

International Journal of <u>Homoeopathic Scienc</u>es

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com

IJHS 2022; 6(3): 169-171 Received: 02-06-2022 Accepted: 07-07-2022

Dr. Ashok Yadav

Head of Department,
Department of Practice of
Medicine, Dr. M.P.K.
Homoeopathic Medical
College, Hospital & Research
Centre, Homoeopathy
University, Jaipur, Rajasthan,
India

Dr. Dharmendra Kumar Saini

MD scholar, Department of Practice of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan, India

Dr. Pawan Choudhary

MD scholar, Department of Practice of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan, India

Dr. Sakshi Sharma

MD scholar, Department of Practice of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan, India

Dr. Rekha Sharma

MD scholar, Department of Practice of Medicine, Dr. MPK Homoeopathic Medical College Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan, India

Corresponding Author: Dr. Ashok Yadav

Head of Department,
Department of Practice of
Medicine, Dr. M.P.K.
Homoeopathic Medical
College, Hospital & Research
Centre, Homoeopathy
University, Jaipur, Rajasthan,
India

Infertility in female and its homoeopathic management

Dr. Ashok Yadav, Dr. Dharmendra Kumar Saini, Dr. Pawan Choudhary, Dr. Sakshi Sharma and Dr. Rekha Sharma

DOI: https://doi.org/10.33545/26164485.2022.v6.i3c.616

Abstract

Infertility is a clinical condition of a couple who is unable to conceive the child. Infertility in female is very often observed. Numerous Reproductive Technology has been carried out such as IVF, Surrogacy, Artificial insemination, etc. but common people cannot afford the cost of such procedures. Various homoeopathic medicines are effective in infertility cases and will even prevent the recurrent abortions and other obstruction causing infertility. In this regard the present review is aimed to know all the necessary information regarding the effective method for treatment and management of female infertility [1].

Keywords: Female infertility, homoeopathy

Introduction

Infertility is defined as apparent and undesired failure of a couple to conceive despite of 1 year of frequent, unprotected intercourse In the female reproductive system, infertility may be caused because of various disturbances of the ovaries, uterus, fallopian tubes, and the endocrine system, and others.

Type: Infertility is of 2 types: primary and secondary.

- 1. Primary infertility is when a female has never been able to achieve pregnancy.
- 2. Secondary infertility is when one prior pregnancy has been achieved but failed to conceive again.

In the female reproductive system infertility is cause by the following factors

- **Ovarian factors**: Inadequate luteal phase, polycystic ovarian syndrome, peri-ovarian adhesions, luteinized unruputred follicular syndrome, peritubal and intratubal adhesions.
- **Cervical factors:** cervical mucus called spinnbarkeit abnormalities, cervical infections.
- **Uterine factors**: Asherman's syndrome, pelvic tuberculosios, submucous and cervical fibroid, hypoplasia, malformations, incompetent os, dyschrony between glandular and stromal endometrium growth and unreceptive endometrium to ovarian hormones.
- **Tubal factors:** Salpingitis, Fimbrial occlusion, congenital isthmic-cornual occlusion, tubal adenomyosis.
- **Endocrine factors:** Pitutary gland dysfunction, Hyperprolactinaemia, Hypothalamic disorder, Insulin resistance, hyperandrogenism.
- Vaginismus and dyspareunia.

Infertility tests for women

A woman will undergo a general physical examination, and ask about her medical history, medications, menstruation cycle, and sexual habits.

- Blood test: This can assess hormone levels and whether a woman is ovulating.
- Hysterosalpingography: Fluid is injected into the woman's uterus and X-rays are taken to determine whether the fluid travels properly out of the uterus and into the fallopian tubes. If a blockage is present, surgery may be necessary.
- Laparoscopy: A thin, flexible tube with a camera at the end is inserted into the abdomen and pelvis, allowing a doctor to look at the fallopian tubes, uterus, and ovaries. This can reveal signs of endometriosis, scarring, blockages, and some irregularities of the uterus and fallopian tubes.

