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Exploring the efficacy of constitutional homoeopathic medicine in female infertility: A retrospective case series review

Aleena SJ, K Manikanda Perumal and Binaya BV

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Abstract

Homoeopathy has been used in the past to treat a broad range of diseases. In Gynaecology, particularly for female infertility, remains limited. This study aims to evaluate the effectiveness of individualized Homoeopathic treatment in managing female infertility, focusing on various aetiologies such as polycystic ovarian syndrome (PCOS), endometriosis, hypothyroidism, uterine fibroids, and unexplained infertility.

A total of 12 cases were analysed, encompassing diverse infertility conditions. Treatment durations ranged from 2 to 9 months, with individualized remedies prescribed based on constitutional analysis. Outcomes indicated a high success rate, with all patients achieving a positive pregnancy test and subsequent live births.

Keywords: Homoeopathy, female infertility, individualized treatment, reproductive health

Introduction

Since nearly one in seven couples of reproductive age experience infertility throughout their reproductive years, fertility problems are quite prevalent these days [1]. The World Health Organization has defined infertility as a disease of the reproductive system characterised by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility may be broadly subdivided into primary and secondary infertility. Primary infertility is infertility in a couple who never had a child, whereas secondary infertility is failure to conceive following a previous live birth of a child [2].

Infertility affects 60 to 80 million couples globally, according to estimates from the World Health Organization (WHO) [3]. The prevalence of infertility varies by area and is thought to impact 8-12% of couples globally. Assisted reproductive methods (ART) have advanced significantly in recent decades, leading to improved results for women's general health as well as live birth rates. In the past, homeopathy has been used to treat a variety of illnesses, including infertility in both people and animals.

Evidence-based research is obviously needed worldwide to avoid needless adverse effects from hormone treatments, antibiotics, and intricate operations. Many infertile women in a nation like India are unable to pay for costly procedures or therapies, and they frequently experience social, emotional, and psychological hardship in addition to being blamed. Due to their holistic approach, which addresses underlying causes and helps to minimize the harm sometimes associated with conventional therapies, Homoeopathic medications provide a simpler, safer, and more cost-effective alternative [4].

A woman's reproductive system must undergo a series of steps for conception to occur: an egg must be released from the ovary, travel freely down the fallopian tube, be fertilized by sperm, and then implant in the uterus. Any disruption in one or more of these processes can lead to infertility. The most common causes of female infertility include abnormalities with the ovaries, fallopian tubes, uterus, or hormonal balance. Increasing age, poor diet and lifestyle choices, high stress levels, and unfavourable environmental conditions are common contributing factors [5].

ICD-10 code N97 and its sub-categories

- **N97:** Female infertility
- **N97.0:** Female infertility of anovulatory cycle

- **N97.1:** Female infertility of tubal origin
- **N97.2:** Female infertility of uterine origin
- **N97.3:** Female infertility of cervical origin
- **N97.4:** Female infertility of male-factor-associated
- **N97.8:** Other specified female infertility
- **N97.9:** Unspecified female infertility

The common causes of female infertility are ^[6, 7]

1. Ovulation Disorders

- Polycystic Ovary Syndrome (PCOS) - Hormonal imbalance, insulin resistance.
- Hypothalamic dysfunction - Stress & body weight can disrupt hormones.
- Primary ovarian insufficiency (POI) - Early loss of ovarian function.
- Hyperprolactinemia - Too much prolactin reduces oestrogen, affecting ovulation.

2. Tubal causes

Blocked or damaged fallopian tubes prevent sperm from reaching the egg, or prevent the fertilized egg from reaching the uterus.

Causes of tubal damage

- Pelvic inflammatory disease (PID) from infections like chlamydia or gonorrhoea.
- Previous abdominal or pelvic surgery (including surgery for ectopic pregnancy)
- Scarring or adhesions

3. Endometriosis

4. Uterine or Cervical Factors

Uterine abnormalities: Fibroids (non-cancerous tumours), polyps, or congenital issues (e.g., abnormal shape) that hinder embryo implantation.

Cervical factors

- **Cervical stenosis:** A narrow cervix, which may block sperm entry.
- Poor-quality cervical mucus, which makes it difficult for sperm to travel.

5. Implantation Failure

- Even if fertilization occurs, the embryo may fail to implant.

Possible reasons

- Genetic defects in the embryo
- Thin endometrium (uterine lining)
- Progesterone resistance, scarring in the uterine cavity, or other uterine pathology.

6. Lifestyle & Environmental Factors

- **Age:** As a woman ages, both the quantity and quality of her eggs decline
- **Weight:** Being significantly underweight or overweight can disrupt hormones and ovulation.
- **Smoking:** Damages the reproductive system and speeds up "ovarian aging."
- **Alcohol:** Excessive use can reduce fertility.
- **Exposure to toxins:** Chemicals, radiation, and pollutants can impair reproductive function.

7. Genetic / Chromosomal Causes

- Some women may have genetic predispositions affecting fertility (egg quality, ovarian function).
- Syndromic or non-syndromic genetic mutations affecting ovarian reserve or hormone regulation.

8. Other Medical / Hormonal Disorders

- Thyroid disorders (hypothyroidism or hyperthyroidism) can alter fertility.
- Autoimmune disorders can lead to ovarian failure.
- Pituitary tumors that secrete prolactin → hyperprolactinemia → infertility.

9. Pelvic Adhesions / Scarring:

- Scarring from prior infections (e.g., PID), surgeries, or endometriosis → adhesions that distort pelvic anatomy.
- Adhesions may block tubes, interfere with egg pick-up, or impair implantation.

10. Infectious Causes

- TORCH Infections
- Gonococcal Infection
- Chlamydial Infection

11. Unexplained Infertility

- In some cases, despite all tests, no clear cause is found.
- This could be due to multiple minor causes, subtle sperm or egg issues, or immunological factors that are not well understood.

