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

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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, acid; 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 similimum 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, undernourished (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.



Before treatment



After treatment

Symptoms: 9 Remedies: 169 Applied Filter						
Remedy Name	Lyc	Nat-m	Ars	Sep	Iod	Lach
Totally / 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)	3	3	3	3	2	1
[Kent] [Genitalia female]Coition:Aversion to: (47)	1	3		3		2
[Kent] [Stomach]Aversion:Breakfast: (3)	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.

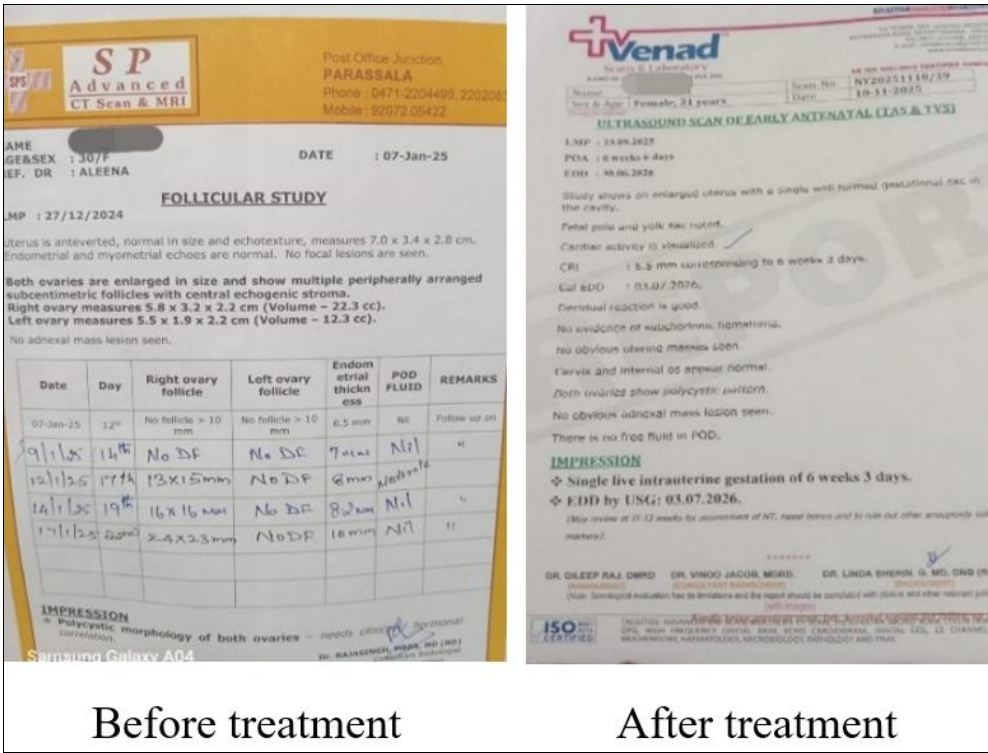


Symptoms: 6 Remedies: 80 Applied Filter						
Remedy Name	Nat-m	Sep	Caust	Ferr	Graph	Phos
Totality / Symptom Covered	8 / 4	8 / 3	7 / 3	6 / 3	6 / 3	5 / 3
grief: (2)	1					
[Kent] [Genitalia female]Sterility: (46)	3	3	1	2	2	2
[Kent] [Genitalia female]Cysts: (1)						
[Kent] [Genitalia female]Desire:Diminished: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



Symptoms: 5 Remedies: 155 Applied Filter						
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	1			1	
		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.



