



# TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

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## CASE STUDY

### A CASE REPORT OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN THE TREATMENT OF FEMALE PRIMARY INFERTILITY

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#### Abstract

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**Key Word-** Infertility,  
Primary, PCOD,  
Hormone, HSG etc

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Lucknow

Female infertility is caused when a woman of reproductive age and sexual active, without contraception, cannot get pregnant after a year and more than a year. Although conventional treatments for infertility such as hormone therapy, in vitro fertilization and many more, helped many female patients with infertility get pregnant during past a few decades, it is far from satisfactory with prolonging treatment time frames and emotional and financial burden. In recent years, more patients with infertile problems are seeking to alternative and complementary medicines to achieve a better outcome. This article focusses on the effect of individualized homeopathic medicine in case of female infertility .which is cost effective and non-surgical procedure .

#### INTRODUCTION

Infertility is a disease of the male and female reproductive system defined by the

failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[1]

### **Incidences And Prevalance**

In united states among married women aged 15 to 49 years with no prior births, about 1 in 5 (19%) are unable to get pregnant. After one year of trying (infertility). Also, about 1 in 4 (26%) women in this group have difficulty getting pregnant or carrying a pregnancy to term (impaired fecundity). Infertility or impaired fecundity is less common among women with one or more prior births. In this group, about 6% of married women aged group 15 to 49 years are unable to get pregnant after one year of trying and 14% have difficulty getting pregnant or carrying a pregnancy to term.[2]

As per the WHO data, the estimated prevalence of primary infertility among reproductive age group women in India is 11.8%. Using the prevalence of 11.8% and considering 20% chance of nonrespondent and incomplete data, the calculated sample size was 570.[3]

### **Risk Factors And Causes**

The males are directly responsible in about 30- 40 percent, the female about 40- 50 percent and both are responsible in 10 percent of cases.[2] Infertility is caused by an underlying medical condition that leads to damage the fallopian tubes, interferes with ovulation, and causes hormonal

complications. These medical conditions include pelvic inflammatory disease, endometriosis, polycystic ovarian syndrome, premature ovarian failure, uterine fibroids and environmental factors and other causes of infertility in females include ovulation problems, tubal blockage, some age-related factors, uterine problems, previous tubal ligation and hormone imbalance while the main cause of infertility in males is poor semen quality.

### **Environmental factors and infertility**

Toxins such as glues, volatile organic solvents or silicon's, physical agents, chemical dusts, and pesticides are implicated in infertility. Other potentially harmful occupational environmental exposures such as chlorinated hydrocarbon have also been discovered to be associated with the increased link of spontaneous miscarriage in women

**Age and Infertility-** Fertility declines with age. Female fertility is at its peak between the ages of 18 and 24 years[3], while it begins to decline after age 27 and drops at a somewhat greater rate after age 35. In terms of ovarian reserve, a typical woman has 12% of her reserve at age 30 and has only 3% at age 40.[3]

**Lifestyle and infertility** - Tobacco smoking and alcohol intake contribute to infertility. Cigarette smoking interferes with folliculogenesis (nicotine and other

harmful chemicals in cigarettes interfere with oestrogen synthesis), embryo transport, endometrial receptivity, endometrial angiogenesis, uterine blood flow.[3]

### **Hormonal Imbalance and Infertility-**

The hypothalamus, through the release of gonadotrophin releasing hormones, controls the pituitary gland which is directly or indirectly controls other hormonal glands in the human body. Thus, alterations in the chemical signals from the hypothalamus can affect the pituitary gland, and ovaries, thyroid, mammary gland etc.[3]

### **Hyperprolactinemia and infertility-**

Hyperprolactinemia is causing infertility by increasing the release of dopamine from hypothalamus which inhibits gonadotrophin-releasing hormone (GnRH) and thus gonadal steroidogenesis and eventual infertility.[3]

### **Ovarian functional problem and**

**infertility-**Infertility results from ovarian dysfunction may be due to absence of eggs in the ovaries or may be due to a complete blockage of the ovaries. Ovarian dystrophy (physical damage to the ovaries, or ovaries with multiple cysts) and luteinized unruptured follicle syndrome (LUFS), in which case the egg may have matured properly but the follicle failed to burst or even burst without releasing the egg may occur and cause anovulatory cycle

Polycystic ovaries syndrome (PCOS) is usually a hereditary problem and accounts for up to 90% of cases of anovulation. In PCOS the ovaries are produce high amounts of androgens, mainly testosterone and thus amenorrhea or oligomenorrhea is common.

