



## AYURVEDIC MANAGEMENT OF UNEXPLAINED PRIMARY INFERTILITY IN ELDERLY WOMAN - A CASE STUDY

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Article Received on 26/12/2023

Article Revised on 16/01/2024

Article Accepted on 06/02/2024

### ABSTRACT

Pregnancy at advanced maternal age (age >35 years old) is considered a risk factor for adverse maternal and perinatal outcomes.<sup>[1]</sup> Yet, pregnancies of advanced maternal age have become more prevalent over the last few decades. Fertility potential, quality and quantity of ovum decreases with the advanced age.<sup>[2]</sup> Ultimately the couple is left with the only option of IVF with a donor egg. The cause of infertility is unexplained most of the times. In *Ayurveda* proper functioning of *Rutu* (ovulatory period), *kshetra* (garbhashaya), *Ambu* (Nutrition), *Beeja* (Sperm or Ovum) are prime factors for formation of *Garbha*.<sup>[3]</sup> *Ayurveda* explained wide range of protocols and medicines for the management of *Vandhyatva*. *Ayurvedic* management gives a new hope in women by strengthening body's own self-healing and balancing mechanism and also helps to improve the quality of oocytes. In this case report patient of aged 37 years suffered with primary infertility since 3 years of married life with regular menstrual cycle and no comorbidities consulted for *Ayurveda* treatment. She also had complaints of multiple joint pain and stiffness since 6 years. From detailed history symptoms of *agnimandya*, *ama* and *vata*, *pitta* involvement noticed. *Vata* is the prime factor for causing *Vandhyatva*. She had treated with *Shodhana* ie *Udwartana*, *Virechana* and *Yoga Basti* followed by *Shamana chikitsa* concentrating for *Garbha Sthapana*. The outcome of *Ayurvedic* intervention was conception of the patient within 6 months of treatment.

**KEYWORDS:** Unexplained Infertility, *Shodhana*, *Vandhyatva*, Conception.

### INTRODUCTION

Infertility is a complex disorder with significant medical, psychosocial and economic aspects. Both the prevalence and number of patients seeking treatment of infertility are increasing day by day. Conception depends on fertility potential of both male and female partner. The male is responsible in about 30-40 percent, the female in about 40-55 percent and both are responsible in about 10 percent cases. The remaining 10 percent, is unexplained in spite of thorough investigations with modern technical knowledge.<sup>[4]</sup>

In *Ayurveda* also age is an important factor for conception as mentioned in *Bhavaprakasha vayo adhika stree is varjya* for conception.<sup>[5]</sup> Research has shown that as age advances it impacts the quality of ovum as well as leads to congenital abnormality in foetus. Even though conception occurs, elderly women with Rheumatoid

Arthritis are at high risk of several complications including pregnancy induced hypertension, diabetes mellitus, instrumental deliveries, malpresentations, prolonged labour, increased caesarean section, antepartum and post partum haemorrhage.<sup>[6]</sup>

Hence in *Ayurveda* in patient who have unexplained infertility preconceptional care in the form of *Shodhana* and *Shamana Chikitsa* will not only helps in conception but help in uneventful pregnancy period.

To correct the *apana vayu* and to achieve the healthy *kshetra*, *shodhana* followed by *shamana* and *garbhasthapana chikitsa* is followed in the present case study.

**CASE REPORT**

A female patient of age 37 yrs age and her 38yrs old husband both with no comorbidities presented with complaints of inability to conceive to Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru. In 3 yrs of married life, irrespective of unprotected sexual life, she has not conceived. On interaction with the couple it was found that there were no contributing factors for not having conception. She had complaints of multiple joint pain ie b/l elbow, b/l wrist, b/l knee joints associated with swelling which was more in b/l wrist joint and stiffness since 6 yrs. The condition was aggravated during morning hours, cold season and relieved during afternoon hours. Her menstrual cycle was regular and bleeding period was for 4 days with dysmenorrhea on first 2 days. In the coital history no abnormalities were detected. No contraceptive measure was adopted.