Infertility tests for women ^[8]

- **Blood test:** LH, FSH, AMH, TSH, Prolactin, Progesterone, Estradiol, and Testosterone.
- Hysterosalpingography
- Laparoscopy
- USG of Abdomen and Pelvis

Homoeopathic medicines in the management of female infertility in different causes: ^[5]

1. In managing Polycystic Ovary Syndrome (PCOS)

- **PULSATILLA NIGRICANS:** Delayed first menstruation, for irregular or absent menses, acne, acidic leucorrhoea, mentally highly emotional.
- **SEPIA OFFICINALIS:** Irregular menses; Amenorrhoea or menorrhagia, pelvic organs relaxed and bearing down sensation, mentally indifferent to those who loved one.
- **CALCAREA CARBONICA:** Suited to fleshy girls who grow too rapidly. Menses, too early, too profuse, too long, with vertigo.
- **NATRUM MURIATICUM:** Menses irregular; usually profuse. Mentally sad, weeping mood without cause.
- **KALI CARBONICUM:** Delayed menses in young girls. Difficult first menses. Mentally despondent, alternating mood, and very irritable.
- **THUJA OCCIDENTALIS:** Severe pain in the left ovary, at every menstrual period ^[9].

2. For Endometriosis

- **XANTHOXYLUM FRAXINEUM:** Ovarian neuralgia with pain in the loins and lower abdomen. Neuralgic dysmenorrhoea.

- **CIMICIFUGA RACEMOSA:** Ovarian neuralgia. Pain across the pelvis, from hip to hip.
 - **SABINA:** uterine pains extend to the thighs. Pain between the sacrum to pubis from one bone to another.

3. In cases of Pelvic Inflammatory Disease (PID)

- **MERCURIUS SOLUBILIS:** Menses profuse with abdominal pain, leucorrhoea excoriating, greenish and bloody.
 - **MEDORRHINUM:** Intense pruritic, menses offensive like fishy odor.
 - **KREOSOTUM:** Post-coital bleeding and dyspareunia. Leucorrhoea yellow, acrid; odor of green corn^[10].
 - **BORAX VENETA:** Leucorrhoea like egg white of egg, with a sensation as if warm water was flowing.

5. Uterine Fibroids

- **THLASPI BURSA-PASTORIS:** Haemorrhage from uterine. Every alternate period is profuse with violent uterine colic.
 - **USTILAGO MAYDIS:** Uterus hypertrophies, oozing of dark blood, clotted, from long black strings. The cervix bleeds easily.
 - **FRAXINUS AMERICANA:** Fibrous growth with enlargement of the uterus, with bearing-down sensation.
 - **TRILLIUM PENDULUM:** Haemorrhage from fibroids with sensation as though the hips and back

were falling to pieces; better by a tight bandage.

- **ERIGERON CANADENSIS:** Haemorrhage from uterus with dysuria, menorrhagia, and profuse leucorrhoea.

Aim and Objective

To assess and evaluate the efficacy of Homoeopathic constitutional simillimum in the management of female infertility.

Materials and Methods

Methodology

A retrospective analysis was conducted on 12 female patients diagnosed with various infertility-related conditions. Detailed case histories were taken, and individualized Homoeopathic remedies were prescribed. Follow-up assessments were carried out to monitor treatment progress and pregnancy outcomes.

Case 1: A 27-year-old female Government clerk with three years of primary infertility, a diagnosed right ovarian endometriotic cyst and a fundal myometrial fibroid, under-nourished (low BMI) and anaemic, underwent several failed IUIs. After five months of treatment with *Lycopodium* 200 in the Homoeopathic system, her ovarian cyst reduced in size, her mental and physical symptoms improved, and she achieved a positive pregnancy test.

DR. LAWRENCE HEALTHCARE AND DIAGNOSTIC CENTRE 2nd May CT Scan Ultrasound MRI X-ray Lab Services Telemedicine Services 9780234894 92221 115, Tatyasaheb Kore Marg, Tatyasaheb Kore Marg, Mumbai - 400026 022-220521		Dr. NARAYAN SHROFF MBBS, MRCP, MRD, MRCPCH 91-972635577 972635577 / 972635577 972635577 dr.mrshroff13@gmail.com																																																									
NAME: L.H.C NO:1458 AGE/SEX: 14yrs/F REF. DO: ALBINA		DATE: 12.04.2025																																																									
FOLLICULAR STUDY																																																											
LMP: 13.04.2025 Last menstrual period, normal in size and character. Endometrial and myometrial echoes are normal. No focal lesions are seen. Approx. 4.0 x 3.0 mm sized follicle is noted in fundal myometrium. Right ovarian size is normal and anechoic. Right ovarian measured 2.7 x 0.9 cm. Left ovarian measured 2.0 x 2.2 cm. No adnexal mass lesion seen.																																																											
<table border="1"> <thead> <tr> <th>Date</th> <th>Day</th> <th>Right ovary follicle</th> <th>Left ovary follicle</th> <th>Endometrial thickness mm</th> <th>POD FLUID</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>23.04.2025</td> <td>12th</td> <td>No follicle > 10 mm</td> <td>12.0 x 12.0 mm</td> <td>5.0-6.0 mm</td> <td>N/I</td> <td>Follow up.</td> </tr> <tr> <td>25.04.2025</td> <td>14th</td> <td>No follicle > 10 mm</td> <td>10.0 x 10.0 mm</td> <td>3.0 mm</td> <td>N/I</td> <td></td> </tr> <tr> <td>01.05.2025</td> <td>20th</td> <td>No follicle > 10 mm</td> <td>10.0 x 10.0 mm</td> <td>5.0-6.0 mm</td> <td>N/I</td> <td></td> </tr> <tr> <td>03.05.2025</td> <td>22th</td> <td>No follicle > 10 mm</td> <td>Expanding follicle</td> <td>15-20 mm</td> <td>N/I</td> <td>USG.</td> </tr> <tr> <td>05.05.2025</td> <td>24th</td> <td>-</td> <td>Expanding follicle</td> <td>15-20 mm</td> <td>N/I</td> <td>USG.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date	Day	Right ovary follicle	Left ovary follicle	Endometrial thickness mm	POD FLUID	REMARKS	23.04.2025	12 th	No follicle > 10 mm	12.0 x 12.0 mm	5.0-6.0 mm	N/I	Follow up.	25.04.2025	14 th	No follicle > 10 mm	10.0 x 10.0 mm	3.0 mm	N/I		01.05.2025	20 th	No follicle > 10 mm	10.0 x 10.0 mm	5.0-6.0 mm	N/I		03.05.2025	22 th	No follicle > 10 mm	Expanding follicle	15-20 mm	N/I	USG.	05.05.2025	24 th	-	Expanding follicle	15-20 mm	N/I	USG.														
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Approx. 2.5 x 2.0 mm sized ovarian Cyst is noted in right side mentioned cavity - Active follow up study. Dr. MARK SHROFF, MRBS, MD Consultant Radiologist																																																											
<small>(Note: Sonography for CT scan and the other modalities can be done on the same day. The report will be issued on the same day. Sonography is done in 20 minutes. CT scan takes 1 hour and no further wait required.)</small>																																																											
Consultant: Dr. L.H. Chaudhary																																																											
ULTRASOUND REPORT - EARLY PREGNANCY (DATING SCAN) Technique: 2 Dimensional real time ultrasound of gravid uterus done with 7.5 MHz Transvaginal transducer. LMP : 13.07.2025 GA BY LMP : 7 wks 1 day EDC BY LMP : 04/04/2026 GA BY USG : 6 wks 6 days EDC BY USG : 21/04/2026																																																											
Uterus is anteverted and enlarged. Few posterior wall seeding intramural fibroids noted largest measuring 1 cm. An intra uterine gestational sac with regular, well-defined sac walls and surrounding thick decidual reaction. Perinucal area is normal. Yolk sac of 5.3 mm size noted. A fetal pole of CRL measures 0.87 cm corresponds to 6 wks 6 days. Fetal cardiac activity was present at the time of scan. FHR = 142 bpm. Internal Os is closed. Corpus measures 4.1 cm. Both Ovaries are normal. Corpus luteal cyst seen in right ovary. No adnexal mass lesion. No fluid in POD.																																																											
CONCLUSION: • Single live intra uterine gestation corresponding to 6 wks 6 days.																																																											

