TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE
Peer-Reviewed Journal
E-ISSN: 2581-8899 | P-ISSN: 2581-978X
Volume 9 • Issue 3 • July – Sept. 2026
Website: www.tjhms.in Email: tujhms@tantiauniversity.com
CASE REPORT

# INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE: A CASE REPORT

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**Article History: Received:** 19/09/2026 | **Revised:** 28/09/2026 | **Accepted:** 30/09/2026

## ABSTRACT

**Introduction:** Polycystic Ovarian Disease (PCOD) is a prevalent endocrine disorder leading to primary infertility. Conventional surgical interventions, such as laparoscopic fulguration, often see a recurrence of symptoms. **Case Summary:** It is a known case of PCOD. A 25-year-old female presented with scanty, offensive menses and primary infertility. PCOD had recurred despite surgical drilling 20 months prior. Following the administration of individualized Apis mellifica 200C, the patient showed a significant reduction in ovarian size and normalization of the menstrual cycle. **Conclusion**: This case demonstrates that individualized Homoeopathy can effectively reverse pathological ovarian changes where surgical intervention failed.

**Keywords:** Homoeopathy, Infertility, Ovary, Polycystic

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## INTRODUCTION

PCOD is characterized by the "Sycotic" miasm, involving follicular cysts and hormonal deregulation. While laparoscopic ovarian drilling (fulguration) is a common intervention, it treats the end product rather than the underlying dyscrasia. This case highlights the role of the *Simillimum* in restoring reproductive health.

### Patient Information

- **Demographics:** 25-year-old female, housewife, married for 5 years.
- **Chief Complaint:** Primary infertility and scanty, brownish, offensive menses since 2019.
- **Medical/Surgical History: 04.03.2021:** Diagnostic Hystero-laparoscopy with Monopolar Fulguration (Ovarian drilling). Bilateral tubes were found patent.
    - **Respiratory:** History of sensitivity to dust & associated exertional dyspnoea.

- **Psychosocial History:** Domestic stress due to a dictatorial nature and husband's frequent travel as a truck driver. Husband's chronic substance abuse/alcoholism and refusal for fertility evaluation posed a significant "obstacle to cure."

**Clinical Findings**

**Mental General Symptoms**

- Dictatorial, domineering, and quarrelsome temperament.
- Intolerant of contradiction; feels her views are superior.
- Dissatisfied with social standing; desires separation from in-laws.

**Physical General Symptoms**

- **Thermals:** Hot patient (Aggravated by heat).
- **Thirst:** Diminished (1 liter/day).
- **Aversions:** Marked aversion to milk.
- **Perspiration:** Profuse, generalized.
- **Urogenital:** Recurring burning/stinging urination; unfulfilled sexual desire.

**Menstrual History**

- **LMP:** 27.11.2022.
- **Character:** Scanty, 1-day duration, brownish, offensive odor.
- **PMS:** Lower abdominal and back pain.

**Timeline of Investigations**

| Date | Investigation | Findings |
|---|---|---|
| **04.03.2021** | **Laparoscopy** | Enlarged ovaries; Fulguration performed.( Image:1) |
| **05.12.2022** | **TVS Pelvis** | **Recurrence:** Enlarged ovaries (R: 12.4cc, L: 11.0cc). ET: 4 mm<br><br>( Image:2) |
| **01.04.2023** | **USG Pelvis** | **Resolution:** Normal Ovaries (R: 3.17 \times 1.50cm, L: 3.21 \times 2.29cm). ET: 7.5 mm. (Image:3) |

**Therapeutic Intervention**

- **Prescription:** *Apis mellifica* 200C (BD for 2 days).
- **Rationale:** Chosen based on the triad of thirstlessness, heat intolerance, and ovarian affinity. The patient's "stinging" mental irritability and urinary pains provided the characteristic keynote for *Apis*.
- **Miasmatic Analysis:** Predominantly **Sycotic** (cystic growth, dictatorial nature, fixed ideas).

# Vasundhara Hospital Limited

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## DISCHARGE SUMMARY

| | | | |
|---|---|---|---|
| PATIENT NAME : | _____ | DATE OF ADMISSION : | 04-03-2021 10:31AM |
| PATI NAME : | _____ | DATE OF DISCHARGE : | 04-03-2021 3:08PM |
| AGE / SEX : | 24 YF | UHID NO : | VHJ-74124 |
| CATEGORY : | GENERAL | IPD NO : | IPD20003646 |
| CONSULTANT NAME : | SANJAY MARWANA | PT ID NO : | 4676275371688 |
| DEPARTMENT NAME | INFERTILITY MANAGEMENT | MOBILE NO : | 9828119403 |
| ADDRESS : | 810, NOKHADO KI DHANI KERU, KEROO, JODHPUR | | |

**FINAL DIAGNOSIS :**

Primary Infertility / Patent Fallopain Tubes / PCO.

