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EFFECTIVENESS OF HOMOEOPATHY IN CASE OF INFERTILITY

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ABSTRACT

Infertility is defined as “the inability to conceive after multiple sustained attempts of unprotected intercourse for at least 2 years. Polycystic ovarian syndrome (PCOS) which affects 8-10% of reproductive-aged females is the most common endocrine cause of infertility.(1) A case report of successful management of infertility with PCOS , Hypoplastic Uterus, Cystitis , Vaginismus, Hypothyroidism with homeopathic treatment.

A 26 years Old female presented to OPD of Hamsa Homoeopathy medical hospital with the Complaints of irregular menses, diagnosed (PCOD), burning micturition, vaginismus , Hypoplastic Uterus, diagnosed Hypothyroidism.After individualisation of patient,this case managed by calc phos, followed by pulsatilla, Graphitis for a period of 5 months.

Regularization of menstrual cycle , significant improvement in burning micturition, vaginismus and tested UPT Positive and Normalisation of ultrasound pattern of ovaries and uterus followed with conception by the Homoeopathic medicine were observed

Key words :

PCOD,
VAGINISMUS
CYSTITIS,
HYPOPLASTIC UTERUS,
HYPOTHYROIDISM

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.(1)

INCIDENCE

About 80% of the couple achieve conception of they so desire , within one year of having regular intercourse. Another 10% will achieve the objective by the end of second year.As such 10% will remain infertile by the end of second year.(1)

PHYSIOLOGICAL CONSIDERATION

Due to An ovulation, infertility is the rule prior to puberty and after menopause.(1)

CAUSES OF FEMALE INFERTILITY

According to FIGO manual (1990) causes are: Tubal and peritoneal factors (25–35%),

Ovulatory factor (30–40%)

Endometriosis (1–10%),

Ovarian factors: The ovulatory dysfunctions (dysovulatory) encompass:

Anovulation or oligo-ovulation

Decreased ovarian reserve

Luteal phase defect (LP

Luteinized unruptured follicle (LUF).(1)

DIAGNOSIS OF OVULATION(1)

The various methods used in practice to detect ovulation are grouped as follows :

INDIRECT

The indirect or presumptive evidences of ovulation are commonly used in clinical practice. These are inferred from :

1.Menstrual history: Regular menstruation suggests ovulatory cycle

2.Evaluation of peripheral or endorgan changes

- BBT : Biphasic pattern
- Cervical mucus study : Disappearance of fern pattern
- Vaginal cytology: shift of MI to the left

- Hormone estimation :

Serum progesterone :rise in level

-serum LH : Midcycle surge

Serum estradiol : Midcycle rise

serum estradiol: MidCycle rise

Urine: LH

- Endometrial biopsy
 - Sonography
 - **DIRECT**
- Laparoscopy

CASE REPORT

A 26 years old female presented with irregular menstrual cycles since menarche -12 years, 40- 60days cycles LMP- 30-10-2022 ,Burning urination, painful intercourse (married life 1 year)

K/c/o Hypothyroidism using thyronorm 25mcg since 7months Physical generals:

APPETITE: decreased

THIRST : 2-3 litres per day

Desires : meat

Aversions: nothing specific

Sweat : more on face

Sleep:Refreshed

Urine: 6-8times / day,2-3times /night light yellow color offensive urine

Stool: Regular but sensation as if distension of abdomen

Thermal : hot patient

Menses : irregular 2-3days/40-60 days cycle

MIND:

Fearful ,Aversion to intercourse due to pain , over sensitiveness.

INVESTIGATIONS PERFORMED

Ultrasound Abdomen and pelvis Impression: Hypoplastic Uterus, Pcod. DIAGNOSIS:

