

For HMA journal: "Homeopathy International"

## INFERTILITY and HOMEOPATHY

Mankind has never devised a better tool for solving mysteries of the universe than science.

Now, question is - "What is Science?"

Science is derived from the Latin: *Scientia* means "knowledge".

Science is an enterprise that builds and organizes knowledge in the form of testable explanation and prediction.

**Homeopathy** is amongst one. However, Homeopathy is such a science which answers the unexplained health mysteries within its limitations, with the conditions related to Male and Female **INFERTILITY** with the help of Medically Qualified and experienced Homeopath.

**Infertility** its not a disease but it's a derangement- a condition where the couple is unable to conceive, where, many patient has already taken the help of ART=Assisted Reproductive Treatment, starting from simple medication to invasive expensive procedures, IVF, ICSI, PGD etc. which, sometime deranges the normal physiology to gross irreversible pathology leading to iatrogenic complications in most commonly affected medical problem in the reproductive age group between 20 to 45 years.

What is the principal of Homeopathy, according to Hahnemann?

*Hahnemann says:*

- *The highest ideal of cure is rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles.*
- *To treat the patient judiciously and rationally. To restore the sick to health by removing the abnormal pathology and restoring the normal physiology.*
- ✓ *He **must investigate** what is to be cured in disease and know what is to be curative in various medicines- without which physician can not be called the "True Practitioner of the Healing Art."*

So, we must investigate our patients of INFERTILITY to find out the causative factors, precipitating cause, maintaining cause, obstacles to the cure, abnormal pathology in patient to restore back to its normal physiology.

**Infertility** is medically defined as –"the inability to conceive after multiple sustained attempts of unprotected intercourse for at least 12 months."

Fertility in Men and Women is a complex process of the fusion of the gametes-(male and female) to produce a new organism or new life.

However, fertility tends to decrease with increasing age in both men and women due to social, biological, physical and psychological-mental, emotional and iatrogenic factors adversely impacting the child-bearing process or fertility. Here, I am presenting one interesting complicated case of Infertility with its advance evidence based Homeopathic management, in shortest possible time.

## CASE: 1. INFERTILITY WITH TUBAL BLOCK

Pt.'s name: **Mrs. K.N.Patel** Age: 28 years.

### Chief complains:

- ✓ Patient attended the clinic with a chief complain of "Secondary Infertility-Sub fertility"
- ✓ **Unable to conceive** after several years of various treatments from conventional to IVF.
- ✓ H/O: Heavy and painful menstrual Period with acne on face before and during menses.
- ✓ Breasts always painful and presence of discharge in mid cycle, since two-three years
- ✓ Severe Leg Cramps-patient can't stand for a while.
- ✓ **Leucorrhoea-White** and Yellow. With Itching of private parts and occasionally smelling.
- ✓ Falling of hair from scalp.
- ✓ Swelling on Face, feet and ankles.
- ✓ Dyspnoea on exertion.
- ✓ **Abnormal craving for raw rice-uncooked rice and sweets.** Voluptuous Grinding of teeth.
- ✓ Recurrent Cystitis. Burning urination was made her to scream before urination.
- ✓ Pain in LIF. Tenderness:+++
- ✓ No sexual desire-because of pain and tenderness in LIF , Painful Breasts and Depression
- ✓ Strongly longing for the heir. Obstinate and argumentative for IVF Treatment with husband.
- ✓ Became slow and sluggish with severe mental and financial shock with *unsuccessful* IVF.
- ✓ Weeping –due to unsuccessful IVF made her to think that-she will not be able conceive.
- ✓ Like company and seeking assurance.
- ✓ Remembers long hurts by others and so the couple separated from the joint family.

**Constitution:** *Hydrogenoid*- Fair, Fat Flabby with moon face.

: Tendency to retain water was being developed after Fertility treatment.

**Miasm:** *Psora* and *Syphilis*.

**Diathesis:** *Leuco-phlegmatic*

**Thermal Reaction:** Very Chilly.

**Susceptibility:** Hypersensitive to every change of atmosphere, family circumstances,

**Allergic Reaction:** Too many things, developing urticarial rashes, randomly.

### Family History:

- Grandmother; Hypertensive
- Father: Hypertensive.
- Mother: Hypertensive and having Gout.
- No fertility problem runs in Family.

### Past History:

In childhood-she had unknown rash all over her body, which she is getting occasionally sometime.

1995: Married to Mr. N.Patel, having a normal sexual life. Very healthy, lean, tall, Tubercular type.

Husband: His Semen examinations done thrice and was more than Normal every time.

1998: 3 months amenorrhoea but pregnancy was not confirmed by any test.

Very heavy bleeding Per Vagina after three months amenorrhoea suggestive of Blighted Ovum.

