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Case Study

## FEMALE INFERTILITY: A CASE STUDY

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**ABSTRACT-** Infertility is an increasing problem among married couples. Due to this the couple who could not conceive become so much anxious , curious , stressed , that they are so much emotionally depressed due which the problem become more severe by affecting their psychosomatic health which further affects the HPO axis . Hence this becomes a major complex issue. As per *ayurveda* classics by taking *hitkar aahara* , *vihara*, which enhance *dhatu*, *updhatu* *poshan* which ultimately establishes *dhatu-samyak avastha* .Which result in enhanced quality of *kshetra*, *ambu*, *beeja* and after attaining these, in appropriate *ritukal* with proper following the regimen as per *ayurveda* the couple can not only conceive but also can achieve a healthy progeny.

**KEY WORDS:** *ahara*, *vihaar*, *dhatu*, *updhatu*, *kshetra*, *ambu*, *beeja*, *ritukala*.

### CASE REPORT :

A female patient of age 26 years old visited to OPD no. 27 of PTSR NIA

,Jaipur on 15/10/2018, with chief complaint of wants issue since 4 yrs .

OPD registration no.:64715102018

Religion: Muslim

Habitat: Urban

Education: 12<sup>th</sup> class

Occupation : Housewife ; patient's  
husband: Pvt. job

### HISTORY OF PATIENT

- LMP: 17/12/20018
- Menstrual history:3- 4 days/ 28-30 days regular , normal flow, mild pain, without clots
- Married life : 4 yrs, Active married life: 4 yrs
- Obstetric history: GOP0A0
- Contraceptive history: nil
- Sexual history: frequent without any problem(3-4)times/week
- Past medical history: taken allopathic treatment for primary infertility on & off
- Past surgical history: not significant
- Family history: not significant
- Drug history: not significant
- Personal history: diet-mixed, appetite-good, sleep-sound, bowel-regular, satisfactory,

### Examination of patient:

#### ❖ General examination-

- Built: average
- Gait: normal
- BMI: 22.4
- B.P.: 120/80 mmHg
- P.R.: 78/min.
- Pallor: Absent
- Icterus: nil
- Secondary sexual character: all are present

#### ❖ Ashtavidha pariksha-

- Nadi :gati-manda, Yati-sama, Ayati-sthoola,
- Mutra : varna-peeta, matra-samanya, avriti-samanya,
- Mala: varna-pita, matra-samanya, avriti-samanya, pravriti-regular, prakriti-sama,
- Jihwa: varna-samanya,swaropashushka,
- shabda-samanya,
- sparsha-sheeta,
- Drika-pitabha,
- Aakriti-madhyama

#### ❖ Dashvidha pariksha-

- Prakriti: pitta-kaphaja,
- Vikriti: prakritisamsamanya,
- Sara: mamsa,
- Samhanana: madhyama,
- Pramana: madhyama,
- Satmya: avara,
- satva: pravara,
- Aharashakti: abhyavarana shakti: pravara, jarana shakti: madhyama,
- Vyayama shakti: pravara, Vaya: Bala

#### ❖ Systemic examination-

- **Respiratory system:** b/l chest symmetrical, no dullness, resonant sound, air entry b/l equal
- **Cardiovascular system:** normal precordium, no tenderness, no dullness, S1& S2 audible
- **Gastrointestinal system:** liver/spleen-not palpable, any other lump/tenderness- no
- **Central nervous system:** orientation to person/place/time-well oriented

❖ **Gynaecological examination-**

- **Breast examination:** b/l breast symmetrical, tenderness-absent, skin changes-absent, nipples-normal, any mass/lump-absent, lymph nodes(axillary/supraclavicular)-not palpable.
- **Per abdomen:** Soft
- **Pelvic examination:**
- **Vulva examination-** pubic hair distribution –normal female pattern, clitoris size& shape-normal, labia majora & minora – no skin lesion , on perineum any defect- absent skin condition-healthy
- **P/S examination:** Cervix – thin discharge present, External os-nulliparous, normal in size & shape, healthy, Vaginal wall – healthy
- **P/V examination:** Uterus AVAF, shape & size normal, Cervix – downward firm, fornices-nontender

