A case report on Ayurvedic management in Secondary Infertility due to Artava Kshaya

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ABSTRACT

Background: Female infertility treatment has witnessed global growth in recent years,[4] yet despite advancements in medical strategies, many couples still face unsuccessful treatment attempts.[5] Complementary and alternative medicine, such as Ayurveda, has garnered attention as an alternative option for infertility treatment, offering a range of inpatient and outpatient interventions. Case report: This report highlights the case of a 31-year-old woman suffering from Vandhyatva due to Artava Kshaya, trying to conceive since the past 9 years. After one natural conception followed by a spontaneous abortion, and six years of unsuccessful conventional fertility treatments, the patient turned to Ayurvedic care. Undergoing a multi-staged Ayurvedic treatment, various Panchakarma therapies including Vamana, Virechana, Yogabasti, Nasya, Matra-Basti and Uttarabasti, including oral medication, dietary and lifestyle adjustments, and spiritual elements, the patient successfully conceived and delivered a healthy baby in 2023. Conclusion: Ayurveda presents a promising avenue for addressing infertility when conventional treatments fail. However, the evidence supporting Ayurvedic interventions remains limited and necessitates robust clinical trials. Emphasizing holistic health improvement, the Ayurvedic approach to fertility aims to enhance overall well-being, potentially increasing the likelihood of successful pregnancy outcomes. Further research is warranted on large scale to establish the efficacy and safety of Ayurvedic interventions in female infertility management.

Key words: Secondary Infertility, Artava Kshaya, Uttarabasti, Infertility

INTRODUCTION

Infertility is defined as the inability to conceive after 1 year of uninterrupted intercourse of reasonable frequency.[3] It is common in 10-15% of couples.[4] Secondary infertility is defined as the inability of a couple to conceive subsequent to a previous successful conception. This condition may arise due to a multitude of factors including hormonal imbalances, structural abnormalities, or alterations in lifestyle that have transpired since the prior successful conception.

According to Ayurvedic principles, successful conception requires the harmonious interaction of four fundamental components[5] - Rtu (timing), the Kshetra (field), Ambu (fluids and nutrition), and Beeja (seed). In cases of Artava Kshaya, a condition characterized by 'Yathochita Kaala Adarshanam' and 'Alpata', can be seen commonly in present-day manifestations such as oligomenorrhea and prolonged menstrual cycle. Here, the primary impediment lies within the timing aspect, known as 'Rtu'.

Herein, we present the case of a 31-year-old woman exhibiting symptoms consistent with Artava Kshaya, resulting in secondary infertility. Artava Kshaya and Vandhyatva management principles were adopted to first correct the ‘Rtu’ factor and then to achieve conception.
De-identified demographic and other patient information
A 31 year old woman from a middle-class family, a homemaker in a city in India.

Main concerns and symptoms of the patient
A married couple presented at the Ayurvedic Hospital Striroga OPD with the complaint of inability to conceive after 9 years of regular unprotected sexual life. The semen parameters of the husband were found to be within normal limits. The wife, aged 31, had menstrual irregularities since menarche. The menstrual history of the patient showed 3 days duration with an interval of 45 to 60 days between two cycles. Although she conceived naturally once, she experienced a spontaneous abortion in the second month. Over the past six years, they pursued various conventional treatments, details unspecified, without success. In Jan 2022 the patient sought advice at our Striroga OPD to find a better solution.

Medical, family and psychosocial history including genetic information
Family history: No history of Artavakshaya.
Medical history: No major or relevant medical condition. No surgical history.
Relevant past interventions and their outcomes:
In 2014, she underwent hormonal treatment with oral contraceptive pills, which temporarily regulated her cycles to 30 days but reverted to irregularity upon cessation.

Clinical Findings

Relevant Physical Examination
P/A - Soft, Non tender
P/V - No discharge, No anatomical anomalies, No inflammation
P/S - No cervical erosion, Nulliparous OS

Other clinical investigations
USG Abdomen Pelvis - No obvious anomalies. Mild bilateral polycystic changes seen in the ovaries.

