



## TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

### REVIEW ARTICLE

Volume 2 Issue 2(April-June 2019)

ISSN (E): 2581-8899  
ISSN (P): 2581-978X

### Infertility- A case Report

Dr. Neeraj Gupta, M.D. (Hom.)

Head of Pathology, Bakson Homoeopathic Medical Collage , Greater Noida, UP

**Abstract-** Infertility is very common problem now days. Infertility is a significant medical and social problem affecting couple worldwide. It is a sensitive issue that should be handled with great care with continuous professional counseling. Most young couples will conceive naturally within 2 years. If not conceive then evaluation of both partners for causes is essential. Homoeopathy is holistic system of medicine that base on individualization, if we select the medicine on basis of totality of symptoms then homoeopathy successfully treat the case. Here I present a case of Primary Infertility due to PCOD along with the Montoux test Positive, after proper case taking finally prescribed Argentum Metallicum and case show good improvement and during treatment patient conceived.

**Key word-** Infertility, Homoeopathy , PCOD, Dysmenorrhoea , HSG.

**Corresponding author-** Dr. Neeraj Gupta, Head of Pathology, Bakson Homoeopathic Medical Collage , Greater Noida, UP

**How to cite-** Gupta N., Infertility- A case Report, TU J .Homo & Medi Sci. 2019; 2(2):36-41

#### Introduction-

“A woman of reproductive age who has not conceived after 1 year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility”  
*NICE guideline, CG156*

Primary infertility; couple have failed to conceive first time after marriage. Secondary infertility; woman has previously been pregnant regardless of the outcome of the pregnancy and now unable to conceive.

#### Chances of conception

Over 80% of couples in the general population will conceive within 1 year if:

- The woman is aged under 40 years
- They do not use contraception and have regular sexual intercourse.

Half of those who do not conceive in the first year will do so in the second year.

#### Factors affecting Fertility

- **Frequency/Timing of sexual intercourse:** Every 2 to 3 days optimizes the chance of pregnancy
- **Frequency of intercourse**  
1 time per week - Probability of conception 17 %.  
3 times per week- Probability of conception (within 6 months) 50%.
- **Obesity:** Women who have BMI of over 30 should be informed that they are likely to take longer to conceive and will affect treatment success rates.
- **Low body weight** - Women with BMI less than 19 and irregular menstruation should be counselled to gain weight.
- **Smoking** - Strong association between smoking and fertility in both partners.  
- Affects success rates of ARTs.

- **Caffeinated beverages** - No evidence on effect of caffeine on fertility.
- **Alcohol** - Female patients should be informed that 1 or 2 units of alcohol once or twice per week reduces risk of harming a developing fetus.
- **Tight underwear**- There is an association between elevated scrotal temperature and reduced semen quality.

#### Causes of Infertility-

- In about 25% of cases disorders are found in both the man and the woman.

Male	25%
Female	----55 %
Ovum	25 %
Tubal	20%
Uterine	10%
Unexplained	20%

#### Basic Work-up for Infertility

Detailed history and physical examination.

1. Clinical history
2. Menstrual history
3. Obstetric history
4. Personal history
5. Mental history
6. Past history
7. Treatment history

#### Physical and Laboratory examination -

- Pelvic examination Bimanual, per speculum (internal and external) – Inflammatory -- Rule out PID, Cervical erosion,,
- **Screening for Chlamydia trachomatis** Infections in Women. - Testing can be performed on vaginal swabs or urine Culture -The vast majority of Chlamydia infections are asymptomatic. ...
- **Semen analysis.** –
  - Semen volume:** 1.5ml or more
  - pH:** 7.2
  - Sperm concentration:** 15 million spermatozoa per ml or more
  - Total sperm number:** 39 million spermatozoa per ejaculate or more
  - Total motility:** 40% or more motile or 32% or more with progressive motility
  - vitality:** 58% or more live spermatozoa

