



## MANAGEMENT OF PRIMARY INFERTILITY DUE TO PID WITH AYURVEDA: A CASE STUDY

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### ABSTRACT

**Introduction** -Female infertility is a serious issue in Indian society. Female contributes about 40% cases of infertile couples. From all the various factors, one of the contributing factors is PID. Infection and inflammation of the upper genital tract, termed as pelvic inflammatory disease (PID), may be complicated by infertility and ectopic pregnancy. In Ayurveda symptoms of PID can be correlated with *Paripluta Yonivyapada*. Ayurvedic treatment can bypass the surgical management to avoid the related burden and provide a fruitful outcome in such conditions. Here, we present a case of primary infertility with a known Pelvic inflammatory disease came to OPD of Prasuti tantra evum striroga dept., M.M.M. Govt. Ayurved College, Udaipur Rajasthan.

**Aim**- To evaluate the therapeutic effect of certain Ayurvedic indigenous drugs in Primary infertility caused as a complication of Pelvic Inflammatory Disease.

**Materials and methods**- The patient was treated with the basic principles of treatment of *Paripluta yonivyapada*. She was given *vata & pitta dosha* pacifying treatment with drugs like *Pachtiktaghrita guggulu*, *Triphalaguggulu*, *Amlaki rasayana* and *tridosha* balancing *Phalaghrita* along with *yoniprakshalan* with *Panchwalkala kwath* and vaginal tampon with *Jatyadi tail*.

**Result** - The patient got satisfactory result with Ayurveda treatment without use of antimicrobial therapy and she conceived after two months of treatment confirmed by TVS USG and delivered healthy male child weighing 2.9kg by normal vaginal delivery on 22<sup>nd</sup> august 2023.

**Conclusion** – Infertility due to PID can be efficiently managed by following extensive Ayurvedic treatment by integrating both internal and local Ayurvedic medications.

**Keywords** – Infertility, Ayurveda , Yonivyapada , PID, bandhyatva .

**INTRODUCTION** : Female infertility is a major issue that affects the suffering women as well as whole family members. Successful conception depends upon both male and female partner in which female is directly responsible in about 40- 55% of infertility.<sup>1</sup> In Ayurveda Sushruta described four essential factor for conception i.e.

*Ritu, Kshetra, beeja, ambu.*<sup>ii</sup> These four factors influence on the conception if all are in normal state. If any one of these factors have defect it will cause infertility. In present case the main cause of infertility is abnormal *kshetra* i.e. *garbhashaya*(uterus). Pelvic Inflammatory disease is defined as inflammation and infection of upper geni-

tal tract in women involving the fallopian tubes, ovaries, and surrounding structures. It is commonly caused by ascent of microorganisms from the female lower genital tract. It is very commonly encountered in clinical practice, difficult to eradicate and often associated with serious complications like infertility chronic pelvic pain etc. Among the sexually active women suffering from PID, 20% suffer from infertility 9% ectopic pregnancy, 18% of women suffer from chronic pelvic pain.<sup>iii</sup> If it is untreated it results in hydrosalpinx, pelvic abscess, pelvic adhesions, infertility, dysmenorrhea etc. This disease manifests with the irregular, excessive vaginal bleeding, bilateral lower abdomen pain, abnormal vaginal discharge, dyspareunia, nausea, vomiting, fever etc. In Ayurveda this painful condition can be compared to *Paripluta yonivyapad* based on the clinical manifestations i.e. pain abdomen, tenderness, dyspareunia, abnormal vaginal discharge, fever etc. In *Paripluta Yonivyapad* involved *Dosha* are mainly *Vata* associated with *Pitta Dosha*.

## CASE REPORT

### CASE HISTORY

A 30-year-old female patient visited the OPD of prasuti evam stiroga, MMM govt. Ayurved college in November 2022 with the complaints of unable to conceive from past 3 years with white discharge P/V, burning sensation at vulval region, pain in lower abdomen and generalised weakness. Her menstrual history was correct, family history was also sound. In personal history patient was housewife with normal appetite, bowel habit and sound sleep.