Before treatment

After treatment

Symptoms: 9 Remedies: 169  Applied Filter						
Remedy Name	Lyc	Nat-rm	Ars	Sep	Iod	Lach
Totality / Symptom Covered	9 / 5	9 / 3	8 / 3	8 / 3	7 / 4	7 / 4
[Kent] [Mind]Fastidious: (2)	1	3	3	2	1	2
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome): (137)			2			
[Kent] [Genitalia female]Coltion/Aversion to: (47)	3	3	3	3	2	1
[Kent] [Stomach]Aversion:Breakfast: (3)	1	3		3		2
	1					

Case 2

A 27-year-old housewife with features of PCOS; irregular menstruation, acanthosis nigricans, hirsutism, and elevated testosterone levels with ASO titre positive; had a history of one abortion and prior Allopathic management. Duration of

infertility: 6 years. After 8 months of individualised Homoeopathic treatment with *Natrum muriaticum*, she conceived and achieved a positive pregnancy test. Eventually, she delivered a healthy baby girl.

		Post. Office Junction, PARASSALA Phone: 0471-2204499, 2202083 Mobile: 92972 05422																																																																
		SCAN. NO. *** DATE: 08-Jun-24																																																																
NAME : Mrs. _____ AGE/SEX : 26/7 REF. DR : ALEXA																																																																		
OLICULAR STUDY (TAS & TVs)																																																																		
LMP : 25/05/2024 <p>Uterus is unremarkable, normal in size, measures 7.5 x 5.4 x 4.0 cm. Endometrial echoes are normal. Hymenium is slightly heterogeneous. No focal lesioning are seen.</p> <p>Both ovaries are enlarged in size and show multiple peripherally arranged anechoic follicles. No internal septations or echogenic struma.</p> <p>Right ovary measures 5.0 x 2.3 x 4.1 cm (Volume - 24 cc). Left ovary measures 4.9 x 2.8 x 2.3 cm (Volume - 16.5 cc).</p> <p>No adrenal mass lesion seen.</p>																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Day</th> <th>Right ovary follicle</th> <th>Left ovary follicle</th> <th>Endome trial thickn ess</th> <th>POD FLUID</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>08-Jun-24</td> <td>15th</td> <td>No follicle > 10 mm</td> <td>No follicle > 10 mm</td> <td>7.2 mm</td> <td>NIL</td> <td>Follow up</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date	Day	Right ovary follicle	Left ovary follicle	Endome trial thickn ess	POD FLUID	REMARKS	08-Jun-24	15 th	No follicle > 10 mm	No follicle > 10 mm	7.2 mm	NIL	Follow up																																																	
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IMPRESSION <ul style="list-style-type: none"> ► Polycystic morphology of both ovaries - needs clinical / hormonal investigation ► Features of mild uterine adenomyosis. 																																																																		
<small>Observe the following for 3-6 months. If symptoms persist or worsen, consult your doctor. This report is for your personal use and is not to be reproduced without permission.</small>																																																																		

Before treatment

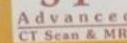
After treatment

Symptoms: 6 Remedies: 80  Applied Filter						
Remedy Name	Nat-m	Sep	Caust	Ferr	Graph	Phos
Totality / Symptom Covered grief: (2)	8 / 4 1	8 / 3	7 / 3	6 / 3	6 / 3	5 / 3
[Kent] [Genitalia female]Sterility: (46)	3	3	1	2	2	2
[Kent] [Genitalia female]Cysts: (1)						
[Kent] [Genitalia female]Desire:Diminished: (27)	2	2	3	2	2	1
[Kent] [Genitalia female]Cotition:Enjoyment absent: (18)	2	3	3	2	2	2

Case 3

A 30-year-old woman with a history of a second-month abortion, suffering from PCOS and hypothyroidism, and previously treated Allopathically for anovulation, became

emotionally indifferent to everyone. She was given Sepia 200C, as Homoeopathic treatment over 10 months. During treatment, she conceived and had a positive pregnancy test.

		Post Office Junction, PARASSALA Phone : 0471-2204499, 2202088 Mobile: 9207206422																																											
AME		DATE	: 07-Jan-25																																										
GEB&SEX	: 30/F																																												
EF, DR	: ALEENA																																												
<u>FOLLICULAR STUDY</u>																																													
MP : 27/12/2024																																													
<p>Uterus is anteverted, normal in size and echotexture, measures 7.0 x 3.4 x 2.8 cm. Endometrial and myometrial echoes are normal. No focal lesions are seen.</p> <p>Both ovaries are enlarged in size and show multiple peripherally arranged subcentimetric follicles with central echogenic struma.</p> <p>Right ovary measures 5.8 x 3.2 x 2.2 cm (Volume - 22.3 cc).</p> <p>Left ovary measures 5.5 x 1.9 x 2.2 cm (Volume - 12.3 cc).</p> <p>No adnexal mass lesion seen.</p>																																													
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Date	Day	Right ovary follicle	Left ovary follicle	Endometrial thickness	POD FLUID	REMARKS																																							
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9/1/25	14 th	No DF	No DF	7mm	Nil	"																																							
12/1/25	17 th	13x15mm	No DF	8mm	Normal	"																																							
14/1/25	19 th	16x16 mm	No DF	8.2mm	Nil	"																																							
17/1/25	22 nd	2.4x2.3mm	NoDF	16mm	Nil	"																																							
IMPRESSION + Polycystic morphology of both ovaries - needs clinical hormonal correlation.																																													
Specimen Galaxy A04																																													

