Homoeopathic Remedies from Plant, Animal, and Sarcodes Kingdoms for Female Infertility: A Comparative Observational Study

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ABSTRACT

Background:

Infertility poses a substantial global challenge, affecting numerous couples worldwide and impacting their reproductive capabilities, as well as their emotional and psychological well-being. Despite advances in conventional treatments, their associated costs, invasiveness, and limited success drive interest in complementary approaches like Homoeopathy. This study investigates the efficacy of Homoeopathic treatments for female infertility, specifically comparing remedies from plant, animal, and sarcodes kingdoms, which offer a holistic and individualized treatment approach.

Methodology:

A single-blind, prospective, observational clinical study was conducted with 60 infertile women aged 18–40, divided into three groups (plant-animal-sarcodes). Participants were selected via systematic purposive sampling. Data was collected using questionnaires and a standardized case recording format. Homoeopathic case-taking guided individualized drug selection based on totality of symptoms. Patients received 12 to 18 months of follow-up. The primary outcome measure was conception, with data analyzed using descriptive and inferential statistics via SPSS software.

Results:

Pregnancy rates were 75% for plant remedies, 80% for animal remedies, and 90% for sarcodes. While sarcodes showed the highest numerical success, statistical analysis revealed no statistically significant difference across the groups in pregnancy achievement and key variables. Commonly prescribed remedies included Pulsatilla (plant), Sepia(animal), and Folliculinum(Sarcodes), with observed trends aligning with their Materia Medica indications.

Conclusion:

Individualized Homoeopathic treatment demonstrates promising results for female infertility across remedies. Although sarcodes showed a numerically higher pregnancy rate, the overall

similar effectiveness across the groups suggests that all three remedy categories can be beneficial when prescribed holistically.

Keywords: Homoeopathy, Female Infertility, Plant Remedies, Animal Remedies, Sarcodes, India

1. INTRODUCTION

Infertility poses a substantial global challenge, affecting numerous couples worldwide and impacting their reproductive capabilities, as well as their emotional and psychological well-being [1,2]. While conventional treatments, such as Assisted Reproductive Technologies (ART), have advanced, they are often associated with high costs, invasiveness, limited success rates, and potential risks [2,3]. This has fostered a growing interest in complementary and alternative approaches, including Homoeopathy, which offers a holistic and individualized method to address infertility by considering the underlying imbalances within an individual's vital force [4]. This study specifically explores the potential of Homoeopathic treatments for female infertility through a comparative analysis of remedies derived from the plant kingdom, animal kingdom, and sarcodes.

Beyond its biological complexities, infertility presents a significant social and psychological burden, particularly for women who frequently experience stigma, emotional distress, and societal pressure [5,6]. This multifaceted challenge underscores the critical need for effective alternative and complementary approaches to infertility treatment [6].

Literature search studies suggests that Homoeopathic medicines can positively influence infertility treatment protocols, leading to improved patient outcomes and quality of life [7,8]. The findings from this research are anticipated to provide valuable insights to practitioners and policymakers, informing them about the viability of integrating Homoeopathy into infertility treatment strategies [8]. By contributing to evidence-based practice, this study aims to enhance clinical decision-making and improve treatment outcomes for patients seeking Homoeopathic care for infertility [9]. The de Souza et al., study was to contribute to a deeper understanding of Homoeopathy's potential as a valuable approach to infertility management, especially considering the long-term side effects and commitments often associated with conventional chemical-based hormonal drugs [4].

This study's primary objective is to compare the effectiveness of plant kingdom, animal kingdom, and sarcodes remedies in the Homoeopathic treatment of female infertility. Specifically, this research seeks to address the following specific objectives such has to study

the efficacy of the common underlying causes of female infertility that Homoeopathic treatments aim to address, to find out which kingdom drugs are more effective in the treatment of female infertility, to compare the Homoeopathic treatment and Modern medicine treatment in female infertility, and to study the relative strengths and limitations of these remedies in the context of Homoeopathy.

