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Treating long standing Primary Infertility with Ayurveda - A Case Study

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ABSTRACT

Infertility is an increasing condition in society which has become a challenge to the gynaecologist. Based on the census reports of India 2001, 1991, 1981 researchers show that childlessness has increased by 50% since 1981. The increase may be due to many reasons, as sexually transmitted infections, coping with stress, the way of living, job pressure, postponing parenthood, galloping urbanization, obesity etc. *Vandhya Stree* is either due to *Beeja Dosha* or other causes where she can be treated and made to conceive. *Vandhyatva* is a condition which occurs as a complication of various diseases, different *Yonivyapats*, *Jatharagnis*, *Artavadushtis*, *Beejadasha*, *Mithyaachara*, *Daiva* are various contributory factors for *Vandhya*. Many treatments have been available with different success rates. They include fertility drugs, intrauterine insemination (IUI), in vitro sperm injection (ICSI), donor insemination (DI), egg (or embryo) donation and surrogacy. long standing infections of vagina or urinary system, UTI, TORCH infections contribute to non conception due to compromised immune system. *Atimathuna* in *Baalavashtha* is explained as one of the causes for *Yonivyapats*, treating the *Yonivyapat* and reducing infection enhances conception. This theory was followed in this case to achieve conception. Presenting such a case with long standing infertility and infection treated successfully with Ayurvedic medicine and achieved conception.

Key words: *Vandhya*, *Yonivyapat*, *TORCH*, *Conception*, *Primary Infertility*.

INTRODUCTION

‘*Stree Hi Mulampatyanamstree Hi Rakshatirakshita*’ Women indeed is the source of human progeny. When protected, she protects the progeny. Woman undoubtedly is the ultimate source of human progeny. The continuity and health of the society as well as universe depends upon her. Hence prime

importance has been laid upon her health care in Indian *Shaastras* due to her role in giving birth to *Shreyasipraja* - a progeny which is physically, mentally, socially as well as spiritually healthy.

‘*Styayate Asyaam Garbhaha Iti Stree*’ i.e. a body where *Garbha* gets impregnated and receives nourishment is called *Stree*. *Garbha* is defined as, ‘*Shukra Shonita Jeeva Samyoge Tu Khalu Kukshigate Garbha Sangnaa Bhavati*’. *Acharya Sushruta* has included some more factors essential in the conjugation i.e. *Aatma*, *Prakruti* and *Vikaara*. *Dalhana* has commented that *Aatma* is the *Kshetraajyna*.

Factors that are responsible for the formation of *Garbha*^[1] are: The healthy *Shukra* and *Shonita* are two essential components of *Garbha*. Conjugated *Shukra* and *Shonita* rest in the (healthy) *Garbha-Aashyaha*, *Jeeva (Aatma Prakruti Vikaara Sammurchheetam) Avtarana* takes place in conjugated *Shukra* and *Shonita*.

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A *Garbha* is *Panchabhautika* hence *Panchamahabhoota Sammyatva* is necessary; all equally important and their continued balance needed.

Vandhya is caused by various factors as a condition resulting from *Beejadoshha*, *Artavadushti*, *Daiva*, *Mithyaaharavihara*, *Yonivyapats*,^[2] *Atimaithuna* in *Baalaavastha*, *Jatahaarinis* etc. failures of any one of *Ritu*, *Kshetra*, *Ambu*, *Beeja* results in non formation of *Garbha*.

Infertility is a complicated complex situation which is been increasing in cases drastically over a period of time due to either life style fluctuations, fast food system, dietary variations, sleep habit disturbances, stress. There is increasing demand for ART assisted reproductive techniques which includes IUI, IVF which helps in facilitated production. Hence treating infertility is a challenging job taking into considerations the basic Ayurvedic principles which helps to correct all the factors needed for natural fertilization. Factors like long standing infection of either vagina or urinary tract, TORCH infections reduces the immune system and hinders the conception.

Such a case study has been conducted here with regards to treating causes of long standing infertility of 22yrs with chronic infections and establishing normal physiology enhancing normal fertility.

AIMS AND OBJECTIVES

To assess the efficacy of Ayurvedic medicines in treating primary infertility.