**Tubal factors and infertility-** Tubal (ectopic) and peritoneal factors of importance in infertility include endometriosis, pelvic adhesions, pelvic inflammatory diseases usually due to Chlamydia, tubal occlusion and tubal dysfunction

**Uterine factors and infertility -** Uterine malformation such as abnormal shape of uterus and intrauterine septum, polyps, leiomyoma, and Aschermann's syndrome . Benign fibroid of uterus are extremely common in women in their 30s. Large fibroids may cause infertility by impairing in the uterine lining, blocking the fallopian tube, distorting the shape of the uterine cavity or may be altering the position of the cervix.[3]

**Another factor -** Thyroid disease and infertility, sexually transmitted disease (STD), Structural obstruction.

### **INVESTIGATION**

❖ **History:** Age, duration of marriage, A general medical history should be taken with special reference to tuberculosis, sexually transmitted

disease, features suggestive of pelvic inflammation or diabetes.

❖ **The Surgical History** should be directed especially towards abdominal or pelvic surgery. This may be related to peritubal adhesions.

❖ **Menstrual History-** It should be taken in details. Wide spectrum of abnormalities ranging from hypomenorrhea to oligomenorrhea and oligomenorrhea to amenorrhea are associated with disturbed hypothalamopituitary ovarian axis which may be either primary or secondary to adrenal or thyroid dysfunction.

❖ **Previous obstetric history** - It is including number of pregnancies, the interval between them and pregnancy related complications are to be enquired. The history of puerperal sepsis may be responsible for ascending infection and tubal damage. Uterine synechiae may be due to vigorous curettage.

### Examinations

❖ **General Examination-** special emphasis being given to obesity or marked reduction in weight (BMI). Hirsutism, acne, or underdevelopment of secondary sex characters are to be noted. Physical features pertaining to endocrinopathies are carefully evaluated to detect features of PCOS and galactorrhoea.

❖ **Gynaecological Examination-** includes adequacy of hymenal opening,

evidence of vaginal infections, cervical tear or chronic infection, undue elongation of the cervix, uterine size, position and mobility presence of unilateral or bilateral adnexal masses —fixed or mobile with or without tenderness and presence of nodules in the pouch of Douglas.

❖ **Hormonal Blood Tests:**

• **FSH and LH:** This blood test should be done during day 2 to day 5 of your cycle. FSH, LH levels are important to know your ovarian function. Day 1 is first full day of your period.

• **TSH:** to know your thyroid hormonal levels. Thyroid hormone can sometimes disturb the menstrual cycle and thereby affect fertility.

• **Prolactin:** High levels of prolactin are known to be associated with problems with ovulation

❖ **Infection**

• **HBsAg:** This test is to know that you are not carrying hepatitis virus.

• **Anti HCV:** This test is to know your status for hepatitis C virus.

• **VDRL:** Routine test for syphilis

• **Rubella IgG:**

This is an important test to perform before you conceive. If this test is negative, it means that you are susceptible to get rubella infection during pregnancy, which can harm your baby. In that case Rubella vaccine is advisable.

❖ **Ovarian factors:** Ovarian dysfunctions (dysovulatory) commonly associated with infertility are Anovulation or oligo-ovulation (infrequent ovulation). Luteal phase defect (LPD). Luteinized unruptured follicle (LUF).

❖ Hystosalpingography

❖ Laparoscopy- Laparoscopy is the gold standard (definitive method) for evaluation of tubal factors of infertility.

❖ Sonohystosalpingography Patient's Identification

## CASE STUDY

Name :XYZ

Age : 30 YRS

Religion : Hindu

Occupation : Homemaker

Visited In Out Patient Department(Opd) Of National Homeopathic Medical College Lucknow

## PRESENTING COMPLAINTS

❖ Patient Present With The Complaint Of Not Being Able To Conceive From Past 7 Year Of Marriage.

❖ Irregular Menses From Past 7 Months.

❖ Pain In Lower Abdomen Before And During The Menses ,Weakness For Weeks After Menses

❖ Slight Decrease In Appetite.

❖ And She Is Suffering From Headache After Sun Exposure And Continue Till

Sunset, And Especially Right Sided Headache.

## Personal History-

- Patient Is Physically Handicapped (Paralytic Polio In Left Leg)
- Malaria In 2018
- Covid19 In 2021.

## Family History

- Father – Hypertension And Diabetes
- Mother - Hypertension

## Menstrual History

- Age Of Menarche – 12 Yrs
- She Had Irregular Menses From Last 7 Months.
- Duration-3-4 Days.
- Character- Bright Red Color With Some Clots
- Associated Symptoms- Weakness During Menses And Pain Before And During Menses.

