



Case Study

THE EFFECT OF MULTI-MODALITY AYURVEDIC TREATMENT IN A CASE OF INFERTILITY INVOLVING BOTH MALE AND FEMALE FACTOR

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ABSTRACT

Infertility affects both men and women, with female factors accounting for 50% of cases, male factors for 20–30%, and combined factors for the remaining 20–30%. *Vandhyatva* (infertility) in Ayurveda results from various *Yonivyapada*, *Artavadushti*, *Beejadosha*, and lifestyle disorders, primarily due to *Vata Dosha* and *Rasa Dhatu* vitiation. Ovulation disorders, linked to H-P-O axis disturbances, are a major cause of female infertility. Male infertility often results from *Ashtashukra Dushti*, affecting semen quality. **Case Report:** A 30-year-old female with primary infertility for five years was diagnosed with hyperprolactinemia and anovulatory cycles. Her husband's semen analysis showed pus cells and autoagglutination. Ayurvedic treatment included *Shodhana* (detoxification) and *Shamana* (palliative therapy). Both partners underwent *Virechana* with *Tivrita Avaleha*. The female patient received *Pratimarsha Nasya* with *Shatpushpa* oil and therapies for *Vata* pacification, *Rasa* nourishment, and *Beejpushti*. The male partner underwent *Shukra Shodhana* and *Vajikarana* therapy. After four months, conception occurred, and she later delivered a healthy baby boy. **Conclusion:** Long-standing infertility and infections can be effectively treated with Ayurveda, emphasizing detoxification, dietary modifications, and lifestyle corrections.

INTRODUCTION


Infertility is a medical condition affecting both men and women, characterized by the inability to conceive despite regular, unprotected sexual intercourse for 12 months or more.^[1] According to the World Health Organization (WHO), approximately 17.5% of the global adult population experiences infertility, highlighting the need for accessible and affordable fertility care.^[2]

Infertility has profound physical, emotional, and financial implications, often accompanied by social stigma, particularly towards women.^[3] Although both genders contribute to infertility, male

infertility is commonly associated with sperm-related issues, including low sperm count, abnormal morphology, and reduced motility.

Female infertility arises from dysfunctions in the ovaries, uterus, fallopian tubes, endocrine system, and other reproductive structures. While assisted reproductive technologies (ART) such as in vitro fertilization (IVF) and intrauterine insemination (IUI) offer solutions, their high costs remain a barrier.

Ayurveda describes four essential factors for conception: *Ritu* (fertile period), *Kshetra* (reproductive tract), *Ambu* (nutritional support) and *Beeja* (sperm and ovum).^[4] Any imbalance in these can lead to infertility. Ayurvedic treatments focus on *Shodhana* (detoxification) and *Shamana* (palliative therapies) to balance the *Doshas*, remove blockages, and promote optimal reproductive health.

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Out of 60–80 million couples suffering from infertility globally, 15–20 million (25%) are in India [5] Ayurvedic texts classify *Beeja Dushti* (ovum defects) as a major cause of female infertility, particularly anovulation. The male is solely responsible for about 20% of cases and is a contributing factor in another 30% to 40% of all infertility cases.[6] Ayurveda's holistic approach aims to restore reproductive health by addressing both physical and psychological factors, offering a natural, cost-effective alternative to modern infertility treatments.

Case Representation

A 30-year-old nulligravida female patient presented with failure to conceive after 4 years of unprotected sexual relations at PTSR OPD, ITRA Jamnagar. Her menstrual history showed an interval of 28-30 days, with duration of 3-4 days and painful menstruation on the first day. She had been married for 6 years. The obstetric history was nil, with a coital frequency of 1-2 times per week. There was no history of contraceptive use, and her husband had an addiction to paan masala.

Per speculum examination, revealed a healthy cervix, while per vaginal examination showed an anteverted uterus, non-tender fornixes, and a firm and mobile cervix.