Follicular Study - Ovulation noted on 22nd day of menstrual cycle

Diagnostic challenges
All causes of infertility were ruled out including tubal, ovarian, endometrial, autoimmune, TORCH & other infections etc.

Diagnostic reasoning including differential diagnosis
1. The patient's clinical presentation fulfilled only two of the diagnostic criteria for PCOD - Mild Polycystic ovaries and irregular menstruation, excluding PCOD diagnosis.
2. Oligo-hypo menorrhea observed. Prolonged intermenstrual periods (45 to 60 days) and scanty bleeding (1-2 pads) present. Systemic and hormonal causes were excluded, by relevant blood investigations such as CBC, Thyroid Profile test, etc.
3. ‘Yathochita Kaala Adarshana’ and ‘Alpata’ are seen as in Artava Kshaya.

Prognostic characteristics when applicable: NA

Therapeutic Interventions

Types of interventions (modern pharmacological)
Oral Medication (Tab. Folvit 1-0-0) and IUI attempted.

Types of intervention (traditional, complementary, alternative medicine)
Oral medications, Panchakarma Therapy - Uwartaana, Snehapanana, Vamana, Virechana, Basti, Matrabasti, Uttarakasthi, Nasya.

Administration of therapeutic intervention (such as dosage, strength, duration)
Madanaphala Yoga 10g
Peyadi Samsarjana Krama (5 days)

22nd February 2022 to 7th March 2022
Snehanam with Guggulu Tikta Ghrita (5 days)
Vishrama Kala (3 days) - Sarvang Abhyangawith Mahanarayana Taila followed by Bhushpa Sweda. Pitta Utiklesha Ahara.
Virechanam with 75g Trivrit Lehya
Peyadi Samsarjana Krama (5 days)

Menstrual cycle length reduced to 30 days. Patient was given same Shamanshadhis until next menstrual cycle.

24th April 2022 to 1st May 2022
Dashamoola Eranda
Nirooha Basti (388mL) and Mahanarayana Taila Anuvasa Basti (150mL) Yoga Basti pattern for 8 days

Patient was given same Shamanshadhis until next menstrual cycle.

22nd June 2022 to 28th June 2022
Nasya with Shatapushya Taila 4 drops - 0 - 4 drops for 7 days

Patient was given same Shamanshadhis until next menstrual cycle.

August 2022
Two rounds of IUI attempted around ovulation time based on follicular study
Failed to Conceive. Patient was given same Shamanshadhis until next menstrual cycle.

24th October 2022 to 30th October 2022
Matra Basti with Mahanarayana Taila 75 ml (7 days) and Uttara Basti with Phala Ghrita 5mL on day 3, 4 and 5.

Patient was given same Shamanshadhis until next menstrual cycle.

23rd December 2022 to 31st December 2022
Matra Basti with Mahanarayana Taila 75 ml (7 days) and Uttara Basti with Phala Ghrita 5mL on day 3, 4 and 5.

Continue same tablets for 3 months.

Pathya - Apathya: Diet and lifestyle restrictions to be followed by the patient strictly - were to completely avoid sour and pungent food, processed junk food, deep fried items.

Follow-up medication
1. Tab. Repromed 1-0-1 (A/F)
2. Tab. Strivyadhihara Rasa 1-0-1 (A/F)
3. Tab. Torchnil 2-0-2 (A/F)
4. Tab. Folvite 1-0-0 (A/F)

External medications: NA

Changes in interventions with explanations: NA

Follow Up and Outcomes

Clinician assessed outcomes
1. Initial treatment of Udwartana, Snehanam, and Vamana helped in regularising the menstrual cycle.
2. The patient felt more light and energetic after Shodhana (Vamana and Virechana).
3. The patient was given Shamanshadhis and advised to attempt conception after each step in Shodhana, else continue to the next step of treatment after the commencement of the next menstrual cycle.
4. IUI was attempted without avail.
5. In spite of the above, two rounds of Uttarabasti combined with Matra-Basti were done and Shamanshadhis continued.
6. The woman’s willpower, trust in the doctor, and treatment course allowed her to be positive throughout the year-long procedures.
7. She conceived naturally in February 2023 and delivered a healthy baby via LSCS on November 16, 2023.

