

# CASE OF INFERTILITY

# Preliminary Data Of Patient

- NAME :XYZ
- AGE:32 YEARS
- SEX : FEMALE
- RELIGION: MUSLIM
- NATIONALITY : INDIAN
- MARITAL STATUS: MARRIED
- OCCUPATION:TEACHER
- FAMILY SIZE: 2
- DIET : MIX
- ADDRESS: SARKHEJ

# CASE SUMMARY

- The case is about of a lady of age 32 years suffering with absence of menses since three months and infertility since 8 years.
- She got married at the age of 24 yrs. After her marriage she suffered from absence of menses for continuous 2 to 3 cycles & later on she was detected with hypothyroidism and PCOD.

# Chief Complaint

- Location : Female Genital Tract.
- Sensation : Absence of Menses.
- Duration : Since 3 months
- Modality : No any
- Concomitant : no any

Continued....

- Location : Female Genital Tract.
  - Sensation : Severe burning.
  - Modalities : <During & After Coitus
  - Duration: Since 2 to 3 months
- ❖ After Coitus burning is more marked.

# Associated Complain I

- Location : Pelvis
- Sensation : Pain on lateral aspect of thigh
- Modalities : Standing to seating , Sleeping to Standing & when turning the body while sleeping.
- Concomitant : no any

# Associated Complain 2

- Location: Left Eye
- Sensation: Water Comes out from Left Eye. Come suddenly and relieve suddenly.
- Modality :no any peculiarity is seen

# History Of Present ILLness

- After marriage there were absence of menses for 2 to 3 months. Then menses appears after 3 months. then she was detected by hypothyroidism and PCOD. So she took Allopathic treatment. After Six years of Marriage she was conceived but soon within 3 month she got miscarriage. She found her **TORCH** profile +ve. I.e. Rubella +ve , cytomegalo +ve & TSH level increases. So again she took allopathic treatment for that & as she was diagnosed by infertility with in this period. So she took infertility treatment too. After 1 year she again conceived & within 10 days she had miscarriage.



# Past History

- Complain of Recurrent Styes
- Complain of UTI after marriage
- She took Steroid in Skin Disease.
- Also Hormone Therapy In Treatment of Infertility.

# Family History

- Mother : Diabetes mellitus.
- Father : Hypertensive.
- Sisters : Three – NAD
- Brother : One – NAD

# Personal History

- Accommodation: Satisfactory
- Economic Status: Middle class
- Hobbies: Story reading, Novel or Suspense Stories.
- Sexual History :There is no Desire.
- Education: Graduate
- Occupational History :Teacher
- She feel suffocated in close vehicles. She feels nauseated but not vomiting.

# Gynecological History

- Menarche : Since 14 years
- Complain related Menarche : No any major complain but some time duration longer 10 days.
- LMP : 07.02.2019

Continued....

# Gynecological History

- Details of Menstrual cycle:

<b>CYCLE</b>	<b>QTY</b>	<b>Consistency</b>	<b>Order</b>	<b>Duration</b>	<b>Color</b>	<b>Complain before Menses</b>	<b>During Menses</b>	<b>After Menses</b>
<b>IRREGULAR</b>	<b>PROFUSE</b>	<b>Mostly Clotted</b>	<b>Smell like Meat</b>	<b>6 to 7 Days</b>	<b>Red</b>	<b>Burning In Urine. She become irritable</b>	<b>No desire to eat or decrease appetite</b>	<b>Burning in Urine</b>

Continued....

# Gynecological History

- ❑ Changes in Menstrual Cycle :
  1. Before Marriage : Regular
  2. After Marriage : Immediately after three months menses was appear.
  3. Since Marriage till now: Menses irregular
- Leucorrhoea : Before Menses but no any major complain with this.

# Obstetrical History

- $G_2$  ,  $P_0$  ,  $A_2$  ,  $L_0$
- Miscarriage :
  - I. Within 2 months
  - II. Within 10 days.

