

# **Homeopathic Infertility Research**

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## **Individualized homeopathic therapy for male infertility.**

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This prospective observational pilot study investigated the effect of individualized homeopathy on male infertility based on sperm count, hormone values and general health. Forty-five subfertile men were treated with single homeopathic remedies for an average of 10.3 months. The drugs were prescribed on the basis of the overall symptomatic situation. The variables 'sperm density', 'percentage of sperm with good progressive motility' and 'density of sperm with good propulsive motility' improved significantly, especially in cases of oligoasthenozoospermia. The general health of patients improved significantly. The following factors emerged as positive predictors of therapy success: alcohol consumption below 30 g/day, non-smoking, the presence of less than five dental amalgam fillings, no exposure to noxious substances at the workplace and no previous inflammatory genital diseases. The factors stress, age above 36, high coffee consumption and long duration of unwanted childlessness did not have a negative impact on therapy outcome in this study. The rate of improvement in sperm count through homeopathic therapy is comparable to the improvement achieved by conventional therapy, so that individualized-homeopathic treatment may be considered a useful alternative to conventional treatment of subfertile men. For further investigation, a randomised, therapy-controlled clinical study with parallel group design would be useful (homeopathic therapy vs conventional andrological therapy).

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## **Infertility**

**BOTTOMLINE:** Fertility in men and women is a complex process, and the treatment of infertility requires treatment by a professional homeopath. Although no studies have yet been conducted on women, one pilot study of subfertile men found good results from professional homeopathic treatment.

A prospective unblinded pilot study was conducted on 45 subfertile men who were treated with individually chosen homeopathic medicines based on the psychophysical symptom syndrome each experienced. The main outcome measures were improved sperm density, improved percentage of sperm with good propulsive motility, density of sperm with good motility. Other outcome measures included sperm vitality, morphology, and the ratio of sperm with global motility.

This study was conducted at the Outpatient Clinic for Complementary Medicine at the University Women's Hospital of Heidelberg (Germany). The men admitted into the study has to have two or more years of unwanted childlessness, two pathological sperm counts not influenced by therapy, at least 3 months without andrological therapy, and patient consent.

The men average age was 35.5 years (range 28-47). The couples suffered from unwanted childlessness for an average of 4.5 years (range: 2-11 years).

Thirty of the men reported some type of genital disease: 20 suffered from varicocele, 5 from undescended testes, 15 from urogenital inflammation, 1 from coital impotence, and 5 sustain a previous genital trauma. [The individualized homeopathic treatment included a detailed interview in which the patient was queried about his unique symptoms. The homeopath ranked in a hierarchy those symptoms that were in the emotional and mental realm and those that affected his entire body, as distinct from those that were local symptoms. The symptoms were ordered by intensity and prominence.] All men were prescribed a single homeopathic medicine in the LM 18 potency, and each man shook the bottle before taking three drops once daily. The patients were asked to keep a diary of any symptoms, and they were asked to avoid any other therapy, except in emergencies. The men were asked to abstain from caffeine, but if this was not possible, they were asked to avoid taking it within 1-2 hours of taking the homeopathic medicine. The patients attended the clinic every six weeks for review. If the medicine was still indicated, the drug was re-prescribed at a one-step higher potency. If not, a different homeopathic medicine was prescribed. Homeopathic treatment lasted on average 10.3 months (range: 6-21.5). Seven patients dropped out after 2-5 months. A total of 26 homeopathic medicines were prescribed, the most common ones were (in order of the number of prescriptions): Natrum muriaticum, Lycopodium, Calcarea carbonicum, Pulsatilla, Phosphorus, Silicea, and Thuja.

## **Results**

Various primary and secondary measures showed significant improvement after 6, 9, and 12 months of homeopathic treatment.

Sperm density improved by a median of 26.4 after 3 months, by 12.6% after 6 months, and 37.1 after 12 months ( $P=0.011$ ).

The ratio of sperm with good propulsive motility was initially pathologically low in all patients, but after 3, 6, and 9 months of therapy, it improved by 20% ( $P=0.0037$ ) and after 12 months, it improved by 43% ( $P=0.0009$ ).

