

The usefulness of homoeopathic medicines for infertility – A case series

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Abstract

Introduction: Infertility is the inability to achieve a successful pregnancy within 2 years of regular unprotected sexual intercourse. About 8–12% of couples of reproductive age experience infertility worldwide. Infertility may result from any underlying pathology or unexplained causes and can cause severe emotional disturbances in both partners. The complexity and cost of conventional treatment may not be affordable for a majority of people. **Case Summary:** Three cases of infertility with an underlying pathology successfully treated with standalone homoeopathic treatment are reported. These cases presented with a structural deformity as a cause of infertility. The patients partners were also given homoeopathic medicines in all the cases. The first case showed a long liquefaction time on semen analysis and the female partner had a unilateral tubal block. The second case investigation reported ipsilateral varicocele and small-sized testes with oligospermia. In the third case, the female had polycystic ovarian syndrome with a sub-septate uterus and multinodular goitre. All three cases were treated with individualised homoeopathic medicine. All these cases were followed up regularly and they conceived within 6 months of treatment.

Keywords: Homoeopathy, Individualised homoeopathic medicine, Infertility

INTRODUCTION

Infertility is defined as an inability to achieve a successful pregnancy within 2 years of regular unprotected sexual intercourse.^[1] Infertility affects about 8–12% of couples of their reproductive age globally.^[2] The overall prevalence of primary infertility in women of reproductive-age group is 8.9% in the urban population of Central India.^[3] Various factors such as marriage above the age of 25 years, employed women, nuclear family, family history of infertility, obesity, irregular menstruation pattern and depression stress have a significant association with infertility.^[3] Despite the availability of various treatment procedures, the cost of these procedures is not affordable to many and is not significantly associated with successful pregnancy.^[4] Especially, the assisted conception methods make it unsuitable for most of the population. Infertility can cause a stressful condition for couples, as the impact is long term. It affects the individual's perspective of themselves, their life and their relationship.^[5]

Three cases are presented here, all of them were suffering from infertility for about 2 years and they took conventional treatment for more than 1 year without any positive results.

These cases presented with structural deformity preventing fertility and demonstrated improvement with homoeopathic treatment. Both the partners were taken into consideration for homoeopathic treatment.

Case 1

A young couple presented at the outpatient department for the treatment of the inability to conceive after 2 years of regular unprotected sexual intercourse. The 29-year-old male partner was normal. However, his semen analysis showed a delay in liquefaction time. He had a history of chickenpox at 10 years of age and developed joint pain by the age of 28. His thermal reaction was hot and he had a desire for sweets.

The 24-year-old female partner reported a doubtful free flow in the tubal patency test. She had also been diagnosed with cysts

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in her ovaries for which she had taken conventional treatment. She had a history of chickenpox at 9 years of age and took folk medicine. Thermally, she was hot and had a desire for spicy things. She used to weep after anger and had anxiety about trifles. She also complained of increased leucorrhoea before menses which was thick, white, sticky and offensive, along with itching of the vulva and groin. Her menstrual discharge was clotted most of the time. Furthermore, she suffered from pain on the left side of the forehead as well as pain in the back before menses.

Treatment history

In case, taking no characteristic symptoms were elicited from the patient. In reference to the rubric ‘Male Sterility’ in synthetic repertory, the homoeopathic medicine *X-ray* 30C was prescribed for the male partner. The female was first prescribed the anti-sycotic medicine, *Thuja occidentalis* 30C, based on predominant sycotic miasm in the case before prescribing the indicated medicine *Natrum muriaticum* 200C for the totality of symptoms of the case [Figure 1]. The female partner had a doubtful free flow tubal blockage, *Thiosinaminum* 30C was thus prescribed, based on its dissolving pathophysiological action. The couple conceived after 3 months of homoeopathic treatment. A detailed follow-up is given in Table 1. The case was followed up every month for the continuation of the pregnancy till the birth of the baby. The course of pregnancy was uneventful. The Modified Naranjo Criteria score is mentioned in Table 2.^[6]

