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Homoeopathic Management of PMOS using *Pulsatilla*: A Report of Two Cases Previously Diagnosed As PCOS

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ABSTRACT

Polyendocrine Metabolic Ovarian Syndrome (PMOS), previously known as Polycystic Ovary Syndrome (PCOS), is a prevalent endocrine disorder among women of reproductive age. Individualized treatment strategies may address underlying constitutional factors. Homoeopathy employs a personalized constitutional approach and may provide an alternative therapeutic option. Here we describe the homoeopathic management of two cases of PCOS treated with *Pulsatilla pratensis* as the similimum, with outcomes evaluated through pre- and post-treatment ultrasound imaging. Two women with ultrasound-confirmed PCOS, irregular menstruation, and clinical features corresponding to *Pulsatilla* received individualized homoeopathic prescriptions. Detailed case-taking and repertorization informed remedy selection. Patients underwent serial clinical follow-up and repeated transvaginal ultrasound assessments to monitor ovarian morphology and follicular patterns. Both patients demonstrated significant clinical improvement within a year. Menstrual cycles became regular, symptoms decreased, and follow-up ultrasonography indicated resolution of polycystic ovarian morphology, supporting the clinical response to individualized *Pulsatilla pratensis* treatment. These cases indicate that *Pulsatilla pratensis*, when prescribed based on the totality of symptoms, may be effective in managing PCOS.

Keywords: Polycystic Ovarian Syndrome; Polyendocrine Metabolic Ovarian Syndrome; *Pulsatilla*; Homoeopathy; Ultrasonography; Evidence-based.

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INTRODUCTION

Polyendocrine Metabolic Ovarian Syndrome (PMOS), previously named Polycystic Ovary Syndrome (PCOS), is a prevalent endocrine disorder affecting women in their reproductive years, characterized by a combination of ovulatory dysfunction, excess androgen activity, and distinctive ovarian morphology on ultrasonography.[1,2,3,4] It is widely regarded as a major contributor to menstrual irregularities, sub-fertility, and metabolic disturbances, often associated with insulin resistance, obesity, and long-term risks like type 2 diabetes mellitus and cardiovascular disease.[4]

Epidemiological studies estimate that PCOS/PMOS affects more than 170 million women worldwide, representing approximately one in eight women of reproductive age, making it the most common endocrine disorder in this population.[1] In India, prevalence estimates range from 3.7% to 22.5%, according to the population studied and the diagnostic criteria applied. [1,2]

The etiopathogenesis of PCOS is multifactorial and involves a complex interplay between genetic predisposition, neuroendocrine dysregulation, and metabolic abnormalities. [4,5] Alterations in the hypothalamic–pituitary–ovarian axis, along with hyperinsulinemia, lead to increased ovarian androgen production, follicular arrest, and chronic anovulation. [4,5,6] These mechanisms ultimately manifest as clinical features such as oligomenorrhea or amenorrhea, acne, hirsutism, and infertility. [5]

Diagnosis is commonly based on established criteria such as the Rotterdam consensus, which requires the presence of at least two of the following features: oligomenorrhea or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology on imaging.[4] Conventional management strategies for PCOS include lifestyle modification, hormonal therapy, insulin-sensitizing agents, and ovulation induction, tailored to the individual's clinical presentation and treatment goals.[4,5]

Homoeopathy offers a holistic and individualized therapeutic approach, wherein remedy selection is guided by the totality of symptoms, encompassing the patient's mental, general, and particular characteristics, not just the symptoms.[7] In gynecological disorders such as PCOS, this individualized approach aims to restore systemic balance rather than merely suppress symptoms.

Pulsatilla pratensis plays an important role in the management of menstrual and hormonal irregularities. It is particularly suited to individuals with delayed or suppressed menses, emotional sensitivity, and characteristic general features such as thirstlessness and amelioration in open air. [8]

The present study reports two cases of PCOS managed with *Pulsatilla pratensis*, demonstrating improvement in clinical presentation along with normalization of ultrasonographic findings following individualized homoeopathic treatment.

The condition documented in the clinical records and investigations as Polycystic Ovary Syndrome (PCOS) has been formally renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS), in line with the global consensus published in *The Lancet* on May 12, 2026 [1]. Following the model “Polyendocrine Metabolic Ovarian Syndrome (PMOS), previously named Polycystic Ovary Syndrome (PCOS),” both terms are used interchangeably in this paper, with PCOS retained when directly citing patient records.

