



Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



A CASE STUDY ON THE SYNERGISTIC EFFECT OF AAMPACHANA, VATANULOMANA, RASAYANA AND NASYA KARMA IN PRIMARY INFERTILITY IN PROMOTING OVULATORY CYCLES

Ketaki Vishwas Dhavale ^{1*}, Vishala Turlapati ²

¹ PG student, Stri Rog Prasuti Tantra Department, Yashwant Ayurved Mahavidyalaya and Rugnalaya, Kodoli, Kolhapur, Maharashtra, India

² Professor and HOD Stri Rog Prasuti Tantra Department, Yashwant Ayurved Mahavidyalaya and Rugnalaya, Kodoli, Kolhapur, Maharashtra, India

Received on: 06/07/22 Accepted on: 07/11/22

*Corresponding author

E-mail: ketakivdhavale@yahoo.com

DOI: 10.7897/2277-4343.1306145

ABSTRACT

Infertility is termed as failure to achieve conception by a couple of mature age, having unprotected and normal coitus during the appropriate period of the menstrual cycle regularly for at least one year. According to Ayurveda, rutu, kshetra, ambu and beejaas well as clarity of hrudaya, vayu, shadbhavaj, ahara, vihara, and bala, plays a vital role in causing infertility. Ayurveda long back has described the miseries of the childless couple. There are scattered details about vandhyatwa and its various treatment aspect of it. This article will present a case study of primary infertility due to Polycystic Ovarian Disease induced anovulatory cycles. In this case study, a 22-year-old patient was anxious to conceive after 1.5 years of regular and unprotected coitus and seeking Ayurvedic treatment. After a detailed history, examination and investigations, Ayurvedic treatment was given with aampachana, vatanulomana, rasayana and nasya. After treatment of 5 months, the patient came with secondary amenorrhea, and her pregnancy was confirmed with a urine pregnancy test and ultrasonography.

Keywords: Primary infertility, Polycystic ovarian disease, Anovulatory cycles, Kaphavrutta apan vatprokopaja artavadushti

INTRODUCTION

Infertility can either be primary (no previous pregnancy) or secondary (last pregnancy, but now the patient cannot conceive). In recent years the prevalence of infertility is dramatically increased up to 10-15%. The conception depends upon the fertility potential of both partners. The male factor is directly responsible for infertility in about 32-40% of cases, while the female factor is responsible in about 40-55% of cases and both in 10% of cases.

The remaining 10% is unexplained infertility despite investigations with modern techniques.¹

If a couple fails to achieve pregnancy after one year of unprotected and regular intercourse, it is an indication to investigate and treat the couple. In Ayurvedic texts, such a couple is called 'Bhishjitavya'.²

Nature has empowered every human being to reproduce itself. The function of reproduction is noblest. The inability to conceive is a very personal, emotional, and socially charged subject in India. It challenges one's self-image, sexuality and hope for the future. Hence female infertility needs immediate attention and treatment. Ayurveda can give an excellent hand to curing this condition.

According to modern texts, the causes of female infertility are.³

- 1) Ovulatory factors- 30-40%
- 2) Tubal factors- 25-35%
- 3) Uterine factors. - 10%
- 4) Cervical factors - 5%
- 5) Pelvic endometriosis - 5% According to Ayurveda

Rutu (fertile period/menstruation), kshetra (well-primed, disease-free endometrial bed for implantation, which means healthy garbhashaya), ambu (nutrition/ahara rasa/hormones) and beeja (high-quality spermatozoa and ovum)⁴ as well as clarity of hridaya, marga which means passage, shadbhavaj, ahara, vihara, bala, karma plays a significant role in causing infertility⁵. According to Charaka acharya, the root cause of any yonivyapada is vata dosha.⁶

So, to conceive, everything mentioned above should be normal. The above factors should be considered to treat the patient of infertility successfully.

Patient's Consent: The patient's consent for publication was taken in the Outpatient Department of Stri Rog - Prasuti Tantra Department on 15/05/2022 at Yashwant Ayurved Mahavidyalaya and Rugnalaya, Kodoli, Kolhapur, Maharashtra, India. This study is carried out per the International Conference of Harmonization - Good Clinical Practices Guidelines. (ICH-GCP)

CASE STUDY

A married female of age 22 years housewife, with her husband aged 28 years, an engineer by profession, and resident of Talsande, Kolhapur, came to the Outpatient Department of Stri Rog- Prasuti Tantra of Yashwant Ayurved Rugnalaya on 15 June 2020 with a complaint of not able to conceive for 1.5 years. She was married two years back. She had complaints of 2 months of amenorrhea, constipation, and mild dyspareunia. Her previous menstrual history was regular. Her last menstrual period was on 15 April 2020. The couple was not using any contraceptive method after three months of marriage till date. Her weight was 65 kg, height was 143 cm, and body mass index was 31.86 kg/m².