Before treatment



After treatment

Symptoms: 6 Remedies: 147 Applied Filter						
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

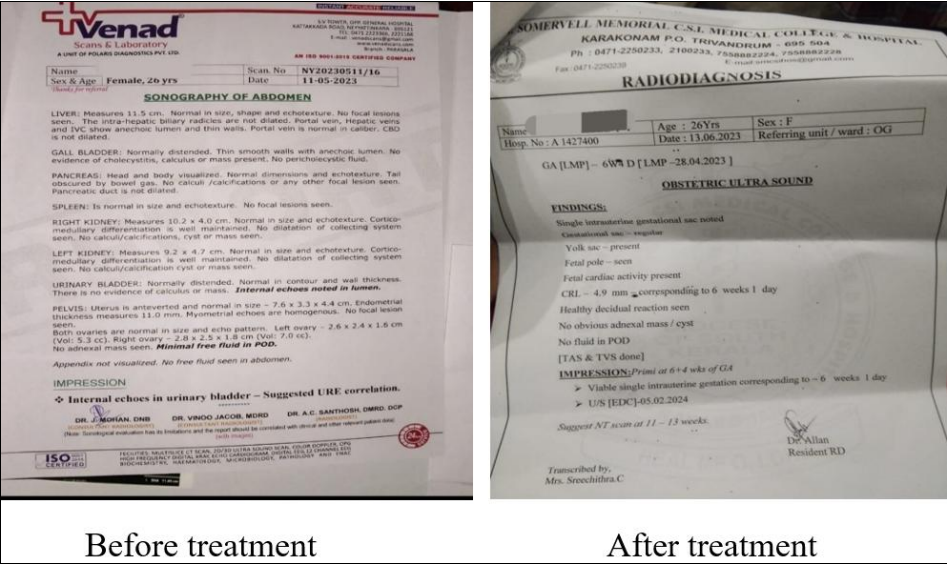
results. After detailed case taking, I prescribed Natrum muriaticum 1M as her constitutional remedy. Within 6 months, she conceived and eventually delivered a healthy baby girl.



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

RGCB MEDICAL LABORATORY SERVICES
Under the Public Health Research and Services Program
(An initiative of Rajya Gandhi Centre for Biotechnology, Government of India)
Accredited by National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Investigation Report

Name: **Ms. SUNDASAY** Pat. Id: **MSL548846**
Age/Gender: **34/F** Visit No.: **GHK25136146**
Client Name: **PVT LAB** Registered On: **07-04-2025 16:3**
Ref. Dr: **---** Collected On: **07-04-2025 16:2**
Ex. Patient No.: **---** Reported On: **07-04-2025 23:2**

Test	Results	Units	Reference Range
Monocytes	01	%	1 - 10
Eosinophils	02	%	1 - 6
Neutrophils	90	%	0 - 1
ESR - ERYTHROCYTE SEDIMENTATION RATE (Westergren)	31	mm/hr	0 - 20
AMH Anti Mullerian Hormone (ECLIA) (Serum)	10.81	ng/mL	0.576 - 8.13

Kindly correlate clinically if not correlating please repeat the sample.
AMH is produced mostly by the ovarian follicles. AMH levels correlate with the number of antral follicles in the ovaries.
Women with lower AMH have lower antral follicular counts and produce a lower number of oocytes compared with women with higher levels.
AMH can be used for:
1) Evaluating fertility: Elevated and lower response to OVF occur in AMH levels correlate with the number of early antral follicles. This makes it useful predicting your ovarian response to an OVF cycle. Women with low AMH levels are more likely to be poor ovarian responders.
2) Preserving Ovarian Aging: Elevated ovarian response, is regarded by reduced levels to serum AMH concentrations. Women with poor ovarian response have elevated the response from low levels of AMH.

--- End of Report ---
Dr. R. G. Bhat
Chief Executive Officer
Rajya Gandhi Centre for Biotechnology
Page: 2/2

Al Ahli Hospital المستشفى الأهلي

Patient Name: **---** Exam Date: **07/07/2025 3:27PM**
Patient MRN: **271200** Gender/Age: **F/34 y**
Ref. Dr.: **---**
Procedure: **US Transabdominal Ultrasound, first trimester, first gestation, US**
Diagnosis: **OWS: Supervision of high risk pregnancy, comp. first trimester; OWS: Supervision of high risk pregnancy, comp. first trimester; OWS: Supervision of high risk pregnancy, comp. first trimester**

