



Title of Article

Role of Ayurvediya Chikitsa in management of primary infertility: A case study

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ABSTRACT:

Infertility is major disorder due to stressful world, lack of biological food, changing life style. Four essential factors for conception mentioned by ancient ayurveda scholar sushruta are as imperative today as they were ovum is one among these essential factors, vitiation of vata reflects ovulatory dysfunction. most of infertile couples have multiple causes contributing infertility. In the present case study female partner had pcOS and male partner is normal resulting in infertility. She had regular but scanty menses with severe dysmenorrhea. According to ayurveda apanvayu governs all functions related to garbhashaya and menstrual cycle. Considering infertility, pcOS and tivra apan vayu dushti as yonivyapada she was treated with basti for vatshamana, phala ghrit utterbasti for garbhashaya dushti and internal medicine like chandraprabha vati, ampachak vati, sukumar kashay, kuberaksh vati, phala ghrit, lashunadi vati, laghumalini vasant for deepan pachan and pcOS and dashmularishta for vata pacification.

KEYWORD: infertility, pcOS, apanvayu dushti, utterbasti, yog basti

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INTRODUCTION:

Infertility is biological inability of an individual to contribute to conception. Around 45% of couples face infertility problems regarding both parents around which 25% infertile couples have more than one factor. Causes of female infertility ranges from endometrial factors, such as exposure to chemicals and smoking, to physical factors such as blocked fallopian tubes or obesity. Infertility is organic problem. Studies indicate that indeed stress may contribute to some cases of infertility. It may be due to endometriosis, pcos, ovulatory disorder, premature ovarian failure, uterine factors, tubal factor, lpd, age, stress induced factor or unexplained. According to ayurveda sushruta has mentioned four main fertility causes rutu (season), kshetra (field or female reproductive system), beeja (ovum) and ambu (water on nourishing substance). It is the beeja (seed) which yields the garbha (pregnancy). Irregular dietetic behavioral habits results in to dosha vitiation and mal absorption which lead to margasyaavarana (obstruction) and results in rasa and rakta dhatu dushti. in present study there are mainly female causes, pcos, vataj rajodushti, stress factor that contributed infertility. Both partner were investigated and female partner treated with abhyantar and sthanic chikitsa.

AIMS AND OBJECTIVES:

To study the efficacy of ayurvedic management in infertility

MATERIALS AND METHODS :

As this is single case study we gave some sthanic and abhyantar chikitsa.

CASE REPORT :

A female patient named xxx, aged 29 years, a housewife, married since 7 years belonging to middle class come to opd of arogyashala rugnalaya, ganeshwadi panchavati, nasik. With opd no- 33428 on 27/ 09/ 2016 with a c/o primary infertility.

Brief history:

Menstrual history:-

Regular cycles but low menstrual flow and dysmenorrhoea (3 days/ 28 days/ regular/ 1pad per day)

History OF HUSBAND: aged 33 years, all reports are normal with good semen analysis, satisfactory sexual life

Investigations of patient:-

USG : s/o pcos

Haemogram : WNL

Urine : NAD

TFT: WNL

Other hormonal assay : normal

Pct: normal

HSG: both sided patent tube

HYSTEROLAPROSCOPY : normal

H/O patient : In 2015, iuidone 3 times but no any success was there and her ovulatin study shows delayed ovulation and ovulation only by inj.hcg 10000 IU only.

Hetusevan (causes) as history given by patient:

1) diwaswap(excessive sleeping during day time)

2) avyayan (lack of exercise)

3) ruksha, paryushit Ahar

4) Mansik dushti(stressful behavior):
depression , irritation

1st f/u on 2/10 /16: all detail history
taken and examination done

General examination:

obesity : Nil

Ashtavidha Parikshan:

Nadi: 94/ min, niyamat but hinbala

Mala: grathit malapravrutti

Mutra : samyaka

Jivha: saam

Shabda: avishesha

Sparsha: sheet, skin: dry

Druka : samanya

Akruti: madhyam

Udarparikshan: udaradhman, agnimandya,
aruchi

Local examination:

p/s: cervix : healthy; vaginal dryness is
there

p/v: uterus: AVAF/ normal size/ mobile/
fornices clear

srotas parikshan:

rasavaha: Aruchi

annavaha : Agnimandya

Artavavaha : regular menses but with
dysmenorrhoea and scanty menses

LMP: 27/9/16 ; Treatment given:

1) ampachak vati.....2 bd...vyanudan
kal.....for 15 days

2) laghumalini vasant....2 bd...vyanudan
kal..... for 1 month

3) chandraprabhavati.....2 bd....apan
kal.....for 1month

4) dashmularishta.....2 tsf bd.... Apan
kal..... for 1 month

2nd f/u: on 2/10/16

LMP: 28/10/16, for 2days, scanty, pain
decreases as compared to last period

aruchi, agnimandya was decreased at this
follow up . anxiety, irritability was still
there.

Treatment given:

1) dietary advice as well as lifestyle
modification, exercise, suryanamaskara
advised to both partner.

2) phala gruta.....2 tsf bd
.....apankal.....for 1 month

3) kuberaksh vati.....2 tb. Bd....vyanudan
kal....for 1 month

4) sukumar kashay.....2 tsf bd....saman
kal.....for 1 month

5) dashmularishta.....2 tsf bd....apan
kal.....for 1 month

6) laghumalini vasant vati.....500mg
bd.....for 1 monh

Sthanic chikitsa:

1) shirodhara with kheerbala taila...100ml...for 8 days

2) yog basti.....anuvasan basti by sahachar taila (120 ml)....for 3 alternate days

Niruha basti by dashmul kadha (960 ml).....for 3 alternate days

3) yoni dhavan by dhashamul kadha.....for 8 days

4) yoni pitchu of nrayan taila.....
For 8 days

3rd f/u: on 6/12/16

LMP: 1/12/16 , dysmenorrhea decreases in some extent after basti treatment , menstrual flow for 3 days with 2 pad/ day

Sthanic chikitsa:

1) Utter basti of phala ghruta 4 to 5 ml for 3 days from day 5 up to day 7

2) yogabasti kram with sahachara taila and dashmul kadha is again given to this cycle as there is tivra vataj rajo dushti.