Before treatment

After treatment

Symptoms: 5 Remedies: 155 							
Remedy Name	Apis	Sep	Phos	Plat	Iod	Kali-c	
Totality / Symptom Covered	7 / 4	5 / 3	5 / 2	5 / 2	4 / 3	4 / 3	
[Kent] [Genitalia female]Tumours:Ovaries:Cysts: (16)	3	3	3	3	1	2	
[Kent] [Genitalia female]Abortion:Month:Second: (2)	2			2	2		
[Kent] [Genitalia female]Pain:Aching:Ovaries: (14)	1					1	
[Kent] [Genitalia female]Coition:Aversion to:Menses,after: (7)		1	2				1

Case 4

A 30-year-old woman with 4 years of primary infertility, suffering from an anterior wall intramural fibroid, low AMH level with anovulatory cycles, recurrent UTIs, and chronic low back pain, had been on Allopathic fertility treatment for

3 years without success. After detailed constitutional case-taking, she was prescribed Sepia200C Homoeopathically. After 4 months of treatment, she conceived and obtained a positive pregnancy test.

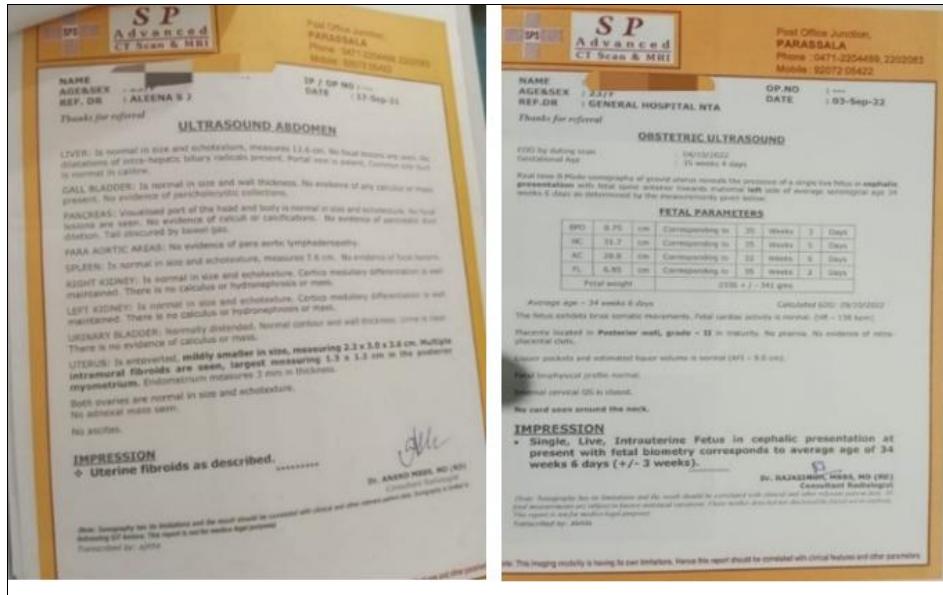
 ULTRASOUND OF PELVIS/ FOLLICULAR STUDY (TVS)		ATHIRA SCAN Grace Park, Vellakinar, Alappuzha - 688 001 PH : 9946852461, 8086622461 Patient name: _____ Age: _____ 31 Years / Female Patient ID: 058784580-25-10-21-11 Visit no. 1 Referred by: Dr. ANCY Visit date: 21/04/2025 LMP date: 10/04/2025 LMP EDD: 15/05/2025													
OB - 2/3 Trimester Scan Report Indication(s) To assess fetal growth and dopplers Real time 3-mode ultrasonography of gravid uterus alone. Route: Transabdominal Single intrauterine gestation Status Survey Presentation : Cephalic at the time of scan Cardiac activity : + FHR : 138 bpm Active FM : + Placenta : Posterior , upper segment Liquor : Adequate, AFI = 13.8 cm Biometry <table border="1" style="width: 100%; text-align: center;"> <tr> <td>BDP: 75.5 mm 95% AD (75.0-95.0)</td> <td>HC: 281 mm 95% AD (269-293)</td> <td>AC: 250.42 mm 95% AD (239-261)</td> <td>FL: 66.4 mm 95% AD (61-71)</td> <td>EFW: 1427 grams (95% AD)</td> </tr> </table> Fetal Anatomy Limited study due to advanced gestational age. Spine towards maternal right Single loop of cord noted around fetal neck Fetal doppler <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Middle Cerebral Artery PI: 1.80 95% AD (1.70-2.70)</td> <td>Umbilical Artery PI: 0.94 95% AD (0.85-1.05)</td> <td>Placental PI: 2.011 95% AD (1.80-2.20)</td> </tr> </table> Fetal weight : 1427 +/- 208 gm Impression Single live gestation , biometry of 30 wks Menstrual age : 29 wks 1d No e/o fetoplacental insufficiency								BDP: 75.5 mm 95% AD (75.0-95.0)	HC: 281 mm 95% AD (269-293)	AC: 250.42 mm 95% AD (239-261)	FL: 66.4 mm 95% AD (61-71)	EFW: 1427 grams (95% AD)	Middle Cerebral Artery PI: 1.80 95% AD (1.70-2.70)	Umbilical Artery PI: 0.94 95% AD (0.85-1.05)	Placental PI: 2.011 95% AD (1.80-2.20)
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Dr. Prabha Joseph , MBBS , MD Reg No. 59240. Consultant Radiologist.															
Before treatment				After treatment											

Symptoms: 6 Remedies: 147 							
Remedy Name	Sep	Calc	Phos	Kali-c	Apis	Ars	
Totality / Symptom Covered	8 / 4	8 / 3	7 / 3	5 / 3	5 / 2	5 / 2	
[Kent] [Genitalia female]Tumours:Uterus:Fibroid: (31)		3	3	2	2		
[Kent] [Urethra]Itching:Desire to urinate,with: (1)							
[Kent] [Bladder]Pain:Evening:Urination,after: (1)	1						
[Kent] [Mind]Anxiety:Coition:After: (1)	1						
[Kent] [Mind]Anxiety:Fever:During: (75)							

Case 5

A 23-year-old woman with two years of primary infertility, suffering from dysmenorrhea, leucorrhoea, and dyspareunia, and an ultrasound revealing multiple intramural fibroids, had undergone 1.5 years of Allopathic treatment with no

results. After detailed case taking, I prescribed Natrum muriaticum 1M as her constitutional remedy. Within 6 months, she conceived and eventually delivered a healthy baby girl.



