MALE AND FEMALE INFERTILITY HOMEOPATHY TREATMENT

INTRODUCTION

I take this opportunity to provide the esteemed Readers with a brief Introduction of myself. I am Dr Harshad Raval, MD, a qualified Consultant and Physician in Homeopathic medicine. I have over 22 years of work experience in this field of Homeopathic practice.

I am also honored to have been first appointed as Honorary Consultant Homeopath Physician to the former Governor of Gujarat, His Excellency Shree Kailashpati Mishra, and now to the present Governor His Excellency Shree Naval Kishor Sharma.

During my entire medical practice, I have had the privilege to serve many eminent personalities such as the former Chief Justice of Gujarat High Court Shree Dharam Adhikari, (now with the Supreme Court of India), Deputy High Commissioner of India in UK, Mr. Jagadishan and his family in Britain. I am grateful to have provided Honorary services to them. Similarly I have also had the privilege to have served Commissioner of Police of Gujarat State Mr. P.C. Pandey and other prominent personalities associated with the Film Industry.

Apart from my professional services as a Homeopath Consultant and Physician, I have also published many books. Recently, I have translated and published three books in Gujarati like Borick Material
Medica, Allen’s Keynote and Oregon of Medicine. These books in Homeopathy would be very useful for students and those who wish to learn this field of Medicine. I would also very much like to publish various other books on Homeopathy so that more and more people take interest in this universally acclaimed, accepted and safe line of treatment.

Presently, I am pleased to publish my new book on “Cancer and Homeopathy.” It is expected to provide useful information to Practitioners of Homeopathic medicine who will find it very effective in treatment of the dreaded disease Cancer.

Being a professional Homeopath, I occasionally participate in Seminars and International Conferences worldwide to share my knowledge with others and also learn latest trends in various topics on Homeopathy. During my long career in this field, I have traveled to USA, Britain, European countries like Germany, France, Italy, Portugal etc., and also in Asia to Dubai, Singapore, Malaysia, Thailand, Hong-Kong and others.

I am also a regular contributor as a Column Writer about Homeopathy in the leading Gujarati News paper “Gujarat Samachar”. I also offer my services in national Radio and T.V. programs, as well as other channel programs.

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Raj Bhavan

Governor of Gujarat

Shri Naval Kishore Sharma
His Excellency the Governor of Gujarat
Is pleased to appoint

Dr. Harshad Raval

as

Honorary Homeopath

By command of Governor

[Signature]

Principal Secretary to the Governor
INFERTILITY HOMEOPATHY TREATMENT.

Infertility is defined as inability to conceive in a couple having unprotected intercourse for over one year. Difficulty in conceiving & inability to have child in female can be due to many of below mentioned hormone diseases & other causes as discussed below.

Causes of Infertility
Male Factor infertility
Female Factor infertility
Infertility due to minor defects in both couple

A. MALE FACTOR INFERTILITY

Male factor infertility may result from low sperm count or low sperm motility, or decreased ability of the sperm to fertilize the egg or abnormal shape of sperms or lack of semen or inability of man to deposit the sperm into vagina due to erectile dysfunction or hypospadios. The leading cause of male infertility is low sperm count. Others may be low sperm motility, bad quality sperms, lack of semen, presence of pus cells in semen & inability to deposit semen into vagina either due to absent ejaculation or due to any sexual dysfunctions as erectile dysfunctions. In general, most cases of male infertility are due to low sperm count. There are many biologic and environmental factors that can lead to low sperm count. Here is a list of conditions that may cause low sperm count in men. Please click the links for detail information about causes, investigations & treatment options.

- Oligospermia | Low Sperm Count
- Azospermia | Nil Sperms | Low Sperm Motility
- Pus in Semen
- Anti-Sperm Antibody
- Less Semen Formation
- Absent Ejaculation
- Dead Sperms
- Abnormal Sperms
- Immotile Sperms

**Oligospermia or less sperm count homeopathy treatment**

Oligospermia and Oligospermaesthenia are two conditions where allopathic system has no effective treatment. So my team stressed on looking into alternative systems. After working through various modalities, Specialist Doctor at Amish Hospital came out with the best solution. Let us see important points about it. Before starting this treatment semen test is very essential at your nearest pathology lab and must stop any hormonal treatment at least one month prior to start

our treatment. Medicine increases Sperm Count, Sperm Motility, Semen Quantity and corrects Sperm Abnormalities.
Advantage of Homeopathy treatment

The treatment is completely free of any side effects. Less amount of expenses and its is effective in 95% in sperm abnormalities i.e. Low Sperm count, Low Motility, Low Semen Quantity and Abnormal Sperm Cell Morphology.

It is the fastest among all treatment. It raises sperm count fourfold with every month’s treatment till optimum count. So with low sperm count like 3 million per ml. to normal count of 40 million per ml. can be achieved within two months of treatment.

The lowest count which can be helped is 1 lac per ml or 0.1 million per ml. Below, this the result may be variable.

It does not support azoospermia or zero count at all. It improves not only sperm count but also it’s quality. It raises low sperm motility to high sperm motility. It also improves grades of sperm motility simultaneously by homeopathy treatment.

The success rate of system is very high. In about 3000 patients, it succeeded in 95% of the patients. The homeopathy Medicine provide by us are free from hormone and no side effect.

The duration of the treatment is very short. It clears the case in one month to four months. It has no restrictions during the treatment. No food restrictions. The only restriction is to avoid taking male hormones, as male hormone testosterone can block the good affect of this treatment. So, the patient should avoid taking any male hormones at least from one month prior to taking this treatment.

The greatest advantage is that even after stopping the treatment the higher count remains longer, where as in male hormones, it falls as soon as the treatment is stopped. It is quite comfortable to take it, as it has sweet pills and drops only, to take with few doses per day. So, this treatment being simpler avoids complicated procedures in case of male infertility.

Common Cause of Oligospermia in Homeopathy treatment Treatment:

- Stress :- reduces sperm count
- Tobacco: Nicotine damages sperms
- Lead: Workers in printing press have low sperm count
- Hot climates
- Varicocele
- Avoidance of saunas, hot baths, the wearing of tight underwear, and other situations in which scrotal temperature may be raised
- Alcohol: Alcohol damages sperms

Recent survey has shown trend in decline sperm count in recent times. There may be many causative factors.

**Abnormalities in sperm: Teratozoospermia**

This is reduced levels of normally shaped sperm less than 15% sperm of normal morphology.

- Mild teratozoospermia - 10-15% of sperm of normal morphology - probably of limited clinical significance
- Severe teratozoospermia - less than 5% of sperm of normal morphology

**Sperm Volume**

A very low volume i.e. less than 0.5 ml may indicate a problem in producing the specimen (including missing the container), a dysfunction with the accessory glands or retrograde ejaculation. High semen volume but low sperm numbers no need of semen concentration our medicine will take care of this problem.

**Abnormal pH**

An abnormally low pH i.e. less than 7.0 may indicate retrograde ejaculation when combined with a very low ejaculate volume. A pH of below 7.0, normal volume and azoospermia may indicate an obstruction of the ejaculatory ducts or congenital bilateral absence of the vas in this case result is poor. An abnormally high pH i.e. greater than 8.5 may indicate an infection or dysfunction of one of the accessory glands result is good.

**Abnormal Sperm Density**

A sperm count below 20 x 10^6 / ml should be considered clinically relevant, a count nearby 5 x 10^6 / ml count will increase with treatment. Reduced sperm count is generally idiopathic. However it may be due to defective spermatogenesis or an incomplete obstruction.
Abnormal Sperm Motility
If less than 50% of the sperm are moving progressively (asthenozoospermia) a problem with motility or an increased level of sperm degradation may be indicated.
Decreased motility may be secondary to sperm dysfunction, prolonged periods of sexual abstinence, partial blockage or infection.
If greater than 50% of sperm are immotile then the analysis will determine whether the sperm are immotile or dead. This will determine whether the sperm immotility is due to cell death or a motility defect.
Increased cell death may be treatable if the cause is identifiable e.g. partial blockage, increased abstinence periods, infection. Immotile sperm can be used for assisted conception purposes as long as they are alive. All above condition our medicine works and results are excellent.

Abnormal Sperm Morphology
A human sperm show large variation in morphology, study on sperm obtained from post-coital cervical mucus have helped to define the morphology of an ideal spermatozoon.
Morphological study comprise of many factors like spermatogenesis, sperm transport, sperm maturation and ageing, time in seminal plasma, smearing technique, fixation, staining, mounting and the quality of microscope used.

Sperm Morphology
Sperm Surface Antisperm Antibodies
The presence of both IgG and IgA antisperm antibodies are measured on the sperm surface. The results are given in terms of the number of motile sperm affected by antisperm antibodies surface antibodies may affect both movement of the sperm and the ability of the sperm to bind to the oocyte results are clinically significant and positive if more than 50% of sperm are affected by either class of antibody. IgA antibodies are considered of greater clinical significance than IgG. Antisperm antibodies often are, but not always, associated with testicular surgery or trauma.

Azoospermia (Nil Sperm):
Azoospermia is called when there is no sperm in semen. This type of semen disorder is found in approximately 3% of infertile men i.e. absent sperm. You should know that testis has two separate functions.

- Production of normal sperms in semen which needed for pregnancy & normal fertility.
- The other function of testis is production of male hormones i.e. testosterone & others.
So in most patients with nil sperms though semen has absent sperms still production of male hormones remains normal.

**How sperms develop:**

When boy becomes of 14 years of age then L.H. & F.S.H. hormone secretion from pituitary increases. The rise in these hormones leads to proliferation of sperm forming cells (Germ Cells) in the testis. These germ cells start multiplying under the effect of above-mentioned pituitary hormones along with assistance of other hormones as testosterones, Growth hormones, Androstenidione, insulin like growth factor-I, Thyroids hormone, paracrine hormone & growth factors. Under the control of above-mentioned hormones germ cells divide & transformed into primary spermatocytes. Then further maturation of primary spermatocytes to spermatids & then finally into mature spermatozoa (i.e. normal sperms) occurs under the control of above-mentioned hormones. After few weeks of progressive maturation inside the testis these sperms become normally motile & develop the capacity to fertilize the ovum. This total sperm cycle, from first stage to final stage of normal mature sperms is of three months. Thus to produce normal sperms testis should have normal sperm producing germ cells & normal regulating hormones. Any major hindrance in the development of these spermatozoa will lead to absent sperm production resulting into nil sperm.

**Causes of Nil Sperms and Homeopathy treatment:**

The various causes of nil sperm are as follows:

- **Hormone disorder:**
  - Obstruction in the outflow of semen (Sperms) from testis to outside through urethral opening. Many times the production of sperms in testis is absolutely normal but these sperm are unable to come out due to obstruction in the out flow tract leading to absent sperms in the semen. The various causes of obstruction are absent vas deferens, absent seminal vesicle, posttraumatic, post surgical ligation of vas deferens. After some infections, as chlamydial, gonococcal urethritis. It may also be due to post tubercular epididimo-orchitis. The sperm may also not come out of testis if the are imotile due to any of the following causes as imotile cilia syndrome, kartagener syndrome cystic fibrosis & many other rare diseases.
- Absence of germ cells in testis also called sertoli cell only syndrome. In this there are no germ cells i.e. sperm forming cells in the testis. For you knowledge, I wish to inform you that in testis germ cell come to testis from neural cord area of the body during neural cord area of the body during development of fetus. So in some fetuses this migration of sperm cells do not occurs leading to testis only having testosterone forming & sertoli cells. Thus this condition is called sertoli sell only syndrome it is a developmental defect.

