AN AYURVEDIC TREATMENT EFFECT IN LOW AMH INDUCED INFERTILITY – A CASE REPORT

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ABSTRACT
AMH (Anti-mullerian hormone) is a glycoprotein hormone, they produced by granulosa cells of preantral and antral follicle acts as a potential marker for ovarian reserve. In low AMH has poor success rate of natural conception. Low AMH can be correlate with Dhatukshayajanya Vandhyata. The present case report documents the efficacy of Sodhana and Samana chikitsha in the treatment of low AMH. In this case 3months of Sodhana Karma along with that 6 month of Samana chikitsha was given.

KEYWORDS: AMH, Ayurveda, infertility, Vandhyata, Nasthartava, Nasthabeeja, case report.

INTRODUCTION
Infertility though not a physical disabling disorder has reaching psychological and social consequences.\cite{1} infertility is defined as the inability of a couple to conceive in spite of one year of frequent unprotected intercourse\cite{2}, where the woman is < 35 years and 6 months in woman more than >35 years. AMH produced by granulosa cells of preantral and antral follicle acts as a potential marker for ovarian response to controlled ovarian stimulation. AMH is often used to check a woman’s ability to produce egg that can be fertilized for progeny. AMH depending on age, AMH levels naturally decline with age. AMH levels start rising during adolescence and peak around 25 years old. Low AMH level can be compared to Dhatukshayajanya Vandhyata.\cite{3} The present case report documents the efficacy of
sodhana and samana chikitsha to in treatment of low AMH. In this case 3 months of Sodhana karma and along with that 6 month of samana chikitsha was given. Natural conceived by the patient.

MATERIALS AND METHODS
Place of study: Dhatree Fertility Centre, Koppal.

CASE REPORT
A 31year old married, non-smoking, non-alcoholic female with secondary infertility since 1year 7months came to OPD with the chief complaints of amenorrhea of 2 months. With associated complain of irregular menstrual cycle since 6 cycles.

History of missed abortion in December 2020 MTP was done with oral medication.

History of present illness
Patient was apparently healthy before 6 months, gradually she starts with irregular menstruation and now she missed her periods in the last 2 months. She had history of missed abortion in December 2020 MTP was done with pills.

Family history – nothing significant.

Personal History
Diet – mixed
Appetite- normal
Bowel -regular
Micturition – clear
Sleep- sound
Habit- nil

Menstrual history
Menarche at 15 years
Cycle – irregular
Duration- 3-4 days
Interval >45 days/ till tablets taken for induced
Amount -2 pads/day
Dysmenorrhea- present
Clots- present
LMP- 16/5/21

**OBSTETRICS HISTORY**

Married life 1 year 6 months
Nulliparous, 1 missed abortion in December 2020.

**General examination**

Built: - moderate
B.P: - 120/80 mmHg
Pulse: - 76 bpm
Temp.- 98.4 °F
R.R: - 20/mint
Height: - 157cms
Weight: - 61 KG

**Systemic examination**

CNS: - Conscious, oriented
CVS: - S1S2 heard
RS: - normal vascular breathing

**Investigation** – UPT done was negative
Progesterone withdraw bleeding done.

**Treatment plain**

*Sodhana karma*
*Matra basti* with *Mahanarayana taila* for 8 days for 2 months
*Vaman karma* for 1 cycle.

**Oral medications**

Vijaya churna
Jyotishmatyadi churna
Cap. Fertile F
Cap. Saverio
Cap. Janani
Cap. Nyon
Syp. Punarnavadi Kashaya
Syp. Malzid
Oral medicine was given among above list as per patient condition for 6 months.

DISCUSSION
Conception can occur when Rutu, Kshetra, Ambu and Beeja all are normal and they all are garbhasambhavasamagri. Any one is less then conception will hamper. Here Beeja means a healthy ovum in female which is essential factor for conception. The ovum is reserved in the ovaries and then quality and quantity of ovaries are assessed by AMH test. The AMH value decline as per age. Low AMH indicate poor ovarian reserve. Poor ovarian reserve indicates for poor for conception. This condition can be correlate with Nasthartava and Nasthabeeja. The causes of nasthartava/ nasthabeeja are srothoavarodha, artava srotasa abhigghata, improper treated or untreated artava vyapatha, sandi yonivayapatha, sushka yonivayapatha, vandhaya vayapatha, arajaska yonivayapatha.

In this case patient came with the complaint of amenorrhea of 2 months and irregular cycle since last 6 cycles, which indicate of Artavadusti. In this condition aspects of ayurvedic treatments viz shamana and shodhana karma. Shamana treatments include internal medications to balance the ‘dosha’, improve metabolism and improve hormonal balance. Shodhana treatments include taking the metabolic toxins out of the body and thereby correcting the metabolism and physiological balance.

Anuvasana basti is indicated in like this condition mentioned in Kashapha Samhitha. Matra basti is the lowest dose of Sneha administered in basti beneficial for vata anulomana, marga-snehana and gives flexibility for kala of administration which is readily acceptable for housewives. Mahanarayana tail has properties of anulomana and srotoshodana resulting vata-kapha shamaka which remove sanga and avarana leading to proper function of vayu resulting ovulation (beejaotsarga).

In nasthartava mainly dosha involved kapha-vata. Vamana is choice of the treatment to relieve marga avarodha and expell somya dhatu to restore agni guna in body futher Vijaya churna and Jyotishmatyadi churna and saverio tablet containing ushna, tikshna, garbhasya balaya and artavajanaka properties help to increase artava updhatu agni. Use of Fertile F, Malzid and Punarnavaadi kashaya help in restoring hormone imbalance by setting HPO -
axis. Therefore through AMH is low there will be development of healthy follicle with timely rapture.

*Vamana karma* was given and very next month patient came with complain of 38 days of amenorrhea, urine pregnancy test was done which was positive. After 10 days for regular antenatal check-up ultrasound was done for diagnosis of early pregnancy.

**CONCLUSION**

This Ayurvedic treatment protocol including a combination of both Shamana and Shodhana therapies were helpful in improving the AMH value to a satisfactory level. In *Astanga hridua shamitha* union of *sukra* and *sonitha* and production of *garbha* is dependent upon the *purvajanamakruta karma* and the efforts done in present life that is *sarvakarma avasthakrutha*. Hence low AMH value always indicate reduction in the quality of ovum but no proof of reduction in the fecundity. Therefore this approach can be consider in low AMH condition to improve the quality of the follicle and proper *beeyaotsarga* (ovulation). Also the drugs given orally have progestronic effect which helped for the implantation.

**REFERENCE**