## Physical General Symptoms

- Thirst – Thirsty
- Thermal-Hot
- Desire -Salty Food
- Aversion- To Bread, Noise Intolerance
- Tongue – Clean
- Constipation

## Mental Generals

- Anger Suppressed
- Feeling Of Being Rejected /Neglected

- Estriodiol E2 Serum- 42.51pg/ml

**Dr Lal PathLabs**

**L30 - GANGA LAXMI CLINIC**

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Name :	[Signature]	Collected	7/5/2022 7:08:00PM
Lab No. :	381334251	Received	7/5/2022 7:10:05PM
Age : 29 Years	Gender: Female	Reported	7/5/2022 9:06:12PM
A/c Status : P	Ref By : Dr. KUMUDINI CHAUHAN	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
ESTRADIOL (E2), SERUM (CLIA)	42.51	pg/mL	

**Note**

- All applications that require measurement of very low level of estradiol ( eg men, children, post menopausal women, hypogonadal women etc) recommended test is Estradiol, Ultra sensitive
- LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

**G**  
CLINIC  
2/301, Viram Khand, Gomti Nagar, Lucknow  
Timing: 12:00 PM - 04:00 PM  
Monday to Saturday

**GANGA LAXMI CLINIC  
GYNAE & IVF CENTRE**  
FIRST IVF CENTRE IN GOMTI NAGAR

**Dr. Kumudini Chauhan**  
MS (OBG), DNB (OBG)  
Infertility (IVF/IIU), Laparoscopy Specialist  
Reg. No. UPM/C-69294  
Formerly : Sr Ganga Ram Hospital, New Delhi

Date 16/6/22

Visiting Consultant  
at  
MAYO HOSPITAL  
AHUJA HOSPITAL  
and  
ACADIS HOSPITAL

Patient Name [REDACTED] Age 29 Weight BP  
Husband Name [REDACTED] Age 30 Weight BP

Rx HYSTEROGRAPHY

uterine cavity clearly delineated  
Bilateral Fallopian tube clearly visualized  
Bilateral fimbrial bleed.

Chauhan

FSH – 5.82mIU/ml

**L30 - GANGA LAXMI CLINIC**

Name : [REDACTED]      Collected  
Lab No. : 381334251    Age: 29 Years    Gender: Female    Received  
A/c Status : P      Ref By : Dr. KUMUDINI CHAUHAN    Reported  
Report Status

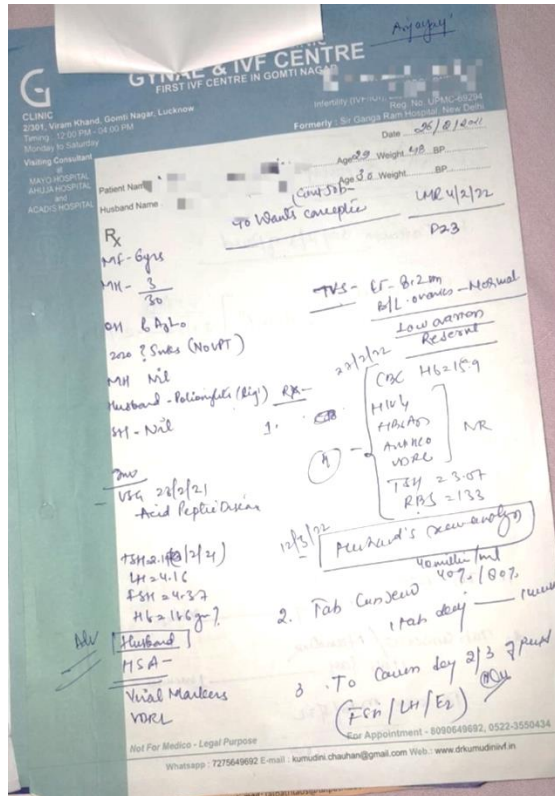
Test Name      Units  
**FSH, FOLLICLE STIMULATING HORMONE, SERUM**      mIU/mL  
(CLIA)

Results  
5.82

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN mIU/mL
-----------------	---------------------------





### TOTALITY OF SYMPTOMS

- FELLING OF BEING REJECTED
- ANGER SUPPRESSED
- AVERSION TO COMPANY
- DELUSION WRETCHED SHE LOOKS
- WEEPING WHEN ALONE
- APPETITE DECREASE
- THIRSTY (4-5 lit OF WATER A DAY )