CASE REPORT

A 36 years old female Hindu patient, house wife by occupation visited the OPD of SKAMCH & RC, dept of Prasootitantra and streeroga on 30th november 2016 with the chief complaints;

- No issues since 22yrs

Associated complaints

- Pain during coitus since 22yrs

- Pain and burning micturition, increased urgency, frequency of micturition since 6 yrs
- Burning sensation, swelling, pain in vulval region after coitus since 6 yrs
- White discharge p/v occasionally
- Reduced appetite
- Lower abdomen pain occasionally

History of present illness

Patient was said to be apparently healthy before her menarche which was at the age of 14. Menstrual cycles were regular since menarche. After 4 months of her first menstruation at the age of 14, her family got her married. Her education discontinued after marriage. The couple have not used any contraceptive measures since marriage. Initially patient experienced pain during coitus. Her mother said its common and she neglected. Couple did not worry much about not conceiving for first five years did not consult any doctor for any complaints. After 5 years of marriage with regular unprotected coitus, she was unable to conceive. There was persistent pain during coitus. This made her to consult a near by doctor. Doctor suggested some gels and tablets which she continued for 1 year but there was no improvement in patient condition hence discontinued. For almost next 10-11 years patient did not consult any doctor or hospital for check up due to financial problems. 6yrs ago there was severe dehydration, she was admitted to hospital with dehydration. She had burning painful micturition, increased frequency urgency and pain abdomen during admission. Discharged after 10 days. Even after discharge there was persistent burning micturition, pain during micturition, increased urgency, frequency of micturition on and off (atleast twice a week for 6-9 times/day). Pain during coitus also persisted but was associated with burning sensation, swelling, pain in vulva after coitus (for 4-5hrs), occasional white discharge p/v (more when periods are near, mid cycle), lower abdomen pain occasionally and reduced appetite since 6 yrs. From past 6 years patient visited various hospitals for the treatment of the same, and was put on various antibiotics and local applications

but patient did not find any relief. Patient visited a hospital 4 yrs ago and the gynaecologists there treated her for the past 4 years, trying IUI (6 sittings of IUI) along with other diagnostic, laproscopic investigations, laproscopic ovarian drilling done as USG revealed polycystic ovaries. There was no conception nor relief from pain, burning sensation, hence she was referred to our hospital for further management.

Past treatment history

- H/O hospitalization for dehydration and UTI - 6 yrs ago for 10 days and was treated with various antibiotics.
- H/O hospitalization for IUI, Laproscopic evaluation, ovarian drilling 2½ yrs ago
- Antibiotics - Taxim, sedcef, gramacef, o-flox, metronidazole.
- Vaginal tablets, creams - clindamycin, v wash, caudiferm, evixam gel, candid cream, clingen, flutibactoint, fudic cream.
- For induction of ovulation - clomiphene citrate
- Syp. Renalka for urinary symptoms.

Past history

- Non vaccinated as she was born at home not taken for any hospital check up till menarche.
- Patient did not suffer from any diseases before menarche, she didn't visit hospital too before menarche.

Family History, Occupational History : Nothing contributory

Menstrual History

- Menarche at - 14 yrs of age
- Menstrual cycle - regular since menarche, 4 - 5 days/28-30 days.
- Associated with pain abdomen during menstruation on 1st day for 3-4 hrs .
- Moderate bleeding, changes 2-3 pads for 1st 2 days then 1-2 pads / day

- Associated with clots occasionally.
- LMP - 26/11/16

Vaivahika Vruttanta

- Married life - 22 years
- Contraceptive history - not used any contraceptives since marriage.

Vaiyaktika Vruttanta

- Diet - Mixed (*Katu, Amla, Lavana Rasa Pradhana*) takes excessive sweets, cold, curds. Non veg earlier 2-3 times a week (chicken, fish), stopped since 5 yrs
- Appetite - reduced since 6 yrs
- Bowel - once per day.
- Micturition - 6-9 times a day, 2-3 times at night, associated with burning, pain during micturition. Increased frequency and urgency since 6yrs.
- Sleep - Night 4-5 hours, disturbed sleep, difficulty to fall asleep, wakes up midnight and worries. Some days no sleep at night.
- Habits - Coffee / tea, twice a day.

