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A case report of primary female infertility treated with homoeopathy

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Abstract

A patient 34 years/female, approached the clinic for treatment of infertility through tele-consultation. It was a case of primary infertility, with grade-2 endometriosis, bilateral endometrial cysts, and bilateral fimbrial block. Prior to approaching the clinic, she has had one attempt of *in vitro* fertilisation. However, this attempt had not given her desired results. I started treatment with principles of classical homoeopathy. A detailed case analysis along with thorough repertorisation was employed to find the best suited remedy. The treatment duration was eleven months. Successful homeopathic treatment resulted in the patient giving birth to a healthy baby girl.

Keywords: Female infertility, primary infertility, endometriosis, endometrial cysts, bilateral fimbrial block, Iodum

1. Introduction

1.1 What is Female Infertility?

Female Infertility is a disease of a woman's reproductive system due to which she is unable to achieve pregnancy even after regular attempts of unprotected sexual intercourse for over 12 months^[1]. In cases of women who have surpassed 35 years of age this time duration can be considered 6 months instead of 12 months. Cases where a woman is able to get pregnant but encounters frequent miscarriages is also termed as Infertility.

For a successful conception of a child, a woman's reproductive system is involved in a set pattern of steps. Which includes ovulation of eggs from ovaries, unhindered flow of eggs through fallopian tubes, fertilization with sperm, and attaching fertilized egg to the uterus. Obstruction in any one or more of these steps can lead to infertility.

Most often, female infertility is caused due to abnormalities associated with reproductive system including uterus, fallopian tubes, ovaries, and also hormonal imbalance. Common factors contributing to the causes of infertility in women are - growing age, unhealthy lifestyle and diet, and excessive stress. Even unhealthy environmental factors may contribute to infertility. Homeopathic treatment has achieved tremendous success rate in treatment of infertility. A systematic treatment by homeopathy targets the main root causes of infertility in a woman.

1.2 Female Infertility is a Common Problem

Female Infertility is a common problem and is growing. Millions of women all over the world are suffering from infertility. As per data from World Health Organization (WHO), world over there are 48 million couples and 186 million individuals suffering from Infertility^[2]. Delay in conceiving (i.e. trying to conceive after 30 years of age), along with a stressful professional life of woman are proving to be the main culprits of infertility in a woman.

To be able to comprehend female infertility, it is important to assess normal fecundability. Fecundability refers to a woman's chances of getting pregnant during her menstrual cycle. As per various research studies it is observed that there are 85% chances for a woman to achieve pregnancy during the first year of regular unprotected intercourse. In the first three months of regular unprotected sexual intercourse, the fecundability is 25%. It then nosedives to 15% for the balance nine months of the year^[3].

1.3 Etiological Factors

As per the studies conducted by World Health Organization (WHO), the most common etiological factors are listed below.

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1.3.1 Ovulatory disorders: Ovulatory disorders comprise 25% of total female infertility cases. In such cases ovulation is irregular. The menstrual cycles are longer. Also, in some cases there is no ovulation or less ovulation. Poly Cystic Ovarian Syndrome (PCOS), Primary Ovarian Insufficiency (POI) and Diminished Ovarian Reserves (DOR) are results of ovulatory disorder.

1.3.2 Endometriosis: Endometriosis accounts for 15% of total female infertility cases. In cases of Endometriosis the uterine tissues that are supposed to be developed on the internal uterine lining, are instead developed outside of the uterus. This causes infection, inflammation and adhesion. Implantation of the fertilized egg is obstructed. Also, blockages are often observed along the fallopian tubes. Free movement of the egg and the sperm is obstructed. This causes huge dent to the chances of fertilization.

1.3.3 Pelvic Adhesions: Pelvic Adhesions are cause for 12% of total female infertility cases. Pelvic Inflammatory Disease (PID) is the most common cause among the pelvic adhesions. Sexually transmitted micro-organisms cause infection, inflammation and blockage. Abnormal growth of uterine tissues occurs outside the uterine lining. Multiple tissues bind to form pelvic adhesions.

1.3.4 Tubal Blockage: Tubal blockages comprises 11% of total female infertility cases. Infection causes inflammation in the fallopian tube restricting the flow of physiologic fluid. In many cases it also gets accumulated. The free flow of egg is obstructed and also the inflammation obstructs attachment of egg to the uterine lining.

