



## A case of recurrent abortion successfully treated with individualized homeopathic medicine

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### Abstract

Abortion or miscarriage, defined as the loss of pregnancy before 20 weeks of gestation, can arise from various causes, including infections (Chlamydia, Listeria, syphilis, HIV), thyroid autoantibodies, poorly controlled diabetes, smoking, excessive alcohol consumption, significant radiation exposure (>20 rads), antiphospholipid syndrome, and uterine conditions such as leiomyomas, anomalies, or scarring (Asherman syndrome). This case report highlights the remarkable outcome of a patient treated exclusively with homeopathic medicine, demonstrating not only the prevention of recurrent abortion but also the joyous culmination in the safe delivery of a healthy baby through consistent and holistic homeopathic care. **Case Summary:** A 24-year-old woman, two months pregnant and with a history of recurrent abortions, sought homeopathic care to address her concerns. After detailed case-taking, she was treated with *Actaea racemosa* 200, chosen to strengthen her reproductive health and address the root causes of miscarriage. Under consistent care, her pregnancy progressed without complications, and she successfully delivered a healthy female baby on October 9, 2024.

**Keywords:** Homoeopathy, Recurrent abortion, *Actea racemosa* 200C

### Introduction

Recurrent abortion, defined as the loss of two or more consecutive pregnancies, can have profound effects on a patient's physical and emotional well-being. Hormonal imbalances, uterine anomalies, and immune disorders are common underlying causes, while lifestyle factors and maternal age can further amplify the risk. Patients often experience not only physical complications but also deep psychological distress, including anxiety, grief, and diminished confidence. Addressing these multifaceted challenges requires a holistic approach to care [1, 2]. Miscarriages, which affect 15–25% of recognized pregnancies, are most common in the first trimester and often result from chromosomal abnormalities like trisomies. In the second trimester, maternal health conditions, placental dysfunction, and uterine abnormalities, many of which are treatable, are the predominant causes. Additional factors include immune disorders such as antiphospholipid syndrome and structural issues like uterine septa or large leiomyomas, which interfere with implantation. Scarring from prior procedures, as seen in Asherman syndrome, can further compromise pregnancy viability. Environmental factors, including smoking, alcohol use, and exposure to high levels of radiation, along with unmanaged hormonal conditions like diabetes or thyroid dysfunction, also increase the likelihood of pregnancy loss [3]. According to the National Family Health Survey (NFHS) of 2019–2021, the prevalence of miscarriage in India was 7.3%, an increase from previous years, affecting both urban and rural populations [4]. This underscores the urgent need for a comprehensive and inclusive approach to managing pregnancy loss. With its holistic and individualized methods, homeopathy emerges as a promising therapeutic option, offering both physical and emotional healing to patients navigating the challenges of recurrent abortion.

### Patient information

A 24-year-old Muslim woman, a housewife, visited the Obstetrics and Gynaecology Outpatient Department (OPD) at A. M. Shaikh Homoeopathic Medical College and Hospital on March 23, 2024, accompanied by her husband. Her last menstrual period (LMP) was on January 19, 2024. She presented with a history of recurrent miscarriages and sought homeopathic treatment, hoping for a favourable outcome in her current pregnancy. An ultrasonography (USG) scan (transabdominal and transvaginal) performed on March 20, 2024, revealed a 6-week viable intrauterine gestation.

### Obstetric History

G3P0A2L0

LMP: 19<sup>th</sup> January 2024

Gestation age by USG – 6 weeks 4 days

E.D.D. by USG: 09/11/2024

### History of present illness

The patient is a 24-year-old woman of Islam, a housewife, married to a 26-year-old man who works as an electrician. They have been married for four years and are seeking medical care due to her history of recurrent miscarriages. Over the course of their marriage, the patient has experienced three miscarriages:

1. The first miscarriage occurred at two months of pregnancy, for which she underwent dilation and curettage (D&C).
2. The second miscarriage occurred at one and a half months of pregnancy.
3. The third miscarriage also occurred at one and a half months of pregnancy.

The patient shared that her menstrual cycle began at the age of 13 years. When she came, she was very fearful about what would happen this time. She is now seeking guidance and support to achieve a healthy and successful pregnancy.

**Family history**

Nothing significant.

