

A STUDY TO ASCERTAIN THE ROLE OF HOMEOPATHY MEDICINES IN TREATMENT OF INFERTILITY IN FEMALES

Shikha Chugani^{1*}, Charanjeet Singh² and Rekha Juneja³

¹P.G. Scholar (2020-21) Deptt. of Materia Medica, ²Principal & HOD, ³Professor (Dr.)
Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Tantia
University, Sri Ganganagar, Rajasthan, India.

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*Corresponding Author

Dr. Shikha Chugani

P.G. Scholar (2020-21)

Deptt. of Materia Medica,

Sri Ganganagar

Homoeopathic Medical

College Hospital & Research

Institute, Tantia University,

Sri Ganganagar, Rajasthan,

India.

ABSTRACT

Background: Infertility, defined as the failure to achieve conception after a year of unprotected coitus, affects nearly one in six couples worldwide. Female infertility rates are rising, prompting exploration of alternative treatments due to their efficacy and cost-effectiveness compared to conventional methods. **Aim & Objectives:** This study aims to assess the effectiveness of homeopathic medicines in treating female infertility. Objectives include investigating various causes of female infertility and their compatibility with homeopathic remedies, evaluating the FertiQol scale's utility in infertility assessment, and analyzing the impact of infertility on women's mental health and quality of life. **Study Design and Methodology:** Randomly selecting 82 infertile women aged 20 to 45 from the outpatient and inpatient departments of Sriganganagar Homoeopathic Medical College, Hospital, and Research Institute, Rajasthan, over a year. Purposive sampling was employed based on inclusion and exclusion criteria. Treatment involved administering constitution-based homeopathic

remedies over the study period, with data analyzed using a modified FertiQol International scale. Statistical comparison of pre- and post-treatment scores utilized the paired t-test.

Result: The calculated t-statistic value (14.9) exceeded the tabulated value (1.98) at a 5% significance level with 81 degrees of freedom. Rejection of the null hypothesis and acceptance of the alternative hypothesis indicate the efficacy of homeopathy in managing female infertility. **Conclusion:** Homeopathy emerges as an effective therapeutic approach for female infertility. Tailoring remedies to individual symptomatology has facilitated conception

and enhanced the quality of life for infertile women.

KEYWORDS: *Infertility, PCOD, hormonal imbalances, endometriosis, menstruation, etc.*

1. INTRODUCTION

Infertility refers to the inability to conceive within one year of regular, unprotected intercourse (Primary infertility) or after a previous pregnancy (Secondary infertility). Fecundability, on the other hand, represents the likelihood of achieving pregnancy within one menstrual cycle, estimated to be around 20% in healthy couples. The incidence of infertility is significant, with approximately 80% of couples conceiving within the first year of trying, rising to 90% within two years. However, about 10% of couples may remain unable to conceive despite efforts to do so, indicating a persistent state of infertility.

2. Causes

The common causes of female infertility are

- Ovulation disorders (e.g., PCOS).
- Tubal factors (e.g., blockage or damage).
- Uterine abnormalities (e.g., fibroids).
- Endometriosis.
- Age-related decline in egg quality.
- Hormonal imbalances (e.g., thyroid disorders).

3. Common Symptoms of PCOD

There are some evident symptoms of PCOD, which are relatively common in every patient. Here is a list of some common symptoms of the disease

- Visible acne on face, neck, and back.
- Difficulty losing weight despite various efforts.
- Thinning of scalp hair.
- Irregular menstrual cycles (less than nine periods a year, heavy bleeding).
- Fertility problems.
- Depression due to body changes.

4. Treatment for PCOD

Treatment for irregular menstruation

- Birth control or progesterone tablets for regular periods.

- Metformin to improve insulin sensitivity and normalize cycles.
- LH-releasing hormone analogs.
- Clomiphene citrate to induce ovulation.

Treatment for hirsutism

- Birth control pills or anti-androgen medications.
- Eflornithine cream to slow hair growth.
- Laser hair removal.
- Pelvic laparoscopy for ovulation and infertility issues.

Weight reduction management

- Low-calorie diet with moderate exercise.
- Weight loss may improve PCOS symptoms and infertility.

Alternative PCOD Treatments

- Ayurvedic treatment with herbs.
- Surgical methods like laparoscopy.
- Yoga and exercise.
- Home remedies like controlling sugar intake and avoiding junk food.

