



## Case Report

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### CASE REPORT ON SEXUAL DYSFUNCTION AND INFERTILITY: AN AYURVEDA MANAGEMENT

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**ABSTRACT**

To embrace parenthood has always been a desire of every couple. Inability to achieve conception and not able to play a societal responsibility to pay pitru rina bring a couple for consultation to find out a solution, although experience is fundamentally different for a woman than a man. With that apprehension visits of a female to infertility clinic are obvious. Here such a case is being presented of primary infertility with a little variance observed by adopting a changed treatment protocol with positive outcome. A female aged 23 years having married life of five years visited an infertility clinic for the complaint of eager to conceive. On further counselling and review, it was found that she was having sexual dysfunction too. Hence planned to prescribe deepana- pachana (appetizer-digestives), rasayana (Rejuvenative) medicines orally along with local therapies. Result designates that Ayurveda treatment modalities can be a ray of hope in the management of infertility if diagnosed due to sexual dysfunction too.

**Keywords:** Infertility, Sexual Dysfunction, Matra Basti, Yonipuran, Ayurveda

**INTRODUCTION**

To have a progeny has always been a desire of every couple irrespective of financial and sociocultural status. Even after increasing population, cases visiting infertility clinic are rising in present day situation. Being multifactorial disorder, evaluation of infertility includes numerous investigations for male factor, ovarian factor, tubal factor including hormonal assays, semen parameters, some invasive and non-invasive techniques too. Clinical evaluation is also having an important role in a diagnostic approach of infertility. Female sexual dysfunction (FSD) is an ample-neglected area, FSD is more typical, common symptoms include reduced vaginal lubrication, sometimes pain and discomfort during intercourse, reduced sense of stimulation and difficulty in accomplishing orgasm. Very less percentage of women seek medical care for such issues in comparison to the research and treatment designed for erectile dysfunction in males perhaps because of the stigma attached to sexual functioning in most cultures or may be due to the nature of females in sharing such issues. Similar issue was observed in this case while doing examination of a female aged 23 years having married life of five years, visited for the treatment of wants to conceive. After examination it was found that the female was having narrow

introitus and sexual dysfunction due to painful coitus. Treatment plan comprised of rasayan medicines orally along with local therapies of matrabasti and yonipuran resulted in an outcome of conception.

**Case Presentation**

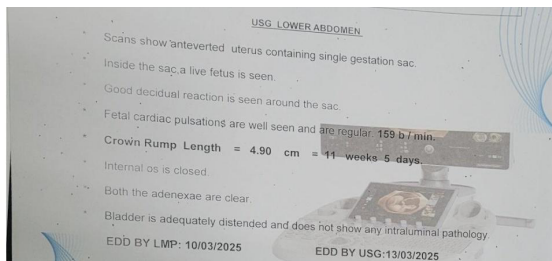
A female aged 23 years having married life of five years visited room No 201, an infertility clinic of All India Institute of Ayurveda, New Delhi with the complaint of inability to conceive. On enquiry it was noted that her menstrual cycle was regular and having duration of 4 to 5 days without any pain during periods. No contraceptive or surgical history specified. On bimanual examination it was noted that her introitus was small and patient was not comfortable in examination and could not be done. Body built was thin and patient was of shy nature. On further counselling and review, it was found that she was having sexual dysfunction too. Hence planned to prescribe deepana- pachana, (appetizer-digestives), rasayana (Rejuvenative) medicines orally along with local therapies of Matrabasti and Yonipuran.

**Ethical statement:** The study is carried out as per International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

**Treatment Plan**

Deepana, Pachana	Liver tonic 2 tsf 3 times in a day
Rasayana	Laghimalini Vasnat Ras tablet – one tablet three times in a day. Shatavari Gudam – 2 tsf two times in a day. Balarishta – 10 ml twice in a day after food with water.
Local therapies	Matrabasti and Yonipuran (Postmenstrual) – Balataila and Sukumara Ghrita (alternate) for the duration of 10 days.

After completion of the therapies, further investigations were advised which were found to be within normal limits.



