

26-6-2025

Role of individualised homoeopathic treatment in a case of secondary infertility with uterine fibroid treated through psychosomatic approach: A case report

Neha Swarup

State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India, nehaswrp92@gmail.com

Mahesh Gupta

State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India, mwellgupta20@gmail.com


Maneesh Mishra

State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India, 031093@gmail.com

Sanjay Gupta

State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India, Sanjaygupta82874@gmail.com

Follow this and additional works at: <https://www.ijrh.org/journal>

 Part of the Homeopathy Commons

How to cite this article

Swarup N, Gupta M, Mishra M, Gupta S. Role of individualised homoeopathic treatment in a case of secondary infertility with uterine fibroid treated through psychosomatic approach: A case report. Indian J Res Homoeopathy 2025;19:155-63. doi: [10.53945/2320-7094.2044](https://doi.org/10.53945/2320-7094.2044)

This Case Report is brought to you for free and open access by Indian Journal of Research in Homoeopathy. It has been accepted for inclusion in Indian Journal of Research in Homoeopathy by an authorized editor of Indian Journal of Research in Homoeopathy. For more information, please contact ijrhone@l@gmail.com.



Role of individualised homoeopathic treatment in a case of secondary infertility with uterine fibroid treated through psychosomatic approach: A case report

Abstract

Introduction: Infertility is the inability of a couple to conceive even after being sexually active for a period of one year. It is a fact that the inability to have one's own child is a grave concern worldwide. Infertility is a globally prevalent condition, with 8–12% of the world population suffering from it. Infertility in females can be due to several causes, one of them is a uterine anomaly like uterine fibroid. Uterine fibroids are generally considered a structural pathology and mostly managed as a surgical condition. A vast literature review emphasises the importance of psychological factors which can lead to structural pathologies, such as uterine fibroids causing infertility, and that this psycho-somatic aspect should be considered as a factor for infertility, which can be treated by individualised homoeopathic medicines.

Case Summary: This is a case of 30-year-old female suffering from secondary infertility along with recurrent uterine fibroids even after the procedure of myomectomy. A psychosomatic assessment of the patient and her homoeopathic treatment for a period of 24 months, along with individualised homoeopathic medicine, *Aurum muriaticum natronatum* in 200C and 1M potencies, proved beneficial in her treatment of secondary infertility. The causal attribution of the likelihood of the effect of psycho-somatic homoeopathic treatment on a patient's secondary infertility was assessed with Modified Naranjo Criteria for Homeopathy (MONARCH). Further elaborate research is necessary to ascertain the role of homoeopathic medication in treating secondary infertility.

Acknowledgments and Source of Funding

None

Role of individualised homoeopathic treatment in a case of secondary infertility with uterine fibroid treated through psychosomatic approach: A case report

Neha Swarup*, Mahesh Gupta, Maneesh Mishra, Sanjay Gupta

State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India

Abstract

Introduction: Infertility is the inability of a couple to conceive even after being sexually active for a period of one year. It is a fact that the inability to have one's own child is a grave concern worldwide. Infertility is a globally prevalent condition, with 8–12% of the world population suffering from it. Infertility in females can be due to several causes, one of them is a uterine anomaly like uterine fibroid. Uterine fibroids are generally considered a structural pathology and mostly managed as a surgical condition. A vast literature review emphasises the importance of psychological factors which can lead to structural pathologies, such as uterine fibroids causing infertility, and that this psycho-somatic aspect should be considered as a factor for infertility, which can be treated by individualised homoeopathic medicines. **Case Summary:** This is a case of 30-year-old female suffering from secondary infertility along with recurrent uterine fibroids even after the procedure of myomectomy. A psychosomatic assessment of the patient and her homoeopathic treatment for a period of 24 months, along with individualised homoeopathic medicine, *Aurum muriaticum natronatum* in 200C and 1M potencies, proved beneficial in her treatment of secondary infertility. The causal attribution of the likelihood of the effect of psycho-somatic homoeopathic treatment on a patient's secondary infertility was assessed with Modified Naranjo Criteria for Homeopathy (MONARCH). Further elaborate research is necessary to ascertain the role of homoeopathic medication in treating secondary infertility.

Keywords: *Aurum muriaticum natronatum*, Individualised homoeopathic treatment, Psychosomatic diseases, Secondary Infertility, Uterine fibroid

INTRODUCTION

Infertility is defined as the inability of a couple to conceive even after unprotected intercourse for a year.^[1] According to a study, more than 186 million people suffer from infertility.^[2] It is especially more prevalent in developing countries. The World Health Organization (WHO) classifies infertility into mainly two types: Primary and Secondary infertility.^[1]

Secondary infertility is the most common type of female infertility.^[2,3] International Classification of Diseases, tenth revision, Clinical Modification (ICD-10 CM) classifies causes of female infertility under section N97 due to ovarian factors (sub-section N97.0), such as anovulation in polycystic ovarian disease or tubal factors (sub-section N97.1), such as salpingitis, tubal blockage, etc., or uterine factors (sub-section N97.2), such as uterine fibroids, adenomyosis, PID, etc.^[4] Studies show that 20–40% of women during reproductive age group

suffer from uterine fibroids.^[5] The uterine fibroids can lead to infertility because of so many reasons, such as fibroid at the cornual end of the uterus causing blockage of the fallopian tube, blocking the passage of the sperms and preventing fertilisation and, asymmetrical glandular and fibrous stromal growth of the endometrium making it less responsive to hormonal stimulation preventing implantation.^[6] An age-period cohort study in 2019 showed the highest global prevalence of fibroids in Brazil, the U.S.A., and India, respectively.^[7] This study, being recent, is an alarming report of the gravity of increasing

