

Individualized Homoeopathic Approach in the Management of Polyendocrine Metabolic Ovarian Syndrome (PMOS): A Case Report

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ABSTRACT:

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is a common endocrine disorder among adolescent females, characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. Early diagnosis and individualized management are essential to prevent long-term complications. A 15-year-old unmarried girl presented with irregular menstruation for 1.5 years. Her menstrual cycles occurred every 35–40 days, with scanty bleeding lasting 1–2 days and severe abdominal pain, nausea, and occasional passage of blood clots. She also reported abnormal facial hair growth and acne for 5–6 years. She had previously received allopathic treatment for 4–6 months without significant improvement. General examination revealed an overweight, flabby constitution, ravenous appetite, craving for sour and non-vegetarian foods, and irregular bowel habits. Mentally, she was mild, shy, emotional, and forgetful, with amelioration from consolation. Pelvic ultrasonography revealed bilaterally bulky ovaries with multiple small peripheral follicles and increased stromal density, confirming PMOS. A detailed case-taking and repertorization using Zomeo software with Complete Repertory and Kent's Repertory indicated Pulsatilla and Sulphur. Based on the totality of symptoms and Materia Medica, Pulsatilla was selected and prescribed in the LM potency, along with advice regarding regular exercise and a balanced diet. Progressive improvement was observed monthly. After 9 months, ultrasonography showed resolution of cystic changes, reduction in ovarian size, and normalization of the menstrual cycle. At the final follow-up, she reported no complaints. This case highlights the potential role of individualized homoeopathic management in addressing menstrual irregularities and associated systemic symptoms in adolescents.

KEYWORDS: PMOS, Individualized, Homoeopathy, Case-taking, Pulsatilla.

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INTRODUCTION:-

PMOS (Polyendocrine Metabolic Ovarian Syndrome) is a pathophysiological condition that arises from a fascinating interplay of hormonal imbalances and genetic factors. [1,2] In a typical menstrual cycle, the ovaries play a harmonious game of rhythm, taking turns to release mature eggs each month, meticulously prepared for the journey of fertilization. However, for those living with Polyendocrine metabolic Ovarian syndrome (PMOS) this delicate process often deviates from its natural course. [3,4] Instead of releasing fully matured eggs, the ovaries may produce immature or partially developed eggs, which can become encased in cysts, small, fluid-filled sacs that create an imbalance in the reproductive system. This disruption can lead to various symptoms and challenges, making the menstrual cycle a complex and often frustrating experience for many. [4,5]

The ovaries swell and become enlarged, causing them to produce an excess of androgens (male hormones). Excessive levels of certain hormones can lead to significant symptoms, including Irregular menstrual cycles. Menstrual bleeding may become less frequent, more frequent, or irregular due to inconsistent ovulation. [5,6] Amenorrhea refers to a condition characterized by the complete absence of menstrual periods over an extended duration, which may range from several months to several years. Increased facial or body hair growth may occur, resulting in unwanted hair development in areas such as the face, chest, or back. Acne

may manifest as skin breakouts and imperfections. Scalp hair loss can lead to thinning or complete loss of hair on the head. Reduced fertility may present challenges in conceiving due to irregular ovulation patterns. Mood changes can include heightened feelings of anxiety and depression. Obesity may develop as a potential result of the aforementioned conditions. Insulin resistance is a phenomenon wherein the body's cells exhibit decreased sensitivity to insulin, potentially leading to various additional health complications. [6,7,8]

The classification of endocrine, nutritional, and metabolic diseases encompasses polyendocrine metabolic Ovarian syndrome (PMOS) within the International Classification of Diseases (ICD). Specifically, PMOS is identified by the ICD-10 code E28.2, while in the ICD-11, it is categorized under code 5A80.1 as an ovarian dysfunction.

