A CASE REPORT- AYURVEDIC MANAGEMENT OF FEMALE INFERTILITY

1Dr. Preeti Kukrele Bagdi and 2Dr. K. Bharathi

1PG Scholar, Prasuti Tantra and Stree Roga, National Institute of Ayurveda, Jaipur.
2Head of the Department Prasuti Tantra and Stree Roga, National Institute of Ayurveda, M.D. (Ay.), Ph.D.

ABSTRACT
Infertility is defined as inability to conceive with in one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.[1] Male and female partner’s reproductive capacity is necessary for conception. The male is directly responsible in about 30-40%, the female in about 40–55 % and both are responsible in about 10% cases. The remaining 10% is unexplained for infertility. Causes for male infertility are defective spermatogenesis, obstruction of the efferent duct system, failure to deposit sperm high in the vagina and errors in the seminal fluid. Causes for female infertility FIGO2 Ovulatory dysfunction are 30–40%, tubal disease are 25-35%, uterine factors are 10%, cervical factors are 5% and pelvic endometriosis are 1-10%. Polycystic ovarian syndrome (PCOS) has become the most common cause of anovulation which furthers causes infertility. Clinical features of PCOS are increasing obesity 50%, menstrual abnormality 70%, amenorrhea or dysfunction uterine bleeding and infertility. Menstrual abnormalities, an excess of androgens, insulin resistance, an absence of ovulation, and infertility are only a few symptoms of PCOS in women. These kinds of traits, according to Ayurveda, can be found in Pushpaghni Jataharini and Nasthartava. The present case of Primary infertility based on a female of age 30 years suffering from Polycystic ovarian syndrome (PCOS) for past 6 years. Her married life of 6 years she had and unable to conceive even after unprotected coitus. She was treated with virechana karma with trivrat avleha and uttar basti with Phalasarpi for two months, as described in this article, and then became pregnant and delivered an alive female child.
KEYWORDS: Primary infertility, PCOS, Pushpaghni jataharni, Nashta artava, Ayurveda.

INTRODUCTION
Ayurveda explained female infertility as Vandhyatva and mentioned about different causes involved defects in Garbha Sambhava Samagri (proper union of four factors like fertile period, healthy reproductive system, nutrition and healthy ovum and sperm and Manasika Abhitapa (psychological and emotional factors) as chief factors responsible for conception. In this case study patient is unable to conceive since 6yrs and diagnosed as primary infertility associated with anovulation. She had also taken allopathic treatment and IVF twice in year 2020. As no results obtained she was reluctant to continue the same. So she has approached Prasutitantra & Stree roga OPD of National Institute of Ayurveda Jaipur for Ayurvedic management. On detailed evaluation vitiation of vata and kapha dosha, ama lakshana, rasa dhatu and raktadhatu vikriti was noticed in this patient.

CASE STUDY
Demographic data
- Age & Sex: 30yrs/ F
- Address: Jaipur
- Economic class: middle class
- Marital life: 6 years
- Occupation: Housewife

Presenting Complaints
- Unable to conceive even after trying for 6 years of unprotected married life.
- Associated complaints are irregular & delayed menstruation since menarche.

Past history
- She had no any previous Medical or Surgical illness.
- No history of diabetes, hyper tension, asthma, TB or chronic disease of medical importance

Family history
Father is diabetic since 10 years and mother is hypertensive since 12 years.

Past History: No relevant history.
**Past History:** No relevant history.

**Menstrual history**
- Menarche-14 years
- Delayed menstrual cycle of 35-45 days duration since menarche.
- Menstrual bleeding was for 4 days,
- No. of pads- 1-2 /day, fully soaked – 2 days,
- Partial soaked- 3day, spotting- 4 day.

**Coital history**
No any abnormality was found in the coital history and had not taken any contraceptive measures.

**Social and lifestyle history**
No H/o use of cigarettes, alcohol, and illicit drug use late waking up at 8 or 9 am.

**Diet- and Regimen**
- *Diva swapna* (day sleeping)
- Morning breakfast was tea, deep fried Indian snacks made from chickpea flour (ganthia and pakoras), eggs, oily and fried items.
- Evening breakfast was packed or outside food
- Dinner time was 10 pm or 10:30 pm around
- Mixed (*madhur, amla, lava rasa pradhana*)
- Takes excessive non veg food (during menses also continued)
- *Veg dharana* of mala mutra daily

