

## Review Article

# Phyto-Gynecology: The Case of Fertility Management at Givers Scientific Hospital, Accra, Ghana

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**Abstract:** *Aim:* Phyto-gynecology is under-researched and explored in the Ghanaian Traditional Medicine Industry. Many Traditional Medicine Practitioners in Ghana make claims of their breakthrough in helping couples to give birth; yet, unable to justify their claims with one peer reviewed article. This paper therefore discusses the significant breakthrough of fertility management in five patients at Givers Scientific Hospital, Accra, Ghana, known for their strides in phyto-gynecology. *Method:* The investigator reviewed medical history of two patients based on their folders; before and after treatment between 2018-2019 periods. Confirmation of cyesis was also conducted based on their Pre and Post Pelvic ultrasonography. *Result:* There is evidence of cyesis post treatment at Givers Scientific Hospital based on the patients' Medical Records. *Conclusion:* Natural birth method should be extensively researched and explored in the medical community to provide an alternative means of conception for patients.

**Keywords:** Phyto-gynecology, conception, phytomedicine, cyesis, Ultrasonography.

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## INTRODUCTION

According to Vander Vander Borcht, M., & Wyns, C. (2018) Infertility is a disease characterized by the failure to establish a clinical pregnancy after 12 months of regular and unprotected sexual intercourse. It is estimated to affect between 8 and 12% of reproductive-aged couples worldwide. Males are found to be solely responsible for 20-30% of infertility cases but contribute to 50% of cases overall. Secondary infertility is the most common form of female infertility around the globe, often due to reproductive tract infections. The three major factors influencing the spontaneous probability of conception are the time of unwanted non-conception, the age of the female partner and the disease-related infertility. The chance of becoming spontaneously pregnant declines with the duration before conception. The fertility decline in female already starts around 25-30 years of age and the median age at last birth is 40-41 years in most studied populations experiencing natural fertility.

“The disease-related infertility may affect both genders or be specific to one gender. The factors affecting both genders' fertility are hypogonadotropic hypogonadism, hyperprolactinemia, disorders of ciliary function, cystic fibrosis, infections, systemic diseases and lifestyle related factors/diseases. Premature ovarian insufficiency, polycystic ovary syndrome,

endometriosis, uterine fibroids and endometrial polyps may play a role in female infertility. Male infertility may be due to testicular and post-testicular deficiencies. Semen decline that has been observed over the years, endocrine disrupting chemicals and consanguinity are other factors that may be involved”, they concluded.

Givers Scientific Hospital in Ghana is one of the most outstanding herbal clinics in the country serving over 5,000 people across the continent of Africa yearly. It is a scientific based clinic which uses pure scientific research based plants for the treatment of human ailments. The clinic is well known as the best in the area of Fertility, Stroke and Bone Related Problems. Over the years through the research of the Chief Executive Officer of the facility with the support of management and the entire staff, the clinic has put along smile on the faces of various couples, families and friends who came in the area of fertility, stroke rehabilitation and bone setting. These papers therefore review the breakthrough in fertility management at this facility in Ghana.

## METHODOLOGY

The Medical histories of two patients were reviewed based on their folders; pre and post treatment between 2018-2019 periods. Confirmations of cyesis were also conducted based on their Pre and Post Pelvic

ultrasonography. No evidence of hormonal profile in the patients' folders. The investigator seeks ethical clearance from the management of the Hospital to reviewed patients folders for the study.

**Case 1**

This contains a medical history of a (33year) young woman married for a year. She faced several pressures from family as it pertains to the Ghanaian community. Due to the pressure from the extended family and friends, she further decided to seek for help on 27-06-2018.

**Pre Medical Sonography Report Investigation.**

The uterus was empty and anteverted. It is normal in size and measures 7.66x3.57x4.75 cm. Shows a homogenous echopattern. Endometrium is normal. Normal adnexae seen bilaterally. There is mild fluid in the rectouterine space or POD. The diagnosis of this patient was Mild Fluid In The Pod? PID.

