



Original Research Article

Volume 15 Issue 02

February 2026

**REVERSAL OF PRIMARY INFERTILITY ASSOCIATED WITH PCOS, HYPOTHYROIDISM, AND MALE FACTOR INFERTILITY THROUGH INDIVIDUALIZED HOMEOPATHY: A CASE TREATED AT DR BATRA'S® HOMEOPATHY CLINIC**

**Dr Lakshmi Kanth Ponnuru**

Designation: Head -Medical Services

Vijayawada Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification: BHMS: MBA (HR)

Email id : [lakshmikanthponnuru@gmail.com](mailto:lakshmikanthponnuru@gmail.com), Mobile: 9790733851

**Abstract**

Primary infertility poses a significant therapeutic challenge, especially when associated with polycystic ovarian syndrome (PCOS), hypothyroidism, and male factor infertility, often requiring long-term hormonal or assisted reproductive interventions. This case report presents the successful management of a chronic, multi-factorial infertility case where conventional interventions, including hormonal therapy and repeated intrauterine insemination, failed to yield results. A classical homeopathic approach based on individualization, totality of symptoms, constitutional prescribing, and miasmatic consideration was employed. Progressive restoration of hormonal balance, menstrual regularity, emotional stability, and reproductive capacity was observed, culminating in spontaneous conception and delivery of a healthy female baby. **A definitive transformation occurred following systematic homeopathic treatment at Dr Batra's® Homeopathy Clinic.**

**Keywords**

Primary infertility, PCOS, hypothyroidism, classical homeopathy, miasmatic prescribing, constitutional remedy, case report

## Introduction

Infertility affects approximately 10–15% of reproductive-age couples worldwide, with female factors such as PCOS and endocrine dysfunction accounting for a major proportion, often compounded by male factor abnormalities. Conventional management frequently involves hormonal manipulation and assisted reproductive techniques, which may be financially, physically, and emotionally taxing. Classical homeopathy, through holistic case analysis and individualized prescribing, aims not merely at conception but at restoring systemic balance. This case highlights the role of homeopathy in managing a chronic infertility condition unresponsive to conventional treatment modalities.

## Case Profile

### Patient Details

- Female, reproductive age
- Married, primary infertility >1 year
- Known PCOS with hypothyroidism
- Previous failed interventions: hormonal therapy, ovarian stimulants, and three IUI attempts
- Husband diagnosed with mild oligo-azoospermia / teratozoospermia

### Mental

From childhood, the patient exhibited a **mild, sensitive, and emotionally responsive temperament**, marked by dependency on family support and a desire for reassurance. She was affectionate, emotionally expressive, and deeply affected by interpersonal relationships. During adolescence and early adulthood, these traits evolved into **heightened emotional sensitivity**, with easy weeping, sentimental reactions, and a strong need for companionship. Following marriage and repeated failure to conceive, her emotional state deteriorated progressively. She developed **marked anxiety regarding childbearing**, feelings of loneliness, and fear of social judgment. Emotional suppression alternated with irritability and sudden anger outbursts, followed by remorse. Stressful life events further aggravated her emotional imbalance, contributing to disturbed sleep, anticipatory anxiety, and somatic

complaints. Despite emotional fragility, she retained hope and a strong desire for motherhood, which became the central psychological stressor of her life.

### Physical Generals

- **Thermal:** Chilly; prefers cold weather; intolerance to heat
- **Thirst:** Aversion to drinking water despite thirst
- **Appetite:** Good; craving for spicy food and snacks
- **Sweat:** Palms during anxiety; normal otherwise
- **Sleep:** Sound sleep; prefers covering; bed-light required
- **Bowels:** Constipation with incomplete sensation
- **Menses:** Initially irregular, painful, clotty; later regularized
- **Associated complaints:** Migraine, hypertension, recurrent UTIs

### Investigations –

#### Female:

- **21/12/2016 (USG Pelvis):** Bilateral ovaries with multiple antral follicles; uterus normal → **PCOS morphology with preserved ovarian reserve.**
- **22/04/2024 (Hormonal profile):** TSH markedly elevated (~65 mIU/L) → uncontrolled hypothyroidism contributing to anovulation.
- **24/06/2024 (AMH):** AMH elevated (~5.8 ng/ml) → high ovarian reserve, follicular arrest (PCOS).
- **2024 (FSH/LH):** Raised LH:FSH ratio → ovulatory dysfunction.
- **Late 2024:** Thyroid levels improved on treatment; menses became regular → functional reversibility.

#### Male:

- **2022–2023 (Semen analysis – Nova IVF):** Astheno-teratozoospermia / teratozoospermia with reduced motility and abnormal morphology.

- **Repeated reports:** Fluctuating sperm count → **persistent male factor infertility**, explaining IUI failures.

