



**EFFECTIVE AYURVEDIC MANAGEMENT OF APRAJA WITH SPECIAL REFERENCE
TO PRIMARY INFERTILITY - A CASE STUDY**

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ABSTRACT

Apraja is a type of Vandyatwa mentioned by acharya Charaka where the woman conceives after receiving appropriate treatment. Apraja can be correlated to primary infertility. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. In the clinical features of asraja yonivyapad, Chakrapani has defined apraja and sapraja which are primary and secondary infertility respectively. The important factors or constituents required for conception called as the garbha sambhava samagri are ritu (fertile period), kshetra (healthy reproductive organs), ambu (nutrient fluid) and beeja (healthy sperm and ovum). The primary aim in the management of infertility is achieved by maintaining the optimum state of these four factors. In this article, a case of a woman with primary infertility effectively managed with Ayurvedic medications is discussed.

KEYWORDS: Apraja, vandyatwa, garbha sambhava samagri, primary infertility.

INTRODUCTION

Definitions of primary infertility vary between studies, but the operational definition, put forth by the WHO, defines primary infertility as a disease of reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.^[1] Globally, most infertile couples suffer from primary infertility. 80% of the couples achieve conception if they so desire, within one year of having regular intercourse with adequate frequency (4-5 times a week) and another 10% will achieve the objective by the end of second year.^[2] As such, 10% remain infertile by the end of second year. Due to the present lifestyle which favours the manifestation of metabolic diseases, endocrine disorders, stress, late marriage and delayed first pregnancy directly impact the fertility. Thus, a case of primary infertility treated successfully with a combination of aushadhi yogas has been discussed.

CASE STUDY

A 26 year old female visited the OPD of Prasuti Tantra evam Stree Roga on 13/10/2017 with the complaints of no issues since 2 years.

Past History

No H/O DM / HTN / hypo or hyperthyroidism /any other major / minor surgical & medical history.

Blood investigations: AMH -3.91ng/mL, FSH - 6.05m IU/mL, TSH - 2.95uIU/mL, Blood group-'A' positive, RBS-109mg/dL, Hb-13.1g%, RBC-4.61 million/cumm, WBC-9500cells/cumm, Platelet count-3.79 lakhs/cu mm, VDRL - negative, HIV- negative, HbsAg - negative.

USG - pelvis Impression: Uterus bicornuate? Septa? Right ovary- haemorrhagic cyst. Left ovary- normal. HSG on 1/12/16 was normal. Patient underwent follicular monitoring for 3 months, ovulation induction and IUI failure in 23/12/16 and later stopped all medications. She underwent CT - Adomen and Pelvis on 5/10/2017 revealed no focal lesions in the uterus. Normal ovaries/adnexa and thereafter visited the OPD of Prasuti Tantra evam Stree Roga at SKAMCH & RC, Bengaluru on 13/10/17.

Past History of patient's husband: No H/O DM / HTN/ any other major / minor surgical & medical history. Semen analysis done on 8/3/2017 was normal.

Family History

No H/O of consanguineous marriage. All the family members are said to be healthy.

Menstrual History

Menarche: 12 yrs

Menstrual history: 3-4 days / 45-60days (since 2yrs), 2-3 pads/day.
 Married life: 2yrs
 Obstetrical history: Never conceived.
 LMP : 2/10/17

General examination

➤ Built : Moderate
 ➤ Nourishment : Moderate
 ➤ Pulse : 76 b / min
 ➤ BP : 130/80 mm of Hg
 ➤ Temperature : 98.4 F
 ➤ Respiratory Rate : 15 / minute
 ➤ Height : 153cm
 ➤ Weight : 45 kg
 ➤ Tongue : slightly coated
 ➤ Pallor / Icterus / Cyanosis / Clubbing/Edema/
 Lymphadenopathy : Absent

Systemic examination

CVS: S1 S2 Normal
 CNS: Well oriented, conscious, oriented to time, place and person.
 RS: normal vesicular breathing, no added sounds
 P/A- soft, no tenderness, no organomegaly elicited

Ashta Vidha Pariksha

➤ Nadi - 76 b / min
 ➤ Mala - Once / day,
 ➤ Mutra - 5-6 times a day, once at night occasionally.
 ➤ Jivha - Alipta

➤ Shabda - Avishesha
 ➤ Sparsha - Anushna Sheeta.
 ➤ Druk - Avishesha
 ➤ Akriti - Madhyama.

