

## Holistic approach of Homoeopathy in treatment of multimorbidity: A case report

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### Abstract

**Introduction:** Multimorbidity, a rise in all ages, is a challenge for health care systems that are focused on single-disease management. Homoeopathy has shown competence in the management of chronic diseases, whether they occur as a single ailment or as multimorbidities. **Case Summary:** A 25-year-old female suffering from symptoms of PCOS, like irregular menses, secondary dysmenorrhea and secondary amenorrhea, along with chronic migraine visited the OPD. She also developed renal calculi during the previous homoeopathic treatment. Her condition improved through homoeopathic medicines *Pulsatilla* and *Lycopodium*. The case is reported according to HOM-CASE guidelines. The assessment of causal attribution of homoeopathic treatment was carried out using the Modified Naranjo Criteria, and VAS was used as the pain assessment for difficulty arising from menses, headache and renal calculi. MIDAS was used to determine disability due to migraine. The patient eventually reported regularity of menstrual cycles, reduction in pain during menses, and resolution of ovarian cysts. Migraine and renal calculi were also reported to be relieved as per the MIDAS score and ultrasound report, respectively. This case report suggests an encouraging role of constitutional treatment through individualised homoeopathic medicines in treating multimorbidity. However, more case studies and well-designed controlled research are warranted to further investigate the effect of homoeopathic intervention in multimorbidity.



## CASE REPORT

# Holistic approach of Homoeopathy in treatment of multimorbidity: A case report

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**Introduction:** Multimorbidity, a rise in all ages, is a challenge for health care systems that are focused on single-disease management. Homoeopathy has shown competence in the management of chronic diseases, whether they occur as a single ailment or as multimorbidities. **Case Summary:** A 25-year-old female suffering from symptoms of PCOS, like irregular menses, secondary dysmenorrhea and secondary amenorrhea, along with chronic migraine visited the OPD. She also developed renal calculi during the previous homoeopathic treatment. Her condition improved through homoeopathic medicines *Pulsatilla* and *Lycopodium*. The case is reported according to HOM-CASE guidelines. The assessment of causal attribution of homoeopathic treatment was carried out using the Modified Naranjo Criteria, and VAS was used as the pain assessment for difficulty arising from menses, headache and renal calculi. MIDAS was used to determine disability due to migraine. The patient eventually reported regularity of menstrual cycles, reduction in pain during menses, and resolution of ovarian cysts. Migraine and renal calculi were also reported to be relieved as per the MIDAS score and ultrasound report, respectively. This case report suggests an encouraging role of constitutional treatment through individualised homoeopathic medicines in treating multimorbidity. However, more case studies and well-designed controlled research are warranted to further investigate the effect of homoeopathic intervention in multimorbidity.

**Keywords:** Dysmenorrhoea, Homoeopathy, Migraine, Multimorbidity, PCOS, Renal calculi**Introduction**

Multimorbidity is commonly defined as the co-occurrence of two or more chronic conditions in the same individual.<sup>1</sup> The primary challenge faced by health care systems worldwide is managing the rising incidence of chronic illnesses. Although health care delivery is dominated by specific diseases, individuals with multimorbidity require a more comprehensive approach. Multimorbidity is increasingly common, due to changes in lifestyle risk factors, notably physical inactivity and obesity, as well as an ageing population, which in part reflects improvements in survival from acute and chronic conditions.<sup>2</sup> For instance, a 2017 study reported an overall multimorbidity prevalence of 23.3% in India, with Kerala showing a high prevalence of 42%.<sup>3</sup>

Studies from various regions of Kerala, including both hospital-based and community-based research, have reported a similar prevalence of multimorbidity, ranging from 39.8%<sup>4</sup> to 45.4%.<sup>5</sup> Secondary data analysis from a national survey showed a multimorbidity prevalence of 30.7% among adults aged 60 years and above.<sup>6</sup> A systematic review and meta-analysis that examined data from 126 studies involving nearly 15.4 million individuals across 54 countries reported an updated global multimorbidity prevalence of 37.2%.<sup>7</sup> An earlier meta-analysis, which included studies published up to 2017, found that 33.1% of adults aged 18 years and older living in community settings had multimorbidity.<sup>8</sup>

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E-mail address: [vdivya1526@gmail.com](mailto:vdivya1526@gmail.com) (D. Verma).<https://doi.org/10.53945/2320-7094.2112>2320-7094/© 2026 Published by Central Council for Research in Homoeopathy (CCRH). This is an open access article under the CC BY-NC-SA 4.0 Licence (<https://creativecommons.org/licenses/by-nc-sa/4.0/>).