**REASON FOR ADMISSION :**

Patient admitted with c/o primary infertility for Diagnostic Hystero-Laproscopy with Fulgiration.

**DATE OF PROCEDURE / OPERATION F :**

Diagnostic Hystero-Laproscopy with Fulgiration on 04.03.2021.

**DETAILS OF PROCEDURE / OPERATION F :**

**Hysteroscopy :-**

Endocervical Canal - Normal, Endometrial Cavity - Normal, Endometrium - Normal, B/L Ostia Normal in appearance.

**Laproscopy :-**

Uterus - Normal in size & shape, Fallopian tube - Both normal, Ovaries - Both ovaries enlarged. Monopolar drilling done. Pouch of Douglas - Free fluid seen, CPT - B/L spill present.

**CHIEF COMPLAINTS :**

Patient admitted with c/o primary infertility for Diagnostic Hystero-Laproscopy with Fulgiration.

**Gynaecological & Obstetric History :-**

| | |
|---|---|
| HBSAG | Negative. |
| HIV | Negative. |
| LMP | 25.02.2021. |
| Married life | 4 years. |
| MH | 1-2/30 days. |
| VDRL | Non-Reactive. |

**General Examination-Vital Signs :-**

| | | | | | |
|---|---|---|---|---|---|
| 98.4°F | 76/MIN | 120/80MMHG | 20/MIN | | |
| | | | | | |

**Image:1**

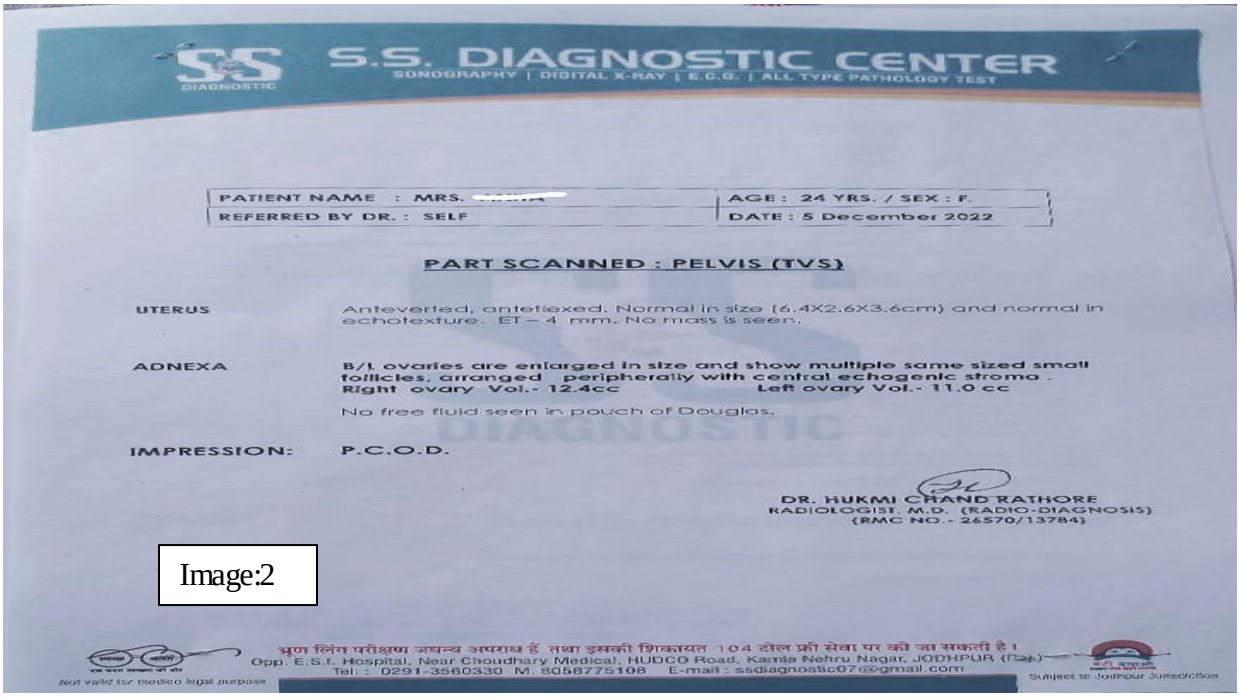
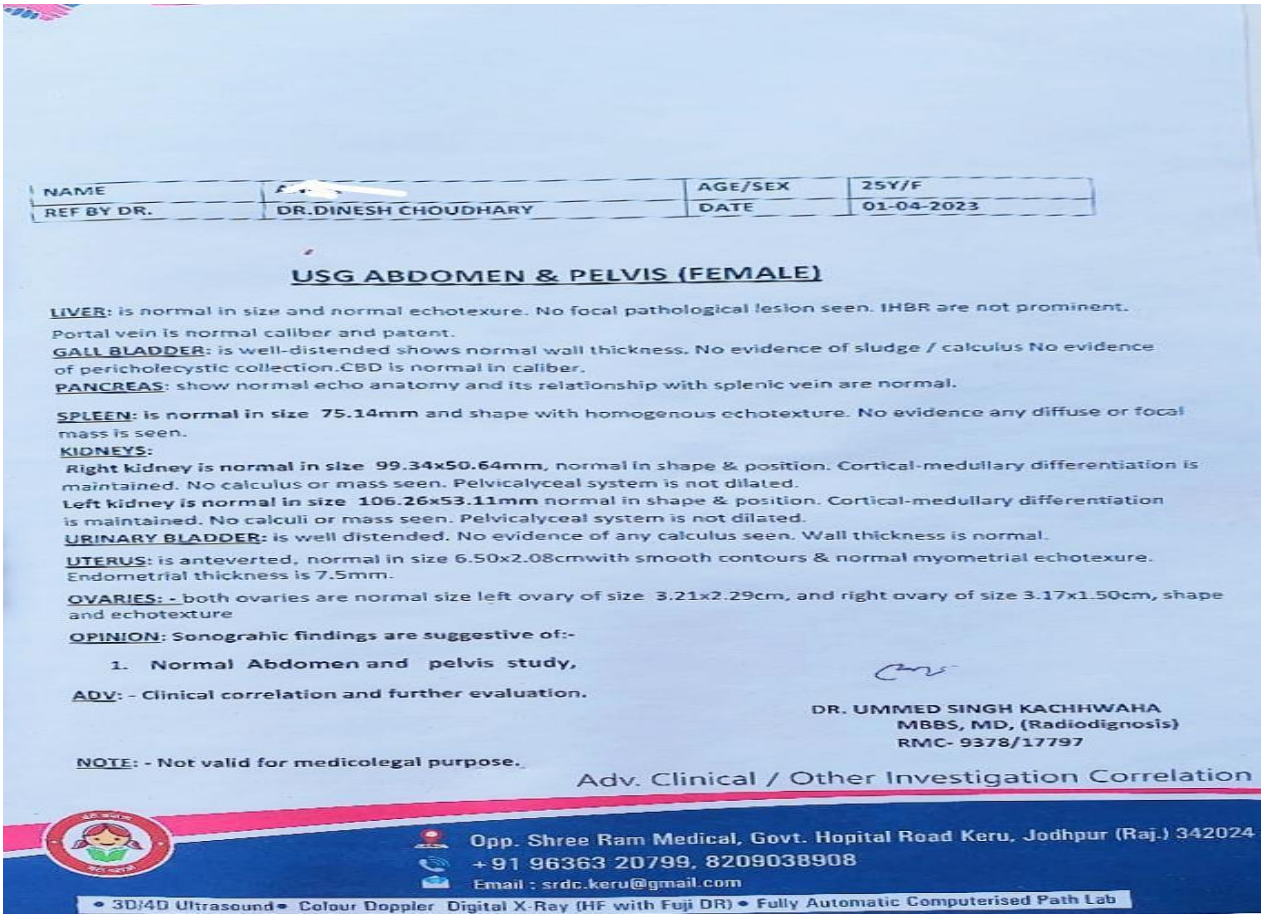



Image:2



| NAME | | AGE/SEX | 25Y/F |
|---|---|---|---|
| REF BY DR. | DR.DINESH CHOUDHARY | DATE | 01-04-2023 |

USG ABDOMEN & PELVIS (FEMALE)

