

An Ayurvedic Approach To Secondary Infertility: A Case Report

Dr Pawar Sankirna Appu¹.

1. Final Year PG Scholar, Department Of Prasuti Tantra and Stri Roga, Alva's Ayurveda Medical College, Moodbidri, 574227

E-mail ID- sankiran.pawar@gmail.com Contact number- 9148185776

ABSTRACT

Secondary infertility is defined as the inability to conceive following a previous successful pregnancy and may occur even in the absence of identifiable etiological factors. This case study reports a 27-year-old woman with secondary infertility of 2.5 years' duration. She had a history of one live birth delivered by lower-segment caesarean section 2.5 years prior and two subsequent missed abortions. The patient presented with difficulty conceiving without any known medical or gynaecological comorbidities. No laboratory or imaging investigations were performed prior to initiation of treatment. The patient was managed conservatively with Ayurvedic formulations, including *Cap Unifert* and *Cap Cocoon* which acted as ovulation induction and after ovulation test dates were given to try for pregnancy along with pregnancy supporting medicines. **Results:** A positive urine pregnancy test was obtained within the same treatment cycle, indicating successful conception. The patient was later asked to review after a week for dating scan. **DISCUSSION** This case highlights the potential role of individualized traditional medicine in the management of unexplained secondary infertility and emphasizes the need for further systematic studies to evaluate its efficacy and safety.

Key words : *Kakavandhya*, secondary infertility, Capsule Unifert, Cap Cocoon, Case report

INTRODUCTION

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Primary infertility is the inability to have any pregnancy, while secondary infertility is the inability to have a pregnancy after previously successful conception. Infertility is a serious health issue, affecting approximately 8%–10% of couples worldwide. Of 60–80 million couples suffering from infertility every year worldwide, probably between 15 and 20 million (25%) are in India alone. It may occur due to male, female or unexplained factors. While traditionally viewed as a woman's issue, male infertility accounts for a substantial 40-50% of cases. A minimum of 80 million pairs suffer from involuntary infertility worldwide, secondary infertility (having had a previous pregnancy) rates were double the primary infertility rates, where primary infertility (no previous pregnancy) rate range from 3 to over 30%. Rising infertility rates in India are linked to factors like delayed marriages, lifestyle changes, and increased awareness of the issue. The disease entity *Vandhyatwa* is the closest approximation to unexplained infertility in the Ayurvedic Classification of diseases. *Vandhyatwa* is mentioned one among the *Vataja Nanatmaja Vikaras*. *Vandhyatwa* as such is not a disease per se, but a manifestation or revelation of an underlying disease or disorder. It is a multifactorial condition which in ayurveda can be considered under the perview of *bahudoshavastha*. Ayurveda has the best solutions for infertility, through Purificatory

procedures and optimizing the functions of 'reproductive tissues' (*Artava* and *Shukra Dhatu*) in both Male and female. Moreover, in Ayurveda the definition of *vandhyatwa* is not restricted to inability to conceive but, not begetting a live progeny. As acharya

sushruta says "*vandhyam nashta artavam vidyat*" that is the destruction of artava as vandhya which intern causes vandhyatwa. In ayurveda secondary infertility is compared to *sapraja vandyas* as coated by acharya Charaka. Acharya Harita has described secondary infertility as *kakavandhya*, while acharya Madhava and in rasa ratna samuchaya, kamasutra it is also taken as *kakavandhya*. Many couples are unable to conceive even though they do not have any specific causative factor and they come under unexplained infertility. There are many factors that cause infertility that can be categorized as ovarian, cervical, vaginal, coital, peritoneal, tubal, uterine, psychological, etc. In the present study, a case of secondary infertility with regular menstruation is taken and appropriate treatment was given after which she had conceived.

CASE STUDY

P1L1A2 with married life of 4 years having regular menses with no any complaints with her cycles had conceived previously within a year of getting married. Her first pregnancy was a missed abortion followed by delivery of healthy baby girl next year. After that had conceived again but had missed abortion and undergone MTP 1.5 years back. As she had multiple missed abortions and now not able to conceive naturally after trying time of 1.5 years, had visited Dhatri infertility clinic at Koppal on 05/07/2025 for further management. She had no complaints of any systemic illness like Diabetes Mellitus/Hypertension/Thyroid dysfunction or any cardiac abnormality. Her menstrual cycle was regular and no any complaints and had normal Abdomen and Pelvis USG findings.

MEDICAL HISTORY :

No K/C/O PCOD/HTN/DM/Thyroid dysfunction.

PAST HISTORY:

Undergone MTP for 2 missed abortions previously

SURGICAL HISTORY

Previous LSCS 2.5 yrs back.