Dasha vidha pariksha

➤ Prakruti - vata pittaja
 ➤ Vikruti - Madhyama
 ➤ Bala - Madhyama
 ➤ Sara - Madhyama
 ➤ Samhanana - Madhyama
 ➤ Satmya - Vyamishra
 ➤ Satva - Madhyama
 ➤ Pramana - Madhyama
 ➤ Ahara shakti - Abhyavarana shakti - Madhyama
 ➤ Jarana shakti - Madhyama
 ➤ Vyayama shakti - Madhyama
 ➤ Vaya - Madhyama

Course of treatment : (Total duration of administration of medicines - 4 months from 13/10/2017 to 16/2/2018).

- 1) *Cheriyam madhusnuhi rasayana*^[3] orally 1tsf twice daily with milk before food
- 2) *Sukumara kashaya*^[4] orally 2tsp twice daily before food mixed with 4 tsp of water
- 3) *Yosha jeevani lehya* orally 1tsf twice daily after food
- 4) *Phala sarpi*^[5] orally 1tsf twice daily on empty stomach in the morning and 1tsf at bed time.

DATE	LMP	Treatment given
13/10/2017-13/1/2018	13/10/2017 12/11/2017 14/12/2017 13/1/2018	1) <i>Cheriyam madhusnuhi rasayana</i> 2) <i>Sukumara kashaya</i> 3) <i>Yosha jeevani lehya</i> 4) <i>Phala sarpi</i> <i>Pathya ahara</i> and <i>vihara</i> were advised. The couple was counselled.
16/2/2018	Missed periods in February, UPT- positive on 16/2/2018	<i>Phala sarpi</i> continued in the same dosage with milk as <i>anupana</i> and rest of the medicines were stopped + <i>T. Leptaden</i> 1-0-1 (After food)
16/2/2018-16/4/2018	-	<i>Phala sarpi</i> + <i>T. Leptaden</i>
16/5/2018 - 15/10/2018	Pregnancy was uneventful	<i>Phala sarpi</i> + <i>T. Leptaden</i> Tab. <i>Abhraloha</i> 1-0-1 + HS cal 1-0-1

Investigations underwent during pregnancy

UPT- positive (done on 16th feb 2018)
 Blood group & Rh factor- A +ve
 Hb% - 11.5gm%
 RBS- 65mg/dl done on 7/5/16
 BT-3 min 55sec
 CT-56 min 5sec
 HIV- Negative
 HBsAg- Negative
 VDRL - non reactive
 Urine Routine and Microscopy - Albumin and sugar-nil,
 Pus cells - 2-4 cells/hpf and Epi cells-4-5 cells/hpf.

done on 17th Feb, 2018

Thyroid profile: T3-116ng/dL, T4-9.33ug/dL, TSH-1.34 uiu/mL - done on 28/2/2018.

Patient delivered a single live male baby vaginally on 16/10/2018 with birth weight of 2.9 kg.

DISCUSSION

Motherhood is the most cherished dream of all women. *Rutu, kshetra, ambu* and *beeja* are the 4 essential factors for fertility. *Dusti* in any of these results in *vandhyatva*. Ingredients of *Cheriya madhusnuhi rasayana* are excellent *lekhana* in nature which is needed for proper scraping of endometrium and helps in uniform regrowth of endometrial layer which will be necessary for implantation. Cleansing the uterine layer removes the obstruction and clears the srotas. Ingredients of *Yosha jeevani lehya rasayana* – strengthens reproductive system, helps to conceive.

The medicines which were prescribed in the present case mostly contain drugs of *Garbhasthapaka gana*. They are mostly of *madhura rasa, sheeta veerya, balya, jeevaniya* and *rasayana dravya* which is helpful in pacifying the aggravated *doshas*. Proper formation and circulation of *rasa dhatu*, proper formation of *artava* as well as improving the quality of *beeja, ambu* leads to proper functioning of the reproductive organs. Anxiety, depression, stress may also contribute to delay in conception as *Soumanasyata* is *agrya* for *garbhadharana*. Therefore, the woman needs counselling and avoidance of *garbhopaghatakara bhavas* helps her not only to continue pregnancy but also to enjoy an uneventful pregnancy.

CONCLUSION

Even though there is tremendous development in the field of modern gynaecology, there are 5% chances of unexplained infertility. Modern life style, change in food habits, stress and environmental changes affect fertility profoundly. Ayurveda has always concentrated on having a proper diet, proper lifestyle to prevent and overcome diseases. Thus, a case of primary infertility was treated with successful achievement of pregnancy which was continued uneventfully and the result was healthy mother with a healthy child.

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