

SUCCESSFUL MANAGEMENT OF UNEXPLAINED INFERTILITY WITH AYURVEDIC INTERVENTION IN A MIDDLE-AGED WOMAN- A CASE REPORT

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ABSTRACT

Infertility is defined as the inability to conceive within one or more years of unprotected coitus. Worldwide, infertility is estimated to affect approximately 12% of couples in the reproductive age. Out of these, 15% cases of infertility do not have any identified cause. Such cases fall under the category of unexplained infertility. Since no anatomical or physiological abnormality is detected in such patients, it becomes difficult to manage their infertility. According to Ayurveda, infertility is referred to as *Vandhyatva*. Ayurvedic herbs like *Putranjeevak*, *Shivlingi*, *Shatavari*, etc. are known to support fertility in women by

inducing ovulation, maintaining healthy endometrium and preventing early pregnancy loss. The present case report is of a 32-year-old woman with all the diagnostic workup clear but unable to conceive for 5 years post-marriage. Since menarche, her menstrual cycle has been regular with moderate flow. No evidence of uterine, cervical or vaginal abnormalities were observed on clinical examination and ultrasonography. She was ovulating timely. Her husband's semen analysis was normal too. Hence, she was diagnosed as a case of primary unexplained infertility. Her gynecologist posted her for intrauterine insemination twice, but failed. With no significant outcome of the conventional treatment that she underwent for 5 years, she turned up to Ayurveda with a hope of conception in April 2022. She was thoroughly examined for understanding diet, lifestyle, vitiated *doshas* and the affected *dhatu*s. A treatment protocol was designed to boost all the factors that support fertility. She was prescribed a non-hormonal Ayurvedic proprietary medicine '*Jeelv*' to support fertility. During the course of treatment, she was advised to track ovulation monthly with an ovulation detection kit. She conceived in the fourth month of treatment which was confirmed on

ultrasonography, after which the medicine was discontinued. She had a smooth full-term pregnancy and delivered a healthy baby via *Caesarean* section in April 2023. This case report is an explicit example of the potential of Ayurveda in boosting female fertility and achieving conception without having to undergo invasive procedures.

KEYWORDS: Case report, Unexplained infertility, *Jeehv*, Ayurveda.

INTRODUCTION

Generally, 80 percent of women achieve conception in the first six cycles with unprotected intercourse in the fertile phase. Failure to conceive within one or more years in women under 35 years of age and for six months or more in women aged above 35 years is termed as infertility. Worldwide, infertility is estimated to affect approximately 12% of couples in the reproductive age.^[1] Out of these, 15% cases of infertility do not have any identified cause. Such cases fall under the category of unexplained infertility.^[1] Since no underlying cause is determined, cases of unexplained infertility become challenging to manage. The conventional approach to managing such cases involves intrauterine insemination, in vitro fertilization, etc. which may or may not be successful. On the contrary, Ayurveda's approach to the management of infertility is targeted at induction of ovulation, supporting the growth of healthy endometrium and preventing early pregnancy loss. Ayurvedic herbs like *Putranjeevak*, *Shivlingi*, *Shatavari*, etc. are potential in boosting various factors that support fertility. The present case is of a 32-years old female patient diagnosed as a case of unexplained primary infertility, trying to conceive for 5 years.

Case presentation

1. Patient information

A 32-year-old woman (Gravida-0), visited the clinic with her husband (aged 33 years) with complaint of infertility in April 2022. She had been married for 5 years and had never conceived. After two years of not being able to conceive post-marriage, she visited a gynecology clinic for treatment in 2019, where she underwent all the investigations to determine the cause of infertility. However, all her diagnostic workup was clear indicating no definite cause. She was ovulating timely and her husband's sperm analysis was normal. She was therefore categorized as a case of primary unexplained infertility.

2. Menstrual history

The patient achieved menarche at the age of fourteen with regular menses and moderate menstrual flow in every cycle.

3. General medical history

She had no co-morbidity or a known allergy. In December 2021, she suffered from Dengue infection but recovered well.

4. Surgical history

She had undergone Intrauterine insemination twice. Apart from this, there was no other surgical intervention in the past.

