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# Management of Sapraja and Apraja Vandyatwa through Shamana and Shodhana Modalities Respectively: Two Successful Case Scenarios

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***Abstract:***

***Background:*** *Ayurveda explains Vandhya and its various kinds. Apraja and Sapraja Vandhya are explained in Ayurveda which can be taken as Primary and Secondary Infertility. Although direct correlations are not always accurate, we can undoubtedly adopt treatment lines based on the patient's dosha and dushya avastha in infertility. PCOS is a frequent disease among women of reproductive age, and Ayurvedic treatment aims to address it from all angles. The current research examines two different cases of infertility that were successfully treated using an Ayurvedic approach.*
***Materials and methods:*** *2 different cases with infertility as the provisional diagnosis has been taken for this paper. One is of secondary and the other is of primary infertility. Shamana therapy was given in the first patient and the second case was treated in shodhana lines.*
***Results:*** *Both the patients conceived, and the first patient delivered a healthy baby through LSCS in 2021. Second patient is expected to deliver in August 2022.*

***Keywords: Primary infertility; Secondary infertility; Oushadha in PCOS***

## Introduction

Infertility due to polycystic ovarian syndrome is a common presentation in fertility clinics. Anovulatory cycles are the fundamental cause for primary infertility in majority of the patients. PCOS, as the name suggests, often accompanies other complaints such as weight gain, hirsutism, thyroid dysfunction etc. Hence, an overall assessment is required in such cases. Management of infertility consumes time as the ovulation takes place once in every month. It is often associated with mental stress and couple counselling is an unavoidable step in infertility management.

Modern management of PCOS induced infertility includes the use of Clomiphene citrate for ovulation induction, FSH or gonadotropin therapy which may result in ovarian hyperstimulation, metformin in cases of hyperinsulinemia or insulin resistance and so on.[1] Other invasive techniques include laparoscopic drilling etc. Artificial reproductive techniques like intra uterine insemination, in-vitro fertilisation, have also been used since long.

According to Rotterdam criteria[2], PCOS can be diagnosed only if the patient fits into 2 of the 3 conditions: Hyperandrogenism, Ovulatory dysfunction, Polycystic ovary. Hyperandrogenism must be clinically correlated by the presence of hirsutism, excess acne or androgenic alopecia. Ovulatory dysfunction includes

oligomenorrhea with cycles exceeding 35 days duration, and polycystic appearance of ovary should be diagnosed on the basis of USG report.

*Vandhya* is explained in classics as a woman who is unable to procreate. Various types of *Vandhya* have also been explained in detail. Having delivered one live baby and cannot conceive again is termed as *Sapraja Vandhya* and a woman who is not able to conceive even once naturally is termed as *Apraja Vandhya* by *Charaka Acharya*. *Nashtartava* is told as a primary symptom in *Vandhya* according to *Susruta* and he has included it under *yoni vyapad*. All these references can be clubbed together to understand the cases explained in this paper.

**Patient information and clinical findings**

**Case-1 [Secondary Infertility]**

Patient aged 32 years, who was a known case of secondary infertility due to PCOS, approached our OPD. She had a married life of 6 years and has a 5-year-old female child born through full term normal delivery. The couple were in regular sexual contact without the use of any contraceptives since 2 years. Her menstrual history was irregular since 2 years with an interval of 40-45 days. Her last menstrual period was on 28$^{th}$ of February 2020 with 3-4 days of bleeding. Pain was present in the lower abdominal and pelvic during cycles. She complained of white discharge per vagina after micturition.

The patient had increased appetite, and disturbed sleep at night. On examination per vagina, tenderness was present in the anterior and posterior walls and per speculum examination revealed mild redness over the cervix. Mild whitish discharge was also seen. USG taken in October 2019 showed ovarian cyst of size 1.8*1.6 in the right ovary and a normal endometrium. Thyroid profiles and other hormonal tests were in normal range.

**Case 2 [Primary infertility]**

Patient aged 30 years, who was a known case of Polycystic Ovarian disease, consulted our OPD for complaints of primary infertility for 4 years. The couple underwent detailed history taking and examination. Their married life, trying period were of 5 years and sexual life was satisfactory. Contraceptive history was negative. At first, they had consulted allopathic hospitals for the same complaint and was under internal medications for ovulation induction and regularising her menstrual cycles. She also underwent one cycle of Intrauterine Insemination (IUI) in 2018 after induction of ovulation, but it failed.