Ultrasonography on 13th June 2020, showed a normal anteverted uterus with an endometrial thickness of 4mm and Multi Cystic Ovary Disease (MCO) in left ovary. Another USG on 28th June, 2020 revealed no follicles on the 16th day. A hysterosalpingogram (HSG) indicated that both fallopian tubes were patent.

Serum prolactin levels were elevated at 42.47ng/ml on 6th July, 2020.

Husband's semen analysis showed a total count of 100million/ml, with 33% rapidly progressive motile sperm, 44% immotile sperm, and mild to moderate auto agglutination.

Therapeutic Intervention

- It aimed to convert anovulatory cycle to ovulatory cycle.
- Increase the motility of sperm.
- Aid in conception

Table 1: Therapeutic time line and Medicines

Husband	Wife
<i>Shodhana</i> September, 2020 <i>Virechana</i> by <i>Trivrit Avaleha</i>	<i>Shodhana</i> September, 2020 <i>Virechana</i> by <i>Trivrit Avaleha</i> October- November, 2020 <i>Pratimarsha Nasya</i> with <i>Shatpushpa taila</i>
<i>Shamana:</i> June - October, 2020 <i>Arogyavardhini Vati</i> - 250mg + <i>Vang & Yashad bhasma</i> 60mg each + <i>Gokshura</i> 2gm + <i>Ashvagandha Choorna</i> 2gm BD with lukewarm water October- November, 2020 <i>Pushpadhanva rasa</i> 1BD	<i>Shamana:</i> June - October, 2020 <i>Erandamoola & Dashmoola Kwatha</i> 20ml BD October- November, 2020 <ul style="list-style-type: none"> • <i>Phalaghrita</i> 1spoon BD with lukewarm milk • Tab. Leptaden 2 BD • <i>Prajasthapana</i> Tab 1BD • <i>Pushpadhanva rasa</i> 1BD

Dietary and lifestyle counseling was done and patient was advised regarding *Rajaswala Paricharya* and *Garbhadhana Vidhi* as per classical texts.

OBSERVATION AND RESULT

On 20th August, 2020 ultrasound (USG) revealed an 11.5mm follicle on the 12th day with endometrial thickness (ET) of 6.9mm. The patient's last menstrual period (LMP) was on 30th November, 2020 and the urine pregnancy test (UPT) was positive.

Discussion on Male Factor

Granthibhuta Shukradushti, a condition associated with low sperm motility and autoagglutination. The condition is attributed to the vitiation of the *Chala Guna* of *Vata*, leading to less motility, and the presence of *Avasadadi* or *Granthibhuta Guna* of morbid *Kapha dosha* along with *Vata dosha*, resulting in autoagglutination.

The treatment protocol includes *Shodhana* and *Shamana* therapies. *Shodhana*, specifically *Virechana*, aims to eliminate *Shrotorodha*

(blockages), transform *Dhatu* (body tissues), and procure the most desirable *Shuddha Shukra* (pure semen).

Shamana drugs involve the administration of *Arogyavardhini Vati* and *Pushpadhanva rasa*. *Arogyavardhini* increases the longevity and mobility of sperm and improves liver function. *Vang bhasma*, known for its aphrodisiac properties and ability to balance *Kapha dosha* by *Laghu, Ushna, Ruksha, Chala guna*. *Yashad bhasma*, a rich source of zinc. *Gokshura*, known for its *Vrishya* (aphrodisiac) and *Rasayana* (rejuvenating) properties and *Ashwagandha*, which improves semen quality by regulating reproductive hormone levels and reducing oxidative stress in the seminal plasma of infertile males.

Pushpadhanva rasa acts as a *Yogavahi* (enhancer), *Dhatu vridhdhikara* (nourisher of tissues), *Virya vardhana* (increaser of vitality) and *Agni diptikara* (digestive stimulant). The *Bhavna Dravya* in *Pushpadhanva rasa*, such as *Dhatura, Bhanga, and Nagavalli patra swarasa*, have a stimulant effect on the neuroendocrine system, which may improve systemic and local conditions of the testes and accessory sex glands, ultimately enhancing sperm quality.

