



A CRITICAL ANALYSIS OF PRIMARY INFERTILITY – A SINGLE CASE STUDY

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ABSTRACT **INTRODUCTION:** Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (WHO-ICMART glossary). In India, infertility is increasing alarmingly due to sedentary lifestyle choices. A person without progeny is considered as 'nishphala' by *Acharya Charaka*, as offspring are needed to fulfil our *pitruruna* and to continue lineage and legacy.

OBJECTIVE: To analyse primary infertility of a single couple patient.

MATERIALS AND METHODS: A course of *vamana* and *virechana*, followed by *matra basti* in *rutu kala* (for 2 cycles) was administered to the female patient. Whereas *shamananga snehapana* followed by *mrudu virechana* was given to the male partner.

RESULTS: The extensive treatment resulted in conception after the second cycle of *matra basti*.

CONCLUSION: It is a *vaidya's karma* to maintain healthy *rutu, kshetra, ambu, beeja* of his patients to protect our country's imminent generation so that they can be productive and can contribute to the society. Infertility can be treated beautifully so that the couples can be blessed with quality progeny.

KEYWORDS :

INTRODUCTION

Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (WHO-ICMART glossary).¹ 20-30% of infertility cases are due to male infertility, 20-35% are due to female infertility and 25-40% are due to combined problems in both parts.² Primary infertility means that the couple has never conceived. Secondary infertility means that the couple has experienced a pregnancy before and failed to conceive later. Globally, most infertile couples suffer from primary infertility. Infertility affects up to 15% of reproductive-aged couples worldwide. According to World Health Organization estimate the overall prevalence of primary infertility in India is between 3.9 to 16.8%. In Indian states prevalence of infertility varies from state to state such as 3.7 per cent in Uttar Pradesh, Himachal Pradesh and Maharashtra, to 5 per cent in Andhra Pradesh, and 15 per cent in Kashmir and prevalence varies in same region across tribes and caste.³ The inability to conceive affects the couples emotionally and socially and they face a lot of pressure from their family. Also, infertility is a major problem which is hushed up in India because of the stigma attached to it. Society majorly blames women for this issue and the male partner hardly seeks consultation or treatment for the same. The leading causes for infertility are increasing marital age, sedentary life styles, alcohol and tobacco consumption and clinical reasons include obesity, PCOD, hypothyroidism, damage to fallopian tubes, polyps/ fibroids, sexually transmitted diseases, low sperm count or abnormal motility/morphology to name a few. Combined causes include environmental pollution, occupational factors like late night shifts, junk food and toxic adulterant food consumption, extreme stressful circumstances, inadequate exercise and relaxation techniques. Modern intervention comprises of oestrogen modulators, hormone treatments, fertility drugs, anti-diabetic drugs, assisted reproductive technologies. However, success rate is fewer, and the therapy includes a battery of tests and treatments which causes financial and mental strain. So, *Ayurvedic Vaidya* have a huge role not only in infertility but have an enormous responsibility to create awareness in public that a quality progeny can be produced by preconceptual *shodhana* procedures.

INTERVENTION:

Table no 1: Intervention for the female patient

SN.NO	DATE	TREATMENT	DRUGS	DOSE	DURATION
1	28/4/2018	<i>Rookshana</i>	<i>Triphala phanta, barley diet</i>	20ml morning 6:30	3 days
2	1/5/2018	<i>Deepana Pachana</i>	<i>Panchakola phanta</i>	15ml BD B/F	2 days
3	1/5/2018 to 3/5/2018	<i>Shodhananga Snehapana</i>	<i>Varunadi Ghruta</i>	30ml, 55ml, 75ml	3 days
4	4/5/2018	<i>Kapha utkleshakara aahara, Abhyanga</i>	<i>Moorchita tila taila</i>		1 day

CASE REPORT

PRESENTING CONCERNS:

A couple named Mr X and Mrs Y, aged 30 years and 33 years respectively came to the OPD of SJHIM hospital on 28/4/2018, anxious to conceive for 4 years of married life. Both are non-alcoholic, non-smokers with no H/O HTN/DM. The female patient had a history of PCOS before marriage which was completed cured by hormonal pills. She underwent 3 courses of Intrauterine Insemination (IUI) from December 2017 to March 2018 which were unsuccessful. Since she was facing a lot of pressure from her in-laws, she approached to Ayurvedic treatment. Mr X had complaints of burning sensation in epigastrium, sour belching and delayed digestion on and off in the last 2 years.

CLINICAL FINDINGS:

The female patient was examined thoroughly, and physical examination did not reveal any abnormal findings. Her BP was 120/80mm of Hg, pulse rate 70/min, body mass index 33 kg/m². P/V and P/S examination showed a nulliparous cervix without significant abnormality. She is of *kapha-vata prakruti* with *madhyama satva, mrudu koshta* and *mandagni*. The male patient was also stable with no clinical examination findings with BP 120/80 mm of Hg, pulse 74/min, body mass index 28 kg/m². He is of *pitta prakruti* with *pravara satva, madhayama koshta* and *teekshnagni*.

LAB INVESTIGATIONS:

Mrs. Y -

- 06.04.2017 – normal thyroid profile
- 31.08.2017 – FSH - 3.15 mIU/ml, LH -1.70 mIU/ml, ESTRADIOL(E2) – 88.85 pg/ml, PROLACTIN -11.21 ng/ml, AMH -1.21 ng/ml
- 26.03.2018 – normal follicular study
- 19.05.2018 – USG reveals fatty liver, normal uterus, cervix and ovaries.

