

गभुरु न भुणे
समस्या समाज्ञिण



UNDERSTANDING
FERTILITY PROBLEMS

www.pangi.in



गभुरु न भुणे समस्या समझिण
UNDERSTANDING FERTILITY PROBLEMS

By
Pangiteam

ARTICLE WRITTEN BY:-

Dr. Sheila Varhgese

TRANSLATED BY:-

Mrs. Babita Kumari, Chowki.

Dr. Rosy Dhanunjay, Killar.

DESIGNED BY:-

Dhanunjay

This booklet “*Understanding Fertility Problems*” is copyrighted under creative commons. This book can be reproduced for the contribution and development of the Pangi tribe. No portion of this book may be reproduced in any form for commercial use, without written permission of the Compilers.

**FOR FURTHER SUGGESTIONS, CONTRIBUTIONS AND INVOLVEMENT
IN DEVELOPMENT OF PANGWALI LANGUAGE,
PLEASE CONTACT**

Mahatam Mobile No. 9418431531

Hari Ram Mobile No. 9418429574

Binaya Mobile No. 9418721336

Devi singh Mobile No. 9418411199

Dhanunjay Mobile No.: 9418411599

Parmas village, Killar Post, Pangi, Chamba district. 176323.

Mail to: info@pangi.in

Would you like to read this book in your computer? Or you want to share this book to your friends and relatives, who are out of valley? For an electronic copy (pdf downloadable file) please visit our website www.pangi.in or mail to info@pangi.in

UNDERSTANDING FERTILITY PROBLEMS

If you and your spouse have been trying to have a baby but have been unable to, you are not alone. There are many factors involved in the causes for infertility but with advancing medicine and discoveries much can be done if the reasons are discovered early.

Firstly there is a major misconception in thinking that the women is the cause for not having babies.....and often the wife is sent to the doctor for investigations thinking this is enough. It is interesting to know that almost half the causes are found in the man and it is important to involve the husband in the investigations right from the beginning. It is no use leaving your wife and marrying another one and then finding out that she too is unable to have babies. The reason could have been the husband. Especially with TB being rampant in Himachal Pradesh male infertility is more common here.

When should you see a doctor?

Since fertility declines with age, a fertility evaluation is recommended for couples over 30 who have not conceived. Couples under 30 should seek medical advice if they haven't conceived after one year of unprotected intercourse.

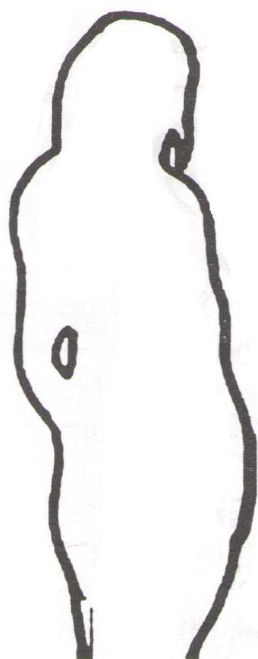
REASONS FOR FERTILITY PROBLEMS

There are many reasons why a couple may have difficulty getting pregnant.

Female factors 40%

Common problems among women are:

- ⇒ Irregular release of eggs.
- ⇒ Due to hormone imbalances.
- ⇒ Scar tissue around the womb and ovaries.
- ⇒ Abdominal tuberculosis (since the incidence of TB is high in Himachal Pradesh).
- ⇒ Hostile cervical mucus which does not allow the sperm to enter the uterus.



It is no use leaving your wife and marrying another one and then finding out that she too is unable to have babies. The reason could have been the husband. Especially with TB being rampant in Himachal Pradesh male infertility is more common here.

गभुरु न भुणे समस्या समझिण

अगर तुस त तुं धणि गभुरु जमाणू चहांते पर नेइ भो त तउ तुस अकेले नेइ। गभुरु न भुणे सुआ करण असे। अचेलि छनबीन त ईलाजे तरकी सुआ भोइ गओ असी। अस बझहइ जोइ हर किछ कइ सकते।, अगर गभुरु न भुणे तस कारणे झट पता लग घयाल त।

पहले त अ यक गलत बोक भो, कि, गभुरु न भुणे बझहा सिर्फ जिल्हणु भो। तउ त बिचारी जुएली डाक्टर केई लघांते। पर सोचणे बडी बोक इ असी कि कम से कम 50% मइद जिम्मेदार भुन्ता, पर इ बी जरूरी असु कि धणि बी अपु जांच करण जरूरी असी। दोका बियाह करण असे हल न भो। अगर तुस इ कते, भोइ सकतू कि दोकि जुएली बी गभुरु न भोल त कमि धणि अन्तर भोल। पेठ अन्तर टी.बी. बिमारी बेलि गभुरु न भुणे बझहा मइद बी असे।

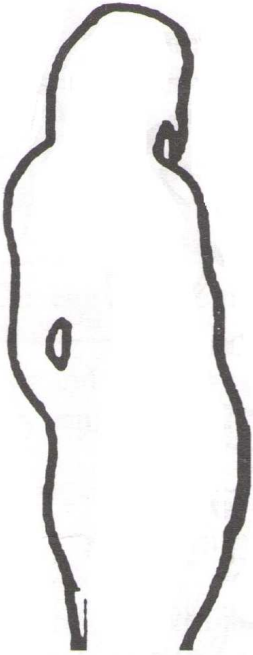
तुसी डाक्टरे सलाहे जरूरत कपल असी?

उमि हिसाब जोइ गभुरु जमाइणे शक्ति बी घटि घेन्ती, असे मतलब असा कि 30 साले उम्र केआ खडि अपु जोडि (मतलब धणि, जुएली) के जाँच करणी जरूरी असी। जन्हि 30 साले उम्र केआ खड लगभग 1 साल सम्भोग करण केआ पता बी गभुरु न भुन्तू त डाक्टर हरालणू जरूरी असु।

गभुरु न जमणे करण

गभुरु न भुणे सुआ करण असे।

जिल्हणु करण 40%:-



जिल्हणु अन्तर खास कारण :

- ⇒ अण्डे सुसर न बणते
- ⇒ हॉर्मोन घट-बध भुन्ते
- ⇒ खशोरिए चमड़ी (Scar tissue) फटो चमड़ी बच्चेदनि त अण्डादनि चोहरो कना भुन्ती।
- ⇒ पेठ अन्तर टी.बी.(हिमाचल प्रदेश अन्तर सुआ टी.बी. बिमारी असी)
- ⇒ सुआ लिगि (cervical mucous) श्लेष (पुआँणी) सुसर न भुन्तू तसे बझहइ जोइ मइदे बीज बच्चेदनि अन्तर तकर न घेन्तू।
- ⇒ बजहइ जोइ मइदे बीज बच्चेदनि अन्तर तकर न घेन्तू।

