ABSTRACT
Primary Infertility has drawn the attention of Naturopaths and yoga therapists today. It has become a cause for depression and anguish in many families. The Physical, physiological, emotional and social problems may be many. Nearly 30 problems in woman and 20 in man had been identified so far but these could be classified under a ten to ten deficiencies and physical curable problems. Dysmenorrhea, PCOD, LPD, GSF may be the common gynecological defects in women. But the dietary deficiencies like minerals, vitamins, cholestrolic fats form a major concern in Infertility. Chocolate cysts and Pcods have added gravity to the situation. The present investigation gives a classified table of causes, two case studies, touching almost all the problems, with the success story of delivering babies after a pause of 4 years and 5½ years are presented. Nano-fert a herbal dosage starts with a clear setting of normal cycles in ladies, reducing obesity, improving the Oestrogen and progesterone balance and removing blocks in the tubal parts of the reproductive system. DE-cholopack brings down cholesterol to normal limits to maintain ovum and sperm health and clearing LPD. The prior history with investigations and further follow up in the early trimester period of pregnancy is given top priority by the co-author and investigator.

INTRODUCTION
Infertility primarily refers to the biological inability of a person to contribute to conception. It refers to the state of a woman who is unable to carry a pregnancy to full term. According to Makar RS et al., (2002) there are many biological causes of infertility, including some that
medical intervention can treat. About 40 percent of the issues involved with infertility are due to the man, another 40 percent due to the woman, and 20 percent result from complications with both partners. Infertility may be caused by infection in the man or woman (World Health Organization Reports, 2013).

Dietary habits with multivitamins and minerals help to get enough vital nutrients necessary for maintaining hormonal balance, healthy eggs and sperms towards creating a baby. In women nutritional deficiencies could lead to irregular menstrual cycles, hormonal imbalance, increased risk for miscarriage and poor egg health. In men, nutritional deficiencies could cause hormonal imbalance and low sperm count. Low iron, vitamin B12 and B6 levels associated with anemia stop ovulation. Magnesium deficiency lead to menstrual cramps. Vitamin C could improve hormonal levels and increases fertility in women with luteal phase defect. Zinc helps in the formation, function and quality of male sperm. Vitamin E as antioxidants protect sperm and egg DNA integrity. Multivitamins improve chances of pregnancy.

MATERIALS AND METHODS
A study of 150 couples who reported for voluntary herbal treatment towards pregnancy were analysed for the specific causes for the combined infertility. One special couple chosen for the presentation had all the specified problems and the female member was treated for chocolate cyst and Dysmenorrhea and the male partner was treated for low sperm quality and high cholesterol. The couple responded and cooperated well and were blessed with a female baby. Another case study is presented for two other problems towards successful delivery.

Case presentation: case study 1
Mrs. Mary Leninsha aged 26yrs. as on 18-09-2010 with normal anteverted uterus and endometrium measuring 7.0mm with a history of dysmenorrhea and 16th day rupture of the follicle and an endometriotic cyst measuring 4.0x3.7cm size on 19th july 2011 was declared to have primary infertility on 09-06-2012 with grade 111 ENDOMETROSIS AND A CHOCOLATE CYST IN THE LEFT OVARY. The cyst was noted in the left adnexa measuring 5.5x5.8cm in ultrasound imaging with echogegenicities. The lady was Rh ‘B’ negative. Mr. Anto Jegan, 33yrs. husband on 2-08-2012 had grade D 55 % immotile sperms at 3p.m and alkaline pH 8 and 50 % vitality of the sperms at 12.00 noon sample on 17-06-2013. He reported high cholesterol of 427mg/dl.
Since 17-06-2013 the couple from Kanyakumari District, had been under herbal treatment with Nanofert and De-cholopack from Rajendra Herbal Research centre, Periyakulam. Cholesterol was brought down to 192mg/dl on 1.09-2013. After four years of Infertility, with a successful LMP of 04-09-2013. Mrs. Leninsha conceived with a single viable foetus and delivered the girl baby without anomalies and a foetal weight of 3250g on 28-05-2014.