5. Details of examination and treatment

After being declared as a case of unexplained primary infertility, she was prescribed multivitamins and was posted for intrauterine insemination twice by the gynecologist, but it was unfruitful. On her visit to our Ayurveda clinic, she was thoroughly examined for determining the vitiated *doshas* and affected *dhatu*s. Her diet and habits were asked.

On examination.

Weight- 64 kg

Height- 152 cm

BMI- 27.70

PR- 82/minute

RR-18/minute

BP-120/70 mm of Hg

Mala- Normal with regular bowel evacuation

Mutra- Normal

Kshudha- Slightly reduced

Trushna- Normal

Agni- Slightly suppressed.

Nidra- Normal

Sweda- Moderate

Nadi- Vata-pitta dominant

Jivha- Coated

After thorough examination, she was prescribed a non-hormonal Ayurvedic proprietary formulation '*Jeehv*' manufactured and marketed by Gynoveda Pvt. Ltd. in a dose of 2 tablets (500mg each) to be taken in the morning after breakfast and after dinner with warm water for

6 months. She was advised to track ovulation every month with the help of ovulation detection kit. She religiously followed the treatment course while tracking her ovulation timely. In the fourth month of treatment, she conceived. The conception was confirmed on ultrasonography and she was advised to discontinue the medicine.

Patients Name :- [REDACTED]	DATE 10/08/2022
Referred by :- [REDACTED]	AGE / SEX- 32yrs /F

USG obst (TVS)

Indication: To confirm viability ; UPT +ve

LMP 6/07/2022; POG (D) 5wks 0day and POG (U) less than 5wks; EDD (D) 12/4/2023

An anteverted anteflexed gravid uterus seen with a single intrauterine gestational sac measuring 0.44cm corresponding to less than 5weeks of gestation. yolk sac and fetal pole not yet seen

Choriodecidual area adequate

Myometrium shows an anterior wall **intramural tiny fibroid** of size 15mm ,away from endometrium

Right ovary shows 2 **corpus luteal cyst** seen of size 15mmx17mm and 18mm and a **simple cyst** of size 17mmx14mm ,Left ovary normal

Cervix length 3.5cm

NO free fluid in POD and no probe tenderness in any fornix

Impression: USG shows a single intrauterine gestational sac corresponding to less than 5weeks of gestation

ADvice :repeat USG 1-2weeks for viability

DISCUSSION

According to Ayurveda, four elements are essential for conception, referred to as *Garbha sambhav saamagri*. These are *Ritu* (Fertile period), *Kshetra* (healthy uterus), *Ambu* (proper supply of nutrition to the fetus) and *Beeja* (healthy viable sperm and ovum).^[2] Problems with any one or more elements may result into inability to conceive termed as *Vandhyatva* i.e. infertility. In the present case, no obvious problem with these essential elements was found on

examination. Hence, it was diagnosed as a case of unexplained infertility. Ayurveda has many herbs which are known to boost all these fertility factors. A non-hormonal, proprietary Ayurvedic formulation '*Jeelv*' by Gynoveda contains herbs like *Putranjeevak* (*Putranjiva roxburghii*), *Shivlingi* (*Bryonia laciniosa*), *Shatavari* (*Asparagus racemosus*), *Jeevanti* (*Leptadenia reticulata*), *Ashoka* (*Saraca asoca*), etc. which enhance all the four essential elements to support natural conception. *Putranjeevak* is known to maintain endometrial thickness and improve its receptivity. *Jeevanti* helps to make the uterine atmosphere favorable for conception. *Shatavari* supports healthy growth of ovum. *Ashoka* supports ovulation. *Shivlingi* provides nourishment to the embryo, thus preventing early pregnancy loss. Taking these factors into consideration, *Jeelv* was prescribed to the patient for 6 months. However, she conceived in the fourth month of treatment. No side-effects were reported by the patient during the course of treatment which reflects the safety aspect of ayurveda intervention in female fertility.

CONCLUSION

The present case is an explicit example of how Ayurveda formulations like *Jeelv* support fertility in women when the conventional interventions seem to fail. Moreover, Ayurveda interventions are relatively cheaper and safer as compared to the conventional invasive fertility treatments. There is huge scope for extensive clinical research to generate such evidences and establish Ayurveda as the first choice of treatment in female infertility. This will eventually lower the burden that infertility is increasingly posing on the healthcare system.

Declaration

Informed consent was obtained from the patient to publish the case report.

The authors declare that no competing interests exist.

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