

**AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY – A CASE STUDY**Kavya B N<sup>1</sup>, Mamatha K V<sup>2</sup>, Pawar Anitha Bapuji<sup>3</sup><sup>1</sup>PG Scholar, Department of Prasuti Tantra and Stree Roga<sup>2</sup>Principal, Professor, SDM College Of Ayurveda Udupi<sup>3</sup>PG Scholar, Department of Prasuthi Tantra and Stree Roga

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**ABSTRACT**

Infertility is the failure to achieve pregnancy after 12 months of regular unprotected sexual intercourse. Secondary infertility is defined as the inability of a couple to conceive who had at least one prior conception. *Vandhyatava* and its *bheda* are mentioned in *Haritha samhitha* where *Kakavandhya* is mentioned which is secondary infertility. This is a case report of a woman aged 43 years who was suffering from secondary infertility and 2 repeated abortions. Treatment plan includes *deepana pachana*, *shodhana*, *Niruha basti*, *Anuvasana basti*, *Vatankur nasya* and *sthanika chikitsa*. Treatment was given for 4 months. The outcome of this Ayurvedic management was successful and women got conceived. *Swarna bhasma* was administered to prevent any *Bija dushti* and women gave birth to a healthy male baby.

**Keywords:** *Vandhyatava*, secondary infertility, repeated pregnancy loss, *basti***INTRODUCTION**

Infertility is defined as failure to achieve a pregnancy after 12 months of regular unprotected sexual intercourse.<sup>1</sup> Estimates suggest that globally 48 million couples and 186 million individuals live with infertility. WHO mentions infertility as a disease of the

reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual Intercourse<sup>2</sup>. Female infertility is commonly caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, endocrine system, and

unexplained causes. Secondary infertility is the inability to become pregnant or to carry a baby to term after previously giving birth to a baby. In Ayurveda main factors like *Ritu*, *Kshetra*, *Ambu*, and *Beeja* in a proper state are necessary to have a healthy progeny, and also normal functioning of *vata* is necessary<sup>3</sup>. Any abnormality in these factors can cause infertility. *Acharya Haritha* has mentioned 6 types of *Vandhya* in which one of the types is *Kakavandhya* which is secondary infertility. *Acharya Charaka* has mentioned *sapraja* which means secondary infertility<sup>4</sup>. *Shodhana karma* is mentioned as a major treatment for management. *Vandhyatava* is mentioned as *virechana sadhya vyadhi*. *Vata* plays an important role in *garbha harana*. Imbalance in *Apanavata* is one of the major causes of *vandyatwa*<sup>5</sup>. *Vandyatwa* is one among 80 *nanatmaja vikaras*<sup>6</sup>. Normalization of *vatadosha* is the primary management in *Vandyatwa*. *Basti* is said to be *paramaushadhi* for treating *vataja roga*<sup>7</sup>.

#### CASE REPORT

A 43-year-old married woman with a married life of 13 years with non-consanguineous marriage visited the

OPD of Prasooti tantra and Stree roga of SDM Ayurveda hospital Udupi with complaints of inability to continue a viable pregnancy after first delivery and repeated two abortions. She has a history of regular periods. Naturally, she got conceived in the year 2010 and gave birth to a healthy female baby by LSCS and is 11year old now. After that, she had two repeated pregnancy losses. The first abortion was in the year (2017) D&C was done in 2 ½ months as cardiac activity was not noted. The second abortion was in the year (2020) she had p/v bleeding and USG suggested no cardiac activity, MTP was done in (2 ½ months). The patient was fearful of conception as she had 2 previous abortions. Since her last abortion, she tried for conception, but it was not successful, so she was taken up for *garbhasamskara* and infertility treatment. **Past History** – not a k/c/o DM, HTN, thyroid dysfunction, or any other medical history

**Family History**- no specific family history of secondary infertility.

**Menstrual History** – Menarche - 15 YEARS

**Table 1-** Menstrual History

Day 1	Day 2	Day 3	Day 4	Day 5
2 Pads (Fully Soaked)	Spotting			

Clots- absent, *Tantumatta*- present, colour- dark red, dysmenorrhea-present, *vastranjana*-present, *ushnata*-present. white discharge- absent., General examination, Built- moderately built, Nourishment- well nourished, Temperature- normal, Respiratory Rate-17/min, Pulse rate- 80/min, Blood pressure - 120/70 mm of hg, Height – 162cm, Weight – 65kg, Pallor- absent, Oedema / clubbing /cyanosis/ icterus/ lymphadenopathy- absent, Tongue- uncoated, *Ashta vidha pariksha*, *Nadi* – 80/min, *Mutra*- 5-6 times/day *Mala*- regular, *Jihwa*- *Aliptha*, *Shabdha* – *prakrutha*, *Sparsha*- *prakrutha*, *Druk*- *Prakuti*, *Akruthi*-*madyama*