1999: Diagnosed with Blighted Ovum

1999:13<sup>th</sup> January: Exploratory Laparotomy was done at local gynaecological hospital for removing the Endometrial Adhesions and correcting Tuboplasty.

2000: 1<sup>st</sup> August: IVF done at local IVF centre –K\*\*\*\*\* Hospital and IVF Centre-Anand-Gujarat, India but remained unsuccessful, so patient decided to go for an alternative option for Fertility Treatment, as conventional treatment was too expensive for her to continue, So, I started investigating and treating her.

## Investigations: Female part

### **Blood:**

CBC and Thyroid Profile: T3, T4, TSH within normal range.

Urine test: Mild Albuminuria and Pus Cells.

Serological Test has shown gross abnormal level of Rubella IGG.

13-03-2000

**HSG:** done at Dr. J\*\*\*K Shah on 13-03-2000

Filling defect in uterine cavity is seen. Endometrial Adhesion??. Irregularity of uterine cavity is seen. **Left sided Fallopian tube can not be seen, Cornual Block.** Mid and proximal portion of the Rt. sided tube is seen. Distal Portion of the Rt. sided tube is not seen. **No spillage on Rt. Side. Possibility of Rt. sided Fimbrial end region block.** Venous intravasation of contrast is noted.

Suggestive of: Lt. Tube: Cornual Block.

: Rt. Tube: Fimbrial Block.

18-07-2000

LH: 1.4miU/ ml.....**Very Low**

Estradiol: 03pg/ml...**Very Low.**

## **Radiological Investigations:**

01-05-2000 at Dr. J. Bhatt's Heli sonography Clinic

LMP: 19-04-2000

Follicular study:

Date	Day of Cycle	Rt. Ovary	Lt. Ovary	Free Fluid in POD	Endometrial Reaction
01-05-2000	14 <sup>th</sup> day	<b>No Follicle</b>	<b>No Follicle</b>	<b>Not Present</b>	<b>03mm</b>
02-05-2000	15 <sup>th</sup> day	<b>No Follicle</b>	<b>No Follicle</b>	<b>Not present</b>	<b>03 mm</b>

USG: Scan is suggestive of ANOVULATORY CYCLE \* as there is no evidence suggestive of Endometrial Proliferation. No ovulation occurred. No endometrial reaction.

## Analysis from Various Investigations:

The sub fertile patient,

1. Initially, she had Heavy periods + recurrent cystitis + leucorrhoea, either due to Moniliasis or Giardiasis- suggestive of chronic Infections, like Cervicitis and Endometritis.
2. Blighted Ovum - occurred twice.
3. Low level of LH and Estradiol.
4. Hysterosalpingography was suggestive of  
Left Tube: Cornual Block and Right. Tube: Fimbrial Block.
5. USG: Follicular Study shows: Anovulatory Cycle with poor endometrial reaction.
6. Serological Investigations: Revealed "Seropositivity" to Rubella IGG Antibodies.

### Note for Rubella Infection:

*\*Primary Prenatal Rubella Virus Infection may have devastating effects in utero infections may severely damage the foetus, particularly, if occurring during first four months of gestations.*

*\*Primary postnatal Rubella Virus infection is typically a mild self limiting disease characterized by a maculo papular rash, Fever, Malaise and Lymphadenopathy.*

Obstacles to cure:

1. Tubal Block 2. Rubella Infection 3. Anovulatory Cycles.

**Investigations:**

**12-03-2001 \*Severely Positive Rubella. (Syphilitic Miasm)**

**Serological Investigations: TORCH** at Specialty Ranbaxy Laboratory-Mumbai-India.

GUJARAT - INDIA		Ph. No.: 0269259228	
REFERRING DOCTOR			
TRIVEDI N M (DR)			
DRAWN	RECEIVED	REPORTED	
09/03/2001	10/03/2001	12/03/2001 16:40	
PATIENT NAME			
PATEL KOMALBEN.N			
ACCESSION NO.	AGE	SEX	DATE OF BIRTH
0002AC010159	28 Years	Female	
CLINICAL INFORMATION			

TEST REPORT STATUS	RESULTS				
	FINAL	IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS
<b>TOXOPLASMA ABS EIA</b>					
		5.36		LESS THAN 7.00	IU/ML
		0.35		0.00 - 1.00	RATIO
<b>RUBELLA IGG&amp;IGM ABS,(EIA)</b>					
			87.08	H 0.00 - 10.00	IU/ML
		0.17		0.00 - 1.00	RATIO
<b>CMV IGG &amp; IGM ABS (EIA)</b>					
			17.02	H 0.00 - 0.25	IU/ML
		0.65		0.00 - 1.00	RATIO
<b>HSV TYPE 1 IGG ABS (EIA)</b>					
		0.40		0.0 - 0.90	RATIO
<b>HSV-2 IGG ABS (EIA)</b>					
		0.13		0.00 - 0.90	RATIO
<b>HSV IGM ABS (EIA)</b>					
		0.40		0.0 - 1.0	RATIO

