

MANAGEMENT OF PRIMARY INFERTILITY THROUGH AYURVEDA- A CASE STUDY

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ABSTRACT

Infertility is evolving condition in Indian society and it has become a major problem now days. Infertility related with ovarian problem is PCOD which cause anovulation. PCOD is one of most common cause of infertility, about 5-10% of females of reproductive age are living with PCOD. According to Ayurveda 4 factors *ritu* (ovulatory phase) *ambu* (proper nourishment to developing embryo), *kshetra* (garbhashaya), *bija* (sperm & ovum) are required for conceive. Abnormality or impairment of any above 4 factors leads to *vandhyatva* that female is called as *vandhya*. This case study helps to make a line of treatment for the patient having primary infertility due to PCOD

cause. According to *Ayurveda* PCOD can be correlated with *artavkshaya*, because in PCOD there is scanty menses. It is related with the *beejadosha* & *medodhatu* to some extent. *Ayurvedic* T/t for PCOD is to provide proper care by decreasing *aama dosha*. Due to this *koshtha shuddhi* occurs which regulize *tridosha*.

KEYWORDS: PCOD, Infertility, Ayurveda, Panchakarma.

INTRODUCTION

Infertility is defined as a failure to conceive with in one or more year of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. It is the condition which is become challenge to the gynecologist. The Researches Shows that in census reports of India in 1991, 2001 infertility has increased by 50% since 1981. Increasing the rate of infertility may be due to so many reason such as changed lifestyle consumption of junk food frequently, also other causes like way of living, STD, stressed job, obesity, etc. According to

Ayurveda infertility (*vandhyatva*) is a condition which occurs due to various *yonivyapat*. This *yonivyapada* is due to *beejadosha*, *mithya aahar vihar*, *daiva*, *aartava dushti*. *Vandhya stree* is either because of *beeja dosha* which can be treated with *Ayurveda* and patient made to conceive.

PCOD is the most common endocrine pathology occurs in women of reproductive age which is due to anovulation. Anovulation is the condition where follicles of the ovary develops but rupture of follicle is hampered hence oocyte is not released from ovary. Hence multiple cysts of unruptured follicles are formed. PCOD has common signs and symptoms which includes mainly menstrual disorders, Skin Manifestation due to hyperandrogenism like alopecia, hirsutism, acne, and obesity acanthosis nigricans.^[1]

MATERIAL AND METHODS

Case report

A 20 yrs old patient came in opd of *streeroga prasutitantra* of GAC Osmanabad. With following complaints,

1. Willing for child.....(since 2yrs).
2. Irregular menses (since 2yrs.).
3. Pain during menstruation (Since1yr).
4. Scanty bleeding..... (Since 2yrs).
5. weight gain.....(Since 1yrs) .
6. Constipation with flatulence (Since 1 yr) (on and off).
7. White discharge.....(since3months).

History of past illness

Medicinal history of taking oral contraceptive pills for fist 6 month of marriage.

History of present illness

After 6 months of she is willing for child, but even with unprotected coital act she does not conceived. Then, patient went to private hospital for treatment, as she had her regular menses only with hormonal T/t. But she gained weight and started irregular menses after stoppage of treatment, so patient decided to took *Ayurvedic* treatment.

Menstrual History: 2d/ 2-3 month [scanty, painful, irregular].

Diagnosis

Diagnosis was done clinically by following symptoms-

- Infertility.
- Irregular menstrual bleeding.
- Abnormal menstrual cycles.
- Oligo menorrhoea.
- Weight gain.
- Poly cystic ovary morphology on USG.^[2]

According to Ayurveda

Hetu: diwaswap, avyayam, ruksha ahar vihar, abhishyandi ahar vihar.

Dosha: kapha, vata.

Dushya: rasa, meda.

Strotasa: rasavaha, medovaha, artavaha strotasa.

Strotodushhti: strotosang, vimargamana.

Ayurvedic nidan: vandhyatva.

Pratyatma lakshanas: infertility, atarvkshaya, staulya.

Investigation

Hb% - 10gm.

USG (ABDO PELVIS): Right ovary 10.5 cc mild bulky in size with MSF 6-6mm Left ovary 9.5 cc mild bulky in size with MSF 5-6mm With changes in PCOD.

Treatment

1. *Nidan parivarjana*^[3]

2. First 5 days

a) *deepana and pachana:* As patient vitiated *doshas* were *kapha* and *vata* and *rsavaha stroto dushti* so for *deepan pachan aampachak vati* 1 bd before meal, *rasapachak vati* 1bd was given. This helps in *jatharagni* and *dhatvagni vardhan* with *aam pachan*.

b) *Anulomana:* *gandharva haritaki* 3gm before dinner was given, as patient having *badhakoshtata* so *anulomana* is given.

3. After 5 days – *Yogabasti* for 8 days was given with.

1. *Niruha basti:* *Dashamula, Erandamula, triphala, bilva, patha, musta, madanphala bharada* for *kwatha* + *gomutra* + *madhu* + *lavana* + *yavakshara* + *sahachara tela*.^[4]

2. **Anuvasana Basti:** *Sahachara taila + shatapushpa taila*. These yoga basti was given for 2 consecutive cycles. *Teekshna basti* helps in *vatanulomana, strotorodhanashana*.

d) Shamana Aaushadhi

1. *Kanchanar Guggula* 500 mg Bd after food with lukewarm water. As *kanchanar Guggula* having properties – *granthihara, lekhana*.^[5]
2. *Chandraprabha Vati* 500mg Bd before food with lukewarm water. *Chandraprabha vati* acts on specially on *kapha dosha kledapradhana Samprapti* and so it acts in *margavrodha janya Samprapti* of PCOS. Hence ovulation occurs.
3. *Arogyavardhini vati* 500mg bd before food lukewarm water. As it act on *medodhtu* if given in *apan kala* also act on *artavavahaastrotasa*.
4. *Pushyanug churna* 3gm bd after meal with *tandulodak*.

Table 1: Assessment criteria and observation.

Sr. no.	Signs and symptoms	Day 1	1 st cycle	2 nd cycle
1.	Amount of bleeding	1 pad/day	1pad/day	-----
2.	Interval between 2 cycles	40-60 days	40-50 days	-----
3.	Duration of menses	3-4 days	3-4 days	----
4.	Pain during menstruation	+++	++	
5.	Obesity	61 kg	58 kg	57kg
6.	white discharge	+++	+	--
7.	Ovulation	-----	-----	++
8.	Pregnancy	-----	-----	Conceived

RESULTS

After treatment her menses comes on regular interval, with normal blood flow, with mild pain. After the 2nd cycle of *basti* ovulation occurs and patient get conceived.

CONCLUSION

Infertility is the disease of reproductive system which is due to many causes, in this case it is due to PCOD, anovulation. PCOD is one of main leading cause of infertility. According to Ayurveda this PCOD can be correlated with under the broad heading – *yonivyapada, artavakshaya*. in this case *chandraprabha vati* acts on *yonivyapada*, and *basti dravyas* has *vataghna* and *kaphaghna* property. *Rasapachak vati* acts on *rasa dhatu* and *aam dosha* which forms healthy *rasadhatu*. This *rasa dhatu* onwards forms healthy *shukra dhatu* and ovum forms and induce ovulation. With this T/t significant changes were observed in the duration of menstruation, amount of bleeding, interval between 2 cycles, ovulation, white discharge, pain during menstruation before and after treatment.

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