



Case Study

AN AYURVEDIC APPROACH IN SECONDARY INFERTILITY

Prasanna V N^{1*}, Amal Rose K R², Nandhana Gosh³, Anna Rose Joju³, Durga M R³

^{*1}Professor and HOD, ²Assistant Professor, ³House Surgeon, Department of Prasuthitanthra, Vaidyaratnam Ayurveda College, Ollur, Kerala, India.

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ABSTRACT

Infertility is a major concern among the people of reproductive age due to various causes. This is a case study of an infertile couple who had not been able to conceive for 2 years and 8 months of unprotected sexual life and had a history of abortion. Patient was diagnosed with PCOS (Polycystic Ovarian Syndrome). The objective of interventions included Ayurvedic management for abortion and ensuring nourishment of uterus and regular ovulation. This helps in facilitating healthy pregnancy and ensuring childbirth. Based on the parameters of Ayurveda, this case was diagnosed as *Garbhasravi Vandhyatva* (secondary infertility due to recurrent abortions). Treatment plan included both *Shodhana* (purification) followed by *Uthara vasthi* and *Shamana* (mitigation) therapies. The outcome of the Ayurvedic intervention was the conception of the patient after three courses of Ayurvedic treatments and was delivered with a healthy baby boy.

INTRODUCTION

Infertility is a global health issue affecting millions of people of reproductive age worldwide. Infertility is defined as inability to conceive within one or more years of regular unprotected coitus. Infertility can be categorized into two; Primary infertility and Secondary infertility. Primary infertility denotes patients who have never conceived while secondary infertility indicates previous pregnancy but failure to conceive subsequently.^[1] In Ayurveda, Infertility is considered as *Vandhyatwa*. Acharya Haritha describes *vandhyatwa* as failure to achieve a child rather than pregnancy as he includes *Garbhasravi* and *Mritavatsa* in the classification of *Vandhya*. Acharya Charaka describes that *Vandhyatwa* is caused by the *Pradushta garbhashaya bija bhaga* of *Sonita* (abnormal *Bija* of mother) and is one of the complications of untreated *Yoni Vyapat*.^[2]

According to Ayurveda, main factors include *Ritu* (season/fertile period), *Kshetra* (healthy Yoni, *Garbhashaya*), *Bija* (semen and ovum), *Ambu* (nutrition, hormones),^[3] *Hridaya* (psychological aspects), *Vayu*^[4] and *Shadbhavas*^[5].

According to Haritha, *Vandhyatwa* can be categorized into six *Garbhakosabhanga*, *Kakavandhya*, *Anapathya*, *Garbhasravi*, *Mritavatsa* and *Dhatukshaya*.^[6]

Case Report

A lady of age 23 came to OPD of Vaidyaratnam Ayurveda College, Ollur, Thrissur with a complaint of no issues since 2 years and 8 months of unprotected sexual life. She attained menarche at the age of 13 years. Her cycles were irregular with a delay of 2 months, since 4 years. She got married in the year 2019. After 1 year and 4 months she came to our OPD with a presenting complaint of irregular menstruation and inability to conceive. On USG she was diagnosed as having PCOS. Husband's semen analysis shows less sperm motility. Both of them were prescribed with internal medicines. Later she got conceived in July 2021 but was aborted in the 2nd month of gestation due to intrauterine growth retardation. After that Dilatation and Curettage was done. Then in October 2021 came to our OPD with a similar presentation. So she was advised IP admission and came for admission on 15/11/2021.

Menstrual History

- Age of menarche- 13years
- LMP - 29/10/2021
- PMP - 9/10/2021
- Duration of bleeding - 5-6 days
- Amount - 2 cloths/day
- Interval between cycles - 20-60 days

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Obstetric History

- Gravida - 1
- Parity - 0
- Live - 0
- Abortion - 1

Marital and sexual history

- Age of marriage - 21 years
- Dyspareunia - No
- Vaginismus - No
- The couples were aware of the fertility period - yes
- Frequency of coitus : 3-4 times /week

Male partner

Age: 28 years

No H/O DM, HTN, DLP, thyroid dysfunction

No H/O smoking and alcohol

Treatment history

Sperm motility - Less

Family history: Nothing relevant

Personal history

Bowel: Formed stools, 1 time a day

Appetite: Moderate

Micturition: 4-5 times a day

Sleep: Less, 3-4 hours at night

USG on 19-11-2021

- Uterus - size : 7*3.9*3cm, myometrium normal, ET - 6mm
- Ovary - Right : size - 2.2*2.2*2cm, volume 5.3cc
Left: size - 2.5*2.8*2cm, volume 7cc
- Both ovaries show tiny follicles - polycystic ovaries