- ☐ DESIRE SALTY FOOD
- ☐ AVERSION TO BREAD
- ☐ INTOLRANCE FEOM SUN CAUSE HEADACHE
- ☐ CONSTIPATED INSUFFICIENT STOOL AT A TIME
- ☐ INFERTILT
- ☐ IREGULAR MENSES
- ☐ WAEKNES DURNING MENSES

### Miasmatic Analysis

SYMPTOMS	THIRSTY	PSORA	SYCOSIS	SYPHILIS
FELLING OF BEING ALONE	+			
ANGER SUPPRESSED	+		+	
AVERSION TO COMPANY			+	
DELUSION WRETCHED SHE LOOK				+
WEEPING WHEN ALONE			+	
APPETITE DECREASE	+			
DESIRE SALTY FOOD			+	
AVERSION TO BREAD				
INTOLRANCE TO SUN CAUSE HEADACHE			+	
CONSTIPATION			+	
INFERTILITY				+
IRREGULAR MENSES			+	

### RUBRICS

- Mind – Ailments From – Anger Suppressed
- Mind- Ailments From- Rejected- From Being
- Mind- Company- Aversion To
- Mind- Delusion-Mirror- Wretched- She Looks
- Mind-Weeping-Alone When
- Generals-Food And Drinks-Salt- Desire
- Generals-Food And Drinks –Bread- Aversion
- Head- Pain –Sun-Exposure To Sun,From
- Female Genitalia/Sex-Infertility
- Female Genitalia/Sex-Menses - Irregular

## Repertory

GENERALS			
<b>9 GENERALS - FOOD and DRINKS - b desire</b>			
<b>10 GENERALS - FOOD and DRINKS - desire</b>			
Remedies	ΣSym	ΣDeg	Symptoms
nat-m.	10	25	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
ign.	8	12	1, 3, 5, 6, 7, 8, 9, 10
aur-m-n.	8	11	1, 3, 5, 6, 7, 8, 9, 10
puls.	7	12	1, 3, 5, 6, 7, 8, 9
sep.	7	12	1, 2, 3, 7, 8, 9, 10
nat-c.	6	13	3, 6, 7, 8, 9, 10
lyc.	6	12	1, 2, 3, 5, 7, 9
con.	6	11	3, 5, 7, 8, 9, 10
calc.	6	10	3, 6, 7, 8, 9, 10
phos.	6	10	1, 3, 6, 7, 8, 10

- NATRUM MUR 200 3 /DOSE 2-SL 30 TDS FOR 15 DAYS

S. N	Date	Symptoms	Prescription
1	24/03/2023	Infertility, irregular menses, headache by sun exposure	Natrum mur 200
2	28/04/2023	Menses regular in this month , slight decrease in headache, but no pregnancy	R met 200 S.L 30
3	26/05/2023	Anti Mularian Hormone - 2.01 (Normal Range), Menses Regular .	R MET 200 S.L 30
4	23/06/2023	Everting Is Normal,But No Pregnancy	NATRUM MUR 1 M/1 DOSE S.L30
5	18/07/2023	She Become Pregnant	R MET 1M /1 DOSE S.L 30

25/03/23, 10:27 AM

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## वाह्य रोगी विभाग

राजकीय मेरान होस्पिटल मेडिकल कॉलेज एवं चिकित्सालय

1. विराज खण्ड, गोमती नगर, लखनऊ

रजिस्ट्रार का नाम : 29427



मेरान होस्पिटल

विभाग : मेडिकल

डायग्नोसिस : 74.03.2023

उपचार : 80

रिपोर्ट : 75

चिकित्सक का नाम : डॉ. रंजित कुमार

मेरान : 8.00.00 - 1.00.00

विभाग : सामान्य

रजिस्ट्रार : 75

घर पर 88-04-2023 तक थायें 1।

दिनांक	रोग का वर्णन एवं व्यवस्था	उपचार	परामर्श
1	<p><u>Infant's City</u></p> <p><u>Regular Menu</u></p> <p><u>From 7 Months.</u></p> <p><u>Ph. provided</u></p> <p><u>Medicine</u></p> <p><u>Weg from</u></p> <p><u>Subsist to</u></p> <p><u>Survive</u></p> <p><u>General</u></p> <p><u>condition daily</u></p> <p><u>improves</u></p>	<p><u>26</u></p> <p><u>(1)</u></p> <p><u>5</u></p>	<p>Nat - mus 200/3 day -</p> <p>S.L 30 / TDS</p> <p>87 day</p>

नोट : (1) डॉक्टर को दिखाने के कारण घुसने पर भी लक्षणों को ठीक करने में सक्षम नहीं हो पाया है।

