

INFERTILITY AND HOMOEOPATHY

Dr. Shashi Bala, Research Scholar, Faculty of Homoeopathy, Tantiya University, Sri Ganganagar (Rajasthan)

Dr. Poonam Singh, Associate Professor, Faculty of Homoeopathy, Tantiya University, Sri Ganganagar (Rajasthan)

ABSTRACT

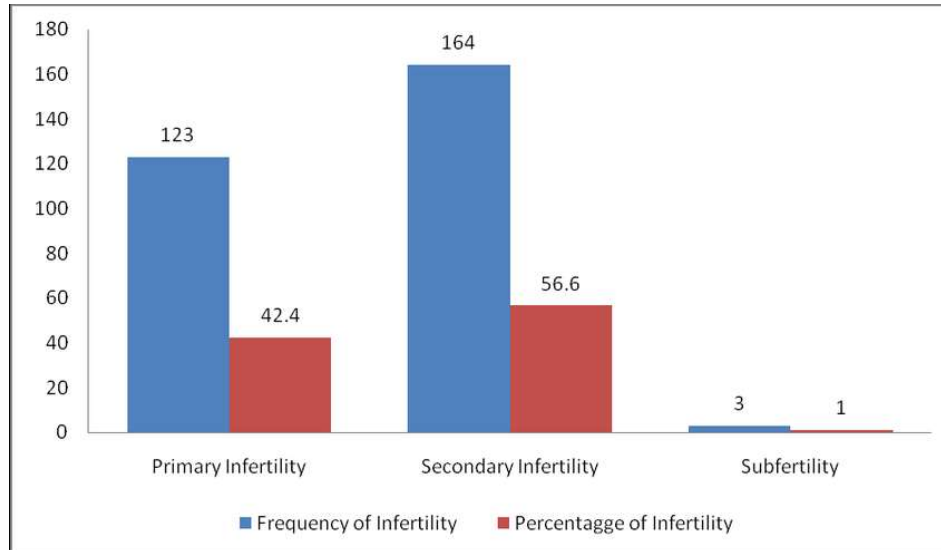
Infertility is a universal barrier affecting people all over the world and its cause and importance may vary according to the geographical location and socio-economic condition. Infertility Awareness is the first step in maintaining pregnancy power in lifestyle modification. This article provides an overview of primary and secondary infertility, its causes in both sexes, including methods to document ovulation, management and effectiveness of homoeopathy in infertility. Homoeopathy is often effective in curing infertility where conventional medicine either fails or is expensive or requires operative procedures and hormonal therapy with their added complication and side effects.

