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Homeopathic treatment for Female infertility

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ABSTRACT

In this review article the writer contends that homeopathy is best effective methodology in barrenness of female's Nowadays greater part of couples are deferring pregnancies for 1 to 2 years after marriage and subsequently when they are arranging pregnancy, around one fourth of them face issue in considering. Presently clinical field is a lot of cutting edge and bring to the table a ton in fruitlessness, similar to astute homeopathy is a most current framework which can fix the malady from the root, Homeopathy depends on side effect likeness and by sacred medication we can even treat barrenness of obscure etiology likewise, Here an endeavor is made to pass on the methodology of homeopathy in fruitlessness and its regular causes.

Keywords: Homoeopathy, mother, pregnant, ovulation, hormonal, constitutional

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Introduction

Homeopathy is a holistic medicine that cures diseases from the person as a whole. They can rectify deviations of the hormonal system and get them back to normalcy. The simple homeopathic procedure effectively and efficiently avoids complicated procedures that follow the common treatments of infertility. More specifically, the complete hormonal harmony greatly increases the chances of conception without the harmful side effects of medications, devices and invasive procedures. In scientific terms, infertility is defined as the inability to conceive despite having regular unprotected sex for one or more than one year. The cause for infertility can be either present in the male or female partner or a combination of the two. Problems with fertility seem to be becoming more common. Inability to become pregnant, recurrent miscarriage and babies born very prematurely all occur frequently nowadays.

Causes of female infertility

- Decreased ovarian reserve
- Ovulatory disorders (ovulatory factor)
- Tubal injury, blockage, or paratubal adhesions (including endometriosis with evidence of tubal or peritoneal adhesions)
- Cervical and immunologic factors
- Uterine factors
- Conditions such as immunologic aberrations, infections, and serious systemic illnesses
- Unexplained factors (including endometriosis with no evidence of tubal or peritoneal adhesion)
- Other Causes-Diabetes, Thyroid Problems, Obesity, Vigorous exercise, Poor nutrition, older age, Tumours or Cancer.

Symptoms:

The main symptom of infertility is the inability to get pregnant. A menstrual cycle that's too long (35 days or more), too short (less than 21 days), irregular or absent can mean that you're not

ovulating. There may be no other outward signs or symptoms.

When to seek help sometimes depends on your age:

- **Up to age 35**, most doctors recommend trying to get pregnant for at least a year before testing or treatment.
- **If you're between 35 and 40**, discuss your concerns with your doctor after six months of trying.
- **If you're older than 40**, your doctor may want to begin testing or treatment right away.

Ovulation disorders

Ovulation disorders, meaning you ovulate infrequently or not at all, account for infertility in about 1 in 4 infertile couples. Problems with the regulation of reproductive hormones by the hypothalamus or the pituitary gland, or problems in the ovary, can cause ovulation disorders.

- **Polycystic ovary syndrome (PCOS)**. PCOS causes a hormone imbalance, which affects ovulation. PCOS is associated with insulin resistance and obesity, abnormal hair growth on the face or body, and acne. It's the most common cause of female infertility.
- **Hypothalamic dysfunction**. Two hormones produced by the pituitary gland are responsible for stimulating ovulation each month — follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Excess physical or emotional stress, a very high or very low body weight, or a recent substantial weight gain or loss can disrupt production of these hormones and affect ovulation. Irregular or absent periods are the most common signs.
- **Premature ovarian failure**. Also called primary ovarian insufficiency, this disorder is usually caused by an autoimmune response or by premature loss of eggs from your ovary (possibly from genetics or chemotherapy). The ovary no longer

produces eggs, and it lowers estrogen production in women under the age of 40.

- **Too much prolactin.** The pituitary gland may cause excess production of prolactin (hyperprolactinemia), which reduces estrogen production and may cause infertility. Usually related to a pituitary gland problem, this can also be caused by medications you're taking for another disease.

Damage to fallopian tubes (tubal infertility)

Damaged or blocked fallopian tubes keep sperm from getting to the egg or block the passage of the fertilized egg into the uterus. Causes of fallopian tube damage or blockage can include:

- Pelvic inflammatory disease, an infection of the uterus and fallopian tubes due to chlamydia, gonorrhea or other sexually transmitted infections
- Previous surgery in the abdomen or pelvis, including surgery for ectopic pregnancy, in which a fertilized egg implants and develops in a fallopian tube instead of the uterus
- Pelvic tuberculosis, a major cause of tubal infertility worldwide, although uncommon in the United States

Endometriosis

Endometriosis occurs when tissue that normally grows in the uterus implants and grows in other locations. This extra tissue growth — and the surgical removal of it — can cause scarring, which may block fallopian tubes and keep an egg and sperm from uniting.

Endometriosis can also affect the lining of the uterus, disrupting implantation of the fertilized egg. The condition also seems to affect fertility in less-direct ways, such as damage to the sperm or egg.