Other tests include

- Ovarian reserve testing, to find out how effective the eggs are after ovulation.
- Genetic testing, to see if a genetic abnormality is interfering with fertility.
- Pelvic ultrasound, to produce an image of the uterus, fallopian tubes, and ovaries.
- Chlamydia test, which may indicate the need for antibiotic treatment.

• Thyroid function test, as this may affect the hormonal balance [2].

Homeopathy management for female infertility

• **Fibroids and Polyps**: Fibroids are benign growth of the smooth muscles of the uterine cavity, and is an obstacle for the implantation of the fertilized egg by causing any obstruction, distortion of cavity, and altering the size of cervix and uterus, thus preventing pregnancy.

Bufo rana	Menorrhagia, metrorrhagia, thin yellow leucorrhea with epileptic attacks. Menses accompany with epilepsy. Affection of the mammary glands. Burning, ulceration with offensive discharges. Tumors and polypoid growth of uterus. Used as a palliative in carcinoma of breast.
Aurum muriaticum natronatum	Power over the uterine tumors with ulceration. Ossification of uterus.
Aurum iodatum	Myoma of uterus with ovarian cysts
Calendula officinalis	Warts on os with chronic endocervicitis. Hypertrophy of uterus with pain, fullness and menorrhagia. Prolapse of os.
Thuja occidentalis	. Affection of left ovary while walking or riding. Vaginitis and vaginismus. Excrescences of vulva. Leucorrhea is profuse, thick and green. Scanty and early menses with ovaritis. Pulsation, excessive sweating, headache and toothache before menses. Sycotic growth of uterine cavity and external genitalia with bleeding and offensiveness. Abortion at end of third month with bleeding some days prior to it accompanying with bearing down
Fraxinus Americana	Fibroids, subinvoluion, prolapse and enlarged womb with bearing down sensations. Cramps in feet more in afternoon and night. Organ- specific remedy.
Salix nigra	De Clerambault's syndrome, nymphomania, marked nervousness before and during menses. Menorrhagia with fibroid. Congestion of ovaries. Libid thoughts and lascivious dreams.
Helonias diocia	Weakness reflects a tendency and malpositions of uterus. Suppressed menses with congestion of kidneys. Woman suffering from atonicity indolence, luxury or those having hard work, tired and strained muscles. Too frequent and profuse menses. Itching of the genitalia. Miscarriage following backache. Albuminuria during pregnancy.
Lappa arctium	Uterine displacements. Soreness, bruised feeling of uterus. Relaxation of vagina with atonicity of pelvic contents. Aggravation from standing, walking and sudden jar.
Ignatia amara	Feminine sexual frigidity with too early, too profuse and may be scanty menses. Menses accompany with great languor and spasmodic pains. Grief cuses suppression.
Phosphorus	Metrorrhagia, menorrhagia, amenorrhea with vicarious menstruation. Too early, scanty but not too long menses. Abscess of mammary glands leads to fistulas with stitching pain, suppuration and offensive discharges. Polyp of uterus. Nymphomaniac. Corrosive, excess leucorrhea instead of menses.
