A Married Hindu female patient of 25 years of age visited to OPD of Arogyam Health Care on 15\5\2076 B.S. with chief complaints of want issue since three years. She had not achieved her menses since 3 months and her menstruation was irregular since menarche. She was treated on the line of Artavadushti with primary infertility. Patient was treated with Arogyavardhi vati, Dashmoolarista, Kanchanar guggulu, Matra vasti and nasya with Mahanarayan taila, Bandhyaharan churna and Aswagandha churna for six months. Her menstrual cycle became regular with proper blood flow and Patient got conceived.

Keywords: Want issue, Nasya, Vasti, Artavadushti, primary infertility

INTRODUCTION

A person with many virtuous children has multi-facial, versatile, multi-dimensional, multi-activated, multi-vision personality. This person is regarded as auspicious, praiseworthy, blessed and potential as a big tree having many branches.

Charaka Samhita – The classification is indirect one i.e. vandhya (sterility due to absence of uterus and artava); apraja (primary infertility mentioned under yoniyyapad) and sapraja (secondary infertility). Kashyapa Samhita – In the list of Jataharini one puspaghni characterized with regular menstruation, but no conception, corpulent and hairy cheeks is described, which is also infertility. Harita has described six types of vandhyatwa. A women never conceives during childhood, in case of injury to the uterus or it’s prolapsed and loss of dhatus. Besides, coitus with a girl before menarche causes constriction of bhaga (perineum/
vulva) and *garbha* (uterus) thus the women never conceives. *Kakavandhya* - Infertility after birth of one child. *Anapatya-* Primary infertility. *Garbhasravi* – Repeated abortions. *Mrtavatsa-* Repeated still births Due to *balakshaya* infertility due to loss of specific strength to conceive.In this case, we can correlate the case with *Apraja*. It is considered as primary infertility. A woman conceives after treatment. There are some factors according to modern text books (ovulation disorders – anovulation, ovarian factors, hormonal factor – thyroid disorder, hyper-prolactinemia, Chronic hormonal disorders etc). In this case, the patient is having hormonal imbalance. As patient is known case of hypothyroidism which is one of the contributory factor for infertility. In this case, patient is having PCOS, and is most common etiology of an ovulation characterized by obesity, elevated androgens, insulin resistance and infertility. It affects 5% of reproductive aged females. The current hypothesis is that suppression of FSH associated with this condition causes only partial development of ovarian follicles, and follicular cysts can be detected in ultrasound scan.  

**CASE REPORT:**

A Married Hindu female patient of 25 years of age visited to OPD of Arogyam Health Care on 15/5/2076 B.S. with chief complaints of want issue since three years. She had not achieved her menses since 3 months and her menstruation was irregular since menarche. She was having gas formation on and off since three years.

She was married for four years. She had never conceived. Her husband reports were within normal limit with good semen analysis. Except hypothyroidism, there was no past medical, surgical and psychiatrically noted.

**General Examination**

- Pulse – 78/min
- BP - 110/80 mm of hg
- Temperature – 98.6 F
- Respiratory Rate – 16/min
- Height – 155cm
- Weight – 59 kg

**Per abdomen:** Soft, non-tender no organomegaly and other systemic examination within normal limit.

Her *prakriti* was *Vatakapha*. *Vata dosha* plays an important role in infertility. *Kapha dosha* may acts as a contributory factor for doing *Avarodha in shrotas*.

<table>
<thead>
<tr>
<th>15/5/2076</th>
<th>15/6/2076</th>
<th>17/06/2076</th>
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</thead>
<tbody>
<tr>
<td><strong>Arogyavardhini vati</strong></td>
<td><strong>Kanchanar guggulu</strong></td>
<td><strong>USG: B/L ovaries are normal in size and echotexture. No mass of lesion or cyst are seen. Uterus normal, endometrial thickness 6mm.</strong></td>
</tr>
<tr>
<td><strong>Bhvaneshwar churna</strong></td>
<td><strong>Bhuvaneshwar churna + Aswagandha Churna (4gm each)</strong></td>
<td><strong>TSH: 1.528 microIU/ml</strong></td>
</tr>
<tr>
<td><strong>Shankha bhasma</strong></td>
<td><strong>Tab. Senovilla (Lodhra, Eranda, Nigundi, Kapikachhu beeja, Vacha, Dhatur, Gajur beej, Talamuli, Chitrak, Kanya sara, Praval pishki, Vanga Bhasma, Shuddha shilajitajia and Jasad bhasma)</strong></td>
<td><strong>Again following medicines were prescribed:</strong></td>
</tr>
<tr>
<td><strong>Sweta parpati</strong></td>
<td><strong>Kanchanar guggulu</strong></td>
<td><strong>Dashmoolarista 4tsf with equal amount of water.</strong></td>
</tr>
<tr>
<td><strong>Muktashakti</strong></td>
<td><strong>500 mg BD</strong></td>
<td><strong>Tab. Senovilla 2 tab BD.</strong></td>
</tr>
<tr>
<td><strong>Dashmoolarista</strong></td>
<td></td>
<td><strong>B:Dashmoolarista 4tsf with equal amount of water.</strong></td>
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</table>

The patient was prescribed Deviry (contains Medroxy progesterone acetate, helps with withdrawal bleeding in cases of amenorrhea) 10mg tablet for 5 days for withdrawal medicine. She got her period on 11\8\2076.

Then she again visited on 19\8\2076, it was 8\th day of her menses.

