



AN EVIDENCE-BASED CASE REPORT ON SECONDARY INFERTILITY TREATED WITH HOMOEOPATHY

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Abstract: Couples who are unable to conceive after a year of unprotected sexual intercourse following a prior pregnancy within the reproductive age group are classified as experiencing secondary infertility. Primary infertility is less prevalent compared to secondary infertility. This condition can significantly impact the couple's overall health, as well as their marriage, family dynamics, work performance, and social connections. It can be attributed to various factors in either partner or both. Homeopathy, as an alternative medicine, offers a different approach that emphasizes the patient's mental and physical health, allowing for more individualized treatment based on symptom similarities. In such cases, individualized medicine has been shown to be effective.

Method: NATRUM MURIATICUM was prescribed based on individualization.

Result and Conclusion: A 29-year-old female presented at OPD with the complaint of inability to conceive for the past 02 years after a previous delivery, along with menstrual irregularities and scanty menses with severe dysmenorrhoea since then. NATRUM MURIATICUM was prescribed based on individualization and was increased in potency as required on subsequent visits. Her menstrual complaints improved, leading to successful conception later on.

Keywords: secondary infertility, homoeopathy

Introduction

Definition: Infertility is the inability to conceive a child even after one year of marriage with regular unprotected sexual intercourse. World Health Organization describes infertility as a disease of the reproductive system marked by the inability to become pregnant after engaging in frequent, unprotected sexual activity for at least a year. Infertility is divided into two subcategories, i.e., Primary and Secondary Infertility [1].

Primary infertility: A woman who has never been pregnant

Secondary infertility: A woman who had previous one or more pregnancies [2].

Epidemiology: Infertility affects about 50% of women trying to conceive. The percentage of infertile married women aged 15-49 was 7.1% in 1995, dropped to 6.0% from 2006-2010, and then rose to 8.5% from 2015-2019. In 2010, an estimated 48.5 million couples worldwide were infertile, with 34 million seeking treatment in developing countries. Over 80 million people worldwide are affected by infertility, and about 10-15% of infertile couples are seeking treatment.

Etiology

A complex series of events, including ovulation, fallopian tube pickup, fertilization, transfer of the fertilized ovum into the uterus, and implantation into a receptive uterine cavity, is necessary for a successful pregnancy. In the male reproductive system, sufficient quantities and quality of sperm must be deposited at the cervix close to ovulation. The female partner is often responsible for infertility one-third of the time, the male partner one-third of the time, and both partners the remaining one-third of the time.

Causes of Infertility in women:

- Ovulatory dysfunction (caused by oophoritis, ovarian tumors, decreased/poor ovarian reserve, corpus luteum insufficiency)
- Systemic metabolic disorders such as Polycystic ovarian syndrome, hypothyroidism, hyperthyroidism, and hyperprolactinemia.
- Structural issues in the reproductive system may be due to conditions like pelvic inflammatory disease, endometriosis, fibroids, or congenital problems [1].
 - Non-neoplastic enlargement of the ovary, such as follicular cysts, corpus luteum cysts, theca lutein and granulosa lutein cysts, polycystic ovarian syndrome, and endometrial (chocolate) cysts [7].

Follicular cysts are common, with sizes usually not exceeding 5.0cm in diameter. Their cause is still a mystery. They are associated with reproductive failure in various species and are linked to the use of certain contraceptives (progesterone-only contraceptives). While they typically do not cause symptoms, in some cases, they may result in vague pain.

Homoeopathy offers the management of a broad spectrum of diseases. Constitutional homeopathic medicines act on all three planes, i.e., psychological, somatic, and pathological levels. However, in gynecology, it remains restricted when it comes to the context of evidence and publications. Presented here is a case in which constitutional homeopathic treatment proved effective in addressing infertility resulting from a follicular cyst.

Case Profile

Presenting Complaints: A 29-year-old female presented at Dr. Girendra Pal Homeopathic Hospital and Research Centre, Jaipur (Rajasthan), in December 2023 with the complaint of secondary infertility, i.e., she was not able to conceive for two years after her previous delivery. All her pathological hormonal investigations and her husband's sperm analysis were normal. Her menstrual cycles were irregular and early, appearing in 20-22 days, and the flow was very scanty for 2-3 days, associated with dysmenorrhea before and during menses for two years.