**Physical generals**

Her appetite and thirst were moderate, and her tongue appeared moist and clean. Both urination and bowel movements were regular and satisfactory. Perspiration was moderate, and thermally, she was an extremely hot patient. Notably, she did not exhibit any symptoms of morning sickness.

**Case analysis**

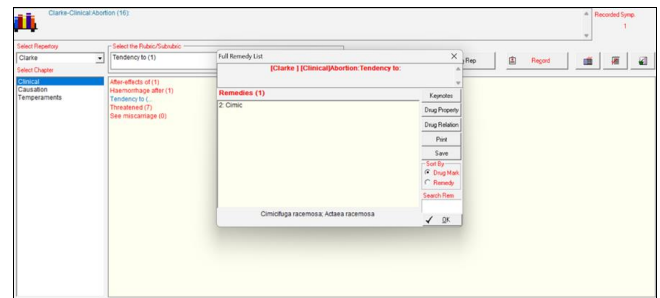
In this particular case, the patient had a clear predisposition to recurrent pregnancy complications, specifically a history of multiple miscarriages. The case presented a one-sided pattern, with no additional symptoms, many of which could have provided further insights, available for consideration.

**Remedy selection**

For repertorization, A Clinical Repertory to The Dictionary of Practical Materia Medica by J. H. Clarke was used [5]. Under the rubric "Abortion, Tendency to," the only remedy

listed is Cimicifuga racemosa, also known as Actea racemosa. This remedy was accordingly prescribed to the patient. (Image 01)

Image 01



**Potency selection**

The patient's susceptibility was assessed to be moderate, and accordingly, a moderate potency was selected. Actea racemosa 200C, in the form of one powdered dose, was prescribed to the patient to address her symptoms and improve the chances of a successful pregnancy.

Table 1: Follow up:(Image 2,3,4,5,6)

Date	Weeks	Estimated foetal weight (EFW)	Presentation and position	FHS	B.P. in mm of Hg	Wt in Kgs
20/03/2024	6 weeks	-	-	152 bpm	130/80	50kg
22/04/2024	11 weeks 6 days	-	-	130bpm	130/80	52 kg
12/06/2024	18 weeks	252±37 grms	Changing position	152 bpm	130/80	60kg
28/08/2024	29 weeks 2 days ±1 week	1418±210gms	Cephalic position	156 bpm	130/80	73kg
03/10/2024	36 weeks 4 days	2205±331gms	Cephalic position	148 bpm	130/80	76kg