Polycystic Ovarian Syndrome (PCOS) [ICD 10N: E28.2] is a complex condition characterised by elevated androgen levels, menstrual irregularities [ICD 10N: N92.6], and/or small cysts on one or both ovaries. Although the signs and symptoms vary, they may include enlarged ovaries with numerous small cysts, irregular menstrual cycles, pelvic pain, hirsutism, alopecia, acne, acanthosis nigricans, skin tags, and obesity. The three most common factors associated with PCOS are anovulation, high androgen levels, and cysts in the ovaries.<sup>9</sup> Some authors have shown that women with PCOS are more prone to depression, anxiety, low self-esteem, negative body image, and psychosexual dysfunction.<sup>10,11</sup>

Dysmenorrhea is a Greek term for “painful monthly bleeding”.<sup>11</sup> It can be classified as primary or secondary dysmenorrhea. Secondary dysmenorrhea [ICD 10N: N94.5] refers to menstrual pain caused by an underlying disease, disorder, or structural abnormality within or outside the uterus.

A migraine [ICD 10N: G43] is an episodic headache associated with certain features such as sensitivity to light, sound, or movement; nausea and vomiting often accompany the headache. It is the most common headache-related, and indeed neurologic, cause of disability in the world.<sup>12</sup>

While genetic factors have profound effects on the pathogenesis of migraine headaches, sex hormones, including estrogen and progesterone, may also play an important role in inducing migraine headaches. Some disorders, such as sleep apnea, amenorrhea, and vascular disease that are more likely to occur in women with PCOS, may cause or exacerbate migraine headaches in women with PCOS.<sup>13</sup>

Renal stone [ICD 10N: N20] are mainly lodged in the kidney(s). The symptoms of kidney stones relate to their location, whether in the kidney, ureter, or urinary bladder. Initially, stone formation does not cause any symptoms. Later, signs and symptoms of the stone disease include renal colic (intense cramping pain), flank pain (pain in the side), haematuria (blood in the urine), obstructive uropathy (urinary tract obstruction), urinary tract infections, blockage of urine flow, and hydronephrosis (dilation of the kidney).<sup>14</sup>

Relevant peer-reviewed homoeopathic evidence for multimorbidity, PCOS and migraine has shown its beneficial effect. A study aimed at a prospective evaluation of polarity analysis in treating patients with at least three complaints or diagnoses. 43 patients (86%) completed the observation period, achieving an average improvement of 91% in their initial symptoms. This study showed that Homoeopathy may be capable of taking over a considerable proportion of the treatment of multimorbid patients, at lower costs than conventional medicine.<sup>15</sup> There

have also been case reports on the benefits of Homoeopathy in multimorbidity.<sup>16–18</sup>

In the present case study, homoeopathic management of multimorbidity comprised five clinical conditions, PCOS, secondary dysmenorrhea, irregular menses, secondary amenorrhoea and chronic migraine. This case report aims to inspect whether individualised Homoeopathy plays a role in the management of multimorbidity.

## Patient's information

A 25-year-old female postgraduate student from an upper-middle-class background visited the outpatient department of Central Research Institute for Homoeopathy, Lucknow, Uttar Pradesh, India, on 29th June 2022 with several complaints. These are listed in order of occurrence: irregular menstrual cycles; followed by secondary amenorrhoea for three months; painful menses, or secondary dysmenorrhea; and headaches due to chronic migraine.

The patient had an irregular menstrual cycle for three years with profuse menses lasting seven days, and she reported of secondary amenorrhea for three months. Her last menstrual period (LMP) was on 6th April 2022. Her menstrual cycle was irregular as the duration was not fixed, and the menses were profuse, lasting for seven days. She experienced severe cramping pain (Visual Analogue scale<sup>19</sup> [VAS score] was 9) in her lower abdomen and lower back, extending to her thighs throughout the entire duration of her menses. Additionally, she complained of hair loss and cramping pain in her abdomen before bowel movements, which subsided after passing stools, which often contained undigested food particles in the past three months.

The patient also complained of severe headaches for the past one year. Average headache days in a month were 15–18 days. Migraine attacks in a month, on average, were six attacks. The attack lasted for 2 (48 hours) to 3 days (72 hours) and was unilateral, affecting the left side of the head, starting from the left temple, and extending backwards to the occiput and nape. The intensity of pain on the VAS scale was 8, and the character of pain was throbbing. The patient complained of nausea along with a headache, and sometimes the headache was relieved by vomiting. Modalities: aggravation in sunlight, noise, and amelioration by sleep, vomiting, and painkillers. She, on average, consumed 8–10 painkillers (*Crocina* pain relief) in a month. The Migraine disability assessment scale (MIDAS) score<sup>20</sup> of the patient on the first visit was 15 [Moderate Disability]. On investigating further, she said that she took many allopathic medicines

like *Sumatriptan*, *Nimesulide*, NSAIDs, etc in the past for her headache, but was only relieved temporarily. She suffered from COVID-19 in the first wave (June 2020), and had a history of dental caries and chickenpox in childhood. Her mother had a hysterectomy 15 years ago due to delivery complications.

## Clinical findings

She was overweight, with a Body Mass Index (BMI) of 27.1 kg/m<sup>2</sup>.

### Generalities

Her thermal reaction was hot. She was a vegetarian and had no tobacco, alcohol, or other stimulant addictions. Her appetite was increased, and she had a desire for spicy and junk food. She was profusely thirsty and also reported of generalised profuse sweating on her body. Her bowel movements were irregular for the past three months, and often contained undigested food particles.