Abhyantar chikitsa:

All internal medicine kept continue as previous follow up

4th f/u on 9/1/17

Sthanic chikitsa: utter basti of phala ghruta 4- 5ml for 3 days from day 5 to day 7

Abhyantar chikitsa: lashunadi vati, kuberaksh vati , phala ghrut, sukumar ghrut given internally

As above. Ovulation study done at this cycle. Ovulation accure naturally at day 16 without any induction drug. Left ovary follicle22* 20mm , right ovary

follicle....18*16 mm, endometrial thickness 9.2 mm.

Patient was advised to keep contact.

5th f/u on 14/2/17

LMP: 10/2/17 , menstrual cycle for 3 days , 3pad/ day, dysmenorrhea deceased significantly at this cycle.

Utterbasti by phala ghrut (3rd cycle) given from day 5 to day 7.

Internal medicine continued same as above.

6th f/u on 22/3/17

Patient came with 1 month 12 days amenorrhea and UPT was positive and pregnancy confirmed by usg on 25/3/17 of 6 wk 2 days with fetal pole present

DISCUSSION:

In present case there are multiple female partner factors which are leading to infertility. She had drug depending ovulatory cycle, tivra vataj rajo dushti, mansik hetu such as irritability, anxiety which was also due to vat prakopa.

1) as at first visit samata is there with vitiation of vata dosha which combine causes srotorodh for which ampachak vati and laghumalini vasant given in tablet form which helps in deepan , pachan Vitiation of dosha in anovulation is important and depends upon the pattern of digestive power. Irregular digestion directly supports the vitiation of vata , while weak digestion suggest the vitiation of kapha. It shows the vatakapha dominance in infertility caused by anovulation , digestive power is the prime factor of whole doshic vitiation and

pathogenesis of disease leading to anovulation.

2) Modern research reveals that stress disturbs the normal hormonal regulation and it decreases LH secretion., which ultimately leads to anovulation. Patients of weak mental stamina and are more susceptible to stress which creates hormonal dysfunction that leads to anovulation . shirodhara with ksheerbala taila helps to decrease stress factors. Which helps in hormonal regulation and to improve LH: FHS ratio.

3) lashunadi vati which contain lashun , hinga, suntha dyavya which all are known for bijotsarga guna by their ushna tikshna bhedan karma . an appetizer, digestive and carminative property of these ayurvedic drugs remove obstruction and so as to proper functioning of apan vata.

4) abhyantar chikitsa by kuberaksha vati and laghumalini vasant helps by their deepan, pachan properties to improve rasa dhatu and thus shuddha raja dhatu formed . sukumar ghrut and phalaghrut helps in prinan and poshana of rasa dhatu. As patient had h/o scanty menses which shows needation of santarpana of raja, updhatu of raja. Both ghruta helps in prinana of rasa .

5) As there is tivra apan dushti, vatanuloman and vatashaman accurs with help of yogbasti , prakrut gati of apan vayu enhanced . probable mode of action of basti: acharya parashara has opined that guda (anus) is the principle route of body and bears rich blood supply in it. Basti nourishes all extremities and organ of body. Basti eliminates viated dosha via rectal route. Medicines administered through rectal route redially absorbed

through rectum and large intestine. Rectum has rich blood supply and lymphatic drainage hence drug can transverse through rectal mucosa like other lipid membranes. Drug absorbed through upper rectal mucosa carried by superior haemorrhoidal veins in portal circulation. Drug absorbed by lower rectal mucosa crried by middle and inferior haemorrhoidal veins in systemic circulation. rectum with its rich vascularity and venous plexus provides a good absorption surface and many soluble substances produce their effect more quickly without passing the liver. According to charaka basti retains in pakwashaya and dwells doshas from all over body and basti is only thearapy which pacifies the provacated vata dosha like cyclonic strom is sustained by the waves of sea.

6) ENS is correlated with CNS . ovarian cycle is regulated through the feedback of hormones on nural tissue of CNS. As intestine is richly supplied under nerves. Theory emrges out ENS is closely related to CNS.

7) Utterbasti by phala ghruta makes strong bed for implantation . utterbasti with phala ghrut has vatshamak property due to snigdha guna of medicated oil. Suksma guna of ghruta brings this sneha in all srotas of body. Luke warm ghruta of utterbasti enhances blood circulation of endometrium , cervical canal and vagina. Like this improves healing process of ruptured tissue around this place. In cervical factor, drug administered locally in the cervix and absorbed by cervical epithelium due to sukshma property of drug.

The lipid soluble drug is passively diffused across the membrane high is the concentration and quicker diffusion. Ultered cervical PH can be corrected.

8) Sthanik Yonidhavan with dhashmulkadha helps to cover local infection of vagina . simultaneously narayan taila pitchu helps in oleation of vagina. It also helps in softening of cervix and promotes sperm penetration. Narayan taila is also has garbhasthapak property.

9) Overall it was due to correction tivra apan dushti, vataghna chikitsa and internal medicines improvement in ovarian function, increased needation capacity of uterus, mansik doshas regulation helps the patient to conceive in six month .

CONCLUSION :

Present study indicate that an infertility causes like pcos resistant to hormonal treatment , stress factor, local pathology related to uterus, cervix can be effectively managed by ayurveda management which have great potential to cure both male and female infertility factors.

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