Uterine or cervical causes

Several uterine or cervical causes can impact fertility by interfering with implantation or increasing the likelihood of a miscarriage:

- Benign polyps or tumors (fibroids or myomas) are common in the uterus. Some can block fallopian tubes or interfere with implantation, affecting fertility. However, many women who have fibroids or polyps do become pregnant.
- Endometriosis scarring or inflammation within the uterus can disrupt implantation.
- Uterine abnormalities present from birth, such as an abnormally shaped uterus, can cause problems becoming or remaining pregnant.
- Cervical stenosis, a narrowing of the cervix, can be caused by an inherited malformation or damage to the cervix.
- Sometimes the cervix can't produce the best type of mucus to allow the sperm to travel through the cervix into the uterus.

Prevention

For women thinking about getting pregnant soon or in the future, these tips may help optimize fertility:

- **Maintain a normal weight.** Overweight and underweight women are at increased risk of ovulation disorders. If you need to lose weight, exercise moderately. Strenuous, intense exercise of more than five hours a week has been associated with decreased ovulation.
- **Quit smoking.** Tobacco has multiple negative effects on fertility, not to mention your general health and the health of a fetus. If you smoke and are considering pregnancy, quit now.
- **Avoid alcohol.** Heavy alcohol use may lead to decreased fertility. And any alcohol use can affect the health of a developing fetus. If you're planning to become pregnant, avoid alcohol, and don't drink alcohol while you're pregnant.
- **Reduce stress.** Some studies have shown that couples experiencing psychological stress had poorer results with infertility treatment. If you can, find a way to reduce

stress in your life before trying to become pregnant.

- **Limit caffeine.** Research suggests that limiting caffeine intake to less than 200 milligrams a day shouldn't affect your ability to get pregnant. That's about one to two cups of 6 to 8 ounces of coffee per day.

Tests for Infertility

Your doctor may order several tests, including a blood test to check hormone levels and an endometrial biopsy to examine the lining of your uterus.

Hysterosalpingography (HSG). This procedure involves ultrasound or X-rays of your reproductive organs. A doctor injects either dye or saline and air into your cervix, which travel up through your fallopian tubes. With this method, your doctor can check to see if the tubes are blocked.

Laparoscopy. Your doctor puts a laparoscope -- a slender tube fitted with a tiny camera -- through a small cut near your belly button. This lets him view the outside of your uterus, ovaries, and fallopian tubes to check for abnormal growths. The doctor can also see if your fallopian tubes are blocked.

Luteinizing Hormone Monitoring: Documentation of the LH surge represents a remarkably reproducible method of predicting ovulation. Ovulation occurs 34 to 36 hours after the onset of the LH surge and about 10 to 12 hours after the LH peak Urine LH detection kits is also available and its accuracy is 90%.Ovulation usually occurs within 14-26 hours of detection of urine LH surge and almost within 48 hours. The test should be done on daily basis. It is to be started 2-3 days before the expected surge depending upon the cycle length. Serum LH measurements may be necessary for more accuracy.

Midluteal Serum Progesterone Elevations in serum levels of progesterone constitute indirect evidence of ovulation. A level above 3 ng/mL (10 nmol/L) typically confirms ovulation.

Serum estradiol Serum estradiol attains peak rise approximately 24 hours prior to LH surge and about 24-36 hours prior to ovulation.

Basal Body Temperature The least expensive method of confirming ovulation is for the patient to record her temperature each morning on a basal body temperature (BBT) chart.

Ultrasound Monitoring Ovulation can also be documented by monitoring the development of a dominant Follicle by ultrasound until ovulation takes place.

Postcoital Test Cervical factor is a cause of infertility in 5% of infertile couples. The PCT is designed to assess the quality of cervical mucus, the presence and number of motile sperm in the female reproductive tract after coitus, and the interaction between cervical mucus and sperm. It is to be performed just before ovulation because its proper interpretation requires the examination of cervical mucus at a time of sufficient estrogen exposure.

Homoeopathic Medicines:

Abroma Radix Q - Abroma radix is a good remedy for female infertility when irregular menstrual disorder occurs. Dysmenorrhea. The menstrual flow may be scanty or copious. Give 5 drops in water three times daily from the first day of menstrual flow for seven days, it will correct menstrual disorder and will bring on conception, if intercourse is performed after cessation of menses.

Borax - Borax is one of the top homoeopathic medicines for infertility in females due to acid vaginal discharges. These vaginal discharges are acrid, destructive and kill the sperms. It is prescribed when the vaginal discharge is like the white of an egg, acrid, copious and warm. In such cases, Borax favors easy conception. It is an effective remedy when conception is difficult after D & C.

Natrum Phos - Natrum Phos is another remedy for acid vaginal discharge which kill sperms. Natrum Phos.is indicated for infertility in women who have acrid, irritating, creamy, honey-

colored vaginal discharges. The discharge also smells sour.

Calcarea Carb - Calcarea carb. is an effective remedy for infertility in females due to too profuse or too prolonged periods. The periods also appear before time.

Aletris Farinosa Q- In Aletris farinosa, the main symptoms are early and copious menses with infertility. Leucorrhoea, anaemia, weakness, tiredness and fatigue may also persist with menorrhagia. Aletris Farinosa is also prescribed where a tendency for frequent abortions is person.

