ISSN 2456-3110
Vol 9 · Issue 5
May 2024

JAiMS
INTERNATIONAL

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Maharshi Charaka
Ayurveda

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
CASE REPORT May 2024

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

Srushti Susarla[1], Anupama V[2], Sowmya G[3]

[1]*Second Year Post Graduate Scholar, Dept. of Prasooti Striroga, Sri Kalabyraveshwara Ayurveda Medical College, Bengaluru, Karnataka, India.*

[2]*Professor & HOD, Dept. of Prasooti Striroga, Sri Kalabyraveshwara Ayurveda Medical College, Bengaluru, Karnataka, India.*

[3]*Assistant Professor, Dept. of Prasooti Striroga, Sri Kalabyraveshwara Ayurveda Medical College, Bengaluru, Karnataka, India.*

ABSTRACT

Background: Female infertility treatment has witnessed global growth in recent years,[1] yet despite advancements in medical strategies, many couples still face unsuccessful treatment attempts.[2] 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 '*Rutu*'.

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.

Address for correspondence:
Dr. Srushti Susarla
Second Year Post Graduate Scholar, Dept. of Prasooti Striroga, Sri Kalabyraveshwara Ayurveda Medical College, Bengaluru, Karnataka, India.
E-mail: ssrushti@gmail.com

Submission Date: 08/03/2024 Accepted Date: 23/04/2024

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.9.5.47

ISSN: 2456-3110 CASE REPORT May 2024

CASE REPORT

De-identified demographic and other patient information

A 31year 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 - *Uwartana*, *Snehapana*, *Vamana*, *Virechana*, *Basti*, *Matrabasti*, *Uttarabasti*, *Nasya*.

Administration of therapeutic intervention (such as dosage, strength, duration)

Date	Therapeutic interventions	Comments
19th January 2022 to 6th February 2022	*Udwartanam* with *Triphala + Kolakulathadi Churna* (7 days) *Snehapanam* with *Guggulu Tiktaka Ghrita* (5days) *Vishrama Kala* (1 day) - *Sarvanga Abhyanga* with *Mahanarayana Taila* followed by *Bhashpa Sweda. Kapha Utklesha Ahara.* *Vamana* with	Tab. Repromed 1-0-1 (A/F)Tab. Strivyadhihara Rasa 1-0-1 (A/F) Tab. Torchnil 2-0-2 (A/F) Tab. Folvite 1-0-0 (A/F) Till completion of next menstrual cycle

ISSN: 2456-3110 CASE REPORT May 2024

	Madanaphala Yoga 10g *Peyadi Samsarjana Krama* (5 days)	
22nd February 2022 to 7th March 2022	*Snehapanam* with *Guggulu Tiktaka Ghrita* (5days) *Vishrama Kala* (3 days) - *Sarvanga Abhyanga*with *Mahanarayana Taila* followed by *Bhashpa Sweda. Pitta Utklesha Ahara.* *Virechanam* with 75g *Trivrut Lehya* *Peyadi Samsarjana Krama* (5 days)	Menstrual cycle lengthreduced to 30 days. Patient was given same *Shamanoushadhis* until next menstrual cycle.
24th April 2022 to 1st May 2022	*Dashamoola Eranda Nirooha Basti* (388mL) and *Mahanarayana Taila Anuvasana Basti* (150mL) *Yoga Basti* pattern for 8 days	Patient was given same *Shamanoushadhis* until next menstrual cycle.
22nd June 2022 to 28th June 2022	*Nasya* with *Shatapushpa Taila* 4 drops - 0 - 4drops for 7 days	Patient was given same *Shamanoushadhis* until next menstrual cycle.
August 2022	Two rounds of IUI attempted around ovulationtime based on follicular study	Failed to Concieve. Patient was given same *Shamanoushadhis* 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 *Shamanoushadhis* until next menstrual cycle.
23rd December 2022to 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*, *Snehapana*, 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 *Shamanoushadhis* 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 *Shamanoushadhis* 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.

ISSN: 2456-3110 CASE REPORT May 2024

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 vitiated 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

1. Sun, H., Gong, T. T., Jiang, Y. T., Zhang, S., Zhao, Y. H., & Wu, Q. J. (2019). Global, regional, and national

ISSN: 2456-3110 **CASE REPORT** May 2024

prevalence and disability-adjusted life-years for infertility in 195 countries and territories, 1990-2017: results from a global burden of disease study, 2017. *Aging*, *11*(23), 10952–10991. https://doi.org/10.18632/aging.102497

2. Smith, J. F., Eisenberg, M. L., Millstein, S. G., Nachtigall, R. D., Sadetsky, N., Cedars, M. I., Katz, P. P., & Infertility Outcomes Program Project Group (2011). Fertility treatments and outcomes among couples seeking fertility care: data from a prospective fertility cohort in the United States. Fertility and sterility, 95(1), 79–84. https://doi.org/10.1016/j.fertnstert.2010.06.043
3. Zegers-Hochschild, F., Adamson, G. D., de Mouzon, J., Ishihara, O., Mansour, R., Nygren, K., Sullivan, E., Vanderpoel, S., International Committee for Monitoring Assisted Reproductive Technology, & World Health Organization (2009). International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. Fertility and sterility, 92(5), 1520–1524. https://doi.org/10.1016/j.fertnstert.2009.09.009
4. Katole, A., & Saoji, A. V. (2019). Prevalence of Primary Infertility and its Associated Risk Factors in Urban Population of Central India: A Community-Based Cross-Sectional Study. Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine, 44(4), 337–341. https://doi.org/10.4103/ijcm.IJCM_7_19
5. Kaviraj Ambikadutta S. Sushruta Samhita of n Sushruta, Sharira Sthana. Reprint edition. Ver. 35, Ch. 2. Varanasi: Chaukhamba Sanskrit Sansthana; 2012. p. 19.
6. Balat, G., Dei, L., Donga, S., & Bhagora, T. (2019). Effect of Brihatyadi Yapana Basti and Shivalingi (Bryonia laciniosa Linn.) seed powder in the management of female infertility (Vandhyatva) due to anovulatory factor: An open-labelled randomized clinical trial. Ayu, 40(4), 216–222. https://doi.org/10.4103/ayu.AYU_123_18
7. Aparna S, Maya Balakrishnan, Giby Thomas. Role of Nasya in the Management of Dysfunctional Uterine Bleeding - A Review. International Journal of Ayurveda and Pharma Research. 2021;9(2):68-71.

How to cite this article: Srushti Susarla, Anupama V, Sowmya G. A case report on Ayurvedic management in Secondary Infertility due to Artava Kshaya. J Ayurveda Integr Med Sci 2024;5:279-283. http://dx.doi.org/10.21760/jaims.9.5.47

Source of Support: Nil, **Conflict of Interest:** None declared.

****

Copyright © 2024 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by-nc-sa/4.0), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.