# Physical General Symptoms

Appearance	Pigmentation and pimples on the face obese.
Appetite	Satisfactory – 3 meals per day.
Taste	Spicy Food
Thirst	7 to 8 Glass per day
Food	Desire for ice cream & Watermelon
Stool	Once per day
Urine	After & Before Menses burning in Urine. Sensation as if something is cut.
Sweat	Profuse, can not bear...Excessive Sweat on front of chest
Sleep	Sleep disturbed only when she is in stress or something had happened with her. At that time mind is constantly thinking
	<b>Continued.....</b>



# Physical General Symptoms

Thermal	Very Hot patient. Winter season preferable ...Can not bear hot summer weather B'coz in summer itching over back and front of the chest. She don't want covering. If covered face would open. Otherwise feel suffocated as if breathing would stop.
General Modality	>When someone console her.
Recurrent Complain	Knee Pain
General Sensation & complain	Burning Sensation as if something would cut. Suffocative feeling as if breathing would stop.

# MENTAL Symptoms

- Anger: Whenever someone insult her or do something which she feel unfair this leads to anger. She tries to control her anger as much as possible. But after certain limit she can not hold her anger and loses her temper. This anger is mostly due to feeling of injustice or when she feels she is humiliated.
- Reaction: She controls her anger in front of elders in order to respect them and in front of others. The reason is she feels that other person will get hurt. In case when she shows her anger after that she feels guilty for that. When ever she controls her anger it leads to trampling. “Ander se cupcuppy aati he”
- E.g. Insaaf
- She also feel angry when someone ask or compare her on the topic of a child her words were “Bachche dena Allah ke hath me hai, mere hath me thodi hai”

Continued.....

# MENTAL Symptoms

- She also try to suppressed her anger as much as possible but when ever she does that it leads to over think about that topic for minimum 2 days.
- She feels very good when someone console her.  
“koi dilasa ya tasalli deve to achhha lagta hai”
- ❑ She is very sensitive. She also over think when she hear things of others. Even small-small things effects her.
- ❑ Sometimes suppression of anger makes her cry.

Continued.....

# MENTAL Symptoms

- ❑ Fear Of Height leads to Vertigo
- ❑ Fear Of Plane Crash : Can not show anxiety but fear from within.
- ❑ She dislike when some one talk about behind her back.
- ❑ She says “Me agar sahi hu to ku daru”
- ❑ She feels like “No one understood her”
- ❑ Suffocated feeling in chest after anger.
- ❑ Aversion to Coition.

# Laboratory Investigation

- Serum Homoseistene level
- Serum DHEAS
- Urine Routine Micro
- AMH
- Serum TSH


# Analysis and Evaluation of the Case

- Classification of Symptoms
  - Amenorrhea since 3 months. (CPP)
  - Burning in female genital tract.
  - < During & After Coitus (UPP)
  - Pain on lateral aspect of Pelvic region (UPP)
  - Pain <changing position. (UPP)
  - Lachrymation from left eye which come suddenly and relieve suddenly. (UPP)
  - C/o recurrent sties. (UPP)

**Continued.....**

- **Classification of Symptoms**
- **C/o recurrent UTI after marriage.(UPP)**
- **Suffocated feelings in closed vehicle. (UPG)**
- **Menses irregular profuse mostly clotted small like meat. (UPP)**
- **Burning in urine before and after menses. (UPP)**
- **During Menses appetite decreased.(UPG)**
- **Sweat profuse, excessive on front of chest. (UPG)**
- **Patient is hot++(UPG)**

**Continued.....**

- 
- All complains > when someone console her.(UMS)
  - Desire for ice cream, and watermelon.(UPG)
  - Sensitive to injustice, very sensitive to slightest mental impression.(UMS)
  - Pigment & pimples on the face.(UPP)
  - Aversion to coition(UMs)



# UNCOMMON MENTAL

- Anger: Whenever someone insult her or do something which she feel unfair this leads to anger. She tries to control her anger as much as possible. But after certain limit she can not hold her anger and loses her temper. This anger is mostly due to feeling of injustice or when she feels she is humiliated
- She also try to suppressed her anger as much as possible but when ever she does that it leads to over think about that topic for minimum 2 days.
- She feels very good when someone console her. “koi dilasa ya tasalli deve to achhha lagta hai”
- She is very sensitive. She also over think when she hear things of others. Even small-small things effects her.
- Fear Of Height leads to Vertigo.
- Suffocated feeling in chest after anger.
- Aversion to Coition

# Uncommon Physical General

- Suffocated feelings in closed vehicle. (UPG)
- During Menses appetite decreased.(UPG)
- Sweat profuse, excessive on front of chest. (UPG)
- Patient is hot++(UPG)
- Desire for ice cream, and watermelon.

