



Case Study

EFFECT OF AYURVEDA FORMULATION IN THE MANAGEMENT OF SECONDARY INFERTILITY WITH UTERINE FIBROID

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ABSTRACT

In Ayurveda, infertility or *Vandhyatva*, is viewed as a complication of *Yoni Vyapad* (gynecological disorders) and is also associated with *Artavavaha Srotodushti Lakshana*, indicating a disruption in the channels responsible for menstrual and reproductive functions. A 32 year old lady complaining of inability to conceive a viable child with associated complaint of pain in lower abdomen, thick white discharge P/V, backache, constipation, loss of appetite. On USG, she was diagnosed with intra mural fibroid (19mm×18mm) over posterior wall. Her HSG was normal, A comprehensive Ayurvedic treatment plan was administered, which included *Raktashodhaka* (blood purification) and *Lekhana* (scraping or dissolving) therapies, along with *Yoga Basti* in two cycles. Additionally, emphasis was placed on *Nidana Parivarjana* (avoiding the causative factors) and *Beejsanskara* (genetic purification or cleansing). The regimen was complemented with *Rajaswalacharya* (guidelines for menstruation) to support overall well-being. She was also provided with *Sthanika Karmas* (localized treatments), including *Yonidhawana* and *Yonipichu*, to support localized healing and enhance the effectiveness of the overall treatment plan. Treatment was continued for one year 2 months with a follow up once in 15 days and relief in all symptoms, she conceived and coming for regularly ANC check-up her POG- 35weeks continued antenatal period is going uneventful.

INTRODUCTION

It is a multi factorial condition According to WHO, infertility is a condition of male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. The association between fibroids and infertility has been debated for decades. It is generally acknowledged that the closer the fibroid is to the uterine cavity and the endometrium lining, the more unfavourable effect it might have on fertility, reducing the odds for successful implantation and gestation. Based on the limited available literature, we propose and discuss

seven hypotheses on the underlying mechanism by which fibroids may reduce fertility. (i) Fibroids can cause sexual dysfunction, as fibroids can cause dyspareunia, pelvic pain and prolonged and heavy menstrual bleeding, which could interfere with sexual arousal and as a consequence the frequency of intercourse, resulting in a reduced probability of conception. (ii) Mechanical compression by fibroids on the interstitial part of the fallopian tubes or deformation of uterine cavity could disturb oocyte and sperm transport. (iii) Fibroids can disturb peristalsis of the junction zone in the myometrium, which could negatively influence oocyte and sperm transport as well as implantation. In addition, fibroids could induce a detrimental environment for implantation in other ways, by: (iv) changing the uterine microbiome; (v) disturbing the levels of inflammation and autophagy (vi) inducing molecular changes in the endometrium; and (vii) inducing aberrant angiogenesis and altering the endometrial blood supply.^[1] *Artava dushti* in traditional medicine associated with PCOS can vary

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widely, from amenorrhoea (*Nashtartava*), where menstruation is absent, to oligomenorrhoea (*Artavakshaya*), characterized by infrequent periods, to episodic menometrorrhagia (*Asrigdara*), which involves heavy and prolonged bleeding. According to the principles of Ayurveda, fertility is influenced by four primary factors: *Ritu* (the fertile period), *Kshetra* (the reproductive system, including the *Artava vaha srotas*), *Ambu* (nourishment), and *Beeja* (ovum and sperm). *Acharyas* (Ayurvedic scholars) have identified specific etiological factors that can delay conception, including *Yoni pradosh*a (reproductive system disorders), *Manaso abhitapa* (mental stress), *Asrug dosha* (blood-related disorders), *Ahara-vihara dosha* (dietary and lifestyle imbalances), *Akala yoga* (untimely actions), and *Bala samkshaya* (loss of strength). If not treated properly various *Yonivyapads* (gynecological disorders) can lead to infertility. *Artava dushti* which encompasses abnormalities in the ovum, ovarian hormones and menstrual irregularities is also considered a significant contributor to *Vandhyatha* (infertility). Harita has defined "*Vandhyatva*" as the inability to have a child, rather than just the inability to achieve pregnancy. This is because he includes conditions like "*Garbhasravi*" (habitual abortion) and "*Mritsvatsa*" (history of stillbirth) under the of *Vandhya*^[2]. Kashyap mentions *Vandhyatva* as one of the 80 disorders of *Vata* (Ka.Su.27/29)^[3] Kashyap also mentioned features of *Vandhyatva* in *Jataharini* as *Pushpaghni Jatharini* where a female having useless ovulation or menses.^[4] Charak and Vagbhata attribute *Vandhya* to a genetic defect or mutation, referring to it as the result of "*Prsadusta Garbhashya Beeja Bhaga Shonita*." (Ch.Sh.4/30)^[5]