***Address for correspondence:** Neha Swarup,
A-99, Sector-A, Shantipuram Colony, Phaphamau, Prayagraj - 211 013,
Uttar Pradesh, India.
E-mail: nehaswrp92@gmail.com

Received: 18 January 2024; **Accepted:** 19 May 2025

Access this article online

Quick Response Code:

Available in print
version only

Website:
www.ijrh.org

DOI:
10.53945/2320-7094.2044

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Swarup N, Gupta M, Mishra M, Gupta S. Role of individualised homoeopathic treatment in a case of secondary infertility with uterine fibroid treated through psychosomatic approach: A case report. *Indian J Res Homoeopathy* 2025;19:155-63.

fibroid cases in India. The conventional treatments for fibroids include GnRH analogues, myomectomy, etc., and the failure of these procedures complicate infertility further.^[5]

Psychosomatic disorders are classified under ICD-10-CM Diagnosis Code F45.9 as disorders characterised by physical symptoms and structural changes affected by emotional factors. They generally involve a single organ system and psychological factors are believed to play a major role in their aetiology.^[8] A study showed that stress can lead to uterine fibroids due to an imbalance in oestrogen-progesterone levels, causing activation of the hypothalamic-pituitary-adrenal axis to release cortisol, a stress hormone.^[9] A recent systematic review done in 2022 emphasises how much psychological stress can affect fertility rates and females with decreased fertility rates showed higher symptoms of depression and anxiety. The review also depicted how psychological interventions resulted in higher pregnancy rates.^[10] Homoeopathic literature and treatment have always emphasised the importance of psychological factors involved in the development of diseases and to consider them during the treatment of the patient. In aphorism 15 of *Organon of Medicine*, Dr Samuel Hahnemann (1755–1843) mentions that “...*affection of the morbidly deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism...are one and the same*”.^[11] He describes *psychosomatic diseases* in aphorism 225, which “...*originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree.*”^[11] Homoeopathy has reportedly proven to benefit in infertility, for instance, a series of treated cases^[12-15] showcased how homoeopathic treatment has cured complicated cases of infertility due to various causes, through a holistic approach giving importance to both mental and physical symptoms of patients. Thus, this case emphasises the importance of the psychosomatic approach in secondary infertility of a female patient with uterine fibroid and its treatment through consideration of both psychological stress factors and physical symptoms of the patient.

PATIENT INFORMATION

On 4th December 2021, a 30-year-old, married female came to the outpatient department of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, Uttar Pradesh, India, with the complaint of not being able to conceive for the last two years. Along with this, she stated that she suffered from recurrent uterine fibroid, painful menstruation, and pain during coition.

She was first diagnosed with uterine fibroid about four years ago and went through the procedure of myomectomy. She got married a year after myomectomy, and conceived within six months of marriage. She delivered at full term of pregnancy, a low birth weight baby (1521g) through caesarean section (done due to foetal distress). The newborn started to asphyxiate

shortly after birth and passed away. About one year later, the patient was diagnosed with another uterine fibroid, and when the couple was not able to conceive for two years, they came to the outpatient department for homoeopathic treatment. She informed that she was also treated with conservative medications (anti-depressant like fluoxetine) for anxiety and depression. She reported of having suicidal thoughts due to severe mental trauma in the past. Later on, she discontinued the treatment.

Her mother suffered from hypertension and passed away from cardiac complications.

Clinical findings

Local examination

Upon abdominal palpation, the hypogastrium was tender when pressure was applied, and a hard mass was felt in the hypogastric region, more toward the right lower quadrant. She had pallor along with a haemoglobin level of 10.1 g/dL, which confirmed anaemia.

Generalities

Physical generals

The patient was lean and dark-skinned. Her height was 5 feet, 4 inches, and she weighed 55 kg. She was thermally a chilly person (sensitive to cold exposure). Perspiration was prominent on the face and non-offensive. Her thirst was normal, 3–3.5 L/day. She preferred spicy, savoury food (chaat, pani-puri, etc.), and ice cream. She complained of headaches when exposed to too much heat, or whenever she thought of her past sad moments, and experienced bloating during menstruation. She got eruptions on her face on sun exposure and during menses. Her last menstrual period (LMP) was on 15th November 2021. Menses were painful; the flow was profuse, dark red. She had dark red and profuse menstruation since menarche. The flow became painful when she started suffering with uterine fibroid. Leucorrhoea was present with itching. Her stool and urination were normal. Her sleep was disturbed and she used to get startled from slight noises.

