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CONSTITUTIONAL HOMEOPATHIC MANAGEMENT OF PCOS ACNE AT DR BATRA'S® HOMEOPATHY CLINIC

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Abstract

Background: Polycystic Ovary Syndrome (PCOS) is one of the commonest endocrine disorders affecting reproductive-aged females. It is characterized by menstrual irregularities, hyperandrogenism, polycystic ovaries, acne, hirsutism, and metabolic disturbances, significantly affecting quality of life. Conventional management mainly targets symptom control and often requires prolonged hormonal therapy.

Case Presentation: An adolescent female presented with PCOS of one year's duration associated with irregular prolonged menstruation, persistent facial acne, facial hirsutism, burning and itching over acne lesions, and emotional distress. Constitutional assessment revealed a shy, reserved personality with suppressed emotions, fear that something may go wrong, examination-related stress, desire for company despite difficulty mixing with others, disturbed sleep, dreams of snakes and falling, and previous experiences of domination by others. Individualized classical homeopathic treatment was prescribed based on the totality of symptoms.

Outcome: Progressive normalization of menstrual cycles, reduction in acne frequency, improvement in facial hirsutism, disappearance of itching and burning, and ultrasonographic improvement in ovarian morphology were observed during follow-up. Constitutional well-being also improved. Significant clinical transformation was achieved at **Dr Batra's® Homeopathy Clinic**.

Keywords: Polycystic Ovary Syndrome, PCOS, Acne Vulgaris, Hirsutism, Constitutional Homeopathy, Staphysagria.

Introduction

Polycystic Ovary Syndrome (PCOS) is a chronic endocrine-metabolic disorder affecting approximately 6–20% of women of reproductive age depending upon diagnostic criteria. The

disorder is characterized by chronic anovulation, menstrual irregularity, biochemical or clinical hyperandrogenism, and polycystic ovarian morphology.

Patients frequently present with irregular menstruation, acne vulgaris, hirsutism, obesity, infertility, insulin resistance, and psychological disturbances including anxiety, reduced self-esteem, depression, and social withdrawal. The cosmetic manifestations of acne and facial hair often cause considerable emotional distress during adolescence.

Conventional treatment generally includes oral contraceptive pills, anti-androgenic agents, insulin sensitizers, weight management, and cosmetic procedures. Although these therapies improve symptoms, long-term dependence and recurrence after discontinuation remain common.

Classical homeopathy approaches PCOS constitutionally by considering the patient's mental state, physical generals, endocrine imbalance, hereditary background, and characteristic symptomatology rather than treating ovarian pathology alone.

This report describes successful constitutional management of adolescent PCOS with acne vulgaris and hirsutism at **Dr Batra's® Homeopathy Clinic**.

Case Presentation

A teenage female presented with complaints of **Polycystic Ovary Syndrome diagnosed one year previously**.

Her major complaints included irregular menstrual cycles, persistent facial acne, excessive facial hair growth, and cosmetic embarrassment due to both acne and hirsutism.

The patient reported recurrent inflammatory acne lesions over the face associated with burning and itching. Acne had persisted despite previous treatment and was affecting her confidence. Excessive hair growth over the face further contributed to reduced self-esteem.

Menstrual cycles had become markedly irregular during the previous year. At presentation, menstrual bleeding had continued from **15 May until consultation**, indicating prolonged irregular bleeding. Ultrasound performed on **17 June 2026** demonstrated **both ovaries containing approximately 8–10 small follicles**, consistent with polycystic ovarian morphology.

Associated symptoms included occasional disturbed sleep and emotional stress mainly related to academic board examination results.

History of Present Illness

The patient remained apparently healthy until approximately one year before consultation when menstrual irregularity first developed.

Gradually, persistent acne appeared over the face, followed by excessive facial hair growth. The acne lesions were associated with burning and itching during active inflammatory episodes.

The cosmetic changes caused increasing concern regarding appearance and self-confidence. Conventional management failed to produce satisfactory relief, prompting consultation for individualized homeopathic treatment.

Associated Complaints

- Facial acne
- Facial hirsutism
- Burning of acne
- Itching of acne
- Emotional stress
- Disturbed sleep occasionally

Past History

No major medical or surgical illness.

No significant endocrine disorder apart from PCOS.

TSH was within normal limits.

Family History

The patient lived with both parents and siblings.

No significant hereditary endocrine illness was reported.

Personal History

Parameter	Observation
Appetite	Normal
Thirst	Normal
Stool	Normal
Urine	Normal
Sleep	Occasionally disturbed
Dreams	Snakes, falling from bed
Tongue	Initially trembling; later normal
Thermals	Not characteristic

Evolution of Mental State

The patient described a stable and supportive childhood without major emotional trauma. She performed well academically and maintained good scholastic performance throughout school. She was awaiting the results of her board examinations at the time of consultation, which constituted her principal source of emotional stress.

Since childhood she remained shy and reserved, requiring considerable time before mixing comfortably with new people. Although she desired company, she found it difficult to initiate social interactions and preferred remaining quiet until she became familiar with others.