History of Present Complaint: Even After regular unprotected intercourse, she was not able to conceive. Later on, after a gynecologist's advice, she underwent a USG Abdomen&Pelvis, which revealed her uterus and endometrium were normal, and no focal lesion was seen in the uterus; the cervix showed multiple hypoechoic small areas. (Cervicitis). The right ovary measures 36x24 mm with a cystic area of 27mm. Follicle and left ovary 25x 17mm. She had not taken any treatment previously for secondary infertility issues.

Past History: She had a history of allergic rhinitis for which she had taken homeopathic treatment from the year 2020-2022.

Physical generals and Particulars

- Appearance: dark, complexioned, emaciated, lean, thin.
- M/H: painful, early, and scanty menses; the flow was bright red, clotted sometimes.
- DPV-white, watery consistency, which aggravates before and after menses, with itching

- Appetite: Normal,
- Thirst: Normal
- Desire: for sweets;
- Stools: Day 2-3 times, soft stool, unsatisfactory, constipation
- Perspiration: profuse sweat all over her body.

Mental generals

- Reserved,
- Irritable over trifles
- Consolation aggravation
- wants to be alone,
- does not forgive quickly those who have hurt her
- dwells on past troubles
- very emotional and sensitive

A reportorial analysis was done using the HOMPAT software. The following characteristics and symptoms were considered for totality

Totality of symptoms

- Reserved doesn't share her feelings with others+++
- Irritable easily and affected by small things+++
- Does not like to be sympathized++
- Not like the company of others++
- Dwells over past troubles++
- Menses- scanty, early, bright red colour+++
- Leucorrhoea- white, watery, profuse++
- Painful dysmenorrhoea <before menses
- Desire- for sweets+++
- Stools- constipated, 2,3 times a day, unsatisfactory
- Perspiration- profuse, all over the body

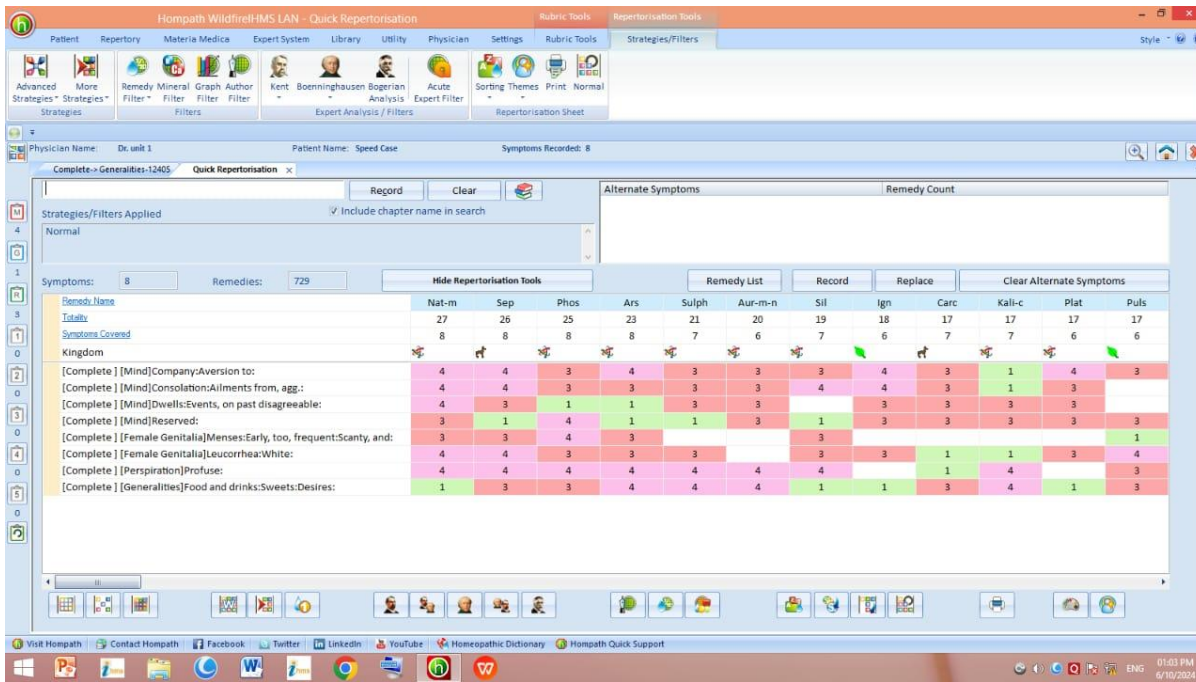


Table 1.0: Repertorial Analysis

S.NO	REMEDIES	RELATIVE VALUE
1.	NATRUM MURIATICUM	27/8
2.	SEPIA OFFICINALIS	26/8
3.	PHOSPHORUS	25/8
4.	ARSENICUM ALBUM	23/8
5.	SULPHUR	21/7

