

ROLE OF AYURVEDIC TREATMENT IN *BANDHYATVA* (PRIMARY INFERTILITY)-A CLINICAL STUDY

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ABSTRACT

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility is a global health issue affecting millions of people of reproductive age worldwide, the Incidence of Infertility is increasing day by day. Globally, one in six people experience infertility in their lifetime. Ancient text books have explained four important factors for conception as *Garbha Sambhava Samagri* that is **Ritu** (Rhythm of menstrual cycle and its fertile duration), **Kshetra** (health status of reproductive organs, including endometrial thickness and decidua formation), **Ambu** (blood circulation of uterus and nourishment of embryo) and **Beeja** (health status of gametes). These are said to be important factors for

conception. Infertility occurs if there is any abnormality in *Garbha Sambhava Samagri*. In this case study, Patient aged 32 years who was not able to conceive since 12 years of regular and satisfactory marital relationship even after taking various Allopathic medicines for more than 6 years and she was advised for IVF (In vitro Fertilization) and ICSI (Intra Cytoplasmic Sperm Injection) by Allopathic Doctors, then after, she was seeking Ayurveda treatment for her Infertility problem. Her AMH levels were found low. In our Ayurved hospital, we took her detailed case history and studied her investigation reports, we found *Artav-vaha strotus dushti* by vitiated *Vaata dosha* and case of *Aartav-kshaya* with *Bandhyatva* and stressful mental status was noticed. She was treated with oral Ayurveda medicines. Ayurvedic medicines- *Vaatahar-madhur*, *Aartva-jajnan*, *Aartav-varadhak Vrushya* and *Vaajikar*, such as

Shatavari Churna, *Phala ghrita* and *Pushpadhanva Ras*) prescribed. Along with oral treatment, Ayurvedic Local Therapeutic Procedures – **Uttar-basti** (with medicine-*Phala-ghrut*) was also given (following Ayurvedic Protocols). After 3 months of above Ayurvedic therapy, Improvement was observed, as her AMH levels were found to be raising gradually. Ultimately the patient conceived after 3 months of treatment which was confirmed through urine pregnancy test as well as USG.

INTRODUCTION

Infertility is defined as failure to conceive though having regular unprotected coitus for more than a year.^[1] The male is directly responsible in about 30 to 40% cases, the female in about 40-50% and both are responsible in about 10% cases. The remaining 10% is unexplained.^[2] Infertility primarily refers to the biological inability of a person to contribute to conception. In Ayurveda, infertility may be correlated with *Bandhyatwa*. Ayurveda is science having its own method of diagnosis and treatment, based on it. In Ayurvedic texts, four factors are said to be important for conceiving, these are- **Ritu** (Rhythm of menstrual cycle and its fertile duration), **Kshetra** (health status of reproductive organs, including endometrial thickness and decidua formation), **Ambu** (blood circulation of reproductive organs and nourishment of embryo) and **Beeja** (health status of gametes). Any abnormality in these factors causes infertility. *Beeja* is directly referred as *Antapushpa* (The Ovum) and *beejotsarga* (ovulation process). Anovulation can be considered as *Nashtartava* which occur due to vitiated *Vata*. *Basti Karma* is considered as best line of treatment for *Vata*.

In this case study combined effect of Oral Ayurvedic medicines- *Vaatahar-madhur*, *Aartva-jajnan*, *Aartav-vardhak* *Vrushya* and *Vaajikar*, such as ***Shatavari Churna***, ***Phala Ghrita*** and ***Pushpadhanva Rasa*** along with Ayurvedic local therapeutic Procedure – *Uttar-basti* (with medicine-*Phala-ghrut*) was found to be effective and Result oriented in one patient of *Bandhyatva* (Infertility). It has been observed that above Ayurvedic combined therapy (Oral and Local) improves the condition of *Aartava vaha Strotus Dushti* and gives the better result in *Aartav Kshay Janya Bandhyatva*.