**Sperm morphology** (percentage of normal forms): 4% or more

- **USG** –Male testes –rule out varicosity, other testes structure disease
- **Evidence of ovulation.** (Day 2-3 Gonadotrophins ,FSH ,LH , Day 21 progesterone)
  1. Menstrual history of regular cycles.
  2. Serum progesterone in the mid-luteal phase of their cycle (day 21 of a 28-day cycle) even if they have regular menstrual cycles.
  3. Serum Gonadotrophins (follicle-stimulating hormone and luteinizing hormone) on Day 2 - 3 especially in irregular periods
  4. Serum prolactin
  5. Thyroid function tests

#### Testing for rubella antibodies (Ig G).

Antibody levels <10IU/mL are reported as 'rubella susceptible.- Mostly in secondary infertility or history of abortion

**Ovarian reserve** - More important in >35 years old, suspected ovarian failure and to detect response to ovulation induction.

1. Total antral follicle count.
2. Anti-Müllerian hormone of less than or equal to 5.4 p mol/l for a low response and greater than or equal to 25.0 p mol/l for a high response
3. Follicle-stimulating hormone greater than 8.9 IU/l for a low response and less than 4 IU/l for a high response.

#### Investigation of suspected tubal and uterine abnormalities:

1. **Hysterosalpingography (HSG):** usually after failed successive cycles of ovulation induction. Good predictive but requires expertise. Mostly in secondary infertility
2. **Hysterosalpingo-contrast ultrasonography** TVS scan during which air and saline or a solution of D-galactose is infused into the uterine cavity and observed to flow along the fallopian tubes. Requires more expertise. Less invasive.

**Case Profile -**

Name -- Mrs. M. Prakash, Age - 38 year

Date. 27-7-16 Religion-Hindu

Address- Aligarh

**Presenting Complains -:**

Breast pain since 3 – 4 days

Left iliac fossa -- colic pain since 1 week

Flatus more &gt; during sleep

&gt; Lemon water

&lt; Before menses

**Chief complain** - no issue, (child)**Marriage** – before 3 ½ year**Menstrual history** - LMP - 29-6-16**Menarche** - 12 -13 years**Cycle Duration** – normal 30 -31 days cycle,  
After dengue mild late now interval –32-35  
days**Duration** –2-3 days, during menses –  
painful red clot expel on first day of menses**Physical General -:**

Tongue – flabby , white .milky

Thirst – not particular

Perspiration – on face

Stool – normal

Sleep – normal

Desire– hot food,

Diet- Non vegetarian

Thermal –hot

**Mental symptoms** – likes company, lovable,  
caring, helpful, share feeling with others,

Likes travelling

**Past history** -Right maxillary sinusitis**Disposition** -- Chronic pharyngitis, throat  
catarrh, Recurrent –fever with follicular  
pharyngitis**Treatment history** –just before 2 month start  
medicine for infertility -allopathic medicine,  
just after medication I have started gastric  
problem, breast pain**Lab Investigation-****O/R** - Follicular study normal**USG** – PCOD, Ovary size more than 22 CC**MTB Test** – Positive**HSG** – Normal**Family History** - Nothing Particular**Physical Examination:**

- Pulse - 72/min
- Blood Pressure - 120/80 mm of hg
- Weight - 50 kg
- Anemia - Absent
- Eyes - Normal

**Provisional Diagnosis:** PCOD**Final Diagnosis** - PCOD**Prescription** – on 27-7-16

Rx

Nux vomica 30 state

Tuberculin 1 M , 1 dose at 29-7-16

Merc I F 30 OD

Rodanti Q BD

PL 30 BD for 15 DAYS

Symptoms:  Remedies:

Remedy Name	Merc	Puls	Sep	Ign
<a href="#">Totality</a>	20	19	17	15
<a href="#">Symptoms Covered</a>	8	6	6	7
Kingdom				
[Complete] [Female Genitalia]Inflammation:Tubes, fallopian, sal...	1	3	3	1
[Complete] [Female Genitalia]Inflammation:Uterus, metritis:	3	4	3	1
[Complete] [Female Genitalia]Sterility:	4	3	4	1
[Complete] [Throat]Inflammation, sore throat:Follicular:	3			4
[Complete] [Nose]Inflammation:Sinuses:Maxillary, antrum of hig...	1	4		
[Complete] [Mind]Anger:Trifles, about:	1	1	1	3
[Complete] [Mouth]Flabby tongue:	4		3	1
[Complete] [Face]Perspiration:Face:Only:	3	4	3	4

