

Evaluation of role of homoeopathic treatment in unexplained infertility

Role of homoeopathy in unexplained infertility

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ABSTRACT

The aim of the present study was to assess the role of homoeopathic treatment in unexplained cases of infertility. It was an interventional study conducted on 55 patients. Patients who had tried conventional system of medicine at infertility centre & also tried for IUI & IVF but could not get any result were taken up for study. Medicines prescribed were Natrum-mur, (n=14), Natrum-carb (n=8), zincum-met (n=3), lycopodium (n=9), nux-vom, oopharinum, sepia (n=6), damiana-Q, (n=14), polygon-hydr, calc-carb, agnus-cactus, mag-carb, thuja each (n=1) in 30CH, 200CH, 1M potencies. The collected data were presented in terms of descriptive statistics. The study was conducted from June 2014 to Feb 2018. All patients were given exclusively homoeopathic treatment & counseling was done for almost all the patients. Results showed significant improvement in conception (n=3), improvement in pregnancy outcome (n=27), and improvement in quality of life & sexual life (n=21). Statistically significant improvement was seen (Chi square value, 31.9, Df-3 & P value= 0.000). Homoeopathic treatment was found effective in the treatment of unexplained infertility.

KEY WORDS: Unexplained infertility, Homoeopathy, Conception, quality of life, interventional study

INTRODUCTION:

Infertility is normally defined as the failure to conceive after 1 year of regular unprotected intercourse. When the outcome of a standard infertility assessment is normal, practitioners give a conclusion of unexplained infertility [1-4]. Prognosis in unexplained infertility depends on age factor of male & female, duration of fertility, occupational hazards, environmental exposure & response to treatment. Length of treatment taken for infertility may disturb the normal life of couple [5, 6]. Sometimes we do find their marital harmony & sexual life gets disturbed to such an extent they have aversion & distrust for taking treatment for infertility [7-10].

The best possible treatment plan needs to be stood on individual patient characteristics [11, 12]. In such cases along with counseling homoeopathic medicines help to raise the individual for normal conception [13, 14]. Homoeopathic medicine helped to bring back the harmony in marital life.

METHODOLOGY:

This was a single arm interventional study conducted at Dr. Gizare's infertility center, Belgaum, India from June 2014 to Feb 2018. Total 55 patients were registered for the study. Simple random sampling procedure was adopted. All patients were followed for the period of 6 months to 1 year. Follow up was done seen monthly or as per requirement. Counseling was done for all patients. Assessment was done on the basis of number of conception & well being at mental & physical level. Assessment of other related causes like prematurely ageing ovaries, subclinical autoimmune disease were identified & treated accordingly. This study was carried according to ICH-GCP guidelines and consent was taken prior to initiation of treatment. Intention-to-treat principle was followed throughout the study.

Selection of patients:

Inclusion criteria:

- Patients of unexplained infertility where exact cause is not known were considered on the basis of clinical history and findings.
- Patients above age of 25- 36yrs in patients of female & 25yrs-42yrs of male, irrespective of their occupation were taken up for the study..

- Most of the failure patients of IUI were considered.
- Primary and secondary infertility were taken up for study

Exclusion Criteria:

- Patients which are reluctant to take exclusively homoeopathic treatment
- All other causes pathological/ congenital defect.

Data Analysis:

Data obtained during the study were verified and analyzed using Statistical techniques. Data were managed in a pre-designed pro forma and managed in an excel sheet. Before statistical analysis, normality assessment was done using Chi -square test. Since the analysis was for testing the goodness of fitness. Data were expressed as mean (SD) and n (%).

RESULTS:

Demographic and baseline characteristics of respondents:

Table 1 reveals that male & female patients were almost equal in number. Gender wise % of infertility is equally common in both. Mean age of the females was slightly higher than males.