Description of Patient

A female patient aged 34 years came with complaints of having not Conceiving even after 12 yrs of marriage life and not using any contraception measures having history of oligomenorrhoea and hypomenorrhoea picture and low AMH profile, took treatment in various Allopathic hospitals/Clinics where she was advised for IVF. She took hormonal treatment for

2-3 times but no improvement could be achieved. She was under allopathic treatment for about 5 years and she was advised to undergo IVF (in vivo fertilization) & ICSI (Intra Cytoplasmic Sperm Injection). She had Irregular menstrual cycles and her menstrual picture was oligomenorrheic and Hypomenorrhic since last few years. Her S. AMH level was Low (0.13 in Dec. 22), and serum prolactin levels were high (11.9 ng/ml in Dec.22) and S. TSH level was within normal range (4.5 in Dec 22).

- Past history: past medical History was negative for Diabetes mellitus /Hypertension / Hypothyroidism / major Illness and also surgical history was also negative.
- Family history - No H/O of same illness in any family members
- Menstrual History -- Menarche : 13 years, Cycle-Irregular, Oligomenorrheic (cycle length- 5to 6 weeks), Hypomenorrhea (Scanty menses lasts for only 1 to 2 days)
- Obstetrical History- Not conceived even after 12 years of marriage life without using of contraception.

Systemic Examination

CVS- normal heart rate and blood pressure, cardiac sounds were normal, no abnormal clinical findings were found

CNS –conscious & well oriented, all reflexes were found normal, no abnormal clinical findings were found

R/S – Normal breathing, no abnormal pulmonary/respiratory sounds were found. R/R- 21/min

P/A - soft, no organomegaly found. no lump/mass/ Tenderness found.

P/V – on Bimanual examination:-Uterus - Anteverted & Normal in size, no tenderness felt

Per Speculum examination:- cervix and vaginal walls were normal, Cervix healthy & normal size No discharges, no any abnormality was found.

Ashtavidha Pariksha

1) Nadi - 82/min

2) Mala- Prakrit, once a day

3) Mutra – Prakrit, 5-6 times a day

4) Jihwa- Prakrit, Alipa

5) Shabda- Avushesha

6) Sparsha- Anushna Sheeta

7) Drika- Avishesha

8) *Akriti- Samaakrity*

Dashavidha Pariksha

- 1) Prakriti – Vatapittaja
- 2) Vikriti - Madhyama
- 3) Sara -Madhyama
- 4) Sanhanana- Madhyama
- 5) Pramana – Madhyama
- 6) Satmaya—Madhyama
- 7) Satva – Mishra Rasa Satmya
- 8) Aahara Shakti -Abhyavarana Shakti- Madhyama
- 9) Vyayama shakti – Avara
- 10) Vaya -Madhyama

Laboratory investigations: (as done on 08/12/22)

- S. AMH = 0.13 ng/ml
- S Prolactin = 11.90 ng/ml
- S. TSH = 4.5 mIU/L

Treatment

Ayurvedic line of Treatment & management

1. *Nidana Parivarjana* (elimination of causative factors like unhealthy diet and life style, stressful environment and environmental pollution etc.)

2 Dietary management-

-*Madhur, snigdha ahd vaathar Aahaar Dravyas* are advised like milk, ghee, milk products, rice gruel ect.

- Fresh Fruits are specially like apple, bananas, pineapple, guava, sweet lemon, geapes, oranges were advised.

- By modern view – low sugar, high proteinoid diet and rich Fibre Diets

--*Vihaar chikitsa* – light Exercises are specially recommended, maintenance of daily healthy routine was advocated.

3 Sanshamana Chikitsa (Abhyantara yoga)

- *Vaat-shamana, Vatanulomana, dravyaas* are given

-- *Aartava-Janana, Aartava -vardhak, Vrushya dravyaas* are given such as-

Shatavari and *phala ghruta* was given orally for 3 months

4. Sthanika Chikitsa (*Uttara Basti*)

--Pre procedure- Vagina wash was done with *Panchvalkal kwath*, *Nimba kwath* and *trifala kwath* for 3 days

--*Uttar basti* was given with *Phala ghruta* (2ml) for 3 days in Minor OT after completion of menstrual discharge phase.