Mental generals

The patient belonged to a very strict and dictatorial family, where she was brought up under a lot of stress of maintaining the prestige of the family, which affected her social behaviour and relations. She lived with her father and two brothers; her mother passed away when she was about eight years old. Her family was very harsh and used to beat her severely (even her younger brother) on making any mistake. Sometimes she was made to starve as a punishment. All of this developed a feeling of unworthiness and she felt that she could not live up to the standards of her family. Since childhood, she loved sports, especially racing. Her first major mental trauma was in class 10th when she practised sincerely for months for the state 400 meters race, hiding it from her family as they never allowed her to participate in any extra-curricular activity. One day before the race, her brother found out about it. He beat her severely and locked her. In her own words “that was

when my one and only wish in life died.” She felt insulted and mortified. She started hating herself, her being a female, and thought if she had been a male, things might have been different. She pursued her post-graduation (M.A.) and she used to help in the shop owned by her brothers. She liked a man who came to the shop, but her family never approved of him, stating it was shameful of her to even think so. That was the time she attempted to commit suicide by drinking poison as she thought it was her fault, and was saved through medical aid. She felt her life was a burden and that she could never be an ideal female. During that time, she first experienced troubles in the menstrual cycle and was diagnosed with uterine fibroid, and after a period of conservative treatment, she went through myomectomy.

Diagnostic assessment

It was a diagnosed case of secondary infertility with uterine fibroid. The patient’s ultrasound report, dated 30th November 2021, showed a bulky uterus of size (100 × 40 × 50) mm, myometrium showed the presence of an intramural uterine fibroid (60 × 57 mm in size) in the anterior wall of body of uterus, and thickened endometrium of 8 mm. Her hormonal assay values were in normal range and her husband’s semen analysis was also normal.

Totality of symptoms

A proper analysis of the case was done according to principles of Organon of Medicine, 6th Edition^[11] to obtain the following totality of symptoms:

1. Excessive domination in childhood by parents.
2. A feeling of inferiority compared to others in society and self-doubt because of the strictness and demand of perfectionism by the family.
3. Recurrent insults of the patient by her brothers.
4. State of depression and loss of hope of a bright future.
5. Ailments from disappointed love.
6. Remembering the past often and had suicidal thoughts.
7. Shifting type of headache from temple to temple.
8. Secondary infertility, uterine fibroid, and leucorrhoea.
9. Flatulence and desire for spicy food and ice cream.
10. Thermal - Chilly, the patient was sensitive to cold and aggravated from cold weather and applications.

Repertorial totality

The repertorisation was done from Synthesis Repertory, version 9.1, on RADAR software, version 10.0 [Figure 1]. The Synthesis repertory does not contain medicines under the rubric ‘infertility’ and gives a cross-reference to sterility. Hence, the ‘sterility’ rubric was considered here instead of ‘infertility’.^[16]

The miasmatic classification of the symptoms was done based on principles of the book Organon of Medicine, 6th Edition^[11] and the first volume of the Chronic Diseases, their peculiar Nature, and their Homoeopathic Cure.^[17] The evaluation of the intensity of symptoms were presented with three symbols: ‘+++’, ‘++’, and ‘+’ signifying severe, moderate, and mild, respectively, in their intensities as presented by the patient.

Therapeutic intervention

On the basis of the totality of symptoms and repertorisation, Aurum muriaticum natronatum 200C was prescribed and dispensed in 40-sized globules to be taken orally. The patient was advised to take six globules in an empty stomach for consecutively three days. The potency of the prescribed medicine was increased in follow-up visits as per the requirement. The homoeopathic medicine was procured from a GMP-certified pharmaceutical firm.

Predominant miasm

The case was a combination of sycosis and syphilis miasms [Table 1].^[11,17,18]

The medicine was prescribed after evaluation and repertorisation of the totality of the symptoms described above.

On 04.12.2021, *Aurum muriaticum natronatum* was selected after confirming with homoeopathic Materia Medica as it covered the totality of symptoms, along with fibroid growth of the uterus and despondent suicidal thoughts. *Aurum muriaticum natronatum* 200 C/3 dose (6 globules in each dose) was prescribed to be taken empty stomach in the early morning. All further prescriptions were done based on principles of *Organon of Medicine* (6th Edition)^[11] and principles of *Dr. J.T. Kent’s* (1849–1916) second prescription and twelve observations described in his book *Lectures on Homoeopathic philosophy*.^[19]

Follow up and outcomes

The follow-ups and progression of the case has been depicted in Table 2. The Modified Naranjo Criteria (MONARCH) score was calculated [Table 3] for the above case to evaluate the causal attribution of the likelihood of the effect of psychosomatic homoeopathic treatment on the patient’s case of secondary infertility.^[20]

DISCUSSION

Even though infertility is attributed to structural and hormonal causes, modern medical science has acknowledged psychological stress as one of the emerging causes for infertility.^[9,10] Many studies show how psychological stress can lead to infertility by creating hormonal imbalance and, in-turn, producing any structural pathology psychosomatic in origin. An elaborate systemic review by depicts how psychological stress can lead to infertility and that psychological therapeutic intervention has improved rates of fertility.^[10] Research shows that Homoeopathy is an effective complementary and alternative medicine when it comes to psychological cases of infertility, as presented in two case series.^[12,13] A case study presents a case of infertility due to major psychological factors and tubal blockage due to genital tuberculosis, and another case report of infertility due to post-operative tubal blockage, were treated with holistic homoeopathic treatment, respectively.^[14,15] The individualised homoeopathic treatment emphasises that each case is unique and focuses

