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Polycystic Ovarian Disease: A Homeopathic Management Approach at Dr Batra's

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Abstract

Polycystic Ovarian Disease (PCOD) is a multifaceted endocrine disorder affecting millions of women globally. This paper presents an in-depth understanding of PCOD, covering its historical background, epidemiological trends, clinical presentation with visual aids, detailed interpretation of diagnostic investigations, pathophysiological causes including environmental and lifestyle factors, and a homeopathic management protocol with self-help guidance. The therapeutic section emphasizes individualized homeopathic treatment reinforced by lifestyle modifications, focusing on non-allopathic approaches.

Keywords: Polycystic Ovarian Disease, PCOD, homeopathy, Dr Batra's

History

PCOD was first documented in 1935 by Stein and Leventhal. Since then, the syndrome has been recognized as a complex condition encompassing reproductive, metabolic, and psychological aspects. Recent decades show a worrying trend of PCOD onset in adolescent and young adult females, attributed to sedentary lifestyles, processed diets, and environmental toxins. Globally, approximately 116 million women suffer from PCOD (WHO, <https://www.who.int/>), with Indian prevalence ranging from 9% to 36% (NHP, <https://www.nhp.gov.in/>). This highlights the urgent need for early diagnosis and holistic intervention.

Detailed Clinical Presentation

- Classic PCOD-related facial acne
- Hirsutism on chin and jawline
- Polycystic ovary ultrasound image ("string of pearls" appearance)

Symptomatic Manifestations:

- **Menstrual irregularities:** Oligomenorrhea, amenorrhea, or scanty menstruation

- **Hirsutism:** Excess hair growth predominantly on the chin, upper lip, and abdomen
- **Acne:** Persistent, cystic acne resistant to standard skin treatments
- **Weight fluctuations:** Central adiposity is common, but lean PCOD variants present without overt obesity
- **Psychological symptoms:** Depression, anxiety, emotional instability, poor self-image

Causes and Reasons: The Hidden Epidemic

- **Genetic predisposition**
- **Insulin resistance and hyperinsulinemia**
- **Chronic inflammation**
- **Lifestyle factors:**
 - Increased consumption of processed foods and refined sugars
 - Physical inactivity
 - Addiction to digital devices is leading to sedentary behavior
 - Poor sleep hygiene
- **Environmental toxins:**
 - Plastics containing BPA disrupt endocrine functions
 - Hormone-disrupting chemicals in cosmetics and food packaging
 - Early exposure to preservatives and artificial hormones in processed foods
- **Early onset PCOS:** Modern dietary habits and exposure to plastics are leading to PCOS manifestation in adolescent girls as young as 10–12 years.

Why PCOS is Occurring Early and Even Lean Girls are Affected

In recent years, a notable increase in early-onset PCOS and its occurrence in lean individuals has been observed. The primary contributing factors include:

- **Endocrine Disrupting Chemicals (EDCs):** Chemicals like bisphenol A (BPA) found in plastics, phthalates in cosmetics, and pesticides disrupt hormonal balance in young girls.
- **Processed Food Consumption:** Ready-to-eat foods, refined sugars, trans fats, and preservatives interfere with hormonal signaling and metabolic regulation.
- **Obesogenic Environment:** Even lean individuals exposed to poor-quality diets develop visceral fat and insulin resistance at the organ level, contributing to PCOS symptoms.
- **Digital Lifestyle:** Reduced physical activity due to excessive screen time exacerbates metabolic slowdown.
- **Early Puberty Onset:** Increasing cases of precocious puberty due to hormonal interference from food and environment set the stage for early hormonal imbalances.
- **Emotional Stress and Mental Health:** Competitive academic environment, peer pressure, and psychological stress act as additional triggers.

Lean PCOS, therefore, results not from body fat percentage but from metabolic dysfunction induced by modern environmental and dietary exposures. This category requires equal attention in diagnosis and management as classical PCOS.

If Left Untreated

- Long-term infertility
- Increased risk of Type 2 diabetes mellitus
- Cardiovascular complications
- Endometrial carcinoma due to chronic anovulation
- Metabolic syndrome
- Psychological deterioration

Classification

- **Mild PCOD:** Minor menstrual irregularities, few clinical symptoms, minimal cyst formation
- **Moderate PCOD:** Multiple ovarian cysts, significant insulin resistance, moderate symptoms
- **Severe PCOD:** Infertility, severe hormonal imbalance, full-blown metabolic syndrome
- **Lean PCOD:** Women present with all classical PCOD symptoms but without obesity; often underdiagnosed

Recommended Investigations and Interpretation

Investigation	Interpretation
LH/FSH Ratio	Ratio >2 suggests PCOD. In lean PCOD, ratio might appear normal.
Anti-Mullerian Hormone (AMH)	AMH >5 ng/mL indicates ovarian overactivity; significant in early detection.
Serum Testosterone/ DHEA-S	Elevated levels confirm hyperandrogenism.
Fasting Insulin & Glucose	Elevated fasting insulin, impaired glucose tolerance, or elevated HbA1c indicate insulin resistance.
Pelvic Ultrasound	Ovarian volume >10 mL or >12 follicles per ovary confirms polycystic appearance.
Lipid Profile	Elevated LDL and triglycerides suggest metabolic syndrome risk.
HbA1c	>5.7% indicates pre-diabetes, common in PCOD patients.

