



**ORIGINAL RESEARCH PAPER**

**Ayurveda**

**AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO REPEATED ECTOPIC PREGNANCY: A CASE STUDY**

**KEY WORDS:** Repeated ectopic pregnancy, Kshetra dusti, Ketakimooladi taila uttaravasti

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**ABSTRACT**

The ability to produce offspring and the journey towards motherhood is a beautiful feeling for every women. Infertility is affecting 8-10% couples world wide .The contribution by both male and female factors have equal importance . Among the female partner's causes of infertility tubal factors plays a vital role. Ectopic pregnancy is a condition affecting the integrity of the fallopian tubes and thereby leading to infertility .The incidence of ectopic pregnancy is 1-3 % in India . The chances of recurrence of ectopic increases with each episodes. In this case a 27 year old women approaches the OPD of Prasuthy tantra and Stree roga with history of repeated ectopic episodes and intense desire to get pregnant. Based on ayurvedic classics kshetra one of the important factor for conception was found to be affected here and also features of jatagni yoni vyapath were identified .Here roukshya guna is leading to vata vitiation and thereby arthava dusti. The treatment approach adopted here was vata hara. Both sodana as well as samana chikitsa were given. Uttaravasti as a sthanika chikitsa also contributes much in this case .After 6 months from the initial treatment the patient got conceived and delivered a healthy male baby.

**INTRODUCTION**

Infertility is the inability to conceive even after one year of unprotected coitus .According to WHO 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. World Health Organization estimate the overall prevalence of primary infertility in India is between 3.9 to 16.8%. The prevalence of secondary infertility is 2.1 % .But it varies from state to state. The causes of infertility can be broadly divided into Male ,Female and Unexplained factor. Among the causes contributed by female partner the tubal factor has an eminent role .It contributes to almost 30-40 % of causes. Tubal factors are usually due to pelvic inflammatory diseases , distortion of tube, tuberculosis, post abortal or puerperal sepsis, appendicitis. peritubal factors such as adhesions due to endometriosis or other surgeries.<sup>2</sup>

Ectopic pregnancy is defined as a condition where implantation occurs in site other than uterine cavity .The most common site is the fallopian tube(95%). It may present with pain, vaginal bleeding, or more vague complaints such as nausea and vomiting. Globally there has been a marked increase in the incidence of ectopic pregnancy over the last two decades. This is mainly due to prevalence of sexually transmitted diseases and increasing use of assisted reproductive technologies. The estimated rate of ectopic pregnancy in the general population is 1 to 2% and 2 to 5% among patients who utilized assisted reproductive technology<sup>3</sup>. Pelvic inflammatory diseases is one of the most important cause for ectopic pregnancy. One episode leads to 12% chance of ectopic .Previous ectopic also favours next pregnancy to be ectopic by 10-15%.<sup>4</sup>

In Ayurveda infertility may be correlated to the concept of "vandyatwa". The appropriate nidana which can be scientifically explained is available in caraka sareera athulya gootreeyam adhyaya, " Yoni pradosha."<sup>5</sup> As we go through each factors mentioned by Charakacharya the role of yoni rogas, manas, sukra, asrk, ahara , vihara, kala, bala can be understood. Among the vimasti yonirogas mentioned in our classics "Jatagni" is the condition which is clearly visualized in this case. Jatagni is defined as "jatam jatam sutam..."<sup>6</sup>. In the

samprapti of this yoni roga it is clearly mentioned by acharya that the vayu is the prime factor vitiated here and more specifically the ruksa guna of vata is found to be vitiated. Nidan as such as manas, sukra, artava.. are also affected in this case. This couple was treated by following basic siddhanthas explained in our sastra, different aspects of chikitsa such as Yuktivyapasraya and satwavajaya were adopted together in this case.

**Case Study**

The couple hailing from Thiruvallam in Thiruvananthapuram were having complaints of inability to conceive a viable child even after 5yrs of unprotected married life.

The female partner was a healthy individual who attained her menarche at 14 years of age .From that time onwards her cycles were regular. At 27 years she married a NCM of 28 years and they were having regular unprotected sexual life .After one year since their coital act was not fruitful the couples consulted an allopathic hospital and the male partner was diagnosed with Oligospermia. He was treated with medicines for that , but it was not successful. In 2019 the couple was advised to undergo IUI , and the female partner conceived in January 2019 but it got aborted spontaneously at 6 weeks. In 2019 august she conceived again naturally but within few weeks there was spotting and it was diagnosed as Ectopic pregnancy on the right fallopian tube and went resolved as tubal abortion. She was managed with oral medications. After one year the couple again tried for conception , on march 2020 the female partner got conceived for the third time but it was also ectopic pregnancy but this time it was on the left tube and medically managed similar to the earlier ectopic pregnancy . Now the female partner got admitted here for better management.

