

# Secondary Infertility (Kakvandhya)-A Single Case Study

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## ABSTRACT

Vandhyatwa (infertility) is the burning challenge in front of todays fastest and behind the money society. Approximately 8%-10% couples will suffer from infertility worldwide in between that 15-20 million cases are present in India alone. 57.33% are the primary infertility cases and 42.66% are secondary infertility cases observed in 26-30 years age group in India recently. Vandhyatwa is explained by ayurveda scholars in their own way but Aacharya Harita specifically mentioned total 6 types of Vandhyatwa in detail which covers all types of infertility according to modern science. As it is mentioned as lifestyle disorder by medical science, ayurveda plays key role to successful treatment of this. In present article the single case study of Kakvandhya (secondary infertility ) is explained.

**KEY WORDS:** Aacharya Harita, Infertility, Kakavandhya , Vandhyatwa

## INTRODUCTION

Vandhyatwa is one of the important disease explained by many aachryas in ayurveda. According to Aacharya Harita the women who is unable to carry the pregnancy in his reproductive age is considered as Vandhya.

Aacahrya Charaka has classified Vandhya as

1. Vandhya.(absolute inability to conceive) <sup>[1]</sup>
2. Apraja (primary infertility) <sup>[2]</sup>
3. Sapraja (active in reproduction) <sup>[3]</sup>

Aacharya Harita has classified Vandhya as <sup>[4]</sup>

1. Kakvandhya (secondary infertility)
2. Anapatya (primary infertility)
3. Garbhasravi (repeated abortions)
4. Mritvatsa (repeated still births)
5. Balakshaya (loss of strength)
6. Ajata-rasaja (balya-avstha or garbhakosha-bhanga)

Kakvandhya (secondary infertility) is mainly observed due to Shukra-aavrutna Vata condition.

**Probable Mode Of Samprapti**



The case history which was explained here is of Kakavandhya (secondary infertility)

**CASE HISTORY-**

A couple 33/F and 36/M came to our opd with C/O not having child since 7 years of try.

H/O

Marriage date- 15-12-2014

First baby girl birth date- 21-11-2015

O/H- G<sub>1</sub> P<sub>1</sub> L<sub>1</sub> A<sub>0</sub> D<sub>0</sub>

M/H → 28 days

→ Normal bleeding for 5 days in every cycle

At 15-09-2023 patient came to our opd for consultation. We took the history and advised for hormonal assay for female on 3<sup>rd</sup> day of her menstrual cycle and semen analysis of male.

At 2-10-2023 patient went for hormonal assay and semen analysis. At 4-10-2023 we got reports for both

**TABLE NO 1- HORMONAL ASSAY**

HORMONE	REPORT VALUE	NORMAL VALUE
AMH	6.67 ng/ml	0.57-8.13 ng/ml
FSH	6.72 mIU/ml	3.50-12.50 mIU/ml
LH	9.05 mIU/ml	2.40-12.60 mIU/ml
PROLACTIN	25.08 ng/ml	4.79-23.30 ng/ml
T3 (TOTAL)	0.88 ng/ml	0.80-2.00 ng/ml
T4 (TOTAL)	7.10 µg/dl	5.10-14.10 µg/dl
TSH	2.00 µIU/ml	0.27-4.20 µIU/ml

**TABLE NO. 2 -SEMEN ANALYSIS**

CRITERIA	REPORT VALUE	NORMAL VALUE
TOTAL SPERM COUNT	80 Millions/ml	60-160 Millions/ml
ACTIVELY MOTILE	40%	60-95%
SLUGGISHLY MOTILE	20%	
DEAD SPERMS	40%	
PUS CELLS	7-8 /hpf	
EPITHELIAL CELLS	1-2	

The previous follicular study was referred by me for reference.

**TABLE NO. 3 – FOLLICULAR STUDY**

DATE	DAY	OVARIES		ET
		R.O	L.O	
16/05/2023	10	MULTIPLE FOLLICLES LARGEST 17*12	MULTIPLE FOLLICLES LARGEST 18*15	5.2 Mm
18/05/2023	12	19*15	21*18	6.2 Mm
19/05/23	13	21*17	23*21	7.1 Mm
20/05/2023	15		RUPTURED	

**TABLE NO. 5- DASHVIDHA PARIKSHA-**

Criteria		Female	Male
Prakruti		Vata-Pittaja	Pitta- Vataja
Vikruti	Dhatu	Rasa Dushti	Shukra Dushti
	MALA	KAPHA DUSHTI	-----
	UPADHATU	AARTAVA DUSHTI	KESHA BHAGNATA
Sara		Asthi	Meda
Samhanan		Madhyama	Madhyama
Praman		Krusha	Krusha

<b>Satmya</b>		Avara	Avara
<b>Satva</b>		Avara	Avara
<b>Aahara-Shakti</b>	<b>Abhyavaharan - Shakti</b>	Pravara	Pravara
	<b>JARAN-SHAKTI</b>	MADHYAM	PRAVRA
<b>Vyayama-Shkati</b>		Pravara	Pravara
<b>Vaya</b>		Taruna	Taruna

Couple was observed under somewhat social stress because of unable to conceive after 7 years also. After considering all the history of patient we prepared the Shaman Aushadhi plan at first.