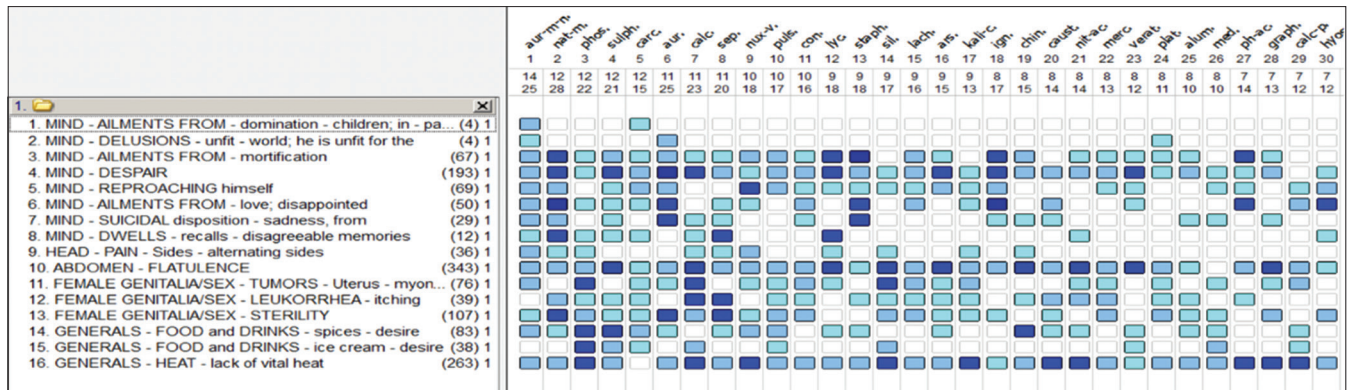


Figure 1: Repertorial result from synthesis repertory (version 9.1) in RADAR software (version 10.0)

Table 1: Evaluation of symptoms and repertorial totality			
S. No.	Repertorial totality of symptoms	Miasmatic diagnosis	Intensity of symptoms
1	Mind – ailments from – domination – children; in – parental control; long history of excessive	Sycosis	+++
2	Mind – delusions – unfit – world; he is unfit for the	Sycosis	+++
3	Mind – ailments from - mortification	Sycosis	+++
4	Mind – despair	Sycosis	++
5	Mind – reproaching himself	Syphilis	+
6	Mind – ailments from – love; disappointed	Psora	++
7	Mind – suicidal disposition – sadness, from	Syphilis	+++
8	Mind – dwells – recalls – disagreeable memories	Syphilis	+++
9	Head – pain – sides – alternating sides	Psora	++
10	Abdomen – flatulence	Tubercular	+
11	Female genitalia/sex – tumours – uterus - myoma	Sycosis	+++
12	Female Genitalia/sex – leucorrhoea - itching	Syco-Syphilitic	++
13	Female genitalia/sex – sterility	Sycosis	+++
14	Generals – food and drinks – spices - desire	Psora	++
15	Generals – food and drinks – ice cream - desire	Syphilis	++
16	Generals – heat – lack of vital heat	Psora	++

“+++”, “++”, and “+” signifying severe, moderate, and mild respectively in their intensities as presented by patient

on the patient’s totality of symptoms, rather than focusing only on the disease. When both the psychological and somatic causes are taken into consideration, Homoeopathy can prove to be a gentle, non-surgical mode of treatment

in psychosomatic cases.

The above case was of a 30-year-old female suffering from secondary infertility and an intramural uterine fibroid. She had a history of harsh teenage life with strong familial domination and repeated vexation and mortification. The patient was depressive and used to have suicidal thoughts by remembering her past. Her hormonal assay values were in the normal range and her husband’s semen analysis was normal. As *Dr. C.F.S. Hahnemann* states in Aphorism 225 of *Organon of Medicine*, 6th Edition,^[11] continuous mental vexation, worries, wrongs lead to the destruction of corporeal health, so is in this case too. Long-term mental trauma in turn was accompanied by recurrent uterine fibroids. The patient also primarily gave birth to LBW baby who could not survive for even 24 h due to respiratory stress. When the totality of symptoms was made along with psychosomatic analysis in the above case, the patient was treated. The homoeopathic medicine *Aurum muriaticum natronatum* was selected based on repertorisation and was prescribed according to principles of *Organon of Medicine*, 6th Edition,^[11] in 200C and 1M potencies to the patient, as it covered most of the mental and physical symptoms of the patient. The patient conceived within 1½ years of treatment with resolution of fibroid and mental wellness. After 24 months of overall treatment, she delivered a healthy baby (birth weight – 3000 g) in the 37th week of pregnancy. The causal attribution assessed by MONARCH criteria for the likelihood of the effect of psycho-somatic homoeopathic intervention in curing the secondary infertility of the patient was + 9 out of the highest score of +13, which stated a strong potential causal attribution.^[19]

This case signifies that focusing on the treatment of psychological stress factors can lead to better homoeopathic treatment of organic diseases. The above case also showed how Homoeopathy summarises a patient’s psychological as well as pathological aspects to reach to a similimum medicine. With the availability of a range of medicines, the scope of homoeopathic treatment for every patient can be dealt exclusively, considering both the psychological stress and physical ailments, as the above case depicts. This case also signifies that psychosomatic