Prescription and Justification: NATRUM MURIATICUM 1M was prescribed based on the totality of symptoms; a single dose was given, followed by Rubrum for 15 days.

Table 1.1: Follow-up

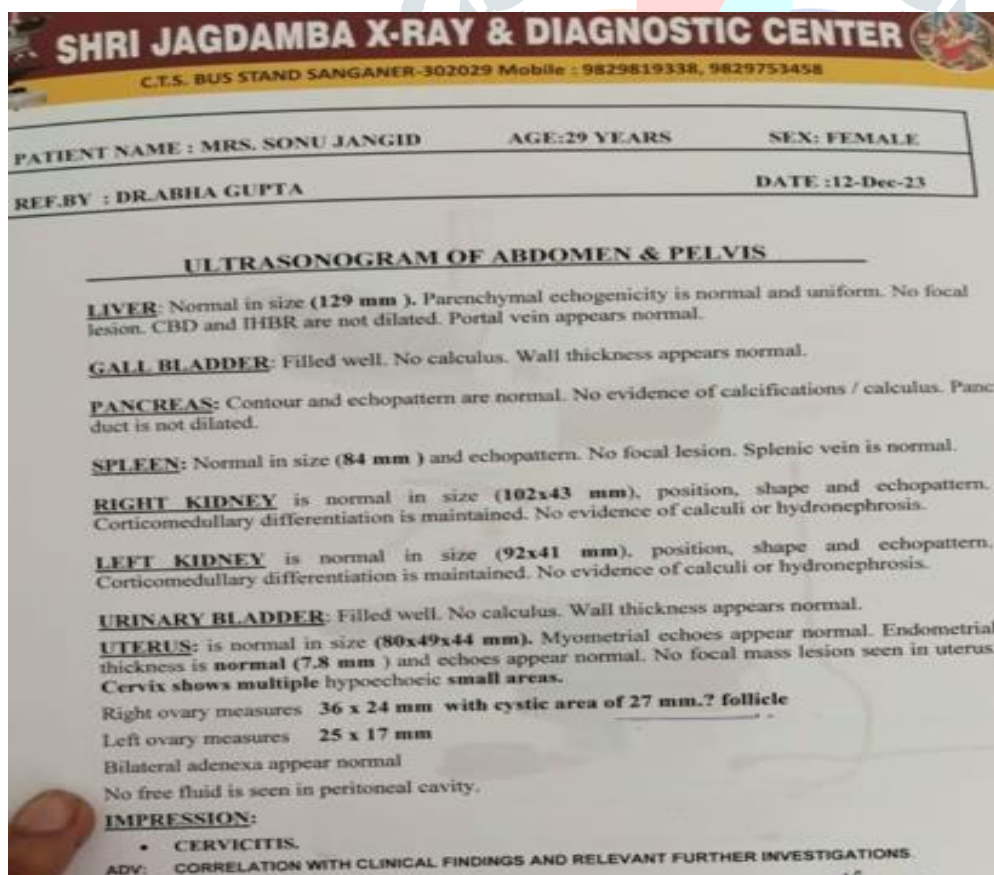
Date	Symptoms	Prescription
22-12-23	LMP:03-12-23; M/H:1-2/18-20 days C/O: Irregular scanty and early menses; Dysmenorrhoea With Secondary infertility	NATRUM MURIATICUM 1M/1DOSE RUBRUM 30/TDS/14DAYS
05-01-24	LMP:26-12-23; M/H: 1-2/18-20 days; C/O: early, scanty menses with itching and irritation in the vagina is reduced	SAC LAC 1M/1Dose RUBRUM 30/TDS/14Days
19-01-24	Itching and irritation in the vagina are reduced	RUBRUM 1M/1DOSE PHYTUM 30/TDS/14DAYS
02-02-24	LMP:20-01-24; M/H: 1-2/20-21 days, Scanty, early and bright red	SAC LAC 1M/1 DOSE RUBRUM 30/TDS/14 DAYS