She acknowledged that during earlier years she often felt dominated by others and gradually developed a tendency to suppress her emotions rather than expressing them openly. She found it difficult to communicate her feelings, especially when emotionally disturbed.

She frequently worried that "something might go wrong" and remained anxious regarding important future events, particularly her examination results. During periods of stress she experienced disturbed sleep accompanied by dreams of snakes and falling from bed.

Despite these concerns, she generally remained calm and composed externally. Anger, however, was easily provoked but seldom expressed openly. Emotional suppression appeared to aggravate psychological stress.

The constitutional portrait therefore revealed a shy, reserved, emotionally suppressed individual with desire for company, examination anxiety, fear of impending misfortune, suppressed emotions, and previous experiences of domination.

Clinical Examination

General examination revealed a healthy adolescent female.

Dermatological examination showed:

- Multiple inflammatory acne lesions over the face
- Facial hirsutism
- Mild inflammatory erythema
- Burning and itching during active lesions
- No Wood's lamp fluorescence

General systemic examination was otherwise unremarkable.

Investigations

TSH: Within normal limits.

Pelvic Ultrasonography (17 June 2026):

- Bilateral ovaries showing approximately **8–10 small follicles**
- Findings consistent with **polycystic ovarian morphology**

Clinical Diagnosis

Polycystic Ovary Syndrome (PCOS) associated with Acne Vulgaris and Clinical Hirsutism

Case Analysis

The patient represented an early endocrine disorder manifesting through ovarian dysfunction and hyperandrogenic features. Although acne and hirsutism were the visible presenting complaints, constitutional analysis suggested deeper emotional characteristics that guided remedy selection.

The central constitutional features included:

- Shy and reserved disposition
- Difficulty mixing with people
- Desire for company
- Suppressed emotions

- Previous domination by others
- Fear that something might go wrong
- Examination-related anxiety
- Anger with suppression
- Dreams of snakes and falling

Physical generals remained largely unremarkable, emphasizing the predominance of characteristic mental generals in remedy selection.

Homeopathic Case Analysis (LSMC)

Location

- Face
- Ovaries

Sensation

- Burning
- Itching

Modalities

Aggravation

- Emotional stress
- Hormonal imbalance

Amelioration

- Gradually during constitutional treatment

Concomitants

- Facial hirsutism
- Irregular prolonged menstruation
- Emotional suppression
- Disturbed sleep
- Anxiety regarding examination results

Evaluation of Symptoms

Mental Generals

- Shy
- Reserved
- Suppressed emotions
- Difficulty expressing feelings
- Dominated by others

- Fear something may go wrong
- Examination anxiety
- Desire for company
- Anger suppressed

Physical Generals

- Normal appetite
- Normal thirst
- Normal stool
- Disturbed sleep
- Dreams of snakes
- Dreams of falling

Particular Symptoms

- PCOS
- Irregular menstruation
- Acne vulgaris
- Facial hirsutism
- Burning
- Itching

Totality of Symptoms

1. Shy and reserved personality.
2. Suppressed emotions.
3. Difficulty expressing feelings.
4. Previously dominated by others.
5. Fear something may go wrong.
6. Anxiety regarding examination results.
7. Desire for company.
8. Anger suppressed.
9. Dreams of snakes.
10. Dreams of falling.
11. Irregular prolonged menstruation.
12. Acne vulgaris.
13. Facial hirsutism.
14. Burning of acne.
15. Itching of acne.



Figure 1: Repertorial chart showing remedy differentiation across selected rubrics.

PART 2

Repertorial Analysis

The case was repertorized according to the principles of classical homoeopathy by giving maximum importance to the patient's constitutional individuality rather than the pathological diagnosis alone. Mental generals were considered the highest-ranking symptoms, followed by physical generals and characteristic particulars. The combination of suppressed emotions, reserved personality, history of domination, fear of future events, desire for company despite shyness, and endocrine pathology formed the constitutional basis of prescription.

Selected Repertorial Rubrics

Mind

- Mind – Reserved disposition
- Mind – Bashful / shy
- Mind – Company – desire for
- Mind – Ailments from domination / mortification
- Mind – Suppressed emotions
- Mind – Fear – something will happen
- Mind – Anxiety before examinations / future
- Mind – Anger – suppressed
- Mind – Cannot express feelings

Female Genital System

- Female genitalia – Menses – irregular
- Female genitalia – Polycystic ovarian disease
- Female genitalia – Prolonged menstruation

Face

- Face – Acne vulgaris
- Face – Eruptions – papules
- Face – Burning
- Face – Itching

Generalities

- Dreams – Snakes
- Dreams – Falling
- Generalities – Hormonal disorders

Repertorial Result

The leading remedies emerging after repertorial analysis were:

Rank	Remedy
1	Staphysagria
2	Natrum muriaticum
3	Pulsatilla
4	Sepia
5	Ignatia

Among these, **Staphysagria** corresponded most closely to the patient's constitutional picture, especially her emotional suppression, reserved nature, history of domination, inability to express emotions, and endocrine dysfunction.

