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Dr. Nurus Saher Khan

Principal, Professor & HOD,
Department of Obstetrics and
Gynaecology, Hamsa
Homeopathy Medical College
Hospital & Research centre,
Telangana, India

Dr. Fatimunissa Shaik

Assistant Professor,
Department of Obstetrics and
Gynaecology, Hamsa
Homeopathy Medical College
Hospital & Research centre,
Telangana, India

Dr. Adigopula Dakshayani

BHMS Intern, Hamsa
Homeopathy Medical College
Hospital & Research centre,
Telangana, India

Dr. Abbengula Virajitha

BHMS Intern, Hamsa
Homeopathy Medical College
Hospital & Research centre,
Telangana, India

Corresponding Author:

Dr. Nurus Saher Khan

Principal, Professor & HOD,
Department of Obstetrics and
Gynaecology, Hamsa
Homeopathy Medical College
Hospital & Research centre,
Telangana, India

The analytical research study on infertility in both sex groups, and homeopathic approach

Dr. Nurus Saher Khan, Dr. Fatimunissa Shaik, Dr. Adigopula Dakshayani and Dr. Abbengula Virajitha

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Abstract

There is no condition in life of married women that more frequently gives rise to reproach & domestic unhappiness than that of infertility, as the old saying goes - great purpose of the marriage is to "multiply & replenish the earth".

WHO defines Infertility as a disease of male or female reproductive system define by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.

Estimates suggest that approximately 1/6 people of reproductive age world wide experience infertility in their life time. The main objectives to study by collecting data, determine and interpret the prevalence of symptoms of infertility in both males and females and assess the ratios, prevalent causes in between both the sex groups.

Keywords: Sterility, spermatorrhoea, miasmatic diagnosis, miasmatic repertory, sexual symptoms, investigations

Introduction

Infertility is also known as silent struggle, patients reports with the feeling of isolation, anxiety, loss of control, depression, increased psychological vulnerability. The inability to reproduce naturally can cause feelings of shame, guilt, low self-esteem, negative feelings distress, poor quality of time. Infertility being life crises affect the patients by making them to experience a tremendous amount of emotional turmoil as a result of their diagnosis. The relation between distress and infertility might not be clear but it is definitive that infertility leads to significant distress. A wide variety of people including heterosexual couple, same sex partners, older persons, individuals who are not in sexual relations and those with certain medical conditions such as HIV and cancer survivors may require infertility management and fertility care services. Addressing infertility can also mitigate gender inequality. Infertility has significant negative social impacts on life's of infertile couples, particularly women.

Types of infertility

Primary: When a pregnancy has never been achieved by a couple.

Secondary: Atleast one prior pregnancy has achieved by a couple.

Unexplained: Fertility testing hasn't found a reason that a person or couple is unable to get pregnant.

Causes

Local causes

- Imperforate hymen
- Tumour or polyp of uterus or vagina
- Complete or partial closure of neck of womb
- Uterine fibroid
- Premature ovarian failure
- PID
- Inflammation of ovaries
- Adhesion or occlusions of Fallopian tubes
- Sub involution, displacements or flexion of the womb

- Leucorrhoea
- Ill timed or too frequent sexual intercourse ulceration of womb
- Membranous dysmenorrhoea

Constitutional causes

- Acute or chronic diseases
- Obesity
- Exertion of brain
- Late marriages
- Indolent and luxurious habits
- Excessive indulgence in pleasure
- Free use of wine
- Excessive nerve irritability
- Emotional disturbances
- Sterility from congenital malformation is generally incurable unless they are simple in nature.

Other general causes

- Unsafe abortions
- Postpartum sepsis
- Endometriosis
- Pcos and other follicular diseases
- Ovulatory dysfunction
- Disorders of hypothalamus and pituitary gland
- Obstruction to reproductive tract

- Testicular failure eg: varicocele, abnormal sperm function and quality
- Life style factors such as smoking, excessive alcohol consumption, obesity.

