

Infertility cured by dynamic potencies

Dr. Partha Pratim Pal^{1*} & Dr. Madhumita Nath²

^{1*}Research Officer (H) / Scientist – I, Dr Anjali Chatterji Regional Research Institute for Homoeopathy, Kolkata under CCRH

²Senior Research Fellow (H), Central Council for Research in Homoeopathy, New Delhi – Ministry of AYUSH, Government of India

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ABSTRACT: Just like many other gynaecological diseases, Infertility is also one such condition where homoeopathy has shown its efficacy. The present case report is to highlight the positive result of the specific treatment adopted for a 26 years female who was unable to conceive for 2 years despite of trying with several available methods. The most probable cause of infertility in this case was polycystic ovarian syndrome (diagnosed clinically and radiologically). After methodical case taking and analysis of symptoms (both miasmatic and reportorial) Calc carb 1M was prescribed subsequently and ultimately after 11 months patient conceived and final ultrasonography also emphasized on the ovaries which were devoid of any abnormality now.

Key Words:

Introduction

Normal fertility has been defined as achieving a pregnancy within 2 years by regular unprotected sexual intercourse. Infertility can be primary (women who have never conceived) or secondary (women who have previously conceived) due to endometriosis, ovulation disorders, tubal infertility, and idiopathic ¹. 90–95% of anovulatory women seeking treatment for infertility have polycystic ovary syndrome (PCOS) and it can be concluded that PCOS is the most common cause of anovulatory infertility ². Infact in other words, the prevalence of infertility in women with PCOS varies between 70 and 80% ³. PCOS is a heterogeneous collection of signs and symptoms consisting of menstrual abnormalities, (70% of cases in the form of oligomenorrhoea, amenorrhoea or dysfunctional uterine bleeding), obesity, hirsutism, acne and acanthosis nigricans (especially associated with hyperinsulinaemia) ^{4,5}.

Homeopathy has been used in the past for treating a broad spectrum of diseases. However, in Gynaecology, its use remains limited when it comes to the context of evidence and publications. At least there are evidences of published case reports of infertility. For example, there is a study where the authors presented five cases of female infertility treated successfully with the use of homeopathic treatment in a large obstetrics-gynecology Hospital in Athens ⁶.

Case report

A 26 years old female patient attended outpatient department (OPD) in 29.08.17 with complaints of menstrual irregularities - menses were scanty and irregular i.e always delayed and remained for 2-3 days only. Associated complaints were of gradual increase in weight and chronic sick headache of many years which commenced everytime when she gets exposed to sunlight. Another occasional complaint was of urticarial eruptions which aggravated after perspiration. Most importantly there was a failure to conceive since 2 years.

History of present complaint -

Patient is married for 5years and for last 2 years patient had been trying to conceive (and within that period of restrain no such contraceptive measures were taken). Patient underwent weight reduction programme (weight- 72kg, height-5'1", BMI=30.95 kg/m²) followed by allopathic treatment for menstrual irregularities (without undergoing ultrasonography at that time). For 8 to 9 months she was having regular periods but flow didn't improve. Later sonographical report revealed that polycystic ovary was the pathology and the patient opted for homoeopathic treatment. Ultrasonography (USG) report revealed: Bilateral polycystic ovaries – both ovaries normal in size, shape and location with increased stromal echogenicity with multiple tiny peripheral cysts seen on 08.06.2018.

Past history: Chicken pox occurred at the age of 16years which healed spontaneously with proper rest and diet. Family history: Grandfather had adenocarcinoma of lungs and died out of it. Generals: Patient is obese. Appetite was good with craving for eggs. Thermal reaction was hot with profuse sweating on head and

trunk. Thirst was moderate. Stool and urine were reported to be normal. Patient also complained of a headache which aggravated on exposure to sunlight. She had a refreshing sleep. Local and systemic examination: Nothing significant observed.