(2) मेरान को डॉक्टर को देखना है।

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7/7/23, 10:55 AM

राष्ट्रीय स्वास्थ्य विभाग  
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय  
1. विराज खण्ड, गोमती नगर, लखनऊ

परीक्षण सं.: 67130  
नाम: श्रीमती. सवित्री यादव  
लिंग: महिला  
संदिग्ध: 07/07/2023  
आयु: 30  
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. रितु वर्मा  
समय: 8:00:00-14:00:00  
विभाग: सामान्य  
रक्त संख्या: 10

यह पर्चा 22-07-2023 तक मान्य है।

दिनांक	रोग का इतिहास एवं जाँच	उपचार	नियंत्रण
13/07/2023	LMP 13/07/2023 PUL Headache	Ra	
18 JUL 2023	Conceive (Pregnancy)	Romet 200 S-L 30/703 X 1.5 day	

नोट - (1) डॉक्टर को दिखाने के समय प्रकाश पर्याप्त रूप से धुंधले प्रकाश में रखें।  
(2) डॉक्टर डॉक्टर को नस करें।

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Anti Mullerian Hormone 2.01ng/ml



Name: **Dr. Vaishnavi Pharmacy**  
Age/Gender: 30 Yrs/Female  
Doctor Name: Dr. VAISHNAVI PHARMACY

Collected on: 31-May-2023 10:53AM  
Received on: 31-May-2023 10:54AM

**IMMUNOLOGY**

Test Name: ANTI MULLERIAN HORMONE-AMH(CUA)  
Methodology: CUA  
Result: 2.01  
Unit: ng/ml  
Ref. Interval: 0.71-7.59

Expected range in PCOS women 2.41-17.1 ng/ml  
INTERPRETATION:  
OVARIAN FERTILITY (AMH in ng/ml)  
Very Low 0.00-0.29  
Low 0.30-1.00

**Dr. Harshita Ultrasound Clinic**  
Reg. No. INDOT/APF/AUTH/52/2018  
3/2/19, Vaidya Khanda, Ganga Nagar, Lucknow  
Corporate Specialist: Near Keshavnagar, Lucknow

**Dr. Harshita Pant**  
MBBS, MD (Radiodiagnosis)  
MUSK, 10/10/2023, 10/10/2023

Name: **Dr. Harshita Pant**  
Age / Sex: 30Yrs/F  
Date: 26/09/2023

**ULTRASOUND OBSTETRICS NB**

UTERUS: It is bulky (gravid). An intrauterine fetus is seen with CRL 95.5 mm, corresponding to 15 weeks 03 days. Cardiac activity is well visualized. Heart rate is 153 bpm. Amniotic fluid is adequate. Placenta formation is posterior reaching upto internal os, marginally covering os. No subchorionic or retroplacental collection is seen. EDD by ultrasound age is 10/03/2024.

Internal os is closed. Cervical length is adequate (30 mm).

Nasal bone ossification seen. Nuchal fold thickness is within normal range (2.3 mm). Ductus venosus shows normal flow pattern. No 'a' wave reversal.

All four fetal limbs are visualized.

Bilateral uterine arteries show PI values within normal range. Right uterine artery PI is 1.21, Left uterine artery PI is 1.62. Ample diastolic flow seen. No early diastolic notching.

OVARY: No ovarian/adnexal mass lesion/abnormal cyst is seen. No free fluid is seen in cul de sac.

**OPINION:**  
Single live intrauterine fetus of 15 weeks 03 days with well visualized cardiac activity (14 weeks 01 days by LMP of 13/06/2023). Nasal bone ossification seen. Nuchal fold thickness is within normal range. Placenta formation is posterior reaching upto internal os, marginally covering os.

PLEASE CORRELATE CLINICALLY.

I, Dr. Harshita Pant declare that while conducting ultrasound on Mrs. SAVITRI YADAV, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Harshita Pant  
MD, Radiodiagnosis

For Post-Mortem Legal Purpose  
Signature mistake and send report for correction within 7 days.

**OPINION:**  
Single live intrauterine fetus of 15 weeks 03 days with well visualized cardiac activity (14 weeks 01 days by LMP of 13/06/2023). Nasal bone ossification seen. Nuchal fold thickness is within normal range. Placenta formation is posterior reaching upto internal os, marginally covering os.

PLEASE CORRELATE CLINICALLY.

## CONCLUSION

This case report show that homeopathic medicine is very effective in the treatment of female infertility and also help in improving female anti mularian hormone level without administration of any hormonal injection and any steroids . homeopathic treatment is very cost effective and non-surgical procedure .

## REFERENCES

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**Source of Support:** Nil



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