Homoeopathy is fundamentally grounded in the principle of individualization, which emphasizes the unique characteristics of each patient's condition. When selecting a homoeopathic remedy, prioritize striking, uncommon, and peculiar signs and symptoms that distinctly mark the patient's case of disease. [9] We explored the effectiveness of homeopathy in treating ovarian diseases and found compelling evidence that supports its application in clinical practice. Our findings highlight the potential of homeopathic approaches to make a genuine impact in patient care. These investigations demonstrate that homoeopathic remedies are most effective when there is a complete

alignment between the patient's symptoms and the chosen remedy's profile, adhering to the principle of similarity.^[9,10]

In this case, the patient's improvement was assessed using the PCOSQ-50, a standard and validated assessment scale that provides clear evidence of progress. Additionally, diagnostic imaging conducted through ultrasound (USG) and laboratory parameters, such as LH, FSH, lipid profile, fasting glucose, and BMI, supported the clinical enhancements observed. This further attests to the effectiveness of homeopathic treatment in managing PMOS. This alignment between subjective symptom relief and objective diagnostic findings underscores the potential of homoeopathy as a viable therapeutic option for those suffering from this condition.^[11,12,13]

CASE REPORT:

A 15-year-old unmarried female, with a height of 156 cm and a weight of 68 kg, has a clinical history of irregular menstruation for the past 1.5 years. She visited the Outpatient Department (OPD) of Metropolitan Homoeopathic Medical College and Hospital in Sodepur, Kolkata, on January 31, 2025. Her menstrual cycle ranges from 35 to 40 days. She experiences irregular periods, characterized by severe abdominal pain and scanty bleeding that lasts only one to two days, with very little blood present during this time.

Additionally, she has been dealing with abnormal hair growth on her face and acne for the past 5 to 6 years. During menstruation, she suffers from severe,

shifting abdominal pain accompanied by nausea, particularly in the morning. Recently, the abdominal pain has become intermittent, and she has noted the presence of blood clots in her menstrual flow. The patient is currently studying for their higher secondary education. She had taken allopathic medications for 4 to 6 months to help regulate her menstrual cycles but did not experience any improvement.

A pelvic ultrasound revealed the right ovary to be bulky in size, with central stroma and peripherally placed multiple small follicles. The right ovary measures 3.81 cm X 1.71 cm X 3.53 cm, with a volume of 12.1 cc. The left ovary is bulky in size with central stroma and peripherally placed multiple small follicles. The left ovary measures 4.57 cm X 2.41 cm X 3.50 cm, with a volume of 20.1 cc. We diagnosed polycystic ovarian disease (PCOD).

Past history –

A 12-year-old has a history of jaundice.

A 14-year-old has a history of typhoid.

Family history

Her family health history includes her dad's diabetes and her mom's hypertension and osteoarthritis.

Physical generals

Thermal Reaction: Sun exposure irritates; it cannot be covered by clothing on the whole body. The patient is chilly.

The patient is overweight and flabby. She follows a non-vegetarian diet and experiences a ravenous appetite, craving sour foods and non-vegetarian items such as chicken and eggs, as well as cold drinks and fast food. Although she feels

thirsty, she only requires small amounts of liquid at a time.

Her tongue appears clean and dry. She has reported experiencing profuse cold sweats on her hands, scalp, and underarms.

Bowel movements are irregular, hard, and offensive, occurring every other day, even during menstruation.

She falls asleep easily but wakes up feeling unrefreshed in the morning.

Mental General: The patient exhibits mild, soft-natured, and somewhat sly behavior, combined with a forgetful nature. He lacks good eye contact. He feels better after receiving comfort following moments of anger and tends to be highly emotional, occasionally

engaging in hurtful conversations. His family relationships are good.

Remedies covered: Pulsatilla Nigricans

Justification: Pulsatilla Nigricans ranks highest and covers all rubrics: mental, physical, general, and particular symptoms of the patients.

First Prescription (02.02.2025): Pulsatilla Nigricans 0/1.

ODAC × 28 days; ODHS Placebo × 28days.

Advised for regular exercise for 20–30 min per day with avoidance of junk/fast food and a high-calorie diet.

This case is being followed up on 2nd March, 2025, as per the follow-up table-1.