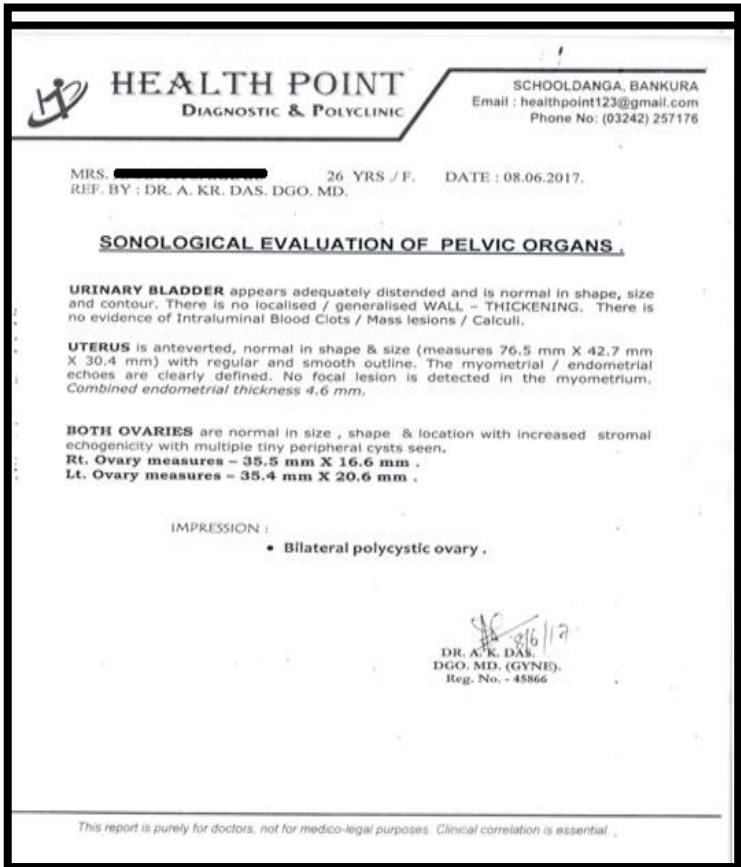


Figure 1: First USG

Analysis of the case -
After analyzing the symptoms of the case the characteristic physical generals and particular symptoms were considered for framing the totality. Excessive perspiration especially on scalp, desire for eggs, warmth aggravation, was the important general symptoms. Scanty menses, obesity, sterility, pain in head were the particulars included in totality. Miasmatic evaluation for presenting symptoms was done with the help of “Repertory of Miasms by Dr. R.P. Patel” showed predominance of Psora⁷.

Table: 1 - Miasmatic analysis of the symptoms

Psora	Syphilis	Sycosis
Sterility	Perspiration of scalp	Perspiration of scalp
Scanty menses	Warmth aggravates	Profuse perspiration
Pain in head from sun exposure		
Profuse perspiration		
Desire for eggs		
Urticarial eruptions		
Itching of skin during perspiration		

Considering the above symptomatology, Synthesis repertory was preferred and using RADAR 10.0 software, systemic repertorisation was done⁸.

