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Bilateral tubal blockage resolved with homoeopathy: A case report on primary infertility

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Abstract
Background: Bilateral tubal blockage is a major cause of female infertility. Conventional options such as surgery or IVF are often expensive and invasive. Homoeopathy offers individualized treatment, addressing both constitutional and pathological factors. Tubal Blockage refers to a condition where the fallopian tubes, which are essential for the passage of eggs from the ovaries to the uterus, become obstructed. This blockage can prevent fertilization and implantation, leading to infertility in women. Bilateral tubal blockage is a significant factor contributing to female infertility. This article explores the efficacy of homeopathic treatment in addressing bilateral tubal blockage in women. Through a comprehensive review of case studies and clinical observations, we present evidence of successful outcomes achieved with individualized homeopathic remedies. We highlight the mechanisms by which homeopathy may facilitate the restoration of tubal patency and improve reproductive health. Our findings suggest that homeopathy can serve as a viable alternative or complementary approach to conventional medical treatments for women experiencing bilateral tubal blockage. The case report followed the HOM-CASE guidelines for clinical case reporting outcomes.

Keywords: Bilateral tubal blockage, infertility, homoeopathy, causticum, tuberculosis

Introduction

Infertility is a complex and multifaceted condition affecting a significant number of couples worldwide, with various underlying causes. Among these, bilateral tubal blockage is a prominent factor contributing to female infertility. The fallopian tubes play a crucial role in the reproductive process, facilitating the transport of eggs from the ovaries to the uterus and serving as the site for fertilization. When these tubes are blocked, it can prevent sperm from reaching the egg, thereby hindering conception. Bilateral tubal blockage can result from a variety of factors, including pelvic inflammatory disease (PID), endometriosis, previous surgeries, and congenital abnormalities. The emotional and psychological impact of infertility can be profound, often leading to distress and a sense of loss for affected individuals and couples. Traditional medical approaches to managing tubal blockage typically involve surgical interventions or assisted reproductive technologies, such as *in vitro* fertilization (IVF).

In recent years, there has been growing interest in alternative and complementary therapies, including homeopathy, as potential options for addressing infertility due to bilateral tubal blockage. Homeopathy offers a holistic approach, focusing on the individual as whole rather than merely treating symptoms. This article aims to explore the relationship between bilateral tubal blockage and infertility, examining the potential of homeopathic treatment as a viable option for women seeking to restore their reproductive health and achieve pregnancy. Through a review of relevant literature and case studies, we will assess the efficacy of homeopathy in managing this challenging condition (1, 2).

Case Profile

A 37-year-old woman, married for 6 years, presented with primary infertility and HSG-confirmed bilateral tubal blockage (Dec 2023). She had history of pulmonary tuberculosis 10 years back, treated with AKT for 6 months. Mentally she was sensitive, easily hurt, and had a past grief from broken relationship. Physical generals included obesity, craving for spicy food, and warts on face.

- **Presenting complaints:** Want of Issue since 6 years, Menses regular but come 8 days earlier No Other Major Complaining of

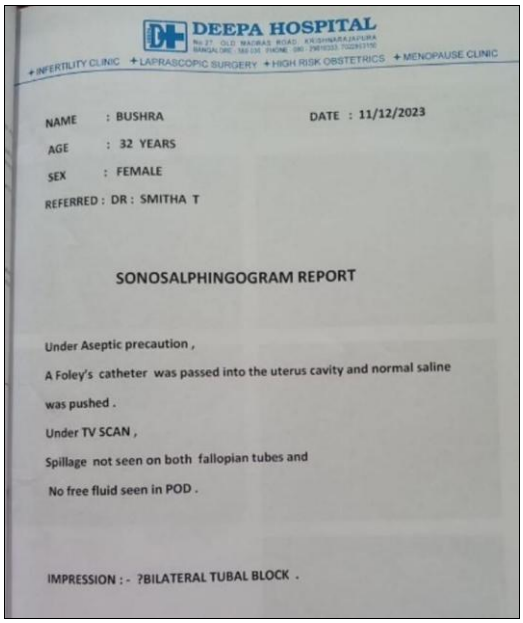
- **Past history:** Koch's
- **Mental generals:** Sensitive, Hurt easily, sharing Her feelings got better
- **Physical Generals:** Appetite: normal Craving: Spicy3+ Junk food (Chow Mein) Thirst: normal, Perspiration: Nose3+
- **Menstrual H/o:** Cycle – Regular every month but came 8 days early, Duration 3-4days

