

**AYURVED MANAGEMENT OF SECONDARY INFERTILITY - A CASE STUDY**Sujata. Biradar¹, Asha²¹MS (AYU), Assistant Professor, Dept. of Prasooti Tantra and StreeRoga
BVVS Ayurveda Medical College and Hospital Bagalkot, Karnataka, India²MD (AYU), Assistant Professor, Dept. of Panchakarma
BVVS Ayurveda Medical College and Hospital Bagalkot, Karnataka, IndiaCorresponding Author: drashaanandd@gmail.com<https://doi.org/10.46607/iamj2709032021>

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**ABSTRACT**

Infertility due to anovulatory cycles over recent years, has emerged as one of the most common health issues that many young women have been facing. Sedentary lifestyles with minimum physical activity, rising stress level and irregular sleep pattern are few of the reasons, according to many clinicians and health experts. PCOD is a common Endocrine disturbance affecting females of age group between 15-30 years. The disorder accounts for delayed periods, Infertility, obesity hirsutism and acne. According to modern science exact cause of disease is unknown. In *Ayurveda* all diseases of female reproductive system are classified under *Yonivyapada*, according to *Ashtanga Hridayam* 20 diseases of Vagina arises because of faulty food habits. PCOD is a *kapha* predominant disorder; *kapha* gets aggravated by consuming more *sleshmika* and *sneha* containing food items and by lethargic lifestyle. The line of treatment in modern medicine is Harmonal therapy. In *Ayurveda* the line of treatment is according to *dosha* predominance, here it is *kaphahara*, *Strotoshodhaka* and *Anulomana*. So, in the present study – Classical *Virechana*, *Pushpadhanwa rasa*, *KanchanaraGugghu*, *Triphalvati*, are selected. The result is outstanding, and symptoms subsided. Further clinical trials can be conducted to prove the efficacy of the drugs statistically.

Keywords: Infertility, *Artavadosha*, *Shananuoshadi*, *Shodhana*

INTRODUCTION

Infertility is defined as a failure to conceive with one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.^{1, 6, 7} Secondary infertility shares many of the same causes of primary infertility, like Ovulatory dysfunction 30-40%, Tubal disease 25-35%, Uterine factors 10%, cervical factors 5%, Pelvic endometriosis 1-10%. In Ovulatory dysfunction PCOD is main cause for anovulatory cycle which leads to infertility⁶. PCOD is a common Endocrine disturbance affecting females of age group between 15-35 years. The disorder accounts for delayed periods, Infertility, obesity and hirsutism. According to modern science exact cause of disease is unknown. It is prevalent in young reproductive age group 20 to 30%. It affects the mental & physical health of a woman and disturbs her family as well as social life. Ovulatory factor is responsible for 30-40% cases of infertility. It is heterogeneous endocrine disorder that effect one in 15 women worldwide. Most common causes for infertility are PCOD. It is common endocrine disorder with prevalence ranging from 2.2 to 26%²

Ayurveda is not only medical science, but also it is life science, which gives message of health and better living. Now days because of stressful life and unhealthy food habits infertility become more common in both male and female. More commonly female in reproductive age PCOD is common.

In *Ayurveda Kashyapa Samhita explained vadhyatva* separately as *Apraja* (Primary infertility), *Sapraja* (secondary infertility).

In *Ayurveda* all diseases of female reproductive system are classified under *Yonivyapada*. A few diseases in group of *yonivyapada* and *jataharini* have some similarities with this entity but *pushpaghni jataharini* described by *Acharya Kashyap* has got much resemblance. PCOD is a *kapha* predominant disorder; *kapha* gets aggravated by consuming more *sleshmika* and *sneha* containing food items and by lethargic lifestyle. In *Ayurveda* the line of treatment is according to *dosha* predominance. Especially

panchkarmashodhana treatment are more helpful in treating *srotoavrodha* by *vamana* or *Virechana*. *Shodhana* procedure helps to *kaphahara*, *Strotoshodhana* and *Anulomana*.¹⁰

CASE REPORT

A female patient aged about 26 years came to OPD of *Prasooti Tantra and StreeRoga BVVS Ayurved Medical College and Hospital Bagalkot* with chief complaints of Irregular periods, acne on face, and obesity since one year and eager to conceive. **Associated Symptoms:** Irritation, excessive hunger, lethargic, Heaviness in head, constipation.

