



HOMOEOPATHIC APPROACH IN THE RESOLUTION OF PCOS WITH HAEMORRHAGIC CYST: A CASE- BASED EVIDENCE

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Abstract

Polycystic ovary syndrome (PCOS) is an endocrine disorder marked by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. haemorrhagic ovarian cysts are a recognized complication. The global prevalence of PCOS among women of reproductive age is estimated at 6 -13% as of 2025. In 2021, there were approximately 65.77 million prevalent cases globally, with about 1.175 million new incident cases per year. Although haemorrhagic cysts are less frequently quantified in large population studies, they pose significant risk due to pain, irregular bleeding, and possible ovarian torsion. This report describes a 19-year-old woman with PCOS and a right-sided haemorrhagic ovarian cyst, who underwent individualized homoeopathic treatment with *Apis mellifica*, resulting in complete resolution of the cyst and restoration of regular menses. The case supports the therapeutic potential of homoeopathy as a non-invasive option in ovarian cyst management within PCOS.

Introduction

Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders among women of reproductive age, characterized by a constellation of symptoms including

menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology on ultrasound¹. The global prevalence is estimated to range between 6-20%, depending on diagnostic criteria, with the Rotterdam criteria being the most widely accepted². PCOS is not only a reproductive disorder but also a multisystem condition, associated with insulin resistance, metabolic syndrome, obesity, infertility, and an increased risk of cardiovascular disease³.

Haemorrhagic ovarian cysts are a potential complication in women with PCOS, arising due to rupture of a mature follicle or corpus luteum, often leading to acute pelvic pain, irregular bleeding, and occasionally severe intraperitoneal haemorrhage⁴. Conventional management includes hormonal therapy, analgesics, and in severe cases surgical intervention, but these measures are often palliative and may carry risks such as recurrence or adverse effects of long-term hormonal therapy⁵.

In this context, homoeopathy offers an individualized and holistic approach, aiming to correct the underlying constitutional imbalance that predisposes to cyst formation. *Apis mellifica*, derived from the honeybee, has been clinically recognized for its affinity toward ovarian and uterine pathologies, especially when symptoms present with stinging pains, ovarian swelling, and tenderness¹¹. Case reports and clinical experiences suggest that timely administration of well-selected remedies such as *Apis mellifica* can promote resolution of haemorrhagic ovarian cysts and restore menstrual regularity without invasive intervention⁶.

This case report presents a young female patient with PCOS and a haemorrhagic cyst, who responded favourably to individualized homoeopathic treatment with *Apis mellifica*.

Case Report

A 19-year-old unmarried female presented to the outpatient department with a history of irregular menstrual cycles persisting for the past one year. She had initially sought consultation from an allopathic physician, who advised abdominal and pelvic ultrasonography (USG). The USG findings revealed a right-sided haemorrhagic ovarian cyst along with polycystic morphology of the left ovary [Fig.1]. She was cautioned that the condition carried the risk of ovarian torsion and might require surgical intervention. The patient subsequently opted for homoeopathic Management. Her chief complaints included pain during menstruation (dysmenorrhoea), persistent discomfort in the right lower

abdomen, and a sensation of abdominal tightness. Menstrual cycles were irregular with variable duration and flow, occasionally accompanied by clot formation. On physical examination, oedema was observed, along with a rosy and puffy skin appearance. It was also noted that her psychological state, marked by emotional sensitivity, had begun to interfere negatively with her quality of life.

Past History: No significant past medical history was reported.

Family History

The patient's paternal grandmother had hypertension. Her mother experienced menstrual irregularities, and her maternal aunt had a history of ovarian cysts.

Physical Generals

The patient reported markedly reduced thirst, consuming minimal water throughout the day. She gave a history of burning micturition and generalized oedema with rosy puffiness of the skin. She experienced aggravation in hot weather and after sleep, with a preference for bathing in cold water. Appetite was normal, bowel movements regular, and perspiration was moderate and non-offensive.

Mental Generals

Mentally, the patient exhibited a highly weepy disposition, often breaking into tears over trivial issues. She also reported poor concentration and inability to focus on her studies, which caused significant distress in her academic life.

General Examination

The patient was of average build and moderately nourished. Vitals were within normal limits. Oedema was noted, particularly on the face, with a rosy, puffy appearance. No pallor, icterus, or lymphadenopathy was observed. Cardiovascular and respiratory system examinations were unremarkable.