- Maturation Arrest (. Spermatid arrest): of primary spermatocytes to secondary spermatocyte, spermatids or to mature spermatozoa. Due to may local, systemic, hormonal growth factor deficiency or due to idiopathic factor. The various paracrine hormones and growth factors are essential for normal development i.e. maturation of one germ cells to multiplication of ultimately production of multiple mature, normal & motile sperms. Many other factor as infection, varicocele, drugs, chemotherapy may also lead to maturation arrest. The other causes may by developmentally defective germs cells & spermatocyte. So that they did not have inherent capacity of developing into a mature & motile sperms.

- Testicular disorders (primary leydig cell dysfunction), Chromosomal (Klinefelter syndrome and variants, XX male gonadal dysgenesis), Defects in androgen biosynthesis, Orchitis (mumps, HIV, other viral, ),Myotonia dystrophica, Toxins (alcohol, opiates, fungicides, insecticides, heavy metals, cotton seed oil), Drugs (cytotoxic drugs, ketoconazole, cimetidine, spironolactone)

- Varicocele (Grade 3 or more severe): A varicocele is a varicose vein in the cord that connects to the testicle. (A varicose vein is one that is abnormally enlarged and twisted.) Varicocele decreases sperm productions by elevating temperature of the testis, may produce higher levels of nitric oxide chemical in the testis which blocks sperm production, varicocele damages sperms directly & lastly varicocele decrease the oxygen supply to testis.

- Drugs (e.g. spironolactone, alcohol, ketoconazole, cyclophosphamide, estrogen administration, sulfasalazine)

- Presence of Antisperm antibody. These Antisperm antibodies bind with sperms & either make them less motile, totally immotile or even dead which is called necrospermia.

- Trauma

- Environmental toxins

- Viral orchits

- Granulomatous disease as tuberculosis, sarcoidosis of the testis

- Defects associated with systemic diseases, Liver diseases, Renal failure, Sickle cell disease, Celiac disease

- Neurological disease as myotonic dystrophy

- Development and structural defects, Germinal cell aplasia, sertoli cell only syndrome, Cypt-orchidism

- Androgen resistance

- Mycoplasma infection

- Cystic fibrosis patients often have missing or obstructed vas deferens (the tubes that carry sperm) and hence a low sperm count.

- Klinefelter syndrome patients carry two X and one Y chromosomes (the norm is one X and one Y), which leads to the destruction of the lining of the sperm forming germ cell in the testis.

- Environmental Assaults: Over exposure to environmental assaults (toxins, chemicals, infections) can cause nil sperm either by direct suppression of sperm production or on the
hormone. Some chemicals that affect sperm production men are: Oxygen-Free Radicals, Estrogen emulation pesticidal chemicals (DDT, aldrin, dieldrin, PCPs, dioxins, and furans), plastic softening chemicals like Phthalates, hydrocarbons (ethylbenzene, benzene, toluene, and xylene)

- Exposure to Heavy Metals: Chronic exposure to heavy metals such as lead, cadmium, or arsenic may affect sperm production and may cause nil sperms in otherwise healthy men. Trace amounts of these metals in semen seem to inhibit the function of enzymes contained in the sperms, the membrane that covers the head of the sperm.
- Radiation Treatment: Over-exposure to radiation & xrays affect any rapidly dividing cell, so cells that produce sperm are quite sensitive to radiation damage. Cells exposed to significant levels of radiation may take up to two years to resume normal sperm production, and, in severe circumstances, may never recover.
- Misuse of substances: There are a number of banned substances that can have potentially lethal effects on sperm production. Taking anabolic steroids, for example, to increase performance in sports such as weight lifting, can dramatically alter both the motility and the health of the spermatozoa. Other banned substances, such as cocaine, marijuana and heroin can reduce sperm production & may make a man infertile.
- HGH Deficiency

**Diagnosis of Cause of Nil Sperm Count**

For correct diagnosis of cause of nil sperm count, we need detail history & physical examinations then certain relevant investigations are required.

**History & Physical Examinations:** First step in proper treatment is accurate diagnosis of cause of nil sperm count.

**Investigation & Diagnosis:**
For complete diagnosis of causes of azoospermia (nil sperms) one or more of the following tests may be required as:

- Complete male hormone profile: This profile includes all the male hormone tests which affect testicular development, growth & other genital organ development as well as genital functions. L.H., F.S.H., Testosterone, prolactins, thyroids test.
- Antisperm antibody
- USG or Doppler study of scrotum & testis
- Semen culture sensitivity
- Semen fructose
- Fine Needle Testicular Biopsy of the testis to look for evidence of spermatogenesis & testicular structure.
- Human Sperm-Zona Pellucida Binding Ratio
- Human Sperm-Zona Pellucida Pentration test
- Genetic Studies
- FNAC Testis
- Egg penetration test
- Molecular genetic studies done in some special cases
- Chromosome analysis i.e. Karyotype (chromosome analysis)
- Assessment of androgen receptor
- Combined Pituitary hormone tests is performed when needed
- Immunobead test
- MRI head, Hemogram, test for systemic diseases.
Factory test is done to find out kallman's syndrome

Semen Analysis
The basic test to evaluate a man's fertility is a semen analysis. To perform this test, a man collects a sample of his semen in a collection jar during masturbation either at home or at the laboratory. A man should abstain from ejaculation for four days before the test, because each ejaculation can reduce the number of sperms. A semen analysis should be repeated at least three times over several months. The analysis reports on any abnormalities in sperm count, motility and morphology, as well as any problem in the semen.

Laboratory test:
Sperm Count
A low sperm count should not be viewed as a definitive diagnosis of infertility but rather as an indicator of a fertility problem. Counts of less than 20 million per milliliter are currently considered strong indicators of infertility, although pregnancy is sometimes possible even with such low counts.

Sperm Motility
Motility is the speed and quality of movement. It is graded on a 1 to 4 ranking system.

- Grade 1 sperm wriggles sluggishly and makes little forward progress.
- Grade 2 sperm moves forward, but are either very slow or does not move in a straight line.
- Grade 3 sperm moves in a straight line at a reasonable speed and can home on an egg accurately.
- Grade 4 sperm is as accurate as Grade 3 sperm, but moves at terrific speed. Sperms that clump together may indicate that antibodies to the sperm are present.

Sperm Morphology
Morphology is the structure of the sperm. About 60% of the sperm should be normal in size and shape for adequate fertility. Determining the morphology of the sperm is particularly important for the success of the fertility treatment.

Seminal fluid

The semen itself is analyzed for abnormalities. Most men ejaculate 2.5 to 5 cc of semen. Amounts of 2.5 cc may indicate of prostate problems or frequent intercourse. Normal semen is liquefied within 20 minutes by certain enzymes. If it
remains sticky, fertility may be impaired. An absence of fructose indicates that an obstruction has occurred either in the vas deferens or in the epididymis, since fructose is added to the semen in the epididymis. Conversely, if there is fructose in the semen but no sperm, then the channel from the epididymis is open but there is a defect in sperm production. Thus infection may be detected.

More inquiry should write to info@homeopathyonline.in or click here.

B. AZOSPERMIA OR NIL SPERM COUNT HOMEOPATHY TREATMENT

What is Azoospermia (Nil Sperm): Azoospermia is called when there is no sperm in semen. This type of semen disorder is found in approximately 3% of infertile men i.e. absent sperm. You should know that testis has two separate functions

(i) Production of normal sperms in semen which needed for pregnancy & normal fertility.

(ii) The other function of testis is production of male hormones i.e. testosterone & others. So in most patients with nil sperms though semen has absent sperms still production of male hormones remains normal.
**How sperms develop:** When boy becomes of 14 years of age then L.H. & F.S.H. hormone secretion from pituitary increases. The rise in these hormones leads to proliferation of sperm forming cells (Germ Cells) in the testis. These germ cells start multiplying under the effect of above-mentioned pituitary hormones along with assistance of other hormones as testosterones, Growth hormones, Androstenidione, insulin like growth factor-I, Thyroids hormone, paracrine hormone & growth factors. Under the control of above-mentioned hormones germs cells divide & transformed into primary spermatocytes. Then further maturation of primary spermatocytes to spermatids & then finally into mature spermatozoa (i.e. normal sperms) occurs under the control of above-mentioned hormones. After few weeks of progressive maturation inside the testis these sperms become normally motile & develop the capacity to fertilize the ovum. This total sperm cycle, from first stage to final stage of normal mature sperms is of three months. Thus to produce normal sperms testis should have normal sperm producing germ cells & normal regulating hormones. Any major hindrance in the development of these spermatozoa will lead to absent sperm production resulting into nil sperm.

1. **Causes of Azoospermia or Nil Sperms:** The various causes of nil sperm are as follows:

**Hormone disorder:** The various endocrine (Hormone) disorder leading to azoospermia are as follows:

(i) **Hormone deficiency** of pituitary gland as L.H., F.S.H., Prolactin, thyroids hormone, hypothalamic deficiency of GnRH, Pituitary gland failure, Hypopituitarism, Idiopathic hypopituitarism, Kallman syndrome, Isolated hypogonadotropic hypogonadism, Drugs, toxins, Idiopathic hypogonadotropic hypogonadism & due to many more causes.

(ii) **Obstruction in the outflow of semen** (Sperms) from testis to outside through urethral opening. Many times the production of sperms in testis is absolutely normal but these sperm are unable to come out due to obstruction in the outflow tract leading to absent sperms in the semen. The various causes of obstruction are absent vas deferens, absent seminal vesicle, posttraumatic, post surgical ligation of vas deferens. After some infections, as chlamydial, gonococcal urethritis. It may also be due to post tubercular epididimo-orchitis. The sperm may also not come out of testis if the are imotile due to any of the following causes as imotile cilia syndrome, kartagener syndrome cystic fibrosis & many other rare diseases.

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4) **Testicular disorders (primary leydig cell dysfunction)**, Chromosomal (Klinefelter syndrome and variants, XX male gonadal dysgenesis), Defects in androgen biosynthesis, Orchitis (mumps, HIV, other viral, ),Myotonia dystrophica, Toxins (alcohol, opiates, fungicides, insecticides, heavy metals, cotton seed oil), Drugs (cytotoxic drugs, ketoconazole, cimetidine, spironolactone)

5) **Varicocele** (Grade 3 or more severe): A varicocele is a varicose vein in the cord that connects to the testicle. (A varicose vein is one that is abnormally enlarged and twisted.) Varicocele decreases sperm productions by elevating temperature of the testis, may produce higher levels of nitric oxide chemical in the testis which blocks sperm production, varicocele damages sperms directly & lastly varicocele decrease the oxygen supply to testis.