Clinical Indication
OWS: Supervision of high risk pregnancy, comp. first trimester; OWS: Supervision of high risk pregnancy, comp. first trimester; OWS: Supervision of high risk pregnancy, comp. first trimester

OBSTETRIC ULTRASOUND IMAGING REPORT
LMP: 27th April 2021.
LMP GA: 10 weeks 1 day
EAD EDD: 1st February 2026.
Cervix measures: 4.8 cm.
Evidence of a single intrauterine gestation sac is seen.
Fetal pole and yolk sac are visualized.
Fetal age estimates
CRL: 1.52 cm → 7 weeks 4 days.
Fetal heart activity is noted. FHR: 168 bpm.
Internal os is closed.
No obvious uterine pathology.
Calculated GA: 7 weeks 4 days.
Calculated EDD: 18th February 2026.
IMPRESSION:
• A single live intrauterine gestation of 7 weeks 4 days +/- 7 days gestational age.

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Page 1 of 2

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					

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.

SP Advanced CT Scan & MRI
Post Office Junction, PARASSALA
Phone: 0471-2204499, 2202083
Mobile: 92072 05422

P / OP NO: ---
DATE: 08-Jun-22

JAME
GENDER: 27/F
SP. DR: ALEENA

FOLLICULAR STUDY
MP: 29/05/2022
Janus is anteverted, normal in size and echotexture. Subendometrial and myometrial echoes are normal. No focal lesions are seen.
Both ovaries are normal in size and echotexture.
No adnexal mass lesion seen.

Date	Day	Right ovary follicle	Left ovary follicle	Endometrial thickness	POD FLUID	REMARKS
08-Jun-22	11*	18.4 x 12.9 mm	No follicle > 10 mm	6.6 mm	Nil	Follow up on

Dr. ANAND HESS, MD (RD)
Consultant Radiologist

(Note: Sonography has its limitations and the result should be correlated with clinical and other relevant patient data. Sonography is limited in diagnosing GUT systems. This report is not for medical legal purposes.)
This imaging modality is having its own limitations. Hence this report should be correlated with clinical history and other parameters.

HINDLABS
HLL Lifecare Limited
A Division of Hind Global

REPORT

PT Name: **Dr. Nubya Rajesh** Age/Sex: **34/F**
Ref Doctor: **Dr. Nubya Rajesh** Date: **05/06/2022**
THIRD TRIMESTER SCAN (INTERNAL GROWTH SCAN)

LMP: 18/09/2021 GA: 37 wks 1 day EDD by LMP: 21/06/2022
EAD by USG: 18/06/2022

- Uterus shows a live fetus with frank presentation.
- Spine is maternal left.
- Placenta: Anterior, upper segment, no retro placental clot or hematoma seen.
- No placenta previa. Not low lying.
- Fetal movements and tone good.
- Cardiac activity: Present. FHR: 141/min.
- Amniotic volume adequate: AFI: 12 cm.
- BPP normal(6).
- Cervix appears normal. Internal is closed.

Fetal Biometry

Parameter	CM	Weeks	Days
BPD	9.14 cm	37 weeks	1 Day
HC	31.4 cm	37 weeks	1 Day
AC	31.1 cm	36 weeks	2 Days
FL	17.24 cm	37 weeks	0 Days

- EFW: 2980gms +/- 448gm
- Average: 36 wks, 4 days

IMPRESSION:
• Single live intrauterine gestation with gestational age 36 wks, 4 days.
• Breech Presentation.
• Calculated EDD by scan: 26/06/2022
• BPP Normal.

Thanks for Kind Referral
Dr. KUNOOL WARD
Consultant Radiologist

Medical Transcription: Source T-1
(Note: Sonography has its limitations and the result should be correlated with clinical and other relevant patient data. I have neither directed nor declined the fetal sex to anybody.)

