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AYURVEDIC APPROACH IN AN UNEXPLAINED INFERTILITY – A CASE REPORT

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ABSTRACT

Introduction: Infertility significantly affects the physical, psychological and social well-being of couples. It is defined as the inability to conceive after one or more years of regular unprotected intercourse. In Ayurveda, this condition is described under the term *Vandhyatwa*. As per acharya's, Conception depends on the proper functioning of *Garbha Sambhava Samagri—Rutu* (ovulatory phase), *Kshetra* (uterus), *Ambu* (nutritional fluids) and *Beeja* (ovum/sperm), along with balanced *Vata dosha*, *Shadbhava* (*Matraja, Pitraja, Atmaja, Satvaja, Satymaja, Raktaja)*, and wellbeing of psychological state. This case report presents a 26-year-old woman with a two-year history of infertility. The patient was given Ayurvedic treatment starting with *Virechana Karma* followed by *Shamana Chikitsa* along with a proper diet regimen. After completing the course of treatment, the subject successfully conceived. *Shodhana karma Virechana,* played a vital role in clearing *srotorodha*, proper functioning of *apana vata*, improving quality of *beeja* and reducing psychological stress. The *Shamana chikitsa* helped in nourishing *Saptadhatus* along with balancing *tridosha* and also acted as *Rasayana* which stimulates ovulation and restores hormonal balance.

Keywords: Unexplained Infertility, *Vandhyatwa*, *Garbha sambhava samagri*, *Virechana, Rasayana dravyas*

INTRODUCTION-

Becoming parents is a life changing experience but for many couples, the dream of building a family is hindered by the reality of infertility. The failure to conceive in a couple where no definitive cause for infertility can be found is considered as unexplained infertility **[1]**. Globally, approximately 17.5% of the adult population roughly one in six individuals experience infertility at some point in their lives **[2]**.

Multiple lifestyle and environmental factors, including smoking, obesity, chronic stress and exposure to environmental toxins, can negatively impact reproductive health and significantly increase the risk of infertility and its associated complications. Approximately 30% infertile couples are considered to experience 'unexplained infertility' **[3]**. This diagnosis is made when investigations such as semen analysis, assessment of ovulation and evaluation of tubal patency fail to identify any underlying abnormalities.

In Ayurveda, *Vandhyatwa* is the closest clinical correlate to unexplained infertility. Fertility, as explained in Ayurveda, is dependent on the harmonious function of *Garbha Sambhava Samagri—Ritu* (timing of ovulation), *Kshetra* (receptive uterus), *Ambu* (nourishing fluids) and *Beeja* (healthy ovum and sperm) **[4]** along with balanced *Vata dosha* **[5]**, appropriate *Shadbhava* (*Matraja, Pitraja, Atmaja, Satmyaja, Satvaja,* and *Rasaja*) **[6]**, and a stable psychological state. Disruption in any of these factors may result in failure to conceive, even in the absence of obvious anatomical or physiological defects.

CASE DETAILS-

A 26-year-old married woman presented to the Prasuti Tantra and Stree Roga OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, with the primary complaint of inability to conceive despite two years of regular, unprotected coitus. The patient was highly anxious regarding her fertility. She was in a third-degree consanguineous marriage. There was no history of previous conception, miscarriage or use of contraceptives during this time. The patient had no known history of diabetes mellitus, hypertension or thyroid dysfunction. Clinical evaluation and relevant investigations including confirmation of regular ovulatory cycles, patent fallopian tubes, and a normal semen analysis of the partner led to a diagnosis of unexplained infertility.

Family history: There was no any related history of infertility in mother and siblings.

Personal history:

Ahara- Mixed – *katu rasa pradhana sarvarasa*

Agni-Vishamagni

Bowel-Regular (1 time/day)

Micturition-4-5 times/day

Sleep-disturbed

Manasika bhava- Chinta, Shoka

Menstrual history:

Age of menarche -13 years

Regularity - Regular

Duration of flow - 4-5 days

Interval of flow - 28-30 days

Amount- Moderate, 2-3 pads/day

Pain- Mild lower abdominal pain on 1st day

Clots- Absent

Foul smell - Absent

Colour - Dark red

Examination of subject-

Dashavidha pareeksha

Prakriti-Vata pitta

Vikriti- Dosha-Vata pradhana tridosha

Dushya -Rasa, Rakta

Sara- Madhyama

Samhanana- Madhyama

Satva- Madhyama

Satmya- Madhyama

Aharashakti- Madhyama

Vyayamashakti- Madhyama

Vaya- Madhyama

Pramana- Madhyama

Ashtasthana pareeksha

Nadi- 82 bpm

Mutra- Prakruta

Mala-Prakruta

Jihva-Alipta

Shabda- Spashta

Sparsha- Anushnasheeta

Drik- Prakruta

Akriti- Madhyama

General Examination-

Built- Medium

Height- 157 cm

Weight- 52 kg

BMI- 21.1 kg/m^3

Pulse- 82 bpm

Temperature- Afebrile (97.02 F)

Respiratory rate- 18 CPM

BP- 110/80 mm hg

Pallor- Absent

Icterus- Absent

Lymphadenopathy- Absent

Systemic Examination-

CNS- Conscious, oriented to person, place and time

CVS-S1S2 heard, no abnormal sounds heard

RS-Normal vesicular breathing sounds heard

P/A- Inspection- No surgical scar or swelling noted

Palpation- Soft, nontender

Gynaecological Examination-

P/S examination-

Vulva-Normal

Vagina-walls-healthy, pink colour

Cervix- Nulliparous, Normal

P/V Examination-uterus-AV/NS/FF

INVESTIGATIONS-

All haematological, biochemical, semen analysis, Tubal patency test were normal.