7) Presence of **Antisperm antibody**. These Antisperm antibodies bind with sperms & either make them less motile, totally immotile or even dead which is called necrospermia

8) Trauma

9) Environmental toxins

10) Viral orchits

11) Granulomatous disease as tuberculosis, sarcoidosis of the testis

12) Defects associated with systemic diseases, Liver diseases, Renal failure, Sickle cell disease, Celiac disease

13) Neurological disease as myotonic dystrophy
14) Development and structural defects, Germinal cell aplasia, sertoli cell only syndrome, Cyptorchidism

15) Androgen resistance

16) Mycoplasma infection

17) **Cystic fibrosis** patients often have missing or obstructed vas deferens (the tubes that carry sperm) and hence a low sperm count.

18) **Klinefelter syndrome** patients carry two X and one Y chromosomes (the norm is one X and one Y), which leads to the destruction of the lining of the sperm forming germ cell in the testis.

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20) **Exposure to Heavy Metals**: Chronic exposure to heavy metals such as lead, cadmium, or arsenic may affect sperm production and may cause nil sperms in otherwise healthy men. Trace amounts of these metals in semen seem to inhibit the function of enzymes contained in the sperms, the membrane that covers the head of the sperm.

20) **Radiation Treatment**: Over-exposure to radiation & xrays affect any rapidly dividing cell, so cells that produce sperm are quite sensitive to radiation damage. Cells exposed to significant levels of radiation may take up to two years to resume normal sperm production, and, in severe circumstances, may never recover.

21) **Misuse of substances**: There are a number of banned substances that can have potentially lethal effects on sperm production. Taking anabolic steroids, for example, to increase performance in sports such as weight lifting, can dramatically alter both the motility and the health of the spermatozoa. Other banned substances, such as cocaine, marijuana and heroin can reduce sperm production & may make a man infertile.

22) HGH Deficiency

**DIAGNOSIS OF CAUSE OF AZOOSPERMIA OR NIL SPERM COUNT**

**History & Physical Examinations**: First step in proper treatment is accurate diagnosis of cause of nil sperm count. So we first try to find out cause. We take detailed history, thorough drug history, and general physical examination, examination of testis, epididymis & testicular veins &
sperm carrying duct examinations. These examinations give idea about whether testis is normally developed or not & how is its function. After that depending on likelihood of particular, cause relevant tests are done. All testing facilities are available at our centre. Thus you may consult us at our centre & at same time you may get all tests done. The time taken in getting all the reports ready is 36 hours. So if you are from out of Delhi, you may come here for two days.

**Investigation & Diagnosis:** For completes diagnosis of causes of azoospermia (nil sperms) one or more of the following tests may be required as:

1) **Complete male hormone profile:** This profile includes all the male hormone tests which affect testicular development, growth & other genital organ development as well as genital functions. L.H., F.S.H., Testosterone, prolactins, thyroids test,

2) **Antisperm antibody**

3) USG or Doppler study of scrotum & testis

4) Semen culture sensitivity

5) Semen fructose

6) Fine Needle Testicular Biopsy of the testis to look for evidence of spermatogenesis & testicular structure.

8) Human Sperm-Zona Pellucida Binding Ratio

9) Human Sperm-Zona Pellucida Penetration test

10) Genetic Studies

11) FNAC Testis

12) Egg penetration test

13) Molecular genetic studies done in some special cases

14) Chromosome analysis i.e. Karyotype (chromosome analysis)

15) Assessment of androgen receptor
16) Combined Pituitary hormone tests is performed when needed

17) Immunobead test

18) MRI head, Hemogram, test for systemic diseases.

19) Olfactory test is done to find out kallman's syndrome

At our center facility for all the above tests are available.

**Treatment of Nil Sperms:**

After the finding out cause of azoospermia treatment is started depending on the cause found.

The various treatments are as follows:

![Gender Symbols]

**Correction of the Cause:** First of all we try to find out the primary cause of nil sperms by above mentioned investigations. Then we correct the basic defect i.e. correction of hormone disorder & other defects. We also give following treatment for permanent cure of low sperm count & motility disorder.

1) **Correction of Hormone deficiencies:** Once the hormone disorder is found then it is corrected by any of the below medicines. Usually sperm count normalizes in three month time with proper hormone treatment.

2) **Gonadotropin Therapy:** Gonadotropins are most potent natural stimulators of sperm production in the testis. Once we start gonadotropin therapy, these gonadotropins stimulates the sperm producing cells in testis. Under the stimulating influence of gonadotropins dormant sperm forming cells which were not producing any sperms, they start dividing & produce multiple immature sperm cells with in three to four weeks. These are further matured in next two to three month into mature sperms under the influence of gonadotropin treatment. Thus in more than 90% cases sperm production can be normalized in three to four months time if it is started in properly selected cases of nil sperms. Gonadotropin therapy is most successful of all the available treatment for nil sperms till now. In many cases of nil sperm count, when all other treatment has failed even in those cases gonadotropin therapy is effective. Thus treatment of nil sperms with gonadotropin results in pregnancy soon.

3) **Repronex.**

4) **Bravelle**
5) Ovidrel

Gonadotropin-releasing hormone (Gn-RH) analogs

7) Growth hormone therapy in many cases where somatropin deficiency is found

8) In cases of Antisperm antibody induced cases treatment is sperm washing followed by intrauterine insemination, steroid use or intra-cytoplasmic injection of sperms (ICSI).

8) Growth Factor, Mineral & Micronutrient Therapy

9) Free Radial Scavengers: These are drug to reduce the free damaging oxidative radical in the testis. For your information every minute lot of oxidant radicals are generated inside the testis which damages sperm forming cells. These special antioxidant drugs scavenge these damaging oxidative free radicals thus leading to production of normal sperms by the testis. In many study these free radical scavengers have been found to be very-very effective in normalizing sperm count.

10) Coenzyme ubique: These drugs improve the nutritional status of the testis. Thus sperm forming cells get enough nutrient which helps in fast generation of sperms in good number with good motility & fertilizing capacity.

11) carnititine suppletion increases the production of sperm, with normalization of sperm count in three months.

13) Bromocriptine. This medication is for men who has elevated levels of prolactin, then this hormone rise decreases the sperm production

14) Correction of thyroid hormone

15) Correction of congenital adrenal hyperplasia

17) Zinc

19) Antibiotics

23) Hgh

26) AIH

27) Certain Newer Drugs has been found very effective

28) Surgery: Depending on the surgery may be a treatment option for nil sperm count due to blockade of the tract from testis to the tip of pennis (i.e. obstructive azoospermia). Surgery is also the treatment of choice for significant varicocele. Similarly surgery may be one of the treatment options for many endocrine tumours.

Surgical reconstruction: When obstruction in transport of sperm from testis to outside is
diagnosed, it is treated by surgical reconstruction. All this surgical treatment facility is provided by our expert micro surgeon. In this obstruction segment is bypassed by surgical anastomosis.

29) But there are many cases of azoospermia in which inspite of best treatment sperm production either does not improves or is impossible. In these cases we do fine needle testicular biopsy in which sometimes we may get some normal sperms or even spermatids. These spermatocytes or sperms are then injected in ovum leading to formation embryo. These embryos are ten transferred into uterus leading to achievement of pregnancy.

30) But in some cases inspite of all efforts no sperm can not be produced. In such cases we advise artificial insemination by semen from donor. In this normal semen is taken from sperm i.e. semen bank. This is one of the very successful method of treatment with minimal cost involvement.

31) Test tube baby is also delivered with our efforts by use of intra-cytoplasmic sperm injection (ICSI), then transfer of embryo to uterus of mother.

32) Semen Bank: Facility for good quality sperm is semen bank in also available. At our center we have facility for all the testing & treatment facility required for low sperm count to achieve pregnancy.

33) Assisted reproductive technology (ART)
ART has revolutionized the treatment of infertility. Each year thousands of babies are born in India as a result of ART. Medical advances have enabled many couples to have their own biological child.

34) Varicocele ligation
A varicocele is an abnormal tortuosity and dilation of veins of within the scrotum. It can be surgically treated - which might help fertility in some cases.

At our center we have facility for all the testing & treatment facility required for nil sperm count to achieve pregnancy.

Response of Treatment: By above treatment many patients are cured in three to four months times. But if we diagnose that this problem is not curable in such cases we tell the patient that your problem is incurable & suggest them other available options as test tube baby, ICSI, AIH etc.
VERS EJACULATION HOMEOPATHY

TREATMENT:

Absent Ejaculation Orgasm

Absent ejaculation in which patient does not get orgasm & semen discharge even after prolonged sexual activity

3. Delayed ejaculation: In this disorder orgasm & semen discharge occurs after abnormally prolonged sexual activity.

4. Retrograde ejaculation: In which patient gets orgasm at normal time but semen in place of coming out through penile opening goes into bladder.

(4) Absent Ejaculation or Orgasm: There are certain conditions in which patient does not get orgasm even after prolonged sexual activity. the cause of this can be primary, Psychogenic or due to certain medication, neurological diseases, surgeries etc. Treatment needs diagnosis of cause & then treatment.
PUS IN SEMEN AND HOMEOPATHY TREATMENT

Pus cells in semen may be due to infection into genito-urinary tract due to any of the following causes:

1.) Chlamydia infection

Chlamydia is a common infection of genitourinary tract all over world. It’s a bacterial infection. The infection with bacteria decreases sperm count motility & fertilizing capacity of sperms. Complication of this can be epididymitis, and inflammation in the scrotum that may leave the man sterile.

2) Gonorrhea (Gonococcal Urethritis)

It is caused by the bacterium Nesseria gonorrhoea. Symptoms include pus in semen. The infection with bacteria decreases sperm count motility & fertilizing capacity of sperms. Complication of this can be epididymitis, and inflammation in the scrotum that may leave the man sterile.

3) Non-Specific urethritis or NSU (Non-gonococcal Urethritis): It is caused by any of the following causative agent Chlamydia trachomatis, Ureaplasma urelyticum, Mycoplasma genitalium ,Candioda species, Anaerobes, Trichomonas vaginalis,, Unidentified / idiopathic. Some times it may be Persistent/recurrent non-gonococcal urethritis or Prolonged urethritis.

4) Candidal Balanitis (Thrush) is a fungal infection.

5) Prostatitis( Acute or Chronic)

Diagnostic tests
Urine may show threads or ‘beads of pus’ positive leycocyte esterase test.
Gram Stain
Culture
Molecular identification
Methelyne blue stain
Antigen detection techniques
Poly merase chain reaction
Trichomonas vaginalis
ANTI-SPERM ANTIBODY HOMEOPATHY TREATMENT

In some male’s, antibody production starts against its own sperms. These antisperm antibodies may then enter the testis & seminal fluid and ‘attack’ the sperms & sperm forming cells. These antisperm antibodies stick the sperms with each other and thus tend to seriously reduce sperm motility, thereby causing infertility. By the use of various treatments, the amount of antibodies may be reduced and fertility restored.

Antisperm antibodies have been found to be present in up to 40% of couples with unexplained infertility, and in 10% of unexplained male infertility. Infertility in a couple can occur if the woman’s cervical mucus provides a hostile environment by producing antibodies to her partner’s sperm. More often, the problem is due to the male partner producing antibodies against his own sperm. Unilateral or bilateral obstruction of the genital tract (either congenital or acquired), epididymitis and varicocele are also sometimes associated with an autoimmune response against spermatozoa.