Menarche was reported to have occurred at the age of 13 years. Her menses had been regular since, until 3 years ago, when her menstrual complaints started. The patient was loquacious, extrovert, outspoken, caring, and tended to weep easily on trifles. She was sensitive and emotional. She felt alone in this world.

## Diagnostic assessment

A lower abdomen ultrasound done on 28<sup>th</sup> June 2022 revealed multiple small follicles arranged in the periphery, suggestive of PCOS. Both the ovaries were, however, normal in size and volume (RO vol-5.0 ml, LO vol-6.0 ml). Based on modified Rotterdam criteria, the patients fulfilled the criteria for diagnosis of PCOS, that is, evidence of oligo-anovulation and polycystic ovarian morphology on ultrasound.

Further according to the International Classification of headache disorders,<sup>21</sup> headache was clinically diagnosed as chronic migraine. Secondary dysmenorrhea was diagnosed based on clinical history and presentation of the patient.

### Analysis of the case

After analysing the symptoms of the case, the characteristic mental and physical generals and particular symptoms were considered to frame the totality of the case.

### Totality of symptoms

- Mind delusion alone being

- Loquacious
- Weeps easily over trifles
- Desire for spicy food
- Perspiration profuse
- Thirsty
- Throbbing pain in left temple extending to occiput
- Headache exposure to sunlight
- Painful menses
- Polycystic ovarian syndrome

## Therapeutic intervention

### Reportorial analysis

Considering the symptomatology, the Synthesis repertory<sup>22</sup> was preferred using Radar Opus software (©version 2.2.16). The repertorisation chart is presented in [Fig. 1]. After repertorisation, the maximum number of symptoms was seen to be covered by *Pulsatilla* (i.e., 10 out of 10), with the highest score (17/10).

In consultation with the materia medica,<sup>23</sup> *Pulsatilla*, covering the totality of symptoms present in the case was selected. *Phosphorus* was ruled out as the patient's thermal reaction was hot. *Pulsatilla* was prescribed in 200C potency in globules of size 30 on the first visit, empty stomach once a week for 4 weeks.

## Follow-up and outcomes

The patient was followed up at an interval of a month or as required in the OPD of the institute by the treating doctor for 2.5 years, for monitoring of menstrual cycle and associated complaints of dysmenorrhea, hairfall, migraine attacks, number of migraine days, duration of attack, intensity of attack and number of painkillers taken. She was given a follow-up sheet for home, in which details of migraine attacks were mentioned when experienced, which was regularly verified at every follow-up by the treating doctor. The VAS scale was administered at every follow-up, monthly, and the MIDAS was administered every 3 months.

The date-wise detailed follow-ups are summarised in Table 1. The individual curative response to homoeopathic medicine was assessed through the Modified Naranjo Criteria for Homeopathy (MONARCH) Inventory.<sup>24</sup> The total score was +9/13, suggesting a "definite" association between the medicine and the outcome (definite  $\geq 9$ ; probable 5–8; possible 1–4; and doubtful  $\leq 0$ ) [Table 2].

This case of multimorbidity comprising irregular menses, secondary dysmenorrhea, secondary amenorrhea, and chronic migraine, showed progressive

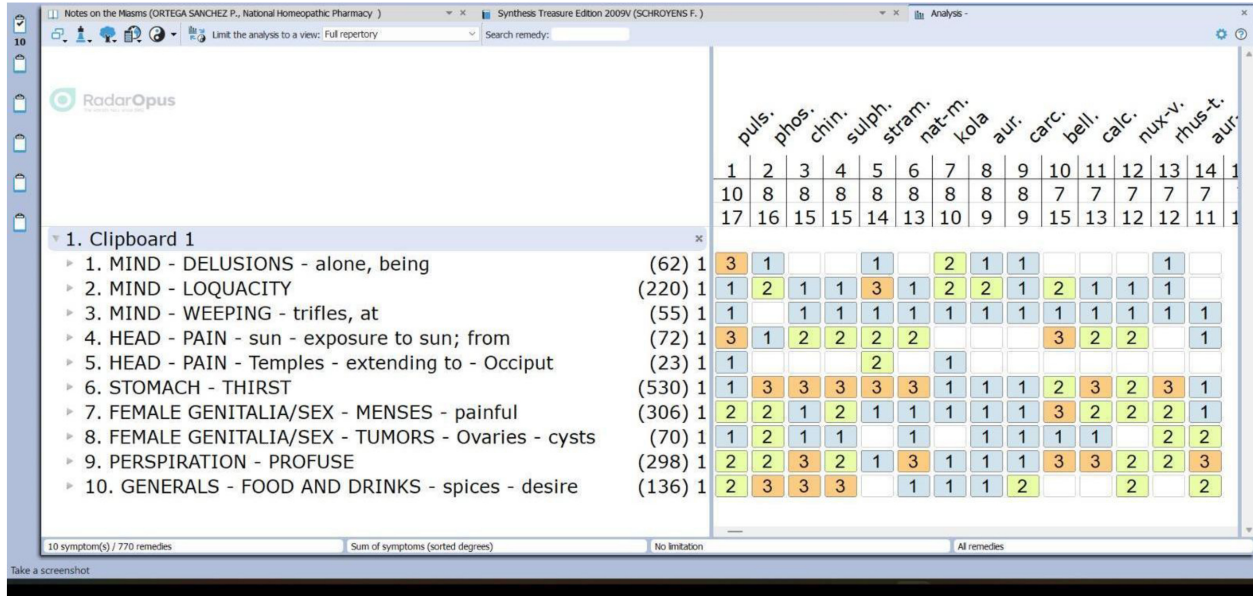


Fig. 1. Repertorisation sheet using Radar Opus©.

improvement under individualised homoeopathic treatment over 2.5 years.

