



“A Case Report Of Long-Standing Infertility Treated With A Single Dose Of Homoeopathic Constitutional Remedy”

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ABSTRACT

Infertility affects 10–15% of couples worldwide and is a multifaceted condition with medical, psychological, and social dimensions. Defined as the inability to conceive after one year of regular, unprotected intercourse, it arises from diverse causes, including hormonal imbalances, tubal blockages, lifestyle factors, and psychological stress. Conventional treatments, such as hormonal therapies, surgeries, and assisted reproductive technologies (ART), provide solutions but often involve significant financial, physical, and emotional burdens. Additionally, these methods may fail to address underlying psychological or constitutional contributors to infertility, potentially exacerbating patient stress.

Homeopathy presents a holistic alternative, emphasizing individualized care that considers both physical and mental health. By tailoring remedies to a patient's constitution, homeopathy seeks to stimulate the body's natural healing processes, addressing the root causes of infertility. This gentle and non-invasive approach aims to restore balance within the body and mind, offering a complementary or standalone pathway for managing infertility.

Keyword:- Homoeopathy, Infertility, Complementary Medicine

Introduction

Infertility is a significant global health issue, affecting approximately 10–15% of couples worldwide. It is clinically defined as the inability to achieve pregnancy after one year of regular, unprotected intercourse [1]. The condition stems from a wide range of factors, including hormonal imbalances, tubal blockages, ovulatory disorders, male factor infertility, and lifestyle influences such as stress, obesity, and environmental exposures [2,3]. Beyond its medical implications, infertility often carries profound psychological and social consequences, including stress, anxiety, and stigma, particularly in cultures where parenthood is highly valued [4].

Conventional medical approaches to infertility, such as hormonal therapies, surgeries, and assisted reproductive technologies (ART), including in vitro fertilization (IVF) and intrauterine insemination (IUI), have provided many couples with opportunities for parenthood. However, these treatments are often expensive, invasive, and emotionally taxing, and their success rates can vary [5,6]. Additionally, these interventions may not address the deeper constitutional or psychological factors contributing to infertility, leaving a gap in holistic patient care [7].



Homeopathy, a system of complementary medicine, offers a unique approach to managing infertility by focusing on individualized treatment. Based on the principle of stimulating the body's natural healing processes, homeopathy considers both physical and mental aspects of health. It employs remedies tailored to the patient's constitutional profile, aiming to restore balance and address underlying causes rather than treating symptoms in isolation [8,9]. As a non-invasive and gentle modality, homeopathy has gained interest as a potential adjunct or alternative to conventional infertility treatments, particularly for individuals seeking holistic care or facing challenges with conventional methods [10].

This paper explores the scope of homeopathy in managing infertility, examining its principles, mechanisms, and evidence base to provide insights into its role within integrative reproductive healthcare.

Case Study

Primary infertility is a prevalent issue with multifactorial causes, including anatomical, hormonal, and psychological factors. This case highlights a 33-year-old female reported at the OPD of Dr. Sukhjeet Homoeopathic Clinic Kotkapura, Punjab presenting with primary infertility, associated co-morbidities, and psychosocial challenges, providing insights into diagnostic and therapeutic considerations.

Patient Information

Name: Mrs. H Kaur

Age/Sex: 33/F

Occupation: Housewife

Registration Date: 02/04/2024

Presenting Complaints

- Primary infertility persisting for 4 years.
- Irregular menstrual cycles (3–4 days duration).
- Lower abdominal pain during defecation.

History of Present Illness

- Married for 6 years, attempting conception for the past 4 years.
- Underwent multiple allopathic treatments, including two failed Intrauterine Inseminations (IUIs) 2 years ago.
- Experienced two early miscarriages within the first 6 months of marriage.
- Notable ovulation on the 17th–18th day of her cycle, with follicle size measured at 22.3x16 mm and endometrial thickness (ET) at 7.9 mm.
- Hypersensitivity of private parts and a strong aversion to internal examinations. Prefers cesarean section delivery for future childbirth.

Past Medical History

- History of a 4 mm renal stone treated with homeopathic medicines (exact date unremembered).