She was morbidly obese. She was also having acanthosis nigricans. A urine pregnancy test was done, which was negative. She was not having any previous significant medical or surgical history. Her history was noted, including ahara, vihara, mala, mutra, sattwa, satmya, agni, dincharya, and prakruti. The same history of the husband was noted. The husband also had no significant medical or surgical history or addiction. General, systemic examination of both the partners and gynaecological examinations of the female partner were done and were normal. The husband's semen analysis was done. Her hemograms, blood sugar levels, urine routine and microscopic examinations, thyroid function test, ultrasonography of abdomen-pelvis and the follicular study were done.

USG Report (22/6/2020)

Uterus- Anteverted, 6.4x2.7x3.9 cm, ET-12 mm, both ovaries show peripherally arranged multiple small follicles, right ovary volume - 10.117 ccs, left ovary volume-12.1240 cc, s/o PCOD on follicular monitoring anovulatory cycle diagnosed.

Basic blood investigations were done and found within normal limits. CBC Report (11/6/2020)

Hb - 12.4 gm%, WBC- 9500m³, Platelets - 468000/mm³

Urine, blood sugar, and thyroid function test reports were also within normal limits. Semen analysis was within normal limits. All reports are attached to the case study report.

This case is diagnosed as infertility due to Polycystic Ovarian Disease induced anovulatory cycles. According to Ayurveda, its

nidana is Kaphavrutta apan vatprokopaja artavadushti.

Treatment Given

According to Charaka acharya Deepana, Vatanulomana, Rasayana, and Strotovishodhana chikitsa should be given in aavrutvatatwa.⁷

Deepana-pachana was done with trikatu and nagakeshara churna⁸ and Suvarna makshika bhasma.⁹ Then vatanulomana done with Sukumar kashayaa.¹⁰ Deepana-pachana and vatanulomana were followed with rasayana karma with Ashwagandha ksheerpak.⁸ In the morning on an empty stomach from day 5 to day 21st of the menstrual cycle that means in rutukala.

Also, Durva swarasa nasya, from day 5 to day 16 of the menstrual cycle, was advised, which helped normalise her HPO axis, according to the principle 'Nasa hi shirso dwaram.¹² In Punsavan karma, vatashruna swaras nasya is given for prajasthapana and putrotpadana karma.¹² According to that principle, we used Durva swarasa, which has prajasthapana prabhava for nasya.¹³ She was also advised lifestyle modifications like exercise, pranayama, yoga asanas with pathyapathya for weight loss as well as for the stability of mind. After five months of regular Ayurvedic treatment, the patient came to OPD with secondary amenorrhea and was advised to take a urine pregnancy test. A urine pregnancy test was done on 7th January 2021 and found positive. Pregnancy was confirmed with ultrasonography, and she gave birth to a healthy, full-term male child of 2.5 kg at Yashwant Ayurveda Rughalaya by lower segment caesarean section on 25 August 2021.

Treatment Protocol

Date	Medications	Dose	Anupana	Kala	Duration
21/06/2020 to 27/09/2020	Trikatu+Nagakeshar Choorna+Swarnama Kshikbhasma	(125 mg + 1.5 gm + 125 mg) respectively, BD	Lukewarm Water	After food	3 months
21/06/2020 to 27/09/2020	Sukumar Kashaya	10 ml BD	Lukewarm Water	After food	3 months
13/08/2020 to 30/08/2020, 14/09/2020 to 01/10/2020, 27/11/2020 to 14/12/2020	Ashwagandha ksheerpak	30 ml OD	--	An empty stomach in the Morning (In rutukala)	3 Cycles
14/08/2020 to 25/08/2020, 15/09/2020 to 26/09/2020, 28/11/2020 to 09/12/2020	Durva swarasa nasya	2-2 drops of fresh swarasa in each nostril	--	In the morning, on rising from bed (in rutukala)	3 Cycles

RESULTS

After a treatment plan of 5 months, the patient's menstrual cycle gradually became regular, and her urine pregnancy test was found to be positive. That means anovulatory cycles got corrected, and ovulatory cycles got promoted.

