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Evidence-Based Homoeopathy in the Management of Primary Infertility: A Case Report

Running Title: A Case of Primary Infertility

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Abstract: ***Infertility is the most common disorder now a days. Infertility is often a silent struggle. Patients who are struggling to conceive report feelings of depression, anxiety, isolation, and loss of control. It is estimated that 1 in 8 couples (or 12% of married women) have trouble getting pregnant or sustaining a pregnancy. [7] Despite the prevalence of infertility, the majority of infertile women do not share their story with family or friends, thus increasing their psychological vulnerability. The inability to reproduce naturally can cause feelings of shame, guilt, and low self - esteem, distress, and a poor quality of life. It has been hypothesized since history that stress can hamper fertility. This raises one of the most compelling mind/body questions: does infertility cause stress or does stress cause infertility? The answer thus far is not clear; the relationship between stress and infertility may not have a clear cause and effect direction. So, it becomes very important issue to explore on this subject in order to improve the fertility problem of the population. This article will review the effect of mental condition on infertility with the help of case study.***

Keywords: Infertility, Primary infertility, Secondary infertility, Homoeopathic approach

1. Introduction

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. [1] Infertility affects millions of people of reproductive age worldwide and has an impact on their families and communities.

Types of infertility
Infertility can be primary or secondary - Primary infertility is when a pregnancy has never been achieved by a person and secondary infertility is when at least one prior pregnancy has been achieved.

Aetiology
It's a multi causative disorder.
Commonest Factors for female infertility are

a) Tubal disorder – such as blocked fallopian tube
b) Uterine disorder which could be inflammatory in nature (such as endometriosis), benign growth such as fibroids, congenital malformation such as septate uterus.
c) Disorder of the ovaries such as PCOS.
d) Various endocrine disorder such as pituitary cancer hypopituitarism.

Incidence
Estimates suggest that between 48 million couple and 186 million couple live with infertility globally. More than 1 million cases per year in India. India has a population of as many as 27.5 million infertile people including men and women according to the Indian society of assisted reproduction. The majority of the women belonged to 25 - 29 years of age group women was 8.9%. [2, 3] As per the WHO data the estimated prevalence of primary infertility among reproductive age group women in India is 11.8% ([4] and one in every four couple in developing countries is affected by infertility. [4]

2. Case Report

A female patient named as RM age 25 yrs. consulted for the primary infertility along with history of irregular menses since puberty, menses was delayed and scanty in quantity, stays for 4 days only. She also complaints of excessive discharge P/V which was sticky, milky and started before menses. On mental sphere she has a grief after the death of her father and brother in span of 6 months immediately after marriage. She also insecure about that her husband may leave her, fear of water, wants to be alone, weeping disposition when alone. On physical generals she has desire for cold drinks and sour foods.

Family History - Father - Renal stones, Diabetes, Heart Attack

Past History - Jaundice - 13 Years of age

Menstrual History - Character – Sticky, scanty, 4 days, irregular since puberty
Cycle / Duration - 28+20 Days/4 days
LMP - 6 December 2021

Obstetrics History – G0P0A0L0

Totality of Symptoms

- Fear of water
- Wants to be alone
- Weeping disposition when alone
- Desire for cold drinks, sour food
- Irregular menses
- Menses - Delayed, scanty, Irregular
- Excessive discharge P/V – sticky, milky, before menses

Evaluation of Symptoms

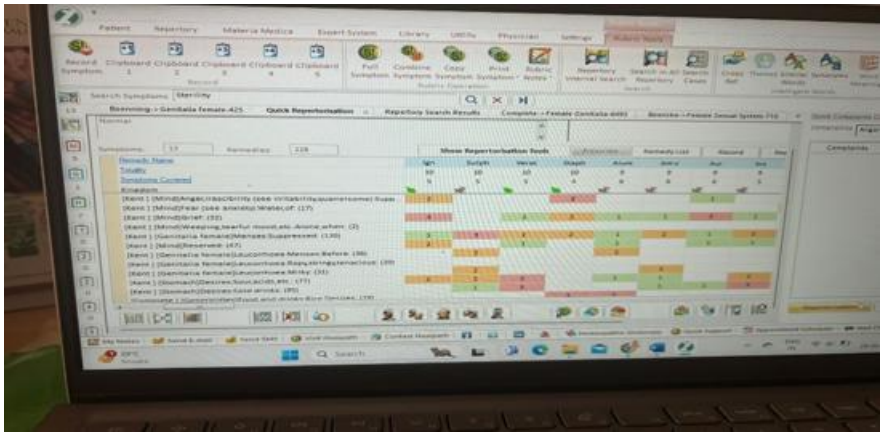
1) **Mental generals** - Weeping disposition when alone
- Fear of water

