

**AYURVEDIC MANAGEMENT OF PRIMARY INFERTILITY
ASSOCIATED WITH ENDOMETRIOSIS – A CASE REPORT****M. Anusha^{1*} and G. CH. D. Nagalakshmi²**

¹PG Scholar Dept. of Prasuti Tantra and Stree Roga, Dr. B. R. K. R. Government Ayurvedic Medical College, Hyderabad, Telangana.

²Professor/Reader PG Unit of Prasuti Tantra and Stree Roga, Dr. B. R. K. R. Government Ayurvedic Medical College, Hyderabad, Telangana.

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***Corresponding Author**

Dr. M. Anusha

PG Scholar Dept. of Prasuti
Tantra and Stree Roga, Dr.
B. R. K. R. Government
Ayurvedic Medical College,
Hyderabad, Telangana.

ABSTRACT

Endometriosis is common gynecological condition that can affect women in their reproductive years. Endometriosis characterized by the implantation and growth of viable endometrial tissue out side the uterine cavity. Endometriosis often manifests with dysmenorrhea, menorrhagia, metrorrhagia, primary infertility, dyspareunia. Endometriosis is one of the most important cause of female infertility. This is a case report of couple who presented with primary infertility, After 6 years of marriage. On clinical evaluation and investigations the wife aged 31 years, was found to have endometriosis. She took various treatments including hormonal therapies and multiple attempts of ART of IUI, ICSI but failed. In Ayurvedic terminology that case was diagnosed a Vandhyatwa (Infertility). Samana aushadhis and shodhana therapies which includes virechana (Therapeutic purgation), vasti (Therapeutic enema) and Uttara Vasti were done with the aim of

providing Amapachana & correction of Agni vaatanulomana, vatashamak, lekhana, granthihara, srothosodhana and garbhasthapana. Life style and diet modifications are also advised for successful treatment of endometriosis. Her 6 months of ayurvedic intervention resulted in the conception and she delivered a full term male baby weighing 2.9 kg through lower segment caesarean section.

KEYWORDS: Vandhyatwam, Endometriosis, Phala gritha.

INTRODUCTION

Endometriosis is common gynecological condition that can affect women in their reproductive years. Endometriosis characterized by the implantation and growth of viable endometrial tissue out side the uterine cavity. Endometriosis often manifests with dysmenorrhea, menorrhagia, metrorrhagia, primary infertility, dyspareunia. In ayurvedic classics there is no direct reference for endometriosis but it can be correlated with different yonivyapad on the basis of other symptoms. Ayurvedic management can be done on the basis of tridoshic theory in which vata is responsible for displacement of endometrial cells from their original location in the uterus to places outside the uterine cavity. Pitta is responsible for involvement of blood, hormones, and menstruation as well as the inflammatory nature of the disease. Kapha is responsible for increasing buildup of cells and overgrowing much like tumor so treatment approach can be Amapachana & correction of Agni, vatanulomana, vatashamaka, lekha, granthihara, life style and diet modifications have been selected for successful treatment of endometriosis.

CASE REPORT

A 30 years old married female came to OPD of prasuthi tantra and stree roga, at Dr.B.R.K.R Govt Ayurvedic hospital, Hyderabad with complaints of anxious to conceive since 5 years. Also complaints of increased lower abdominal pain with increased amount of bleeding during menstruation since 2 years.

Past history

Medical history: Known case of hypothyroidism since 3 months (on Tab. thyronorm 12.5 mcg)

Surgical history: Laparoscopy + Bilateral cyst excision

Family history: NAD

Personal history

Occupation: Housewife

Lifestyle: Sedentary

Food habit: Regular

Diet: Mixed, junk food, fried items

Appetite: Moderate

Bowel: Regular

Micturition: 6-7 times per day

Sleep: Sound sleep

Habits: NIL

Exercise: NIL

Marital status: 5 years

Menstrual history

Menarche: At 12 years

Cycle: 5-6days

Interval: 28-30 days

Nature of bleeding: clots+

Number of pads: 5pads/day

Dysmenorrhea: ++

Contraceptive history: No contraception

Obstetrics history: Nulligravida

On examination

General condition: Moderate

Pulse rate: 86/min

BP: 130/80mmhg

RR: 18/min

HR: 76/min

Weight: 54 kgs

Ashta sthana pariksha

1	Nadi	Vata kapha
2	Mala	Prakrita
3	Mutra	Prakrita
4	Jihva	Alipta
5	Shabda	Prakrita
6	Sparsha	Sheeta
7	Drik	Prakrita
8	Akriti	Madhyama

