



Case Study

## EFFECT OF AYURVEDA FORMULATION IN THE MANAGEMENT OF UNEXPLAINED PRIMARY INFERTILITY

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### ABSTRACT

When a couple is unable to get pregnant after a year of regular, unprotected sexual intercourse, it is referred to as infertility. The problem is defined as the absence of an obvious cause for a couple's infertility and the female's inability to become pregnant after at least 12 cycles of unprotected sexual relations, or after six cycles in women over 35 who meet all standard evaluation criteria. Several drugs have been listed in Ayurvedic literature to treat infertility. We are presenting a primary infertility case here. The couple spent two years trying to become pregnant. After extensive physical and scientific testing to rule out the cause, the underlying cause was found to be unexplained. Ayurvedic formulations like Tablet Leptadan, Capsule Femigrow, *Phalaghrita* and *Tarunikusumakar Churna* were given continuously for 3 months. Her 3 months of Ayurvedic intervention resulted in the conception and she delivered a full term male baby weighing 2.5kg through lower segment caesarean section.


### INTRODUCTION

In about 15% to 30% of infertile couples, a standard fertility evaluation is unable to detect an abnormality. [1] Infertility is defined as the inability to conceive within one or more years of regular unprotected coitus.[2] The World Health Organization (WHO) estimates that 60 to 80 million couples worldwide currently suffer from infertility.[3] Infertility varies across regions of the world and is estimated to affect 8 to 12 percent of couples worldwide.[4] Beneath the statistical data, there exists a fundamental subset of couples, comprising approximately 3 to 5 percent, who encounter difficulties in conceiving. These challenges may stem from reasons that are either unidentified or inevitable. Unaccounted- for infertility was associated with *Vandhyatva* in Ayurveda. Four factors- *Ritu* (fertile period), *Kshetram* (healthy reproductive system), *Ambu* (nutrition), and *Beejam* (healthy ovum and sperm) - have been identified by

*Sushrutha* as being crucial for achieving pregnancy. *Acharya Charaka* has placed greater emphasis on mental health, psychological aspects, and emotional aspects of *Garbhadharana* (conception). Fertility is also significantly impacted by the usual functioning of *Vatadosha*, *Ojobala* (immunity), *Shadbhava*, such as *Matruja* (mother), *Pitruja* (father), *Atmaja* (soul), *Satmyaja* (congeniality), *Rasaj* (nutrition), and *Satvaj* (mind). During pregnancy during the full gestational cycle, the *Vata* must continue to operate properly. Getting all of these to function properly is the first step in managing infertility in Ayurveda.

### Case Report

A 37 year old married woman with her husband aged 40 came to the Prasuti Tantra and Stree Roga OPD of National Institute of Ayurveda, Jaipur, with complaints of anxious to conceive since 2 years and also she was suffering from chronic constipation and decreased appetite. The couple has been married for 3 years and have been trying since then to conceive spontaneously but they were disappointed. Hence they came to the Ayurveda hospital. The couple had never approached for treatment before anywhere.

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**Menstrual History**

The patient said that her duration of menstrual cycle was of 3-4 days with regular intervals of 28 to 30 days with no history of dysmenorrhea or passing clots and flow was within normal limits, i.e., 2-2 fully soaked pads in the first 3 days then 1 pad on 4<sup>th</sup> day.

**Obstetric history**

Nil (G0)

**Contraceptive history**

Nil

**Coital history**

Vaginal intercourse 2-3 times/ week with no history of pain during intercourse or post coital bleeding.

**Family history**

There was no history of consanguineous marriage or infertility in the family of either partners.

**Past medical and surgical history**

There was not significant history found.

**Personal history**

Appetite- normal, Sleep- normal, Bowel- constipated, Micturition- normal

**Allergic history**

She did not have any kind of allergies with respect to food and medicines.

**Education**

She is housewife belonging to low socioeconomic class and her husband is painter.

Appetite – Normal, Sleep – Normal

Bowel – One time in the morning, regular, satisfactory, Micturition – Normal (5–6 times per day), and allergy history- none

**General Examination**

Her vitals were stable. Her BMI was within normal range. No pallor or edema was found.

**Systemic Examination**

Not significant

**Abdominal Examination**

Soft, non-tender and no organomegaly was detected.

**Gynaecological Examination**

The vulval skin was healthy. Per speculum examination revealed no vaginal or cervical abnormalities and on per vaginal examination revealed normal sized anteverted uterus with free fornices. Cervical motion tenderness was absent.

**Investigations**

On first visit woman was advised all routine blood investigations, USG pelvis, HSG on day 9 of menstrual cycle and husband semen analysis. Routine blood investigation results shown all within the normal limit. USG showed normal study. Semen analysis showed normal seminogram. HSG showed normal study with patent tubes. TVS on D2 of the cycle showed good antral follicular count without any pelvic pathology.

**Therapeutic Intervention**

	Medication	Dose	Time interval	Anupana
1.	Cap. Femigrow	1 cap	Two times daily after food	Lukewarm water
2.	Tab. Leptaden	2 tab	Two times daily after food	Lukewarm water
3.	Phalaghrita	1 tsp	Morning before food	Milk
4.	Tarunikusumakar churna	3gm	Once in a day/ before bed	Lukewarm water

**RESULTS AND DISCUSSION**

After 3 months of consecutive treatment and every fortnight follow up. She missed her period in September and did UPT at NIA Hospital which came as positive with LMP 09/08/2023. USG findings on 17/10/2023, were suggestive of single live intrauterine pregnancy of 10-11 weeks with CRL 3.5 cm and FHR 180/min. Rest of her pregnancy period was uneventful. Woman delivered a full term male baby weighing 2.5kg through lower segment caesarean section in a private hospital.