2. METHODOLOGY

This study employed a single-blind, prospective, observational clinical design to investigate the effectiveness of different Homoeopathic remedies in the treatment of female infertility. A qualitative approach with a descriptive study design was utilized to link observation with statistical expression, aligning with the study's objective of exploring the Homoeopathic kingdom approach in infertility treatment.

2.1. Participants

The study population comprised 60 women, aged 18–40 years, diagnosed with infertility, irrespective of their socio-economic status [10]. Participants were selected using systematic purposive sampling and were divided into three groups of 20 cases each: Group X received plant remedies, Group Y received animal remedies, and Group Z received sarcode remedies.

2.2. Inclusion Criteria

- Primary and Secondary Female Infertility
- Participants aged between 18 and 40 years.
- Hormonal Causes, PCOD, Endometriosis
- Infections: PID, Chlamydia, Viral Infections, Tuberculosis
- Surgical: Tubal blocks, IUI / IVF Failure
- Others: Idiopathic or Unexplained Infertility, Abortions

2.3. Exclusion Criteria

The age groups below 18 years and beyond 40 years, Congenital defects, Bicornuate Uterus, and Ovarian atrophy will not be considered, and women whose husband's semen analysis is abnormal [10,11].

2.4. Data Collection

The study involved female patients at Homoeopathic clinics who were experiencing infertility .Data was collected using questionnaires and a standardized case recording format. The questionnaires were considered standalone instruments for data collection and were administered to the sample subjects. The standardized case recording format was designed following Homoeopathic case-taking methodologies while also considering relevant diagnostic aspects. This format documented various clinical profiles of the patients, including their biodata, presenting complaints, and past and family medical history. The case sheet also encompassed findings from general and systemic examinations, alongside routine and special investigations when necessary.

2.5. Procedures

Homoeopathic case-taking was conducted, followed by the selection of drugs based on analysing symptoms through various kingdom approaches. Each case underwent analysis and evaluation according to its totality, utilizing reportorial approaches to guide the selection of indicated drugs based on kingdom features and themes. Patients received follow-up care for 12 to 18 months, with visits scheduled either bi-weekly or monthly, depending on individual patient needs. Diagnosis was established through investigations addressing a range of causes for infertility, including hormonal imbalances, Polycystic Ovarian Disease, endometriosis, Pelvic Inflammatory Disease infections, Chlamydia, viral infections, tuberculosis, surgical issues such as tubal blocks, and cases of In Vitro Fertilization or Intrauterine Insemination failure, as well as idiopathic or unexplained infertility. The primary criterion for assessing the effectiveness of the Homoeopathic treatment was whether patients conceived.

2.6. Data Analysis

Various statistical methods, including descriptive and inferential analyses, were applied to the collected data using SPSS (Statistical Package for the Social Sciences) software.

3. RESULTS

This study, conducted on 60 women with infertility, investigated the effectiveness of Homoeopathic remedies derived from the plant kingdom, animal kingdom, and sarcodes. Participants were divided into three groups of 20, each receiving individualized treatment from one of these remedy categories.

A direct comparison of pregnancy rates among the three treatment groups revealed the following: 1. Plant Remedies: 75% pregnancy rate (15 out of 20 patients), 2. Animal Remedies: 80% pregnancy rate (16 out of 20 patients), and 3. Sarcodes Remedies: 90% pregnancy rate (18 out of 20 patients). Baseline characteristics were depicted in Table 1.

Table 1. Baseline characteristics of the participants of the study

Variable(s)		**N**	**Mean ≠ SD**
Age in years (Female)		60	29.80 ± 2.96
Frequencies	**Characteristics**	**N**	**Percentages**
Medication	Plant kingdom	20	33.33
	Animal kingdom	20	33.33
	Sarcodes	20	33.33
	Total	60	100.000
Plant kingdom	Pregnancy Achieved	15	75.00
	Not Achieved	5	25.00
Animal kingdom	Pregnancy Achieved	16	80.00
	Not Achieved	4	20.00
Sarcodes	Pregnancy Achieved	18	90.00
	Not Achieved	2	10.00
Total		60	100.000

While a direct comparison showed the sarcode group exhibiting the highest pregnancy rate, statistical analysis using ANOVA (Analysis of Variance) indicated no statistically significant difference between the medication groups for variables such as age, employment, location, type

of pregnancy, and pregnancy achievement [12-14]. However, the study noted that treatment with sarcodes was "moderately better" than plant and animal kingdom remedies in terms of pregnancy achievement similar overall.