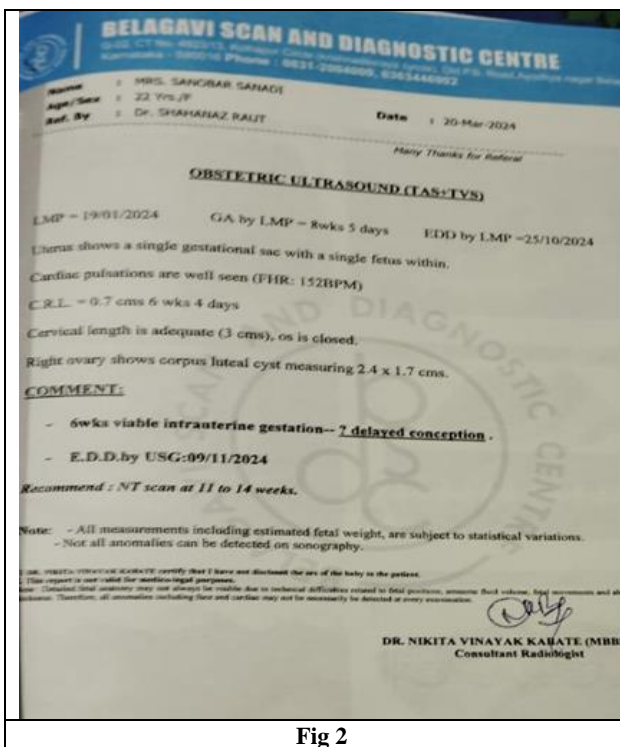


Fig 2

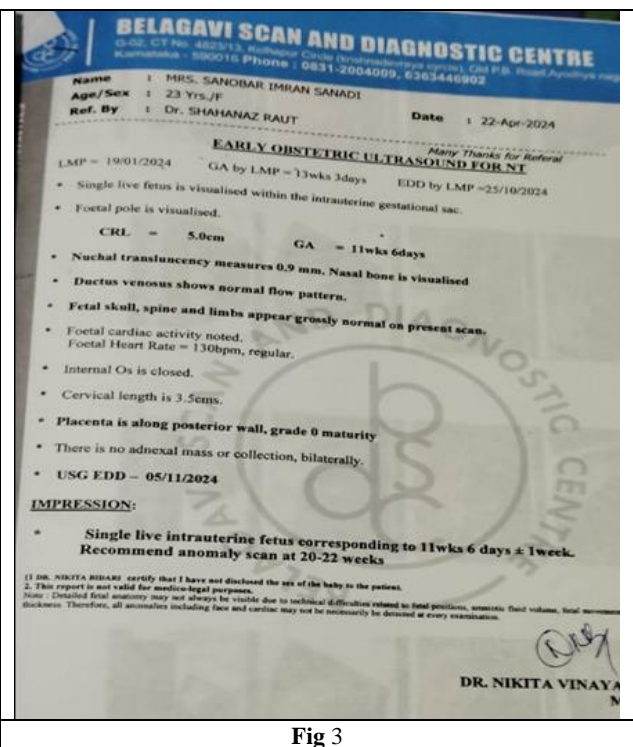


Fig 3

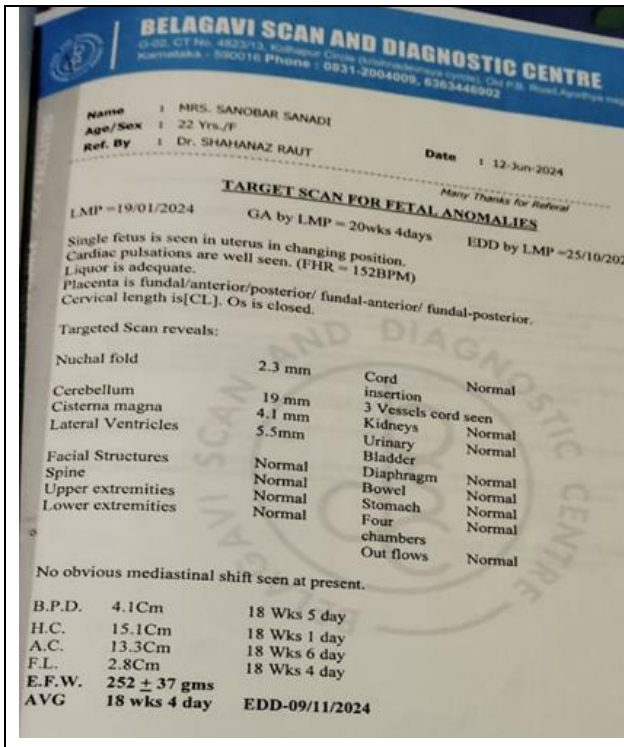


Fig 4

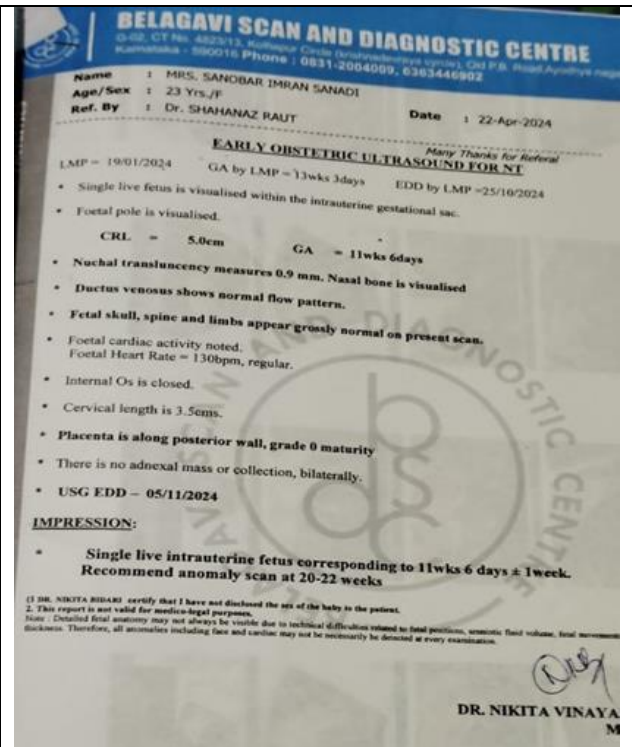


Fig 5

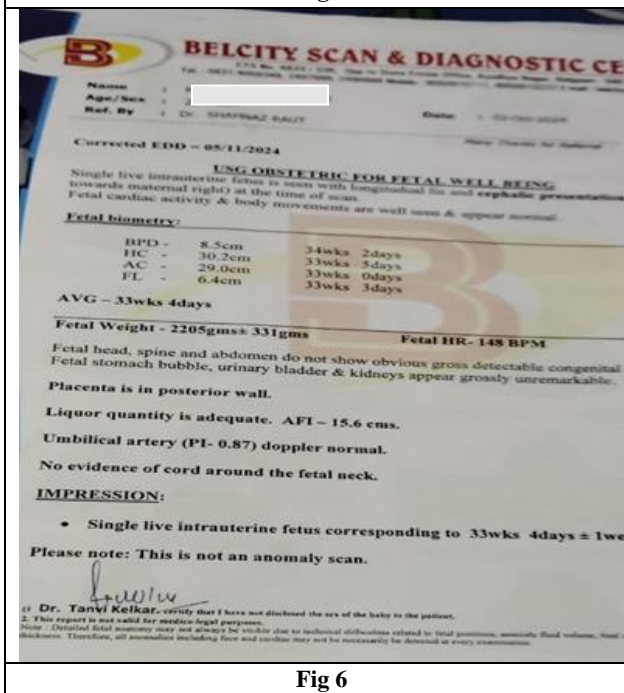


Fig 6



Fig 7: Showing healthy baby

**Final result**

On 09/10/2024 the patient delivered a healthy female baby vaginally at full term of birth.

**Discussion**

Actea racemosa is often indicated in cases of pregnancy-related complaints, such as nausea, sleeplessness, and false labour-like pains, along with sharp abdominal pains and a history of abortion at the third month. Allen's Keynote highlights its use in labour, where it may present with "shivers" in the first stage, convulsions from nervous excitement, a rigid os, and severe, spasmodic pains exacerbated by noise. After-pains are typically worse in the groins. When administered during the last month of pregnancy, it is known to shorten labour, provided the

symptoms correspond. According to Kent's Materia Medica, Actea racemosa addresses weakness in the reproductive system, leading to sterility or early abortion due to uterine weakness. The contractions of the uterus may be too feeble to expel the contents during parturition, causing torment without effective progress. J.H. Clarke's A Dictionary of Practical Materia Medica also notes a strong tendency to abort, further emphasizing the remedy's role in managing recurrent miscarriage. When a remedy is selected based on a single leading rubric that precisely matches the case, it can often lead to remarkable results, as the remedy is chosen to address the root issue with accuracy. The proper use of Materia Medica, Organon, and repertory plays a crucial role in treating cases effectively. Materia Medica provides an in-depth understanding of the properties

