



Case Study

SUCCESSFUL TREATMENT OF UNEXPLAINED SECONDARY INFERTILITY BY AYURVEDA- A CASE STUDY

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ABSTRACT

Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Incidences of secondary infertility are increasing day by day. Many factors like age, hectic schedule, stress, diet, unhealthy lifestyle are responsible for it. Psychological stress disturbs overall health of women by inducing generation of reactive oxygen species and thereby oxidative stress. This oxidative stress may hamper the health of ovaries, oocyte quality and causes female reproductive health disorders. **Aim:** To study the effect of Ayurvedic treatment in management of unexplained secondary infertility. **Objective:** To access the effect of Ayurvedic management of unexplained secondary infertility. **Methodology:** It is a single case study of unexplained secondary infertility. **Case description:** A 38 years old female Hindu patient came in YMT OPD of Streeroga and Prasutitantra anxious for child since 3 years. She had a history of 2 MTPs, one before and one after her 5 year old female child. Her last MTP was done in 2015. After that she was actively trying to conceive around last 3 years but couldn't conceive again in spite of regular unprotected coitus. She was advised to do ovulation study and HSG but she was not willing to do investigations, but as per history, her schedule was very hectic and stressful treatment: She was advised Ayurvedic oral medications along with *Panchkarma*. Outcome: After four months of treatment she conceived. **Conclusion:** Ayurvedic management can act as an anti-stress and antioxidant agent thereby improving the reproductive health of women and increasing their chances of conception.

INTRODUCTION

Secondary infertility indicates previous pregnancy but failure to conceive subsequently^[1]. Incidences of secondary infertility increasing day by day due to many factors like unhealthy lifestyle, stress, advancing age, hectic schedule. Psychological stress disturbs overall health of women by inducing generation of reactive oxygen species and thereby oxidative stress. This oxidative stress may hamper the health of ovaries, oocyte quality and causes female reproductive health disorders.

As per the definition, unexplained secondary infertility is failure to conceive subsequently. As the patient was not willing for any investigations we considered the cause oxidative stress and normal *Rutu, Kshetra, Ambu, Beeja* and treated patient after explaining everything. Stress induced anovulatory cycles can cause infertility. Due to unovulation, infertility is the rule.^[1] 80% of the couples achieve conception if they so desire, within one year of regular coitus with adequate frequency.^[1] For conception, normal spermatozoa should be deposited high in vagina, spermatozoa should undergo changes like capacitation, acrosomal reaction, motile sperm should ascend through cervix into uterine cavity and fallopian tubes. There should be ovulation, fallopian tubes should be patent and oocyte should be picked up by the fimbriated end of the tube. Spermatozoa should fertilize the oocyte at the ampulla of the tube. Endometrium should be receptive for implantation

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and the corpus luteum should function adequately, these factors are required for conception.^[1] As per Ayurveda 4 factors are important for conception are *Rutu, Kshetra, Ambu, Beeja*.^[2] Unexplained secondary infertility can be treated successfully with Ayurveda. Ayurvedic medicines and *Panchkarma* has potential to rejuvenate the body.

CASE DESCRIPTION: A 38 years old female hindu patient came in YMT OPD of Streeroga and Prasutantra anxious for child since 3 years. She had a history of 2 MTPs, one before and one after her 5 year old female child. Her last MTP was done in 2015. After that she was actively trying to conceive around last 3 years but couldn't conceive again inspite of regular unprotected coitus.. Since, She was not willing for any investigations, we started Ayurvedic treatment empirically as per history and prakruti. She took Ayurvedic medicines and Panchkarma for 1 cycle and conceived within 4 months of treatment.

P/M/H: No H/O DM, HTN, BA, TB, Hypothyroidism, Epilepsy, Jaundice or any other medical illness

P/S/H: Patient had had one MTP each, before and after her 5 year old female child.

MTP by D AND C in 2012

MTP by D and C in 2015

Allergy: No any drug or food allergy known till now.

Family History: No H/O any illness in any of the family members.

Menstrual History: Frequency: Regular

Quantity: Moderate, Painless

Duration: 3 days

Interval: 26-28 days.

Marital Status: Married since 11 years.

Contraceptive History: Not practicing any of the contraceptive methods by both partners since 3 years.

Obstetric history: G₃ P₁ L₁ A₂ D₀

G₁: GA= 1 Month, MTP by D and E in 2012

G₂: Female child 5 yrs old FTND in hospital in 2014.

G₃: GA= 1 Month, MTP by D and E in 2015

General Examination:

P: 84/min

BP: 120/70 mm of Hg.

T: Afebrile

RR: 20/min

Height: 152 cms

Weight: 68 Kgs

Built: Moderate.

No pallor, icterus, clubbing, edema, lymphadenopathy,

Systemic Examination:

RS: AEBE Clear

CVS: S₁ S₂ Normal.

CNS: Conscious and Oriented.

Per Abdomen: Soft, Non tender.

P/S: Cervix: Healthy

Mild white discharge

No foul smell

P/V: Uterus AV,AF

Normal in size

No tenderness in fornices.

Ashtavidh Pariksha:

Nadi: 84/min

Mala: Once a day

Mutra: Prakrut

Jivha: Niram

Shabda: Avishesh

Sparsh: Anushnashit

Druk: Avishesh

Akriti: Madhyam

Lab Investigations:

CBC: Hb: 13.1

Urine Routine Microscopy: WNL

Diagnosis: Unexplained secondary infertility.