Gender, Age	n (%), mean (SD)
Male	27 (51), 30.29(3.87)
Female	28 (49), 33.41(4.73)

Table1: Gender and age distribution of patients at baseline

Table 2, shows the duration of marital life from 2yrs to 10 yrs & above. Patients opted for infertility treatment from 2yrs of marital life till date. The length of infertility treatment is more than 2yrs in 2 patients, 3yrs in 10 patients, 5 yrs in 3 patients, and 6yrs in 16 patients, 7yrs in 4 pts, 8yrs in 4 patients, 10 yrs in 5 patients, more than 10yrs in 11 patients. The longevity of treatment & effect of various treatments were assessed in detail. Study reveals 29% was highest with duration of 6yrs of marital life.

Marital life	n (%)
	[n=55]
2 years	2 (0.04)
3 years	10(0.18)
5 years	3(0.05)
6 years	16(0.29)
7 years	4(0.07)
8 years	4(0.07)
10 years	5(0.09)
More than 10 years	11(0.20)

Table 2: Duration marital life

Table 4 shows the details of occupation in 55 patients. Participants (n) who were housewife 13(0.24%), IT sector, 4(0.07%), metal industry 9(0.16%), nurse/sister 3(0.05%), computer operators 2 (0.04%), finance sector 1 (0.02%), others (23 0.42%). Study reveals that highest numbers were from housewives, then patients who were exposed to metal industry. Occupation has definite effect on fertility.

Occupation	n (%)
	[n=55]
House wife	13(0.24)
IT sector	4(0.07)
Metal industry	9(0.16)

Nurse	3(0.05)
Computer operators	2(0.04)
Finance sector	1(0.02)
Others	23(0.42)

Table 3: Distribution of patients according to occupation

Table 5, shows primary infertility were 44 (0.80%), Secondary infertility were 11(0.20%). It is observed that primary infertility is with higher percentage than secondary infertility.

Diagnosis	n (%)
	[n=55]
Primary Infertility	44(0.80)
Secondary Infertility	11(0.20)

Table 4, % of Primary and secondary infertility patients

Table 5 reveals the details of medical history associated with infertility & also a maintaining cause for unexplained infertility. The highest numbers of patients were with mental stress either due to occupational or family problems which were affecting their marital life & a cause for infertility. Ailments from mental stress were 12 (0.22%), non retention of semen 05 (0.09%), premature ejaculation 09 (0.16%), Painful coition 06 (0.11%), repeatedly tried for IUI then failed were 6(0.11%), patients with aversion for sex were 2 (0.04%) other causes like hyperacidity, H/O DM, family H/O infertility, premature ovarian failure, H/O repeated abortions, IVF failed were each 1 patient. Mental stress affecting the sexual life was more in number than other causes. Equally premature ejaculation & non retention of semen were other causes.

Medical history	n (%)
	[n=55]
1st Twins –Premature labor	1(0.02)

Family history of infertility	1(0.02)
Ail from Mental stress	12(0.22)
DM	1(0.02)
Dysmenorrhoea	3(0.05)
Hyperacidity	4(0.07)
IUI failed	6(0.11)
IVF failed	1(0.02)
Premature ovarian failure	1(0.02)
Non retention of semen	5(0.09)
Premature ejaculation	9(0.16)
H/O repeated abortions	1(0.02)
Aversion for sex	2(0.04)
Painful coition	6(0.11)
Others	2(0.04)

Table 5, Medical history of patients

Table 6, shows the details of homoeopathic treatment given. Damiana was the only drug prescribed in mother tincture. Natrum Mur 14(25.4%) and damiana 14(25.4%) were most frequently prescribed medicine at baseline and second prescription respectively.

