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An Ayurvedic approach in the management of Female Infertility - A Case Study

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ABSTRACT

Infertility is a pathologic condition of both male and female, defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. In an *Ayurvedic* perspective, *Susrutha Acharya* described four important factors; *Garbha Sambhava Samagri* necessary for conception, *Ritu*, *Khsetra*, *Ambu*, and *Beeja*. *Vata Dosha* has a major role in infertility condition - *Vandhyatva*. In this particular patient aged 36 years who had complaint of inability to conceive despite ten years of unprotected sexual life. From detailed investigations abnormalities were detected in luteinizing hormone (LH), Estradiol (E2), Anti Mullarian Hormone (AMH) and multiple intra mural uterine fibroids were also found. For managing this patient, the treatment principles followed are *Agnideepana* (correcting the Agni-Digestive power), *Mootavatanulomana* (Correcting the deranged *Vatha Dosha*), *Apanavatavaigunyahara*, *Kaphapithakara*, *Manovikara Samana*, *Garbhasthapanana* (support for conceiving). Ayurveda treatment was given for the lady for a duration of eight month and finally she got conceived.

Key words: Infertility, Vandhyatva, Garbha Sambhava Samagri, Case Report

INTRODUCTION

Infertility is a disease of male or female, defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.^[1] At reproductive age, millions of people are affected by infertility. Around 48 million couples and 186 million individuals were affected globally.^[2,3,4] Infertility in females can be caused by problems with the ovary, uterus, fallopian tube, endocrine system, and others. It is classified into two types: primary and secondary.

Primary infertility means the couple never conceived. Secondary infertility means having previously experienced pregnancy, but failing to conceive later. Female infertility can be treated with medicine, surgery, artificial insemination, or assisted reproductive technology (ART). ART techniques include invitro fertilization (IVF), Intracytoplasmic sperm injection (ICSI), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT) and others.^[5]

In an Ayurvedic perspective, *Susrutha Acharya* described four important factors (*Garbha Sambhava Samagri*) necessary for conception, that is, *Ritu*, *Khsetra*, *Ambu*, and *Beeja*.^[6] *Rithu* means time fertile for conception, *Kshetra* means healthy reproductive organs, *Ambu* means proper nutrition after conception, *Beeja* means healthy ovum and sperm. Any abnormality in the above mentioned factors, which leads to infertility or *Vandhyatva*. In *Charaka Samhita*, *Acharya* explained that the types of *Vandya* are *Apraja* (primary infertility) and *Sapraja* (secondary infertility).^[7] Without *Vata*, the *yonis* never get vitiated, *Vata* is the main causative factor for *Vandhyatva*.^[8] *Charaka Acharya* explained causes of

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infertility, which are *Yoni Pradosha* (diseases of reproductive system), *Manasoka Abhitapa* (psychological disturbances), *Sukra Dusti* (vitiated sperm), *Sonita Dusti* (vitiated ovum), *Ahara Dosha* (dietetic abnormality), *Vihara dosha* (abnormalities in activity), *Akala Yoga* (period of age), *Bala Kshaya* (strength to become pregnant).^[9] As per the Ayurvedic concept, *Saumanasya* (peaceful mind) is one of the important factors for conception.^[10]

CASE REPORT

A 36-year-old married woman and her 40-year-old husband presented to the OPD department with a complaint of inability to conceive despite ten years of unprotected sexual life. Investigations were done previously; semen parameters of the male were found to be within normal. In female, prolactin, Thyroid Stimulating Hormone (TSH), found to be normal, whereas abnormalities were detected in luteinizing hormone (LH), Estradiol (E2), Anti Mullarian Hormone (AMH). Initially, Modern medicine managements were taken, but the patient was not conceived. Lastly, gynaecologists advised doing invitro fertilization (IVF) - intracytoplasmic sperm injection (ICSI), invitro fertilization (IVF) with donor egg, but it was not successful. Before this IVF procedure she had done IUI several times. Then they came for ayurvedic treatment. On interrogation, the lady had a regular menstrual cycle, with an interval of 30–33 days and a duration of 6 days. There was no family history, no abnormality in coital history, and she had not taken any contraceptive measures. On USG investigation, multiple intra mural uterine fibroids were also found. From history it was known she was suffering from anxiety to conceive and psychological stress.

