

Case Report

Ayurvedic Approach for the Management of Secondary Infertility

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Abstract

“A healthy mother gives a healthy generation”

A female is not called complete, when she doesn't become a mother. So mother has her own importance in the society.

Infertility implies apparent failure to conceive. Infertility is termed primary if conception has never occurred and secondary if one fails to conceive after having achieved a previous conception. Although male and female are near about responsible for this, but the main blame goes to the female by this society. Sometimes every thing is normal but the female is unable to conceive due to some reasons such as un-ovulatory cycle, pelvic congestion etc. Such a condition requires some specific medicine which may help induction of ovum for conception and strengthening the reproductive system. *Puspadhanva rasa* and *Ojasvani vati* are such type of medicine. Therefore, these were used in a patient. She was admitted in Arogyashala N.I.A. with complaint of backache and history of secondary infertility. The study was carried out with the help of *Puspadhanva rasa*, *Ojasvani vati* and *Vasti (Uttar Vasti)*

Keywords- Infertility, ATT (anti tubercular treatment), *Vasti*

सारांश :

मातृत्व के द्वारा स्त्री में सम्पूर्णता आती है। माता का समाज में एक ऊँचा स्थान होता है।

सन्तानहीनता गर्भधारण में असमर्थता को दर्शाता है। प्राथमिक सन्तानहीनता का अर्थ होता है कि गर्भधारण कभी हुआ ही नहीं और द्वितीयक सन्तानहीनता का तात्पर्य होता है कि स्त्री को पहले तो गर्भधारण हुआ है पर बाद में नहीं हो रहा है। हालांकि स्त्री और पुरुष दोनों ही इसके लिये बराबर जिम्मेदार हैं, परन्तु समाज में हमेशा स्त्री को ही जिम्मेदार ठहराया जाता है। कभी-कभी सब कुछ ठीक रहते हुये गर्भधारण नहीं हो पाता है जिसकी वजह पेल्विक कन्जेशन और अन-ओव्युलेटरी साइकिल है। ऐसी स्थिति में कुछ औषधियों का उपयोग किया जा सकता है, जो प्रजनन तंत्र और बीजावयव को नियमित करें। पुष्पधन्वा रस और ओजस्विनी वटी का प्रयोग राष्ट्रीय आयुर्वेद संस्थान की आरोग्यशाला में उत्तरवस्ति के साथ करते हुये यह अध्ययन किया गया है।

Ayurvedic Approach for the Management of Secondary Infertility

Dr. Sushila Sharma

Introduction

For the continuity of the human race, though men and women are equally important but women are considered as one of the most important factor for the continuity of life. One who lodges a 'Garbha' is known as 'Stri'. She is the origin of progeny, and called mother only when she gives birth to a child.

Inability to conceive is called as "Vandhyatva" (infertility). It is the most complicated problem of all gynecological complains and the leading cause are marital upset, personal unhappiness, social life; beside the physical and physiological upsets.

Infertility is termed primary if conception has never occurred and secondary if one fails to conceive after having achieved a previous conception.

Causes of infertility – One or multiple factors may interfere in the process of fertility as follows:-

Physiological – Infertility is present before the puberty, after menopause, during pregnancy and sometimes during lactation.

Pathological -

- i. Faulty male factors – 1/4
- ii. Faulty female factors - 1/2
- iii. Faulty combined female and male factors - 1/4

Etiology of infertility: Male factors in infertility – Systematic factors, psychological, Endocrinopathy, Immunologic, coital difficulty, genital.

Female factors in infertility - Systematic factors (obesity, tuberculosis etc), psychological, Endocrinopathy, Immunologic, Incompatibility, genital (Vaginal, cervical, uterine, tubal, ovarian, hormonal, anatomic defect etc.

Acharya Harita also described the types of infertility eg. *Apraja*(primary infertility), *Sapraja*(secondary infertility)

Ayurvedic approach for infertility Management

1. Treatment of specific causes responsible for infertility such as treatment of all the gynecological disorders including injury to the uterus or its prolapse, diseases of *Sukra* and *Artava* etc. should be done, because progeny occurs only in healthy reproductive organs.

2. Forsaking other etiological factors such as abnormal diet and mode of life, coitus before or after *ritukala*, psychological trouble etc.

3. Use of strength producing and *Bramhana* articles to compensate the loss of *bala* and *Dhatu*s e.g. *Rajyakshama* (Tuberculosis) etc.

4. The women having non-ovulation or useless ovulation (ovum with minimal or absence of capacity of fertilization)etc. causes of infertility should be prescribed *anuwasana basti*. By use of *basti* the *yoni* becomes healthy, even sterile women conceive.

Yapana bastis performs two actions i.e. cleansing of *niruha* and oleation of *anuwasana*. This help to create a favorable environment to get progeny.

Case study

A patient of 25 years age, was admitted in Arogyashala of National Institute of Ayurveda to get treatment for her problem of infertility. She was having history of absent Rt. Ovary and Rt. tube and Lt tubal blockage with multi cystic Lt ovary. Her married life was 6 years old. Before three year she was conceived but it was ectopic pregnancy. She was operated and her Rt. ovary and Rt. Tube was

removed. She was diagnosed for genital tuberculosis. She received full treatment (A.T.T.). But still she was unable to conceive.

She was admitted in Arogyashala of N.I.A. for treatment of secondary infertility. Routine blood and urine investigations were carried out. Her Hb was 8 gm% and ESR was 35 mm /hr. In Sonography, findings were same as mentioned above. She was advised for TB IgG, IgM. But due to poor economic condition she didn't made that.

At that time following treatment was given

- i. Puspadhanva rasa - 250 mg. BD
 Ojasvani Vati - 500 mg. BD
 Kanchnar gugglu - 500 mg. BD with milk
- ii. Avipattikar churna 5 gr. BD after meal.
- iii. Panchatikta Ghrita + Nimba taila) - Uttar Vasti

Uttar Vasti was started on 6th day of menstrual cycle and continued alternately till 12th day. This treatment was given for 3 cycles (month) and then stopped for 1 month, again started in 5th cycle (month). After five months, there was no need to give treatment as patient got conceived. After 38 weeks she got safe normal vaginal delivery and gave birth to a healthy normal baby.

Discussion— *Puspadhanva Rasa* is one of the best drugs for such women, who have anovulatory cycle. It (*Puspadhanva rasa*) induces

ovulation. *Ojasvani Vati* gives the strength to the female. Additional use of *Panchatikta Ghrita* and *Nimba taila* as *Uttar basti* plays a dual effect. First it enhance the function of *Puspadhanva rasa* and second, by the use of *Uttar basti*, the *yonis* becomes healthy. *Kanchnar Gugglu* decreases the *granthi* like structure (*sira granthi*) e.g. tubal blockages. Therefore, by the use of above mentioned drug combination, the infertile (secondary) got progeny.

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