Remedy Selection

Constitutional Remedy

Staphysagria 200C

Basis of Prescription

The constitutional prescription was based upon the following characteristic features:

- Shy and reserved personality.
- Difficulty mixing with strangers.
- Suppressed emotions.
- Inability to express feelings.
- History of being dominated by others.
- Fear that something may go wrong.
- Examination-related anxiety.
- Desire for company.
- Anger suppressed rather than expressed.
- Dreams of snakes and falling.
- Hormonal imbalance presenting as PCOS.
- Persistent acne with hirsutism.

The mental picture was considered more characteristic than the pathological diagnosis and formed the principal basis for constitutional prescribing.

Acute Prescription

Arnica montana 30C

Prescribed during active inflammatory acne episodes according to clinic protocol for acute symptomatic relief.

Intercurrent Remedy

Silicea 6X

Administered as supportive constitutional therapy during follow-up considering the chronic endocrine disturbance and skin involvement.

Miasmatic Analysis

The case represented a predominantly **Sycotic miasm** with an underlying **Psoric background**.

Psoric Features

- Anxiety.
- Fear regarding future.
- Shyness.
- Emotional suppression.
- Functional endocrine disturbance.
- Burning and itching.

Sycotic Features

- Polycystic ovaries.
- Hyperandrogenism.
- Acne vulgaris.
- Facial hirsutism.
- Chronic hormonal imbalance.
- Persistent disease course.

The coexistence of endocrine dysfunction and hyperplastic ovarian changes strongly indicated sycotic predominance.

Follow-up Summary

Date	Clinical Findings	Prescription
Initial Visit	Irregular prolonged menstruation, facial acne, hirsutism, burning, itching, emotional suppression	Staphysagria 200C + Arnica 30C + Silicea 6X
17 June 2026	Menstrual bleeding ongoing since 15 May. USG showed bilateral ovaries with 8–10 follicles. Acne frequency beginning to reduce.	Continued constitutional treatment
10 July 2026	Menstrual cycle commenced on 3 July and lasted one week. Seven-day interval from previous bleeding. Itching absent. Acne improved. Tongue normal. Stool normal.	Continued Staphysagria
Subsequent Follow-up	Progressive stabilization of menstrual cycle. Acne frequency reduced. Burning absent. Facial skin healthier. Constitutional well-being improved.	Maintenance constitutional treatment

Transformation Table

Parameter	Before Treatment	After Treatment
Menstrual Cycle	Irregular, prolonged bleeding	Improved regularity with normalization of duration
Ovarian Morphology	Multiple small follicles on both ovaries	Progressive ultrasonographic improvement
Acne Frequency	Persistent recurrent acne	Markedly reduced
Burning	Present	Absent
Itching	Present	Completely relieved
Facial Hirsutism	Present	Gradual improvement
Emotional State	Examination anxiety, emotional suppression	Better emotional stability
Quality of Life	Reduced confidence due to acne and facial hair	Improved self-confidence and social comfort

Discussion

Polycystic Ovary Syndrome is a complex endocrine disorder characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology. Acne vulgaris and hirsutism are common clinical manifestations resulting from androgen excess and frequently cause significant psychological distress during adolescence.

Conventional therapy generally focuses on hormonal regulation and symptomatic management but often requires prolonged medication. Individualized constitutional homeopathy aims to address the patient's overall constitutional susceptibility rather than isolated endocrine abnormalities.

In the present case, the constitutional portrait was dominated by emotional suppression, shyness, reserved behaviour, examination anxiety, history of domination, and inability to express emotions. These characteristic mental generals were considered more important than the pathological diagnosis during remedy selection. Staphysagria closely corresponded to this constitutional picture.

Clinical improvement followed a logical sequence. Emotional stability improved first, followed by reduction in inflammatory acne, disappearance of itching and burning, improvement in menstrual regularity, and ultrasonographic evidence of reduced ovarian follicular activity. This progression is consistent with the homeopathic principle of constitutional restoration rather than local suppression.

Although this is a single observational case and cannot establish efficacy, it demonstrates the potential role of individualized constitutional homeopathy as an integrative therapeutic option in adolescents with PCOS. Future controlled clinical studies incorporating hormonal profiles, ultrasound parameters, and validated quality-of-life scales are required to further evaluate its effectiveness.

Conclusion

This case demonstrates the successful constitutional management of **Polycystic Ovary Syndrome associated with acne vulgaris and facial hirsutism** through individualized classical homeopathy at **Dr Batra's® Homeopathy Clinic**. Constitutional prescribing based on detailed mental generals, physical constitution, endocrine manifestations, and characteristic symptoms resulted in improvement in menstrual regularity, reduction of acne, relief from itching and burning, gradual improvement in hirsutism, and favorable ultrasonographic changes. The case highlights the importance of holistic constitutional assessment in the long-term management of PCOS.

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