INTERVENTION:

Following intervention was carried out and patient was advised to take *laghu, Ushna ahara* and to avoid *Diwaswapna*.

Date	Treatment modality	Treatment given
26/8/23 to 28/8/23		***Deepana pachana* with *Chitrakadi vati*-2 TID with *panchakola phanta* 50 ml B/F** ***Sarvanga udwarthana f/b Bashpa swedha***
29/8/23 to 1/9/23	***Shodhana chikitsa***	***Snehapana* given with *Phalaghritha* in increasing dose (30ml,70ml,100 ml,130ml)** ***Sarvanga abhyanga* with *ksheerabala taila* f/b *Bashpa swedha***
2/9/23 to 3/9/24 **4/9/23**		***Virechana karma*** **No of *vegas*- 15** **Type of Shuddhi- *Madhyama shuddhi***
8/9/23 to 8/10/23	***Shamana chikitsa***	***Chitrakadi vati* 1 BD B/F** ***Pushpadhanwa rasa* 1 BD A/F** **Leptaden 1 BD A/F**

RESULTS-

Following three months of *Chikitsa*, the patient missed her menstrual period and underwent urine pregnancy test, which yielded a positive result. A transabdominal ultrasonography was performed 50 days after the last menstrual period and the scan confirmed a single live intrauterine gestation, corresponding to a gestational age of 6 weeks and 2 days.

DISCUSSION-

Infertility has been a persistent issue since ancient times, but in recent years, it has become a burning issue due to the effects of improper lifestyle habits. This condition not only impacts the couple physically but also causes significant emotional and social distress.

In the present case, the line of treatment followed was based on the principles of *Vatanulomana, Shodhana* and *shamana chikitsa*. The primary therapeutic approach involved *Shodhana Chikitsa*, specifically *Virechana*. It has shown promising results in managing infertility, because of *Ushna*, *Teekshna*, *Sukshma*, *Vyavayi* and *Vikasi* properties of its drugs **[7]**. These attributes allow the medicine to penetrate deep into the *Dhatu*, thereby facilitating *Dhatuvishuddhi* and promoting the elimination of aggravated *Doshas* from the *Sookshma Srotas* (microchannels). Additionally, *Virechanakarma* enhances the potency of

the *Beeja*. It not only eliminates the *prakupita doshas* but also helps in the restoration of *bala*, thereby contributing to *garbhadharana* and *Deergayu.*

Acharya *Vagbhatta, Sharangadhara, Yogaratnakara,* and *Bhavaprakasha* have described the use of *Phalaghrita* in *Vandhyatva*. *Vandhyatva* is mentioned one among *vataja nanatmaja vyadhis* **[8]**. *Phalaghrita* is a composed of *Ghritha, Ksheera* and sixteen other *dravyas* which are predominantly *Madhura*, *Tikta*, and *Katu rasapradhana*. *Ghritha* is *Tridoshagna*. *Ksheera* is *Jeevaniya, Vata-Pitta Shamaka* and also acts as *Rasayana*. Due to these properties, it acts as a *Deepaka, Pachaka, Anulomaka, Prajavardhana, Medhya, Pumsavanaparam,* and *prashasta* in *ShukraYoni Pradoshaja Vikara* conditions. *Phalaghrita* may stimulate the pituitary-ovarian axis, potentially leading to increased gonadotropin secretion. This hormonal stimulation may regulate enzymes involved in ovarian steroidogenesis, thereby supporting healthy ovulatory function and improving fertility outcomes.

Pushpadhanwa rasa is available from 9th century in different Rasashastriya literature. In Rasatarangini it is mentioned that, *Pushpadhanwa rasa* is indicated in improper growth of ovaries, fallopian tubes leading to *Vandhyatva*. In Bhaishajya Ratnavali and Yogaratnakara it is mentioned for *Vajikarana*. As the drugs of *Pushpadhanwa rasa* having *Tiktarasa, Ushnaveerya, Deepana, Pachana, Lekhana Swabhava* does *vatakapha shamana* and helps in correcting *agni mandhya* and *ama* formation by relieving *Srotorodha*. Loha Bhasma and Naga Bhasma possess *Lekhana swabhava* helps in removing of *srotorodha* aiding to *vatanulomana*. hence *Pushpadhanwa rasa* having *Tridosha nashaka* properties may be effective in management of female infertility.

Leptaden have *jeevanti* and *kamboji (Bahupushpa)* in equal quantity. Studies shown that it prevents abortion and premature labour. And also, these drugs have *Garbhashaya shodhana, Garbhasthapana and Shotagna* properties. hence Leptaden provides normal environment for reproduction, activate neuroglandular system and helps in nidation of zygote.

CONCLUSION-

Infertility, though a long-standing concern, has become increasingly prevalent in modern times due to unhealthy lifestyle practices and stress related factors. In this study Ayurvedic approach has done in managing infertility through combination of *Vatanulomana*, *Shodhana*, and *Shamana* chikitsa. Virechana, playes a major role by promoting *Dhatuvishuddhi*, enhancing the potency of *Beeja*, and in expulsion of vitiated doshas through the *Sookshma Srotas*. Shamanoushadhis also a rasayana

dravyas nourishes *Garbha sambhava samagri*, modulates neuro-endocrino immune system. this case study suggests together *shodhana* and *shamana chikitsa* represent a comprehensive Ayurvedic protocol that addresses both physiological and psychological dimensions of infertility, thereby improving the chances of conception and the ability to sustain a healthy pregnancy.

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