**Menstrual history :**

Menarche	: 14years
Duration of bleeding	: 5days
Interval between cycles	: 30-32 days
Dysmenorrhea	: Nil
Clots	: Nil
Number of pads	: 3-4/day
LMP	: 27/4/2020

Vaginal discharge :Curdy white associated with itching

**Obstetric history :**

Formula :P<sub>1</sub>L<sub>0</sub>A<sub>3</sub>

A<sub>1</sub>:Spontaneous abortion(after IUI)

A<sub>2</sub>:Ectopic at August 2019 (Right),it was tubal abortion, conservative management was done

A<sub>3</sub>:Ectopic at March 2020 (Left) ,tubal abortion ,conservative management was done

**Sexual history :**

**Dyspareunia:** Absent ,Vaginismus:Absent

**Post coital bleeding :** Absent

The couples were aware of fertility period.

**Frequency of coitus :** 3-4 times /week

**Male partner**

Age : 33

No H/O DM ,HTN ,DLP ,Thyroid dysfunction

He has a history of chickenpox at 20 years managed with allopathic medications

No H/O smoking , occasional alcohol consumption was there.

**Family history :**

Nothing relevant

**Personal history**

Bowel, Appetite ,Micturition and Sleep was found to be normal

**Investigations**

**USG on 8/1/2020**

Small Intramural fibroid 14\*10mm in the anterior uterine wall.

**Semen analysis on 8/1/2020**

The report shows following features and the patient was diagnosed with teratozoospermia.

**Morphology**

Normal sperm : 6 %

Head defect : 64

Neck defect : 20

Tail defect : 10

**Pervaginal Examination Done On 2/6/2020**

Inspection : External genitalia appears to be normal ,No discharge visible externally,

No E/O Vulvitis, Polyp, Growth visible externally

No E/O Cystocele, Rectocele, Prolapse

Per speculum :

Cervix : Midposition, Normal size ,No evidence of cervicitis or Erosion

Vagina : Curdy white discharge from vaginal walls

No E/O vaginitis.

Per vaginal : Uterus AV, Normal , Mobile

CMT : Negative ,No iliac fossa tenderness,

Fornices : Free

Adnexa : Not palpable

**Treatment**

Internal medications were given from 15/5/2020

Medicines	Dose
1.Maharasnadi Kashaya	90 ml bd B/F
2.Kadali madhusnuhi granules	10g morning
3.Vaiswanara choornam	1 tsp bd with hot water
4.Abhayaristam	30ml bd A/F

After 2 weeks below medicines were also added

Medicines	Dose
1.Sukumara Kashaya	15ml Kashaya with 45 ml luke warm water bd b/F
2.Guggulu panchapla choornam	1tsp bd with honey

**External Procedures followed**

Name of the procedure	Medicines used	Duration
1.Valuka sweda	Valuka	3 days
2.Snehapana (Achapana)	Pippalyadi anuvasana tailam	5days(Maximum 85ml, starting from 25ml as a initial dose)
3.Abhyanga and Usma sweda	Kottamchukkadi tailam	1 day(as patient attains period)
4.Virechana	Hingutriguna tailam(20ml)	1 day
5.Abhyanga and usma sweda (After periods)	Karpooradi tailam	3days
6.Virechana	Hingutriguna tailam(20ml)	1 day
7.Yoga vasti a)Kashaya vasti	*Kashaya :Gandarvahastadi Kashaya *Sneham : Pippalyadi anuvasana tailam *Makshika *Kalka : Satapushpa	3days
b)Sneha vasti	*Saindava *Pippalyadi anuvasana tailam(100ml)_	5days
8.Yoni kshalana (During first two days of vasti)	Triphala kashaya	2days

The patient attained her next cycle and was discharged on 15/6/2020 she was given discharge medicines as below and was advised to get her utara vasti done from 7th day of cycle for 3 days

**Discharge medicines**

Medicines	Dose
1.Sukumara Kashaya and Maharasnadi Kashaya	20ml (10ml from each) added with 60ml luke warm water bd B/F
2.Hinu triguna tailam	Virechana on 6 <sup>th</sup> day of next cycle
3.Guggulu panchapala choornam	1tsp bd A/F
4.Lakshadi tailam	External application before bath

On next cycle Intra uterine uttaravasti with Ketakimuladi tailam after dasamoola Kashaya avagaha \* 3 days

**After 2 months**

IU uttaravasti with ketakamuladi tailam \* 3 days

LMP : 13/12/2020 ,her UPT was found to be positive on 16/1/2021

She was taking Ayurveda Antenatal care throughout pregnancy from our hospital and she delivered a male baby of weight 3.10kg through LSCS on 16/9/2021.

**DISCUSSION AND CONCLUSION**

Incidence of Infertility is on the rise because of fast changing life style.Even though contemporary science works greatly for its management the incidence of artificial reproductive techniques are raising tremendously and the cost of these treatments are also very high.Ayurveda on the other hand manage this with a holistic approach considering the interrelation between body and mind.As we analyse the nidanas put forwarded by Acharya charaka we can see the

importance of manasika nidanas also. Various aspects of chikitsa such as dosa pratyaneeka ,vyadi pratyaneeka were followed here. According to Vaghbhattacharya the importance of tridosa in causing diseases is mentioned as “Dosa eva hi sarvesham roganam eka karnam”<sup>7</sup>. In this case mainly vata is vitiated so the whole treatment approach was to balance the vata dosa. The importance of Agni in maintenance of health should also be considered before the treatment. The patient was having mild symptoms of PID with lower abdominal pain and curdy white discharge it may be due to the unhealthy fallopian tubes after two ectopic pregnancies. The Garbha sambava samagrahis explained by acharya susruta include rtu, kshetra, ambu and beeja. Here mainly kshetra and beeja dusti are seen. In whole the treatment approach was vata samana, agni sameekarana and improving the qualities of garbha sambava samagrahi.

