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Primary infertility in a female due to ovarian endometrioma managed with homoeopathic medicine Pulsatilla – A case report

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Abstract

Background: Infertility is defined as the failure to achieve a natural pregnancy after 12 months of regular unprotected sexual intercourse. There are various factors influencing fertility in females, such as ovulatory disorders, endometriosis, pelvic adhesions, tubal blockage, other tubal/uterine abnormalities and hyperprolactinemia, among which endometriosis is the second most common cause of female infertility. Endometriomas are cystic lesions that stem from endometriosis. This case report explores the usefulness of individualised homoeopathic treatment in addressing primary infertility associated with ovarian endometrioma.

Case Summary: A 27-year-old woman with a history of laparoscopic cystectomy and three unsuccessful intrauterine insemination attempts sought homoeopathic intervention after experiencing a recurrence of ovarian endometrioma and inability to conceive for two years. *Pulsatilla* 200C was administered based on a comprehensive assessment of her symptoms, emphasising individual characteristics. Over a treatment period of two years, there was a gradual improvement in her symptoms, including a reduction in painful menstruation and normalisation of menstrual flow. She successfully conceived and delivered a healthy baby. The Modified Naranjo Criteria for Homeopathy score of +8 strongly indicates a causal attribution between the treatment and the outcome. This case highlights the potential of Homoeopathy as an alternative approach to addressing fertility issues associated with ovarian endometrioma. However, further research is warranted to establish the broader applicability of homoeopathic interventions in infertility management.

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Primary infertility in a female due to ovarian endometrioma managed with homoeopathic medicine *Pulsatilla* – A case report

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Abstract

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Keywords: Homoeopathy, Ovarian endometrioma, Pregnancy, Primary Infertility

INTRODUCTION

Infertility is defined as the failure to achieve a natural pregnancy after 12 months of regular unprotected sexual intercourse.^[1] It is the most common issue reported during the reproductive age and affects about 10-15% of couples attempting to achieve pregnancy worldwide. Infertility is classified as primary and secondary. Primary infertility refers to a woman who has never conceived, and secondary infertility refers to a woman who has conceived at least once before.^[2] Globally, an estimated 60–80 million couples experience infertility each year. In India alone, around 15–20 million people are affected by infertility, accounting for approximately 25% of the global burden.^[3] The most common identifiable factors for female infertility include ovulatory disorders, tubal abnormalities such as blockages, endometriosis causing pelvic adhesions, uterine abnormalities such as fibroids or congenital defects and hormonal imbalances like hyperprolactinemia that disrupt ovulation and fertility.^[4] Among the above-mentioned factors,

endometriosis is the second most common cause of female infertility.^[5] Endometriomas are cystic lesions that stem from endometriosis. It affects approximately 10% of reproductive-aged women and is a common cause of chronic pain, dyspareunia, dysmenorrhea and infertility.^[6] Several clinical and epidemiological studies have demonstrated an association between endometriosis and infertility; in fact, it has been estimated that 30–50% of women affected by endometriosis are infertile.^[7] The treatment of infertility due to endometrioma is laparoscopic cystectomy following *in vitro* fertilisation (IVF). Recent studies indicate that there is a reduction in the

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ovarian reserve following surgical intervention and there is no difference in pregnancy rates between surgical intervention before IVF and intact endometrioma.^[8] Homoeopathy is proven to be effective in treating infertility.^[9,10] This case report aimed to demonstrate the usefulness of individualised homoeopathic medicine in primary infertility due to ovarian endometrioma.

PATIENT INFORMATION

A 27-year-old female working as an accountant visited the infertility outpatient department in National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India, on 17 July 2019, with the complaints of primary infertility since two years of marriage.

The patient got married in 2017 and was trying to conceive for two years. She had a regular menstrual cycle for five days every month, with scanty flow and severe abdominal pain, lower back ache and vomiting on the first two days. She also had dryness of vagina. In 2018, she was diagnosed with bilateral ovarian endometrial cysts and underwent laparoscopic cystectomy. Even after cystectomy, there was a recurrence of ovarian endometriotic cyst. Patient's partner was healthy, and his semen analysis report was within normal limits.