**Investigation reports:**

- Hb:12.0gm/dl
- RBS: 92.10mg/dl
- HBsAg: Negative
- VDRL: Nonr-eactive
- HIV(1& 2): Nonr-eactive
- TSH: 3.31mIu/L
- USG of Uterus & adenexa: uterus anteverted antiflexed, normal in shape, size, E.T.:9 mm, both ovaries were normal, a dominant follicle of 20 mm seen in right ovary

- USG – Follicular study was normal
- HSG – Normal uterine cavity, Bilateral tubes were patent
- Semen analysis: Volume:2.5 ml, Total sperm count: 80 mill/ml, active forms 75%

• **Treatment given:**

- **KASHMARYADI GHRITA** orally along with **BALADI CHURNA**

**Dose-** 5 ml twice a day with lukewarm milk (200ml) for 3 consecutive cycles.

**Dose of BALADI CHURNA:** 5gm BD with *Ghrita* and *Madhu* as *sahapana* and *ksheera* as *anupana*.

**RESULT:**

- ❖ On 26/01/2019 patient visited hospital with complaints of amenorrhea for 1 month 10 days .UPT was done which showed positive result. Then USG was advised for confirmation of pregnancy.
- ❖ On 05/02/2019 patient visited hospital with USG which reported single live fetus of about 7 weeks 00days gestation in utero. Cardiac activity present , EDD ON 24/09/2019 . So the given treatment was resulted in pregnancy. The patient was advised regarding diet , daily regimen as per line of treatment of pregnancy.

**Details of drugs used:****1. Kashmaryadi Ghrita: (Charaka chikitsa 30/52,53)**

<b>Drug Name</b>	<b>Latin Name</b>	<b>Part used</b>
<i>Kashmarya</i>	<i>Gmelina arborea</i> Linn.	<i>Phala</i>
<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	<i>Phala</i>
<i>Bibhitak</i>	<i>Terminalia bellirica</i> Roxb.	<i>Phala</i>
<i>Amalaki</i>	<i>Emblica officinalis</i> Gaertn.	<i>Phala</i>
<i>Draksha</i>	<i>Vitis vinifera</i> Linn.	<i>Phala</i>
<i>Kasmard</i>	<i>Cassia occidentalis</i> Linn.	<i>Phala</i>
<i>Parusak</i>	<i>Grewia asiatica</i> Linn.	<i>Phala</i>
<i>Punarnava</i>	<i>Boerhavia diffusa</i> Linn.	<i>Moola</i>
<i>Haridra</i>	<i>Curcuma longa</i> Linn.	<i>Kanda</i>
<i>Daru haridra</i>	<i>Berberis aristata</i> DC	<i>Moola</i>
<i>Kaknaasa</i>	<i>Asclepius curasavica</i> Linn.	<i>Moola</i>
<i>Sahachar</i>	<i>Barleria prionitis</i> Linn.	<i>Patra</i>
<i>Shatavari</i>	<i>Asparagus racemosus</i> Willd.	<i>Moola</i>
<i>Guduchi</i>	<i>Tinospora cordifolia</i> Willd.	<i>Kaand</i>
<i>Ghrita</i>	.....	

**2. Baladi Churna (Vangsen Stirogadhikar 18/144)**

<i>Bala</i>	<i>Sida cordifolia</i> Linn.	<i>Moola</i>
<i>Atibala</i>	<i>Abutilon indicum</i> Linn.	<i>Moola</i>
<i>Mulethi</i>	<i>Glycyrrhiza glabra</i> Linn.	<i>Moola</i>
<i>Sharkara</i>	.....	

**Review of contents of Kashmaryadi ghrita-**

<b>S. No .</b>	<b>Dravya</b>	<b>Rasa</b>	<b>Guna</b>	<b>Veerya</b>	<b>Vipaka</b>	<b>Karma</b>
<b>1</b>	<i>Gambhari</i>	<i>Tikta, Kashaya, Madhura</i>	<i>Guru</i>	<i>Sheeta</i>	<i>Katu</i>	<i>VPK↓</i>