Semen analysis

Sperm motility - Motility less

Table 1: Internal medicines of first course of treatment

Internal medicines
<ul style="list-style-type: none"> • <i>Sukumaram kashaya</i> - 15ml <i>Kashaya</i> + 45ml lukewarm water, before food, 6am-6pm. • <i>Dhanwantaram gulika</i>- 1 <i>Gulika</i> with <i>Kashaya</i>, before food, 6am-6pm. • <i>Vaiswanara churna</i> - 1 teaspoon with buttermilk, twice daily, 7am 7pm

Table 2: Treatment procedures of first course of treatment

Procedures
<ul style="list-style-type: none"> • Udwartanam with <i>Kolakulathadi churna</i> from 16/11/2021 for 4 days • Snehapana with <i>Sukumara ghrita</i> and <i>Phalasarpi</i> from 20/11/2021 30ml on 20/11/2021 60ml on 21/11/2021 90ml on 22/11/2021 120ml on 23/11/2021 150ml on 24/11/2021 180ml on 25/11/2021 210ml on 26/11/2021 • Abhyanga steam with <i>Dhanwantaram taila</i> from 27/11/2021 for 3 days • Vamana on 29/11/2021 • Periods: 4 days • Yoga vasthi <i>Abhyanga steam</i> with <i>Dhanwantaram taila</i> from 5/12/2024 for 8 days <i>Sneha vasthi</i> - <i>Phalasarpi</i> + <i>Satahwadi vasthi taila</i> on 5/12, 6/12, 8/12, 10/12, 12/12 <i>Kashaya vasthi (Rajayapana vasti</i> with <i>Dhanwantaram mezhukupaka</i>) - on 7/12, 9/12, 11/12 • Uthara vasthi <i>Abhyanga</i> with <i>Dhanwantaram taila</i> Douche with <i>Triphala kashaya</i> <i>Utharavasthi</i> with <i>Sukumara ghrita</i> on 13/12/2021 • Local procedures _Yoni Kshalanam with <i>Triphala kashaya</i> and <i>Dhanyamla</i> from 18/11/2021 for 6 days _Yoni pichu with special <i>Churna</i> and <i>Jatyadi ghrita</i> from 23/11/21 for 7 days _Yoni pooranam with <i>Sukumara ghrita</i> and <i>Jatyadi ghrita</i> from 14/12/2021 _Yoni pichu with <i>Jatyadi ghrita</i> and <i>Satadouta ghrita</i> from 22/12/2021

Patient was discharged and was advised to get admission for next course treatment

Discharge medicines were;

- *Guluchyadi Kashayam* - 15ml *Kashaya* + 45ml lukewarm water, before food, 6am 6pm
- *Chandraprabha gulika* - 1 *Gulika* with *Kashaya*, before food, 6am 6pm
- *Guggulu panchapala churna* ½ tsp with *Mahatiktaka ghrita* ½ tsp at bedtime

She took admission for second course treatment on 11/1/2022. This time she also complains of vulval itching and white discharge.

Menstrual history

- LMP - 2/1/2022
- Bleeding - 3-5 days
- Amount - 2 cloths/day
- Interval - 20-60 days

Table 3: Internal medicines of second course of treatment

Internal medicines
<ul style="list-style-type: none"> • <i>Guluchyadi Kashayam</i> -15ml <i>Kashaya</i> + 45ml lukewarm water, before food, 6am-6pm. • <i>Chandraprabha gulika</i> - 1 <i>Gulika</i> with <i>Kashaya</i>, before food, 6am 6pm • <i>Guggulu panchapala churnam</i> - 1 teaspoon with honey at night

Table 4: Treatment procedures of second course of treatment

Procedures
<ul style="list-style-type: none"> • Abhyanga steam with <i>Dhanwantaram taila</i> from 11/1/2022 for 2 days • Kashaya vasthi from 11/1/2022 for 2 days • Utharavasthi <i>Abhyanga</i> with <i>Dhanwantaram taila</i> from 13/1/2022 for 8 days <i>Uthara vasthi</i> with <i>Phalasarpi</i> from 13/1/2022 for 7 days • Local procedures <i>Douche</i> with <i>Triphala kashaya</i> from 11/1/2022 for 4 days <i>Douche</i> with <i>Triphala kashaya</i> from 15/1/2022 for 6 days