In 2019, she underwent an intrauterine insemination procedure thrice, which was unsuccessful. Her father had hypertension, and her sister also had infertility. No other relevant family history was reported.

Clinical findings

The patient was very irritable, short-tempered, sensitive, got offended easily, was vulnerable to weeping and was interested in singing and painting. Her appetite was diminished, though she had a desire for sweets and aversion to spicy foods. She had burning in the urethra before passing urine, had regular bowels and was thermally hot.

The patient was moderately built, with a height of 150 cm and a weight of 55 kg. No pallor, cyanosis, icterus, clubbing, oedema, or lymphadenopathy was noted. She was afebrile, with a pulse rate of 74 beats/min, a respiratory rate of 17 breaths/min and a blood pressure of 110/70 mmHg. No abnormalities were found during the general physical and systemic examinations. An ultrasound conducted on 13 December 2019 showed cystic lesions in both ovaries, suggestive of endometriotic cysts.

Therapeutic intervention

This case was thoroughly analysed and evaluated. Based on the totality of symptoms including emotional sensitivity (offended easily, weeping), irritability, aversion to spicy foods, craving for sweets, diminished appetite, burning before urination, painful and scanty menses and ovarian cysts, repertorial analysis was conducted using the Synthesis repertory in the RADAR OPUS software. Figure 1 illustrates the repertorisation chart derived from these rubrics. The top three remedies identified were *Pulsatilla* 10/20, *Calcarea carb.* 9/17 and *Phosphorus* 9/16. While *Calcarea carb.* presents with mental weakness, insecurity and a craving for indigestible foods, it did not match the patient's emotional profile as closely as *Pulsatilla*, which is more suited to patients who are emotionally sensitive, easily offended and prone to frequent weeping, as observed in this case. *Phosphorus*, although similar in terms of menstrual symptoms (early, profuse and bright red flow), tends to be more extroverted and excessively affectionate, which was not in line with the patient's presentation. The patient's menstrual irregularities, along with symptoms such as a craving for sweets, aversion to spicy foods, a burning sensation before urination and ovarian cysts, strongly pointed to *Pulsatilla*. Therefore, *Pulsatilla* 200C single dose (three medicated globules in sugar of milk) was prescribed. The potency was selected based on the clarity of the constitutional picture, presence of characteristic mental symptoms and a moderate depth of pathology.

Follow-up and outcomes

No aggravation was reported after administration of *Pulsatilla* 200C. There was a significant improvement after the first visit, and sustained progress continued for 24 months [Table 1]. The total score of outcome as per the Modified Naranjo Criteria for Homeopathy (MONARCH)^[11] [Table 2] was +8, which was close to the maximum score of +13 and is indicative of causal attribution of the individualised homoeopathic treatment to the positive outcome in this infertility case.^[11]

DISCUSSION

The holistic approach, addressing both physical and emotional symptoms, offered a non-invasive alternative to further surgical interventions. This approach proved to be of a significant role in successfully treating the case of a 27-year-old woman who had undergone laparoscopic cystectomy and experienced three unsuccessful intrauterine insemination attempts before seeking homoeopathic treatment. *Pulsatilla* 200C was administered