Family History

- Two sisters diagnosed with gluten intolerance, married for 10 and 12 years, respectively, and both unable to conceive.
- Elder sister is diabetic and has Polycystic Ovarian Syndrome (PCOS).
- Mother has diabetes mellitus.

Gynecological History

- **Last Menstrual Period (LMP):** 20/03/2024.
- **Cycle Details:** Irregular cycles lasting 3–4 days. Ovulation documented on the 17th–18th day of the cycle.
- **Obstetric History:** G2P0L0A2 (two early miscarriages).

Psychosocial and Mental History

- Strong fear of abandonment; experiences anxiety when her husband leaves the house.
- History of panic attacks.
- Enjoyed stability while living in Gujarat, away from her extended family.
- Displays mild Obsessive-Compulsive Disorder (OCD) traits (e.g., meticulous organization).
- Strong-willed personality, seldom cries, and avoids vulnerability.



- Strong anxiety about her own and her family's health.
- Disgust for people around her.

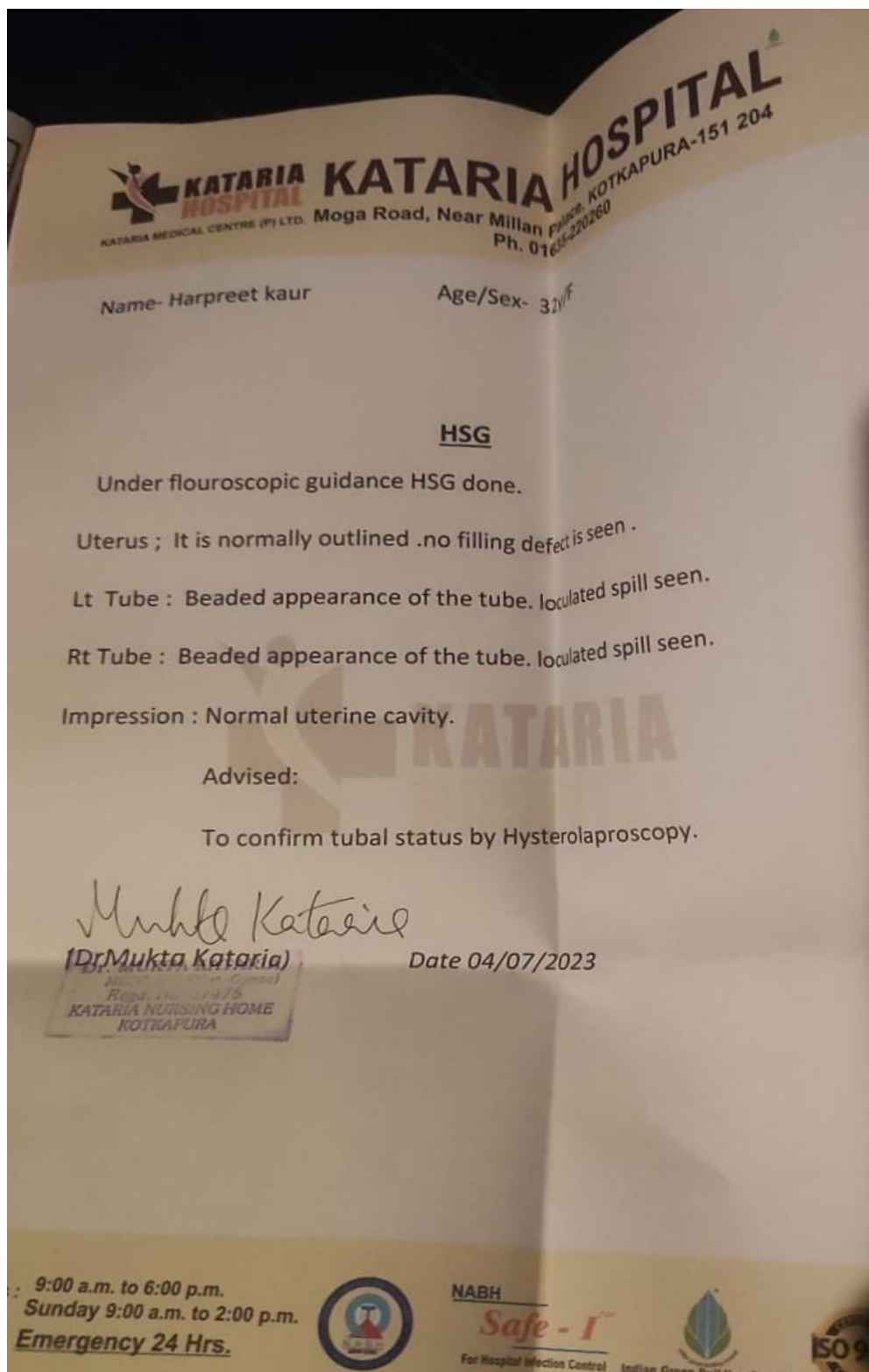
Physical Examination and General Observations