Dashavidha pareeksha

1.	Prakriti	Vata pradhana pitta
2.	Vikriti	Kapha
3.	Sara	Madhyama
4.	Samhanana	Madhyama
5.	Satmya	Madhyama

6.	Satwa	Madhyama
7.	Pramana	Madhyama
8.	Ahara abhyavaharana shakti Jarana shakti	Madhyama
9.	Vyayama shakti	Madhyama
10.	Vayah	Madhyama

Systemic examination

CNS: Conscious and well oriented

CVS: S1 S2 heard

Respiratory system: B/L chest clear, Air entry B/L Equal

GIT: Soft and non-tender

Per vaginal examination

Uterus anteverted, mobile, B/L fornices free, anterior and posterior fornix tenderness present.

Per speculum examination

Healthy vaginal walls

Cervix: Congested, hypertrophied, curdy white discharge

Blood investigations

Hb% - 10gm%

TLC – 6,500

Thyroid profile

T3-WNL

T4-WNL

TSH-WNL

LFT, RFT – WNL

Lipid profile -WNL

ANA Profile:

Nucleosome – border line positive

TNF Activity -25-60

NC-25-60

CDST-Low

AMH -1.81

CA 125 – 9.4

AFB – Endometrium – negative

PAP Smear – normal

HPE – Endometrium - secretory phase post ovulatory

USG (Pelvis) – Follicular study (25/2/2022)

Uterus: 6.0 35 31 mm, anteverted, normal size

Endometrium thickness – 8.5mm

Ovaries – Right: Cystic lesion 22×21 mm Endometriotic cyst

Oblong tubular strcture-15mm-Rt Adenexa- Hydrosalpinx

Anechoic cystic lesion – 21 ×17 mm – simple cyst S/O Endometriosis

Left: 29× 14 mm. Evidence of cystic lesion 8- 9mm

Endometrial cyst

		Right ovary	Left ovary	Endometrium thickness	POD
25/02/2022	13 TH day	No DF	No DF	8.5 mm	No free fluid
27/02/2022	15 th day	11 9 mm	No DF	9.11 mm	No free fluid

Samprapti ghatak

Dosha – Tridosha, mainly vata

Dushya – Rasa, Rakta, Artava

Srotas – Rasavaha, Raktavaha & Artava vaha

Srotodusthi: Sanga, Vimarga gamana

Adisthana: Garbhashaya

Intervention

The treatment was started with Amapachana, Agni Deepana & Anulomana for 7 days Oral Medication for three months along with oral medications Yoga Vasti is given to patient for 3 consecutive menstrual cycles and Uttara basti with kshara taila for 3 cycles During this period patient is advised to follow pathya ahara and vihara.

Shodhana

Ama Pachana & Agni deepana for 3 days

Name of drug	Dose	Anupana
Hinguvastaka churna	3grams, BD	Ghee
Chitrakadi vati	2 tablets (each of 250mg) BD, After food	Koshna jala for 5 days

Snehapana for 5 days

Day-4	30ml
Day-5	60ml
Day-6	90ml
Day-7	120ml
Day-8	160ml

Day-9th Abhyanga with tila taila and ushna Sweda

Day-10th virechana with Abhayadi modaka

Chikitsa**For cervical erosion**

Name of medicine	Doses
Yoniprakshalana–Triphala kashaya	For 7 days
Yoni pichu – Jatyadi gritha	For 7 days

Shamana aushadi's**For 3 consecutive menstrual cycle.**

Name of the medicine	Doses	Anupana
1. Combination of Chopchinyadi churna 50gms Rasamanikya ras 2.5 gms Pravala pisti 10gms Abraka basma 5 gms Guduchi satwa 10gms	3gms BD-After food	Honey
2. Kanchanara guggulu	2 tablets [each 250mg] BD-After food	Koshna jala
3. Varunadi kashayam	20ml BD-After food	Koshna jala
4. Aloes compound 1 st day – 14 th day of period	2 tablets BD After food	Koshna jala
5. Leptaden 15 th day – till period	2 tablets BD After food	Koshna jala
6. phalagrita	3gms BD After food	Milk
7. Yoga vasti Anuvasana-dhanwantari taila[30ml]+sahacharadi taila[30ml] Asthapana - Dasamoola kwatha churna kashayam	Post menstrually - 3 consecutive cycles For 8 days	
8. uttara vasti -kshara taila (After 3 cycles of yoga basti)	Post menstrually - 3 consecutive cycles for 5 days	

