

## VANDYATWA WSR SECONDARY INFERTILITY – A CASE STUDY

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### ABSTRACT

*Vandhyatwa* as such is not a disease per se, but a manifestation or revelation of an underlying disease or disorder. It is a multifactorial condition which in ayurveda can be considered under the pervue of *bahudosha avastha*. Moreover, in Ayurveda the definition of *vandhyatwa* is not restricted to inability to conceive but, not begetting a live progeny. As *acharya sushruta* says वन्ध्यां नष्टार्तवम् विद्यात्। that is the destruction of *artava* as *vandhya* which intern causes *vandhyatwa*. Infertility is observed in approximately 10-15% of couples of reproductive age. According to data mention by WHO which explains there are as many as 60-80 million of couple are infertile in the world<sup>1</sup>. Many couples are unable to conceive even though they do not have any specific causative factor and they come under unexplained infertility. There are many factors that cause infertility that can be categorized as ovarian, cervical, vaginal, coital, peritoneal, tubal, uterine, psychological, etc. In the present paper a case study of secondary infertility with irregular menstruation is taken and appropriate treatment was given after which she conceived and delivered a female child.

**KEYWORDS:** *Vandhyatwa*, Secondary infertility, *Artava*, Irregular menstruation, Bahudosha avastha.

### INTRODUCTION

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Where secondary infertility denotes previous pregnancy but failure to conceive subsequently. In ayurveda secondary infertility is compared to *sapraja vandya* as coated by *acharya charaka*. Acharya Harita has described secondary infertility as *kakavandhya*, while acharya Madhava and in *rasa ratna samurchaya*, *kamasashtra* it is also taken as *kakavandhya*.

According to International Federation of Gynecology and Obstetrics (FIGO) manual, ovarian factor contributes 30-40% of the female infertility. Ayurveda describes female infertility broadly with its treatment protocol. Factors responsible for *sapraja Vandhya* are *yonidosh*, *manasika dosha*, *sukra dosha*, *asrga dosha*, *mithya ahara-vihara*, *akala yoga*, *bala sanksa*. Acharya Sushruta has mentioned four essential factors i.e., *Rutu*, *Kshetra*, *Ambu* and *Beeja* required for healthy conception. Fulfilment of all the essential factors ensures conception. Among them *Beeja* is the core product for conception and without its presence, there will be no conception inspite of presence all the other factors. Here, the *Beeja* is taken as *Antahpushpa* i.e., ovum. The word *artava* is broadly understood as ovum in some context so

*artava kshaya* can also be considered as anovulation also.

### Description of Patient

A female Patient of age 32 yrs attained menarche at 14 years of age she started noticing irregularity in her menstrual cycles (1 ½ to 2 month), with the decreased flow (for 2-3 days) which persists till today. She got conceived after 8 months of her marriage spontaneously without any treatment (P1 L1, 9yrs female baby, LSCS). After that also her irregularity of the menstrual cycle continued. Later even after having unprotected coitus for the next 8 years she did not conceive. After her surgery (LSCS) she started gaining weight. Patient consulted nearby gynaecologist and diagnosed with PCOS and also underwent B/L ovarian drilling. As she was anxious to conceive for the 2<sup>nd</sup> time, treatment started with ovulation induction and IUI in the same cycle. Even after the 3 cycles of IUI patient did not conceive. So, patient approached our hospital seeking treatment for the same.

### Poorva Vyadhi Vruttanta

Not a known case of DM, HTN, Thyroid Dysfunction, Asthma, Epilepsy, Tuberculosis.  
Not allergic to any medications.