What are Antisperm Antibodies?
Antisperm antibodies are one immune factor which could be involved in infertility. Antisperm antibodies are cells that fight against normal, healthy sperm. If you have antisperm antibodies, instead of seeing sperm as natural cells, your immune system fights against your sperm and destroys them. This prevents you from producing any viable sperm. Though still to be proven, there is evidence that antibodies against sperm can result in male infertility.

How Do Antisperm Antibodies Affect Fertility?
Antisperm antibodies can really impair the function of healthy sperm. These antibodies attach to your sperm, reducing motility and making it more difficult for sperm to pass through cervical mucus. Antisperm antibodies can also force sperm to clump together, making it difficult for your sperm to fertilize an egg.

Testing for Antisperm Antibodies
There are a variety of tests that can detect the presence of antisperm antibodies in the body:

- **Blood Tests:** In women, blood tests are commonly used to detect the antibody.
- **Post-Coital Test:** The post-coital test can detect the presence of antisperm antibodies in a woman's cervical mucus.
- **Sperm Testing:** In men, sperm testing is the best way to analyze for antisperm antibodies. The immunobead assay and the mixed agglutination reaction test are both used.

Treating Antisperm Antibodies?
There are a variety of treatments available to help couples struggling with antisperm antibodies to conceive.
• **Corticosteroids**: Corticosteroids help to decrease the production of antisperm antibodies. Unfortunately, corticosteroids are associated with side effects, including hipbone damage.

• **Intrauterine Insemination (IUI)**: IUI can help couples to overcome antisperm antibodies as it allows sperm to bypass the cervical mucus. Fertility drugs can also be used.

• **In-Vitro Fertilization (IVF)**: IVF is the most successful treatment for couples with antisperm antibodies. This allows the sperm to be directly injected into the egg, without having to travel through the uterus and fallopian tubes.

**Less Semen Formation**

**Low Semen Levels**

A reduced amount of ejaculated semen (less than 0.5 milliliters per sample) may be caused by a

1) Obstruction in the tube carrying the sperm from testis to outside i.e. structural abnormality in the tubes transporting the sperm.

2) **Retrograde ejaculation**: In which patient gets orgasm at normal time but semen in place of coming out through penile opening goes into bladder.

(3) **Absent Ejaculation or Orgasm**: There are certain conditions in which patient does not get orgasm even after prolonged sexual activity. the cause of this can be primary, Psychogenic or due to certain medication, neurological diseases, surgeries etc. Treatment needs diagnosis of cause & then treatment.

4) **Hormone deficiency** of pituitary gland as L.H., F.S.H., Prolactin, thyroids hormone, hypothalamic deficiency of GnRH, Pituitary gland failure, Hypopituitarism, Idiopathic hypopituitarism, Kallman syndrome, Isolated hypogonadotropic hypogonadism, Drugs, toxins, Idiopathic hypogonadotropic hypogonadism & due to many more causes.

5) **Testicular disorders (primary leydig cell dysfunction)**, Chromosomal (Klinefelter syndrome and variants, XX male gonadal dysgenesis), Defects in androgen biosynthesis, Orchitis (mumps, HIV, other viral, ), Myotonia dystrophica, Toxins (alcohol, opiates, fungicides, insecticides, heavy metals, cotton seed oil), Drugs (cytotoxic drugs, ketoconazole, cimetidine, spironolactone)

**HOMEOPATHY DOSAGE DIRECTIONS**
Select the remedy that most closely matches the symptoms. In conditions where self-treatment is appropriate, unless otherwise directed by a physician, a lower potency (6X, 6C, 6C, 12X, 12C, 30X, or 30C) should be used.

More inquiry should write to info@homeopathyonline.in or Dr. Harshad Raval Md Homoeopathy click here.

Web site: www.homeopathyonline.in

Web site: www.homeopathyonline.in

FEMALE INFERTILITY HOMEOPATHY TREATMENT

Several lacs of females and males are suffering from STERILITY in India and all over the world. There is a general understanding that perhaps homoeopathy has nothing to offer on this subject. As a fact of the matter, homoeopathy can greatly assist to those couples who are not blessed with a child in spite of their ardent desire and efforts due to sterility either on the part of the female or the male. Homoeopathy can change their life to happiness by begetting children in their homes as well as fertile and healthy life. However, on the other hand, treating sterility homoeopathy is the most safest and effective in the hands of qualified classical homoeopathic practitioners.

STERILITY means difficult or no conception and in other word it is inability on the part of the female or the male partner to produce any offspring.

Formerly and even now the ignorant society or the relations attributed the non-birth of children to the sterility in the female and ignored the husband altogether. It should be noted that in man sterility and impotence are two different terms. Impotence means inability to sexually gratify a woman and sterility means inability to impregnate her. An impotent can be sterile. For conception, only the discharge of semen with living sperms is required. It does not matter whether the erection is strong or the retentive power is long or the female is duly satisfied. The sterility on the part of the male is the absence of living sperms in the semen. Either they are not present at all or are dead. In such a case a man cannot produce however virile he may be. Gonorrhoea and Syphilis are the common and unquestionable causes of depriving the semen of spermatozoa.
Thus the first step to be taken is to get the semen tested before the cause is assigned to the sterility of the wife. If the semen is found lacking in sperms, a well qualified homoeopathic practitioner can assist in producing them in plenty. However, if the semen is found quite normal then the cause should be treated out in the female.

**CAUSES OF STERILITY IN FEMALES**

"Sometimes the cause is the presence of acidic secretions specially lactic acid in the vagina and soon as the semen is discharged all the sperms are killed as they cannot live in acid. But the acidity is only detrimental to pregnancy when the male organ is too small to ejaculate the semen direct into the uterus.

In individual females the depth of the vaginal cavity varies. In every female the depth is equal to the length of her finger. Thus, female possessing a long middle finger requires a long organ and vice versa. A male organ a little (1 or 2 inches) longer than her middle finger is quite sufficient for her individual purpose.

Having intercourse when both the partners are not willing.

The correct posture of intercourse is also imperative. Thus, female should lie flat on the back with the man upon her with his face downwards. Her legs should be intercross each other over the man. This posture brings the uterus a little forward and it increases the possibility of impregnation.

Intercourse should take place 3 hours after meals. Intercourse should not be taken place just after meals or taking plenty of water.

It is also injurious when one (female or male) is extremely hungry or thirsty.

Sexual meeting should never be arranged during menses.

Place of sexual meeting should be free from interruption and it should be peaceful and comfortable. One should not have any fear of some ones intrusion or arrival during the act of intercourse.

Diet which is sour or rich in acids should be given up.
Leucorrhoea, painful and scanty menses, amenorrhoea, excessive menstrual flow are also responsible for sterility.
Sometimes sterility is due to failure of the ovaries to yield the ova. Conception is only possible when sperm comes in contact with the ovum of the same side.

Female's right and left ovaries produce one ovum every month. One month there is the right ovum and the other month the left. The left sperm and right ovum, and the right sperm and the left ovum cannot unite. Thus pregnancy does not take place.

It should be found out if she is FRIGID or if there is any abnormality in menses. It is also imperative to find her sexual feelings.

When there is a fault in ovaries, menses are scanty and there is pain in the breast. New growths - fibroids and cancer etc. Sterility is also caused if there is any tumour in uterus or ovary. Discharge of mucus from vagina after an embrace in female and sterility as a result thereof. Prolapse of uterus. Uterine displacement. Hypertrophy of the cervix. Too frequent intercourse. Irregularity of menses. Dysmenorrhoea. Constipation. Inflammation of vagina due to leucorrhoea. Dwindling of breast and ovaries. Excessive and premature menses. Hard work (less of sexual passion). Sterility in female with excessive sexual desire. Mental worries, grief and hiding of her sorrows. Constitutional cause. Sometimes sterility is due to the weakness of the uterus which is incapable of holding the foetus. This weakness of the uterus is also the common cause of abortion. For having children, remember to have intercourse on the last day of the menstrual period or on the third, fifth or seventh day after the period has ceased. Chronic diseases. Other causes of sterility may be diabetes, ulceration of the os uteri, fibroid tumours and enlargement of the uterus. Hysteria. Debilitating diseases like anaemia, tuberculosis, causing amenorrhoea and scanty menses. Endocrinal deficiencies. Obesity due to defective thyroid secretion. Incompatibility between husband and wife. Absence of any essential part of the genitalia i.e. removal of uterus, tubes or ovaries. Atresia of cervix and rudimentary uterus. Imperforate hymen. Malformation or destruction of tubes - due to inflammatory condition like gonorrhoeal salpingitis, appendicitis etc. (If the lining membrane of the tube is affected, the sterility would be absolute). Partial stenosis of the tubes. It is associated with imperfectly developed uterus (almost an incurable condition).

**What is infertility?**

Most experts define infertility as not being able to get pregnant after at least one year of trying. Women who are able to get pregnant but then have repeat miscarriages are also said to be infertile.
Pregnancy is the result of a complex chain of events. In order to get pregnant:

- A woman must release an egg from one of her ovaries (ovulations).
- The egg must go through a fallopian tube toward the uterus (womb).
- A man’s sperm must join with (fertilize) the egg along the way.
- The fertilized egg must attach to the inside of the uterus.

Infertility can result from problems that interfere with any of these steps.

Is infertility a common problem?

About 12 percent of women (7.3 million) in the United States aged 15-44 had difficulty getting pregnant or carrying a baby to term in 2002, according to the National Center for Health Statistics of the Centers for Disease Control and Prevention.

Is infertility just a woman's problem?

No, infertility is not always a woman's problem. In only about one-third of cases is infertility due to the woman (female factors). In another one third of cases, infertility is due to the man (male factors). The remaining cases are caused by a mixture of male and female factors or by unknown factors.

What causes infertility in men?

Infertility in men is most often caused by:

- problems making sperm -- producing too few sperm or none at all
- problems with the sperm's ability to reach the egg and fertilize it -- abnormal sperm shape or structure prevent it from moving correctly
Sometimes a man is born with the problems that affect his sperm. Other times problems start later in life due to illness or injury. For example, cystic fibrosis often causes infertility in men.

**What increases a man's risk of infertility?**

The number and quality of a man's sperm can be affected by his overall health and lifestyle. Some things that may reduce sperm number and/or quality include:

- alcohol
- drugs
- environmental toxins, including pesticides and lead
- smoking cigarettes
- health problems
- medicines
- radiation treatment and chemotherapy for cancer
- age

**What causes infertility in women?**

Problems with ovulation account for most cases of infertility in women. Without ovulation, there are no eggs to be fertilized. Some signs that a woman is not ovulating normally include irregular or absent menstrual periods.