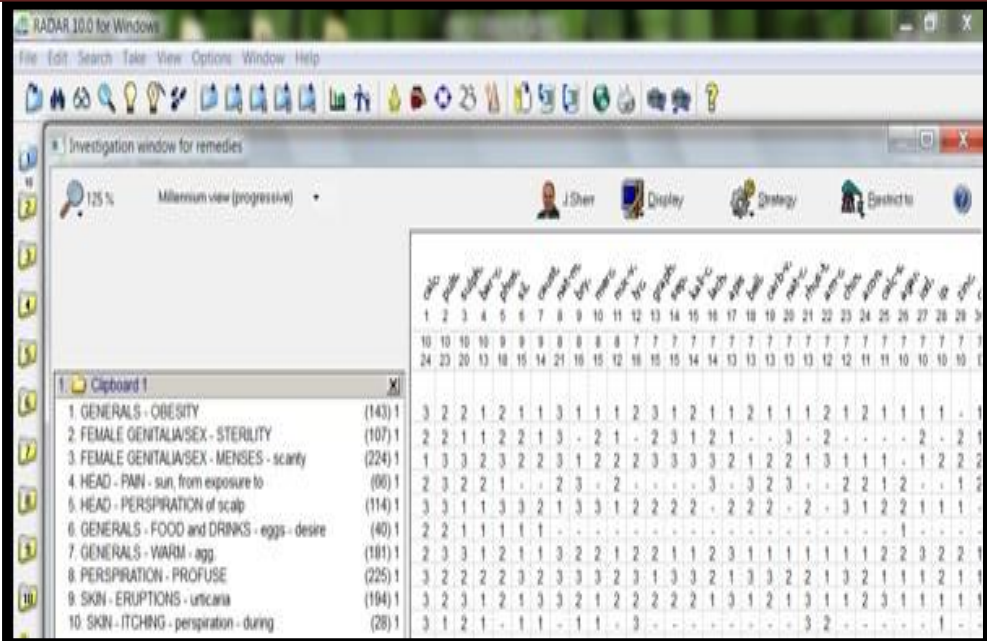


Figure 2: Repertorization table

Calcarea carbonicum 1M, one dose was prescribed on first visit (29th August 2017) followed by Placebo for 1 month, considering the repertorial totality and miasmatic background. In between Belladonna 200 was prescribed as SOS for headache if the acute paroxysms of headache occur amidst of this treatment. Details of follow up are summed up in table 2.

Table 2: Timeline including follow up of the case

Follow up	Indications for prescription	Medicine with doses
September 22 nd 2017	No menstruation yet. LMP = 24. 08.18. So, still there was time for the menses to appear. Complaints of throbbing headache occurred twice in last one month. Belladonna 200 was taken twice for 2 days to overcome the episode.	Calcarea carb 1M, OD x 2 days + Placebo for rest of the month
December 21 st 2017	Headache still persistent. Last menstrual flow (LMP = 25. 11.18) was scanty and remained for two days only. Pathologically patient was having improvement as ultrasonography showed normal right ovary although left ovary is still polycystic.	Calcarea carb 1M, OD x 1day + Placebo for rest of the month

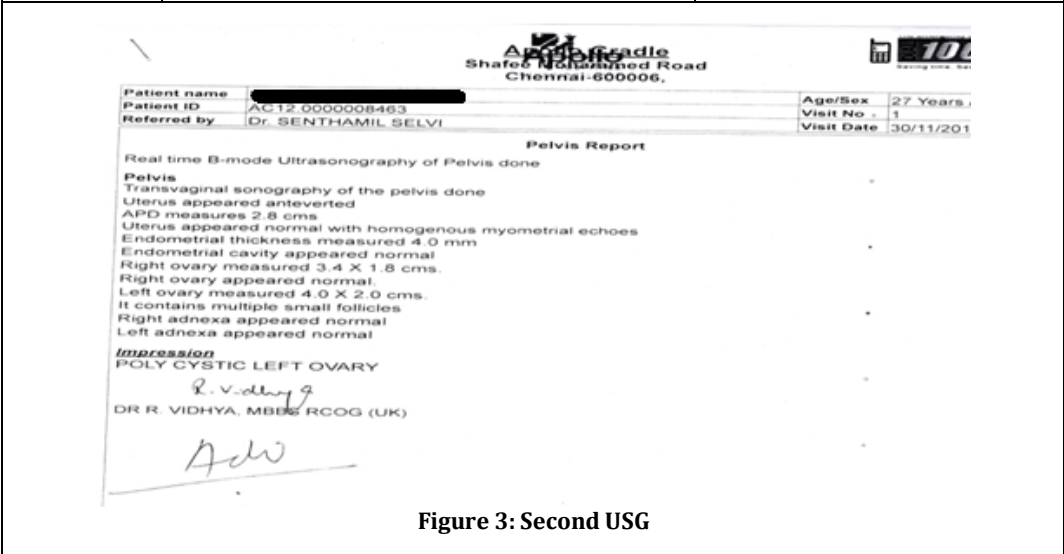


Figure 3: Second USG

April 26 th	Not conceived, headache still persisting.	Calcarea carb 1M, OD x 1day +
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2018	BMI=28.3 kg/m ²	Placebo for rest of days
June 15 th 2018	Last menstrual period was on 18.04.18 and patient was confirmed to be pregnant on 15.06.18 (urine for pregnancy report) and sonological evaluation of abdomen (done on 21.07.18) confirmed a single live intrauterine gestational sac containing foetus with cardiac activity at 10 weeks. So, the patient conceived ultimately.	No medicine

Purulia Medico Pathological Care Unit & Cancer Detection Centre

SHAKTI SANGHA

REGD. No. : 5/87559

CHOWK BAZAR, POST & DIST : PURULIA (WB)

Exam. Date : 15/06/2018
Report Date : 15/06/2018

Bill No. : 06/3321
Patient Name : [REDACTED]
Sex / Age : Female / 28 Year
Referred By : SELF.