## OBSERVATION AND RESULTS

In subsequent visits, clinically it was observed that patient was having feeling of better health and regular menstrual cycles along with comfortable doing bimanual examinations in succeeding visits. After the oral medications of three months, general health of the patient improved additionally. Followed by Yonipuran and Matrabasti, maturation of the follicles was sufficiently good and on inquiry it was revealed that the patient's sexual dysfunction was notably improved. After the completion of treatment plan patient came with the urine pregnancy test report positive which was confirmed by USG report of early pregnancy in which cardiac activity was present and regular.

## DISCUSSION

Several factors contribute to infertility which include male and female factors, combined and other unknown factors. One common denominator between male and female factor is inability to have satisfactory sexual intercourse. Inability to have sexual intercourse is mentioned in many literatures comprising of stress factors, distance factors, incompatibility factor, psychosocial factors<sup>4</sup>. Sexual dysfunction disorders are commonly categorized into five categories: desire issues (lack or loss of sexual desire, sexual hatred or excessive sexual desire), stimulation disorders (failure for genital response), orgasm issues (like orgasmic dysfunction, lack of sexual pleasure, premature ejaculation), pain disorders (like dyspareunia, vaginosis), and other disorders, (including paraphilia and gender identity ailments). Penetration disorder does cause dyspareunia and vaginismus. Dyspareunia is marked or persistent pain while sexual activity which may result into distress or interpersonal conflict<sup>5</sup>. It can be classified as entry dyspareunia that is pain at initial penetration of vaginal introitus and deep dyspareunia that is pain at deep vaginal penetration. The causes of early dyspareunia include local dermatologic diseases such as lichen sclerosis, vaginismus, and vulvodynia, whereas the reason of deep dyspareunia is pelvic pathology such as pelvic inflammatory disease. Insufficient lubrication, vaginal contaminations, postpartum dyspareunia, and postmenopausal vaginal atrophy are causes of both entry and deep dyspareunia<sup>6</sup>. In this case dyspareunia/sexual dysfunction might be due to rasa kshaya, maans kshaya (depletion of muscle tissue), Vatavidhhi and reduced immunity. Hence oral medicines were planned to be given for rasavidhhi, sthanik pushti and rasayana (rejuvenation). Vasant kalpas are rasayanas (rejuvenatives) mentioned in Ayurveda classics. Laghumalini vasant ras works on rasavaha and rakta vaha srotas by its deepana, pachana, yogavahi (bioenhancer) and rasaposhaka properties. Laghumalini Vasant contains Piperine as main active phytoconstituents. Piperine is widely used in pain management, for the blood circulation enrichment,

salivation and stimulation of appetite. Piperine is proved to have many biological activities such as anti-inflammatory and antidepressant.<sup>1,2</sup>

Shatavari Gudam is mentioned in Leha prakarana of Sahasrayogam. It is a rasayana (rejuvenation) and mentioned to be given in pain in vagina too. Shatavari (*Asparagus racemosus*) is indicated explicitly in reproductive tract diseases. Balarishta is an Ayurvedic preparation made out of nine different plants and jaggery and is indicated for the treatment of diseases caused due to Vata imbalance in the body, like neuralgia, hemiplegia, paraplegia, etc. and works as a nerve tonic and also used for strengthening muscles and bones.