Less common causes of fertility problems in women include:

- blocked fallopian tubes due to pelvic inflammatory disease, endometrosis, or surgery for an ectopic pregnancy
- physical problems with the uterus uterian fibroids

**What things increase a woman's risk of infertility?**

Many things can affect a woman's ability to have a baby. These include:

- age
- stress
- poor diet
- athletic training
- being overweight or underweight
- tobacco smoking
- alcohol
- Sexual transmitted disease (STDs)
- health problems that cause hormonal changes

**How does age affect a woman's ability to have children?**

More and more women are waiting until their 30s and 40s to have children. Actually, about 20 percent of women in the United States now have their first child after age 35. So age is an increasingly common cause of fertility problems. About one third of couples in which the woman is over 35 have fertility problems.
Aging decreases a woman's chances of having a baby in the following ways:

- The ability of a woman's ovaries to release eggs ready for fertilization declines with age.
- The health of a woman's eggs declines with age.
- As a woman ages she is more likely to have health problems that can interfere with fertility.
- As a woman ages, her risk of having a miscarriage increases.

**How long should women try to get pregnant before calling their doctors?**

Most healthy women under the age of 30 shouldn't worry about infertility unless they've been trying to get pregnant for at least a year. At this point, women should talk to their doctors about a fertility evaluation. Men should also talk to their doctors if this much time has passed.

In some cases, women should talk to their doctors sooner. Women in their 30s who've been trying to get pregnant for six months should speak to their doctors as soon as possible. A woman's chances of having a baby decrease rapidly every year after the age of 30. So getting a complete and timely fertility evaluation is especially important.

Some health issues also increase the risk of fertility problems. So women with the following issues should speak to their doctors as soon as possible:

- irregular periods or no menstrual periods
- very painful periods
- endometriosis
- pelvic inflammatory disease
- more than one miscarriage

**How will doctors find out if a woman and her partner have fertility problems?**

Sometimes doctors can find the cause of a couple's infertility by doing a complete fertility evaluation. This process usually begins with physical exams and health and sexual histories. If there are no obvious problems, like poorly timed intercourse or absence of ovulation, tests will be needed.

Finding the cause of infertility is often a long, complex and emotional process. It can take months for you and your doctor to complete all the needed exams and tests. So don't be alarmed if the problem is not found right away.

For a man, doctors usually begin by testing his semen. They look at the number, shape, and movement of the sperm. Sometimes doctors also suggest testing the level of a man's hormones.

For a woman, the first step in testing is to find out if she is ovulating each month. There are several ways to do this. A woman can track her ovulation at home by:

- recording changes in her morning body temperature (basal body temperature) for several months
recording the texture of her cervical mucus for several months
using a home ovulation test kit (available at drug or grocery stores)

Doctors can also check if a woman is ovulating by doing blood tests and an ultrasound of the ovaries. If the woman is ovulating normally, more tests are needed.

Some common tests of fertility in women include:

- **Hysterosalpingography**: In this test, doctors use x-rays to check for physical problems of the uterus and fallopian tubes. They start by injecting a special dye through the vagina into the uterus. This dye shows up on the x-ray. This allows the doctor to see if the dye moves normally through the uterus into the fallopian tubes. With these x-rays doctors can find blockages that may be causing infertility. Blockages can prevent the egg from moving from the fallopian tube to the uterus. Blockages can also keep the sperm from reaching the egg.

- **Laparoscopy**: During this surgery doctors use a tool called a laparoscope to see inside the abdomen. The doctor makes a small cut in the lower abdomen and inserts the laparoscope. Using the laparoscope, doctors check the ovaries, fallopian tubes, and uterus for disease and physical problems. Doctors can usually find scarring and endometriosis by laparoscopy.

**How do doctors treat infertility?**

Infertility can be treated with medicine, surgery, artificial insemination or assisted reproductive technology. Many times these treatments are combined. About two-thirds of couples who are treated for infertility are able to have a baby. In most cases infertility is treated with drugs or surgery.

Doctors recommend specific treatments for infertility based on:

- test results
- how long the couple has been trying to get pregnant the
- age of both the man and woman
- the overall health of the partners
- preference of the partners

**Infertility in men:**

- **Sexual problems**: If the man is impotent or has problems with premature ejaculation, doctors can help him address these issues. Behavioral therapy and/or medicines can be used in these cases.

- **Too few sperm**: If the man produces too few sperm, sometimes surgery can correct this problem. In other cases, doctors can surgically remove sperm from the male reproductive tract. Antibiotics can also be used to clear up infections affecting sperm count.
Various fertility medicines are often used to treat women with ovulation problems. It is important to talk with your doctor about the pros and cons of these medicines. You should understand the risks, benefits, and side effects.

Doctors also use surgery to treat some causes of infertility. Problems with a woman's ovaries, fallopian tubes, or uterus can sometimes be corrected with surgery.

Intrauterine inseminations; is another type of treatment for infertility. IUI is known by most people as artificial insemination. In this procedure, the woman is injected with specially prepared sperm. Sometimes the woman is also treated with medicines that stimulate ovulation before IUI.

IUI is often used to treat:

- mild male factor infertility
- women who have problems with their cervical mucus
- couples with unexplained infertility

**SEVEN EASY STAP MANAGE WOMEN INFERTILITY**

Infertility treatment can be physically uncomfortable, time-consuming, exhausting, and costly — all without a guarantee of success. The infertility experience for many can range from multiple diagnostic procedures through progressively more aggressive treatment options, all of which impose demands upon the emotional and physical self. It's no wonder that many women experience severe stress, depression or anxiety during treatment for infertility.
It is possible although difficult to relieve some of the stress and pressure of infertility treatment. Some tried-and-true stress control suggestions from former infertility patients and counselors include the following:

1. **Accept that you are experiencing a time of heightened stress and don't try to downplay or deny its effects.** You may find that you need to cut back on some or all of your nonessential obligations or activities for a while. Give yourself permission to say 'no' to nonessential commitments and demands on your time.

2. **Don't suffer alone.** Confide in a trusted friend, loved one, or support group. Social support networks can tremendously reduce feelings of stress and emotional pain. Many infertility clinics also offer support groups and/or counseling services. If you're trying to conceive as a couple, accept that your partner may also feel stress, depression, or anxiety and may not be able to provide all the emotional support you require right now.

3. **Join RESOLVE, the National Infertility Association.** You should be able to find a local chapter in your area. Individual chapters sponsor support groups, newsletters, and seminars and lectures on treatment options. Both health care providers and patients make up the membership of this valuable organizational resource.

4. **Empower yourself with knowledge about the procedures and treatments you may need.** After researching on the Web, write down a list of questions to take with you to your next appointment if you feel there are issues you'd like to clarify.

5. **Decide in advance with whom you want to share your experience, and plan some strategies for avoiding inappropriate questions and unwanted advice from colleagues and acquaintances.**

6. **Discuss the possibility of treatment breaks with your doctor, if you feel that you need "time off" from the experience.** Some people prefer to be treated every other month or every few menstrual cycles, while others are stressed by the waiting periods. Work with your doctor to find a treatment schedule that is comfortable for you.

7. **Know that it's common for women in the midst of treatment to experience feelings of depression or sadness, and sometimes these feelings are strongest when participating in baby or child centered functions.** Don't feel guilty if you want to pass up the baby shower or child's birthday party you're invited to. Taking care of yourself and your emotional needs is the top priority now.

**Chronic Endometriosis and Homeopathy Treatment**

*Endometriosis* (sometimes colloquially referred to as *endo*) affects some 89 million women of reproductive age around the world. With endometriosis, the endometrial tissue from the uterus is found outside the womb in other areas of the body. Under normal circumstances, the endometrium leaves the body each month through menses (unless conception occurs). In endometriosis, the misplaced endometrium has no way of leaving the body. The tissues, however, still follow the rise and fall of estrogen and progesteron, breaking down and bleeding as if they were still in the womb, with many of the following symptoms taking place in the woman's body:
-- internal bleeding,
-- degeneration of blood and tissue shed from the growths,
-- inflammation of the surrounding areas, and
-- formation of scar tissue.

In addition, the growths can interfere with the normal function of the bowel, bladder, intestines and other areas of the pelvic cavity. Endometriosis has also been found lodged in the skin, the lungs, the diaphragm and even the brain.

It is my goal today to explain you what you as a sufferer from endometriosis can expect from homeopathy. How does Homeopathy differ in looking at a condition such as endometriosis, and may I say, looking at any other kind of disease? As you will see, to the contrary of what you might expect, Homeopathy is a true science, looking at each case of endometriosis quite differently than allopathy or modern medical science. I hope to answer more of some questions that might have intrigued the sufferer of endometriosis and which at present time are left unanswered by modern medicine. Questions such as:

Can this all be answered by Homeopathy? **Yes!** Much more, it can be treated, **cured** and prevented.

Before I will answer one by one the above questions which are crucial to your goal of achieving health, I will outline in short the principles on which Homeopathy is based, comparing it with our approach to disease in allopathy so you will see a distinct different approach to illness in general, and endometriosis in particular.

Before I start explaining you what homeopathy can do for you the endometriosis patient, consider the advantages of homeopathy when compared to Allopathic (modern) medicine.

**What Does Allopathy Has to Say About Endometriosis**

Homeopathic treatment is **individualized** - it considers the whole patient through symptoms (causality, mental, emotional and physical), rather than the disease as a name. Too often, we physicians think that our work is finished when we put a label on the patient.

"Yes, you have endometriosis (our main means of diagnosis is the laparoscopy in which we visualize the pelvic and abdominal area through a tube inserted through the navel). Take these drugs; you might need surgery, maybe it is both, go home and pray that it will go away."
Homeopathy does not need a name for a disease. It looks at the person as a whole and tries to find the contributing factors of disease. What does allopathy say about the causes of endometriosis? They have not been established -- in other words we don't know!

But does this knowledge lead to a therapy in which you can say, the endometriosis sufferer,

"I know what to do now so I can say for sure, none of my offspring will suffer from this?"

**Advantages of Homeopathy**

All remedies recommended in homeopathy have extensive human experiment. Contrary to what opponents of homeopathy would have you believe, all remedies are tested in the only scientific way, i.e. on normal, healthy individuals. This really should be taken over by modern medicine. I just saw on Larry King Reagan's doctor speaking about Alzheimer and he asked volunteers for studies with new untested drugs. Doctors should be the first ones to do this on themselves like homeopathic physicians have been doing this for two centuries now.

The homeopathic method of prescribing on a totality of symptoms is designed to be **curative**, not just palliative and suppressive as when takes a sleeping pill for insomnia. Little in allopathic medicine is directed at reparation. This is just the contrary of what is often said by your doctor. Drugs used in endometriosis are geared towards suppressing the activity of the ovaries and therefore slow down the growth of the endometrial tissue. But suppressing is exactly what it means--suppressing, not curing with all dire consequences as a result (see further).

Homeopathy has its **time-tested usefulness**. Remedies used two hundred years ago are still used with the same efficacy as then for the same diseases. Allopathic medical fads run their course and disappear rapidly, whereas homeopathy is practiced all over the world. In fact it is the second most widespread form of medicine practiced in the whole world.

There is **no drugging effect**, and there are no side effects from homeopathic remedies. Unwanted effects are homeopathic aggravations, recognized by the well-trained homeopath and easily managed. I am sure when you take

**Danaol**

acne, wt gain, lower voice, beard growth, vaginal dryness, bleeding between periods, mood swings, liver malfunction, etc. or the

**birth control pill**

increased appetite, vein thrombosis, bleeding, nausea or the

**gonadotropin releasing hormone agonists (GnRH agonists)**

with side effects such as hot flashes, loss of calcium from the bones, dryness of the vagina and mood swings.