Before treatment

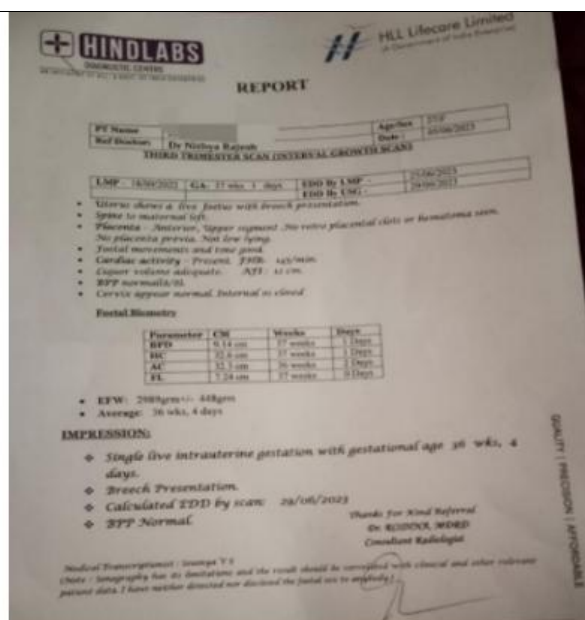
After treatment

Symptoms: 4 Remedies: 89 Applied Filter						
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 Applied Filter						
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

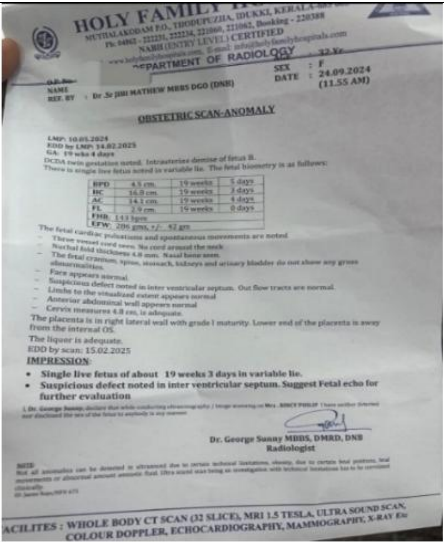
Case 10

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



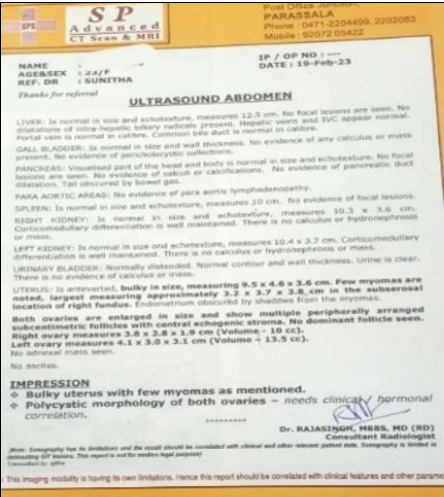
After treatment

Symptoms: 5 Remedies: 139	Applied Filter					
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: Forehead, 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