Vyavaya Vruttanta

- 8-10 times a week initial 1-2 yrs of marriage.
- 6-8 times a week for later 4-5 yrs, had reduced for few years during adoption, almost 2-3times/week.
- 4-5 times a week since past 6-7 yrs as suggested by doctors during ovulation week.
- *Maithunaasahishnuta* present - pain during coitus present
- Associated with pain, swelling, burning sensation after coitus for 4-5hrs from last 6yrs

Prasava Vruttanta : Not concieved (nulli para)

General Examination

- Height - 158cms
- Weight - 65 Kg
- BMI - 26

- Pulse Rate - 78 beats/min, regular
- BP - 110/70mm Hg
- Respiratory Rate - 19/minute
- Heart Rate - 78/minute
- Temperature - 98.4 F,
- Tongue - slightly coated
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lympha denopathy - Absent

Systemic Examination

- CVS, CNS, RS, GIT - NAD

Gynaecological Examination

p/s white discharge - white discharge with thick white mucoid discharge, no foul smell.

Cervix - hypertrophied,

p/v - vaginal tenderness - present

Dasha Vidha Pariksha

- *Prakruti - Vata Pitta*
- *Vikruti - Hetu - Katu, Amla, Lavanarasapradhanaahara, Sheeta, Guru Ahara* like excessive curds, sweets. *Tailarahita Rooksha Bhojana, Viruddhabhojana, Akaalabhojana, Atimathuna in Baala, Manasika* factor like *Chinta, Shokabhaya, Krodha.*
- *Dosha - Vatapradhanatridosha*
- *Dushya - Rasa Rakta Rajas*
- *Desha - Sadharana*
- *Bala, Sara, Samhanana, Pramana, Vyayama Shakti, Vaya - Madhyama*
- *Satva, Ahara Shakti (Abhyavarana, Jarana Shakti) - Avara*

Lab Investigations

- Semen analysis - Done on 21/3/2014 - Sperm count - 55 million/ml, rapid progressively motile - 45%, Non motile - 10%, Normal morphology - 90%, WBC - 8-10/hpf, Epi cells - 2-3/hpf.

- Haematology report done on 25/6/2013 - normal values
- Pap smear - Done on 8/8/2013, Interpretation - smear show high cellular yield of epithelial cells. background show dense neutrophilic infiltration and RBCs. Epithelial cells are superficial and intermediate cells exhibiting isodiametric nucleus. endo cervical cells are not identified. Impression - inflammatory smear.
- Urine culture sensitivity - Done on 6/12/2013, Growth - E. Coli >510CFU/ml, Reactive to amikacin,, done on 6/3/14 - insignificant bacteriuria.
- Vaginal swab culture - Done on 7/8/13, growth - Pseudomonas Pyocyanes, Reactive to Nitrofurantoin and doxycycline hydrochloride, Done on 6/12/2013, Growth - Klebsiella, Reactive to gentamicin, amikacin, done on 6/3/14-1. gram's stain smear report - few pus cells, numerous epithelial cells, numerous gram positive bacilli suggestive of lactobacilli and few gram negative bacilli seen.
- Culture report - no significant pathogen isolated on culture.
- Colposcopy report - Done on 7/8/2013, Cervix - hypertrophied, thick white discharge present , vaginal soreness present. Impression - normal colposcopic finding
- Torch Test - Serology - Done on 6/3/2014, Herpes simplex virus - 1 and 2 IgG - Positive, Herpes simplex virus 1 and 2 IgM - Negative, others - negative.
- Follicular study - done for 6 cycles - all shows dominant follicles of 1-2 follciles of 20*22m to 12*16mm diameter in both ovaries.
- USG - 29/7/16(after ovarian drilling) No sonological abnormality detected.
- HIV 1&2 - Non Reactive
- VDRL - Non Reactive
- HBsAg - non reactive