So in other words, if you don't opt for surgery with a total hysterectomy, (and we are talking about victims between 25-44 years old and even teenagers!--WHO WOULD DO THAT??), you are sure to suffer from serious side effects of those drugs! **Surgery is advised to women with moderate to severe endometriosis, again this does not lead to a cure according to allopathy.** Why? Because it addresses
the end result of the illness--the weeds, but not at all the root, the why you got this in the first place. And then there is the risk of adhesions with every removal of endometrial tissue. Only removal of both ovaries prevents recurrence of endometriosis but is this solution for these young women? Obviously not!

The cost of homeopathic medications is very modest and its application is simple. Practicing homeopathy by a majority of physicians would turn the health budget around over night! This is quite different from the high prices of drugs now often used in endometriosis patients: Danazol, the GnRH agonists, the BC pill, etc. Not one endometriosis patient in this world has to stay sick because they can't afford the medications. And once you improve with your homeopathic remedies, you start taking less and less, even nothing because the disease gets cured, not suppressed in which case we take drugs indefinitely!

Most of the homeopathic remedies are prepared from fresh plants and minerals. Properly stored away from heat or radiation, they keep their strength indefinitely. And we never have to bring Nature in imbalance to produce the mass of medications asked. We only need to take one little plant and never in the next generations have to kill another plant. Quite a difference again with allopathy. A perfect example is that we need to kill four yuma trees to provide enough Tamoxifen drugs for one breast cancer patient.

Is it not amazing that despite this long list of the benefits of homeopathy that some not-so-well-intentioned people still label this great science as quackery?

"What happened in your life when you became sick or just before you became sick?"

I see enough doctors' reports from my patients. They are explicit enough in the description of symptoms and the enumeration of the different illnesses, but they rarely link the onset of the disease to a meaningful event in the patient's life. Yet, it is most often the clue to the solution. For you Endometriosis patient, this will be your first task. Communicate to your physician the exact circumstances and the first symptoms observed.

Some examples that I have seen in practice will clarify this. I might see ten endometriosis patients with almost identical symptoms. They will be treated identical in allopathic medicine with the few drugs, which address some of the symptoms. Yet, these ten patients have ten different beginnings or etiologies. They were "never well since"

. a heartbreak,
. an operation because of sensitivity to anesthesia,
. a delivery,
. an intestinal infection with a loss of liquids,
. taking the birth control pill,
. an acute fear situation like one almost died in a car accident,
. recurrent intake of antibiotics,
. a sunstroke,
. death of a family member, etc.
I can make this list ten pages long and this is exactly what your doctor needs to do. The regular medical doctor will treat these different beginnings in the same way, simply because they have the same endings! How can we be so shortsighted? But these beginnings (triggers) have decreased your resistance and will lead to illness, endometriosis in your case. And a homeopathic physician can tell who among the population is at risk to get endometriosis even when exposed to the same trigger! (See further, miasms). Because the question can be posed,

"Why if a "grief" can lead to endometriosis, why is not everyone getting it when suffering a grief?

**Genetic Background (Miasms) or the Fertile Ground for Illness**

The second factor that plays a role in getting endometriosis is what we already alluded to: the genetic background. Homeopathy is able to determine what people and who of your children is able to get endometriosis. How? By looking at both parents' family history and see what Miasm is predisposed. (A miasm is a defect, a groove, a predisposition to certain illness, a weakness, we inherited from our ancestors. Obviously we all have defects but in case of endometriosis, we are talking about the sycotic miasm (see figure). Endometriosis is however only one expression of this Sycotic miasm. What are some of the other expressions?

**Fig. 21-1: The Sycotic Miasm and Suppression**

![Fig. 21-1](image)

You see them on this figure how many of these different expressions you have in yourself or how many you can find in your parents or children.
Mental, Emotional and Physical Symptoms of Endometriosis
Symptoms can either be on the mental, emotional or physical plane. Patient's can either show symptoms only on the physical plane, others more sick on the emotional plane and the most sick have symptoms on the mental plane. I invite all of you to think about of how many of these symptoms you have or you see in your children/parents.

Mental symptoms for people with endometriosis: Forgetfulness for things just done, just said, Thoughts vanishing while speaking, bad memory for recent things, not old things. Imagine of you have to study this way: the only good energy is at night, starting around 8 PM till 2-3 AM. But during the day, teenager's exhibit dreaming, inattention, restlessness, can't sit still, in other words many of our kids and maybe some among you have suffered from what they call now in general terms ADD and ADHD. But it belongs to the same root as endometriosis.

Emotional symptoms: Thrill seekers, passionate people, love sex and talking about it, they prefer a short but exciting life above and long and boring one. Life has to be full of fun and thrills, unfortunately this can lead to criminality as the border is easily transgressed all in the name of fun, in search of the next new thrill. But definitely a great deal of our sycotic children are ADD or ADHD children. A sycotic person is one of extremes, never finding the middle ground.

Physical symptoms: warts, cysts, asthma, tumors, polyps, and any "hyper" activity of any gland, besides all the "-itis" diseases.

Now if you see any of the above symptoms in yourself or your offspring, they belong to the same expressions as your endometriosis. On the same chart you see also the triggers that will wake up this miasm if it is present in you.

Homeopathy Infertility PCOD treatment
A woman having delayed periods with excessive hair growth on face and body must think of PCOD. So, if the monthly reminder (menses) is missed often, then rule out PCOD first in the early days itself (better before marriage).

Women have two ovaries located in the pelvis alongside the uterus. The main functions of the ovaries are to release eggs and produce hormones. They are responsible for moods, sex drive and health. After getting a signal from the pituitary gland through the FSH (follicle stimulating hormone), the ovaries secrete oestrogen to attain menarche – the first monthly reminder of the presence of the ovary in an active reproductive phase.

It also aids in breast development, widening of the pelvis, flat pads in hips and pubic hair. In this fertile 30-35 years of monthly reminders, ovulation occurs on the 14th day of the menstrual cycle. As age advances, the quality of egg declines and the oestrogen level, which is very helpful in preventing fat deposits in arteries, gets cut off, which in turn makes women susceptible to coronary heart diseases.

Relative causes of PCOD
PCOD does run in families. Several genes contribute to the pathogenesis of PCOD. Many of these genes are related to insulin resistance with elevated fasting blood insulin levels. The high levels of androgenic
hormones interfere with the pituitary ovarian axis, leading to increased LH levels, anovulation, amenorrhea and infertility.

Young diabetic women treated with insulin are at special risk of PCOD. The amount of insulin injected by insulin-dependent or insulin-requiring diabetics is far in excess of what the body produces naturally.

Obesity is a common part of PCOD and many of these women are also insulin-resistant. When a woman is insulin-resistant, her fat cell does not respond normally to the insulin in the blood stream. Weight gain in itself can result from high serum insulin levels.

**Symptoms of PCOD**

The most common symptoms of PCOD are Irregular and infrequent menstrual periods or no menstrual periods at all; Infrequent or no ovulation with increased serum levels of male hormones - testosterone; Inability to get pregnant within one year of unprotected sexual intercourse; Weight gain or obesity;

Diabetes, over-production of insulin with abnormal lipid levels and high blood pressure;

Excess growth of hair on the face, chest, stomach in male pattern (hirsutism) and male-pattern baldness or thinning of hair;

Acne, oily skin or dandruff;

Patches of thickened and dark brown or black skin on the neck, groin, underarms, or skin folds;

Skin tags, or tiny excess flaps of skin in the armpits or neck area;

Male fat storage patterns - abdominal storage rather than standard female pattern on thighs, hips and waist; and Mid-cycle pain indicating painful ovulation - due to the enlargement and blockage of the surface of the ovaries;

The general consequences of PCOD are:

**Menstrual irregularities** - Constant oestrogen production stimulates growth of the uterine lining which usually induces very heavy uterine bleeding. The bleeding episodes may occur after long gaps of time (oligomenorrhea) or, for some women, not at all (amenorrhea). Irregular periods are a nuisance and suggest some hormonal disorder or risk of endometrial thickening.

**Miscarriage** - While miscarriage seems an unfortunate chance event for most couples, it is clear that women with PCOD may be at increased risk of early foetal loss. The hormonal environment in PCOD
may interfere with egg development within the follicle and disrupt embryo implantation within the uterus.

Hair and skin problems - Androgen (male hormone) is a byproduct of the ovaries. In PCOD, the production of androgen, such as testosterone, is excessive, which causes abnormally increased hair growth and contributes to acne formation. The assessment of excessive hair growth (or hirsutism) may be difficult.

Obesity - About 50 per cent of women with PCOD are obese. Obesity tends to enhance abnormal estrogen and androgen production in this disorder, which only magnifies the problems of irregular bleeding and excessive hair growth.

More important, the long-term effects of unopposed oestrogen place women with the syndrome at considerable risk for endometrial cancer or breast cancer.

Homeopathic approach to PCOD

Homeopathy is the fingerpost on the cross-roads of healing which directs the way to safe and permanent cure. Homeopathy works towards nature. All homeopathy medicines are proved in human beings. It is very refined. It comforts modern living. The medicines have no negative side-effects. They are safe, effective and easy to attain cure.

In homeopathy, medicines are given to induce ovulation in a natural way rather than causing menstruation. Homeopathy medicines will not create any artificial menstruation. They go with nature. The system treats the condition. By taking homeopathy medicines, ovulation and menses can be attained in a natural way.
How Homeopathy treatment women Infertility

In order to restore fertility more and more women seek homeopathic medicine. Female causes of infertility can be many but mostly are of two kinds: structural abnormalities and hormonal imbalances.

The first kind can be helped with homeopathic medicine but not all cases will resolve in a pregnancy, the second type can definitely be helped by homeopathy and women with hormonal imbalances restore fertility within a few cycles leading usually to healthy pregnancies.

Obviously everyone is different, so specific homeopathic treatment is advised to restore fertility.

During homeopathic treatment to restore fertility many aspects of your menstrual cycle are taken into consideration, for example the lengths of your cycle is very important, the type of menstrual bleeding (bright red, clotted), the premenstrual discomforts like cravings, headaches, lower back pain, pelvic pain, etc. The mental and emotional changes that women experience during the premenstrual period should also be investigated by a homeopathic practitioner to help deal with hormonal fluctuations and imbalances. Homeopathic medicine can help restore fertility when followed in conjunction with a healthy diet low in animal fats and high in fiber from legumes, fruits and vegetables.

Fibroids and Polyps and Homeopathy Treatment

The formation of fibroids, which are benign growth of the muscles of the uterine cavity, can be a physical obstacle to the implantation of the fertilized egg and to the development of the embryo, thus preventing pregnancy. Fibroids are caused by sudden rise in estrogen levels, so creating hormonal balance is an important factor in their treatment. Here are some useful homeopathic remedies. It is always best to seek the advice of a homeopathic practitioner to have a more in dept analysis of your case and to restore fertility.

Bufo rana
Burning in ovaries and uterus. Tumors and polyps of uterus.
**Thuja occidentalis**
Warts on vulva and perineum. Vaginal discharge is profuse, thick and green in color. Severe pain in the left ovary and left inguinal region. Menses are scanty and late. Polypi and fleshy growths. Profuse perspiration before menses. Ailments from vaccinations.