**Occupational History**

Nothing significant

**Kautumbika Vrutanta**

All family members are said to be healthy

**Rajo Vrutanta**

Age of Menarche – 14 years

Menstrual History:

- Nature – Irregular

- Number of days Bleeding – 1-2 days

- Length of cycle – 11/2 to 2 months

Colour – Bright red

Number of pads – D1-D2 2pads (half soaked)

Clots – No clots; No foul smell

LMP – 22/01/2021

**Vaiyaktika Vrutanta**

Diet –Vegetarian

Appetite – Poor (she is not having a feel of hunger)

Bowel – Once/twice a day, Regular

Micturition – 4-5times/day

Sleep – Regular

Habits – Coffee/tea 2 times a day

**Vaivahika Vrutanta**

Married Life – 10 years (Non consanguineous marriage)

**Vyavaya Vrutanta**

3 - 4 times/week

No Dyspareunia

History of contraception – Used barrier method of contraception (Condoms) for 2 years.

**Partner's Details**

Name – XYZ

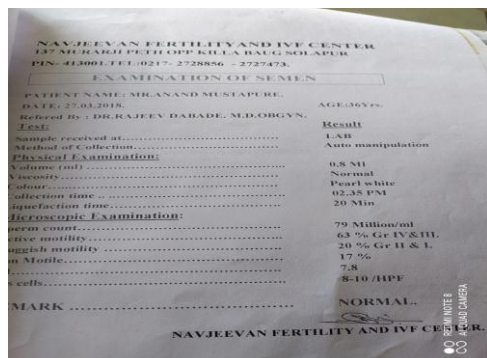
Age – 39 years / Male

Occupation – Business

N/K/C/O DM, HTN

Habit – Tea 4 -5 times a day

Semen analysis: Normal study

**Examination****General Examination**

Built – Moderate

Nourishment – Moderate

Pallor – Absent

Edema – Absent

Clubbing – Absent

Cyanosis – Absent

Icterus – Absent

Lymphadenopathy – Absent

Height – 152 cm

Weight – 68 kg

BMI – 29.4 kg/m<sup>2</sup>

Pulse Rate – 78 beats/minute

BP – 120/80 mm Hg

Respiratory Rate – 22 cycles/minute

Heart Rate – 78/minute

Temperature – 98°F

Tongue – Uncoated

**Ashta Sthana Pareeksha**

नाडी – 78/min

मूत्र – 3-4 times a day, once at night.

मल – once a day, regular

जिहवा – अलिप्त

शब्द – प्राकृत

स्पर्श – प्राकृत (अनुष्ण शीत)

दृक् – प्राकृत

आकृति – मध्यम

**Dashavidha Pareeksha**

प्रकृति – कफ वात

विकृति:

- हेतु – मधुर आहार सेवन, अकाल भोजन
- दोष – वात प्रधान त्रिदोष
- दूष्य – रस, रक्त, आर्तव
- देश – साधारण
- बल – मध्यम
- सार – मध्यम
- संहनन – मध्यम
- प्रमाण – मध्यम
- सात्म्य – व्यामिश्र
- सत्व – मध्यम
- आहार शक्ति – अवर
- अभ्यवहरण शक्ति : अवर
- जरणशक्ति: अवर
- व्यायाम शक्ति – मध्यम
- वय – मध्यम

आतुर भूमि देश परीक्षा

- जाततः – जाङ्गलदेश
- संवृद्धतः – जाङ्गलदेश

- व्याधितः – जाङ्गलदेश

### Systemic examination

#### Respiratory system

Inspection: Shape of the chest - Bilaterally Symmetrical  
Chest movements - Symmetrical  
RR- 22 cycles/min  
Palpation: Trachea – Centrally placed  
Percussion: Resonant over the lung field except cardiac dullness.  
Auscultation: Bilateral NVBS heard

#### Cardiovascular System

Inspection: No distended vessels over neck or chest.  
Palpation: Apex beat palpable at left 5<sup>th</sup> intercostal space  
Percussion: Cardiac dullness present on left side.  
Auscultation: S<sub>1</sub> S<sub>2</sub> heard, No murmurs

#### Central Nervous System

Patient is conscious, well oriented to time, place and person.