Table-1: Therapeutic Intervention:

Date	Symptoms Of Complaints	Prescribed Medicines
02/03/25	1. The patient feels better. 2. Abdominal pain has decreased. 3. Menstrual flow is better but still irregular.	Pulsatilla Nigricans 0/3. ODAC × 28 days; ODHS Placebo × 28days.
31/03/25	1. The patient feels better. 2. Pain in the abdomen decreased. 3. Menstrual pattern not improved.	Pulsatilla Nigricans 0/5. ODAC × 28 days; ODHS Placebo × 28days.
28/04/25	1. Patient has improved. 2. Decreased pain. 3. Menstrual flow is better. 4. Stool regularity has not improved.	Pulsatilla Nigricans 0/7. ODAC × 28 days; ODHS Placebo × 28days.
26/05/25	1. Most complaints are better. 2. Menses flow has improved, but irregularities are still there. 3. stool regular.	Pulsatilla Nigricans 0/9. ODAC × 28 days; ODHS Placebo × 28days.
30/06/25	1. Patient feels better. 2. Appetite is good, 3. sleep better. 4. BMI is now decreased to the normal range	Pulsatilla Nigricans 0/11. ODAC × 28 days; ODHS Placebo × 28days.

28/07/25	1. Patient feels better. 2. Menses at regular interval. 3. sleep better. 4. Most complaints have subsided.	Pulsatilla Nigricans 0/13. ODAC × 28 days; ODHS Placebo × 28days.
25/08/25	1. Patient is better. 2. Menstrual flow is normal. 3. sleep irregular. 4. stool not properly clear regular	Pulsatilla Nigricans 0/15. ODAC × 28 days; ODHS Placebo × 28days.
29/09/25	1. Patient is better. 2. Menstrual flow is normal. 3. All complaints disappeared.	Advised for USG of the lower abdomen.
14/10/25	USG of the lower abdomen (14/10/2025) showing sonographic findings are no abnormalities present, the uterus is slightly bulky	Advised for regular exercise for 20–30 min per day with avoidance of junk/fast food and a high-calorie diet.