- Desire for spicy and highly seasoned food.
- Dislikes homemade food, perceiving it as bland.

Investigations

1. Hysterosalpingography (HSG):

- Beaded appearance of bilateral fallopian tubes, suggestive of **Tubercular Salpingitis** (conducted on 04/07/2023).



2. Hormonal Profile (02/04/2024):

- Testosterone: 63.1 ng/dL (elevated).
- Anti-Müllerian Hormone (AMH): 8.91 ng/mL (high, indicative of polycystic ovaries).
- Follicle-Stimulating Hormone (FSH): 7.50 IU/L (normal).
- Luteinizing Hormone (LH): 3.91 IU/L (normal).

Case Analysis

Physical Generals	Mentals Generals	Particulars
Sterility	Anxiety health about his own and	Spicy Food Desire



	others	
Irregular Menses	Fear Misfortune of	
Pain Bearing Down	Fear something Happen to her husband	
	Delusion Better she is	

Repertorial Analysis



1. Clipboard 1

- ▶ 1. FEMALE GENITALIA/SEX - STERILITY (125) 1
- ▶ 2. FEMALE GENITALIA/SEX - MENSES - irregu... (120) 1
- ▶ 3. FEMALE GENITALIA/SEX - PAIN - Uterus an... (5) 2
- ▶ 4. MIND - FEAR - happen, something will - hu... (6) 4
- ▶ 5. MIND - DELUSIONS - better than others; h... (6) 3
- ▶ 6. MIND - ANXIETY - paroxysms, in (31) 1
- ▶ 7. MIND - ANXIETY - sudden (17) 1
- ▶ 8. MIND - ANXIETY - health; about - relatives... (11) 1
- ▶ 9. MIND - ANXIETY - health; about - own heal... (87) 1
- ▶ 10. MIND - DISGUST - everything, with (29) 1
- ▶ 11. GENERALS - FOOD AND DRINKS - spices ... (136) 1

	plat.	sep.	ars.	bar-c.	caust.	nux-v.	phos.	puls.	sulph.	cocc.	con.	carc.	merc.	nat-m.	liit.
1	2	3	1	1	1	2	2	1	1	2	1	2	3	1	1
16	9	9	9	8	7	7	7	6	6	6	6	5	5	5	5
22	13	12	9	9	13	13	12	11	10	10	8	7	7	6	5

Prescription

Medicine:- Platinum Metallicum


Potency:- 1M

Dose:- 1 Dose Stat 6 Glouble (40 size)

Follow Ups

Date	Change in symptoms	Prescription	Justification
02/04/2024	First prescription	Platinum Metallicum 1M/ one dose, Sac lac for 15 days	on the basis of repertorisation, knowledge of Materia Medica and symptom totality.
20/04/2024	LMP: 20/04/24, Her anxiety is in control, didn't get any panic attacks, lower abdominal pain decreased.	Sac Lac for 1 month	Improvement noticed, placebo continued
21/05/2024	LMP: 21/05/24, Anxiety is much in control, feels much relaxed, Regular menses. Abdominal Pain relieved.	Sac Lac for 1 month	Marked improvement seen, placebo continued
24/06/2024	LMP: 21/05/2024, Urine Pregnancy Test Positive, β -HCG Positive. Patient is happy and has no anxiety attacks now.	Sac Lac for 15 days. Folic acid 5mg OD Advised	Case treated, Ante-natal Care to be followed.




