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Ayurvedic management of Infertility - A Case Study

Jaya H. Malagoudar¹, R. I. Jambagi²

¹Professor, Dept. of Agadatantra, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.

²Professor, Department of Rachana Shareera, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.

ABSTRACT

Infertility is the inability of a person, animal or plant to reproduce by natural means. *Acharya* have explained four important factors as *Garbha Sambhava Samagri* that is *Rutu*, *Kshetra*, *Ambu* and *Beeja*. These are important for conception. Infertility occurs if there is any abnormality in *Garbha Sambhava Samagri*. In this case study patient aged 23 years who was anxious to conceive since three years of regular and satisfactory marital relationship seeking Ayurved line of treatment. From detailed history involvement of vitiated *Vata* and *Pitta*, *Agnimandhya* and stressful mind was noticed. She was treated with classical *Virechana* followed by *Shamana* treatment and *Satwavajaya Chikitsa*. Classical *Virechana* procedure was followed then advised *Shaman* treatment to the patient. With above mentioned medications patient approached with history of secondary amenorrhea and when advised for Urine Pregnancy test and was found to be positive. *Garbhasthapana* medicines were administered to the patient and discharged.

Key words: Infertility, *Garbhasthapana*, *Virechana*, *Garbha Sambhava Samagri*

INTRODUCTION

Infertility is the inability of a person, animal or plant to reproduce by natural means.^[1] There are two kinds of infertility - primary and secondary. Primary infertility means that the couple has never conceived. Secondary infertility means that the couple has experienced a pregnancy before and failed to conceive later.^[2]

Globally, most infertile couples suffer from primary infertility. It is "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (WHO-ICMART glossary).^[3] According to AIIMS, about 10-15 per cent of couples in India are said

to have fertility issues. Infertility is a significant clinical problem today, affecting 8-12% of couples worldwide.^[4] A minimum of 80 million pairs suffer from involuntary infertility worldwide, secondary infertility (having had a previous pregnancy) rates were double the primary infertility rates, where primary infertility (no previous pregnancy) rate range from 3 to over 30%.^[5] The main disorders involved in infertility include pathologic spermiogram, ovulation problems / anovulation, tubal diseases, pelvic adhesion / endometriosis, cervical factors and idiopathic reason usually qualified as the so-called unexplained infertility.^[6] *Beejam* stands for healthy ovum and sperms.

Charakacharya said *Apradustha Yoni*, *Garbhashaya* and *Garbhashaya Marga* also as essential factors for conception, hence, it can be stated that healthy *Shaareera* of *Stree* possessing healthy *Yoni*, *Garbhashaya* and *Garbhashaya Marga* as *Kshetra*.^[7] Proper functioning of *Vathaadi Dosha* must be maintained for pregnancy and throughout the entire pregnancy period. Establishing the proper functioning of all these is the first step of infertility management in Ayurveda.

Address for correspondence:

Dr. Jaya H. Malagoudar

Professor, Dept. of Agadatantra, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.

E-mail: jayahmalagoudar@gmail.com

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CASE STUDY

A 23 year old married woman with her husband aged 33 year old man residing in Murnal Village, Bagalkot District, Karnataka, reported the *Prasuti Tantra* and *Stree Roga* out patient department (OPD) with the complaint of not able to conceive even after trying for 3 years of unprotected married life. Consanguinity in marriage was present. From her treatment history, no obvious cause for infertility was found in the couple. Oligospermia was found in semen analysis of the patient's husband. The investigations like hematology, urology and biochemistry analysis were normal in the patient. Likewise, every report including TFTs and Prolactin level of the patient were normal. Patient not conceived after taking 4 to 5 months modern oral treatment for conception by the advice of modern gynecologist. Lastly the gynecologist advised ART (Artificial Reproductive Technique) and the couple were not willing for that. They suggested ovulation induction, IVI fertility and IVF, but couple was refused and came to Ayurvedic line of treatment for conception. From history it was known that she was suffering from chronic constipation and reduced appetite and psychological stress. She had no any previous medical or surgical illness. On general examination her all systemic examinations were normal. Her pulse and BP was found to be 70/min and 110/70 mmHg. No pallor or edema was found. She was overweight with BMI 27.05kg/m² (Weight-65kg and height-155cm). *Prakruti* assessment revealed, she was having *Kapha* vatha prakruti and no any relevant findings on clinical examinations. LMP was found to be on 26.08.2021. Menstrual history revealed normal cycles with the duration of 4-5 days and interval of 30-35 days cycle with scanty flow and pain abdomen during menses. No any abnormality was found in the coital history and had not taken any contraceptive measures after the marriage for family planning.