At baseline, ultrasonography revealed polycystic ovaries, with severe dysmenorrhea (VAS 9), frequent migraine attacks (6 per month, VAS 8), and moderate disability on the MIDAS scale (score 15). *Pulsatilla*, as the simillimum, was prescribed.

Gradual clinical improvements were documented in Table 1. By the third month of treatment, dysmenorrhea had reduced to VAS 2, with fewer migraine attacks (3 per month) and a reduction in MIDAS score to 10 [Mild disability]. After six months, the patient achieved relief from migraine attacks, with a MIDAS score of 0 [No disability], dysmenorrhea reduced to VAS 1 and normalisation of menstrual cycles. By the eighth month, ultrasound still showed peripheral follicles, but subsequent imaging after 16 months revealed a normal study with no cysts, with normal menstrual flow, and no dysmenorrhea. Hairfall also improved markedly gradually.

In the seventeenth month, the patient developed acute renal colic due to a 4.6 mm left ureteric calculus with mild hydronephrosis. *Lycopodium* was prescribed in 1M followed by 10M, which relieved the pain. A subsequent ultrasound confirmed complete clearance of the renal calculus.

Overall, the homoeopathic treatment resulted in restoration of regular menstrual cycles with resolution of PCOS pathology, significant reduction in menstrual pain and sustained relief from migraine, corroborated by VAS and MIDAS scores and successful management of acute renal pain due to renal calculi, with confirmed expulsion. This

case highlights the effectiveness of individualised Homoeopathy in managing multimorbidity.

## Discussion

The homoeopathic system of medicine is based on a holistic approach of treatment of the individual, but not the disease, considering the totality of symptoms as a whole and prescribing the most similar and suitable medicine, in singular and simple form.<sup>25</sup> However, conventional health care systems revolve around specialised disciplines and the identification and management of individual conditions. Thus, for treating multimorbidity, a holistic approach is useful with minimal medicine.

In a homoeopathic case series on the treatment of polycystic ovarian syndrome, seven cases of young women with PCOS were treated with individualised homoeopathic medicines. All seven cases showed improvement in PCOS. The irregular menstrual cycles and other associated symptoms became normal, along with a resolution of cysts in the ovaries as evidenced by ultrasonography.<sup>26</sup> A single-blind, randomised, placebo-controlled pilot study was conducted on 60 patients with uniform lifestyle modification for 6 months where homoeopathic intervention along with lifestyle modification has shown promising outcomes in PCOS.<sup>27</sup>

Studies have been done that show an association between PCOS and migraine. Women with PCOS tend to be associated with multimorbidity, especially migraine.<sup>28</sup>

