



Case Study

## MANAGEMENT OF INFERTILITY DUE TO ANOVULATION (*BEEJADUSTI JANYA STRI VANDHYATWA*) BY AYURVEDIC REGIME

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### ABSTRACT

Anovulation is one among the major factors contributing to infertility in women. Anovulation occurs when an egg does not release or ovulate from woman’s ovaries. This issue worsens due to changing lifestyles, poor eating habits, stressful employment, and environmental factors. Ovulation induction and artificial reproductive techniques are the available treatment options for these patients. Ayurvedic formulations having properties like – *Prajasthapana*, anti-oxidant, *Balya*, *Rasayana*, *Yonidoshahara*, *Tridhosha shamana* shown improvement in infertility due to anovulation. The present case represent case study of a 31 year old female diagnosed as primary infertility visited OPD of National Institute of Ayurveda on 04.04.2024 with complaint of anxious to conceive since 11 years. On assessment of all report, anovulation was found to be the etiology. Treatment opted was Shaman Chikitsa with Bala Beeja Churna- 4gm BD after food with lukewarm water and Ashwagandha Ghrita 5ml BD before food with 100ml of milk. The patient got conceived after 2 months of oral medications, and UPT was found positive on 28 may, 2024.


### INTRODUCTION

Every human being has a right to the enjoy the highest attainable standard of physical and mental health. Failure to conceive a child affects all aspects of life, the most important being mental health<sup>[1]</sup>. Infertility is defined as the ability to conceive within one or more years of regular unprotected coitus<sup>[2]</sup>. According to FIGO Ovulatory dysfunction contributes to 30% to 40% of causative factors<sup>[3]</sup>. Conception is affected by a number of factors; one among them is *Beejadushti janya stree Vandhyatwa*. *Beejadushti* (anovulation) occurs when the ovum (*Beeja*) doesn’t release from ovary during ovulatory phase of a menstrual cycle due to altered function Hypothalamus Pituitary Ovarian (HPO) axis. Chronic anovulation (*Beejadushti*) is a common cause of *Vandhyatwa*. Acharya Charaka has mentioned the *Shad garbhakara bhava* (six procreative factors) among which *Matruta*<sup>[4]</sup>

(female factors) is the most essential factor in producing offspring. According to Acharya Sushruta four factors essential for conception are- *Ritu*-Fertile period, *Kshetra*- Uterus and reproductive organ, *Ambu*-Proper nutrient fluid, *Beeja-Sukra-shonita*.<sup>[5]</sup> Any derangement in any of these will result in *Streevandhyatwa*.

### Case Report

A female patient of age 31 years Nulligravida came to National Institute of Ayurveda OPD on 04.04.2024 with 11 years of active marital life with chief complaint of anxious to conceive since 11 years. Her menstrual history revealed that patient attained menarche at 14 years. She had regular menstrual cycle with interval of 26-28 days but patient had complaint of spotting for initial four days followed by moderate menstrual flow for 3 to 4 days. Complete blood count, erythrocyte sedimentation rate, glucose random, thyroid function test, Hysterosalpingography (HSG), semen analysis were normal. The treatment history revealed two cycles of Intrauterine insemination (IUI) failure in 2018 & 2019. The patient was advised for Follicular study on 14<sup>th</sup> day of cycle on 15.04.24 which showed bilateral ovarian follicular cyst (right ovary

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**Table 1: Menstrual History**