2	<i>Haritaki</i>	<i>Kashaya, Madhura, Amla, Katu, Tikta</i>	<i>Laghu, Ruksha, Sara</i>	<i>Ushna</i>	<i>Madhura</i>	<i>VPK↓</i>
3	<i>Vibhitaki</i>	<i>Kashaya</i>	<i>Laghu, Ruksha, Sara</i>	<i>Ushna</i>	<i>Madhura</i>	<i>VPK↓</i>
4	<i>Aamlaki</i>	<i>Amla, Madhura, Katu, Tikta, Kashaya</i>	<i>Guru, Ruksha, Sara</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VPK↓</i>
5	<i>Draksha</i>	<i>Madhura</i>	<i>Snigdha, Guru, Mridu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>
6	<i>Kasmard</i>	<i>Tikta, Madhura</i>	<i>Ruksha, Laghu, Tee kshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>VPK↓</i>
7	<i>Parushak</i>	<i>Madhura, Amla, Kashaya</i>	<i>Laghu Ruksha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>
8	<i>Punarnava</i>	<i>Tikta, Madhura, Kashaya</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>VPK↓</i>

### Review of contents of *BALADI CHURNA*:

S.no.	<i>Dravya</i>	<i>Rasa</i>	<i>Guna</i>	<i>Veerya</i>	<i>Vipaka</i>	<i>Karma</i>
1	<i>Bala</i>	<i>Madhur</i>	<i>Lghu, Snigdha, Pichilla</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>
2	<i>Atibala</i>	<i>Madhur</i>	<i>Lghu, Snigdha, Pichilla</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>
3	<i>Mulethi</i>	<i>Madhur</i>	<i>Guru, Sniggdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>

4	<i>Sharkara</i>	<i>Madhura</i>	<i>Snigdha, Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>VP↓</i>
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## DICUSSION:

### Probable mode of action of *kashmaryadi ghrita*:

- The ingredients of *kashmaryadi ghrita* are *kashmari, triphala, draksha, kasmard, parushak, punarnava, haridra dvaya, kaknasa, sahchar, guduchi, goghrita*. The maximum drugs are *Madhur, tikta, and kashay rasa pradhan, ushna veerya, Madhur vipak, Laghu* and *Ruksha guna pradhan*.
- *Kashmarya* is *Garbhsthpak*<sup>1</sup>, so helps in conception.<sup>2</sup>
- Drugs like *Amalaki, Haritaki, Guduchi, and Kaknasa* are *Rasayana* drugs these drugs are beneficial for proper nourishment of all *Dhatu*s and *updhatus*. By improving strength of all *Dhatu*s including *Rasa* and its *Updhatu* may be formation of *Beeja* is improved by proper nourishment.
- *Kashmarya, Triphala, Haridra-davya, Kasmard*<sup>3</sup>, *Guduchi, Punarnava*<sup>4</sup>, have *Deepan, Pachana* properties so that it regulates *Jhathragni, Dhatwagni, and Bhutagni*, which corrects metabolism at cellular level, which results in proper formation of *Dhatu*s and *Updhatu*s (*Artava*) and *Srotoshodhana* by removing *Ama*.
- The vitiation of *Vata* may be due to *Margavarodha, (Avrita Apana Vayu)* with *Kapha Dosha*. *Acharya Charaka* has mentioned *Triphala* for *Virechana* in *Pkvashayagat Dosha*<sup>5</sup> so it regulates vitiated *Vata Dosha* so it

regulates vitiated *Vata* along with *Kapha* and *Pitta*. Thus *Sanshodhan Karma* clears the *Srotas* and regulates the function of *Tridosha* specially *Avrita Apana Vayu*.

- *Draksha* is indicated in *Grabhashay-daurbalya*<sup>6</sup>. Because of *Madhur rasa* and *Sheet veerya* it may increase the muscular strength of reproductive system. *Draksha* is *Soumanasyajanana* and *Acharya Charak* said that *Soumnasya garbhadharnanaam*<sup>7</sup>.
- *Triphala, Haridra, Daruharidra* have *Yonidoshahara*<sup>8</sup> action so that it pacify local inflammation and infection and it is mentioned in our classics that conception only occurs in *Shuddha Yoni*.
- *Gambhari, Kasmard, Punarnava*<sup>9</sup>, *Kaknasa, Sahachar, Haridra* have *Shothahara* actions, it cures inflammations.
- *Gambhari, Draksha, Parushak, Kasmard, Sahachar, Shatavari*, etc. drugs and *Ghrit* itself have *Madhura Rasa, Prithvi, Jala Mahabhuta Pradhanata* and *Brimhana* property which is responsible for *Upachaya* thereby improves the endometrial thickness. *Madhura rasa* increases secretion and decreases degeneration of cervical epithelial cells. *Madhura rasa* and *Vipaka*

nourishes *Rasa, Rakta, Mamsa Dhatu* and give them strength<sup>10</sup>.