# UNCOMMON PHYSICAL PERTICULAR

- Burning in female genital tract.
- < During & After Coitus (UPP)
- Pain on lateral aspect of Pelvic region (UPP)
- Pain <changing position. (UPP)
- Lachrymation from left eye which come suddenly and relieve suddenly. (UPP)
- C/o recurrent sties. (UPP)
- C/o recurrent UTI after marriage.(UPP)
- Menses irregular profuse mostly clotted small like meat. (UPP)
- Burning in urine before and after menses. (UPP)

# REPERTORIAL TOTALITY

1. Mind – Ailments from-Anger
2. Mind – Ailments from-indignation
3. Mind Ailments from-mortification
4. Mind – Anger-Trembling with
5. Mind – Consolation – Amelioration - in women ; when consoled by.
6. Mind – Indignation
7. Mind – Oversensitive
8. Mind – Thoughts – Persistent
9. Vertigo-high places

# REPERTORIAL TOTALITY

10. **Urine- burning-menses-before agg.**
11. **Urine-burning - Menses-after agg**
12. **Female genitalia - Amenorrhea**
13. **Female genitalia - Coition – Aversion to**
14. **Female genitalia-tumour-ovaries-cyst**
15. **Female genitalia - Menses clotted.**
16. **Female genitalia - Pain –Vagina coition during**
17. **Chest – Oppression – Anger After**

# REPERTORIAL TOTALITY

**18. Perspiration**-profuse

**19. Generals**-food and drink-icecream  
desire

**20. Generals**-history-cystitis of recurrent

**21. General**-history-personal-recurrent-  
styes on the

Remedies	$\Sigma$ Sym	$\Sigma$ Deg	Symptoms
Staph.	15	31	1,2,3,6,8,9,13,14,15,16,17,18,19,20,21
Nat-m	12	27	1,2,3,6,8,9,13,14,15,16,18,19
Sulph.	12	22	1,3,6,8,9,13,14,15,16,18,19,21
Puls.	10	16	1,3,8,9,14,16,18,19,20,21
Clac.	9	17	1,3,8,9,14,15,16,18,19
Sep.	9	17	1,3,8,13,14,15,16,18,20
Lyc.	9	16	1,3,13,14,15,16,18,20
Nux-v.	9	16	1,2,3,6,8,11,14,18,20
Arg-n.	9	15	1,3,8,9,14,15,16,18,19
Bell.	9	15	1,2,3,8,14,15,16,18
Phos	9	15	1,3,8,9,13,14,16,18,19

# PRESCRIPTION

- **Selection of Potency.:** 1m
- **Selection of Medicine:** Staphysagria
- **S.L-B.D.-**for 1 month
- **Dominant Miasm:** sycotic
- **Advice:** Do exercise regularly & follow diet plan.
- **Follow up:** after 1 month. 17/6/19



# FOLLOW-UP-22/6/19

- MENSES : spotting for 3 days
- LMP: 19/6/19
- She feel as if I am gaining weight
- Itching is better
- In urine burning is absent
- Pain in lateral aspect of thigh some times.
- Severe burning and pain during sexual intercourse.
- Before she has no desire to do sex but after taking medicine she thaught about to do sex.