**Exercise** – nil.

**Personal history**
- Apatite – Good
- Bowel – once per day
- Micturition – 6-7time a day, 1 time at night, no associated complaints
- Sleep- sound
- Habits- tea twice a day,
**Dashavidha pareeksha**

- **Prakruti-** vata kapha
- **Vikruti – Hetu –** madhura, Katu, amla, lavana rasa pradhana ahar,
- **Dosha-** vata, kapha
- **Dushya-** rasa, rakta, artav
- **Desha-** anupa
- **Bala, sara, samhanana, pramana, vyayama shakti, vaya –** Madhyama
- **Satva, Ahara shakti (Abhyavarana, Jarana shakti) - Madhyam**

**Ashta vidha pariksha**

- **Nadi –** manduk gativat
- **Mootra-** prakrut
- **Mala-** ama
- **Jihva – prakrut varna, ama
- **Sabda-prakrut**
- **Driik-** prakrut
- **Sparsh-prakrut**
- **Akriti-** sthoulya

**General & Systemic examination**

- **Ge –** fair  
  Built- obese
- **Weight –** 60kg  
  height - 150cm
- **BMI-26.7 (overweight)**
- **Clubbing-** Absent  
  Cyanosis- Absent
- **Pallor-** Absent  
  Lymph adenopathy- absent
- **Edema-** Absent  
  Icterus - Absent
- The patient was fully conscious, alert and oriented to time, place, and person
- **Vitals:** PR- 78/minute  
  RR- 18/minute
  HR- 70/minute  
  BP- 110/70 mmhg

**Gynecological Examination**

- **Inspection-** No Signs of androgen excess
- **External genitalia examination-** NAD
• Per speculum – Normal appearance of vaginal or cervical anatomy
• Per vaginal- AV/AF Uterus, No Pelvic masses or tenderness

**HSG EXAMINATION-** B/L patent tubes (done outside before coming to the NIA hospital)

**Lab investigation**

**Biochemical investigations**

- FSH- 5.43 mIU/mL (24-12-2021)
- LH- 5.75 mIU/mL (16/8/2019)

**Complete Blood count (19/11/2019)**

Hb- 13.7 Gm%
RBC -5.25 mill/cmm
WBC- 4900 /cumm
Platelet- 267000 /cumm
Lipid profile
Renal profile WNL
Hepatic profile
Serology- Negative

**Husband Semen Analysis 17/10/2021**

Volume -2ml
Ph -7
Total sperm -80 million
Normal forms-75%
Total motility-80%
Active motile-70%
Pus cells-4-5

**Ayurvedic management**

first of all *deha shuddhies* planed keeping in view of present of *ama lakshana* and *sthoulya*.

1. **Virechan karma**

*Ampachana,snehana,swedana,virechana* with *trivrat avleha*
2. **Basti**

Yoga basti and uttarbasti with *phalasarpi*

3. **Internal Medicine**

*Madhumehari Churna*

**Table 1.**

<table>
<thead>
<tr>
<th>DATE</th>
<th>Day of Cycle menses</th>
<th>PROCEDURE</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/11/21-18/11/21</td>
<td>Doc 1-4</td>
<td></td>
<td>Menstruation</td>
</tr>
<tr>
<td>18/11/21-20/11/21</td>
<td>Doc 4-6</td>
<td><em>Deepana-paachana</em></td>
<td>Panchkol churna 3gm BD</td>
</tr>
<tr>
<td>21-11/21-25/11/21</td>
<td>Doc7-11</td>
<td><em>Ghrit paan</em></td>
<td>30 ml, 60 ml, 90 ml, 120 ml, 150 ml respectively</td>
</tr>
<tr>
<td>26/11/21</td>
<td>Doc 12</td>
<td><em>Virechan karma</em></td>
<td>Trivrit avleh 80 gms</td>
</tr>
<tr>
<td>26/11/21 (eveing)-30/11/21</td>
<td>Doc12-16</td>
<td><em>Sansarjana karma</em></td>
<td>Madhyam veg according</td>
</tr>
<tr>
<td>16/12/21 -19/12/21</td>
<td>Doc 1-4</td>
<td></td>
<td>Menses started</td>
</tr>
<tr>
<td>20/12/21</td>
<td>Doc 1-4</td>
<td>Some oral medication started</td>
<td></td>
</tr>
<tr>
<td>27/2/22-2/3/22</td>
<td>Doc 1-4</td>
<td></td>
<td>Menses started</td>
</tr>
<tr>
<td>4/3/22-6/3/22</td>
<td>Doc 6-8</td>
<td><em>Anuwasan -ashathapan-anuvasan basti</em></td>
<td></td>
</tr>
<tr>
<td>8/3/22-10/3/22</td>
<td>Doc 10-13</td>
<td>Uttarbasti</td>
<td></td>
</tr>
<tr>
<td>16/5/22</td>
<td>UPT</td>
<td>Found positive</td>
<td></td>
</tr>
<tr>
<td>19/5/22</td>
<td>USG</td>
<td>Single live intrauterine embryo.</td>
<td></td>
</tr>
<tr>
<td>15/12/22</td>
<td></td>
<td></td>
<td>An alive female child of weight 2.8 kg with caesarian section</td>
</tr>
</tbody>
</table>