Investigations *Ultrasonography* (Abdomen & Pelvis): revealed

- Right-sided haemorrhagic ovarian cyst.
- Left ovary with polycystic morphology.
- *Other laboratory investigations:* Routine blood and urine tests were within normal limit

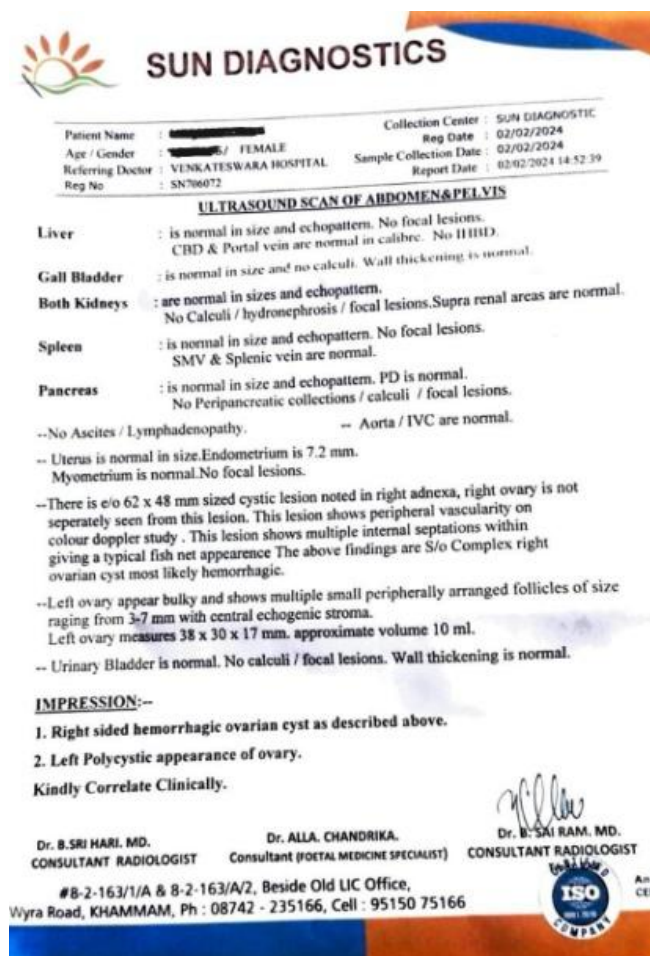


Fig. 1 – FEBRUARY- 2024

Final Diagnosis

Polycystic Ovary Syndrome (PCOS) with right-sided haemorrhagic ovarian cyst.

Prescription and Justification

Based on the totality of symptoms, *Apis mellifica* was selected.

Physical generals: Reduced thirst, aggravation from heat and after sleep, preference for cold bathing, oedema with rosy puffiness.

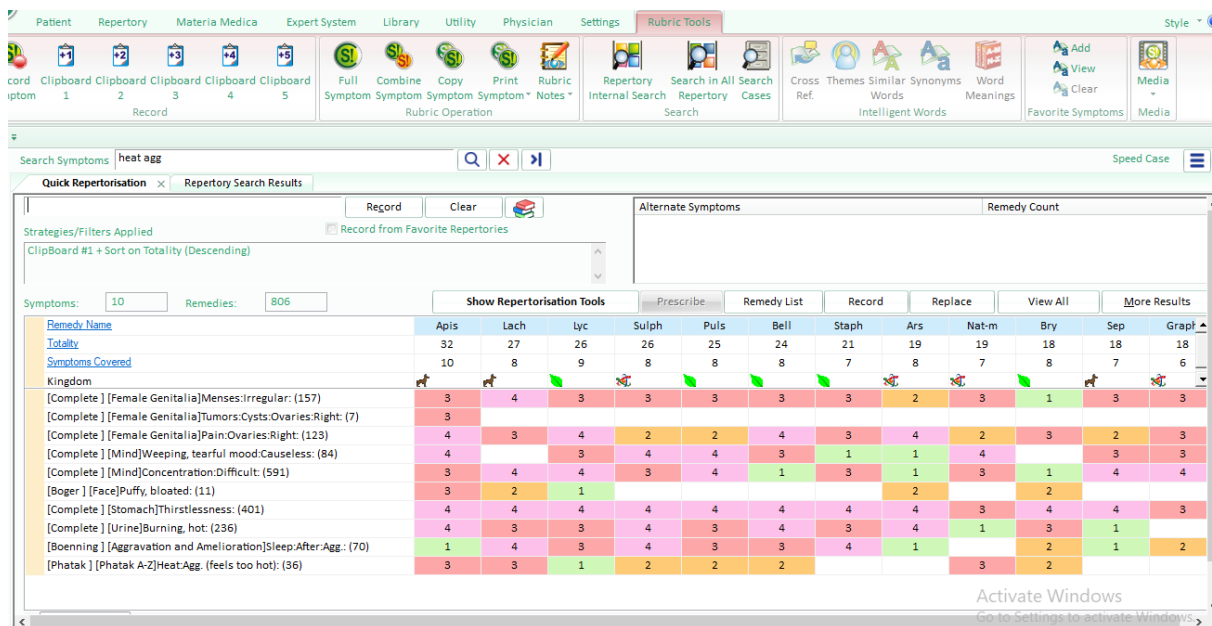
Particular symptoms: Burning micturition, dysmenorrhoea with clot formation, abdominal tightness, and right-sided ovarian involvement.

