



Case Study

FROM VANDHYATVA TO GARBHADHANA - A MULTIMODAL AYURVEDIC APPROACH TO SECONDARY INFERTILITY

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ABSTRACT

Secondary infertility is defined as the inability to conceive after one previous conception. Multiple factors like Ovulatory dysfunctions 30-40%, tubal disease 20-35%, uterine factor 10%, cervical factors 5% and pelvic endometritis 1-10% contribute in infertility cases. This case report discusses a 28-year-old woman who presented with secondary infertility following a miscarriage. Chief complaints of irregular menstrual cycles characterised by delayed and scanty menses (oligomenorrhea), weight gain, and mild hirsutism. An ultrasound confirmed polycystic ovarian syndrome (PCOS). Diagnostic evaluations, including hysteroscopy, revealed endometritis, bilateral tubal thickening at the cornual site, and signs of PID. She had a previous laparoscopy with ovarian drilling and cannulation. Initial treatment started with *Deepana-Pachana* medicines (digestive and detoxifying agents) and was followed by *Shatapushpa Churna* and *Tila Shelu Karvi Kwath* along with *Pushpadhanva Rasa*. After regulating her menstrual cycle, *Phalaghrita* and *Matra Basti* (medicated enema) with *Hingutriguna Taila* were added to the regime. By effectively addressing the facilitating conception, along with regulating her menstrual cycle, this treatment approach eased her to carry a healthy intrauterine pregnancy.

INTRODUCTION

Infertility is a complex, multifactorial condition that affects both men and women, defined by the inability to achieve a clinical pregnancy after 12 months or more of regular, unprotected sexual intercourse.^[1] It can be of two types primary and secondary. Primary infertility is where a female has never been able to conceive while in secondary infertility, a clinical pregnancy has been previously achieved but conception fails in subsequent attempts. The causes of infertility can be varied and may involve numerous factors, but a significant portion of cases attributed to ovulatory dysfunction (30-40%), tubal factors (25-35%), uterine issues (10%), cervical and vaginal problems (5%), and endometrial factors (1-10%).^[2]

Among the most common causes of ovulatory dysfunction, polycystic ovary syndrome (PCOS) stands out. This condition is marked by irregular menstrual cycles, excess androgen production, and other hormonal imbalances, which can disrupt normal ovulation.

Ayurveda offers a unique perspective on fertility. It emphasizes the importance of the harmonious balance between key factors such as the fertile period (*Ritu*), the reproductive system (*Kshetra*), nourishment (*Ambu*), and the gametes (*Beeja*).^[3] In this context, disruptions to the delicate balance of these factors, often due to underlying health issues or lifestyle choices, can lead to infertility. In Ayurveda, the condition polycystic ovarian syndrome can be correlated with *Nashtartava* or *Artavkshaya*. Infertility can be caused by various *Doshas* (imbalances), including *Yoni dosha* (diseases of the female reproductive tract), *Mansika dosha* (mental stress), and *Shukra-asrik dosha* (abnormalities in gametes).^[4] Additionally, factors such as advanced age (*Akalayoga*), poor diet (*Ahara dosha*), and unhealthy lifestyle habits (*Vihara dosha*) are believed to

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contribute significantly to delayed conception. These factors collectively lead to condition of *Artava dushti* (menstrual irregularity), which affects menstrual health and overall fertility.^[5]

Patient Information

A couple came to the outpatient department of our hospital on 22 March, 2023, with the complaint of not able to conceive. In subsequent inquiry, the semen parameters of the husband aged 30 years were found to be within normal limits. The female patient of age 28 years, having job in MNC, had history of irregular menses with oligomenorrhea, associated with weight gain along with mild hirsutism.

Detailed menstrual history showed that she had her menarche at the age of 13 and had a regular cycle till 20 years of age. Since then, she had complaints of irregular bleeding pattern with 2-3 days of duration at 2-6 months interval. The symptoms were present for 8 years, on investigation she was diagnosed with bilateral PCOS. For which she has taken allopathic treatment over 6 years, with only temporary improvements while on medication.

In addition, the couple had been married for six years, regarding the sexual history, no pertinent pathology was found. With the use of medical treatment, she became pregnant for the first time three

years into their marriage. She suffered an abortion in 2022 at the gestation age of 10 weeks due to absence of fetal heart beat followed by Dilatation and Curettage.

The patient eventually was diagnosed with secondary infertility after experiencing difficulties conceiving for the second time. For around three years, the patient pursued allopathic treatment for this condition. Having unable to conceive, they opted for alternative treatment and started Ayurvedic treatment with her duly written informed consent.

Clinical Findings

The patient was overweight with 75kg of weight and a body mass index of 29.5. Her vitals were stable. On pelvic examination, no relevant pathology was found. In findings of pelvic ultrasound, the volume of ovaries was normal however multiple small peripheral follicles with central echogenic stroma, characteristic of Polycystic Ovary disorder (PCOS) was present.