Case 2

Another couple presented for the treatment of primary infertility for 2 years. The 26-year-old male was suffering from oligospermia, small-sized left testis and varicocele. He had increased sexual desire with a decreased ability and became tired immediately after coition. A history of chickenpox was there at 15 years of age and was treated with allopathic medicines. An episode of recurrent attack of fever was there 6 months back. His mother had diabetes mellitus and his father had hypertension. Physical generals included thirst for large quantities of water, increased sweat and occasionally painful urination with itching of the penis. Thermally, he was chilly. He had a desire for meat, non-vegetarian foods and spicy things. He had an intolerance to crabs and dates which caused vomiting, and ice cream and sweets caused numbness of the head. He was punctual and quick tempered.

The 23-year-old female partner presented with irregular menses for 1½ years. She had a 32–45-day cycle, with 3 days of flow, associated with pain in the right side of the lower abdomen on the 2nd day of menses, and headache 1 week before menses. She was suffering from polycystic ovarian syndrome (PCOS) at the time of consultation. She also complained of dyspareunia and dryness of the vagina during coition. She had taken hormone therapy for 2 months. She had a history of sinusitis and urticarial eruption 1 year ago.

Mental generals include weeping easily, stage fright, miserly and irritability before menses. She had reduced thirst with a preference for icy cold water and was constipated. Her thermal reaction was hot. She had a desire for meat, an aversion to milk and an intolerance to shellfish which caused vomiting and abdominal pain. Further, she suffered from leucorrhoea, curd like in appearance during urination which aggravated after travelling and after coitus associated with itching in the vagina. Acne with itching was present for 6 months following hormone therapy for PCOS.

Treatment history

Phosphorus was prescribed for the male partner based on the totality of symptoms. Although the patient improved in general, the weakness of the back after coition and increased sexual desire with an inability to perform persisted. These symptoms were covered by *Selenium metallicum* in the repertory chart. Hence, he was treated with a constitutional medicine *Phosphorous* 200C for 3 months, followed by *Selenium metallicum* 200C [Table 3]. The female partner was prescribed *Natrum muriaticum* 200C based on the totality of symptoms. The couple conceived after 6 months of homoeopathic treatment. The repertory chart is represented in Figures 2 and 3. Modified Naranjo Criteria are mentioned in Table 2.

Case 3

A 31-year-old female suffered from primary infertility with inability to conceive for 2 years. She had complaints of irregular menses for 1 year, dryness of the vagina and reduced sexual desire. Since puberty, her menses were delayed by 3–4 days and later on by 10 days. A sensation of bloating of the body was present before menses which was relieved after menses. On investigation, she was diagnosed with PCOS and sub-septate uterus. She had earlier taken homoeopathic treatment for irregular menses. Furthermore, she had a history of multinodular goitre during puberty, which was treated with

	nit-v.	nat-m	car-c	ni-ac	pit.	ph.	ap.	ai-sh.	li-c	spang	calc	mag	sil-ph	co-c	lac	antr	thir.	sa-l	phos	zinc	borax	bell.	graph.	alim.	lach.	chi.	nic	nr
1. MIND - WEEPING - anger - after	(25) 4	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. MIND - ANXIETY - trifles, about	(47) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. GENERALS - FOOD AND DRINKS - spices - desire	(136) 1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. GENERALS - WARM - agg.	(219) 3	1	3	1	1	3	3	1	2	2	2	1	2	3	1	2	1	2	1	2	2	2	1	2	3	2	1	2
5. FEMALE GENITALIA/SEX - LEUKORRHEA - offensive	(112) 1	3	1	3	3	2	3	2	1	2	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
6. FEMALE GENITALIA/SEX - LEUKORRHEA - thick	(87) 1	1	1	2	2	2	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. FEMALE GENITALIA/SEX - LEUKORRHEA - white	(114) 1	2	3	1	2	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. FEMALE GENITALIA/SEX - LEUKORRHEA - menses - before - agg.	(73) 1	2	2	1	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. FEMALE GENITALIA/SEX - LEUKORRHEA - sticky	(1) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. FEMALE GENITALIA/SEX - MENSES - clotted	(152) 1	1	1	2	1	3	3	1	3	2	1	3	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1
11. FEMALE GENITALIA/SEX - ITCHING - Vulva	(99) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. HEAD - PAIN - Forehead - left	(176) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. BACK - PAIN - menses - before - agg.	(48) 1	2	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Figure 1: Repertorisation chart of Case 1 female

