

MANAGEMENT OF INFERTILITY IN AYURVEDA PERSPECTIVE: A SINGLE CASE REPORT

Dr. Varsha Singh^{1*}, Dr. Sushila Sharma², Dr. Saval Pratap Singh Jadon³

¹Ph.D Scholar, P.G. Department of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Jaipur, (Raj.) India 302002.

²H.O.D. & Associate Professor, P.G. Department of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Jaipur, (Raj.) India 302002.

³Ph.D scholar P.G. Department of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Jaipur, (Raj.) India 302002.

Article Received on
25 May 2016,

Revised on 16 June 2016,
Accepted on 07 July 2016

DOI: 10.20959/wjpr20168-6572

*Corresponding Author

Dr. Varsha Singh

Ph.D Scholar, P.G.

Department of Prasuti

Tantra and Stri Roga,

National Institute of

Ayurveda, Jaipur, (Raj.)

India 302002.

ABSTRACT

A young female patient of 21 year was presented with complaints of inability to conceive after 1 year of unprotected sex with involvement of ovarian factor & tubal factor. Patient was complaining of delayed & heavy menstrual period as a clinical feature of polycystic ovarian disease, which was diagnosed in U.S.G. report. Patient had bilateral tubal block, in S.S.G. report. Patient was treated for ovarian factor as well as for tubal factor along with correction of H.P.O. axis. She had polycystic ovarian changes in her U.S.G. report. Patient was treated with oral medicine *Pushpadhanva Rasa*, *Syrup Ashokarista*, *Tab. Liv-52*, *Phalaghrita*. Three cycle of *Uttara Basti* (intra-uterine) with *Panchagavya Ghrita* gave result that right fallopian tube was patent in S.S.G. After treating with same treatment for a period of 6 month, left

fallopian tube was also found patent in H.S.G. In U.S.G. report of uterus & adnexa every finding was found normal. Patient conceived after 3 month. She had a full term female child.

KEYWORD: Infertility, *Pushpadhanva Rasa*, *Ashokarista*, *Phalaghrita*, *Panchagavya Ghrita* *Uttara-Basti*.

INTRODUCTION

Infertility is defined as a failure to conceive within one year or more years of regular unprotected coitus.^[1] Infertility may be classified as primary infertility, in which no previous

pregnancies have occurred. Secondary infertility occurs in a couple who has previously been pregnant at once, but unable to achieve another pregnancy. Fecundability is the probability of achieving pregnancy within a single menstrual cycle, and fecundity is the probability of achieving a live birth within a single cycle. The fecundability of a normal couple has been estimated at 20% to 25%.^[2] About 10% to 15% of couples in the United States affected by infertility.^[3] Overall prevalence of infertility in the United States has changed since 1965; the percentage of women with primary infertility has increased significantly.^[4] Although prevalence-rate of infertility has been stable, the demand for infertility care has increased significantly over the past few decades.^[5] Prevalence of primary infertility was high among Indian women due to P.I.D. and S.T.I.^[6] W.H.O. estimates the overall prevalence of primary infertility in India to be between 3.9 to 16.8%.^[7] Conception depends on the fertility potential of both the partners. There are different causes for male and female infertility. Some of the causative factors which hamper the reproduction in women are classified as tubal & peritoneal factors 30-40%, ovarian factor 30-40%, miscellaneous causes 10-15% and unexplained factor 10-15%. Male factor is the cause of infertility in 20% of infertile couples, but it may be a contributing factor in as many as 30% to 40% of cases.^[8]

Review of Literature

In *Ayurveda*, according to *Acharya Sushruta* four important factors which are essential for conception namely- *Ritu*, *Kshetra*, *Ambu* and *Beeja*.^[9] It is explained by *Acharya Dalhana* i.e. *Ritu* implies for *Rajah-Samaya* (fertile-period), *Kshetra* implies for *Garbhasaya* (Female reproductive system), *Ambu* explains for *Aahar-pakot-panna-Rasadhatu* (nourishing substances) and *Beeja* implies for *Stri –Purusha Beeja* (Ovum and sperms). *Astangahridayakar* has said that besides healthy *Garbhasaya* (Uterus), *Marga* (vaginal canal), *Rakta* (Ovum) and *Sukra* (Sperms) proper functioning of *Vayu*^[10] and normal psychological status of both partners are also important. Abnormalities present in any of the above factor singly or combined may lead to infertility of a couple.