- HbA1c - 6.3%
- RBS - 90mg/dl
- TSH - 1.42UIU/ml
- High Risk HPV Types - Negative
- Diagnostic laproscopy - On 13/11/2014, Laproscopy under short GA, Findings - Uterus, B/L tubes, Ovaries - normal ovarian drilling done. B/L tubes patent
- Urine analysis - On 21/6/2013 - RBCs - 35-40/hpf, bacteria - absent. On 1/8/2016 - micro - pus cell - 2-3 /hpf, Epi cell - 1-2/hpf
- IUI - 6 Sitzings
 - D2 of cycle - T. Siphene 100mg 0-0-1 for 5 days
 - Follicular scan done on 10, 12, 14th days
 - Inj βhcg 5000iu IM stat given day before IUI
 - Under aseptic precautions, cervical dilatation done with dilators , IUI done on 8/5/15, 6/7/15, 4/10/15, 5/11/15, 6/1/16, 5/3/16.

Intervention

Referred to our hospital on 29-11-16

- *Tab. Agni Tundivati* 1-0-1 (bf) for 10 days
- Cap. Torchnil 1-0-1 (af)
- *Phalasarpi* 1-0-1tsp with hot milk (bf)
- *Cheriyā Madhusnuhi Rasayana* 1-0-1 tsp with warm water (af) for 1 mth.
- *Mahatiktaka Kashaya* 2-0-2 tsp + with 4 times water(af) for 1 mth.
- *Musalikhadiradi Kashaya* 2-0-2 tsp for 1 mth.
- Tab Nirocil 1-1-1 (af) for 1 mth.
- Tab Lukol 1-1-1 (af) for 1 mth.

Along with *Sthanika Chikitsa* of

- *Panchavalkala Kashaya Prakshalana* for 7 days, along with *Triphala Taila Yoni Pichu*. For 7 days given (29-11-16 to 5-12-16)

- Next *Panchavalkala Kashaya Prakshalana* for 7 days along with *Yuvathyadi Taila Yoni Abhyanga, Yoni Pichu* for 7 days (6/12/16 to 12/12/16)
- In between Patient came on 25/12/16 , with C/o excessive white discharge p/v, burning sensation in vulva, burning micturition, low back ache.
- Tab. Lukol 1-1-1 (af) for 7days
- *Khatakakhadiradi Kashayam* 2-2-2tsp with 4 times water (af) for 7days
- *Usheerasava* 3-3-3tsp (bf) for 7days
- Immuno gel for L/A at vulval region for 7days

RESULTS

There was a remarkable change in various symptoms and most importantly she conceived, as shown below:

Date	Treatment	Observation
29/11/16 - 29/12/16 (came after periods on 26/11/16)	<i>Tab. Agnitundivati</i> 1-0-1 for 1 st 10 days (bf) <i>Mahatiktakakashaya</i> 2-0-2 tsp + <i>Musalikhadiradikashaya</i> 2-0-2 tsp with 4times water(af) <i>Phalasarpi</i> 1-0-1tsp with warm milk (bf) Cap Torchnil 1-0-1 (af) Tab Nirocil 1-1-1 (af) Tab Lukol 1-1-1 (af) <i>Cheriyamadhusnuhirasayana</i> 1-0-1tsp with warm water (af)	LMP - 26-11-16Periods missed on 26/12/16White discharge reduced markedly after treatment Pain during coital act reduced significantly Swelling and pain after coitus reduced Pain, burning sensation during micturition slightly reduced
29/11/16 to	(SAME AS ABOVE)	White discharge

<p>5/12/16 (6-12-16 to 12-12-16) LMP - 26/11/16</p>	<p style="text-align: center;">+</p> <p><i>Panchavalkalakwatha yoni prakshalana, Triphalataila yoni pichu</i> for 7 days</p> <p style="text-align: center;">+</p> <p><i>Panchavalkalakwathaprasakhalana, Yoni abhyanga</i> following <i>Yoni pichu</i> with <i>yuvathyaditaila</i> for 7days following <i>prakshalana</i></p>	<p>reduced markedly after treatment</p> <p>Pain during coital act reduced significantly</p> <p>Swelling and pain after coitus reduced significantly</p> <p><u>Period on 26/12/16</u> <u>Was missed</u></p>
<p>25-12-16 to 1-1-17(7days) c/o excessive white discharge p/v, burning sensation in vulva, burning micturition, low back ache.</p>	<p>Addition of T. Lukol 1-1-1(af) <i>Khatakhadiradikashayam</i> 2-2-2tsp with 4times water (af) <i>Usheerasava</i> 3-3-3tsp (bf) Immuno gel for L/A 7days Missed periods on 26/12/16, came to our opd on 30/12/16.</p>	<p>Has missed her periods on 26thdec</p> <p>LMP was 26/11/16, missed the periods.</p> <p>UPT done on 30-12-16 was positive.</p>