Personal history

- She was a moderately built patient, with good nutrition
- No known H/O diabetes mellites, hypertension, dyslipidaemia
- Diet: Mixed
- Appetite: Reduced

- Bladder: Normal frequency
- Bowel: Regular
- Sleep: Disturbed

Findings

Date	Findings
Investigations 02/02/2018	LH - 5.0 mIU/ml, Anti Mullarian Hormone (AMH) - 0.1 ng/ml, Estradiol - 39.72 Pg/ml, Vitamin D - 15.6 ng/ml, TSH - 2.38 ulu/ml, Prolactin - 10.72 ng/ml
23/05/2018	FSH - 9.23 mIU/ml, LH - 3.53 mIU/ml, Anti Mullarian Hormone (AMH) - 0.32 ng/ml
USG 18/03/2020	Multiple small intra mural uterine fibroids
USG 05/01/2021	Single intrauterine gestation with CRL 0.27 corresponds to 6 week 0 days with good cardiac activity, yolk sac present

Treatments given

Date	Medicines	Dose	Time
25/01/2020	<i>Sukumaram Kashaya</i> ^[11]	60 ml-0-0	½ hr before food morning
25/01/2020	<i>Kalyanakam Kashaya</i> ^[12]	0- 0- 60 ml	½ hr before food evening
25/01/2020	Cap. Ayush Estro	0-1-1	After food
25/01/2020	<i>Kalyanaka Ghrita</i> ^[12]	10g-0-10g	Along with <i>Kashaya</i> morning and evening
17/2/2020	<i>Dadimadi Ghrita</i> ^[13]	10g-0-0	½ hr before food morning
17/2/2020	<i>Kalyanaka Ghrita</i>	0-0-10g	½ hr before food evening
17/2/2020	Cap. Profert F	0-1-1	After food

17/2/2020	Lakshmanaristam [14]	0-0-20ml	20ml +10 ml water at bed time
17/2/2020	Rajanikhand Powder	5g-0-5g	With Ghrita at morning and evening
5/03/2020	Phala Sarpis ^[15]	10g-0-0	½ hr before food morning
5/03/2020	Kalyanaka Ghrita	0-0-10g	½ hr before food evening
5/03/2020	Cap. Optova	0-1-1	After food
5/03/2020	T.A Tablet	0-1-1	After food
14/06/2020	Dadimadi Ghrita	10g-0-0	½ hr before food morning
14/06/2020	Kalyanaka Ghrita	0-0-10g	½ hr before food evening
14/06/2020	Cap. Profert F	0-0-1	At bed time
14/06/2020	Cap. Menatone	0-1-1-0	At 11 am & 3 pm
22/08/2020	Kalyanaka Ghrita	10g-0-0	½ hr before food morning
22/08/2020	Menatone cap	0-0-2	½ hr before food evening
22/08/2020	Cap optova	0-1-1	After food
22/08/2020	Lakshmanarista	0-0-20ml	20ml + 10 ml water at bed time
20/9/2020	Brahmi Ghrita [16]	10g-0-0	½ hr before food morning
20/9/2020	Menatone cap	0-0-2	½ hr before food evening
20/9/2020	Cap optova	0-1-1	After food
20/9/2020	Lakshmanarista	0-0-20ml	20 ml + 10 ml water at bed time

After the course of treatment, she got conceived.