	puls.	calc.	phos.	lys.	sulph.	seep.	nux-v.	arg-n.	bell.	nat-m.	merc.	zinc.	sil.	bag-c.	chin.	thuj.	caust.	lach.	alum.
1. MIND - OFFENDED, EASILY (135) 1	2	3	1	3	2	2	3	1	2	2	1	2	2	2	1	1	3	2	2
2. MIND - WEEPING - easily (52) 1	3	2	1	1	2	1	2	2	1	1	1	1	1	1	1	1	3	2	1
3. MIND - IRRITABILITY (645) 1	3	3	3	3	3	3	2	3	3	2	3	3	2	2	3	3	2	3	3
4. GENERALS - FOOD AND DRINKS - spices - aversion (22) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1	2	2	2	3	3	2	1	3	1	1	2	1	1	1	1	3	1	1	1
6. STOMACH - APPETITE - diminished (308) 1	1	1	1	2	1	1	1	2	1	1	1	1	1	1	1	1	1	2	3
7. URETHRA - PAIN - urination - before - burning (37) 1	2	2	1	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1
8. FEMALE GENITALIA/SEX - MENSES - scanty (253) 1	3	1	3	2	3	3	2	3	1	3	2	2	2	2	1	1	2	3	2
9. FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts (70) 1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
10. FEMALE GENITALIA/SEX - MENSES - painful (306) 1	2	2	2	2	2	2	2	1	3	1	2	2	1	1	1	1	2	2	1

Figure 1: Repertorisation chart using the Synthesis repertory, RADAR OPUS software

Table 1: Follow-up and timeline

Follow-up date	Complaints	Prescription	Remarks/Justification
17 July 2019	Baseline Characteristics	<i>Pulsatilla</i> 200C - One dose - STAT (3 medicated globules in sugar of milk)	Advised to report after one month
30 July 2019	LMP-15 July 19; Scanty flow, severe abdominal pain with vomiting, pain in lower back, burning sensation in urethra before voiding urine reduced in intensity and frequency; Irritable mood present; Itching all over the body; Generals: Appetite improved; no complaints regarding thirst or bowel movements; Sleep normal.	<i>Pulsatilla</i> 200C - 4 doses (Each dose contains 3 medicated globules in sugar of milk)	One dose was given per week, advised to be taken on the same day each week. As the patient showed symptomatic improvement, the same dose was continued. Advised to report after a month
27 August 2019	LMP-13 August 19; severe abdominal pain with vomiting and low back pain, scanty flow; Burning sensation in urethra while passing urine relieved, Itching all over the body relieved; Patient felt calmer than before, with reduced irritability; Generals: Appetite improved, no complaints regarding thirst or bowel movements; Sleep normal.	No medicine given	No medicine was given since itching all over the body and burning sensation in urethra relieved
21 September 2019	LMP-6 September 2019; intensity of pain during menses reduced, no vomiting. Generals: No complaints regarding thirst, appetite or bowel movements; Sleep normal	No medicine given	No medicine was given since the intensity of pain during menses is reduced and there is no vomiting
15 October 2019	Mentally stable with calm mood. LMP-1 October 2019; duration 5 days with pain in abdomen, scanty flow, reduced appetite, reduced thirst; Irritable mood.	<i>Pulsatilla</i> 1M/4 doses (Each dose contains 3 medicated globules in sugar of milk)	The patient reported experiencing painful menstruation, along with reduced appetite and thirst; hence, the potency of the same medicine was increased. One dose was given per week, advised to be taken on the same day each week. Advised to report after a month.
12 November 2019	LMP-27 October 2019, duration 5 days, normal flow, reduced appetite and thirst, general weakness of the body; Irritability reduced.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
10 December 2019	LMP-21 November 2019; duration 4 days, scanty flow with mild pain in abdomen, appetite and thirst improved; calm mood.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
24 December 2019	LMP-19 December 2019; Scanty flow, intensity of pain during flow reduced. No other complaints.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
4 February 2020	LMP-14 January 2020; Intensity of pain during flow reduced, weakness of the body. No other complaints.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
3 March 2020	LMP-10 February 2020; No pain during menses. Generally, well-being. No other complaints.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
24 March 2020	LMP-10 March 2020; Menses regular, flow normal; no other complaints.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.

(Contd...)

