

## A CASE STUDY ON SAPRAJA W.S.R TO SECONDARY INFERTILITY

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### ABSTRACT

Most women desire to have a child of their own. Understanding what defines normal fertility, is crucial in helping a woman, or couple, to know when it is time to seek help. Polycystic ovarian disease is very common endocrine condition in reproductive age group. Polycystic ovarian disease has negative impacts on fertility because women with this condition do not ovulate, or release an egg, each month due to an over production of oestrogen by the ovaries and periods become irregular that leads to infertility. In *Ayurveda*, the pathogenesis of polycystic ovarian disease is similar to condition of *Nashtarthava*. By considering the above facts we have taken this case and proved that *Ayurveda* plays an important role. Hence these 3 herbal formulations like, *Rajahpravarthini vati*, *Nashta pushpanthaka rasa*, *Kumaryasava* have been given for 3 months as *shamanoushadhi*. We treated polycystic ovarian disease, which is one of the causes for infertility. In the follow up period, USG revealed that there is no sign of polycystic ovarian disease, consequently patient conceived and delivered a male baby. Hence the case is discussed to prove the efficacy of *Ayurvedic* management in secondary infertility.

**Keywords:** Polycystic ovarian disease, Secondary Infertility, *Nashtarthava*

### INTRODUCTION

Infertility is a global health issue affecting approximately 8-10% of couple's worldwide. Nevertheless, research has shown consistently that secondary infertility, which refers to women who had one pregnancy and live birth previously, is more common than the primary infertility. According to systematic analysis of national health surveys, in 2010, approximately 10.5% of women experienced secondary infertility, and 2% experienced primary infertility<sup>1</sup>.

Menstrual abnormalities are common in women now a day due to changes in lifestyle, dietary habits, medications and lack of exercise. PCOD is a condition in

which the levels of the sex hormones are out of balance which leads to the growth of ovarian cyst<sup>2</sup>.

Polycystic Ovarian Disease is common among members of the younger generation, with almost 10 million people affected globally. Its world-wide prevalence varies from 2.2-26 per cent and according to latest statistics in India, one in every four young women is said to have polycystic ovarian disease<sup>3</sup>. It is most common cause of infertility in women.

Women are the ultimate source of human progeny. As human life is constantly influenced by the rhythmic phenomenon, the female menstrual cycle involves

dramatic monthly hormonal change affecting a women's emotional and physical state<sup>4</sup>. Women with polycystic ovarian disease struggle to conceive.

In *Ayurveda*, the pathogenesis of PCOD is similar to the condition of *Nashtarhava* i.e. amenorrhea – which is absence or abnormal cessation of menstruation. Vitiating of *vata* and *kapha* leads to *aavarana* of *aarthava* which intern causes *nastarthava* i.e. disturbed growth of follicles and chronic anovulation.

The drugs like *Nashtapushpanthakarasa*, *Rajhapravarthini vati* and *Kumaryasava* have been selected for the study to treat secondary infertility due to Polycystic Ovarian Disease.

#### CASE REPORT:

A 31 year old married woman visited the OPD of *Prasoothi Tantra* and *Stree Roga*, SDM College and Hospital, Udupi, on 20th February 2018 with the com-

plaint of irregular cycles. She had the history of irregular cycles since her menarche, but with the help of medical intervention she was able to conceive and had one female child 7 years old. She has been actively trying to conceive since 4 years with no results. She also had the history of irregular periods. USG of the patient was confirmative of polycystic ovarian disease. She reported to *Prasoothi Tantra* and *Stree Roga*, OPD for the *ayurvedic* management.

**PAST HISTORY**– No H/O DM /HTN /Thyroid dysfunction or any other medical or surgical history.

**FAMILY HISTORY**– No family history of PCOS

#### MENSTRUAL HISTORY

Menarche: At the age of 13 years

Previous LMP- 8 October 2017

LMP- 26 December 2017

Cycle Length - 60-75 days with 5-6 days of bleeding.

**TABLE -1: MENSTRUAL HISTORY**

1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day	5 <sup>th</sup> Day	6 <sup>th</sup> Day
3 Pads fully Soaked	3 Pads fully Soaked	2 Pads fully soaked	2 Pads fully Soaked	1 Pad half soaked	Spotting

1) Clots- Present only on 1<sup>st</sup> day

2) Colour - Reddish

No any other complaints.