Department of Laboratory Medicine
LAB TEST REPORT

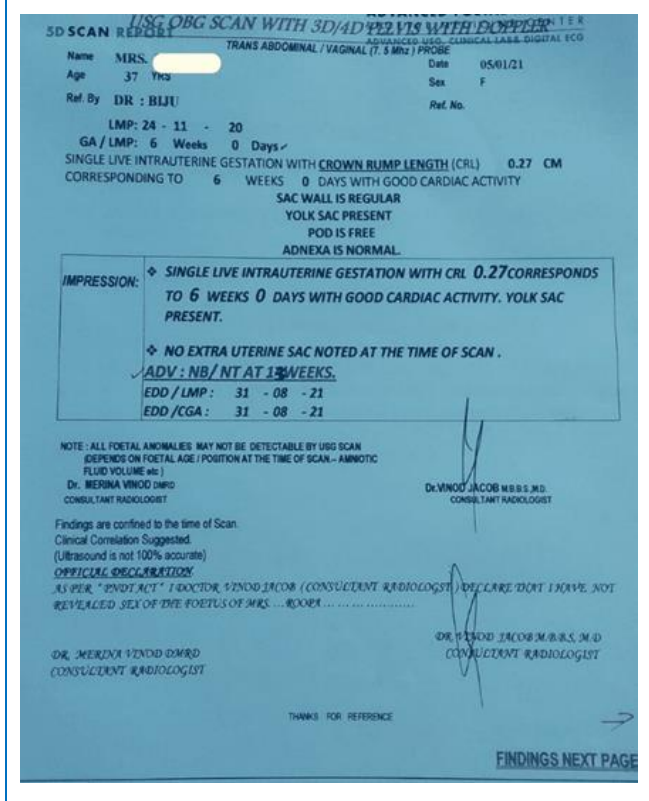
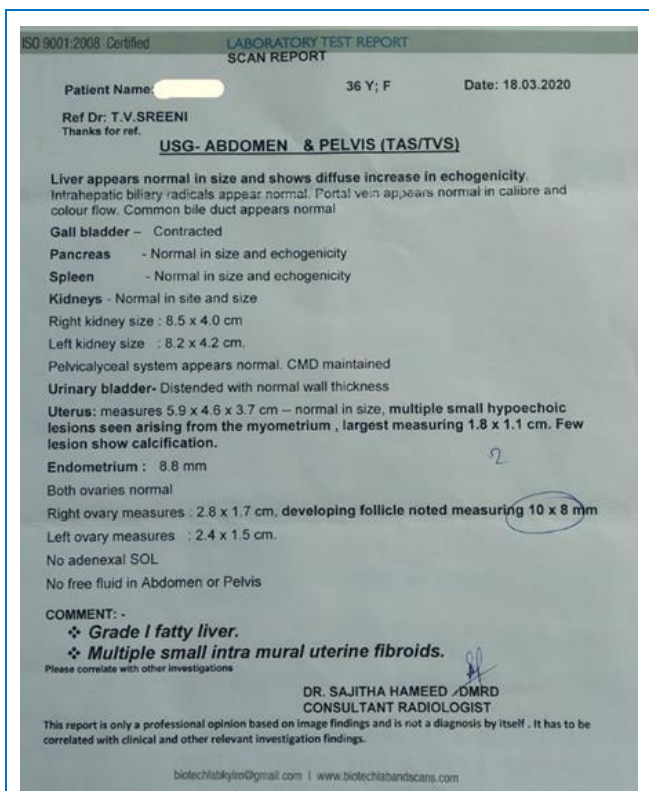
Patient: [Redacted] Sample collected on: 02/02/2018 07:34:42AM
Hospital #: 18-000002778 Age: 35Y / F Sample received on: 02/02/2018 07:34:42AM
Doctor: BLJU P Print Date: 06/02/2018 04:09 PM
Bill #: 030978 Bill Date: 02/02/2018 7:34AM Result Date: 06/02/2018 04:09:22PM
Specimen: SC-9945

Test Name	Observed Value	Reference Range	Unit
LH	5.00	Male: 1.1-7.0 Female: -Ovulation peak: 9.6-80.0 Follicular Phase: -1st half: 1.5-8.0 -2nd half: 2.0-8.0 Luteal Phase: 0.2-6.5 Menopause: 8.0-33.0	mIU/ml
ESTRADIOL (E2)	39.72	Men <62 Female: -follicularphase:18-147 pre-ovulatory peak:93-675 luteal phase:43-214 Menopause: <5	Pg/ml
ANTI MULLERIAN HORMONE (AMH)	0.1	Very low fertility:below 0.3 Low fertility:0.3-2.19 Satisfactory fertility:2.19-4.0 Optimal:above 4.0	ng/ml
VITAMIN D	15.6	Deficient: <20 Insufficient: 20-29 Sufficient: 30-100 Potential toxicity: >100	ng/ml
FERTILITY PANEL (FEMALE)			
T3	1.98	0.95-2.5	nmol/L
T4	109.64	64-100	nmol/L
TSH	2.38	1-4 Days: 1.0-39.0 1-4 Weeks: 1.7-9.1 1-12 Months: 0.8-8.2 1-20 Years: 0.7-5.7 Adult: 0.25-5.0 Pregnancy: up to 2.5	uIU/ml
PROLACTIN	10.72	Male: 2-18 Female: 2-25	ng/ml
TESTOSTERONE	0.22	Cyclic women:0.1-0.9 Men:3.0-10.5	ng/ml
RUBELLA IgG	>400	Negative: <10 Equivocal: >10 Positive: >15	IU/ml
RUBELLA IgM		Negative: <0.80 Equivocal: >0.80 - <1.20 Positive: >1.20	UNITS

Department of Laboratory Medicine
LAB TEST REPORT

Patient: [Redacted] Sample collected on: 23/05/2018 12:41:33PM
Hospital #: 18-000002778 Age: 35Y 3M 22D Sample received on: 23/05/2018 12:41:33PM
Doctor: BLJU P Print Date: 23/05/2018 03:49 PM
Bill #: 010367 Bill Date: 23/05/2018 12:41PM Result Date: 23/05/2018 03:49:06PM
Specimen: SC-18397

