



CLINICAL MANAGEMENT OF INFERTILITY- A CASE REPORT

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ABSTRACT

Infertility is a global health issue frequently encountered by practitioners nowadays. Male and female factors play a significant role in causing infertility. Female factors include ovarian, tubal, uterine, and cervical factors. Among the ovarian factors, PCOS is a common occurrence today in women of reproductive age. Many have started acknowledging the role of Ayurveda and yoga as safe PCOS treatment options. A 25-year-old lady visited the OPD of Swasthika Ayurveda clinic with presenting complaints of inability to beget a child. In this case study, the intervention aimed at correcting the *agni*, clearing the *srotorodha*, and stress reduction through a combination of Ayurvedic medications and Yoga, thus creating optimal potential in the physical and subtle factors of conception.

Keywords: Infertility, PCOS, *Srotorodha*, *Yoga*

INTRODUCTION

For a woman, having a baby is considered one of the greatest gifts of God. Being deprived of this gift causes immense stress to those faced with the problem of infertility, which unfortunately has become a critical issue today across the globe. Female factors account for about 40-55% of infertility cases. PCOS

is a multifactorial and polygenic condition characterised by excessive androgen production by the ovaries, the diagnosis of which is based on oligo or anovulation, hyperandrogenism (clinical and/ or biochemical), and polycystic ovaries. The incidence varies between 0.5-4%, more common amongst infertile wom-

en. It is prevalent in the young reproductive age group (20-30%).¹ Although not explicitly mentioned as a treatment for infertility, there are guidelines to prepare the body for conception, which is explained in Ayurveda with a beautiful simile. It is compared to the germination of a seed, which is caused by the union of *rithu*(season), *kshetra*(field), *ambu*(water), and *bija*(seed).² Here *rithu* is equated to the fertile period, *bija* to healthy sperm and ovum, *ambu* to the proper nutrition, and *kshetra* to the female reproductive system. Abnormality to any one of these factors may result in *Vandhyatwa*. *Susrutha samhitha* includes it in *vatika yoniroga* the symptom of which is *nashtartava* (amenorrhoea/ anovulation).³

CASE REPORT:

A 25-year-old lady visited the OPD of Swasthika Ayurveda clinic on 03/08/2021 with complaints of inability to beget a child after 2 years of unprotected

sexual intercourse. The patient had irregular scanty menstruation since menarche at 12years of age. She approached a gynaecologist 6 years back when she had amenorrhoea for 2 months where she was advised to take USG which revealed a polycystic pattern of ovaries. Before 2 years she got married and when she was unable to conceive, she again consulted the gynecologist and was advised to IUI treatment. The couple was unwilling to do the same and came to our OPD for consultation. On examination, she had irregular menstrual cycles with 40-42 days intervals, duration and amount of bleeding were for 1-3 days and scanty. She was lean with 48kg weight and her BMI was 19.2 kg/m². Regarding the obstetric history, she was a nulligravida. The following treatment was given:

Table no:1 STAGE 1 (FIRST 1 MONTH)

NON- BLEEDING PHASE	<ol style="list-style-type: none"> 1. <i>Saptasaram kashaya</i> 60ml BD 2. <i>Hingu Vachadi gulika</i> 1-0-1 with <i>Kashaya</i> 3. <i>Guluchyadi Kashaya</i> as <i>toya</i> 4. Hyponidd tablet 1 BD 5. <i>Pulinkuzhampu gulika</i> 1 BD (for 2 weeks) 6. <i>Kumaryasavam</i> 30ml BD 7. <i>Satapushpa choornam</i> 10g +<i>Phalasarpi</i>s 10ml + jaggery (empty stomach)
BLEEDING PHASE	<ol style="list-style-type: none"> 1. <i>Rasnasaptakam Kashaya</i> 60ml BD 2. <i>Phalasarpi</i>s 10ml BD with <i>Kashaya</i> 3. Hyponid tablet 1 BD 4. <i>Satapushpa choornam</i> 10g +<i>Phalasarpi</i>s 10ml + jaggery (empty stomach)- after 2weeks of the above medication

Table no:2 STAGE 2 (NEXT 2 MONTHS)

NON- BLEEDING PHASE	<ol style="list-style-type: none"> 1. <i>Sukumaram Kashaya</i> 60ml BD 2. Hyponidd tablet 1 BD 3. <i>Aswagandha</i> tablet 2 HS 4. <i>Guluchyadi Kashaya</i> as <i>toya</i> 5. <i>Satapushpa choornam</i> 10g +<i>Phalasarpi</i>s 10ml + jaggery (empty stomach)
BLEEDING PHASE	<ol style="list-style-type: none"> 1. <i>Satapushpa choornam</i> 10g +<i>Phalasarpi</i>s 10ml + jaggery (empty stomach) 2. <i>Rasnasaptakam Kashaya</i> 60ml BD 3. <i>Phalasarpi</i>s 10ml BD with <i>Kashaya</i> 4. Hyponidd tablet 1 BD

STAGE 3 (LAST MONTH)

Satapushpa choornam stopped and started giving vata sunga with milk on empty stomach.