Table 1: Case 1 timeline

Date	Female		Male	
	Symptoms	Medicine	Symptoms	Medicine
3 May 2018	Baseline consultation. LMP: 21 April 2018. Severe pain in the left side of forehead Repertorisation in Figure 1 shows the detailed symptoms of baseline consultation	<i>Thuja occidentalis</i> 30/4 doses (weekly 1 dose)		
31 May 2018	Pain in the head reduced LMP: 25 May 2018. Back pain before and during menstruation. Profuse flow with clots. Offensive leucorrhoea and itching of the vulva	<i>Natrum mur</i> 200/4 doses (weekly 1 dose)		
3 July 2018	LMP: 26 June 2018. Flow for 3 days with more clots. Offensive, white discharge per vagina before menses No itching. Pain in abdomen on the 1 st day Back pain before and during menses	<i>Sac lac</i> /8 doses (weekly 2 doses)		
26 July 2018	LMP: 25 July 2018. Pain in the back before and during menses. Generals: Good	<i>Thiosinaminum</i> 30/7 doses (one dose daily for 1 week)	Semen liquefied after 1 h	X-ray 30/8 doses (weekly 2 doses)
30 August 2018	LMP: 25 July 2018. Urine pregnancy test positive. The date of delivery was 12 April 2019	<i>Sac lac</i> /8 doses (weekly 2 doses)	Generals: Good. (Since the female partner pregnancy test is positive, a semen analysis report was not produced by a patient)	<i>Sac lac</i> /8 doses (weekly 2 doses)

Table 2: Modified Naranjo Criteria

S. No.	Domain	Case 1	Case 2	Case 3
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	+2	+2
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	+1	+1
3	Was there a homoeopathic aggravation of symptoms?	0	0	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	+1	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	+1	+1
6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B	Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	0	0	0
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	+1	+1	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	+2	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0
	Total score	+8	+8	+8

Table 3: Case 2 timeline

Date	Female		Male	
	Symptoms	Medicine	Symptoms	Medicine
5 February 2019	Baseline consultation Repertorisation in Figure 2 shows the detailed symptoms of baseline consultation	<i>Natrum mur</i> 200/4 doses (weekly 2 doses)		
19 February 2019	LMP: 4 February 2019. Vaginismus and dyspareunia are present. Dryness of vagina	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)	Baseline consultation Repertorisation in Figure 3 shows the detailed symptoms of baseline Consultation sperm count: 1.0 million/ml Total sperm count: 2 million/ejaculation	<i>Phosphorous</i> 200/8 doses (weekly 2 doses)
26 March 2019	LMP: 10 March 2019. Flow for 6 days, clots were present Dysmenorrhoea. Dryness of the vagina persists. Dyspareunia ameliorated	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)	Weakness after coition reduced. Itching penis	<i>Phosphorous</i> 200/8 doses (weekly 2 doses)
30 April 2019	LMP: 14 April 2019. Scanty menses for 8 days. Clots were presented at the 3 rd day. Dyspareunia relieved. Difficulty in passing stool	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)	Weakness after coition reduced. Itching persists	<i>Phosphorous</i> 200/8 doses (weekly 2 doses)
4 June 2019	LMP: 16 May 2019. Bowels constipated	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)	Weakness after coition. Disturbed sleep	<i>Phosphorous</i> 200/8 doses (weekly 2 doses)
16 July 2019	LMP: 9 June 2019. No pain during menses. Scanty menses for 3 days	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)	Increased desire but inability Itching persists Back weakness after coition Sperm count: 2.5 million/ml Total sperm number: 5 million/ejaculation	<i>Selenium</i> 200/4 doses (weekly 1 dose)
3 September 2019	LMP: 29 July 2019. Mild pain during menses. No Dyspareunia. Bowels regular. General well-being	<i>Sac lac</i> /8 doses (weekly 2 doses)	Weakness after coition persists. Itching reduced Sleep improved	<i>Selenium</i> 200/4 doses (weekly 1 dose)
28 September 2019	LMP: 29 July 2019. Urine pregnancy test positive. Date of delivery 29 April 2020	<i>Sac lac</i> /8 doses (weekly 2 doses)	Generals: Good. No weakness. Sleep normal Semen analysis was not done again by the patient	<i>Sac lac</i> /8 doses (weekly 2 doses)