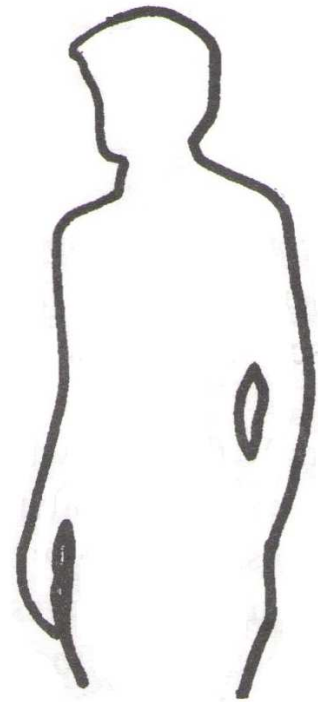
पेठ अन्तर टी.बी.बिमारी बोलि बि गभुरु न भुणे करण असी।

Male factors 40%

- ⇒ Sperms not active enough to swim up the cervix into the uterus and tubes
- ⇒ Low sperm count
- ⇒ Blocked ducts due to T.B. (or other) infection in the male
- ⇒ Enlarged veins in the scrotum

Combined factors 20%

For some couples, a minor problem in each partner when combined is enough to impair fertility. For example, if a woman ovulates infrequently and a man has a slightly deficient sperm counts, their combined chances of conception are significantly reduced. Determining a women's fertility pattern and changing sexual technique to ensure that sperm are released near the opening of the uterus are two possible solutions.



THE 4 FERTILITY QUESTIONS:



1. *Is there an egg?*

A woman's eggs need to be released regularly. Hormone therapy may help an ovulation problem.

2. *Are there enough sperm?*

A man must produce enough active sperm. Hormone therapy or surgery can treat some sperm problems.



3. *Can egg and sperm meet?*

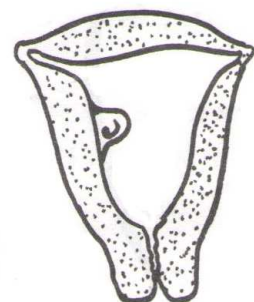
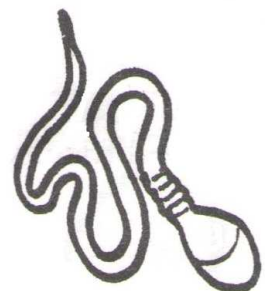
The egg and sperm must be able to meet.

Surgery can often treat a blockage in either partner.

4. *Can implantation occur?*

A fertilized egg must implant in the uterus.

Hormone therapy may help implantation problems.



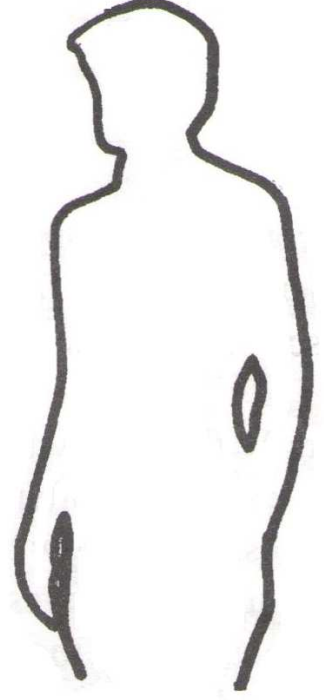
In fertility problems, male factors are 40%, women factors are 40% and combined factors 20%

मइद (कारण) 40%:-

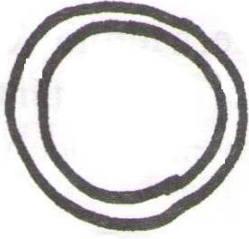
- ⇒ मइदे बीज पूरी तागत न भुन्ती त से बच्चेदनि मुहँ या बच्चेदनि अन्तर तकर न पुजतू।
- ⇒ मइदे बीज गिणती अन्तर सुआ घट भुण।
- ⇒ टी.बी. त होर बिमारी बझाइ जोइ अण्डश्य नड़ी बन्न भुण।
- ⇒ मइदे अण्डश्य खूने नड़ी बोड़ी भोइ घेण।

मिओजुड़ो कारण 20%:-

किछ जोड़ि केआ दुहि अन्तर थोडि परीशनि दुर करणे बेलि गभुरु भुणे उमीद भोइ सकती। मने अगर जिल्हणु अण्डा सुसर न भोल (जन्हि जिल्हणु मेल लकड़ सुसर न ऐन्तू), पर मइदे बीज बी घट असे त दुहि मिइ कइ गभुरु भुण मुश्किल असु। जिल्हणु अण्डा निसणे टेम पता करण त सम्भोग करणे तरीका बदल कइ मइदे बीज बच्चेदनि तकर पुजाण तउ अस सम्सयाइ हल भोइ सकता।



4- प्रश्न:-

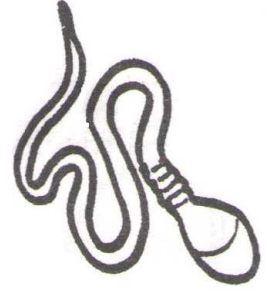


1. अण्डा बणण लगो असा न?

जिल्हणु अण्डा सुसर बणो लोता। हॉर्मोने ईलाज बेलि अण्डा सुसर बणण जे मदत मेती।

2. मइदे बीज रजि असु न?

मइद अन्तर मइदे बीज तेज चलणे बाडू लोतू। हॉर्मोन ईलाज त ऑप्रेसन करणे बेलि ठीक भुणे सुआ उम्मीद असी।

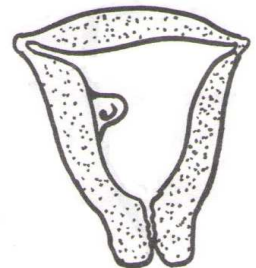


3. मइदे बीज त जिल्हणु अण्डा मीते न?

मइदे बीज त जिल्हणु अण्डा मिअण जरूरी भुन्ते। दुहि अन्तर जे रुकवट असी ऑप्रेसने बेलि तस दुर कइ सकते।

4. फल देणे बाड़ा अण्डा टगता न टगता (IMPLANTATION)?