CYSTITIS

VAGINISMUS

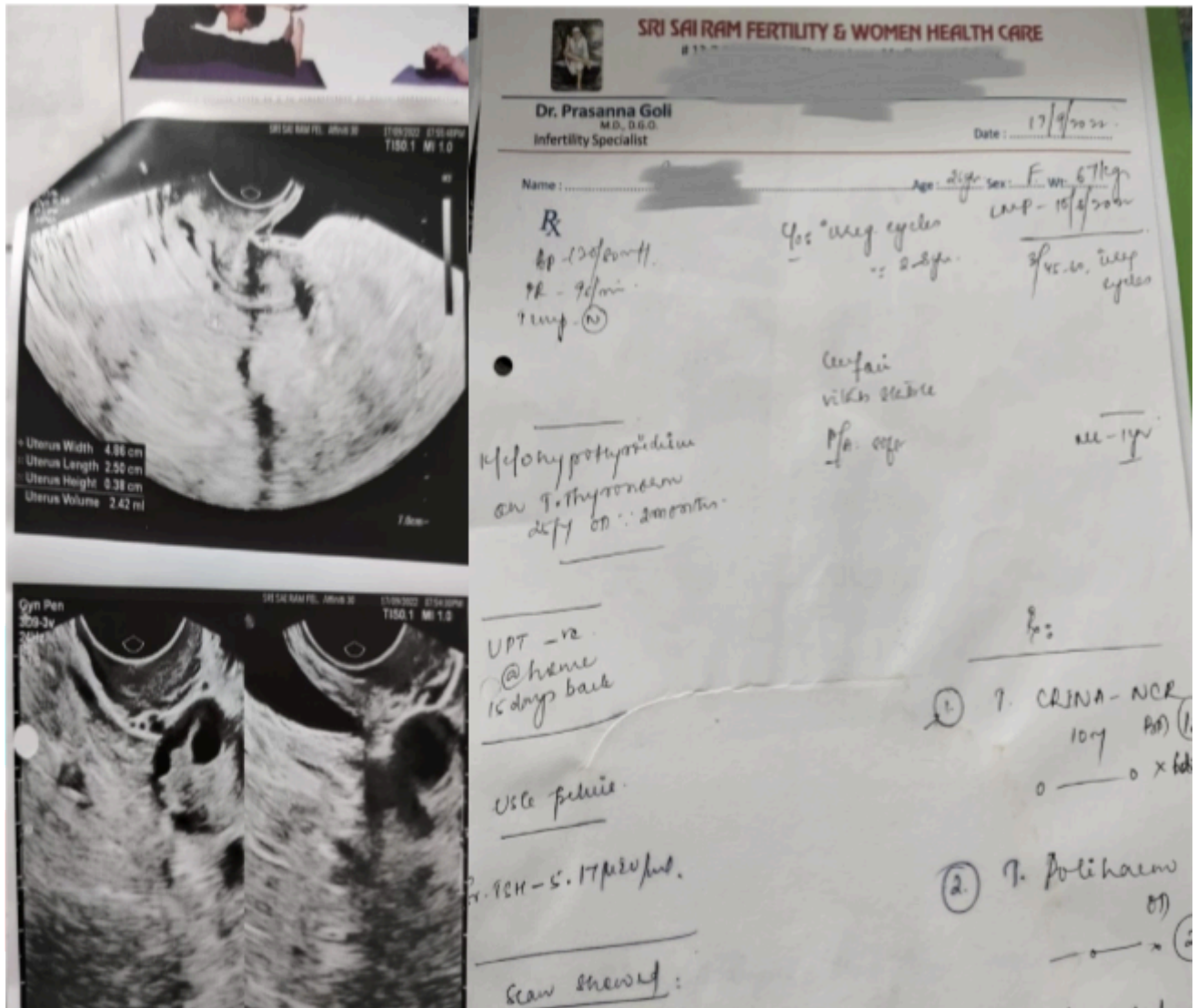
PCOD

REMEDY SELECTED:

calcareo phosphorica 200c,1 dose

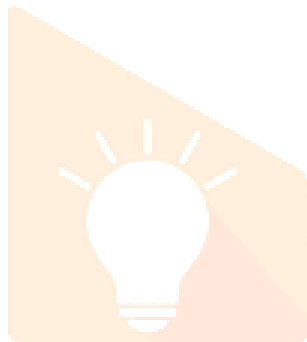
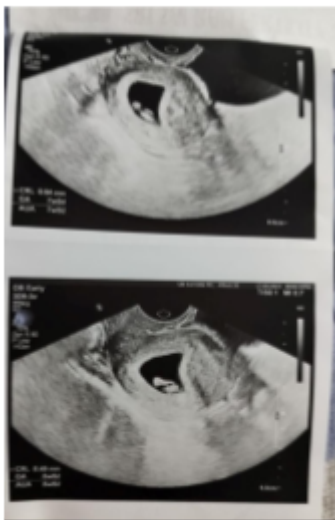
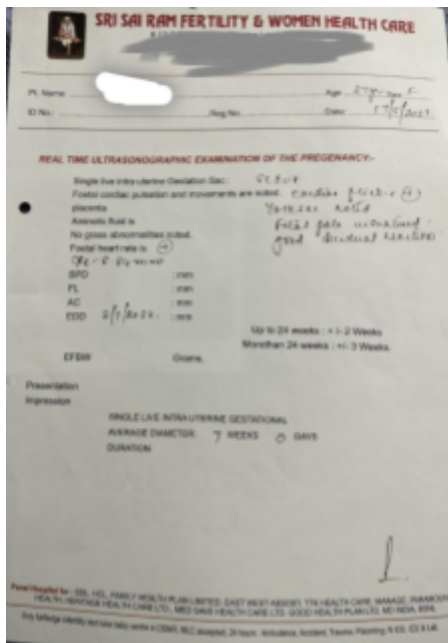
FOLLOW UP : by pulsatilla stat dose 200c 1dose,

Graphitis 200c 1 dose ,SL for 1 month



BEFORE THE HOMOEOPATHIC TREATMENT

AFTER THE HOMOEOPATHIC TREATMENT



References:

- 1. DC Dutta's Textbook of Obstetrics Including Perinatology & Contraception