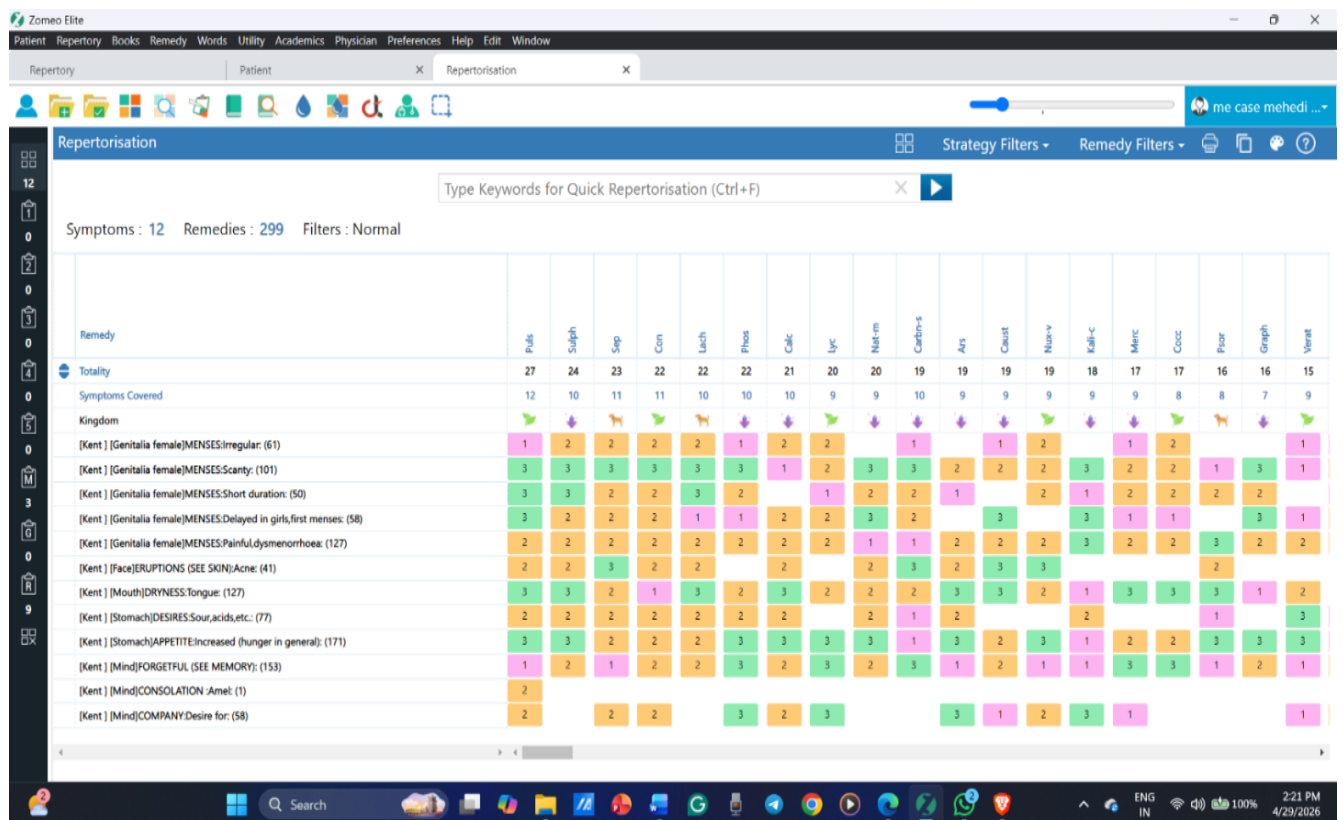


Figure-1: Repertorial Analysis (Zomeo, Complete Repertory)

 Berachampa HALDER DIAGNOSTICS <i>A House of complete Diagnosis</i>		 Berachampa, Taki Road North 24 Parganas Pin- 743424, West Bengal	
 ihbhd786@gmail.com			
ISO Certified Laboratory			
Patient ID : BHD2501/803		Billing Date : 31/01/2025	
Patient Name : MISS TOHFA HASSAN		Gender & Age : FEMALE / 15 Years	
Ref. By : DR. MRS D. P. RAY MBBS DGO MD		Report Date : 31/01/2025	
<u>U.S.G OF WHOLE ABDOMEN</u>			
<u>LIVER</u>	: Normal in size 12.8 cm and smooth outline. Echotexture homogenous. No obvious focal lesion noted. Intra hepatic billiary radicles not dilated. Hepatic vein tributaries not dilated.		
<u>COMMON BILE DUCT:</u>	3.6 mm in diameter at porta. No obvious intraluminal lesion noted in visualised part.		
<u>PORTAL VEIN</u>	: 7.4 mm in diameter at porta hepatis. Lumen free.		
<u>GALL BLADDER</u>	: Optimally distended. Wall thickness normal. No obvious intraluminal lesion noted. No pericholecystic collection seen.		
<u>PANCREAS</u>	: Normal in size and shape. Echotexture homogenous. Main pancreatic duct is not dilated and lumen echofree.		
<u>SPLEEN</u>	: Normal in size. Echotexture homogenous. Hilum normal. Spleen measures 8.35 cm.		
<u>RIGHT KIDNEY</u>	: Normal in size, shape and axis. Cortical echotexture homogenous. Corticomedullary differentiation maintained. No evidence of hydronephrosis, calculi or cyst noted. Right kidney measures 8.68 cm.		
<u>LEFT KIDNEY</u>	: Normal in size, shape and axis. Cortical echotexture homogenous. Corticomedullary differentiation maintained. No evidence of hydronephrosis, calculi or cyst noted. Left kidney measures 8.39 cm.		
<u>RIGHT URETER</u>	: Not dilated. No obvious intraluminal lesion noted in visualised part.		
<u>LEFT URETER</u>	: Not dilated. No obvious intraluminal lesion noted in visualised part.		
<u>URINARY BLADDER</u>	: Optimally distended. Wall thickness normal. No obvious intraluminal lesion noted. Post void residual urine volume - Insignificant		
Page: 1 of 2			
OUR SERVICES: Next Generation Pathology, Color Dopler Ultrasonography, Echocardiography, Digital X-ray (O.P.G.), ECG, NCV/EMG, PFT, EEG, 24 Hrs. Monitor			
 9734405336, 9800895602, 7718712705 (Reception)			
Print By : BHD		BHD	
		bhdih	

