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A brief overview of female infertility, highlighting the rubrics and differentiating the remedies in the homoeopathic medical repertory

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Abstract

Infertility affects women all over the world, and the societal and cultural stereotype associated with it varies. Female infertility is on the rise, as is the use of Homoeopathic system to share the greatest burden of treating infertility and offers a challenge to the dominant position of traditional therapies, which poses great expenditure, surgical procedures, hormonal therapies along with complications and side effects. Homoeopathy, from a holistic perspectives, adjusts and harmonize the state of the female body to achieve a better therapeutic effect, and has become more popular among infertile women. This medical condition affects both the patient and his or her partner as a couple. Although male infertility is a crucial component of any infertility discussion, this article will concentrate on the management of female infertility. A reportorial approach through the eyes of Homoeopathic Medical Repertory is being highlighted in this article.

Keywords: Female infertility, homoeopathy, murphy repertory

Introduction

Infertility is a disorder of the reproductive system defined by the inability of a couple to conceive after adequate, regular (3-4 times per week), unprotected sexual activity for an average of one year or more, when there is no other reason such as breastfeeding or postpartum amenorrhoea. Fertility declines with age. Female fertility spikes between the ages of 18 and 24, starts to decline after the age of 27 and drops rather more rapidly after the age of 35^[1]. India is a country with a wide diversity. There is diversity in customs, traditions, quality of living, accessibility to health-care systems, and also climatic conditions. Due to these factors, infertility rate varies widely not only among various states but also across tribe and castes within the same regions of India^[2].

Types

Infertility can be primary or secondary. Primary infertility occurs when a person has never had a pregnancy, whereas secondary infertility occurs when at least one prior pregnancy has been achieved^[2].

Etiology

- **Ovulatory dysfunction:** Primary hypothalamic pituitary dysfunction (due to intense exercise, eating disorders, stress, Sheehan's syndrome, Pituitary adenoma or other pituitary tumors etc.)
- **Hormonal imbalance:** Polycystic ovary syndrome, Hyperthyroidism or hypothyroidism, Hyperprolactinemia, Hormone-producing tumors (adrenal, ovarian), Cushing's disease, Congenital adrenal hyperplasia, due to autoimmune, genetic, surgical, idiopathic, or related to drugs and radiation.
- **Fallopian tube abnormalities:** Proximal tubal blockage results from plugs of mucus and amorphous debris or spasm of the uterotubal ostium. Distal tubal obstruction leads to hydrosalpinges which in turn causes obstruction to sperm migration, retrograde flow of tubal contents into the endometrial cavity and creates a hostile environment to implantation of an embryo.
- **Pelvic adhesions:** Pelvic inflammatory disease caused by pathogens such as chlamydial or gonorrhea, endometriosis, pelvic tuberculosis etc.

- **Uterine causes:** Uterine fibroids - Intramural, submucosal, subserosal and pedunculated fibroids; uterine anomalies - Mullerian aplasia, septate uterus, endometrial polyps, synechiae from prior pregnancy-related curettage [3].
- **Endometriosis:** Causing pelvic anatomic distortion through pelvic adhesions, disrupts and impairs oocyte release, alters sperm motility, causes disordered myometrial contractions, as well as impair fertilization and embryo [4].
- **Cervical Factors:** Congenital malformations and injury to the cervix results in stenosis and inability of the cervix to produce normal mucus, presence of antisperm antibodies thereby impairing fertility.
- **Genetic factors:** Turners syndrome, Down syndrome, Spinal muscular dystrophy, Canavan disease, Kallmann syndrome [3].

Clinical Depiction

Changes in the menstrual cycle, ovulation and hormonal function are considered as the major clinical presentations and these include amenorrhoea, menorrhagia, metrorrhagia, irregular periods, spotting between periods, facial hair, acne, male pattern body hair or hair loss, weight gain, mood changes etc. The chances of no prominent clinical presentations are also seen in a vast majority of cases.

Diagnostic Evaluation

Clinical evaluation is primarily accomplished through detailed history taking and physical examination. Urinary

luteinizing hormone determination and mid-luteal phase serum progesterone level are used to evaluate ovulatory function. Ovarian reserve is assessed through anti-mullerian hormone test, estimation of day 3 FSH (Follicle Stimulating Hormone) and estradiol levels, clomiphene citrate challenge test (CCCT), antral follicle count etc. Uterine examinations include saline infusion sonohysterography, three-dimensional sonography, hysterosalpingography (HSG), and hysteroscopy. Pelvic pathologies evaluated through Laparoscopic findings [5].