Medicines prescribed at baseline n (%) [n=55]	1 st change of treatment (%) [n=55]	of n	Subsequent change of treatment n (%) [n=55]

Natrummur, 14(25.4)	Oopharinum 5(9.09)	Sepia 6 (10.9)
Natrum carb, 8(14.54)	Damiana Q 14(25.45)	Polygonum-Hydrop 1(1.81)
Zincum-met 3(5.45)	Agnus cactus 1(1.81)	-----
Lycopodium 9(16.36)	Mag carb 1(1.81)	-----
Nux vomica 7(12.72)	Thuja 1(1.81)	-----
Calc-carb 1(1.81)	-----	-----

Table 6: Details of homoeopathic remedies prescribed during the treatment of unexplained infertility

Clinical endpoints:

The primary objective was to assess the outcome of pregnancy was seen in 03 (0.05%) patients, improvement in sexual life & reached to normal life for conception were 27 (0.49%) patients, even after treatment patients desired to continue the treatment till conception were 21(0.39%). Patients discontinued the treatment after 6 months followed by treatment were 04(0.07%).

Study revealed that, prolonged infertility treatment which affected their family life & increased stress level was improved after taking homoeopathic treatment & desired to continue the treatment till they conceive was more positive part of study.

Statistical analysis done with Chi-Square test revealed that test is positive & significant-value shows that homoeopathic medicines are effective or significant in the treatment of unexplained patients of infertility. The above statistical analysis shows the significant outcome under the given conditions using the SPSS software version 23. The hypothesis was tested using the non-parametric test, Chi-Square and the results are show in the above tables. The Chi-Square test was observed to be significant based on the p-value ($0.000 < 0.05$) which is less than the standard 0.05 value as assumed for the above test. Further, it is also analyzed from the calculated chi-square value that, calculated value is greater than the standard chi-square table with $df = 3$ & $\alpha = 5\%$, i.e. $31.909 > 7.815$. Therefore, the null hypothesis, "Homoeopathic medicines are not effective or significant in the treatment of infertility", was rejected and the alterative hypothesis,

“Homoeopathic medicines are effective or significant in the treatment of unexplained & undiagnosed patients of infertility” was accepted.

DISCUSSION:

The study was undertaken in view of identifying the role of homoeopathic medicines in treating unexplained & undiagnosed patients of infertility. Primary objective was to identify & understand other related causes in unexplained patients of infertility. To understand different rubrics & Role of Knerr's repertory in treating unexplained patients of infertility [15].

Patients were followed for minimum six months & Maximum for 1 year. Patients who were on prolonged treatment for infertility from other treatments, wished to continue the treatment till they conceive. The establishment of harmony in family life, improvement in sexual life, well being at physical & mental level was observed in the study. Couples were voluntarily accepted to take exclusively homoeopathic treatment was more encouraging. Analysis was done in detail about treatment & its effectiveness in unexplained patients of infertility. Effectiveness of treatment was assessed in 55 patients.

The objective was to assess the outcome of pregnancy which was seen in 03 patients 0.05%, improvement in sexual life & reached to normal life for conception were 27 in number 0.49%, even after treatment patients desired to continue the treatment till conception were 0.39%, 04 patients discontinued the treatment after 6 months.

Study shows psychological factors related to family problems, occupational stress, and depression after infertility treatment for prolonged period were revealed during the study. Patients were significantly improved after the homoeopathic treatment along with counseling. Counseling played major role in bringing harmony in couples.

Natrum -mur along with oopharinum was frequently indicated drug, Damiana Q along with Nux-vomica & Lycopodium was more effective in the improvement of semen analysis, sexual life & quality life. Natrum- carb helped in retention of semen in 8 patients. All the remedies were prescribed in 30c, 200c, 1m potency depending on the intensity of symptoms.

Damiana was the only drug prescribed in mother tincture. Knerr Repertory helped in most of the patients for finding out Rubrics related to sterility.

Aversion for coition-perturbation & irritation if approached in action of flow of secretions followed by- drug is Polygonum-Hydr, this rubric is seen in Knerr repertory. Study shows Polygonum-Hydrop one of the rare drug which helps in treating patients of infertility. This was not used frequently. Section: Stages of life & constitution was very helpful in assessing the patients related to occupational hazards.

Study limitations include the short duration of follow up for the assessment of number of conceptions. It is felt that further study in relation to genetic factors may help to assess the patient in detail. Study of rare drugs may help to increase the number of conceptions.

