

## An Ayurvedic Management of Multi-factor infertility: A Case Report

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### ABSTRACT:

Inability to conceive even after one year of unprotected intercourse is called infertility. Amongst them the common causes are tubal blockage which contributes 30% and ovulatory dysfunction 30-40% of total infertility cases. Tubal factor is dealt with assisted reproductive techniques or invasive procedures like tubal reconstructive surgery which are not accessible to majority of population whereas PCOD has no permanent solution till date. A 30 years old female patient was trying to conceive since 1.5 year but she could not conceive. She had history of consuming allopathic treatment for conception during 1<sup>st</sup> pregnancy. After 3 months, she conceived but she had to take MTP as fcp was not present. When she attended our OPD of PTSR, IPGT&RA hospital. She was known case of unilateral blocked fallopian tube with PCOD since 2 month. A Multi-modality Ayurveda regime including *Virechana* (Purgation therapy), *Niruha Basti* (Decoction rich enema), *Uttara Basti* (Intrauterine medication) and Oral medication were given for duration of 3 months. After 3 month of treatment patient was conceived. Therefore this Multi-modality Ayurveda regime has shown significant result in removing tubal blockage and achieving conception. This treatment is safer and cost effective as compare to available invasive management of tubal blockage without complications.

**Keywords:** Ayurveda, *Basti*, Infertility, tubal blockage, *Virechana*, *uttarbasti*

Received: 18.08.2020

Revised: 20.09.2020

Accepted: 25.09.2020

Quick Response code



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**Introduction:**

In Indian scenario, infertility is the biggest issue for married couple in society. "Infertility is defined as failure to conceive within one or more years having regular unprotected coitus."<sup>[1]</sup> According to the Indian society of assisted reproduction, Infertility currently affects about 10 to 14% of the Indian population, with higher rates in urban areas where one out of six couples is impacted. It's major challenge for gynecologist. Infertility can lead to depression and much more lethal stigma in society. Infertility divided into 2 types: Primary infertility in which- patients who have never conceived while secondary infertility indicates previous pregnancy but failure to conceive subsequently.

According to Ayurveda each and every function of the body is determined by *Vayu.Vata* is the main causative factor for *Vandhyatwa* (Infertility). Without *Vata* the *Yoni* (female genital organs) never gets spoilt. Here, this case study presents secondary infertility where patients has blocked right fallopian tube and left tube shows minimal spillage along with PCOD.

In Ayurveda tubal block can be explained by *tridosha sanga* type *artavavaha strotos dushti* where *vata* and *kapha dosha* are predominant.<sup>[2]</sup> Due to vitiated *vata* there is *sankocha* (constriction) in fallopian tube lumen, vitiated *Pitta dosha* causes *paka* ( i.e PID) and vitiated *kapha dosha* causes *strotovrodha* by making *shophavastha* in tube. PCOD can correlates with *Vatakaphaj Artava dushti* .So here *Vata- kapha* dosha are mainly causative factors.

The management of infertility due to tubal factor in modern depends upon the site of blockage: includes Tubal Microsurgery, Tubal adhesiolysis, fimbrioplasty, Tube re-canalization. But all these methods have their own limits. High costs treatments are out of financial reach for common couples. The adverse effects are anesthetic complications, post-operative wound infection, and failure of surgery and higher incidence of ectopic pregnancy. So it is the time to develop and establish a safe, cost effective Ayurvedic management for this sensitive issue.

**Case History:**

A female patient aged 30 years, school teacher, residing in Jamnagar visited Prasuti Tantra and Stree Roga OPD of IPGT&RA, for treatment of failure to conceive. She had active married life of 3 years on 20/02/2020 and she was willing to conceive. In menstrual history patient noted regular cycles of 28-30 days interval with 2-3 days moderate flow (2pads/day) and LMP was 14/02/2020. Her husband was 34 years aged with semen analysis reports was normal with satisfactory sexual life. After one year of active married life, Patient took Allopathic medicine for primary infertility for 3 months then after she conceived but she took MTP pills as per Doctor's advised because fcp was not present in USG report. After that she was trying to conceive since 1 year but she failed. She also took allopathy treatment for 4 month then she went under HSG investigation and she found tubal blockage in her report then she came here for ayurvedic management of that complain.

