International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Tripathy T et al. Int J Reprod Contracept Obstet Gynecol. 2026 Dec;15(12):5174-5178
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20264452

Review Article

Reproduction timeline versus modern women's timeline and homeopathy

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Received: 15 September 2026
Accepted: 09 November 2026

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ABSTRACT

An issue that is currently a concern for the stakeholders of public health and especially the reproductive health is Reproductive Ageing (RA). A sub set of this RA is Oocyte Ageing (OA). The Ministry of Health and Family Welfare (MOHFW) to address the issue of RA and OA through an act and the maintenance of a registry are significant steps in India under the domain of Maternal and Child Health (MCH). As part of RA and OA, this article discusses the issue of reproductive biology Vs the ambition of modern women. The article revolves in the domain of reproductive life of a woman. It traverses through the fact that RA in reproductive health is related to hormonal domain but also, it is a part of the emotion and psychology at the individual level. The term RA is aimed at the Knowledge, Attitude and Practices (KAP) of a woman at her level. The individual dimension coupled with the familial dimension will help the medical fraternity to see the complex condition of RA and OA in the perspective of new and emerging research. Simultaneously, it will help in comprehending the issues of biological and socio economical perspectives in RA and OA. It is a fact that reproductive technologies to deal with infertility are a costly affair. Currently there is a need to integrate a strategy that is holistic as well as economical. The stakeholders need to adopt a therapeutic system to deal with RA and OA. This therapeutic system is homoeopathy. The system is preventive, resilient, cost effective, clinical effective and has no side effects. Homoeopathy of AYUSH ministry of India has all these qualities to face the future challenges in the interventions to deal with RA and OA.

Keywords: Reproductive ageing, Oocyte ageing, Infertility homoeopathy

INTRODUCTION

Modern women's lives are intriguing as well as paradoxical now-a-days. It is also a silent intriguer and a silent paradox. Education consumes their twenties and thirties. Thereafter the issues of career building, being financially independent and living life the way they want takes over. These timelines are social in nature. Underneath there lies the reproductive timeline through the biology of the body. This timeline however does not change. Each woman is born with a finite number of oocytes or eggs in the ovary. This is not a static reserve but a dynamic one that declines gradually. This decline is throughout the reproductive span.[1,2,3]

The eggs decline both in quantity as well as quality. The quality of eggs decreases with age and this process leads to difficulty in reproduction. Thus arises a fundamental query. A woman looks energetic, healthy and feels young but she has aged reproductively. The significance of reproductive ageing is critical in-spite of the overall well-being.[1-3]

Now the question arises where is the answer to the issue mentioned above. The answer lies in the biology of the egg itself. The oocyte is one of the most complex tissues in the body. One must allow its genetic material to be preserved. Further one must pay attention to the process of coordination of chromosome division with precision where the body regulates cellular signaling and support the earliest stages of embryonic development after fertilization. One must know that all these processes require a lot of energy.[1-3]

One must know that at the center of this entire energy system are mitochondria that are often described as powerhouse of the cells. Human oocytes contain large number of mitochondria as their metabolic demands are extremely high. Unfortunately, with advancing age in women the mitochondrial functions decline. This decline affects the cell's ability to generate energy very efficiently and thus it increases the cellular stress in the body. Simultaneously one must remember that ovary is also an organ. As an organ it produces hormones. As women advance in their age, the follicle pool in the ovary decreases accordingly. As the follicle pool decrease the levels of Anti Mullerian Hormone (AMH) also decrease. Along with that, another hormone called Inhibin B also show decreased level. On the other hand, the levels of Follicle Stimulating Hormone rise.[1-3]

Further as a woman finishes her reproductive span she transitions into menopausal stage. During the menopausal stage the estrogen levels become highly variable and it shows a decreasing trend at this stage. Hence a triad phenomenon of decreased ovulation, menstrual irregularity and decrease in overall reproductive potential is seen in a woman's body as a result of these hormonal changes phenomenon.[1-3]

A woman's body is also influenced by multiple interaction factors besides the mitochondrial dysfunction. That's why this process in the body is a complex rather than a simple one. These multiple interacting factors are chronic inflammation, altered metabolic health, insulin sensitivity, impaired repair mechanisms inside the cells, chronic anxiety and stress levels, irregular sleep patterns and finally a poor ovarian environment in the body. One must recognize that the development of eggs happens also in a triad process. These are 'eggs develop within a complex network of supporting cells', 'hormones and blood vessels. The triad collectively influence the process of egg maturation, the process of separation of chromosomes and the chances of occurrence of healthy embryonic development in a woman's body.[1-3]