INTRODUCTION

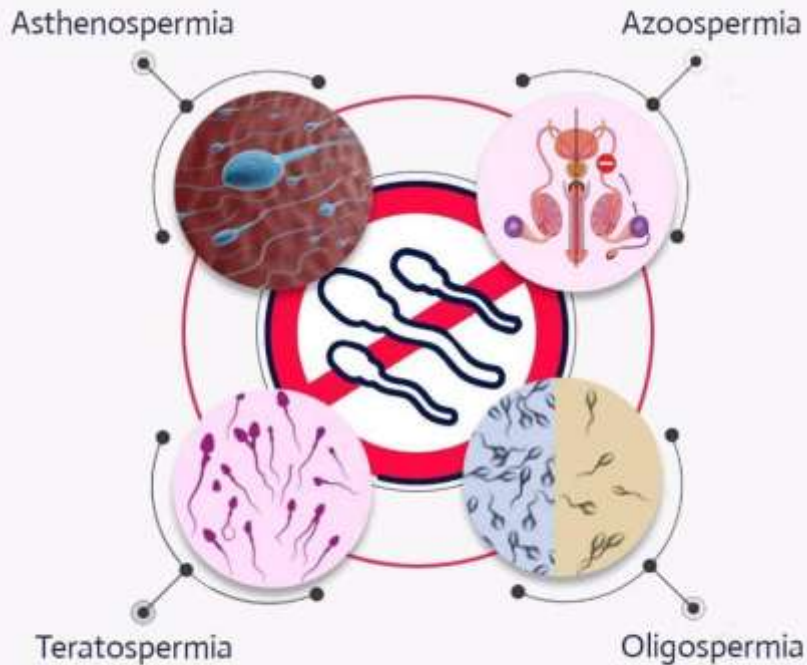
The incidence of female infertility is rapidly increasing among the Indian population which is also a reflection of what is happening all over the world. Today almost one in six couples face difficulty in conceiving. Infertility is the inability of a couple to achieve conception after one year of unprotected coitus. Around 36 to 44% Infertility in women is due to ovulatory dysfunction. Chronic P.I.D. is also seen in reproductive age group and is an important cause of female infertility. Endometriosis is one of the main illnesses affecting women during their fertile age. In infertility apart from surgical and medical treatment, like hormonal therapies etc. Homoeopathy is emerging as one such treatment with a definite role. The role of homoeopathy in treating infertility successfully is invaluable and often taken for granted thus creating a lacunae for genuine evidence based research findings. There is a global need for carrying out evidence based research, to avoid the unnecessary ill-effects, side-effects of antibiotics, hormonal therapy and complicated surgeries and to highlight the effectiveness of homoeopathy in the treatment of infertility. In a third world country like India, often the infertile females cannot afford surgery or expensive medication and they are always targeted and blamed for being infertile, causing immense psychological and mental torture, affecting their health and social status. Homoeopathic medicines are simple, safe, cost effective result oriented and being holistic can address these factors also by treating the underlying causes and preventing the ill effects of conventional medicine.

TYPES OF INFERTILITY

- **Primary Infertility:-** Couples with primary infertility have never been able to conceive.
- **Secondary Infertility:-** Secondary infertility is difficulty in conceiving after already having conceived (and either carried the pregnancy to term, or had a miscarriage). Technically, secondary infertility is not present if there has been a change of partners.



Types Of Male Infertility



CAUSES

German scientists have reported that a virus called Adeno-associated virus might have a role in male infertility, though it is otherwise not harmful. Mutation that alters human DNA adversely can cause infertility, the human body thus preventing the tainted DNA from being passed on.

Causes in either sex:- For a woman to conceive, certain things have to happen: intercourse must take place around the time when an egg is released from her ovary; the systems that produce eggs and sperm have to be working at optimum levels; and her hormones must be balanced. There are several possible reasons why it may not be happening naturally. In one third of cases, it can be because of male problems such as low sperm count. Some women are infertile because their ovaries do not mature and release eggs. Problems affecting women include endometriosis or damage to the fallopian tubes (which may have been caused by infections such as Chlamydia). Other factors that can affect a woman's chances of conceiving include being over- or underweight for her age - female fertility declines sharply after the age of 35. Sometimes it can be a combination of factors, and sometimes a clear cause is never established.