Infertility Causes and Hormonal imbalance

- Hormone imbalance disrupts reproductive cycles.
- PCOS and anovulation are common causes.
- Low testosterone in men can affect fertility.

5. Homeopathic medicines in symptom management

For PCOS: Pulsatilla treats irregular periods, acne, and symptoms like amenorrhea, suppressed menses, leucorrhea, back pain, and diarrhea during menses. Sepia regulates hormones, manages ovarian cysts, and addresses late periods with scanty flow, relaxed pelvic organs, facial hair, and infertility. Calcarea Carb controls weight gain, heavy periods, and sensitivity to cold air, addressing prolonged periods. Natrum Mur manages hair fall, late periods, vaginal dryness, irritability, and headaches. Hepar Sulph manages pustular acne and may help with blood oozing from pimples. Oleum Jecoris Aselli treats excessive facial hair growth. Kali Carb addresses missed periods, heavy flow, backache, and colicky pain. Thuja manages excessive hair growth, skin pigmentation, vaginal sensitivity, warty excrescences,

scanty periods, and ovarian pain.

For endometriosis: Xanthoxylum and Cimicifuga treat painful periods in endometriosis. Xanthoxylum relieves excruciating pelvic, back, thigh, and leg pain, as well as ovarian neuralgia. Cimicifuga addresses severe, bearing down pain in the lower abdomen and lower back, along with darting pelvic pains. Sabina, Sepia, and Pulsatilla manage pelvic pain in endometriosis. Sabina relieves colicky pelvic pains, Sepia addresses bearing down and gripping pains, and Pulsatilla treats pelvic pain with chills and restlessness. Platina targets dyspareunia in endometriosis, while Nux Vomica, Ammonium Mur, and Lachesis help with rectal symptoms like pain and bleeding. Sepia and Natrum Mur alleviate urinary complaints such as urgency, frequency, and bladder pain in endometriosis.

For Pelvic Inflammatory Disease (PID): Tailored remedies for PID include Sepia Succus for pelvic symptoms and vaginal pain, Merc Sol for menses and vaginal discomfort, Phosphorus for uterine bleeding and weakness, Sabina Officinalis for heavy periods and post-childbirth inflammation, Medorrhinum for intense pain and discharge, and Kreosotum for dyspareunia and post-intercourse bleeding.

For infertility in females due to acid vaginal discharges: Borax is used for infertility with egg-like vaginal discharge, aiding conception. Natrum Phos treats infertility due to acidic vaginal discharges and early, watery menses. Homeopathy may help with partially blocked fallopian tubes, especially if inflammation or infection causes the blockage, but complete blockage cannot be treated. Remedies like Apis Mellifica, Lachesis, Pulsatilla, Medorrhinum, and Sepia may be prescribed based on detailed case history, including menstrual and obstetric history, to address causes like pelvic inflammatory disease or endometriosis.

For uterine fibroids: These remedies tackle diverse menstrual and uterine issues: Thlaspi Bursa Pastoris for uterine fibroids and prolonged, profuse menses; Calcarea Carb for anxiety and cutting pains; Belladonna for downward pressure sensation, bright red menses, and mastitis pain; Ustilago Maydis for vicarious menstruation and dark bleeding; Sabina Officinalis for threatened miscarriage and offensive leucorrhoea; Fraxinus Americana for fibroids and bearing-down sensation; Trillium Pendulum for uterine hemorrhages; Kali Carbonicum for menstrual irregularities; Erigeron Canadensis for metrorrhagia; China Officinalis for early menses and bleeding in fibroids; and Ferrum Met for anaemia from heavy menses.

6. AIM AND OBJECTIVES

Aim

To assess the clinical utility of homeopathic Medicine in the cases of Infertility in females.

Objectives

1. To know the efficacy of homoeopathic medicines in infertility in females
2. To understand the different causes of female infertility with relation to scope of homeopathic medicines.
3. To explore the utility of fertiQol scale in assessment of female infertility.
4. To know the effect on overall mental health and quality of life in females with infertility.

7. METHODOLOGY

Population/Sample: 100 cases first come first serve.

Age and Sex: 20-45 years females.

Study design: Clinical Observational study.

Inclusion criteria: Inclusion criteria for female infertility, aged 20-45, involve regardless of illness duration, focusing on clinical presentation. Follow-up for 6-12 months and treatment consent are required.