### MATERIALS AND METHODS

Lavanbhaskar Churna – Bhaishjya Ratnavali <sup>[5]</sup>

Apatyakara ghrita – Charak Chikitsa Sthan<sup>[6]</sup>

Sumanas Vati – Anubhuta Yoga

**TABLE NO. 6 – TREATMENT PLAN**

NAME OF THE MEDICINE	DOSE OF THE MEDICINE	ANUPANA	AUSHADH SEVAN KALA	TIME
Lavanbhaskar Churna	1 Pinch	Ushna Jala	Ananna Kala	For 3 Days
Apatyakara Ghrita	15 ML	Ushna Jala	Ananna Kala	For 7 Days
	25 ML	Ushna Jala	Ananna Kala	For 2.5 Months
Anubhuta Yoga Vati	2 Vati	Ushna Jala	Nishi	For 3months

The Lavanbhaskar Churna was started at the starting of treatment protocol with dose of one pinch with Ushn jala at Ananna Kala for 3 days.

On 4<sup>th</sup> day we started the Apatyakara ghrita at starting dose of 15 ml with Ushna Jala. When patient gets adjusted to that dose then from 11<sup>th</sup> day the dose of the Ghrita is increased up-to 25 ml with same Anupana till the end of 2.5 months. Along with that at night time before going to bed the 2 Anubhuta Yoga Vati are advised to take with Ushana Jala only.

### DISCUSSION-

As told by Aachrya Charak in Chikitsa Sthana 28/68 the present condition will comes under the Shukra-aavrutta Vata. As the shukra does the Avarana over the Apana Vata the Chala guna of apana vata gets decreased and Ruksha Guna gets increased.

Hence in-spite of having the normal follicular study and rupture of follicle correctly at the 15<sup>th</sup> day of the cycle, the female partner was unable to conceive. The increased Ruksha Guna of Apana vata will suppress the Snighdha guna , and Sara guna of the Rasa dhatu and its upadhatu also.

In case of male partner the same condition of Shukra-aavrutta Vata was observed. In the semen analysis it was observed that the count of the motile sperms was only 40% and dead sperms are 40%, remaining 20% sperms were in sluggishly motile condition only. This is because of increased Ruksha Guna of Apana vata only. The increased Ruksha Guna of Apana vata will suppress the Snigdha, Drava, Sara Guna of Shukra Dhatu. Hence the motility of the sperms and dead percentage of the sperms gets increased automatically. In both patients, some stress factors were also observed. Which are responsible for increased Anutwa Guna of Manas. Hence both were not felling satisfied during inter-course and after inter-course also. As there is lack of Harsha and Tarsha also.

The Lavaan-bhaskar churna due to its Tikshana Guna acts as a Agnideepaka. While the Apatyakara ghrita acts as Shkra vardhak, shukra shuudhikara , and Apana vata anulomanakara .

The ingredients of Apatyakara ghrita are

**TABLE NO.7- INGREDIENTS OF APATYAKARA GHRITA**

Shatavri	1 Prastha
Vidari Kanda	1 Prastha
Masha	1 Prastha
Atmagupta Beeja	1 Prastha
Gokshura Kwatha	1 Prastha
Go-Ghruta	1 Prastha
Go-Dugdha	8 Prastha

All the ingredients of Apatyakara Ghrita are Madhura rasa, sheeta virya and Madhura vipaka in nature. Hence it will subside the increased Ruksha guna of Apana Vata and does the anulomana also.

The Anubhuta yoga vati contains Brahmi+Shankhapushpi+Sapagandha+Vacha+Yavani

We concluded the combined rasa of this combination is

Rasa-tikta katu ukshma

Virya – usna

Vipaka – katu

tikta katu ukshma rasa which mainly helps in removing the srotoavrodha of the manovaha srotas which is ukshma srotas of the body.

By the ushna virya of the drug it subsides the Apana vata and gives its normal direction i.e. Adhogati. As the adhogati occurs the anutwa guna of manas gets also normal stage. And the patients feels the calmness gradually.

As all the medicines was given in Anaanna kala it directly acts on Apana vata specially to make in Anuloma gati.

This treatment protocol was continued till 2<sup>nd</sup> February. Next follow-up date for patients was 10<sup>th</sup> February. Due to some personal works patient was unable to come at that date and female informed us that her periods was missed by 4 days. Her expected date of the periods was 06/02/2024. Then we advised the patient to avoid the lifting of heavy weights. On 16/03/2024 patients checked on urine pregnancy kit and it came positive. On 18/03/2024 patient went for USG and the report was SINGLE ,INTRA-UTERINE GESTATIONAL SAC is present.

## CONCLUSION

Now a days Vandhytwa cases are increasing day by day. It is a lifestyle disorder. Changes in our hectic and stressfull lifestyle with the help of Ayurveda will make a great contribution to fight with this burning challenge of the society.

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