Age of menarche- 14 years LMP – 02.04.24 LMP – 27.04.24

S.No.	Menstrual History	Assessment
1	Duration of menstrual blood	Spotting for initial four days followed by moderate menstrual flow for 3-4 days
2	Interval of cycle days	26- 28 days
3	Regularity of menstrual cycle	Regular
4	Character of flow	Continuous
5	Clots	<ul style="list-style-type: none"> <li>• Present</li> <li>• Number of clot-2-4</li> <li>• Size of clot– 5 rupees coin</li> <li>• Color of clot- Dark red</li> <li>• Day of passing clot- 2<sup>nd</sup> and 3<sup>rd</sup> day</li> </ul>
6	Color of menstrual blood	Dark red
7	Foul smell	Present
8	Pain	<ul style="list-style-type: none"> <li>• Site of pain- Lower abdomen</li> <li>• Duration of pain- 7-8 years</li> <li>• Type of pain- Cramps like</li> <li>• Severity –Moderate</li> <li>• Onset of pain- During menses</li> </ul>
9	Associated symptoms	Nausea and Vomiting
10.	Pad history	<ul style="list-style-type: none"> <li>• D1 to D4 – Only spotting, no pad used</li> <li>• D5 – 3 pads, fully soaked</li> <li>• D6 – 3 pads, fully soaked</li> <li>• D7 – 2 pads, fully soaked</li> <li>• D8 – Only spotting</li> </ul>

**Marital History**

Married Consanguinity – No

Age of Marriage – 20 years

Marital Harmony –Satisfied

Active Married Life – 11years

**Obstetric History:** Nulligravida

**Sexual History**

Frequency of intercourse – 4-5 times/week/but loss of libido by female partner

Dyspareunia – Nil

Spotting after intercourse – No

**Past Contraception History** – None

**History of Previous Treatment**

**Past Medical History**– She has took allopathic treatment mainly ovulation induction for infertility for 9 years and twice IUI done but failed in 2018, 2019.

**Past Surgical History**–Diagnostic hystero laparoscopy under general anaesthesia on 18.06.2022 in this report uterus normal state, bilateral ovaries normal, chromotubation dye spill seen on right side, uterine cavity normal and bilateral cornua was normal.

**Drugs History** – Not significant

**Allergy History** - Nil

**Family History:** Father – K/C/O- Hypertension since, K/C/O CAD, Angioplasty done

Grandmother – Throat cancer

Father-in-law – Hypertension

**Table 2: Personal History**

1	<b>Diet</b>	Vegetarian- Spicy <i>Rasa Seven Pradhanya – Madhur and Amla</i> <i>Aharvidhi – Samshana</i> <i>Agni – Mandagni</i> <i>Koshtha – Mridu</i> <i>Manshikbhava– Chinta and Krodha</i>	5	<b>Bowel</b>	Regular Frequency 1 time/day Consistency- Semi-solid
2	<b>Nidra</b>	Sound sleep			
3	<b>Personal Hygiene</b>	Average	6	<b>Bladder</b>	With burning Frequency- 8-10 times/day, 1-2 times/night Color – Pale yellow
4	<b>Addiction</b>	Tea 1 time/day Duration – 10 years	7	<b>Personality</b>	Disturbed and Stress

**Husband Details History****Diet** - Vegetarian- Spicy**Bowel** – Clear**Addiction** – Tea 2 times/day**Sleep** – Sound**Blood Group** – B<sup>+</sup>**Examination – General Physical examination**

Height – 5 feet 7 inch tongue – Pale

Built – Lean

BP – 110/70mmhg

Weight – 57 kg

Icterus – Absent

Cyanosis – Absent

**Bladder** – Clear**Allergic/Ho** - No**Height** – 5'8"**Weight** – 85 kg

Pulse – 78/min

BMI – 19.7kg/m<sup>2</sup>

Pallor – Present

Edema – Absent

Temp.- 98.2°F

**Table 3: Dashavidha pareeksha**

1	<b>Prakruti</b>	<b>Vata Pitta</b>	6	<b>Satmya</b>	<b>Mishrarasa</b>
2	<i>Vikruti</i>	<i>Prakritisamasamvaya</i>	7	<i>Satva</i>	<i>Avara</i>
3	<i>Sara</i>	<i>Madhyama</i>	8	<i>Vaya</i>	<i>Yuvati</i>
4	<i>Samhanana</i>	<i>Madhyama</i>	9	<i>Vyayamashakti</i>	<i>Avara</i>
5	<i>Pramana</i>	<i>Madhyama</i>	10	<i>AharaShakti</i>	<i>Avara</i>

