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A case of secondary infertility & understanding evolutionary Materia Medica of Naja Tripudians from life space of the case

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Abstract

Infertility is a prevalent problem that has significant consequences for individuals, families, and the community. Treatment for infertility is mainly based on the cause, but in some cases there is no obvious cause for infertility, still women cannot conceive which is known as unexplained infertility, contributes 10-20% incidence. In such cases also, individualized homoeopathic treatment proved useful. This article contains such case report, where Homoeopathy showed its efficiency in treating infertility, and also an attempt is made in this article to understand evolution and rubrics of Naja Tripudians through case analysis.

Keywords: Constitutional treatment, secondary infertility, naja tripudians

Introduction

Infertility is clinically defined as a condition in which men and women cannot achieve pregnancy after a year of having intercourse without birth control. Late marriages, stressful lifestyles, high junk food intake, obesity, alcoholism, smoking, and drug addiction contribute to the problem. Primary infertility is the inability to conceive in a couple who has had no previous pregnancies. Secondary infertility is inability to conceive in a couple who has had at least one prior conception, which may have ended in a live birth, still birth, miscarriage, induced abortion, or ectopic pregnancy [5].

Incidence: 80% of couple achieve conception if they so desire, within one year of having regular intercourse of adequate frequency. Another 10% will achieve by end of second year. As such, 10% remain infertile by end of second year [2].

Prevalence: prevalence of infertility is about 10-15% in couples of reproductive age group [2].

Table 1: Etiology [2]

Gender	Percentage	Causes
Male	30%	Pretesticular, testicular, post-testicular
Female	40-55%	Ovarian, Tubal, Uterine, Cervical, Peritoneal
Both male and female factors	10-20%	
Unexplained	10%	Psychological factors, immunological, minimal Endometriosis, luteal phase defect, leutinised unruptured follicle syndrome, hyperprolactinemia, Small endometrial polyps.

Case report

A 21 years, married Female, presented with inability to attain pregnancy. There is a history of spontaneous miscarriage at 5th month of gestational age, 2 yrs back, since then she did not conceived even though her menses were regular. There was heavy bleeding during last miscarriage. She consulted gynecologist where she and her husband has underwent all investigations advised which are all normal.

Patient says they have regular intercourse, at least 3-5 times in a week. Patient complained of pain+ during the coition from 1 yr.

Menstrual history: She attained menarche at the age of 15, since then her menses were regular, with moderate flow, for 5 days, scanty in first 2 days.

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There is dysmenorrhea, left side, at ovarian region one day before menses, ameliorates after flow begins. There is thin, milky white Leucorrhoea for 3 days after menstruation.

Obstetric history: Non consanguineous marriage. Marital life – 4 years. Gravida: 1. Para: 0. Living: 0. Abortion: 1 (spontaneous abortion)

Generals: Appetite – Moderate. Thirst – usually thirstless+1; 4-5 glasses/day. Bowel – constipated, hard stool, passes alternate days. Perspiration – profuse in both palms. Sleep – unrefreshed. Dreams – dreams of snakes. Thermal- towards chilly.

Life space investigation: She was born and brought up in H. studied up to 10th class. Her father’s expired in a road traffic accident, when she was in 10th class. So she did not go to college, and for helping family financially she used to go to fields for work along with her mother. She loved a person, who is from a very poor family, got married at the age of 17 years with her mother and brothers approval. After marriage his behavior changed. Even though it is love marriage, patient’s mother gave dowry, gold and 2 wheeler, which could not satisfy patient’s mother in law. As a result patient’s mother in law started slandering patient, as a result there were lot of conflicts among the couple. Patient expressed her husband is good in absence of mother in law,

otherwise behaving in a rude and dominating manner. Patient cried during this narration. Patient feels that her mother in law and sister in law conspires against her and trying to harm her. Her mother-in-law doesn’t allow her to interact with her neighbors, when they go for work (farming) or anywhere, they won’t take her along with them and leaves her alone at home so that she can do all household works (cooking, cleaning etc.). She feels that they don’t want her to interact with others, but she is accepting it silently, as she loves him and she knows that he loves her so she wants to be loyal to him and also said that it is her duty to do everything for her husband. She feels that she is the one who was always giving love and care and not receiving anything in return. She feels she is not given any importance in home. She is dull, hopeless, sad and brooding about her relation with husband and in-laws but not because of being childless. She has no hope about situations getting better and feels helpless.

Examination findings: Pulse – 78bpm. BP – 110/70 mm of hg. Height- 5’1. Weight – 56 kgs. Conjunctiva – pale. Tongue: clean and moist. Systemic examination: NAD

Lab diagnosis: USG report NAD, Thyroid profile Normal. Husbands report: Semen Analysis: NAD.

Diagnosis: Secondary Infertility.