1.3.5 Other tubal/uterine abnormalities: Comprise 11% of total female infertility cases. Uterine abnormalities are most commonly occurred with the infection at the uterine region causing development of lesions. Benign polyps or tumors such as Uterine fibroids or myomas are common in uterus. In some cases, they block the fallopian tubes or interferes with implantation process. In many cases congenital uterine abnormalities are present since birth, such as abnormal shape of uterus. Uterine abnormalities are also caused by cervical stenosis or narrowing of the cervix due to inherited malformation or damage or injury to the cervix. Sometimes the cervix failed to produce the best suited mucus to allow the sperm to transit through the cervix into the uterus.

1.3.6 Hyperprolactinemia: Contributes 7% of total female infertility cases. Women with hyperprolactinemia often have less or no ovulation resulting in infertility. They can also irregular menses. In some cases, women are lactating even when not pregnant.

1.4 Signs and Symptoms of Female Infertility

There are no specific symptoms. However, if you are unable to conceive for over one year of regular unprotected sexual intercourse (six months in case you are over 35 years of age), you should consider visiting a doctor.

If you are older than 40 years of age you should consult a doctor immediately.

Following signs, if observed, a woman should test for infertility.

- Irregular periods, or long menstrual cycles (35 days or more), or very short menstrual cycles (less than 21 days), or no menstrual periods
- Very painful periods
- Case of Endometriosis
- History of Pelvic Inflammatory Disease (PID)

- History of more than one miscarriage.

1.5 What are the Factors causing Risk of Infertility in Women?

Age is the single biggest factor affecting a woman's chance to get pregnant. Chances of infertility grow with the growing age. Data from National Survey of Family Growth shows this trend. Refer to the table given below.

Age of Women	Rate of Infertility
15 to 34 years	7.3% to 9.1%
35 to 39 years	25%
40 to 44 years	40%

Women's chances of getting pregnant significantly decreases after the age of 30 as the quality and quantity of a woman's eggs begin to decline with increasing age. After 40 there is a big drop in the curve of getting pregnant.

Some other factors too add to the risk of causing infertility.

- Smoking: Including both active and passive smoking. It speeds up the ageing process of female reproductive organs.
- Heavy alcohol consumption
- Stress in life
- Poor unhealthy diet
- Diabetes
- Too much athletic training
- Being significantly overweight or underweight
- History of certain Sexually Transmitted Diseases (STDs), particularly ones that have caused Pelvic Inflammatory Disease (PID)
- History of endometriosis (growth of uterine tissue outside the uterus)
- Diseases that cause changes in the hormones in a woman's body, such as problems related to thyroid or polycystic ovary syndrome (PCOS).
- Radiation treatment and/or chemotherapy for cancer.
- Tuberculosis

1.6 Investigations

1.6.1 History

- Duration of infertility
- Menstrual history including menses
- History of leucorrhea
- Sexual history including frequency/timings of sexual intercourse
- Family history to rule out genetic issues
- Obstetric history
- Medical history
- Surgical history
- Gynecological history to rule out any sexually transmitted infections
- Social history and lifestyle history to rule out alcohol, cigarettes, consumption of any illicit drugs, diet intake, exercise routine

1.6.2 Physical Examination

- Vital signs
- BMI (Body Mass Index)
- Breast Examination to rule out excess androgen
- Dermatological evaluation
- External genitalia examination
- Any abnormality in uterine and cervical anatomy

1.6.3 Assessment of Ovarian Function and Reserve

For most women a regular menstrual cycle with a normal flow along with molimina, are signs of good ovulation. Some of the measures commonly used to assess ovulation and fertility are given below.

- Ovulation predictor kit
- Endocrinological serum studies
- FSH and AMH levels test
- Thyroid function test
- Prolactin levels
- Glucose levels
- Lipid profile
- X-ray HSG
- Chromopertubation

1.6.4 Differential Diagnosis (DD)

As disorder, infertility is quite complex in nature. One or multiplex factors can be causes to the same. It is therefore highly important to conduct differential diagnosis to rule out a set of causes and confirm other set of causes.