**Gynaecological Examination**

External Genitalia – Vulva healthy, no any discharge present

P/S Examination - Vaginal mucosa – healthy vaginal wall – pink color, no any growth

Cervix – Healthy/ Nulliparous, erosion – absent, no any growth

P/V Examination – Cervix–midposition consistency – soft, freely mobile,

Cervical motion tenderness - Absent

Uterus – Normal Shape – Regular Position – Anteverted Anteflexed

Fornix – Anterior Fornix – Tender, Posterior- Lateral Fornix – Non-tender

**Lab Investigation: 05.04.2024**

HB - 12.0 gm/dl	Semen Analysis Of Husband (08.03.2022)
HCT - 37.7%	Volume - 2.5ml
PLT - 238×10 <sup>9</sup> /L	Color - Opalescent White
ESR - 10mm/hr	PH - 7.5
RBS - 83.5mg/dl	Liquification Time - Within 30 min
T3 - 1.40ng/ml	Total Count - 55millions
T4 - 9.07µg/dl	Progressive motility - 70%
TSH - 4.36µU/ml	Non- Progressive motility - 20%
HBA1C-5.10%	Immotility - 10%
HIV -Non - Reactive	Morphology- Normal Forms - 70%
VDRL -Negative	-Abnormal Forms - 30%
HBSAG -Non- Reactive	Pus cells - 0-1/HPF

**Table 4: Ayurvedic Management: Sanshamana Chikitsa**

Date	Day of cycle	Treatment	Follicular study	Spinnbarkeit test	Fern test	BBT charting
04.04.24	3 <sup>rd</sup> day	1. <i>Bala Beeja churna</i> 4gm BD AF with water 2. <i>Ashwagandha Ghrita</i> 5ml BD BF with 100ml milk	-----	-----	-----	----- -
15.04.24	14 <sup>th</sup> day	Same treatment	On 14 <sup>th</sup> day of cycle - Bilateral ovarian follicular cyst (right ovary follicular cyst - 12mm and left ovary follicular cyst - 16mm), ET - 10mm.	Absence of cervical mucus	Absence of cervical mucus	97.8°F
23.04.24	22 <sup>nd</sup> day	Same treatment	-----	Absence of cervical mucus	Absence of cervical mucus	96.8°F
10.05.24	14 <sup>th</sup> day	Same treatment	-----	5 - 6 cm length	Secondary ferning	98.2°F
18.05.24	22 <sup>nd</sup> day	Same treatment	-----	2 - 3 cm length	Atypical Fern formulation	97.6°F
28.05.24	32 <sup>th</sup> day	UPT Done which was found Positive	-----	-----	-----	-----
12.06.24	6 weeks 5 days pregnancy	1. <i>Bala Beeja churna</i> 3gm BD Before food with milk 2. <i>Phalghrita</i> 5ml BD before food with milk.	-----	-----	-----	-----

		
<p>Fern Test By Saliva When cervical mucus absent Secondary Ferning 15.04.24 on 14<sup>th</sup> Day of Cycle</p>	<p>Fern Test Cervicle Mucus Secondary Ferning on 14<sup>th</sup>Day of cycle- 10.05.24</p>	<p>Fern Test Cervicle Mucus Atypical Fern Formation 22<sup>nd</sup> Day of Cycle- 18.05.24</p>
		
<p><b>Spinnbarkeit Test</b> 14<sup>th</sup> Day of cycle-10.05.24 5 - 6 cm length</p>	<p><b>Spinnbarkeit Test</b> 22<sup>nd</sup> Day of cycle - 18.05.24 2 - 3 cm length</p>	<p><b>Urine Pregnancy Test</b> Positive On 28.05.2024</p>

**Fig. 1 Assessment Criteria of Fern Test and Spinnbarkeit Test**

## RESULT

After completion of 1 month 26 days of treatment, patient missed her menses, UPT done which was found Positive on 28.05.2024. Ultrasound on 12.06.2024 for fetal well-being finding are single intrauterine gestation sac, yolk sac and fetal echo are appreciated, CRL is 8.4mm, fetal cardiac pulsation are appreciated 144/BPM, choriodecidual reaction normal. Single live intrauterine pregnancy of mean maturity above 6weeks 5 days gestational sac. Estimated date of delivery -31/01/2025.