In 2022, on performing hysteroscopy, the cavity was normal though endometritis present with bilateral tube thickening at cornual site, also, signs of PID were seen. Later in the same year, she underwent laparoscopic ovarian drilling for PCOS.

Timeline

Date	Event
25 March, 2023	Patient was diagnosed with multifactorial secondary infertility and initiated internal treatment.
12 April 2023	Internal medicine continued and menstruation attained.
17 April 2023	After the bleeding stopped <i>Matra basti</i> was initiated along with internal medicine.
24 April 2023	Internal medicine continued till next cycle.
25 May 2023	Menstruation attained
30 May 2023	After the bleeding stopped <i>Matra basti</i> for 7 days was initiated along with internal medicine for 2 cycles.
28 July 2023	Follow-up consultation. Internal medicine continued.
9 September 2023	UPT (Urine Pregnancy Test) positive
11 September 2023	USG: Confirmed intra-uterine pregnancy (healthy pregnancy).
5 May 2024	FTND, Baby weight: 3.32 kg

Diagnostic Assessment

The detailed analysis of her signs and symptoms showed *Vata-kapha* (imbalance of *Vata* and *Kapha doshas*) and *Rakta dushti* (vitiation of blood tissue). The continued *Nidan sevan* (habitual exposure to causative factors) with *Kupita dosha* (aggravated *Doshas*) resulted in *Agni vaishamya* (irregular digestive fire) and *Dhatwagni mandhya* (impaired tissue metabolism). The *Dushita rakta dhatu* (vitiated blood tissue) led to *Pitta dushti* (*Pitta* imbalance) and caused

Sthan sanshraya (localized pathogenesis) in the *Artava - vaha srotas* (menstrual/ reproductive channels), resulting in *Rajas avaruddha* (amenorrhea/ obstructed menstrual flow).

An imbalance of *Vata* (biological air element) is the root cause of all *Yonivyapada* (gynaecological disorders), which disrupts menstrual cycles and ovulation. Based on Ayurvedic diagnostic parameters, she was diagnosed as a case of *Vandhyatva* (infertility)

due to *Artava-vaha sroto dushti* (pathology of the reproductive channels).

Therapeutic Interventions

Ayurvedic treatment started on March 25, 2023 patient was given *Shatapushpa Churna* 3g twice daily with 5gm od cow's ghee on an empty stomach, *Tila Shelu Karvi Kwath* 24ml twice daily with an equal

amount of water after food, *Pushpadhanva Rasa* 250mg twice daily and *Phalaghritha* 10ml twice daily after food was administered. Along with these the patient was administered with *Matra Basti* by *Hingu Triguna Taila*–60ml for 7 days during her follicular phase of menstrual cycle. No adverse effects were noticed during the treatment.

Duration	Medication	Dose
Internal medicine		
25 March 23- 12 April 23	<i>Shatapushpa Churna</i> , <i>Tila Shelu Karvi Kwath</i> , <i>Pushpadhanva Ras</i>	3 gm + 5 gm ghee B/F 24 ml + 48 ml water A/F 250 mg A/F
27 April 23- 28 July 2023	Added <i>Phalgritha</i> to above regime	10 ml A/F
Shodhan Therapy		
17 April 23- 24 April 23 30 May 23- 5 June 23 5 July 23- 12 July 23	<i>Matra Basti</i> (<i>Hingu Triguna Taila</i>)	60 ml

Follow-Up and Outcome

The first result observe is the attainment of the menstrual cycle that gradually became regular during treatment. With administration of *Matra basti* in follicular phase managed *Vata*. Her menstrual cycle was delayed in August, after waiting for a week a urine pregnancy test was suggested that was found positive with Last Menstrual Period (LMP) on July 25, 2023. A USG confirmed intra-uterine pregnancy. The case was successfully managed with the treatment protocol for six months, resulting in the conception and full-term normal delivery of a female baby weighing 3.32kg on May 5, 2024.

DISCUSSION

The patient's condition was diagnosed as secondary infertility and PCOS can be attributed to the vitiation of *Vata* and *Kapha* doshas, which lead to irregularities in *Aartava* (menstruation), *Rakta* (blood), and *Meda* (fat tissue). Her symptoms of irregular cycles, weight gain, and mild hirsutism suggest an imbalance in these *Doshas*, with *Kapha* contributing to weight gain and sluggish metabolism, while *Vata* is responsible for the irregularity of menstrual cycles and reproductive functions. The patient's condition is also aggravated by *Ama* (undigested toxins), the accumulation of undigested toxins in the body due to improper diet, stress, and environmental factors. This *Ama* obstructs the *Srotas* (channels), especially those governing the reproductive system, and interferes with hormonal balance, leading to menstrual irregularities and difficulty in conceiving. the patient suffers from endometrial inflammation (endometritis), where the endometrial lining becomes inflamed, creating an

inhospitable environment for embryo implantation. This is linked to an imbalance in *Pitta dosha*, which governs inflammation and heat in the body.

The presence of bilateral tubal pathology, caused by chronic PID (pelvic inflammatory disease), further exacerbates the patient's condition. The inflammation leads to thickened fallopian tubes, preventing the passage of the egg and sperm, thus obstructing fertilization and contributing to infertility.