Note for Rubella Infection:

*\*Primary Prenatal Rubella Virus Infection may have devastating effects in utero infections may severely damage the foetus, particularly, if occurring during first four months of gestations.*

*\*Primary postnatal Rubella Virus infection is typically a mild self limiting disease characterized by a maculopapular rash, Fever, Malaise and Lymphadenopathy.*

## Homeopathic Management of the case:

Considering her complains, symptoms and investigations in to the Homeopathic totality,

Homeopathic treatment and management of the case was planned as shown:

**Stage: 1. Establishing her normal ovulation. Without it, pregnancy is not possible.**

**Stage: 2. After normal ovulation and sufficient hormonal level, removal of Rubella Infection, to avoid foetal developmental anomalies, accidents and complications.**

**Stage: 3. Then establishment of tubal patency for egg transportation.**

**Stage: 4. There after, she will have normal fertile state to conceive.**

\***CALCAREA CARB 1M** was selected to improve her over all constitutional make up.

Constitution	Hydrogenoid. Fair, Fat, Flabby with rounded moon face, Tendency to retain water- Generalized Swelling	Water retention is always related with Low estrogen level. Her blood shows Low LH and Low Estrogen level.  <i>*Calc.is useful for Pituitary and Thyroid dysfunction.....Boericke William.</i>
Compatibility	Husband: Tubercular	Wife: Calcarea
Generality Diathesis Temperament	Scrofulous Leuco-phlegmatic	Obese. Fair, Fat Flabby. Overweight. <b>BMI was more than 31.</b>
Miasm	Psora –Latent	Psychologically very fearful, sensitive, emotional, weeping, Likes sympathy and assurance.
Miasm	Syphilitic--Dominant.	Destruction is predominant in her case. Blighted ovum, Exploratory Laparotomy, Adhesions and Tubal blocks and latent Rubella infections has destroyed her fertilized embryo. Threat to immune system to carry further healthy pregnancy. No Sexual Desire. Painful Breasts.
Syphilitic Sexual Symptoms:	Offensive odours-Vaginal Discharge Hypersensitive —Pain, Dyschasia, Vaginismus Fainting after sexual activity Depression + Fear Recurrent Infections	
Discharge:	Leucorrhoea Pain in LIF + Tenderness	<b>White and Yellow.</b> With Itching of private parts and occasionally smelling. Pain in LIF, suggestive of Moniliasis and Giardiasis
Thermal Reaction	Very Chilly Feels Cold too much	Low Immunity “Seropositivity” to rubella IGG Antibodies...makes her to feel chilly.
Bad Effects of	Childhood skin eruptions	1.Conventional Fertility Treatment= Water Retention 2.Bad Effects of Laparotomy= Adhesions
Susceptibility Low Spirited.	Hypersensitive to every changes of atmosphere, Family matters. Catches infections easily, like cystitis, Cervicitis.	Never well since Fertility treatment. Never well since IVF. Started retaining water. Due to Leucorrhoea, she catches retrograde UTI, Cystitis and Endometritis. Became slow, sluggish after IVF.
Allergic Reaction	Too many things, Develops Urticarial rash abruptly.	Latent Rubella??
PQRS	Abnormal Craving Grinding uncooked rice was voluptuous to her.	Abnormal craving for Raw Rice-Uncooked Rice And Sweets.

## Why Calcarea Carb?

- ✓ Pituitary and thyroid dysfunction.
- ✓ Is a haemostatic.
- ✓ Easy relapses, interrupted convalescence. Persons of scrofulous type, who take cold easily, with increased mucous secretions,
- ✓ who grow fat, are large-bellied, with large head,
- ✓ pale skin, chalky look, the so-called Leuco-phlegmatic temperament;
- ✓ Affections caused by working in water. Great sensitiveness to cold.
- ✓ (Crave eggs and eat dirt and) other indigestible things; RAW RICE.
- ✓ Mind.-Apprehensive
- ✓ Sterility with copious menses.
- ✓ Before menses, headache, colic, chilliness and leucorrhoea.
- ✓ Cutting pains in uterus during menstruation. Menses too early, too profuse, too long,
- ✓ Leucorrhoea, milky.
- ✓ Burning and itching of parts before and after menstruation
- ✓ Hot swelling breasts. Swelling breasts before menses.
- ✓ Breasts tender and swollen before menses.
- ✓ Palpitation with feeling of coldness, with restless oppression of chest; after suppressed eruptions
- ✓ Anxiety about health, future.
- ✓ Despair of recovery.
- ✓ Worry about small things.

