



Case Study

AYURVEDA MANAGEMENT OF PRIMARY INFERTILITY DUE TO PARTIAL TUBAL BLOCKAGE WITH POLYCYSTIC OVARIAN DISEASE

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ABSTRACT

Infertility is defined as the inability to conceive with in one or more years of regular unprotected coitus. Out of the many factors, tubal factors causing infertility account for about 25-30 % of all cases of infertility. The goal of the current treatment was to manage PCOD through Ayurvedic practices, aiming to promote regular ovulation and ultimately support a healthy pregnancy and successful childbirth. According to Ayurvedic principles, this case was diagnosed as *Vandhyatva* (infertility) due to *Nashtartava* (which can be associated with Polycystic Ovarian Disease) and tubal blockage, which is linked to *Artava Vaha Strotosangha*. Here is a case study of a 27-years-old female patient residing in Jaipur who consulted in OPD of the National Institute of Ayurveda (NIA) Jaipur on 26-7-23 with the chief complaint of being unable to conceive in the last 6 years and associated complaint of burning micturition since 6 years (on/off). Her hysterosalpingography findings were suggestive of patent right fallopian tube, partial block of left fimbria end, mild dilatation of fimbria end of both tubes. And ultrasound sonography was suggestive bilateral small ovarian haemorrhagic cyst. The patient was treated with *Yoga basti* (*Anuvasana basti* with *Dashmool tail* and *Triphaladi taila* and *Aasthapana basti* with *Dashmool kwath*, *Punarnavashtak kwath*, *Erandmool kwath*, *Amalaki churna*) for 2 cycles, with oral ayurvedic medicine. The patient missed her period on 30-11-23 and did her urine pregnancy test on 06-01-24, which was found to be positive. From this case study, it is concluded that *Yoga basti* are effective in treating infertility due to partial tubal block.

INTRODUCTION

Infertility is defined as the inability to conceive with in one or more years of regular unprotected coitus.^[1] Infertility is primarily a social and mental health issue that impacts both the individual and their family's emotional, social, and psychological well-being. It is estimated that 10% to 15% of married couples experience infertility. As a result of evolving lifestyles, social structures, professional careers, and academic pursuits, an increasing number of couples are encountering this challenge. Additionally, the risk

of infertility rises to 23% after a pelvic inflammatory disease. The fallopian tube is a muscular structure connecting the ovary to the uterus, and it consists of several parts: the interstitial, isthmus, ampulla, and fimbrial end. It plays a crucial role in sperm attachment and fertilization, and its proper functioning is essential for natural conception. Blocked fallopian tubes are a prevalent condition and one of the leading causes of infertility. Inflammation is the main cause of fallopian tube obstruction, and reproductive system infections contribute significantly to the risk of blockage. Around 30% of women face infertility due to issues with the fallopian tubes, and 10% to 25% of these cases involve obstruction in the proximal fallopian tube.^[2] Poly-cystic Ovarian Disease (PCOD), commonly known as the "Infertility Queen," is a complex endocrine and metabolic disorder. Initially classified as a gynecological condition, it is characterized by hyperinsulinemia and

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hyperandrogenemia, which result in symptoms like irregular or absent menstruation (oligo/amenorrhea), excess hair growth (hirsutism), weight gain, and enlarged ovaries with multiple small cysts. A critical assessment of female infertility indicates that ovulatory factors are responsible for approximately 30–40% of the cases.^[3]

In the Ayurvedic texts, Acharya Charaka and Vagbhata mention that infertility due to congenital abnormalities, such as the absence of the uterus or menstrual cycle (*Artava*), is considered an incurable condition.^[4] However, these references do not provide a comprehensive understanding of infertility (*Bandhyatwa*). The condition of infertility is explained in more detail in the *Harita Samhita*. According to Harita, *Bandhyatwa* is defined as the failure to conceive a child, rather than merely the inability to become pregnant. This broader definition includes conditions like *Garbhasravi* (miscarriage) and *Mratavatsa* (stillbirth).^[5] Harita categorizes infertility into six types, one of which is *Anapatya* (the inability to have children).^[6] Acharya Charaka uses the term *Apraja* to describe the clinical features of *Asrja yonivyapad* (infertility due to a non-functional uterus).^[7] *Apraja* refers to infertility in which a woman is able to conceive after treatment, or it can indicate primary infertility. In this context, we can correlate primary infertility with *Anapatya* and *Apraja* as types of infertility (*Vandhya*).