- *Shatavari* totally nourishes the female reproductive organs causing it to be very effective in enhancing the fertility. It nourishes the womb and ovum and prepares the reproductive organs for conception and prevents threatened miscarriages. *Shatavari* contains phyto-estrogens, the precursor of estrogen. Due to this effect increases amount of cervical mucus, motility and density of sperms in cervical mucus<sup>11</sup>.
- The causative factor of infertility is mainly vitiation of *Vata*. *Acharya Charak* says that all the gynecological disorders are due to vitiation of *Vata*<sup>12</sup> and maximum drugs of *Kashmaryadi ghrith* having *Vatashamak and Vatanulomak* action. By normalize *Doshas* it may ensure proper functioning of *Dhatu*s.
- *Ghritha* has property of *Samskaranuvartan* i.e. it can imbibe the properties of ingredient without losing its natural properties. It is *Yogavahi* so it carries active principles of the drugs to increase the potency of the compound drug<sup>13</sup>.
- *Goghritha* has *Agnivardhak, Rochaka, Rasayana, Vrishya* properties.
- In general, the blood cerebrospinal fluid and the blood brain barriers are highly permeable to water, carbon dioxide, oxygen, and most lipid soluble substances, and slightly permeable to electrolytes such as sodium chloride and

potassium. The more lipophilic the drug is, the more likely it is to cross the blood-brain barrier<sup>14</sup> and acts on central nervous system<sup>15</sup> i.e hypothalamus and pituitary gland and may correct hormonal imbalance. *Ghritha* contains cholesterol which is responsible for the synthesis of steroid hormones i.e. estrogen and progesterone.

#### PROBABLE MODE OF ACTION OF *BALADI CHURNA*:

- *Baladi churna* having *Madhura Vipaka, Sheet virya, Madhura, Tikta* and *Kshaya rasa* so, the combined effect of all ingredients having *VataPitta shamak* property<sup>16</sup>.
- *Baladi churna* regulate normal female reproductive physiology by their *VataPitta shamak* action.
- Due to *madhura rasa & vipaka, sheet virya* and *snigdha guna* it act on *Kshayajanya vata prakop* and regulates *vata dosha*<sup>17</sup>.
- *Madhura rasa*, itself has *Prithvi, Jala, Mahabhuta Pradhana* and *Balya, Brimhana, Rasayana* properties are responsible for *Upachaya* thereby improves the endometrial thickness and helps in folliculogenesis.
- Due to *balya, vrishya, and rasayan* property it act as Antistress and CNS depressant stimulant and regulate the function

of HPO axis.

- *Madhura rasa* increases secretion and decreases degeneration of cervical epithelial cells.
- *Pacified Pitta* is responsible for all type of *Paka Karma* in the body, so here, the role of *Pitta* can be understood as ovarian Steroidogenesis where two cells (theca cells and granulosa cells) produce different hormones under the influence of two gonadotrophins (LH and FSH) . *Pitta* is responsible for production of adequate level of hormones.
- The function of *Kapha* is *Upachaya* which means development. So, here it is re- sponsible for further development of endometrial cells by proliferative and secretory changes through estrogen and progesterone respectively. Thus, *Tridosha* balance is key factor for normal functioning hypothalamus pituitary ovarian axis leads to normal menstrual cycle.

#### SUMMARY & CONCLUSION

- The medicine given to patient shows a significant result in achieving the conception.

- Thus, Based on this study *Kashmaryadi ghruta* along with *Baladi churna* can be recommended safely for the management of infertility with success.
- The main principles of the management of infertility are: *Garbhasthapaka (Prajasthapana)*, *Agni deepaka* and *Vatanulomaka* treatment.
- For *AvritaApanaVayu (Margavarodha)* with *KaphaDosha*, the treatment should be *Agnideepaka*, *Srotoshodhana*, *Vatanulomakand PakvashayaShuddikara*.
- To obtain better results *PathyaAhara* is to be taken and *UshnaTikshnaAhara* is to be avoided. They should be remained free from stress i.e *Krodha*, *Chinta*, *Bhaya*, *Shoka* etc. which have great role to create abnormalities in almost all causative factors of *Vandhyatwa*.
- More studies to be conducted related to infertility to draw more conclusions & results.



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