Maharasnadi Kashaya explained in sahsrayoga is found to be highly effective in the management of vandyatwa, the phalsruthi says it can be used in yoni roga , vandyatwa and also it has property of Garbha utpadhana<sup>8</sup>. Kadhali madhusnuhi rasayana was given for the correction of her whitish discharge most of the drugs in the rasyana have katu, tikta Kashaya rasa which helps to relieve the vitiated kapha the tikta rasa also acts by its sodhana property there by clearing the kshetra dusti here. Vaiswanara choorna and abhaya arista were given for agni deepana. After 2 weeks sukumara Kashaya and guggulu panchapala choorna were added. Sukumara ghritha explained in vriddhi chikitsa is made in Kashaya form and given<sup>9</sup> it has properties such as vata samana and yoni rogahara , as we already discussed this condition is caused by jatagni yoni roga the rooksa guna of vata is mainly vitiated here. The drugs of sukumara Kashaya are mainly having usna , snidga guna and there by having vata samana karma. Guggulu panchapala choornam was given for the correction of any leena dosa in the fallopian tube and also for chronic discharge. The main ingredients of this choorna such as triphala and guggulu are already proved scientifically for its anti inflammatory, antimicrobial activities.

Procedures such as Sneha sweda sodhana where also given to the patient .Importance of sodhana is explained in caraka sutra chikitsa prabrateeyam any disease which is treated by sodhana will be cleared from root and wont reappear<sup>10</sup>. The samanya upakrama of vata as per vaghbhattacharya is “Tatra vatasya upakrama Sneha sweda samsodhana mridhu”<sup>11</sup>. First for rookshana valuka sweda was given which comes under tapa sweda .Achasnehapana was given for 5days based on this agni and kosta of the patient .The medicine selected for this was Pippyadi anuvasana tailam mentioned in arsas chikitsa it act as mootta vata anulomana and vata samana<sup>12</sup>. For abhyanga usma sweda kottamchukkadi tailam was selected its vata samana by providing the action of Sneha sweda together. Virechana was given for one day with Hingutriguna tailam the ingredients in this yoga such as eranda tailam, lasuna swarsa and hingu have excellent action on female reproductive system .Virechana as a karma is indicated directly for yoni dosha<sup>13</sup>. Next yoga vasti was given ,Kashaya vasti with gandarva hastadai Kashaya ,pippyadi anuvasana tailam ,satapuspha kalka and saindhava .Sneha vasti was given with pippyadi anuvasana tailam. The importance of vasti in vandyatwa is explained in caraka siddhi as “ yascha streeya vatakrith upasarga garbha na grihanathi nripi sametha”<sup>14</sup>. After sodhana therapies sthaneeka chikitsa as per rule were adopted, “Saravatha suvisudhaya....”<sup>15</sup>. First pariseka with triphala Kashaya was given as the patient was discharged uttarvasti was given during the ovulatory phase of next cycle .The medicine selected for this was ketakamooladi tailam. This tailam mentioned in sahasrayoga is vata samana .Uttarvasti is the special therapy which is especially indicated for the correction of yoni vyapath as there is great kshetra dusti in this case due to repeated ectopic pregnancies this procedure also helps to restore the kshetra .The patient was discharged after 1 month and the medicines given where to

provide a preconceptional action. Another course of uttaravsti was also given after 2 months. During the course of treatment the patient was advised to do pranayama which helps for the correction of manadosa as due to repeated abortion she had completely lost hope of conception. This also provided a positive effect on the treatment. As atichinta is found to be a nidana of rasa dhatu dusti which in turn may affect the artava dhatu it was parallelly corrected and the samprapthy for that was broken down there itself.

The male partner was already on allopathic medications for the abnormal seminal paramaters. As the role of sukra dhatu in causing vandyatwas is also inevitable along with those medicines vrishya dravyas such as aswaganda, kapikachu, masha. were powdered and given along with ksheera.

Female partner got conceived after 6 months from discharge ,her UPT was found to be positive on 16/1/2021, during the entire antenatal period she was following Ayurvedic medicines along the regular ANC recommended by WHO .She delivered a healthy male child through lscs on 16/9/2021 . The integrated OP and IP management in this case was found very effective. The recurrence of ectopic pregnancy affect the integrity of the fallopian tube which plays a major role in fertilization .Ayurvedic management used here not only helps for vata samana but also for regaining the proper function of fallopian tubes by correcting the PID. The principle of chikitsa that is samprapthi vighatana was also adopted here and snidga prayogas were given to the patient.

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