*Ashtavidhpariksha* -

*Nadi (pulse)*– VP, *Mutra(urine)* – *Samyak-mutrapravriti*, *Mala(stool)*– *Sama*, *Jihwa (tounge)*- *Sama*, *Shabda*– *Samyak*, *Sparsha(touch)*- *Ushna*, *Drika(eye)*–

*Samanya*, *Aakriti(physical appearance)*– *Samanya*

*Dashvidhpariksha* –

*Prakriti(nature)*-*Vatakaphaja*, *Sara (Purest body tissue)* - *Madhyama(medium)* *Samhanana(Body compact)* – *Avara (minimum)*, *Pramana (Body proportion)*-*Madhyam (medium)*, *Satmya (homologation)* -*Madhyam(medium)*, *Satva(mental strength)* - *Madhyam(medium)*, *Vaya(age)* *Yuvati*, *Vyayamshakti (to carry on physical activities)* - *avara(least capability)*, *Aharashakti- (food intake and digestive power)* *Abhyavaranashakti & Jaranashakti* – *Madhyam*

### Examination

Pulse: 76 per min

BP: 124/78 mm of Hg.

Weight: 45 kg.

### Per abdomen

On palpation of abdomen, tenderness was present on both the quadrants of lower abdomen.

### Gynaecological Examination

Menarche: At the age of 13 years

Marital status: Married since 10years.

Menstrual History: Menstrual cycle ranging from 28 to 30 days, regular, Painless, and normal flow 2pad/day. Duration: 5 to 6 days.

Per speculum examination: Thick white discharge present with congestion of cervix

Per vaginal examination: Cervical motion tenderness absent with all fornices clear.

Investigations:

CBC – within normal limits

USG – right adnexa shows evidence of tubular cystic structure adjacent to the ovary suggestive of hydrosalpinx. Interpretation – PID

Diagnosis – **Bandhyatva (primary infertility)**

Treatment plan – after taking informed consent from patient with detailed description of the treatment plan, oral medicines were started and given for 3 months, followed by local wash with *pancha valkala kwath*.

#### Oral medicines

1. *Amlaki rasayan* – 1gm twice daily with water
2. *Lodhra churna* – 1gm twice daily with water
3. *Punarnava mandoor* – 250mg twice daily with water
4. *Panchtikta ghritha guggulu* – 500mg twice a day after meal with water
5. *Triphala guggulu* – 500mg twice a day after meal. with water
6. *Phalaghrita* – 10 ml twice a day with warm milk after meal.

#### Local application:

1. *Panchwalkala kwath yoni prakshalana* ( vaginal douche ) once daily for 7 days after menses for two months
2. *Jatyadi tail yoni pichu* (vaginal tampon ) once daily for 7 days after menses for two months

*Pathya*: Milk, ghee, green leafy vegetables, plenty of water, pulses, proper hygiene maintenance, meditation, morning walk and *pranayama*. Read good literature, be happy with soul and mind.

*Apathya*: Spicy, fried, excessive salty diet, fast food, cold drinks, late night sleeping, excessive intake of tea and coffee, exertion journey, suppression of natural urges i.e. micturition, defecation, sleep. Avoid stress. Criteria for assessment of results: based on subjective (Improvement in complaints) and objective (TVS USG findings).

USG findings in follow up period: patient conceived in January 2023 and confirmation of pregnancy was done by UPT and USG finding.

#### DISCUSSION:

In Ayurveda PID can be compared with the *Paripluta* due to the presence of cardinal feature of PID i.e. pain in lower abdomen, tenderness, dyspareunia etc. Since it is Pitta predominant, *Vatajavyadhi* treatment should be formulated with the drugs having *Pitta-Vatahara* property hence in the present study this treatment has selected for the management of PID with special reference to *Paripluta yonivyapada*.

Vaginal Discharges -Vaginal discharges are the result of accumulation of fluid in the extravascular space, as a result of tissue response to microbes. The combined effect of local and systemic drugs has decreased the inflammation.

Pain - *Udara Shoola, Vasti Gurutva, Kukshi Gurutva* can be attributed to the *Vata Kopa*, because pain is the characteristic feature of *Vata* vitiation. Lower abdominal pain and back ache have shown significant relief. These effects can be attributed to the *Vata Shamana* achieved by the *Vatahara* property of majority of the drug. *Yoni Prakshalana* with warm *panchwalkal Kashaya* has local *Swedana* action, improving the local circulation This improves the host response to congestion and infection. These effects must have helped in improving the generalized pain symptoms. When congestion reduces, it will reduce the pressure over the nerves and this is probably the reason behind the improvement in back ache and lower abdominal pain.

