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## Clinical outcome of homeopathic intervention in female infertility: A case report

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### Abstract

**Background:** Female infertility is a major reproductive health issue affecting women worldwide. Conventional treatments are often associated with high cost, adverse effects, and emotional stress. Homeopathy, based on individualized holistic principles, offers a promising complementary approach.

**Objective:** To evaluate the clinical outcome of individualized homeopathic treatment in a case of female infertility.

**Case Presentation:** A 29-year-old female with primary infertility of four years duration presented with irregular menses, dysmenorrhea, and emotional stress. After detailed case-taking and repertorial analysis, a constitutional homeopathic remedy was prescribed. The patient was followed for eight months.

**Results:** Gradual improvement was observed in menstrual regularity and general health. The patient conceived naturally after eight months of homeopathic treatment without any assisted reproductive intervention.

**Conclusion:** This case highlights the effectiveness of individualized homeopathic treatment in managing female infertility. Homeopathy may be considered a safe and holistic therapeutic option in such cases.

**Keywords:** Female infertility, homeopathy, case report, constitutional treatment, reproductive health

### Introduction

Infertility is defined as the inability to achieve pregnancy after 12 months of regular unprotected sexual intercourse. It affects approximately 10-15% of couples worldwide. Female infertility may arise due to ovulatory disorders, hormonal imbalance, stress, or unexplained causes.

Conventional management includes ovulation induction and assisted reproductive techniques, which may not be acceptable or affordable for all patients. Homeopathy offers a holistic and individualized approach by treating the patient as a whole rather than focusing solely on pathology.

### Case Presentation

#### Patient Details

- **Age:** 29 years
- **Gender:** Female
- **Marital status:** Married
- **Duration of infertility:** 4 years

#### Chief Complaints

- Inability to conceive
- Irregular menstrual cycle
- Painful menses
- Emotional stress and anxiety

#### Menstrual History

- **Cycle:** 35-45 days
- **Duration:** 3-4 days

- **Flow:** Scanty
- **Dysmenorrhea:** Present

**Table 1:** Investigations

Investigation	Findings
USG pelvis	Mild polycystic ovarian changes
Hormonal profile	Mild hormonal imbalance
Husband semen analysis	Normal

**Case Analysis****Mental Generals**

- Anxiety about future
- Emotional sensitivity
- Desire for sympathy

**Physical Generals**

- Chilly patient
- Poor appetite
- Disturbed sleep

**Totality of Symptoms**

- Irregular menstruation
- Emotional sensitivity
- Chilly constitution
- Desire for sweets
- Infertility

**Remedy Selection****Remedy:** *Pulsatilla nigricans***Potency:** 200C**Dose:** Single dose followed by placebo**Justification**

Pulsatilla was selected based on emotional state, hormonal imbalance, and menstrual irregularity, supported by repertorial analysis.

**Follow-Up and Outcome****Table 2:** Follow-up Record

Month	Observation	Prescription	Outcome
1 <sup>st</sup>	Irregular menses	Pulsatilla 200C	Mild improvement
2 <sup>nd</sup>	Reduced pain	Placebo	Stable
4 <sup>th</sup>	Regular cycles	Placebo	Improved
6 <sup>th</sup>	Missed period	Placebo	Pregnancy suspected
8 <sup>th</sup>	USG confirmed pregnancy	—	Successful conception

**Discussion**

Homeopathy addresses infertility through individualized constitutional treatment. In this case, improvement in mental state and menstrual regularity preceded conception, suggesting restoration of hormonal balance. The result supports the holistic approach of homeopathy in managing functional infertility.

**Conclusion**

This case demonstrates that individualized homeopathic treatment can be effective in managing female infertility safely and naturally. Further controlled studies are recommended to establish its role in reproductive health.

**Conflict of Interest**

There are no conflicts of interest related to this study.

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terminology. WHO; c2021.

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