



MANAGEMENT OF INFERTILITY WITH AYURVEDIC INTERVENTION – A CASE REPORT

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ABSTRACT:

Infertility is global problem in the field of reproductive health. The cause of female infertility is multifactorial, a systematic approach typically is used and involves testing for ovulatory factor, utero-tubal factor and peritoneal factor. About 40% of women suffering from infertility are due to ovulatory dysfunction. Female infertility is dealt in Ayurveda under the heading of *vandhyatwa*. Anovulation is considered under *beeja dushti* and *artavavaha srotoavarodha*. Ayurveda explains many treatment modalities pertaining to infertility. In this case report patient suffered from primary infertility due to anovulation since 3 years. First she took allopathy medicine but was not benefited. Then she was treated with ayurvedic medication, kanchnar guggulu, hingwastak churna, aloes compound, dashmoolarishta and ashokarishta. After one month of medication patient presented in OPD with positive urine pregnancy test. The line of treatment was followed in this case was to treat provoked vata, kapha dosha and vitiated rasa dhatu. There were no adverse effects found during the ayurvedic medication.

Keywords: *Aloes compound*, ashokarishta, dashmoolarishta, hingwastak churna, infertility,, *vandhyatawa*.

Background:

Infertility implies failure to achieve conception after one year of unprotected and regular intercourse. [1] The causes of female infertility are attributed to vaginal causes, cervical factors, uterine causes, tubal factors, ovarian factors (dysovulatory, anovulation, corpus luteum insufficiency) and chronic ill health. anovulation is the failure of the ovary to release ova over a period of time. The cause of anovulation includes hypothalamic failure, hyperprolactinemia, PCOS, premature ovarian failure and obesity. [2] Any vitiation in garbha sambhava samagri (fertile period, healthy reproductive organs, healthy sperms and ovum, and proper nutrient fluid), [3] psychology and properly functioning vayu (normal nervous system) can lead to vandhyatawa. [4] Beeja (ovum and sperm) is one of the important factor in conception. Ovum carries matrjabhawas one of the six factors to the embryo. [5] Abnormalities of ovum and ovarian hormones produce infertility. Aartva vitiated by different dosas produces infertility due to failure to produce ova. [6] The vitiated tridoshas with vata and kapha predominance along with rasa dhatu and mandagni resulting in artavavaha srotosanga and vimargagamana are responsible for anovulation. Infertility is included among eighty diseases of vata. [7] Vandhyatawa is mentioned in rasa pradoshaja vikara. [8] So, the line of treatment was followed in this case was to treat provoked vata, kapha dosha and vitiated rasa dhatu. With this background trial drugs are selected.

Case report:

A female patient, aged 20 years, housewife, living in najafgarh, New Delhi presented in OPD with complaints of

unable to conceive, and scanty menses since three years. The follicular study suggested for anovulatory cycle. She had gone through 3 months of allopathy treatment and took medication, tab fertyl (clomiphene citrate 50mg), tab progynova (ethynyl oestradiol 2mg) and injection Hucog (human chorionic gonadotrophin 5000 i.u.). But she did not get any result and menses becomes scanty. Therefore she consulted for ayurvedic medication. She had no any previous medical or surgical illness, family history- NAD, Married life is of 4 years and staying regularly with husband from 3yrs, menstrual history- LMP- 13/2/17 duration 2-3 days, interval 28-30 days, scanty flow 1-2 pads/cycle, painless cycle, Obstetrical history- Gravida 0, Parity -0, On general examination pallor was absent, pulse- 76/min, BP- 120/70mmhg, wt 58 kg and ht. 5'3". It was found that she was belonging to kaphajvata prakriti, systemic examination does not reveal any abnormal findings, Per speculum - Cervix - healthy, no discharge, Per vaginum - Uterus- anteverted, normal size, - no tenderness in bilateral fornix. Investigations are Semen analysis (30/1/17)- Sperm count- 46 million, motility- 40%, Blood test(30/1/17)- Hb- 11.2 gm/dl, ABO Rh-B positive, HIV, VDRL, HbSAg-non reactive, Sr. TSH- 2.32, Sr. Prolactin- 17.6ng/ml, HSG(3/11/16)- Bilateral patent tubes, Follicular study(3/2/17)-on 18th day of cycle RO- follicle 14.5 mm, LO - follicle 10mm, endometrial thickness- 15mm, no free fluid in POD.

Treatment protocol

The treatment was carried out with the Ayurvedic medication for 1 month (Table 1). Allopathic medicines used by patient were stopped when Ayurvedic medication was started.