Test Name	Observed Value	Reference Range	Unit
IMMUNOLOGY			
FSH (BECKMAN)			
FSH	9.23	Male: 1.7-12.0 Female: -Ovulation Peak: 6.3-24.0 Follicular Phase: -1st half: 3.9-12.0 -2nd half: 2.9-9.0 Luteal Phase: 1.5-7.0 Menopause: 17.0-95.0	mIU/ml
LH (BECKMAN)			
LH	3.53	Male: 1.1-7.0 Female: -Ovulation peak: 9.6-80.0 Follicular Phase: -1st half: 1.5-8.0 -2nd half: 2.0-8.0 Luteal Phase: 0.2-6.5 Menopause: 8.0-33.0	mIU/ml
ANTI MULLERIAN HORMONE (AMH) (BECKMAN)			
ANTI MULLERIAN HORMONE (AMH)	0.32	Very low fertility:below 0.3 Low fertility:0.3-2.19 Satisfactory fertility:2.19-4.0 Optimal:above 4.0	ng/ml
Remark:			
-End of Report-			
Please correlate with clinical conditions.			
Done By	LAB TECHNICIAN	Checked By	SALEENA NAVAS
Entered By			



DISCUSSION

Infertility is an increasing problem, which affects the mental and physical health of woman. Here the couple was suffering from infertility and related psychosocial

problems since 10 years. During the investigations, found the male partner was no significant pathology, whereas female partner had hormonal abnormality in luteinizing hormone (LH), Estradiol (E2), Anti Mullarian Hormone (AMH) and uterine fibroids. Treatment principle is *Agni Dipana, Mootavatanulomana, Vatahara, Apanavata Vaigunyahara. Kaphapithakara, Garbhasthapana.* Acharya Charaka^[16] described *Agroushada* for *Garbhadhana* is *Saumanasyam* (peaceful mind). This couple was suffering from psychological stress, that should be also treated. Initially *Sukumaram Kashaya* and *Kalyanaka Kashaya* were given morning and evening respectively. *Sukumaram Kashaya* exhibit the properties like *Dipana, Anulomana, Tridosha Samana* and indicated in *Yoni Roga, Ksheena Rajas, Apraja, Udavartha* and others. *Kalyanaka Kashaya* possess activities in *Aretasi, Apraja, Apasmara* etc, it shows *Balya, Mangalya. Ayushya* and *Medhya* property, and have an action in psychological conditions also. *Cap. Ayush Estro* is a patent medicine which contain seven powerful plant nutrients beneficial to treat uterine fibroids, menstrual problems and others. *Kalyanaka Ghrita* have same properties that of *kashaya. Dadimadi Ghrita* exhibit properties like *Dipana, Mootavatanulomana* and directly indicated for *Vandhya, Dhukha Prasava* etc so it was given in the second stage of treatment. *Profert F* is an *Ayurvedic* patent medicine directly indicated for infertility, by encourages timely ovulation, increase the chance of conception, and create a fertile intra uterine environment. In *Bhaishajya Ratnavali* explained intake of *Lakshmanarista* for 1 month cure all *Stree Rogas*. During the treatment she had got some allergic problems, modified *Haridra Khanda- Rajanikhand powder* was given. *Phalasarpis* indicated for *Yoni, Sukra Dosha, Pustikara, Medhya*, good for *Pumsavana* and *Garbhini*. It improves the quality of ovum and regulates the ovulation. *Optova capsule* directly given for impotency and infertility. *T.A tablets* given to the patient for the purpose of improving haemoglobin count. *Menatone (Capsule of Mahanarayana Thaila)* is an *Ayurvedic* traditional Medicine indicated for, *Sukra Kshaya, Vandhyatva. Brahmi Ghrita* has a special property *Vandhyasoota Pradam. Brahmi Ghrita, Phalasarpis, Kalyanaka Ghrita* have a role to overcome

the psychological problems. The lady got conceived within the nine (9) months of treatment.

CONCLUSION

A couple is generally considered as Infertile when she has not conceived after one year of regular unprotected sexual activity. Infertility affects both male and female partners, especially physical, mental, emotional, and social health of women. From the above case study, it was cleared the Ayurvedic treatment for infertility was effective and leading to successful conception. But one more thing kept in mind was, before start treatment cause of infertility clearly identified and that should be addressed. Ayurvedic concept of treatment is based on *Asthasthana Pareeksha* and *Dasavidha Pareeksha*. So, each patient and the conditions are different; according to the condition formulate a line of treatment for that particular patient.

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