

INFERTILITY AND HOMOEOPATHY

Editorial for the month of July 2010

Infertility primarily refers to the biological inability of a person to contribute to conception. Infertility may also refer to the state of a woman who is unable to carry a pregnancy to full term. There are many biological causes of infertility, some which may be bypassed with medical intervention.

Women who are fertile experience a natural period of fertility before and during ovulation, and they are naturally infertile during the rest of the menstrual cycle. Fertility awareness methods are used to discern when these changes occur by tracking changes in cervical mucus or basal body temperature.

Definition

A couple is infertile if: the couple has not conceived after 12 months of contraceptive-free intercourse if the female is under the age of 34. The couple has not conceived after 6 months of contraceptive-free intercourse if the female is over the age of 35 (declining egg quality of females over the age of 35 accounts for the age-based discrepancy as when to seek medical intervention). The female is incapable of carrying a pregnancy to term.

Primary vs. secondary infertility

Couples with primary infertility have never been able to conceive, while, on the other hand, secondary infertility is difficulty conceiving after already having conceived (and either carried the pregnancy to term, or had a miscarriage). Technically, secondary infertility is not present if there has been a change of partners.

Prevalence

Generally, worldwide it is estimated that one in seven couples have problems conceiving, with the incidence similar in most countries independent of the level of the country's development.

Fertility problems affect one in twenty couples in India. Most couples (about 84 out of every 100) who have regular sexual intercourse (that is, every 2 to 3 days) and who do not use contraception will get pregnant within a year. About 92 out of 100 couples who are trying to get pregnant do so within 2 years.

Women become less fertile as they get older. For women aged 35, about 94 out of every 100 who have regular unprotected sexual intercourse will get pregnant after 3 years of trying (For women aged 38, however, only 77 out of every 100 will do so). The effect of age upon men's fertility is less clear.

In people going forward for IVF in India, roughly half of fertility problems with a diagnosed cause are due to problems with the man, and about half due to problems with the woman. However, about one in five cases of infertility have no clear diagnosed cause.

Causes

German scientists have reported that a virus called Adeno-associated virus might have a role in male infertility, though it is otherwise not harmful. Mutation that alters human DNA adversely can cause infertility, the human body thus preventing the tainted DNA from being passed on. This could explain why some radiation victims from Chernobyl incident could not produce children.

Causes in either sex

For a woman to conceive, certain things have to happen: intercourse must take place around the time when an egg is released from her

ovary; the systems that produce eggs and sperm have to be working at optimum levels; and her hormones must be balanced.

There are several possible reasons why it may not be happening naturally. In one-third of cases, it can be because of male problems such as low sperm count. Some women are infertile because their ovaries do not mature and release eggs.

Problems affecting women include endometriosis or damage to the fallopian tubes (which may have been caused by infections such as Chlamydia).

Other factors that can affect a woman's chances of conceiving include being over- or underweight for her age - female fertility declines sharply after the age of 35. Sometimes it can be a combination of factors, and sometimes a clear cause is never established.

Causes of Male Infertility

A number of clinical conditions and disease entities can render a man infertile. The more important causes are summarised in the table.

Causes of Male Infertility	
1.	Varicocele
2.	Infections : a. acute : smallpox, mumps, other viral infections b. chronic : TB, leprosy, prostatitis
3.	Sexually transmitted diseases
4.	Idiopathic - cause unknown
5.	Injury a. direct : testicular or pelvic trauma, heat, irradiation b. indirect : radiotherapy, chemotherapy, environmental toxins, drugs, marijuana, tobacco, alcohol

6.	Undecided testes (cryptorchidism)
7.	Previous surgery : inguinal, scrotal, retroperitoneal, bladder neck, vasectomy
8.	Obstructions : congenital (aplasia), vasectomy, post-infective
9.	Systemic illnesses esp. hepatic, renal
10.	Immunologic : infection, obstruction
11.	Ejaculatory disturbances
12.	Spinal cord lesions
13.	Genetic, endocrine & familial disorders : Klinefelter's syndrome, Young's syndrome, cystic fibrosis, adrenal hyperplasia
14.	Sexual dysfunctions

Causes of Female Infertility

Infertility problem may occur by various reasons. The most common cause of female infertility include ovulation disorders, polycystic ovarian syndrome, fallopian tube damage or blockage, endometriosis, ovarian cysts, fibroids, pelvic infection and early menopause. It may also be caused by sexually transmitted diseases, poor nutrition, hormone imbalance, tumor, uterine factors and egg quality.

Ovulation disorders

Ovulation problems result when one part of the system that controls reproductive function malfunctions. The failure to ovulate is the most common cause of female infertility. Without ovulation, eggs are not available to be fertilized. Ovulation problems can be caused by various things such as excessive weight loss, stress, thyroid problems or slight irregularities in hormone imbalances. Disruption in the part of the brain

that regulates ovulation (hypothalamic-pituitary axis) can cause deficiencies in luteinizing hormone (LH) and follicle-stimulating hormone (FSH). Signs of problems with ovulation include irregular menstrual periods or no periods.