During the first visit, local examination was performed, and it was normal. The patient had a good appetite, regular bowel movement, normal micturition, and sound sleep. Her menstrual history was irregular with an interval of 40-45 days and bleeding of 3 days. She had abdominal pain during cycles and clots were absent. She complained of regular eruption of facial acne which were painful. Partner profile was also checked, and semen analysis was performed. Report revealed normal semen parameters and local examination of the partner was normal. Blood investigations for hormonal assay of the patient was performed and they were in the normal limits.

**Diagnostic assessment**

The basic pathology involved in the patients were:

| | |
|---|---|
| **Dosha** | Kapha (guru,manda), Vata (chala) |
| **Dushya** | Rasa, Rakta, Medo dhathu |
| **Agni** | Dhatwagni mandya |
| **Srotodushti** | Sanga in medovaha, raktavaha, rasavaha, artavavaha srotas |

In Ayurvedic lines, Case 1 is diagnosed as *Sapraja vandhya* and Case 2 as *Apraja Vandhya*. Also, both these cases can be considered as *Vandhya yonivyapad* in which *nasta artava* is the primary symptom. Both the cases were diagnosed as PCOS. Case-1 was diagnosed as secondary infertility due to PCOS and Case-2 was primary infertility due to PCOS according to Rotterdam criteria. Both the patients had oligomenorrhea in terms of interval between cycles and polycystic appearance of ovaries. Ovulatory dysfunction is the primary cause to be treated here.

**Therapeutic intervention**

Treatment protocols in this case have been adopted according to the *dosha* and *dushya avastha* in the patient.

**Case-1** Patient was treated with *shamana* therapy.

**Table no. 1:** *Follow up and medicines prescribed*

| Date | Complaints | Investigations | Medicine | Dosage |
|---|---|---|---|---|
| May 2020 | White discharge PV<br>LMP- 28/02/2020 | UPT- Negative | • *Chandanasava*<br>• Tab Lukol<br>• Hyponidd Tab | 10 ml TID<br>1 BD<br>2 BD |
| June 2020 | White discharge PV<br>LMP- 02/06/2020 | Follow up with follicular report | • *Stree vyadhihari rasa*<br>• *Chandanasava*<br>• Tab Lukol<br>• Hyponidd tablets | 1 BD<br>10ml TID<br>1 BD<br>2 BD |
| June 2020 | White discharge reduced by 80%<br>Occasional headache | • 15th day<br>• Right ovary- 1 dominant follicle<br>• Left ovary- No dominant follicle<br>• Endometrial thickness- 14.7mm Fluid in POD- Absent | • *Stree vyadhihari rasa*<br>• Hyponidd tablets<br>• *Dhanwantara gutika* | 2 BD<br>1 BD |
| July 2020 | Follow up after menstruation<br>LMP-03/07/2020 | • 15th day<br>• Right ovary- no dominant follicle<br>• Left ovary- 1 dominant follicle<br>• Endometrial thickness- 9.8mm Fluid in POD- Absent | • *Stree vyadhihari rasa*<br>• Leptaden tablet<br>• *Pushpadhanwa rasa* | 1 BD<br>1 TID<br>1 BD |
| August 2020 | White discharge reduced by 95%<br>Occasional headache and nausea<br>LMP-03/08/2020 | • Planned for conception | • *Stree vyadhihari rasa*<br>• Hyponidd tablets<br>• *Sootshekara vati* | 1 BD<br>2 BD<br>1 TID |
| September 2020 | LMP- 04/09/2020 | | • *Stree vyadhihari rasa*<br>• Leptaden tablet<br>• Hyponidd tablets | 1 BD<br>1 TID<br>2 BD |
| November 2020 | Amenorrhea since 1.5 months Nausea LMP-06/10/2020 | UPT – Positive | • USG in next visit | |
| December 2020 | Amenorrhea since 1.5 months | USG report- A single live intrauterine pregnancy present.<br>7 weeks 4 days | • Ante natal care | |