LITERATURE REVIEW

Pathophysiology and Diagnosis

Polycystic ovarian syndrome (PCOS) is widely described as a heterogeneous endocrine disorder with complex interactions between genetic, metabolic, and hormonal factors. [4] The pathogenesis involves a combination of insulin resistance, hyperandrogenism, and dysregulation of the hypothalamic–pituitary–ovarian (HPO) axis. [5,6] Increased luteinizing hormone (LH) secretion relative to follicle-stimulating hormone (FSH), along with hyperinsulinemia, stimulates ovarian theca cells, resulting in excessive androgen production and impaired follicular maturation. [4,5,6] This leads to chronic anovulation and the development of polycystic ovarian morphology.

The Rotterdam criteria remain the most widely accepted diagnostic framework, requiring the presence of at least two of the following features: oligomenorrhea or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology on ultrasonography. [4] Advances in imaging techniques have refined the diagnostic thresholds for ovarian morphology, while biochemical markers such as anti-Mullerian hormone (AMH) are increasingly recognized as supportive indicators. [5]

Clinically, PCOS manifests with menstrual irregularities, infertility, acne, hirsutism, and metabolic disturbances [3,4,5]. In addition, psychological co-morbidities such as anxiety, depression, and reduced quality of life are frequently reported, emphasizing the systemic nature of the disorder. [4]

Homoeopathic Perspective in PCOS/PMOS:

The formal renaming of PCOS to PMOS represents a conceptual shift in modern medicine towards acknowledging the multisystem, endocrine-metabolic nature of a condition that homoeopathic physicians have long managed in its entirety through the lens of individual constitutional assessment.[1] The three components of PMOS - polyendocrine, metabolic, and ovarian - are each addressed within the homoeopathic framework: constitutional

medicines modulate neuroendocrine patterning, address metabolic tendencies inherent in the miasmatic background, and resolve local ovarian pathology as part of a holistic therapeutic response.

Homoeopathy views disease as a dynamic imbalance of the vital force, showing up through a range of physical, mental, and emotional symptoms [7]. Treatment is personalized, focusing on the overall picture of symptoms rather than just the medical diagnosis. In classical Homoeopathy, mental and general symptoms are considered especially important when choosing a remedy, and are given more weight in building the complete symptom profile [7]. This approach is often applied to chronic conditions like PCOS, where emotional and psychological factors can go hand in hand with hormonal and metabolic issues.

***Pulsatilla pratensis* in Homoeopathic Materia Medica**

Pulsatilla pratensis is among the most frequently indicated remedies for disorders of the female reproductive system.[8] It is especially suited to individuals with a mild, yielding temperament, emotional sensitivity, and a tendency to seek company and consolation. [8,9]

This remedy is often linked to menstrual issues like delayed, light, or missed periods. Common general symptoms include a lack of thirst, feeling worse in warm or stuffy places, and feeling better in fresh air [8,9]. These traits are frequently seen in people dealing with hormonal imbalances and menstrual problems.

Classical stalwarts such as Dr J.T. Kent have emphasized the significance of mental generals, including weeping disposition, dependency, and emotional variability, in identifying *Pulsatilla* as the indicated remedy. [7]

Homeopathic Evidence in PCOS:

Interest in Homeopathic approaches for polycystic ovarian syndrome (PCOS) has been on the rise, with numerous clinical studies and case reports indicating potential benefits.

Recent clinical findings suggest that personalized homoeopathic treatment might help improve menstrual regularity and ease related symptoms in PCOS. Some observational studies and case reports have reported positive outcomes, including such results as the return of normal ovulatory cycles and the resolution or disappearance of ovarian cystic changes. [10]

A randomized, single-blind, placebo-controlled pilot study conducted by Lamba et al. demonstrated statistically significant improvement in menstrual regularity and selected hormonal parameters among patients receiving individualized homoeopathic treatment compared to placebo, suggesting a possible role in endocrine modulation. [11] 60 women with PCOS were divided into a homoeopathic intervention plus lifestyle modification group and a placebo plus lifestyle modification group for 6 months. The study reported that 60% of

patients in the homoeopathy group showed improvement in menstrual regularity along with associated symptoms, whereas no significant improvement was observed in the placebo group. [11]

