

**AN AYURVEDIC MANAGEMENT OF GARBHASRAVI VANDHYATWA CAUSED DUE TO HYPOTHYROIDISM - A CASE STUDY**

[Pawar Anita Bapuji](#)<sup>1</sup>, [Mamatha K. V](#)<sup>2</sup>, [Kavya B. N](#)<sup>3</sup>

<sup>1</sup>PG Scholar Department of Prasuti Tantra Evam Stree Roga

<sup>2</sup>Principal Professor SDM College Of Ayurveda Udupi

<sup>3</sup>PG Scholar Department of Prasuti Tantra Evam Stree Roga

SDM College Of Ayurveda, Kuthpady, Udupi-574118, Karnataka, India

Corresponding Author: [pawaranita088@gmail.com](mailto:pawaranita088@gmail.com)

<https://doi.org/10.46607/iamj3410052022>

(Published Online: May 2022)

**Open Access**

© International Ayurvedic Medical Journal, India

Article Received: 02/04/2022 - Peer Reviewed: 15/04/2022 - Accepted for Publication: 21/04/2022

**ABSTRACT**

Failure to achieve conception is known as *Vandhyatwa*. Any *dushti* in these four factors *Rutu*, *Kshetra*, *Ambu*, *Beeja* will cause *vandyathwa*. Infertility is defined as failure to conceive within one or more years of regular unprotected coitus<sup>1</sup>. There are 2 types of primary and secondary infertility. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. This is a case report of a woman suffering from infertility due to hypothyroidism with a previous history of two repeated abortions. The Treatment plan *Deepana*, *Pachana*, *Shodhana* by *Virechana* & *Vamana*, *Anuvasana Basti*, *Mustadi yapana Basti*, *Sthanika chikitsa*, and *Shamana chikitsa* were given for 3 months. The outcome of this *Ayurvedic* management is patient conceived and now she is on the regular antenatal check-up.

**Keywords:** *Vandhyatwa*, Secondary infertility, Hypothyroidism, *Shodhana*, *Shamana*.

## INTRODUCTION

*Vandhyatwa* can be classified into three types according to Acharya Caraka *Vandhya*, *Apraja*, and *Sapraja*<sup>2</sup>. Acharya Haritha has mentioned 6 types of *vandhya* i.e *Kakavandhya* (one child sterility or secondary infertility), *Anapatya vandhya* (no child or primary infertility), *Garbhasravi vandhya* (repeated abortions), *Mritavatsa vandhya* (repeated stillbirths), *Dhatukshinatva/ Balakshaya vandhya* (loss of strength) and *Garbhakoshabhanga vandhya* (injury to the uterus)<sup>3</sup>. According to *ayurvedic* classics, the causes of *vandhyatwa* are *Yonipradosha* (abnormalities in reproductive organs), *Yonivyapada, dushti* in *Artavavaha srotus*, *Yoniarsha, Garbhakoshabhanga*(injury to uterus), *Bhaga-sankocha*(constriction of vagina), *Sphalita mutratva* (passage of urine with quivering), *Manasika abhitapa* (psychological abnormalities), *Shukra dosha, Asruga dosha, Ahara-vihara dosha* (abnormalities of diet & mode of life), *Akala yoga* (coitus in improper time), *Bal-asamkshaya* (loss of strength), *Atmadosha*(abnormalities of *atma* & *satwa*), *Jataharini vikruti*(affliction by *jataharinis*) and *Daivaprakopa*(curses of god or fate)<sup>4</sup>. WHO mentions infertility as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual Intercourse<sup>5,7</sup> The incidence was 80% of the couples achieve conception if they so desire, within one year of having regular intercourse with adequate frequency, another 10% will achieve the objective by the end of the second year. As such, 10% remain infertile by the end of the second year. Important factors of constituents of *Garbha* (foetus) are 1) *Rutu* (fertile period), 2) *Kshetra* (reproductive organs), 3) *Ambu* (nutritive fluids), 4) *Beeja* (Ovum). Also, healthy psychological status, and normal functioning of *Vata* (one of the governing factors of the body according to *Ayurveda*)<sup>6</sup>. *Shadbhavas* (Six factors) like *Matruja, Pitruja, Atmaja, Satvaja, Satmyaja, Rasaja*<sup>7</sup>. Any abnormality in these factors causes infertility. According to FIGO manual causes are tubal and peritoneal factors (25-35%), ovulatory factors (30-40%), and endometriosis (1-10%)<sup>8</sup>. The normalcy

of the *vata dosha* (*Apana vata*) is the primary management in *vandyatwa*. *Vandyatwa* is mentioned as one among the *Nanatmaja vikaras*<sup>9</sup>. The *Chikitsa sidhanta* in treating *vandhyatwa* is *shodhana* and *shamana chikitsa*. For the management of *vataja rogas*, the *basti* is named as *paramaushadi*<sup>10</sup> / “half of the whole treatment” (*ardha chikitsa*)<sup>11</sup> and sometimes complete treatment.