of remedies, helping us identify the most appropriate remedy for the patient's symptoms and constitution. The Organon offers a framework for the correct selection and application of these remedies, ensuring that the treatment adheres to the principles of homeopathy. The repertory, on the other hand, is an essential tool for finding the most relevant rubrics based on the patient's symptoms, guiding the practitioner toward the remedy that best fits the case. Together, these three components form the foundation for effective homeopathic treatment, allowing the practitioner to address the underlying causes of a patient's condition, rather than just the symptoms. When used harmoniously, they can bring about profound healing <sup>[5, 6, 7, 8]</sup>.

### Conclusion

Homeopathy in Gynaecology and Obstetrics offers immense potential, yet its role in managing complex conditions like Bad Obstetric History (BOH) and recurrent abortion remains underutilized. By addressing both physical and emotional aspects, homeopathy provides individualized, patient-centred care that caters to the unique needs of each case. In this instance, we have explored the significant role of homeopathy in treating recurrent abortion—a condition where conventional medicine often has limited solutions

By this case, we learned the importance of a thorough understanding of materia medica, repertory and organon in analyzing and treating such cases. Being a one-sided disease case as per Hahnemann's classification, it was challenging to achieve the desired result. If not for the proper application of materia medica and a deep understanding of the remedies, this pregnancy might have also turned out to be complicated. Rather than questioning whether homeopathy would work in a particular case, we should approach such cases as a challenge and justify the application of the aphorisms of the knowledge of the physician.

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