

**Case Study****AYURVEDIC MANAGEMENT OF UNEXPLAINED INFERTILITY- A CASE STUDY****Binitha P^{1*}, Anu M S², Sujith S³**¹Research officer, Central Ayurveda Research Institute for Hepatobiliary Disorders, Bhubhaneswar, Odisha.²Assistant Professor, Dept of Prasuthi and Sthreeroga, Mandsaur Institute of Ayurveda Education and Research, Mandsaur University, Mandsaur.³Medical Officer, ISM Department, Kerala, India.**ABSTRACT**

Infertility is a condition in which successful pregnancy has not occurred, despite normal intercourse over 12 months. The cause of female infertility is multifactorial. Ayurveda assures normal pregnancy by proper maintenance of *Garbha Samgraha samagris* and normalcy of mind. All the causes of female infertility come under the imbalance of *Garbha Samgraha Samagri* and mind factors. In this case report patient suffered from primary infertility since six years, after allopathic consultation came for ayurvedic treatment. From detailed history involvement of vitiated *Vatha*, *Agnimandhya* and stressful mind was noticed. She was treated with *Chiruvilwadi kashayam*, *Dhanwantharam gulika*, *Jeerakarishtam*, *Kumaryasavam* and *Manasamithravatakam* for one month. Took follicular study on next cycle and revealed post ovulatory status on 16th day of cycle. Advised *Phalasarpi*, *Dhanwantharam Gulika* and *Manasamithravatakam* for two weeks. Patient came with positive urine pregnancy test after one week of missed period. The line of treatment followed in this case was to maintain *Agni*, normalize *Vatha* and assure proper health to mind. During the second half of the cycle *Garbhasthapana* medicines were administered. Patient took *Dhanwantharam gulika* and *phalasarpi* throughout the first trimester along with regular ante natal check up. Continued *Dhanwantharam gulika* up to 36 weeks and started *Sukhaprasavagritham* upto delivery from 36 weeks onwards. She delivered a female baby on 06.05.2018.

KEYWORDS: *Garbhasambhava samagri*, Primary infertility, Unexplained infertility.**INTRODUCTION**

Infertility is a condition in which successful pregnancy has not occurred, despite normal intercourse over 12 months. Approximately, 9 to 18% of normal couples are infertile.^[1] In recent years, the number of elderly pregnancies has been increasing because of changing social trends. Moreover, infertile females are increasing due to stress, obesity, lack of exercise, and environmental pollution.^[2] The causes of female infertility are classified as ovulation factors, tubal and peritoneal factors, cervical factors, uterine factors, immunological factors, infection factors, and unexplained. Among these, unexplained infertility is estimated to occur in about 15% of patients.^[3,4]

Susrutha had explained the *Garbha samgraha samagri* (factors responsible for successful pregnancy) in detail. They are *Rithu*, *Kshethram*, *Ambu* and *Beejam*.^[5] Any abnormality in any of these four can lead to infertility. *Rithu* stands for fertile time in the cycle. *Kshethram* represents healthy reproductive organs. *Ambu* represents proper nutrition after fertilization. It can be correlated with

corpus leuteal function upto the establishment of placenta and then onwards placentation. *Beejam* stands for healthy ovum and sperms. Charaka also given that '*Saumanasyam*' (peaceful mind) is best remedy for getting a progeny.^[6] Proper functioning of *Vatha* must be maintained for pregnancy and throughout the entire pregnancy period.^[7] Establishing the proper functioning of all these is the first step of infertility management in Ayurveda.

CASE REPORT

A 24 year old married woman with her husband aged 34 residing in Tirupur, Tamil Nadu reported the Prasutitantra and Streeroga outpatient department (OPD) with the complaint of not able to conceive even after trying for 6 years of unprotected married life. From her treatment history, no obvious cause for infertility was found in the couple. All the haematological, biochemical reports and Semen analysis were found to be normal. Likewise every report including TFT and prolactin of the wife were

normal. Lastly the gynecologist advised ART (Artificial Reproductive Technique) and the couple were not willing for that. They suggested ovulation induction and IUI.

From history it was known that she was suffering from chronic constipation and reduced appetite. She had no any previous medical or surgical illness. On general examination her pulse and BP was found to be 70/min and 110/70 mm of Hg. No pallor or edema was found. She was overweight with BMI 27.05kg/m² (Weight-65kg and height-155cm). *Prakruthi* assessment revealed she was having *Kapha vatha prakruthi* and no any relevant findings on systemic examination.

LMP was found to be on 16.07.2017. Menstrual history revealed normal cycles with the duration of 4-6 days and interval of 30-35 days. No any abnormality was found in the coital history and had not taken any contraceptive measures. As per abdomen examination no any abnormalities were detected. Per speculum examination revealed healthy cervix without any abnormal discharge. As per vaginal examination revealed normal sized anteverted uterus with free fornices. Cervical motion tenderness was absent.

The treatment was planned and given oral medicines such as *Chirivilwadi kwath*, *Jeerakarishtam*, *Kumaryasava*, *Dhanwantharam gulika* and

Manasamitravatakam for 1 month from 24/07/2017. The detailed posology and time of administration were given in Table No.1. She had started her periods on 14/08/2017. Follicular study was conducted at the same cycle and revealed post ovulatory status with 8mm endometrium on 29/08/2017. After that the above medicines were revised and given *Phalasarpi*, *Dhanwantharam gulika* and *Manasamitravatakam*. The details were given in Table No. 2. Even after 3 weeks she didn't have her periods and urine pregnancy test was found to be positive with LMP on 14/08/2017 and EDD on 21/05/2018. After that normal antenatal care was given to the patient. On 27/10/2017 obstetric sonography revealed single intrauterine gestation corresponding to a gestational age of 10 weeks 4 days. Detailed anomaly scan was done on 26/01/2018 and found a fetus of 23 weeks 4 days gestation with no any gross anomaly detected. She uneventfully continued her pregnancy till term and delivered normally a female baby of 3.2kg on 06/05/2018. (Period of gestation 37 weeks 6 days) Ethical approval and patient consent.