Homoeopathic Medical Repertory

Homoeopathic Medical Repertory by Robin Murphy represents the clinical and experimental database for the practice of Homoeopathic medicine. Murphy’s concept of totality embraces the principles of Kent’s generals, Boenninghausen’s complete symptoms, Boger’s pathological generals & other stalwarts clinical principles of prescribing. The formatting for the Homoeopathic Medical Repertory is similar to Kent’s Repertory with the strongest remedies designated in Bold Capitals (3 points), bold italics (2 points) & plain type (1 point) [6].

The purpose of using the Murphy's repertory is that this repertory is based on clinical and the classical approach and gives importance for clinical diagnosis.

Rubrics Hunting [6, 7, 8, 9, 10, 11, 12].

Constitutions - WOMEN, general - infertility, uterine troubles: (4) bor. *Calc. Nat-m. sep.*

Borax veneta	Calcarea carbonicum	Natrum muriaticum	Sepia
Women with anxiety, fidgetiness sensitiveness, dread of downward motion with fear and apprehension on nervous excitement. Acrid leucorrhoea and membranous dysmenorrhoea are the cause of sterility.	Women who are weak sexually with general relaxation and weakness, in whom any indulgence is followed by weak back, sweating, so that they are compelled to abstain due to the sufferings. So tired, so relaxed, wholly unfit for reproduction.	Anaemic women with dry mouth, dry skin, dry vagina. Slight hemorrhage from uterus between periods. Chlorotic girls with greasy skin, a greenish yellowish complexion who menstruate only once in two or three months. Hysterical girls.	Suited to tall slim women with narrow pelvis, indicating hips of women like that of a well built man, narrow, straight from the shoulders all the way down, not built for child bearing. She cannot perform the functions of women without becoming relaxed in the pelvic organs and tissues.

Female Infertility: (52) dam. dulc. *Eup-pur. Ferr. Ferr-p. Fil. form Goss. Graph helon .Hyos. lod. Kali-br. kali-c. Kreos. Lach. leppa lec. lil-t. mang. Med. Merc. mill .mit. NAT-C. NAT-M. nat-p. Nux-m. nux-v. Orig. Ov. Phos.*

phyt. pituin. *Plat. plb Puls. Ruta. Sabal. Sabin. sec. Senec. SEP. Sil. Sul-ac. Sulph. Syph. ther. vib. wies. x-ray Zinc. - profuse, menstrual flow, from: (7) Calc. merc. mill Nat-mn. phos. sul-ac. Sulph.*

Calcarea carbonicum	Mercurius solubilis	Millefolium	Natrum muriaticum
Menses appears before time. Increased sexual desire, easy conception. Least excitement causes menses to return. Much sweat about external genitals. Uterine polyp.	Inflammatory swelling in vagina with a raw and excoriated sensation. Uterine prolapse into vagina, better after coitus. Inflammation of ovaries and uterus.	Hemorrhage from uterus from too violent exertions. Tendency to miscarriage. Prone to epileptic attacks. Varicose veins, enlarged veins in the uterus with severe pain. Irregular menses.	Irregular menses. Coition painful from dryness of vagina with burning, smarting pains. Loss of sexual desire. Prolapsus uteri with cutting pain in urethra. Abundant discharge of transparent, white and thick mucus from vagina. Debilitating acrid leucorrhoea instead of menses. White leucorrhoea turns green gradually.

Phosphorus	Sulphuric acid	Sulphur
Vagina numb during coition inspite of sexual excitement. Aversion to coitus. Slight hemorrhage from uterus between periods. Profuse corrosive leucorrhoea instead of menses.	Strong desire for coition from irritation of external genital organs. Sanguinous mucus discharge from vagina. Prolapse of vagina. Acrid burning milk like leucorrhoea.	Burning, itching and soreness of vulva and vagina, is scarcely able to keep still. Metritis, dropsy of uterus. Weak feeling in genitals. Sore feeling in vagina during an embrace, coition. Imperfect development of genital organs.

- sexual desire, excesses, with: (5) cann-i. *Kali-br. Orig. Phos. Plat.*

Cannabis indica	Kalium bromatum	Origanum majorana	Phosphorus	Platina
Sexual desire increased with dysmenorrhoea. All impressions are exaggerated.	Ovarian neuralgia with great nervous uneasiness from ungratified sexual desire. Aversion to sex.	Increased sexual excitement leading to onanism and scarcely a day passes without indulgence. Erotomania with inclination to suicide in young girls.	Nymphomania. Aversion to coitus. Sterility from excessive voluptuousness. Vagina numb during coition inspite of sexual excitement.	Unnatural increased sexual desire with painful sensibility and voluptuous tingling from genitals into abdomen.

