The analytical research study on infertility in both sex groups, and homeopathic approach

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Abstract
There is no condition in life of married women that more frequently gives rise to reproach & domestic unhappiness than that of infertility, as the old saying goes - great purpose of the marriage is to “multiply & replenish the earth”.

WHO defines Infertility as a disease of male or female reproductive system define by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.

Estimates suggest that approximately 1/6 people of reproductive age world wide experience infertility in their life time. The main objectives to study by collecting data, determine and interpret the prevalence of symptoms of infertility in both males and females and assess the ratios, prevalent causes in between both the sex groups.

Keywords: Sterility, spermatorrhoea, miasmatic diagnosis, miasmatic repertory, sexual symptoms, investigations

Introduction
Infertility is also known as silent struggle, patients reports with the feeling of isolation, anxiety, loss of control, depression, increased psychological vulnerability. The inability to reproduce naturally can cause feelings of shame, guilt, low self-esteem, negative feelings distress, poor quality of time. Infertility being life crises affect the patients by making them to experience a tremendous amount of emotional turmoil as a result of their diagnosis. The relation between distress and infertility might not be clear but it is definitive that infertility leads to significant distress. A wide variety of people including heterosexual couple, same sex partners, older persons, individuals who are not in sexual relations and those with certain medical conditions such as HIV and cancer survivors may require infertility management and fertility care services. Addressing infertility can also mitigate gender inequality. Infertility has significant negative social impacts on life's of infertile couples, particularly women.

Types of infertility
Primary: When a pregnancy has never been achieved by a couple.
Secondary: Atleast one prior pregnancy has achieved by a couple.
Unexplained: Fertility testing hasn't found a reason that a person or couple is unable to get pregnant.

Causes
Local causes
- Imperforate hymen
- Tumour or polyp of uterus or vagina
- Complete or partial closure of neck of womb
- Uterine fibroid
- Premature ovarian failure
- PID
- Inflammation of ovaries
- Adhesion or occlusions of Fallopian tubes
- Sub involution, displacements or flexion of the womb
Leucorrhoea
Ill timed or too frequent sexual intercourse ulceration of womb
Membranous dysmenorrhoea

Constitutional causes
- Acute or chronic diseases
- Obesity
- Exertion of brain
- Late marriages
- Indolent and luxurious habits
- Excessive indulge in pleasure
- Free use of wine
- Excessive nerve irritability
- Emotional disturbances
- Sterility from congenital malformation is generally incurable unless they are simple in nature.

Other general causes
- Unsafe abortions
- Postpartum sepsis
- Endometriosis
- Pcos and other follicular diseases
- Ovulatory dysfunction
- Disorders of hypothalamus and pituitary gland
- Obstruction to reproductive tract
- Testicular failure eg: varicocele, abnormal sperm function and quality
- Life style factors such as smoking, excessive alcohol consumption, obesity.

Signs and symptoms
The couple’s inability to conceive is the main sign of infertility
A menstrual cycle > 35 days or more, < 21 days, irregular, or non-existent may be a sign that ovulation has not occurred
There may be psychological impact of infertility, being infertile carries a stigma in many cultures, the individual dealing with this problem begins to feel excluded from group, which further contributes to depression, anxiety & stress.

Diagnosis
Men should consult doctor after 1 year of trying to conceive or if any of the following apply:
Erectile dysfunction [ED], Problems with ejaculation or retrograde ejaculation, Low sex drive, Pain or swelling in the genital area
Medical history is must to consider, a semen analysis will likely to be performed, instructions for collecting sample should include abstinence from ejaculation for 2 to 3 days hormone testing, genital ultrasound, testing.

A decrease testosterone level with an increase FSH level points to primary hypogonadism. A low testosterone level with low FSH level signal the secondary cause such as hyper pralactinemia
In women fertility tends to decrease by age of 30, examination of pelvic area to check the abnormalities such as fibroid, endometriosis, PID’s, menstrual history, timing and frequency of intercourse, previous use of contraceptives, previous pregnancies, pelvic infections etc Serum progesterone testing at day 21 to confirm ovulation if a women has irregular cycles, the testing should be conducted later in the cycle starting 7 days before the onset of menses and repeated weekly until menses.
A progesterone level of 5ng/ml or greater implies ovulation. High FSH level drawn on 3rd day of menstrual cycle is associated with infertility. Other tests like clomid challenge test, antral follicle count and anti mullerian hormone level also generally performed.
Ultrasound to rule out pelvic pathology, Hysterosalinography should be opted. Endometrial biopsy should be performed in women with suspected pathology.

Miasmatic diagnosis

Table 2. World Health Organization 2010 Semen Analysis Reference Guidelines

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Normal reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphologically normal</td>
<td>4%</td>
</tr>
<tr>
<td>Motility (progressive)</td>
<td>32%</td>
</tr>
<tr>
<td>Motility (total)</td>
<td>40%</td>
</tr>
<tr>
<td>Sperm count</td>
<td>39 million per ejaculate;</td>
</tr>
<tr>
<td></td>
<td>15 million per m L</td>
</tr>
<tr>
<td>Vitality</td>
<td>58%</td>
</tr>
<tr>
<td>Volume</td>
<td>At least 1.5 mL</td>
</tr>
</tbody>
</table>

NOTE: oligospermia = sperm count < 15 million per mL; asthenozoospermia = < 40% of the sperm are motile; teratozoospermia = normal morphology < 4%. If an individual has all three low sperm conditions, it is known as QAT syndrome, which is typically associated with an increased likelihood of genetic etiology of the infertility. Total motility differs from progressive motility only in the notation of forward movement.