The study is carried out as per international conference of harmonization –good clinical practices guidelines (ICH-GCP) or as per declaration of Helsinki guidelines and the consent of the subject was obtained as per institute norm.

Table 1: Treatment given during first month

Date	Medicine	Dose	Anupanam	Time	Duration
24.07.17	<i>Chiruvilwadi kashayam</i>	90ml		Two times daily B/F	1 month
24.07.17	<i>Jeerakarishtam</i>	15ml		Two times daily After food	1 month
24.07.17	<i>Kumaryasavam</i>	15 ml		Two times daily After food	1 month
24.07.17	<i>Dhanwantharam gulika</i>	2 tablets	<i>Jeeraka water</i>	Two times daily after food	Throughout
24.07.17	<i>Manasamithra vatakam</i>	1 Tablet	<i>Seetha jalam</i>	Bed time	Throughout

Table 2: Revised medications after the ovulation

Date	Medicine	Dose	Anupanam	Time	Duration
29.08.17	<i>Phalasarpi</i>	1 tsp	<i>Ushna jalam</i>	Morning B/F	3 weeks
29.08.17	<i>Dhanwantharam gulika</i>	2 tablets	<i>Jeeraka water</i>	Two times daily after food	3 weeks
29.08.17	<i>Manasamithravatakam</i>	1 tablet	<i>Seethajalam</i>	Bed time	3 weeks

DISCUSSION

Infertility is a relatively common reproductive health concern which strikes deep into the psyche of couples experience it. Here in this case also they are suffering from psycho social problems due to infertility since five to six years. More over no significant pathology was detected in both partners. It also worsened the psychological status of the couple. Thus this case can be clearly considered as a

case of unexplained infertility according to the contemporary science.

But according to Ayurveda, conception takes place due to healthy sperm, healthy ovum, and a healthy uterus. According to Charaka, abnormalities of *Yoni* (reproductive organs), psychology, *Shukra* (Sperm), *Arthava* (ovum), diet and mode of life, coitus at improper time and loss of strength causes delay in achieving conception in an otherwise fertile woman.

In this case also, no obvious cause was detected and treatment was planned according to above principle. Here in this case important consideration was given to *Vata anulomana*, because proper functioning of *Vata Dosha* is necessary in every aspects of fertility (For proper functioning of Hypothalamo –pituitary – ovarian axis, ovulation, ascending of sperm through the female reproductive tract to reach the tube, fertilisation, implantation etc.). From the history of patient, it is evident that she is having *Apana vata dushti*, as she is suffering from constipation. All disease occurs due to the imbalance in *Agni* (the digestive fire) and *Agni* is the single most important factor in buildup of *Ama*. More over patient was suffering from reduced appetite. Thus the treatment was planned for ensuring *Vata anulomana* and *Agni deepana*.

The criteria for drugs selected includes

Chirivilwadi kawth: Pacify *Vata* and *Kapha* aggravation, increases the *Pitta dosha*, and kindles the *Jataragni*. Overall by controlling the *Vata* and increasing the *Agni* this drug may be effective in reduction of *Ama*, proper development of *Rasa dhatu*, proper formation of *Arthava* (*Beeja rupa* and *Raja*) and hence ovulation.

Jeerakarishtha: *Ama pachaka*, *Deepana pachana* and *Garbhashaya shodhaka* properties of this drug may act on the ovulation and proper development of uterine endometrium.

Kumaryasava: Properties like *Vata kapha samana*, *Deepana pachana*, *Arthava pravataka* etc, may help in controlling the *Vata* and inducing ovulation.

Dhanwantharan gulika: Effective *Vata shamaka*, improves respiration, digestion and circulation.

Manasamitravatakam: It is *Tridosha shamaka*, potent anti-stress, anxiolytic and anti-depressant. According to Charaka, for *Garbhadharana*, the most important thing is *Soumanasya* (Soundness of mind or peaceful mind). Moreover the patient is in stress of not having child and hence this medicine is also added in the prescription.

Phalasarpi: After the ovulation, the medicines were revised and *phalasarpi* was given to the patient. It is a classical ghee preparation having *Prajasthapaka* and *Yonipradosha shamaka* properties. This drug may

help in the proper development and decidualisation of the endometrium, which is needed for the implantation.

CONCLUSION

Infertility is becoming a burning issue since past decade and this is mainly due to the combination of environmental, social, psychological and nutritional factors. In contemporary medicine, treatment focusing on correcting dysfunction diagnosed with the several diagnostic tests. Moreover the complications arising due to the infertility management including hormonal therapy, ovulation induction and invasive diagnostic techniques are huge. In cases of unexplained infertility, life style modifications and ART (Artificial reproductive techniques) are only treatment option available. But the success rates are less and highly expensive too. Ayurveda on the other hand, looks deeply in to the individual constitution, and aims to enhance the functioning of body systems that participate in the process of fertilization in totally. From this case study itself it is clear that systematic approach with ayurvedic principles are effective in managing infertility as an effective, natural, safe and cost effective method. But this is mere a case report and further studies with proper research design is necessary for the scientific validation.

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