



**Title: A clinical case study on secondary infertility W.S.R. to *bijotsarg* (ovarian factor) & its management through Ayurveda**

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**Abstract:**

Secondary infertility indicates previous pregnancy but failure to conceive subsequently. This condition can be correlated with *sapraja* in Ayurveda.<sup>i</sup> The incidence of *sapraja* is keep on increasing due to life style changes ,irregular menstrual cycle etc which leads to *bijotsarga* by misbalancing the *doshas* during *rutuchakra*. This case is an ideal example of *sapraja* and is successfully managed with *ayurveda* therapy. Patient was unable to conceive since 6 years after her first baby with the complaints of early irregular menses, poor appetite & sleep disturbance, constipation. Considering clinical features *vata*, *kapha*, *artava* involved in pathology. Patient was treated with *virechana*, *kala basti* & *uttara basti* followed by *Garbhapal ras*, *chitrakadi vati* and *bijadharakyoga*. During treatment patient got relief from signs and symptoms and got fruitful pregnancy. Hence it was concluded that above therapy is highly effective in the management of secondary infertility.

**Keyword:**

Secondary infertility, *Sapraja*, *virechana*, *kala basti*, *uttara basti*, *Shamana Aushadhis*

**Introduction:**

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous but failure to conceive subsequently<sup>ii</sup>. The hard reality is that secondary infertility is a growing problem. Ovarian factors are having a main role in secondary infertility in females<sup>iii</sup>. *Bijotsarga* is one of the causes for ovulatory dysfunction. In this condition, there is inadequate growth and function of the corpus luteum. There is inadequate progesterone secretion. The lifespan of corpus luteum is shortened. As a result, there are inadequate secretory changes in the endometrium which hinder

implantation. In ayurveda science, it can be correlated with *sapraja*.

### Material and Methods:

#### Study Plan:

Study has been conducted in the Parul Ayurveda hospital, Limda, Waghodia, Vadodara, Gujarat, India.

#### Case report:

The present case study is successful Ayurvedic management of a case of *sapraja* (secondary infertility). A 33year old female patient with registration no 16026226/165568 (OPD/IPD) came to Parul ayurveda hospital, Limda, Waghodia, Vadodara, Gujarat, India, with chief complaints of –

- unable to conceive
- early regular menses (Hypo menorrhoea)

Associated complaints were poor appetite, sleep disturbance and constipation

#### History of present illness:

Patient was unable to conceive since 6 years. She has been suffering from painful early regular menses. Patient was also psychologically upset since 1 year. She had used various allopathic medicines. But she was not found result. Hence she came to Parul Ayurveda Hospital, Limda, Waghodia, Vadodara, Gujarat, India to get result on the day of 10/10/16.

**Past history:** Nil

#### Present menstrual history:

Menstrual pattern	Symptoms
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Regular/irregular	Regular
Quantity	2pads/day
Duration	3 days
Odor	Normal
Interval	25 days
Color	Red
Consistency	Liquid

#### Obstetrics history:

G1/P1/L1/A0

Full term normal delivery at hospital

Last child birth- 6 years back

#### Personal history:


Name	Namrata Sharma
Age	33
Sex	Female
Marital status	Married
Occupation	house wife
Diet	Nonveg
Sleep	Good
Addiction	Nil
Bowel habit	Constipated
Appetite	Poor
Prakruti	Vatakapha
Weight	55kg
Height	146cm

**Ashtavidha pariksha:**

Nadi (pulse)	82/min
<i>Mala</i> (stool)	Constipated
<i>Mutra</i> (urine)	Normal

<i>Jihva</i> (tongue)	<i>saama</i> (coated)
<i>Shabda</i> (speech)	Clear
<i>Sparsha</i> (touch)	<i>Anushna</i>
<i>Druk</i> (eyes)	Normal
<i>Akruti</i> (built)	<i>Madhyama</i>