Couples who are unable to conceive for at least one year and where standard investigations fail to identify any abnormalities in ovulation, tubal patency, and semen analysis are classed as experiencing unexplained infertility.<sup>[5]</sup> Psychological illnesses like anxiety and depression are evaluated among many

patients seeking medical treatment. Diabetes, undiagnosed thyroid disorder, some autoimmune illnesses and luteal phase defects may be the cause for unexplained infertility.<sup>[6]</sup> As stated by ASRM and ACOG Diagnostic imaging of the reproductive organs yields important insights into factors influencing fertility. Imaging methods are capable of evaluating ovarian reserve, detecting pelvic disease, and tubal patency. A women's health specialist would legitimately request the male partner's medical history and perform a semen assay; all of these factors were considered in this case evaluation and the conclusion was reached that the case involved unexplained primary infertility. The ayurvedic idea of treatment planning was followed in this instance as well, as there was no apparent cause found. *Vata Dosh*a correct functioning is necessary for

all areas of fertility, hence in this context, *Vata Anulomana* was given significant emphasis. The patient's prolonged constipation implies the presence of *Apana Vata Dushti*. In addition, the patient had decreased appetite. In order to ensuring *Vata Anulomana* and *Agni Deepana*, the treatment was thus lined up.

#### **Femigrow Capsule (Trio Health Care Pvt. Ltd.)**

The key ingredients of femigrow capsule are *Shivlingi, Putrajivak, Garbhupal Rasa, Garbhadharak Yoga, Shatvari, Jivanti, Amlaki, Loha Bhasma* and *Sukti Bhasma*. It has *Deepan, Pachak, Kledaghna* and *Rasayan* properties, improves *Jatharagni* and *Dhatvagni*. It helps in the formation of good quality of *Aahar Rasa* improving metabolism. It enhances the quality of ovum, maintains hormonal equilibrium, protects against free radical damage, and supports female reproductive health and fertility. It prevents habitual abortion.

#### **Leptaden tablet (Alarsin)**

The tablet Leptaden was previously administered to assist the progesterone phase of the menstrual cycle and subsequently, it aids in maintaining a pregnancy to full term. *Jeevanti* and *Kamboji* are present in equal amounts. Study shows that it prevents the biosynthesis of PG F 2@, by the uterine tissue, hence it prevents abortion and premature labor<sup>[7]</sup>. *Jeevanti* and *Kamboji* are having *Garbhasayashodhan, Garbhasthapana* and *Shothagna* property. These properties promote normal environment for reproduction, active neuroglandular system and helps in the nidation of zygote.<sup>[8]</sup>

Tablet Leptaden was earlier given to support the progesterone phase of the cycle and later on, it was continued throughout the pregnancy to support the fetal outcome. *Jivanti* and *Kamboji* are equal in quantity. Study shows that it prevents the biosynthesis of prostaglandins, hence, it prevents abortion and premature labor. *Jivanti* and *Kamboji* are having *Garbhasayasodhan, Garbhasthapana* and *Sothagna* property. These properties promote normal environment for reproduction, activate neuroglandular system and helps in the nidation of zygote.

#### **Phalaghrita**

*Phalaghrita* it is a classical ghee preparation which helps the woman to achieve conception and is best for curing all female genital tract disorders<sup>[9]</sup>. It supports the nervous system, promotes strength and nourishment, aids in conception, and has rejuvenating properties. Additionally, the use of *Phalaghrita* resulted in a notable increase in serum estradiol levels and body weight. Probably *Phalaghrita* stimulates the Pituitary- Ovarian axis indicates an increased

gonadotropin secretion, which regulate the activity of enzymes involved in ovarian steroidogenesis.<sup>[10]</sup>

#### **Tarunikusumakar churna**

The major ingredients of *Tarunikusumakara churna*<sup>[11]</sup> are *Sanaya* with *Kashaya, Katu, Tikta rasa, Ushna Virya, Katu Vipaka*, and *Laghu Tikshna Ruksha guna*. It possesses properties of *Pittashodhaka, Raktashodhaka, Vatanulomaka*, and *Raktashodhaka*.<sup>[12]</sup> This *Churna* has *Mridu Virechaka* (purgative) property. It gives relief to constipation and indigestion. It makes *Jatharagni* balanced and *Apanvata Anulomana* which leads proper menstruation and other functions of *Rasagni* or *Artava Dhatu*.<sup>[13]</sup>

#### **CONCLUSION**

The previous ten years have seen a sharp increase in the infertility rate. The combination of environmental, social, psychological, and dietary factors is mostly to blame for this, the unhealthy lifestyle that the current generation leads. The frequency of infertility has grown due to factors such as marriage at an advanced age, stress, a busy schedule, and a lack of exercise. Furthermore, there are a great deal of problems associated with infertility care, such as hormone therapy, ovulation induction, and invasive diagnostic procedures. The only available treatment for infertility that cannot be explained is artificial reproductive treatments, abbreviated ART. However, the success rates are lower and the costs are also higher. Ayurvedic remedies offer safe, natural, economical, and effective solutions in this situation. To determine the appropriate role of these drugs in primary infertility that cannot be explained, more investigation is required.

#### **Consent of Patient**

The written consent of patient has been taken for treatment and publication without disclosing the identity of patient.

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