

Ayurvedic Management of Unexplained Secondary Infertility: A Case Study

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ABSTRACT

Introduction: Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Incidences of secondary infertility are increasing day by day. Many factors like age, hectic schedule, stress, diet, unhealthy lifestyle are responsible for it. Psychological stress disturbs overall health of women by inducing generation of reactive oxygen species and thereby oxidative stress. This oxidative stress may hamper the health of ovaries, oocyte quality and causes female reproductive health disorders.

Aim: To study the effect of Ayurvedic treatment in management of unexplained secondary infertility.

Objective: To assess the effect of Ayurvedic management of unexplained secondary infertility.

Methodology: Single case study of unexplained secondary infertility. Case description: A 37 years old female patient came in ITRA OPD of Streeroga and Prasutitantra, trying to conceive since 1.5 years. She had a history of 2 MTPs and 1 female child of 10 year. Her last MTP was done in 2020. After that she was actively trying to conceive around last 1.5 years but couldn't conceive again inspite of regular unprotected coitus.

Treatment: She was treated with Ayurvedic oral medications along with *Panchakarma*.

Result: After four months of treatment she conceived and followed *Garbhini Paricharya*.

Conclusion: Ayurvedic management can act as an anti-stress and antioxidant agent thereby improving the reproductive health of women and increasing their chances of conception.

KEYWORDS: Unexplained secondary infertility, Ayurveda

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. 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.

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 10% of patients¹.

As per the definition, unexplained infertility is failure to conceive subsequently & no obvious cause for infertility has been detected following all standard investigations. It includes semen analysis, ovulation detection, tubal and peritoneal factors, endocrinopathy. Overall incidence is 15-30% with expectant

management about 60% of couples with unexplained infertility will conceive within period of 3 years²ⁱⁱ. IVF-ET may be an option for those who fail to respond. Stress induced anovulatory cycles can cause infertility.

Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Incidences of secondary infertility increasing day by day due to many factors like unhealthy lifestyle, stress, advancing age, hectic schedule. Psychological stress disturbs overall health of women by inducing generation of reactive oxygen species and thereby oxidative stress. This oxidative stress may hamper the health of ovaries, oocyte quality and causes female reproductive health disorders.

Abnormalities of *Yoni*, psychology, *Sukra*, *Asrk*, diet, and mode of life, coitus at improper time and loss of *Bala* have been included in the cause of delay in achieving conception by an otherwise fertile or *Sapraja* women by *Maharshi Charaka 3ⁱⁱⁱ*. *Daiva Prakopa* can also refers to the causative factor for idiopathic infertility.

A CASE REPORT

Patient Information

A 37 years old female patient came in OPD of *Prasuti Tantra Evam Stree Roga*, ITRA having a marital life of 12 years with complaint of failure to conceive since 1.5 year. Her detailed history showed that she attained menarche at the age of 13 years. Her menstrual history was regular with a duration of 3-4 days and interval of 28-30 days of regular cycle, blood with moderate flow. She has 1 female child of 10 year and had a history of 2 MTPs. Her last MTP was done in 2020. She had no history of any systemic disorder, thyroid dysfunction, or any STD's. The couple had no other symptoms or illness, or any surgical and family history.

CLINICAL FINDINGS

Physical Examination

Patient's general condition was good with Pulse rate 70/min, respiratory rate was 18/min and blood pressure was 110/70mmHg. She had a BMI of 32.5 kg/m². No abnormality was noted after a detailed systemic examination. Appetite, sleep, micturition and bowel were normal. The patient was of obese body built and had *Vata- Kapha Prakruti*.

Local Examination

On per speculum examination, the vulva was healthy with no any local lesion or growth. The vaginal canal was healthy with no secretions. The cervix was of normal size, with no discharge and or lesions. On per vaginal examination, the cervix was found to be smooth, firm, with no cervical motion tenderness. The uterus was found to be anteverted with normal size, freely mobile with no associated tenderness. Bilateral adnexa was clear with no tenderness.