Mr. X –

- 06.04.2017 – normal semen analysis

5	5/5/2018	Vamana	Shodita Madanaphalaadi yoga	Madana – 3 gms, vacha – 1 gm, saindava – 2 gms, yashti – 2 gms	Madhyama shuddi with 5 vegas
6	6/5/2018 to 10/10/2018	Samsarjana krama	Peyadi krama		5 days
7	11/5/2018 to 21/5/2018	Vishrama kala, + patient got mensus			
8	22/5/2018 to 24/5/2018	Laghu aahara which is deepana pachana	yawagu		3 days
9	25/5 to 27/5/2018	Shodhananga snehapana	Phala Ghruta	30ml, 60ml, 100ml	3 days
10	28/5 to 30/5/2018	Sarvanga Abhyanga, Ushna jala snana	Moorchita Tila taila		3 days
11	31/5/2018	Virechana	Mishraka Sneha with Avipatti ksheerapaka as anupana	20ml, anupana 30 ml	1 day, 16 vegas
12	1/6/18 to 5/6/2018	Samsarjana krama	Peyadi krama		5 days

Followed by a course of *vamana* and *virechana*, *matra basti* with *Phala ghruta* 30 ml was given on the days after menstrual bleeding stops, till 14th day of ovulation for the next 2 menstrual cycles. (4-5 days). On the rest of the days, she was advised to do *Abhyanga* as *dinacharya* with *Dhanwantara taila*. Meanwhile, her husband was given with *shadanga paneeya vina shunti* (as medicated water throughout the day), *Abhyanga as dinacharya* with *Madhyashti taila* and *Amalaki talam*. After the *Vidagdha ajeerna* symptoms came down, *Mahatikataka Ghruta* as *shamananga sneha* (2tsps BD) in *shamananga kaala*. After 2 weeks *mrudu virechana* was given with *Avipatti ksheerapaka* 30ml. Later, during the female patient's second course of *matra basti*, he was given with *Ashwagandha Ghruta* as *shamananga sneha* (2tsps BD). Again, he was given *mrudu virechana* was given with *Avipatti ksheerapaka* 30ml.

The couple were advised lifestyle modifications along with the medications. They were advised to change all the containers used for storage in the kitchen from plastic to steel. Also, junk food, heavy food, late dinners, fermented food like dosa and idli were told to be avoided. Both were advised yoga and meditation regularly.

RESULTS:

Patient with LMP – 25th July 2018, got her UPT positive on 15th September 2018. On her first scan on 17/9/2018, A single early Intrauterine gestation of 7 weeks, 3days was noted.

In further follow up, *Abhyanga as dinacharya* with *Ksheerabala taila* for the couple and the appropriate *Garbhini paricharya* for the lady.

DISCUSSION:

The *karma* of *prakruta shukra* is *garbhotpaada*, which is considered as *shreshta karma* among all the *karma* of *sapta dhatu*. The important factors for conception are *rutu*, *kshetra*, *ambu* and *beeja*. Abnormality of properly functioning *Vayu* and *Shatbhava* (*matraja*, *pitruja*, *atmaja*, *satvaja*, *samyaja* and *Rasaja*), anyone of these causes *vandhyatva*. *Charaka* exquisitely describes the position of infertile couple in the society, while describing *Vajikarana chikitsa* as *nishphala*, *achhaya*, *ekashaka* etc. He says that the man with progeny was praised, while man without progeny was disregarded by the society.⁴ *Charaka* and *Vagbhata* have referred *Vandhya* as the result of *Pradushta Garbhashaya Bija Bhaga avayava*.⁵ Abnormality of *Yoni*, psychology, *shukra*, *asruk*, diet and mode of life, coitus at improper time and loss of *Bala* have been included in the causes of delay in achieving conception by an otherwise fertile or *Sapraja* woman by *Charaka*. '*Soumanasyam garbhadharanaam shreshtam*' has been quoted by *Charaka* thus giving supreme importance to psychological factors for conception.⁶

In the female patient, *kapha medavruta* condition leading to *sthoolya* is present along with the delayed age factor. Due to *dhatwagni mandya*, it leads to *utarottara dhatu dushti*. This results in *shukradushti*. It was managed with hormonal pills in the beginning and even though everything was normal in lab reports, she did not have *shareera* and *garbhashaya aashaya shuddi*. To combat this whole *samprapti*, *rookshana deepana pachana* was done at the beginning which resulted in *agni deepiti*, *deha laghutwa*. *Varunadi ghruta* and *Vamana* was selected for *kapha medo harana*. After that, *phala ghruta* was selected because it is useful in *yonishukra pradoshaja vikara* and is *garbhaprada*.⁷ A properly done *shodhana* does *Pushiti*, *bala*, *apatya* (progeny) and *vrushata*.⁸ *Basti* is the most helpful *chikitsa* in *garbhadharana* according to *Charaka Acharya*.⁹ Hence, in this case

matra basti was selected in the *rutu kala* i.e after the menstrual bleeding stops upto the ovulation day. *Abhyanga* was given as *dinacharya* as it tackles *vataadosha*. Husband was given with *Abhyanga* for the same reason and *Amalaki talam* to combat the stress factor. *Shadanga paneeya vina shunti*, *Amalaki talam* and *Abhyanga* helped in treating *Vidagdha Ajeerna*. *Mahatikataka Ghruta* as *Shamananga Sneha* was given as further *pittahara*. And *Ashwagandha ghruta* was given as *shukra vardhaka*. *Mrudu virechana* helped in *vatanulomana*.

CONCLUSION

All infertility cases must be properly examined and the *avastha* of both the partners should be considered and treated. It is a *vaidya's karma* to maintain healthy *rutu*, *kshetra*, *ambu*, *beeja* of his patients to protect our country's imminent generation so that they can be productive and can contribute to the society. Infertility can be treated beautifully so that the couples can be blessed with quality progeny.

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