Exclusion criteria: Cases declining consent, husbands diagnosed with male infertility declining treatment, and patients unwilling to cease other pharmacological interventions are excluded from the study.

Duration of study: Duration of study is 1 year.

Remedy selection process: The comprehensive repertorization procedure was confirmed through consulting validated Materia Medica.

Remedy administration: The choice of potency, administration method, and frequency of the prescribed medication(s) were customized to suit the individual case and project specifications.

Assessment tool: FertiQol scale (fertility quality of life questionnaire)

8. OBSERVATION AND RESULTS

The 100 female patients were selected for the treatment of infertility, 18 patients were withdrawn due to following reasons.

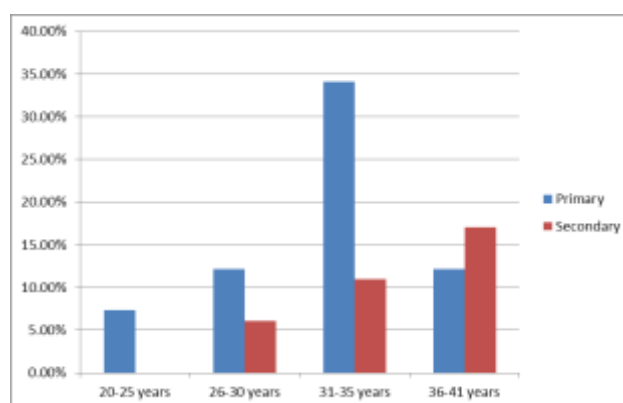
- 5 patients: migration out of Sriganaganagar due to family reasons
- 10 patients: went for surgical procedures

- 1 patient: detected with ovarian cancer so left the treatment
- 5 patients: left the treatment due to husband's transfer
- 7 patients: lost the follow up
- 2 patients: diagnosed with severe illness and left the treatment
- 4 patients: went for allopathic treatment
- 2 patients: went for adoption
- 4 patients: left treatment due to unknown cause

82 cases have been included. The data obtained was sorted out in the form of different charts and tables as below.

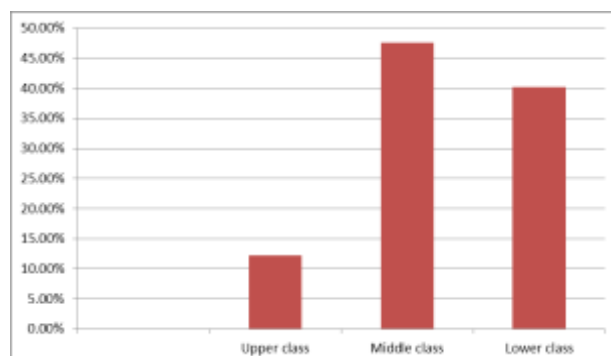
- 1) **According to age group:** In the age group 20-25 years, 6 cases (7.31%) of primary infertility and no cases of secondary infertility were noted. For ages 26-30 years, there were 10 cases (12.19%) of primary infertility and 5 cases (6.09%) of secondary infertility. In the 31-39 age group, 28 cases (34.14%) of primary infertility and 9 cases of secondary infertility were observed. Lastly, for ages 39-45 years, 10 cases (12.19%) of primary infertility and 14 cases (17.07%) of secondary infertility were observed.

Age Group	Nos	Primary	Secondary
20-25 years	P 6 S 0	7.31%	0
26-30 years	P 10 S 5	12.19%	6.09%
31-35 years	P 28 S 9	34.14%	10.97%
36-41 years	P 10 S 14	12.19%	17.07%

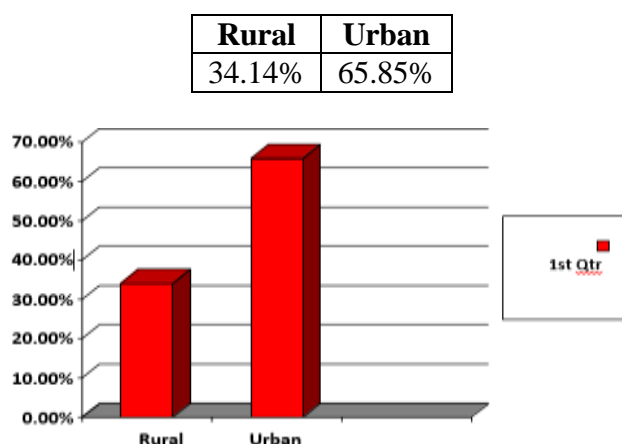


- 2) **According to Socio – economic distribution for infertility in females:** Out of 82 infertility cases in females, the majority were from the middle class (39 cases, 47.56%), followed by the lower class (33 cases, 40.24%), and the least from the upper class (10 cases, 12.19%).