## Boericke`s protocol:

\*To remove the Bad Effects of Surgery: Exploratory Laparotomy: Staphysagria 1M One Dose/ week.

Posology: Frequent repetition of dose

1. Calc.Carb. 1M 4 pills Morning 4 pills Evening Every Week X 8 weeks.
2. Belladonna200 and Rhus Tox 200 Combinations 4 Pills Mor. 4 Pills Evening X 8 weeks
3. Pulsatilla-Q 10 drops to be diluted in a glass of water. To rule out Rubella Infection.  
To be taken on alternate Morning for 8 weeks.

Complimentary to → Calcarea : are → Bell; Rhus; Lyco.; Silica.



After Two months, we succeeded to eliminate the destructive miasm with the following report.

**REPEAT TORCH TEST ON 25-05-2001. Showing NORMAL Result after Treatment.**

REFERRING DOCTOR	TRIVEDI N M (DR)		
DRAWN	23/05/2001	RECEIVED	24/05/2001
		REPORTED	25/05/2001 17:30
PATIENT NAME	PATEL KOMALBEN NIMESHBAI		
ACCESSION NO.	0002AE058462	AGE	28 Years
		SEX	Female
		DATE OF BIRTH	27/10/1972
		PATIENT ID	
CLINICAL INFORMATION			
TEST REPORT STATUS	<b>FINAL</b>	RESULTS	
		IN RANGE	OUT OF RANGE
		REFERENCE RANGE	UNITS
<b>RUBELLA IGG ABS, (EIA)</b>			
RUBELLA IGG ABS EIA	1.54	0.00 - 10.00	IU/ML

Now, we were much concerned about her adhesions and Tubal Blocks. Considering internal and external ressolvent for adhesions and Tubal block, she was prescribed to .....

- ✓ 1. Calcarea Carb 1M 4 Pills Twice a week X 8 weeks.
- ✓ 2. Tab. Thiosinaminum 3X 1 tablet of 5 grain three times a day X 8 Weeks
- ✓ 3. Bio-Chemic Tab. Silicea 3X 3 Tablets X Everyday at bedtime X Four Weeks.


#### Why Thiosinaminum?

*\*THIOSINAMINUM (thiosin-A Chemical Derived from Oil of Mustard-seed)*

A **resolvent**, externally and internally, for **dissolving scar tissue**, tumors, enlarged glands; lupus, **strictures**, **adhesions**. Ectropion, opacities of cornea, cataract, ankylosis, fibroids, scleroderma. Noises in ear. Suggested by Dr.A.S.Hard for retarding old age.--- William Boericke, 9<sup>th</sup> Edition.

Patient started showing significant improvement in her menstrual periods, ovulation was established and her Breast pain was completely gone. She started feeling more energetic, vital and enthusiastic. She regained her normal sexual drive with NO discharge p/v. We advised her to continue Four to Six Follicular Scan to observe normal ovulation pattern. Hormonal assay was also within normal range. Homoeopathically, I was very confident about the outcome of treatment and one day.....!!!!

#### Pregnancy Test Confirmed on 11-11-2001.

 <b>Rashmi</b> LABORATORY	Pt's Name : <u>Komalben</u>
	Ref. By Dr. : <u>Nikunj Trivedi.</u>
	Date : <u>11. 11. 2001</u>
Opp. Mayfair Hotel, Station Road, Anand - 388 001. Ph : 41395.	
Time : 8-00 A.M. to 7-30 P. M.	Emergency : 24 Hours.
<b>SPECIAL TEST</b>	
I. Urine for HCG test..... <b>POSITIVE.</b> (HCG ONE STEP TEST)	

At last: What else proof you need to prove for Evidence based Homeopathy?

Please, Note:

\*Patients have consented to present their case for any publication and so gave all their reports and photographs to the Arti Clinic.



**About Author:**



Nikunj Trivedi has been practicing Homeopathy since 1980 and is internationally acclaimed clinician. He has successfully treated a wide spectrum of patients from all over the world throughout his 30 years of carrier. Nikunj is an author of “Homeopathic Treatment for Sexual Disorders”, “Sperm Disorders and Homeopathy” and “Materia Medica of Sexual Disorders”.

His vision, his unflagging enthusiasm and ability to simplify the complex disease conditions always recognised repeatedly throughout his clinical practice with the awarding highest accolades for excellence in practice by his patients, students and colleagues. He is most active and enthusiastic Member of HMA-UK since 2004. Email:articlinic@yahoo.com, Website: <http://www.articlinic.com>.