**Fraxinus americana**
Enlargements of the uterus, fibroid growths and prolapsed uterus. Uterine tumors with bearing down sensation and painful periods.

**Salix nigra 3X**
Bleeding with uterine fibroids. Irritability before and during menses. Pain in the ovaries and difficult menses.

**Helonias**
Very tired women with a weight and a dragging sensation in the uterus with tendency to prolapse especially after miscarriages. Back pain after miscarriages. Malposition of the uterus. This is a great remedy for infertility. The woman is very conscious of the womb. Itchy vagina and vulva with white discharges. Constant pain over the kidneys. Diabetes mellitus and insipidus.

**Lappa 3X**
Uterine displacements. Lack of tone in the uterus. Worse standing and walking.

**Ignatia**
Hysteria, sobbing, and grief.

**Phosphorus**
Metrititis. Menses too early and too scanty, lasting too long with hemorrhages from the uterus between periods. White discharges that are burning and come instead of menses. Uterine polyps and amenorrhea with bleeding in other parts of the body (nose bleeds).

**Calcarea carbonica**
This remedy helps for women that are very concerned about their health and develop infertility. Menses too early, too profuse, too long. Uterine polyps and sterility with heavy menstrual flow and cutting pain in the uterus during menses. Swollen breasts before menses. This is a great remedy to restore fertility.

**Calcarea fluorica 6X**
(Tissue Salt preparation) Indurations and tumors of the uterus and ovaries. Best taken as a tissue salts for 3-6 months.

**Thlaspi bursa pastoris 6X**
Hemorrhages from uterine fibroids with aching in the back and a general bruised feeling. Heavy cots during uterine cramps. Bleeding between periods. Menses are too frequent and heavy. Every other period is very heavy. This remedy is suitable for women who have difficulty recovering from a period before another begins.

**Trillium pendulum**
This remedy is great for women who suffer from anemia and feel dizzy. There are uterine hemorrhages from fibroids with cramp-like pains and a sensation of broken hips. This remedy has also a great use for threatened miscarriages with gushing of bright blood on the least movement.
**Ustilago maydis 3X**
Flabby conditions of the uterus with hemorrhages. Uterus becomes hypertrophied, the cervix bleeds easily, ovaries burn and become swollen. Profuse menses after miscarriage. Blood flow can be clotted forming long black strings.

**Secale**

**Viburnum opulus**
Often used to prevent miscarriages and aids in false labor-pains. This is a remedy for cramps and colicky pains in the pelvic region. Menses are too late and when they come they are scanty and last for a few hours. Bearing down pains before menses. Ovarian region feels heavy and congested. Aching in sacral area extending to the front of the thighs. Frequent miscarriage early on during a pregnancy may be due to luteal phase defect. This remedy can help restore fertility in some cases.

**Cimicifuga**
Profuse dark menses. Pain in ovaries and amenorrhea (absent menses). Hormonal acne. Pains immediately before menses which are profuse, offensive, dark coagulated blood with backache.

**Caulophyllum**
Weak uterus, painful small joints and thrush. The cervix is very rigid. False labor and failure to progress during labor. Needle-like pains in the cervix. Painful periods with pains flying to other parts of the body.

**Erigeron canadense 3X**
Hemorrhage from the uterus, profuse and bright red. Leucorrhea (white discharges) between periods with urinary irritation. Bloody discharges on exertion. Weak uterus. Nose bleeds instead of menses (vicarious menstruation).

**Platina**
Ovarian inflammation (ovaritis) with sterility. This remedy can restore fertility in cases where there is increase sexual desire. Vaginismus and itchy vagina. Menses too early, too profuse, dark clotted with spasms and bearing down pains.

**Polycystic Ovarian Syndrome**

If you are suffering from this condition and rarely ovulate here are some remedies your homeopathic practitioner can help select to assist your case and restore fertility.

The following homeopathic remedies can be very useful in stimulating the ovaries when taken during the first 14 days of the menstrual cycle. If a woman rarely ovulates, it may be advisable to begin at anytime.
**Lilium tigrinum 6C**  
Pathological conditions of uterus and ovaries. This remedy can restore fertility in cases of congestion and ante-version of uterus with bearing down sensation. Early, scanty, dark clotted menses with the flow only when moving about.

**Senecio aureus 3X**  
Menses too late with recurrent amenorrhea (absent menses), bladder inflammation and congested kidneys accompanied by back pain. Nervous and irritable an unable to concentrate on one thing.

**Agnus castus 3X**  
Scanty menses, sterility, transparent discharges often staining yellow. Nervous palpitations with recurrent nose bleeds. Lowered sex drive.

**Folliculinum**

When the ovaries have exhausted their energy after undergoing a series of infertility treatments this remedy can help restore fertility. It can also help re-start a natural menstrual cycle after years of birth control pill use and excess hormones as a result of estrogen dominance syndrome. I first heard about this remedy while taking my course in women's health and homeopathy developed by homeopath Melissa Assilem with the British Institute of Homeopathy. The remedy is available at Heliox Homeopathic Pharmacy. It should be taken in small doses in order to regulate a woman's cycle and it will bring on the period especially in cases of polycystic ovarian syndrome (PCOS), endometriosis or where the uterine lining is overstimulated by excessive estrogen. According to Melissa Assilem, an optimum time to give Folliculinum is on the tenth to fourteenth day of the cycle. Also different potency work in quite different ways: 3X or 4C stimulates and can bring on menstruation, the 7C is a balancer, and the 9C is a menstrual retardant, where there may be very frequent periods. If you want to know more, here is a great article that talks about this remedy and how to restore fertility in women.

**Ovaries**

Below is a list of homeopathic remedies that have an affinity with the ovaries and should be selected based on your most similar characteristic symptoms in order to restore fertility.

**Apis mellifica**  
This remedy helps is cases of ovarian inflammation which is worse on the right side with soreness and stinging pains. Painful menses with severe ovarian pains. Great tenderness of uterine region. It can help treat ovarian cysts.
Secale
Indicated for women that suffer from menstrual colic worse right ovary with dark and irregular menses with brown discharges during the entire cycle. It is indicated when there is continuing watery blood discharges until the next period. Never been well since a miscarriage or pregnancy.

Baryta muriatica
This remedy can restore fertility in cases of underdeveloped ovaries.

Lachesis
Left ovary very painful and swollen (cysts). Swollen, burning uterus. Pain relieved by menstrual flow. PMS with inflamed and swollen breasts. This remedy works well when one dose is given at the beginning of the menses. Worse from suppressed menses caused by birth control pill or other hormonal therapies.

Colocynthis
Boring pain in left ovary. Round, small cysts in the ovaries or broad ligaments. Painful menses with bearing down cramps which are better by bending double.

Lycopodium
Menses too late, last too long and are too profuse. Right ovarian pain. Burning vaginal discharge. Painful intercourse.

Borax
Vaginal discharges like egg white with sensation as if warm water was flowing. This remedy favors easy conception and it is well indicated in resilient cases of vaginal yeast.

Bryonia
Menses too early, too profuse worse motion. Stitching pain in ovaries especially the right ovary extending to the thighs. Pain in the breasts at menstrual period. Frequent bleeding of nose at the appearance of period. Inflammation of the ovaries and pain around ovulation.

Palladium
Right ovarian pain due to indurations, swelling or cysts, ameliorated by rubbing, pressure or bending the legs. Cutting pain in the uterus better after stool.

Xanthoxylum 6X
Menses too early and painful, thick and almost black. Yeast infection during menses. Ovarian neuralgia left sided with neuralgic pains going down the thigh (electric like pains). Neuralgic pains during menses with neuralgic headaches. Weakness and difficulty assimilating nutrients from the diet.

After Laparoscopy and Surgery complications Treatment by Homeopathy

If you are going to have a laparoscopy consider the following remedies to help you heal faster from the procedure:

Calendula 30C, 200C
This remedy has anti septic properties and speeds up healing.
**Bellis perennis 30C, 200C**
It has a great affinity for soft tissue trauma especially of pelvic organs. This remedy may restore fertility in cases where the pelvic organs have been traumatized by past abdominal surgery.

**Arnica 200C**
This remedy helps ease the pain of a bruised, lame sore feeling after the procedure. It also prevent hemorrhages and helps healing.

**Carbo vegetabilis 30C, 200C**
This helps in cases of distended abdomen after the procedure. It helps restore strength if you feel weak after loss of fluids or after drugs. There is coldness with weak pulse and faintness. Respiratory cough after anesthetic medication.

**Phosphorus**
Vomiting after anesthetic medication. Bright red blood loss

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**OTHER HOMEOPATHY MEDICINE :**

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**FEMALE STERILITY**

**Agnus Castus**
Sterility, with suppressed menses, and want of sexual desire. Swelling and inflammation of the uterus. Transparent leucorrhoea. Leucorrhoea spotting linen yellow.

**Aletris Farinosa**
When sterility is due to weakness of the uterus. This remedy tones up the uterus. Amenorrhoea or delayed menses from atony; weariness of mind and body. Leucorrhoea white stringy with debility. Weak emaciated people.

**Aurum Met.**
Sterility due to depression and tendency to suicide. Menses too late; and scanty or absent. Leucorrhoea profuse and corroding, yellow, thick white, not offensive, aggravation by walking.
**Aurum Mur. Nat.**
Specific for sterility. It may be given in 3x trituration. It cures ulceration, induration, chronic metritis, ulcers of the os, swelling of the ovary. Also covers prolapsus of the uterus.

**Baryta Carb.**
Sterility due to dwindling of ovaries and mammary glands, yet the lymphatics become enlarged and infiltrated. Catamenia too feeble, and of too short duration.

**Baryta Mur.**

**Borax**
Sterility. Leucorrhoea corrosive and thick like starch. Catamenia premature and too copious, of a pale red colour. Dread of downward motion and labour.

**Calcarea Carb.**
Sterility with catamenia too early, and too profuse. Calcarea Carb. has cold, clammy feet, as if there were damp stockings on. Obesity.

**Caulophyllum**
Sterility after leucorrhoea in a woman married ten years ago was cured with this remedy.

**Conium Mac.**
Sterility with suppressed menstruation. Unsatisfied sexual desire and sufferings therefrom. Obstinate constipation of long standing. Faintness after stool.

**Eupatorium Pur.**
Sterility from ovarian atony.

**Felix Mas.**
Sterility. Pale face with blue rings around eyes. Worm symptoms especially with constipation.

**Gossypium Her.**
Sterility from uterine torpor.

**Helonias**
Sterility with loss of sexual desire. Profound mental gloom. Leucorrhoea with atony and anaemia. Women with prolapsus from atony. Menses too frequent and profuse in women who are feeble from loss of blood. Flow passive: dark, coagulated, offensive. Always better when doing something, when the mind is engaged. Fault finding and cannot endure the least contradiction.

**Iodium**
Atrophy of ovaries and breasts, with sterility. Catamenia at one time too late, at another too early. Menses premature, violent and copious. Eats ravenously yet
emaciates. Lachrymose disposition and mental dejection. Effects of amorousness; of disappointed love.

