



POLYCYSTIC OVARIAN SYNDROME TREATED WITH HOMOEOPATHIC MEDICINE PULSATILLA NIGRICANS- A CASE REPORT

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ABSTRACT: Polycystic Ovary Syndrome (PCOS) is a common hormonal and metabolic disorder in women of reproductive age, marked by irregular periods, excess androgens, and polycystic ovaries. It can lead to symptoms like acne, hirsutism, weight gain, and fertility issues due to chronic anovulation. Acanthosis nigricans is a chronic skin condition characterised by thickened, hyperpigmented, and velvety patches. It is often associated with metabolic disorders such as obesity and polycystic ovarian syndrome (PCOS). This case study reports a 34-year-old female with long-standing acanthosis nigricans, obesity, irregular menstrual cycles, and metabolic imbalance. She was treated with constitutional remedies, including Pulsatilla. Over 12 months, the patient achieved significant improvement: normalisation of menstrual cycles, reduction in acanthosis nigricans and better overall metabolic function. The resolution of the pathology was confirmed with the ultrasound imaging technique. This case signifies the role of constitutional medicine in treating PCOS.

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a common endocrine–metabolic disorder in reproductive-aged women, characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology; it is classified under ICD-11 code GA30.0 (Polycystic ovarian syndrome)¹.



Globally, PCOS affects an estimated 8–13% of women, with higher rates of up to 20% when using broader diagnostic criteria². Clinically, it presents with irregular menstrual cycles, excessive hair growth (hirsutism), acne, weight gain or central obesity, scalp hair thinning, and infertility, often accompanied by metabolic features like insulin resistance³. If uncontrolled, PCOS can lead to significant complications such as type 2 diabetes, metabolic syndrome, dyslipidemia, endometrial hyperplasia or cancer, cardiovascular risks, and psychological issues, including anxiety and depression⁴. Fertility challenges arise primarily due to anovulation and poor oocyte quality, making conception difficult, though early diagnosis and appropriate management greatly improve reproductive outcomes^{4,5}. Acanthosis nigricans is a dermatological condition marked by hyperpigmentation and thickening of the skin, commonly observed in flexural areas such as the neck, axilla, and groin⁶. It is frequently associated with endocrine and metabolic disorders, including insulin resistance, obesity, diabetes mellitus, and polycystic ovarian syndrome (PCOS)⁶. Clinically, patients often present with hyperpigmented, thickened, and itchy skin in affected areas. Homoeopathic management emphasises a holistic approach, considering both constitutional temperament and specific pathological symptoms. Individualized remedies, selected according to miasmatic tendencies and physical as well as emotional characteristics, aim to correct systemic imbalances, improve metabolic function, and alleviate dermatological manifestations.

CASE PROFILE

A 34-year-old female, presented with acanthosis nigricans for several years, particularly aggravated by friction from clothing around the neck. She reported long-standing irregular menstrual cycles since menarche, with episodes of skipped periods lasting up to two months. She has a history of PCOS, for which she had previously taken medications. Obstetric history includes one pregnancy with cesarean delivery. She has reported transient episodes of cough, cold, and fever, but no significant systemic illness. Homoeopathic medicine was prescribed after detailed case taking. From a homoeopathic perspective, the patient presents with a chronic metabolic and endocrine pattern, likely linked to insulin resistance and PCOS, along with dermatological manifestations such as acanthosis nigricans with pruritus. Follow-up and management have included regular monitoring of weight, menses, hydration, and bowel habits, with gradual improvement noted over the past year under lifestyle regulation and supportive care.

PAST HISTORY

Dengue infection – 4 years ago



History of PCOS; previously on medications

FAMILY HISTORY

Father: Diabetes

GENERAL SYMPTOMS

The patient reports excessive thirst and reduced appetite. She has an aversion to Rice. There is no history of urinary abnormalities and voided urine without difficulty. Her stools were regular. She had a profuse perspiration, and sleep was adequate & refreshing.

EXAMINATION OF THE PATIENT

The patient presents with significant obesity with a weight of 91 kg and stands 159 cm tall, resulting in a Body Mass Index (BMI) of 36.0, which classifies them as Obese Class II. Vital signs are mostly within normal limits, showing a pulse of 94 beats per minute, normal oxygen saturation at 98%, and a respiratory rate of 16 per minute. Clinical examination reveals that a key dermatological finding of Acanthosis nigricans is present on the neck, described as thickened and itchy skin.