**Table 1.** Timeline including follow-up of the case.

Follow up	Symptoms	Medicine, Potency, Dosage
Baseline 29th June 2022	Irregular menstrual cycles, secondary amenorrhoea, painful menses and headache. Pain in the abdomen before stool, with undigested food particles in stool.	<i>Pulsatilla</i> 200C/OD/3 Days 4 pills empty stomach once for three days orally.
1 <sup>st</sup> follow-up 23 <sup>rd</sup> July 2022	L.M.P: 09 <sup>th</sup> July 2022 [3 months' cycle interval], profuse menstrual flow. Pain in the lower abdomen and back during menses present (VAS score 9) Pain in the abdomen before stool, with undigested food particles – relieved Headache: number of attacks, last month- 5, average duration of one attack- 48 hours, number of migraine days last month- 10, intensity of headache last month- VAS score 8, number of painkillers last month- 5.	<i>Pulsatilla</i> 200C/OD/3 Days 4 pills empty stomach once for three days orally.
2 <sup>nd</sup> follow-up 26 <sup>th</sup> August 2022	L.M.P-14 <sup>th</sup> Aug 2022 [34 days cycle interval], profuse menstrual flow. Pain in the lower abdomen and back during menses present (VAS score 7), Headache: number of attacks last month- 4, average duration of one attack- 48 hours, number of migraine days last month- 8, intensity of headache last month- VAS score 7, number of painkillers last month- 3.	No medicine was given as improvement continued.
3 <sup>rd</sup> follow-up 30 <sup>th</sup> September 2022	L.M.P- 15 <sup>th</sup> Sept 2022 [31 days cycle interval], profuse menstrual flow. Pain in the lower abdomen and back during menses present for only the first two days (VAS score 2), hairfall slight better. Headache: number of attacks last month- 3, average duration of one attack- 36 hours, number of migraine days last month- 5 days, intensity of headache last month- VAS score 6, number of painkillers last month- 0, MIDAS SCORE= 10 [Mild disability].	<i>Pulsatilla</i> 1M/OD/ 1 Dose 4 pills empty stomach orally once.
4 <sup>th</sup> Follow-up 27 <sup>th</sup> October 2022	L.M.P- 12 <sup>th</sup> Oct 2022 [27 days cycle interval], profuse menstrual flow reduced to 1 day, pain in the lower abdomen and back during menses present for only the first two days (Vas score 2), hairfall was very minimal, no migraine attacks.	No medicine was given as improvement continued.
5 <sup>th</sup> follow-up 25 <sup>th</sup> November 2022	L.M.P- 12 <sup>th</sup> Nov 2022 [30 days cycle interval], normal menstrual flow, pain in the lower abdomen and back during menses present for only the first two days (Vas score 2), hairfall was very minimal. Headache reduced to two attacks in the last month, for 24-hour duration with VAS 3, no need for painkillers.	No medicine was given as improvement continued.
6 <sup>th</sup> follow-up 28 <sup>th</sup> December 2022	Regular menstrual cycle with normal flow. Significant reduction in dysmenorrhoea (VAS 1), hairfall was very minimal, no migraine attacks. MIDAS score=0 [No disability].	No medicine was given as improvement continued.
7 <sup>th</sup> follow-up 25 <sup>th</sup> Jan 2023	Regular menstrual cycle with normal flow. Significant reduction in dysmenorrhoea (VAS 1), hairfall was very minimal, headache reduced to one attack in the last month for 10 hours' duration with VAS 3, no need for painkillers.	No medicine was given as improvement continued.
8 <sup>th</sup> follow-up 23 <sup>rd</sup> Feb 2023	Regular menstrual cycle with normal flow. Significant reduction in dysmenorrhoea (VAS 1), hairfall was very minimal, no migraine attacks. USG (22/02/2023): Bilateral ovaries are normal in size and volume (RO 9.1 ml, LO 9.4 ml) and show multiple small follicles arranged in the periphery.	<i>Pulsatilla</i> 1M/OD/1 dose 4 pills empty stomach orally once.
9 <sup>th</sup> follow-up 29 <sup>th</sup> March 2023	Regular menstrual cycle with normal flow and no dysmenorrhoea. Hairfall was markedly improved, No migraine attacks, MIDAS SCORE= 0 [No disability]	No medicine was given as improvement continued.
10 <sup>th</sup> follow-up 20 <sup>th</sup> May 2023	Regular menstrual cycle with normal flow and no dysmenorrhoea. Hairfall was markedly improved. No migraine attacks.	No medicine was given as improvement continued.
11 <sup>th</sup> follow-up 17 <sup>th</sup> August 2023	Regular menstrual cycle with normal flow, no dysmenorrhoea. Hairfall markedly improved. Headache with one attack in the last month, for 48-hours duration with VAS 3, no need for painkillers. MIDAS SCORE-2 [Little disability].	<i>Pulsatilla</i> 10M/1dose 4 pills empty stomach orally once.

(Continued)

Table 1. Continued.

Follow up	Symptoms	Medicine, Potency, Dosage
12 <sup>th</sup> follow-up 14 <sup>th</sup> October 2023	Menstrual flow normal no dysmenorrhoea. Hairfall markedly improved. No migraine attacks., MIDAS SCORE- 0 [No disability] USG- 08/10/2023: Normal study.	No medicine was given as improvement continued.
13 <sup>th</sup> follow-up 12 <sup>th</sup> Nov 2023	The patient contacted telephonically on 12 <sup>th</sup> Nov 2023 with severe cutting pain [VAS 10] in the left lumbar region extending to the pubis since midnight, for which she was advised ultrasound, which revealed 4.6 mm calculus in the left ureter with mild hydronephrosis. Menstrual flow normal. No dysmenorrhoea. Hairfall was markedly improved. No migraine attacks.	<i>Lycopodium</i> 1M/OD/3days 4 pills empty stomach once for three days orally. The patient was asked to report after 3 days. <i>Lycopodium</i> was prescribed as a new set of symptoms developed and patient complaint of sudden severe cutting pain due to renal stone.
14 <sup>th</sup> follow-up 15 <sup>th</sup> Nov 2023	15 <sup>th</sup> Nov 2023 - pain in the lumbar region due to kidney stone was reduced within 24 hours of intake of medicine and she has had very mild pain [VAS 2] in the last 1 day.	<i>Lycopodium</i> 10M/1dose 4 pills empty stomach once orally.
15 <sup>th</sup> follow-up 12 <sup>th</sup> Dec 2023	No pain [VAS 0] in the lumbar region in the last month No other complaints. Advise: ultrasound whole abdomen. Menstrual flow: normal, no dysmenorrhoea. Hairfall markedly improved. No migraine attacks, MIDAS SCORE- 0 [No disability].	No medicine was given as improvement continued.
16 <sup>th</sup> follow-up 30 <sup>th</sup> Dec 2023	No complaint USG:25/12/2023: Normal ultrasound, apparently revealing that renal stone was washed off the urinary tract.	No medicine was given as improvement continued.
17 <sup>th</sup> follow-up 24 <sup>th</sup> Jan 2024	No complaints.	No medicine was given as improvement continued.
18 <sup>th</sup> follow up 10 <sup>th</sup> Feb 2024	No complaints.	No medicine was given as improvement continued Patient continued to follow up for the next 10 months with no complaints of relapse.