Information from reference 18.
Management options
- All couples should be counselled to abstain from tobacco use, limit alcohol consumption and aim for BMI < 30 kg/m².
- Apart from surgeries and assisted reproductive technologies other natural management options are
  - Yoga - it incorporates postures and breathing techniques to promote relaxation and decrease stress levels
  - Vitamins - some of the vitamins are beneficial in promoting fertility like folate, zinc, vitamin C, E,
  - Fertility diet - choosing low cab diet by focusing on fiber rich food like vegetables, and whole grains avoiding trans fat focusing more on vegetarian source of protein
  - Selecting high fat dairy products

Rubrics for infertility
1. Kent repertory
   Sterility: Copious menstrual flow, from:

2. Repertory of Hering guiding symptoms of our Materia Medica
   Sterility
   - Too early and too profuse menses
   - With late or profuse menses
   - No menses or sexual desire
   - Too profuse menses
   - With tendency to miscarry
   - Caused by discharge of mucus from vagina
   - From atony of ovaries
   - From excessive sexual indulgence
   - From uterine atony

3. A concise repertory of homeopathic medicine by Dr S R Phatak
   Sterility
   - Acid vaginal secretions, from
   - Atropy of mamme and ovary, from
   - Excessive sexual desire, from
   - Menses, copious, from
   - Non retention of semen, from
   - Ovarian atony, from
   - Psychotic weakness, from

4. Miasmatic prescribing by Dr. Subrata Kumar Banergea
   Miasmatic repertory of sexual symptoms
   - Abortion- spontaneous- syphilis
   - Abortion - spontaneous, recurrent - syphilotubercular
   - Amenorrhoea - Psora
   - Azoospermia - syphilis
   - Conception difficult - psorasycotic
   - Desire- lack of - Psora
   - Desire- unrestrained- sycotubercular
   - Ejaculation - premature - Psora
   - Endometriosis - sycosis
   - Erection - but strong desire absence - syphilis
   - Erection - even with voluptuous dreams, weak - psora
   - Erection - insufficient - psora
   - Erection - weak - psora
   - Impotency - lack of desire, from - psora
   - Infertility - failure to release ovum, from - syphilis
   - Infertility - hormonal imbalance, from - sycosis
   - Infertility - long lasting menses, from - tubercular
   - Libido - lack of - psora
   - Masturbation - excessive - tubercular
   - Oligospermia - psora
   - Semen - nightly discharge - tubercular
   - Semen - without erection, discharge - psora
   - Semen - without excitement, discharge - psora
   - Sterility - syphilis

A on a sample size of 15 male and 15 female op patients
   Study design
   An analytical observational study was designed and conducted in Hamsa Homeopathy Medical College, Hospital & Research Centre, patients was screened prescribed and counselled for infertility.
Purpose of study
To assess the ratios of infertility in between two sex groups, the most indicated remedy and type of infertility prevailing and its causes.

Inclusion criteria
We have included 15 females of age group 23-35 years and males of age group 24-39 years

Exclusion criteria
Infertility pair couples were excluded and severe pathological co-morbidity with infertility were excluded.

Prescribed remedies in research study

1. Pulsatilla
Wind flower: Vaginismus, nymphomania, threatened miscarriage after fright, suppressed menses. Menses delayed at puberty. Leucorrhoea acrid, milky, thick like cream. Leucorrhoea after masturbation. Amenorrhoea from wet feet, nervous debility, anemia or chlorosis. In males, thick, yellow discharge from urethra, late stage of gonorrhoea. Sexual desire in morning on waking, long lasting morning erections. Nocturnal emissions without dreams. Sexual excess resulting in headache

2. Natrum Mur

3. Lycopodium
Puff Ball: Discharge of prostatic fluid without an erection. Chronic orchitis. Sexual desire too strong, performance anxiety, premature seminal emission, exhausting positions, false asleep during sex, sexual exhaustion, weakness, impotence, no erectile power, small penis, cold and relaxed penis. In females vagina is dry, burning, worse during and after sex. Aversion to sex, painful sex, nymphaomania, disposition to miscarriage.

Statistics

<table>
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<tr>
<th>S.no</th>
<th>Date</th>
<th>Op.no</th>
<th>Name</th>
<th>S/O</th>
<th>Age</th>
<th>Occupation</th>
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Result

Fig 1: Infertility ratios between male and female

Fig 2: Most indicated remedies

Fig 3: Causes and types of infertility in both sex groups
Conclusion
This study has highlighted the importance of significant detection, intervention and the significance of accurate diagnosis by the health professionals. Timely recognition support and counselling can improve the future outcome and prevent the stress and depression among the couples. The critical role of evidence based treatment including yoga, psychotherapy, medication, lifestyle modification and diet in managing the infertility is effectively seen, these branches offer relief to individuals, enabling them to regain control of their life and find a path towards positivity and regeneration.

In conclusion this research study underscores the significance of addressing infertility as a major public health concern by raising awareness, advancement in research and promoting access to evidence based treatment. According to our study Pulsatilla was prescribed for 8 cases, Nat Mur for 3 cases in females out of 15 cases, Lycopodium for 6 cases in males out of 15 cases based on the fundamentals of homeopathy.

Conflict of Interest
Not available

Financial Support
Not available

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9. Repertory of Hering guiding symptoms of our Materia Medica
10. Kent repertory

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