**Post Pelvic Medical Sonography Investigation after Treatment on 16/11/18**

There is single intrauterine fetus.  
 Fetal heart is active  
 Presentation is cephalic with longitudinal lie  
 Placenta is posterior High  
 Liquor volume is adequate  
 Normal fetal spine. Active Fetal movement. No gross fetal abnormality.

BPD	3.99cm	-	18W1D
AC	12.65cm-		18W2D
FL	2.83cm -		18W5D
HC	15.68cm-		18W4D

Average gestation	-	18W3D
Estimated fetal weight	-	241 g
EDD	-	16/04/2019
Cervical os is closed.		

Diagnosis: Normal Obstetric Scan at 18w3d

**Case 2 is a 25 year old young woman** from Nigeria who also visited the facility for a fertility treatment on 15-02-2019. She reported with severe abdominal pains, severe dizziness for several years after marriage without a baby and this has been a challenge to them as a couple.

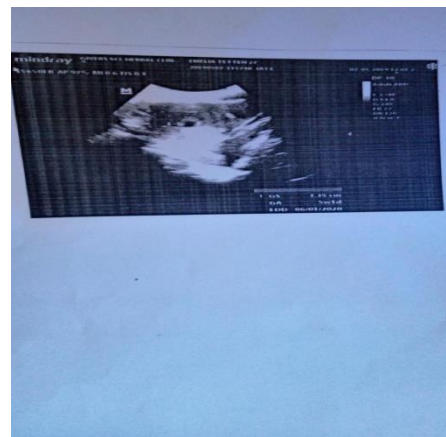
**Pre Sonographic Investigation**

**Uterus** is anteverted. It is normal in size and extends from the pelvis into the abdomen, shows a heterogenous echopattern with *multiple hypoechoic subserosal fibroid nodules*, the largest measuring 2.64x2.65x2.52cm and located at posterior part of the body of the uterus.

Endometrium is normal. Normal adnexae. There is no fluid in the rectouterine space or POD. The diagnosis was Multiple Uterine Fibroid.



**Fig 1.** Sonographic imaging of uterine myoma



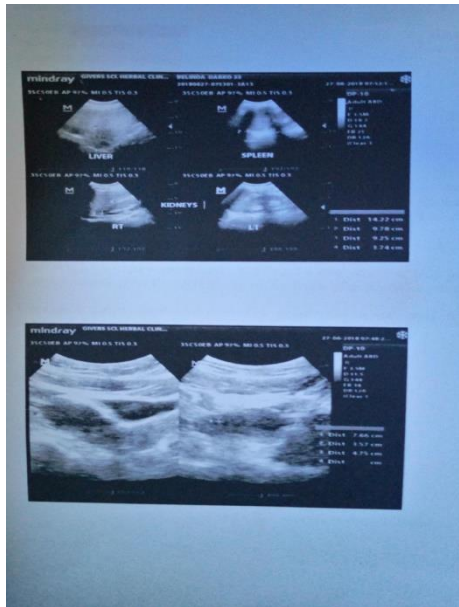
**Fig 2.** Sonographic image of early cyesis

**Post Medical Sonography conducted on 26/03/19**

The **uterus** is anteverted and bulky with a single intrauterine gestational sac but not fetal pole seen. Noted are multiple uterine fibroids, biggest measuring 3.87x3.67cm and located posteriorly.

GSD	-	1.40cm
AVERAGE GEST AGE	-	5W2D
EDD	-	24/11/2019

Diagnosis: Early 5w2d Intrauterine Gestation with Multiple Uterine Fibroids



**Fig 3.** Abdominopelvic sonographic image of second patient

## DISCUSSION

Phytomedicine plays an integral role in phyto-gynecology. In Ghana, there are several herbal centers helping couples to achieve their long term dream of conception. Yet, most of these centers do not document their cases or lack the scientific skills to do that.

This has become one of the major issues why they are being challenged by the Medical Community of their claims in using natural methods to help their patients. The investigator of this paper is of the opinion that, herbal centers should be supported with the requisite skills, scientific exploration, research and the require knowledge needed to help them to achieve their ambition.

The foundation of modern medicine is sound and strong science attached which could be done in the Traditional Medicine sector. The two patients used for this research are from different jurisdiction, meaning the Hospital had carved a niche for themselves in fertility management.