### AIM AND OBJECTIVES

- 1) To understand the *Garbhasrava Vandhyatwa* caused due to Hypothyroidism.
- 2) To assess the efficacy of *Ayurvedic* medication in treating *Garbhasrava Vandhyatwa* caused due to Hypothyroidism.

**CASE REPORT:** A 32-year-old married woman with a married life of 4 years visited the OPD of Prasuti tantra evam Stree roga of SDM Ayurveda Hospital Udupi with complaints of inability to conceive a viable pregnancy and has a history of two repeated abortions. She has a history of regular periods. The first abortion was in the year (2015) it was 52 days (Cytotec), and cardiac activity was not noted. The second abortion was in the year (2019) it was 58 days (spontaneous). USG findings suggested no cardiac activity, her ultrasonography reports were normal but biochemical investigations in thyroid profile test suggested that the increased level of TSH was 4.943 Uiu/ml and TPO (Antithyroid antibodies) level was more than 1300.0 U/ml. So, she was taken up for further evaluation.

**History** – k/c/o Hypothyroidism for 2 years (on medication thyronorm 25 mcg), history of migraine since 7 years, not a k/c/o DM and HTN.

**Family history**- No specific family history of infertility.

#### Personal history:

Diet-Vegetarian

Appetite-Good

Bowel-Regular

Micturition-4-5 times/day

Sleep-Sound sleep

#### Menstrual history –

Age of Menarche – 12 years

Menstrual cycle-3-4 days/28-30 days

L.M.P-10/12/2020

**Table 1: Menstrual**

Day 1	Day 2	Day 3	Day 4	Day 5
1 Pads (Fully Soaked)	2 Pads (Partially Soaked)	2 Pads (Partially Soaked)	1 Pad (Spotting)	- (Spotting)

**HISTORY**

Dysmenorrhea- present  
 Clots(small)- present  
*Tantumata*- present  
 Colour- blackish (1<sup>st</sup> day) -reddish (2<sup>nd</sup> day)  
 White discharge- absent  
 Back pain- present  
 LMP-19/08/2021  
 EDD-26/05/2021  
 POG- 21 Weeks 3 days

**ASTA VIDHA PARIKSHA:**

- *Nadi*: 76 beats /min
- *Mutra*: 5-6 times/day
- *Mala*: Regular
- *Jihwa*: *Alipta*
- *Shabda*: *Prakruta*
- *Sparsha*: *Anushna sheeta*
- *Druk*: *Prakruta*
- *Aakruti*: *Madhyama*

**DASHAVIDHA PARIKSHA:**

- *Prakruti*: *Vata-kapha*
- *Vikruti*: *Vata-kapha*
- *Sara*: *Madhyama*
- *Samhanana*: *Madhyama*
- *Satmya*: *Sarwarasa satmya*
- *Satva*: *Madhyama*
- *Aahara shakti*: *Madhyama*
- *Vyayama shakti*: *Madhyama*
- *Jarana shakti*: *Madhyama*
- *Vaya*- *Madhyama*
- *Agni*- *samagni*

**General examination:**

- Built- Moderate
- Nourishment- well-nourished
- Temp: normal
- Respiratory rate: 18/min
- B.P: 110/70 mm of Hg
- Pulse rate: 76 beats/ min
- Height: 151 cm

- Weight: 69 kg
- Pallor: absent
- Oedema/clubbing/cyanosis/icterus/lymphadenopathy - absent
- Tongue – uncoated

**Systemic examination:**

- CVS: S<sub>1</sub>S<sub>2</sub> heard, no murmurs
- CNS: Well-oriented, conscious.
- RS: Normal vesicular breathing, no added sounds
- P/A: Inspection- No scar mark seen.