1.7 Preventive measures in reducing the risk of infertility

1.7.1 Healthy eating habits

- Intake more whole grain products
- Intake fruits and vegetables regularly
- Avoid processed food, food with high cholesterol or saturated fats

1.7.2 Maintain healthy lifestyle

- Regular brisk walk, yoga, and cardio exercises
- Destress – take out time for leisure activities
- Take ample sleep
- Maintain healthy weight
- Avoid smoking, consumption of alcohol, intake of illicit drugs

1.8 Homeopathy and Female Infertility

Homeopathic medication has been effective in treatment of numerous cases of infertility. Treatment varies with each individual as factors causing infertility are different with each individual case. Case history and psychological factors are different in each case. Hence, in order to identify the most suitable constitutional homeopathic medicine, a detailed case analysis is required. The key to a successful homeopathic treatment is the selection of the right medicine or the Similimum, that suits the constitution of the patient.

- Homeopathic medicines for infertility are natural medicines that help by enhancing the patient's immunity to remove the root cause that is hindering the process of fertility
- Homeopathic medicines are non-toxic dilutions and there is no risk of side effects.

1.9 Some important homeopathic medicines for female infertility with their indications

1.9.1 Borax

For infertility in females due to acid vaginal discharges, Borax is one of the top homeopathic medicine. The vaginal discharges of Borax are acrid, copious and warm and kills the sperms. It is an effective remedy when conception is troublesome after D & C.

1.9.2 Aletris Ferinosa

Aletris Ferinosa is effective when the main symptom is

early and copious menses with infertility. Leucorrhoea, anaemia, and fatigue may also persist with menorrhagia. Aletris Farinosa is also prescribed where a tendency for frequent abortions is observed in women.

1.9.3 Pulsatilla

Pulsatilla is among the most effective homeopathic medicines for infertility in women. The most prominent indications are Oligomenorrhoea i.e. short and scanty menses and menstrual irregularities since menarche. Pulsatilla is effective for infertility caused due to PCOS.

1.9.4 Sepia

Sepia is prescribed for infertility in women where the menses are short and scanty. A prominent symptom of bearing down sensation in uterus is present. Aversion to sex is observed. The vagina is excessively dry.

1.9.5 Folliculinum

Folliculinum is prescribed as drainage remedy, to stimulate ovulation.

2. Case Report

2.1 Case overview

Patient is a woman, age 34 years. The patient approached my clinic (Elixir Homeopathy, Gurgaon) for treatment of infertility on date 15th January 2017 She opted for tele-consultation for the treatment. Patient got married in 2015, at the age of 32 years

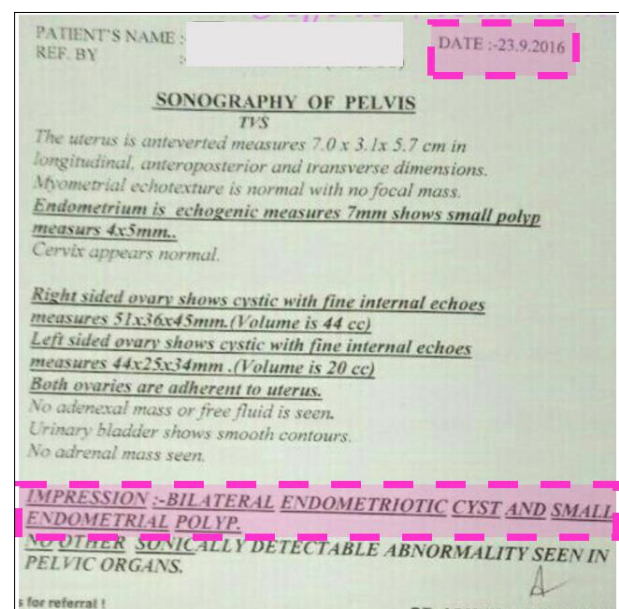
Major problems associated with the case:

- It was a case of Primary Infertility
- Grade 2 endometriosis
- Bilateral Endometrial Cysts
- Bilateral fimbrial block
- She had already undergone one unsuccessful attempt of IVF