MENTAL GENERALS

The patient's childhood was marked by a challenging family environment. Her parents frequently fought, creating a tense and unstable home atmosphere. During one particularly traumatic event, her mother attempted suicide by setting herself on fire with kerosene oil. As a child, the patient assumed significant responsibilities, taking care of household duties and attending to her mother during hospitalization and after discharge. Academically, she describes herself as an average student. She had a creative inclination from an early age, aspiring to become a makeup artist. Relationships with siblings were reportedly supportive, and she navigated her early life amidst the strictness and high expectations of her parents. She married at the age of 21, The marriage was marked by emotional distress, including her husband's extramarital affair, domestic discord, and lack of support from her in-laws, particularly during her pregnancy when she sustained a leg fracture. Despite these challenges, she demonstrated resilience and care for her child, trying to maintain family cohesion and protect her son's interests. The emotional burden during this period included anger, frustration, and helplessness, sometimes expressed through throwing objects or self-harm, though she reports better management of anger in recent times. Currently, she works as a freelance makeup artist, an occupation that aligns with her childhood interests and provides creative satisfaction. She describes herself as highly emotional, sensitive to injustice, and empathetic toward others. Anxiety occurs primarily when attempting new tasks, though familiarity



reduces her apprehension. She is deeply affected by the pain of others and often engages in counseling or support. Stressful periods continue to be associated with relational tensions and past trauma, while her happiest moments include her marriage and achievements in her creative pursuits. Her hobbies include drawing, painting, arts and crafts, and other creative activities, which serve as outlets for emotional expression and relaxation. Overall, her mental and emotional history reflects early exposure to familial trauma, high sensitivity, creativity, resilience, and the development of coping strategies to navigate personal and relational challenges.

CASE ANALYSIS

Repertorial totality

Repertory used	Rubrics selected
Kent Repertory	1. MIND – MILDNESS 2. MIND – EMOTIONAL excitement 3. MIND- CONSOLATION 4. MIND - ANGER-WEEPING: WITH 5. GENERAL-THIRSTLESS 6. SLEEP-SLEEPLESSNESS 7. MIND-YEILDING DISPOSITION 8. FEX GENITALIA -MENSES

Table 1: Repertorial Totality

SELECTION OF REMEDY

Remedy Type	Remedy Name	Remedy Potency	Remedy Dose	Remedy Reasons
Constitutional Remedy	<i>Pulsatilla nigricans</i>	30C	One dose Daily	Mild and sensitive temperament; empathetic toward the suffering of others; seeks consolation and sympathy.
Complementary/ Specific Remedy	<i>Insulinum</i>	30C	Twice daily	For managing insulin resistance and associated metabolic disturbances (linked to acanthosis nigricans, PCOS, and weight issues).

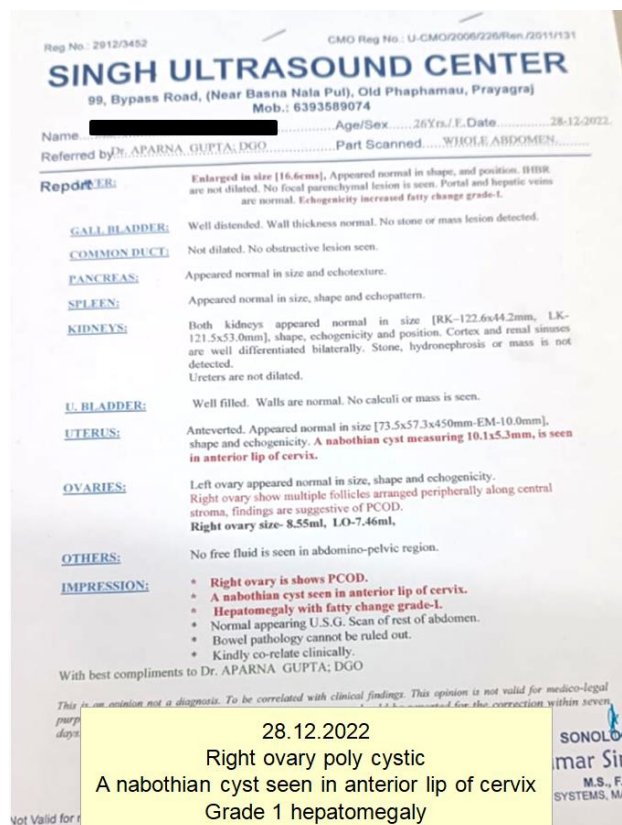
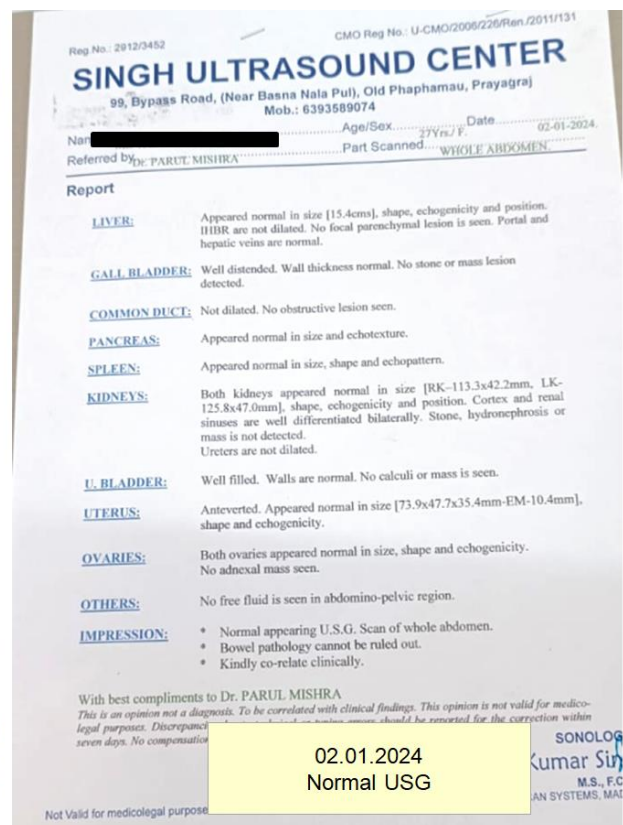
Table 2: Analysis of Remedy Selection

