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Case Report

Ayurvedic Management of Unexplained Infertility: Case Study

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Abstract

Patient was anxious to conceive after active married life of 1 year and 8 months. She works as an attendant in a bank and husband works as a store keeper in Indian Railways. She had no H/O any menstrual irregularities, thyroid dysfunction or PCOD. Couple have not used any form of contraception after marriage. They had not taken any kind of medications anywhere else before they approached our hospital.

Key words: Vandhyatva, Garbhasrāva, Infertility, Unexplained infertility, Blighted ovum

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INTRODUCTION

Infertility causes great distress to many couples, causing increasing numbers of them to seek specialist fertility care. In the absence of a robust evidence base, treatment has been largely intuitive, often dictated by tradition and personal preference. Infertility is defined as the inability to conceive after one to two years of unprotected intercourse (Hull et al. 1985).^[i]

By convention, infertility is commonly divided into five major categories on the basis of aetiopathology, results of investigations and prognosis.

	Primary (%)	Secondary (%)
Anovulation	20	15
Male	25	20
Tubal	15	40
Endometriosis	10	5
Unexplained	30	20

Unexplained infertility is diagnosed where routine investigations including semen analyses, tubal evaluation and tests of ovulation yield normal results. Harita is the only scholar who described the types of Vandhyatva.

Out of the six types, Anapatya was considered in this clinical case.^[ii]

CASE REPORT

Couple, lady aged 25 yrs. and her husband aged 27 yrs. anxious to have a child approached our hospital (JSS Ayurveda Hospital) for treatment. After a long interaction with the couple, the following data was collected. O/E it was found that there were no contributing reasons for not having a conception after 1.8 years of active married life. The lady had regular menstrual cycle of 28 days duration and the flow was from 3 to 4 days. The age of menarche was 13 yrs. no contributing family history was found. Husband's semen analysis was absolutely normal. Their sexual history was normal and nothing contributory. Both husband and wife were working. They had nothing contributory with respect to occupational disorders. She also complained of burning micturition since ten days.

The lady was examined and the P/S (per speculum) examination revealed as follows:

Cervix healthy, normal in shape, size and position and no discharges

P/V (per vaginal) examination revealed:

Uterus: anteverted, ante flexed, and both fornices free, cervix normal in position and no discharges.

The lady had frequent onset of Pratiśyāya, especially during the Sandhi – Kāla. She was on Ayurveda treatment for the same for nearly eight months. Her general examination was normal and the systemic examination, CNS, RS and CVS – was also normal. She did not have any kind of allergies with respect to food and medicines.

As the couple were from low middle class, they were reluctant to undergo all the investigations. Therefore, few investigations were asked to be done.

USG: abd/pelvis, thyroid profile was advised. Husband was reluctant to undergo any kind of investigations.

Therefore, keeping in mind the affordability of the patient and anxiousness of the lady to become a mother, treatment was started.

In April 2016, the treatment was given for both couple on the basis of Anapatya^[iii] and unexplained infertility. Sadyo virechana was given with Trivrut Lehya 120 gms each.

The lady was advised to start with

- Tab. Chandraprabha Vati 1 TID x 1 month
- Cap. Fala gold 1-0-0 on empty stomach
- Cap. Ovarin 2-0-2
- Uṣīruṣīrāsava 15ml x 4times / day for 1 month.

She advised to come for regular follow up after every cycle. Burning micturition was completely cured and Pratiśyāya was also better.

In the second month she was given the following medications

- Cap. Fala gold 1-0-0 on empty stomach
- Cap. Ovarin 2-0-2
- Syp. Ovarin 15 ml x 4times / day

She was also advised to do Nāḍī Śōdhana Prāṇāyāma and Ritu Kala was explained to the couple for intercourse.

In the 3rd and 4th month also the same medications were continued.

Finally, in the 5th month, the lady came for follow up with missed period. Urine pregnancy test was done and it showed "Positive pregnancy".

As per Masanumasika Garbhini Paricharya, the lady was advised to eat Drava Ahara and continue Nāḍī Śōdhana Prāṇāyāma. But in about 6th week of pregnancy, the lady complained of slight spotting per vagina. Immediately she was advised to undergo an obstetric scan which revealed that she had a "blighted ovum" (condition where a fertilized egg implants in the uterus but never develops into an embryo). Therefore, the pregnancy was terminated. The couple were then counselled

and were convinced that a blighted ovum is a “positive sign of pregnancy” after a married life of 1.8 years and were advised to continue Ayurveda treatment and were also advised not to conceive until the lady gets normal cycles for at least two months.

DISCUSSION

Up to 30% of couples who are unable to conceive are determined to have unexplained infertility. Traditionally this diagnosis is made only after the basic infertility evaluation fails to reveal an obvious abnormality^[iv]. In Ayurveda, according to Harita Samhita, this kind of Vandhya can be called as “Anapatya”^[ii]. Therefore, the treatment was given on the same basis.

- Cap. Falaa Gold mainly contains Garbhapala rasa, gold leaf, Mayura Pankha Bhasma, Mukta Pishti, Pravāla Piṣṭi and Putranjiva. Rasāyana and Vāji karana drugs can be used in Yonirogas^[iv]. The line of treatment described for Śukra Doṣa, Ārtavadoṣa and Stanya roga can be adopted for Ārtavaduṣṭi Chikitsa^[v].
- Cap. Ovarin mainly contains Aśoka, Puṣpadhanva Rasa^[vii], Garbhadharaka Yogas^[viii], and Putranjivika
- Syp. Ovarin mainly contains Aśoka, Lodhra, Śatāvāri, Śudhha Śilājatu, Jivanti and small quantity of Ativiśa. These drugs come under Ārtava doṣa and Śukra doṣa line^[v] of treatment.

Vandhyatva is described by our Acharyas in a very wide sense including Nidanas and Chikitsa. The treatment depends upon specific causes of Vandhyatava. Vandhya described by Acharya Harita explains both Sadhya and Asadhya types. Here since all the tests were normal, and the exact cause was not known, the treatment was given according to Ārtava Doṣa and Śukraduṣṭi. As Vāta is root cause of Yoniroga^[viii] Vāta duṣṭi was treated first. Sadyovirechana helps both the partners for Mrudu Śōdhana and also acts as Pre conceptional care.

- The Rasāyana and Vajikarana drugs are also useful in treating Yoni roga (Su. Sha. 2/12 - Dalhana)
- Mutradoṣa Pratiśodhaka drugs such as Uṣīra, Lodhra can also be used in treating Ārtava Duṣṭi Chikitsa (Su. U. 38/32)

After this treatment the lady conceived but was not able to continue the pregnancy due to the following reasons:

Early pregnancy failure (also known as blighted ovum or anembryonic gestation) is a common cause of miscarriage. It happens when a fertilized egg implants in the

uterus but never develops into an embryo. The urine pregnancy test is still positive because the placenta begins to develop and starts to secrete the hormone hCG. Later, when the hormone level begins to go down, there is spotting or even bleeding per vagina.^[ix]

Garbhasrāva is termed as expulsion of the foetus upto fourth month of pregnancy because the products of conception are in a liquid state.^[x,xi] This is Sadhya type of Vandhyatva^[ii] according to Harita and can be treated.

CONCLUSION

Now that the lady had conceived after taking the treatment in spite of blighted ovum, the couple are confident to continue the treatment for a future successful pregnancy and delivery.

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