22-02-24	LMP:20-02-24; M/H: 2-3/28-30 days, flow better, on time, bright Red	NATRUM MURIATICUM 10M/1DOSE PHYTUM 30/TDS/14DAYS
11-03-24	No fresh complaints; overall, feeling better	PHYTUM 1M/1Dose RUBRUM 30/TDS/14Days
10-04-24	LMP:12-03-24; M/H:2-3/22-23DAYS, normal, bright red flow, no other complaints	PHYTUM 1M/1DOSE RUBRUM 30/TDS/14DAYS
25-04-24	No menses in past 40-45 Days; C/O: Constipation, pregnancy kit test +ve Advice: USG Foetal well-being	RUBRUM 30/TDS/14DAYS
19-05-24	USG (08-05-24): Single Intra-Uterine Gestational Sac with Single fetus Gestational age: 8 weeks and 5 days, EDD-13-12-24	PHYTUM 200/1Dose RUBRUM 30/TDS/14days

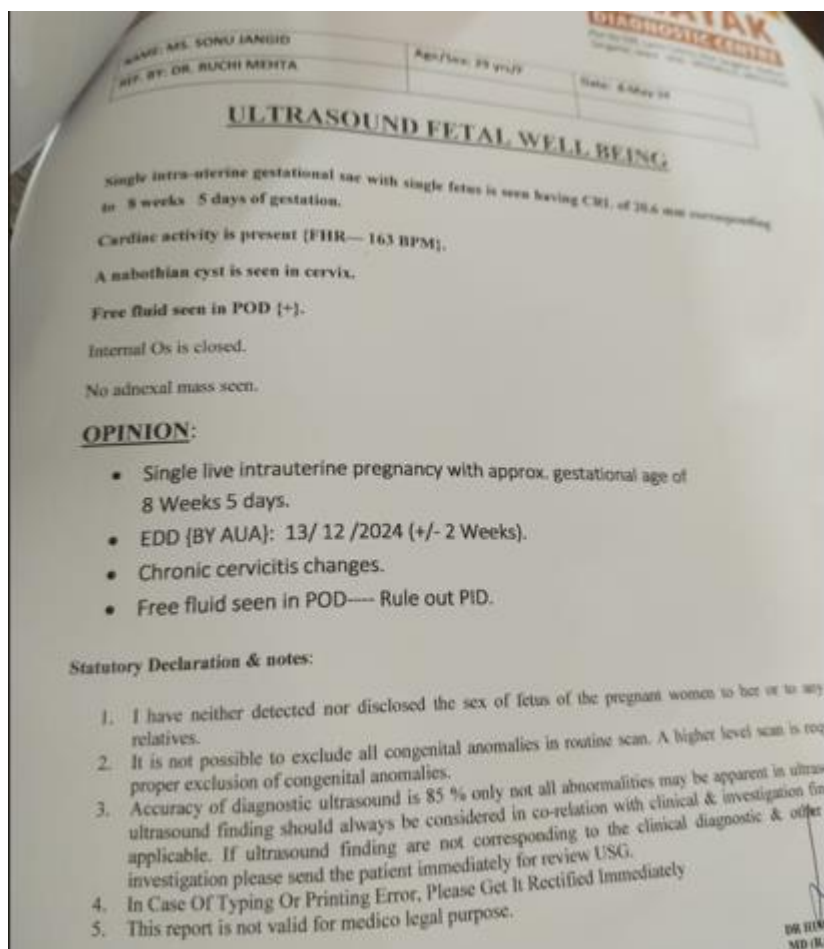
Discussion and conclusion: NATRUM MURIATICUM was selected based on symptom totality. In the repertorial totality, NATRUM MURIATICUM and SEPIA scored the highest marks, covering all the patient symptoms with maximum grading. On considering the marked mental generals of the case, NATRUM MURIATICUM was prescribed to the patient, followed by RUBRUM for 15 days.

Clinical Diagnosis and Assessment

Before and after treatment reports were confirmed through USG.



Before Treatment



After Treatment

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