

Case Report on Infertility

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Abstract- Nowadays, infertility is a prevalent issue. Couples all throughout the globe deal with the medical and social burden of infertility. It is important to approach this delicate matter with utmost care and seek ongoing expert therapy. Within two years, the vast majority of young couples will have a natural conception. When a couple is unable to conceive, it is crucial to determine the root problems. Because homoeopathy is an individualized, holistic system of medicine, it is most effective when the patient's symptoms are considered in their whole while choosing a remedy. Here I give a case of primary infertility caused by PCOD and a positive Montoux test. After carefully reviewing the case, the patient was taken Argentum metallicum, which led to significant improvement and the patient's conception during therapy.

Key word- Infertility, Homoeopathy , PCOD, Dysmenorrhoea , HSG.

Introduction-Frequency/Timing of sexual

An adult female who has not conceived after one year of sexual activity without protection in a sexually transmitted infection, regardless

intercourse: Every 2 to 3 days optimizesthe chance of pregnancy

● **Frequency of intercourse known cause of NICE guideline, CG156**

frequency of infertility: once weekly - conception probability: 17%. Primary infertility occurs when a married couple is unable to conceive on their first try. The inability to conceive after a woman has been pregnant in the past, regardless of the pregnancy's success or failure, is known as secondary infertility.

Chances of conception

Over 80% of couples in the general population will conceive within 1 year if:

- The woman is aged under 40 years 3 times per week- Probability of conception (within 6 months) 50%.

● **Obesity:** Women who have BMI of over 30 should be informed that they are likely to take longer to conceive and will affect treatment success rates.

● **Low body weight** - Women with BMI less than 19 and irregular menstruation should be counselled to gain weight.

- They do not use contraception and have

Smoking – Strong association between regular sexual intercourse.

Half of those who do not conceive in the first year will do so in the second year. smoking and fertility in both partners.

- Affects success rates of ARTs.

- **Caffeinated beverages** - No evidence on effect of caffeine on fertility.
- **Alcohol** - Female patients should be informed that 1 or 2 units of alcohol once or twice per week reduces risk of harming a developing fetus.
- **Tight underwear**- There is an association between elevated scrotal temperature and reduced semen quality.

Causes of Infertility-

- In about 25% of cases disorders are found in both the man and the woman.

Male	25%
Female	55 %
Ovum	25 %
Tubal	20%
Uterine	10%
Unexplained	20%

Basic Work-up for Infertility

Detailed history and physical examination.

1. Clinical history
2. Menstrual history
3. Obstetric history
4. Personal history
5. Mental history
6. Past history
7. Treatment history

Physical and Laboratory examination -

- Pelvic examination Bimanual, per speculum (internal and external) – Inflammatory -- Rule out PID, Cervicalerosion,,
- **Screening for Chlamydia trachomatis** Infections in Women. - Testing can be performed on vaginal swabs or urine Culture -The vast majority of Chlamydia infections are asymptomatic. ...
- **Semen analysis.** –
 - Semen volume:** 1.5ml or more
 - pH:** 7.2
 - Sperm concentration:** 15 millionspermatozoa per ml or more
 - Total sperm number:** 39 million spermatozoa per ejaculate or more **Total motility:** 40% or more motile or 32% or more with progressive motility
 - vitality:** 58% or more live spermatozoa
 - Sperm morphology** (percentage of normal forms): 4% or more
- **USG** –Male testes –rule out varicosity, other testes structure disease
- **Evidence of ovulation.** (Day 2-3 Gonadotrophins ,FSH ,LH , Day 21 progesterone)
 1. Menstrual history of regular cycles.
 2. Serum progesterone in the mid- luteal phase of their cycle (day 21 of a 28-day cycle) even if they have regular menstrual cycles.
 3. Serum Gonadotrophins (follicle- stimulating hormone and luteinizing hormone) on Day 2 - 3 especially in irregular periods
 4. Serum prolactin
 5. Thyroid function tests

Testing for rubella antibodies (Ig G). Antibody levels <10IU/mL are reported as 'rubella susceptible.- Mostly in secondary infertility or history of abortion

Ovarian reserve - More important in >35 years old, suspected ovarian failure and to detect response to ovulation induction.