Calcarea carbonica	Premature and too copious catamenia causing sterility. Easy displacement of uterus. Swollen and painful mammae, headache, colic and shivering before menses. Sexual desire increases with easy conception. Polypoid growth in uterus. Thick, milky or yellowish leucorrhea; worse during urination causing itching and burning. Sometimes deficiency and sometimes abundance of milk. Dysmenorrhea because pf mental excitement. Amenorrhea in plethoric women, fat and flabby girls. Excessive sweating around external genitalia.
Calcarea fluorica	Prolapse of uterus with bearing down and dragging pain in thighs. Hard knotty growth of breasts.
Thlaspi bursa pastoris	Uterine cancer, abortion, labor miscarriages and climacteric age with metrorrhagia. Every alternate menses is more profuse. Uterine inertia. Gestation is complicated with albuminuria. Aggravation from rising; causs pain in womb. Dark, offensive leucorrhea before and after menses and stains indelibly.
Trillium pendulum	Haemorrhage from uerine cavity. Threatened abortion with relaxation of pelvic organs. Excessive bleeding on least movement. Uterine fibroids causes haemorrhage. Sudden sanguinous lochia. Menorrhagia at climacteric at every two weeks. Varices during pregnancy. Antepartum and post-partum haemorrhages.
Ustilago maydis	Uterus become flabby. Hypertrophy of uterus with subinvolution. Cervix easily bleeds. Swelling, burning and painful ovaritis. Long stings of dark, clotted blood. Bleeding from lungs and bowels instead of menses. Abortion preceded with profuse haemorrhages.
Secale cornutum	Anemia, cachexia with passive hemorrhages. Flabby vessels having no action. Prolonged menses till next cycle with copious, dark, watery blood with colic. A remedy for threatened abortion at 3 rd month. Offensive brownish leucorrhea.
Viburnum opulus	Intrernal sexual organs are superconscious. Often used to prevent frequent and early miscarriages. Spasms and congestion of ovarian and uterine origin. Scanty, offensive menses lasting for few hours. Membranous and spasmodic type of dysmenorrhea. Radiating pain from back to loins and uterus, more in morning. Thick white streak, excoriating leucorrhea.
Cimicifuga racemosa	Irregular, coagulated, offensive, dark, profuse menses with dysmenorrhea of neurotic origin. Neuralgia irregular, coagulated, offensive, dark, profuse menses with dysmenorrhea of neurotic origin. Neuralgia of ovary due to inflammation or cysts. Radiating pain from hip to hip. Rheumatism, nervousness, sensitiveness in woman who have uterine or ovarian origin.
Caulophyllum thalictroides	Os is extraordinary rigid. Moth spots on forehead with acrid leucorrhea in little girls. Uterine debility causes habitual abortion. History of chorea, epilepsy or hysteria at commencement of,menses or at puberty.
Erigeron canadense	Profuse, bright, red, uterine hemorrhage with dysuria. Uterine prolapse. Metrorrhagia and menorrhagia. Leucorrhea with urinary complaints. Vicarious menses, and bleeding hemorrhoids in place of periods. Weak uterus causing abortion on slightest exertion.
Platinum metallicum	Hypersensitiveness and chilliness of female genitalia parts. Displacements of uterus with pruritus vulva and bearing down sensations. Nymphomania especially in virgins. Voluptuous tingling of internal and external parts. Miscarriages. Ovaritis.