यक फल देणे बाड़ा(निशेचन-मइदे बीज जोइ मिओ) अण्डा बच्चेदनि अन्तर टगो लोता। हॉर्मोन ईलाज करणे बेलि अण्डा टग सकता।



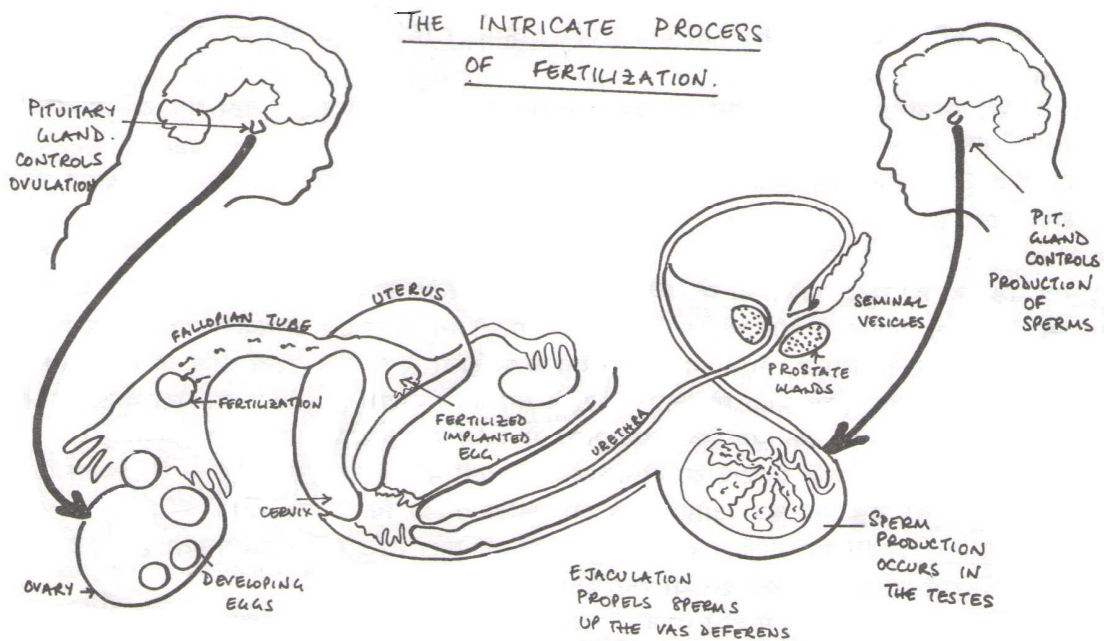
गभुरु न जमणे, जिल्हणु करण 40%, मइद (कारण) 40%, मिओजुड़ो कारण 20%

THE INTRICATE PROCESS OF FERTILIZATION:

Fertilization occurs when an egg and a sperm meet in a carefully timed, intricate process. In the women, an egg is released once in each cycle of approximately 28 days. In the man, sperm are continually produced in 90 day cycles. At ejaculation, up to 500 million sperm are released and must swim through the vagina, cervix, and uterus to meet the egg in the fallopian tube within hours of ovulation. The process is so intricate that even the most fertile couple has only a one in four chance of conceiving each month.

Hormones in the female are released from the pituitary and ovaries throughout the month. They control ovulation and also prepare the cervix and uterus for conception.

Ovulation occurs once a month at mid-cycle. Eggs begin to mature in each ovary which produces increasing amounts of estrogen. This prepares the cervix and cervical mucus for the passage of sperm. After ovulation, another hormone (Progesterone) is produced which elevates body temperature.



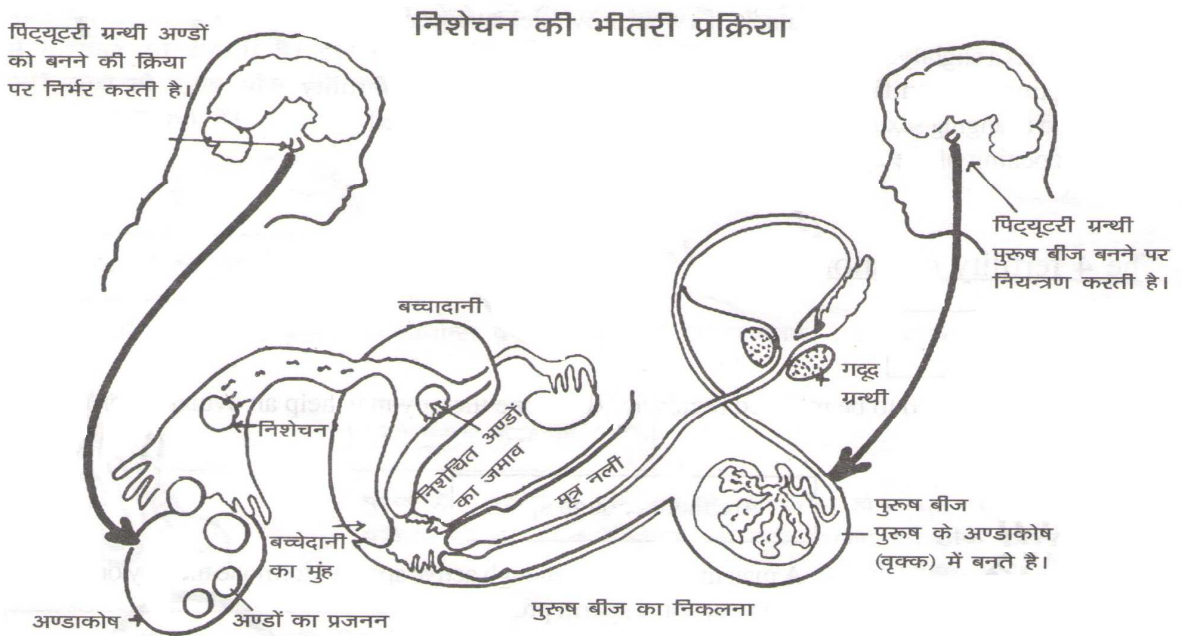
Small finger like fimbria pick up the egg from the surface of the ovary. Fertilization occurs when one of hundreds of sperm penetrates the egg in the fallopian tube. The fertilized egg lives up to 72 hours.

Hormones in the male are released from the pituitary and the testes. They stimulate the production of sperm. Sperm production occurs inside the testis. Young sperm continually move through the small ducts behind each testis maturing for 12 days. If mature sperm are not ejaculated within a month, they deteriorate. The vas (big duct) carries sperm from the testis to be stored. Glands add fluids to the sperm to form semen. Ejaculation propels semen through the urethra to the vagina.

Fertilization occurs when an egg and a sperm meet in a carefully timed, intricate process. In the women, an egg is released once in each cycle of approximately 28 days. In the man, sperm are continually produced in 90 day cycles.

अण्डा त मड़दे बीज मिअणे ओखि क्रिया:-

गभरवाल भुण जे जिल्हणु यक अण्डा त मड़दे यक बीज सुसर टेम पुठ मीओ लोते। जिल्हणु के 28 रोजे मेल लकड़े चक्र अन्तर यक अण्डा निसता। मड़द अन्तर बीज 90 रोजे चक्र अन्तर लगातर बणते। सम्भोगे टेम जपल वीर्य निसता, 5000 लाख मड़दे बीज निसते। से योनि त बच्चेदनि बड़ नड़ी अन्तर अण्डे जोड़ मीते, अ कम अण्डा निसणे थोड़े टेम अन्तर भो लोतू। अ टेम अत्त खास भुन्ता, कि सुसर मड़द त जिल्हणु केइ बी यक महेन अन्तर चोउर बुचा यक मौका भुन्ता जस अन्तर कि गभुर टगत्। जिल्हणु के अन्तर हॉर्मोन पिट्यूटरी ग्रंथि त अण्डेदनि अन्तरा पुरे महेन निसते रहतें। हॉर्मोन अण्डा बणाण जे मदत कता, गभुरु टगण जे बच्चेदनि मुँह त बच्चदनि बी तियार कता।