1. Total antral follicle count.
2. Anti-Müllerian hormone of less than or equal to 5.4 p mol/l for a low response and greater than or

equal to 25.0 p mol/l for a high response

3. Follicle-stimulating hormone greater than

8.9 IU/l for a low response and less than 4 IU/l for a high response.

Investigation of suspected tubal and uterine abnormalities:

1. Hysterosalpingography (HSG): usually after failed successive cycles of ovulation induction. Good predictive but requires expertise. Mostly in secondary infertility **2. Hysterosalpingo-contrast ultrasonography** TVS scan during which air and saline or a solution of D-galactose is infused into the uterine cavity and observed to flow along the fallopian tubes. Requires more expertise. Less invasive.

Case Profile -

Name -- Mrs. M. Prakash, Age - 38 year Date. 27-7-16 Religion-Hindu Address- Aligarh

Presenting Complains -:

Breast pain since 3 – 4 days

Left iliac fossa -- colic pain since 1 week Flatus more > during sleep

> Lemon water

< Before menses **Chief complain** - no issue, (child) **Marriage** – before 3 ½ year

Menstrual history - LMP - 29-6-16

Menarche - 12 -13 years

Cycle Duration – normal 30 -31 days cycle, After dengue mild late now interval –32-35 days

Duration –2-3 days, during menses –
painful red clot expel on first day of menses

Physical General -:

Tongue – flabby , white .milky Thirst – not particular Perspiration – on face

Stool – normal Sleep – normal Desire– hot food,

Diet- Non vegetarian Thermal –hot

Mental symptoms – likes company, lovable, caring, helpful, share feeling with others,

Likes travelling

Past history -Right maxillary sinusitis

Disposition -- Chronic pharyngitis, throatcatarrh, Recurrent –fever with follicular pharyngitis

Treatment history –just before 2 month start medicine for infertility -allopathic medicine, just after medication I have started gastric problem, breast pain

Lab Investigation-

O/R - Follicular study normal

USG – PCOD, Ovary size more than 22 CC

MTB Test – Positive

HSG – Normal

Family History - Nothing Particular

Physical Examination:

- Pulse - 72/min
- Blood Pressure - 120/80 mm of hg
- Weight - 50 kg
- Anemia - Absent

- Eyes - Normal

Provisional Diagnosis: PCOD Final Diagnosis - PCOD Prescription – on 27-7-16

Rx

Nux vomica 30 state

Tuberculin 1 M , 1 dose at 29-7-16 Merc I F 30 OD

Rodanti Q BD

PL 30 BD for 15 DAYS

Symptoms: 8		Remedies: 354		Show Repertorisation Tools		Prescribe	
Remedy Name		Merc	Puls	Sep	Igr		
<u>Totally</u>		20	19	17	15		
<u>Symptoms Covered</u>		8	6	6	7		
Kingdom							
[Complete] [Female Genitalia]Inflammation:Tubes, fallopian, sal...		1	3	3	1		
[Complete] [Female Genitalia]Inflammation:Uterus, metritis:		3	4	3	1		
[Complete] [Female Genitalia]Sterility:		4	3	4	1		
[Complete] [Throat]Inflammation, sore throat:Follicular:		3			4		
[Complete] [Nose]Inflammation:Sinuses:Maxillary, antrum of hig...		1	4				
[Complete] [Mind]Anger:Trifles, about:		1	1	1	3		
[Complete] [Mouth]Flabby tongue:		4		3	1		
[Complete] [Face]Perspiration:Face:Only:		3	4	3	4		

11-8-16 All Complain better, Colic Pain with flatulence as such

Repeat medicine for 1 Month

On 24-9-16 Impulsive, Anticipation


Tuberculosis in Fallopian Tube

Follicular Pharyngitis Recurrent With Hot Patient,

Filter -- hot patient, tubercular

Symptoms: 8		Remedies: 39		Show Repertorisation Tools		Prescribe	
Remedy Name		Puls	Lach	Na t-m	Sulph		
<u>Totally</u>		22	15	15	14		
<u>Symptoms Covered</u>		6	5	5	5		
Kingdom							
[Complete] [Female Genitalia]Sterility:		3	3	4	4		
[Complete] [Throat]Inflammation, sore throat:Follicular:			3	4	1		
[Complete] [Nose]Inflammation:Sinuses:Maxillary, antrum of hig...		4					
[Complete] [Face]Perspiration:Face:Only:		4			3		
[Complete] [Mouth]Flabby tongue:							
[Murphy] [Mind]Impulsive, behavior:		3	1	2			
[Complete] [Mind]Anticipation:		4	4	4	3		
[Complete] [Female Genitalia]Inflammation:Uterus, metritis:		4	4	1	3		