Diagnostic Complexity

- Lean PCOD cases may have normal insulin and normal weight but still show elevated AMH or polycystic ovaries.
- Imaging must always correlate with hormonal markers for accurate diagnosis.

Rotterdam Criteria for PCOS Diagnosis

The **Rotterdam Criteria** (2003) are widely used for diagnosing PCOS. A diagnosis is confirmed if **two of the following three features** are present:

1. **Oligo- or Anovulation:** Infrequent or absent ovulation leading to irregular menstruation.
2. **Hyperandrogenism:** Clinical (hirsutism, acne) or biochemical (elevated serum androgen levels).
3. **Polycystic Ovarian Morphology:** Detected via ultrasound (≥ 12 follicles or ovarian volume >10 mL).

Management Protocol:

Months 0–3: Symptom Stabilization

- **Diet:**
 - Eliminate refined sugars, processed foods, and dairy
 - Increase intake of fresh fruits, vegetables, whole grains
 - Avoid plastics in food storage/cooking
 - Hydration with glass or steel water bottles
- **Exercise:**
 - Adolescents: Dance, yoga, brisk walking 30 min/day
 - Adults: Strength training + cardio, 45 min/day
- **Sleep hygiene:** 7–9 hours Of sleep, digital detox before bedtime
- **Mental health:** Journaling, mindfulness meditation
- **Homeopathy:** Constitutional remedy based on individual profile (e.g., Pulsatilla, Sepia)

Months 4–6: Hormonal Rebalancing

- Continue strict diet and exercise
- Monitor menstrual regularity
- Reassess AMH, LH/FSH ratios
- Include pranayama (breathing exercises) for stress reduction
- Constitutional remedy continued; acute phase remedies as required

Months 7–12: Consolidation and Maintenance

- Diversify exercise routines (HIIT, swimming, cycling)
- Introduce supervised intermittent fasting if appropriate
- Focus on weight maintenance and emotional stability
- Homeopathic remedies re-evaluated periodically based on symptoms
- Routine investigations repeated every 6 months

Homeopathic Therapeutics in Detail

- **Pulsatilla:** Mild temperament, delayed menses, craving for open air, emotional nature
- **Sepia:** Hormonal imbalance, indifference to loved ones, bearing down sensation, suitable for chronic PCOD
- **Lachesis:** Left-sided complaints, loquacity, congestion tendencies, irregular periods
- **Natrum Mur:** Reserved personality, suppressed emotions, infertility with irregular menses
- **Calcarea Carb:** Obesity, excessive sweating, craving for eggs, cold intolerance
- **Thuja:** Cystic formations, hormonal dysfunction, history of vaccination
- **Sulphur:** Heat aggravation, aversion to bathing, irregular cycles, skin eruptions

Homeopathy and Research Evidence

Studies demonstrate that individualized homeopathic prescriptions lead to hormonal regulation, weight normalization, and improved emotional well-being. Documented low relapse rates support homeopathy's sustainable benefits in PCOD management. (ResearchGate, Jacobs J et al., Banerjee A.)

Follow-Up and Monitoring

- Monthly clinical evaluation for initial 6 months
- Quarterly follow-ups thereafter

- Hormonal panel and ultrasound every 6 months
- Emphasis on mental health throughout

PCOD Homeopathy at Dr Batra's

1. The journey begins with a clinical PCOS evaluation at Dr Batra's clinic.
2. An expert homeopathic doctor carefully studies your symptoms, menstrual history, emotional state.
3. This is followed by a PCOS Questionnaire to understand your severity.
4. Based on your detailed profile, an individualized homeopathic prescription is given.
5. The goal is to treat the root cause, restore hormonal balance, regularize periods, and reduce symptoms like acne, hair loss, weight gain, and mood changes.
6. Along with homeopathy, the PCOS plan includes support from:
7. Nutritionist- Guides on healthy eating habits, insulin-friendly diets, and sustainable weight loss.
8. Fitness Coach - friendly workouts (no harsh routines), improves metabolism and energy levels.
9. Special plan for obesity & endocrinal disorders – diabetes/ thyroid
10. In-House Gynaecologist - Provides expert **opinion for PCOS** or fertility concerns.
11. Aesthetic Therapies
12. For acne, hirsutism (unwanted hair), and hair thinning.
13. For acne and scars
14. For facial/body hair
15. For hair fall and scalp support

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