Patient was discharged and was advised to get admission for next course treatment

Discharge medicines were;

- *Guluchyadi Kashayam* -15ml *Kashaya* + 45ml lukewarm water, before food, 6am 6pm
- *Chandraprabha gulika* -1 *Gulika* with *Kashaya*, before food, 6am 6pm
- *Guggulu panchapala churnam* ½ tsp with *Mahatiktaka ghrita* ½ tsp at bedtime

She took admission for third course treatment on 23/2/2022. This time vulval itching and white discharge reduced but still persisted.

Menstrual history

- LMP - 16/2/2022
- PMP - 2/1/2022
- Bleeding - 3-5 days
- Amount - 2 -3 pads/day
- Interval -30-35 days

Table 5: Internal medicines of third course of treatment

Internal medicines
<ul style="list-style-type: none"> • <i>Guluchyadi Kashayam</i> - 15ml <i>Kashaya</i> with 60ml lukewarm water, before food, 6am-6pm. • <i>Chandraprabha gulika</i> - 1 <i>Gulika</i> with <i>Kashaya</i> at 6pm

Table 6: Treatment procedures of third course of treatment

<ul style="list-style-type: none"> • Abhyanga steam with <i>Dhanwantaram taila</i> from 24/2/2022 for 2 days • Kashaya vasthi for 2 days from 24/2/2022 • Utharavasthi <ul style="list-style-type: none"> ○ <i>Abhyanga</i> with <i>Dhanwantaram taila</i> from 26/2/2022 for 8 days ○ <i>Utharavasthi</i> with <i>Phalasarpi</i> on 26/2, 28/2, 1/3/2022 ○ <i>Utharavasthi</i> with <i>Sukumara ghrita</i> on 2/3/2022, 3/3/2022, 4/3/2022, 5/3/2022 • <i>Douche</i> with <i>Triphala kashaya</i> and <i>Dhanyamla</i> from 24/2/2022 for 8 days • <i>Douche</i> with <i>Triphala kashaya</i> from 3/2/2022 for 2 days • <i>Yoni pooranam</i> with <i>Phalasarpi</i> on 27/2/2022

Patient was discharged on 6/3/2022 with discharge medicines as mentioned:

- *Saptasaram kashaya* - 15ml *Kashaya* with 60ml lukewarm water, before food, 6am 6pm.
- *Hinguvachadi gulika* - 1 *Gulika* with *Kashaya*, before food 6am 6pm.
- *Kumaryasava + Lakshmanarishtam* - 30ml, twice daily, after food.
- *Annabedi sindoora* - 1 *Gulika* with *Arishta*, twice daily after food.

RESULT

After three courses of Ayurvedic IP management she got conceived on March 2022 and delivered a baby boy on December 2022 without any complications.

DISCUSSION

By analyzing the patient through history taking and necessary investigations it was diagnosed as secondary infertility due to recurrent abortions.

Since the patient has a history of abortion, this case can be considered as *Garbhasravi vandhyata* in Ayurveda. Coming to treatment aspect prevention of recurrent abortions is to be considered than infertility here. For the same, *Utkrishata* of *Garbhasambhava samagri* was made improved which will help to conceive and also maintain the pregnancy without any complications.

For the first course of treatment, the possible *Avarana* and *Doshic* imbalance was taken into consideration and treatments were initiated accordingly. Later it was extended to improve the quality of *Garbhasambhava Samagri*. The second and third course of treatments was the continuation for the improvisation of this *Garbhasambhava samagri*. *Sukumaram kashaya*, *Dhanwantharam gulika*, *Vaishwanara churna* were the internal medicines suggested in the first visit. All these were given in an intention to make the uterus healthy and to establish an equilibrium state of *Vatadosha*. *Sukumaram kashayam*^[7] is made with various drugs which will be femininity enriching as well as useful for hormonal balance. It also aids in the establishment of *Samavastha* of *Vatadosha*. *Dhanwantharam gulika*^[8] is also considered as a *Vatashamana* medicine. *Vaishwanara churna*^[9] is an effective medicine for kindling *Agni* which can be given in correcting the derangements in metabolism.