### Gynecological examination

#### Pelvic examination

##### A. Examination of Vulva

Inspection: Pubic Hair – Normal  
Clitoris – Normal  
Labia – Normal  
Discharge – Absent  
Redness – Absent  
Swelling – Absent  
Palpation: No palpable mass observed  
B. Per-Speculum Examination:

##### Inspection of Vagina:

Redness – Absent

Tenderness – Absent  
Local lesion – Absent  
Discharge – Absent  
Inspection of Cervix:  
Size – Normal  
External os – Multiparous  
C. Per-Vagina Examination:  
Cervix:  
Texture – Hard (Tip of Nose)  
Mobility – Mobile  
Movement – Not Painful  
Bleeds on touch – Absent  
Lateral Fornices – Free, Nontender  
Posterior Fornix – Free, Nontender

#### Uterus (Bimanual Examination)

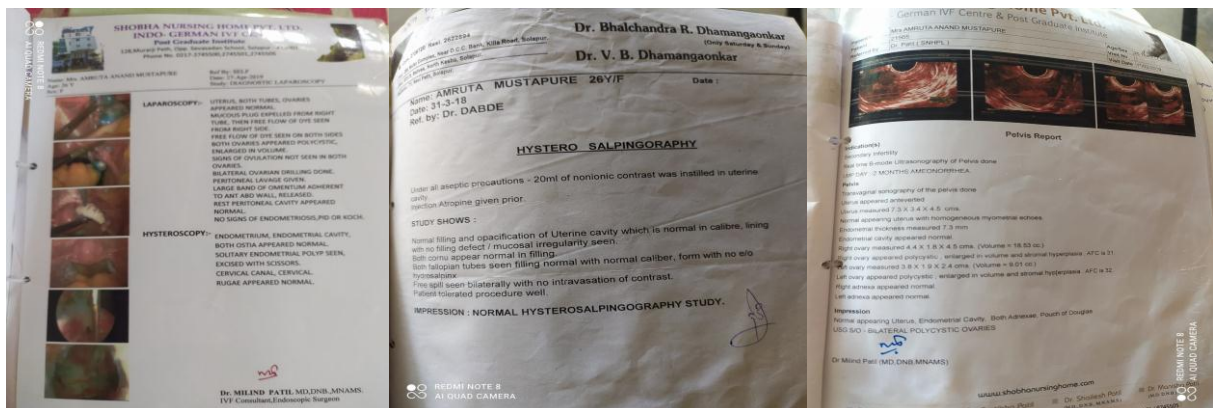
Position – Anteverted  
Direction - Anteflexed  
Size – Normal  
Consistency – Firm  
Mobility – Mobile  
Tenderness – Absent

#### Breast Examination

Tenderness – Absent  
Lump – Absent  
Colour of Areola – Normal  
Nipple discharge – Absent

#### Investigations

Hb% – 10.8 gm%  
Blood Group and Rh factor – B positive  
RBS – 80.07 mg/dL  
VDRL – Non-Reactive  
HIV I & II – Negative  
HBsAg – Negative



### Roga pareeksha Nidana panchaka निदान

- आहारज – मधुर पदार्थ आहार सेवन, अकाल भोजन.
- विहारज – Nothing significant.

रूप – यथोचित अकालादर्शन, अल्पता, योनिवेदना.