11-8-16 All Complain better, Colic Pain with flatulence as such

Repeat medicine for 1 Month

Tuberculosis in Fallopian Tube

Folliculit Pharyngitis Recurrent With Hot Patient,

On 24-9-16 Impulsive, Anticipation

Filter -- hot patient, tubercular

Symptoms:  Remedies:

Remedy Name	Puls	Lach	Nat-m	Sulph
<a href="#">Totality</a>	22	15	15	14
<a href="#">Symptoms Covered</a>	6	5	5	5
Kingdom				
[Complete] [Female Genitalia]Sterility:	3	3	4	4
[Complete] [Throat]Inflammation, sore throat:Follicular:		3	4	1
[Complete] [Nose]Inflammation:Sinuses:Maxillary, antrum of hig...	4			
[Complete] [Face]Perspiration:Face:Only:	4			3
[Complete] [Mouth]Flabby tongue:				
[Murphy] [Mind]Impulsive, behavior:	3	1	2	
[Complete] [Mind]Anticipation:	4	4	4	3
[Complete] [Female Genitalia]Inflammation:Uterus, metritis:	4	4	1	3

Tuberculosis in Fallopian Tube

Symptoms:  Remedies:

Remedy Name	Arg-m
<a href="#">Totality</a>	1
<a href="#">Symptoms Covered</a>	1
Kingdom	
[Complete] [Female Genitalia]Inflammation:Tubercular, fallopia...	1

Rx

Argentum Met. – 200 /HS  
Rodanti Q – BD  
PL 30, BD for 1 Month

On 8-10-16

- All Complaint better
- LMP –22-9-16
- Repeat Medicine for 1 Month

On 9-11-16

- All complaints better
- LMP 22-10-16

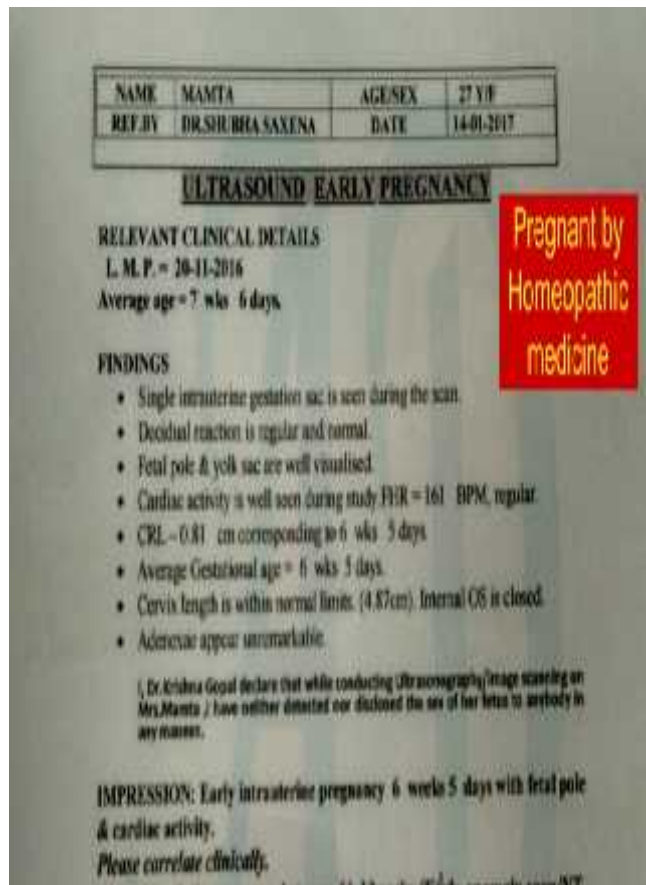
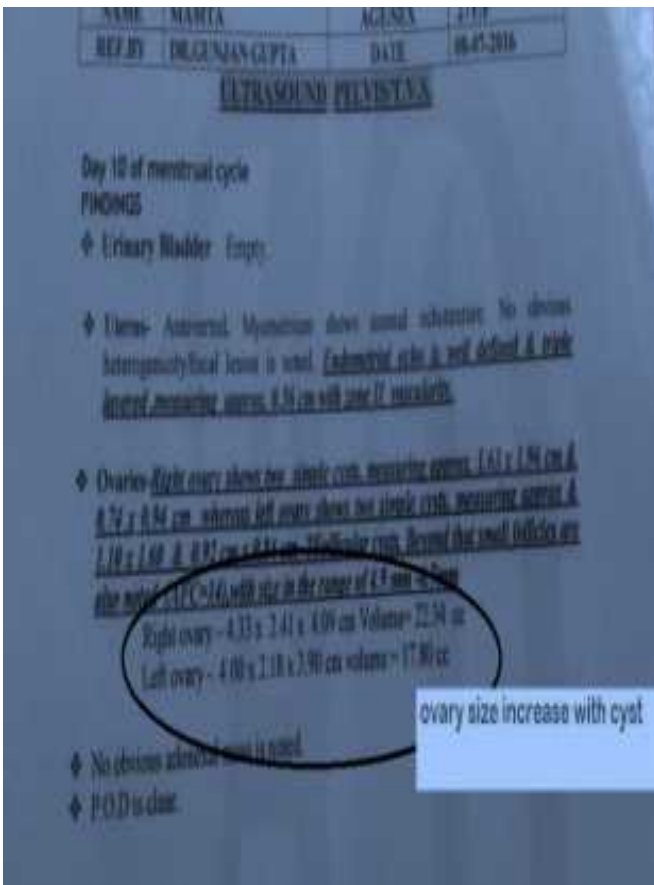
- Repeat Medicine for 1 Month