Signs and symptoms

The couple's inability to conceive is the main sign of infertility

A menstrual cycle > 35 days or more, < 21 days, irregular, or non-existent may be a sign that ovulation has not occurred

There may be psychological impact of infertility, being infertile carries a stigma in many cultures, the individual dealing with this problem begins to feel excluded from group, which further contributes to depression, anxiety & stress.

Diagnosis

Men should consult doctor after 1 year of trying to conceive or if any of the following apply:

Erectile dysfunction [ED], Problems with ejaculation or retrograde ejaculation, Low sex drive, Pain or swelling in the genital area

Medical history is must to consider, a semen analysis will likely to be performed, instructions for collecting sample should include abstinence from ejaculation for 2 to 3 days hormone testing, genital ultrasound, testing.

Table 2. World Health Organization 2010 Semen Analysis Reference Guidelines

<i>Characteristic</i>	<i>Normal reference</i>
Morphologically normal	4%
Motility (progressive)	32%
Motility (total)	40%
Sperm count	39 million per ejaculate; 15 million per mL
Vitality	58%
Volume	At least 1.5 mL

NOTE: oligospermia = sperm count < 15 million per mL; asthenozoospermia = < 40% of the sperm are motile; teratozoospermia = normal morphology < 4%. If an individual has all three low sperm conditions, it is known as OAT syndrome, which is typically associated with an increased likelihood of genetic etiology of the infertility. Total motility differs from progressive motility only in the notation of forward movement.

Information from reference 18.

A decrease testosterone level with an increase FSH level points to primary hypogonadism. A low testosterone level with low FSH level signal the secondary cause such as hyperpralactinemia

In women fertility tends to decrease by age of 30, examination of pelvic area to check the abnormalities such as fibroid, endometriosis, PID's, menstrual history, timing and frequency of intercourse, previous use of contraceptives, previous pregnancies, pelvic infections etc Serum progesterone testing at day 21 to confirm ovulation if a women has irregular cycles, the testing should be conducted later in the cycle starting 7 days before the onset

of menses and repeated weekly until menses.

A progesterone level of 5ng/ml or greater implies ovulation. High FSH level drawn on 3rd day of menstrual cycle is associated with infertility. Other tests like clomid challenge test, antral follicle count and anti mullerian hormone level also generally performed.

Ultrasound to rule out pelvic pathology, Hysterosalpingography should be opted. Endometrial biopsy should be performed in women with suspected pathology.

Miasmatic diagnosis

Key Word	Psoric Sexual Symptoms	Sycotic Sexual Symptoms	Syphilitic Sexual Symptoms	Tubercular Sexual Symptoms
7. Sexual Desire	Female: In psora we find a lack of sexual desire (in both sexes). Male: In psora, the erection may be incomplete, short or lacking.	Female: In sycosis, sexual desire is increased, resulting in various sexual fantasies, voluptuous desires and a nymphomaniac state. Male: Hyper-sexuality is evident in the sycotic miasm.	Female: Syphilitic sexual desires are perverted and can include sexual violence, sadism etc. Male: In the syphilitic male, sexual cravings are perverted or completely destroyed.	Female: Unrestrained, uncontrolled passions including masturbation (in both sexes), and over-indulgence in sex, to the point of perversion, which ultimately leads to exhaustion and becomes detrimental to the health. Male: In the tubercular miasm, masturbation is followed by the loss of all enthusiasm leading to depression followed by weakness of memory.
8. Fertility	Female: In psora there may be sterility or impotence without any organic defect in the sexual parts. There are general or sexual weaknesses and deficient desire or orgasm. Male: The psoric male may suffer from oligospermia (low sperm count).	Female: Sycosis being the miasm of incoordination results in the incapability to conceive due to various factors including hormonal imbalances. In sycosis, sterility and infertility result from pelvic inflammatory diseases and other conditions such as endometriosis.	Female: Possible failure to discharge the ovum at ovulation resulting in infertility is a syphilitic condition. Male: The syphilitic male suffers from azoospermia (complete absence of spermatozoa), which results in infertility.	Female: In the tubercular miasm, infertility results from prolonged menstrual bleeding.