REFLECTIVE REVIEWS

All of us must know that here the article is not giving a message that lifestyle changes can change/stop the process of reproductive ageing. It is intriguing to know that the egg health is a much more complex than the age factor in a woman's reproductive health. That's why there is a dire need to understand as well as comprehend all these biological processes. These comprehensions will help the stakeholders to devise and identify strategies that augments the reproductive health of a woman.[2,3]

The following table will give a broad idea to the reader about the issues that have been discussed through the eyes of the various authors who are referred in this article. The sequence is given as per the publication years of the referred articles. The sequence is from the past to the current/present year.

Table 1: Issues reflected in this article

Serial number	Lead author	Year of publication	Issue discussed
1	Treadway R C	1973	Studies on Family Planning in India
2	GOI, ICMR	2021	Laws on Reproduction and Related Issues
3	Agiwal V	2019-2021	Survey on Burden of Infertility in India
4	Davidson's Book	2023	Reproductive Ageing as taught in Medical Schools
5	CDC	2024	Success Rates of ART
6	GOI, IIPS Mumbai	2024	National Level Data on TFR
7	Tripathy T	2024	Concept of KAP in Family Planning
8	WHO	2025	Fact Sheet on Fertility
9	Md. Y A	2025	Mechanisms in Reproductive Ageing
10	GOI, MOHFW	2026	MIS on Reproduction and Related Issues in India
11	Authoritative Books in Homoeopathy	Valid in 2026	Homoeopathic Therapeutics Related to Reproductive Issues

A glace to the demographic related indicators of the National Family Health Survey (NFHS)'s 6th round tells us about the changing landscape of reproductive health in India. Men and Women are marrying at a later age, having children at a later age and every one opts for a smaller family. All these have led to fall in Total Fertility Rate (TFR) of the nation. Currently the TFR of the nation is 1.6 and in NFHS 5th round it was 2.0 i.e. less than 0.1 than the Replacement Level (RL) as per demography. Add the urbanization factor to all these and one finds that urbanization has altered the ways of Family Planning (FP) and thus the process of obtaining parenthood.[4]

One of the significant challenges that the nation faces currently is 'infertility'. Experts analyzed the NFHS 5th round data and estimated the current Infertility Rate (IR) in India. The current estimated IR in India is 18.7/1000 women aged 15-49 who had been married for at least five years. Here the numerator of 18.7 is a part of the denominator and that's why it is a 'Rate' in statistics. The study also mentions that the Primary Infertility Rate is estimated nationally at 3.28% where it represents married women with no prior pregnancy or livebirth.[5]

Now the point that arises here is what has India done on this front. The answer is the effort of the nation to strengthen the mechanism of assisted reproduction. The Assisted Reproductive Technology Regulation Act of 2021 is one significant step here. Another step taken is to maintain the National Assisted Reproductive Technology and Surrogacy Registry (NARTSR) since the passage of the above-mentioned Act in the Indian parliament.[6,7]

What actually unfolds in a woman's life is less priority for Family Planning. More priorities are given to education, career growth, financial security and stable relationships. Between these two forms of priorities fertility continues to decline with advancing age. Make no mistake in interpreting that each woman in her 30s will eventually face fertility challenges or that pregnancy after 35 years is unwarranted or unsafe. Among all these issues one has to always recapitulate that the biology of the reproduction follows its own timetable come what may in its path.[2,3,6,7]

Realization strikes many women when they try to conceive and this is the starting point of awareness. To help the aware woman the Assisted Reproductive Technologies (ART) like In Vitro Fertilization (IVF) have come forward in Reproductive Medicine (RM) as a transformative process. It is also true that every transformative process has its own limitations. This process cannot completely overcome the issues, effects and challenges of Reproductive Ageing (RA). The Centers for Disease Control and Prevention in the United States demonstrate through data that Live Birth Rates (LBR) using the egg of a woman generally decrease with increasing age.[2,3,6,7,8]

Fertility Treatment Statistics (FTS) only shows the numbers but behind these numbers lie personal experience. The World Health Organization (WHO) estimates that roughly one in six people of RA worldwide experience infertility. However, the effects of infertility extend far beyond medicine. The effects are felt in emotional well-being, relationships and finances or socio-economic domain. It is also seen that IVF process needs multiple cycles and that can put toll on one's financial condition as each of these cycles are usually costly.[9]