INVESTIAGTIONS

Lab Investigations: 3/12/21

Haematological :

- Hb-13.6gm%,
- BGRH- O positive
- Other-WNL

- HIV,HCV,HbsAg,VDRL :- Negative
- BT- 1min 35 sec
- CT- 2min 30 sec
- Thyroid profile: WNL
- APLA TEST: Negative
- TORCH TEST: Negative

Urine routine and micro: Normal study

USG-TVS:

Ut:AV bulky,scanty follicles, No features of PCOD, ET: 8.8mm on 12th day of menstruation

HSG(2021): Bilateral patent tube and free spillage seen

Husband Semen Analysis (2021)

Liquifaction within 20 minute

Fructose – present

Reaction – Alkaline

Total sperm count- 51 mill/ml

Motility- Active Motile 60 %

Sluggish Motile 10%

Non motile 30%

Abnormal forms - 12%

Pus cells – Absent

Therapeutic intervention

After thoroughly examining the patient, *Nidana* were found in patient related to diet and lifestyle are late waking up at 8 or 9 am, *Diva Swapna* ,morning breakfast was chai –paratahas , *Viruddhashana* (also like milk and salty or pungent things), Dinner time was 9 pm or 9:30 pm around , Mixed (*Madhur, Amla, lavana rasa pradhana*), No exercise , *Mala -Mutra* veg dharana . According to which treatment protocol was planned. Details of therapeutic intervention shown in table 1, table 2 table 3, table 4.

Nidana Parivarjan as well as Pathya Palana



Virechana



Palashadi Nirooha Basti



Uttar Basti



Shamana Aushadha

Follow-up and Outcome

Within 4 months of treatment, she got conceived in the month of July. Her LMP is 21/07/2022 and urine pregnancy test was found to be positive on 26/8/22. She underwent USG on 03/09/22 which suggested that there is a single live intrauterine gestation, the yolk sac with fetal pole was seen with GA of 6 weeks [Figure 2].After that normal antenatal care was given to patient .Detailed anomaly scan and growth scan

was done and no any gross anomaly detected. After Following normal antenatal regimen , she delivered a healthy female baby on April 2023.

DISCUSSION

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), *Artava* (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* & her advancing age, 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, fertilization, implantation etc.) it was multifactorial approach to conclude all the factor.

“धातवश्च विशुद्धीयन्ते बीजं भवति कार्मुकम्” |(का,सि,२)

Virechana will lead to *Dhatu Shuddhi* and *Bija Karmukatwa*. It is removal methods for oxidative stress due to ROS. By means of *Snehana* (Oleation) and *Swedana* (fomentation), the *Ama* from all over the body is brought to the gastrointestinal tract and then expelled out through *Virechana*.

In the present case, *Ama* digestion, elimination and *Srotoshuddhi* (removal of obstruction) might have occurred with *Virechana Karma*, thus improving *Agni*, and restoring the nutritional pathways to *Dhatu* and ultimately *Artava Dhatu* and improving quality of ovum mainly.

Palashadi Nirroha Basti^{iv, v} which acts as *Shodhana Karma* and it rejuvenate the body and corrects the pathology. *Basti* is the procedure by which we can eliminate *Doshas* from rectum i.e., *Shodhana*. It acts on *Apana Vayu* which is one type of *Vata dosha* which has control on genital organs.

Uttarbasti: Removes *Srotorodha* and helps at the level of receptors in endometrium as well as ovary for hormonal balance. It prepares *Garbhashaya* for conception as well to maintain healthy environment for conception^{vi, vii, viii}.

Ashwagandhadi Choorna & Phalaghrita^{ix} :It is *Balya*, *Brumhaniya*, *Rasayana*, *Prajasthapana* .it possesses antistress, antioxidants, immune-modulatory properties. increasing the receptivity of the endometrium in the post ovulatory phase, thus resulting in conception.

CONCLUSION

Ayurvedic treatment can act as an anti-stress and antioxidant agent thereby improving the reproductive health of women and increasing their chances of conception. & has no side effects and found to be better alternative to hormonal therapy.

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 unexplained 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.

Table 1 Schedule of Virechana Karma

TIMING	PROCEDURE	DRUG	DOSE	ROUTE	ANUPANA	DURATION
03/04/2022 to 07/04/22	<i>Deepana Paachana</i>	<i>Trikatu Choorna</i>	2gm/3times a day with warm water	Orally	Warm water	5 days
08/04/22 to 13/04/22	<i>Snehapana</i>	<i>Phalaghrita</i>	Started from 30ml on first day Gradually increased	Orally	Warm water	6 days till symptoms of proper oleation achieved.
14/04/22 to 17/04/22	<i>Abhyanga & Swedana Karma</i>	<i>Abhyanga with Bala Taila Swedana with Dashmoola Kwatha</i>	Q.S.	Externally	-	4 days
18/04/22	<i>Virechana Karma</i>	<i>Trivrutadi Yoga (Triphala 28g+Trivruta 14g+Danti7g)</i>	50gm	orally	<i>Triphala Kashaya</i>	1day
19/04/22 to 23/04/22	<i>Samsarjana Karma</i>	<i>Madhyamavega shuddhi</i>				5days