Polycystic Ovarian Syndrome (PCOS)

Polycystic ovarian syndrome is a condition characterised by the presence of many minute cysts in the ovaries which is caused by excess production of hormone called androgen. This will prevent the follicles of the ovaries from producing a mature egg. Without egg production, the follicles swell with fluid and form into cysts. Every time an egg is trapped within the follicle, another cyst forms, so the ovary swells, sometimes reaching the size of a grapefruit. PCOS can be diagnosed through a series of blood tests and some symptoms of this condition include weight gain, acne, and irregular or absent periods.

Fallopian tube damage or blockage

This condition usually results from inflammation of the fallopian tube (salpingitis). If they are blocked, the egg cannot move from the ovary to the uterus. This condition can happen as a result of pelvic inflammatory disease, endometriosis, pelvis surgery, ruptured appendix or mislocated (ectopic) pregnancy. Structural disorders, like birth defects of the uterus and fallopian tubes, fibroids in the uterus, and bands of scar tissue can also block the fallopian tubes.

Endometriosis

This is a condition when the tissue that makes up the lining of the uterus (endometrium) grows into growths or lesions outside of the uterus usually on the ovaries or the lining of the abdomen near the uterus and fallopian tubes. In sync with the menstrual cycle, this tissue builds up, breaks down and sheds each month; but it has no way of

leaving the body. As a result it causes internal bleeding, breakdown of blood which can lead to scarring and inflammation.

Pelvic pain and infertility are common in women with endometriosis. It can be detected during laparoscopy. If you experience pain while having sex, have very painful menstrual cramps, or experience heavy bleeding during your period or unusual spotting, you may have endometriosis.

Ovarian Cysts (Endometriomas)

Ovarian cysts may indicate advanced endometriosis and often is associated with reduced fertility. An ovarian cyst is a small fluid-filled sac that grows in the ovary. Endometriomas can be treated with surgery.

Uterine Fibroids

Uterine fibroids or leiomyomas are benign tumors usually located on the outside surface or within the muscular wall of the uterus. They are not associated with the reproductive system but may cause infertility by interfering with the contour of the uterine cavity, blocking the fallopian tubes. It can also interfere with embryo implantation or fetal growth. Though the causes of these tumors are unknown, evidence suggests that estrogen and progesterone contribute to the growth of fibroids. It is most often diagnosed in women between the ages of 30 and 40. Common symptoms of fibroids are pelvic pressure, along with irregular bleeding and the effective treatment option is hysterectomy.

Premature Ovarian Failure (POF) or Early Menopause

Early menopause is the absence of menstruation and the early depletion of ovarian follicles before age 40. Though the cause is often unknown, the condition is associated with autoimmune disease, pelvic surgery, tobacco smoking, genetic factors, radiation or chemotherapy. Treatment option for POF is In Vitro Fertilization (IVF).

Pelvic Inflammatory Disease (PID)

PID is an infection of the pelvis or organs of the reproductive tract, including the ovaries, the fallopian tubes, the cervix or the uterus. It can lead to blocked or damaged fallopian tubes and is usually caused by sexually transmitted diseases, miscarriages, abortions, childbirth, or an intrauterine device.

Pelvic Adhesions

Pelvic adhesions are bands of scar tissue formed between two or more internal organs after pelvic infection, appendicitis or abdominal or pelvic surgery. This condition is usually caused by surgery or infection and can affect the functioning of the ovaries and fallopian tubes resulting in infertility.

Age is also a risk factor of infertility. A woman's peak fertility occurs in her early 20s. The ability for ovaries to produce eggs declines with age, especially after age 35. As a woman ages beyond 35 (and particularly after age 40), the likelihood of conceiving diminishes to less than 10% per month. The risk of miscarriage also increases with a woman's age. Tobacco smoking, alcohol consumption, and extremes in body mass either too high or too low, are all risk factors of infertility.

Homoeopathic constitutional treatment is the best way to treat infertility either in male or female. I shall be discussing some interesting cases.

CASE 1:

A case of primary ovarian failure

I had a 31 year old woman, who came to me with a 4 year old complaint of infertility. She comes from a village which is in the interiors in Maharashtra. Her father is a farmer, mother is a housewife and she has 2 younger sisters and one elder brother. She had studied upto the level of primary education in the village and subsequently she was asked by her mother to help her in house hold work. She always wanted to study further but she could not because her parents thought that she should marry so that their responsibility gets over very fast.

When I examined her she was lean, thin and tall almost like a Phosphorus constitution but she looked very sad and gloomy. Her father said that whenever we look at her she is quite sad and depressed and there are occasions when she weeps from the slightest emotion involuntarily and sometimes without any cause.

When the menstruation started at the age of 12 years she had extremely painful menses and she used to become quite irritable during menses.

When I asked her about her sadness she initially could not answer but later on she explained to me that one of her uncles had sexually abused her when she was 8 years old and that was a big grief in her life which she has suppressed for a long time and hence she was always afraid that she does not want to get married because the sexual act which follows marriage could be very painful and traumatic to her emotions as she was previously sexually abused.