Mental generals: Weeping disposition, emotional sensitivity, and poor concentration.

Apis mellifica is known to act on ovarian pathologies with swelling, soreness, stinging pains, and cystic formations, particularly with concomitant oedema and thirstlessness

Case Analysis

This case highlights the individualized approach of homoeopathy in managing PCOS complicated with haemorrhagic ovarian cysts. While conventional medicine had suggested possible surgical intervention due to the risk of torsion, the patient opted for non-invasive management. The totality of her characteristic physical and mental symptoms corresponded well with the remedy *Apis mellifica*. The prescription was based on both local pathology (ovarian cyst with dysmenorrhoea and right-sided pain) and constitutional traits (oedema, thirstlessness, aggravation from heat, weepy nature).



Through dynamic action, homoeopathy aims to correct the internal imbalance responsible for the tendency toward cyst formation, rather than only suppressing symptoms. This case underscores the importance of individualized prescribing in gynaecological disorders and demonstrates the therapeutic potential of *Apis mellifica* in conditions where surgery is often considered the only option.

Follow-up and Outcome

Date	Symptoms	Prescription
02/03/24	Irregular menses, dysmenorrhoea, right lower abdominal pain, tightness, oedema, and weepiness	<i>Apis mellifica</i> 200c, 1dose
10/05/24	Irregular menses, dysmenorrhoea, right lower abdominal pain, tightness, oedema, and weepiness – Slightly better than before	<i>Apis mellifica</i> 200c, 1dose

17/06/24	Irregular menses, dysmenorrhoea, right lower abdominal pain reduced, tightness, oedema, and weepiness - Reduced USG – findings: [fig.2] Complete resolution of Right sided Haemorrhagic ovarian cyst. Bilateral polycystic ovaries.	Apis mellifica 200c, 1dose.
01/08/24	Abdominal pain and tightness reduced, oedema subsided, and dysmenorrhoea less intense. Emotional state improved.	Apis mellifica 200c, 1dose
15/09/24	Menstrual cycles became more regular with reduced clotting. Dysmenorrhoea- mild. Concentration improved.	SAC. LAC (Placebo) – 1 month
19/12/24	USG- Findings: [Fig.3] Showed complete resolution of haemorrhagic ovarian cyst and normalization of both ovaries with no polycystic changes. Patient reported regular cycles and overall well-being	SAC. LAC (Placebo) – 1 month