Patient assessed outcomes: Periods became regular, feeling light and energetic.

Important follow-up diagnostic and other test results:
UPT Positive, Early pregnancy scan shows viable gestational sac.

Intervention adherence and tolerability
- The patient adhered to all the instructions.
- She was comfortable with the Ayurvedic treatment modalities.
- The patient did not experience any adverse symptoms.
CASE REPORT

Adverse and unanticipated events: Nil

DISCUSSION

In this case report, the study sheds light on the efficacy of Ayurvedic principles and treatments in managing infertility issues, particularly in cases where conventional medical approaches may fall short.

Discussion on probable mode of action

Artava Kshaya results due to vitiation of Rasa Dhatu and involvement of Kapha and Vata. Vamana is Srotoshodhaka in nature (clearing micro-channels in the body). Hence, Vamana followed by Cap. Repromed (containing Phala Ghrita) removes the obstruction of flow of Vata and increases the Artava Dhatu qualitatively as well as quantitatively which helps in menstrual irregularities. Virechana Karma has a direct effect on Agnisthana. Hampered Agni is one of the initiating factors in the formation of vitiated Raja. It pacifies the vitiated Kapha and Vata Doshas and removes vitiating excessive Pitta, thus helping in Raktashodhana Karma. Basti is not merely an enema that exerts a local cleansing effect; rather, it is a highly complex, sophisticated, and systemic therapy having a wider range of therapeutic actions and indications. It exerts its action by Endcolonic (action inside the colon), Encolonic (action on tissues of the colon), and Diacolonic (for systemic action) ways.[6] Nasya, which is considered as having direct action on the neuro-endocrinological system, may regulate the HPO axis and normalize menstruation.[7]

Discussion on merits and demerits

One of the significant merits of this study lies in its holistic approach to infertility management. Ayurveda, as a traditional Indian system of medicine, emphasizes personalized treatment strategies that take into account the individual's unique constitution, lifestyle, and underlying imbalances. By adopting such an approach, the practitioners were able to tailor interventions specifically suited to the patient's needs, addressing both physical and psychological aspects of infertility. The successful outcome reported in this case serves as compelling evidence of Ayurveda's potential in infertility management. The restoration of hormonal balance, improvement in menstrual regularity, and subsequent conception highlight the effectiveness of Ayurvedic therapies such as Panchakarma, herbal formulations, dietary modifications, and lifestyle recommendations. This not only offers hope to individuals struggling with infertility but also underscores the importance of exploring alternative therapeutic options beyond conventional Western medicine. However, it's essential to acknowledge certain limitations and demerits inherent in this case report. The study is based on a single case, which limits the generalizability of the findings. While the reported outcome is promising, it would be prudent to replicate the intervention in a larger sample size to validate its effectiveness across diverse populations.

CONCLUSION

In conclusion, the case report on Ayurvedic management in secondary infertility due to Artava Kshaya offers valuable insights into the potential of traditional Ayurvedic interventions in addressing complex reproductive health issues. The personalized approach, encompassing herbal therapies, dietary modifications, and lifestyle interventions, yielded promising results in restoring fertility and achieving conception. While the findings are encouraging, further research is warranted to establish the efficacy and safety of Ayurvedic treatments in infertility management. Large-scale studies employing rigorous research methodologies, including randomized controlled trials, are needed to validate the observed outcomes and ascertain the comparative effectiveness of Ayurveda vis-à-vis conventional medical approaches. Despite the limitations inherent in this case report, it serves as a foundation for future investigations into Ayurvedic interventions for infertility. By embracing a multidisciplinary approach that integrates traditional wisdom with contemporary scientific methods, we can unlock the full potential of Ayurveda in promoting reproductive health and addressing the complex challenges of infertility.

REFERENCES


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