History of Present Illness-The patient was apparently normal before one year back, gradually developed irregular menstrual cycle, obesity and from last 4 months acne on face increased, LMP two months back UPT Negative. OBG history P₁ L₁ 6 years old male child FTND. Investigations, FSH, LH are normal. USG Impression Bilateral Morphological PCOD.

Treatment Protocol

After obtaining written informed consent. For this case planned for classical *Virechana* and *Shamanushadi*. Here for *shodhanaanga snehapana triphalagritha* advised for three days because *triphala* is *tridosahara*, *Gritha* is *pittahara* and *triphalagritha* does *karshana* action. *Sarvangabhayanga* with *manjistaditaila*. *Virechana* karma with *Trivurthalehya*. *Deepana & Pachana* with *chitrakadivati* 2 tid for 2 days. After observing proper appetite and bowel movements. *Shodhanaanga Snehapana* with *triphalagritha* for 3 days i.e. 1st day 30 ml, 2nd day 60 ml, 3rd day 90ml. On 3rd day appearance of *smayaka snigdha lakshana*. During these days light, warm, and liquid diet is advised. *Sarvang Abhyanga* and *BashpaSweda* with *Manjistaditaila* for 3 days, *Virechana karma* – *Trivurth avlehya* 80gms with warm water. Total 8 vegas observed. Advice on discharge—*Samsarjana karma* for two days., After that *Shamanushadi* are advised are *Tab-Pushpadhanva rasa* 1BD, *Tab-Kanchanar Guggulu* 2BD, *Tab-Triphala vati*. 1BD For 15 days.

Outcome and Follow-up

After *virechana* patients lost weight about 5 kg and Pimples and dark spots are reduced. Advised follow up after 15 days.

First follow up- She got period on 23/10/2020 having normal bleeding

Advised-Tab-*Pushpadhanva rasa* 1BD, Tab-*Kanchanar Guggulu* 2BD, Tab-*Triphala vati*.1BD for 1 month and USG on third day of next cycle.

Second follow up- Amenorrhea since 1month 7days. UPT –positive. Early Pregnancy Ultrasound Result-Single Gestational sac and Fetal pole seen, *Garbhapaal rasa* 1BD

DISCUSSION

Infertility is most common issues nowadays because of food habits and lifestyle. In female PCOD is one of the common causes for infertility. In this case it is secondary infertility because of PCOD. In *Ayurveda Samhita* have explained very good treatment of choice in infertility and PCOD. Here planned for *classical Virechana Karma and Shamnuoshadis. Panchakarma* is best treatment of choice for *doshanirharana*. Here *Kapha –Pitta Doshas* and *medho dhatus* are involved. For *Kapha* and *Medha vanama* is indicated but *Sthana Samshrayain Adhobhaga* for this reason selected *Virechana Karma*. Here *Chitrakadi vati* is *deepaka pachaka*, acts on *Samana* and *apana vata,pachaka pitta dosha*. *Triphala Ghrita* is *Kapha-vata hara, Rukshana and Medhohara. Manjistaditaila* acts on *pitta dosha, and Varnya. TrivruthAvalehya* is Best *Virechaka* and does *doshanirharana* without much complication. As *shamanushadi Pushpadhanva rasa* balances *Vata – pitta dosha*, Help regulation of menstrual cycle. *Kanchanar Guggulu* is *Kapha-Medha hara*, helps in reduction cyst size. *Triphalavati* is *Kapha-vatashamaka* and *anulomana*. By *Shodhana* and *Shamanaushadi* Treatment Menstrual cycle becomes regular and next consecutive cycle she conceived.

CONCLUSION

Infertility is most common nowadays because of lifestyle, and most common cause is PCOD. PCOD

other associated complaints like weight gain, pimples over face, mood swing etc. These complaints can be treated with classical *virechana* and *shamanushadis*. Marked changes were noticed in the know case Infertility with PCOD of the patient after classical *virechana* and *shamanaushadi*. Observed the changes like weight loss about 5 kg, Pimples and dark spots reduced, regular menstrual cycle with normal bleeding. For next consecutive cycle patient conceived.

Declaration of Patient Consent

Authors certify that they have obtained patient consent form, where the patient care giver has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understand that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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