URINE FOR PREGNANCY TEST

MATERIAL : URINE .
EXAMINATION : PREGNANCY TEST .
RESULT : " POSITIVE "

Figure 4: Urine examination for confirmation of pregnancy

DIAGNOSTIC & POLYCLINIC

Email : healthpoint123@gmail.com
Phone No: (03242) 257176

MRS. [REDACTED] 27 YRS. / F. DATE :- 21.07.2018.
REF BY : DR. A. K. DAS, DGO, MD.

L.M.P.: 14. 05. 2018. G.A.L.M.P. : 09 wks 05 days

SONOLOGICAL EVALUATION OF MATERNAL ABDOMEN

Sonological evaluation of MATERNAL ABDOMEN shows an intra-uterine gestational sac Containing Foetus with cardiac activity.

BIOPHYSICAL PROFILE

* Fetal Cardiac Activities Seen.
* Amniotic Fluid Volume Adequate.

BIOPHYSICAL PARAMETERS

* CRL = 31.3 mm = 10 wks. 0 d

Fetal Heart rate = 179 BPM.
Placenta is fundal & posterior.
Cervical length - 42.9 mm.
Internal OS is closed.
No Ovarian abnormality is noted. No other SOL / Mass is shown in pelvis.

IMPRESSION :- Sonological findings are consistent with a SINGLE, LIVE, INTRAUTERINE Foetus at 10 wks. 0 day of gestation.

Not all congenital anomalies can be detected on ultrasounds.
Prenatal determination of sex of foetus is not practiced in this center.
I (Dr. ANINDYA KUMAR DAS) declare that while conducting ultrasonography on Mrs. ANANYA SARKAR, I have neither detected nor disclosed the sex of her foetus to any body in any manner.

(Not for medicolegal purpose.)

DR. A. K. DAS,
DGO, MD. (GYNE),
Reg. No. - 45866(WBMC)

Figure 5: Final USG

Conclusion

In this case it is evident that with homeopathic treatment and diet management the patient was able to conceive within 8 months with pathological improvement of PCOS and obesity. One such case of infertility had also been reported where the patient conceived after 7 months after being treated with the similar i.e. *Calcarea carb*⁹. It does not make *Calcarea carb* a specific medicine for infertility as prescription of the most similimum in homeopathic therapeutic science can only be addressed with proper case taking, analysis and individualisation of the case and this similarity is a mere coincidence. Hence, using homeopathy to treat infertility may offer a unique opportunity for assessing its effectiveness with an established outcome (i.e. pregnancy).

But with advancement of medical sciences infertile couple seek treatment with other conventional mode of therapeutics and it has been rarely documented that homeopathy has a keen role in helping such couples. There is a clear need to conduct more clinical trials on the efficacy of homeopathy. Generally the homeopathic physician does not publish his or her result, nor does he replicate the same technique of treatment for patients with same disorder¹⁰. Furthermore, it is difficult to evaluate the results of homeopathic treatments in same manner as conventional treatment as a result of the differing medical principles and differing healing processes underlying each method. O'Donovan et al conducted a meta analysis of homeopathic trials for infertility, and concluded that the quality of the majority of trials was poor¹¹. However, if the homeopath publishes and evaluates the results of infertility treatments, he or she can procure a definitive result of the efficacy of their methods. Rather than having anecdotal evidence, homeopaths can have a success rate measured in fertility, and compare it with other more mainstream treatments for infertility¹². By comparing two disparate methods and measuring the success rate, researchers might be able to definitively conclude the value of homeopathy in treatment of infertility.

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