An Ayurvedic perspective of Female Infertility - A Case Study

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ABSTRACT

Infertility is an emerging health problem that has profound socioeconomic and health implication on both the individual and society. Unexplained Infertility is defined as the inability to conceive even after one year with routine investigations of infertility showing no abnormality; with overall incidence of 10-30%. Ayurveda assures normal pregnancy by proper maintenance of Garbha Samgraha Samagris and normalcy of mind. All the causes of female infertility come under the imbalance of Garbha Samgraha Samagri and Manasika factors. In this case report patient suffered from primary infertility since years, after allopathic consultation came for Ayurvedic treatment. From detailed history involvement of vitiated Vata, Agnimandhya and stressful mind was noticed. The line of treatment followed in this case was Virechana, Basti, Nasya, Vatanulomana, Garbhastapana Aushadhis and psychological assurance that favours conception in this couple.

Key words: Unexplained infertility, Primary infertility, Vandhyatva, Conception

INTRODUCTION

Ayurveda is a science, having its own method of diagnosis & treatment based on it. According to Ayurvedic classics infertility is failure achieve a child rather than pregnancy as Garbha Strava (repeated abortions) & Mrutvatsa (having repeated still births) is also included in types of infertility.

Important factors of constituents of Garbha (foetus) are 1) Rutu (fertile period), 2) Kshetra (reproductive organs), 3) Ambu (nutritive fluids), 4) Beej (Ovum) -

Also healthy psychological status, normal functioning of Vata (one of the governing factor of body according to Ayurveda), Shadbhava (Six factors mother, father, Atma, Satva, Satmya, Rasa). Any abnormality in these factors causes infertility. In Ayurvedic classics six type of Vandhyatva are noted, which seems to be specific clinical features,

Garbha Kosh Bhanga (injury to uterus), Kakvandhya (one child sterility or secondary infertility), Anapatya (no child or primary infertility), Garbhastravi (repeated abortions), Mrutvatsa (repeated still births), Balakshaya (loss of strength). Prognosis of infertility (cited by classics) depends on the cause, in Beejdosha - (developmental abnormalities of reproductive organs) is incurable, Anapatya & Kakvandhya can be treatable. In Ayurveda main cause of any abnormal function in body is Agnimandya & Tri Doshaa Dushti (vitiation of three governing factors of body).

CASE REPORT

Presenting Concerns

A couple named Mr X and Mrs Y, aged 26 years and 30 years respectively came to the OPD of RAC Chaukaghat...
Hospital, Varanasi on 01/07/2023, to conceive for 2 years of married life. Both are non-alcoholic, non-smokers with no history of HTN/DM. The female patient had a history of delayed menses at the interval of 4-6 months since menarch.

**Clinical Finding**

The female patient was examined thoroughly, and physical examination did not reveal any abnormal findings. Her BP wants 120/80 mm of Hg, pulse rate 70/min, body mass index 33 kg/m.\(^2\) P/V and P/S examination showed a nulliparous cervix without significant abnormality. She is of Kapha-Vuta Prakruti with Madhyama Satva Mrudu Koshta and Mandagni. The male patient was also stable with normal clinical examination findings with BP 120/80 mm of Hg, pulse 74/min, body mass index 28 kg/m. He is of Pitta Prakruti with Pravara Satva Madhayama Koshta and Teekshnagni.

**Menarche:** at the age of 14 years

**LMP:** 17/05/23

**Interval:** 4-5 months / Irregular cycles

**Duration of bleeding:** 0-1 days

**Associated complaints:** Pain in abdomen during menses

**Medical History:** No History of DM, HTN, TB/any major illness

**Asthvidha Pariksha**

* Nadi: 74/min
* Mootra: Prakrut
* Mala: Prakrut
* Jihva: Saam
* Shabda: Spashta
* Sparsh: Anushnashit
* Drik: Prakrut
* Aakriti: Madhyam

**Internal Examination**

P/S: White mild discharge with healthy cervix

P/V: Uterus anteverted, Normal in size, No fornix tenderness.