LIVER: is normal in size and normal echotexure. No focal pathological lesion seen. IHBR are not prominent. Portal vein is normal caliber and patent.
GALL BLADDER: is well-distended shows normal wall thickness. No evidence of sludge / calculus No evidence of pericholecystic collection.CBD is normal in caliber.
PANCREAS: show normal echo anatomy and its relationship with splenic vein are normal.
SPLEEN: is normal in size 75.14mm and shape with homogenous echotexture. No evidence any diffuse or focal mass is seen.
KIDNEYS:
Right kidney is normal in size 99.34x50.64mm, normal in shape & position. Cortical-medullary differentiation is maintained. No calculus or mass seen. Pelvicalyceal system is not dilated.
Left kidney is normal in size 106.26x53.11mm normal in shape & position. Cortical-medullary differentiation is maintained. No calculi or mass seen. Pelvicalyceal system is not dilated.
URINARY BLADDER: is well distended. No evidence of any calculus seen. Wall thickness is normal.
UTERUS: is anteverted, normal in size 6.50x2.08cmwith smooth contours & normal myometrial echotexure. Endometrial thickness is 7.5mm.
OVARIES: - both ovaries are normal size left ovary of size 3.21x2.29cm, and right ovary of size 3.17x1.50cm, shape and echotexture
OPINION: Sonograhic findings are suggestive of:-
1. Normal Abdomen and pelvis study,
ADV: - Clinical correlation and further evaluation.

DR. UMMED SINGH KACHHWAHA
MBBS, MD, (Radiodignosis)
RMC- 9378/17797

NOTE: - Not valid for medicolegal purpose.

Adv. Clinical / Other Investigation Correlation

Opp. Shree Ram Medical, Govt. Hopital Road Keru, Jodhpur (Raj.) 342024
+91 96363 20799, 8209038908
Email : srdc.keru@gmail.com
• 3D/4D Ultrasound • Colour Doppler Digital X-Ray (HF with Fuji DR) • Fully Automatic Computerised Path Lab

**Image: 3**

**Follow-up and Outcomes**

| Date | Clinical Progress | Intervention |
|---|---|---|
| **13.12.2022** | Scanty, offensive menses. Burning urine. Irritable. | *Apis mel* 200C |
| **31.01.2023** | LMP 28.01.23: **3 days** duration. Normal flow for 2 days. Odor decreased. | Placebo |
| **01.04.2023** | LMP 27.02.23: **3 days**, normal red color, **No odor**. Patient is calm. | Placebo |

**Modified Naranjo Score**

**Total Score: +9/13** (Indicating a "Definite" causal relationship between the remedy and the clinical improvement).Points were assigned as follows:

Clear improvement of main symptoms (+2); plausible timeframe of recovery (+1); improvement of associated symptoms (+1); an initial aggravation of symptoms (+1); improvement in general well-being (+1); adherence to Hering's law of cure (+1); absence of confounding alternative causes such as lifestyle changes or conventional drugs (+1); adverse event/ improvement confirmed by objective evidence (+1)

## DISCUSSION

This case illustrates the failure of local surgical treatment to address the systemic nature of PCOD. The return of menstrual health (from brownish/offensive to normal red flow) follows Hering's Law of Cure. The objective evidence from the final USG (01.04.2023) showing a **"Normal Abdomen and Pelvis study"** and an increased **Endometrial Thickness (7.5 mm)** confirms that the remedy optimized the biological environment for conception.

The shift in temperament from "dictatorial" to "calm" suggests that the *Simillimum* successfully cleared the Sycotic-Syphilitic burden that had persisted even after surgery.

## CONCLUSION

The resolution of cystic ovaries and normalization of the menstrual cycle within four months of treatment validates the efficacy of individualized Homoeopathy. This case offers a non-invasive alternative for recurrent PCOD cases where surgical intervention has failed.

**Declarations**

- **Conflict of interest-** The author declares that they have no conflict of interest regarding the publication of this case report.
- **Patient consent-** Informed consent was obtained from the patient for the publication of this case report and any accompanying images.

## REFERENCES

1. Howkins & Bourne:Shaw's Textbook of Gynaecology 13th edition; Publisher- Elsevier; 2004
2. D.C.Dutta's Textbook of Gynaecology; Revised & Reprint of 6th edition; Publisher- Jaypee Brothers Medical Publishers (P)Ltd.;2013
3. Hahnemann S. The Chronic Diseases. New Delhi: B. Jain Publishers; 2005.
4. Synthesis Repertory by Dr. Frederik Schroyens (version 9.1)
5. RADAR 9.0 Software
6. Repertory of the Homoeopathic Materia Medica by J.T. Kent;; New Delhi: B.jain Publishers (P) Ltd.; 14th impression
7. Pocket Manual of Homoeopathic Materia Medica & Repertory by William Boericke,M.D.;Reprint edition 2002; Publisher-New delhi: B.Jain Publishers Pvt. Ltd.

**How to Cite this Article:** Shrivastava M. Individualized Homoeopathic Management Of Polycystic Ovarian Disease: A Case Report. TUJ. Homo & Medi. Sci. 2026; 9(3):10-14.

**Conflict of Interest:** None | **Source of Support:** Nil

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