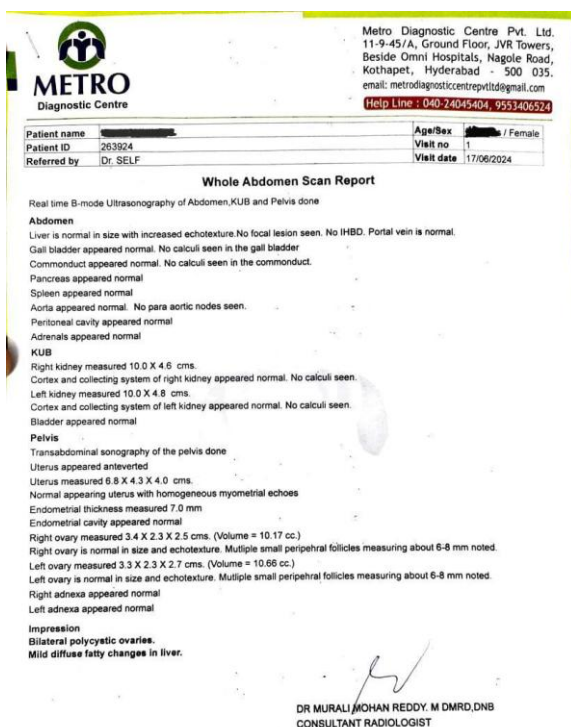


Fig.2 JUNE- 2024

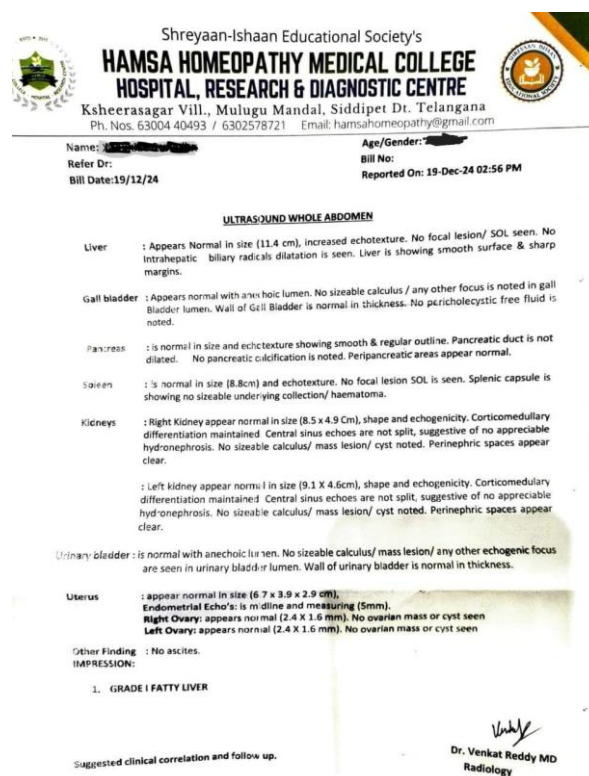


Fig.3 DECEMBER- 2024

Discussion

Polycystic ovarian syndrome (PCOS) is among the most common endocrine disorders in women of reproductive age, often presenting with menstrual irregularities, ovarian cysts, and metabolic disturbances. Haemorrhagic ovarian cysts, although frequently self-limiting, can be associated with complications such as severe abdominal pain, rupture, or torsion, frequently necessitating surgical intervention when persistent or symptomatic^{7,8}. In conventional management, hormonal therapy and surgical options such as cystectomy are considered, though these approaches may not always prevent recurrence and often carry risks of side effects⁹. In this case, the patient presented with both a right-sided haemorrhagic ovarian cyst and polycystic ovarian morphology, which are conditions commonly managed with hormonal regulation or surgical measures in allopathy. However, the patient opted for homoeopathic intervention. The prescription of *Apis mellifica* was based on the totality of characteristic symptoms namely, oedema with a rosy and puffy appearance, burning micturition, aggravation from heat and after sleep, thirstlessness, and an emotionally weepy state. These modalities strongly correspond to the homoeopathic proving profile of *Apis mellifica*^{11, 12}. Following the administration of *Apis mellifica* with placebo support, the patient showed progressive clinical improvement, with significant reduction in pain, normalization of menses, and stabilization of her emotional state. Importantly, repeat ultrasonography confirmed complete resolution of the haemorrhagic ovarian cyst and normalization of ovarian morphology within six months of treatment. This outcome is noteworthy, as the initial lesion was large (62 × 48 mm) and conventionally carried a risk of surgical intervention. This case supports the dynamic and individualized action of homoeopathic medicines, where the remedy acts not on a local pathology alone but by restoring systemic balance at a functional and emotional level. The disappearance of both the haemorrhagic cyst and polycystic changes highlights the potential of individualized homoeopathic prescriptions in gynaecological conditions, warranting further systematic studies to validate these clinical observations¹⁰.

Conclusion

This case highlights the successful management of a large haemorrhagic ovarian cyst with coexisting polycystic ovarian morphology in a young female through individualized homoeopathic prescription. The administration of *Apis mellifica*, chosen on the basis of characteristic physical and mental symptoms, not only provided symptomatic relief but also

facilitated complete radiological resolution of the ovarian pathology. In conventional medicine, such cases are often managed with hormonal therapy or surgical intervention, both of which carry limitations and potential side effects. Homoeopathy, by addressing the dynamic imbalance at both the physical and emotional level, offers a safe, non-invasive, and holistic approach. The significant clinical improvement and normalization of Ultrasonography findings in this case underscore the therapeutic potential of *Apis mellifica* in gynaecological conditions, particularly where oedema, cystic formations, and emotional sensitivity are predominant. This outcome emphasizes the importance of individualized homoeopathic treatment in preventing invasive procedures and restoring overall well-being. Further clinical studies and systematic documentation are warranted to substantiate these observations and integrate homoeopathy as a complementary approach in managing ovarian cysts and PCOS.

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