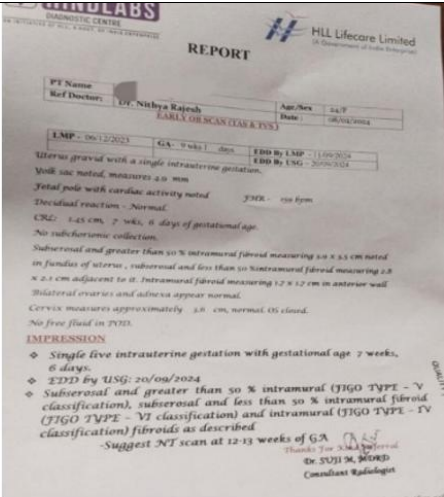
Case 11

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

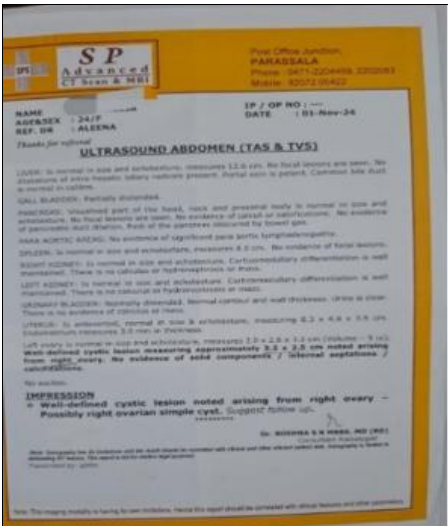


After treatment

Symptoms: 4 Remedies: 74	Applied Filter					
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] Tumour: Ovaries: Cysts: (16)					2	2
[Kent] [Abdomen] Pain: Aching, dull pain (see Boring, Gnawing, etc.): Umbilicus, region ...	2		3			
[Kent] [Mind] Irritability (see anger): Colic, 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.

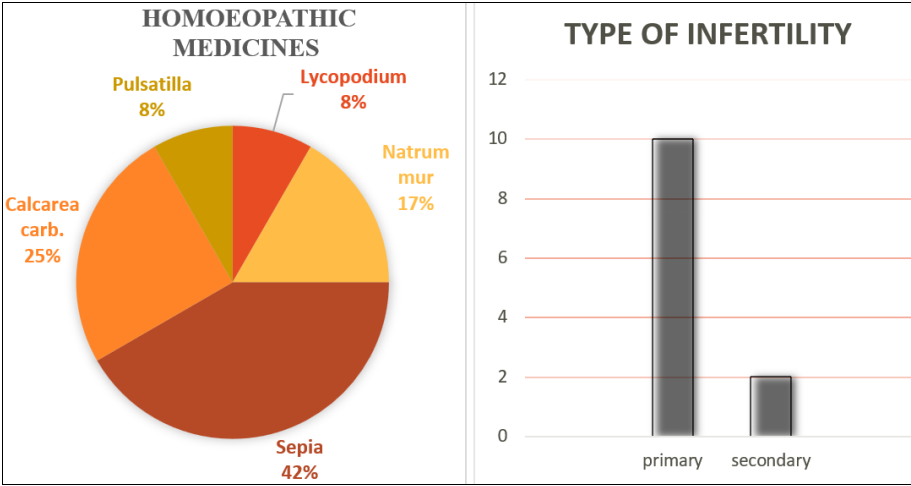


Before treatment After treatment

Symptoms: 4 Remedies: 37 Applied Filter						
Remedy Name	Sep	Nit-ac	Phos	ThuJ	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.

References

1. Kalampokas T, Botis S, Kedikgianni-Antoniou A, Papamethodiou D, Kivello S, Papadimitriou V, *et al.* Homeopathy for infertility treatment: a case series. *Clin Exp Obstet Gynecol.* 2014;41(2):158-159.
2. Parveen S, Bhaumik H. Effect of individualised

homeopathy in the treatment of infertility. *Indian J Res Homoeopathy.* 2018;12(4):231.

3. Rath P. A case of infertility due to PCOS treated successfully with homoeopathy. *Int J Homoeopath Sci.* 2020;4(2):249-260.
4. Lobo A, D'Cunha P, Lobo B. Effectiveness of homoeopathic treatment in female infertility. *Reprod Med Int.* 2018;1:008.
5. Dharne S. A case report of primary female infertility treated with homoeopathy. *Int J Homoeopath Sci.* 2020;4(4):152-157.
6. Chugani S, Charanje. A study to ascertain the role of homeopathy medicines in the treatment of infertility in females. *World J Pharm Res.* 2024;13(17):446.
7. Yadav A, Saini DK, Choudhary P, Sharma S, Sharma R. Infertility in females and its homeopathic management. *Int J Homoeopath Sci.* 2022;6(3):169-171.
8. Dutta DC. Textbook of gynecology. Kolkata: New Central Book Agency Pvt Ltd; 2013.
9. Allen HC. Keynotes rearranged and classified with leading symptoms of materia medica with bowel nosodes. New Delhi: B Jain Publishers Pvt Ltd; 2015. p. 568.
10. Boericke W. New manual of homoeopathic materia medica and repertory. Augmented ed. New Delhi: Indian Books and Periodicals Publishers; 2015.

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