Pads - 2-3/days 5th days. No any complaints during it. Thermally- Ambi thermal towards hot

Sexual_Function: Desire: ++, Excitement: +, Coition: 2-3 times/week, Orgasm: +

Clinical findings
She is 5feet 3" Obese Weight is 80 kg. There are Small warts on face, thinning of hairs with hair fall.

Clinical Investigation Report
Sono-salphigography Before Rx- Dated 11/12/2023
(Age of Patient on Report was misprinted, it was 37)



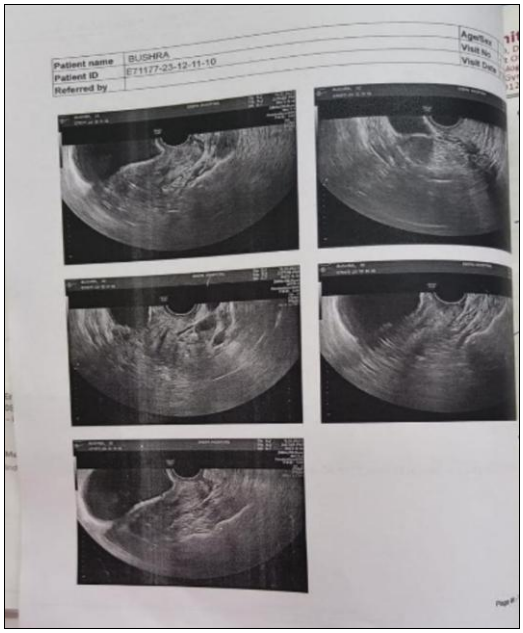
DEEPA HOSPITAL
+INFERTILITY CLINIC +LAPRASCOPIC SURGERY +HIGH RISK OBSTETRICS +MENOPAUSE CLINIC

NAME : BUSHRA DATE : 11/12/2023
AGE : 32 YEARS
SEX : FEMALE
REFERRED : DR : SMITHA T

SONOSALPHINGOGRAM REPORT

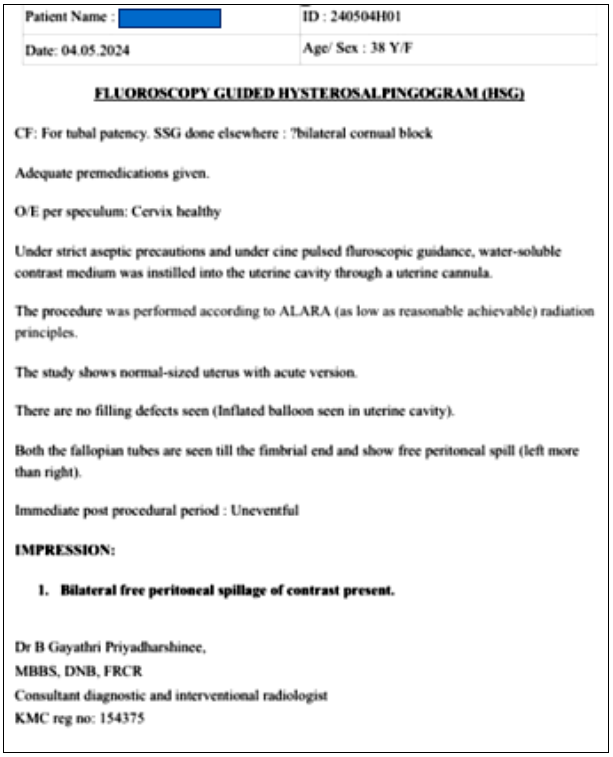
Under Aseptic precaution ,
A Foley's catheter was passed into the uterus cavity and normal saline was pushed .
Under TV SCAN ,
Spillage not seen on both fallopian tubes and
No free fluid seen in POD .