<table>
<thead>
<tr>
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<tbody>
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<td><strong>Matra Vasti</strong> was advised with <strong>Mahanarayan Taila</strong> along with Nasya.</td>
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</table>
**PROCEDURE:**

The patient was asked to take light meal, neither too Snigdha nor too Ruksha and not more than 3/4th of the usual quantity. Before administration of Basti, Abhyanaga with Bala Taila was done on the region of Kati and Udara Pradeshha. Thereafter, Nadi Sweda was performed. After this Purvakarma, the patient was advised to take left lateral position with left lower extremity straight and right lower extremity flexed on knee and hip joint. The patient was asked to keep his left hand below the head. 60 ml of luke warmed Taila was taken in enema syringe. Rubber catheter oleated with Mahanarayana Taila was attached to enemasyringe. After removing the air from enemasyringe, rubber catheter was administered into the anus of the patient up to the length of 4 inches. The patient was asked to take deep breath while introducing the catheter and drug. After the administration of Basti patient was advised to lie in supine position and patient’s buttocks were gently tapped and legs were raised few times so as to raise the waist. The main aim of doing this was not to get the flow of taila easily. Basti Pratyagamana Kala was also recorded.

**Mahanarayan taila nasya:** Eight drops in each nostril

Nasya is an Ayurvedic detox therapy in which medications in the form of oils, decoctions or powders are instilled through the nose. As per Ayurveda, nasal route is the best way to reach the brain. Before starting, snehana and swedana was done over patients head, neck and face region. This helps in loosening of the accumulated toxins in this region which are then expelled out by the nasya therapy. After, this the patient is asked to lie down in a bed her hand and legs straight. Her head is maintained at a lower position by keeping the pillow below the neck. Then the medicine is made to flow in to one nostril, while the other is kept closed. The same process is carried out in the other nostril also. A dropper was used for the administration. After, instillation of the medicine the shoulder, the neck and face are gently massaged. Patient was asked to spit out the impurities and medicines that reached her mouth.

She again visited on 5\11\2076

Her history reveals she had her period on 3\10\2076

- She had done her UPT at home which was positive, but again test was repeated in Clinic and was found to be positive.
- She was advised for complete bed rest.
- Garbhasthapak churna 100gm Amrita satwa 30gm
- Tab. Folic acid 5mg OD.
- She was advised for sonography and β-hCG
- On next day, she visited with the report revealing early intra-uterine twin pregnancy.
- β-hCG– 4749.29

**DURATION:** 6 Months

**RESULT:** Patient got conceived with the report revealing early intra-uterine twin pregnancy in Sonography.

**DISCUSSION:**

As we know, Vata plays important role in vitiation of any female related disorders. So for the suppression of vata, Vasti plays a major role. Mahanarayan taila was used as nasya, it reaches to Shringataka Marma (Siro Antarmadhya) through the route of nasal. It spreads all over urdhwajatragata part. It eliminates the morbid Doshas. It stimulates the Gonadotropin Releasing Hormone (GnRH) neurons. Thus, it regulates the pulsatile secretion of Gonadotropin Releasing Hormone. Finally, it leads to ovulation. Thus correcting the symptoms of polycystic ovarian syndrome.5 Matra Basti given through Guda (rectal route) normalizes Apana Vayu leading to Vatamulomana and physiological functioning of Vata, which may help in turn for the extrusion of ovum from the follicle and ovulation. Thus, by help in the process of fertilization.5 Vasti given through rectum will stimulate this parasympathetic nerve supply, which in turn helps for the release of ovum from the follicle in the ovary.6 The MahaNarayana Taila with its Katu, Tikta Rasa; Laghu, Raksha Guna; Ushna Veerya and Katu Vipaka and Vata Kaphashamaka Doshaghnata ultimately leads to Karmas such as Deepana, Pachana, Vilayana, Anulomana, Soshodhana resulting Anamapachana and Vatakaphashamana, which may removes Sanga and Avarana leading to proper function of Vayu regulating Beejagranthi Karma resulting in Beejotsarga (ovulation).7 Dashmoolarista is used for
having problem with conception and pregnancy and it also improve immunity and strength. In Sharangadhar Samhita, it has been indicated in infertility. Aswagandha acts as Rasayana and its phytoestrogenic property supports the kshetra (uterus) for implantation. Bandhyaharan churna contains nagkesar, satavari and yastimadhu. Senovilla containing (Lodhra, Eranda, Nirundy, Kapikachhu beeja, Vacha, Dhattur, Gajar beej, Talamuli, Chitrak, Kanya sara, Praval pishhti, Vanga bhasma, Shuddha shilajita and Jasad bhasma) which plays important role in regularising in menstrual flow, tones up the endometrium and acts as emmenagogue, thus making the environment for conception. Bhubaneshwar churna containing Triphala, Yavani, Bilva, Grihadhoom, Saindhav lavana, these drugs are having deepana pachana properties thus removing the ama from the body. It also has antioxidant properties and helps in curing amlapitta. Arogyavardhini vati has one of the major components kutaki which does the virechana of doshas, thenafter rakta suddhi occurs. Ultimately Suddhi of Artavavaha srotas occurs.

CONCLUSION:

Hence, Artavadushti along with Primary infertility is emerging problem in the current era. So, this issue can be well managed by Ayurveda Regimen as we have seen above mentioned case report. Oil is the best Shamana drug for Vata and many of the drugs of Maha Narayana Taila possess phytoestrogenic constituents. Hence, the combination affects the process of ovulation. Panchakarma is giving a big support for the complete removal from root of any vata vitiated disease in females. Hence, we can say now its high time to come up with Ayurveda regimen for the management of Anapatyavandhayatwa.

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