Management options

- All couples should be counselled to abstain from tobacco use, limit alcohol consumption and aim for BMI < 30 kg/m2.
- Apart from surgeries and assisted reproductive technologies other natural management options are
- Yoga - it incorporates postures and breathing techniques to promote relaxation and decrease stress levels
- Vitamins - some of the vitamins are beneficial in promoting fertility like folate, zinc, vitamin - C, E,
- Fertility diet - choosing low carb diet by focusing on fiber rich food like vegetables, and whole grains avoiding trans fat focusing more on vegetarian source of protein
- Selecting high fat dairy products

Rubrics for infertility

1. Kent repertory

Sterility: Copious menstrual flow, from;

2.Repertory of Hering guiding symptoms of our Materia Medica

Sterility

- Too early and too profuse menses
- With late or profuse menses
- No menses or sexual desire
- Too profuse menses
- With tendency to miscarry
- Caused by discharge of mucus from vagina
- From atony of ovaries
- From excessive sexual indulgence
- From uterine atony

3.A concise repertory of homeopathic medicine by Dr S R Phatak

Sterility

- Acid vaginal secretions, from
- Atrophy of mamme and ovary, from
- Excessive sexual desire, from

- Menses, copious, from
- Non retention of semen, from
- Ovarian atony, from
- Psychotic weakness, from

4. Miasmatic prescribing by Dr. Subrata Kumar Banergea

Miasmatic repertory of sexual symptoms

- Abortion- spontaneous- syphilis
- Abortion - spontaneous, recurrent - syphilitotubercular
- Amenorrhoea - Psora
- Azoospermia- syphilis
- Conception difficult - psorasycotic
- Desire- lack of - Psora
- Desire- unrestrained- sycotubercular
- Ejaculation - premature - Psora
- Endometriosis - sycosis
- Erection - but strong desire absence - syphilis
- Erection - even with voluptuous dreams, weak - psora
- Erection - insufficient - psora
- Erection - weak - psora
- Impotency - lack of desire, from - psora
- Infertility - failure to release ovum, from - syphilis
- Infertility - hormonal imbalance, from - sycosis
- Infertility - long lasting menses, from - tubercular
- Libido - lack of - psora
- Masturbation - excessive - tubercular
- Oligospermia - psora
- Semen - nightly discharge- tubercular
- Semen - without erection, discharge - psora
- Semen - without excitement, discharge - psora
- Sterility - syphilis

A on a sample size of 15 male and 15 female op patients Study design

An analytical observational study was designed and conducted in Hamsa Homeopathy Medical College, Hospital & Research Centre, patients was screened prescribed and counselled for infertility.

Purpose of study

To assess the ratios of infertility in between two sex groups, the most indicated remedy and type of infertility prevailing and its causes.

Inclusion criteria

We have included 15 females of age group 23- 35 years and males of age group 24- 39 years

Exclusion criteria

Infertility pair couples were excluded and severe pathological co-morbidity with infertility were excluded.

Prescribed remedies in research study**1. Pulsatilla**

Wind flower: Vaginismus, nymphomania, threatened miscarriage after fright, suppressed menses. Menses delayed at puberty. Leucorrhoea acrid, milky, thick like cream. Leucorrhoea after masturbation. Malposition of fetus, breech presentation. Amenorrhoea from wet feet, nervous debility, anemia or chlorosis. In males, thick, yellow discharge from urethra, late stage of gonorrhoea. Sexual desire in morning on waking, long lasting morning erections. Nocturnal emissions without dreams. Sexual

excess resulting in headache

2. Natrum Mur

▪ **Sodium Chloride:** Delayed 1st menses, suppressed menses from grief. Burning, smarting in vagina during intercourse. Aversion to sex which is due to pain from dryness of vagina. Low sex drive due to grief. Sterility with too early and too profuse menses. In males discharge of thin fluid from urethra emission of prostatic fluid without erection when thinking of sexual things. Impotency with retarded emission. Sexual desire with physical weakness. Backache, weakness, and depression after sex. Erection in morning without sexual excitement. Emission even after sex.