Table 1: (Continued)

Follow-up date	Complaints	Prescription	Remarks/Justification
19 May 2020–02 March 2021	Patient was on regular follow-ups during this period. Menses were in regular cycle with normal flow and no pain during menses. No other complaints.	No medicine given	No medicine was prescribed as the patient's complaints had subsided.
11 May 2021	LMP-06 May 2021; flow profuse, painful menstruation associated with breast pain with mild irritability and weeping tendency.	<i>Pulsatilla</i> 1M/2doses (Each dose contained 3 medicated globules in sugar of milk)	The patient reported experiencing painful menstruation associated with breast pain so the last given potency was repeated. One dose was given at 2-weeks interval, advised to be taken on the same day of the week. Advised to report after a month.
05 June 2021	LMP-03 June 2021; menses were regular, no pain during menses, flow normal, general physical and mental well-being was satisfactory.	No medicine given.	No medicine was prescribed as the patient's complaints had subsided.
06 July 2021	LMP-28 June 2021; menses were regular, no pain, flow scanty. General well-being was maintained.	No medicine given.	No medicine was prescribed as the patient's complaints had subsided.
03 August 2021	Urine pregnancy test positive. Patient expressed happiness and reported general well-being, both physically and mentally.	No medicine given.	Pregnancy confirmed clinically; no acute complaints, hence no prescription was needed.
12 October 2021	Amenorrhea for 2 months. Pregnancy confirmed after investigations. USG revealed single live intrauterine gestation of 11 weeks 5 days. General well-being maintained.	No medicine given.	USG confirmed a viable pregnancy. No further complaints reported, hence no medication given.
15 June 2022	Patient delivered successfully at term through normal vaginal delivery. Baby was healthy and weighed 3.1 kg. Postnatal recovery was smooth. General and mental well-being of both mother and child were satisfactory.	No medicine prescribed during delivery or postnatally.	Follow-up after delivery confirmed stable condition; no complications noted.

USG: Ultrasound sonography, LMP: Last menstrual period

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH)

S. No.	Domains	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3	Was there a homeopathic aggravation of symptoms?		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)?	+2		
5	Did overall well-being improve? (suggest using validated scale)	+1		
6 (A)	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6 (B)	<i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of 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	
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	
8	Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		0	
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?			0
	Total score			+8

based on a comprehensive evaluation of the patient's symptoms, with a particular emphasis on individual characteristic symptoms such as irritability, quick anger, sensitivity, being easily offended, a tendency to weep easily and scanty menstrual flow.

On the first follow-up, on 30 July 2019, the patient reported experiencing itching all over the body, painful and scanty menstruation, vomiting and low back pain. Both the frequency and intensity of the burning sensation in the urethra before urination were reduced. As the patient was feeling better, *Pulsatilla* 200C was repeated, followed by no medicine for the next month since the complaints of itching had subsided. During the third follow-up, the patient reported a reduction in the intensity of abdominal pain and no vomiting, so no medicine was administered. On the subsequent visit, the patient exhibited diminished appetite, reduced thirst and scanty menstrual flow, prompting an increase in potency to *Pulsatilla* 1M. The patient gradually improved. Subsequently, no medicine was given for the next 16 months as the patient exhibited no other symptoms and was under observation.

On 11 May 2021, the patient reported painful menstruation with profuse flow associated with breast pain. Her last menstrual period (LMP) was 06 May 2021. *Pulsatilla* 1M/2 doses were given, and in the following visit, her complaints were reduced. For the next two months, no medicine was administered. On 3 August 2021, the patient presented with amenorrhea, and a urine pregnancy test confirmed a positive result, with ultrasonography further confirming the pregnancy.

After two years of receiving individualised homoeopathic treatment, the patient successfully conceived and delivered a baby without encountering any complications. The total score of +8 of Modified Naranjo Criteria for Homeopathy indicates that there is a possible causal association between the homoeopathic intervention and the outcome.

The relevant medical literature indicates that while laparoscopic cystectomy is a common treatment for endometriosis-related infertility, it may not significantly improve pregnancy rates and can reduce ovarian reserve, making non-invasive treatments like Homoeopathy worth exploring.^[8] Homoeopathy's potential in regulating hormonal imbalances and enhancing ovulation, promotes conception by constitutional treatment, as supported by recent research studies,^[12,13] aligns with the positive outcome observed in this case.

