

**BJMHR**British Journal of Medical and Health Research  
Journal home page: [www.bjmhr.com](http://www.bjmhr.com)

## A case of PCOD Treated and Cured with Homoeopathy

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### ABSTRACT

Polycystic ovarian disease also referred as polycystic ovary syndrome, is a common endocrine disorder affecting reproductive aged women. It is characterized by hormonal imbalance leading to irregular or absent menstrual cycles, hyperandrogenism and polycystic ovarian morphology on ultrasound. The pathophysiology centres an insulin resistance and increased luteinizing hormone (LH) related to follicle stimulating hormone which disrupts normal follicular development. Ovaries fail to release eggs regularly Causing anovulation and multiple small cysts to form elevated androgens result in clinical features such as hirsutism, acne and alopecia Common metabolic association include insulin resistance, obesity and increased risk of type 2 diabetes, dyslipidemia and cardiovascular diseases. PCOD is chronic but management of can be cured by homoeopathy. To evaluate the efficacy of homoeopathic medicines in management and treatment of PCOD.

**Keywords:** Polycystic ovarian disease, homoeopathy, cardiovascular diseases

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Received 22 May 2026, Accepted 31 May 2026

Please cite this article as: Kaur., A case of PCOD Treated and Cured with Homoeopathy. British Journal of Medical and Health Research 2026.

## CASE SUMMARY

A 23-year-old girl Jasleen was diagnosed with PCOD. She visited our clinic with such symptoms.

1. She has complaints about acne around cheeks and oily skin.
2. Irregular menses with dysmenorrhea.
3. Menses were late but profuse, yet painful.
4. Weeping indisposition due to h/o of death of dear one.
5. Menstrual cycle was around 35-38 days.

After taking all the signs and symptoms, she was advised investigations.

Investigations were as stated below-

1. C.B.C, E.S.R
2. T3 T4 TSH
3. AMH, LH, FSH, PROLACTIN
4. USG scan for abdomen

For acne investigations, abnormal findings were stated below

1. USG – PCOD was detected
2. AMH was 11.40

Rest all the investigations normal Medicines Prescribed

Rx

1. Aurum iod 30 – TDS for 1 month
2. Nat Mur 30 – TDS for 1 month
3. Damiana Q – 20 drops TDS

## RESULTS

After administration of medicines. Follow up after 1 month. The key changes in patient were Menses came after 30 days at L.M.P instead of 35-38 days.

1. Flow became less profuse as compared to previous month
2. Oiliness of skin reduced as compared to last month
3. Acne reduced comparatively.

For next month following medicines were prescribed

Rx

1. Aur Iod 30 – TDS for 1 month
2. Nat Mur 30 – TDS for 1 month
3. Damiana Q – 20 drops TDS Follow up after 1 month

No oiliness of skin, skin became more clear and only some matter less pimples under the skin remained.

Menses came after 28 days and discharges became normal

Medicines prescribed for next 1 month, following were the medicines prescribed.

Rx

1. Aur Iod 30
2. Calc Sulph 30
3. Damiana Q

After 1 month of above-mentioned medicines following changes were recorded

Menses become normal 28 days cycle and normal discharge.

1. No acne, no oiliness
2. No weeping indisposition

After recording all the sign and symptoms, patient has been advised to take same medicines for another 1 month and advised to follow up with USG and AMH levels.

In USG no more PCOD is there and AMH levels remain 5.43ngl/ml.

Now following medicines were prescribed to normalize the AMH levels. (upto 3.0 ngl/ml)

Rx

1. Puls 30
2. Damiana q

## RESULTS

As per my experience to treat the PCOD cases, Homoeopathy has a wide range of medicines to treat and cure such types of cases and also very helpful to treat and balance hormonal levels.

I am also attaching patient USG reports before and after treatment

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EX RESIDENT GRANT MEDICAL & J.J. HOSPITALS, MUMBAI  
EX H.O.D. DR. B.L. KAPOOR HOSPITAL, LUDHIANA.

PATIENT NAME : MISS JASLEEN DATE : 16.4.25

**ULTRASOUND LOWER ABDOMEN**

**URINARY BLADDER:-** Well distended.


**UTERUS:-** Normal in size and anteverted. Appx. size is 7.7 X 4.6 X 3.0cm.  
No focal myometrial lesion.  
Endometrial echocomplex is normal, appx. 7-8mm thick.  
Internal os closed. Cervix normal.

**ADNEXAE:-** Right ovary is appx. 5.9 x 1.9 x 1.8cm in size with appx. volume of 11.0cc.  
Left ovary is appx. 5.5 x 1.9 x 1.6cm in size with appx. volume of 8.1cc.  
Both show multiple small follicles < 6mm dia peripherally with echogenic stroma.  
No abnormal adnexal mass seen.

**POUCH OF DOUGLAS:-** It is clear. No free fluid seen.

**US UPPER ABDOMEN is normal.**  
No suprarenal pathology seen.

**IMPRESSION:- POLYCYSTIC OVARIAN MORPHOLOGY.**  
Please correlate clinically and with hormone assay.


  
DR SUMEL KAUR.

NOT FOR MEDICO LEGAL PURPOSES  
FINDINGS MAY PLEASE BE CORELATED WITH OTHER INVESTIGATIONS.

**Before Treatment**

**Satija Ultrasound & X-Ray Clinic**

**Dr. Varun Satija**  
M.B.B.S., M.D. (Radiodiagnosis) CMC, Ludhiana.  
Formerly Reader  
Christian Medical College & Hospital, Ludhiana.  
Interventional Radiologist (SCTIMST Tvm)



B-XI, 1907, Old Civil Hospital Road,  
(Near Pothohar School)  
Khud Mohalla, Ludhiana.

Dated.....

PATIENT'S NAME **JASLEEN**      AGE **24 Y**      SEX **F**  
CLINICAL PROBLEM **Gaseous dyspepsia, bloating, abdominal pain, occasional long cycles, dysmenorrhoea.** REFERRED BY **DR. BABAN.**

**ULTRASOUND ABDOMEN**

**LIVER** is sonographically normal in size shape and echotexture. No intra hepatic space occupying lesion seen. Intra hepatic biliary radicals are not dilated.

**GALL BLADDER** is normal and distended. No gall stones seen. GB wall is normal. CBD is NOT dilated.

**PANCREAS** is normal in size shape and echotexture. No intra or peri pancreatic fluid collection seen. PD is NOT dilated.

**SPLEEN** is normal in size shape and position and internal parenchymal echotexture.

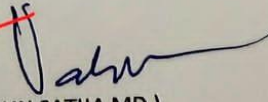
**BOTH KIDNEYS** are normal in size shape location and internal parenchymal echotexture. No renal stones or hydronephrosis seen.

**URINARY BLADDER** is normal. No stones or diverticulii seen.

**UTERUS** is of normal nulliparous size and is anteverted in the midline. Myometrium is normal, no fibroid seen. Endometrium is normal – the total combined thickness of both layers of endometrium is 5mm (LMP = 17.12.25). Both adenexae are normal.

No ascitis seen. No abdominal lymphadenopathy seen.

**IMPRESSION : Normal Ultrasound Abdomen.**

  
(DR. VARUN SATIJA MD.)

19 December 2025

**After treatment**

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