Treatment Given:

1. *Shatavari Vati* 2TDS
2. Tab folvite 1 OD
3. *Ashwagandha Vati* 2 BD
4. *Phalghrit* 10 ml BD
5. *Yogbasti* for 1 cycle
Sthanik snehan swedan
Snehan with Tila Taila
Swedana with Dashmool Kwath
Niruh with Dashmool Kwath
Anuwasana with Tila Taila
Vyatyasat for 8 days
6. *Pratham mans kashay ghanvati* 2BD
7. Syrup M₂ Tone 10ml BD
8. Tab aloes compound 2BD
9. Tab Leptaden 2 BD

S.No.	Date of visit	Complaints	Investigations	Treatment given	Duration
1	6/12/2019	Willing for child Since 2 years	Hb - 13.1 Urine R and M WNL	<i>Shatavari Vati</i> 2TDS Tab folvite 1 OD	7 days
2	13/12/2019	No fresh complaints		<i>Ashwagandha Vati</i> Tab folvite 1 OD	7 days
3	20/12/2019	NFC		<i>Shatavari Vati</i> 2TDS Tab folvite 1 OD <i>Yogbasti</i> for 1 cycle <i>Sthanik snehan swedan</i> <i>Snehan with Tila Taila</i> <i>Swedana with Dashmool Kwath</i> <i>Niruh with Dashmool Kwath</i> <i>Anuwasana with Tila Taila</i> <i>Vyatyasat</i> for 8 days <i>Phalghrit</i> 10 ml BD Syrup M ₂ Tone 10ml BD	1 month
	18/2/2020	NFC		<i>Pratham maas kashay ghanvati</i> 2BD <i>Ashwagandha Vati</i> 2 BD	15 days
	6/3/2020	NFC		Tab Aloes compound 2 BD (1 st to 14 th day of menses) Tab Leptaden 2BD (15 th to 30 th day of menses)	1 month

RESULT:

6/4/2020	UPT Positive
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Patient continued ANC management under Dr Seema mehere mam, YMT Ayurved Medical College.

Ingredients and it's Mode of Action:

Shatavari Ghanavati: Composition of this tablet is *Shatavari*.

Shatavari is known to regulate oestrogen and supports the production of LH which is responsible for triggering ovulation. *Shatavari* is *Balya*, *Vayasthapana*. *Shatavari* is major health tonic and most popular *Rasayan*. Based on existing studies, we propose that *Shatavari* may improve female reproductive health complications including hormonal imbalance.

Ashwagandha Ghanavati: Composition of this tablet is *Ashwagandha*.

Ashwagandha is *Balya* (cha. Su., Bha.Pra.), *Bruhaniya*, *Rasayana* (cha. Su., Bha.Pra)^[3]

Ashwagandha possesses antistress, antioxidants, immune-modulatory properties.

Phalghrit^[4]: Contents

Kalkarth: *Triphala, Dwe Sahachar, Guduchi, Punarnava, Shuknasa, Haridra, Daruharidra, Rasna Meda, Shatavari.*

Ghrut Matra: 1 Prastha

Kshir Matra: Chaturgun

Phalshruti of this *Ghrut* states that it is a *Yonidoshharam Param*.^[5]

As mentioned in *Ashtang Sangrah*, women who take more *Ghrut* and *Kshir* in diet has long duration of *Ritukala*. *Ritukal* has predominance of *Kaph dosha* and *Ghrut* is *Kaphvardhak*, *Shatavari* and *Ashwagandha* both are also *Snigdha gunatmak*, *Kaphavardhak*.

Pratham Mas Kashay Ghanavati^[2]

Contents: *Madhuk (Yashtimadhu/Glycirriza glabra), Shakbeej (Tectona grandis), Payasya (Kshirvidari), Devdaru (Cedrus deodara).*

Pratham mas kashay is indicated in 1st month of pregnancy. Implantation is the very important event in the 1st month of pregnancy. These drugs help in *Sandhan karm* of *Garbh* with endometrium.

Tab aloes compound

It stimulates and establishes normal ovulatory cycles.

Tab. Leptaden

It normalizes environmental factors for proper implantation of fertilized ovum.

Syrup M2 Tone

M2 tone improves health of endometrium. It contains potent oestrogenic drugs which corrects hormonal imbalance and hence restores emotional balance by relieving anxiety and tension with its tranquilizing agents.

Action of Yoga basti [6,7]

Panchakarm done is *Yogbasti* which acts as *Shodhan karm* and it rejuvenate the body and corrects the pathology. *Basti* is the procedure by which we can eliminate *Doshas* from rectum i.e., *Shodhan*. It acts on *Apan vayu* which is one type of *Vata dosha* which has control on genital organs.

DISCUSSION

Secondary infertility means failure to conceive again after a first baby or abortion. There are multiple factors responsible for the same. In this particular case the patient had had 2 MTPs before and after her 5 year old female child. This only means that there was no fertility issue then, i.e., around 5 years ago. So her advancing age (38 years) and hectic lifestyle and stress must have created Anovulatory cycles leading to infertility. All the medicines given to her were *Bruhan*, *Rasayana* and *Prajasthapan*. Along with the other medicines administration of *Pratham Maas kashay* for fertility, is also one of the important part of the treatment. Because *Pratham maas kashay* helped in increasing the receptivity of the endometrium in the post ovulatory phase, thus resulting in conception.

CONCLUSION

Ayurvedic treatment can act as an anti-stress and antioxidant agent thereby improving the reproductive health of women and increasing their chances of conception.

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