Table 2 Palashaadi Nirooha Basti 31/5/22 to 6/7/22

Medicine	Dose
<i>Makshika</i>	60 ml
<i>Lavana</i>	12 gm
<i>Sneha: Tila Taila</i>	60 ml
<i>Kalka: Shatapushpa Madanaphala</i>	30 gm 15 gms
<i>Kwatha: Palasha Kwatha</i>	250 ml

Table 3 Uttar Basti (27/7/22 to 29/7/22)

Intrauterine Uttar Basti	<i>Phala Ghrita</i> 5 ml for 3 days
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Table 4 Shamana Aushadha Ashwagandhadi choorna- (bd after meal with water)

Medicine	Dose
Ashwagandha choorna	2gm
Gokshur choorna	1gm
Guduchi choorna	1gm
Yashtimadhu choorna	1gm

Figure 1- USG report before and during treatment

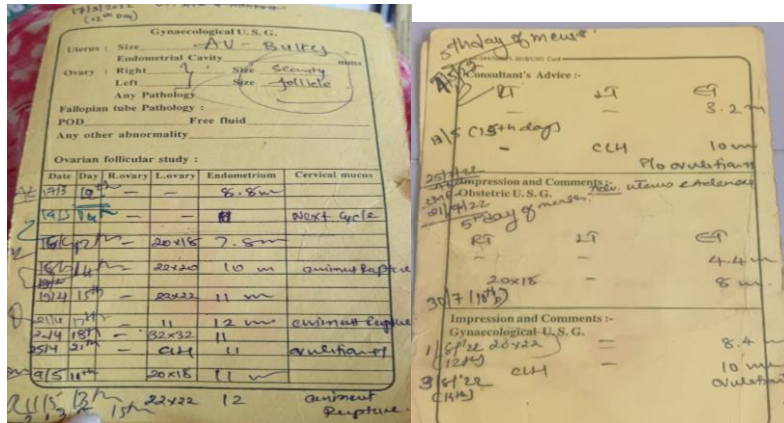
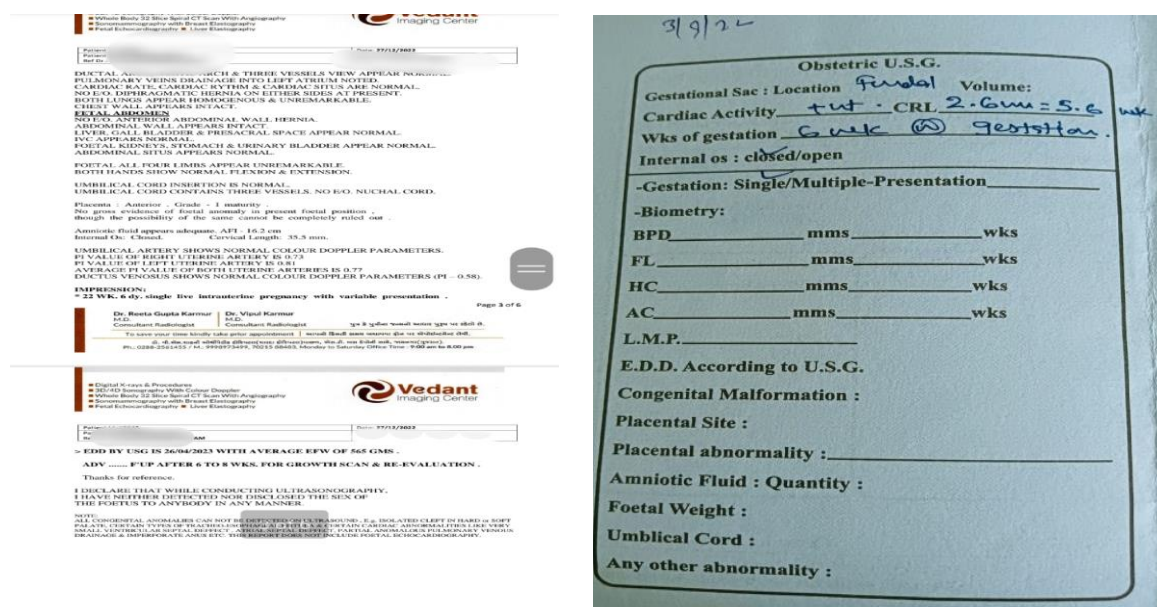


Figure 2 -USG report after conception



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