Case Report

A female patient of age 27 years visited NIA OPD on 26-07-23 with a chief complaint of being unable to conceive for 6 years. The patient had associated complaints of burning micturition for 6 years (on/off) and also had complaints of pain in left iliac region started before menses since menarche.

Menstrual History

She attained her menarche at 13 years of age. Presently, her menstrual cycle is 3 days in duration and 32-35 days of intervals with mild pain in the lower abdomen during menses.

Marriage History

She has been married for 6 years.

Obstetrics History:

Nulligravida

Clinical Findings

Her hysterosalpingography was done on 23-12-2020 and was suggestive of patent right fallopian tube partial block of left fimbria end, mild dilatation of fimbria end of both tubes. And USG was done on 27-12-2022 and was suggestive of bilateral small ovarian cyst. The semen analysis of the husband was also normal.

Physical Examination

Weight- 57 kg
Height- 153 cm
BMI- 24.3 Kg/m²
BP- 110/70 mmHg
PR- 76/min

Past Medical History

History of intake of medicine for infertility for 5 years (on/off).

Past Surgical History

Not significant

Nidana Panchaka

Nidana: Various *Nidanas* related to the patient's *Ahara*, *vihara* and *Mansika avastha* were ruled out, which are as follow:

Mithya Ahara

- Oily food samosa, kachori, etc: once or twice weekly
- Snacks like namkeen, biscuits etc. during teatime, fast food like pizza, burger etc. once in a month.

Mithya Vihara

- Sleeping during daytime
- Staying awake till late at night
- No yoga, pranayama or exercise

Mansika bhava: The patient was stressed due to unable to conceive for 6 years.

Poorva roopa: Pain in the left iliac region started before menses.

Roopa: *Vandhyatva* (infertility)

Upshaya: *Rajaswala paricharya*, *Mansika prasannta* by meditation or self-motivation etc.

Anupshaya: *Mansika avsada*, *Mithya ahara vihara*

Samprapti: *Vata (Apana vata)* impelling other *doshas* aggravated by various *Nidana sevana*.

Vyadhi vinishchaya: *Vandhyatva*

Treatment plan

Date	Complaints	Investigation	Treatment
26-7-2023 1 st visit	Unable to conceive since 6 years, burning micturition since 6 years on/off. Associated c/o-pain	HSG in December 2020 ✓ Patent right fallopian tube. ✓ Partial block of left fimbria end. ✓ Mild dilatation of fimbria end of	1. <i>Punarnavashtak kwath</i> 10ml BD BF and <i>Trinapanchmool kwath</i> 10ml BD BF. 2. <i>Chandraprabha vati</i> 2 BD AF.