Cervical motion tenderness, adnexal tenderness and uterine tenderness showed significant improvement. Tenderness or *Sparshaakshamatwa* can be attributed to the *Pitta and Vata Dosha*. *Vatapittahara, Shothahara, Vranaropana, Vedanahara* (anti inflammatory, analgesic) properties of the drugs efficiently reduced the tenderness.

Congestion is the initial response of the tissues to inflammation. *Rakta Shodhaka, Shothagna* along with *Swedana* effect of Local therapy must have primarily helped in bringing about the change by improving microcirculation and thereby reducing the stagnation of the blood.

Microbial load - the *Rasayana* effect of the drugs like *Triphala* help in the immunological modification in the affected tissues and that may bring back the microbiological balance. *Shothahara* property reduces the inflammation and help in tissue repair. *Krimighna*, antifungal, antibacterial properties of the drugs help in reducing the microbial growth.

*Sthanik chikitsa* - The anti septic, anti-inflammatory and healing property of the

*jatyadai tail* may have helped in the healing of the local tissue injury. The *Kashaya Rasa* and *Sheeta Veerya* of these drugs help in the *Pitta shamana* and *Vrana shodhana* and *ropana*.

Mainly the anti inflammatory, antibacterial, antiseptic, antipyretic, analgesic, *Vranaropana, Krimighna, Shulaprashamana, Garbhashaya Shothahara, Vatashamana, Pittahara* properties of the drugs, efficiently reduced the congestion, pain, infection etc thereby overcoming the PID. And by treating the PID of patient we have created healthy *kshetra* for the fruitful conception and hence the patient conceived after completing treatment.

**Table .1 Probable mode of action of drugs**

Sr. No.	Drugs	Karma	Pharmacological action
1	<i>Triphala guggulu</i> <sup>iv</sup>	<i>Tridosahara, Rasayana, Vatakapha shama-aka, shothahara, vrana-shodhana, vrana-ropana and krimighna</i>	Antibacterial, wound healing
2	<i>Panchatiktaghrita guggulu</i> <sup>v</sup>	<i>Tridosahara, rasayan</i>	Analgesic, antimicrobial
3	<i>Amalaka rasayan</i> <sup>vi</sup>	<i>Tridoshshamak, rasayan</i>	Antioxidant, rejuvenating, vitamin C source
4	<i>Lodhra churna</i> <sup>vii</sup>	<i>Kapha-pitta shamak</i>	hepatoprotective, analgesic, anti-inflammatory, immunomodulator, antimicrobial
5	<i>Punarnava mandur</i> <sup>viii</sup>	<i>Kaphapittashamak, Rasayan, Dipana, Pachan, Anulomak, Raktavardhak, Raktaprasadan, Dhatuposhan</i>	Anti-inflammatory
6	<i>Phalaghrita</i> <sup>ix</sup>	<i>Tridoshaghan, punsavan</i>	SERM, increases endometrial receptivity
7	<i>Panchvalkal kwath</i> <sup>x</sup>	<i>Vatashamak, krimighna, shothhara, vedanahara</i>	antiseptic, anti-inflammatory, antioxidant, antibacterial, antimicrobial wound purifying and healing
8	<i>Jatyadi tail</i> <sup>xi</sup>	<i>Shodhana, ropana</i>	Anti-inflammatory

## CONCLUSION

The study has shown fruitful results to the infertile patient by curing over the pain

related signs and symptoms, vaginal discharges, congestive changes of cervix and vaginal canal and on the vaginal microbial

load. The patient successfully delivered male child weighing 2.9kg on 22<sup>nd</sup> august 2023 by normal vaginal delivery. PID can be managed in Ayurveda by following an

extensive treatment protocol by oral and local therapy, thereby its complication i.e., primary infertility can also be treated. ., primary infertility can also be treated.