Although the patient conceived and delivered successfully, a longer duration of observation would be necessary to assess long-term efficacy and potential recurrence of symptoms. This case report demonstrates that an individualised homoeopathic approach with proper selection of medicine, potency and dosage repetition can effectively improve fertility. No adverse events were reported during the whole duration of treatment.

CONCLUSION

The favourable outcome in this patient with primary infertility, who successfully conceived and delivered a healthy baby

after homoeopathic intervention, underscores the significance of incorporating holistic approaches into fertility care. Nevertheless, it is crucial to acknowledge the imperative for additional research and more extensive studies to firmly establish the broader applicability of Homoeopathy in the management of infertility.

Declaration of patient consent

The authors affirm that they have secured all necessary patient consent forms. The patient has provided written consent for the publication of clinical information in the journal. The patient is aware that her name and initials will not be disclosed, and diligent efforts will be made to protect her identity. However, complete anonymity cannot be guaranteed.

Patient's perceptive

'Despite laparoscopic surgery for endometriotic cysts, conception remained elusive. Homoeopathy brought hope by gradual reduction of my complaints and leading to the long-awaited pregnancy. My husband and I are happy after the pregnancy.'

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None.

Conflicts of interest

None declared.

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Infertilité primaire chez une femme due à un endométriose ovarien, prise en charge par le médicament homéopathique *Pulsatilla* – Étude de cas

Contexte: L'infertilité est définie comme l'impossibilité d'obtenir une grossesse naturelle après 12 mois de rapports sexuels réguliers non protégés. Différents facteurs influencent la fertilité féminine, tels que les troubles ovulatoires, l'endométriose, les adhérences pelviennes, l'obstruction tubaire, d'autres anomalies tubaires/utérines et l'hyperprolactinémie. L'endométriose est la deuxième cause d'infertilité féminine la plus fréquente. Les endométrioses sont des lésions kystiques d'origine endométriose. Cette étude de cas explore l'utilité d'un traitement homéopathique individualisé pour traiter l'infertilité primaire associée à un endométriose ovarien.

Résumé du cas : Une femme de 27 ans, ayant subi une cystectomie laparoscopique et trois tentatives d'insémination intra-utérine infructueuses, a consulté un médecin homéopathique après une récurrence d'endométriose ovarien et une incapacité à concevoir pendant deux ans. *Pulsatilla* 200 C lui a été administré après une évaluation complète de ses symptômes, mettant l'accent sur les caractéristiques individuelles. Au cours des deux ans de traitement, ses symptômes ont progressivement diminué, avec notamment une réduction des douleurs menstruelles et une normalisation du flux menstruel. Elle a conçu et accouché d'un bébé en bonne santé. Le score de +8 aux critères de Naranjo modifiés pour l'homéopathie indique clairement une relation de cause à effet entre le traitement et le résultat. Ce cas met en évidence le potentiel de l'homéopathie comme approche alternative pour traiter les problèmes de fertilité liés à l'endométriose ovarien. Cependant, des recherches supplémentaires sont nécessaires pour établir l'applicabilité plus large des interventions homéopathiques dans la prise en charge de l'infertilité.

Primäre Unfruchtbarkeit bei einer Frau aufgrund eines ovariellen Endometrioms, behandelt mit dem homöopathischen Arzneimittel *Pulsatilla* – Ein Fallbericht

Hintergrund: Unfruchtbarkeit ist definiert als das Ausbleiben einer natürlichen Schwangerschaft nach 12 Monaten regelmäßigen ungeschützten Geschlechtsverkehrs. Verschiedene Faktoren beeinflussen die Fruchtbarkeit von Frauen, wie z. B. Ovulationsstörungen, Endometriose, Verwachsungen im Becken, Eileiterverschluss, andere Eileiter-/Gebärmutteranomalien und Hyperprolaktinämie. Endometriose ist die zweithäufigste Ursache für weibliche Unfruchtbarkeit. Endometriome sind zystische Läsionen, die von Endometriose herrühren. Dieser Fallbericht untersucht den Nutzen einer individualisierten homöopathischen Behandlung bei primärer Unfruchtbarkeit im Zusammenhang mit einem ovariellen Endometriom.