Table no:3 The following Yogic intervention was also included in the treatment strategy:

YOGIC INTERVENTION (30 minutes daily)			
SITTING	STANDING	SUPINE	PRONE
Paschimothanasana Ardhamatsyendrasana Nadi sudhi-pranayama	Ardhakateechakrasana Ardhachakrasana Tadasana Suryanamaskara	Merudandasana Pavanamuktasana Sayana pranayama Suptaparswa udarakarsanasana	Bhujangasana Salabhasana

FINDINGS:

Fig no:1 AMH value before and after treatment

BIOCHEMISTRY
Specimen No. 42758 Dated 14/07/2021 02:45:02 PM

CKT : 274 ng/dl upn 140 ng/dl

HORMONES
Specimen No. 42758 Dated 14/07/2021 02:45:02 PM

AMH	9.4 ng/mL	Negative: Less than 0.2 Reduced : 0.2 - 1 Normal : 1 - 4 High : More than 4 OHSS risk - PCOD ng/mL
Progesterone	22.5 ng/mL	Non-Pregnant : 2.8 - 28.2 Pregnant : 9.7 - 208.5 Post-Menopausal : 1.8 - 20.3 ng/mL
TSH	1.4 uIU/ml	0.7-5.7 uIU/ml

First Trimester: 0.2-2.5
Second Trimester: 0.2-3.6
Third Trimester: 0.3-3.8

Remarks :
End CR Report

Technician: [Signature] Chief Physician: [Signature]

Examinee: [Redacted]
Lab No. : 10855-21
Age/Sex : 25 Years / Female
Referred By : Dr.ANJU

Phone : 9995777345
Registered On : 31-Aug-2021 1
Collected On : 31-Aug-2021 1
Reported On : 01-Sep-2021 4
Status : Final

Test	Observed Value	Units	Reference Range
ANTI MULLARIAN HORMONE	4.73	ng/mL	<0.50 poor response 0.50 - <1.0 Limited ovarian reserve 1.00 - 3.50 Optimal response >3.50 Ovarian hyperstimulation syndrome/PCOS

Method: ELISA

Comment:
Anti-Müllerian hormone (AMH), also known as müllerian-inhibiting substance is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. In males, AMH serum concentrations are elevated under 7 years and then progressively decrease until puberty, when there is a sharp decline. In females, AMH is produced by the granulosa cells of small growing follicles from the 13th week of gestation onwards until menopause when levels become undetectable. Due to the gender differences in AMH concentrations, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender, gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycle, it is superior to the periodically released gonadotropins and ovarian steroids as a marker of ovarian reserve. Studies in fertility clinics have shown that females with higher concentrations of AMH have a better response to ovarian stimulation and tend to produce more retrievable oocytes than females with low or undetectable AMH. Persistence of risk of ovarian hyperstimulation syndrome after gonadotropin administration can have significantly elevated AMH concentrations. Polycystic ovarian syndrome can elevate serum AMH levels because it is associated with the presence of large numbers of small follicles. Serum AMH levels are increased in some patients with ovarian granulosa cell tumors, which comprise approximately 3% of ovarian tumors.



Fig no:2 USG report before and after treatment

DISCUSSION

In *vandhyatwa*, the main symptom is *nashtartava*, which is mainly due to the *vata kapha* predominance causing obstruction to *Arthavaha srotas*. Here the first phase of the treatment is *garbhasaya sodhana* to promote normal menstruation. *Saptasara Kashaya* mentioned in *Gulma prakarana* of *Sahasrayoga* with its special action in the *kukshi* and *sroni* region acted as a *raktagulmahara* medicine since amenorrhoea persisted.³ *Hinguvachadi tablet*, is an excellent medicine for *krchra gulma*, and to mobilize *vata*, *vit*, and *mutra*. *Guluchyadi Kashaya* was used to correct the *pitha dosha* and *agnimandya* which is essential for the maturation of the follicle. The ingredients of the Hyponidd tablet have a specific role in correcting the

metabolism and alleviating PCOS. In this patient, GCT was elevated and therefore the tablet was chosen to get a complete *kapha hara* effect. *Pulinkuzhampu gulika* is widely used in post-partum care as a *garbhasaya sodhaka* drug which has a *gulmahara* action too. *Kumaryasava* is indicated for 20 types of *prameha*, *gulma*, and *udavarta*, it is *agnideepana* and alleviates *srotorodha*. Hence it was given as a uterine tonic. In the bleeding phase, a *vatanulomana* drug *Rasnasaptakam Kashaya* having special action in the pelvic region was given along with *Phalasarpi* taking into consideration the upcoming follicular phase. In the second stage, the treatment was focused on the development of the follicle and alleviating stress as *soumanasya* is very essential for *garbhadharana*. *Sukumaram Kashaya* has *vatanulomana* and *gulma-*

hara effect. *Satapushpa* was administered because of its *katu tiktha rasa, ushna veerya, kapha vataghna*, and *agnivardhaka* properties. It has an *amapachana* effect so that proper formation of *rasadhātu* occurs, which is necessary for *artavajanana*. Moreover, *Satapushpa* has a *vatanulomana, artavanishkramana* effect. With its *ushna veerya* and *kaphavataghna* property, *satapushpa* overcomes the *kaphavata avarana* and corrects the *viguna pitha*, thus promoting normal follicular development. The AMH value was increased in this patient but within 1 month of intake of *medication*, the AMH level was significantly reduced which can be explained on the basis of the phytoestrogenic effect of *satapushpa*. These phytoestrogens in *satapushpa* may affect the endogenous production of estrogen as well as possess intrinsic estrogenic activity according to recent studies.⁴ *Satapushpa*, by its phytoestrogenic properties, brings down insulin resistance in the body and restores the cellular imbalance which is the major cause of PCOS. *Aswagandha* was administered for relieving mental stress. Along with that *Yogasanas* concentrating on the muscles of the lower abdomen and pelvic region were advised. *Nadisuddhi pranayama* was also advised to bring about an emotional and mental balance. The overall action of the medications and *Yoga*

helped to prepare the body and mind accordingly for conception and thus the clinically significant effect on infertility was obtained.

CONCLUSION

This was a single case study on infertility which was managed effectively with Ayurvedic medications and *Yoga*. In the field of fertility care, irrespective of the costly and invasive treatment options, individualized Ayurvedic treatment along with lifestyle interventions may be considered an effective solution.

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