Observational data and case series further support these findings. Parveen and Das reported improvement in menstrual cyclicity and regression of ovarian cystic changes in 7 patients treated with individualized homoeopathic medicines. [12] Similarly, Raizada documented a series of seven cases managed with constitutional remedies—including *Pulsatilla*, *Natrum muriaticum*, *Lycopodium*, *Silicea*, and *Sepia*—where all patients showed normalization of menstrual cycles and resolution of cystic morphology on ultrasonography. Clinical outcomes, as assessed using the Integrative Medicine Outcome Scale (IMOS), indicated complete recovery in these cases. One infertile patient conceived during treatment.[13]

Individual case reports also highlight the scope of homoeopathic treatment in complex presentations. Shinde described the successful management of a patient with coexisting PCOS, endometrial hyperplasia, and uterine fibroids using *Pulsatilla pratensis*, with subsequent normalization of imaging findings. [14] In another report, Islam and Chowdhury emphasized the importance of constitutional prescribing, documenting resolution of PCOS features following individualized *Pulsatilla* prescription. [15]

A prospective observational study by Gunchala et al. looked at the effects of *Pulsatilla pratensis* 200C in a group of PCOS patients. They found notable improvements in symptom scores, as measured by the PCOS Questionnaire (PCOSQ), with most participants showing clear clinical benefits throughout the study. [16]

Additionally, holistic case series by Kayalvizhi et al. have highlighted the effectiveness of individualized homoeopathic remedies—including *Pulsatilla*, *Sepia*, and *Lachesis*—in improving menstrual regularity, hormonal balance, and ovarian morphology, with minimal adverse effects reported. [17]

Overall, current research suggests that personalized homoeopathic treatment may alleviate symptoms and potentially reverse some pathological changes associated with PCOS.

CASE REPORTS

CASE 1

Patient Information

A 22 year-old unmarried female presented to the outpatient department of Gynecology & Obstetrics (OPD - 6) of Homoeopathy Hospital, NEIAH with the chief complaints of irregular and scanty menstruation for the past 2 years, associated with excessive weight gain, and mild overgrowth of hairs over the chin and upper lip, and profuse abnormal white

discharge per vagina before menses for the past 4 months (when first presented to the OPD), which aggravated during day time and ameliorated by drinking warm water and at night time.

History of Present Illness:

The complaint as such started gradually, and she was on medications (conventional treatment) for the past 1 and ½ years and stopped for the past 6 months. She had been focusing on changing her lifestyle, but with little change observed.

Past History:

No history of major illness, surgical procedures, or hospitalization. No history of diabetes mellitus, hypertension, or thyroid disorder.

Family History:

Father has splenomegaly; mother is suffering from Diabetes Mellitus II.

Menstrual History

- Menarche: 13 years
- Cycle length: 45–90 days (irregular)
- Duration of flow: 2–3 days
- Amount: Scanty (1–2 pads/day)
- Character: Dark, thick, clotted, intermittent
- Pain: Present – colicky, starting 1–2 days before flow, better in open air

Physical Generals

- Thermals: Hot patient (intolerance to heat; desires cool open air; aggravated in warm, closed rooms)
- Thirst: Absent (thirstless despite dry mouth)
- Appetite: Reduced
- Aversion: for rich, fatty foods
- Sweat: Mild, offensive
- Sleep: Disturbed; prefers sleeping on back
- Bowels: Irregular, tendency towards constipation

Mental Generals

The patient presented as a soft-spoken, gentle, and submissive individual with an evident yielding disposition. She expressed a strong desire for sympathy and consolation. She described fear of being alone in the evenings and a tendency to dependency on family members for emotional decisions. She denied any history of anxiety disorder or depression but acknowledged emotional sensitivity and feeling easily hurt or slighted.

Homoeopathic Case Analysis**Totality of Symptoms:**

1. Irregular, scanty, dark, clotted menses
2. Delayed menstruation — cycle of 45–90 days
3. Dysmenorrhoea ameliorated in the open air.
4. Yielding disposition.
5. Desire for consolation and sympathy
6. Thirstlessness with dry mouth.
7. Aggravation in warm, closed rooms; amelioration in open, cool air
8. Aversion to fatty, rich foods
9. Fear of being alone in the evening
10. Weight gain with hirsutism.