As per abdomen examination no any abnormalities were detected. Per speculum examination revealed healthy cervix without any abnormal discharge. As per vaginal examination revealed normal sized anteverted uterus with healthy fornix vagina. Cervical motion tenderness or cervical excitation sign was absent.

Treatment Given

Deepana with *Chitrakadi Vati*, *Pachana* with *Ajamoda Churna*, *Snehapana* with *Mahakalyanaka Ghrita* and for *Virechana Trivrutta Avaleha* had been given to the patient. *Shamana* treatment given was - *Pushpadhanva Rasa*, *Agnitundi Vati*, *Lodhrasavam*, *Dhatri Loha* and *Dashamoola Kashaya* for two months.

Date	Medications	Dose	Anupana m	Time	Durati on
19.07.2021	<i>Pushpadhanva Rasa</i>	1 BID	Water	Before Food	2 Months
19.07.2021	<i>Agnitundi Vati</i>	1TI D	Water	Before Food	2 Months
19.07.2021	<i>Lodhraasavam</i> ,	20 ml BID	Water	After food	2 Months
19.07.2021	<i>Dhatri Loha</i>	1 BID	Water	After food	2 Months
19.07.2021	<i>Phala Ghritam</i>	5ml BID	Warm Milk	After food	2 Months

He was treated with Tab *Shilapravang* special and Countplus granules for two months.

Date	Medications	Dose	Anupana m	Time	Duratio n
19.07.2021	<i>Shilapravang special</i>	1 BID	Water	Before Food	2 Months
19.07.2021	Countplus Granules	1TI D	Warm Milk	Before Food	2 Months

With above mentioned medications patient approached with history of secondary amenorrhea and when advised for Urine Pregnancy test and was found to be positive with LMP on 30.08.2021 and EDD by dates on 02.06.2022. After that normal antenatal care, line of treatment in first trimester of pregnancy was given to the patient and advised bed rest, follow up

after 15 days. On 13.10.2021 obstetric ultrasonography revealed single intrauterine gestation corresponding to a gestational age of 6 weeks 0 days, yolk sac seen, outline regular, embryo not visualized and EDD by scan was on 08/06/2022, recommended rescan at 12 to 13 weeks of pregnancy to assess NT. On 01/11/2021 OBG USG revealed single viable intrauterine pregnancy that corresponds to dates (8 weeks 5 days), CRL 22.3 mm and heart beat visualized. There was a healthy pregnancy. Yes, it's beauty of Ayurvedic line of treatment.

DISCUSSION

Infertility is a relatively common reproductive health concern which strikes deep into the psyche of couples experience it. Here in this case also they are suffering from psycho social problems due to infertility since three years. Moreover, no significant pathology was detected in both partners. It also worsened the psychological status of the couple. Thus, this case can be clearly considered as a case of unexplained infertility according to the contemporary science. In this case also, no obvious cause was detected and treatment was planned according to above principle. Here in this case important consideration was given to *Vataanulomana*, because proper functioning of *Vatadi Dosha's* necessary in every aspects of fertility (For proper functioning of Hypothalamic –pituitary – ovarian axis, ovulation, ascending of sperm through the female reproductive tract to reach the tube, fertilization, implantation etc.).