Before Treatment	After treatment
Urine pregnancy Test (Date 15/06/2020) (Done for amenorrhoea) - Negative	Urine pregnancy Test (Date 07/01/2021) Positive
Ultrasonography (Date 20/06/2020) was suggestive of PCOD	Ultrasonography (Date 07/01/2021) was suggestive of single live intrauterine Pregnancy of average gestational age of 6 weeks
Follicular study (21/09/2020 to 03/10/2020) showing anovulation	Ultrasonography (Date 07/01/2021) was suggestive of single live intrauterine Pregnancy of average gestational age of 6 weeks

DISCUSSION

With meticulous history taking and required investigations, the case was diagnosed as primary infertility due to Polycystic Ovarian Disease induced anovulatory cycles. Polycystic Ovarian Syndrome is a common endocrinopathy typified by oligoovulation or anovulation, signs of androgen excess, and multiple small ovarian cysts.¹⁴ This case is diagnosed as PCOD according to Rotterdam criteria, where a minimum of 2 criteria

out of 3 are necessary for diagnosis.¹⁵

These three criteria are

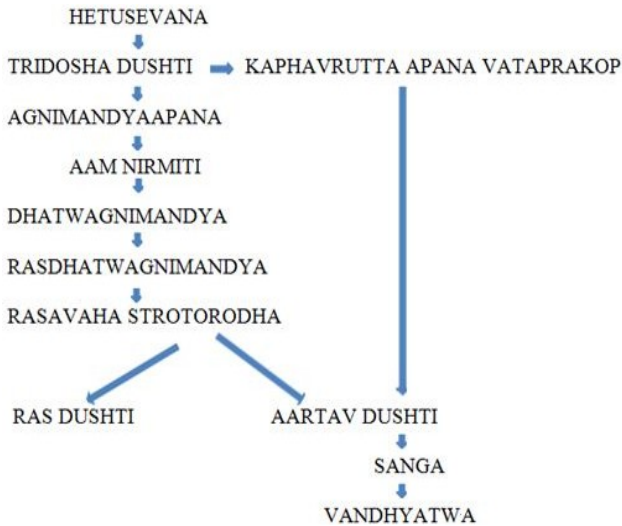
- 1) Oligoovulation or anovulation,
- 2) Clinical and/or biochemical hyperandrogenism,
- 3) Polycystic ovaries.

The present case fulfils the following two criteria

- 1) Anovulation,

2) Polycystic ovaries - Multiple follicles and ovarian volume > 10 cc. anovulatory cycles induce infertility.

According to Ayurveda, the present case is diagnosed as Kaphavrutta apana vatprokopaja artavadushti. So, samprapti of vandhyatwa due to Kaphavrutta apana vatprokopaja artavadushti.



The treatment given includes the following drugs:

Deepna and pachana with trikatu¹⁶ + Nagkeshara churna + Swarnamakshik bhasma. Trikatu contains Pippali, Shunthi and Marich. Their karmas are as follows:

- 1) Pippali (*Piper longum*) - Deepana, pachana, rasayana, vatanulomana, vrushya, balya
- 2) Shunthi (*Zingiber officinale*) - Deepana, pachana, uttejak, vrushya...
- 3) Marich (*Piper nigrum*) - Deepana, pachana, vatanulomana, aartavjanana then
- 4) Nagkeshara¹⁷ (*Mesua ferra*) - Pachana, vaajikarana, prakashana,
- 5) Swarnamakshik bhasma⁹ - Tridoshanashak, kaphapittashamak, mandagnihar, aamdoshahara, yogvahi, vrushya, rasayana

Deepan, with trikatu churna and swarnamakshika bhasma, helped to cure jatharagnimandya and dhatwagnimandya. Pachana karma done with nagakeshara churna. They collectively helped in vatanuloma by removing the aavrutatwa of kapha on apana vata. Due to deepana and pachana, proper Ahara rasa was formed, and good quality uttarottar sapta dhatu was formed. Ultimately, the sarabhuta aartav dhatu formation took place.

Deepana pachana was followed by vatanuloana by Sukumar kashaya, which contains vatanulomak drugs like Punarnava, Dashmoolas, Ashwagandha, Eranda, Shatavari, Trunpanchmoolas. Any yonivyapada takes place due to vitiated vata dosha. Garbhotpadana karma is under apana vaayu. Uterus, vagina, and ovaries are situated in shroni, and shroni is under apana vayu kshetra.¹⁸ Constipation was also a complaint of the patient. So here apana vayu which was pratiloma became anuloma due to vatanulomana by sukumar kashaya.

Rasayana karma was done with Ashwagandha (*Withania somnifera*) ksheerpaka, which is balya, tridoshshamak, and rasayana.¹⁸ So Ashwagandha ksheerppaka also helped in uttarottar good quality dhatu formation and ultimately sarabhuta artav dhatu formation.

Durva²⁰ (*Cynodon dactylon*) is sheeta, rasayana, prajasthapana, Durva swaras nasya regulated her hormones by maintaining her HPO axis. It also has prajasthapana prabhav.

In this manner, samprapti vighatana took place, and due to vatanulomana and sarabhuta artav dhatu formation, garbhotpadana karma occurred, and her vandhyatwa got cured. That means ovulatory cycles got promoted.

After a total of 5 cycles duration of the Ayurvedic chikitsa urine pregnancy test was positive, which was confirmed with ultrasonography.