	Lapis albus	Burning, stinging pain in carcinoma of uterus. Uterine fibroma with burning pain and profuse bleeding. Pain so severe
		during menses that she swoons preceding the flow.

• **Polycystic Ovarian Syndrome**: It is a endocrine, metabolic, heterogeneous and multisystem syndrome mostly characterized by obesity, menstrual disturbances, numerous cysts in ovaries, and other hormonal disturbance.

4 • 11•0•	Inflammation of ovaries mostly right-sided with soreness. Young girls suffers from suppressed menses
Apis mellifica	accompanying head and cerebral symptoms. Tumors of ovaries. Dropsy of ovary and labia. Metritis, ulceration and engorgement of os. Abortion in early months.
_	engorgement of os. Adortion in early months.
Baryta muriatica	Nymphomania. Pain as if bruised in pelvic cavity. Sterility, induration, overgrowth or atrophy of ovaries.
Colocynthis	Affections of the ovaries with boring pain, restlessness, small, round, cystic tumours. Tumours of broad ligament. Copious menses in women of sedentary life styles.
Borax veneta	Galactorrhea. Leucorrhea is characterized as a white of egg and warm appearing for two weeks between menses. Too early, profuse and painful menses. Membranous dysmenorrhea. Sterility. This remedy helps in easy conception.
Lilium tigrinum	Anteversion, prolapse, sub-involution and congestive condition of uterus. Ovarian pain. Moving cause menses to appear early, scanty dark, clotted and offensive. Urgent desire of stool with bearing down sensation as if all organs will prolapse. Increased sexual desire. Mostly suited to unmarried women.
Lachesis mutus	Induration, swelling and pain in left ovary. Works best when given at beginning and close of menstruation. Short, feeble and painful menses; relieved by flow.
Senecio aureus	Young girls suffering from functional amenorrhea with back pain, anemia and dysmenorrhea. Inflammation of throat, chest and bladder before menses. Premature, retarded, suppressed and profuse menses. Suppression of menses from venesection. Excessive flow of mucus from vagina.
Agnus castus	Agalactia. Loathing from sexual intercourse. Sterility with deficient menses. Genitals relaxation with yellow, transparent leucorrhea.
Folliculinum	Hypermenorrhea indicated in pre-menstrual syndrome. Weight gain without excessive eating, mostly before menses or during ovulation. Frequent ecchymosis, acne on the face and dry eczema worse during ovulation. Pre-menstrual pain in the right hypochondrium and seborrhea of the nostrils.
Secale cornutum	Anemia, cachexia with passive hemorrhages. Flabby vessels having no action. Prolonged menses till next cycle with copious, dark, watery blood with colic. A remedy for threatened abortion at 3 rd month. Offensive brownish leucorrhea.
Oophorinum	Climacteric sufferings of the women. Sufferings after oophorectomy. Cystic diseases of ovary. Acne accompanied by nervous symptoms and adiposity.
Palladium	Affects the right ovaries with pain and swelling. Chronic oophoritis, subacute pelvic peritonitis, prolapse of uterus with pain relieved after stool. Indicated in ovaian problem where the parenchyma of the gland is not destoyed.

Discussion and conclusion

Infertility is a major health issue for a couple, especially those who cannot afford expensive surgeries and medictions. Even when cases where all investigation are normal and still couple fail to conceive; in all such cases Homoeopathy has a definite role in providing cost – effective, safe and positive management of infertility. Individualised and constitutional homoeopathic medicine has a great role in cases of female infertility. It emerges as a promising alternative treatment for infertility in women.

References

- World Health Organization (WHO). International Classification of Diseases, 11th Revision (ICD-11) Geneva: WHO: 2018.
- Mascarenhas MN, Flaxman SR, Boerma T, et al. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys. PLoS Med 2012;9(12):e1001356. Doi: 10.1371/journal.pmed.1001356 [published Online First: 2012/12/29].
- 3. Boivin J, Bunting L, Collins JA, *et al.* International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. Human reproduction (Oxford, England) 2007;22(6):1506-12. Doi: 10.1093/humrep/dem046 [published Online First: 2007/03/23].
- Dutta DC. Textbook of Gynecology, New Control Book Agency, Private Limited Kolkata, 6th Edition; c2013.

- 5. Rutstein SO, Shah IH. Infecundity infertility and childlessness in developing countries. Geneva: World Health Organization; c2004.
- Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. Harrison's principles of internal medicine 19/E (ebook). 19th ed. McGraw-Hill Education/Medical. 2015;1(2).
- Boericke W. Boericke's new manual of Homoeopathic Materia Medica with Repertory. Third revised & augmented edition based on 9th ed. India: B. Jain Publishers; c2015.
- 8. Allen HC. Keynotes Rearranged and Classified with Leading Symptoms of Materia Medica with Bowel Nosodes, B Jain Publisher (p) Ltd.; c2015, p 568.
- 9. Pathak S. Materia Medica of homoeopathic Medicines. 2nd edition Noida: B. Jain Publishers; c1999.