DISCUSSION

The chief complaint presented by the patient was inability to conceive. After clinical evaluation, patient was diagnosed as having endometriosis. According to Ayurveda case diagnosed as *Vandhyatwa* due to *Vatiki Yonivyapad* along with *karnini*. By analyzing *Samprapti* (Etiopathogenesis) factors, Tridoshas are affected mainly vata, Status of the Agni is Manda and correction of Agni was the important step. For the purpose of Amapachana which has the predominance of *Katu rasa* (Pungent), *Laghu* (light and easily digestible) *Ruksha* (Which dries up), *Ushna Virya* (Hot potency) and *Katu vipaka* (Bio transformed) was advised. The medicine selected based on dosha predominance, for snehapana was go-gritha which is *Vata pitta shamana* and *Brimhana* which is *Madhura rasa* and *sheeta virya*. Hence the administration of the drug in a considerably higher dose could facilitate the process of *Doshotklesa* without causing exhaustion to patient. It took 5 days to obtain *Samyak Snigdha Lakshana*. Next phase was *Abhyanga* (Oil massage) followed by *svedana*. After purva karma, as Shodhana therapy, Virechana with Abhayadi modak which has property of *Anulomana*.

Virechana resulted in 10 vegas and entire process was completed uneventfully. In the next phase As endometriosis was the basic pathology, we considered this as *Granthi*, hence the need for the action of *Tikshna*, *Ruksha* & *lekhana* medicine to reach the target site was considered.

1. Abraka bhasma: Balances vata, pitta and kapha. Abraka basma helps in Artava vridhi it acts a dhatu pustikaram, sheetaveeryam, Deepana. Useful in bleeding disorders, infertility, strengthens female reproductive system, enhance maturation of egg to follicle.

Guduchi satwa: Kashaya and tikta rasa, ushna veerya. laghu snigdha guna, rasayanam, rasa raktha pachaka (Blood purifier). improves strength and balances tridosas.

Pravalapisti: Pacifies pitta dosa. As dusti of pitta dosa also leads to rakta dusti, pravala pisti balances both pitta&rakta vaha Srotas.

2. Kanchanara Guggulu & Varunadhi kashayam: These are vata-kapha shamaka granthihara, shothahara, lekhana properties guggul contains oleo-resins which have a potent anti inflammatory effect. kanchanara guggulu exhibited a cytotoxic effect by inhibiting cell division and reducing cell proliferation.

3. Aloes compound: Stimulates the ovulation & improves the quality and quantity of cervical mucus. The main ingredient of aloes compound is kumari (*Aloes indica*). The

main action of kumari is rajapravarthaka due to its katu rasa, ushna veerya, pittavardhaka & srotosodhaka guna.

4. **Leptaden:** It contains jeevanti and kambojii equal quantity. These are having garbhashayasodhan, garbhasthapana and shothaghna properties. It was given to progesterone phase of cycle and later on it was continued throughout the pregnancy to support the foetal outcome. It prevents the biosynthesis of prostaglandins. hence it prevents the abortion and premature labour.
5. **Phalaghrita:** It is helpful in correcting blocked fallopian tube.it improve the quality of ovum and regulates the ovulation by correcting vitiated vata pitta and kapha.
6. **Yogavasti:** Has both local and systemic affects. Its rejuvenates the body and correct pathology. It acts on apana vayu which is one type of vata dosha which has control on genital organs

Dhanwantari tailam: Helps in regulation of functions of vata dosa. It is helpful in removing tubal blocks and improves ciliary motility inside the tubes.

Sahacharadhi tailam: Its is vata and kapha shamaka having the properties like Vedana stapana, shothahara, vranashodaka, vrana ropaka.

7. **Kshara tailam:** It has kaphaghna and lekhana properties. Kshara taila helps in the scraping of obstructing substance and also removes the endometrial lining of the tubes and uterus. The clinical assessment of patient was periodically done at an interval of one month. The severity of pain in dysmenorrhea, dyspareunia was assessed using the visual analogue scale. Other symptoms were evaluated using a self assessment module. Periodic sonographic monitoring was also carried out. Finally her menstrual cycle was found delayed by one week and UPT was found positive with LMP ON 25/05/2023. Within 6 months of treatment, the patient conceived and delivered a female baby on 02/03/2024.

CONCLUSION

Endometriosis is becoming one of the challenging clinical entities to the practitioners as it has substantial social, economic and public health effects. Due to dysmenorrhea, menorrhagia, metrorrhagia, dyspareunia, primary infertility it might lower quality of life. The complicated clinical scenario demands accurate diagnosis and management to prevent surgical intervention. Ayurvedic treatment modalities can manage primary infertility associated with

endometriosis. Ayurveda blesses the feminine world with numerous drugs which help to maintain their health in a natural way. Hence it is preferred to combine medical management along with lifestyle modification.

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