Woman were more oriented for career & working couples not having issues in the first five years of married life were more prone for infertility, so initial counseling is required as a part, in pre or post marital life. Age factor plays important role in treating infertility patients.

CONCLUSION:

Homoeopathic treatment for unexplained infertility have shown promising outcome. Homoeopathic medicines not only improved quality of life but also marginally enhanced the fertility rate. Further studies with more number of cases may be helpful to show improvement in conception rate.

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AUTHOR'S CONTRIBUTION

The manuscript was written through contributions of all authors. All authors have approved the final version of the manuscript.

CONFLICTS OF INTEREST

The authors declare no competing financial interests.

References:

1. Boivin J, Bunting L, Collins JA, Nygren KG. International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. *Human reproduction*. 2007 Jun 1; 22(6):1506-12.
2. Gnoth C, Godehardt E, Frank-Herrmann P, Friol K, Tigges J, Freundl G. Definition and prevalence of subfertility and infertility. *Human reproduction*. 2005 May 1; 20(5):1144-7.
3. Rao L, Babu A, Kanakavalli M, Padmalatha V, Singh A, Singh PK, Deenadayal M, Singh L. Chromosomal abnormalities and y chromosome microdeletions in infertile men with varicocele and idiopathic infertility of South Indian origin. *Journal of andrology*. 2004 Jan 2; 25(1):147-53.
4. Zargar AH, Wani AI, Masoodi SR, Laway BA, Salahuddin M. Epidemiologic and etiologic aspects of primary infertility in the Kashmir region of India. *Fertility and sterility*. 1997 Oct 1; 68(4):637-43.
5. Jaffe J, Diamond MO. Reproductive trauma: Psychotherapy with infertility and pregnancy loss clients. American Psychological Association; 2011.
6. Culley L, Hudson N, Van Rooij F. Introduction: Ethnicity, infertility and assisted reproductive technologies. In *Marginalized Reproduction 2012* May 16 (pp. 17-30). Routledge.
7. Kalampokas T, Botis S, Kedikgianni-Antoniou A, Papamethodiou D, Kivellos S, Papadimitriou V, Salvanos G, Papanistidis N, Gavaris I, Sofoudis C, Kalampokas E. Homeopathy for infertility treatment: a case series. *Clinical and experimental obstetrics & gynecology*. 2014 Jan 1; 41(2):158-9.
8. Gerhard I, Wallis E. Individualized homeopathic therapy for male infertility. *Homeopathy*. 2002 Jul 1; 91(3):133-44.
9. Lobreiro J. Homeopathic treatment for infertility in a prize Nelore bull. *Homeopathy*. 2007 Jan 1; 96(1):49-51.
10. Smith JF, Eisenberg ML, Millstein SG, Nachtigall RD, Shindel AW, Wing H, Cedars M, Pasch L, Katz PP, Infertility Outcomes Program Project Group. The use of complementary and alternative fertility treatment in couples seeking fertility care: data from a prospective cohort in the United States. *Fertility and sterility*. 2010 May 1; 93(7):2169-74.

11. Mathie RT, Hacke D, Clausen J, Nicolai T, Riley DS, Fisher P. Randomised controlled trials of homeopathy in humans: characterising the research journal literature for systematic review. *Homeopathy*. 2013 Jan 1;102(1):3-24.
12. Lalor L. Fertility Success Using Homeopathy and the Vannier Method. *Homoeopathic Links*. 2005; 18(01):9-12.
13. Coulson C, Jenkins J. Complementary and alternative medicine utilisation in NHS and private clinic settings: a United Kingdom survey of 400 infertility patients. *Journal of Experimental & Clinical Assisted Reproduction*. 2005 Dec; 2(1):5.
14. Glenz A, Resch I, Hagens C. Homeopathy in infertility and during menopause. *Gynakologische Endokrinologie*. 2008; 6(2):109.
15. Knerr KB. *Repertory of Hering's Guiding Symptoms of our Materia Medica*, 1997. B Jain, New Delhi. 1993.