IMPRESSION : - ?BILATERAL TUBAL BLOCK .



Patient name BUSHRA
Patient ID ET1127-23-12-11-10
Referred by

Hysterosalpingography (HSG) After Rx- Dated 04 / 05 /2024



Patient Name : [redacted] ID : 240504H01
Date: 04.05.2024 Age/ Sex : 38 Y/F

FLUOROSCOPY GUIDED HYSTEROSALPINGOGRAM (HSG)

CF: For tubal patency. SSG done elsewhere : ?bilateral cornual block

Adequate premedications given.

O/E per speculum: Cervix healthy

Under strict aseptic precautions and under cine pulsed fluroscopic guidance, water-soluble contrast medium was instilled into the uterine cavity through a uterine cannula.

The procedure was performed according to ALARA (as low as reasonable achievable) radiation principles.

The study shows normal-sized uterus with acute version.

There are no filling defects seen (Inflated balloon seen in uterine cavity).

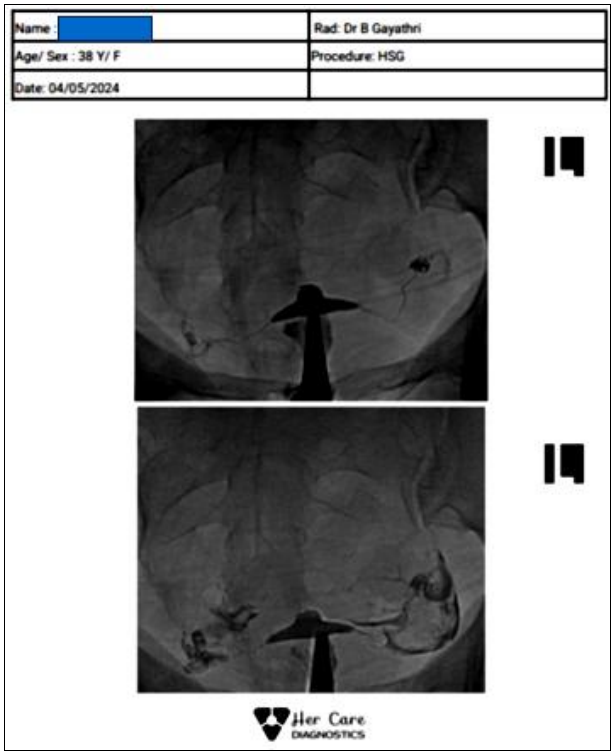
Both the fallopian tubes are seen till the fimbrial end and show free peritoneal spill (left more than right).

Immediate post procedural period : Uneventful

IMPRESSION:

1. **Bilateral free peritoneal spillage of contrast present.**

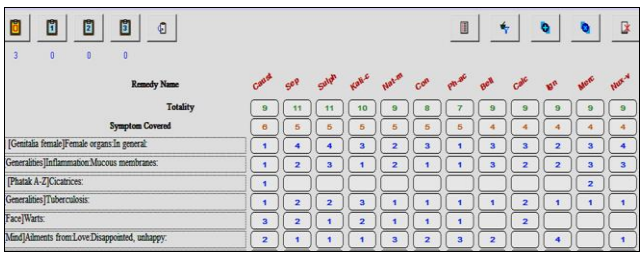
Dr B Gayathri Priyadharshinee,
MBBS, DNB, FRCR
Consultant diagnostic and interventional radiologist
KMC reg no: 154375



Name : [redacted] Rad: Dr B Gayathri
Age/ Sex : 38 Y/ F Procedure: HSG
Date: 04/05/2024

Her Care DIAGNOSTICS

Reportorial totality



Remedy Name	Carc	Sep	Staph	Kali-c	Nat-m	Con	Ph-ac	Bell	Calc	Ign	Merc	Nat-s
Totality	9	11	11	10	9	8	7	9	9	9	9	9
Symptom Covered	6	5	5	5	5	5	5	4	4	4	4	4
[Genitalia female]Female organs:In general:	1	4	4	3	2	3	1	3	3	2	3	4
Generalities]Inflammation:Mucous membranes:	1	2	3	1	2	1	1	3	2	2	3	3
[Phatak A-Z]Cicatrices:	1										2	
Generalities]Tuberculosis:	1	2	2	3	1	1	1	1	2	1	1	1
Face]Warts:	3	2	1	2	1	1	1		2			
Mind]Ailments from:Love:Disappointed, unhappy:	2	1	1	1	3	2	3	2		4		1