2.2 Test Reports

2.2.1 Sonography of Pelvis

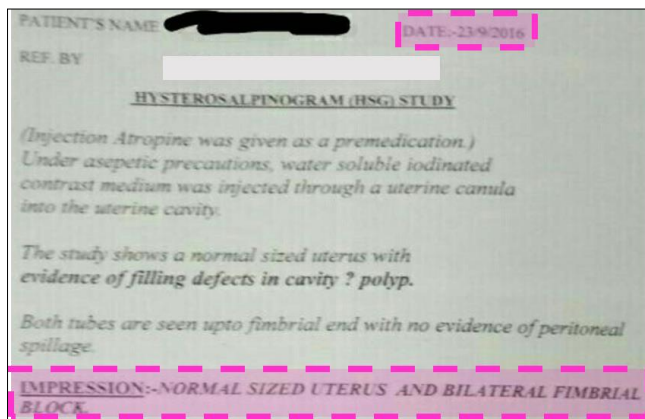
Sonography of pelvis shows Bilateral Endometrial Cyst And small endometrial Polyp (4x5mm). Refer to Picture-1 below.



Picture 1: Sonography of Pelvis

2.2.2 HSG Study

HSG Study shows – a. normal sized uterus, and b. Bilateral Fimbrial Block. Refer to Picture-2 below.



Picture 2: HSG Study

2.3 Homeopathic generalities

2.3.1 Presenting complaints

- Worried and depressed as not able to conceive
- Menorrhagia, for last 2 years
- Menses
 - Regular, profuse flow, lasting for 7 to 8 days
 - Character: Bright red, membranous, no offensive smell
 - 6 to 8 pads for first 5 days then flow decreases from 6th day onwards
 - No pain before or after menses
- Weakness and exhaustion during menses. She is unable to do her daily chores
- LMP: 06/Jan/2017
- Leucorrhoea (abnormal white discharge) for last 2 years
 - Very acrid, midcycle, lasts for 3 to 4 days
 - White, egg-like, irritating, causing holes in pantyliners and panties
 - Pain during discharge specially at right iliac region
 - Itching at genitals
- Hot flushes for last 1 year
- For last 9 months developed ravenous appetite, always feels hungry

2.3.2 Past History

- Had suffered from episode of painful boils immediately after the marriage.
- Dysuria after four months of marriage.
- IVF: One unsuccessful attempt

2.3.3 Family History

- Mother: Died due to chronic renal failure when she was of age 36 years.
- Father: Hypertension, schizophrenia.
- Brother: Psoriasis
- Sister: Suffered from depression in her teenage now she is absolutely normal

2.3.4 Physical generalities

- Patient is very lean and thin. BMI 16.2 (Height:153 cm and weight 38 kgs)
- Thirst: Increased, 15 to 20 glasses per day. Likes to drink cold water.
- Desire: Cold drinks, sweets and non-vegetarian food.

- Aversion: Nothing found
- Disagree: Spicy food
- Appetite: Increased.
- Perspiration: Profuse, all over body. No offensive smell. No staining.
- Stool: NAD
- Urine: NAD
- Sleep: Sleepiness all day. No feeling of freshness even in the mornings.
- Dreams: of eating.
- Skin, hair, nail : NAD
- All her blood parameters were normal

2.3.5 Gynecological and obstetrical History

- Menses
 - Regular, profuse flow, lasting for 7 to 8 days
 - Character: Bright red, membranous, no offensive smell
 - 6 to 8 pads for first 5 days then flow decreases from 6th day onwards
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 - White, egg-like, irritating, causing holes in pantyliners and panties
 - Pain during discharge specially at right iliac region
 - Itching at genitals
- Obstetrical History : NIL

2.3.6 Mental generalities

- Dejected ^[4] feeling because of infertility
- Marked restlessness
- Absent minded. Always in her imaginary world.
- Very average in studies
- Victim of frequent bullying by peers during childhood. Not being able to great at scoring high grades made her feel useless
- Tendency to cry alone
- Aversion to company