Subsequently external therapies like *Udwarthanam*, followed by *Shodanakarma* after its *Poorvakarmas* and finally *Utharavasthi* was done. *Udwarthanam*^[10] was done as a preparatory *karma* which will benefit in the reduction of *Kaphadosha*, and *Medopravilayana*. It is also helpful in the *Pachana* of *Amadosha* present in the body. As the procedure is *Kaphahara*, the possibility of *Vatavardhana* was

circumvented by using *Kolakulathadi churna*^[11] which is specifically indicated to pacify the increased *Vatadosha*. After the preparatory phase, *Snehapana* was started with equal proportions of *Sukumara ghrita* and *Phalasarpi*. *Snehapana* was done as *Acchapaana* with a starting dose of 30ml and it took 7 days to get ideal signs and symptoms which were expected to occur after *Accha Snehapana*. *Phalasarpi* along with *Sukumara ghrita* was the choice of *Sneha* for *Snehapana* which is renowned for its peculiar actions for feminine health. *Phalasarpi*^[12] as itself is very much beneficial for maintaining proper ovulation, in rejuvenating and revitalising the histories of abortions and for pregnancy. *Sukumara ghrita*^[7] is bestowing the same effects as that of *Sukumara kashaya* while the difference is present only in its *Kalpna* and since it is a *Ghrita* preparation it can act accordingly.

After *Snehapana*, *Abyanga* steam was opted for *Utklesha* and *Vilayana* of *Doshas* as a *Poorvakarma* of the *Shodana* therapy. The major *Shodana* adopted was *Vamana* in order to contract the effects caused by the increased *Kapha dosha*. After a period of rest, *Yoga vasthi* was advocated as there was an involvement of *Vatadosha*. Also, the necessity of *Vasthi* is appreciable in conditions like *Rajonasha*. *Vasthi* is advocated to an infertile woman having *Nastapushpa*, *Alpa Pushpa*, *Nasta Bija* and *Akarmanya Bija*^[13]. *Vandhya* conceives by use of this *Vasthi* as the *Yoni* becomes healthy. This *Vasthi* is beneficial to the woman having repeated abortions, short lived and weak children, or delicate and who indulge in coitus daily^[14]. *Yoga vasthi* was planned in such a way that two *Sneha vasthi* was done initially later, *Yapana vasthi* and *Sneha vasthi* in an alternative manner for eight days. *Sneha vasthi* was administered with *Phalasarpi* and *Satahwadi anuvasana taila*. *Satahwadi anuvasana taila* which contain *Satahwa*, *Chiruvilwa*, *Tilataila*, *Kanjika* is efficacious in alleviating *Vatadosha*. *Kashaya vasti* was done as *Rajayapanavasti* with *Dhanwantharam mezhukupaka*^[15]. *Rajayapana vasti*^[16] is always *Sadhyobalajana* and has a *Rasayana* effect so as *Dhanwantharam mezhukupaka*.

Utharavasti was the core procedure in the treatment schedule since it is a modality which reaches the uterus directly. Patient was administered with *Yoni kshalana* with *Triphala kashaya* after *Abyanga* with *Dhanwantharam taila* prior to this procedure. *Sukumara ghrita* was the drug of choice while doing *Utharavasti*. Apart from this, various localised procedures like *Yoni kshalanam*, *Yoni pooranam*, *Yoni pichu* were done in order to keep the reproductive tract healthy.

After the first course of treatment, she took readmission and was having vulval itching this time. Hence internal medicines were changed to *Guluchyadi kashaya*, *Chandraprabha gulika* and *Guggulu-*

panchapala churna to address the vulval itching. The external therapies intended to be done was as a follow up of the first course but only with *Utharavasti* after *Kashaya vasti*.

CONCLUSION

Infertility is a common health issue faced by people of reproductive age since the past decade. Advanced contemporary treatments available for infertility are often highly expensive and success rate is variable.

Ayurvedic management aims at preventing recurrent abortions and maintaining the pregnancy without any complications. It also focuses on keeping the uterus healthy and correcting the *Doshic* imbalance of the individual constitution. Moreover Ayurvedic treatment modalities are cost effective, nourishing, safe and a natural alternative.

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*Address for correspondence

Dr. Prasanna V N

Professor and HOD,
Department of Prasutitantra,
Vaidyaratnam Ayurveda College
Ollur, Kerala, India,
Email: prasanna.vn13@gmail.com

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