जिल्हणु अण्डा महेने बच यके लिगि निसता, अण्डा बोड़ीणे टेम इस्ट्रोजन हॉर्मोन सुआ बणता। अ मड़दे बीज ऐण जे बच्चेदनि मुँह त श्लेष(पुआँणी) तियार कते। अण्डा बणाण केआ पता दोका हॉर्मोन (प्रोजेस्ट्रोन) निसता, जे शरीर गरम कइ छता। मठुइ अगुलू इ यक अंग भुन्ता जे अण्डे टड़ कइ अण्डेदनि केआ नड़ि अन्तर अड़ते, तउ फिर निशेचन(जिल्हणु अण्डा त मड़दे बीज मितू) भुन्ता। अगर केहि सौ बुचा मड़दे यक बीज नड़ी बड़ अण्डे अन्तर मिइ घेन्तू, तउ निशेचन भुन्ता। नड़ी अन्तर निशेचित अण्डा 72 घण्टे तक बिशता।

मड़द अन्तर हॉर्मोन पिट्यूटरी ग्रंथि त अण्डशय अन्तरा निसते। से अण्डशय अन्तरा मड़दे बीज बणाण जे मदत कते। मड़दे बीज अण्डशय अन्तर बणते रहतें। यक बीज अण्डशय अन्तर 12 रोज तक बोड़ी घेन्तू। अगर बोडिय मड़दे बीज यक महेन अन्तर शरीर केआ बहरी न निसएल त से मर घेन्तू। मड़दे बीज अण्डेदनि केआ बहरी ऐन्तू त बोड़ी नड़ी अन्तर कटठे भुन्तू। किछ ग्रंथि अपु पुआँणी मड़दे बीज जोड़ मीयाती तउ वीर्य बणता। मड़दे वीर्य निस कइ मुत्रशय बड़ योनि अन्तर घेन्ते। मड़दे बीज 48 घण्टे तक अण्डे जोड़ मिअण जे तैर सकते।

THE FEMALE EVALUATION:

Your doctor will begin your evaluation by taking a medical, menstrual and sexual history. A physical and pelvic examination will be performed to look for any evident problems. You may have an ultrasound examination which enables your doctor to see the normal uterine and ovarian structures and see if there are any eggs visible at the start of your treatment.

You will need to get blood and urine tests and x-rays done. On your second or third visit you need to have a special x-ray of your uterus called a **hysterosalpingogram** in which a dye will be injected into the uterus and an x-ray taken soon after. This is usually done soon after your periods finish, so please be sure to go to hospital after the last day of menses. Doctor usually do not use painkillers as it involves only some 'stretching' and 'pressure' feelings. If you are relaxed during this procedure then it is not too uncomfortable. It helps to know if the shape of the uterus is normal and if the tubes are open.

A small procedure called a D&C may be done for a biopsy which confirms the response of the endometrium to hormones and also to test for tuberculosis if any. The report of this biopsy is usually available after 3 weeks. Another procedure performed under anesthesia called "laparoscopy" may be performed for the doctor to look directly into the internal reproductive organs to reveal any scar tissue or overgrowth of uterine tissues (endometriosis).

MEDICAL TREATMENT OF THE FEMALE:

Once a diagnosis has been reached, your treatment program may include changing sexual timing hormone therapy or in some cases surgery.

- ◆ If you are ovulating regularly and have no anatomical problem you and your husband may simply need to pay special attention to the timing of your intercourse. Your doctor will explain to you the "fertile period".
- ◆ For women who are not releasing eggs regularly or at all, hormone therapy may be used to induce ovulation. Clomiphene is a medication that indirectly stimulates the ovary to release an egg. The majority of women treated with Clomiphene begin to ovulate regularly. Vaginal ultrasounds may be done 3-4 times during one cycle for your doctor to be able to see how your ovary is responding to these drugs.
- ◆ Some women produce cervical mucus that prevents sperm from passing into the uterus to meet the egg. Cervical mucus changes throughout the month in response to oestrogen. Just before ovulation it becomes liquid and has a stringy consistency. If cervical mucus is too thick it can act as a barrier to the sperm. The mucus is then considered 'hostile' to sperms and may contribute to a fertility problem. Oestrogen therapy during the first half of your cycle may be used to help regulate the quality of cervical mucus.

SURGICAL TREATMENT OF THE FEMALE:

If the special x-ray or laparoscopy reveals blocked tubes they may be able to be treated surgically. This is a major surgery performed in hospital under anesthesia.

THE MALE EVALUATION:

The husband too needs a physical examination followed by some tests. Semen analysis will be performed to evaluate the quantity and quality of sperm. A medical history includes questions about childhood illness, diabetes, mumps, previous injury or surgery of the genitalia. Sperm production may also be impaired by stress, exposure to toxic chemicals, general poor health, and the use of drugs, alcohol, tight underclothing or long-term medication. Smoking also affects sperm-count. Sexual history includes about frequency and timing of intercourse and whether ejaculation occurs. A physical examination may reveal varicocele or undescended testicle. Hair and fat distribution and the consistency of the testes may also indicate a hormone imbalance. Undescended testes usually need to be corrected before the age of 2 years. Surgical correction of varicocele may improve the sperm quality to fertile levels.

The husband too needs a physical examination followed by some tests.

जिल्हणु टेस्ट/जाँच :-

डाक्टर तुं ईलाज तुं मेहने मेल लकड़े जानकरी, मेडिकल जानकरी, त सम्भोगे जानकरी पुछ कइ कता। तुं शरीरे त पेलव्हीक(अन्तरी) टेस्ट बी कता। तुं अल्ट्रासाउंड टेस्ट बी कते जसे बेलि तुं बच्चेदनि अंगी के पता लगता। तुं अण्डदनि अन्तर अण्डा बणण लगो असा या नेइ असे बेलि सोब पता लग घेन्ता। तुं खुने, मुटे टेस्ट त ऐक्सीरे बी भुन्ते। मेल लकड़ केआ पता यक या दोके रोज तुं बच्चेदनि खास ऐक्सीरे, हीस्ट्रोग्राम (hystrogram) कते। ऐक्सीरे करणे टेम तुन्धे कोइ दवा न देन्ते। किस कि अस अन्तर सिर्फ जोर त चिकणे इ महसूस भुन्तू। अगर तुस अपु माँस ढला रखती तउ तुसी जयदी तकलीफ न भुन्ती। एथ अन्तर असी तुं बच्चेदनि अकार त नड़ी खुली असी या नेइ पता लगता। यक मठइ इ डी.एन.सी.ऑप्रेसन कते, बायओपसी(biopsy) पता करण जे। बच्चेदनि अन्तर की-की बिमारी असी, टी.बी. बिमारी बी पता लगता। बायओपसी टेस्टे पता करण जे 3 हफते लगते। होर यक मठइ इ ऑप्रेसन बिहोश कर कइ कते जसे जे लेप्रॉस्कोपी(laparoscopy) बोते। जसे बेलि डाक्टर सधे तुं बच्चेदनि त अण्डादनि हेरि सकता। अन्तर कोइ नशाण, गण्ण या कोइ बीमारी त नेइ।