**Diagnostic assessment:**

Blood investigations for Routine workup i.e. CBC, ESR, Blood Group with Rh, LFT, RFT, FBS was done and found within normal range. (28/2/2020)

HIV, VDRL, HbsAg was negative. (28/2/2020)

Urine analysis was normal. (28/2/2020)

Thyroid profile (T3-1.49 ng/ml, T4-8.5 µg/dl, TSH- 3.73 µIU/ml (26/7/2019)

AMH- 5.72 ng/ml (26/7/2019)

**USG findings (28/2/2020)**

Ultra sonography was done on the 14<sup>th</sup> day of menstruation. The findings are as follow. Anti verted normal uterus, Endometrial thickness- 4.6mm, B/L ovary Bulky. Bright stroma ++, Poly cystic ovary present (Fig-1).

**HSG findings:**

The HSG (Hysto salpingography) was done on 21/01/2020 showed right fallopian tube seen upto fimbrial end but no E/o free spillage on right side (Fig-2). Left fallopian tube seen upto distal end and shows minimal spillage.

**Therapeutic intervention:**

The patient underwent *Virechanakarma* (Purgation Therapy) in feb 2020. First of all, *Deepana-Pachana* (digestion therapy) was initiated with *Trikatu churna* 1gm thrice with warm water before food upto the *Lakshana* of *Agni Deepana* appeared. After that, *Snehana* (oleation Therapy) was started with an initial dose of 30 ml of *Go Ghrita*, once daily morning followed by light diet after proper digestion of the *Ghrita*. The amount of *Go Ghrita* was increased by 30 ml daily up to 150 ml as *Lakshana* of

*Samyaka Snehana* appeared on the 5th day. *Sarwang baspaswedana* (Sudation Therapy) was started by 6th day for 3 consecutive days. *Swedana* was done once daily in the morning by performing whole body fomentation after *Bala Taila Abhyanga* (body massage). Afterwards *Virechana Karma* was done by administration of 100 g *Trivrita Avaleha* with *Drakshajala* at 10 am (*Pitta Kala*) on the 9th day. About 2 hour later, *Virechana Vega* (Frequency of stool) was started, and total 19 *Vega* & 35 *Upvega* were observed till the evening. From that day night, *Sansarjana Karma* (a process of resuming normal diet) was started by prescribing *Peya* (preparation of rice and water) and *Vilepi* (preparation of rice) and so on successively for 5 days. From 6<sup>th</sup> day onwards, diet with least spices was suggested and patient was put on the routine diet.

After *Shodhana* (Cleansing) of body, patient undergone one cycle of *Uttar Basti* (Intrauterine insufflation by medicated oil). For one cycle of *Uttar Basti*, she was instructed to come on 5th day of her menstrual cycle after cessation of menses. Patient was given 500ml *Palasha niruha Basti* after *Sthanika Abhyanga* and *Nadiswedana* in morning for 2 days. Next day, patient was admitted for *Uttar Basti* on 7<sup>th</sup> day of menstrual cycle and advised to have a light meal in morning on the day of treatment adopting standard operating procedures.

**Procedure of Uttarbasti:**

*Abhyanga* (massage) with *bala Taila* and then *Sthanika Nadi Sweda* with *Dashmoola kwatha* (fomentation) on lower abdomen and back side was done. After that patient was asked to lie down in dorsal lithotomy position on table. Thereafter, *Yoni Prakshalana* (Douching) by *triphala Kwatha* was performed to sterile the perivaginal part and vaginal canal.

After that *purvakarma*, Patient was shifted to operation theater and advised to lie down in dorsal lithotomy position on table. After that, Part preparation was done by betadin solution. The vagina and cervix were visualized with the help of previously sterile Sim's speculum and an anterior vaginal wall retractor. The anterior lip of the cervix was held with the help of Allis' forceps and uterine sound was inserted to ascertain size and position of uterus. Then 5 ml medicated oil was pushed with the help of matel's *Uttarbasticcannula*, already attached with 5 ml syringe filled with *Apamarga Kshara Taila* and the patient was kept in head low position. The drug slowly injected above the

level of the internal os. Instruments were removed and the patient was shifted to IPD ward. She was kept in head low position for at least 1 hour for better absorption of drug.

*Uttar Basti* was done for six days continuously in one cycle i.e. on 7<sup>th</sup> to 12<sup>th</sup> day of menstrual cycle. First three days with *Apamarg kshara taila* followed with next three day *Phalakalyana Ghrita*. Along with *Uttarabasti*, *Ashwagandha churna* 10gm with 250ml milk was given empty stomach daily morning for 7 days. The same procedure of *Uttar Basti* and oral medication was planned for next one consecutive menstrual cycles. But due to lockdown period of covid 19 pandemic, next month cycle was not done.