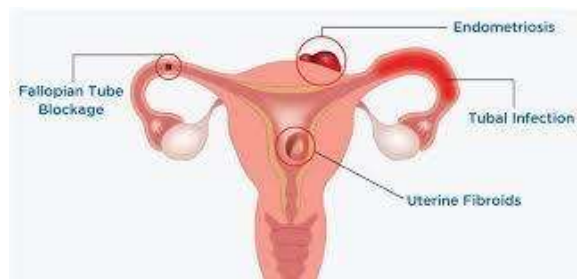
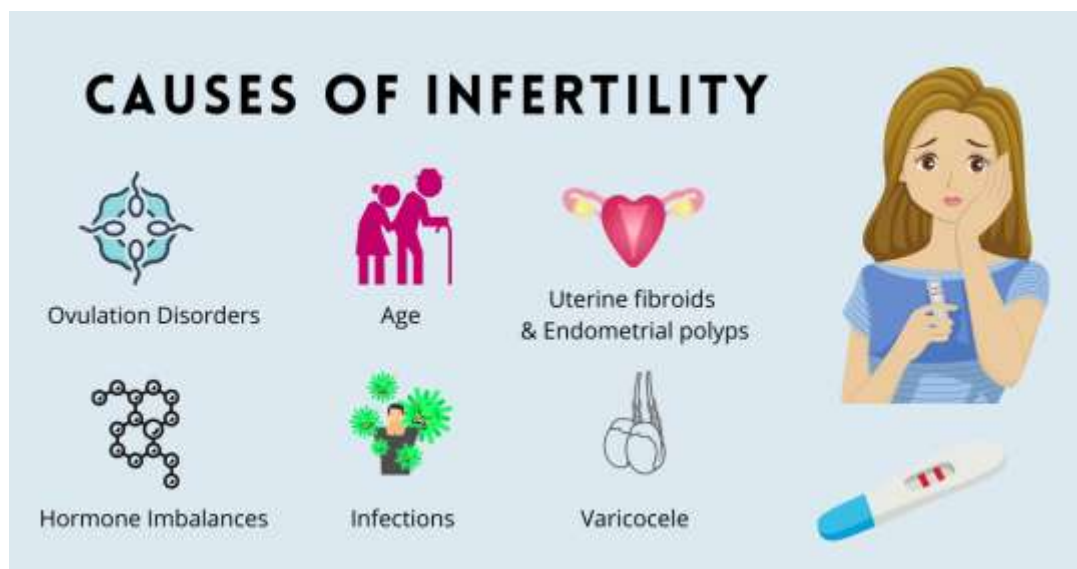
Causes of Male Infertility:- A number of clinical conditions and disease entities can render a man infertile. The more important causes are:

1. Varicocele
2. Infections :
 - a. acute : smallpox, mumps, other viral infections
 - b. chronic : TB, leprosy, prostatitis
3. Sexually transmitted diseases
4. Idiopathic - cause unknown
5. Injury
 - a. direct : testicular or pelvic trauma, heat, irradiation
 - b. indirect : radiotherapy, chemotherapy, environmental toxins, drugs, marijuana, tobacco, alcohol
6. Undescended testes (cryptorchidism)
7. Previous surgery : inguinal, scrotal, retroperitoneal, bladder neck, vasectomy
8. Obstructions : congenital (aplasia), vasectomy, post-infective
9. Systemic illnesses esp. hepatic, renal
10. Immunologic : infection, obstruction
11. Ejaculatory disturbances
12. Spinal cord lesions
13. Genetic, endocrine & familial disorders : Klinefelter's syndrome, Young's syndrome, cystic fibrosis, adrenal hyperplasia
14. Sexual dysfunctions

Causes of Female Infertility:-

1. Decreased ovarian reserve
2. Ovulatory disorders (ovulatory factor)
3. Tubal injury, blockage, or paratubal adhesions (including endometriosis with evidence of tubal or peritoneal adhesions)

4. Cervical and immunologic factors
5. Uterine factors
6. Conditions such as immunologic aberrations, infections, and serious systemic illnesses
7. Unexplained factors (including endometriosis with no evidence of tubal or peritoneal adhesion)
8. Other Causes-Diabetes, Thyroid Problems, Obesity, Vigorous exercise, Poor nutrition, older age, Tumours or Cancer.



SYMPTOMS

The main symptom of infertility is the inability of a couple to get pregnant. A menstrual cycle that's too long (35 days or more), too short (less than 21 days), irregular or absent can be a sign of lack of ovulation, which can be associated with female infertility. There may be no other outward signs or symptoms.

