



Case Report

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AYURVEDIC MANAGEMENT OF VANDHYATVA DUE TO UNEXPLAINED ETIOLOGY: A CASE REPORT

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ABSTRACT

Vandhyatva is a major concern among the reproductive age group. This case report is regarding an infertile couple who are unable to conceive for 3 years. They underwent conventional treatment of infertility, including intra-uterine insemination and *In-vitro* fertilization, but were unsuccessful. The patient had undergone IVF treatment and conceived an ectopic pregnancy for which she had undergone laparoscopy followed by a right salpingostomy. The treatment given was both shodhana and shamana chikitsa, followed by Uttara Basti. After 5 months of treatment, the patient conceived and delivered a healthy female child with a 2.730 kg baby weight with an APGAR score of 09.

Keywords: Vandhyatva, Unexplained infertility, Ayurvedic management.

INTRODUCTION

Infertility is defined as the inability to conceive within one or more years of regular unprotected coitus¹. The factors responsible are a malefactor in about 30-40%, a female in about 40-55%, and both are responsible in about 10% of cases. The remaining 10% is unexplained.² Ayurvedic perspective of management includes preparing a healthy kshetra (garbhashaya), healthy ambu (healthy ahara rasa nirmana) and healthy beeja (ovum) to achieve a viable and healthy progeny. The treatment principle is to do nidana parivarjana and srotoshodhana to enhance the nirmana of shudha artava dhatu (healthy ovum) and a good Kshetra (healthy uterus) to achieve a healthy conception.

Patient Information

A female patient of 35 years old visited NIA Prasuti Tantra evam Stree roga OPD with a complaint of being unable to get a viable child for three years with a history of previous ectopic pregnancy.

The age of the husband, who is a lecturer, is 39 years.

Associated complaints

Hair fall and generalized weakness for two months.

Menstrual History

She attained her menarche at 14 with a menstrual cycle of 2-3 days in duration and at 27-28 days of regular intervals with normal flow and no complaints.

Obstetric History

G2P0A2L0

G1- E1- Laparoscopic removal of unruptured right side ectopic pregnancy followed by salpingostomy conceived through IVF 2 years ago.

G2- Missed abortion of 8 weeks gestational age followed by USG-guided dilatation and evacuation under general anaesthesia one year ago.

OBSERVATION

Table 1: Patient information

Date	Day of cycle	Diagnostic test	Results
04-04-2022	11th	Follicular Study	Left ovary dominant follicle of 15X13.6 mm Endometrial thickness – 6.5 mm
06-04-2022	13th	Follicular Study	Left ovary dominant follicle of 18.3X13.6 mm Endometrial thickness – 8.9 mm
08-04-2022	15th	Follicular Study	Ruptured follicle in left ovary. Endometrial thickness- 9 mm

Past medical reports of Thyroid profile, LFT and RFT were also normal. The value of AMH was 3.34 ng/ml on 30-12-2021. The semen analysis of the husband was also normal. She had undergone allopathic treatment of infertility, including intrauterine insemination 2 times and *in vitro* fertilization two times, but no successful outcomes were observed. Her history revealed normal appetite, satisfactory bowel clearance and sound sleep.

Table 2: Physical Examination

General condition	Fair
Blood pressure	120/80 mm of Hg
Pulse rate	78/minutes
Temperature	97.2-degree Fahrenheit
Height	5 feet 4 inches
Weight	67 kg

Table 3: Vaginal examination

Per speculum examination	Mild, thin white discharge present, nulliparous os, cervix healthy, vaginal walls healthy.
Per vaginal examination	Uterus anteverted, cervix freely mobile, all fornices non-tender, cervical motion tenderness is absent.

Table 4: Past history

Date		Treatment taken
In the year 2003	Tuberculosis of the lungs (Koch's disease)	Anti-tubercular treatment for 6 months.
25-11-2019	Infertility	Intra uterine insemination (IUI)
24-05-2020	Infertility	Intra uterine insemination (IUI)
22-05-2021	Infertility	<i>In-vitro</i> fertilization (IVF)
10-08-2021	Infertility	<i>In-vitro</i> fertilization (IVF)
14-11- 2021	Tubal pregnancy conceived through <i>In-vitro</i> fertilization	Laparoscopy done, followed by Right Salpingostomy.

Table 5. Month-wise treatment given

First month (November 2022)	Samshamana chikitsa along with shodhana chikitsa
Second month (December 2022)	Samshamana chikitsa along with shodhana chikitsa
Third month (January 2023)	Samshamana chikitsa along with shodhana chikitsa
Fourth month (February 2023)	Samshamana chikitsa only.
Fifth month (March 2023)	Samshamana chikitsa only.
Sixth month (April 2023)	The patient missed her periods and got conceived.