Repertorial Analysis:

Using Radar opus software version 4.4.10 for repertorisation, *Pulsatilla pratensis* emerged as the highest scoring constitutional remedy, covering the physical generals, mental generals, and particular symptoms. [Figure 1]

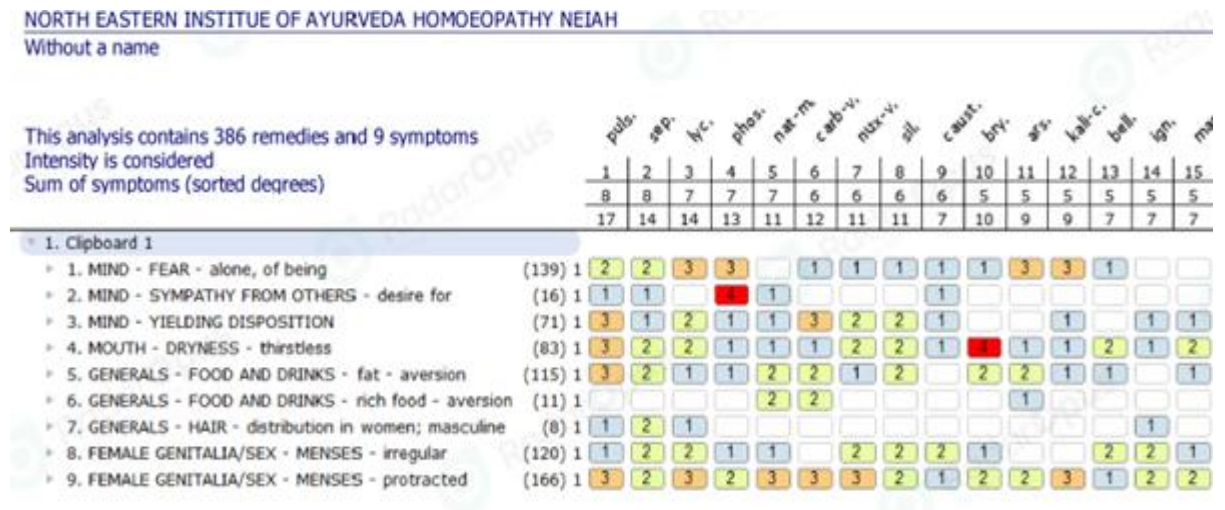


Figure 1: Miasmatic Analysis:

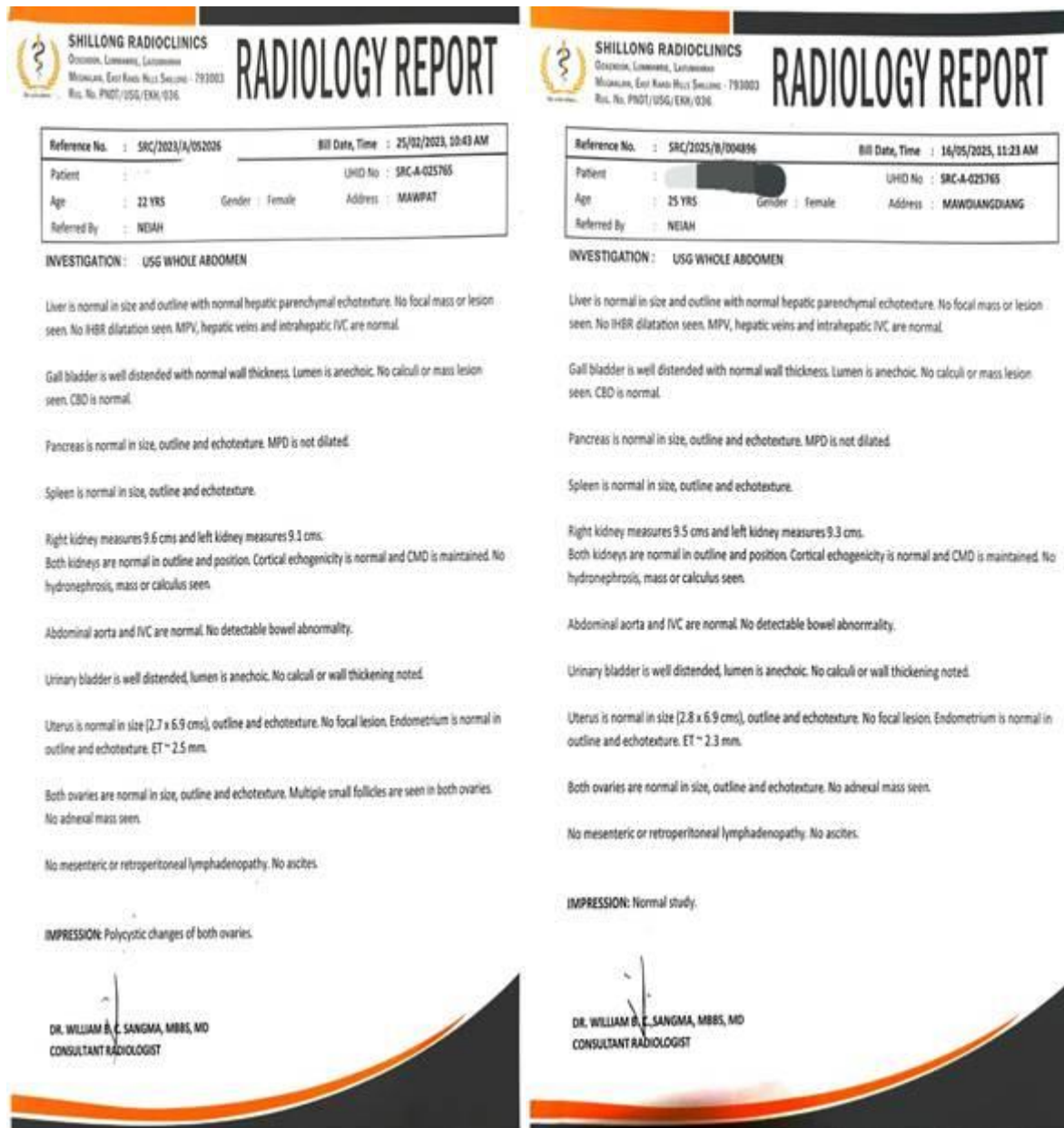
Predominantly Sycotic, with Psoric background.

Prescription:

After considering different homoeopathic literature, *Pulsatilla pratensis* emerged as the most indicated remedy and was prescribed based on symptom similarity. The prescription started with 30CH, gradually increased to 200CH, and later on to 1M potency. Then the potency was shifted to Fifty- millesimal, starting with LM 1, and was continued till LM 14 until November 2025, followed by a placebo as continued support. Frequency and doses were administered according to the Homoeopathic principles as per the individualized assessment.

Follow-up and Outcome:

The symptoms stated improved gradually over the treatment of 2 years since the onset of the treatment, and presently, the patient is in a regular phase of menstruation with improvement in the associated complaints as well, since the past 6 months. Overgrowth of facial hair decreased to a minimally visible level. Weight decreased from 56 kg to 49 kg.



Figures: 2 (Left): A pre-treatment whole abdomen ultrasound dated 25/02/2023 showed polycystic changes in both ovaries

Figure 3 (Right): A post-treatment ultrasound dated 16/05/2025 revealed a normal study

Outcome Assessment:

Using the Modified Naranjo Criteria for Homoeopathy (MONARCH), a causal attribution score of +10 on a scale of - 6 to +13 was achieved, indicating probable causal attribution of the therapeutic outcome to the homoeopathic intervention. [Figure 4]

(Ms. N-S) MODIFIED NARANJO CRITERIA FOR HOMOEOPATHY (MONARCH)

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3. Was there an initial aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5. Did overall well-being improve? (suggest using validated scale)	+1	0	0
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Note: Maximum score = 13, minimum score = -6. ⇒ +10

Figure 4: Causal attribution of the therapeutic outcome to the homoeopathic intervention.

CASE 2

Patient Information:

A 23-year-old unmarried female student presented to the outpatient department of Gynaecology & Obstetrics with the chief complaints of irregular and profuse menstruation for the past 1 year, associated with fatigue, pain and pulling down sensation in the lower abdominal regions.

History of Present Illness:

The complaint started gradually. The patient had not taken any medications or any treatment for the same.

Past History:

No major surgical or medical history. No prior hospitalization. No history of diabetes mellitus, hypertension, or thyroid disorder.