Hence, it can be inferred that RA is not exclusively under the biological domain. The domain encompasses emotional, financial as well as societal consequences. Extended lifespan should integrate an improved reproductive health span. It is the 15-49 years period during which reproductive health is to be maintained. Human beings cannot defeat biology neither they can put an end to the ageing process. What human being can do is to comprehend reproductive ageing as soon as they can. To say more accurately, human beings can enable women to take decisions with increased awareness on FP. It will help women in fertility assessment, fertility preservation as appropriate for each woman.[1-9]

DISCUSSION

On one end we have the action 'have children early' and at the other hand 'technology can help women in everything related to reproduction'. After all, it is not for women to choose one end. 'Biology' Vs 'Career Ambition' cannot be two warriors. The war among these two can be thwarted through knowledge about their biological timeline in their late twenties or early thirties. This will provide them enough time and space to take and execute an informed decision.[1-9]

Time takes us back from where we started. In the seventies, the Planning Evaluation Organization (PEO) of the Planning Commission (PC) initiated the concept of Knowledge, Attitude and Practices (KAP) to monitor the Family Planning Program (FPP). The issue of ambition and career has been prioritized over the issue of Family Planning (FP). All of us need to gear up the KAP approach since right knowledge at the right time for each woman on the up-coming issue of infertility induced by RA and OA is the most critical intervention.[10,11]

Homoeopathic integration

The integration of homoeopathy goes here to address the problem of over ambition, stress, affections of mind, obsession with career, being indifferent to the biology of the body, apprehension about stable relationships etc. Homoeopathic medicines go through Human Clinical Trials (HCT) only. Hence, each medicine exhibits mental symptoms as well as physical symptoms. First, the medicines covering mental symptoms that lead to RA and OA are mentioned below. As mentioned above, the effects of infertility and the treatment processes are felt in emotional well-being, relationships and finances or socio-economic domain.[12]

Dr. Phatak in his repertory mentions the leading drugs for affections of mind. These are 'Belladonna', 'Hyoscyamus', 'Lachesis', 'Nux Vom', 'Stramonium'.[12]

The condition arises because of anticipation that a woman might fail in her career. Here the medicines are 'Arg Nit', 'Ars', 'Carb Veg', 'Gels', 'Lyc', 'Med', 'Nat M', 'Phos Acid', 'Plumbum', 'Sil'.[12]

One has to change the attitude so that society and family are also equally prioritized in life. To change this bizarre attitude, the medicines are 'Cina', 'Cocculus', 'Coloccynth', 'Gambogia', 'Lyc' 'Merc', 'Nux Vom', 'Plumbum', 'Zinc Met'.[12]

Further, the mental condition is being indifferent to relations, opposite sex and society. For these conditions, the medicines for the first type of indifference are 'Acid Fl', 'Hell', 'Nat Phos', 'Phos', 'Sep'. For the second type, the medicine is 'Thuja'. Similarly for the third type, the medicines are 'Arg Nit', 'Kali Carb'.[12]

Now, let us see the physical aspects of the body. As mentioned above 'A woman's body is also influenced by multiple interaction factors besides the mitochondrial dysfunction. That's why this process in the body is a complex rather than a simple one. These multiple interacting factors are chronic inflammation, altered metabolic health, insulin sensitivity, impaired repair mechanisms inside the cells, chronic anxiety and stress levels', The medicines for each of the conditions is given below.

For mitochondrial dysfunction, the drugs are 'Cortisol', 'Melatonin', 'Pineal Gland', 'Adrenalin', 'Serotonin', 'Dopamine', 'Bambusa', 'Ergotin', 'Ocimum Sanc', 'Rosamarinus O', 'Nigella S', 'Vitis V', 'Phyllanthus N', 'Musa S', 'Eclipta A', 'Crocus S'. 'Cissus Q', 'Lavandula A', 'Boswellia S', 'Commiphora M', 'Corticotropinum'.[12-16]

For inflammations related to RA and OA, the drugs are 'Prednisolone', 'Cortisone', 'Curcuma Longa', 'Hydrocortisone', 'Aconitinum', 'Argentum Phos', 'Emetine Mur', 'Morgan Co', 'Sanguinarinum', 'Atropine'.[12-16]

To deal with altered metabolic health, the drugs are 'Insulinum', 'Pancreatinum', 'Pepsinum', 'Natrum Bi Carb', 'Alloxan', 'Chromium', 'Selenium', 'Molybdenum', 'Cadmium', 'Morphinum', 'Eupatorium P'.[12-16]