CONCLUSION

While treating the patient with the help of Ayurveda, each patient is examined and treated as a different individual. Ayurveda treats by the principle 'Purusham purusham veekshyam'. Dushya, desha, bala, kala, agni, prakruti, vaya, sattwa, satmya, ahara etc., of each patient, is taken into consideration, and according to that, chikitsa sutra is defined. Due to this way of treatment, the complete metabolism of the individual is corrected and the chances of successful treatment increase. This case study emphasizes the synergistic effect of aampachana, vatanulomana, rasayana and nasya karma in promoting ovulatory cycles and eventually treating infertility due to Polycystic Ovarian Disease induced anovulatory cycles. This also clarifies that treating infertility in a systemic approach with ayurvedic principles will be promising, cost-effective, natural and least harmful to the woman. The objective was achieved with persistent close follow-up and strict compliance with ahara, vihara and aushadhayojana. But this single case report is not sufficient to set up a database. So, more case studies with proper study design are needed to set up a database of ayurvedic infertility treatment and for global acceptance of this management line.

REFERENCES

1. Konar Hiralal, D. C. Dutta Textbook of Gynaecology, 7th edition, Jaypee Brother Publication 2016, P 186, 187, 188.
2. Pandit Sharma Hemraj, Vidyotini Tika, Kashyap Samhita, 2nd edition, Chaukhamba publication, 1971
3. Hiralal Konar, D. C. Dutta Textbook of Gynaecology, 7th edition, Jaypee Brother Publication 2016, P 186, 187, 188.
4. Vd. Yadavji Trikamji Acharya, Sushruta Samhita, Sharira Sthana 2/33, Chaukhamba publication, Reprint 2015
5. Dr Garde Ganesh Krushna, Sartha Vagbhata, Ashtanga Hridaya Sharira sthana 1/8, Prabhat Printing Works, Pune, 1996, P 121
6. Dr Tripathi Bramhanand, Charaka Samhita, Chikitsa sthana 30/115, Chaukhamba Orientalia, Edition 2005, P 1031
7. Pade Shankar Dajishastri, Charaka Samhita, Bhag 2, Chikitsa sthana 28/233, 236, 237, 238, 240, Anmol Prakashan, Pune, Edition-2007, P 344, 345
8. Tripathi Jagadishwar, Chakra Datta, Yonivyapad chikitsa, Savimarsha Bhavartha sandipani Hindi vyakhya, 5TH Edition, Chaukhamba Sanskrit Series Office, Varanasi, P 506.
9. Dr. Zaa Chandrabhooshan, Ayurvediya Rasashastra, Maharasoprasadharanras prakaran, Chaukhamba publication, Reprint-2007, P 22
10. Dr Sharma Ramnivas, Dr Sharma Surendra, Sahastrayogam, Chaukhamba Sanskrit, Pratisthan, Chaukhamba Surbharati Prakashan, Edition 2016, P 43.
11. Dr Garde Ganesh Krushna, Sartha Vagbhata, Ashtanga Hridaya Sutra sthana 20/1, Chaukhamba Surbharati Prakashan, Varanasi, Edition-2018, P 85
12. Dr Garde Ganesh Krushna, Sartha Vagbhata, Ashtanga Hridaya Sharira sthana 1/41, Prabhat Printing Works, Pune,

- Edition-1996, P 124
13. Hoffman, Scorage, Bradshaw, Halvorson, Schaffer, Corton, Williams Gynaecology, Chapter 17, Polycystic Ovarian Syndrome and Hyperandrogenism, 3rd Edition
 14. Kumar Pratap, Malhotra Narendra, Jeffcoat's Principles of Gynaecology, Chapter 23, Polycystic Ovary Syndrome, 7th Edition, P 385
 15. Dravyaguna Vidnyana, Bhag-2, Acharya Priyavat Sharma, Chaukhamba Bharati Academy, Reprint - 2018, P 275, 331, 332, 362
 16. Acharya Sharma Priyavrat, Dravyaguna Vidnyana, Bhag-2, Chaukhamba Bharati Academy, Reprint - 2018, P 783, 786
 17. Dr Garde Ganesh Krushna, Sartha Vagbhata, Ashtanga Hridaya Sutra sthana 12/9, Chaukhamba Surbharati Prakashan, Varanasi, Edition-2018, P 55
 18. Acharya Sharma Priyavrat, Dravyaguna Vidnyana, Bhag-2, Chaukhamba Bharati Academy, Reprint - 2018, P 579, 580, 581, 763

Cite this article as:

Ketaki Vishwas Dhavale and Vishala Turlapati. A case study on the synergistic effect of aampachana, vatanulomana, rasayana and nasya karma in primary infertility in promoting ovulatory cycles. *Int. J. Res. Ayurveda Pharm.* 2022;13(6):1-4
<http://dx.doi.org/10.7897/2277-4343.1306145>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.