Family History:

No significant abnormalities were presented in the familial lines

Menstrual History:

- Menarche: 12 years
- Cycle length: 35 days (irregular)
- Duration of flow: 6-7 days

- Amount: Profuse (5-6 pads/day)
- Character: Dark, thick, clotted, intermittent
- Pain: Present – pulling and aching sensation, flow

Physical Generals

- Thermals: Intolerance to heat and cold environments; better in open air.
- Thirst: very little.
- Appetite: Normal; can't tolerate hunger;
- Aversion: to fatty and pork products;
- Desire: tea, spices;
- Sleep: Restless; wakes unrefreshed
- Sweat: Moderate; perspires from physical exertion

Mental Generals:

The patient presented with a mild disposition. She was tearful during the consultation and wept readily as she recounted her complaints. Her mood was changeable, sad and despondent at times, then improved transiently with reassurance or when outdoors. She expressed religious preoccupation.

Homoeopathic Case Analysis

Totality of Symptoms:

1. Profuse, dark, clotted, intermittent menses with a cycle of 35 days
2. Mild disposition
3. Weeping readily, desire for consolation
4. Thirstlessness
5. Aggravation in warm, closed rooms; amelioration in open air
6. Desire for tea, spices
7. Emotional dependency; avoids conflict

Repertorial Analysis:

Repertorisation using Radar opus software version 4.4.10 yielded *Pulsatilla pratensis* as the highest scoring remedy across all three levels of symptoms — mental generals, physical generals, and particulars. [Figure 5]

NORTH EASTERN INSTITUTE OF AYURVEDA HOMOEOPATHY NEIAH
Without a name

This analysis contains 582 remedies and 8 symptoms
Intensity is considered
Sum of symptoms (sorted degrees)

		puls.	nat-m	sep.	staph.	phos.	nux-v.	lyc.	alum	kali-p.	chin.	nux-m	sulph.	calc.
1	2	3	4	5	6	7	8	9	10	11	12	13		
8	7	7	7	6	6	6	6	6	5	5	5	5		
17	12	11	11	12	11	10	7	7	12	11	10	9		

1. Clipboard 1														
1. MIND - ANSWERING - unable to answer - hurt emotionally; when	(33) 1	2	2	1	3	2		1	1			1		1
2. MIND - MILDNESS	(121) 1	3	3	2	1	2	2	2	1	1	1		2	2
3. MIND - WEeping - consolation - amel.	(5) 1	2												
4. STOMACH - THIRSTLESS	(220) 1	3	1	2	2	1	1	2	2	1	3	3	1	1
5. GENERALS - FOOD AND DRINKS - spices - desire	(136) 1	2	1	1	1	3	2	1	1	1	3	1	3	
6. GENERALS - FOOD AND DRINKS - tea - desire	(48) 1	2	1	1	1		1		1	1	2			
7. FEMALE GENITALIA/SEX - MENSES - copious	(410) 1	2	3	2	1	3	3	2	1	2	3	3	2	3
8. FEMALE GENITALIA/SEX - MENSES - irregular	(120) 1	1	1	2	2	1	2	2		1		3	2	2

Figure 5: Miasmatic Analysis:

Predominantly Sycotic with Psoric elements.

Prescription:

After considering various Homoeopathic literatures, *Pulsatilla pratensis* emerged as the most indicated remedy and was prescribed based on symptom similarity. The prescription started with 30CH, gradually increased to 200CH, and later to 1M potency, with frequency and doses administered according to Homoeopathic principles, as per individualized assessment, with placebo as intercurrent support.

Follow-up and Outcome:

The stated symptoms improved gradually over the course of treatment, and the patient is currently in a regular menstrual phase with moderate flow, with improvement in the associated complaints. The patient showed mild pallor on initial examination, which improved during the course of treatment.