Before treatment

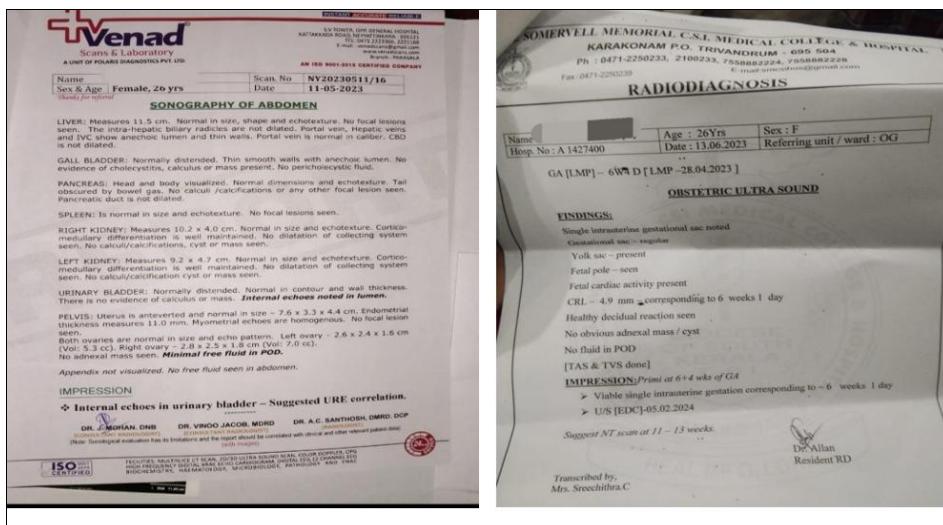
After treatment

Symptoms: 6 Remedies: 105 Applied Filter						
Remedy Name	Nat-m	Phos	Calc	Con	Sep	Sil
Totality / Symptom Covered	9 / 5	7 / 3	6 / 4	6 / 4	6 / 3	6 / 2
Kent] [Generalities]Tumours:Fibroid: (6)	1		1			3
Kent] [Mind]Anxiety:Menses:Before: (19)	2			1		
Kent] [Stomach]Nausea:Menses:Before: (22)	2	1			1	
Kent] [Genitalia female]Leucorrhoea:Acrid,excoriating: (85)	2	3	2	2	3	3

Case 6

A 26-year-old woman with primary infertility, a history of hypothyroidism, irregular menstrual cycles before marriage, weight gain, and excessive hair fall was treated by

prescribing Calcarea carb 200C. Over 8 months, her menstrual cycles became regular, thyroid function normalized, and her BMI returned to normal. In the 10th month of treatment, she achieved a positive pregnancy test.



Symptoms: 5 Remedies: 82 Applied Filter						
Remedy Name	Calc	Sulph	Kreos	Nit-ac	Sec	Sep
Totality / Symptom Covered	7 / 3	5 / 3	5 / 2	5 / 2	5 / 2	5 / 2
[Kent] [Generalities]Obesity:Body fat,but legs thin: (1)						
[Kent] [Skin]Hair: Falls out (see regions): (16)	2	1			2	
[Kent] [Ex-throat]Swelling:Thyroid gland:Right:Sensation of: (1)						
[Kent] [Genitalia female]Itching:Leucorrhoea,from: (28)	3	2	3	3		3
[Kent] [Genitalia female]Menses:Irregular: (61)	2	2	2	2	3	2

Case 7

A 34-year-old woman with secondary infertility for 9 years, irregular menstruation, anovulatory cycles, polycystic ovarian syndrome (PCOS), and a markedly elevated AMH

(~10 ng/mL) had never undergone fertility treatment. After a detailed constitutional Homoeopathic case analysis, Pulsatilla was prescribed. Within two months, she achieved a positive pregnancy test.

Before treatment

After treatment

Symptoms: 6 Remedies: 125  Applied Filter							
Remedy Name	Puls	Nux-m	Lyc	Calc	Cocc	Nux-v	
Totality / Symptom Covered	8 / 4	7 / 3	6 / 4	6 / 3	6 / 3	6 / 3	
[Kent] [Skin] Hair :Falls out (see regions): (16)				2			
[Kent] [Genitalia female]Menses:Irregular: (61)	1	3	2	2	2	2	
[Kent] [Face]Eruptions (see skin):Pimples:Chin: (26)			2				
[Kent] [Mind]Sadness,mental depression:Bad news,after: (2)	1						

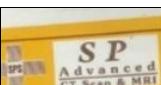
6 Remedies: 125 |  Applied Filter

Page 1 of 1

Case 8

A 27-year-old IT professional with a history of biochemical pregnancy. Her hormonal assessments are normal and irregular menstruation was diagnosed with unexplained

infertility. Treatment with *Sepia officinalis* 200C improved her physical and mental health, leading to a positive pregnancy test, and then she delivered a healthy baby boy.