Table 2. Modified Naranjo Criteria for Homeopathy (MONARCH).

S.No.	Domains	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic was prescribed?	+2	-1	0
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
3.	Was there a homeopathic aggravation of symptoms?	+1	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaints improved or changed)?	+1	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0
6A.	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6B.	<i>Direction of cure</i> : did <i>at least one</i> 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 improvement?	+1	0	0
8	Are there alternate causes (other than the medicine) that —with a high probability—could have caused the improvement? (Consider the known course of the 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., investigations, clinical examination, etc.)	+2	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total score = +9.

This case suggests that homoeopathic treatment can be beneficial in cases of multimorbidity, including PCOS, and associated symptoms, renal calculi and chronic migraine. A complete patient picture of this case could be elicited through the physician's

observations and the patient's symptoms, as well as laboratory measures such as abdominal USG and clinical examination. The patient's symptomatology and pathological abnormalities improved gradually. Additionally, the MONARCH score attributed to

the treatment implies a link between the medicines prescribed based on homoeopathic principles and the clinical improvement in the patient.

There is a significant effect of *Pulsatilla* in PCOS as described in previous case reports.<sup>29,30</sup> In this case, *Pulsatilla* proved to be the indicated medicine as the first prescription, going by the result of reperi-torisation. The potency of 200C was selected at the beginning with repetition when needed, followed by 1M and 10M potencies. With 200C potency, menses became regular, with a significant reduction in dysmenorrhea, Migraine attacks, number of migraine days, duration of attacks and intensity of attack. The number of painkillers was reduced to zero. MIDAS score also reduced significantly. Then the potency was increased to 1M, which resulted in a further reduction in the intensity of dysmenorrhea and the menstrual flow became normal. Hairfall was subsequently improved, and migraine attacks were further reduced significantly with reduction in MIDAS score to 0 (No disability) in the sixth month. A repeated ultrasound showed multiple follicles arranged in the periphery. Taking into consideration the pathology, *Pulsatilla* 1M was repeated, following which there was no dysmenorrhea and a normal menstrual flow was restored. The patient reported of a marked improvement in migraine too, with only one migraine attack in the last six months. Further, a single dose of *Pulsatilla* 10M was prescribed. The subsequent ultrasound report showed a normal study. There also was no migraine attack since the last prescription.

On 12<sup>th</sup> Nov 2023, the patient contacted telephonically with severe cutting pain [VAS score 10] in the left lumbar region extending to the pubis; the ultrasound report revealed 4.6 mm calculi in the left ureter. *Lycopodium* 1M (3 doses) was prescribed, taking into consideration hydronephrosis and cutting pain in the left ureter due to renal calculi, which relieved the pain [VAS score 2]. Thereafter, a dose of *Lycopodium* 10M took care of the pain completely [VAS score 0], and the patient did not complain of any pain for one month. The next ultrasound report was normal.

Causal attribution assessed by the MONARCH criteria yielded a score of +9, indicating a definite relationship between homoeopathic intervention and clinical outcomes. The strength of the case presented lies in the outcome of the case, indicating the usefulness of Homoeopathy in multimorbidity. The case showed a remarkable improvement with complete resolution of symptoms of PCOS, secondary dysmenorrhea, and migraine. A take-away lesson from this case report is that the holistic approach in homoeopathic treatment, considering physical generals, mental generals and particulars, as used in the case,

could be a useful strategy, especially in chronic conditions. The limitation of the case report lies in the fact that a generalised statement on the usefulness of a particular therapy or a remedy cannot be made. This case report gives hope for multimorbidity cases, which need to be covered in a larger sample for evidence-based research.

## Conclusion

The findings of this case suggest that individualised homoeopathic intervention may be useful in a patient with multimorbidity. However, randomised control trials with a larger sample size will further investigate the impact of Homoeopathy in such patients.

## Declaration of patient consent

The author declares that she has obtained written consent for clinical information to be reported in the journal anonymously. The patient understands that her name will not be published, and all efforts will be made to conceal her identity.

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Nil.

## Conflicts of interest

None.