Pulsatilla Nig - Pulsatilla is one of the top homeopathic medicines for infertility in females with short, scanty menses. Pulsatilla is homeopathic medicine for infertility in women who have faced menstrual irregularities since their menarche. The menses always get delayed and never appear on the expected date. The menstrual discharge is also scanty and remains for a very short time. Pulsatilla also tops the list of homeopathic medicines for infertility in females suffering from PCOD.

Sepia - It is prescribed for infertility in females where the menses are short, scanty and suppressed. Along with this a prominent symptom of bearing down sensation in uterus may be present. Aversion to sex is also present. The vagina may be excessively dry with pain while intercourse. Irregular or absent ovulation, Low sex drive in men.

Agnus Castus - Agnus castus is an effective remedy for infertility in females with decreased sexual desire. Agnus Castus is used when aversion to sex is there. Excessive masturbation may be a cause behind this. The genitals are also relaxed with transparent vaginal discharges.

Aurum Met - Recommended when infertility is caused by depression, feelings of self-condemnation and worthlessness, Increased blood pressure, Uterus enlarged and prolapsed, Pain and swelling of testicles.

Natrum Carb. - Natrum carb. is the top remedy for infertility in females due to non-retention of

sperms. Offensive and irritating vaginal discharges may also be present. There is a strong bearing down feeling as if everything would come out. It is more by sitting and relieved by moving about. Profuse leucorrhoea of thick yellow mucus with putrid odor. Menses are late, scanty, like the meat of washing. Menses too early and is too profuse. Excessive sexual desire.

Staphysagria - It is one of the top remedy for female infertility when no specific cause is found. There is thick cervical mucous secretions which were detrimental to the sperms. Also due to spasm of the vagina, no sperm was going in to the vagina.

Acid Phos - It is a great remedy for primary sterility due to debilitated condition such as tuberculosis and diabetes. Menses are too early and too profuse, irregular The PH of vaginal secretion turn in to acidic form therefore sperm deposited there die soon. Indifferent and apathetic

Graphites - Another top remedy for sterility. It is suited to women who are fat but now emaciating. Chilly patient. Menses too late with constipation, pale, scanty, with tearing pain in epigastrium. Decided aversion to coition. Sterility difficult conception. Lady is sad and despondent, music makes her sad.

Natrum Muriaticum - Natrum mur. is another top remedy for female sterility. Women of dark hair and dark complexion having rigid muscle fibres. Menses too early and too profuse. Genital organs are highly sensitive. The lady will faint if coitus is attempted and cannot endure it. Craving for salt.

Gossypium - Gossypium is effective when the uterus is undeveloped or weak. There is scanty or delayed menses. Severe back pain and pain in the sacral region. Also there is uterine sub involution and fibroids with gastric pain and debility.

Phosphorus - Recommended when infertility is because of uterine polyps, when anxiety and stress contribute to infertility.

Folliulinum - Folliulinum is a given as drainage remedy, to stimulate ovulation.

Review:

Kalampokas et al. (2014) studied that the female infertility treated successfully with the use of homeopathic treatment in a large obstetrics-gynecology Hospital in Athens.

Masiello DJ Evrony DOA and Loike JD (2017) significant that the homeopathy to treat infertility a unique opportunity for assessing its effectiveness with an established outcome (i.e., pregnancy). With respect to treating infertile couples, the homeopathic physician also should try to provide a time line when the couple can expect to get pregnancy and what are the alternatives if pregnancy is not achieved.

Anita Lobo et al. (2018) suggested that the Homeopathy is effective in therapeutic management of female infertility. The well indicated constitutional remedy given on the basis of symptoms similarity has helped the infertile patients to conceive.

Suraia Parveen and Himadri Bhaumik (2018) explain that the *Silicea* and later switched to *Syphilinum*. She conceived normally after that and subsequently delivered a healthy baby at full term. This case shows the positive role of classical homeopathic treatment on subfertility.

Udachankar et al.(2018) shows that the Natrum-mur, (n=14), Natrum-carb (n=8), zincum-met (n=3), lycopodium (n=9), nux-vom, oopharinum, sepia (n=6), damiana-Q, (n=14), polygon-hydr, calc-carb, agnus-cactus, mag-carb, thuja each (n=1) in 30CH, 200CH, 1M potencies of homeo medicines are effective in the treatment of unexplained infertility.

Rahul Singh (2019) identified that the Homeopathy is a good alternative for the treatment of fibroid uterus. With homeopathy, we can also avoid the complications of uterine fibroids and restore the health of the reproductive women.

Sreevidhya(2019) explained that the Homeopathic medicines for infertility are natural medicines that help by raising the patient's

immunity to remove the obstruction that is hindering the process of fertility in a couple. Homeopathic medicines for infertility are non-toxic and carry no risk of side-effects. The key to a successful homeopathy treatment is the selection of the right medicine that suits your constitution and condition.

Conclusion:

Infertility is a major health issue challenging the global mass. Conventional medicine is not capable of treating all cases and many times despite the investigation being normal, the couple fail to conceive. In this scenario homeopathy has a definite successful role to play.

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