		Post Office Junction, PARASSALA Phone : 0471-2204499, 2202053 Mobile : 92072 05422																																											
NAME DESEX REF. DR		I P / O P NO : --- DATE : 08-Jun-22																																											
FOLLICULAR STUDY																																													
DMP : 29/05/2022																																													
uterus is anteverted, normal in size and echotexture. endometrial and myometrial echoes are normal. No focal lesions are seen. Both ovaries are normal in size and echotexture. No adnexal mass lesion seen.																																													
<table border="1"> <thead> <tr> <th>Date</th> <th>Day</th> <th>Right ovary follicle</th> <th>Left ovary follicle</th> <th>Endometrial thickness</th> <th>POD FLUID</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>08-Jun-22</td> <td>11th</td> <td>18.4 x 12.9 mm</td> <td>No follicle > 10 mm</td> <td>6.8 mm</td> <td>Nil</td> <td>Follow up on</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date	Day	Right ovary follicle	Left ovary follicle	Endometrial thickness	POD FLUID	REMARKS	08-Jun-22	11 th	18.4 x 12.9 mm	No follicle > 10 mm	6.8 mm	Nil	Follow up on																												
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 Dr. ANAND MBBs, MD (RD) Consultant Radiologist																																													
<small>please: Considerate this as an estimation and the actual should be correlated with clinical picture and assessed patient data. Sonography is limited in detecting soft tissue. This report is not for medical legal purpose.</small>																																													
<small>Reviewed by: DR. ANAND</small>																																													
<small>This imaging modality is having its own limitations. Hence this report should be correlated with clinical features and other parameters.</small>																																													
REPORT																																													
PT Name Ref Doctor		Age/sex Date																																											
Dr Nituya Rajesh		51F 05/06/2022																																											
THIRD TRIMESTER SCAN (INTERVAL GROWTH SCAN)																																													
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		EDD by USC	28/06/2022																																										
<ul style="list-style-type: none"> Uterus shows a live fetus with break presentation. Spine is maternal left. Placenta - Anterior, upper segment, no retro placental clots or hemorrhage seen. No fetal hydronephrosis seen. Fetal movements and tone good. Cardiac activity - Present, T2D: 160/min Liquor volume adequate - AFV: 12 cm. PPG: 100-110/100. Cervix appear normal, internal os closed 																																													
Fetal Biometry																																													
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<ul style="list-style-type: none"> EFW: 2980g/m², 148cm Average: 36 wks, 4 days 																																													
IMPRESSIONS																																													
<ul style="list-style-type: none"> Single live intrauterine gestation with gestational age 36 wks, 4 days. Breech Presentation. Calculated EDD by scan: 29/06/2022 BPP Normal. 																																													
<small>Thanks for X-ray Referral Dr. S. S. Nair, MD (Consultant Radiologist)</small>																																													
<small>Medical Transcriptionist : Somaya V S (Note: Sonography has its limitations and the report should be correlated with clinical and other relevant patient data. I have neither detected nor disclosed the fetal anomalies.)</small>																																													

Before treatment

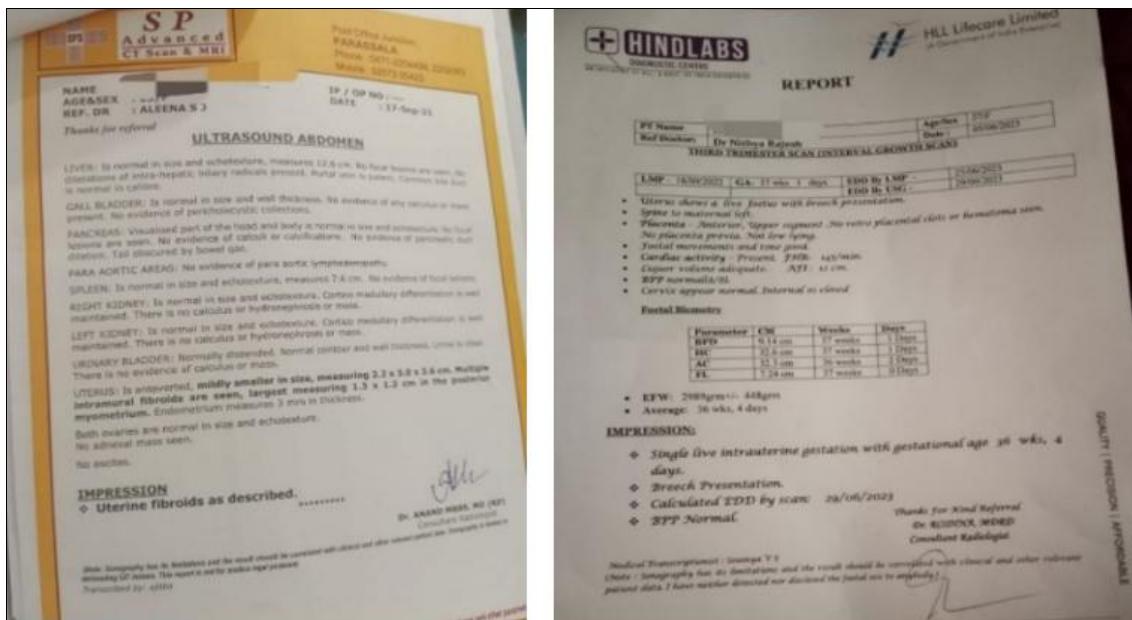
After treatment

Symptoms: 4 Remedies: 89 						
Remedy Name	Sep	Kreos	Acon	Hydr	Ars	Sulph
Totality / Symptom Covered	9 / 4	8 / 3	6 / 3	6 / 2	5 / 2	5 / 2
[Kent] [Mind] Sadness, mental depression: Coition, after: (5)	2					
[Kent] [Mind] Sadness, mental depression: Music: From: (15)	1	2	2			
[Boericke] [Female Sexual System] Vagina: Inflammation (vaginitis): Acu...	3	3	3	3	2	2
[Kent] [Genitalia female] Leucorrhoea: Yellow: (74)	3	3	1	3	3	3

Case 9

A 30-year-old woman with secondary infertility for 9 years, presenting with regular menstruation, an intramural uterine fibroid, and a history of multiple abortions, had not received prior fertility treatments. After a comprehensive

constitutional Homoeopathic assessment, she was prescribed Sepia. Within 5 months of treatment, she achieved a positive pregnancy test and subsequently delivered a healthy baby girl.