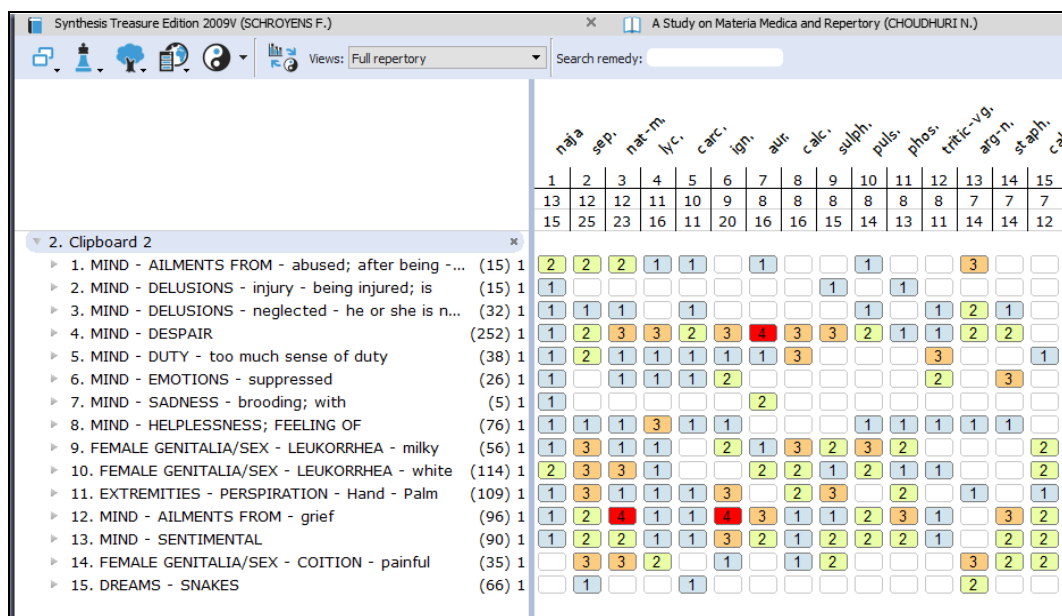
Table 2: Case analysis and evaluation

Mental symptoms	Physical symptoms	Particulars
Ailments from grief Ailments from abuse Delusion, being injured Dutiful and responsible Loyal Sadness with brooding Delusion, she is neglected Despair Helplessness Emotions- suppressed Mind- sentimental	Leucorrhoea- white Leucorrhoea- milky Leucorrhoea- thin Menses- painful Cramping pain - left side- ovarian region Dreams- snakes Perspiration- palms - copious Thirstlessness Constipated- hard stools Chilly	Pain during coition

Repertorial sheet

Case repertorised through RADAR, repertory used -

Synthesis Repertory 9.1 by Frederik Schroyens



Prescription

Naja, was selected as final remedy for the case, as mental symptoms and physical symptoms are most similar to Naja, and covered 13 rubrics of the case. Moderate potency was given to patient to prevent unnecessary aggravations.

Table 3: Follow-up

Date	Prognosis	Prescription
28.6.21	LMP-12.6.21	Rx Naja Tripudans 200 weekly dose for 1 month.
4.8.21	Burning pain during coitus was relieved completely, and patient did not have periods this month. Asked for Urine pregnancy test (UPT).	SL 30- DAYS
22.9.21	Through telephonic conversation, patient was known pregnant, UPT positive. Asked her to visit gynecologist for regular antenatal checkups.	No prescription was given.

Case analysis and Discussion

The drug Naja Tripudians was proved sufficiently, but its utility in daily clinical practice is bounded due to limited understanding. The author, Dr. Rajan Sankaran says in his book "The soul of remedies" that, Naja is duty conscious and responsible person even though they have feeling of wrong suffered, and neglect, this is observed in above case report. Even though she is suffering a lot in her family, still she is feeling responsible and loyal to her husband. Synthesis Repertory gives Naja in the rubric, "ailments from Domination". From the above case, it is evident that the patient developed psycho somatic illness, after being dominated and abused after marriage. Rajan Sankaran says in book "Substance of Homoeopathy" about this rubric that "A clinical picture of Naja that emerges is that of a woman in Indian circumstances, who after marriage finds herself neglected, harassed and wronged by her in-laws and feels angry and malicious, and at the same time dutiful and responsible towards the family, and there is a constant conflict about it." "DELUSIONS - injury - being injured; is - surroundings; by his" given in synthesis repertory is also clearly depicted in case report. Flow amelioration is seen in most of Ophidian group drugs. Naja is well known for its left sidedness. Thus Naja was selected as a constitutional similimum for the case, after thoroughly analyzing the symptoms and rubrics, helped the patient to conceive in natural method.

Conclusion

The proving symptoms and rubrics in the repertory will be better understood by exploring life space in different persons and clinical utility of many such remedies can be expanded though this approach.

Conflict of Interest

Not available

Financial Support

Not available

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