#### OBSTETRICAL HISTORY:

Married life- 7 and ½ years

No consanguineous marriage

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L1-female baby 6 and 1/2 years LSCS done

A1-At 1 and ½ month (MTP) at 6 years back

**TABLE -2: ASHTA STHANA PAREEKSHA**

Nadi	Mutra	Mala	Jihva	Shabda	Sparsha	Druk	Aakruthi
Pitta - Vata	Prakrutha	Prakrutha	Anushna Sheeta	Prakrutha	Anushna sheeta	Avishesha	Madhyama

**TABLE -3: DASHAVIDHA PAREEKSHA**

Prakruthi	Vikruthi	Sara	Samhanana	Pramana	Satmya	Satva	Aahara shakthi	Vyayama shakthi	Vaya
Pitta-Vata	Vata - Kapha	Prakrutha	Madhyama	Dhairgya-164cm Dehabha ra-71 kg	Sarva rasa satmya	Madhayama	Madhyama	Madhyama	Madhyama

**TABLE-4: SYSTEMIC HISTORY**

CVS	CNS	RS	P/A
S1 S2 Heard	Well oriented, conscious ness	Normal vesicular breathing	Soft, non- tender

**TABLE -5:PERSONAL HISTORY**

Diet – non- vegetarian

Appetite	Bowel	Micturition	Sleep
Good	1/day	4-5/day	Sound

**TABLE -6: GENERAL EXAMINATION**

Built	Nourishment	Temperature	RR	PR	BP	Height	Weight	Tongue
Moderate	Moderate	98°F	18	78	120/80	164	71	uncoated

**COITAL HISTORY**

Occasionally dyspareunia present, No Bleeding, Satisfactory

**TABLE-7: Ingredients of rajhapravarthini vati, nashtapushpanthaka rasa and kumaryasava**

<b>1) Rajhapravarthini vati- 1tablet three times a day with 50ml tila kashaya - 1tablet three times d wit</b>	<b>2) Nashtapushpanthakarasa- 1 tablet 3 times a day with lukewarm water Water</b>	<b>3) Kumaryasava-20 ml 2 times in a day</b>
1.Tankaan 2.Hingu 3.Kaseesa 4. Kanyasara	1.Parada 2.Gandhaka 3.Lauha Basma 4..VangaBasma 5.Rajatha Basma 6.Abraka Basma 7.Tamra Basma 8.Triphala svarasa 9.Danthi 10.Harsingara Svarasa 11.Vyagri 12.Daruharidra Svarasa 13.Jivanthi 14.Kusta 15.Bruhathi 16.Kakamachi 17.Haridra 18.Talisavetra 19.Vetra patra 20.Gokshura 21.Adusha 22.Madhuyasti 23.Danthimula 24.Lavanga 25.Vamsalochana 26.Rasna 27.Gokshura-Beeja 28.Jayanthi 29.Tulasi	1.Kumari Rasa 2.Guda 3.Vijaya Lavanga 4.Madhu 6.Dathakai Pushpa 7.Jathiphala 8.Kankola 9.Kababchini 10.Jatila 11.Chavya 12.aChitraka 13.Jatipatra 14.Karkata Srungi 15.Vibhitaki 16.Pushkara mula 17.Tamra Basma 18.Loha bhasma

All 3 medicines were

Administered for 3 months.

**INVESTIGATION:****USG of Pelvis on 19/9/17 - Before treatment**

Uterus –Anteverted, Measured about 5.3 x 4.5cms, endometrial thickness- 14.0mm

Rt ovary-2.8x1.7cms, Lt ovary-4.2x2.1cms (Shows multiple small follicles) Impression – Bilateral polycystic ovaries. Normal appearing uterus, endometrial cavity, both adnexa, Pouch of Douglas

**Lab report on 19/9/17**

Random Blood Glucose- 93 mg/dl

HbA1C -5.0%

Thyroid Stimulating Hormone- 1.94 micro IU /ml

**Lab report on 23/09/17**

Anti Mullarian hormone- 4.18 ng/ml

FSH – 7.6 micro IU/ml

LH- 5.6 micro IU/ml

Prolactin- 19.7 ng/dl

**Ovulation study**

LMP- 12/4/18

Impression- Ovulation has occurred between 31<sup>st</sup> and 32<sup>nd</sup> day of cycle. The follicles have matured well and ovulation has taken place normally.

**USG of pelvis on 14/5/18:After treatment**

Impression: Normal abdomino pelvic sonographic findings..