On 22-11-16 > ALL complaints

- LMP 21-11-16
- Repeat medicine for 1 month

On 28-12 -16

Amenorrhea since 7 days  
RS, BD for 1 week  
PG (UPT) Test – Positive



**Conclusion** - This case show that homeopathy is effective in management of infertility, if we prescribe the medicine on the basis of totality of symptoms along with consideration of Pathological finding. In this case many pathological rubrics used during repertorization and medicine prescribe on basis of that. At end of case the patient become conceives and delivered at full tern normal baby.

**References**

1. Dutta D C. Textbook of Gynecology including contraception. Enlarged and revised

reprint of sixth edition. Jaypee brother's medical publishers (P) Ltd. New Delhi. Nov 2013.

2. Chamberlain; Barnes; J. Barnes, G. Chamberlain, Lecture Notes on Gynaecology; B. Jain Publisher Pvt. Ltd., New Delhi, Reprint edition 1990.
3. Boericke, William. Pocket Manual of Homoeopathic Materia Medica and Repertory comprising of the Characteristic and guiding symptoms of all Remedies (clinical and pathogenetic) including Indian Drugs. B. Jain Publishers Pvt. Ltd, New Delhi, 2007.
4. Allen H.C. Allen's Keynotes, Rearranged and Classified with leading remedies of the Materia Medica & Bowel Nosodes, 9<sup>th</sup> edition, B. Jain Publisher Pvt. Ltd., New Delhi, Reprint edition 2004
5. Hahnemann Samuel. Organon of medicine. Translated by William Boericke. B. Jain
9. Chronic Miasm of Dr Hahnemann

Publishers Pvt. Ltd., New Delhi, Reprint Edition 2002.

6. Kent James Tyler. Lectures on Homoeopathic Philosophy. Memorial Edition Reprint. B. Jain Publishers Pvt. Ltd., New Delhi , 2004.

7. Soft ware Hompath classic wildfire

8. Complete repertory by Zonduvart

10. Kent repertory, 6<sup>th</sup> Edition, B Jain Publisher New Delhi

11. Gentry' repertory, B Jain Publisher New Delhi

12. <https://www.slideshare.net/drangelosmith/infertility-43697315>

13. <https://www.slideshare.net/berbets/infertility-6810450>

**Conflict of Interest: None**

**Source of Support: Nil**



This work is licensed under a Creative Commons Attribution 4.0 International License