Case Study 2.
Mrs. Vanitha Rajkumar 35 years married for 5 1/2 years with ‘A’ positive blood and an ovarian cyst & PCOD conceived on 04-09-13 with an expected EDD 11-06-2014. Mr. Rajkumar 38yrs. had high level of Uric acid, cholesterol, traces of sugar in urine, struvite kidney stones and 50% motile sperms. The treatment for kidney stones was stopped, Cholesterol was brought down to 138mg/dl from 280 mg/dl. Mrs. Vanitha delivered a single viable foetus on 14-06-2014 with a foetal weight of 3033g.

RESULTS AND DISCUSSION
Specific female causes noticed in the study group
1. Dysmenorrhea appeared to be the major cause in the study group of 150 females.
2. Another cause of infertility in women was found to be PCOD known as polycystic ovarian disease with partially developed follicles in the ovary.
3. In some females, Luteal phase disorder (LPD), due to low levels of progesterone.
4. Endometriosis had caused infertility due to the thickness.
5. Gestational sac formation (GSF) was much delayed in certain cases.
6. Obesity/ overweight due to hypothyroidism had been a telling cause for infertility.
7. High Cholesterol had also played a significant role in fertility
8. Infantile uterus decides the ability to hold the embryo for 9 months and 10 days.
9. Chocolate cyst and haemorrhagic cysts had prevented or delayed the normal cycle.
10. Problems with fertilization due to structural problems in the Fallopian tube or uterus.
   Infertility may be caused by blockage of the Fallopian tube due to malformations or infections such as *chlamydia* or scar tissue. (Table.1)

Specific male causes
1. High Uric acid levels had been a major problem in Male infertility in the study group.
2. Low magnesium and Zinc level had been another cause.
3. High Cholesterol level was reported as a significant role.
4. Fasting Blood sugar was another prominent problem noted.
5. The main cause of male infertility was poor quality semen, like low pH, low viscosity, low sperm count due to endocrine problems, drugs, radiation, or infection.
6. Obesity due to over eating or thyroid malfunction had been noted in few cases.
7. Drugs taken for Kidney stones and other kidney diseases had also been a cause.

**Combined or unexplained infertility may be due to immunological or genetic factors.**

Possible problems could be that the egg is not released at the optimum time for fertilization, due to Endometriosis. (Lessy, B A., 2000) The third phase of a woman’s menstrual cycle called the Luteal Phase, the time between ovulation and start of a woman’s period mostly decided successful pregnancy. It is during this important time that fertilization and implantation occurs. A luteal phase less than 12 days could give the uterus sufficient time to establish a nourishing lining for a growing fetus. A short menstrual cycle and low progesterone had been the causes for LPD. Few symptoms observed during luteal phase were low back pain, bleeding and loose stools. Estrogen is the hormone which thickens the uterine lining in preparation for implantation and progesterone “ripen” the uterus preparing for implantation. Very Low Cholesterol Levels had been a cause of LPD leading to no production of progesterone. **Summary** The present study Proves the efficiency of Nano-fert and De-Cholopack in managing certain problems faced by Primary infertile couple. Chocolate cysts posing a threat to many infertile women aspiring to conceive could be overcome by successful supplementary support of the Herbal decoction and the cholopack pickle. Age-related factors and advanced maternal age had not posed a threat to infertility. This study will be of great help to many married couple facing 1-20 problems listed.

**TABLE 1: Study of Primary Infertility problems**

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<th>Infertility problems in 150 Couples</th>
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<tr>
<td>female problems</td>
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<tr>
<td>Dysmenorrhea</td>
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<td>PCOD</td>
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<td>LPD</td>
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<td>Cholesterol</td>
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<td>Uterus Size</td>
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<th>Female Problems</th>
<th>Male problems</th>
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Fig. 1. Causes for Infertility – Male problems

REFERENCES