Socio economic class	No of cases	Percent- age
Upper class	10	12.19%
Middle class	39	47.56%
Lower class	33	40.24%

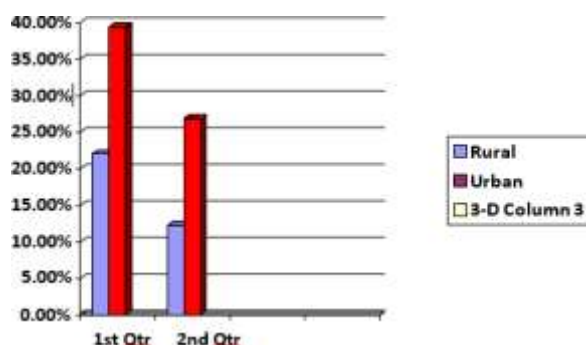


- 3) **According to rural and urban habitat:** Graph shows that the overall prevalence of infertility in rural and urban area is 34.14% and 65.85%, and the overall prevalence of infertility in rural and urban area is 7.6% and 8.8%, respectively.



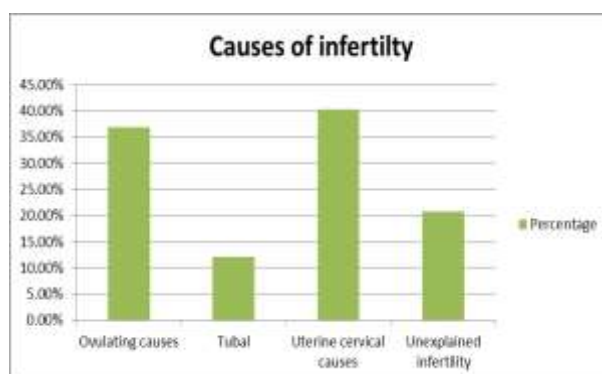
- 4) **According to prevalence of primary infertility and secondary infertility:** In rural areas, primary infertility prevalence is 21.95%, while secondary infertility is 12.19%. Conversely, in urban areas, primary infertility prevalence is 39.02%, and secondary infertility is 26.82%. Table 5 displays the distribution of 82 female infertility cases based on their causes.

Description	Primary infertility	Secondary infertility
Rural	21.95%	12.19%
Urban	39.02%	26.82%



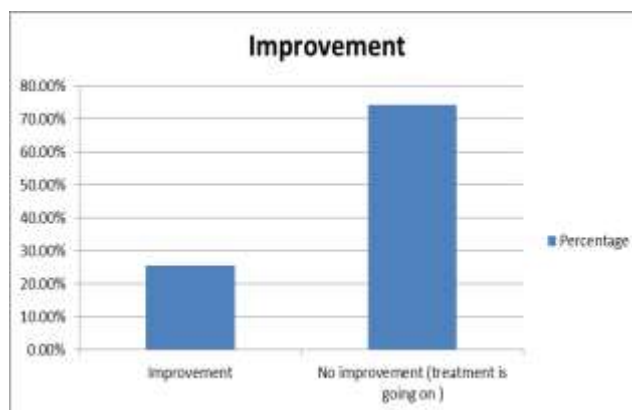
- 5) **According to cause of infertility:** out of 82 cases of female infertility 22 cases (36.82%) are of ovulation causes, 10 cases (12.19%) are of tubal causes, 33 cases (40.24%) are of uterine and cervical causes, 17 cases (20.73%) are of unexplained infertility.

Description	Nos	Percentage
Ovulating causes	22	36.82%
Tubal	10	12.19%
uterine cervical causes	33	40.24%
Unexplained infertility	17	20.73%



- 6) **According to improvement in cases of infertility:** Out of 82 female infertility cases, 21 cases (25.60%) demonstrated improvement, achieving pregnancy, while 61 cases (74.39%) showed no improvement. The latter group includes patients undergoing ongoing treatment, with relief observed in their physical and mental symptoms.