## DISCUSSION

Around 40% of cases of infertility in women are caused by abnormal ovulatory factor. The *Acharyas* explain *Vandhyatwa* in detail, including the *Nidana* and *Chikitsa*. Various treatment protocols are described in our classics. Pacifying *Vata Dosha* is the main treatment principle for all gynaecological disease in Ayurvedic scriptures. According to Acharya Charaka, *Bala* is *Prajasthapan*<sup>[6]</sup> and according to Acharya *Sushruta Vatasanshmana*<sup>[7]</sup> so *Vata* plays a major role in physiology and pathology of reproductive tract, *Vata* stands for proliferation, division of cell and rupture of the follicle<sup>[8]</sup>. *Bala* is one of the *Dravyas* explained under *Prajasthapan Mahakashaya* by Acharya Charak. *Bala* is *Madhur* in *Rasa*, having *Snigdha guna*, *Madhura vipaka*<sup>[9]</sup> so effect of *Bala* on *Dosha karma* (*Tridoshamaka*) *Dhatu karma* (*Rasa, Raktadhatu,*

*Artavakara*) and *Mala karma* (*Anulomana karma*) results into proper function of *Apanavayu* which leads to *Beeja Nirmana* and at last attainment of *Beejotsarga*. *Bala beeja churna* lead to proper function of *Vata Dosha* and also pacified *Pitta Dosha* and enhances regular function of HPO axis to attain proper ovulation. Ethanol extracts has shown anti - oxidant properties.<sup>[10]</sup>

In *Gadanigraha*, *Ashwagandha Ghrita* is mentioned directly in treatment of *Vandhyatwa* (*Gharbhsandhankam*)<sup>[11]</sup>. *Ashwagandha* is having *Madhura, Tikta* and *Kashaya rasa, Madhura vipaka, Ushana virya* and other qualities like *Rasayana, Balya, Brimhana* which are responsible for *Upachaya*, Strengthens reproductive systems to promote folliculogenesis<sup>[12]</sup>. *Ashwagandha* stimulate GnRH release from the hypothalamus-pituitary-gonadal axis increase the level of luteinizing hormone (LH), follicular stimulating hormone (FSH) and ovarian hormones (estrogen and progesterone) leads to improvement in female fertility<sup>[13]</sup>. *Shothahara* (anti-inflammatory) property of *Ashwagandha* may aid in preparing the endometrium to receive fertilized ovum and helps in curing the diseases like pelvic inflammatory disease and follicular cyst<sup>[14]</sup>. *Ashwandha ghrita* is having *Tikta, Madhura rasa, Laghu, Snigdha Guna* and *Ushana Virya*. It has *Deepana, Pachana,*

*Kaphahara* and *Yonidoshahara* properties which remove the *Sanga* and *Avarana* and thus achieve *Strotoshodhana* which leads to *Beejotsarge* (ovulation). The anxiolytic Gamma-aminobutyric acid (GABA) - mimetic activity of *Ashwagandha* helps to improve loss of libido present due to chronic stress. Various clinical trials also supports that *Withania somnifera* helps to increase libido, leads better sexual performance<sup>[15]</sup>. *Manshika bhava Chinta*, *Karodha* and loss of libido was corrected by *Ashwagandha Ghrita*. *Aswagandha ghrita* is *Pittashamana* so metabolic action of *Pitta* is essential for maturity (*Paka Karma*) of graffian follicle and release of ovum.

## CONCLUSION

The case report successful management of infertility associated with Anovulation by oral administration of *Bala Beeja churna* and *Ashwagandha*.

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