**Follow-Up and outcome:**

After treatment, HSG was not done due to lockdown period and patient was allowed to copulation and the patient conceived after 1 month completion of one cycle of *Uttarabasti*. Her UPT was positive on 20 may 2020 at home. The USG report also showed single foetus on 18.07.2020 (Fig-3)

**Clinical evidence:**

*Left* *20-2-20*

**Gynaecological U. S. G.**

Uterus : Size AV - 2

Endometrial Cavity 4.6 mms

Ovary : Right 1 Size \_\_\_\_\_

Left Bucles Size \_\_\_\_\_

Any Pathology  $\Rightarrow$  Bugle shava +

Fallopian tube Pathology :  $\Rightarrow$  Multiple follicles.

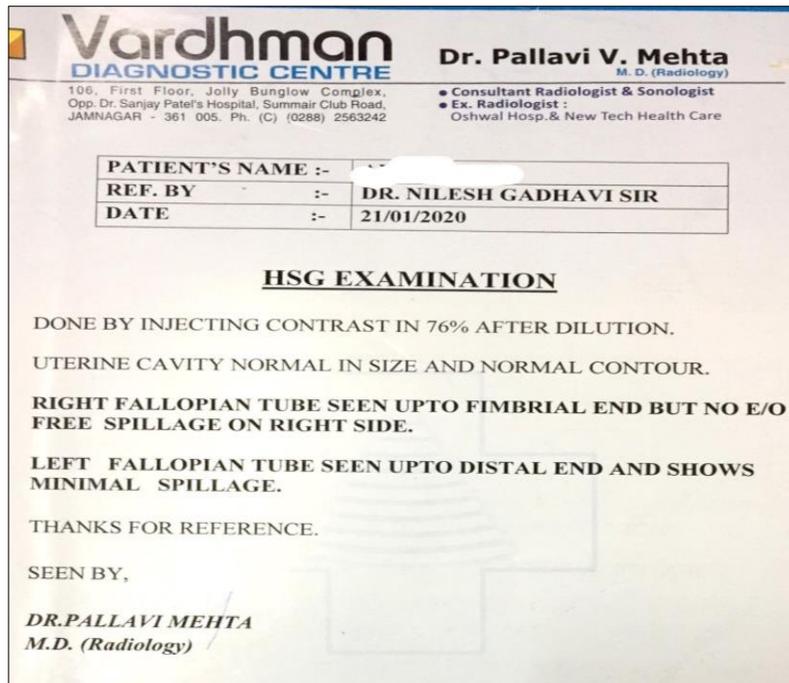
POD \_\_\_\_\_ Free fluid \_\_\_\_\_

Any other abnormality  $\Rightarrow$  POD +

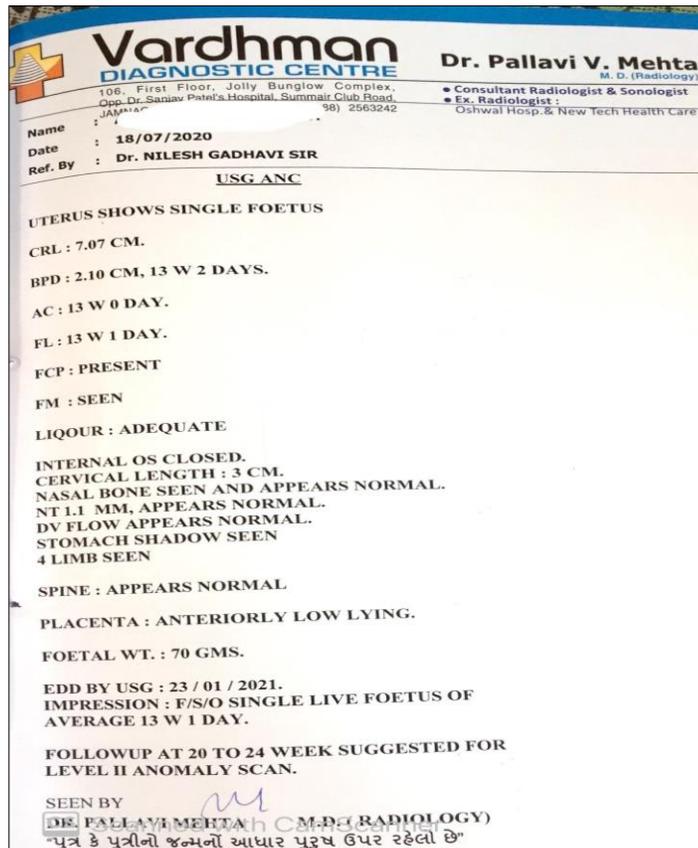
Ovarian follicular study :