For insulin sensitivity, the drugs are 'Arsenic', 'Bismuth', 'Cadmium Sulph', 'Carbolic Acid', 'Carbo Animalis', 'Conium', 'Cundurango', 'Hydrastis', 'Kali Bi', 'Lyc', 'Orni', 'Phosphorus'.[12-16]

For impaired repair mechanisms inside the cells, the drugs are 'Aranea Diadema', 'Arsenic', 'Arsenic Iod', 'Calc Carb', 'Calc Phos', 'Carboneum Sulph', 'Carcinosin', 'Ceanothus', 'China', 'Crotalus H', 'Ferrum Pic', 'Hekla Lava', 'Kali Phos', 'Natrum Ars', 'Nat Mur', 'Nat Phos', 'Nat Sulph', 'Phytolacca', 'Picric Acid', 'Scirrhinum', 'Sepia', 'Strontium Carb', 'Symphytum', 'X-Ray'.[12-16]

For chronic anxiety and stress levels, the medicines are 'Aco', 'Ars', 'Ign', 'Phos'.[12-16]

As mentioned above, one must recognize that the development of eggs happens also in a triad process. These are 'eggs develop within a complex network of supporting cells', 'hormones' and blood vessels. The drugs to help this triad are given below.

In ovaries, the two leading drugs for supporting the complex network of cells are 'Lach', 'Thuja'.[12-16]

The hormonal issues can be dealt with specific drugs. These drugs are 'Testes', Testosteronum', 'Leprominum', 'Radium Brom', 'X-Ray', 'Androgen', 'Agnus Castus', 'FSH', "LH', 'Lecithin'.[12-16]

To support the blood vessels, the drugs are 'Apis', 'Bell', 'Lyc', 'Merc', 'Phos', 'Pod', 'Sabina'.[12-16]

As ovary is a gland, to prevent atrophy of ovaries, the drugs are 'Bar M', 'Con', 'Iod'.[12-16]

To address the issue of infertility induced due to RA, the drugs are 'Agn', 'Aur', 'Borax', 'Con', 'Nat C', 'Nat Mur', 'Sep'.[12-16]

To address the issue of infertility induced due to OA, the drugs are 'Aco', 'Apis', 'Bell', 'Lyc', 'Merc', 'Oophorinum', 'Ovary', Phos', 'Podo', 'Sabina.[12-16]

Here it is seen that the therapeutic system of homoeopathy can not only deal with the physical issues related to RA and OA but also the mental symptoms as well. Integrating the system along with ART and IVF will reduce the cost of treatment. Further, the chances of a woman becoming pregnant will also increase.[12-16]

CONCLUSION

The new interventions related to RA and OA has to be based on the biology, technology, knowledge and the socioeconomic domain. Comprehensions of the how and why of RA and OA coupled with the social life and ambitions of life of a woman has to be factored in the entire process. A clear picture of the above-mentioned variables of RA and OA reveals the chronic nature, decreasing nature and the once in a life time nature of RA and OA.

The technology to deal with RA, OA and infertility is a matter of concern at the global, regional, national, state, district, block and village level as the technological assistance is not a guaranteed method. The short duration of reproductive span that a career-oriented woman has

further makes the issue of infertility a multi complex problem. The factors/variables like gender, ecology, family health and cultural practices, myths and misconceptions and outlook of the society, awareness of the woman and knowledge of the woman on infertility enter the domain of RA and OA.

The concept of dealing with RA and OA induced infertility is primarily at individual level. Personal experiences and emotions do take a toll on the woman who faces infertility issues. When the individual becomes the pivot in infertility the reproductive health will lead to better prognosis and results. The triad like metabolic, stress and inflammation has to be thwarted from the infertility domain. Finally, the integration of the homoeopathic therapeutics in the domain of RA and OA induced fertility will only lead to better and expected results. The approach will integrate a cost effective, clinically effective and no side effect system of therapeutics in the domain of infertility.

ACKNOWLEDGEMENTS

The lead author acknowledges the contribution of all the co-authors in the non-homoeopathic contents of the article and to Dr. Banerjee for the homoeopathic section.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Tripathy T, Das S, Dwivedi R, Tripathy A, Tripathy S, et al. Reproduction timeline versus modern women's timeline and homeopathy. Int J Reprod Contracept Obstet Gynecol 2026;15:5174-8.