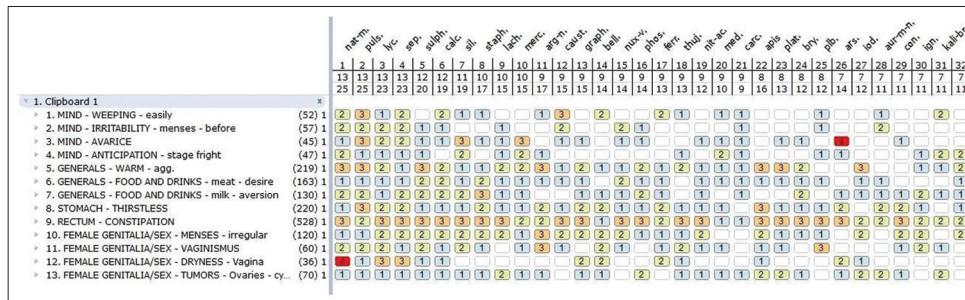


Figure 2: Repertorisation chart of Case 2 female

homoeopathic medicine. She also had a history of the left-sided sinusitis. Her father had diabetes mellitus and her mother had hypertension. She used to weep easily and consolation aggravated all her problems. She was irritable with sadness and a weeping tendency before menses. Thermally, she was chilly. Her stools were hard, and she had a strong craving for pickles. Moreover, she suffered from left-sided sciatica and pain on the right side of the hypogastrium.

No abnormalities were detected in the male partner.

Treatment history

The treatment started with *Natrum muriaticum* 200C for 3 months, and later, medicine was changed to *Sepia officinalis* 200C in reference to the rubric, external throat, goitre right sided in Kent repertory, and she conceived after 6 months of homoeopathic treatment. A detailed follow-up is given in Table 4. The repertory chart is represented in Figure 4. Modified Naranjo Criteria are mentioned in Table 2.