First prescription As on (Dec 2023): Causticum 200C 1p weekly & Sac Lac BD for 1month

Sr.no	Date	Observation	Prescription
1.	7/12/23	Case Definition Done	Causticum 200C 1P weekly & Sac Lac BID for 1month
2.	18/1/24	No any new complaint, menses came 8 days before in every month, she now informed that before 10 years back she had Koch's & for that AKT taken,	Causticum 200 1P/ Weekly Sac Lac –BID for 1 month
3.	18/2/24	No any new complaint, menses came on same date this time.	Causticum200 1P/Weekly Sac Lac -BID for 1 month
4.	20/3/24	Manses regular on time. No new complaint	Causticum 2001P/Weekly Sac Lac - BID for 1 month
5.	4/5/24	Patient done HSG, both tubes are patent.	Sac Lac BID for 1 month

Follow Up's

- **Outcome (May 2024):** Repeat HSG showed bilateral patent tubes.

Discussion

Female genital tuberculosis accounts for ~5% of pelvic infections and is a common cause of infertility in developing countries (1). Tubercular inflammation often leads to fibrosis and tubal occlusion (2). In homoeopathy, prescriptions are formed from totality of symptoms but In this case, Causticum covers the totality along with pathology i.e. Tubercular sequelae leads to scarring & may cause tubal blockage, proved successful. The result suggests that in pathological cases Remedy may have an important role to identify cause effect Co-relationship likely in cases of tubal blockage.

In this case the Modified Naranjo Criteria applied & the total score is 10, which falls in the "Certain" causal relationship category.

This indicates that the clinical improvement observed in the case is very likely attributable to the homeopathic intervention rather than other factors or spontaneous recovery. (3)

Patient has history of tuberculosis and that leads to inflammation of fallopian tube According to Pathophysiology of healing of tuberculosis leads to the scar formation in the mucous membrane.[1]Female genital tuberculosis (FGTB) is one form of extra pulmonary manifestations of tuberculosis, while it includes 5% of all female pelvic infections and 10% of pulmonary tuberculosis cases. It is more frequent in developing countries, leading to chronic pelvic inflammatory disease (PID) and infertility.[2]Patient has multiple small flat warts on her face and mentally, she was in depression state due to infertility. After reportorization of symptoms they covered the Pathophysiology including mental & physical general by Causticum so, we used this is as Pathological Prescription.

Written Consent Taken from patient: Was Taken

Table 3: Modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention

Criteria	Y	N	Not SURE/NA	Case
1) Was there an improvement in the main symptom or condition for which the homeopathic medicine was Prescribed?	2	-1	0	2
2) Did the clinical improvement occur within a Plausible time, frame relative to the drug intake?	1	-2	0	1
3) Was there an initial aggravation of symptoms?	1	0	0	0
4) Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately Improved or changed?	1	0	0	1
5) Did overall well-being improve?	1	0	0	1
6) [A] Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the Disease?	1	0	0	0
6) [B] Direction of cure: did at least 2 of the following Aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial Aspects of the individual, from the top downwards.	1	0	0	1
7) Did 'old symptoms' (defined as non- seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	1	0	0	0
8) Are there alternate causes (other than the medicine) that with a high probability could have caused the Improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	1	0	1
9) Was the health improvement confirmed by any objective Evidence? (In these cases: investigations or photographs)	2	0	0	2
10) Did repeat dosing, if conducted, create similar clinical Improvement?	1	0	0	1
Total - 13	-	-	-	10

Conclusion

Homoeopathic treatment with Causticum successfully reversed bilateral tubal blockage in this patient with primary infertility. This case highlights the importance of considering past pathology while prescribing. Controlled clinical trials are warranted to establish the role of pathological prescriptions in infertility management.

Conflict of Interest: None

Source of funding: None

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