

Ayurveda treatment protocol in the management of Multifactorial Female Infertility- A Rare Case Study

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Abstract:

A infertile female patient having recurrent abortions visited in OPD of PTSR. Patient had history of ectopic gestation that results in excision of one fallopian tube and anovulation was detected in the ovary sided of remaining patent fallopian tube. Gynecologist advised IVF but low IVF success rate due to TORCH infection. The aim was to correct menstrual cycle, Luteal phase defect, anovulation and TORCH suppression. A female with primary infertility with recurrent abortions and TORCH positive was treated with *Virechana* and *Uttarbasti*. The duration of therapy was 4 month in which first month carried by *virechan* then next step for *Uttarbasti* for 2 consecutive menstrual cycle along with *Uttarbasti* oral drugs also continue and in last month only oral drug was administered. Significant improvement was found in menstrual cycle just after *Virechana* and ovulation occurs from left ovary very first time after course of *Uttarbasti*. Patient got conception in first month of follow up and completed her 4 months of pregnancy that prove effect of Ayurveda treatment protocol for management of multifactorial infertility.

Key words: Ayurveda, Abortion, Anovulation, Infertility, TORCH infection, *Uttarbasti*, *Virechana*.

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Introduction:

Female infertility is a major issue that affects the suffering women as well as whole family members. Conception depends upon combined excellence for fertility in both male and female partner in which female is directly responsible in about 40-55% of infertility.^[1] In Ayurveda Sushruta described four essential factor plays in conception i.e. Ritu, Kshetra, beeja, ambu are four factors influence on the conception if all are in normal state. ^[2] In most of cases of infertility the pathologies are quite complex in which it is hard to find root causative factor. The infertility problem reached to poor prognosis if it combines with TORCH and other infections. A recent study suggest that TORCH prevalence was found 19.4% for *Toxoplasma*, 30.4% were positive for Rubella, 34.7% were positive for CMV and 33.5% were positive for the HSV-2 infections. ^[3] So, the TORCH infection prevalence become common in cases of infertility

In conventional medicine many options for primary infertility are available starting from medication to IVF with their own limitations.^[4] While Ayurveda has expanded horizons of treatment modalities for infertility which work as quick heal for multifactorial infertility problem tion as cellular detoxification i.e. *Shodhan Karma* and utero-vaginal intra mucosal drug delivery system i.e. *Uttarbasti*. Uterine mucosa is rich in blood supply so the drug administered through the standard protocol of uttarbasti absorb easily and enhances ovulation, nourish the endometrium. ^[5] The

present case study deals with a success story of infertile female patient who diagnosed as TORCH positive, only one functional ovary and opposite side patent fallopian tube; got conception and now completed 4 months of her pregnancy.

Case Report:

A female patient of age 35 years came to *streeroga avumprasuti Tantra (SRPT)* OPD of GurukulKangri State Ayurvedic College and Hospital, Haridwar in month of August 2017. She had complaint of failure to conceive due to recurrent abortions. Personal history, menstrual history, obstetric history has been taken in details as below. In personal history patient was housewife with normal appetite, bowel habit and sound sleep. In menstrual history it was noted that regular, painless, scanty with 3-5 day duration at the interval of 22-25 days. In obstetric history G3, P0, A 3 (before 2,3,4 years)

History of present illness- A female patient was asymptomatic before seven years. She got her first conception after 2 years of marriage, which spontaneously aborted after 2 months of pregnancy. Then she got second time conception after 1 year of previous abortion that was also aborted within two months. Again third time she conceived but that was ectopic pregnancy in left fallopian tube so her left fallopian side tube was excised. Due to such type of incidence she consulted to a well known gynecologist in the city and after investigation it was found that TORCH infection positive along with anovulation in right side ovary. Lastly she was advised for IVF because no chance of

natural conception due to absence of fallopian tube in the side of functional ovary and right ovary annovulation. Patient was not sure IVF because every time she got conception but abortion occurs in 2 months; that's why she came for Ayurveda treatment as her last hope for being parent.

Patient had history of left side ectopic pregnancy so her left sided fallopian tube was removed. Whereas on findings of TVS her left ovary was functional and right ovary

is non- functional.(Table-1). The routine investigations like CBC, Blood Group, HIV, HbsAg, Blood Sugar level, Thyroid profile, TORCH were done. All these investigations were found within normal physiological range except TORCH which was positive. USG lower abdomen for ovulation study and uterine and adnexa showed non functioning of ovary (Fig-1) So in this case the aim was to achieve conception and to minimize TORCH infection and improve ovulation in right ovary.