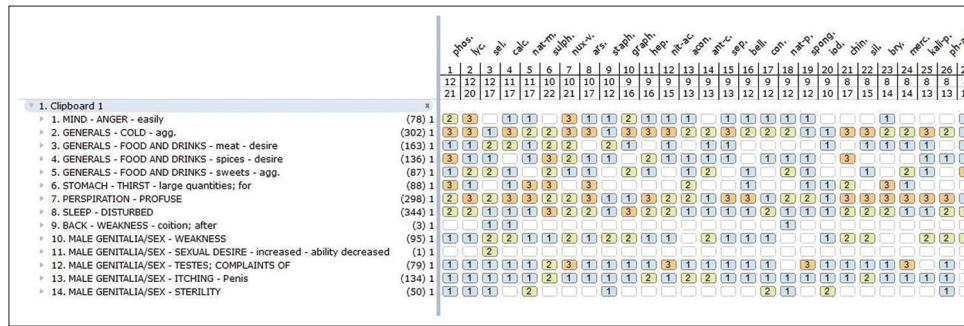


Figure 3: Repertorisation chart of Case 2 male

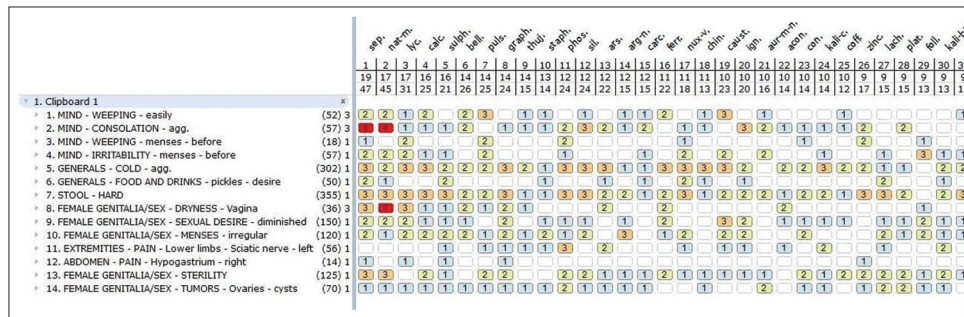


Figure 4: Repertorisation chart of Case 3 female

Table 4: Case 3 timeline

Date	Symptoms	Medicine
16 January 2017	Baseline consultation LMP: 2 January 2017, 3 days, normal flow. Dryness of vagina. Consolation aggravation. Stool irregular, hard stool. Repertorisation in Figure 4 shows the detailed symptoms of baseline consultation	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)
27 February 2017	LMP: 2 January 2017 Secondary amenorrhoea. Absence of menses during February	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)
20 March 2017	LMP: 7 March 2017 Dryness of vagina. Decreased sexual desire. Left-sided sciatica	<i>Natrum mur</i> 200/8 doses (weekly 2 doses)
26 April 2017	LMP: 9 April 2017. Scanty menses. Severe pain in the right hypogastrium. Dryness of vagina	<i>Sepia</i> 200/8 doses (weekly 2 doses)
25 May 2017	LMP: 9 April 2017. Secondary amenorrhoea, absence of menses during May. Multinodular goitre	<i>Sepia</i> 200/8 doses (weekly 2 doses)
28 June 2017	LMP: 28 June 2017. Weight increased. Swelling of the thyroid gland	<i>Sepia</i> 200/8 doses (weekly 2 doses)
26 July 2017	LMP: 28 June 2017 Secondary amenorrhoea	<i>Sepia</i> 1M/4 doses (weekly 1 dose)
23 August 2017	Urine pregnancy test positive. Stool normal. General improvement. Morning sickness. The date of delivery was 3 April 2018	<i>Sac lac</i> /8 doses (weekly 2 doses)

DISCUSSION

Infertility is a major problem for a large group of the population worldwide for which wide varieties of conventional treatment options are available. Despite all these treatment modes, many of them remain sterile.^[7] Some cases suffer from infertility due to certain pathologies, while a number of them have unknown causes.^[8] Homoeopathic medicines have shown their usefulness in the treatment of infertility cases in pathologically advanced as well as those from unknown aetiology over decades.^[9-11]

All the three cases reported here, initiated treatment early, as they had a known pathology. They preferred homoeopathic treatment as a final step due to the inability to conceive.

A prolonged liquefaction time is a possible cause of infertility.^[12] In the first case, a male partner was suffering from prolonged liquefaction time and an *X-ray* 30C was prescribed. Since in subsequent visit, the female partner's urine pregnancy test was positive, so they did not report the husband's semen analysis report.

Homoeopathic medicines are useful in treating cases of tubal blockage. A case report showed the usefulness of individualised homoeopathic medicine, *Thuja occidentalis* based on miasm and *Thiosinaminum* as a specific medicine in the treatment of tubal block.^[13] In the case reported here, the female partner was suffering from a unilateral tubal block and the same medicines were found to provide a positive result.

A retrospective matched control study revealed that uterine anomalies such as septate, sub-septate and arcuate uterus decrease pregnancy and live birth rates in *in vitro* fertilisation/ intracytoplasmic sperm injection.^[14]

In these three cases with structural changes, functional symptoms preceding structural changes are considered for the totality of symptoms and prescription. Homoeopathy can treat cases with an underlying pathology or even when there is no apparent aetiology.^[15] This case series focuses on the individual and not solely on the disease, as per the homoeopathic principles of treating a man in disease and not a disease in man.

In all these three cases, the indicated common remedy was *Natrum mur*. It was also found to be useful for common symptoms such as weeping easily, irritability with sadness and weeping tendency before menses, irritability before menses, consolation aggravates, dryness of skin, irregular menses, menses too late, dysmenorrhoea and headache before menses. Dyspareunia and dryness of the vagina during coition were also prominent symptoms. Reduced sexual desire and itching on the external parts were the associated complaints.^[16]

It is ideal to treat both partners for infertility. Proper mental health support and individualised homoeopathic medicines are ideal to establish the family's well-being.^[17] Individualised homoeopathic

treatment can contribute to the management of infertility.^[18] This case series is limited to three cases; a study with a large sample size is warranted for further validation of the results.