Amena Khatun Multi-Specialist  
**Sanat Mehta**  
 CHARITABLE TRUST  
 GUJ/19059/AHMEDABAD

Patient Name : Halima Khanwala  
 Referred by :  
 Ref No. : 5308  
 Age : 30 Years  
 Sex : Female  
 Date : 18/08/2017

**HAEMOGRAM REPORT**

TEST	RESULT	UNITS	NORMALS
<b>BLOOD COUNTS</b>			
Haemoglobin	11.8	gm%	M: 13.5 - 18 F: 12 - 16
Total R.B.C Count	4.97	mill./cu.mm.	M: 4.5 - 6.5 F: 4.2 - 5.4
Total W.B.C Count	8100	/cu mm.	4,000 to 10,000
Platelet Count	4.26000	lac/cu mm.	1.5 to 4.5
<b>DIFFERENTIAL COUNT</b>			
Polymorphs	60	%	50 - 70
Lymphocytes	30	%	20 - 40
Eosinophils	02	%	01 - 04
Monocytes	08	%	02 - 06
Basophils	00	%	00 - 01
<b>BLOOD INDICES</b>			
H.C.V.	36.9	%	M: 40 - 54 F: 36 - 45
T.C.V	74.25	fl	82 to 92
M.C.H	23.7	pg	27 to 32
M.C.H.C	32.0	%	32 to 36
M.D.W	16.0	%	11.6 - 14.6
<b>MEAR STUDY</b>			
RBCs	Mild Hypochromic	Normocytic	
WBCs	Normal		
Platelets	Normal & Adequate	in Number.	
Malarial Parasites	Not seen		

The above result are subject to variations due to technical limitations, hence correlation with clinical finding and other investigation should be done.

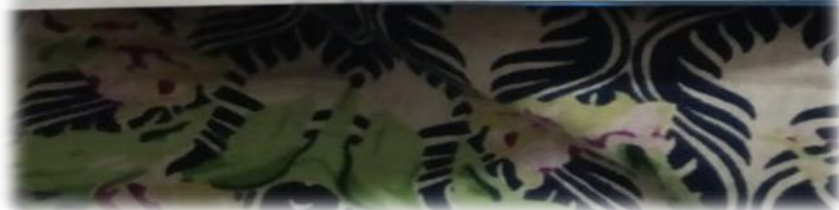
*T.S.Pathee*  
 Pathologist

For Reference

**Sanat Mehta Charitable**  
 LOWCOST GENERIC MEDICINE  
 PATHOLOGY LAB & DIAGNOSTIC

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 Juhapura-Sarkhej Highway, Ahme  
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Drugs ; Best Quality ; Lowest Price



Amena Khatun Multi-Specialist  
**Sanat Mehta**  
 CHARITABLE TRUST  
 GUJ/19059/AHMEDABAD

Patient Name : Halima Khanwala  
 Referred by :  
 Ref No. : 5308  
 Age : 30 Years  
 Sex : Female  
 Date : 18/08/2017

**BLOOD GLUCOSE ANALYSIS**

TEST	RESULT	UNITS	NORMALS
<b>FASTING BLOOD GLUCOSE</b>			
<b>POST PRANDIAL BLOOD GLUCOSE</b>	77.61	mg/dl	70-110 mg/dl
<b>BLOOD GLUCOSE</b>	125.15	mg/dl	< 140 mg/dl

Note: The above result are subject to variations due to technical limitations, hence correlation with clinical finding and other investigation should be done.

*T.S.Pathee*  
 Pathologist

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 GUJ/19059/AHMEDABAD

Patient Name : Halima Khanwala  
 Referred by : 5308  
 Ref No : 5308  
 Age : 30 Years  
 Sex : Female  
 Date : 18/08/2017

**ANTENATAL PROFILE**

TEST	RESULT	UNITS	NORMALS
Serum for V.D.R.L. Test	: Negative.		NEGATIVE

Note: The above result are subject to variations due to technical limitations, hence correlation with clinical finding and other investigation should be done.