*Phala sarpi*

It contains *manjistha, kushta, tagara, triphala, vacha, madhuka, meda dipyka, katuroidini, payasa hingu, kakoli, vajigandha, shatavari.*
Table 2.

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Ras</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manjistha, Kushth, Tagara, Vacha, Dipyka Katurohini (sheetaveerya), Hingu, Haritaki (madhuravipaka), Bibhtaki (madhuravipaka).</td>
<td>Tikta</td>
<td>Guru, Ruksha</td>
<td>Ushana</td>
<td>Katu</td>
<td>Kaphavatashamak, deepan, pachana raktaashodhaka, stanyashodhaka, artavjanana</td>
</tr>
<tr>
<td></td>
<td>Rest all</td>
<td>Madhura, Kashya</td>
<td>Guru, snigda</td>
<td>Sheeta</td>
<td>Madhura</td>
</tr>
</tbody>
</table>

Ingredients of Trivrit Avaleha

Table 3.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Botanical Name</th>
<th>Part used</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trivrit</td>
<td>Operculina turpethum (L.) Silva Manso</td>
<td>Root</td>
<td>25</td>
</tr>
<tr>
<td>Tamal patra</td>
<td>Cinnamomum tamala (Buch.-Ham.) T. Nees &amp; Eberm</td>
<td>Leaves</td>
<td>1</td>
</tr>
<tr>
<td>Twak</td>
<td>Cinnamomum verum J.Presl</td>
<td>Bark</td>
<td>1</td>
</tr>
<tr>
<td>Ela</td>
<td>Elettaria Cardamomum Maton</td>
<td>Fruit</td>
<td>1</td>
</tr>
<tr>
<td>Madhu</td>
<td>honey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shankara</td>
<td>sugar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Madhumehari Churna[4]

Table 4.

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Rasa</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jambubeeja (syzygium Cumini)</td>
<td>Kashya, madhra, amla</td>
<td>Laghu ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapitta shamak, deepan, pachan, beej specially used in madhumeha</td>
</tr>
<tr>
<td>Aamrasthi majja (mangifera Indica)</td>
<td>Kashya</td>
<td>Laghu ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittashamak, deepan, Garbashayshothhara, pramehahara</td>
</tr>
<tr>
<td>Karvellaka (momordica Charantia)</td>
<td>Tikta, katu</td>
<td>Laghu ruksha</td>
<td>Ushana</td>
<td>Katu</td>
<td>Kaphavatashamak, deepan, pachana, Raktshodhaka, stanyashodhak, Artavjanana, pramehahara, inceases insulin level</td>
</tr>
<tr>
<td>Meshsahringi (gymnema sylvestre)</td>
<td>Kashya, Tikta</td>
<td>Laghu ruksha</td>
<td>Ushana</td>
<td>Katu</td>
<td>Kaphavatashamaka,increases insulin, Secretion, rajorodhvara, deepana</td>
</tr>
<tr>
<td>Methika (trigonella foenum)</td>
<td>Katu</td>
<td>Laghu ruksha</td>
<td>Ushana</td>
<td>Katu</td>
<td>Vatashamaka, deepan, pachana, anuloman, stanyajanana</td>
</tr>
<tr>
<td>Bilva patra (aegle Marmelos)</td>
<td>Kashya, Tikta</td>
<td>Laghu ruksha</td>
<td>Ushana</td>
<td>Katu</td>
<td>Kapha-vatashamak, deepan, pachana, Pramehahara, garbhashya shothhara</td>
</tr>
<tr>
<td>Nimba beeja (azadirachta Indica)</td>
<td>Kashya, Tikta</td>
<td>Laghu ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittashamak, raktashodhak,deepan, madhumehahara</td>
</tr>
<tr>
<td>Shunthi (zingiber officinale)</td>
<td>Katu</td>
<td>Laghu, snigdha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Vatakaphashamak,vatanulomana, raktashodhak, vrishya, Deepan,</td>
</tr>
</tbody>
</table>
| Mishreyya | Katu, Tikta, | Laghu, Sheeta | Madhura | vatashamaka, deepan, pachana,
Nidan panchak in this case