## Author's contribution

**Divya Verma:** Concepts, Design, Literature search, Data acquisition, Data analysis, Manuscript editing.

**Nitin Saklani:** Manuscript review.

**Arun Kumar:** Manuscript review, Manuscript editing.

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## Approche holistique de l'homéopathie dans le traitement de la multimorbidité : Étude de cas

**Introduction :** La multimorbidité, en augmentation à tous les âges, représente un défi pour les systèmes de santé axés sur la prise en charge des maladies uniques. L'homéopathie a démontré son efficacité dans la prise en charge des maladies chroniques, qu'elles se manifestent sous forme d'affection unique ou de multimorbidités. **Résumé du cas :** Une femme de 25 ans, souffrant de symptômes du SOPK (syndrome des ovaires polykystiques), tels que des règles irrégulières, une dysménorrhée secondaire et une aménorrhée secondaire, ainsi que de migraines chroniques, a consulté notre service de consultations externes. Elle avait également développé des calculs rénaux au cours d'un précédent traitement homéopathique. Son état s'est amélioré grâce aux médicaments homéopathiques *Pulsatilla* et *Lycopodium*. Ce cas est rapporté conformément aux directives HOM-CASE. L'évaluation de l'attribution causale de l'effet du traitement homéopathique a été réalisée à l'aide des critères de Naranjo modifiés. L'échelle visuelle analogique (EVA) a été utilisée pour évaluer la douleur liée aux troubles menstruels, aux céphalées et aux calculs rénaux. Le score MIDAS a permis de déterminer le handicap dû à la migraine. La patiente a finalement rapporté une régularisation de ses cycles menstruels, une diminution des douleurs menstruelles et la disparition des kystes ovariens. Une amélioration de la migraine et des calculs rénaux a également été rapportée, d'après le score MIDAS et l'échographie, respectivement. Ce cas clinique suggère un rôle encourageant du traitement constitutionnel par des médicaments homéopathiques individualisés dans la prise en charge de la multimorbidité. Toutefois, des études de cas supplémentaires et des recherches contrôlées rigoureuses sont nécessaires pour approfondir l'étude de l'effet de l'intervention homéopathique dans la multimorbidité.

## Ganzheitlicher Ansatz der Homöopathie in der Behandlung von Multimorbidität: Ein Fallbericht

**Einleitung:** Multimorbidität, die in allen Altersgruppen zunimmt, stellt eine Herausforderung für Gesundheitssysteme dar, die sich auf die Behandlung einzelner Krankheiten konzentrieren. Die Homöopathie hat sich in der Behandlung chronischer Erkrankungen bewährt, unabhängig davon, ob diese als Einzelerkrankung oder als Multimorbidität auftreten. **Fallzusammenfassung:** Eine 25-jährige Patientin mit Symptomen des polyzystischen Ovarialsyndroms (PCOS), wie unregelmäßiger Menstruation, sekundärer Dysmenorrhoe und sekundärer Amenorrhoe sowie chronischer Migräne, stellte sich in unserer Ambulanz vor. Sie hatte während einer vorherigen homöopathischen Behandlung auch Nierensteine entwickelt. Ihr Zustand verbesserte sich durch die homöopathischen Arzneimittel *Pulsatilla* und *Lycopodium*. Der Fallbericht entspricht den HOM-CASE-Richtlinien. Die Beurteilung des kausalen Zusammenhangs der homöopathischen Behandlungswirkung erfolgte anhand der modifizierten Naranjo-Kriterien. Die Schmerzintensität wurde mittels VAS (Visuelle Analogskala) bei Menstruationsbeschwerden, Kopfschmerzen und Nierensteinen erfasst. Der MIDAS-Score (Multi-Integrated Disease Assessment Scale) diente zur Bestimmung der durch Migräne bedingten Beeinträchtigung. Die Patientin berichtete schließlich über einen regelmäßigen Menstruationszyklus, eine Linderung der Menstruationsschmerzen und eine Rückbildung der Ovarialzysten. Auch die Migräne und die Nierensteine besserten sich laut MIDAS-Score bzw. Ultraschallbefund. Dieser Fallbericht deutet auf eine vielversprechende Rolle der Konstitutionstherapie mit individualisierten homöopathischen Arzneimitteln bei der Behandlung von Multimorbidität hin. Um die Wirkung homöopathischer Interventionen bei Multimorbidität weiter zu untersuchen, sind jedoch weitere Fallstudien und gut konzipierte kontrollierte Studien erforderlich.

## बहुविवाह के उपचार में होम्योपैथी का समग्र दृष्टिकोण: एक केस रिपोर्ट

**परिचय:** सभी आयु वर्ग में बढ़ती बहुरोगिता, एकल रोग प्रबंधन पर केंद्रित स्वास्थ्य देखभाल प्रणालियों के लिए एक चुनौती है। होम्योपैथी ने पुरानी बीमारियों के प्रबंधन में अपनी प्रभावशीलता प्रदर्शित की है, चाहे वे एक बीमारी के रूप में हों या बहुरोगिता के रूप में। **केस सारांश:** 25 वर्षीय महिला जिसमें पीसीओएस के लक्षणों, जैसे अनियमित मासिक धर्म, द्वितीयक कष्टार्तव और द्वितीयक अमेनोरिया, तथा दीर्घकालिक माइग्रेन से पीड़ित 25 वर्षीय महिला हमारे ओपीडी में आई। पिछले होम्योपैथिक उपचार के दौरान उसे गुर्दे की पथरी भी विकसित हो गई थी। होम्योपैथिक दवाओं *पल्सेटिला* और *लाइकोपोडियम* से उसकी स्थिति में सुधार हुआ। यह केस HOM-CASE दिशानिर्देशों के अनुसार रिपोर्ट किया गया है। होम्योपैथिक उपचार के प्रभाव के कारण निर्धारण का आकलन संशोधित नारंजो मानदंड का उपयोग करके किया गया, और मासिक धर्म से संबंधित कठिनाई, सिरदर्द और गुर्दे की पथरी के दर्द के आकलन के