**INVESTIGATIONS:**

HEMATOLOGY	Hb	12gm%
	TC	10000 cumm
	DC	P-65 I-30 M-03 E-06
	RBC	4 million cumm
	PLATELET COUNT	2,00,000/count
	 ESR	15mm / 1hr
	BLOOD GROUP	O Positive
	B.T	1.5 min
	C.T	4min
	URINE- ROUTINE	COLOUR
PH		6.5
SPECIAL GRAVITY		1.010
PROTEIN		Absent
GLUCOSE		Absent
RBC		Absent
PC		2-3
EC		1-2
BILIRUBIN		Absent

BIOCHEMISTRY	FBS	74mg/dl
THYROID FUNCTION TEST	T3	1.05 mg/dl
	T4	7.50 mg/dl
	TSH	3.20 (VIU/ml)
HORMONAL STUDY	SERUM FSH(follicular phase)	12 mIU / ml
	SERUM LH(follicular phase)	5 mIU/ml
	PROLACTIN	18 ng/ml
	AMH	1.8 ng/ml
USG	TVS(UT & Ad)	No bilateral polycystic ovaries
HSG	Proliferative phase-2 days after the bleeding stops	Spillage of dye into the peritoneal cavity (normal finding)
FOLLICULAR STUDY	As mentioned under observation	



#### SEMINOGRAM OF PATIENT'S HUSBAND.


VOLUME	1.5 ml
Ph	7.6
SPERM CONCENTRATION	25 million/ml
TOTAL SPERM COUNT	50 million per ejaculation
MOTILITY	50% progressive forward motility
MORPHOLOGY	35 % normal form
VITALITY	80% living
LEUCOCYTES	0.25 million /ml
TOTAL FRUCTOSE	15µmol / ejaculate

Treatment plan- patient was treated on IPD basis.

A) Internal Therapy:

*Garbhupal ras, Chitrakadi vati and Bijadharakyoga* were selected for oral administration

Criteria for selection of internal medicines: Oral medications were selected on the basis of their properties useful in pacifying vitiated *doshas* in *sapraja*.

Medicines	Ingredients	Form	Properties	Dosage	Route of administration & anupana
<i>Garbhupal Ras</i> (B.R)	<i>Hingula, naga bhasma, vanga bhasma, twak, tejapatra, ela, shunti, maricha, pippali, dhanyaka, jiraka, chavya, draksha, devadaru, loha bhasma, sweta aparajita</i>	Tablet	<i>Kaphavata shamaka</i>	125mg	1BD orally with warm water after meal
<i>Chitrakadi Vati</i> (c.s.chi:15/96)	<i>Chitraka, pippali mula, yava kshara, sarjikshara, sauvarchala, saindhava, vida, samudra, audbida, shunti, maricha, pippali, hingu, ajamoda, chavya, matulunga rasa, dadima rasa</i>	Tablet 	<i>Kaphavata shamaka, pitta vardhaka</i>	500mg	2BD orally with warm water before meal
<i>Bijadharak yoga</i> (Anubhuta)	<i>Shatapushpa, Shatavari, Yastimadhu, Variyali, Shunti</i>	Powder	<i>Kaphavata Shamaka</i>	6gm	BD orally with warm water before meal


### B) Panchakarma therapy & its drugs:

*Virechanakarma, kala basti & Uttara basti*

Criteria for selection of Panchakarma & its drugs:

*Panchakarma* was selected on the basis of its properties useful in pacifying vitiated *doshas* in *sapraja*.

Pancha karma	Drugs	Quantity	Days
<i>Snehapana</i>	<i>Phalagritta</i>	30,60,90,110,120ml	5 days

<i>Virechana</i>	<i>Trivrut avaleha</i>	90gm	1 day
<i>Kala basti</i>	<i>Asthapana- makshika</i> <i>Saindhava</i> <i>Sneha</i> <i>(dhanvantara taila)</i> <i>Kalka</i> <i>(shatapushpa, shatavari,</i> <i>variyali, trikatu)</i> <i>Kashaya</i> <i>(Erاندamooladi)</i> <i>Anuvasana</i> <i>Dhanvantara taila</i>	40gm 5gm 60ml 5,5,5,10gm 350ml 60ml	16 <i>basti</i> course
<i>Uttarabasti</i>	<i>Phalagritta</i> 	5ml	On 6 <sup>th</sup> day of menses for 3 days for 2 consecutive menstrual cycles