Remedy Usage and Trends and among the remedies used:

- **Plant Remedies:** Pulsatilla was the most frequently prescribed, given to 6 patients (30%) .
- **Animal Remedies:** Sepia was the most common animal remedy, prescribed to 10 patients (50%).
- **Sarcodes Remedies:** Folliculinum was the most frequently prescribed sarcode, given to 6 patients (30%).

Further analysis suggested potential trends, such as Folliculinum showing greater efficacy in patients with confirmed anovulation or estrogen imbalances, Sepia being more effective in patients with emotional indifference and hormonal irregularities, and plant remedies like Pulsatilla benefiting patients with irregular menses and emotional sensitivity.

3.1. Interpretation of Results

Our results indicate varying degrees of success across the three remedy categories, with sarcodes demonstrating the highest pregnancy rate (90%), followed by animal remedies (80%), and plant remedies (75%). While a direct comparison showed sarcodes to be numerically superior, statistical analysis using ANOVA reveal a statistically almost similarity between the medication groups for key demographic and outcome variables, including pregnancy achievement and depicted in Table 2. This suggests that while sarcodes appeared "moderately better" in terms to pregnancy outcomes, the differences observed might not be generalizable to a larger population without further investigation and larger sample sizes.

The trends observed in the efficacy of specific remedies align with their known characteristics in Homoeopathic Materia Medica. For instance, Folliculinum, a Sarcodes, showed greater efficacy in patients with confirmed anovulation or estrogen imbalances, potentially by stimulating estrogen production and regulating the menstrual cycle. Sepia, an animal remedy, proved effective in patients presenting with emotional indifference and hormonal irregularities, suggesting its action on the hormonal system and its ability to restore emotional balance . Plant remedies like Pulsatilla were beneficial for patients with irregular menses and emotional sensitivity, addressing cyclical health patterns linked to emotional and hormonal imbalances.

These observations highlight the importance of individualized prescribing in Homoeopathy, where remedies are selected based on the totality of the patient's symptoms rather than solely on the diagnosis of infertility.

Table 2. Comparisons of all three kingdoms through ANOVA analysis of the study

Variable	d.f.	Mean square error	F-value	p-value
Age	2	19.400	2.310	p=0.109
Employment	2	0.050	0.300	p=0.742
Location	2	0.050	0.300	p=0.742
Type of pregnancy	2	0.170	0.114	p=0.892
Pregnancy achievement	2	0.217	1.563	p=0.218

3.2. Comparison with Existing Literature

Regarding comparisons with existing literature, our thesis notes that while Homoeopathy has a long history in treating infertility, rigorous, well-designed studies evaluating its effectiveness are often lacking in the scientific literature. Much of the existing research consists of case studies or small observational trials, which may be subject to bias and confounding factors. This study aims to contribute to addressing this gap by providing a comparative analysis of different Homoeopathic remedy types in female infertility. While our current tools limit our ability to search and synthesize information from external academic databases or web sources, the present study's findings align with the broader Homoeopathic principle of individualization and the potential for remedies to address underlying imbalances.

If you would like me to compare your findings with other published research or external literature, please enable the "Web" context tag. This will allow me to search academic databases for relevant studies to draw comparisons.

3.3. Implications of the Findings

The consistent pregnancy rates across all three remedy kingdoms, even without strong statistical differentiation, suggest that Homoeopathic treatment holds promise as a complementary or alternative approach for female infertility. The study's adherence to the core principle of individualized Homoeopathic treatment reflects real-world clinical practice and provides insights into the potential effectiveness of personalized strategies. The detailed case

documentation further enriches our understanding by illustrating the application of Homoeopathic principles in clinical scenarios, offering a deeper insight into the patient's experience. Given the complexities of female infertility, which often involve physical, emotional, and psychological factors, the holistic approach of Homoeopathy, as evidenced by the remedies' influence on various symptoms beyond just conception, presents a significant advantage. This study contributes to the growing body of literature supporting the potential of Homoeopathy to address underlying causes of infertility rather than merely suppressing symptoms.