Table 6: Samshamana and shodhana chikitsa included

Samshamana chikitsa	Shodhana chikitsa	
	Day of cycle	Treatment
Bala beeja churna 3 gm BD BF with milk in ksheerapaka form.	4th	Anuvasana Basti with Dashmula Taila 60 ml after food.
Jeevanti churna 3 gm BD AF with water.	5th	Asthapana basti prepared with Madhu, saindhava lavana, Dashmula taila, Shatapushpa kalka and Dashmula kwatha 400-500 ml on an empty stomach in the morning.
Jayaphala 6 gm with mishri 6 gm BD AF from the day of cycle 5 th to the day of cycle 10 th .	6th	Anuvasana Basti with Dashmula Taila 60 ml after food.
The same medicines were given for 5 months.	7th	Uttara basti with Phala ghrita (5 ml) once a day after food.
	8th	Uttara basti with Phala ghrita (5 ml) once a day after food.
	9th	Uttara basti with Phala ghrita (5 ml) once a day after food.

RESULTS

After three cycles of uttara basti, the patient missed her periods and got conceived. The patient delivered an alive female child of weight 2.730 kg as vertex presentation by vacuum-assisted vaginal delivery under local anaesthesia on 9-12-2023 with APGAR Score 9.

Pathya- Apathya

1. Less oily, less spicy, laghu supachya aahara.
2. Absolute restrictions for deep-fried food items.
3. Regular exercise for 30 minutes.

DISCUSSION

The diagnosis was confirmed as secondary infertility due to unexplained causes, as the ovulatory factor, tubal factor, uterine factor and cervical factors were not involved. The malefactor was

also not involved due to a normal semen analysis report. According to Acharya Sushruta, ritu, kshetra, ambu, and Beeja, all of these factors have been identified as contributing factors in conception³. Ritu is a Kapha phase that follows the proliferative period in the uterus during ovulation. A healthy female vaginal tract, or kshetra, will make it easier for sperm to enter the body. Ambu contains both hormones and nutrients. Beeja includes the formation of a good quality of ovum and sperm. So, for healthy conception, all these four factors must be of good quality. In this case, the study Bala beeja churna and Jeevanti churna are used to form a good quality beeja and Uttara Basti with Phala ghrita is used for good quality kshetra nirmana. The ultimate aim of the treatment was to enable the normal functioning of Vata in the koshta, especially in garbhasaya. So, for the formation of good quality ovum, Bala beeja churna and Jeevanti churna are used, and for ovulation, a combination of Jatiphala and mishri is used.

Samprapti ghatakas, in this case, can be laid down as follows:

Hetu: Ruksha and abhishyandi aahara sevan, avyayama, divaswapna.

Dosha: Vata (Apana)

Dushya: Rasa, Rakta

Strotas: Rasavaha, Artavavaha

Aashaya: Garbha-aashaya

Considering the above factors, this case's primary line of treatment should be shonitashodhana / shonitaprasadna, garbhashthapana and agnimandyahra.

Bala beeja churna

Bala is having madhura rasa, madhura vipaka, sheeta veerya and snigdha, pichilla, laghu guna.⁴ It is mentioned in the agreya concept among balya and Vatahara dravyas⁵ that might have pacified the vikruta Vata, particularly Apana Vata and provided bala (strength) to the garbhaashya followed by garbhashthapana and then by maintaining the pregnancy by its garbhasravahara and garbhaphoshaka property.

Phala ghrita

Phala ghrita is used because it helps achieve conception by improving the quality of beeja (ovum) and garbhashaya poshana (proper nutrition of uterine endometrium). Ghrita acts on Vata dosha of garbhashaya. Phala ghrita has properties like tikta and madhura vipaka. It also has dipana, pachana, lekshana, anulomana, shothahara, krimighna, balya, prajasthapana and yoni pradoshanashaka properties which work mainly on the female reproductive system. Thus, Phala ghrita increases the thickness of the endometrium, nourishes the endometrium for conception and decreases the chances of miscarriage, stillbirth, and preterm baby. Hence, Phala ghrita was selected for the study. It nourishes the uterus's endometrium layer for the fetus's development. Ghrita is tridoshaghna due to its properties.⁶ Milk is also Vata Pitta shamaka, jivaniya and rasayana.⁷ Phala ghrita is mentioned as "pushpe pectam phalaya yat"⁹ and yonipradoshanashaka.⁸

Jatiphala and mishri

Jatiphala has tikta, katu rasa, ushna virya, katu vipaka and laghu, tikshna guna⁹. Due to its ushna virya and tikshna guna, they may be helpful in ovulation.

Basti chikitsa

As we know, Vata plays an essential role in the vitiation of any female-related disorders. So, Basti plays a major role in the suppression of Vata. Basti given through guda (rectal route) normalizes Apana Vayu, leading to Vatanulomana and physiological functioning of Vata, which may help in turn for the extrusion of the ovum from the follicle and ovulation. Thus, it helps in the process of fertilization. Basti given through the rectum will stimulate this parasympathetic nerve supply, which in turn allows for the ovum's release from the ovary follicle and helps achieve conception. The dravya used for basti is Dashmula due to its tridoshaghna property¹⁰. Uttar Basti is beneficial in alleviating artava dushthi, shukra dushthi, atya-artava, kashtha artava, yoni

vyapadas, and other factors related to Vandhyatva¹¹.

CONCLUSION

This case report shows how to manage secondary infertility associated with unexplained causes effectively through Ayurvedic treatment modalities. The result obtained in this single case study is also helpful for trial in larger samples.

Informed consent: Written consent was obtained from the couple to publish their clinical details. The study is carried out as per the International conference of Harmonization- Good Clinical Practices Guidelines. (ICH-GCP)

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