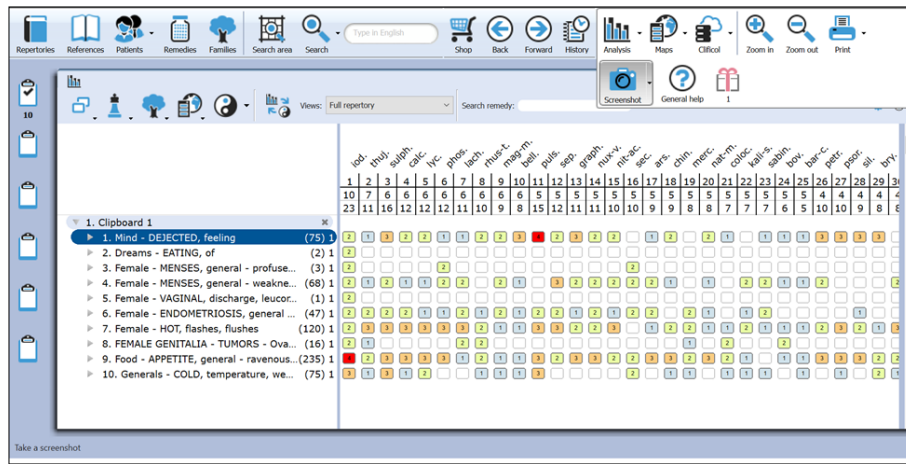
Some psychological aspects worth noting are

- Patients had to undergo mental trauma of her mother's death at a very early age. Patient was 13 years old then.
- Dominating father, added to her mental trauma. Could not pursue higher studies due to financial problems. She had to settle for a job quite early in life.
- Patient used to fantasy about her marriage but in reality, had to deal with many difficulties

2.4 Repertorisation

Repertorisation done on basis of totality of symptoms

- Dejected feeling
- Dreams: eating of
- Menses, profuse with weakness and exhaustion
- Leucorrhoea, acrid with itching and causing holes in her panties.
- Endometriosis
- Tumors, ovaries
- Hot flushes
- Ravenous appetite
- Cold weather (cold in general) ameliorates



Picture 3: Repertorisation Chart

Refer to repertorisation chart in Picture-3 above. Repertorisation [5, 6] was carried after a comprehensive case taking session. The prominent symptoms mentioned above in this article are used for the repertorisation. Tools used for the same are RADAR OPUS and repertories used are Kent Repertory and Murphy Repertory. The medicine covering all symptoms and carrying highest mark was Iodium.

Also, Patient physical constitution also favors Iodium [7, 8, 9, 10]. (Patient is very lean and thin, Hot thermally) Iodium has a refugee [11] like state of mind. Iodium people feels that they are not getting loved While case-taking sessions, patient did not mention the exact word ‘refugee’. However,

the feelings were refugee-like.

First prescription and its basis

Iodium 200 was prescribed on 16th January 2017 after repertorisation, considering its totality and chronicity of case. After that medicine was repeated or placebo as given as per symptoms.

2.5 Results and Discussions

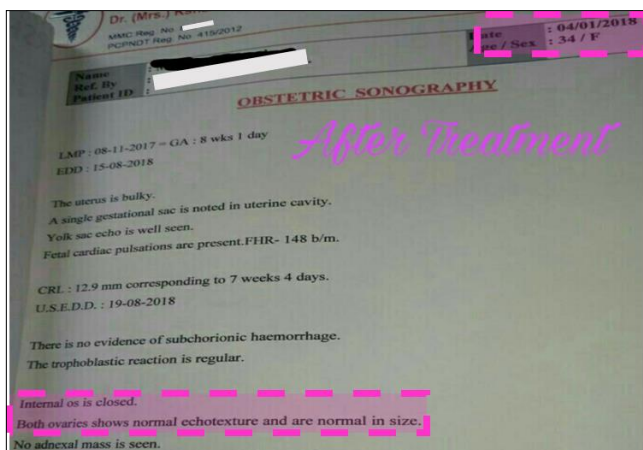
Table-1 below exhibits timeline and case follow-up in detail. It captures various changes and reappearances of historical suppressions according to Hering’s law of cure [12]. Mitigation was planned depending upon case progress.