*Nidan*: vata vardhak ahara vihar, *divaswapna*,

*Purvarupa*: *sthoulya*, *alasya*

*Rupa*: *artavkshya*, *vandhyatwa*

*Samprapti*

upshya: *dhatu samya* because of *ampachan*

**SAMPRAPTI**:

1. **Nidan sevan** (vishamasan, adhyashan, saashan, ratrijagraa, vegdharaan)

   - Vata kapha vruddhi
     - Agni mandhya
       - Improper formation of Ahaar rasa
         - Ama utpatti
           - Srotodushti (rasavaha) improper formation of rasa dhatu
             - Improper formation of rakta dhatu
               - Improper formation of updhatu artav (anovulation)
MATERIAL AND METHODS

As the patient met the inclusion criteria and gave their consent for the Virechana, she was given panchkol churna in the amount of 2 g twice a day with lukewarm water after meals for Deepana and Pachana (digestive stimulation). After evaluating the patient's condition on the fourth day, 30 ml of Cow Ghrita was administered in the early morning on an empty stomach with lukewarm water. The patients were watched to ensure good ghrita digestion and for the following 5 days, the dose of ghrita was administered in an escalating pattern on fifth days patient was administered 120ml ghrita and patients attained samyak snehana lakshana (Sneha Jeerna Lakhshana). After sarwang swedan patent was given trivrit avleha75 gms for verechan karma. She has attened 18 veg of verechan the followed sansarjana karma for 7 days. Sthanik Chikitsa (Local treatments) are the unique treatment methods used in ayurvedic gynaecology. These procedures mostly address Tryavarta Yoni diseases (Three coverings of Vagina). The main cause of Yoniroga and Artava Vikara is vitiation of Vata. The best Vata Shamana Chikitsa is "Basti." Phalasarpi is a widely used medicine in female infertility due to its Balya, Vatahara, Garbhadharan, and Rasayana property. By strengthening the uterus, phalasarpi increases fertility and increases the likelihood of conception. Vagbhat asserts that Phalasarpi aids in conception and is best for treating female reproductive disorders. The most popular of these is Uttar Basti. Keeping in view of insulin resistance seen in PCOD cases madhumehari churna was given to patient.

RESULT AND DISCUSSION

A fruitful outcome was achieved within three months of ayurvedic management as a result led to conception. There was no dominant follicle in 3 Consecutive cycles before treatment but after taking 1st course of virechana there was small follicle found in USG which is growing into dominant follicle till 18*18 mm and after that ovulation has occurred. Similarly in next consecutive cycle after taking oral medication madhumehari churna follicle of 18*16 mm was found and ovulation occurred. In next cycle patient was conceived. Vandhyatva is the disease of the Tridosha Dushti with the pre dominance of Vata. This patient was having amalakshan in her body and vata dushti. Vata vitiation is the dominant cause of Yonivypad also. Hence in Vandhyatva Vatahara Chikitsa is the priority. Basti is the main Shamana Chikitsa for Vata and our Acharyas have mentioned that Basti as the Ardha Chikitsa. Amapachan drugs and virechana drugs removed the ama from her body. Anovulation has been considered as the Vata kaphaj predominant condition. So the drug which can be used for
the disease must have *Vata kapha shamaka* property. Moreover, pathology of disease takes place at the place of *Apana Vata Karyakshetra* (Pelvic Region).

**CONCLUSION**

One of the panchakarma is "virechan treatment," which involves the use of herbal medications to stimulate purgation and expel pitta dosha hence treating the condition. *Amapachan* drugs and *virechan* drugs removed the ama from her body. Uttarbasti increases fertility and likelihood of conception as successful ayurvedic management.

**REFERENCE**

3. Ashtanga Hridayama, Dr Bramhanand Tripathi, Chaukhamba Sanskrit Pratishthhan, Uttrakhand, 34 Adhayaya, shloka no 64-67, 2019; 1142.
4. Ayurvedic Formulary of India, III, 6; 35, 147.