	in epigastric 2 years. Pain in left iliac region started before menses since menarche.	both tubes. USG-Uterus normal in size (70x40x40mm) both ovaries are bulky enlarged due B/L Small cystic lesion seen with internal retinaculum in right ovary cyst measuring 31x25mm and left ovary cyst measuring 22x16 mm. Impression-B/L Small ovarian haemorrhagic cyst. Day of cycle - 13 th Right ovary - 14x15mm, left ovary - 9x9mm E.T.- 8.4 mm. (no free fluid)	3. <i>Phalaghrita</i> 1tsf OD BF with milk. 4. Syp. M-Liv 2tsf BD AF 5. Syp. <i>ojaswini</i> 2tsf BD AF
9-8-2023	Same complaints as above		1. <i>Punarnavashtak kwath</i> 10ml and <i>Trinapanchmool kwath</i> 10ml BD BF. 2. <i>Chandraprabha vati</i> 2tab. BD AF 3. Syp. M-Liv 2tsf BD AF 4. Syp. Alka-5 1tsf BD AF 5. Plan for <i>Yoga basti</i> in next cycle. After cessation of menses.
1-9-2023	Same complaints as above	Investigation (2/9/2023)- CBC, RFT, LFT, ESR, HBsAG, VDRL, RBS, Urine (R/M) - WNL.	1. <i>Yoga basti</i> (first 2 <i>Anuvasan basti</i> than <i>Asthapana</i> and <i>Anuvasan basti</i> on alternate days. a) <i>Anuvasan basti</i> with <i>Dashmool tail</i> 30ml + <i>Triphala tail</i> 30ml (60ml) after food. b) <i>Asthapan basti</i> with <i>Punarnava ashtak kwath</i> and <i>Jwarhara kwath</i> . (400-500ml). On empty stomach in the morning. 2. <i>Yoni pichu</i> with <i>Mahatriphaladya ghrit</i> .
8-10-2023			1. <i>Yoga basti</i> a) <i>Anuvasan basti</i> with <i>Dashmool tail</i> + <i>Triphala tail</i> . b) <i>Asthapan basti</i> with <i>Dashmool</i> , <i>Erandmool</i> , <i>Amalaki choorna</i> . 2. <i>Yoni puran</i> with <i>Ksheerbala tail</i> . 3. <i>Yoni pichu</i> with <i>Mahatriphaladya ghrita</i> .
4-11-2023	Relief in previous complaints of		1. <i>Ashwagandha</i> 2gm, <i>Bala</i> 2gm, <i>Gokshur</i> 2gm, <i>Shatavari</i> 2gm

	burning micturition and itching at vulvar region.		(OD BF with milk) <i>Ksheerpaka</i> 2. <i>Chandanasav</i> - 10ml + <i>Balarishta</i> - 10ml BD AF with equal water. 3. <i>Phalaghrita</i> 1tsf OD with milk. 4. <i>Chandraprabha vati</i> 2 BD AF.
6-12-2023		Uterus normal in size. (67x34x37) Right ovary -36x23x26 mm, vol-10 cc Left ovary-35x25x23mm vol-10cc. E.T.-8.9 mm Impression- B/L Slightly bulky ovaries with multiple peripherally arranged sub centimetre follicles and thick Stroma - PCOD.	1. <i>Punarnavashtak kwath</i> 10ml BD BF. 2. <i>Trikatu churna</i> 2gm + <i>Nagkeshar churna</i> 2gm (10 min. before food) with <i>Ghritha</i> . 3. <i>Ashwagandha</i> , <i>Bala</i> , <i>Shatavari</i> , <i>Gokshura</i> each 2gm OD BF with milk. 4. <i>Avipattikar churna</i> 3gm + <i>Pittanatak</i> 500 mg (10min. before food). 5. <i>Chandraprabha vati</i> 2 BD AF.
6-1-2024	The patient missed her menses	Urine Pregnancy Test -found Positive. USG on 27-01-24 early intrauterine pregnancy of 7 weeks days, CRL-10mm, FHS-167bpm, fibroid (12x12mm) in anterior wall.	1. <i>Prajasthapakagana kwath</i> granules, <i>Ashwagandha</i> , <i>Bala</i> , <i>Shatavari</i> each 2gm. (OD BF with milk). 2. <i>Phalaghrita</i> 1tsf OD BF with milk. 3. <i>Amalaki munakka</i> - OD AF with <i>Mishri</i> . 4. Syp. M-liv 2tsf BD AF
24-2-2024		USG on 24-02-24(NT-NB Scan) Single live foetus of 11 week 4 days, CRL- 11 weeks 4 days 47mm, placenta - Ant. away from os grade - 1, unstable -presentation, foetal heart rate -159 bpm, cervix length- 36 mm Nasal bone -2.30 mm, Nuchal translucency 1.04 mm.	

PCOD – Polycystic ovarian disease, USG –Ultrasound sonography, NT-NB – Nuchal translucency –nasal bone, CRL- Crown-rump length.

Counselling: The patient was experiencing anxiety and emotional distress, so proper counselling was essential at this moment. The significance of a calm and happy mind for conception is highlighted in *Garbha Dharana* by:

- Acharya Charaka, who mentions "*Soma nasya Garbha Dharnanaam*" in the *Agryadravya Prakirana*.^[8]
- Acharya Vagbhata, who emphasizes the psychological state of both partners when discussing the key factors for conception.