Thanks For Reference

*T.S.Pathe*  
 Pathologist

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Amena Khatun Multi-Specialist  
**SCIENTIFIC**  
 DIAGNOSTIC CENTRE

Name : BALIMA KHANWALA  
 Age : 30 Years  
 Ref By Dr : SANAT MEHTA CHAR TRUST  
 Ref By : LAB:SARKHEJ: 9879003385  
 Main Lab Ahmedabad  
 Reg No. : PR17H32E5  
 Order Date : 18-Aug-2017 04:14 PM  
 Order Ref No : 1114OR17H12NE8  
 Print Date : 19-Aug-2017 12:16 PM  
 Center Ref No :

Page 1 of 1

Test Name	Result	Test Report	Unit	Biological Reference Range Interval
<b>PROLACTIN</b> (Chemiluminescence Immunoassay)	9.88		ng/ml	Females: Nonpregnant 2.8 - 29.2 Pregnant 9.7 - 208.5 Postmenopausal 1.8 - 20.3 Male 2.17-17.7

End of the Report

Note: This Report is computer generated, electronically signed & carried out from the sample supplied by the Referring Laboratory.

Dr JANAK THAKKAR  
 White House, Panchvati, Ahmedabad - 380 006, Gujarat (INDIA)  
 2644 9164, 2644 8618 E : sdc.lab@airtelmail.in

**SCIENTIFIC DIAGNOSTIC CENTRE**

No: **HALIMA KHANWALA**  
 Age: **30 Years** Sex: **Female**  
 (By Dr: **SANAT MEHTA CHAR TRUST**  
 (By: **LAB:SARKHEJ: 9879003385**

Main Lab Ahmedabad  
 Reg No: **PR1713285**  
 Order Date: **18-Aug-2017 04:14 PM**  
 Order Reg. No: **111/081702828**  
 Print Date: **19-Aug-2017 12:16 PM**  
 Center Ref No:

Test Name: **CYTOMEGALO VIRUS IgG ESTIMATION (CMV IgG)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>5.550</b>	<b>Positive</b>	Index	< 0.80 : Negative >= 0.81 <= 1.20 : Equivocal > 1.20 : Positive

(CMV IgG Performed by ELISA Method)

Test Name: **CYTOMEGALO VIRUS IgM ESTIMATION (CMV IgM)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>0.640</b>	<b>Negative</b>	Index	< 0.80 : Negative >= 0.81 <= 1.20 : Equivocal > 1.20 : Positive

(CMV IgM Performed by ELISA Method)

Test Name: **HSV-II IgG (Result & Index)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>0.150</b>	<b>Negative</b>	Index	< 0.80 : Negative >= 0.81 <= 1.20 : Equivocal > 1.20 : Positive

(HSV-II IgG Performed by ELISA Method)

Test Name: **HSV-II IgM (Result & Index)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>0.270</b>	<b>Negative</b>	Index	< 0.80 : Negative >= 0.81 <= 1.20 : Equivocal > 1.20 : Positive

(HSV II IgM Performed by ELISA Method)

Test Name: **THYROID STIMULATING HORMONE (TSH) (Ultra Sensitive)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>0.502</b>	<b>Negative</b>	$\mu$ IU/mL	0.35 - 4.78

ISH (Ultra Sensitive)  
 Chemoluminescence Immuno Assay  
 NOTE: IF AGE IS NOT GIVEN ALL BIOLOGICAL REFERENCE INTERVAL ARE PERTAINING OF ADULT.

Test Name: **SERUM PROLACTIN ESTIMATION**  
 Sample: -Serum

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**SCIENTIFIC DIAGNOSTIC CENTRE PVT**

**SCIENTIFIC DIAGNOSTIC CENTRE**

Name: **HALIMA KHANWALA**  
 Age: **30 Years** Sex: **Female**  
 Ref By Dr: **SANAT MEHTA CHAR TRUST**  
 Ref By: **LAB:SARKHEJ: 9879003385**

Main Lab Ahmedabad  
 Reg No: **PR1713285**  
 Order Date: **18-Aug-2017 04:14 PM**  
 Order Reg. No: **111/081702828**  
 Print Date: **19-Aug-2017 12:16 PM**  
 Center Ref No:

Test Name: **(Rubella IgM Level Performed by ELISA Method)**  
 Sample: -Serum

Result	Test Report	Unit	Biological Reference Range Interval
<b>1.630</b>	<b>Positive</b>	Index	< 0.80 : Negative >= 0.81 <= 1.20 : Equivocal > 1.20 : Positive

RUBELLA IgM  
 ELISA

RESULT

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**SCIENTIFIC DIAGNOSTIC CENTRE**

Sex: Female  
 SANAT MEHTA CHAR TRUST  
 LAB:SARKHEJ: 9879603385

Main Lab Ahmedabad  
 Reg. No. PR17H3223  
 Order Date: 18-Aug-2017 04:14 PM  
 Order Reg. No.: 111-CH37H2223  
 Print Date: 19-Aug-2017 12:16 PM  
 Center Ref No.

