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

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

General 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

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

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- Nadi - 76 b/min
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Pathya ahara and vihara were advised.
The couple was counselled.

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

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<tr>
<th>DATE</th>
<th>LMP</th>
<th>Treatment given</th>
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<tbody>
<tr>
<td>13/10/2017-13/1/2018</td>
<td>13/10/2017</td>
<td>1) Cheriya madhusnuhi rasayana</td>
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<td>12/11/2017</td>
<td>2) Sukumara kashaya</td>
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<td>14/12/2017</td>
<td>3) Yosha jeevani lehya</td>
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16/2/2018
Missed periods in February, UPT-positive on 16/2/2018
Phala sarpi continued in the same dosage with milk as anupana and rest of the medicines were stopped
+ T. Leptaden 1-0-1 (After food)

16/2/2018-16/4/2018
Phala sarpi + T. Leptaden

16/5/2018 – 15/10/2018
Pregnancy was uneventful
Phala sarpi + T. Leptaden
Tab. Abhraloha 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.

www.ejbps.com
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. Ratu, kshetra, ambu and beeja are the 4 essential factors for fertility. Dusti in any of these results in vandhyatva. Ingredients of Cheriya madhusuhri 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 Garbhashapaka 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.

REFERENCES