जिल्हणु ईलाज:- यक लिंगि पता लग घियाल कि तकलीफ असी। तउ ईलाज भोइ सकता। जी सम्भोग अन्तर बदलाव, हॉर्मोने ईलाज या ऑप्रेसन करणे बेलि ठीक भोइ सकते।

अगर तुसी अन्तर अण्डा सुसर बणण लगो असा, होर कोइ तकलीफ नेइ तउ तुसी त तुं धणि सम्भोगे टेमे कना ध्यान देण। तुं डाक्टर तुसी जे गभुरु भुणे टेम तुका लइ कइ बोते।

कसे जिल्हणु अन्तर अण्डा सुसर बणण नेइ लगो, या फिर बणणे नेइ लगो तउ हॉर्मोने ईलाज कते। क्लोमीफिन दवई (clomiphene) अण्डा बणाणे मदत कति। सुआ जिल्हणु अन्तर अ दवा अण्डा बणाण शुरु कइ छती। मेहने मेल लकड़ अन्तर 3-4 लिंगि अल्ट्रासाउंड कते तउ पता लगता कि दवई बेलि कि असर भुण लगो असा।

जिल्हणु के बच्चेदनि मुहँ केआ श्लेष (पुआँणी) निसता। केहि जिल्हणु के श्लेष मइदे बीज बच्चेदनि अन्तर अण्डे जोइ मिअण केआ रोकते। अ श्लेष (पुआँणी) पूरे मेहने एस्ट्रोजन बेलि बदलीते घेन्ते। अण्डा निसण केआ पहले अ पणि इ त चिपचिपू भुन्तू। अ घणू भुन्तू त मइदे बीज रोकि छतू। अ श्लेष मइदे बीज रोकण जे दुश्मणे इ कम कता। तउ गभुरु भुणे जे सुआ मुशिकल भोइ घेती। एस्ट्रोजने ईलाजे बेलि श्लेष(पुआँणी) सुसर भोइ घेन्ते, तउ गभुरु भुणे सुआ उम्मीद भोइ घेन्ती।

ऑप्रेसन बेलि ईलाज :- अगर ऐक्सीरे या लेप्रॉस्कोपी बेलि पता लगयाल कि अन्तर नड़ी बन्न असी, तउ डाक्टर ऑप्रेसने बेलि ठीक कता। अ यक बोडा ऑप्रेसन भो जे बिहोश कर कइ कते।

मइदे परिक्षण :- शरीर हेरण केआ पता मइदे होरे बी सुआ टेस्ट करण जरुरी असे। वीर्य टेस्ट भुन्ता, अस अन्तर मइदे बीजि के पता लगता कत असे।

किछ प्रश्न असे :- मठिड़यार भुणे बडी बिमारी, शुगर, अण्डशय अन्तर गलगंड रोग, कोइ लगो (चोट) भोल या ऑप्रेसन भो भोल।

मइदे बीज बणण इन्ही पुठ भुन्तू :- मने परीशानी, जेहरे चीज, बिमार शरीर, नशे दवइ, अराख पीणे त अन्तरि बइ सख्त झणे लाणे बेलि(कच्छा या लगोट) सुआ टेम केआ खाँण लगो दवई के, त सरगट पीण बेलि बी मइदे बीज घट बणते।

जिल्हणु त मइदे सम्भोगे पूरा पता करण :- सम्भोगे यक हफते अन्तर कत लिंगि कते त सम्भोगे करण पेत वीर्य झणण लगो असा न। अन्के बारे डाक्टर पुछताछ कता। शरीरे टेस्ट करण केआ सुआ पता लगता - अण्डशय अन्तर शोजिस भो असी न, अण्डशय पूरी बुन्न असी न। बाइ त मंझ असी या अण्डशय अकार ठीक न भोल तउ हॉर्मोन घट-बध भोइ घेन्ते। अण्डशय पूरी बुन्न नेइ आओ तन्के डाक्टर ईलाज कता। मठिड़यारे टेम 2 साले उम्र केआ पहले ईलाज करण जरुरी असा। अण्डशय अन्तर शोजिस भुणे बझाइ जोइ मइदे बीज बणण अन्तर फर्क पड़ता।

MALE TESTS:

A basic semen analysis includes a microscopic evaluation of the number, motility, and the shape of sperms. Semen collection is either at home or at the lab. You will be provided with a dry and sterile container. Because the first portion of the ejaculate contains the highest concentration of sperm, be sure to collect the entire ejaculate. Collect the semen after a three-day abstinence to ensure a typical sample. Keep the container close to your body and deliver the specimen to the lab within half an hour. Sperm count can be done under a microscope. A count below 20 million per cc is often considered too low for fertilization. Sperm motility describes the sperm's ability to swim purposefully in a straight line. At least 60% motility is needed for fertilization. Normally shaped sperm have an oval head and a long tail. At least 60% of sperm should be normal for successful fertilization.

Other sperm tests:

Cervical mucus penetration test: In the lab semen and cervical mucus are put on a glass slide and the distance traveled by the 'lead' sperm is measured.

Anti-sperm antibody: Testing analyzes whether the sperm are rejected by the female or inactivated by the male, because of the antibodies they may produce against the sperm.

Testicular biopsy: A testicular biopsy may be performed to allow your doctor to evaluate the tissue where sperm production occurs. A small incision is made in the testicle, and a sample of tissue is taken and examined under a microscope. This brief procedure is performed under anaesthesia.

TREATMENT OF MALE FERTILITY PROBLEMS:

Once the diagnosis of a male fertility problem is made, a treatment programme can begin. Unfortunately you may have to go to Delhi or Shimla for most of the treatment. Treatment may include sexual technique, hormone therapy, lowering the scrotal temperature or in some cases surgery.

Normal Sperm Count: If your sperm counts are normal and show plenty of well-shaped motile sperms, you may simply need to pay special attention to the technique of your intercourse. Your doctor can explain to you how to help your partner chart her peak fertility and how to modify sexual technique to ensure that sperm is deposited well up in the vagina near the cervix. (Some herbal or ayurvedic medicines seem to work for some men and any help for this is encouraged)

Abnormal Sperm Count: For fertile sperm production to occur, FSH and LH must be produced in adequate amounts. If a specific hormone imbalance can be identified, your doctor may prescribe hormone therapy (a series of injection over a long period of time) to encourage sperm production. Elevated temperature within the scrotum can also affect the quality of sperm production. To cool the scrotum your doctor may recommend that you wear boxer shorts, avoid hot baths, take tepid showers or wear water cooled athletic supporter.