Table 2: Dates of intervention, progress of symptoms, and instructions for the patient

Date of visit	Follow-up of the patient	USG findings	Prescription	Instructions for the patient
04 December 2021 (baseline visit)	<ul style="list-style-type: none"> • Depressive and suicidal thoughts • Melancholic mood • Painful menses with dark and profuse flow • Leucorrhoea with itching 	The USG report of November 30 th , 2021, showed a bulky uterus of size (100×40×50) mm, myometrium showed the presence of an intramural uterine fibroid (60×57 mm in size) in the anterior wall of the body of uterus	<i>Aurum muriaticum natronatum</i> 200C/3 doses (each dose consists of 6 globules) to be taken early in the morning on an empty stomach for consecutive 3 days	The patient was instructed to follow the dietary regimen advised. As the patient was anaemic, she was advised to take iron-rich food, such as dates, roasted bengal gram (chana), jaggery, beetroot, citrus fruits and protein-rich food as milk, mixed pulses on a daily basis.
10 January 2022 (1 st Follow-up)	<ul style="list-style-type: none"> • Dysmenorrhoea • Dyspareunia and suicidal thoughts reduced 	-	No medicine was given as improvement continued	
07 February 2022 (2 nd Follow-up)	<ul style="list-style-type: none"> • Heavy and dark menstrual flow • Dysmenorrhoea and dyspareunia reduced further 	The USG report (on Feb 3 rd , 2022) showed hepatomegaly (15.4 cm) with hepatic steatosis grade 1, the bulkiness of uterus reduced (9.4×3.6×5.5 cm), intramural fibroids developed (7×8 mm) and the fibroid reduced in size (37×38 mm). The endometrial thickness became normal.	<i>Aurum muriaticum natronatum</i> 200C/1 dose was prescribed each dose consists of 6 globules) to be taken early morning the next day on an empty stomach	
15 March 2022 (3 rd Follow-up)	<ul style="list-style-type: none"> • Blackish clots during menstruation • Leucorrhoea not much relieved but she felt better so far, her mental symptoms were concerned 	-	No medicine was given as mental symptoms were better with no severe physical symptoms.	
13 April 2022 (4 th Follow-up)	<ul style="list-style-type: none"> • Sad thoughts • Physical symptoms better • Leucorrhoea present though itching reduced 	-	<i>Aurum muriaticum natronatum</i> 1M/1 dose (6 globules)	
16 June 2022 (5 th Follow-up)	<ul style="list-style-type: none"> • Leucorrhoea increased before menses • All other symptoms are better 	The transvaginal ultrasonography (on 5 th June 2022) revealed that size of uterus returned to normal, and but the size of intramural fibroid seen on anterior endometrial wall was increased (43×41 mm)	<i>Aurum muriaticum natronatum</i> 1M/1 dose (6 globules to be taken in one dose) to be taken early morning the next day on an empty stomach.	
20 August 2022 (6 th Follow-up)	All symptoms better	The USG report (on 14 th August 2022) showed the uterine fibroid was treated. Hepatomegaly was also reduced to the normal size of the liver.	No medicine was given as improvement continued	
17 October 2022 (7 th Follow-up)	Physically and mentally better	-	No medicine was given as improvement continued	
21 December 2022 (8 th Follow-up)	Complaint of heavy flow during menses recurred	-	<i>Aurum muriaticum natronatum</i> 1M/1 dose (6 globules to be taken in one dose) to be taken early morning the next day on an empty stomach	
25 March 2023 (9 th Follow-up)	Menses did not appear in March, with no other complaints. Meanwhile, she went out of the station for 4 months.	-	She was advised to get investigated for pregnancy and no medicine was given as improvement in all other symptoms continued	
05 April 2023 (10 th Follow-up)	The follow-up was done on call; she confirmed that she had conceived	The USG report (on 5 th April 2023) showed pregnancy of 6 weeks of gestational age (by LMP)	After she was confirmed of being pregnant, and advised to be in regular consultation with a gynaecologist for further mandatory antenatal visits and for taking essential health supplements	

(Contd...)

Table 2: (Continued)

Date of visit	Follow-up of the patient	USG findings	Prescription	Instructions for the patient
01 July 2023 (11 th Follow-up)	After 4 months, she contacted, with an ultrasonography showing pregnancy of 18 weeks and 2 days of gestational age (by LMP)	The USG report (on 1 st July 2023) showed that she conceived and had completed 18 weeks and 2 days of gestational age (by LMP)	No medicine was given as improvement continued and the patient was instructed to inform if there is any discomfort	
16 August 2023 (12 th Follow-up)	The patient was mentally and physically healthy with no stress during pregnancy. The growth of the foetus was also normal	At the 21 st month (on 14 th August 2023) of treatment report showed normal foetal growth at 24 weeks and 4 days of gestational age (by LMP)	No medicine was given as improvement continued and the patient was instructed to inform if there is any discomfort	
28 September 2023 (13 th Follow-up)	The growth of the foetus was normal with good health status of the patient	At the 22 nd month (on 25 th September 2023) of treatment. The foetal growth was still normal at 30 weeks and 1 day of gestational age (by LMP)	No medicine was given as improvement continued and patient was instructed to inform if there is any discomfort	
03 November 2023 (14 th Follow-up)	The patient was normal and the growth of the foetus was also normal	At the 24 th month (on 2 nd November 2023) of treatment. By the 34 weeks and 3 days of gestational age (by LMP) the foetus and the patient were both healthy	No medicine was given as improvement continued and patient was instructed to inform if there is any discomfort	
18 November 2023 (15 th Follow-up)	The family of the patient informed us about the delivery of a healthy baby, along with the well-being of the patient	On 18 th November 2023, the patient gave birth to a normal-weight baby (3000 g), with no complications, through a caesarean section as advised by the attending gynaecologist. The baby survived and all the vitals of baby were normal	The treatment of the patient was completed and she was advised some general dietary instructions to take adequate nutritive supplements as necessary.	