3. Lycopodium

Puff Ball: Discharge of prostatic fluid without an erection. Chronic orchitis. Sexual desire too strong, performance anxiety, premature seminal emission, exhausting positions, false asleep during sex, sexual exhaustion, weakness, impotence, no erectile power, small penis, cold and relaxed penis. In females vagina is dry, burning, worse during and after sex. Aversion to sex, painful sex, nymphomania, disposition to miscarriage.

Statistics

S.no	Date	Op.no	Name	W/o	Age	Occupation	Diagnosis	Treatment
11.	11/5/23	23/1454	Shiny. K	K Imaneul	28	Housewife	Infertility With Bulky Uterus	PULS 1M
2.	24/5/23	19/25177	Sureka. E	E. Raju	25	Housewife	Primary Infertility	SEPIA 200
3.	8/6/23	23/4772	Swathi. Jaggannagary	J. Harish	27	Housewife	Primary Infertility	PULS 200
4.	20/6/23	19/17327	Lavanya.G	F. Ramesh	25	Housewife	Primary Infertility	PULS 200
5	27/7/23	22/36773	Vijaya Dheekonda	D. Ganesh	35	Teacher	Primary Infertility	PULS 200
6	15/7/23	23/9865	Nirmala Behara	B. Krishna Rao	25	Pvt Employee	Primary Infertility	NAT MUR 200
7	23/8/23	23/15933	G. Pushpalatha	H. Shashider	26	Housewife	Primary Infertility	NAT MUR 200
8	10/8/23	23/15966	R. Neelima	R. Kiran	34	Housewife	Secondary Infertility	CALC ARS
9.	10/5/23	23/18107	C. Divya	C. Abhinay	26	Housewife	Infertility With Fear	VF 200
10	15/5/23	20/7632	N. Seilatha	N. Tarun	34	Housewife	Infertility With Pcod	PULS 200
11	3/6/23	23/21635	K. Amala	L. Vinay	23	Housewife	Primary Infertility	PULS 200
12	10/6/23	23/22531	P. Sujatha	P. Raju	30	Housewife	Primary Infertility	PULS 200
13	24/7/23	23/13075	M. Rani	Ramesh	28	Housewife	Infertility With Grief	NAT MUR 200
14	26/7/23	23/17449	Pournami. D	Bhagawan	32	Housewife	Secondary Infertility	Stannum Met
15	30/7/23	23/25171	Gouri[Priya	Madhu	33	Tailor	Primary Infertility	PULS 200