Figure-2: USG report before treatment on....(first page)



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ISO Certified Laboratory

Patient ID : **BHD2501/803**

Patient Name : **MISS TOHFA HASSAN**

Ref. By : **DR. MRS D. P. RAY MBBS DGO MD**



Billing Date : **31/01/2025**

Gender & Age : **FEMALE / 15 Years**

Report Date : **31/01/2025**

U.S.G OF WHOLE ABDOMEN

UTERUS : Normal in size. Anteverted and anteflexed. Endometrial thickness normal (ET-6.1 mm). Myometrial echotexture homogenous. Cervix sonologically normal.
Uterus measures : **8.31 cm X 3.10 cm X 4.50 cm.**

RIGHT OVARY : Right ovary bulky in size with central stroma peripherally placed multiple small follicles.
Right Ovary measures : **3.81 cm X 1.71 cm X 3.53 cm , volume = 12.1 cc.**

LEFT OVARY : Left ovary bulky in size with central stroma peripherally placed multiple small follicles.
Left Ovary measures : **4.57 cm X 2.41 cm X 3.50 cm , volume = 20.1 cc.**

ADNEXA : No obvious adnexal SOL seen.

POD : No collection seen.

LOWER PLEURAL SPACES : Clear.

PERITONEUM : No collection seen.

RIGHT ILIAC FOSSA : No obvious mass lesion or collection noted.
No obvious sonologically detectable pre / para aortic lymphadenopathy seen.

IMPRESSION : **1. F/S of PCOD.**
Suggested clinical correlation & other relevant investigations.

BHDHD
Page 2 of 2
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31/01/2025


Dr. M. Chakraborty
MBBS, DNB, CEBT.
Consultant Sonologist

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9734405336, 9800895602, 7718712705 (Reception)

Figure-3: USG report before treatment on....(2nd page)

MEDI HEART
HEALTHCARE & DIAGNOSTIC

Herachampa (Kaukepara), Baduria Road,
Near Rahmat - E - Alam Mission, 743424
nasirgis@gmail.com
medihart.m20@gmail.com
9734416356 / 9732216692

DIAGNOSTIC REPORT

Date: 14.10.25
Name: TOHFA HASSAN.
Age: 15 Years. **Sex:** F
Ref. By: DR. M. ARIF.

U.S.G. OF WHOLE ABDOMEN. (PAGE 1).

LIVER :-
Is of normal size, shape and parenchymal echopattern. No focal abnormality is detected. Intrahepatic biliary channels are not dilated.

GALL BLADDER :-
Is of normal size, shape and outline. Its wall is not thickened. No calculus or mass seen in its lumen.

P. V. :-
Is normal, measures 0.88 Cm. in diameter.

C. B. D. :-
Is not dilated, measures 0.38 Cm. in diameter.

PANCREAS :-
Size, shape and parenchymal echopattern is normal. No focal abnormality is detected. Pancreatic duct is not dilated.

SPLEEN :-
Is of normal size, shape and parenchymal echopattern. It measures 7.19 Cm. in long axis. No focal abnormality is detected.
No evidence of ascites is seen.
Aorta and IVC are normal.

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DR. S MANDAL
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(Radio Diagnosis) FCCP (USA)
Consultant Radiologist
Reg. No.-58263(WBMC)

4D U.S.G COLOUR DOPPLER TVS ECO CARDIOGRAPHY ECG POLY CLINIC ALL TYPES OF PATHOLOGY TEST DONE HERE

Figure-4: USG report after treatment (1st page)

MEDI HEART
HEALTHCARE & DIAGNOSTIC

📍 Berachampa (Kaukepara), Baduria Road,
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☎️ 9734416356 / 9732216692

DIAGNOSTIC REPORT

Date: 14.10.25

Name: TOHFA HASSAN. Age: 15 Years. Sex: F

Ref. By: DR. M. ARIF.