**Kali Brom.**
Sterility from excessive sexual indulgence and atrophy of ovaries.

**Millefolium**
Sterility with too profuse menstruation, or tendency to miscarly. Haemorrhage from uterus from too violent exertions. Suppressed menstruation with epileptic attacks.

**Natrum Carb.**
Discharge of mucus from vagina after an embrace or coition in the women and sterility as a result thereof. Joyous talkativeness.

**Natrum Mur.**

**Pituitary**
It regulates action of 'corpus luteum' in sterile women and favours conception in many cases. Uterus, breasts and other sexual organs are not fully developed.

**Phosphorus**
Sterility on account of excessive voluptuousness, or if menstruation comes on too late and is too profuse.

**Platinum**
Sterility in women with excessive sexual desire. It has cured sterility of 12 years standing. Catamenia too early and too profuse (blood dark and coagulated). Leucorrhoea, like white of egg flowing chiefly after urinating and on rising from a seat.

**Sepia**
It is the head remedy for sterility. There is irregularity of menses with leucorrhoea and constipation. Menses are too late and scanty or early and profuse, with sharp cutting pains. Leucorrhoea is yellow, greenish with much itching. Prolapse of the uterus and vagina. Vagina painful during coition. Lack of affection for those whom she loved before is a marked mental symptom. Sadness and dejection with tears.

**Sulphuricum Acidum**
Sterility, with catamenia premature and too profuse. Acrid and burning, or milk-like leucorrhoea. Prolapse of vagina. The patient is weak and exhausted.

**Thuja**
Sterility with leucorrhoea. Anaemia may also be present. Hair on the face and legs of women with offensive perspiration about the genitals.
Thyroidinum
The uterus is very small in size. Excessive obesity. Uterine fibroid. Fatigued easily, with weak pulse, tendency to fainting, palpitation, cold hands and feet, low blood pressure, chilliness and sensitive to cold.

**MALE STERILITY**

**Chininum Sulph**
Absence of spermatozoa with suppression or diminution of sexual desire.

**Conium Mac.**
Absence of spermatozoa accompanied with impotency; insufficient erections. Want of energy in coition. Emissions provoked by presence of women.

**Damiana (Turnera Aph.)**
Absence of spermatozoa in impotency due to sexual neurasthenia. Chronic prostatic discharge.

**Iodium**
Indicated in persons who have violent or constant erections with increased sexual desire; testicles become small and painful.

**Strychninum**
When azoospermism is accompanied with great sexual desire and/or swelling of testicles.

**HOMEOPATHY TREATMENT:**
Select the remedy that most closely matches the symptoms. In conditions where self-treatment is appropriate, unless otherwise directed by a physician, a lower potency (6X, 6C, 6C, 12X, 12C, 30X, or 30C) should be used.

More inquiry should write to info@homeopathyonline.in or Dr. Harshad Raval Md Homoeopathy [click here]. HOMEOPATHY DOSAGE DIRECTIONS
TESTIMONIAL SUCCESS STORY FOR INFERTILITY AND OLIGOSPERMIA
HOMEOPATHY TREATMENT BY DR HARSHAD RAVAL MD HOMEOPATHY

Success Story #1: Dipty Shah

"Using your system I got pregnant naturally at age 34!"

Dipti shah USA, After 7 years trying to conceive I finally got pregnant 4 weeks after I read web site and contact personally and followed your treatment program. It was simply amazing. I had history of recurrent miscarriages and was also diagnosed with genetic problems but using your system I got pregnant naturally at age 34 & after 2 HSGs and 4 negative IUls including 6 induction Clomid cycles and laparoscopy. I am recommending your Treatment to all my friends. Thank to Dr Harshad Raval MD. Homeopathy

.. God bless you!"

-- Dipti shah, Age 34, Ohio, USA

Success Story #2 : Sangita agarwal

"After one years of trying Dr Harshad Raval Homeopathy treatment I became pregnant and had a beautiful healthy boy!"
your find out www.homeopathyonline.in site by Dr Harshad Raval md hom. And his e-book is a must read for any woman trying to get pregnant. I was devastated and so was my husband after being told by my fertility specialist at age 38 that I had no option but to consider adoption or donor eggs (according to my doctor I was out of eggs and gave me 4% chance of getting pregnant and a 2% chance of carrying a baby to full term). After much research and dozens of hours reading infertility related articles and posts online, I have found your book! I never believed in anything alternative to western medicine and thought all the other stuff like Chinese medicine was a hoax. But I was soon glad to be wrong as I followed your step by step guidelines. Than after I had one pregnancy on next years with natural way. My heartily congratulations Dr Raval and his special technique way on alternative medicine. I said every body sterilized couple once try Dr Raval treatment. I recommended his treatment. Behavior is good his staff and Dr. also

-Sangita Agrwal Mumbai

Success Story # 3: Bharti Agnihotry

"After over 7 years of trying to conceive and thousands of dollars spent on infertility treatments, I had actually succeeded to get pregnant the natural way with Homeopathy by Dr Harshad raval md medical intervention"

After going through 3 failed IVF cycles and several IUI's without any results, I had started my journey at the age of 32 as I couldn't accept the fact that I wouldn't have any children of my own. By sheer accident I found web site www.homeopathyonline.in May of 2007, myself holding a positive home pregnancy test in less than 5 weeks! After over seven years of trying to conceive and thousands of dollars spent on infertility treatments, I had actually succeeded to get pregnant the natural way with Homeopathy medicine By Dr Harshad Raval all because Dr Raval Treatment less than previous all medical expences I'm going to have my first baby in 1 month! I still cannot believe it! ." Thanks to Renound Homeopathy Dr Harshad Raval md

-Bharti Agnihotry USA.

Success Story # 4: Sadhana Patel

"I just wanted to say thank you for Dr Harshad Raval md Treatment to New hope to women at my age. I am 36 and I am finally going to be a mother."

My husband and I are going to the doctor consulting today as I found out to be POSITIVE yesterday. I am in tears as I write these words. We meet Dr Raval center and meet Dr Raval and her assistant Dr handle our case and after 3 hours consulting, then he said us faith our medicine and nature we do best to
you..At time I felt inner, word goes in my heart and I little tremor, I got successful here. My eye little wet and I come out Dr Raval center and said my husband I get success, Then after, we follow Dr Raval advice, like food, our privet life role, and how to avoid stressful life and his homeopathy treatment, Then after i got missing my cycle with in 6 moth. I had past history of abortions so we take extra treatment from Dr raval. Then I pass nine month very successfully and I got baby issue now we are happy. Dr Raval is nice humorous and gentle doctor. "God bless you!" Dear Dr

--Sadhna Patel Bangor, India

Success Story # 5: Chrisal polam

"I have followed your 5 step recommendations and after less than 3 months of trying, I finally succeeded in my long and painful battle. I am going to have a child. I have no words to express my gratitude!"

"Many expert Doctor told you to forget about having a child at my age and that I should have considered adopting a baby, but instead I took matters into my own hands and researched I found Dr Raval wed site; www.homeopathyonline.in and found your infertility sections. I have soon found it to be a treasure that I could refer to repeatedly. The clear cut logical yet compassionate approach that tackles infertility from a totally different perspective had captivated me. I have followed your 5 step recommendations and after less than 6 months of trying, I finally succeeded in my long and painful battle. I am going to have a child. I have no words to express my gratitude.

- Thanks
- Christal polam U.K

Story # 6: Deepika salve

"As a last effort, my mother bought me your wonderful Homeopathy treatment and e-book. It has been the greatest gift I have EVER received and a true life changer. Thanks to Dr Harshad Raval md."

", I was diagnosed with PCOS and premature ovarian failure three years ago, and was told by my fertility doctor that I had little hope of having any baby, not only because of my relatively old age (I am 36). I had pretty much given no hope and had nothing to strive or opt for. As a last effort, my mother bought me your wonderful Homeopathy Dr site Dr Harshad Raval MD www.homeopathyonline.in and e-book. It has been the greatest gift I have EVER received and a true life changer. Thanks to Dr Harshad Raval md homeopathy I am on the road to becoming a mother and I owe it all to you."
Thank you! Thank you! Thank you!
-- Deepika Salve (New York, USA)

Success Story # 7: Meenal Gandhi

"2 weeks ago for the first time in my life, my period was late. I had a positive pregnancy test a week ago. Today my doctor confirmed my pregnancy!"

"I meet Dr. Harshad Raval Homeopathy doctor about 4 months ago, after 11 years of battle with infertility issues. I am 37 and was extremely skeptical, but had nothing to lose so with the supervision of a holistic doctor that you recommended, I had followed your 5-step Pregnancy Miracle plan and to my utter amazement I had finally find a solution. Well, 2 weeks ago for the first time in my life, my period was late. I had a positive pregnancy test a week ago. Today my doctor confirmed my pregnancy. I am amazed, shocked and thrilled. I am speechless. It really is a miracle. I recommendations Dr Harshad raval md Or more refer his site: www.homeopathyonline.in

-Meenal Ghadhi, Australia. Thank you so much and God bless!"

Success Story # 8 Vanita Parekh

"Your program was the only program that made a real difference in my life. I am about to give birth to my first child after 12 years of tests, charts, drugs and disappointments..."

"My husband and have been trying to conceive for over a year and the every month failures only made it more difficult. After reading your web site homeopathy treatment by Dr harshad raval md site; www.homeopathyonline.in for Pregnancy Miracle from cover to cover and learning how Homeopathy Medicine and the whole holistic approach can put power back in your hands rather than relaying on drugs, doctor's diagnosis or medical intervention, I have followed your natural recommendations, altered the necessary elements in my lifestyle that were inhibiting my fertility and I must say that your program was the only program that made a real difference in my life. I am about to give birth to my first child after 12 years of tests, charts, drugs and disappointments. Thank you."

- Vanita Parekh California U.S.A
Success Story #9 Itiasa shah

"I successfully became pregnant at age 36... ."

"After having a miscarriage at 12 weeks, and having waited for that pregnancy to happen for more than a decade, I found REAL comfort in your guide as it made me made me realize EXACTLY what I was doing wrong all these years trying to get pregnant and what I needed to do in order to dramatically increase my chances. Dr Harshad Raval Homeopathy treatment is very easy to take medicine and no side effect and with the clear step by step explanation on how to apply the holistic approach to pregnancy and methods in your life-style I successfully became pregnant at age 38... naturally. I would strongly recommend Dr harshad Raval Homeopathy treatment to anyone struggling to beat their infertility.

-Itiasa shah Ahmedabad

Success Story #10 Kaya Shreevastav mumbai

"After 4 months, I became pregnant with my now beautiful 11 month old because of Dr harshad Raval Treatment. It really works!"

"Dear Dr Harshad Raval md Homeopathy, I consult you about 8 times. I couldn't believe that the issues I have been having for years and thought were unrelated to fertility actually had a very tight link to my difficulty to conceive. After two and a half months of following your advice, I started seeing various positive changes occur in my body--I became more healthy, more energetic and my cycles became more predictable. After 8 months, I became pregnant with my now beautiful 11 month old because of your book. It really works! My doctor who ridiculed the whole natural approach is now utterly embarrassed. And also cure my husband oligospermia and increased sperm mortality.

Thanks again!"

- Kaya Shreevastav Mumbai