○ SEDD - 3/9/17

▪ USG on 20/1/17 - Single live intra uterine gestation of 8 weeks 1days +or- 1 week

○ FHR – 175BPM

○ EDD - 21/9/17

▪ LMP - 26/11/16

▪ EDD - 2/9/17

▪ PRIMI

Treatment From 6/1/17 for 1month-After confirmation of pregnancy regular ANC check up

▪ Cap Torchnil 1-0-1 (af)

▪ Tab. leptadene 1-0-1 (af)

▪ Tab. Nirocil 1-1-1 (af)

▪ *Phalasarpi* 1-0-1tsp with milk (bf)

▪ *Khatakhadiradikashaya* 1-1-1tsp with equal water(af)

▪ *Usheerasava* 3-0-3tsp with equal water (bf) for 1 month

▪ ANC on 3/2/17- c/o low back ache, burning micturition, white discharge PV,

○ Tab. torchnil 1-0-1 (af)

○ Tab. leptadene 1-0-1 (af)

○ Tab. nirocil 1-1-1 (af)

○ *Phalasarpi* 1-0-1tsp

○ *Usheerasava*3-0-3tsp

○ Rheu liniment for e/a

▪ Recent – ANC on 29/6/17

○ c/o lower abdomen pain, cough ,

○ o/e – p/a – ut= 30 weeks

○ Fhs+ reg 142/min

○ Fm+

○ Crux srup 1-0-1tsp

○ Continue iron calcium

After 1 month of treatment

▪ UPT - Positive on 30/12/16

▪ LMP - 26/11/16

▪ EDD - 2/09/17

▪ β-HCG - 12389 mlu/ml (on 30/12/16)

▪ β-HCG - 21911 mlu/ml (on 1/1/17)

▪ USG on 13/1/17 -Single live intra uterine gestation of 6 weeks 5days + or - 1 week

○ FHR - 144BPM

- USG on 2/6/17- single live intra uterine gestation of 27.5wk± 1week

Patient was under observation, Regular ANC and follow up, delivered a female baby of 2.75kg on 10/8/17 by LSCS.

DISCUSSION

This case was diagnosed as *Apraja Vandhya*,^[3] treated in the lines of the same. As the patient has not conceived even once *Apraja* term is used here and presence of chronic infection made the consultants to add up the *Sthanika Chikitsas* and *Shodhana* line of action. Reducing the *Stanikadosha* vitiation was very important along with the enhancing conception. As the case was chronic, treated with ART like IUI, antibiotics the local vaginal flora, pH was highly disturbed and establishing normal physiology was needed. *Vata Dosh*a being disturbed mainly causes *Vedana* during *Maithuna* which was chronic in nature. changing her diet and following strict regimen helped to revert condition.

Tab. *Agnitundi Vati* was given mainly to correct *Agni* vitiation in the patient which in order corrects *Rasa Dushti* and helps in proper formation of *Artava* by clearing the *Artavavahasrotas* as it contains *Agni Deepana Pachana* drugs to ensure proper ovulation.

Cheriy Madhusnuhi Rasayana - Sahasra Yoga ref. *Lehyaprakarana*. Containing *Dwikundali, Phalatraya, Katutrya, Trijataka, Yavani, Saindhava, Vidanga, Rasna, Bharngi, Chavya, Granthika, Dhanya, Dwijiraka, Mamsi, Kushtha, Chitraka, Sariba, Varahi, Aswagandha, Madhusnuhi, Sarkara, Goghrita, Makshika*. These drugs are excellent *Lekhana* in nature. *Lekhana* is needed for proper scraping of endometrium and helps in uniform regrowth of endometrial layer which will be necessary for implantation. Cleansing the uterine layer removes the obstruction and clears the *Srotas*.