When dealing with infertility, the woman may undergo emotional changes and depression due to not being able to conceive. Infertility has an intense psychological effect. Not able to conceive, bears a stigma in many cultures. The person facing this issue starts feeling rejected from her group which further leads to depression, anxiety and stress. Research shows that stress is a major

factor, as well as the primary reason for infertility problems. Therefore the homeopath plans the medication separately for every individual, by understanding her physical, as well as emotional and mental or spiritual imbalances. That is why this system becomes an excellent option for those seeking help with this issue, as it addresses health on a deep holistic level. The homeopath carefully prescribes the medicine that works on the real cause of infertility, along with other symptoms like any type of pain, stress, etc.

INVESTIGATIONS

Main objectives of investigation is

- To detect the etiological factors
- To rectify the abnormality in an attempt to improve the fertility
- To give assurance with explanation to the couple if no abnormality detected.

Before going into proper investigation, history of the patient should be documented regarding age, duration of marriage, general medical history, surgical history, menstrual history, contraceptive practices adopted, previous obstetrical history if any, sexual problems etc should to be enquired. General systemic and gynecological examination should be done to detect any abnormality which may hinder fertility.

- **Ultrasonography:**To rule out pelvic pathology.
- **Hysterosalpingography:**To know the patency of the fallopian tube.
- **Laparoscopy:**To visualize uterus and the tube for any pathology.

METHODS TO DOCUMENT OVULATION

Luteinizing Hormone Monitoring:

Documentation of the LH surge represents a remarkably reproducible method of predicting ovulation. Ovulation occurs 34 to 36 hours after the onset of the LH surge and about 10 to 12 hours after the LH peak. Urine LH detection kits is also available and its accuracy is 90%.Ovulation usually occurs within 14-26 hours of detection of urine LH surge and almost within 48 hours. The test should be done on daily basis. It is to be started 2-3 days before the expected surge depending upon the cycle length. Serum LH measurements may be necessary for more accuracy.

Midluteal Serum Progesterone:

Elevations in serum levels of progesterone constitute indirect evidence of ovulation. A level above 3 ng/mL (10 nmol/L) typically confirms ovulation.

Serum estradiol:

Serum estradiol attains peak rise approximately 24 hours prior to LH surge and about 24-36 hours prior to ovulation.

Basal Body Temperature:

The least expensive method of confirming ovulation is for the patient to record her temperature each morning on a basal body temperature (BBT) chart.

Ultrasound Monitoring:

Ovulation can also be documented by monitoring the development of a dominant Follicle by ultrasound until ovulation takes place.

Postcoital Test:

Cervical factor is a cause of infertility in 5% of infertile couples. The PCT is designed to assess the quality of cervical mucus, the presence and number of motile sperm in the female reproductive tract after coitus, and the interaction between cervical mucus and sperm. It is to be performed just before ovulation because its proper interpretation requires the examination of cervical mucus at a time of sufficient estrogen exposure.



PREVENTION OF INFERTILITY

Some cases of infertility may be prevented through identified interventions:

- Maintaining a healthy lifestyle: Excessive exercise, consumption of caffeine and alcohol, and smoking (tobacco and marijuana) are all associated with decreased fertility, hence should be avoided. Eating a balanced and nutritious diet, fruits and vegetables (plenty of folates), and maintenance of normal body weight are associated with better fertility prospects.
- Preventing or treating existing diseases: Identifying and controlling chronic diseases such as diabetes, hyperthyroidism and hypothyroidism increases fertility prospects. Regular physical examinations (including Pap smears) helps to detect early signs of infections or abnormalities.
- Sexually transmitted diseases can be prevented by abstinence from sex or the practice of “ safer sex” strategies for people having multiple sex partners, including mutual monogamy, non-penetrative sex, and the correct and consistent use of barrier contraceptive methods, particularly latex male condoms and polyurethane vaginal sheath (female condom).
- Prompt treatment of STDs.
- Not delaying parenthood: Fertility starts to decline after age 27 and drops at a somewhat greater rate after age 35. Women whose biological mothers had unusual or abnormal issues related to achieving pregnancy may be at particular risk of premature menopause that can be mitigated by not delaying parenthood.

