive

#### Gynecological History

Menarche: 15 years

LMP: 21/08/2025

Cycle: 45–60 days

Duration: 4–5 days

Character of blood: Red, clotted

Leucorrhoea present before menses

**Personal History**

Appetite: Cannot tolerate hunger

Desires: Sweet and spicy food

Thirst: Normal

Perspiration: Odorous, mainly during summer

Bowel: Regular, once daily

Urination: Normal

Sleep: Disturbed due to thoughts of appearing in public

Thermal state: **Chilly**

**Mental Generals**

The time of 2022 would have gone better if it had not come, Brother and Father's death is not forgotten (narrating with crying) After the death - she has to take care of the family, running the house, paying the loan take care of family. She just passed ANM when his father was suffered from stroke, need to do job to nurture house but can not because of the unavailability of the degree certificate. She had constant thought of would not helped my family during crucial period and feel very much guilty all the time. Also felt she lost her support, her confidence was gone and not confident enough. In whole family every sister ask all problems related to them to her, so she takes the tension and thinks about their problems. She was also worried about her sufferings.

**Physical Examination**

Patient moderately obese.

**Investigations**

TSH – 4.055 (24/12/2025)

TSH – 5.767 (11/02/2026)

T3 – 0.87 ng/ml

T4 – 7.90 pg/dl

HbA1c – 5.3

AMH – 1.51 (Normal)

**USG Pelvis (22/12/2025)**

Right ovary – 13 cc

Left ovary – 14 cc

B/I ovaries appears bulky with central echogenic stroma and arranged peripherally. Suggestive of PCOS

**Hysterosalpingography** – Normal

**Husband Semen Analysis**

Progressive motility – 43%

Total motility – 50%

**Sickling Test** – Positive

**CBC** – Normal

**Provisional Diagnosis**

Polycystic Ovarian Syndrome with Primary Infertility

**Analysis of case:****Classification of symptoms:**

- Confidence poor, want of ( mental general, grade-1)
- Support lost after death of father ( mental general, grade 1 )

- Reproaches that she did not help her family at difficult time, ( death of father & brother)- ( mental general)
- Helplessness feels ( mental general, grade 2 )
- Responsibility- strong (mental general , grade 2)
- Borrows the trouble of others.

**Evaluation of symptoms:**

- Feeling of helplessness+3
- Confidence poor +3
- Reproaches herself +3
- Responsibility, strong +3
- Sterility +2
- Borrows trouble +2

**Totality of Symptoms:**

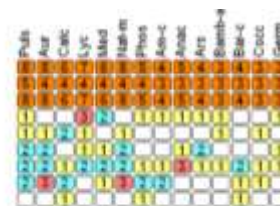
- Helplessness, feeling of
- Sterility
- Responsibility, strong
- Reproaches, herself
- Confidence poor
- Borrows, trouble.

**Rubrics Taken for Repertorisation**

- Mind – Helplessness, feeling of
- Mind – Reproaches himself
- Mind – Confidence, want of self
- Mind – Responsibility, strong
- Female genitalia – Sterility
- Mind - Borrows, trouble

HELPLESSNESS, feeling of  
RESPONSIBILITY strong  
REPROACHES himself  
CONFIDENCE want of self  
STERILITY  
BORROWS, trouble

Helpless  
Female genitalia  
Sterility  
Reproaches  
Confidence poor  
Borrows trouble



**Prescription**

On the basis of totality and constitution of patient,  
Pulsatilla 200 – Single dose given.

**Follow-Up**

18/02/2026

Urine Pregnancy Test – Positive

LMP: 02/01/2026

**USG Pelvis:**

Single intra-uterine gestational sac seen

No yolk sac / CRL visualized

EDD: 09/10/2026

**HPLC:**

HbA0 – 58.2

Suggestive of **Sickle cell heterozygous**

**Prescription:**

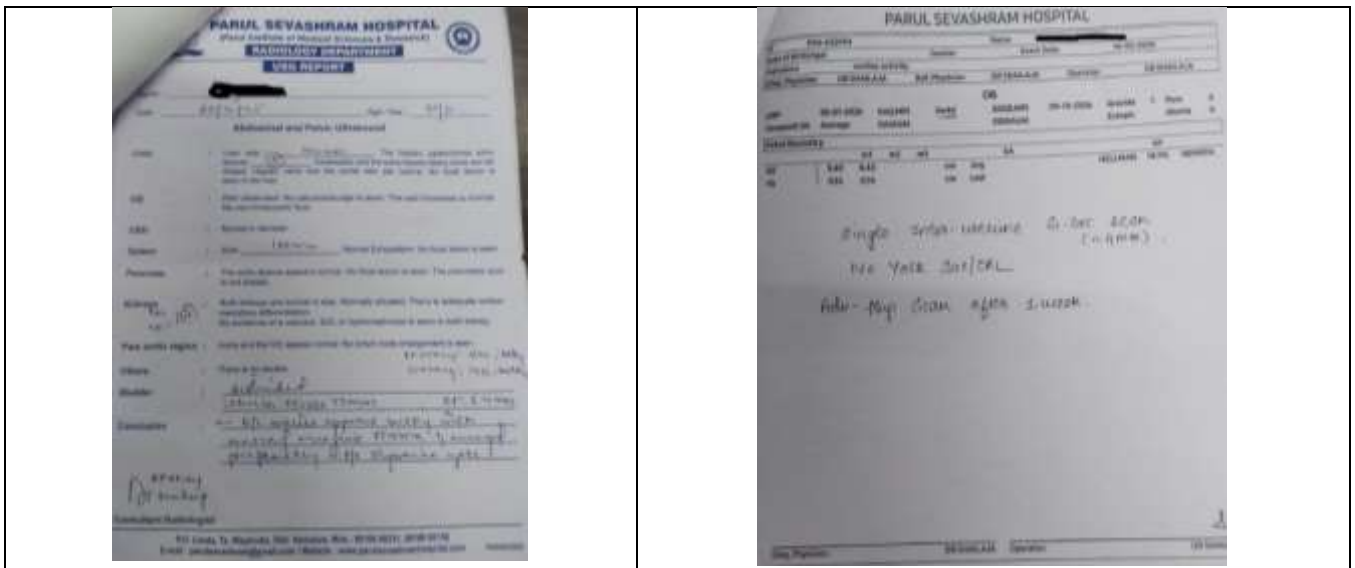
Calcarea carbonica 200 – Single dose

Followed by Calcarea carbonica 0/1 BD

**RESULT**

Following individualized homoeopathic treatment, the patient conceived successfully, confirmed by urine pregnancy test and ultrasonography. The case demonstrates the effectiveness of homoeopathic constitutional medicine in the management of infertility associated with PCOS.

**CONCLUSION**



Polycystic ovary syndrome is a common endocrine disorder and an important cause of infertility in women of reproductive age. The condition involves complex hormonal and metabolic disturbances leading to chronic anovulation. Early diagnosis and appropriate management are essential to prevent reproductive and metabolic complications. Homoeopathy offers an individualized therapeutic approach aimed at restoring hormonal balance and overall health. Individualized homoeopathic treatment may support restoration of fertility and natural conception in women with PCOS<sup>[13]</sup>.

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