Table 3: Assessment by Modified Naranjo Criteria for Homeopathy (MONARCH)

Domains	Yes	No	Not sure or N/A
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 time frame relative to the drug 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)?	+1		
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)			0
6A. <i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B. <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?	+1		
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 a known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations clinical examination, etc.)	+1		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		
			Total score=+9

cases of infertility can be successfully treated with a holistic homoeopathic approach. This case report further builds evidence to show how an individualised medicine *Aurum muriaticum natronatum* successfully treated a psychosomatic case of secondary female infertility and uterine fibroid.

Even though the case establishes strong evidence of the psychosomatic causation of infertility and its effective homoeopathic treatment, this report reflects the experience of only one patient, which limits its generalisability. Larger sample sizes are needed to establish efficacy. There was a lack of a comparative group receiving standard or placebo treatment, making it difficult to isolate the effect of the homoeopathic intervention. Although the psychosomatic basis is emphasised, a standardised psychological scale (e.g., for depression, anxiety, stress) was not used to quantify mental health changes over time. Thus, well-planned, randomised and controlled research in the future on a larger group can provide efficacy of homoeopathic treatment of infertility, focusing primarily on psycho-somatic cases of infertility.

CONCLUSION

This individualised psychosomatic approach led to the cure of secondary infertility. Although this case is evident in showcasing the importance of the psycho-somatic approach in treatment of secondary infertility, further randomised-controlled studies are needed to elaborate the effectiveness of the homoeopathic psychosomatic approach in the management of secondary infertility cases.

Declaration of patient consent

The patient has given her written consent for reporting her clinical information. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity but anonymity can not be guaranteed.

Financial support and sponsorship

None.

Conflicts of interest

None declared.

REFERENCES

1. World Health Organization. Infecundity, Infertility, and Childlessness in Developing Countries. DHS Comparative Reports No. 9. Available from: <https://www.who.int/publications/m/item/infecundity-infertility->

- and-childlessness-in-developing-countries---dhs-comparative-reports-no.-9 [Last accessed on 2024 Jan 10].
2. Borghet MV, Wyns C. Fertility and infertility: Definition and epidemiology. *Clin Biochem* 2018;62:2-10.
3. Nachtigall RD. International disparities in access to infertility services. *Fertil Steril* 2006;85:871-75.
4. ICD 10 Data.com. Female infertility N97. American Medical Association Press. Available from: <https://www.icd10data.com/ICD10CM/Codes/N00-N99/N80-N98/N97> [Last accessed on 2024 Jan 09].
5. Dutta DC. Textbook of Gynecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2021.
6. Howkins, Shaw B. Textbook of Gynaecology. 17th ed. New Delhi: Elsevier Health Science; 2018.
7. Lou Z, Huang Y, Li S, Luo Z, Li C, Chu K, *et al.* Global, regional, and national time trends in incidence, prevalence, years lived with disability for uterine fibroids, 1990-2019: An age-period-cohort analysis for the global burden of disease 2019 study. *BMC Public Health* 2023; 23:916.
8. ICD10 Data.com. Somatoform Disorder, Unspecified. American Medical Association Press. Available from: <https://www.icd10data.com/icd10cm/codes/f01-f99/f40-f48/f45-f45.9> [Last accessed on 2024 Jan 09].
9. Nepomnaschy PA, Welch K, McConnell D, Strassmann BI, England BG. Stress and female reproductive function: A study of daily variations in cortisol, gonadotrophins, and gonadal steroids in a rural Mayan population. *Am J Hum Biol* 2004;16:523-32.
10. Rooney KL, Domar AD. The relationship between stress and infertility. *Dialogues Clin Neurosci* 2018;20:41-7.
11. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers Pvt Ltd.; 2007.
12. Kalampokas T, Botis S, Kedikgianni Antoniou A, Papamethodiou D, Kivellos S, Papadimitriou V, *et al.* Homeopathy for infertility treatment: A case series. *Clin Exp Obstet Gynecol* 2014;41:158-9.
13. Rajachandrasekar B, Sunny A. The usefulness of homoeopathic medicines for infertility: A case series. *Indian J Res Homoeopathy* 2022;16:110-18.
14. Kanupriya DS, Sharma N, Anshul DK. A case report of long-standing infertility treated with a single dose of homoeopathic constitutional remedy. *Cuest Fisioter* 2025;54:6900-6.
15. Parveen S, Bhaumik H. Effect of individualised Homoeopathy in the treatment of infertility. *Indian J Res Homoeopathy* 2018;12: 231-9.
16. Shroyen F. Augmented Clinical Synthesis - Repertorium Homeopathicum Syntheticum, 9.1 ed. New Delhi: B Jain Publishers Pvt Ltd.; 2008.
17. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure. 14th ed. Vol. 1. New Delhi: B Jain Publishers (P) Ltd.; 2014.
18. Bannerjea SK. Miasmatic Prescribing. 2nd ed. New Delhi: B Jain Publishers Pvt Ltd.; 2010.
19. Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: Indian Books and Periodicals Publishers; 2007.
20. Lamba CD, Gupta VK, Van Haselen R, Rutten L, Mahajan N, Molla AM, *et al.* Evaluation of the modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.