Varicocele: Fortunately, One of the most common male fertility problems is also the most treatable. For men with a varicocele, sperm counts may be low and poor motility. Surgery, the only treatment for a varicocele, results in increased sperm counts and motility in 70-80% of men treated (fertility then rises 50%). An incision is made in the lower left abdomen and the enlarged vein closed off. (Rarely does a varicocele occur on both sides, requiring a double repair.) Circulation through the testicle is not impaired. Sperm counts may rise as soon as three months after surgery, but the maximum increase in sperm production may take 6-18 months. It is a short surgery needing anesthesia.

मड़दे जांच/टेस्ट :-

मड़दे बीज टेस्ट करण, कत असे? की हंठते, की अकार असा तहणि पता लगता। वीर्य गी या प्रयोगशाला अन्तर कटठा कइ सकते। तुन्धे यक साफ त शुक् डब्बुडू देन्ते। तुसी 3 रोज सम्भोग न करण। तउ तुसी पुरा वीर्य जे यक लिंगि निसता कटठा डब्बुडू अन्तर करण। डब्बुडू अपु जिस्म जोड़ सते रखे त प्रयोगशाला आधे घण्टे अन्तर पुजो लोतू। मड़दे बीज जिन्तू, फुरती बड़ त कम कतू रिहो लोतू।

मड़दे बीज सुक्ष्मदर्शी बड़ हेरते। मड़दे बीज 2 सौ लाख केंआ घट भोल त गभुरु भुणे उम्मीद सुआ घट असी। मड़दे बीज हंठणे तागत लोति तउ सुसर तैरते। 60% बीज हंठणे तागत भुन्ती तउ गभुरु भोड़ सकते। मड़दे बीजे मगरी बटेइ त लम्मी पुछडी भुन्ती। गभुरु भुण जे 60% मड़दे बीज सुसर लोते।

सरव्हाइकल म्युकस पेनेनट्रेशन टेस्ट :- लैब अन्तर मड़दे बीज त जिल्हणु श्लेष यक शिशे स्लाईड पुठ रखते, फिर मड़दे बीजे हंठो दूरी नपते।

एन्टी बॉडी एन्टी स्पर्म टेस्ट :- अस टेस्टे बेलि पता लगता कि मड़दे बीज जिल्हणु श्लेषे बेलि मुखते या अपणे आप। कसे-कसे जिल्हणु अन्तर यक कोशिका बणती जे मड़दे बीज जोड़ दुश्मणे इ विरोध कती।

अण्डशय बायोपसी :- अण्डशय अन्तर यक चीरा देन्ते। फिर यक मठुडू इ टुकडू भी किढ कइ सुक्ष्मदर्शी बड़ टेस्ट कते। अ मठड इ ऑप्रेसन बिहोश कर कइ कते। असे बेलि तेस जगाइ पता लगता जठि मड़दे बीज बणते।

मड़दे ईलाज :-

बिमारी पता लगण केआ बाद, ईलाज शुरु कइ सकते। तुसी ईलाज करण जे शिमले या दिल्ली घेण ऐन्तू। ईलाज सुआ असा, सम्भोगे विधि, हॉर्मोन ईलाज, अण्डशय गर्मी कम करिण या ऑप्रेसन।

मड़दे बीज गिणती अन्तर सुसर :- अगर मड़दे बीज गिणती अन्तर सुसर असे त सुसर कम करण लगे असे तउ तुसी अपु सम्भोग पुठ ध्यान देण। तुं डाक्टर तुसी जे बोता कि गभुरु टगणे टेम कपल भुन्ता, की सुआ मड़दे बीज बच्चेदनि तकर पुजते। किछ आयुर्वेदिक दवइ बी कम कइ सकती तउ तुस अन्ही बी खांइ सकते।

मड़दे बीज गिणती अन्तर सुसर न भुण :-खरे मड़दे बीज बणण जे एफ.एस.एच त एल.एच हॉर्मोन बराबर बणो लोते। अगर कसे हॉर्मोने कमी भुन्ती तउ डाक्टर तुं हॉर्मोने ईलाज शुरु कइ सकता त मड़दे बीज बध घेन्तू। अण्डशय अन्तर सुआ गर्मी भुणे बेलि बी मड़दे बीज बणण अन्तर असर पड़ता। अण्डशय ठन्ना करण जे बॉक्सर जांघीया लाण त ठन्ने पणि बड़ सनहूड़ करणे सलाह देन्ता।

अण्डशय अन्तर शोजा (varicocoele) :- मड़दी के सुआ भुणे बड़ी इन्ही बिमारी के ईलाज बी बढ़िया केआ बढ़िया असा। अस बीमारी बझाइ जोड़ मड़दे बीजे नम्बर (गिणती) घट भुन्ते त कम बी सुसर न कते। अस बीमारी ऑप्रेसन भुन्ता। जसे बेलि 70-80% मड़दि अन्तर मड़दे बीज नम्बर(गिणती) त तागत बध घेन्ती। होर 50% तकर गभुरु भुणे उम्मीद भुन्ती। यक चीरा पेटे बउए कना लांते बोडिए खूने नडी बन्न कइ छतें। असे बेलि खून चलण पुठ कोइ असर न भुन्ता। ऑप्रेसन पुरा बिहोश कर कइ कते। 3 महेन अन्तर मड़दे बीज बधण लग घेन्ते। पर सुआ बीज बधण जे 6 केंआ 18 महेने लगते।

Vasectomy Reversal: Though a vasectomy is a permanent method of birth control it is now possible to reverse the vasectomy. The procedure is performed under anaesthesia and is called as vasovasostomy. In this surgery the ends of the vas deferens are reconnected. Fertility following vasovasostomy takes time. The sooner the reversal (after the vasectomy) the better the chances of returning to normal sperm count. Nine out of ten men undergoing successful surgery within 10 years of vasectomy return to fertile range of sperm production.

Ductal Obstruction: A ductal obstruction may be present when a testicular biopsy shows that you are producing numerous healthy sperm, but your semen analysis shows no sperm at all. An obstruction prevents sperm from being released and can occur in the epididymis, vas deferens or ejaculatory duct. Infection such as gonorrhoea can cause swelling and scarring in the epididymis. Obstructions can also be caused by congenital abnormalities and scar tissue from prior surgery. Chances of raising sperm counts are uncertain. This is a major surgery under general or local anaesthesia.

OTHER OPTIONS:

In some cases, a fertility problem simply cannot be treated. A couple may then consider some of these procedures.

Artificial insemination (AID):

Increasingly, couples are turning to artificial insemination when the woman is fertile and the man has a low or zero sperm count. In AID a doctor uses semen from a donor to fertilize an egg.

In Vitro Fertilization (IVF):

In Vitro fertilization, meaning literally, “fertilization in glass”, allows the egg to meet the sperm outside the women’s body and be introduced into the uterus.

Under the guidance of the laparoscope, the doctor transfers mature eggs from an ovary to a special culture medium in a glass dish. The husband provides the semen, which is added to the culture dish, and a single sperm penetrates the egg. The fertilized egg is then carefully inserted into the women’s uterus. If the fertilized egg does not implant on the uterine wall, the procedure may be repeated.