Palpation: Uterus -21 weeks

FHS- 167 bpm

**INVESTIGATIONS-**

- Blood group: ‘A’ Positive
- Hb%: 13.4 g/dl
- HIV: Non-Reactive
- HBsAg: Negative
- VDRL: Non-Reactive
- RBS: 92 mg/dl
- Urine examination: Pus cells: 1-2/hpf

Epithelial cells-3-5/hpf

RBCs: Nil/hpf

- Thyroid profile on -12/11/2019 (Previous):

Free Thyroxine (FT4)- 1.10 ng/dl

Thyroid Stimulating Hormone (TSH)-4.943 uIU/ml

TPO (Anti Thyroid Antibodies)- >1300.0 U/ml

- Thyroid profile on 15/01/2022 (Recent):

Thyroid Stimulating Hormone (TSH)- 2.750 uIU/ml

- Ultrasonography reports were normal.

**THERAPEUTIC INTERVENTION**

The patient was taken for infertility and *Garbhasamskara* treatment. She first was given *Deepana*, *Pachana* medicines and underwent *Shodhana* i.e., *Virechana* on 27/12/2020. *Snehapana* was done with *Phalaghrita*, and the total *Vegas* was 15. *Sthanika* procedures like *Dashamoola Yoni prakshalana* and *pichu* with *Yashtimadhu choorna* and *Kumari*(5days). She was given *Saptasara*

Kashaya and Chandraprabha vati as internal medication. Next from 23/02/2021 she underwent Shodhana i.e Vamana on 04/03/2021 Snehapana was done with Varunadi ghrita and the total vegas were 3, upavegas were 5. She was given Shiva gutika, Kaishora guggulu, Hamsapadadi Kashaya and Bilwadi gutika as internal medication. Lastly, she got admitted on

30/06/2021 and underwent Anuvasana basti and Mustadi yapana basti with Mahanarayana taila. She was given a Amrutha guggulu, Mahamanjistadi Kashaya, Kanchanara guggulu and Dashamoola haritaki rasayana.

**Table 2:** Tabulation of interventions given in this case study

Admission	Treatment given	Internal medication for 1 month
From 19/12/2020-28/12/2020	Deepana, Pachana Snehapana with phala ghrita Virechana Sthanika procedures like Dashamoola Yoni prakshalana and pichu with Yashtimadhu choorna and Kumari for 5 days	Saptasara Kashaya-4 tsp BD Chandraprabha vati-1 TID
From 25/02/2021-06/03/2021	Deepana, Pachana Snehapana with Varunadi ghrita Vamana pichu with Yashtimadhu choorna and Kumari for 3 days	Shiva gutika-1-0-0 Kaishora guggulu-1 BD Hamsapadadi Kashaya -3tsp BD Bilwadi gutika-1 BD
From 24/06/2021-30/06/2021	Anuvasana basti and Mustadi yapana basti with Mahanarayana taila.	Amrutha guggulu- 1TID Mahamanjistadi Kashaya-4 tsp TID Kanchanara guggulu- 1 TID A/F Dashamoola haritaki rasayana-2 tsp BD

## FOLLOW UP AND OUTCOMES

After 3 sitting she got conceived in the month of September. Her LMP is 19/08/2021. she underwent USG on 07/10/21 and suggested that there is a single live intrauterine gestation, the yolk sac is visualized, and fetal heart pulsation was seen at the gestational age of 7 weeks and 5 days +/- 1 week. and now her recent Antenatal anomaly scan done on 15/01/2022 suggested a gestational age of 21 weeks 3 days with NT-4.5 mm, EFBW-383.79gms+/-57gms. Now she got a normal level of thyroid profile, and she is undergoing the regular check with medications such as Thyronorm (25 mcg), Shatavari choorna-1 bottle, Phala ghrita-2 tsp BD, Leptaden-1 TID, BVC with gold-1 OD, Garbharakshaka Kashaya-3 tsp TID, Garbhapala rasa -1 TID and Calcium supplements.

## DISCUSSION

Successful pregnancy requires a complex sequence that includes ovulation. Ovum is picked up by a fallopian tube, fertilization, transport of fertilized ovum into the uterus, and implantation into a receptive uterine cavity<sup>12</sup>. Mother is the most sacred and beautiful word in the world. To become a mother is the first right of a woman; she becomes complete and feels proud of giving birth to a new life, but the tragedy is that all women are not Mothers. All hazards that hamper the capacity of fertility attract unique attention for a cure. In today's fast world due to lack of time, mode of life, and increasing mental stress, Infertility is emerging as a disorder affecting the social and psychological aspects of life. Thyroid disorders are prevalent in reproductive-aged individuals and affect women four to five times more often than men. In

women, oligomenorrhea and amenorrhea are frequent findings. Although ovulation and conception can still occur in those with mild hypothyroidism, treatment with thyroxine usually restores a normal menstrual pattern and enhances fertility. Subclinical hypothyroidism may also be associated with ovarian dysfunction (Strickland, 1990). Lincoln and associates (1999) found a 2-percent incidence of elevated thyroid-stimulating hormone (TSH) levels in 704 asymptomatic women seeking evaluation for infertility. Correction of hypothyroidism in those with ovarian dysfunction and elevated TSH levels led to pregnancy in 64 percent of patients. In addition, subclinical hypothyroidism may also adversely affect pregnancy outcomes, but current evidence does not support that treatment of subclinical hypothyroidism during pregnancy improves these outcomes (Casey, 2014). That said, in women seeking treatment for infertility, early detection and treatment of hypothyroidism of any degree is advised<sup>13</sup>.