RESULT

The patient missed her period on 06-1-24 and did her UPT and found it positive. A viability scan was done on 24-2-24. Single live intrauterine (SLIU) Pregnancy of 11 weeks 4 days was found with normal foetal cardiac activity.

DISCUSSION

Acharya Charaka states that the female reproductive organs (*Yoni*) cannot be damaged without the influence of *Vata*, implying that *Vata* is responsible for all the physiological functions of these organs.^[9] Any disturbance or imbalance in *Vata* can

lead to disorders of the *Yoni*. Based on this, infertility (*Vandhyatva*) is considered a *Yonigata vikara* (disorder of the reproductive system) and can be treated by pacifying *Vata*. The most effective treatments for balancing *Vata* are *Sneha* (oil-based therapies) and *Basti* (enema).

Yoga basti with Punarnavashtak kwath, Dashmool kwath, Erandmool kwath, Amalaka choorna. and Dashmool tail triphaladi taila

Punarvaashtak kwath contain *Punarnava*, *Devdaru*, *Tikta*, *Patola*, *Pathya*, *Pichumarda*, *Musta*, *Nagara*. It is used as natural diuretic and *Shothhara*.^[10]

Dashmoola Kwatha contain *Bilva*, *Agnimanth*, *Shyonaka*, *Patla*, *Gambhari*, *Brihati*, *Kantkari*, *Gokshur*, *Shalaparni*, *Prishnaparni* was administered as an anti-inflammatory treatment, as it helps in calming *Vata* and alleviating pain, thus addressing inflammation in the fallopian tubes.^[11] The fallopian tubes are closely associated with the *Artavavaha Srotas*, as they transport the gametes before fertilization and the zygote afterward. Infertility caused by tubal blockage can be viewed either as a primary cause (in certain types of infertility and *Jataharini*) or as a complication (in cases of some *Yonivyapada* or *Artavadushti*). Tubal blockage can also be analyzed in terms of *Prakriti*, *Adhishthana*, *Linga*, and *Aayatana*, as described by *Charaka*. Infertility due to tubal blockage appears to be a *Vata*-dominated, *Tridoshic* condition, with *Kapha* being another predominant *Dosha*. Therefore, local application of drugs that balance *Vata* and *Kapha*, and have *Tridoshaghna* properties- characterized by being *Sukshma*, *Sara*, *Katu*, and *Ushna*- can be effective in removing the blockage and restoring proper tubal function.

Erandmool -*Erandamooladi kashya niruha basti* helps in *Shaman* of *Vata-kapha dosh*^[12] and removes *Srotorodha*. Its main content is *Eranda* which is *Apana vata anulomaka*.

According to classics *Amalaki* (*Embelica officinalis*. Gaertn.) has properties of *Vrishya* (promoter of spermatogenesis) and *Rasayana*. The chemical constituent of *Amalaki* is gallic acid, flavonoids (quercetin), chebulagic acid and it is richest source of vit-C^[13]. Oxidative stress is when levels of reactive oxygen species (ROS) reach harmful levels in the body.

Dashmool Taila anuvasan basti will be given as *Dashmool* has *Tridosha Shaman* and *Vatanuloman* property.^[14] *Triphaladi taila*- *Amalaki*, *Haritaki*, *Bibhitaka*, *Ativisha*, *Murva*, *Trivruta*, *Chitaka*, *Vasa*, *Nimba*, *Aargvadha*, *Vacha*, *Haridra*, *Daruharidra*, *Saptaparna*, *Guduchi*, *Indravaruni*, *Pippali*, *Kushtha*, *Sarshap* and *Sauth*. All ingredients of *Triphaladi taila* have *Ushna*, *Tikshna*, property and are *Vata-Kapha shamaka*.^[15]

CONCLUSION

Infertility is a condition that can cause distress, depression, and disrupt family life. Addressing infertility is essential not only to improve the patient's health but also to maintain harmony in married life. Therefore, *Basti* is a crucial therapeutic method in treating female infertility, benefiting both the individual and society as a whole.

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