Dr. Heena's
PATH LAB
An Advanced Fully Automated Clinical Laboratory

Date	24/06/2024	Age	33 Yrs.	Patient Id	2406240012
Name	Mrs. HARPREET KAUR			Sex	F
Ref. By	Dr. SUKHJEET				

Test Name	Value	Unit	Normal Value
BETA HCG Enzyme Linked Fluorescence Assay	10,112.0	mIU/ml	

Interpretation:
Non pregnant women reference range ≤ 5.0
Pregnant reference range as shown in table below:-


Pregnant woman:	Weeks post last Menstrual period	Range (mIU/ml)
1.3 to 2	3.3 to 4	16 to 156
2 to 3	4 to 5	101 to 4,870
3 to 4	5 to 6	1,110 to 31,500
4 to 5	6 to 7	2,560 to 82,300
5 to 6	7 to 8	23,100 to 1,51,000
6 to 7	8 to 9	27,300 to 2,33,000
7 to 11	9 to 13	20,900 to 2,91,000
11 to 16	13 to 18	6,140 to 1,03,000
16 to 21	18 to 23	4,720 to 80,100
21 to 39	23 to 41	2,700 to 78,100

Note: 1. Consistently elevated HCG levels may be due to the presence of heterophilic antibodies, non specific protein binding & HCG like substances.
2. False negative/ positive results may be seen in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

Comments:
Beta HCG levels rise geometrically in the serum in first 8 weeks of pregnancy. Detectable amount of beta HCG are present 8-11 days after conception. Serial determination of HCG is helpful when abnormal pregnancy is suspected. In ectopic pregnancy and spontaneous abortion HCG concentration increases slowly or decreases.

- Detect pregnancy & it's abnormalities (ectopic & molar pregnancy)
- Screening of down syndrome & Trisomy 18.

**** End Of Report ****


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Discussion

This case reflects a multifactorial etiology of infertility:



- 1. Tubercular Salpingitis:** The beaded appearance of the fallopian tubes on HSG suggests tuberculosis, a major factor in infertility.
- 2. Endocrine Factors:** Elevated testosterone and AMH levels indicate possible polycystic ovary syndrome (PCOS).
- 3. Psychosocial Aspects:** Anxiety, OCD traits, and fear of abandonment may exacerbate physiological stress and complicate treatment adherence.
- 4. Family History:** Diabetes and infertility among close relatives suggest a potential genetic predisposition.

Conclusion

The case underscores the importance of a Complimentary and Alternative medicine which Treats the patients as a whole while considering her medical, psychological, and social aspects, which address the complexities of primary infertility. The Role of Homoeopathy in treating the case shows that Homoeopathy is effective and safest medicine. Further research and long-term follow-up are essential to optimize outcomes.

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Conflict of Interest

No Conflict

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References

1. World Health Organization. Infertility: prevalence and causes. Geneva: WHO; 2023. Available from: <https://www.who.int>.
2. American Society for Reproductive Medicine. Definitions of infertility and recurrent pregnancy loss. Birmingham, AL: ASRM; 2020. Available from: <https://www.asrm.org>.
3. Resolve: The National Infertility Association. Understanding infertility: causes and treatments. McLean, VA: Resolve; 2023 Available from: <https://resolve.org>.
4. Fertility Research and Practice. The role of stress in infertility: implications for clinical practice. Fertil Res Pract. 2019;5:7.
5. Ullman D. The homeopathic revolution: why famous people and cultural heroes choose homeopathy. Berkeley, CA: North Atlantic Books; 2007.
6. National Center for Complementary and Integrative Health. Homeopathy: what you need to know. Bethesda, MD: NCCIH; 2022. Available from: <https://www.nccih.nih.gov>.
7. Hahnemann S. The Organon of the medical art. 6th ed. Los Angeles, CA: Birdcage Books; 1842.
8. Mathie RT, Ulbrich-Zürni S, Barthe J, Bonvin E, Edelhäuser F, Espie M, et al. Complementary therapies for subfertility: a systematic review of randomized controlled trials. Reprod Health. 2020;17(1):128.
9. Adkins D, Foxworth M. Stress, reproductive health, and alternative medicine: examining the role of complementary approaches. J Integr Med. 2021;19(5):351–9.
10. van der Greef J, McBurney RN, Resende RG. Metabolomics-based systems biology and personalized medicine: moving towards n=1 clinical trials? Pharmacogenomics. 2020;21(5):367–78.