**25-OH VITAMIN D TOTAL**  
 Chemiluminescence Immuno Assay

Result	Test Report	Unit	Biological Reference Range Interval
< 4.200		ng/mL	>20: Deficient 20-30: Insufficient 30-100: Sufficient >100: Toxic level

VITAMIN D, SERUM

fat soluble hormone used in the intestinal absorption and regulation of calcium. It is synthesized by skin strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein and only measured from in serum. Then in the kidney it is transformed in to 25-hydroxy-vitamin D (calcidiol), which is the biologically active form. It is a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and Osteomalacia in adults. Long term insufficiency of Calcium and Vitamin D can lead to osteoporosis. There are multiple publications linking vitamin D deficiency to several disease states, such as cancer, diabetes, and auto-immune diseases.

**TOXOPLASMA - IgG LEVEL ESTIMATION**  
 (Toxoplasma IgG Level Performed by ELISA Method)

Result	Test Report	Unit	Biological Reference Range Interval
0.230		Index	< 0.70: Negative = 0.75 - 1.30: Equivocal > 1.30: Positive

Negative

**TOXOPLASMA - IgM LEVEL ESTIMATION**  
 (Toxoplasma IgM Level Performed by ELISA Method)

Result	Test Report	Unit	Biological Reference Range Interval
0.760		Index	< 0.80: Negative = 0.81 - 1.20: Equivocal > 1.20: Positive

Negative

**RUBELLA - IgG LEVEL ESTIMATION**  
 (Rubella IgG Level Performed by ELISA Method)

Result	Test Report	Unit	Biological Reference Range Interval
5.400		Index	< 0.70: Negative = 0.71 - 1.30: Equivocal > 1.30: Positive

Positive

**RUBELLA - IgM LEVEL ESTIMATION**

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SCIENTIFIC DIAGNOSTIC CENTRE PVT LT

SCIENTIFIC DIAGNOSTIC CENTRE

HALIMA KHANWALA  
 38 Years  
 Sex: Female

Main Lab Ahmedabad  
 Reg. No. PR17H3223  
 Order Date: 18-Aug-2017 04:14 PM  
 Order Reg. No.: 111-CH37H2223  
 Print Date: 19-Aug-2017 12:24 PM  
 Center Ref No.

**VITAMIN B-12 ESTIMATION**

Result	Test Report	Unit	Biological Reference Range Interval
251		pg/mL	211 - 911

Vitamin B12 estimation is used to detect Vitamin B12 levels in serum. B12 deficiency causes hematological and neurological abnormalities like Macrocytic Anemia, Glossitis, Peripheral Neuropathy, general weakness, CNS disorders, etc.

Blood collected after Vitamin B12 injection or taking Oral Supplements containing Vitamin B12 may interfere with test results. Preservatives such as Fluorides & azo-dyes may interfere with this assay.

ISO  
 Since 1988

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SCIENTIFIC DIAGNOSTIC CENTRE

Handwritten notes: KOTSAH, SR, 5/10/17, M



Ph: 26823521/22/23/24

**GYNAEC SONOGRAPHY**

**UTERUS :**

Position : Anteverted & Normal

Size : 5.07 x 5.61 & 5.66 x 3.84 cm

Echopattern : Normal

Abnormality : None

Cavity : 0.61 cm

Int. os : closed

**OVARIES :**

Right Ovary : / contain multiple small  
and slight tenders

Left Ovary : /

ADENOMYOMATOUS MASS : — none

FLUID IN THE POD. : Absent

**COMMENTS :**

1. Bilateral Polycystic ovaries.

Dr. [Signature]



**Thank You.....**