CONCLUSION

Individualised homoeopathic treatment is found to be useful in the treatment of infertility. Even in the above-mentioned three cases with an underlying pathology, homoeopathic medicines were able to give positive results. It can be suggested that well-designed studies with a larger sample size could draw conclusive results.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. The patients had given their consent for the images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

None declared.

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Titre: L'utilité des médicaments homéopathiques pour l'infertilité - Une série de cas

Résumé : Introduction: L'infertilité est l'incapacité de mener à bien une grossesse dans les deux ans suivant des rapports sexuels réguliers non protégés. Dans le monde, 8 à 12 % des couples en âge de procréer sont confrontés à l'infertilité. L'infertilité peut résulter d'une pathologie sous-jacente ou de causes inexplicables et peut provoquer de graves perturbations émotionnelles chez les deux partenaires. La complexité et le coût des traitements conventionnels peuvent ne pas être abordables pour une majorité de personnes. **Case Summary:** Trois cas d'infertilité avec une pathologie sous-jacente traitée avec succès par un traitement homéopathique autonome sont rapportés. Ces cas présentaient une déformation structurelle comme cause d'infertilité. Les partenaires des patients ont également reçu des médicaments homéopathiques dans tous les cas. Le premier cas présentait un long temps de liquéfaction à l'analyse du sperme et la partenaire féminine avait un blocage tubaire unilatéral. L'investigation du deuxième cas a rapporté une varicocele ipsilatérale et des testicules de petite taille avec oligospermie. Dans le troisième cas, la femme présentait un syndrome des ovaires polykystiques avec un utérus sub-septal et un goître multinodulaire. Ces trois cas ont été traités avec un médicament homéopathique individualisé. Tous ces cas ont été suivis régulièrement et ils ont conçu dans les six mois suivant le traitement.

Titel: Der Nutzen von homöopathischen Arzneimitteln bei Unfruchtbarkeit - eine Fallserie

Zusammenfassung: Einleitung: Unfruchtbarkeit ist die Unfähigkeit, innerhalb von zwei Jahren nach regelmäßigem ungeschütztem Geschlechtsverkehr eine erfolgreiche Schwangerschaft zu erreichen. Weltweit sind 8-12 % der Paare im fortpflanzungsfähigen Alter von Unfruchtbarkeit betroffen. Unfruchtbarkeit kann auf eine zugrundeliegende Pathologie oder ungeklärte Ursachen zurückzuführen sein und kann bei beiden Partnern zu schweren emotionalen Störungen führen. Die Komplexität und die Kosten einer konventionellen Behandlung sind für die Mehrheit der Menschen nicht erschwinglich. **Zusammenfassung des Falls:** Es wird über drei Fälle von Unfruchtbarkeit mit einer zugrunde liegenden Pathologie berichtet, die erfolgreich mit einer eigenständigen homöopathischen Behandlung behandelt wurden. Diese Fälle wiesen eine strukturelle Deformität als Ursache der Unfruchtbarkeit auf. In allen Fällen erhielten auch die Partner der Patienten homöopathische Arzneimittel. Im ersten Fall wurde bei der Samenanalyse eine lange Verflüssigungszeit festgestellt, und die Partnerin hatte einen einseitigen Eileiterverschluss. Bei der zweiten Falluntersuchung wurden eine ipsilaterale Varikozele und kleine Hoden mit Oligospermie festgestellt. Im dritten Fall hatte die Frau ein polyzystisches Ovarialsyndrom mit einem subseptalen Uterus und einer multinodulären Struma. Alle drei Fälle wurden mit individuellen homöopathischen Arzneimitteln behandelt. Alle diese Fälle wurden regelmäßig nachkontrolliert, und sie wurden innerhalb von sechs Monaten nach der Behandlung schwanger.