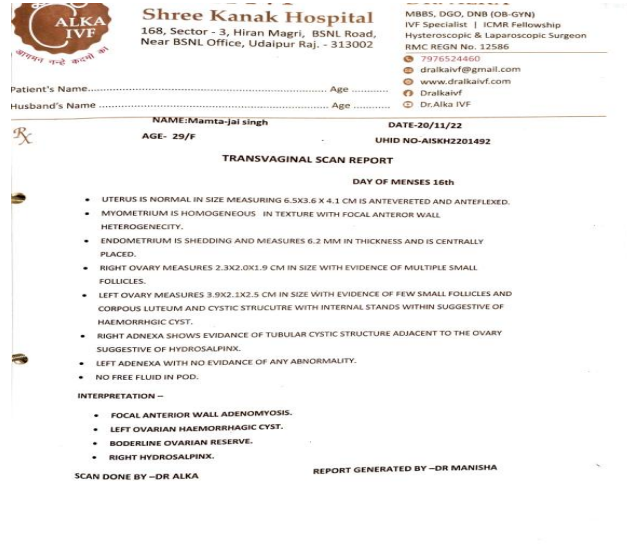


Image no. 1 – USG scan of patient before treatment

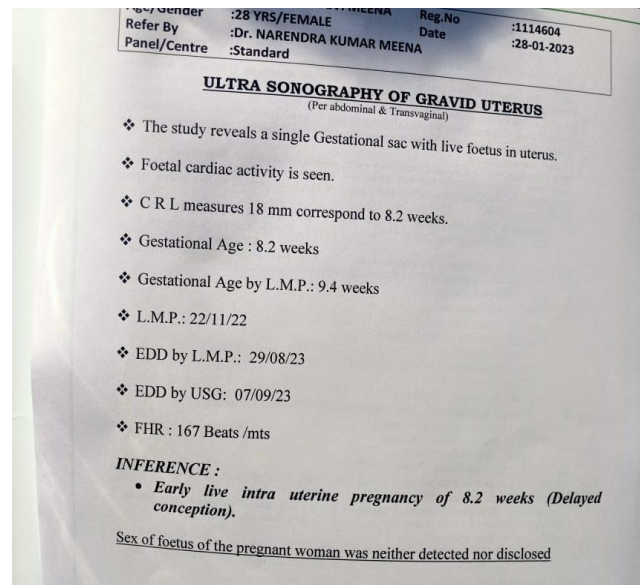


Image no. 2 – USG report after treatment

## REFERENCES -

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1. DC Dutta's Textbook of Gynecology, Hiralal Konar, Jaypee Pulication, 7th Edition, Reprint 2016;Chapter 17. P186.
2. Shastri A. Sushrut Samhita 1st volume, Sharir Sthan 2/33, Chaukhamba Samskrita Samsthana, Varanasi, Reprint ed-2009.p-19
3. Bijoy Sree Sengupta et al. Gynecology for Postgraduates and Practitioners, 2nd edition, New Delhi, Elsevier, 2007; 385: 388.
4. Yogesh, Biradar S, Jagatap S, Khandelwal KR, Singhanian SS. Exploring of Antimicrobial activity of Triphala Mashī-an Ayurvedic formulation. Advance Access Publication e CAM, 5(1), 2008, 107-113
5. Ayurvedic Pharmacology and therapeutic uses of medicinal plants by Vaidya V.M. Gogte ,chaukhambha Publications,edition reprint.2009 ,Part II,pg No.358
6. [http://ayurveda-foryou.com/ayurveda\\_herb/amalaki.html](http://ayurveda-foryou.com/ayurveda_herb/amalaki.html)
7. Ayurvedic Pharmacology and therapeutic uses of medicinal plants by Vaidya V.M. Gogte, Chaukhambha Publications, edition reprint.2009 ,Part II ,pg No.478
8. Dr. Bhagyashree Balajirao Kachare A Review On Punarnavadi Mandur Wjpr Volume 8, Issue 11, 522-529
9. Ashanam hrudayam utharasthanam 34/63b67
10. Gajarmal et al., A Clinical Evaluation of Panchavalkala-A Review article, Unique Journal of Ayurvedic and Herbal Medicines, Vol. 2, No. 4, 2014, pp. 6-9
11. Singh Bljinder et al, Antimicrobial potential of Polyherbo-Mineral formulation Jatyadi Taila, IJRAP, Vol. 2, NO. 1, 2011, PP. 151-156