She thought about this event whenever she was free, it was a sort of a dwelling of her past disagreeable emotions and she had a strong fear of intercourse with this kind of sensitivity that I just explained.

Looking at her menstrual cycle the menses used to be dark red but they were very regular but during menses she had a lot of leucorrhoea which was offensive, painless, thick and sometimes quite profuse. After the menses she used to complain of itching in the vagina.

In her sleep pattern during menses she mentioned that she was unable to sleep comfortably, she preferred sleeping on her back. She also complained of urticaria like eruptions which come regularly 3-4 times in a month in the evening hours. She was too thin and she wanted to put on a little weight, so she tried eating lots of sweets but that did not help her. She loves chicken and meat. She used to perspire on her hands and on her feet.

Initially I gave her Pulsatilla in different potencies but it did not help the patient at all, in fact she became worse. Later on I gave her Kreosotum and Kreosotum helped her to get pregnant.

Her gynecologist had said that she is not producing any eggs from the ovary and that was the main cause of her sterility. After treating her with Kreosotum for a period of 3-6 months when a follicular study was performed the gynecologist was surprised that she has started producing eggs from her ovary and she got a baby boy at the end of nine months.

Kreosotum is one of the useful remedies in female disorders in my practice. The most important thing that I look for in this remedy is the mental symptoms which resemble Pulsatilla, like weeping tendency, the sensitivity, the history of sexual abuse, swelling on the past disagreeable events. The other concomitant could be caries of the teeth, massive appetite especially for meat and warm food but still loss of weight and not putting on enough weight, history of bedwetting.

Many Kreosotum women I have seen can develop menstruation in the 3rd month of their pregnancy which is usually black. During menstruation many Kreosotum women can be constipated, and may have a severe colic and the most important symptom is the leucorrhoea which exhausts and fatigues the patient.

CASE 2:

A case of Male sterility

I had a man 37 years old, who complained of sexual problems. To begin with he had poor erections, his total sperm count was low, and he had more than 40 % abnormal sperms per ejaculation, after ejaculation by masturbation or intercourse he would feel quite weak, so weak that he has to lie down on the bed for 15-20 minutes, also during intercourse he ejaculates very fast.

He was married since 4 years and he was getting anxious day by day regarding his problems. He also went to an endocrinologist who treated him with some hormones but without success. Six months later he came to me for homoeopathy.

His history goes like this, in the past he had a bad history of recurrent tonsillitis with suppuration. He also suffered from allergic bronchitis as a child. In the family the mother had a history of a fibroid in the uterus and fibroadenoma in the mammary gland.

His appearance was good looking, handsome but a definite weakness on his face, when I touched his palm it was little colder than the rest of the body and I asked him does he have coldness anywhere else? and he said even my feet are cold, and he further said that this is since childhood

He also mentioned that along with his sexual weakness he cannot exert himself much, if he plays few games of badminton then the next day he feels very weak and exhausted, also since his childhood tonsillitis he has completely given up having cold food and cold drinks. Also every

winter he would protect himself so that he does not suffer from cough that leads to bronchitis.

Whenever there was a cough it always used to get aggravated by exposure to the cold air and always be worse in the night and only if he expectorates the coughing was better.

He perspired quite a lot during the sleep and occasionally the perspiration stained the bed sheet brown. He was a chilly patient. Among the food basically he cannot absorb rich and fatty food, even milk in little excess quantity will give him severe aggravation, what he loved the most is sour food and cold drinks.

He was working in a bank in the department of financial planning; he said that he was not happy with his job as there was lot of politics and injustice at his work place which disturbed him a lot. He was quite ambitious and was also looking out for a job in a place where there was a peaceful environment with better prospect and salary.

He was quite anxious if anything happens to his health. Many times if he had some arguments with his family members or with his wife he tries to brood over this for many days, at that time he also feels that he is quite unloved and forsaken.

He has a strong fear of darkness and closed places since childhood, he cannot travel in the crowded train or in a crowded bus. Whenever he thinks about his sexual complaints he becomes quite anxious, gloomy and sad and at that time he wants to listen only to music. He loves to listen to the old songs and whenever he listens to the old songs he thinks about his childhood and old past memory which makes him very happy.

Looking at all the symptoms I decided to give him a remedy Carbo animalis. Carbo animalis is a very chilly patient and usually it has a history of involvement of the glands, it has marked affinity on the sexual organs producing weakness after intercourse or ejaculation, it

has also got marked action on sperms. Mentally nostalgic tendency is a verified keynote symptom.

Keeping all these things in the mind I decided to give him Carbo animalis 30C, 3 doses every week for a period of 8 week. After 8 weeks I got his sperm count repeated again which showed about 60% improvement in his abnormal sperms as well as the sperm count. I decided to treat him for 6 more months with the same remedy and the same potency and after a period of 7 months his wife got pregnant, his sperm count came completely in the normal limits, there were only 10% of abnormal sperms per ejaculation.

Friends, in homoeopathy there are no miracles, one has to bring miracle by exactly matching the symptoms of the patient with the proving symptoms.