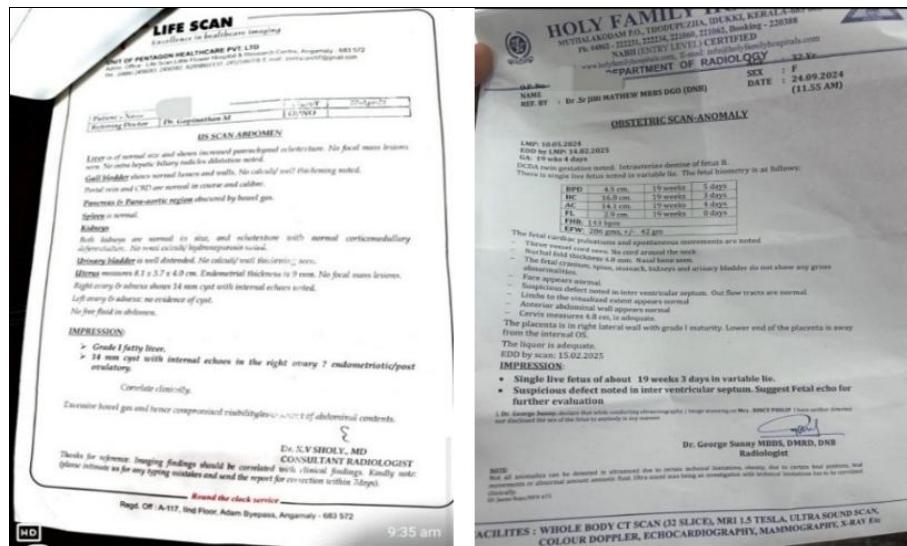
**Before treatment****After treatment**

Symptoms: 4 Remedies: 156 						
Remedy Name	Puls	Sep	Calc	Sec	Apis	Bell
Totality / Symptom Covered	9 / 3	9 / 3	8 / 3	7 / 4	7 / 3	7 / 3
[Kent] [Genitalia female] Tumours: Uterus: Fibroid: (31)			3	1	2	
[Kent] [Genitalia female] Abortion: (76)	3	3	2	3	3	3
[Kent] [Chest] Palpitation, heart: Tumultuous, violent, vehement: (93)	3	3	3	1	2	1
[Kent] [Genitalia female] Congestion: Uterus: (20)	3	3		2		3

Case 10

A 32-year-old woman with primary infertility for 5 years, presenting with a right ovarian cyst, regular menstrual cycles, and low AMH levels, had undergone allopathic treatment for 4 years without success. After a detailed

constitutional Homoeopathic assessment, she was prescribed Calcarea carbonica 200. Within 5 months of treatment, her ovarian cyst reduced in size, and she achieved a positive pregnancy test. She subsequently gave birth to a healthy baby girl.



Before treatment

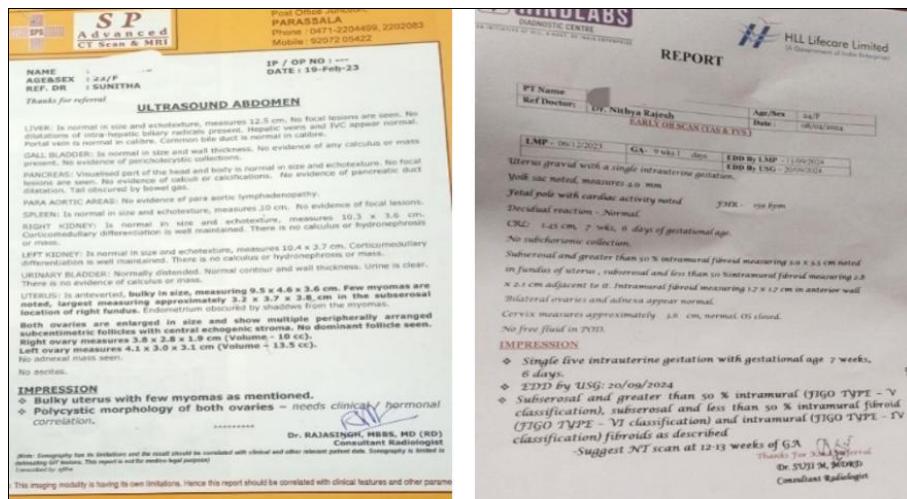
After treatment

Symptoms: 5 Remedies: 139 						
Remedy Name	Calc	Sil	Ars	Kali-c	Kali-ar	Nat-m
Totality / Symptom Covered	11 / 5	7 / 3	6 / 3	6 / 3	5 / 3	5 / 3
[Kent] [Mind]Fear (see anxiety):Chill,during: (2)	1					
[Kent] [Head]Pain,headache in general;Forhead;In;Menses:Before: (9)	2	1				
[Kent] [Stomach]Aversion:Meat: (88)	3	3	2	2	2	2
[Kent] [Abdomen]Hard: (75)	3	3	2	2	1	1
[Kent] [Stomach]Nausea:Cold drinks:After: (22)	2		2	2	2	2

Case 11

A 23-year-old woman, married for 2 years, presented with primary infertility, a bulky uterus containing multiple myomas, polycystic ovary syndrome (PCOS), elevated

testosterone levels, and weight gain. After 8 months of individualized Homoeopathic treatment with Calcarea carbonica 200C, she achieved a positive pregnancy test and subsequently delivered a healthy baby boy.



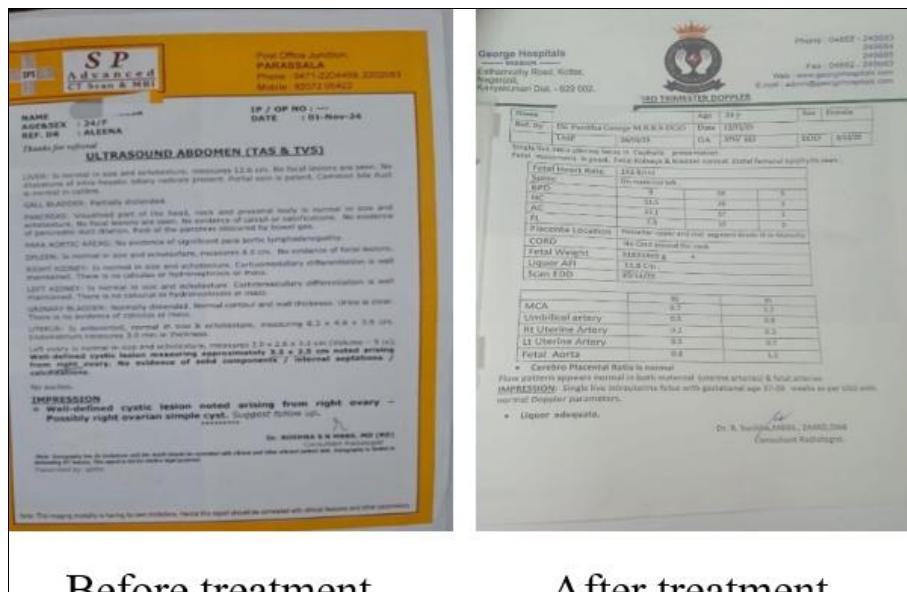
Before treatment

After treatment

Symptoms: 4 Remedies: 74 						
Remedy Name	Calc	Graph	IP	Sil	Bov	Iod
Totality / Symptom Covered	8 / 3	4 / 2	4 / 2	4 / 2	3 / 2	3 / 2
[Kent] [Generalities]Obesity: (50)	3	3	1	1		1
[Kent] [Genitalia Female]Tumours:Ovaries:Cysts: (16)					2	2
[Kent] [Abdomen]Pain;Aching,dull pain (see Boring, Gnawing,etc.):Umbilicus,region ...	2		3			
[Kent] [Mind]Irritability (see anger):Coffin,after: (21)	3	1		3	1	

Case 12: A 24-year-old woman with primary infertility for 3 years, presenting with a right ovarian cyst, hyperprolactinemia, anovulation, and a history of two failed

IUI attempts, was treated with *Sepia officinalis* 200 over 5 months. Following this individualized Homoeopathic treatment, she achieved a positive pregnancy test.