The patient had *Vata kaphaja artava dushti* while she came for admission, she was given *Deepana, Pachana Chikitsa, Shodhana* such as *Virechana*<sup>14</sup> and *Vamana*<sup>15</sup> was done. Once *Shodhana* was done because of the involvement of *Vata dosha Basti* planned was *Mustadi yapana basti* and *Anuvasana basti* with *Mahanarayana taila* was given. Because of its *Amapachana, Vata kapha shamana* properties it removes the *Sanga & Avarana* and maintains the proper function of *vayu* with the regulation of *Beeja granthi karma*, and lastly, it acts as *Beejotsarga*. *Mahanarayana taila* which is *Vata kapha shamaka, Srotoshodhana, Anulomana, Brimhana* with an added indication in *Vandhyatva* was selected<sup>16</sup>. *Phalaghrita*<sup>17</sup> and *Varunadi ghrta*<sup>18</sup> was selected for *Snehapana* before both of the *Shodhana karmas*. As mentioned in the classics *Phala ghrta* acts as *Rasayana, Yoni dosha hara, Sukradustihara, Balya, Brimhana, Vaya sthapana, Vrishya, Pumsatva, and Varunadi ghrta* has *Shothahara, Sarvavridhdihara* properties and helps in conception. It helps in *Garbhashthapana* as it helps in improving the quality of endometrium. As the *Basti* is the *Pradhana Chikitsa* in *vata vikara* it definitely acts on Anovulation. *Basti* causes local uterine contractions

which stimulate the endometrium and ovarian receptors which stimulate the receptors and HPO axis regulating the menstrual cycle with ovulation. *Abeejotsarga* (Anovulation) is mainly due to *Vata Dushti*. *Vandhyatva* is also said to be one of the *Vatika Yoniroga*. All the internal medications are given like *Kanchanara guggulu* and *Varunadi ghrta* help in removing the *Srotolepa* and resolving *Agnimandhya*. Especially the *Kanchanara* is considered a drug of choice for *Granthi vikara & Galaganda*<sup>19</sup>. It has balancing activity on the thyroxin production, increasing any deficient production & decreasing any excess. *Ayurveda Sarasangraha* also mentioned *Garbhupal Rasa*<sup>20</sup>. The name itself suggests that it is used for “CARE OF FETUS”. It is mainly indicated in *Garbhasrava* in the 2nd trimester to prevent complications during pregnancy & it ensures better nourishment of fetus. The *Shodhana chikitsa* help to correct ovarian, tubular & uterine problems causing *Vandhyatva* and helped her to conceive.

## CONCLUSION

The treatment of infertility is typically initiated only after a thorough investigation. The initial focus is to identify lifestyle or environmental issues that may contribute to or cause the reproductive impairment. Obesity, adequate nutrition, and associated stress should not be overlooked. In general, it is desirable to correct any identifiable contributors to subfertility. In this study mainly *Garbhashthapaka, Garbharakshaka, Agni vardhaka, and Vata shamaka* drugs are used. Normalizing *agni* will help in *Uttarothara dhatu poshana* and normalization of *three doshas* especially *vata dosha* regulates menstrual flow with uterine vasculature. Thus, we can conclude that infertility due to hypothyroidism is managed by using *Shodhana* and *Shamana chikitsa* for 3 months which has helped in conception. Following a healthy regimen along with a nourishing diet and undoubtedly God will reward in the most desirable blessing.