लिए वीएस का उपयोग किया गया। माइग्रेन के कारण होने वाली अक्षमता का निर्धारण करने के लिए एमआईडीएस का उपयोग किया गया। रोगी ने अंततः मासिक धर्म चक्र की नियमितता, मासिक धर्म के दौरान दर्द में कमी और ओवेरियन सिस्ट के ठीक होने की सूचना दी। क्रमशः एमआईडीएस स्कोर और अल्ट्रासाउंड रिपोर्ट के अनुसार, माइग्रेन और गुर्दे की पथरी में भी राहत मिली। यह केस रिपोर्ट बहु-रुग्णता के उपचार में व्यक्तिगत होम्योपैथिक दवाओं के माध्यम से संवैधानिक उपचार की उत्साहजनक भूमिका का सुझाव देती है। हालांकि, बहु-रुग्णता में होम्योपैथिक हस्तक्षेप के प्रभाव की आगे जांच करने के लिए अधिक केस स्टडी और सुनियोजित नियंत्रित शोध की आवश्यकता है।

### Enfoque holístico de la homeopatía en el tratamiento de la multimorbilidad: Informe de un caso

**Introducción:** La multimorbilidad, cada vez más frecuente en todas las edades, representa un desafío para los sistemas de salud centrados en el tratamiento de enfermedades individuales. La homeopatía ha demostrado su eficacia en el manejo de enfermedades crónicas, ya sean aisladas o como parte de un síndrome de polimorbilidad. **Resumen del caso:** Una mujer de 25 años con síntomas de síndrome de ovario poliquístico (SOP), como menstruación irregular, dismenorrea secundaria y amenorrea secundaria, además de migraña crónica, acudió a nuestra consulta externa. También desarrolló cálculos renales durante un tratamiento homeopático previo. Su condición mejoró con los medicamentos homeopáticos *Pulsatilla* y *Lycopodium*. El caso se presenta de acuerdo con las directrices HOM-CASE. La evaluación de la atribución causal del efecto del tratamiento homeopático se realizó utilizando los Criterios de Naranjo Modificados, y la Escala Analógica Visual (EAV) se empleó para evaluar el dolor asociado a la menstruación, la cefalea y los cálculos renales. El Índice de Discapacidad Multidimensional Integrado (MIDAS) se utilizó para determinar la discapacidad debida a la migraña. La paciente refirió finalmente la regularidad de sus ciclos menstruales, una reducción del dolor durante la menstruación y la resolución de los quistes ováricos. Asimismo, se informó de una mejoría en la migraña y los cálculos renales, según la puntuación del MIDAS y el informe ecográfico, respectivamente. Este caso clínico sugiere un papel prometedor del tratamiento constitucional mediante medicamentos homeopáticos individualizados en el tratamiento de la multimorbilidad. Sin embargo, se requieren más estudios de caso e investigaciones controladas bien diseñadas para profundizar en el estudio del efecto de la intervención homeopática en la multimorbilidad.

### 順勢療法在多重疾病治療中的整體方法：病例報告

**引言：**多重疾病在各個年齡層的發病率都在上升，這對專注於單一疾病管理的醫療保健系統構成了挑戰。順勢療法在慢性疾病的管理方面展現了強大的能力，無論這些疾病是單一病症還是多種疾病並存。**病例摘要：**一位25歲的女性，患有多囊性卵巢症候群（PCOS）的症狀，如月經不規則、繼發性經痛和繼發性閉經，以及慢性偏頭痛，前來本院門診就診。她在先前的順勢療法治療期間還出現了腎結石。使用順勢療法藥物白頭翁（*Pulsatilla*）和石松（*Lycopodium*）後，她的病情有所改善。本病例報告遵循HOM-CASE指引。本研究採用改良的納蘭霍標準（Modified Naranjo Criteria）評估順勢療法治療效果的因果歸因，並使用視覺模擬評分法（VAS）評估月經、頭痛和腎結石引起的疼痛。偏頭痛致殘程度採用MIDAS量表進行評估。患者最終報告月經週期規律，月經疼痛減輕，卵巢囊腫消失。根據MIDAS評分和超音波檢查報告，偏頭痛和腎結石症狀也分別緩解。本案例報告提示，透過個人化的順勢療法藥物進行體質治療在治療多種疾病方面具有令人鼓舞的作用。然而，仍需進行更多病例研究和設計嚴謹的對照研究，以進一步探討順勢療法介入在多種疾病治療中的療效。