Case Report

A 32-year-old woman (G3P0A2L0) presented to the Obstetrics and Gynaecology (Striroga-Prasuti Tantra) Department OPD of the National Institute of Ayurveda, Jaipur, seeking consultation and treatment for secondary infertility and recurrent miscarriage, along with a diagnosis of uterine fibroids. Upon detailed history-taking, it was revealed that she had her menarche at the age of 13, with regular menstrual cycles until her marriage. She was married to a 30-year-old non-consanguineous male at the age of 27. Her first pregnancy occurred naturally after three years of marriage, but unfortunately, she experienced a spontaneous abortion at two months of gestation, which was followed by dilation and curettage (D&C). Her second pregnancy also occurred naturally, 3 years and five months into her marriage. Sadly, this pregnancy too ended in spontaneous abortion at two months of gestational age, again requiring D&C. After the second miscarriage, she began experiencing lower abdominal pain, thick white vaginal discharge,

constipation, and loss of appetite. Following an ultrasonographic evaluation that identified an intramural fibroid and a heterogeneous endometrium, the patient sought care at the NIA OPD. She underwent a comprehensive treatment plan over a span of one year and two months, which included two cycles of *Yogabasti*, *Nidana Parivarjana* (removal of causative factors), *Beej Sanskara* (a therapy aimed at enhancing the quality of reproductive tissues), *Rajaswalacharya* (regulation of the menstrual cycle), and *Yonidhavana* (vaginal cleansing therapy). After the completion of this treatment regimen, the patient successfully conceived. She has been attending regular antenatal check-ups, with her current gestational age at 35 weeks. To date, her pregnancy has been progressing without complications.

Obstetric history: G₃P₀A₂L₀

Menstrual History:

1. Regularity- Regular
2. Pain- Present
3. Clots - Present
4. Color- Dark red color
5. Flow - Moderate

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, N/O H/O HTN/DM/Thyroid/T.B/Cancer.

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 government servant.

General Examination

Her vitals were stable (O/E B.P-110/70mm of hg, P.R-68/min., Temperature- Afebrile). Her BMI was within normal range (Height-152cm, Weight-50kgs). No pallor or edema, no lymphadenopathy, no icterus was found.

Systemic Examination

1. **CVS-** Normal cardiac sounds, no added murmurs.
2. **Respiratory-** Bilateral airway entry clear.

3. **CNS-** Patient is conscious and oriented to person, place and time
 4. **GIT-** Soft, non-tender, no organomegaly

Gynecological Examination

O/E - Vulva healthy.

Per speculum examination- Thick white discharge present.

No hypertrophy present

No erosion present

Lateral vaginal wall healthy

Per vaginal examination- Revealed normal sized anteverted uterus with free fornices. Cervical motion tenderness was absent.

Investigation

USG of pelvis on 28/9/2022- Posterior wall intra mural uterine fibroid size 19mm×18mm. Uterus AV, ET 4-8mm,

PAP smear on 22/3/2023- Cytosmear shows cells from ecto and endocervix, marked acute inflammatory cells and bacterial flora, negative for malignant cells or dysplasia.