**OBSERVATION AND RESULTS**

Month	Progress / Observations	Prescription (Remedy + Potency + Dose + Remarks)
1st month	LMP 24 Mar 2023; mentally better; thirst normal; sleep better	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
2nd month	Initial menses 32–35 days, then irregular; diet following; exercise & walking; weight 90 kg	<i>Calcarea carbonica</i> 200C, 2 doses, 2/1 week; PULSATILLA 30C, 2 doses, 2/1 days
3rd month	LMP 27 Apr 2023; periods regular; flow normal; painful; appetite decreased; thirst 12–14 glasses/day; sleep good; occasional constipation	SAC-L 30C, 2 doses, 2/1 days; <i>Pulsatilla nigricans</i> 200C, 1 dose, 1/4 week
4th month	LMP 9 Jun 2023; constipation severe, bleeding better than before; 4 days normal bleeding	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
5th month	LMP 13 Sep 2023; periods regular, 5 days proper bleeding; patient cheerful; sleep refreshed	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
6th month	LMP 13 Oct 2023; weight 80 kg; had cough, cold, fever; normal bleeding 4–5 days; sleep refreshed; thirst normal	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
7th month	LMP 16 Nov 2023; normal bleeding, mild clots, now bleeding >4 days; bowels regular; sleep refreshed; thirst normal	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
8th month	LMP 17 Dec 2023; menses regular, 4 days, normal bleeding without pain; weight 77.7 kg	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
9th month	LMP 18 Jan 2024; ultrasound normal; menses regular; bowels regular; sleep refreshed; thirst normal	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days



10th month	LMP 5 Apr 2024; 5 days flow; painless; sleep refreshed; mild cold last month; diet regular	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; SAC-L NA, 2 doses, 2/1 days
11th month	LMP 7 May 2024; bleeding good, 4 days; appetite normal; thirst >14 glasses/day; sleep refreshed	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; INSULIN 30C, 2 doses, 2/1 days (BD – 2 months)
12th month	LMP 10 Jul 2024; flow normal, mild pain, no clots; diet irregularly following; bowels regular; sleep disturbed due to workload	<i>Pulsatilla nigricans</i> 200C, 2 doses, 2/1 week; INSULIN 30C, 2 doses, 2/1 days (BD – 2 months)

Table 3: Follow-up table showing the patients improvement**Figure 1: Report before treatment****Figure 2: Report after treatment**



DISCUSSION

This case highlights the successful integration of individualised homoeopathic constitutional and complementary remedies in the management of a 34-year-old female presenting with a complex metabolic and endocrine profile, specifically Obesity Class II, Polycystic Ovarian Syndrome (PCOS), and severe Acanthosis Nigricans, against a background of strong familial risk for diabetes. The selection of the constitutional remedy, Pulsatilla, based on the patient's sensitive temperament, coupled with the complementary use of Insulin 30C to directly address the underlying insulin resistance, proved efficacious. Over the 12-month follow-up, the patient demonstrated significant clinical improvement, evidenced by a 15 kg weight reduction (from 91 kg to 76 kg), normalization of her formerly irregular menstrual cycles, resolution of excessive thirst, and a marked reduction in the characteristic dermatological symptoms of Acanthosis Nigricans. A case report has studied the efficacy of Pulsatilla nigricans in uterine adenomyosis⁷. This outcome suggests that a holistic homeopathic approach, tailored to both the patient's individual nature and the specific metabolic pathology, offers a viable and effective therapeutic strategy for managing complex syndromes like PCOS and its associated insulin-resistant manifestations. Polycystic Ovary Syndrome (PCOS) is a complex endocrine–metabolic disorder marked by menstrual irregularities, hyperandrogenism, and metabolic disturbances. Its expression is deeply influenced by the Psycho-Neuro-Endocrine-Immune (PNEI) axis, where stress, emotional states, neurohormonal imbalance, and inflammatory pathways interact to worsen hormonal dysfunction⁹. Homoeopathy approaches PCOS through the totality of symptoms, considering not just ovarian or metabolic signs but the complete picture of physical complaints, mental–emotional patterns, stress triggers, constitutional traits, and concomitant symptoms, aiming to individualize treatment and restore systemic balance^{8,9}.

CONCLUSION

This case demonstrates the effectiveness of a holistic, individualized homeopathic approach in managing complex metabolic and endocrine disorders. By addressing the constitutional tendencies, specific pathological manifestations, and supporting systemic balance, the patient achieved sustained improvement in both metabolic and reproductive health. The case underscores the importance of integrating constitutional remedies with targeted supportive measures for chronic conditions like PCOS, obesity, and insulin resistance, ultimately resulting in better quality of life and physical well-being.



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