

**MANAGEMENT OF INFERTILITY BY AYURVEDIC APPROACH - A CASE REPORT**Chauhan Monika<sup>1</sup>, Makeem Rita<sup>2</sup>

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<https://doi.org/10.46607/iamj6008102020>

(Published online: October 2020)

**Open Access**

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Article Received:26/09/2020 - Peer Reviewed:02/10/2020 - Accepted for Publication:04/10/2020

**ABSTRACT**

A 32-year-old female patient complained of unable to conceive for the last 4 years. Patient had history of absent Rt. ovary and Rt. Tube and Lt. tubal blockage with multi cystic Lt. ovary. She was having history of T.O. Mass for which she underwent Rt. tube salpingectomy and right-side oophorectomy. Her HSG findings revealed Lt. tubal blockage. An Ayurveda regime including oral medications and *Uttar Basti* (Intrauterine medication) were planned for duration of 3 months. Post treatment HSG reveals patent Lt. fallopian tube and ultimately patient got conceived.

**Keywords:** Salpingectomy, Oophorectomy, T.O. Mass, Tubal Blockage, *Uttar Basti*.

**INTRODUCTION**

Mother is the most sacred and beautiful word in the world. To become mother is the first right of a woman; she becomes complete and feels proud on giving birth to a new life, but the tragedy is that all women are not Mother. This is the reason why the question of

fertility is most important for women. All hazards that hamper the capacity of fertility attract unique attention for cure. In today's fast world due to lack of time, mode of life and increasing mental stress, Infertility is emerging as a major disorder affecting the social and

psychological aspect of the life of the masses. Reproductive endocrinologists, the doctors specializing in infertility, consider a couple to be infertile if<sup>1</sup>-

1. The couple has not conceived after 12 months of unprotected intercourse if the female is under the age of 35.
2. The couple has not conceived after 6 months of unprotected intercourse if the female is over the age of 35 (declining egg quality of females over the age of 35).
3. The female is incapable of carrying a pregnancy to term

### Types of Infertility<sup>2</sup>

1. Primary infertility: It denotes those patients who have never conceived.
2. Secondary infertility: It indicates previous pregnancy but failure to conceive. Conception depends on the fertility potential of both the Male and Female partners. Infertility is a problem of neither the male nor the female, but both are equally responsible.

The contribution of both of them is as follows.<sup>3</sup>

1. Male 30%
2. Female 40%
3. Both 20%
4. Unexplained 10% (D. C. Dutta)

### Ayurvedic approach for infertility management

According to Ayurveda the four main factors required for the proper conception are *Ritu (RituKal)*, *Kshetra* (Fertile uterus), *Ambu* (Amniotic fluid), and *Beeja* (viable Ovum and Sperm). Absence or any abnormality in any of the above factors may cause *Vandhyatva*.<sup>4</sup> Ayurveda may give a promising hand to cure this disease. As the subject matter discussed in Ayurveda, it becomes necessary to study, understand and prove them particularly in light of modern scientific parameters in the present era. So, the field of research in the *Vandhyatva* opens broad scope for a worker, hence this topic requires proper thought and orientation in implementation of *Ayurvedic* treatment of success in aimed target of attaining twinkle in the eye of childless women. So, keeping this aim in my mind, I thought to work on Female Infertility.

**Case Study:** A female aged 32 years, Housewife, residing in Haridwar visited Prasuti Tantra and StreeRoga OPD for treatment of failure to conceive since 4 years of active married life. In Jan 2019 patient had right sided T.O. Mass and underwent oophorectomy with salpingectomy. It means she was having history of absent Rt. Ovary and Rt. Tube and Lt. Tubal blockage with multi cystic Lt. ovary with married life of 4 years. Patient gave history of regular menstrual cycle of 28-30 days with adequate flow for the duration of 2 days without any pain. There was no contraception history and coital frequency was 1-2 times. per week. No other medical history or family history found relevant.