Description	No.	Percentage
Improvement	21	25.60%
No improvement (treatment is going on)	61	74.39%



9. CONCLUSION

The study demonstrates the efficacy of homeopathic treatment in managing female infertility, yielding highly significant positive outcomes with conception in infertile females. Individualized constitutional remedies, prescribed based on symptom similarity, facilitated conception in cases of PCOD, Chronic PID, tubal adhesions, Endometriosis, and Unexplained Infertility among others. Among 82 cases, 21 female patients (67.5%) conceived after homeopathic treatment, validating its scientific efficacy and positioning it as a promising alternative for female infertility treatment. The cases with no improvement are of patients whose treatment is still going on and showing relief in their symptoms (physical and mental) but did not achieve pregnancy. According to the assessment scale name FertiQol which is selected in this study, shows altruistic improvement of 60% in lifestyle of females undergoing homeopathic treatment. In this study, it was noticed that after proper case taking along with regular counselling of females and well selected homeopathy medicine when given to females has shown good improvement in body hormones, menstrual cycle and enhances the ovulation process. Homeopathic treatment remove emotional blockages and disturbance that may affect fertility. Remove stress, anxiety and depression. It also helps in curing the side effects of various other fertility treatments.

10. REFERENCES

1. Allen H C. Keynotes Rearranged and Classified with Leading Symptoms of Materia Medica with Bowel Nosodes, B Jain Publisher (p) Ltd, 2015; 568.
2. William Boerick. New Manual of Homeopathic Materia Medica and Repertory, Indian Books and Periodicals Publishers, New Delhi, Augmented Edition, 2015.
3. Dutta D C. Textbook of Gynecology, New Control Book Agency, Private Limited Kolkata, 2013; 6.
4. Hiralal Konar, Dutta D C. Textbook of Gynecology, New Central Book Agency (P) Ltd,

- Kolkata, 2013; 6: 217-240.
5. Richa Saxena. *Bedside Obstetrics and Gynaecology*, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, 2014; 2: 1011-1041.
 6. Kalampokas T, Botis S, Kedikgianni Antoniou A, Papamethodiou D, Kivellos S, et al. Homeopathy for infertility treatment: a case series, *Clin Exp Obstet Gynecol*, 2014; 41(2): 158-159.
 7. Dossett M L, Davis R B, Kaptchuk T J, Yeh G Y. Homeopathy Use by US Adults: Results of a National Survey, *Am. J Public Health*, 2016; 106(4): 743-745.
 8. Segar J. Complementary and alternative medicine: Exploring the gap between evidence and usage, *Health*, 2012; 16(4): 366-381.
 9. Gerhard I, Wallis E. Individualized homeopathic therapy for male infertility, *Homeopathy*, 2002; 91(3): 13-144.
 10. Gerhard I, Keller C, Mo3nga, B. Homeopathic treatment for female infertility, *TW Gynakologie*, 1993; 6: 337.
 11. API Textbook of Medicine, 7.
 12. *Medicine for Students*, e HB by Golwalla, 22.
 13. *Indian Journal of Clinical Practice*, 2012; 23: 4.
 14. Goldman: Cecil Textbook of Medicine, 21.
 15. Hahnemann S. *Organ on of Medicine*, 2010; 6.
 16. Sarkar B.K. Hahnemann's Organon Commentary by B.K. Sarkar, M. Bhattacharya & co. (P)Ltd. Calcutta, India; Eighth Indian Edition, 1984.
 17. Robert H.A. *The Principles and Art of Cureby Homoeopathy*. Page, 16.
 18. *The Genius of Homoeopathy* by Stuart Close. Page, 4.
 19. Kent J.T. Use of the repertory "How to study the repertory (k6) Kent James Tyler. How to use therepertory.
 20. William D Gentry. *The Rubrical and Regional textbook of Homoeopathic Materia Medica*, Section on Urine and urinary organs. New Delhi: B Jain Publishers Pvt. Ltd, 1992.
 21. Henry. N. Guernsey. *Keynotes to the Materia Medica*. B. Jain Publishing Co, 1984.
 22. Lippe Adolph Von. *Keynotes and Redline symptoms of the Materia Medica*. New Delhi: B. Jain Publishers Pvt. Ltd, 1988.
 23. Clarke John Henry. *The Prescriber*. New Delhi: B. Jain Publishers Pvt. Ltd, 1998.
 24. Hughes Richard. *The Principle and practice of Homoeopathy*. New Delhi: B. Jain Publishers Pvt. Ltd, 1999.