U.S.G. OF WHOLE ABDOMEN (PAGE 2)

KIDNEYS :-
Both kidneys are of normal size, shape and outline. Right kidney measures 8.37 cm. and left kidney measures 9.04 cm. in length. Cortical and central echocomplexes of both kidneys show no abnormalities. Cortico medullary differentiation is well maintained. No calculus or hydronephrotic change seen on either side.

URETER :-
Both ureters are not dilated, hence not visualised.

URINARY BLADDER :-
Outline is smooth and the lumen is clear. No echoreflective calculus or mass seen in the lumen of UB.

UTERUS :-
Is mild bulky in size with normal shape and outline. It is anteverted in position and measures 6.80 cm. x 5.98 cm. x 3.86 cm. in size. Myometrial and central endometrial echocomplexes show no abnormalities. No SOL seen in the myometrium. Cervix appears normal.

OVARIES :-
They are of normal size, shape and parenchymal echopattern.
Right ovary measures 2.71 Cm. X 2.16 Cm. in size.
Left ovary measures 2.77 Cm. X 1.80 Cm. in size.
Adnexa are free.
No collection or mass seen in POD.
No collection or mass seen in R.I.F.

IMP :-
1). Mild bulky uterus.
2). Other visualised organs show no abnormalities.

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4D U.S.G / COLOUR DOPPLER / TVS / ECO CARDIOGRAPHY / ECG / POLY CLINIC / ALL TYPES OF PATHOLOGY TEST DONE HERE

Figure-5: USG report after treatment (2nd page)

DISCUSSION:

The 15-year-old unmarried girl presented with a 1.5-year history of irregular menstruation, with menstrual cycles occurring every 35–40 days, scanty bleeding for 1–2 days, severe abdominal pain, nausea and occasional blood clots. She also had a 5–6-year history of facial hirsutism and acne. She had previously received conventional medical treatment for approximately 4–6 months, but reported no significant improvement in her symptoms. A detailed individualized case-taking was performed, followed by repertorization using Kent's Repertory. Pulsatilla and Sulphur appeared prominently in the repertorization. Pulsatilla was selected based on the totality of symptoms and Materia Medica correlation and was prescribed in the LM potency scale. Along with the individualized homoeopathic intervention, the patient was advised regular physical activity, a balanced diet and appropriate lifestyle modification. During subsequent monthly follow-ups, progressive improvement in menstrual regularity and associated symptoms was reported. After 9 months of intervention, follow-up ultrasonography showed resolution of the previously reported cystic ovarian changes and a reduction in right ovarian size. The patient also reported normalization of her menstrual cycle and absence of significant complaints at the final follow-up. Lifestyle Advice: - Maintain regular physical activity/exercise, follow a balanced diet with adequate protein, fiber, fruits and vegetables, limit highly processed foods, excess refined carbohydrates and sugary

beverages, maintain a healthy body weight, Maintain adequate sleep and regular daily routines. Continue periodic clinical follow-up and menstrual-cycle monitoring.

Limitations of Conventional Management: - Conventional management of PMOS is individualized according to the patient's symptoms, reproductive goals and metabolic risk factors. Lifestyle modification is an important component of management, while pharmacological treatment may be used when indicated for menstrual irregularity, hyperandrogenic symptoms or metabolic abnormalities. However, treatment may require long-term management and may not address all manifestations simultaneously. Therefore, regular follow-up and individualized management are important.

CONCLUSION:

Homoeopathy provides an effective approach to managing chronic hormonal syndromes, particularly in cases where allopathic treatments or surgeries are suggested. The absence of recurring issues in recent years shows that Polyendocrine Metabolic Ovarian Syndrome (PMOS) can be effectively controlled through personalized homoeopathic remedies and lifestyle adjustments.