## REFERENCES

1. D.C. Dutta's Textbook of Gynecology by D . C Dutta, edited by Hiralal Konar, Sixth Edition, Chapter 16 Infertility New Delhi; Jaypee Brothers Medical Publishers (P) Ltd, 2013 Reprint p227.
2. Vaidya Yadavaji Trikamji Acharya, Hindi Commentary On 'Charaka Samhita of Chakrapani' Sharirasthana Atulyagotriyashariraadyaya Chapter 2 Verse 5 Varanasi; Choukamba.Sanskrit Sansthan, 2012 Reprint p724
3. Pandeyji, Editor. 'Harithasamhitha of Haritha' Trutiyaasthana Chapter 48 Vandhyarogalakshana Verse1 Varanasi; Choukamba Viswabharati, 2010 p463
4. 4)Acharya Premavati Tewari Editor, Chapter 5 Streevandhyatwaadyaya Varanasi; Choukamba Orientalia, 2000 Edition p277
5. <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/>
6. S Ambikadutta. Ayurveda Tattva Sandipika Hindi Commentary On 'Sushruta Samhita of Sushruta' Volume 1 Shareera Sthana Chapter 2 Verse 35 Varanasi; Choukamba Sanskrit Sansthan, 2016 Reprint p19.
7. Vaidya Yadavaji Trikamji Acharya, Hindi Commentary On 'Charaka samhita Of Chakrapani' Sharirasthana Mahatigarbhavakrantishariraadyaya Chapter 4 Verse 4 Varanasi; Choukamba.Sansthan, 2012 Reprint p757
8. D.C. Dutta's Textbook of Gynecology by D. C Dutta, edited by Hiralal Konar, Sixth Edition Chapter 16 Infertility New Delhi; Jaypee Brothers Medical Publishers (P) Ltd, 2013 Reprint p229.
9. Sharma. H.P. P, Vidyotini Hindi Commentary On 'Kashyapa Samhitha of Kashyapa' Sutrasthana Chapter27 Rogadyaya Verse29 Varanasi; Choukamba sanskrit series, 2009 p146
10. Yadavaji Trikamji Acharya, Hindi Commentary On'Charaka samhitha Of Chakrapani' Siddhi sthana Chapter 1 Kalpasidhiyadyaya Verse 129 Varanasi; Choukamba Sanskrit Sansthan, 2013 p639
11. Yadavaji Trikamji Acharya, Hindi Commentary On'Charaka samhitha Of Chakrapani' Siddhi sthana Chapter 6 Vamanavirechanavyapadsiddhiadyaya Verse 1-2 Varanasi; Choukamba.Sanskrit Series, 2012 p937.
12. Barbara L. Hoffman John.O. Schorge, Joseph.L. Schaffer. Williams Gynecology, Evaluation of The Infertile Couple. Section 2 Third Edition Chapter 19, 2016 p428.
13. Barbara L. Hoffman John.O. Schorge, Joseph.L. Schaffer. Williams Gynecology, Reproductive Endocrinology Infertility, and The Menopause. Third Edition, Section 2 Chapter 20, 2016 p450.
14. Pandit Hemaraja Sharma. Vridhahjivaka Hindi Commentary On 'Kashyapa Samhita of Kashyapa' Shareera Sthana Adhyayan 3 Jateesutriya Varanasi; Chaukhambhasanskrit Sansthan, 2013 Reprint p79.
15. 15) Girijadayalu Suklah, Maharshi Bhela 'Bhela Samhita of Bhela' Shareera Sthana Chapter 2 Varanasi; Chaukhambha Vishvabharati, 1999 Reprint p83.
16. Mishra S, Editor 'Bhaishajya Ratnavali' Chikitsa Sthana 1<sup>st</sup> Edition Chapter 26 Verse 325-336 Varanasi; Choukamba Samskrita Sansthana, 2011 p547.
17. Parasurama Sastri. Adhamalla's Dipika and Kasirama's Gudharthadipika Commentary On 'Sharangdhara Samhita of Sharangdhara' Vidyasagar Varanasi; Chaukhambha Orientalia, 2008 Edition p221-398.
18. K. Nishteswar & R Vidyanath.Sahasrayogam English Commentary On 'Sahasrayoga Samhita' By, Second Edition, Chapter Ghrita Prakarana Varanasi; Chowkhamba Krishnadas Academy, 2008 p81.
19. Priya Vritta Sharma Acharya 'Dravya Guna Vigyana' Volume 2, Published by Choukamba Bharti Academy, 2006 Reprint p236.
20. Chhangadi G.S., Editor. (9<sup>th</sup> Ed.). Rasa Tantra Sara & Siddha Prayog Sangraha. Ajmer: Krishna Gopal Ayurved Bhavan, 1999.

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Pawar Anita Bapuji et al: An Ayurvedic Management Of Garbhasravi Vandhyatwa Caused Due To Hypothyroidism - A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited May 2022} Available from:

[http://www.iamj.in/posts/images/upload/1321\\_1326.pdf](http://www.iamj.in/posts/images/upload/1321_1326.pdf)