FAMILY HISTORY

No history of genetic or any chronic illness

PERSONAL HISTORY-

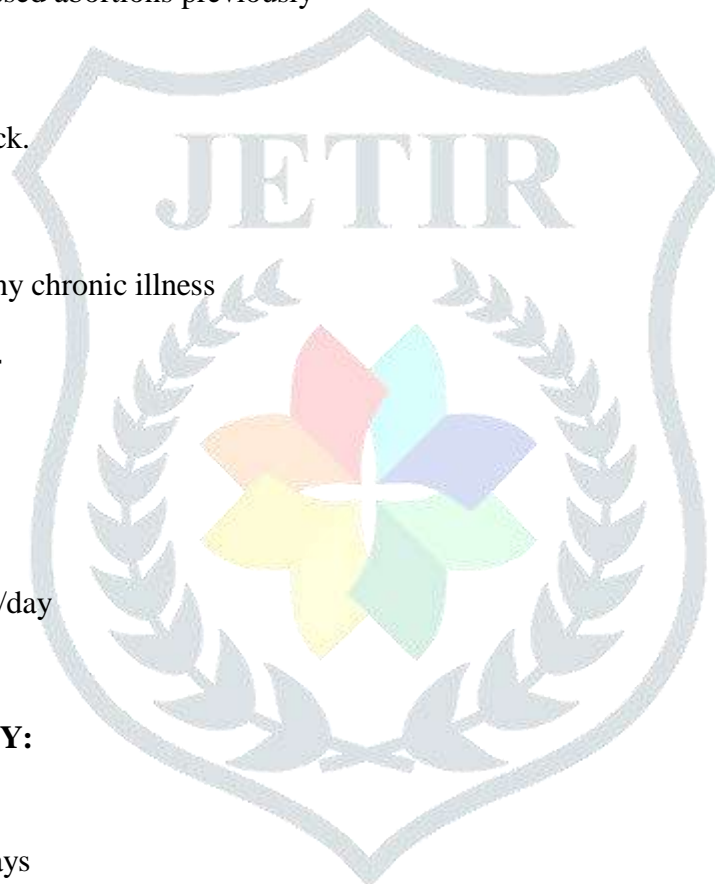
1. Diet - vegetarian
2. Bowel- 1 time per day
3. Appetite – in frequent
4. Micturation - 6-7 times/day
5. Sleep – disturbed

MENSTRUAL HISTORY:

- Menarche - 13 yrs
- Cycle length - 28-30 days
- Regularity- regular
- Duration of bleeding – 3 DAYS
- Amount of flow – 2 pads/day
- Dysmenorrhea - present on day 1
- Clots - absent
- LMP-25/06/25 (OPD visit day 11)

OBSTETRICS HISTORY

- Obstetric scoring - P1L1A2
- I- MTP at 2 months for missed abortion {Feb, 2022}
- II- female ,2.5 YRS ,LSCS [Meconium stained] {Feb,2023}



- III- MTP at 2 months for missed abortion {Dec,2023}
- Coital frequency- 2 times/week
- Dyspareunia absent
- No use of contraception methods previously

GENERAL EXAMINATION

- Built – over weight
- BP- 120/70 mmHg
- Pulse rate- 84 bpm
- Respiratory rate- 19/min
- Temperature- afebrile
- Height- 157 cm
- Weight – 65kgs
- BMI- 26.40
- Pallor- mild
- Edema -absent
- Icterus - absent

SYSTEMIC EXAMINATION

- RS –AEBE clear
- CVS- S1S2 heard
- CNS –conscious , well oriented
- Per abdomen – soft, non tender
- P/S, P/V- not done

ASHTAVIDHA PAREEKSHA

- Nadi - kapha pittaja
- Mala - prakruta
- Mutra - Anavila
- Jivha -Aipta
- Shabda -Spashta
- Sparsha – Anushna sheeta
- Druk- Prakruta
- Akrti - sthula