उपशय – आहार, विहार and औषध

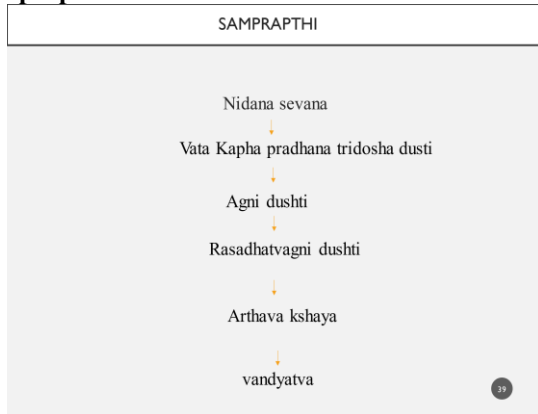
### Samprapti Ghataka

दोष – कफ वात प्रकोप

दूष्य – रस, रक्त, आर्तव

अग्नि – जाठराग्नि, रस धात्वाग्नि  
 अग्नि दुष्टि - जाठराग्नि, रस धात्वाग्नि मान्द्य  
 स्रोतस् – रसवह, रक्तवह, आर्तववह  
 स्रोतोदुष्टि - सङ्ग  
 उद्भव स्थान – आमपक्वाशय  
 सञ्चार स्थान - आर्तववह स्रोतस्  
 व्यक्त स्थान – गर्भाशय  
 अधिष्ठान – गर्भाशय  
 व्याधि मार्ग – आभ्यन्तर  
 साध्यासध्यत – साध्य

### Samprapthi



### Chikitsa Vrittanta

Vamana karma

### Deepana & Pachana

Agnitundi vati 1-1-1, B/F  
 Chitrakadi vati 1-1-1, A/F

### Snehapana

Phala grita  
 1<sup>st</sup> day-25 ml  
 2<sup>nd</sup> day-50 ml  
 3<sup>rd</sup> day-75ml

### Vishramakala

Sarvanga Abhyanga with mahanarayana taila followed by bashpa seda

### Vamana

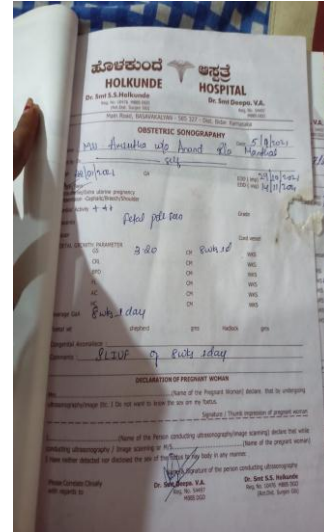
Madhana phala pippali 5 - 10 gm,  
 7 vegas  
 Samsarjana krama followed for 5 days.  
 Followed by internal medications for a month like,

- Aloes compound
- Cheriya madhusnuhi rasayana
- Vyosha jeevanilehya
- Nastapushpantaka rasa
- Kumaryasava
- Jeerakadyarista

### OBSERVATION AND RESULT

In this case study the patient posted for *udwartana*, *vamana*. Patient got her cycle immediately after the *shodhana* procedure and also lost weight up to 5kgs then intended for *basti* but before giving *basti* patient approached us with UPT positive report.

As the *samprapthi vighatana* is done by *shodhana* and *shamana* the *utarthara dhatu poshana* is corrected, thus helped in treating *artavakshaya* leading to *vandyatwa*.



### DISCUSSION

Infertility is becoming a fiery problem in past decades and primarily due to the amalgamation of environmental, social, psychological and nutritional factors. In contemporary medicine, treatment concentrating on using numerous diagnostic tests and management including hormonal therapy, ovulation induction and invasive diagnostic techniques. In cases of unexplained infertility ART (Artificial reproductive techniques) is the only treatment available. But the success rates are less and highly expensive too. Ayurveda on the other hand, looks profoundly into the distinct constitution, and goals to improve the functioning of body systems that contribute in obtaining *shreyasi praja*.

Here in this case, we have adopted *arthava kshaya* line of management like *shodhana*, *shamana* and use of *agneya dravyas*, where the *doshas*, *dushya*, *agni*, *srotas* are corrected. *Artava* being *upadhatu* of *rasadhatu* is also corrected. This led to the proper functioning of *arthava* as well as the *kapha* and *medho dushti* was corrected. Though *basti* was planned in order to correct the *vata dosha*, the patient instead conceived in the next month and delivered a full-term female baby, throughout the pregnancy the patient did not have any complication.

### CONCLUSION

This case report shows an insight into systematic learning to manage secondary infertility associated with

irregular menstruation effectively through Ayurvedic treatment modalities like *shodhana*, *shamana* followed by *artava janaka* line of management to correct the *samprapti* of PCOS and to restore fertility in-order to obtain *shreyasi praja*. The result obtained in this case study is encouraging and the protocol followed here may be subjected for further trial.