Medication	Dose	Anupana	Time	Duration
Kanchanar guggulu ^[12]	500mg BD	Jala(water)	After meal	for initial 12 days
Aloes compound ^[13]	100mg BD	jala(water)	½hour Before meal	for initial 12 days
Hingwastak churna ^[14]	3gm BD	ushnodak(warm water)	½hour Before meal	for initial 12 days
Dashmoolarishta ^[15]	15ml	15ml Ushnodak(warm water)	After meal	Throughout cycle
Ashokarishta ^[16]	15ml	15ml ushnodak(warm water)	After meal	Throughout cycle

Observation and result

After 1 month of medication patient conceived

Table 2: Investigation

Investigation	Before treatment	After treatment
Urine pregnancy test	Negative	Positive
USG (follicular study)	18 th day of cycle RO- follicle 14.5 mm, LO – follicle 10mm, endometrial thickness- 15mm, no free fluid in POD.	Single live intrauterine pregnancy with fetal growth 13 weeks 2 days.

Table 3: Timeline

Date	Progress report
17/2/17	USG (follicular study)-on 18 th day- follicle of right ovary 14.5 mm, and ET – 15 mm
17/2/17 to 15/3/17	ayurvedic medication given
20/3/17	positive urine pregnancy test
18/05/17	Single live intrauterine pregnancy with fetal growth 13 weeks 2 days.

Discussion

Vata has prime importance in formation of ovum by virtue of its division and providing structural differentiation to tissue properties.^[9] Ovulation process is governed by apana vayu (downward moving vayu).^[10] Vitiating of vata and kapha can lead to anovulation which is mentioned as amenorrhoea, cessation of ovulation in ayurvedic classics.^[11]

As the patients visited in OPD on 5th day of her menstruation, so Tablet aloes compound Kanchanar guggulu,

Hingwastak churna are given only for initial 12 days. While *Dashmoolarishta* and *Ashokarishta* are continued for 28 days.

Kanchanar guggulu is a classical ayurvedic formulation used for cysts, tumor, and swollen lymph nodes. It supports the proper function of the lymphatic system, balances the *kapha dosa* and promotes the elimination of inflammatory toxins.^[12]

Aloes compound consists of aloes indica, myrrh (Balsamodendron Myrrha), manjistha (Rubia Cardifolia), harmal

(Pegunnum Harmal), jiwanti (Leptadenia Reticulata), kasisa bhasma (Ferrous Sulphate). Aloes, myrrha, iron have been in clinical use for menstrual disorders since centuries all over the world. Aloes compound stimulates physiological and timely ovulation, ensures proper quality and quantity of cervical mucus to facilitate better forward movement of sperms^[13] as the follicular recruitment start from D1 of menses and follicular maturation is completed by D14 in a regular 28 days of cycle. Starting of Aloes compound and hingwastak churna after menses help in effective follicular maturation and ovulation. Mode of action resembles to ovulation induction which is done in cases of infertility. Those patients who failed to respond to clomiphene citrate & were frustrated with the use of hMG and hCG due to cost and complication of the therapy were put on aloes compound which enhances fertility in different ways.^[14]

Hinga in hingwastak churna possess streepuspajanana activity. Beside this starting point of any disease is annnavahasrotas, so agnideepan will lead to formation of wholesome aahararasa as a result of rasadhatu will be of optimum quality leading to formation of superior raja and stanya updhatu.^[15]

Dashmoolarishta is mainly indicated in vata dosha related disorder, it is having a vataghna effect and is indicated in infertility in women^[16]

In ashokarishta ashoka is a main ingredient; it is having stimulative effect on ovarian tissue and endometrium. It is uterotonic and reduces the garbhashyasithilata.^[17]

The probable mode of action of drug may be due to its vatakaphashamak, aamapachana, srotoshodhana properties. This leads to removal of blockage from the microcirculatory channels and samayak rasaraktadi dhatu nirmana and with the help of normal apana vayu resulting in regulation of ovarian follicle maturation and ovulation.

CONCLUSION

Hingawastak choorna, aloes compound assisted in follicular recruitment maturation and ovulation. *Dashmoolarishta* and *Ashokarishta* helps in healthy implantation.

Thus, above ayurvedic formulations are found to be effective treatment modality in anovulatory infertility. There were no adverse effects found during the ayurvedic medication. Further studies to evaluate its efficacy and adverse effects in infertility are needed.

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