USG of pelvis on 17/6/2023- Uterus size shape normal no echoic, lesion noted in uterine myometrium, endometrium thickness-6.5mm

Ovaries- Size, shape, volume-normal

TFT (Thyroid Function Test) on 26/6/2023-WNL

Hormonal profile - Within normal range. (LH-4.02mIU/mL[3/11/2023], FSH-5.21mIU/MI

Timeline

Table1: Treatment given during one year six months (Samshana chikitsa, Shodhana chikitsa)

Date	Medicine	Dose	Time	Duration
22/11/2022 to 15/6/2023 (first six months)	1. <i>Kanchanara gugulu</i>	500mg	BD, AF	6 months
	2. <i>Arogyawardhani vati</i>	500mg	BD, AF	
	3. <i>Arbudahara kwatha churan</i>	10gm	BD, BF	1 month
	4. <i>Tarunikusumakara churan</i>	5gm	Hs	
	5. Syrup M-liv	2tsf	BD, BF	
31/5/2023 to 06/01/2024 (six months)	1. <i>Arogyawardhani vati</i>	500mg	BD, AF	6 months
	2. <i>Avipatkarā+Pitāntaka+Shankha bhasma + Laghusutshekarā rasa</i>	3gm+500mg+250mg+250 mg	BD, BF	
	3. <i>Chandraprabha vati</i>	500mg	BD, BF	
19/7/2023 to 26/7/2023	<i>Yoga basti</i>		After food	Eight days
	<i>Dashmool tail (Anuvasan basti)</i>	60ml	Before food	
19/07/2023 to 25/07/2023	<i>Yoni prakshalan (Sthanika chikitsa)</i> <i>Triphala+ Vidanga+ Sphatika</i> followed by <i>Jatyadi tail (Yoni pichu)</i>	300ml	Once time per day	Seven days

AF (After food), BF (Before food)

The patient conceived after one year and two months of treatment, with pregnancy confirmed through a urine pregnancy test (UPT) and ultrasonography (USG). During antenatal care, the following regimen was followed:

First Trimester

- *Tab Folvite* (folic acid) 5mg once daily.
- *Bala Beej Churna* (*Sida cordifolia*) 3gm with milk.
- *Phala Ghrita* 5gm with milk.
- *Leptadine* 2 BD (twice a day).

Second Trimester

- *Dhatri Lauha* 500mg, twice daily.
- *Lohasava* 20ml twice daily.
- *Tarunikusumakara Churna* 5gm at bedtime.
- *Avipatikara Churna* 3gm, *Pitantaka* 500mg, and *Kaharwapisthi* 500mg, all taken together.

Third Trimester (continued)

- *Dhatri Lauha* 500mg, twice daily.
- *Lohasava* 20ml, twice daily.
- *Avipatikara Churna* 3gm, *Pitantaka* 500mg, and *Kaharwapisthi* 500mg, taken together twice daily.

Additionally, two doses of Tetanus Toxoid (T.T.) 0.5ml intramuscularly were administered. This comprehensive regimen was continued to support the patient's health during pregnancy.

Pathya Apathya

In managing this condition, *Pathya* (recommended diet and lifestyle) and *Apathya* (to be avoided) were advised, as they play a crucial role in curing diseases. Since diet (*Ahara*) is a primary cause of illness ("*Rogashtu Ahara Sambhava*"), and treatment often involves avoiding the causative factors (*Nidana*

Parivarjana), the recommendations were tailored to the patient's condition (*Rogavastha*). During bleeding phase, *Ksheera*, *Gritha*, *Yava apathya* included *Amla lavana*, *Katu*, *Kshara*, *Rasa* pickle, *Tila*, *Vadhi*, *Vishamashana*, intake of junk foods, fried items, aerated, cool drinks, *Vegadharana*, *Ratri jagarana* were followed. Advised to follow proper hygiene.^[6]