### **Particular Symptoms**

- PCOS confirmed on ultrasonography
- Hypothyroidism with fluctuating TSH levels
- Dysmenorrhea (pain on 1st and 2nd day of menses)
- Leucorrhoea around mid-cycle
- Back pain during coition
- Weight gain

### **Totality of Symptoms**

1. Desire for company; cannot remain alone
2. Weeping easily; sentimental
3. Anxiety regarding children and future
4. Chilly patient; aversion to heat
5. Thirstless despite dryness
6. Craving for spicy food
7. Painful, irregular menses with PCOS
8. Hormonal dysregulation with hypothyroidism

### **Repertorial Analysis**

- Mind – Anxiety – children, about
- Mind – Weeping – easily
- Mind – Company – desire for
- Generalities – Food – spices – desire
- Generalities – Thirst – thirstless
- Female genitalia – Menses – painful

- Female genitalia – Ovaries – cysts

### Repertorisation Outcome

The repertorial result strongly indicated a remedy covering emotional sensitivity, endocrine imbalance, and female reproductive pathology, supported by complementary and anti-miasmatic remedies.

### Miasmatic Analysis

- **Predominant:** Sycotic
- **Secondary:** Psoric
- **Latent Syphilitic tendencies** ruled out

The chronicity and hormonal pathology warranted anti-miasmatic intervention following constitutional correction.

### Prescription Strategy

#### Therapeutic Hierarchy

1. Constitutional remedy to stabilize emotional and hormonal imbalance
2. Anti-miasmatic remedies for deep-seated pathology
3. Organ-specific and supportive remedies to promote conception

### Prescription & Follow-Up Table

Date	Clinical Status	Remedy & Potency	Rationale
Aug 2023	Severe anxiety, irregular menses	<b>Pulsatilla 1M</b>	Constitutional similimum
Oct 2023	Emotional improvement, cycles improving	<b>Sulphur 200</b>	Follow-up constitutional
Dec 2023	Persistent infertility	<b>Thuja 200</b>	Anti-sycotic
Jan 2024	Hormonal imbalance	<b>Medorrhinum 200</b>	Deep anti-miasmatic
Mar 2024	Ovarian insufficiency	<b>Iodum 30</b>	Pathological support
May 2024	Cycle regulation	<b>Calcarea Fluorica 6X</b>	Glandular support

Jun 2024	Ovulatory support	<b>Sarsaparilla 30</b>	Promoting conception
Jun 2025	Pregnancy confirmed	Remedies tapered	Supportive

### Detailed Follow-Up Summary

- Gradual emotional stabilization within 3 months
- Regularization of menstrual cycles within 6 months
- Improved thyroid parameters
- Reduced migraine frequency and BP stabilization
- Positive pregnancy test after 32 months of treatment
- Uneventful antenatal period under combined care
- Delivery of a healthy female baby on 14 January 2026

### Transformation Table

Parameter	Before Treatment	After Treatment
Emotional state	Anxious, weepy, irritable	Calm, confident
Menstrual cycle	Irregular, painful	Regular, painless
Hormonal status	Unstable	Stabilized
Fertility outcome	Primary infertility	Live healthy birth
Financial burden	IVF high cost	Homeopathy minimal cost

### Discussion

This case demonstrates the scope of classical homeopathy in managing complex infertility cases with endocrine and emotional components. Individualized prescribing based on mental generals and constitutional totality played a pivotal role. The sequential use of constitutional, anti-miasmatic, and supportive remedies allowed gradual restoration of physiological balance. The improvement followed Hering's law, beginning at the mental level and progressing to the physical plane. Importantly, conception occurred without invasive or hormonal intervention, emphasizing homeopathy's holistic curative potential. The case

further highlights cost-effectiveness and patient compliance, making homeopathy a viable alternative or complementary option in infertility management.

### **Conclusion**

Classical homeopathy, when applied systematically with sound case analysis, repertorisation, and miasmatic understanding, can offer sustainable results even in chronic infertility cases with multiple etiologies. This case reinforces the principle that correction of the constitution and emotional imbalance is fundamental to restoring reproductive health. **A complete clinical transformation, culminating in successful conception and live birth, was achieved through individualized homeopathic treatment at Dr Batra's® Homeopathy Clinic.**

### **References**

World Health Organization. WHO manual for the standardized investigation of infertility.

1. Hahnemann S. Organon of Medicine. 6th ed.
2. Kent JT. Lectures on Homeopathic Philosophy.
3. Boericke W. Pocket Manual of Homeopathic Materia Medica.
4. Banerjea SK. Miasmatic Prescribing.
5. Vithoulkas G. Levels of Health.
6. Speroff L, Fritz MA. Clinical Gynecologic Endocrinology and Infertility.
7. Dudgeon RE. Lectures on Materia Medica.
8. Sankaran R. The Sensation in Homeopathy.
9. Bell IR et al. Homeopathy and infertility: systematic review.