The patient's previous miscarriage points to a weakness in *Shukra dhatu* (reproductive tissue) and possible disturbances in *Mamsa dhatu* (muscle tissue) as well, which may have contributed to the inability to sustain pregnancy. Furthermore, the stress from her demanding job, along with an irregular lifestyle and eating habits, may be further aggravating the vitiation of *Vata* and *Kapha*, promoting the accumulation of *Ama* and disrupting her reproductive health.

Shatapushpa mentioned in *Kashyapa Samhita* is *Brimhani* (anabolic), *Balya pushti* (strength providing), *Varnagni Vardhini* (promotor of nutrition complexion and Fire), *Ritupravartini* (initiator of menstrual cycle), *Yoni Shukra vishodhini* (it purifies reproductive organ in female, spermatid fluid in male), *Ushna* (hot potency), *Vata Prashamani*, and *Putraprada* (helps in achieving conception).^[6] With these actions *Shatapushpa* helps in correcting *Artava kshaya* (reduced menstrual flow) by balancing the *Doshas* and improving *Agni*. and could potentially impact other infertility-related issues.

Majority of the contents of *Tila shelu karvi kwatha* having *Katu Rasa* (pungent taste), *Ushna Veerya* (hot potency), and *Teekshana Guna* (sharp

qualities) increase *Pitta*, stimulates *Artava*, while *Madhura Rasa* (sweet taste) and *Madhura Vipaka* (sweet post-digestive effect) balance *Vata*. By boosting *Agni* (digestive fire), they improve metabolism and encourage the development of *Rasa Dhatu* and *Artava Updhatu*. Additionally, their detoxifying properties clear blockages in the *Artavavaha Srotas*, restoring proper menstrual flow and addressing *Artava Kshaya*^[7].

The main components of *Pushpadhanva Rasa* have properties such as *Yogvahi* (enhancer of the effects of other substances), *Dhatuvridhdhikara* (tissue-strengthening),^[8] *Veerya Vardhana* (potentizer of strength), *Agni Diptikara* (digestive stimulant), *Bringhana* (nourishing), *Rasayana* (rejuvenating), *Balya* (strengthening), *Pushtikara* (nourishing and revitalizing), and the *Vrishya Prabhava* (aphrodisiac effect) of the triturating drugs.^[9] These properties contribute to an overall improvement in health. Along with the internal medicines, *Matra Basti* (a type of therapeutic enema) was given in the follicular stage of the menstrual cycle. A properly administered *Basti* (enema) remains in the *Pakvashaya* (large intestine), *Shroni* (pelvic region), and below the *Nabhi* (navel).^[10] Through the *Srotasas* (channels), the *Virya* (potency) of the *Basti Dravyas* (medicinal substances used in the enema)^[11] spreads throughout the body, thereby helping in the regulation of *Vata Dosha*, improving blood circulation to the reproductive organs, detoxifying the uterus and pelvic organs, nourishing the reproductive system, and relaxing the uterine and pelvic floor muscles. This combination of effects makes *Matra Basti* an effective treatment for improving fertility, especially in conditions like PCOS (Polycystic Ovary Syndrome), infertility, and menstrual irregularities.

While undergoing *Matra basti* treatment, no *Pathya* (dietary and lifestyle restrictions)^[12] or *Parihar Kala* (time of restriction) is recommended.^[13] The therapy addresses both physical and emotional factors contributing to infertility, helping the body create a healthier environment for conception.

In this case, *Basti* was given with *Hingu Triguna Taila*, a formulation composed of *Hing* (asafoetida), *Saindhava* (rock salt), *Erand Taila* (castor oil), and *Rason Rasa* (garlic preparation). This multifaceted preparation helps balance *Vata*, improves digestion, reduces inflammation, promotes hormonal balance, and circulatory health, making it highly effective for treating PCOS, infertility, and menstrual irregularities.^[14]

CONCLUSION

This case study illuminates the potential of ayurvedic treatment in cases of infertility which have dismal prognosis. The findings in this particular instance of multifactorial secondary infertility are promising. The positive outcome attained through systematic ayurvedic treatment modalities may be subjected to trials in larger samples.

Patient Prospective

I am 28 years old, and after a miscarriage in 2022, I struggled to conceive for several years despite undergoing treatments for PCOS, including laparoscopic ovarian drilling. My periods were irregular, scanty and painful and I also experienced weight gain and hairs growth on chin and body. Despite trying various allopathic treatments, I couldn't conceive again. Feeling disappointed, I turned to Ayurveda for a more holistic approach. After six months of Ayurvedic treatment, my cycles became more regular, I felt better overall, and I finally conceived. My pregnancy was healthy, and I delivered a full-term baby via normal vaginal delivery. I am incredibly grateful for the Ayurvedic treatment, which helped regulating my cycles, improved fertility, and ultimately achieve my dream of becoming a mother.

Informed consent- A well informed written consent was signed by the patient

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