The density of sperm with good propulsive motility increased above the baseline of 1.8 million. After 3 months, there was improvement by 27.6% ( $P=0.02$ ), 6 months by 40% ( $P=0.003$ ), 9 months by 55.2% ( $P=0.01$ ), and 12 months by 81.5% ( $P=0.02$ ).

An improvement in global sperm motility improved during the first three intervals, especially at 6 months ( $P=0.045$ ), but after 12 months, the median improvement decreased and was no longer significant.

A total of 8 pregnancies occurred in 7 couples, with one having twins. Five pregnancies produced a healthy child or twins, while three ended in spontaneous abortion and two miscarriages (to the same couple). These numbers represent a baby-take-home rate of 11.1%.

There were various improvements in the men's general health, especially those suffering from abdominal disorders ( $P=0.0004$ ) after 6 months and ( $P=0.052$ ) after 9 months. In general, the men observed greater improvement in various local symptoms than in their psychological state or more general symptoms. This experience runs counter to homeopathic theory that predicts greater

improvement in general health prior to local symptoms.

Ironically, 5 of 7 drop-out patients experienced significant improvement after 3 months, including a 55% increase in sperm density, 63% increase in progressive motility, and 196% increase in the density of sperm with good motility.

### **Positive Predictors to Therapeutic Success**

The following factors were observed to be predictors of therapeutic success with homeopathic medicines: Men with longer (4 years or more) unwanted childlessness.

There were improvements in the density of sperm with good motility in men who didn't smoke at 3 and 6 months, but these changes were not significant in men who smoked. Men who drank little or alcohol (<30 gram alcohol/day; n=20) experienced an increase in sperm density with good propulsive motility of 72.2% (P=0.04) after 3 months and 51.8% (P=0.04) after 6 months, but the increase for men who drank more alcohol was only 14.2% after 6 months and was not significant.

The density of sperm with good propulsive motility improved by 50% after 3 months in the high-caffeine group (n=20, P=0.04), and was only increased by 13.4% in the low-caffeine group. However, after 6 months the low-caffeine group of men's sperm density improved by 70.2% (P=0.04), while the high-caffeine group increased 37.3% (P=0.04).

The men with few amalgam fillings (n=18) experienced greater improvement in sperm density with good propulsive motility at 72.2% after 3 months (P=0.022) and 97% after 6 months (P=0.017), as compared to the amalgam-rich group (n=27) with 11.4 and 19%. Men who were exposed to noxious factors in the workplace (n=11) experienced a less rapid increase and a smaller overall improvement. Men who self-described themselves as more stressed (n=21) experienced greater improvement in density of sperm with good propulsive motility than those men in the "no-stress" group (n=24).

The positive results from this study suggest the need to conduct a more rigorous placebo-controlled trial.

Although this eBook focuses primarily on clinical research, the below described laboratory study provides some findings of interest to those people concerned about infertility issues. Mitochondrial activity is an important viability parameter of spermatozoa and is linked to sperm motility. Monensin (a broad spectrum antibiotic used in cattle feed) is commonly used as an inhibitor for sperm mitochondrial activity in the laboratory. This study was conducted to evaluate the influence of some homeopathic dilutions of monensin on sperm mitochondrial activity. Fresh ejaculates from 6 mature bulls were used in the study. Samples of the semen were tested using a flow cytometer for mitochondrial activity and sperm viability using Rhodamine 123 and SYBR-14, respectively. The 9x dilution of monensin resulted in very highly significant (P<0.001) stimulation of mitochondrial activity. Monensin 5x, 7x, 8x and 13x caused highly

significant ( $P < 0.01$ ) stimulation of the sperm mitochondrial activity. Other homeopathic dilutions of monensin (6x, 10x, 11x, 12x and 14x) also had a significant ( $P < 0.05$ ) stimulatory effect. The use of monensin did not have any negative effect on sperm viability. We conclude that some homeopathic dilutions of monensin increase mitochondrial activity of bovine spermatozoa without negative effect on sperm viability, the 9x dilution was the most effective. Further in vivo studies are required to estimate the effect of homeopathic dilutions of monensin on semen quality.

#### REFERENCE:

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