Tuberculosis in Fallopian Tube

Symptoms:	1	Remedies:	1	Show Repertorisatio
<u>Remedy Name</u>				Arg-m
<u>Totality</u>				1
<u>Symptoms Covered</u>				1
Kingdom				
[Complete] [Female Genitalia]Inflammation:Tubercular, fallopia...				1

Rx

Argentum Met. – 200 /HSRodanti Q – BD

PL 30, BD for 1 Month

On 8-10-16

- All Complaint better
- LMP –22-9-16
- Repeat Medicine for 1 Month
- Repeat Medicine for 1 Month

On 22-11-16 > ALL complaints

- LMP 21-11-16
- Repeat medicine for 1 month

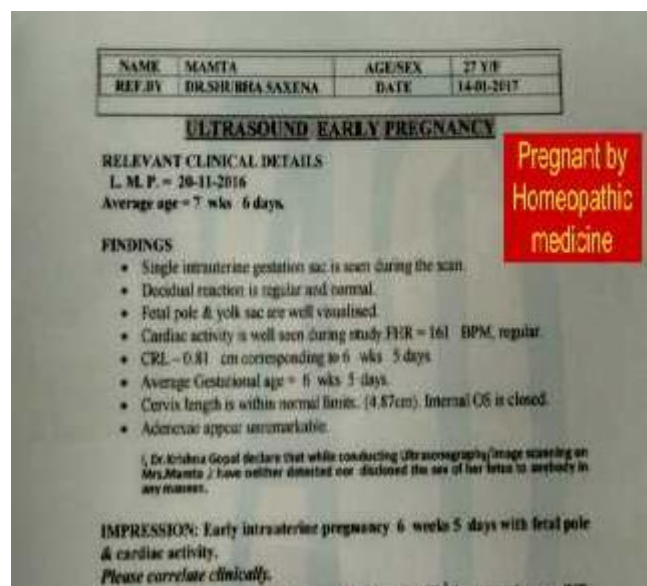
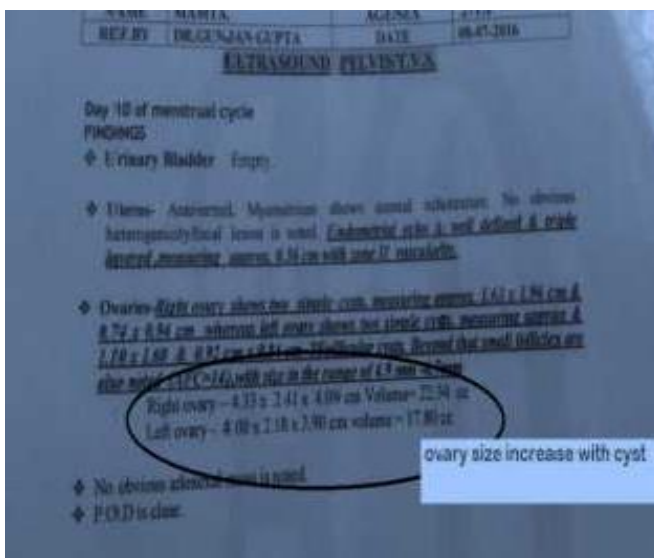
On 28-12 -16

Amenorrhea since 7 daysRS, BD for 1 week

PG (UPT) Test – Positive

On 9-11-16

- All complaints better
- LMP 22-10-16



Conclusion - If we administer the drug based on the totality of symptoms while also considering pathological findings, as this instance shows, homoeopathy is useful in managing infertility. This case involves several pathological rubrics that are used in repertorization and employed as the foundation for pharmaceutical prescriptions. Finally, the patient became pregnant and gave birth to a healthy kid.

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