Though, there has been evidence of the hospital to prove sonographic evidence of fertility management in the females, there is absence of medical histories of the men who also visited the facility.

However, the power of natural remedies to handle fertility cases cannot be overlooked or underestimated in African Traditional Medicine community. There has to be well documentations in these facilities to be able to show scientifically. Pre and post sonographic images showed evidence of cysis and uterine fibroids(Fig 1,2,3)

The hospital clientele based is sourced from Nigeria and Ghana who frequent daily basis for their fertility issues. Uterine fibroids and Pelvic Inflammatory diseases (PID) appeared to be the most frequent medical being diagnosed at the center (fig 4). Based on this investigation, the two cases reviewed had 100% success rate (fig 6) with different jurisdiction (fig 5).

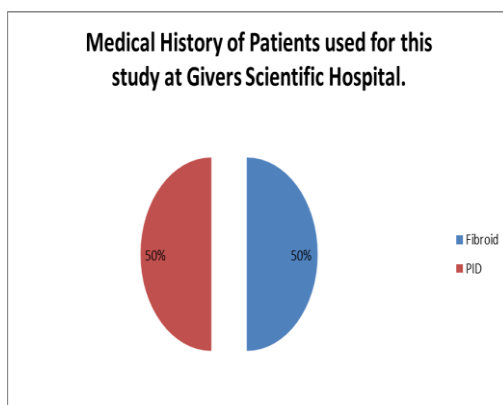


Fig 4

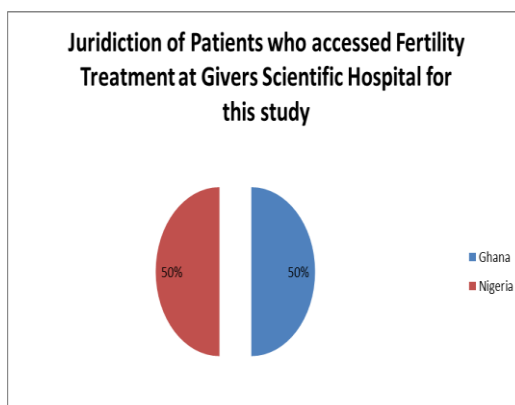
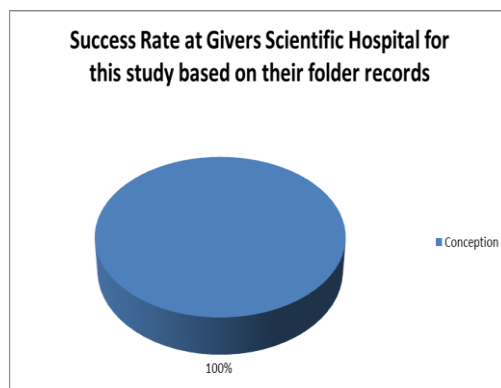


Fig 5.



**Fig 6.**

## CONCLUSION/RECOMMENDATION

Though the study showed fertility management at the Hospital. The hospital did not provide the formulation used to enhance conception. In general, it is appropriate to treat any type of infertility condition with herbal medicines. This includes advanced maternal age, luteal-phase-defect, premature ovarian failure, male factor, or unexplained symptoms.

Clinical observers have reported impressive results when mixing herbs with gonadotropins during intrauterine insemination (IUI) and in vitro fertilization (IVF) cycles. The herbs seem to enhance the effects of the gonadotropins, and they do not pose the risk of OHSS (ovarian hyperstimulation syndrome). Traditional African herbs have been used for

approximately 2500 years to treat a wide array of health problems. Herbal medicines may enhance fertility by supporting the natural functions of the ovulation and fertility process.

As a novel Herbal Hospital competing with conventional centers for fertility management, it is prudent the facility also maintains a good records and analysis of hormonal profiles of all patients' pre and post treatment to see the impact of their formulation.

## REFERENCES

1. Vander Borcht, M., & Wyns, C. (2018). Fertility and infertility: Definition and epidemiology. *Clinical biochemistry*, 62, 2-10