DASHAVIDHA PAREEKSHA

- Prakriti – vata kapha
- Vikriti – vata
- Sara – madhyama

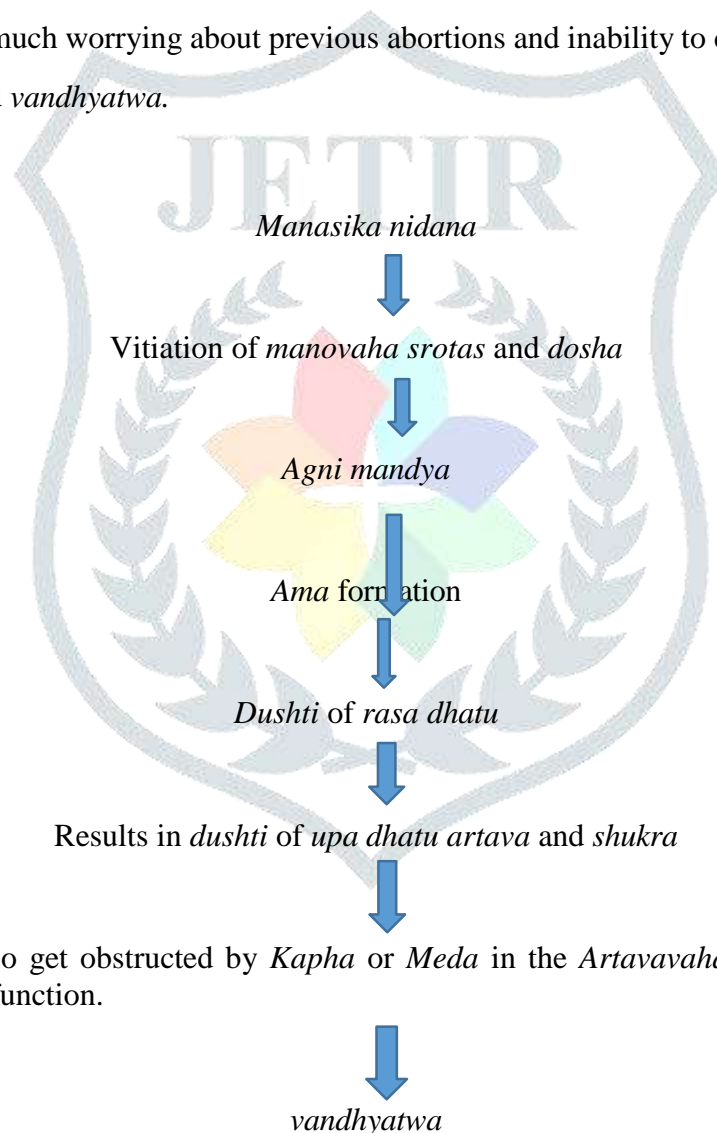


- Samhanana – madhyama
- Pramana – madhyama
- Satmya –madhyama
- Satva – avara
- Ahara Shakti – madhyama
- Vyayama Shakti – avara
- Vaya – madhyama

NIDANA PANCHAKAS

- **Aharaja nidana**- habitual to street food ,skipping meals
- **Viharaja nidana** – diwa swapna , alpa vyayama, ratri jagrana.
- **Mansika nidana**- too much worrying about previous abortions and inability to conceive again
- **Rupa**- nidra nasha and vandhyatwa.

SAMPRAPTI



DIFFERENTIAL DIAGNOSIS

| DIAGNOSIS | INCLUSION CRITERIA | EXCLUSION CRITERIA |
|----------------------|-------------------------|--------------------|
| <i>Kaakvandhya</i> | Repeated pregnancy loss | |
| <i>Garbha sraavi</i> | Repeated pregnancy loss | Delivered 1 child |

| | | |
|-----------|----------------|--|
| Putraghni | Heavy bleeding | After 1 st trimester abortion |
|-----------|----------------|--|

TREATMENT PRESCRIBED

| DATE | DAY OF CYCLE | MEDICATIONS PRESCRIBED | ADVICE GIVEN | TEST PERFORMED |
|----------|--------------|---|---|------------------------------------|
| 05/07/25 | DAY 11 | 1. CAP COCOON [TID] x 10 DAYS 2. CAP UNIFERT [BD] x 15 DAYS [FOR BOTH] | R/A 1 WEEK FOR OVULATION ASSESSMENT | |
| 12/07/25 | DAY 18 | CST | TRY PREGNANCY ON 13 TH AND 14 TH JULY | FOR OVULATION TEST WEAKLY POSITIVE |

PATHY APATHYA

- Moderate exercise
- Advised to take home cooked meals and avoid fast food of any kind
- Avoid stress

RESULTS

On 30/07/25 patient visited clinic with Amenorrhea Of 36 days and self tested UPT positive On 27/07/25 with complaints of Nausea and pricking pain in lower abdomen and advised to review after 1 week for dating scan

DISCUSSION

- Infertility is encountered as a stressful condition by couples worldwide, impacting not just their physical and mental well-being but also placing financial strain on them.
- Ayurvedic management provides a promising, cost-effective avenue for addressing infertility disorders.
- In Ayurveda, according to Susrutha, the essential factors for conception are mentioned as *ritu*, *kshethram*, *ambu* and *beejam*. Any abnormality or malformation of any of these harms the fertility outcome. Ayurveda takes into account an individual's constitution and aims to enhance the body's systems involved in fertilization.
- In charaka Samhita it mentioned as *saumanasya* is first and foremost important factor for conception explained as “*Saumanasya Garbhadharanam shreshtam*” in Agroushadhi prakarana. To get healthy progeny should avoid the *shoka, bhaya, krodha* etc
- The ayurvedic treatment assists in eliminating blockages in the channels, pacifying imbalanced *doshas*, and facilitating the optimal formation of healthy semen (*shukra dhatu*) and ovum (*stree shukra*). This, in turn, promotes the chances of conception by creating a conducive environment for fertilization.