#### Systemic Examination

CVS- S1 S2 heard, no murmurs, CNS- HMF Intact, conscious, RS- Normal vesicular sound heard, no

added sounds, P/A- inspection- lower segment cesarean section scar noted, Palpation- NAD, *Dashavidha pariksha*, *Prakruthi* – *vata kaphaja*, *Vikruti*- *vata pittaja*, *Sara*- *madyama*, *Satmya*-*Sawarasa satmya Satva* – *madhyama*, *Ahara shakthi* – *madhyama*, *Vyayama shakthi* – *madhyama*, *Jarana shakthi*- *madhyama Agni*- *samagni*

INVESTIGATION -Her biochemical investigations and ultrasonography reports were normal.

#### THERAPEUTIC INTERVENTION

The patient was taken for *garbhasamskara* and infertility treatment. First, she was given *deepana pachana* medicines and underwent *shodhana* i.e., *virechana* on 19/1/2021 *snehapana* was done with *Phala ghritha* and total *Vegas* was 16. She was given

*Guduchyadi Kashaya, Sukumara Kashaya, Shatapushpa choorna* and *Sukumara ghritha* as internal medication. Next from 13/2/2021, she underwent *Vatankur nasya* for 5 days followed by *Mustadi yapana basti* and *Anuvasana basti* with *Mahanarayana taila*. She was given *Phala ghritha, shatavari, and ashwagandha Ksheeraja, Shatapushpa choorna* as

internal medication. Lastly, she got admitted on 9/4/2021 and underwent *Anuvasana basti* with *phala ghritha, Mustadi yapana basti, and Uttara basti* for 3 days with *Dashamoola taila*. She was given *Shatavari and ashwagandha ksheera paka, Shatapushpa choorna, and Varunadi Kashaya*.

**Table 2:** Tabulation of intervention given in this study

Admission	Treatment given	Internal medication for 1 month
From 19/1/2021-27/1/2021	<i>Deepana pachana</i> <i>Snehapana with phala ghritha</i> <i>Virechana</i>	<i>Guduchyadi Kashaya</i> 3tsp + <i>Sukumara Kashaya</i> 3tsp BD. <i>Shatapushpa choorna</i> 1tsp + <i>Sukumara ghritha</i> 2tsp BD
From 13/2/2021-20/2/2021	<i>Vatankur nasya</i> for 5 days Followed by <i>Mustadi yapana basti</i> and <i>Anuvasana basti</i> with <i>Mahanarayana taila</i>	<i>Shatapushpa choorna</i> 10 gms OD with 5ml <i>Mahanarayana taila</i> before food <i>Sukumara ghritha</i> 1tsp BD <i>Varunadi Kashaya</i> 3tsp + <i>Guduchyadi Kashaya</i> 3tsp TID
From 9/4/2021-17/4/2021	<i>Mustadi yapana basti</i> <i>Anuvasana basti</i> with <i>Phala ghritha</i> <i>Uttara basti</i> with <i>Dashamoola taila</i>	<i>Varunadi Kashaya</i> 3tsp bd <i>Shatapushpa choorna</i> 2tsp with <i>Mahanarayana taila</i> 1tsp OD <i>Shatavari choorna + ashwagandha choorna ksheera paka</i> 100ML OD

## FOLLOW UP AND OUTCOMES

After 3 sittings she conceived in March. Her LMP is 26/4/21. She visited the hospital for follow-up on 2/9/2021 her USG on 1/9/2021 showed cardiac activity with thick NT-4.4mm and GA-18 weeks 2 days and efbw-251gm+/- 25.1gm. The patient was in a dilemma to continue the pregnancy or not. Amniocentesis was suggested in USG, but the patient didn't undergo the procedure. She was given *Swarna bhasma* as internal medication in the second trimester. She gave birth to a male baby by LSCS on 17/1/2022. The baby was found to be healthy.