A Personal Choice

For some couples the emotional stress of trying to treat a fertility problem becomes too much of a strain on their daily lives and their relationship as a couple. Some couples decide to adopt a child and this is a good decision even if it is not so much accepted culturally in the Pangri Valley. There are many abandoned children and in providing a home and loving care for such a child you will be blessed beyond your imagination. Others may choose to remain childless..... And this too may be good for you. Perhaps God will provide you with a fulfilling vocation which is quite different from parenthood.

The Good News – Pregnancy! Understandably, during the tests and OPD visits needed for a complete evaluation, you may feel frustrated or lose hope. But for nine out ten couples with a fertility problem, a diagnosis can be reached. After a full treatment, many of these couples can look forward to hearing the good news that they are finally pregnant.....pregnancy is the beginning..... of a different lifestyle and a blessing with many responsibilities. May God give you wisdom for parenthood.

मइदे नसबन्दी दुबारी खोली :- नसबन्दी यक पक्का ईलाज भो गभुरु बन्न भुणे पर अब अस बि खोल सकते। अस बी बिहोश कर कइ कते जस जे व्हेसोप्लास्टी बोते। एस अन्तर कटो नडी दुहे कनारा जोड़ते। पर गभुरु भुण थोडा टेम लगता। नसबन्दी केंआ पता कत झट ऑप्रेसन खोलण, तत झठ खरा रजलट (परिणाम) ऐन्ता। 10 केंआ 9 मइद नसबन्दी ऑप्रेसन खोलण केंआ पता गभुरु भोइ घेन्तू।

नडी बन्न भुण :- केहि लिंगि मइदे बीज अण्डेदनि अन्तर सुसर बणते पर नडी बन्न भुणे बझाइ जोड़ से रुखि घेन्ते। तस टेम तुं वीर्य टेस्ट अन्तर मइदे बीज न भुन्ते पर बायोपसी पुठ मइदे बीज सुसर केतें। बीमारी(gonorrhoea) बझाइ जोड़ नडी बन्न भोइ घेन्ती। पेहलकण ऑप्रेसन बेलि खशोरिए नशाण (स्कार टिशू) ऐन्ते तसे बेलि बी नडी बन्न भोइ घेन्ती। केहि लिंगि जमणे केंआ नडी बन्न भुन्ती। अ यक बोडा ऑप्रेसन भो अस बिहोश कर कइ कते। असे बेलि बन्न भो नडी खुल घेन्ती।

होरा ईलाज :- केहि अन्तर गभुरु न भुणे समस्याइ कोइ ईलाज नेइ तस टेम कोइ होरा ईलाज करण ऐन्ता।

मइदे बीज जिल्हणु अन्तर छाड़ :- जिखैइ जिल्हणु ठीक असी पर मइद अन्तर बीज न भुन्ते तिखैइ होर मइदे बीज जिल्हणु अन्तर छतें।

शिशे थड़ि अन्तर निशेचन :- अस टेम शिशे थड़ि अन्तर अण्डा त मइदे बीज मियांते फिर बच्चेदनि अन्तर छड़ देन्ते। लेंप्रोस्कोपी ऑप्रेसने बड़ जिल्हणु अण्डादनि अन्तरा अण्डा नेते त खास शिशे थड़ि अन्तर रखते तउ मइदे वीर्य तस जोड़ मियांते। जिखैइ अण्डा मइदे बीज जोड़ मीड़ घेन्ता तिखैइ बच्चेदनि अन्तर छड़ छतें।

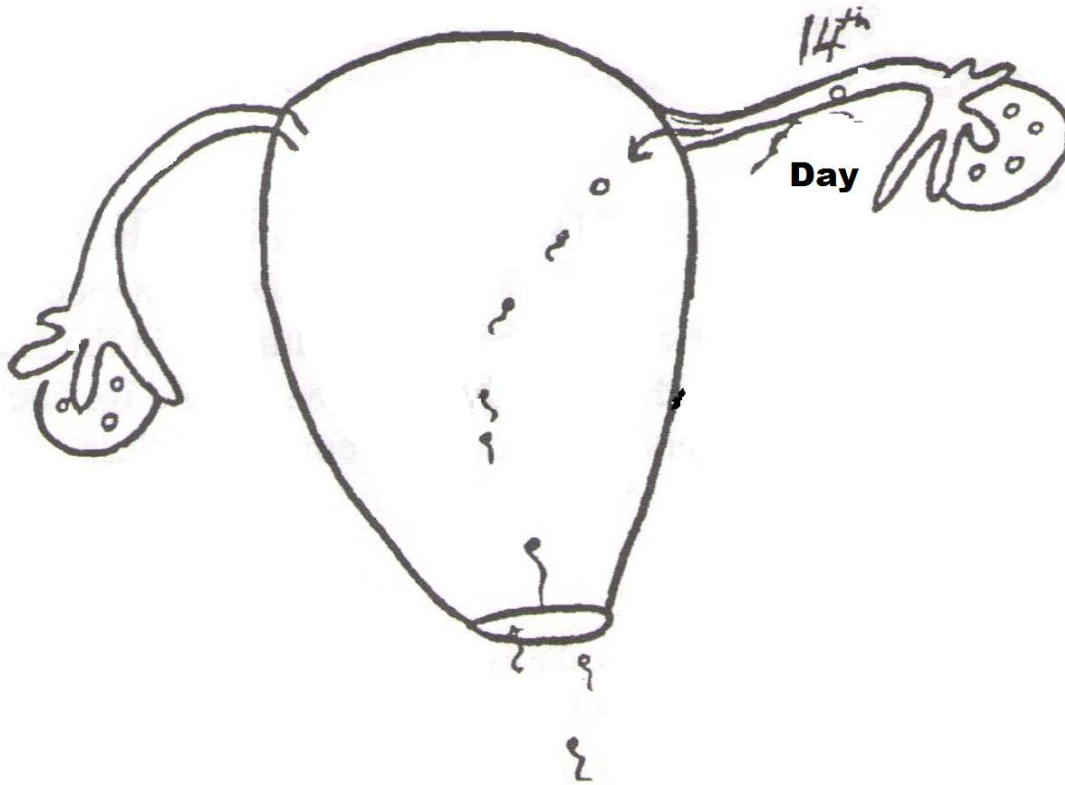
तुं अपु मर्जी :- केहि जोड़ि अन्तर सोब कना सोचणे बेलि परेशानि भुन्ती, तउ रोजे जिन्दगी त रिश्ते अन्तर बी असर पड़ता। केहि होरा बियाह कते इ न करुं किस कि बियाह यक पवित्र रिश्ता भो। गभुरु न भुणे बेलि अ रिश्ता न टोड़ त होरि जोलि बी न रखीण। केहि गभुरु गोद नेते अ सोभी केआ बढिया असु। पर केहि जगाइ इ रिवाज नेइ। सुआ अनाथ गभुरु भुन्ते। तुस तन्ही घर-परिवार त प्यार दी कइ अपेपु बी खुश भोइ सकते। जसे बारे तुसी कदि सोचो न भुन्तू। केहि गभुरु न भुणे बेलि बी दुहे जैइ अपेपु बुच ठीक बिशते। अ बी तुसी जे खरु असु। अगर परमेश्वर तुसी खरि जिम्मेदारी देन्ता जे ई बोउ बण केंआ जदू अलग असु।