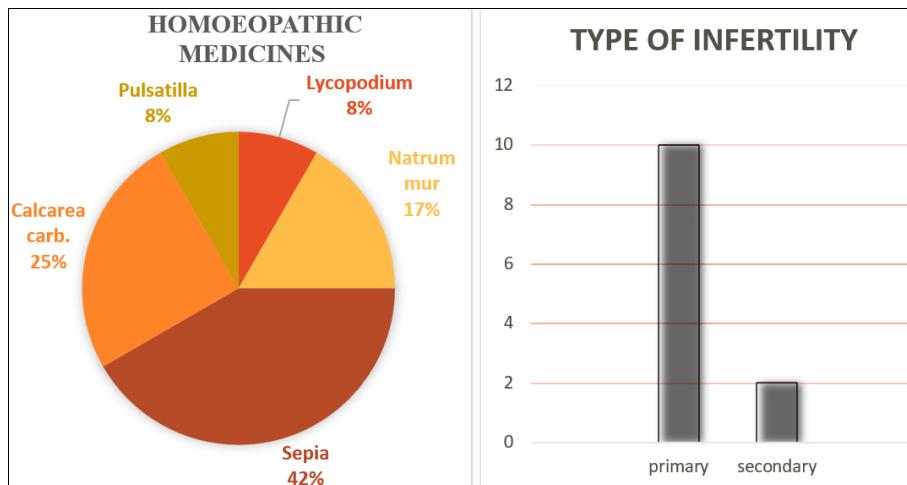
Before treatment

After treatment

Applied Filter						
Remedy Name	Sep	Nit-ac	Phos	Thuja	Arg-n	Lyss
Totality / Symptom Covered	10 / 4	5 / 2	4 / 2	3 / 2	3 / 1	3 / 1
Kent] [Genitalia female] Pain: Vagina:Coition,during: (26)	3			2	3	3
Kent] [Face] Cracked:Lips:Lower lip: (7)	3	2	2			
Kent] [Skin] Discoloration:Red:Spots:Brownish-red: ...	3	3	2	1		
Kent] [Mind] Irritability (see anger): Alternating with : Indifference: (4)	1					

Table 1: Clinical Profile, Diagnosis, and Homeopathic Treatment Details of Infertility Cases

Sl. No.	Duration of infertility	Age	Diagnosis	Treatment duration	Medicine
1	Primary infertility, 3 years	27	Right ovarian cyst, fibroid	5 months	Lycopodium clavatum 200C
2	Primary infertility, 6 years	27	PCOS	8 months	Natrum muriaticum 200c
3	Primary infertility, 3 years	30	PCOS, Hypothyroidism	10 months	Sepia officinalis 200C
4	Primary infertility, 4 years	30	PCOD, Uterine fibroid	4 months	Sepia officinalis 200C
5	Primary infertility, 2 years	23	Uterine fibroid, Anovulation	6 months	Natrum muriaticum 1M
6	Primary infertility, 2 years	26	Hypothyroidism	8 months	Calcarea carb 200C
7	Secondary infertility, 9 years	34	PCOS	2 months	Pulsatilla 200C
8	Primary infertility, 2 years	27	Unexplained infertility	7 months	Sepia officinalis 200c
9	Secondary infertility, 9 years	30	Uterine fibroid	5 months	Sepia officinalis 1M
10	Primary infertility, 5 years	32	Right ovarian cyst, low AMH	5 months	Calcarea carb 200C
11	Primary infertility, 1 years	23	PCOS	8 months	Calcarea carb 200C
12	Primary infertility, 3 years	24	Hyperprolactinemia, Ovarian cyst	5 months	Sepia officinalis 200C



Results

In this case series, the reproductive age group of females, aged 20 to 35 years, showed a positive pregnancy outcome. Female diagnosed with PCOS, hypothyroidism with obesity, uterine myomas, ovarian cysts, and unexplained infertility. They are housewives, Government employees, and IT professionals. Clinical features such as irregular menses, anxiety, fear of coition, obesity, etc. Homoeopathic remedies such as *Sepia officinalis* (42%), *Calcarea carb* (25%), *Natrum muriaticum* (17%), *Lycopodium* (8%), and *Pulsatilla* (8%) were found useful and effective as a constitutional medicine. Each of them was instructed to follow a modified lifestyle, healthy eating habits, and to practice regular mental affirmation.

Discussion

Infertility is a major health issue challenging the global masses. Conventional medicine is not capable of treating all cases, and many times, despite the investigation being normal, the couple fails to conceive. In this scenario, Homoeopathy has a definite role to play success of individualized Homoeopathic treatment in these cases suggests its potential as a viable alternative or adjunct to conventional infertility therapies. The holistic approach addresses underlying constitutional factors, which may contribute to improved reproductive health. This confirms the efficacy of constitutional Homoeopathic remedies in the treatment of female infertility. This study aims to help avoid the side effects of hormonal tablets, unnecessary operations, and expensive and uncertain therapeutic measures, thereby improving the quality of life and increasing the chances of conception.

Conclusion

The above study has revealed the effectiveness of Homoeopathic treatment in the management of female infertility by the highly significant positive outcome results of conception in infertile females. Individualized Homoeopathic treatment demonstrates promising results in managing female infertility. Further prospective studies with larger sample sizes and control groups are recommended to validate these findings and establish standardized treatment protocols

Declaration of patient consent

The authors certify that they have obtained patient consent and that the patient has given her consent for her photographs and other clinical information to be reported in the journal. In addition, the patient was made to understand that her name and initials would not be published, and efforts would be made to conceal his identity.

Conflict of Interest

Not available.

Financial Support

Not available.

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