Phala Sarpi^[4] is added for proper rejuvenation of the endometrium. Is a uterine tonic. It acts on the endometrium and helps to stabilize the growth of it, if its a poor endometrium then it rejuvenates the cells and if it is an excess growth then it reduces the cells

thus helping to normalize the growth and controlling the hormones involved.

Sthanika Chikitsa like *Yoni Prakshalana* and *Yoni Pichu* helps to relieve the *Pradushta Sthanika Dosh*a and relieve the infection to a larger extent.^[5] *Shweta Yoni Srava* was mainly due to *Kapha Dosh*a and *Vata Dosh*a and signifies infection, which was also a causative factor for dyspareunia or *Maithuna Asahishnuta*. Reducing local *Vata Dushti* will significantly reduce the infection and pain. *Panchavalka Kashaya* containing *Vata, Ashwattha, Plaksha, Parisha, Udumbara* contains *Kashaya Rasas*^[6] acts as a *Yoni Shodhana* and *Stambhaka* reducing *Srava, Triphala Taila* acts as a *Yoni Shodhana* again reducing infection. *Yuvathyadi Taila* is a *Anubhoota Yoga* of Kottakal Pharmacy which mainly contains *Tila Taila, Ahishaghruta, Go Ghruta, Yuvati, Vacha, Katucha, Kritanjali, Rajani, Paya*. This helps in *Vata Shamana* and strengthens the loose tissue, acts as anti sagging, gives *Snehana* action and reduces *Vata* vitiation in order reducing dyspareunia. *Mahatiktaka Kashaya* along with *Musalikhadiradi Kashaya* containing *Musali, Khadira, Amalaki, Gokshura, Jambu, Vari (Hreebera) - Stambhaka, Vatahara, reduces Srava (Shweta or Rakta)*.

Tab. Lukol contains drugs like *Shatavari, Dhataki, Punarnava, Triktu, Pooga, Ela, Nagakesara, Chandana, Shilajitu, Pravala Bhasma, Bilva, Triphala, Guggulu, Loha Bhasma, Trivanga Bhasma, Palasha* etc. which are *Kaphahara Stambhaka* in nature also *Vatahara* helps in reducing *Srava*.

As patient had TORCH test positive, hence to reduce infection and help to conceive Cap. Torchnil was given along with Tab. Nirocil was given. Drugs in Torchnil like *Yashtimadhu, Guduchi, Kantakari, Bruhati, Pippali, Usheera, Rasna, Manjishta* etc. act as *Rasayana*, anti inflammatory activity, promote insulin secretion, blocks protein that is required for virus to replicate. This helped in reduction of infection which prevents from conceiving. Tab. Nirocil contains *Tamalaki* acts as anti infectious. Immuno gel application was given as it contains *Panchavalka* to reduce the local infection.

Usheerasava was added to reduce the burning sensation during micturition and reducing UTI, drugs

in the preparation are mainly *Sheeta Virya* and reduces *Pitta Dosha* there by reducing the infection. Thus these drugs helped in reducing infection and helped in conceiving in this patient.

CONCLUSION

In the present study Tab. *Agnitundi Vati*, *Cheriyā Madhusnuhi Rasayana*, *Phalasarpi* established proper growth of the ovum, endometrium, proper ovulation and adequate nourishment of *Rasa Dhatu*. Cap. Torchnil, Tab. Niocil along with *Musali Khadiradi Kashaya*, *Mahatiktaka Kashaya*, Tab. Lukol helped in reducing infection and maintain the *Dosha* which was vitiated in normal level, *Sthanika Chikitsa* with *Prakshalana* and *Yonipichu* of *Triphla* and *Yuvathyadi Taila* helped to reduce *Vata Dushti* and keeps *Vata* under control reducing dyspareunia by its *Snehana* action. It also improved the quality of the ovum by regularizing the menstrual cycle which enhanced rate of conception once the infection is cleared. To prove this with greater confidence further studies are to be conducted on this disorder, as the present paper is a single case study. Trial in a larger sample is required to generalize the outcome.

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