Acharya Harita explains infertility as failure to achieve a child rather than pregnancy and included *grabhasrava* (Abortion) and *mritvatsa* (Stillbirth) in type of *Vandhatywa* (Infertility).^[11] In the opinion of *Sushruta*, *Vandhya* is a woman who has lost her *Artava*^[12] *Vandhatywa* (Infertility) is a symptom present due to damage to *Artavavaha Srotas*.^[13] While describing the extra *Pesis* in *Stri*, then it can be concluded that *Artavapravesini Pesis* were two in number which may be compared with fallopian tube.^[14] *Doshas* responsible for tubal–

blockage is only may be one *Dosha* or combination of three *Doshas* depending upon the cause which causes tubal-block. *Vata Dosha* in *Yonivyapada* is much more important than any other *Doshas*. *Acharya Kashyapa* has classified the *Vandhyatva* as *Vata – nanatmaja Vikara*.^[15] *Acharya Sharangdhar* has mentioned that *Sankocha* is a due *Vata Dosha*. *Sankocha* may be a leading cause of tubal blockage.^[16] As the *Gati* and *Chesta* is the function of *Vata Dosha*, so peristaltic movement also driven by *Vata Dosha*. If the cause of the fallopian tube blockage is infection or inflammation then in acute condition it may be due *Pitta Dosha*^[17] which may produce oedematous condition of the fallopian tube on the other hand in chronic condition along with *Pitta*, *Kapha Dosha* is also involved as *Sopha & Puya* are also due to *Kapha Dosha*.^[16]

Second known factor involved in this infertility case was P.C.O.S. This is described as multifactorial & polygenic condition. This disorder is described as excessive androgen production by the ovaries; it interferes with the reproductive, endocrine and metabolic disorder. In *Ayurveda* there is no any direct correlation with this disorder. It comes under *Yonivyapadas* and *Pushaghani jataharini* may be correlated on the basis of symptoms.^[18]

CASE-REPORT

A young female patient of aged 21 years, presented with primary infertility of 1 year married life. She was registered in National Institute of Ayurveda for the treatment of infertility and other complaints such as irregular menstrual cycle and lower abdominal pain. Her past medical, surgical and family history was non-significant with respect to infertility. All investigations like CBC, RBS, HBsAg, VDRL, HIV, Thyroid profile, serum prolactin, Urine routine-microscope and Pap's Smear examination were within normal limits. Her Husband's semen analysis report was found within normal limit (18/04/2011). There was a polycystic ovarian changes present on trans-vaginal sono-graphy report. In histo-salpingo-graphy report which was done on 04/05/2011 shown bilateral tubal block. Then following treatment started-

1. *Pupadhanva Rasa* -250 mg two times in a day with two tablets of *Ojaswani Vati* with milk *Anupana*.
2. Syrup *Ashokarista*- 20ml two times in a day with equal amount of water.
3. Oral *Phalaghrita* -10 ml two times in a day.
4. Tablet Liv.52 -2 tablets two in a day.

Along with oral medication she had received *Yonigata & Garbhasayagata* treatment for the tubal factor-

1. *Nimba Patra kwatha* with *Shubhra Prakshalanartha* (as vaginal douche)
2. *Jatyadi Taila Pichu*.
3. *Panchagavya Ghrita Uttar Vasti* (Intra-Uterine) *Ekantar* with *pichu*.