शीर्षक: बांझपन के इलाज लिए होम्योपैथिक दवाओं की उपयोगिता- विषय श्रृंखला

सार: परिचय: बांझपन नियमित रूप से असुरक्षित संभोग के दो वर्षों के अन्दर एक सफल गर्भावस्था प्राप्त करने में असमर्थता की स्थिति है। प्रजनन-आयु के 8-12% जोड़ों को दुनिया भर में बांझपन का अनुभव होता है। बांझपन किसी भी अंतर्निहित विकृति या अस्पष्टीकृत कारणों से हो सकता है और दोनों भागीदारों में गंभीर भावनात्मक विकार पैदा कर सकता है। पारंपरिक उपचार की जटिलता और लागत अधिकांश लोगों के लिए सस्ती नहीं हो सकती है। **विषय सारांश:** एक अंतर्निहित विकृति के साथ बांझपन के तीन मामलों को सफलतापूर्वक एकल होम्योपैथिक उपचार के साथ इलाज किया गया। इन मामलों को बांझपन के कारण के रूप में एक संरचनात्मक विकृति के साथ प्रस्तुत किया गया। मरीजों के साथी को भी सभी उपचार में होम्योपैथिक दवाएं दी गईं। पहले मामले में वीर्य अध्ययन में द्रवण समय अधिकथा एवं महिला साथी के एक तरफ नली में रुकावट थी। दूसरे मामले में जाँच में यह पाया गया कि वृषण छोटे आकार के हैं, एवं वीर्य कम बन रहा है तथा समपाश्विक वृषकरज्जु है। इन सभी विषयों का नियमित रूप से पालन किया गया था और उन्होंने उपचार के छह महीने के भीतर गर्भधारण किया था।

Título: La utilidad de los medicamentos homeopáticos para la infertilidad: Una serie de casos

Resumen: Introducción: La infertilidad es la incapacidad de lograr un embarazo exitoso dentro de dos años de relaciones sexuales regulares sin protección. entre el 8% y el 12% de las parejas en edad reproductiva experimentan infertilidad en todo el mundo. La infertilidad puede ser el resultado de cualquier patología subyacente o causas inexplicables y puede causar trastornos emocionales graves en ambas parejas. La complejidad y el costo del tratamiento convencional pueden no ser asequibles para la mayoría de las personas. **Resumen del caso:** Se reportan tres casos de infertilidad con patología subyacente tratada exitosamente con tratamiento homeopático independiente. Estos casos presentaron deformidad estructural como causa de infertilidad. En todos los casos también se administraron medicamentos homeopáticos a los pacientes. El primer caso mostró un largo tiempo de licuefacción en el análisis de semen y la pareja femenina tenía un bloqueo tubárico unilateral. La segunda investigación de caso reportó varicocele ipsilateral y testículos de pequeño tamaño con oligospermia. En el tercer caso, la mujer presentaba síndrome ovárico poliquístico con útero subseptado y bocio multinodular. Los tres casos fueron tratados con medicina homeopática individualizada. Todos estos casos fueron objeto de seguimiento regular y fueron concebidos dentro de los seis meses siguientes al tratamiento.

标题：顺势疗法药物治疗不孕症的有效性-一个案例系列

摘要：引言：不孕症是指在正常的无保护性交两年内无法成功怀孕。全世界8-12%的育龄夫妇经历不孕症。不孕症可能由任何潜在的病理或无法解释的原因引起，并可能导致双方严重的情绪紊乱。传统治疗的复杂性和成本对大多数人来说可能无法承受。个案摘要：报道了三例具有独立顺势疗法治疗成功治疗的潜在病理的不孕症。这些病例表现为结构畸形作为不孕症的原因。在所有病例中，患者的伴侣也被给予顺势疗法药物。第一例精液分析液化时间长，女性伴侣有单侧输卵管阻塞。第二例调查报告同侧精索静脉曲张和小睾丸少精症。在第三种情况下，女性患有多囊卵巢综合征，伴有子宫下部和多节性甲状腺肿。所有三例均采用个体化顺势疗法药物治疗。所有这些病例都定期随访，并在治疗后六个月内怀孕