- without: (3) agn. nat-m. sep.

Agnus castus	Natrum muriaticum	Sepia
Abhorrence of sexual intercourse. Sexual thrill absent from excessive masturbation. Relaxation of genitals with leucorrhoea.	Aversion to coition, which is painful from dryness of vagina. Burning, smarting in vagina during coition.	Aversion to opposite sex either due to excessive indulgence or due to irritability as a result of low sex drive. Aversion to coition as it is painful from dryness of vagina after which bleeding follows. Bearing down sensation.

- sycotic:(2)med. thuj

Medorrhinum	Thuja occidentalis
Leucorrhoea acrid excoriating with fishy odour. Sycotic warts on genitals. Uterus sensitive and ulcerated. Great sexual desire after menses. Left side ovarian pain.	Leucorrhoea profuse thick and greenish. Vagina very sensitive, itching preventing coition. Warty sycotic excrescences, moist bleeding and offensive on vulva and perineum. Left side ovarian pain. Recurrent abortions.

- vagina discharge, with: (3) caul. Kreos. Nat-c.

Culophyllum thalictroides	Kreosotum	Natrum carb
Leucorrhoea profuse, acrid, very weakening in little girls. Leucorrhoea with moth spots in forehead.	Leucorrhoea yellow, acrid, with odour of green corn along great weakness in legs. Leucorrhoea worse between periods.	Relaxation of sphincter vaginae causes seminal fluid to gush out after ejaculation by male (non retention of sperms). Leucorrhoea thick, yellow, offensive, ropy preceded by colic.

- weakness, from: (3)caul. merc. sil.

Caulophyllum thalictroides	Mercurius solubilis	Silicea terra
Leucorrhoea profuse, acrid, very weakening with heavy eyelids and forcing down pain in little girls.	Leucorrhoea is purulent, and corrosive in small girls causing prostration. Collapse and fainting at start of menses.	Prostrated condition of the sexual function, with sensation as if the organs were tired out and unable to perform their functions causing sterility. Women who are so weak they tend to abort or in whom no conception takes place.

- Female - Menses, general -frequent, too early, too soon- infertility, in: (2) *Canth. Sulph.*

Cantharis vesicatoria	Sulphur
Catamenia premature, copious with black blood. Constant discharge from uterus. Leucorrhoea with sexual excitement causing itching and masturbation. Nymphomania.	Menses premature, too profuse with thick acrid blood making the parts. Itching of vulva with pimples all around. Burning, itching and soreness of vulva and vagina. Sore feeling in vagina during an embrace and coition.

- Mind - Depression, sadness - infertility, from: (2) aur. nat-m.

Aurum metallicum	Natrum muriaticum
Syphilitic sterility. Women with high goals in their life easily went into depression and suicidal due to infertility. Menses late, scanty. Constant oozing from vulva. Vaginismus.	Sadness due to infertility. Consolation aggravates. Hysterical girls. Averse to coition. Coition painful from dryness of vagina with burning, smarting pains. Abundant discharge of transparent, white and thick mucus from vagina.

Single Remedy Rubrics

- Female - Bleeding, uterus, metrorrhagia - infertile, women: *Argentum nitricum*
- Breasts - Atrophy, breasts - ovaries with infertility: *Iodum*.
- Female - Infertility - non retention of semen, from: *Natrum carbonicum*.
- Female - Infertility - ovarian atony, from : *Eupatorium purpureum*
- Female - Infertility - profuse, menstrual flow, from- and too early: *Sulphur*
- Female - Infertility - profuse, menstrual flow, from- and too early or too late: *Phosphorus*.
- Female – Infertility - vagina discharge, with- acid, from: *Natrum phosphoricum*.
- Female - Menses, general - scanty -infertility, in: *Cantharis*.

- Female - Sexual, desire - increased - infertile women, in: *Cannabis indica*.
- Pregnancy - Miscarriage, general, spontaneous abortion - tendency, to miscarriage - frequent and early, ovum expelled at every menstrual period causing infertility: *Viburnum opulus*.

Conclusion

Homoeopathy has a great scope in treating infertility. As Homoeopathy is a holistic medicine, it gives importance to patient's spiritual, emotional, mental and physical factors and dives straight to the root of the problem. Homoeopathy works by improving ovulation cycles, rectifying hormonal, removing negative thoughts process that may affect fertility and curing the side effects of conventional therapy.

By this work I have given a brief introduction on female infertility, its etiology, clinical depiction, diagnostic features

and the utility of Homoeopathic medical repertory by exploring the rubrics and highlighting the differentiating points of the related remedies.

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