Fallzusammenfassung: Eine 27-jährige Frau mit einer laparoskopischen Zystektomie in der Vorgeschichte und drei erfolglosen intrauterinen Inseminationsversuchen suchte nach einem Rückfall des ovariellen Endometrioms und zweijähriger Unfruchtbarkeit homöopathische Hilfe. *Pulsatilla* 200C wurde ihr nach einer umfassenden Beurteilung ihrer Symptome verabreicht, wobei individuelle Besonderheiten berücksichtigt wurden. Im Verlauf von zwei Jahren besserten sich ihre Symptome allmählich, einschließlich einer Verringerung der Menstruationsschmerzen und einer Normalisierung des Menstruationsflusses. Sie wurde schwanger und brachte ein gesundes Kind zur Welt. Der Wert von +8 nach den modifizierten Naranjo-Kriterien für Homöopathie deutet stark auf einen kausalen Zusammenhang zwischen Behandlung und Behandlungsergebnis hin. Dieser Fall unterstreicht das Potenzial der Homöopathie als alternativer Ansatz zur Behandlung von Fruchtbarkeitsproblemen im Zusammenhang mit ovariellen Endometriomen. Weitere Forschung ist jedoch erforderlich, um die breitere Anwendbarkeit homöopathischer Interventionen in der Unfruchtbarkeitsbehandlung zu etablieren.

ओवेरियन एंडोमेट्रियोमा के कारण एक महिला में प्राथमिक बांझपन का होम्योपैथिक दवा पल्सेटिला द्वारा प्रबंधन- एक केस रिपोर्ट

पृष्ठभूमि: बांझपन को 12 महीने तक नियमित असुरक्षित संभोग के बावजूद प्राकृतिक गर्भावस्था प्राप्त करने में विफल रहने की स्थिति के रूप में परिभाषित किया गया है। महिलाओं में प्रजनन क्षमता को प्रभावित करने वाले कई कारक होते हैं, जैसे कि अंडाशय संबंधी विकार, एंडोमेट्रियोसिस, पेल्विक अंगों के बीच असमान्य चिपकाव, ट्यूबल ब्लॉकेज, अन्य ट्यूबल या गर्भाशय संबंधी असामान्यताएं और हाइपरप्रोलैक्टिनीमिया, इनमें एंडोमेट्रियोसिस महिला बांझपन का दूसरा सबसे आम कारण माना जाता है। एंडोमेट्रियोमा ऐसे सिस्टिक घाव होते हैं जो एंडोमेट्रियोसिस से उत्पन्न होते हैं। यह केस रिपोर्ट ओवेरियन एंडोमेट्रियोमा से सम्बंधित प्राथमिक बांझपन के प्रबंधन में व्यक्तिगत होम्योपैथिक उपचार की प्रभावशीलता का मूल्यांकन करती है।

केस सारांश: लेप्रोस्कोपिक सिस्टेक्टोमी और तीन असफल अंतर्गर्भाशयी गर्भाधान प्रयासों के इतिहास के साथ एक 27 वर्षीय महिला ने ओवेरियन एंडोमेट्रियोमा की पुनरावृत्ति और दो वर्षों तक गर्भ धारण करने में असमर्थता के पश्चात होम्योपैथिक हस्तक्षेप हेतु परामर्श लिया। व्यक्तिगत लक्षणों के पूर्ण मूल्यांकन के आधार पर *पल्सेटिला* 200C दवा दी गई। लगभग दो वर्षों की होम्योपैथिक उपचार अवधि के दौरान, उसके लक्षणों में धीरे-धीरे सुधार हुआ, जिसमें कष्टदायी मासिक धर्म में कमी और मासिक प्रवाह का सामान्य होना शामिल था। अंततः उसने सफलतापूर्वक गर्भधारण किया और एक स्वस्थ शिशु को जन्म दिया। होम्योपैथी के लिए संशोधित नारंजो मानदंड के अनुसार +8 का स्कोर उपचार और परिणाम के बीच एक कारणात्मक संबंध को दर्शाता है। यह केस ओवेरियन एंडोमेट्रियोमा से सम्बंधित प्रजनन समस्याओं के प्रबंधन में होम्योपैथी की संभावनाओं को एक वैकल्पिक दृष्टिकोण के रूप में उजागर करता है। हालांकि, बांझपन के प्रबंधन में होम्योपैथिक हस्तक्षेप की व्यापक उपयोगिता को सिद्ध करने के लिए और अधिक अनुसन्धान की आवश्यकता है।