**TABLE-8: OBSERVATION AND RESULT**

Changes and improvement before and after treatment

Changes	Before Treatment	Completion of 1 <sup>st</sup> menstrual cycle after treatment	Completion of 2 <sup>nd</sup> menstrual cycle after treatment	After treatment
Interval between 2 cycles.	60-75 days	56 Days	52 Days	On14/5/18- Normal Abdomino-Pelvic Sonographic findings . UPT-Positive(5/6/18)  LSCS with B/L Tubectomy on 7/1/19 at 9:44 AM Indication- Pre. LSCS Male healthy baby Weight 3 kg.
Cycles	LMP-26/12/17	LMP- 20/2/18	LMP-12/4/18	
Duration of bleeding	6 days	3 Days	4-5 Days	
USG finding	On 19/9/17 Bilateral polycystic ovaries			

**DISCUSSION**

*Nastarthava* occurs due to vitiation of *vata –kapha* (increased estrogenic state), leads to *aavarana* of *arthava*<sup>5</sup> (Inhibition of FSH). *Yathochitha kala arthava adarshanam*<sup>6</sup> occurs due to *srothorodha*, *pittavardhaka (aagneya) dravyas*, which removes *srothorodha* and brings up the normal menstrual flow. *Nashtapushpanthaka Rasa, Rajahpravarthini vati, Kumaryasava* are given in the management of *nastarthava* in case of PCOD.

1) The drug *Nashtapushpanthaka Rasa*<sup>7</sup> is a *rasou-shadhi* preparation given in condition of *Nastapushpa*, which may be considered as amenorrhea and anovulation. The ingredients like *danti, rasna, bruhathi, kakamachi, kapikacchu, daruharidra, kusta, vetasa, talisapatra, vanga bhasma, loha bhasma, abrakha bhasma, tamra bhasma* which are *ushna veerya, kapha-vata shamaka* which help in *samprapthi vighatana* of *arthava kshaya*. *Dravyas* like *tamra, rajatha, loha, vanga, abhraka, kapikacchu, vamshalochana, Madhuka, Kushta* are having

*arthava janana karma*. *Rajatha* and *Tamra* are having *lekhana* properties & act on clearing *avarana*, reducing *kleda*, *picchila guna* of *kapha*. Due to *Ushna veerya* and *agneyatva* of all the drugs clear the *sroto avarodha* and increases blood circulation in the *yonian* and *garbhashaya*, because of this there will be formation of healthy endometrium. Resulting in regularising the menstrual cycle.

2) In *Kumaryasava*<sup>8</sup> *Kumari* being *tiktha*, *madhura rasa*, *sheetha veerya*, *Guru*, *pichila*, *snigdha guna* having action of *arthavajanana* & *deepana*. Hence *kumaryasava* is mainly indicated in *nashtapushpa* and the combination mainly aims in *deepana* and *pachana*.

*Kumari* exhibit hepato-protective activity which helps in proper metabolism of hormones in the liver. *Teekshna guna* of the drugs favour the *srothoshodhana* and thereby relieving the *avarana*. The *Arthavajanana* and *pravarthana karma* help in regularising the cycle. *Deepana* and *Pachana* action regulate *jataragni*, *dhatvagni* and *bhutagni* which correct metabolism at cellular level, resulting in proper formation of *dhathu's* and *Upadhathu's* (*Arthava*).

3) The drugs in *Rajapravarthini vati*<sup>9</sup> possess properties like *katu*, *tiktha rasa*, *teekshna guna*, *ushna veerya*, *katu vipaka* and thereby increasing *agneya guna* in the body. It also does *vata – kapha shamaka* and *arthava janana*. So eliminates the obstruction caused by aggravated *kapha –vatha dosha* and increases the flow of the *arthava*. *Hingu*, *Kumari*, *Tankana* and *Kaseesa* are the main ingredients of *rajapravarthini vati*. *Hingu* has *shoolahara* and *vatanulomana* and helps in normalising the functions of *apanavatha* and also effective in *Arthava vikara's*.

## CONCLUSION

All the *dravyas* used here as a medicine is having the primary action on *agni*. When the *agni* is corrected, proper *rasadhathu* formation and *uttarottara dhathu utpatti* takes place. Hence, *arthava* being the *upadhathu* of *rasa* is also regulated.

The *dravya's* used here are *ushna veerya* help in clearing the *aavarana*, *srothoshodhana*, *vatha-kapha*

*shamaka*. When the *vatha* is normalises, it intern balances the other 2 *dosha's*. So, when the *agni* and *vata* are in a state of equilibrium acts on the *arthava* in performing it's *prakrutha karma*.

Thus, we can conclude from this study that, the *sapraja w.s.r* to secondary infertility due to polycystic ovarian disease was treated with *shamana chikitsa*, only for 3 months which helped in relieving the symptoms of polycystic ovarian disease and concurrent successful conception and delivered with male baby.

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