Rôle du traitement homéopathique individualisé dans un cas d'infertilité secondaire avec fibrome utérin traité par une approche psychosomatique: rapport de cas.

Introduction: L'infertilité est l'incapacité d'un couple à concevoir, même après un an d'activité sexuelle. L'incapacité à avoir son propre enfant est un problème majeur dans le monde entier. L'infertilité est un problème répandu dans le monde entier, touchant 8 à 12 % de la population mondiale. L'infertilité féminine peut avoir plusieurs causes, dont une anomalie utérine comme un fibrome utérin. Les fibromes utérins sont généralement considérés comme une pathologie structurelle et sont généralement traités chirurgicalement. Une vaste revue de la littérature souligne l'importance des facteurs psychologiques pouvant conduire à des pathologies structurelles, telles que les fibromes utérins responsables d'infertilité, et souligne que cet aspect psychosomatique doit être considéré comme un facteur d'infertilité, qui peut être traité par des médicaments homéopathiques individualisés.

Résumé du cas: Il s'agit du cas d'une femme de 30 ans souffrant d'infertilité secondaire et de fibromes utérins récurrents, même après une myomectomie. Une évaluation psychosomatique de la patiente et de son traitement homéopathique pendant 24 mois, ainsi qu'un médicament homéopathique personnalisé, *Aurum muriaticum natronatum* aux dilutions 200C et 1M, se sont avérés bénéfiques dans le traitement de son infertilité secondaire. L'attribution causale de la probabilité de l'effet du traitement homéopathique psychosomatique sur l'infertilité secondaire d'une patiente a été évaluée selon les critères de Naranjo modifiés. Des recherches plus approfondies sont nécessaires pour déterminer le rôle des médicaments homéopathiques dans le traitement de l'infertilité secondaire.

Die Rolle der individualisierten homöopathischen Behandlung bei sekundärer Unfruchtbarkeit mit Uterusmyomen, die psychosomatisch behandelt wurden: Ein Fallbericht

Einleitung: Unfruchtbarkeit bezeichnet die Unfähigkeit eines Paares, auch nach einjähriger sexueller Aktivität schwanger zu werden. Tatsächlich ist die Unfähigkeit, ein eigenes Kind zu bekommen, weltweit ein großes Problem. Unfruchtbarkeit ist eine weltweit weit verbreitete Erkrankung, 8–12 % der Weltbevölkerung leiden darunter. Unfruchtbarkeit bei Frauen kann verschiedene Ursachen haben, eine davon ist eine Uterusanomalie wie ein Uterusmyom. Uterusmyome gelten allgemein als strukturelle Erkrankung und werden meist operativ behandelt. Eine umfangreiche Literaturübersicht betont die Bedeutung psychologischer Faktoren, die zu strukturellen Erkrankungen wie Uterusmyomen und damit zu Unfruchtbarkeit führen können, und betont, dass dieser psychosomatische Aspekt als ein Faktor für Unfruchtbarkeit betrachtet werden sollte, der mit individualisierten homöopathischen Arzneimitteln behandelt werden kann.

Fallzusammenfassung: Es handelt sich um den Fall einer 30-jährigen Frau, die an sekundärer Unfruchtbarkeit und wiederkehrenden Uterusmyomen auch nach Myomentfernung litt. Eine psychosomatische Untersuchung der Patientin und ihre homöopathische Behandlung über einen Zeitraum von 24 Monaten, zusammen mit einem individualisierten homöopathischen Arzneimittel, *Aurum muriaticum natronatum* in den Potenzen 200C und 1M, erwiesen sich als hilfreich bei der Behandlung ihrer sekundären Unfruchtbarkeit. Die kausale Zuordnung der Wahrscheinlichkeit des Einflusses einer psychosomatischen homöopathischen Behandlung auf die sekundäre Unfruchtbarkeit einer Patientin wurde anhand der modifizierten Naranjo-Kriterien bewertet. Weitere umfassende Forschung ist notwendig, um den Beitrag homöopathischer Arzneimittel zur Behandlung sekundärer Unfruchtbarkeit zu ermitteln.