TREATMENT

Preconception medical care and counselling is advisable for all those planning a pregnancy failure of which the couple may choose to remain childless or consider adoption, or non-spousal sperm options.

Treatment modalities for infertility include:

1. Weight reducing drugs: In obese anovulatory infertile women, a loss of 5-10% of body weight had been discovered to be enough to restore reproductive functions in 55-100% of women within 6 months.
2. Induction of ovulation using gonadotrophins, Human Menopausal Gonadotrophin (HMG).
3. Bromocriptine in hyperprolactinemic females.

4. Hormone therapy (e.g. Preganol).
5. Surgical intervention.
6. Artificial Insemination (AI).
7. In Vitro Fertilization (IVF).
8. Intracytoplasmic Sperm Injection (ICSI).

HOMOEOPATHIC MANAGEMENT

● **Folliulinum**

Folliulinum is a given as drainage remedy, to stimulate ovulation.

- **Gossypium** - Gossypium is effective when the uterus is undeveloped or weak. There is scanty or delayed menses. Severe back pain and pain in the sacral region. Also there is uterine sub involution and fibroids with gastric pain and debility.
- **Graphites** -Another top remedy for sterility. It is suited to women who are fat but now emaciating. Chilly patient. Menses too late with constipation, pale, scanty, with tearing pain in epigastrium. Decided aversion to coition. Sterility difficult conception. Lady is sad and despondent, music makes her sad.
- **Staphysagria** - It is one of the top remedy for female infertility when no specific cause is found. There is thick cervical mucous secretions which were detrimental to the sperms. Also due to spasm of the vagina, no sperm was going in to the vagina.
- **Aurum Met** -Recommended when infertility is caused by depression, feelings of self-condemnation and worthlessness, Increased blood pressure, Uterus enlarged and prolapsed, Pain and swelling of testicles.
- **Sepia** -It is prescribed for infertility in females where the menses are short, scanty and suppressed. Along with this a prominent symptom of bearing down sensation in uterus may be present. Aversion to sex is also present. The vagina may be excessively dry with pain while intercourse. Irregular or absent ovulation, Low sex drive in men.
- **Aletris Farinosa** -In Aletris farinosa, the main symptoms are early and copious menses with infertility. Leucorrhoea, anaemia, weakness, tiredness and fatigue may also persist with menorrhagia. Aletris Farinosa is also prescribed where a tendency for frequent abortions is present.

- **Natrum Phos** - Natrum Phos is another remedy for acid vaginal discharge which kill sperms. Natrum Phos is indicated for infertility in women who have acrid, irritating, creamy, honey-colored vaginal discharges. The discharge also smells sour.
- **Abroma Radix** -Abroma radix is a good remedy for female infertility when irregular menstrual disorder occurs. Dysmenorrhea. The menstrual flow may be scanty or copious.
- **Calcarea Carb** -Calcarea carb. is an effective remedy for infertility in females due to too profuse or too prolonged periods. The periods also appear before time.
- **Pulsatilla Nig** -Pulsatilla is one of the top homeopathic medicines for infertility in females with short, scanty menses. Pulsatilla is homeopathic medicine for infertility in women who have faced menstrual irregularities since their menarche. The menses always get delayed and never appear on the expected date. The menstrual discharge is also scanty and remains for a very short time. Pulsatilla also tops the list of homeopathic medicines for infertility in females suffering from PCOD.
- **Natrum Carb.**- Natrum carb. is the top remedy for infertility in females due to non-retention of sperms. Offensive and irritating vaginal discharges may also be present. There is a strong bearing down feeling as if everything would come out. It is more by sitting and relieved by moving about. Profuse leucorrhea of thick yellow mucus with putrid odor. Menses are late, scanty, like the meat of washing. Menses too early and is too profuse. Excessive sexual desire.
- **Acid Phos** -It is a great remedy for primary sterility due to debilitated condition such as tuberculosis and diabetes. Menses are too early and too profuse, irregular. The PH of vaginal secretion turn in to acidic form therefore sperm deposited there die soon. Indifferent and apathetic
- **Natrum Muriaticum** -Natrum mur. is another top remedy for female sterility. Women of dark hair and dark complexion having rigid muscle fibres. Menses too early and too profuse. Genital organs are highly sensitive. The lady will faint if coitus is attempted and cannot endure it. Craving for salt.
- **Phosphorus** -Recommended when infertility is because of uterine polyps, when anxiety and stress contribute to infertility.