As her menstrual period in each cycle was continued for two-three days, then we use the *Yonigata prakshalana* with *Nimba Patra kwatha* with *Shubhra* and *Jatyadi Taila Pichu* on 4th day of each menstrual cycle. After this on 5th, 7th and 9th day of each menstrual cycle, *Garbhasaya-gata* (Intra-uterine) *Uttar-vasti* with *Panchagavya-Ghrita* was given. In 1st, 2nd and 3rd cycle L.M.P. record of patient were 06/06/2011, 17/07/2011 and 11/08/2011. *Yonigata Prakshalana*, *Pichu* and *Garbhasaya-gata* (Intra-uterine) *UttarVasti* were given in lithotomy position. Douche Pot and nozzle were used for *Yonigata Prakshalana*. In *Garbhasaya-Gata Uttar-Vasti* procedure, after taking patient in lithotomy-position, painting and drapping was done. Sim's speculum inserted and anterior lip of cervix was caught with the help of vulsellum and then uterine sound was inserted to know the length and direction of the uterine cavity. Luke warm *Panchagavya Ghrita* was given in the dose of 5ml. with the help of I.U.I. canulla. Then a *Pichu* was put on cervix mouth, so that it maintained more and more *Ghrita* to the intra-uterine cavity. Patient was on the table for 45 minute to 1 hour after the procedure so that more *Ghrita* retained locally. All these procedures were done under all aseptic precautions. After three cycles of *Uttara- Basti* with *Panchagavya-Ghrita*, patient was advised for Sono-salpingo-graphy for the patency of fallopian tube. Only right fallopian tube was found patent. Same procedure was repeated for three cycles after sometime. Repeating H.S.G. after some time resulted that bilateral tube was found patent.

RESULT

Patient's menstrual cycle was become regular after taking oral medication. Her U.S.G. report was found normal. Both fallopian tubes were found patent. She conceived in January 2013. She delivered a full- term female child.

DISCUSSION

Our aim in this case was to treat the ovarian factor & tubal factor simultaneously, along with this to regulate the endocrinal harmony and Doshas of Sharira.

Oral medicine Pushpadhanva Rasa acts on ovarian factor and on endocrinal harmony as it is described in Bajikarana Chikitsa chapter in Bhasjya-Ratnavali. Ojaswani Vati contents are

Ashwagandha, Aamalaki, Satavari, Bala-Seeds, Gokhura, Sweta-Musali, Sugar and Yastimadhu acts as Balya, Vrishya and Rasayana. It helps in formation of good quality of Rasadhatu. It results in successive good quality of other Dhatus. It also helps in Shamana of Vitiated Vata Dosha. Ashokarista is the reference of Bhasjya-Ratnavali Pradara-Rogadhikara as the patient's menses is irregular. It regularises the menses by acting on H.P.O. axis. Ashokarista also acts on Raktapradar, Raktapitta, Mandagni, Aarochaka, Prameha and Sotha. All these functions of Ashokarista are needed in treatment of polycystic ovarian disease. Oral Phala-Ghrita used in Yonivyapada Rogadhikar and in Vandhatyva Chikitsa. Tab. Liv.52 act on liver, which is main site for the metabolism of steroid hormones especially sex hormones. In Ayurveda Liver is main site of all Agnis.

Collectively all of these oral medication helps in maintenance of H.P.O. axis. Proper formation of endometrium, which helps in regularisation of menses and after fertilisation helps in nidation of embryo. These medication also corrects formation of *Dhatus*, *Vitiation of Doshas* specially *Vata Dosha* and all the irregularities which of metabolic origin and endocrinal origin.

Garbhasayagata UttarVasti acts locally on tubal blockage. By doing Yonigata prakshalana with Nimba-Patra Shubhra Kwath and Jatyadi Taila Pichu clarifies local infections of vaginal passage. According to Gadanigrahkar the content of Panchagavya Ghrita is Kwath of Dashmoola, Triphala, Holarrhena antidysentrica, Marsdeniataenacssina, Clerodendrum serratum, Alstonia scholaris, Achyranthus aspera, Cassia fistula, Ficus glomerulata, with Kalka of Swertia chirayata, Triphala, Trikatu, Plumbago zeylanica, Operculina turpethum, Cissampelos pareira, Berberis aristata, Hemidesmus indicus, Inula racemosa, Picrorrhiza kurra, Baliospermum montanum, Acorus Calamus, Embelia ribs and with Gomutra, Goghrita, Godadhi, Godugdha and Gomaya-rasa. It is clear from the above that most of content of drug of have mainly Ushna and Tikshna property, which might help the drug to act on tubal block. As we have already said that fallopian tube block, as Vasti is the best therapy to control and regulate the Vata, whereas vitiated *Pitta* is regulated by *Ghrita* and contents of *Panchagavya Ghrita* is *Ushna* which regulate the *Kapha* and *Vata* simultaneously.