S. No	Date	Op.No	Name	S/O	Age	Occupation	Diagnosis	Treatment
1	8/5/23	23/4773	Dhamodar Reddy. J	Papi Reddy	39	Real Estate	Secondary Inferility	Vf 200
2	1/5/23	23/29944	Sri Vardhan Reddy.N	Bagi Reddy	32	Pvt Employee	Oligospermia	Lyco 200
3	11/5/23	22/8499	Chandrashekar Bhummarola	Yadagiri	31	Pvt Job	Oligospermia With Fatigue	Agnus Castus 200
4	14/6/23	23/4194	Dhamoder Paneru	Marayya	30	Pvt Employee	Oligospermia With Primary Infertility	Lyco 200
5	19/6/23	23/9866	Krishna Rao.B	Mohan Rao	27	Pvt Employee	Infertility With Normal Semen Analysis	Castora 200
6	21/6/23	22/9677	Jagan Guvvala	Yadagiri	28	Pvt Employee	Oligospermia	Silicea 200
7	18/7/23	23/27411	Sirisila. Balakrishnan	Balaiah	33	Business	Erectile Dysfunction with Flacidity Infertility	Nat Mur 200
8	21/7/23	23/29128	N. Balvanth Reddy	Rajireddy	32	Pvt Employee	Infertility with Gleet	Med0 200
9	8/8/23	23/15669	Chiluka. Murali	Ch. Laxmaiah	29	Mechanic	Infertility [Oligospermia]	Calc. Car B 200
10	24/8/23	23/23990	Indran Mohammad	Faisal	34	Tailor	Primary Infertility [Oligospermia]	Lyco 200 Damiyan A [Q]
11	4/9/23	23/12679	Raju. D	D. Mogalaih	25	Software	Oligospermia	Lyco 200 Damiyan A[Q]
12	7/9/23	23/41302	Varun Mamidala	Srinivas	29	Software	Infertility with Erectile Dysfunction	Lyco 200
13	20/9/23	23/24370	Jaswanth Reddy	Sai Reddy	30	Farmer	Low Sperm Count	Staph 200
14	22/9/23	23/14716	G. Sudharshan Reddy	G.Gopal	36	Driver	Erectile Dysfunction	Vf 200
15	26/9/23	23/26043	Ch. Harish	Ch. Narayana	24	Software	Oligospermia	Lyco 200