**Past History**

Medical History- Nothing significant  
Surgical History- Nothing significant

**Mensrual History**

Age of Menarche- 14yrs  
Menstrual Cycle-Regular  
Interval-30-35 days  
Duration-4-5 days  
White discharge-Absent  
Foul smell-Absent  
Clots-Absent  
Dysmenorrhea- Absent

**Personal History**

Diet- Mixed  
Appetite- Reduced  
Bowel- 1 time per day  
Micturition- 3-4 times per day  
Sleep- Disturbed

**EXAMINATION**

*Prakruti- Vata Pitta*

*Vikruti- Vata Pradhana tridosha*  
*Sara- Madhyama*  
*Samhanana- Madhyama*  
*Satva- Madhyama*  
*Satmya- Madhyama*  
*Ahara shakti- Jarana shakti- Avara*  
*Abhyavarana shakti- Avara*  
*Vyayama Shakti – Avara*  
*Vaya- Madhyama*  
*Pramana- Madhyama*

**ON GENERAL EXAMINATION**

Built- Moderate  
Pallor/Icterus/Cyanosis/Clubbing/Lymphadenopathy/Oedema- Absent  
BP- 110/70mmhg  
Pulse Rate- 72/min  
Height- 152cm  
Weight- 55 kgs

**SYSTEMIC EXAMINATION**

CVS-S1,S2 heard, no murmur  
CNS- Conscious, well oriented  
RS- Normal bronchovesicular sound heard  
P/A – Soft, non tender, no organomegaly  
Per vaginal and per speculum examinations were normal.

**INVESTIGATIONS**

Semen analysis of husband yielded normal results. All the routine investigations including biochemical, haematological reports were done  
Rheumatoid factor- 23.27(High) on 10/2/23  
Anti ccp antibodies- >200  
LDL-120mg/dl(High)  
CRP- 10.4mg/L  
Vitamin D3 - 24.6ng/ml  
Serum urea- 9mg/dl  
Serum creatinine- 0.5mg/dl  
Uric acid – 3.6mg/dl  
Other reports were normal.

**INTERVENTION**

Date	Treatment given	Shamanoushadhi
14/2/23		Tab <i>Chitrakadi Vati(a/f)</i> Tab. <i>Agnitundi Vati (b/f)</i> for 15 days
1/3/23	<i>Snehapana with guggulu tiktaka ghrita</i> for 5 days <i>Sarvanga Abhyanga with Mahanarayana taila f/b bashpa sweda</i> for one day Posted for <i>Vamana karma</i>	
11/4/23		Tab <i>Chitrakadi Vati(a/f)</i> Tab <i>Agnitundi Vati(b/f)</i> for 7 days
18/4/23	<i>Snehapana with guggulu tiktaka ghrita</i> for 5 days <i>Sarvanga Abhyanga with Mahanarayana taila f/b bashpa sweda</i> for three days Posted for <i>Virechana karma</i>	
31/5/23	Planned for <i>Yoga Basti</i> <i>Niruha basti</i> with <i>Madhu-5gm</i>	Tab. <i>Folvite-0-0-1(a/f)</i> Tab. <i>Repromed-1-0-1(a/f)</i> For 30 days

	<p>Saindhava-10gm                  Kalka-Shatapushpa kalka-3g and shatavari churna-3gm                  Kashaya-Erandamooladi Kashaya-300ml                  Anuvasana Basti with Mahanarayana taila-75ml</p>	
28/6/23		<p>Tab.Pushpadhanwa rasa-1-0-1(a/f)                  Phalaghrita 1tsp-0-1tsp with milk(a/f)                  Stree Vyadhi hara rasa -1-0-1(a/f) for 30 days</p>

Patient had relief in her symptoms like multiple joint pain, stiffness after the treatment.  
 Patient came with UPT +ve on 22/8/23

(LMP-16/7/23)  
 Advised to continue Tab.Folvite-0-0-1(a/f)  
 Phalasarpi- 1tsp-0-1tsp with milk for 1 month



**MODE OF ACTION**

Pushpadhanwa rasa contains Dhatura, Bhang, Yashti Madhu, Shalmali, Nagavalli, Abraka Bhasma, Rasa Sindhoora, Naga Bhasma. All the Bhasmas in Pushpadhanwa Rasa have Tridosha shamaka, Deepana and Pachana properties due to which the basic step of

Agnimandya involved in the Samprapti is relieved. Hence, correction of Dhatvagni occurs leading to proper formation of Rasa dhatu. This results in proper formation of Upadhatu ie Artava.<sup>[7]</sup>

*Stree Vyadhihara rasa* contains *Sootikabharana rasa*, *latakaranja beeja*, *Shatahva beeja choorna*, *Karpasa moola churna*, *Shunthi*, *Maricha*, *Pippali* *Sootikabharana rasa* includes *Swarna Bhasma*, *roupya Bhasma*, *Tamra Bhasma*, *Pravala Bhasma*, *Shuddha gandhaka*. *Vatashamaka* property is found in all the *Bhasmas*. Thus, *Vata dushti*, the pivotal cause for *Artavavaha Srotasa dushti* is acted upon by the *Vatashamaka* property of all the *bhasmas*. Thus, the *Prakruta karmas* of *Vata* like *Vyuhana*, *Sanghatakara*, *Vibhajana*, *Rasa-rakta samvahana*, *Utsarjana karma* are all restored resulting in proper *Beejotpatti* and *Beejotsarga*, *Swarna* and *Roupya bhasmas* with their *Madhura*, *Snigdha* properties bring about *Dhatu poshana* and *Bala vardhana*.

