



## A CASE REPORT ON SECONDARY INFERTILITY

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## ABSTRACT

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Conception depends on the fertility potential of both male and female partners. The male is directly responsible in about 30-40 percent, the female in about 40-55 percent and both are responsible about 10 percent cases. The remaining 10 percent is unexplained. 'Unexplained infertility' is defined as couples who have undergone complete basic infertility workup and in whom no abnormality has been detected (average semen quality, ovulatory function, normal uterine cavity and bilateral tubal patency) and remain infertile. Many factors like age, hectic schedule, stress, diet, and unhealthy lifestyle are responsible for it. As per Ayurveda, four factors are essential for conception: Rutu, Kshetra, Ambu, and Beeja. Unexplained secondary infertility can be treated successfully with Ayurveda.

**Keywords:** Unexplained secondary infertility

## INTRODUCTION

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a preg-

nancy after 12 months or more of regular unprotected coitus. Infertility can be primary or secondary. Prima-

ry infertility is when a pregnancy has never been achieved, and secondary infertility is when at least one prior pregnancy has been achieved. In Ayurveda, Vandhyatva (Infertility) mainly occurs through vitiation of vata and kapha dosha; sometimes, pitta may be involved. Fertility also depends on the mental condition of the couple. As Acharya Charaka says sound, mind couple will get conception. The present case study has metabolic disturbance and stress, so we choose *Lakshmana* as a *Prajasthapana* Bramhi ghritam helps to reduce stress and normalise vata, kapha, and for vata Pitta shamana Avipattikara churna for apana vata disorder, balances *Tridosha* and improves *Dhatvagni*.

### Case Report

A 36-year-old lady with a complaint of inability to conceive a second child attended the outpatient Department of Prasutitantra and Streeroga, Government Ayurvedic College, Vijayawada. Detailed history showed that she had her menarche at 13 yrs and periods were regular. She married at 28 yrs. Her first conception was after six months of marriage. Antenatal period of uneventful. After that, she was actively trying to conceive around the last five years but could not conceive again despite regular unprotected coitus. From her treatment history, no apparent cause of infertility was found in the couple. Haematology, urology, hormonal assay and semen analysis partner was routine. She had gone through 3 cycles of IUI, but she did not conceive.

**Past medical History:** No H/O DM, HTN, BA, TB, Hypothyroidism, Epilepsy

**Past surgical History:** She had no history of previous surgical illness.

**Allergy:** No drug or food allergy

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

### Personal History-

Appetite- Normal

Bowel- Passes stool every day ( not constipated)

Urine- Normal

Sleep- Sound

**Treatment History-** 3 cycles of IUI

### Menstrual History

**Quantity:** Moderate, Painless

**Amount-** 2-3 pads/day.

**Duration:** 3-5 days

**Interval:** 28-30 days, Regular

**Marital Status:** 9 yrs

**Contraceptive History:** Not practising any of the contraceptive methods by both partners for three years.

### Obstetric History:

**G<sub>1</sub>:** Female child 8 yrs old FTNVD in hospital 2015

### General Examination:

**Pulse:** 84/min

**BP:** 120/70 mmHg

**RR:** 18/ min

**Height:** 155 cm

**Weight:** 58 kg

**Built:** Moderate.

No pallor, edema, lymphadenopathy

### Systemic Examination:

**CNS:** Conscious and oriented

**CVS:** S<sub>1</sub> S<sub>2</sub> normal

**RS:** AEBE Clear

**Per Abdomen:** Soft, non-tender.

**P/S:** Cervix: Healthy

**P/V:** Uterus AV, Normal in size

No tenderness in fornices

### Lab investigations:

Hb: 12 gm

TSH: 2.1

**Diagnosis:** Unexplained secondary infertility

### Treatment Given:

#### Female-

1. Avipattikar churna 2 gm B/F BD
2. Phala ghrita 10 ml BD
3. Lakshmana ksheera paka 30 ml BD
4. Draksharista 20 ml with equal quantity of water BD

#### Male-

1. Hinguvastaka churna 2 gm B/F BD
2. Arogyavardhini vati 2-tab BD
3. Bramhi ghrita 10 ml OD

**Table 01:**

Date	Medications	Dose	Anupanam	Time	Duration
25/12/22	Avipattikar churna	2 gm BID	Water	Before Food	2 months
25/12/22	Phala Ghrita	5ml BID	Warm milk	Emty Stomach	2 months
25/12/22	Lakshmana Ksheer Paka	30 ml BID		After Food	2 months
25/12/22	Draksharista	20 ml BID	Water	After Food	2 months
25/12/22	Hingavastaka churna	2 gm BD	Water	Before Food	2 months
25/12/22	Arogyavardhini vati	2 BIDS	Water	After Food	41 days
25/12/22	Bramhi Ghrita	5 ml OD	Warm milk	After Food	2 months

With the medications mentioned above, the patient approached with amenorrhea and, when advised for a Urine Pregnancy test, was found to be positive with LMP on 5/1/23 and EDD by dates on 12/10/23. After that ordinary antenatal care, the patient was given a line of treatment in the first trimester of pregnancy, and Phala ghritam continued for up to 3 months. Follow up after 15 days, ultrasonography revealed single intrauterine gestation to gestational age of 6 weeks 0 days, yolk sac seen and EDD by scan was on 18/10/23, recommended rescan at 12 to 13 weeks of pregnancy to assess NT.

#### **Ingredients and It's Mode of Action:**

Aacharya Bhavprakash says “*Lakshmana Putra-janani*”. It balances all three doshas vata, pitta, and kapha dosha.

Avipattikara churna strengthens jatharagni (digestive power) by having a subsidiary effect on pitta and expels excessive pitta through its mild laxative action.

Arogyavardhini vati is *deepana*(appetiser), *pachani* (digestive), *pathya* (wholesome for channel), *hridaya* (cardioprotective), *medonashaka* (can alleviate diseases arising from hyperlipidemia), *malashudhikari* (cleaning of waste materials from body), increase Khuda (appetiser), and Sarvaroga prashamani (can lessen all types of disorders from body).

Hingvastaka churna balance vata and kapha and increases pitta.

Bramhi is Tikta, Katu vipaka balance vata and kapha Doshas.

Draksarita increases digestion and promotes bowel movements.

## **DISCUSSION**

Secondary infertility indicates previous pregnancy but failure to conceive subsequently. Here, in this case, they have been suffering from psycho-social problems due to infertility for five years. Moreover, no significant pathology was detected in either of the partners. Thus, this case can be considered as a case of unexplained infertility. All the medicines given to both were Brumhana, Rasayana, and Prajasthapana, which helped with the conception.

## **CONCLUSION**

Infertility has been a significant issue for the past decade because changing lifestyles and improper dietary habits lead to disturbed metabolic function. Ayurvedic treatment is a therapy for infertility and can act as an anti-stress therapy also, thereby improving the reproductive health of a couple.

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