Ultrasound Report
 Department of Radiology & Imaging
 North Eastern Indira Gandhi Regional Institute of Health & Medical
 Sciences Shillong-793018

Name	Age/Sex	23Y/F	Dept	OBG OPD	CR. No	001991
IP No	Bed No		Date	14-12-2024	USG No	240

Relevant Clinical details: Irregular period

Ultrasound Whole Abdomen

Study shows:

- LIVER: Normal in size, shape, margin with normal echogenicity. IHSR is not dilated. No focal mass lesion noted.
- GB: Normally distended with echo free lumen. GB wall thickness is normal. No pericholecystic collection seen.
- CBD: Normal in course and calibre. No echogenic calculus noted.
- PV: Normal in course and calibre.
- PANCREAS: Normal in size, shape with normal echogenicity. No focal mass lesion seen. MPD is not dilated.
- SPLEEN: Normal in size, shape and echotexture. No focal lesion seen.
- KIDNEYS: Normal in size, shape, position with normal echogenicity. Cortical thickness is normal. Corticomedullary differentiation is maintained. No calculus or focal lesion noted. PCS is normal.
- UB: Normally distended. No intrinsic pathology noted.
- Uterus: Normal in size, shape and parenchymal echotexture. No focal lesion noted.
- **Bilateral ovaries are bulky with multiple peripherally arranged prominent follicles (RO: 13.9 cc, LO: 18.8 cc).**
- No lymphadenopathy noted.
- **Mild free fluid noted in POD.**

IMPRESSION: Bilateral polycystic ovaries.

Signature
 For Dr C Daniels
 Professor & HOD
 Department of Radiology

Signature
 Dr D Lymer
 Additional Professor
 Department of Radiology

Signature
 Senior Resident Doctor
 Department of Radiology

Signature
 Junior Resident Doctor
 Department of Radiology

RAMAKRISHNA MISSION
 CHARITABLE DISPENSARY
 Laitumkhrah, Shillong - 793003, Meghalaya
 Phone : 9436705813, E-mail: info@ramakrishnamission.org

NAM	AGE/SEX : 24YRS/F	ID. NO: 25-040331
REF. BY DR. NEJAH	DATE: 07/08/2025	M.S.NO: 93

REPORT ULTRASONOGRAPHY - WHOLE ABDOMEN

- Both domes and pleural recesses are normal. No effusion noted bilaterally.
- Liver is normal in size, shape and echotexture with normal intra-hepatic biliary and portal radicles. No focal or diffuse lesion seen. Portal confluence is patent.
- Gall bladder is normal in distensibility and wall thickness with normal anechoic contents. No intra-luminal sludge, mass or echoreflexive calculus seen.
- Normal common bile duct and PV observed during sonography.
- Pancreas is normally visualised. Main pancreatic duct is not dilated.
- Spleen is normal in size and shape with normal parenchymal echotexture.
- Kidneys are normal in shape, size and outline with normal renal cortical and sinus echoes. No hydronephrosis, mass lesion or echoreflexive calculus seen bilaterally. Right Kidney measures 10.1 cms. Left Kidney measures 10.4 cms.
- No gross detectable bowel abnormality noted. Large vessels appear normal.
- Urinary bladder is normal in distensibility and outline, showing normal echofree intra-luminal content. No SOL or irregular wall thickening seen.
- Uterus is anteverted with normal myometrial and endometrial echogenicity. No focal or diffuse abnormality seen within the uterus. Cervix appears grossly normal. Uterus measures - 7.6 cms with endometrial thickness of - 6.0 mm.
- Ovaries are visualized along both adnexae. No pelvic mass or collection noted. Right ovary measures - 3.6 cms; Left ovary measures - 3.0 cms.
- No lymphadenopathy or ascites. No detectable abnormality in both iliac fossae.

IMPRESSION: NO SIGNIFICANT USG ABNORMALITY DETECTED.

Signature
 Dr. Githel L. Bish
 MIBBS, Sonologist

Figure 6 (Left): Pre-treatment whole abdomen ultrasonography dated 14/12/2024 showed bilateral polycystic ovaries.

Figure 7 (Right): Post-treatment ultrasonography dated 07/08/2025 revealed no significant USG abnormalities.

Outcome Assessment:

Using the Modified Naranjo Criteria for Homoeopathy (MONARCH), a causal attribution score of +9 on a -6 to +13 scale was achieved, indicating probable/definite causal attribution of the therapeutic outcome to the homoeopathic intervention. [Figure 8]

(Ms. I.S) MODIFIED NARANJO CRITERIA FOR HOMOEOPATHY(MONARCH)

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	✓-2	0
3. Was there an initial aggravation of symptoms?	+1	✓0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	✓+1	0	0
5. Did overall well-being improve? (suggest using validated scale)	✓+1	0	0
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	✓+1	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	✓+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	✓+1	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	✓+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	✓+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓+1	0	0

Note: Maximum score = 13, minimum score = -6.