CASE

A 32 years old female came to me on 21-Feb-2022 with the chief complaint of premature menopause leading to infertility. She started having irregular menses followed by

amenorrhoea over last 6 months. She is a mother of 4.5 yrs male child and has medically terminated 2 pregnancies in the past. She wishes to conceive again since the last 1 year. Her treating Gynaecologist had suggested trying In-vitro fertilization (IVF) immediately as she would attain menopause within 6 months.

Along with the chief complaint, she also suffered from:

- Frequent Upper Respiratory Tract Infection (URTI)
- Frequent headaches
- Inadequate sleep

A detailed homeopathic consultation was done which involved an in-depth history taking of patient's presenting complaints, her mental and physical constitution.

Case History:

When she was informed regarding early menopause and IVF it was a sudden shock for her. She had aborted in the past because she and her husband were not financially settled to have another child. Now she feels guilty. (Weeps) "I was always a single child. I used to feel bad; I did not have any sibling to share my feelings in childhood. I like big family but now periods are delayed and I have to go for either IVF or menopause. That is really worrying me. I will not have a big family. My child will not have anyone to share his feelings."

"I feel very guilty because I took the decision of abortion. I feel life is ended here. Nothing can be done for this. I feel incomplete. I feel I am worthless. Even my husband wanted a second baby but I cannot help it now. I am the reason for it. Life has just started for me but now I am stuck."

She says "I follow all the instructions given by my doctor, I have taken all medicines given by them, I have "Andh vishwas" (blind faith) on them."

She has tremendous anxiety about health and fears dreadful diseases. She says "I am scared whether I am having other diseases like renal failure, breast cancer, lung failure". She is sensitive, doesn't like to hurt people and is very sympathetic. She narrates "I cry easily whether I am happy or sad. I will cry even if I go to temple, if I see a child begging, I get angry. I am very emotional. I cannot understand what I feel. Then repent after crying".

When asked what does family mean to her? She says family means-support, security, with whom you can share, who gives moral support, company, who are there for you.

Her parents are divorced. She is enormously affected by it. She was raised by her mother. She always felt alone as a child. She does not like to be alone. She fantasizes having siblings. She likes talking and sharing things. She feels very responsible towards her family says time and again in the case "I have to fulfil their needs, I want to keep them happy."

If her mother is not well, she feels very anxious “Dar lagta hai, main anath ho jayungi” (Fears she will become an orphan).

She works as a private nurse. She wanted to become a police officer or a doctor and have a respectable job. She chose to be a nurse so that people would now call her “sister”. It sounds respectful.

Physical Generals:

She craves for Salty & Spicy food and is not fond of sweets. She feels thirsty, is occasionally constipated.

Observation:

The patient seemed to be extremely dependent on the physician. She kept saying “Doctor this medicine will help me for sure right? Is it okay if I call you in case of any doubts? I hope you will pick up my call? I will follow all your instructions.” It was a child like dependence. Childish way of talking.

Case Analysis:

The central theme of the case was revolving around the issue of lack of support, feeling incomplete, dependency, responsibility. These issues indicate the Mineral Kingdom. The patient’s issues belong to Row 4 considering her insecurities related to financial and health issues. The extreme insecurity & anxiety and her complete dependence on family, desire for child confirm Row 4, column 1.