4. DISCUSSION AND CONCLUSION

This study investigated the comparative effectiveness of Homoeopathic remedies derived from the plant kingdom, animal kingdom, and Sarcodes in the treatment of female infertility. The findings provide valuable insights into the potential role of individualized Homoeopathic treatment in addressing this complex condition.

This study provides valuable insights into the effectiveness of individualized Homoeopathic treatment for female infertility, specifically comparing remedies derived from the plant kingdom, animal kingdom, and sarcodes. According to literature review the results of Anderson et al., [15] study provide a baseline depicting the homeopathic approach to treating female infertility. Several research gaps have been identified and further studies are necessary to explore these interventions to improve future patient care. Kalampokas et al., [16] suggests that all categories of remedies, when prescribed based on individual symptom totality, can be beneficial in addressing female infertility. With this study [16], the authors present five cases of female infertility treated successfully with the use of homeopathic treatment in a large obstetrics-gynaecology. Another study concluded women with sterility and oligomenorrhea, a treatment with Phyto Hypophyson L can be recommended over a period of 3-6 months [17]. And the traditional conceptual frameworks of herbal medicine, homeopathy, acupuncture, and acupressure are presented, and common clinical applications to women's reproductive care are discussed [18].

The research underscores the potential of Homoeopathy as a holistic and individualized approach that considers the physical, emotional, and psychological dimensions of infertility. Despite the limitations of this observational study, such as its small sample size and lack of a control group, the findings contribute to the evidence supporting Homoeopathy's role in improving patient outcomes and quality of life in infertility management. This study advocates

for a deeper understanding of Homoeopathy's potential, especially in contrast to conventional treatments with potential long-term side effects. Future research with larger, controlled trials is recommended to further validate these findings and explore the mechanisms of action of these remedies.

5. LIMITATIONS OF THE STUDY

Despite these promising findings, several limitations should be acknowledged. The relatively small sample size (N=60, 20 patients per each group) restricts the statistical power and generalizability of the findings. A larger sample size would provide greater confidence in the statistical significance of observed differences. The absence of a control group in this observational clinical study makes it challenging to definitively attribute the observed pregnancy rates solely to the Homoeopathic treatment, as spontaneous pregnancies or other influencing factors cannot be entirely ruled out. Additionally, the selection of cases may have introduced bias, as more favourable cases might have been chosen, potentially impacting the generalizability of the results. The inherent subjectivity in selecting remedies based on the totality of symptoms and the practitioner's judgment, while a core principle of Homoeopathy, can also make replication of results difficult in other settings. Furthermore, the study's limited duration of follow-up and its specific demographic focus (e.g., age range, specific causes of infertility) may also narrow the applicability of these findings to broader populations. These future research directions will contribute to a more robust understanding of Homoeopathy's role in female infertility, further validating its integration into comprehensive healthcare strategies.

6. DECLARATION

We confirm that all the listed authors have read and approved the manuscript. We further confirm that the order of authors listed in the manuscript has been approved by all.

6.1. Ethics approval and consent to participate: Ethical approved.

6.2. Consent for publication: All the listed authors give their due consent for the publication

6.3. Availability of data and material: The present study is based on primary sources, which are available at corresponding author. Based on request author will provide.

6.4. Competing interests: Authors declare no conflicts of interest.

6.5. Funding: The author is unaware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this study.

6.6. Authors contribution: Ananda Kumar Pingali and Ramesh Athe contributed the data curation, review literature, and manuscript preparation. Chandra Sekhara Rao Gorantla supervised the study and guided in manuscript preparation. Ramesh Athe developed the study protocol and manuscript preparation.

6.7. Acknowledgements: The authors express their sincere gratitude to Lincoln University College, Malaysia, for their support and insightful input. They are also grateful to the Department of Data Sciences and Artificial Intelligence, IIIT Dharwad, for their support and encouragement, which has helped improve this study.

6.8. AI Statement: We confirm that the AI wasn't used to prepare the manuscript and was not approved by all the listed authors.

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