अबल खबर- तुस गभरवाल असी! टेस्ट करणे टेम तुस सुआ निराश भुन्ते या कोइ आशा न रेंहती। 10 बुचा 9 जेइ के ईलाज भोइ घेन्ता। पूरे ईलाज केंआ पता केहि जोड़े आशा रखते त यक अबल खबर शुणते कि “तुस गभरवाल असी”। यक नउइ जिन्दगी शुरुवात तुं जिन्दगी बदल छता। यक नउइ जिम्मेवारी।

FERTILE PERIOD:

The fertile period in your menstrual month is the time when there are the maximum chances of conceiving a baby. It is useful to know this during your treatment for infertility as your doctor may tell you to use this along with the medicines she gives you.

THIS IS HOW YOU CALCULATE FERTILE PERIOD.



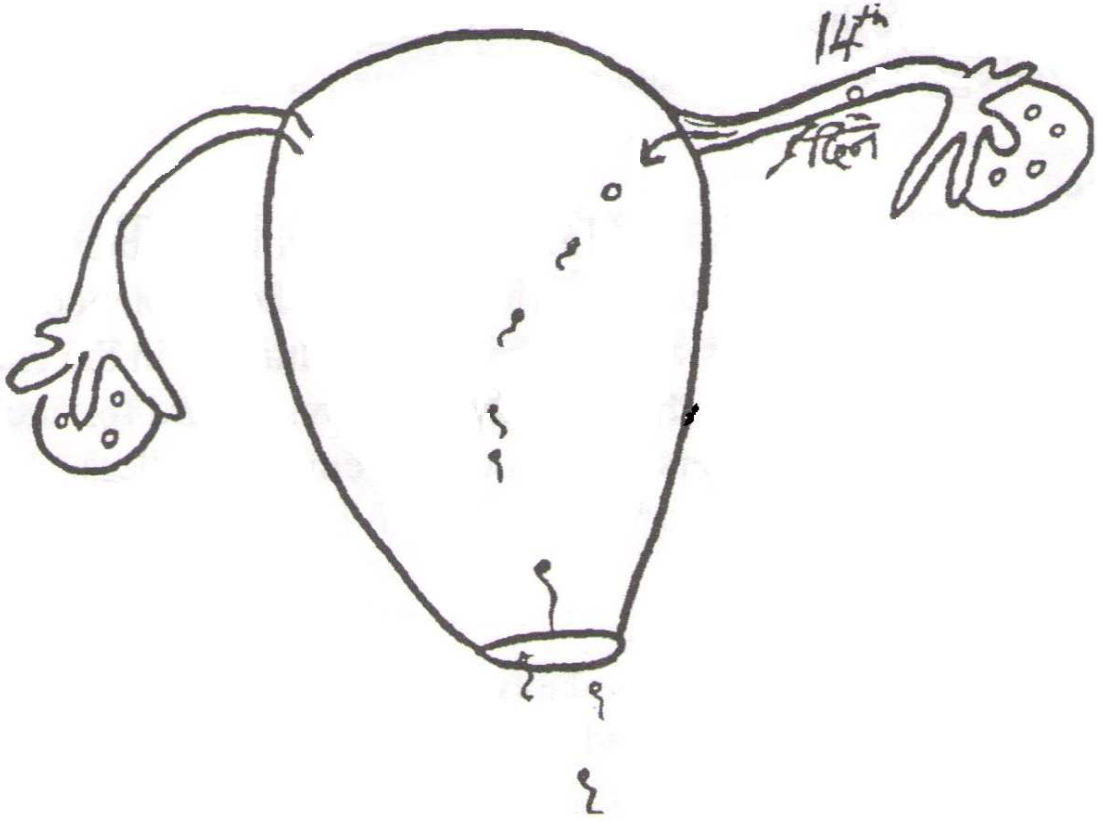
A normal menstrual cycle is of 28 days duration. Around the 14th day (counting the first day of bleed as the first day of the cycle) an egg is released from one ovary and it enters the fallopian tube. From here it travels to the uterus and it stays alive for about 24 hours. So during this time if the sperms meet the egg in the uterus or tube, a baby is conceived. Because some women may be a day early or a day late we take the 13th, 14th, 15th days as the fertile days and this is when you should have sexual intercourse with your husband. It is useful to abstain from sex the previous 3 days (10th, 11th and 12th) as then the sperms collect and the sperm-count is high during the fertile period. If your doctor has told you take medicines to help ovulation (clomiphene) these are to take every night from the second day of your cycle for 5 days.

For some couples the emotional stress of trying to treat a fertility problem becomes too much of a strain on their daily lives and their relationship as a couple. Some couples decide to adopt a child and this is a good decision even if it is not so much accepted culturally in the Pangi Valley. There are many abandoned children and in providing a home and loving care for such a child you will be blessed beyond your imagination.

गभुरु टगणे टेम :-

तुं मेल लकड़े महेने अन्तर यक टइम भुन्ता से टेम भो जिखेइ तुं गभरवाल भोइ सकती। तुं गभुरु न भुणे ईलाजे टेम इ पता करण जरूरी असा कि गभरवाल भुणे खरा टेम कपल असा, तउ तुं डाक्टर दवइ जोइ सते-सते तेस टेमे बारे बतातें।

इ कर कइ तुस गभुरु टगणे टेमे (FERTILE PERIOD)पता लई सकते :-



यक सधाण जिल्हणु मेल लकड़े चक्र 28 रोजे भुन्ता। मेल लकड़े पहेलकण रोज केआ 14 रोज गणे, तस टेम जिल्हणु यक अण्डा, अण्डाशय केआ निसता त गरभ नडी(फलोपियन टियूब)बइ बच्चादनि अन्तर पुजता। अ अण्डा 24 घण्टे तकर जिन्ता रैहता। तस टेम अगर मइदे बीज अण्डे जोइ बच्चेदनि या गरभ नडी अन्तर मीतें त तउ गभुरु टगतू। केहि जिल्हणु अन्तर 1-2 रोज अगर-पतू भोइ सकतू। तउ त 13,14,15मा दन गभुरु टगणे टेम (FERTILE DAYS) गणते। अ से टेम भो जपल तुसी अपु धणि जोइ सम्भोग करण। अस केआ पहले 10,11,12में रोज सम्भोग न करे त खरु असु। तउ तस टेम मइदे बीज कटठे भुन्ते त गभुरु टगणे टेम (13,14,15) मइदे बीज सुआ भोइ घेन्ते। अगर तुं डाक्टरे अण्डा बधणे दवा क्लोमिफिन दतो असी त अ मेल लकड़े 2 दन केआ लगातार 5 रोज रात खांण।