Repertorisation:

Fear-death of

Fear of being alone

Anxiety-health; about-own health

Anxiety-health, about-relatives; of

Weeping while narrating her complaints, causeless.

Menses Absent

Menses too late, too scanty.

Throat pain with burning < cold things.

Pain in breast before menses.

	1 ars.	2 bell.	3 kals-ar.	4 kali-c.	5 lyc.	6 mox-v.	7 phos.	8 pul.
	18	18	18	18	18	18	18	18
1. MIND - FEAR - death, of	3	4	2	3	2	2	3	3
2. MIND - FEAR - alone, of being	3	3	1	1	3	3	1	3
3. MIND - ANXIETY - health; about - own health;	3	3	1	4	2	2	1	3
4. MIND - WEEPING - causeless	3	1	1	1	2	1	1	3
5. FEMALE GENITALIA/SEX - MENSES - abse	3	2	2	2	3	3	2	2
6. THROAT - PAIN - burning	3	3	2	1	2	3	1	2

The patient was prescribed Kali carbonicum 200 and was off Hormone Replacement Therapy (HRT) immediately.

Table 1.0 shows her hormonal panel done between Nov-2021 and Dec-2022. Her homeopathic treatment was started on 21-Feb-2022.

Test When→ What ↓	09-11-2021	06-02-2022	21-05-2022	03-07-2022	18-12-2022
LMP	Not Available	19-12-2022 (with HRT)	2-05-2022	2-05-2022	19-10-2022
FSH	16.47		7.25	2.73	3.3
LH	10.27		2.98	2.46	14.09
Prolactin	9.78	39.52	16.63		11.91
Testosterone				27.56	22.61
Anti-		<0.30	<0.30		

Mullerian Hormone (AMH)					
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Table1.0 Hormone Panel

Follow-ups:

The patient started natural menses immediately on Day 2 post her first dose of Kali Carbonicum 200. Her menstrual cycle slowly started becoming regular with seldom occasions of missed cycles. Other associated complaints during menses like cramps, heaviness in the breast etc. became better. Her hormone panel was repeated as shown in Table 1.0 above.

Her episodes of URTI and headaches reduced considerably and its intensity also reduced. MRI Brain was done in consultation with a physician in May2022 which showed Small arachnoid cyst- 3.2X 1.1 cm in left anterior temporal convexity. She received the same constitutional homeopathic remedy for the same as well.

Her Urine Pregnancy and USG confirmed pregnancy in Aug2022. However, she started bleeding spontaneously and the pregnancy could not be retained.

Her Urine Pregnancy Test was positive again in Mar'23. Below are the sonography results:

- USG on 27-Apr-'23 - Well defined gestational sac & foetal pole with regular cardiac activity-186b/MIN.



- USG on 2-Aug-'23 shows-Single intrauterine viable foetus with gestational age of 16 weeks and 5 days.



Quadruple Test in Sep'23 showed Trisomy-21 as 1:250, Trisomy-18 as 1:100 and & AFP MoM above 2.5. No further confirmatory tests were done.

She delivered a healthy baby girl on 28-11-'23 weighing 2.9 kgs.

CONCLUSION

Over the course of 1 year patient was given Kali carbonicum intermittently and the potency was increased up to 10M. Based on her mental and physical state Arsenic album 10 M was prescribed (after stopping Kali carbonicum) in Nov2022. She has received infrequent doses of Arsenic album 50M till date.

Patient's husband was also treated with homeopathy for his Gastric complaints and infertility.

She was on homeopathy for overall wellbeing along with the routine Gynaecology care during her pregnancy.

The above case has revealed the effectiveness of Homoeopathic treatment in the management of female infertility by the highly significant positive outcome results of conception in infertile females. The well indicated constitutional remedy given on the basis of symptoms' similarity has helped the patients to conceive. Thus Homoeopathic treatment for female infertility has been scientifically validated and emerges as a promising alternative treatment for infertility in women.

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