RESULT AND DISCUSSION

After undergoing a treatment regimen for one year and two months, with bi-weekly follow-up visits, the patient experienced a missed menstrual period in February. A urine pregnancy test (UPT) conducted at NIA Hospital yielded a positive result, with the patient's last menstrual period (LMP) recorded as 26/01/2024. An ultrasound performed on 08/03/2024 confirmed a single viable intrauterine pregnancy at 6 weeks and 1 day of gestation, with a crown-rump length (CRL) of 3.9mm and a fetal heart rate (FHR) of 100 beats per minute. The pregnancy has progressed without complications, and the patient has continued to receive appropriate prenatal care.

According to Ayurveda, *Granthi Roga* is characterized by the involvement of *Tridoshas* that favors *Vata Kapha*, necessitating the use of *VataKaphahara* medications. The *Dushyas* are *Rakta*, *Mamsa*, and *Meda*, so the medications must have the properties of, *Raktashodhaka* (blood purifier), and *Lekhana* (scraping or dissolving).

In addition to contributing to constipation, *Vata* is the root cause of several ailments in the body. *Arogyavardhini Vati* is beneficial in addressing both of these concerns. As part of the treatment plan, *Arogyavardhini Vati* was recommended alongside the other prescribed medications. This formulation is known for its *Vatakaphahara* (balancing *Vata* and *Kapha*) properties and is particularly effective in treating conditions related to *Granthiroga* (glandular disorders).

Arogyavardhini Vati enhances absorption and metabolic functions in the body, supporting overall health. Since uterine fibroids are considered estrogen-dependent, this formulation works by improving liver function, which helps regulate estrogen levels. By maintaining balanced estrogen, it can decrease cellular proliferation and contribute to reducing the size of the fibroids.^[7]

Chandra Praba Vati contains *Shilajatu* and *Guggulu* as its key ingredients. *Shilajatu*, known for its rejuvenating properties, plays a vital role in supporting the body's resistance to diseases. *Guggulu*, the primary ingredient, is renowned for its numerous therapeutic effects, including *Shothahara* (reducing inflammation), *Srothorodhahara* (cleansing the channels), *Lekhana* (reducing excess fat), *Raktashodhaka* (purifying the

blood), and *Tridoshaghna* (balancing the three *Doshas*). These combined actions make *Chandra Praba Vati* an effective remedy for a variety of health conditions.^[8] In this case, informed consent was obtained from the patient prior to the study. The results demonstrate that the management of recurrent abortion due to uterine fibroids, utilizing a combination of *Panchakarma* (specifically *Yogabasti*), *Nidan Parivarjana*, *Beej Sanskara*, and Ayurvedic medications, yields favorable outcomes. This comprehensive approach provides an effective strategy for managing recurrent miscarriages associated with uterine fibroids. It holds potential for integration into clinical practice and could also serve as a foundation for further research in the treatment of recurrent abortions due to fibroids. After being diagnosed with secondary infertility linked to uterine fibroids and receiving appropriate management, the patient was able to conceive successfully. Post-treatment, she experienced a reduction in vaginal discharge, and her symptoms, including backache, loss of appetite, and constipation, were significantly alleviated.

CONCLUSION

Uterine fibroids, particularly those that are submucosal or intramural, can distort the uterine cavity or interfere with the implantation of the embryo, leading to difficulty in conceiving. They may also affect the blood supply to the uterus, impacting the pregnancy. Ayurvedic treatment focuses on balancing the body's *Doshas* (*Vata*, *Pitta*, and *Kapha*) and often includes herbal remedies, dietary changes, and lifestyle modifications. Ayurvedic treatment focuses on balancing the body's *Doshas* (*Vata*, *Pitta*, and *Kapha*) and often includes herbal remedies, dietary changes, and lifestyle modifications.

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