Yonipuran and Matrabasti were the site specific therapies selected in this case. Yonipuran is filling of vaginal cavity with powders, pastes, oils or bolus. Generally, pastes or Kalkas are used more frequently than other forms. It has a predominant local therapeutic action. When retention of drug in large quantity is required then this therapy is commonly preferred. Vagina is having abundant blood and lymphatic drainage system which enhances the absorption of drugs delivered through vaginal route and it get directly absorbed into circulation. The blood supply is obtained from the descending cervical branch of the uterine artery and the vaginal artery, which is a branch of the internal iliac artery. The distal vagina is also supplied by the pudendal, middle and inferior rectal vessels. The venous drainage is through the vaginal veins to the internal iliac veins. Absorption through vagina take place in two ways both active and passive transport. Small, lipophilic molecules can diffuse through the epithelial cell membranes; certain substances may be actively transported via specific carriers or transporters. The vaginal walls are elastic and capable of expanding, which can affect how well a drug delivery system conforms and interacts with the surface. The large surface area of the vaginal wall facilitates more extensive contact between the drug and the epithelium. The absorption is also depending on pH of vaginal environment. It influences drug solubility and absorption rate. Presence of natural vaginal secretions can affect the permeability of the epithelium and also thickness and health of the epithelium impact absorption efficiency. Yonipuran enhances local circulation, the warm, medicated oil helps improve blood flow in the pelvic region, which can promote healing and nourishment of tissues. Yonipuran reduces Inflammation; many of the oils have anti-inflammatory properties. This helps in reducing swelling and discomfort associated with conditions like vaginitis or pelvic inflammatory disease. Yonipuran soothes and lubricates; taila (oil) offers relief from rookshata (dryness) and kharata (roughness) of yoni, which can be beneficial for conditions causing dryness or irritation. Data presented that the vaginal route as an acceptable and even preferable method for drug delivery. Drugs are easily and rapidly absorbed through the vaginal epithelium. Vaginal drug delivery can also allow for selective regional therapeutic administration, that is, local drug exposure where needed, producing little or no change in exposure throughout the rest of the body. Vaginal systems aim to provide not only a localized effect, but through drug absorption, sustained therapeutic levels compared with the traditional oral route. Matra Basti<sup>7-12</sup> is a type of Anuvasana basti, where the dose of sneha used is very less in the dose of i.e. 1 ½ pala (approx. 60 ml). It is said to be the half of the whole treatment and sometimes a complete treatment. Basti draws dosha or mala from all over the body by virtue of its veerya, just as the sun situated in the sky draws the moisture from the earth by virtue of its heat. As trees irrigated in its root yield branches with beautiful tender leaves, flowers and fruits and attain stature in a same way anuvasana basti yields significant results from head to toe.

Name of the drug	Ingredients	Reference
Laghumalini vasant ras	Rasaka and Maricha	Yogaratanakara, Jwaradhikara
Shatavari Gudam <sup>3</sup>	Guda, Shatavari, Ghrita, Shunti, Ela, Musali, Patha, Gokshura, Krishna sariva, Shweta sariva, Vasaka, Tamalaki, Vidari, Pippali, Yashiti, Gomutra Shilajitu, Vamsha and Sharkara.	Sahasrayoga lehaprakaran
Balarishta	Ashwagandha ( <i>Withania somnifera</i> ) root – 4.8 kg Water for decoction 49.152 liters, boiled and reduced to 12.288 liters. Jaggery 14.400 kg Dhataki ( <i>Woodfordia fruticosa</i> ) flower – 768 g Payasya ( <i>Ipomea digitata</i> ) root /whole plant 96 g Eranda ( <i>Ricinus communis</i> ) root – 96 g Rasna ( <i>Pluchea lanceolata</i> ) root - 48 g Ela (Cardamom) ( <i>Elettaria cardamomum</i> ) – 48 g Prasarini ( <i>Paederia foetida</i> ) root – 48 g Usheera ( <i>Vetiveria zizanioides</i> ) – 48 g Gokshura ( <i>Tribulus terrestris</i> ) whole plant / fruit – 48 g	Bhaishaja Ratnavali Vatavydhi-569-572
Balā Taila		AH-Vatavyadhi Chikitsa-73
Sukumara ghrita		A.H. Chikitsa Sthan

## CONCLUSION

Sexual dysfunction in infertility may be mutually exclusive in many circumstances; sometimes may not. Hence When bearing in mind the management, clinician and patient should introspect sexual dysfunction in a case of infertility. After the treatment plan based on Ayurveda principles, comprising deepana-pachana (appetizer-digestives), rasayana (rejuvenation) having quality to enhance physical as well as mental well-being of the patient, revealed that it may contribute to improve the function of vaginal flora. Along with oral medications, if site specific therapies like Matrabasti and Yonipuran are added in the management of infertility cases, it may help to enhance the outcome of the results by means of absorption through the vaginal epithelium.

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