From the history of patient, it is evident that she is having *Apanavata Dushti*, as she is suffering from constipation. All disease occurs due to the imbalance in *Agni* (the digestive fire) and *Agni* is the single most important factor in buildup of *Ama*. More over patient was suffering from reduced appetite. Thus, the treatment was planned for ensuring *Vataanulomana*, *Agnideepana*, *Satwavajaya Chikitsa* and *Swastya* of *Garbhasambhava Saamagri*.

CONCLUSION

Infertility is becoming a burning issue since past decade and this is mainly due to the combination of environmental, social, psychological and nutritional

factors. In contemporary medicine, treatment focusing on correcting dysfunction diagnosed with the several diagnostic tests. Moreover, the complications arising due to the infertility management including hormonal therapy, ovulation induction and invasive diagnostic techniques are huge. In cases of unexplained infertility, life style modifications and ART (Artificial reproductive techniques) are only treatment option available. But the success rates are less and highly expensive too. Ayurveda on the other hand, looks deeply into the individual constitution, and aims to enhance the functioning of body systems that participate in the process of fertilization in totally. From this case study itself it is clear that systematic approach with ayurvedic principles are effective in managing infertility as an effective, natural, safe and cost effective method. But this is mere a case report and further studies with proper research design is necessary for the scientific validation.

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City Scan Center
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Website : www.cityscancenter.com

Near Rotary Circle, Opp. Vista Hotel, Navanagar Road, Bagalkot-587101, Karnataka, India.

ULTRASONOGRAPHY REPORT

Patient Name: Megha Teggi
Referring doctor: Dr. J H Malagoudar MDIAYHP
Age & Sex: 23Y/ Female
Date: 21 / July / 2021

Dear Doctor, Thanks for referring this patient.

ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER: Normal in size and echotexture. No focal lesions. No IHBR dilatation. Portal vein and CBD are normal.

GALL BLADDER: Well distended with anechoic contents. No calculi within. Normal wall thickness.

SPLEEN: Normal in size and echotexture. No focal lesions.

PANCREAS: Normal in size and echotexture. MPD is normal.

PARA AORTIC AREAS: No significant lymphadenopathy.

KIDNEYS: Both kidneys are normal in size and echo texture. No focal lesions. No calculi/ hydronephrosis. No peri nephric collection.

URINARY BLADDER: Well distended with anechoic urine. No calculi or wall thickening noted.

UTERUS: Measures 6.2x3.9x2.7cms, normal in size and echotexture. No focal lesions. Endometrial thickness is normal and measures 5mm.

OVARIES: Both ovaries show normal appearance. No adnexal lesions. No abnormal bowel wall thickening or significant mesenteric lymphnodes. No free fluid in this scan.

IMPRESSION:

▶ No sonological significant abnormality.

Dr. T. N. Patil MDRD Radiologist
Dr. Ashutosh Pawale DMRD (Bom) Teleradiology Consultant

Miskin Lab
(Fully Computerised Hi-Tech, Medical Diagnostic Laboratory and Research Centre.)