CONCLUSION

- In the present study *shaman chikitsa* was adopted Ayurvedic treatment for treating infertility along with lifestyle modifications and stress management.
- Therefore, Ayurveda holistically addresses infertility by enhancing overall health and improving the quality of life for individuals .

MODE OF ACTION

- Capsule Cocoon is combination of *Jiyapoota* seeds, *garbha dharaka yoga*, *garbhapal rasa*, *pushpadhanwa rasa*, *madhumalini vasanta rasa* and *pravala pishti*
- Most of medicines have *madhura vipaka* which does *vata shaman* and *rasa dhatu vruddhi*
- *Ushna veerya* helps in *artava janana* and ovulation
- *Teekshna guna* has *shroto shodhaka* property
- Most of the drugs have *Balya*, *rasayana*, *vrishya karma* which helps for *kshetra* and *beeja shuddhi*
- Capsule Unifert is an Ayurvedic proprietary medicine containing *Ashwagandha*, *Loha bhasma*, *Shilajit*, *Kapikachu*, *Abhraka bhasma*, *Shankapushpi*, *Bramhi*, *Shweta musli*.
- In males it helps to correct abnormal sperm morphology, strengthens the sperms, enhances spermatogenesis and triggers sperm motility and helpful in erectile dysfunction.
- In females it improves ovarian response, improves the egg quality and increases endometrial thickness and improves quality of cervical mucosa.
- Capsule Zesty SR 200 mg contains progesterone to facilitate implantation and maintain pregnancy
- Capsule Folimac contains Follic acid which boosts the chances of healthy conception

REFERENCES

1. <https://www.who.int/news-room/fact-sheets/detail/infertility>
2. World Health Organization. Programme on Maternal and Child Health and Family Planning, Division of Family Health. Geneva: World Health Organization; 1991. Infertility: A Tabulation of Available Data on Prevalence of Primary and Secondary Infertility; pp. 1–60. [Google Scholar]
3. Poongothai J, Gopenath TS, Manonayaki S. Genetics of human male infertility. Singapore Med J. 2009;50:336–47. [PubMed] [Google Scholar]
4. Chander PP, Indira H, Kusum Z. Need and feasibility of providing assisted technologies for infertility management in resource poor settings. ICMR Bull. 2000;30:55–62. [Google Scholar]
5. Naina Purkayastha, Himani Sharma, Prevalence and potential determinants of primary infertility in India: Evidence from Indian demographic health survey, Clinical Epidemiology and Global Health, Volume 9, 2021, Pages 162–170, ISSN 2213-3984, <https://doi.org/10.1016/j.cegh.2020.08.008>
6. 06. Is infertility a disease and does it matter? Maung HH. Bioethics. 2019;33:43–53. doi: 10.1111/bioe.12495. [DOI] [PMC free article] [PubMed] [Google Scholar]
7. 07. World Health Organization: 1 in 6 people globally affected by infertility: WHO. [Dec; 2023]; <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility> 2023 6:2023–2024. [Google Scholar]
8. 08. Psychological impact of infertility. Cousineau TM, Domar AD. Best Pract Res Clin Obstet Gynaecol. 2007;21:293–308. doi: 10.1016/j.bpobgyn.2006.12.003. [DOI] [PubMed] [Google Scholar]
9. 09. Efficacy and safety of ayurvedic interventions in female infertility: protocol for systematic review. Talekar M, Yadav B, Goel S, et al. J Res Ayurvedic Sci. 2019;3:121–124. [Google Scholar]
10. 10. Acharya Priyavat Sharma. Dravyaguna Vidnyan. Varanasi; Chaukhamba Bharti Academy; year 2007. Page no. 253, 791, 738, 75, 562, 763.
11. 11. Dr. Anant Ram Sharma. Sushrut Samhita Sharirsthana. Varanasi; Chaukhamba Surbharti Prakashan; year 2008. Page no. 21, 148
12. 12. Punyashlok Shree Pandit Lalchandrasastri Vaidya. Ashtang sangrah Sharirsthana. Nagpur; Shree

Baidyanath Ayurved Bhavan Pvt Ltd ; year 1989, page no 30

13. 13. D.C. Dutta. Text book of Gynaecology. Infertility. 7th edition. New Delhi, London, Philadelphia, Panama; JAYPEE HealthScience Publisher; 2016. page no.186-209.

14. 14. Dr. Bramhanand Tripathi. Charak Samhita vol 2. Siddhisthana 11.Varanasi;Chaukhamba Surbharti Prakashan,year 1996. Page no. 1310