⇒ +9

Figure 8

DISCUSSION

The two cases presented demonstrate the potential effectiveness of individualized homeopathic treatment using *Pulsatilla pratensis* in the management of polycystic ovarian syndrome (PCOS). In both patients, remedy selection was based on a comprehensive evaluation of the totality of symptoms, including mental characteristics, general modalities, and particular complaints. The observed symptom constellation—such as delayed, prolonged, and scanty menstruation, emotional sensitivity, thirstlessness, aggravation in warm environments, and relief in open air—is closely aligned with the classical materia medica profile of *Pulsatilla pratensis*. [8,9]

From a homeopathic standpoint, PCOS may be interpreted within the framework of miasmatic theory, particularly reflecting features of the sycotic miasma, which is associated with tendencies toward tissue overgrowth, cyst formation, and functional excess.[7] *Pulsatilla pratensis*, with its known affinity for the female reproductive system, may act at a

constitutional level by addressing the underlying dynamic disturbance rather than focusing solely on symptomatic relief [7,8]. The clinical outcomes observed in these cases—including restoration of menstrual regularity and normalization of ovarian morphology on ultrasonography—are consistent with previously reported homoeopathic studies. Case series and observational research have documented comparable improvements following individualized prescriptions, including the use of *Pulsatilla pratensis* and other constitutional remedies. [13,14,15] These findings suggest a possible regulatory influence of homoeopathic intervention on endocrine and ovarian function.

A critical component of both cases was strict adherence to homoeopathic principles, particularly individualization and the prioritization of mental and general symptoms in remedy selection. [7,8] Kent emphasized that remedies such as *Pulsatilla* are especially indicated in individuals with a mild, yielding disposition and irregular menstrual function, which was evident in both cases. [7]

The exact mechanism of action of homoeopathic medicines remains to be fully elucidated. It has been proposed that such remedies may influence neuroendocrine regulation, potentially modulating the hypothalamic–pituitary–ovarian axis; however, this hypothesis requires further scientific validation, needing further studies. [4]

The renaming affirms a holistic perspective. The official shift to PMOS moves beyond a cyst-focused term to one that reflects endocrine, metabolic, and ovarian dysfunction. Homoeopathic case-taking has long considered the whole individual, including hormonal, metabolic, psychological, and constitutional aspects, which now aligns with what PMOS formally requires of conventional medicine as well. [1,2]

In addition to improvements in gynecological parameters, both patients reported better emotional stability and overall well-being. This observation aligns with the holistic approach of homoeopathy, which aims to restore balance across physical, mental, and emotional domains. [7]

Nevertheless, the limitations of this study must be acknowledged. As case reports, these findings are inherently limited by small sample size, absence of control groups, and the potential for spontaneous variation in disease course. Therefore, while the temporal relationship between treatment and improvement is notable, definitive conclusions regarding causality cannot be established.

Future research should focus on well-designed randomized controlled trials with adequate sample sizes and standardized outcome measures, including hormonal profiles, ultrasonographic parameters, and validated quality-of-life scales, to further evaluate the role of *Pulsatilla pratensis* in the management of PCOS/PMOS.

CONCLUSION

The present cases suggest that individualized homoeopathic treatment with *Pulsatilla pratensis* may contribute to meaningful clinical and ultrasonographic improvement in patients with PCOS/PMOS. The remedy, selected based on constitutional totality, appears to address not only menstrual irregularities and ovarian pathology but also the associated emotional and psychological disturbances. The two cases presented in this report, documented under the diagnostic label of PCOS, are now to be understood within the PMOS framework. Their presentation, management, and outcomes reflect not merely the resolution of ovarian cysts or menstrual irregularity, but a broader restitution of endocrine-metabolic harmony - precisely the goal that the PMOS nomenclature now articulates for the global medical community.

These findings underscore the potential of homoeopathy as a holistic approach for managing complex endocrine disorders such as PCOS. Nevertheless, current studies are constrained by small sample sizes and limited methodological rigour, necessitating further well-designed clinical trials to provide robust evidence regarding the role of homoeopathy in PCOS/PMOS management.

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