Dr. Arun T. Miskin
M.B.B.S., M.D. (Path)
KMC Reg. No. 88275

Registered on : 21/07/2021 12.31

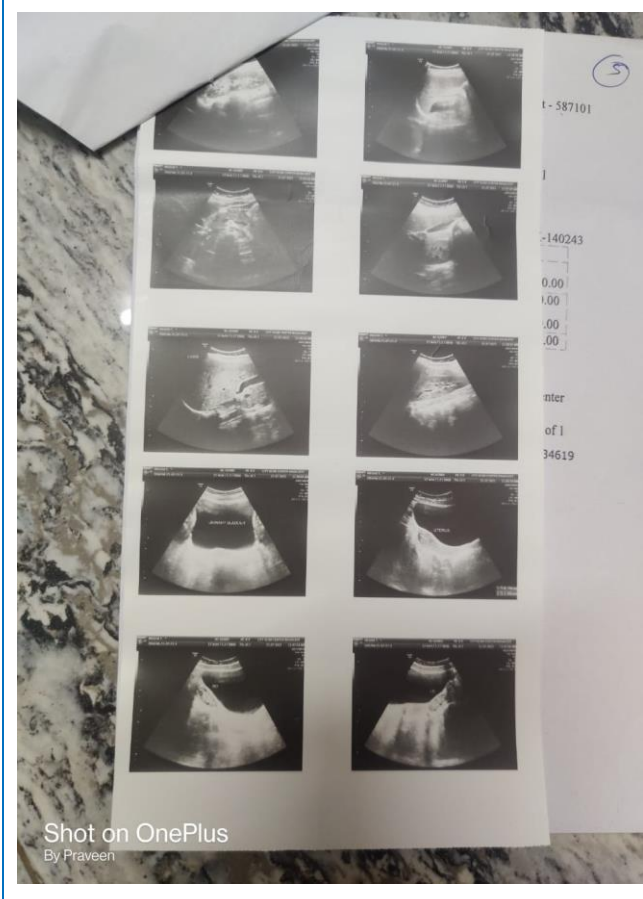
Patient Name : Praveen Teggi
Age/Sex : 33 Years/Male
Referred by : Dr. Jaya Jambagi M.D. (Ayu)
Sample Collected at : Main Lab

Reference No :
Printed on : 21/07/2021 14.25
Sample No : 9320

SEMEN ANALYSIS
(As per WHO 2010 Guidelines)

Technology : SQA-iO Clinical Sperm Quality Analyser

Test	Patient's value	Normal range
Days of abstinence	: 4	Ideally 3 days
Time of collection	: 1.15 pm	
Liquification time	: 10	< 20 mins
Physical examination -		
Volume	: 4.5	1.5-6 ml
Colour	: grey white	
Consistency	: Viscous	
Appearance	: opaque	
pH	: 8	>= 7.2
Chemical examination -		
Fructose test	: Positive	
Microscopic examination -		
Sperm count	: 11.46	15-150 millions/ml
Total Motility PR+NP	: 46	>= 40 %
Progressive Motility PR	: 6	>= 32 %
Non Progressive Motility NP	: 40	< 8 %
Immotility IM	: 54	< 60 %
Motile Sperm Conc	: 5.28	>= 6 millions/ml
Prog. Motile Sperm Conc	: 0.70	>= 5 millions/ml
Normal forms	: 2	>= 4 %
Sperm Motility Index	: 9	>= 80
Totals per Ejaculation		
Sperm Conc	: 51.55	>= 39 millions/ejac
Motile Sperm	: 23.74	>= 12 millions/ejac
Impression : Oligozoospermia		
Advice : Serum Testosterone level Sperm Processing		



SRINIVASA SCAN CENTRE
AND
FETAL MEDICINE CENTRE
Opp. Durga Vihar, Railway Station Road, Bagalkot - 587 101.

Dr. Shantala H. R.
M.B.B.S., DMRD
Fellowship in Fetal Medicine (SMF, Singapore)
Certificates of Competence (FMS, UK)
Cell : 971231979

Patient Data

Name Megha Praveen
Other names Teggi
Date of birth 9/8/1998
Address Mumal
Mobile phone 7259748938
Racial origin South Asian (Indian, Pakistani, Bangladeshi)
GP Dr Malagoudar Jaya,

Present Pregnancy

Dates last period: 8/28/2021
Cycle regular - LMP sure
Conception spontaneous
EDD by dates 6/2/2022
EDD by scan 6/8/2022
Maternal blood group not known
Weight 65.0 kg
Height 162.4 cm
Body mass index 28.0
Cigarettes no
Alcohol no

Problems in current pregnancy no

Obstetric History

Gravida 1 Para 0

Chronic Disease

Chronic hypertension no

Family History

Consanguinity yes
Comments 2nd cousins

Examination

Date 10/13/2021
Time 10:25
Department Srinivasa scan center and fetal medicine center
Routine, Early gestation