**Ahara and vihara (diet and mode of life) advised during treatment:**

*Pathya* (regimen to be follow): green gram, ghee, rice, wheat, green vegetables, fruits, nuts, plenty of water, night sleep (8 hours), exercise, *asana* (*siddhasana, dhanurasana, savasana, vajrasana, pranayama* (*bhramari, anuloma-viloma*).

*Apathya* (regimen to be restricted): bakery items, oily foods, bread, curd, day time sleep, night awakening, stress.

**Follow up:**

Every 15 days

**Observations:**

**OBSERVATION AND RESULTS:**

LMP-10/8/16

S. No	Date	Day	Right ovary(mm)	Left ovary(mm)	ET Size(mm)		Free fluid POD
					Layer		
1	22/8/16	14 <sup>th</sup>	6-8 tiny follicles	Mature follicle 28×24	10.2	Triple	Nil
2	25/8/16	17 <sup>th</sup>	6-8 tiny follicles	Mature follicle 31×29	11.0	Triple	Nil
3	27/8/16	19 <sup>th</sup>	6-8 tiny follicles	Mature follicle 38×34	12.0	Triple	Nil
4	29/8/16	21 <sup>st</sup>	6-8 tiny follicles	Ruptured follicle	12.3	Triple	Mild
<b>LMP-9/12/16</b>							
1	9/12/16	10 <sup>th</sup>	6-8 tiny follicles	7-9 tiny follicles	6.6	Triple	Nil
2	13/12/16	14 <sup>th</sup>	Mature follicle 24×22	7-9 tiny follicles	8.9	Triple	Nil
3	15/12/16	16 <sup>th</sup>	Ruptured follicle	7-9 tiny follicles	9.6	Triple	Mild

### Results:

From the observation, made before and after treatment following inference are drawn. The symptoms like early regular menstrual, at the end of treatment had normal duration of menstrual bleeding. Patient was relieved from constipation and got UPT positive on 26th January 2016

### Discussions:

For having good crop in the field, 4 basic elements are necessary such as seed, season, soil & water. Similarly for *Suprajanan* i.e. for conception proper functioning of Female reproductive system (Uterus & ovary), Menstruation, healthy ovum & sperm are of prime importance. This is called as *Garbha Sambhav Samagri*. Out of these 4 basic elements *Kshetra* i.e. *Garbhashaya* (uterus) should be in good condition<sup>iv</sup>. This is very necessary for embedding fertilized zygote in the uterine

wall, as well as it should have proper elasticity needed for the growth of the Foetus. Keeping this thing in mind *basti* and *uttara basti*'s had given to the patient *Garbhashaya* i.e. uterus not only provides nourishment to Foetus but also provides space for growing Foetus in it. In such condition, it is important to take special care of uterus<sup>v</sup>. *Snehapana* regulates the digestive activity, clean alimentary tract, physical strength. General *basti* regulates the nervous control & *uttarbasti* regulates CNS controlling the pelvic organs. Hence by governing HPO axis through hypothalamus it helps in maintenance of follicular growth<sup>vi</sup>. *Phalagrutha* were helped to bring balance & strength to the menstrual system because it contains

anabolic action it increases more secretory units. For *shaman* therapy, *chitrakadi vati*, *garbhapala ras*, *Bhijadharakayoga* are used. In *Chitrakadi vati* by its *lekhana* etc properties all the catabolic phenomenon of the body are taken as the result of *agni*, so it was one the most suitable drugs to evaluate its effect for rupturing follicle<sup>vii</sup>. *Garbhapala ras* works as uterine tonic and *Bhijadharakayoga* having the properties to enhances the reproductive functions through this which is helped in the infertility.

#### Conclusion:

Patients had conceived within the follow up period of 3 months No significant complication is evident during the study.



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