Table-1:-Ovulation study of consecutive two months on TVSUSG

Day(1 st month)	Left ovary	Right ovary
10 th	10*15mm follicle seen	No follicle
13 TH	15*18mm follicle seen	No follicle
15 th	20*22mm follicle seen	No follicle
16 th	Ruptured	No follicle
Day (2 nd Month)	Lt. Ovary	Rt. Ovary
10 th	12*14 mm	No follicle
12 TH	16* 18 mm	No follicle
14 th	22*25 mm	No follicle
15 th	Ruptured	No follicle

Treatment plan:

Total duration of Therapy was 4 months among which first month planned *virechana* then go for *uttarbasti* upto two consecutive menstrual cycle along with oral medicine and after two course of *Uttarbasti* in last 4th month only oral medicines were prescribed.

Methodology:

1. Virechana: Period: planned in first month i.e. September 2017.

Phalghritas Snehapana was given for 5 days the starting dose of *Phalghrit* was 50 ml on first day and 50 ml was added in previous day dose for each day, So at 5th day she intake 250 ml of *Phalghrit*. Then local abhyang with Baladi tail and *swedanawas done*. *virechna* was given with 2 tablet of Abhayadi Modak and 50 gm of

Trivratavleha with Anupan of Aragwadha Kashaya and *madhyamsuddhilakshan* occurs in patient. 5 dayssansarjankarmaand *pathyaapatya* was advised to the patient.

2. Uttarbasti: Period: In the month of October and November 2017.

Duration of uttarbasti: Start from 5th day of Menstruation.

For 3 days in two consecutive menstrual cycle after proper deepanapachanawith trikatu and anulomana with haritaki.

Medicine for uttarbasti: 5 ml *Phalghrit* was administered through uttarbasti cannula in intra uterine cavity under aseptic precautions. The proper protocol of *uttarabasti* as *purvakarma*, *Pradhana karma*, *paschat karma* was strictly followed.

Oral medicine: After the *Virechna* following medicines were prescribed for 3 months (October, November, and December-2017)

1. Syp Amycardiol 20 ml for two times with plain water
2. *Shatavari churna* 5gm two times a day with milk
3. *Puspadhanvaras* 250 mg two times a day with warm water

4. *Shivalingi* *beejchurna*, *Putramjeevakchurna*, *Balachurna* each 2 gm with warm water twice a day before meal.

5. *Phala ghrita* 5 ml once daily with warm water empty stomach in morning.

6. *Jatyadi tail* quantity sufficient for local application on vaginal area.

Follow up period: 2 months

Pathya: Milk, ghee, green leafy vegetables, plenty of water, pulses, proper hygiene maintenance, meditation, morning walk and pranayama. Read good literature, be happy with soul and mind.

Apthya: Spicy, fried, excessive salty diet, fast food, cold drinks, late night sleeping, excessive intake of tea and coffee, exertion journey, suppression of natural urges i.e. micturition, defecation, sleep. Avoid stress.

Criteria for assessment of results: based on subjective (Improvement in menstrual cycle- table-2) and objective (TVS and USG findings- table-3 & 4).

USG findings in follow up period: patient got conception in January 2018 and confirmation of pregnancy was done by UPT and USG finding (Fig-2,3).

Results:**Table-2: Results of subjective parameter i.e. menstrual cycle improvement**

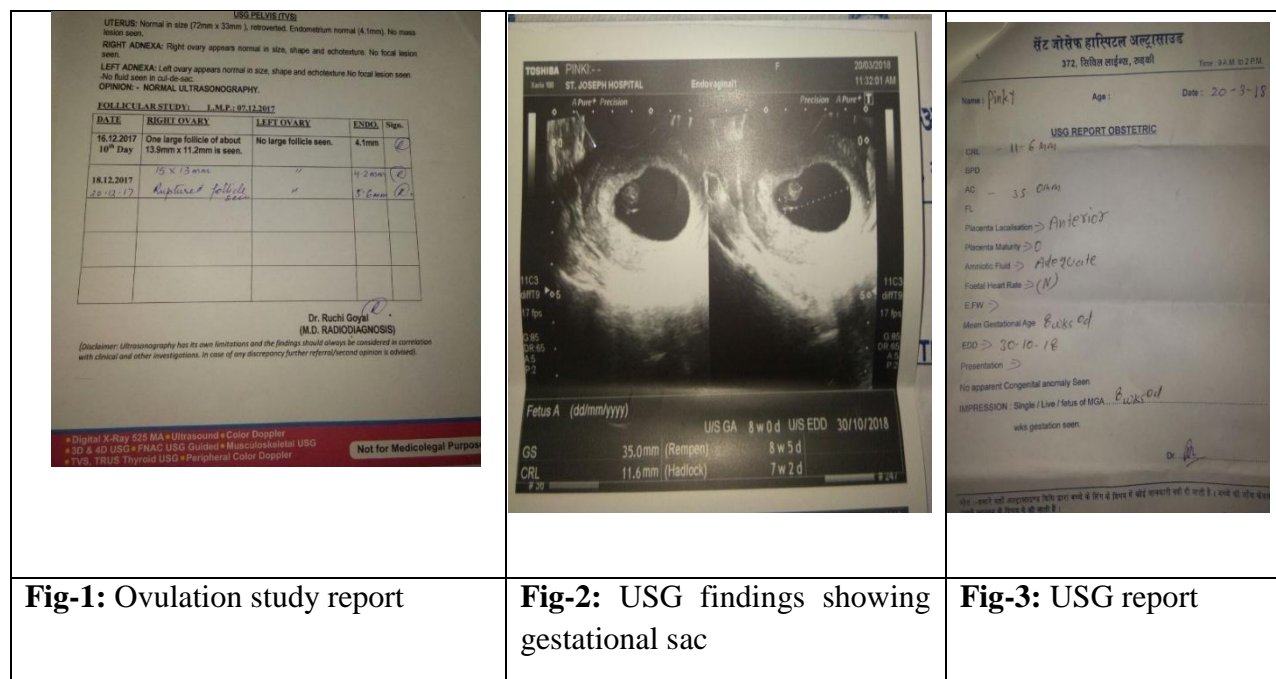
Parameters of menstrual cycle	Before treatment	During treatment
Duration	3-4 days	4-5 days
Interval	22-25 days	28 days
Painful or painless	Painless	Mild pain
Amount of bleeding	Scanty	Moderate

