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FEMALE INFERTILITY

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ABSTRACT

Reproduction is the no blest and most reverent of all human powers. God has given this precious gift to the women. Motherhood is the cherished desire deep down in the heart of every women. Failure to achieve conception is known as Maladu (infertility). Even in the computer age, it is estimated that nearly 10-15% of couples are infertile in India. The ancient system of siddha medicine advocated variety of medication, which provides good results without any harmful effect. The main causes of infertility are tubal block, PCOD, PID and endometriosis. Bringing Tridhos as into its equilibrium state Treatment of Malatu puzhu at the time of menstruation on the first three days of cycle. Administration of internal medicine with suitable anupanam.

KEYWORDS

Infertility, Maladu, Yoni Kuttram and Malattu puzh.

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INTRODUCTION

The creator of universe has empowered the women to carry out most noblest and reverent work of mankind and that is the work of reproduction. For the perpetuation of the human race women is the most essential factor. According to Acarya Caraka, the women. But unfortunately even in the present scenario of the space age millennium and rapid advancement in the technology, fertility is still a problem that has been continued from ages. Although it does not affect the health directly but has a psychosomatic effects on the patient resulting in reflection over the physical and mental health. The female infertility because of the social stigma attached to it. A women of reproductive age who has not conceived after one year of unprotected

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vaginal sexual intercourse is defined as infertility. The world Yoni refers to entire reproductive system. Thus under this heading, congenital or acquired disease of anatomic components of reproductive tubes can be included. According to the current statistics, it is the fact that infertility is increasing major cause of the disease are described in modern science as Tubal block, PCOD, PID, STD and endometriosis. So in this present era when everything is going to be super specialized it is very necessary to provide a particular etiopathology as well as remedy for particular factor¹⁻⁶.

Incidence

About 10-15% of couples are infertile in India. Female infertility is about 40-50%. Male factor is about 40%. Unexplained is about 20%. Faults in the female for infertility are as follows.

Tubal factors	:	45%
Ovarian factors	:	25%
Cervical factors	:	20%
Uterine factors:	:	10%

Aims and objectives

To know the prevalence of disease.

To study and assess the efficacy of Siddha medicines oral in management of female infertility with Yoni Kuttrum.

MATERIAL AND METHODS

Selection of Patients

50 female patients suffering from infertility were selected randomly as per the inclusion and exclusion criteria from the OPD and IPD of Govt siddha Medical College Chennai.

Inclusive criteria

Ages between 20 years to 35 years, Patients irrespective of caste, religion, socio economic status, suffering from infertility due to Yoni Kuttrum.

Exclusive criteria

Ages below 20 and above 35, Unmarried girls, cervical polyp, Non co-operative patients, Male infertility (Male partners), Intrauterine fibroid or growth, malignancy, people living with HIV, Hepatitis and tuberculosis.

Investigations

Hystero -Salpingo graphy (HSG), Mantoux test, Follicular study, post coital test (PCT), PAP smear etc., were done prior to the treatment as per need.

CLINICAL STUDY

The drugs of the following muligai were selected for clinical treatment. These were given in the name of choornam, lagiyam and kashayam.

Jathikai (Myristica fragrans houtt)

Athimathuram (Glycyrrhiza glabra)

Orithal thamarai (hybanthus enneaspermus)

Salamisari (orchis latifolia)

Mathulai (punica granatum)

Murungai vithu (moringa oleifera)

Alam vithu (ficus benghalensis)

Athi vithu (ficus glomerata) (ficus racemosa)

Nilappanai (curculigo orchioides gaertn)

Kudineer

Thirakshathi kudineer (before diet 30ml to 60ml twice a day-45 days).

Chooranam

Amukara chooranam, jothikai chooranam, Orithazhi Thamarai chooranam

(After diet 2 to 2 gram with milk twice a day-45 days).

Lagiyam

Nilappanai kilangu lagiyam (5 gram after diet with milk twice a day-45 days)

ASSESSMENT CRITERIA

Clearance of Tubal block through HSG.

ANY inflammation (PID etc.) through USG.

White discharge through examination.

PAP smear.

Regulation of menstrual cycle with normal flow.

Relief of cervicitis /Vaginitis.

Treatment duration

3 months

Assessment of results

Therapeutic response after treatment in 50 patients and conception after treatment in 50 patients.

In Tubal block

Clearance of tubal block by HSG studies

In endometriosis: Relief from the symptoms like dysmenorrheal, dyspareunia, pain abdomen,

squeezing pain etc. and the scan on first week of menstrual cycle.

In PCOD

Release of follicles evident in follicular study and relive of other symptoms like weight loss, regular menstrual cycle and correction of other symptoms.

In PID

Relief from the symptoms like pain abdomen, control of white discharge etc.

Complete relief

100-75% correction of underlying disease with subjective and objective parameters.

Partial relief

75 to 50 % correction of underlying disease with its subjective parameters.

No relief

50 to 25% therapeutuic correction of underlying disease with its subjective and objective parameters.

DISCUSSION

Healthy vagina, high vaginal deposition of healthy spermatozoa, healthy uterine cavity and healthy

uterine tubes for the spermatozoa to remain healthy, proper penetration and travel to reach the ovum: ovum must reach to uterine tube to fertilize by spermatozoon: migration of fertilized ovum into uterus: healthy endometrium which is suitable for the nidation and subsequent development etc. factors are responsible for fertility. Functional or structural disturbances either or together of above causes infertility. A thorough study of the ovarian steroid genesis (two cells, two gonadotrophin concepts) gives - an idea about the reproductive tissue. Menstrual cycle includes ovarian cycle and endometrium cycle. Functional zone of the endometrium is under the influence of fluctuating ovarian hormones oestrogen and progesterone. In normal menstrual cycle, thickness of end metrium alters as per the phase. Any abnormality in this process can cause functional disturbance which leads to infertility.

Statistical analysis

Table No.1: Distribution of Patients According To Menstrual Cycle

Regular	22
Irregular	28
Normal Flow	35
Scanty Flow	10
Excessive / Heavy Flow	5

Table No.2: Distribution of Patients According To Marital Life Span

1-5 Years	20
5-10 Years	18
Above 10 Years	2

Table No.3: Distribution of Patients According To Chief Complaint

S.No	Primary Infertility	Secondary Infertility
1	31	19

Table No.4: Distribution of Patients According To Age

S.No	Age 20 To 25	25 To 30	30 To 35
1	20	15	15

Table No.5: Showing symptoms present at base-line and their relief after treatment

S.No	Symptoms	Present in number of patients		
		B.T	A.T	Subsided
1	Dysmenorrhea	6	1	5(83.3%)
2	Painful coitus	2	-	2(100 %)
3	White discharge	16	3	13(81.3%)
4	On and off squeezing pain in lower abdomen	4	1	3(75%)
5	Low back ache	2	-	2(100%)

Table No.6: Distribution of Patients According To P/V, P/S Examination

S.No	Position of The Uterus		Size		Mobility		Cervix	
	Av	Rv	Ns	Bulky	Mobile	Firm	Normal	Hypertrophied
1	Av	Rv	Ns	Bulky	Mobile	Firm	Normal	Hypertrophied
2	40	10	42	8	48	2	34	16

Table No.7: Distribution According To Underlying Cause

S.No		Tubal Block	PCOD	PID	Endometriosis	Nonspecific
1	Patients	10	16	12	10	2
2	Percentage	20%	32%	24%	20%	4%

CONCLUSION

Action of siddha medicines are highly significant statistical values.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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