Result

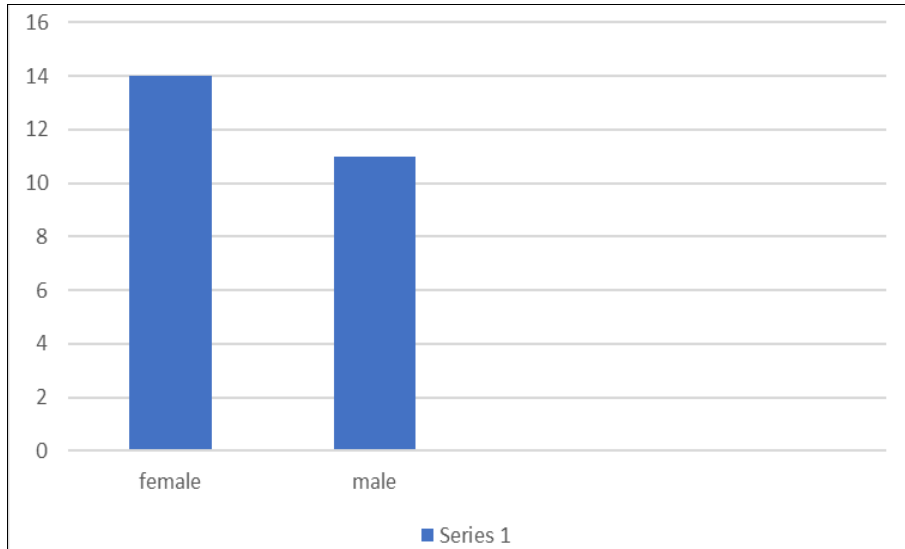


Fig 1: Infertility ratios between male and female

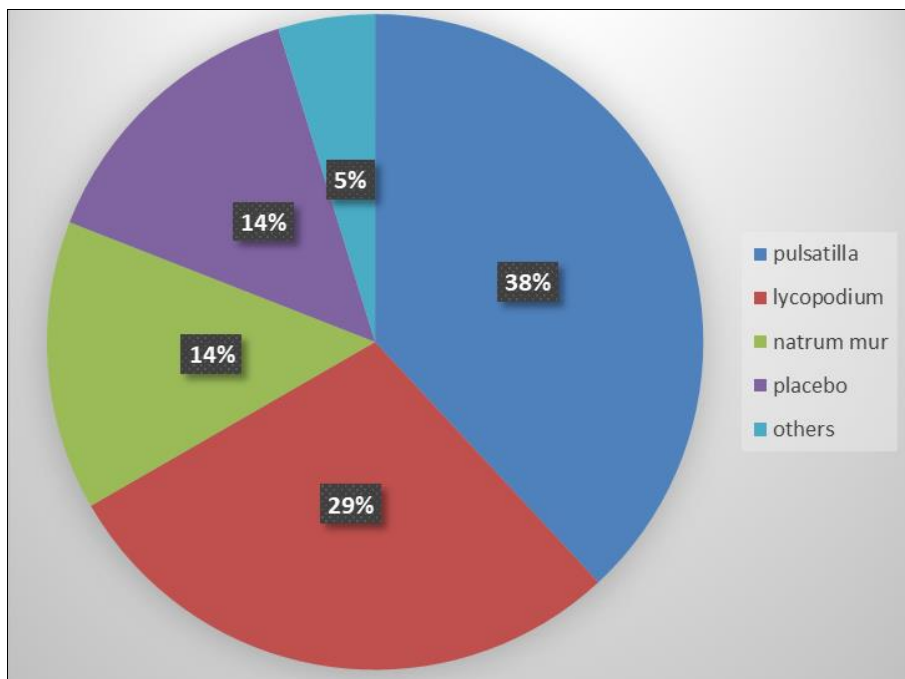


Fig 2: Most indicated remedies

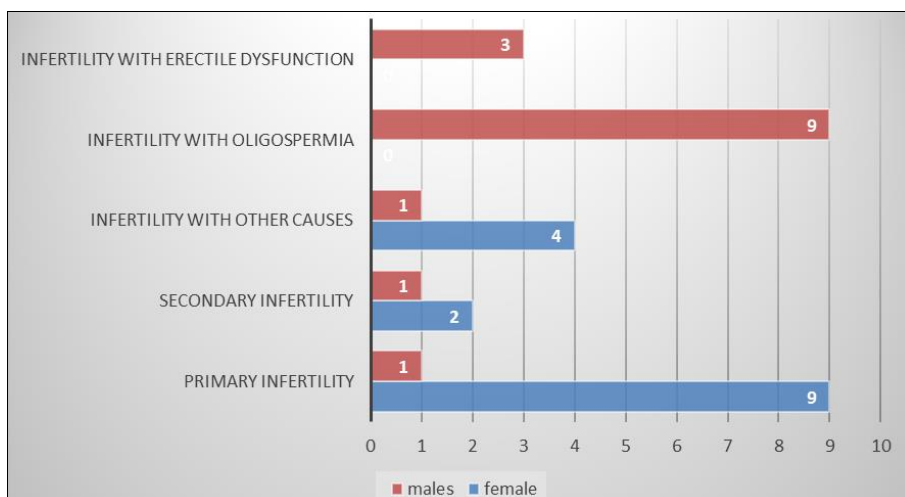


Fig 3: Causes and types of infertility in both sex groups

Conclusion

This study has highlighted the importance of significant detection, intervention and the significance of accurate diagnosis by the health professionals. Timely recognition support and counselling can improve the future outcome and prevent the stress and depression among the couples. The critical role of evidence based treatment including yoga, psychotherapy, medication, lifestyle modification and diet in managing the infertility is effectively seen, these branches offer relief to individuals, enabling them to regain control of their life and find a path towards positivity and regeneration. In conclusion this research study underscores the significance of addressing infertility as a major public health concern by raising awareness, advancement in research and promoting access to evidence based treatment. According to our study *Pulsatilla* was prescribed for 8 cases, *Nat Mur* for 3 cases in females out of 15 cases, *Lycopodium* for 6 cases in males out of 15 cases based on the fundamentals of homeopathy.

Conflict of Interest

Not available

Financial Support

Not available

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