--*Pichu dharana* with *Shatavari ghrut* and *Phala ghrut* (medicated oil soaked vaginal tampon.)

Uttar Basti Karma

Method of procedure of *Uttara Basti* was done in 3 stages

1. *Purva Karma*
2. *Pradhana karma*
3. *Paschata Karma*

Purva Karma

1. Light diet in the form of gruel was advised
2. Abhyanga was done with Ksheer bala taila
3. Swedan – Nadi swedan (Nirgundi & dashmool)
4. Evacuation of bowel and bladder.
5. Patient was made to lie down in lithotomy position
6. Routine P/V examination was done to assess the size shape & position of uterus
7. Before administration of *Uttara Basti*, antiseptic cleaning of Vulval region, vaginal walls, cervix was done thoroughly.
8. Yoniprakshalana with 500ml Trifala kwath was done
9. The trolley was prepared with all necessary instruments and light.

Pradhan karma

1. Cusco's speculum was inserted in the vagina to expose cervix.
2. Anterior lip of cervix was caught with vulsellum.
3. Sterilized plain rubber catheter was inserted into the Cervix slowly upto the internal Os.
4. Then 2-3 ml of *Phala ghruta* was pushed by attached syringe.
5. Rubber catheter and Speculum was removed and *Pichu* (tampon) of bala taila was placed in the vaginal fornix.

Pashchata Karma

1. Patient was observed for half an hours carefully, vital parameters were checked time to time for 2 hours.
2. Patient was kept in head low position for 15 minutes

Laboratory investigation after treatment

After therapy of 01 month, investigations were repeated and findings were noted.

- S. AMH = 0.29 ng/ml
- S Prolactin = 10.03 ng/ml
- S. TSH = 4.9 mIU/L

RESULT

The menstrual cycle became regular. The amount of menstrual discharge was gradually increased. The menstrual cycle became rhythmic at regular intervals. The weight of the patient was also gradually improved. The patient conceived after 3 months of treatment and is now under regular antenatal check up.

DISCUSSION

In Ayurvedic Text books, medicine

1 Shatavari- it has properties of *Madhur, Vaat-har, brihan, balya, Rasaayan* and *Vrushya* it promotes gametogenesis, improves the quality of gametes, and has anti-aging effects, it improves vitality of Ovum and fertility. it is considered as an Ayurvedic drug which improves Fertility by means of improving Ovarian Functions and Gametogenesis.

2 Phala ghrita is described as an Ayurvedic medicine, which promotes '*beej* to ripe in to *Phala*' i.e. it promotes Gametogenesis and Ovulation. it specially indicated in Infertility cases. It has properties as *Vaat-har, Vaata-anulomaka, Madhur, Brihana, Aartava-janan* and *Vrishya* (promotes gametogenesis), *Rasayana* (rejuvenation and anti-ageing effects).

Phalaghrita is considered to be one of the best Ayurvedic remedies for Infertility. It improves Oogenesis, Ovulation and Implantation process.

3 Puspa Dhanva Rasa is an Ayurvedic aphrodisiacs medicine. It increases drive. It also considered as an Ovulatory medicine and helps in natural Fertilization process.

4 Uttar basti is an Ayurvedic local therapeutic procedure, in which medicine is directly inserted in to the Uterine cavity which has action on Endometrium and Decidua formation, which improves Implantation process and nourishment of Embryo. usually in Infertility cases, medicine *Phala ghrita* is inserted in to the Uterine cavity in dose of 02 to 05 ml as requirement under strict aseptic conditions.

In this case study, we used the above medications along with local therapeutic procedures for the Duration of three months and got success in curing infertility case, her AMH levels increased gradually and she conceived after three months.

The above therapy is now being applied in other similar type of infertility cases with more confidence to serve the mankind.