Table-3: Results of Objective Parameter: TVS study for ovulation

Day(3 rd month)	Left ovary	Right ovary
10 th	10*13 mm follicle seen	No follicle
13 th	16*20 mm follicle seen	No follicle
15 th	20*24 mm follicle seen	No follicle
16 th	Ruptured	No follicle
Day (4 th Month)	Lt. Ovary	Rt. Ovary
10 th	No follicle	13.9mm*11.2 mm follicle seen
12 th	No follicle	15*13 mm follicle
14 th	No follicle	Ruptured

Table-4: USG report of fetal wellbeing after 2 months

Gestational Sac	35. 0mm 8 wks 5day
CRL	11-6 mm 7 wks 2 days
Placenta localization	Anterior
Placenta maturity	Zero
Amniotic fluid	Adequate
Cardiac Activity	Present
Mean gestational age	8weeks OD
EDD	30/10/2018
Impression	Single live fetus of gestational age 8weeks



Discussion:

The conception is combined effect of proper function of ovary, fimbrial activity, receptive endometrium and proper hormonal support. In this case of infertility the right ovary was functional but absent of fallopian tube abolish the chances of conception. On the other hand left side fallopian tube was healthy but left ovary was anovulating that results in failure of conception. The major problem was her bad obstetric history in which she lost her one fallopian tube. As there is no alternative of salpingectomy and only way to achieve conception is depend on left side ovary function because only that left fallopian tube was present.

The whole treatment was planned for solutions of challenges find out by proper history and investigations i.e. Luteal phase

defect, compromised proliferation of endometrium, Torch infection, Avoulation in Left ovary.

Effect on menstrual cycle:

LPD correction: Patient having history of short menstrual cycle which suggest luteal phase defect. So the *Virechana* helps in improving efficacy of follicle formation thus improve luteal phase. Along with *Virechana* the medicine used in oral form having phytoprogesteron effect which stabilize the endometrium and prevent from early shedding during luteal phase.^[6]

Patient having history of scanty menstrual bleeding which suggest that she has compromised oestrogen effect during proliferative phase results in improper proliferation endometrium. So, *Virechanahelped* in impact on pituitary

hormones which improves LH, FSH ratio in normal limits and give positive feedback on ovarian hormones estrogen release from theca granulosa of graffian follicle. As *Kasyap* says in reference of *Vandyachikitsa* (infertility T/T) *virechana* makes potency of *beeja* (~ovum).^[7]

Effect on TORCH infection:

TORCH was positive in patient due this reason removal of toxins from body on cellular and immunity boost up is mandatory to fight with TORCH infection, this was effectively done by *Virechana*. Purification of uterus is essential in cases having history of recurrent abortion and TORCH infection, so that it cannot impact negatively on future pregnancy. *Uttarbasti* rejuvenate the cells of endometrium, and fallopian tubes and purifies the uterovaginal passage.^[8-9]

Effect of therapy on left ovary:

Virechana improves HPO axis, because it impacts on cellular level by its purification action. So, improves in follicular growth of left ovary. The oral medicine also has potency to regulate menstrual cycle.^[10-11] The unique Ayurveda implementation for pathologies of female reproductive tract is named as *Uttarbasti*, here *Phalghrit* used for *uttarbasti* also having rejuvenation property.^[12] *Uttarbasti* enhance ovulation because it improves uterine artery blood flow. Thus ovulation starts from left ovary is due to combined effect of *virechanuttarbasti* and oral medicine.

Conclusion:

Study concluded that *Virechan*, *Uttarbasti* and Ayurved oral medicines can be helpful in conception in cases of recurrent abortions and non functioning ovary with TORCH positive. This is single case and need to be studied in more number of cases for its validation.

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