### Diagnostic Assessment

• Blood investigations for routine workup i.e. CBC, ESR, LFT, RFT, FBS was done and found in normal range., HIV, VDRL was negative., USG showed normal Uterus and Ovary Study., Follicular study showed normal appearance i.e. one dominant follicle., S. Prolactin was 6.40 ng/ml and CA-125 was < 46 U/ml., S. T3, S. T4, S. TSH was 1.01ng/ml, 7.9 ug/dl, 0.94uIU/ml., HSG findings showed Lt. tubal blockage with non-appearance of Rt. Tube.

### Therapeutic intervention

Following treatment was given

1. *Pushpadhanva rasa* -250 mg bd
2. *Kanchnaar Gugglu*- 500 mg bd

Patient underwent three cycles of *Uttar Basti* (Intrauterine medication therapy). For one cycle of *Uttar Basti*, she was instructed to come on 6th day of her menstrual cycle and advised to have a light meal in morning on the day of treatment. *Abhyanga* (massage) with *Rasanadi Dashmool Taila* and then *Nadi Sweda* (fomentation) of lower abdomen and back was done. After this *Purvakarma*, the patient was asked to lie down in dorsal lithotomy position, on the operation table. Thereafter, *Yoni Prakshalana* (Douching) by *Panchvalkala Kwatha* was performed to sterile the peri-vaginal part. Then 5 ml of *Apamarga Kshara Taila* was injected with the help of IUI canula above the level of the internal OS and the patient was kept in head low position. *Uttar Basti* was done for three times in one cycle on alternate days i.e. on 6th, 8th

and 10th day of menstrual cycle. The same procedure of *Uttar Basti* was repeated for next two consecutive menstrual cycles.

### Follow-Up and Outcome

HSG was done after completion of this treatment. Findings showed normal spill from left fallopian tube which means left tube blockage was removed by this treatment regime and after 5 months she got conceived. There was no adverse or unanticipated event seen during whole regime.

### DISCUSSION

Mainly *Vata* and *Kapha* are responsible for tubal blockage. The drug considered effective to open the fallopian tube should have *Vata Kapha Shamaka* properties. Local administration of any drug containing *Sukshma, Laghu, Sara, Vyavayi, Vikasi Guna, Kattu Vipaka & Ushna Virya* has effective role in removing tubal blockage. So *Apamarga Kshara Taila Uttar Basti* removes the blockage of tubal lumen by directly acting on obstruction and restores the normal endometrium. It restores the normal functions of cilia by stimulating it. It breaks the tubo-peritoneal adhesions, as it is observed with several studies that hysterosalpingography with oil-based dye helps to break the adhesions. It normalizes the tonic phasic contraction of muscles by pacification of *Vata*. It helps in scraping of obstructing substance and removes the fibrosed and damaged tubal lining and promotes its rejuvenation. *Pushpadhanva rasa* induces ovulation. *Kanchnaar Gugglu* decreases the *Granthi* (cyst) present in ovary.

### CONCLUSION

Infertile couples are forced to dwell upon assisted reproductive techniques (ART) or Reconstructive tubal surgery after diagnosis of tubal blockage as cause of infertility. So, this Ayurveda treatment regime which includes oral medications and *Uttar Basti* proved to be blessing to the infertile couple.

### REFERENCES

1. Infertility overview, Medscape cited on 17/5/17 at 2:30 pm available from <http://emedicine.medscape.com/article/274143-overview#a2>

2. WHO, Global prevalence of infertility, infecundity and childlessness cited on 4/4/17 at 4:08 pm available from <http://www.who.int/reproductivehealth/topics/infertility/burden/en/>.
3. WHO, multiple definitions of infertility cited on 4/4/17 at 5:00 pm available from <http://www.who.int/reproductivehealth/topics/infertility/multiple-definitions/en/>.
4. VriddhaJivaka. Kashyapa Samhita, preached by Maharshi Marica Kasyapa; redacted by Vatsya Commented by Hemraj Sharma, Sutrasthana (27:3), Varanasi, Chaukhambha Samskrita Sansthana, (2012) pg.25.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Chauhan Monika: Management of Infertility By Ayurvedic Approach - A Case Report. International Ayurvedic Medical Journal {online} 2020 {cited October, 2020} Available from: [http://www.iamj.in/posts/images/upload/4927\\_4929.pdf](http://www.iamj.in/posts/images/upload/4927_4929.pdf)