मनोदैहिक दृष्टिकोण के माध्यम से उपचारित गर्भाशय फाइब्रॉइड के साथ द्वितीयक बांझपन के मामले में व्यक्तिगत होम्योपैथिक चिकित्सा की भूमिका: एक केस रिपोर्ट

परिचय: बांझपन को एक वर्ष तक नियमित की अवधि के लिए यौन संबंध बनाने के बावजूद गर्भ धारण करने में असमर्थता के रूप में परिभाषित किया जाता है। यह एक तथ्य है कि अपना बच्चा पैदा करने में असमर्थता वैश्विक स्तर पर गंभीर चिंता का विषय है। बांझपन एक विश्वव्यापी समस्या है, जिससे विश्व की 8-12% आबादी पीड़ित है। महिलाओं में बांझपन कई कारणों से हो सकता है, उनमें से एक गर्भाशय फाइब्रॉइड जैसी गर्भाशय विसंगति है। गर्भाशय फाइब्रॉइड को आमतौर पर एक संरचनात्मक विकृति माना जाता है और ज्यादातर शल्य चिकित्सा की स्थिति के रूप में प्रबंधित किया जाता है। हालाँकि, साहित्य समीक्षाओं से यह स्पष्ट होता है कि मनोवैज्ञानिक कारक भी इन संरचनात्मक विकृतियों के विकास में महत्वपूर्ण भूमिका निभा सकते हैं, जो आगे चलकर बांझपन के दौरान जटिल लक्षणों का कारण बन सकते हैं।

केस सारांश: यह एक 30 वर्षीय महिला का मामला है, जो मायोमेक्टोमी की प्रक्रिया के बावजूद पुनरावर्ती गर्भाशय फाइब्रॉइड के साथ द्वितीयक बांझपन से पीड़ित थी। रोगी का मनोदैहिक मूल्यांकन किया गया तथा उसे 24 महीने की अवधि तक व्यक्तिगत होम्योपैथिक उपचार प्रदान किया गया। लक्षणों की समग्रता के आधार पर *ऑरम म्यूरिएटिकम नैट्रोनेटम*, को 200C एवं 1M शक्तियों में नियत किया गया, जो द्वितीयक बांझपन के उपचार में लाभकारी सिद्ध हुई। रोगी के द्वितीयक बांझपन पर मनोदैहिक होम्योपैथिक उपचार के प्रभाव की संभावना के कारणात्मक आरोपण का मूल्यांकन संशोधित नारंजो मानदंड के साथ किया गया। द्वितीयक बांझपन के उपचार में होम्योपैथिक दवा की भूमिका का पता लगाने के लिए आगे विस्तृत शोध आवश्यक है।

Rol del tratamiento homeopático individualizado en un caso de infertilidad secundaria con fibroma uterino tratado mediante un enfoque psicossomático: Reporte de un caso.

Introducción: La infertilidad es la incapacidad de una pareja para concebir, incluso después de un año de vida sexual activa. Es un hecho que la incapacidad de tener un hijo propio es una grave preocupación a nivel mundial. La infertilidad es una condición con prevalencia global, con un 8-12% de la población mundial que la padece. La infertilidad en las mujeres puede deberse a diversas causas, una de ellas es una anomalía uterina como el fibroma uterino. Los fibromas uterinos generalmente se consideran una patología estructural y se tratan principalmente mediante cirugía. Una amplia revisión bibliográfica enfatiza la importancia de los factores psicológicos que pueden conducir a patologías estructurales, como los fibromas uterinos que causan infertilidad, y que este aspecto psicossomático debe considerarse un factor de infertilidad, que puede tratarse con medicamentos homeopáticos individualizados.

Resumen del caso: Se trata de una mujer de 30 años con infertilidad secundaria y fibromas uterinos recurrentes, incluso después de una miomectomía. Una evaluación psicossomática de la paciente y su tratamiento homeopático durante 24 meses, junto con el medicamento homeopático individualizado *Aurum muriaticum natronatum* en potencias 200C y 1M, resultaron beneficiosos en el tratamiento de la infertilidad secundaria. La atribución causal de la probabilidad del efecto del tratamiento homeopático psicossomático en la infertilidad secundaria de la paciente se evaluó mediante los Criterios de Naranjo Modificados. Se requiere investigación más exhaustiva para determinar el papel de la medicación homeopática en el tratamiento de la infertilidad secundaria.

个体化顺势疗法在经心身疗法治疗子宫肌瘤继发性不孕症病例中的作用：病例报告 引言：不孕症是指夫妻即使有性生活一年后仍无法怀孕。事实上，无法生育是全世界面临的一个严重问题。不孕症是一种全球普遍存在的疾病，全球8%-12%的人口受其困扰。女性不孕症可由多种原因引起，其中之一就是子宫异常，例如子宫肌瘤。子宫肌瘤通常被认为是一种结构性病变，主要通过手术治疗。大量文献综述强调了心理因素的重要性，心理因素可能导致结构性病变，例如子宫肌瘤导致不孕，并且这种心身因素应被视为不孕症的一个因素，可以通过个体化顺势疗法药物进行治疗。**病例摘要：**本例患者为30岁女性，患有继发性不孕症，并伴有子宫肌瘤复发，即使在肌瘤切除术后仍未复发。对患者进行了心身评估，并接受了为期24个月的顺势疗法治疗，同时配合个体化顺势疗法药物（200C和1M浓度的氯化金钠），结果证明其对继发性不孕症的治疗有效。本研究采用改良纳兰霍标准评估了心身顺势疗法治疗对患者继发性不孕症产生影响的可能性的因果关系。需要进一步深入研究以确定顺势疗法药物在治疗继发性不孕症中的作用。