Indication

Ultrasound

Operator Dr Shantala H R, DMRD and Fetal medicine consultant
US system Voluson E8 radiance transabdominal
View Good
Gestational age 6 weeks + 0 days
Pregnancy site within the intrauterine cavity
Gestational sac 12.1 mm x 12.4 mm x 15.0 mm
Mean: 13.2 mm
Outline regular
Subchorionic haematoma present no
Yolk sac seen
Outline regular
Embryo not visualised

Conclusions

Diagnosis Single intrauterine gestational sac
There is a single intrauterine gestational sac that corresponds to 6 weeks, 0 days with yolk sac seen, fetal pole not yet visualised.
Both ovaries appear normal.

Scanned with CamScanner
Page 1 of 2 printed on October 13, 2021 - Teggi Megha Praveen examined on October 13, 2021.



SRINIVASA SCAN CENTRE AND FETAL MEDICINE CENTRE
 Opp. Durga Vihar, Railway Station Road, Bagalkot - 587 101.

Dr. Shantala H. R.
 MBBS, DMRD
 Fellowship in Fetal Medicine (FMF), USA
 Certificate of Competence (FMF), USA
 Call: 972229779

Recommendation: Rescan at 12 - 13 weeks to assess NT (25th - 30th November)

Please note: All fetal abnormalities cannot be detected by ultrasound

I, Dr Shantala H R, declare that while conducting ultrasonography/ image scanning on Mrs. Megha, I have neither detected nor disclosed the sex of her fetus to anybody in any manner

[Signature]

Page 2 of 2 printed on November 1, 2021 - Teggi Megha Praveen examined on November 1, 2021.

SRINIVASA SCAN CENTRE AND FETAL MEDICINE CENTRE
 Opp. Durga Vihar, Railway Station Road, Bagalkot - 587 101.

Dr. Shantala H. R.
 MBBS, DMRD
 Fellowship in Fetal Medicine (FMF), USA
 Certificate of Competence (FMF), USA
 Call: 972229779

Patient Data

Name Megha Praveen
 Other names Teggi
 Date of birth 9/8/1999
 Address Murnal
 Mobile phone 7259748938
 Racial origin South Asian (Indian, Pakistani, Bangladeshi)
 GP Dr Malagoudar Jaya,

Present Pregnancy

Dates last period 8/26/2021
 Cycle regular - LMP sure
 Conception spontaneous
 EDD by dates 6/2/2022
 EDD by scan 6/8/2022
 Maternal blood group not known
 Weight 65.0 kg
 Height 152.4 cm
 Body mass index 28.0
 Cigarettes no
 Alcohol no
 Problems in current pregnancy no

Obstetric History

Gravida 1 Para 0

Chronic Disease

Chronic hypertension no

Family History

Consanguinity yes
 Comments 2nd cousins

Examination

Date 11/1/2021
 Time 11:03
 Department Srinivasa scan center and fetal medicine center
 Routine, Early gestation

Indication

Ultrasound

Operator Dr Shantala H R, DMRD and Fetal medicine consultant
 US system Voluson E8B realance
 transabdominal
 View restricted by body habitus
 Gestational age 8 weeks + 5 days
 Pregnancy site within the intrauterine cavity

Outline regular
 Subchorionic haematoma present no
 Yolk sac seen
 Outline regular
 Embryo visualised
 CRL 22.9 mm
 Heartbeat visualised
 Fetal heart rate 177 bpm
 Ultrasound based diagnosis viable intrauterine pregnancy

Conclusions

Diagnosis Single live intrauterine pregnancy

There is a single viable intrauterine pregnancy that corresponds to dates.

Both ovaries appear normal.

Page 1 of 2 printed on November 1, 2021 - Teggi Megha Praveen examined on November 1, 2021.



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