*Kustha*, *Tagara*, *Vacha*, *Haridra*, *Daruharidra*, *Madhuka*, *Meda*, *Triphala*, *Katurohini*, *Payasya*, *Hingu*, *Kakoli*, *Vajigandha*, *Shatavari*, *Ghritha*, *Ksheera* are the contents of *Phalaghrita* which are mainly *Tikta*, *Madhura* and *Katu rasa*, *Laghu*, *Snigdha*guna, both *Katu* and *Madhuravipaka* and also *Ushna* and *Sheetavirya* drugs. It also has *Dipana*, *Pachana*, *Lekhana*, *Anulomana*, *Shothahara*, *Krimighna*, *Balya*, *Prajasthapana* and *yonni Pradoshahara* actions.<sup>[8]</sup>

#### Mode of action of shodhana incorporated here

A female who menstruates regularly but does not conceive should be treated in accordance to doshas as mentioned "पुष्पं तु जायते यस्याः फलंचापि न विद्यते | तस्य दोष विकारांच ज्ञात्वा कर्म समारभेत् |"<sup>[9]</sup>

*Vamana* drugs by virtue of their nature increases the *agnayatva* in body by *nirharana* of *kapha*. *Virechana* helps in improving quality of *beeja* as mentioned in *Kashyapa Samhita* "*Virechanena beejam bhavati kaarmukam*",<sup>[10]</sup> In *Vandhyatva Niruha basti* is considered as *amrutopamam* as it is *vatashamaka*,<sup>[11]</sup> and helps in conception as *vata* is prime factor in all *stree rogas*. The drugs chosen for *niruha basti* here are *eranda moola*, *shatahva*, *shatavari* which are mainly *vatahara*, *agneya* in nature which helps to increase the quality of *beeja*. *Anuvasana basti* which is indicated in the conditions like *alpa pushpa*, *Nashta pushpa*, *beeja akarmanyata*. It cures *yonni dosha* and *apana vata dushti* facilitating conception.

#### DISCUSSION

Chronic inflammation combined with compromised central tolerance can culminate into auto immune disease like rheumatoid arthritis. Concomitantly reproductive failure could result from an activated immune system or by anti ovarian antibodies.<sup>[12]</sup> *Ama* formed at the level of *Jataragni* and *Dhatvagni* which causes many pathological events in the body and it is main cause for all diseases.<sup>[13]</sup> It further deteriorates *agni*, obstructs *srotas*, *vitiates dhatus* and *upadhatas* like *artava*. On due consideration to this and also for the purpose of conception *Deepana*, *Pachana*, *shodhana* followed by

*shamana chikitsa* is incorporated here. Various modalities have been mentioned for the treatment of *Vandhyatva*. Selection of treatment which is appropriate according to the classics is based on *doshabala* and *vyadhi bala*. Initially the *Agni* was corrected with *Dipana Pachana* drugs. *Chitrakadi Vati* acts at level of *Koshta*. *Snehapana* was done by *Guggulutiktaka Ghritha* as it acts as *Tridoshahara* and also possess *Lekhana* property. The classical pattern of a *Shodhana* administration can be adopted to obtain maximum therapeutic effect with due consideration to *Vyadhi bala* and *Vyadhita bala*.

#### CONCLUSION

Infertility has increased tremendously in the past decade and this is due to the result of a combination of social, environmental, psychological, and nutritional factors. *Ayurvedic* treatment gives a new hope in elderly women with its own potency of the drugs. The treatment of Infertility comprises of administration of *Panchakarma* therapies followed by *Shamnoushadhas* which does *Dhatuposhana*, stimulate ovaries for *Folliculogenesis* and producing healthy oocytes. *Phalasarpi* and *Pushpadhanwa Rasa* are the best herbal preparations for infertility. Thus *shodhana* followed by *shamanoushadhi* can be incorporated in the treatment of *vandhyatva* according to *yukti* of physician as stated in *Bhela Samhita* "*vamanam virechanam chaiva bastiraasthaapanam tathaa tasmaat kaarayet streenaam kaarayanti prasiddha prasaranti vai*".<sup>[13]</sup>

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