Treating female infertility: A homeopathic approach

Dr. Sreevidhya JS

Abstract
Being mother is one of the most blessed and the most challenging job in the world. Nowadays majority of couples are delaying pregnancies for 1 to 2 years after marriage and afterwards when they are planning pregnancy, about one fourth of them face problem in conceiving. Now medical field is very much advanced and have to offer a lot in infertility, like wise homeopathy is a most modern system which can cure the disease from the root. Homeopathy is based on symptom similarity and by constitutional medicine we can even treat infertility of unknown etiology also. Here an attempt is made to convey the approach of homoeopathy in infertility and its common causes.

Keywords: Homeopathy, mother, pregnant, ovulation, hormonal, constitutional

Introduction
According to the Indian Society of Assisted Reproduction, infertility currently affects about 10 to 14 percent of the Indian population, with higher rates in urban areas where one out of six couples is impacted. Nearly 27.5 million couples actively trying to conceive suffer from infertility in India. Giving birth to a new life and making it walk through the new world holding their hand makes a mother victorious in her life. Homeopathy is a holistic medicine that cures diseases from the person as a whole. They can rectify deviations of the hormonal system and get them back to normalcy. The simple homeopathic procedure effectively and efficiently avoids complicated procedures that follow the common treatments of infertility. More specifically, the complete hormonal harmony greatly increases the chances of conception without the harmful side effects of medications, devices and invasive procedures. In scientific terms, infertility is defined as the inability to conceive despite having regular unprotected sex for one or more than one year. The cause for infertility can be either present in the male or female partner or a combination of the two. Problems with fertility seem to be becoming more common. Inability to become pregnant, recurrent miscarriage and babies born very prematurely all occur frequently nowadays.

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 for infirmity
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.

Ultrasoundography: 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.

Homoeopathic management

Abroma Radix Q - Abroma radix is a good remedy for female infertility when irregular menstrual disorder occurs. Dysmenorrhea. The menstrual flow may be scanty or copious. Give 5 drops in water three times daily from the first day of menstrual flow for seven days, it will correct menstrual disorder and will bring on conception, if intercourse is performed after cessation of menses.

Borax - Borax is one of the top homoeopathic medicines for infertility in females due to acid vaginal discharges. These vaginal discharges are acid, destructive and kill the sperms. It is prescribed when the vaginal discharge is like the white of an egg, acid, copious and warm. In such cases, Borax favors easy conception. It is an effective remedy when conception is difficult after D & C.

Natrum Phos - Natrum Phos is another remedy for acid vaginal discharge which kill sperms. Natrum Phos is indicated for infertility in women who have acid, irritating, creamy, honey-colored vaginal discharges. The discharge also smells sour.

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.

Aletris Farinosa Q - In Aletris farinosa, the main symptoms are early and copious menses with infertility. Leucorrhea, anaemia, weakness, tiredness and fatigue may also persist with menorrhagia. Aletris Farinosa is also prescribed where a tendency for frequent abortions is person.

Pulsatilla Nig - Pulsatilla is one of the top homoeopathic 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.

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.

Agnus Castus - Agnus castus is an effective remedy for infertility in females with decreased sexual desire. Agnus Castus is used when aversion to sex is there. Excessive masturbation may be a cause behind this. The genitals are...
also relaxed with transparent vaginal discharges.

**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.

**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.

**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 spasms of the vagina, no sperm was going in to the vagina.

**Acid Phos** - 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.

**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.

**Natrum Muriaticum** - Natrum muri. 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.

**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.

**Phosphorus** - Recommended when infertility is because of uterine polyps, when anxiety and stress contribute to infertility.

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

**Conclusion**
Homeopathic treatment of infertility is mainly achieved through the administration of constitutional homeopathic medicines found most suitable after a detailed case analysis. A detailed case analysis includes the general physical and mental constitutional make-up of the patient plus the symptoms in the sexual sphere and the underlying cause that is hindering the fertility process and needs to be corrected. Homeopathic medicines for infertility are natural medicines that help by raising the patient’s immunity to remove the obstruction that is hindering the process of fertility in a couple. Homeopathic medicines for infertility are non-toxic and carry no risk of side-effects. The key to a successful homeopathy treatment is the selection of the right medicine that suits your constitution and condition.

**References**