Infertilidad primaria en una mujer debido a un endometrioma ovárico tratada con el medicamento homeopático *Pulsatilla* – Reporte de un caso

Antecedentes: La infertilidad se define como la imposibilidad de lograr un embarazo natural después de 12 meses de relaciones sexuales regulares sin protección. Existen diversos factores que influyen en la fertilidad femenina, como trastornos ovulatorios, endometriosis, adherencias pélvicas, obstrucción tubárica, otras anomalías tubáricas/uterinas e hiperprolactinemia, entre las cuales la endometriosis es la segunda causa más común de infertilidad femenina. Los endometriomas son lesiones quísticas derivadas de la endometriosis. Este reporte de caso explora la utilidad del tratamiento homeopático individualizado para abordar la infertilidad primaria asociada al endometrioma ovárico.

Resumen del caso: Una mujer de 27 años con antecedentes de cistectomía laparoscópica y tres intentos fallidos de inseminación intrauterina buscó tratamiento homeopático tras experimentar una recurrencia de un endometrioma ovárico e incapacidad para concebir durante dos años. Se le administró *Pulsatilla* 200C tras una evaluación exhaustiva de sus síntomas, haciendo hincapié en sus características individuales. Durante dos años de tratamiento, se observó una mejoría gradual de sus síntomas, incluyendo una reducción de las menstruaciones dolorosas y la normalización del flujo menstrual. Logró la concepción y dio a luz a un bebé sano. La puntuación de +8 en los Criterios de Naranjo Modificados para la Homeopatía indica claramente una atribución causal entre el tratamiento y el resultado. Este caso destaca el potencial de la homeopatía como alternativa para abordar los problemas de fertilidad asociados al endometrioma ovárico. Sin embargo, se requieren más investigaciones para establecer una aplicabilidad más amplia de las intervenciones homeopáticas en el manejo de la infertilidad.

卵巢子宫内膜异位症导致女性原发性不孕症，采用顺势疗法治疗白头翁——病例报告

背景: 不孕症是指在12个月规律、无保护的性交后仍未能自然受孕。影响女性生育力的因素有很多，例如排卵障碍、子宫内膜异位症、盆腔粘连、输卵管堵塞、其他输卵管/子宫异常以及高催乳素血症，其中子宫内膜异位症是女性不孕症的第二大常见原因。子宫内膜异位症是源自子宫内膜异位症的囊性病变。本病例报告探讨了个体化顺势疗法治疗卵巢子宫内膜异位症相关原发性不孕症的有效性。

病例摘要: 一名27岁的女性，曾接受腹腔镜囊肿切除术，并尝试过三次宫腔内人工授精，但均未成功。由于卵巢子宫内膜异位症复发且两年无法怀孕，她寻求顺势疗法干预。医生根据患者的症状进行了全面评估，并强调了患者的个体特征，并给予了*Pulsatilla* 200C。在两年的治疗期内，患者的症状逐渐改善，包括痛经减轻、月经量恢复正常。她成功怀孕并产下了一个健康的婴儿。改良纳兰霍顺势疗法标准评分为+8，强烈表明治疗与结果之间存在因果关系。本案例凸显了顺势疗法作为解决卵巢子宫内膜异位症相关生育问题的替代方法的潜力。然而，还需要进一步研究来确定顺势疗法干预在不孕症管理中的更广泛适用性。