Table 1: Timeline and case follow-up

Date	Symptoms / Follow-up	Prescribed medicine	Comments
16/01/2017	Baseline	Iodium 200 SD*	*SD – Single Dose
20/01/2017	<ul style="list-style-type: none"> Complaints of dysuria. Old symptoms [8]. Old symptoms of cystitis reappeared 	SL 200 SD	Good Prognosis [13]
15/02/2017	<ul style="list-style-type: none"> LMP 07/02/2017 Status quo 	Iodium 200 SD	
16/03/2017	<ul style="list-style-type: none"> LMP 07/03/2017 Itching at genitals reduced to remarkable proportions Menstrual flow slightly reduced Restlessness reduced No changes in pain at right iliac region 	SL 200 SD	Itching at genitals is reduced that means the acrid character of leucorrhoea is reduced.
15/04/2017	<ul style="list-style-type: none"> LMP 10/04/2017 Menstrual flow reduced a lot Leucorrhoea reduced remarkably Pain at right iliac region subsided Hot flashes decreased Appetite and thirst came down slightly Sleepiness decreased 	SL 200 SD	Did not repeat Iodium as patient showed improvement.
17/05/2017	<ul style="list-style-type: none"> LMP 10/05/2017 Restlessness increased again No significant changes otherwise 	Iodium 1M SD	Increased the potency to 1M as case came to a stand still.
15/06/2017	<ul style="list-style-type: none"> LMP 8/06/2017 Menstrual flow is back to normalcy Menstrual cycle reduced to 5 days Leucorrhoea - negligible discharge No itching at genitals Hot flashes remarkably reduced Thirst and appetite back to normal 	SL 200 SD	
16/07/2017	<ul style="list-style-type: none"> LMP 12/07/2017 Physical symptoms same as last follow up Restlessness is reduced remarkably Now patient started socializing 	SL 200 SD	
18/08/2017	<ul style="list-style-type: none"> LMP 14/08/2017 Menstrual flow normal 	Iodium 1M SD	

	<ul style="list-style-type: none"> ▪ No leucorrhea ▪ No weakness or exhaustion during menses ▪ Restlessness is reduced in general but experienced two instances of increased restlessness 		
25/08/2017	<ul style="list-style-type: none"> ▪ Boils – an old symptom, reappeared on her right thigh ▪ Last episode of boils was suffered 2 years back 	SL 200 SD	Recommended not to apply external medication, in order to allow the old suppression, drain out.
17/09/2017	<ul style="list-style-type: none"> ▪ LMP 12/09/2017 ▪ Largely status quo ▪ Reappeared boils were healed completely 	SL 200 SD	
17/10/2017	<ul style="list-style-type: none"> ▪ LMP 08/10/2017 ▪ Not much improvement from the last status 	Iodium 1M SD	
17/11/2017	<ul style="list-style-type: none"> ▪ LMP 08/11/2017 ▪ Menstrual flow normal ▪ No leucorrhea ▪ No pain in right iliac region ▪ Thirst and appetite normal ▪ Patient feeling hopeful ▪ No tiredness 	SL 200 SD	
12/12/2017	<ul style="list-style-type: none"> ▪ Patient informed missed periods 		Wait and watch for one week. Recommended UPT.
16/12/2017	<ul style="list-style-type: none"> ▪ UPT positive 		

Basis the case symptoms, history and repertorisation; Iodium was derived as the best suited constitutional remedy. Follow-up showcased gradual improvement in some of the symptoms, along with reappearance of old suppressions. Further dosage was recommended according to the progress observed during follow-up. After over eleven months all the required symptoms were seen to be back to normalcy. Patient was recommended a UPT Test. The result was positive. At this point the medication was stopped. A sonography was recommended to confirm a normal pregnancy. Picture-4 below is copy of sonography. It confirmed normal pregnancy. In fact, showed normal ovaries. On 13th August 2018, the patient gave birth to a beautiful baby girl.



Picture 4: Obstetric sonography

3. Conclusion

Patient is an evident case of primary infertility along with grade-2 endometriosis, bilateral endometrial cysts, and bilateral fimbrial block. After a comprehensive case taking and repertorisation, Iodium was prescribed. Potency was calibrated as per the requirement. Patients symptoms disappeared gradually. Old symptoms reappeared and subsided, intermittently. It is evident from this case that Iodium is an effective remedy for treatment of cases involving primary infertility, endometriosis, endometrial cysts and bilateral fimbrial blocks. Further research is

pertinent in establishing efficacy of Iodium in such cases.

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