Date	Day	R.ovary	L.ovary	Endometrium	Cervical mucus

**Fig-1: USG of UT&Adnexa before treatment (date 21/01/2020)**



**Fig-2: HSG report before treatment (date 21/01/2020)**



**Fig-3: USG report after conception (date 18.07.2020)**

**Result and Discussion:**

Term *Artavavaha Srotasa* covers the entire female reproductive tract and encompasses it as a structural & functional unit. Word *Artava* is used for *Raja*, *Beeja* both in various places in classics. Thus fallopian tubes can be termed as *Artava Bija Vaha Srotasa* as they carry *Bija Rupi Artava* (Ovum). Mainly *Vata* and *Kapha* are responsible for tubal blockage. *Acharya Kashyapa* has mentioned *Vandhyatva* as *Nanatmaja Vikara* of *Vata*. Narrowing (*Samkocha*) of tubal lumen is one of the main factors of tubal blockage and it is because of *Vata*. *Kapha* has *Avarodhaka* property which leads to occlusion of tubal lumen. 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*, *Katu Vipaka* & *Ushna Virya* has effective role in removing tubal blockage.

*Virechana* is the process in which the orally administered drug can eliminate the vitiated *Doshas* through *Adhomarga*. *Sukshma*, *Usna*, *Tikshana guna* of *Trivrita Avaleha* helps it to reach in micro channels of the body, liquefies the *Dosha Sanghata*, break the *Mala* in micro form respectively.<sup>[3]</sup> That's how *Virechana* helps in excretion of *Dosha* and cleans the microchannels by *Anupravana Bhava*. *Virechana* (Purgation) is said to be beneficial for *Artava Roga* also.<sup>[4]</sup> According to *Acharya Kashyapa* potency of *beeja* (ovum & sperm) is increased by *virechana*. *Basti* is the *Karma* (action) in which, the medicine is administered through rectal canal. *Guda*

(anus) is said as *Sharira Moola*.<sup>[5]</sup> It churns the accumulated *Dosha* and *Purisha* & spreads the unctuousness (potency of the drugs) all over the body and easily comes out along with the churned *Purisha* (faecal matter) and vitiated *Dosha*. As modern view also, any drug given through the rectal route absorbed through the mucosal layer of rectum and enters into systemic circulation faster than oral. So *Palasha Niruha Basti* works on whole body after entering into the *Guda*. It has more effect by normalizing the *Apana Vayu* as it further corrects the *Raja Pravriti*, the *Beeja Nirmana* and functioning of *Artavavaha Srotas*. *Basti* is best for *vatika* disorders. *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. Mostly infertile couples are always remaining in anxiety. According to *Ayurveda Saumanasya garbhadharnam*.<sup>[6]</sup> So mental health of an individual also affects on the fertility. *Ashwagandha* widely used in treating anxiety and depression. It is also used in treating and improving female libido. *Ashwagandha* enhance the endocrine system and thus help regulating the thyroid and adrenal glands. These glands are

responsible for maintaining the balance of the reproductive hormones.

**Conclusion:**

This multi-modality Ayurveda treatment regimen which includes *Virechana*, *Niruhabasti*, *uttarbasti* and oral medication is ineffective for treatment for tubal blockage.

**Limitation of study:**

This treatment protocol cannot be used in patients who are contraindicated for *Virechana karma*. *Uattarbasti* cannot be administered to patients having cervicitis and vaginitis as it can further lead to pelvic inflammatory disease. It cannot be administered in patient having tubal blockage along hydrosalpinx.

**Acknowledgement:**

Author acknowledge to Director Prof. AB Thakar for providing all facilities in OT for conducting procedures.

**Declaration of patient consent:**

The authors declare that that they have obtained consent form from patient for publication of clinical information blinding the identity of individuals.

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**Conflict of interest:** Author declares that there is no conflict of interest.

**Guarantor:** Corresponding author is guarantor of this article and its contents.

**Source of support:** None

**How to cite this article:**

Vaddoriya E. Garg A, Dei LP. An Ayurvedic Management of Multi factor infertility: A Case Report. Int. J. AYUSH CaRe. 2020; 4(3): 135-141.