## DISCUSSION

Procreation is one of the basic instincts of any species that aims in transferring the genes from one generation to another and aid evolution. Thus, fertility or the state of being fertile provides one with an impression of fulfillment and immortality. Infertility by itself does not threaten physical health but has a powerful impact

on the psychological and social well-being of the couples. Women are majorly affected due to this and are observed to hurt their quality of living as the incidence of infertility is rising high, due to improved awareness among the population and advanced medical facilities the number of patients seeking infertility treatment is also increasing steadily. In our science, *Vandyatwa* is not explicitly explained under a single heading and is not even described as a single disease. The *Acharya* has mentioned it rather as a symptom of divergence from the normalcy of any factor. Thus, we can conclude that *Vandyatwa* can be an outcome of any underlying deformity and for treating this one has to primarily dig out the cause by detailed evaluation of the patient and then correcting it. *Vata dosha* is a major cause of this abnormality according to various references along with *dhatukshaya* and *Agni mandhya*.

The diagnosis was confirmed as secondary infertility associated with repeated pregnancy loss. According to

Acharya Charaka yoni dosha, Rajo dosha, manasika dosha, sukra dosha, asruk dosha, ahara dosha, vihara dosha, etc delay conception even in a sapraja. In this case, the main factors were manasika doshas, ahara doshas, and asruk dosha. The patient had Vatapittaja arthava dushti while she came for admission, she was given deepana pachana chikitsa and shodhana virechana was done. Once shodhana was done Vatapittaja arthava dushti was corrected. According to Acharya kashyapa virechana helps the beeja to become efficacious” Beejam Bhavati karmukam”<sup>8</sup>. Vata Vriddhi was still found in the body because of the involvement of Vata dosha next Basti was advised as it is beneficial in recurrent abortions<sup>9</sup> etc so Mustadi yapana basti and Anuvasana basti with Mahanarayana taila were given. Mahanarayana taila which is Brimhana, Vata Shamana with an added indication in Vandhyatava was selected<sup>10</sup>. Vatankur nasya was administered which helped in stimulating the hypothalamo-pituitary axis. After this in the next cycle again Mustadi yapana Basti was given and Anuvasana basti with phala ghritha was given. As mentioned in Bhaishajya Ratnavali Phala ghritha is yoni dosha hara and helps in conception<sup>11</sup>. It helps in improving the quality of endometrium and helps in Garbha sthapana. Diseased yoni may lead to habitual abortion or infertility. Uttara basti is one of the best lines of treatment for infertility<sup>12</sup>. So Uttara basti was given with Dashamoola taila which is vata shamaka and will help to balance vata and help in conception. Uttara basti probably will be helping in increasing the endometrial receptivity by helping in increasing endometrial thickness, and uterine artery flow. It helps in maintaining the healthiness of the endometrium, uterine contractility, and circulation. It helps in the nourishment of the reproductive system, and it will give a good environment for ovulation. All the internal medication given helped in normalizing the doshas and Agni and helped her to conceive. Guduchyadi Kashaya is very helpful in vata shamana. Sukumara Kashaya is used in female infertility as mentioned in sahasrayoga. In kashyapa samhitha Shatapushpa choorna has been mentioned as arthavajanana<sup>13</sup> and its Brumhana properties increase bala of the person, it does shodhana

of yoni and it is said to be putra pradayini, pushpa utpannakari<sup>14</sup>. Shatavari ksheera pāka helped the lady to lower the stress factor also it helps to regulate estrogen and in turn it helps in regular menstruation. It is an aphrodisiac and can improve the chances of conception. Ashwagandha ksheera pāka also helped the lady in reducing stress as stress can play an important role in regulating female hormones.it also helps in increasing libido. Swarna bhasma was administered in the second trimester of pregnancy as there was a suspicion of Bija dusti and to prevent Bija dushti and have a healthy baby.

## CONCLUSION

In this study mainly Agni vardhaka and vata shamaka drugs are used. Normalizing Agni will help in uttarottara dhathu poshana. The normalization of vata in turn normalized the other two doshas. Thus, we can conclude that secondary infertility associated with repeated pregnancy loss was managed by using shodhana and shamana chikitsa for 4 months which helped in successful conception, and administration of Swarna bhasma might have helped the lady to deliver a healthy male baby.

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