CONCLUSION

Infertility which have tubal factor having poor and bad prognosis by modern therapies have hope in Ayurveda. In this case as patient have two factors involved in infertility. Both fallopian tubes are opened one by one by the *Ayurvedic* treatment. Simultaneously patient got relief from irregular menses and according to point of treatment P.C.O.D. features are also treated. Both factors involved in this case are notorious type. But conclusion drawn is not ultimate, because a large sample size is required for the same. Study should be carried out on number of patient.

REFERENCES

1. Dutta D.C., textbook of obstetrics, chapter 16 edited by Hiralal Konar, New central book agency(P) Ltd. Reprint edition, 2006; 220.
2. Cramer DW, Walker AM, Schiff I. Statistical methods in evaluating the outcome of infertility therapy. *Fertil Steril*, 1979; 32: 80-86.
3. Mosher WD, Pratt WF. The demography of infertility in the United States. In: Asch RH, Stubb JW, eds. Annual progress in reproductive medicine. Park Ridge, NJ: The Parthenon Publishing Group, 1993: 37: 43.
4. Chandra A, Mosher WD. The demography of infertility and the use of medical care for infertility. *Infert Reprod Med Clin North Am*, 5: 283-296.
5. Office of Technology Assessment United States Congress. Infertility: medical and social choices. Publication No. OT. Washington, DC: U.S. Government Printing Office, May, 1988; 358.
6. Population Council. Infertility. Looking back, looking forward: a profile of sexual and reproductive health in India. New Delhi, Population Council, 2004: 67-72
7. World Health Organization. In fecundity, infertility, and childlessness in developing countries. DHS Comparative Reports. Calverton, Maryland, USA: ORC Macro and the World Health Organization, 2004; 9.
8. Berek's and Novak, Gynaecology, chapter 30, edited by Berek, Jonathan S., Edition 14th, 1191.
9. Shushrut, Shushrut-Samhita, Sharirasthana 2/35 Hindi Commentary by Kaviraj Ambikadatta Shastri, Sanskrit Sansthan Publication Varanasi, Reprinted in, 2006; 15.
10. Astanga Hridaya of Vagbhata, Edited with the vidyotini hindi commentary by Kaviraja Atrideva Gupta, Edited by Vaidya Yadunandan Upadhyaya, Sharira Sthana1/8-9, Published by Chaukhamba Sanskrit Sansthan, Varanasi.

11. Harita Samhita tritaya 48/1-6, Edited with the Hari commentary by Pt. Harihar Prasad Tripathi Published by Chaukhamba Sanskrit Sansthan, Varanasi.
12. Shushrut, Shushrut-Samhita, Uttartantantra 38/10 Hindi Commentary by Kaviraj Ambikadatta Shastri, Sanskrit Sansthan Publication Varanasi, Reprinted in, 2006; 157.
13. Shushrut, Shushrut-Samhita, Sharirasthan 9/12 Hindi Commentary by Kaviraj Ambikadatta Shastri, Sanskrit Sansthan Publication Varanasi, Reprinted in, 2006; 72.
14. Tivari PV. 2nd ed. Varanasi: Chaukhambha Orientalia; Ayurvediya Prasuti-Tantra and Stri-Roga, 1999; 1; 14.
15. Vridha-Jivaka, Vatsya, Kashyapa-Samhita, Sutra-sthan 27/29 Vidyotini Hindi Commentary by Shri Satyapal Bhisagacharya, Chaukhambha Sanskrit Sanssthan Varanasi, Reprinted in, 2010; 42.
16. Sharangdhara, Sharangdhara Samhita Purva Khanda, Adhyaya 7/110, Hindi commentary Jiwanaprada by Dr. Shailaja Srivastava, Chaukhambha Orientalia Publication , 4th edition , 2005 page 100.
17. Shushrut, Shushrut-Samhita, Sutrasthan 17/12 Hindi Commentary by Kaviraj Ambikadatta Shastri, Sanskrit Sansthan Publication Varanasi, Reprinted in, 2006; 72.
18. Shushrut, Shushrut-Samhita, Sutrasthan 17/12 Hindi Commentary by Kaviraj Ambikadatta Shastri, Sanskrit Sansthan Publication Varanasi, Reprinted in, 2006; 72.
19. Dutta D.C., textbook of obstetrics, chapter 28 edited by Hiralal Konar, New central book agency(P) Ltd. Reprint edition, 2006; 440.