- Wants to be alone

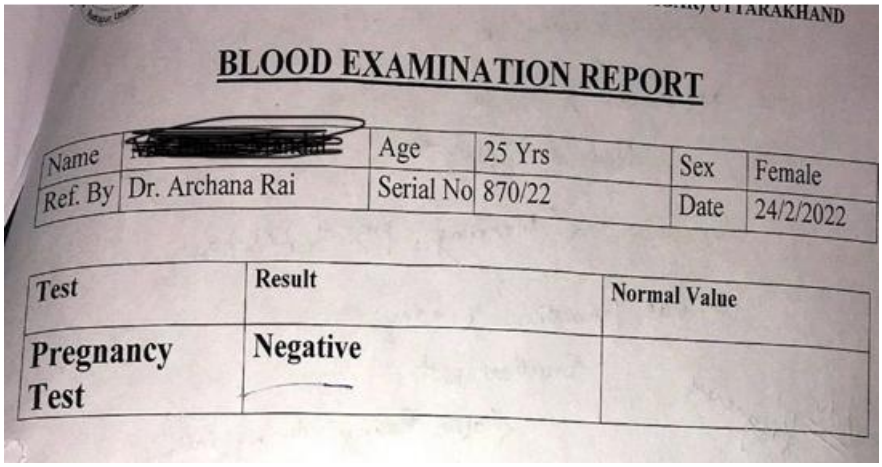
2) Physical generals
- Desire – sour, cold drinks
- Excessive discharge P/V - sticky, milky before menses

3) Particulars
- Infertility

Repertorial Analysis



Investigations - Before Treatment - 24/2/2022

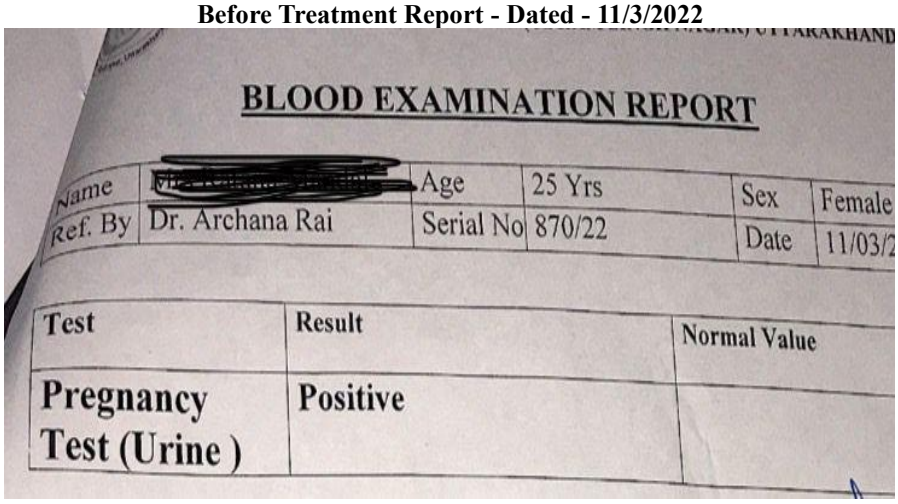


BLOOD EXAMINATION REPORT

Name	[redacted]	Age	25 Yrs	Sex	Female
Ref. By	Dr. Archana Rai	Serial No	870/22	Date	24/2/2022

Test	Result	Normal Value
Pregnancy Test	Negative	

Before Treatment Report - Dated - 11/3/2022



BLOOD EXAMINATION REPORT

Name	[redacted]	Age	25 Yrs	Sex	Female
Ref. By	Dr. Archana Rai	Serial No	870/22	Date	11/03/2

Test	Result	Normal Value
Pregnancy Test (Urine)	Positive	

Follow up

S. No	Date	Symptoms	Prescription
1.	19/1/2022	INFERTILITY - (PRIMARY INFERTILITY), Excessive discharge P/V – sticky, milky, before menses, desire for sour, cold drinks. Irregular menses - scanty, sticky LMP - 6 December 2021	Ignatia Amara 200 / 1 dose followed by saclac TDS for 15 days
2.	5/2/2022	Menses appeared in January 2022, LMP - 18/1/2022, Excessive discharge P/V - Same as before. Advice for thyroid profile, CBC	Saclac TDS for 15 days

3.	24/2/2022	Menses appeared – 18/1/22, menses not yet appeared in February as of now, excessive discharge P/V - Slight decrease in quantity, UPT - Negative (done on the spot – 24/2/2022 using pregnancy kit)	Ignatia Amara 1 M/ I dose followed by saclac TDS for 15 days
4.	11/3/2022	LMP - menses not yet appeared in march 2022, she also complaints of weakness, nausea feeling since 1week, excessive discharge P/V Decreased, adviced for UPT - done on the spot by pregnancy kit - It is observed Positive (dated - 11/3/2022)	Saclac TDS for 7 days

This case report followed homoeopathic guidelines for reporting the outcomes. The case was a confirmed case of primary infertility. Infertility affects the quality of life of patients and likewise mental status of the patients. Consequently, the patients with unhappy circumstances within family or with the partner also causes infertility in women of reproductive age group. In this case after giving constitutional homoeopathic medicine, she conceived naturally. Kalampora et al ([6]) presented a case series in the literature in which homoeopathic treatment showed successful result on female infertility patient. This case clearly revealed the effectiveness of individualised homoeopathic medicine in treatment of infertility.

3. Discussion

Following the guidelines of homoeopathic principles and repertorization Ignatia Amara 200 medicine was prescribed which do not cause much improvement in menstrual complaints I first month of treatment. Upon continuing with Saclac it causes slight improvement in excessive discharge p/v. Henceforth continued with same medication with increased dose. After increasing the dose, her physical generals and mental generals were slightly better and absence of menses was recorded which came to be positive in urine pregnancy test. (Reports are enclosed)

4. Conclusion

As we see increased number of cases of infertility in men and women owing to the stressful lifestyle and wrong dietary habit. Even though the modern science has many treatments module available to their discourse but it's not affordable to everyone and we need to explore other methods also that can help the people. So, in this scenario the positive results shown by above mentioned case report by homoeopathic medications shows the futuristic treatment method.

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