Homoeopathy presents a holistic and cost-effective method for managing PMOS) and other hormonal disorders. The patient showed progressive clinical improvement during follow-up, including normalization of menstrual cycles and improvement in associated

symptoms. The follow-up ultrasonography after 9 months also demonstrated improvement in the ovarian findings. These observations suggest a temporal association between the intervention and clinical improvement; however, as this was a single case without a control group, a causal relationship or definitive efficacy of homoeopathy cannot be established. Additionally, treatments using 50 millesimal potencies have been supported by individual case evidence, further highlighting the promise of personalized homoeopathic care.

Declaration of Patient Consent:-

We confirm that the patient has provided proper consent. The consent form authorizes the publication of her images and clinical details in the journal. She is aware that her name and initials will remain confidential, and efforts will be made to safeguard her identity.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

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REFERENCES:

1. Reetesh Ratnakar Shet. Individualized homoeopathic management of polycystic ovarian disease: A case report on healing hormonal and emotional disarray. *Int. J. Hom. Sci.* 2025;9(3):577-581.
2. Singh BP. Mehadi AB, Guatam M. A promising individualised Homoeopathy approach in the management of Poly- Cystic Ovarian Syndrome (PCOS) - A Case Report. *Int. J. AYUSH CaRe.* 2023;7(2):184-189.
3. Konar H. DC Dutta's textbook of Gynaecology. Amenorrhea. Jaypee Brothers Medical, New Delhi, India. 8th edition 2020, p-. 384-389.
4. Kumar S, Padubidri VG, Daftary SN, editors. Shaw's textbook of gynaecology, Benign diseases of the ovary. Elsevier, New Delhi, India. 17th Edition 2018, p- 314-318.
5. Mohan V, Mehreen T, Ranjani H, Kamalesh R, Ram U, Anjana R. Prevalence of polycystic ovarian syndrome among adolescents and young women in India. *J Diabetol* 2021;12(3):319.
6. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *Lancet* 2007;370:685-97.
7. Deeks AA, Gibson-Helm ME, Teede HJ. Anxiety and depression in polycystic ovary syndrome: A comprehensive investigation. *Fertil Steril* 2010;93:2421-3.
8. Hahnemann S. Organon of medicine. Translated from 5th ed with an appendix by R. Edudgeon, with additions and alterations as per 6th

- ed translated By William Boericke and introduction by James Krauss. New Delhi: B Jain Publishers Pvt. Ltd; 2000.
9. Billah MA, Abdul Hakim SK, Vignesh Kumar S. Management of Polycystic Ovarian Syndrome (PCOS) with Constitutional Homoeopathic Medicine; A Case Report. *Int. J. AYUSH CaRe*. 2022; 6(4):435-442.
 10. Rodin DA, Bano G, Bland JM, Taylor K, Nussey SS. Polycystic ovaries and associated metabolic abnormalities in Indian subcontinent Asian women. *Clin Endocrinol (Oxf)* 1998;49:91-9.
 11. Thebar J, Chahar A, Saini N, Mahala V. Polycystic Ovarian Disease (PCOD) successfully treated with Lachesis: An evidence-based case report. *Journal* 2023;7(2):345-349.
 12. Dwivedi P, Singh A, Sharma R, Gupta S. Role of homoeopathy in polycystic ovarian syndrome: A clinical study. *Int J Hom Sci*. 2024;8(2a):22-26.
 13. Balaji S, Amadi C, Prasad S, Bala Kasav J, Upadhyay V, Singh AK, Surapaneni KM, Joshi A. Urban-rural comparisons of polycystic ovary syndrome burden among adolescent girls in a hospital setting in India. *Biomed Res Int*. 2015;2015:158951.
 14. Domecq JP et al. Adverse Effects of the Common Treatments for Polycystic Ovary Syndrome: A Systematic Review and Meta-Analysis. *The Journal of Clinical Endocrinology & Metabolism*, 2013;98(12):4646-4654.