Discussion on Female Factor

The female factor of infertility in this case highlights the role of hyperprolactinemia, which inhibits the release of Gonadotropin-releasing hormone (GnRH). This inhibition subsequently reduces the levels of Follicle-stimulating hormone (FSH) and Luteinizing hormone (LH), leading to decreased estrogen production and resulting in anovulation. In Ayurvedic terms, hyperprolactinemia causes an increase in the *Drava guna* (liquid quality) of *Pitta* and *Vata doshas*, leading to *Agnidushti* (digestive fire impairment). This imbalance further aggravates *Kapha dosha*, resulting in *Shrotodushti* (blockage of channels) and *Shrotorodha* (obstruction). Consequently, these disruptions lead to *Viphala Artava* or *Beeja Dushti*, conditions characterized by dysfunctional ovulation and impaired reproductive capability.

Discussion on T/T Protocol

The treatment protocol for female infertility involves both *Shodhana* and *Shamana* therapies. *Shodhana* includes *Virechana* with *Tivrita Avaleha*, which normalizes the functions of *Pitta* and *Agni*. *Pratimarsha Nasya* with *Shatpushpa taila*, as described by Acharya Kashyap for *Viphala Artava*, is employed for *Shrotoshodhana* (channel cleansing),

Amapachana (digestion of toxins), *Vata-Kapha Shamana*, removal of *Sanga* and *Avarana* (obstructions), proper function of *Vayu*, and regulation of *Artavapravrutti* (menstrual flow) and *Bijotsarga* (ovulation).

Shamana therapy includes the use of various formulations. *Dashmoola* and *Erandamoola Kwatha* are used for their *Vatashamaka, Garbhashaya shodhaka* (uterine cleansing), and *Shothahara* (anti-inflammatory) properties. *Phalaghrita*, with its *Madhura* (sweet), *Tikta* (bitter) *Rasa, Sheeta Virya* (cooling potency) and *Snigdha Guna* (unctuous quality) promotes *Brimhana* (nourishment), *Balya* (strength), *Rasayana* (rejuvenation), *Prajasthapana* (procreation) and properties, acting on the *Artavavaha Srotas* (channels carrying reproductive fluids).

Pushpadhanva Rasa, with *Vrushya* (aphrodisiac) and *Deepaniya* (digestive stimulant) properties, improves the functions of the ovary and *Artava* (menstrual blood). Tab Leptaden, containing *Jeevanti* and *Kamboji*, has *Sheeta* and *Madhura Guna*, with aphrodisiac, rejuvenative, and digestive-improving effects, acting as a vasodilator and anti-abortifacient. *Prajasthapana* Tab has *Deepana* (digestive stimulant), *Anulomana* (mild laxative), *Shothahara* (anti-inflammatory) and *Rasayana* properties, with *Garbhashthapana* (procreation) properties and acts as a *Vatapitta Shamak* with phytoestrogenic effects.

CONCLUSION

The conclusion of the treatment protocol emphasizes a comprehensive approach to addressing infertility through various Ayurvedic methods. The process begins with *Shodhana* (cleansing), which is crucial for preparing the body and normalizing its functions. This is followed by *Beeja Pushti*, which involves nourishing and strengthening the reproductive tissues. *Deepana-Pachana*, aimed at enhancing digestion and metabolism, further ensures the proper assimilation of nutrients. *Rasa-Rakta Prasadana* focuses on purifying and enriching the blood and body fluids.

Additionally, *Shukra Shodhana* specifically targets the purification and enhancement of the reproductive elements, while *Vajikarana* therapy is employed to boost vitality and reproductive health. Together, these therapies create a holistic framework that supports the overall goal of achieving successful conception and a healthy pregnancy, ultimately leading to a positive pregnancy test and the joy of parenthood.

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