**Lab Investigation**

**Mrs. Y**

**(8/12/21)**

Hb% - 10.7 gm/ dl %

RBS - 102 mg/dl

Lipid Profile - WNL

Normal thyroid profile

LFT - WNL

KFT - WNL

HCV - NR

HIV I, II - NR

VDRL - NR

HBsAg - NR

Sr. LH - 25.32 mIU/ml

Sr. FSH - 10.53 mIU/ml

Sr. PRL - 25.32 mIU/ml

AMH - 2.167 ng/ml

**USG (8/07/23)**

- Mild hepatosplenomegaly
- Ut - normal (7.3×3.8×3.0 cm)
- ET - 8.4 mm
- Right ovaries normal
- Left ovary shows a complex cyst of size 25x30 mm with internal echoes and septations & no obvious internal vascularity.
- Left Ovarian Complex Cyst-Likely Hemorrhagic Cyst
Mr. X - Normal semen analysis.

**Anuvasana Basti**

**Sahachar Tail 60ml**

**Erand Tail 20 ml**

**Uttarbasti**

**Shatpushpa oil**: 5ml

**Exercise** (Yoga, Suryanamaskar, Pranayam)

**Internal Medicines**

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Treatment</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21/07/23</td>
<td>Rookshana</td>
<td>Triphala Phanta, barley diet</td>
</tr>
<tr>
<td>2</td>
<td>27/07/23</td>
<td>Deepan Pachan</td>
<td>Aaragvadh + Panchtikta Ghritta</td>
</tr>
<tr>
<td>3</td>
<td>27/07/23</td>
<td>Shodananga Snehpana</td>
<td>Varunasigru Kwatha</td>
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<tr>
<td>4</td>
<td>05/08/23</td>
<td>Internal medicines</td>
<td>Chandraprabha Vati, Saptamrita Lauha, Yogaraj Guggulu</td>
</tr>
<tr>
<td>5</td>
<td>05/08/23</td>
<td>Virechana</td>
<td>Eranda Taila</td>
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</table>

During the course of medicines, it was observed that, her menstrual cycles were regularized. We advised her to continue the same medicines for another one month.

**RESULT**

Patient come with LMP 17/05/23. She got her UPT positive on 04/10/23. On her first scan on single live intrauterine gestation approximately corresponding to 06 weeks 04 days + 10days has noted. In further follow up Abhra Lauha, Aamalaki Churna & Bilwadi Churna etc. with appropriate Garbhini Paricharya for the lady.

- **Bilvadi Churna** - 2gm
- **Amalaki Churna** - 3gm
- **Giloy Satva** - 500mg
- **Sankh Bhasma** - 250mg
- **Tav Abhra Lauha** - 2tab BD

**DISCUSSION**

According to Acharya Kashyapa Virechana helps the Beeja to become efficacious Beejam Bhavati Karmukam, Because of the involvement of Vata Dosha next Basti was planned. Uttar basti probably will be helping in increasing the endometrial receptivity by helping in increasing endometrial thickness, and

**CASE REPORT**

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uterine artery flow. It helps in maintaining the healthiness of the endometrium, uterine contractility, and circulation. It helps in the nourishment of the reproductive system, and it will give a good environment for ovulation. After this in the next cycle Anuvasana Basti. As mentioned in Bhaishajya Ratnavali Shatapushpa Taila is Yoni Doshara and helps in conception Shatpushpa Nasya was administered which helped in stimulating the hypothalamus pituitary axis. In Kashyapa Samhitha Shatapushpa Tail has been mentioned as Arthavajanana and its Brumhana properties increase Bala of the person, it does Shodhana of Yoni and it is said to be Putra Pradayini, Pushpa Utpannakari. All the internal medication given helped in normalizing the Doshas and Agni and helped her to conceive.

CONCLUSION

Infertility is a relatively common reproductive health concern. More over no significant pathology was detected in both partners. But according to Ayurveda, conception takes place due to healthy sperm, healthy ovum, and a healthy uterus. According to Charaka, abnormalities of Yoni, psychology, Shukra, Artava, diet and mode of life, coitus at improper time and loss of strength causes delay in achieving conception in an otherwise fertile woman. Here in this case important consideration was given to Vata Anulomana, because proper functioning of Vata Dosha is necessary in every aspects of fertility. Thus, the treatment was planned for ensuring Vata Anulomana and Agni. Initially she was given Deepana Pachana Chikitsa and Virechana was done.

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