**Case 2:**Patient was treated on both *shamana* and *shodhana* lines.

**Table no. 2:** *Follow up and medicines prescribed*

| Date | Complaints | Investigations | Medicine | Dosage |
|---|---|---|---|---|
| Feb 2020 | LMP-15/02/2020 | • 13th day<br>• No dominant follicle in both ovaries.<br>• Endometrial thickness- 8.4mm<br>• Fluid in POD- absent | • *Stree vyadhihari rasa*<br>• Leptaden tablet<br>• *Pushpadhanwa rasa* | 1 BD<br>1 BD<br>2 BD |
| May 2020 | LMP-11/04/2020 | | • *Stree vyadhihari rasa*<br>• Hyponidd tablets | 1 BD<br>2 BD |
| June 2020 | Complaints of headache | • 15th day<br>• Right ovary- 1 dominant follicle | • *Stree vyadhihari rasa* | 1 BD<br>2 BD |

| | | | | |
|---|---|---|---|---|
| | LMP- 21/06/2020 | • Endometrial thickness- 10.1mm<br>• Fluid in POD- Present | • Hyponidd tablets<br>• *Dhanwantara gutika* | 1 SOS |
| August 2020 | LMP- 23/07/2020 | • 20th day<br>• Right ovary- no dominant follicle (may be ruptured)<br>• Left ovary- No dominant follicle<br>• Endometrial thickness- 11.4mm<br>• Fluid in POD- minimal fluid seen | • *Stree vyadhihari rasa*<br>• Leptaden tablet<br>• Hyponidd tablets | 1 OD<br>1 BD<br>2 BD |
| July 2021 | Cycles regular | | • *Arogyavardhini vati*<br>• *Triphala guggulu*<br>• *Varanadi kwatha* | 1 BD<br>1 TID<br>15ml BD |
| **Planned for shodhana therapy** | | | | |

**August 2021:**

✓ *Sarvanga Udwartana* with *Udwartana churna* for 3 days.

*Shodhana:*

✓ *Basti* plan-

- *Anuvasana basti- Varunadi ghrita*
- *Nirooha basti- Erandamoola nirooha basti*

**Table no. 3:** *Pattern of basti given.*

| Day 1 | Day2 | Day 3 | Day 4 | Day 5 |
|---|---|---|---|---|
| AB | NB | NB | NB | AB |
| | AB | AB | AB | |

*Basti* was administered in *Kala* pattern for 5 days with 3 *nirooha basti* and 5 *anuvasana bastis.*

**Follow up and outcomes**

**Case-1:** USG report as of 12th Dec 2020 showed a single live intrauterine pregnancy with gestational age of 7 weeks and 4 days. The patient delivered a female baby of birth weight 2.3 kgs through LSCS.

**Case-2:** During the next cycle (19th November 2021), the patient conceived naturally. From the next visit ante-natal care was started. USG report of 03rd Jan 2022 showed a single live intrauterine fetus corresponding to 6 weeks 1 day. Her expected date of delivery is on 26th August 2022. The patient delivered a female baby of birth weight 2.5 kgs through normal vaginal delivery.

**Discussion**

Apraja Vandhya explained by Charaka (chakrapani) says, a woman who has not yet conceived but can conceive with proper treatments is termed as Apraja. Sapraja is a woman who has given birth to a live child and is not conceiving afterwards. Vandhya yonivyapad is explained in Susruta samhitha. It is said that nashta artava or anovulatory cycle is a main feature of Vandhya yonivyapad and Vandhyatwa can be an associated complaint due to this. According to Ayurveda, Charaka in sareera sthana explains the causative factors like ahara dosha, vihara dosha, yonidosha, manasika dosha, asruk dosha, etc leads to inability to conceive even in Sapraja Vandhya. Beeja being one among the garbha sambhava samagri, must not be in the dushita avastha for conception to take place. Treatment of Vandhya in Ayurvedic lines includes 2 aspects: Garbhadana poorvakarma and Pradhana karma. Here, nashtartava is the main factor and pradhana karma like shodhana and shamana should be followed. Here, sarvadaihika shodhana was done by basti, followed by shamana chikitsa. According to Bhela Samhitha, Basti is told as the best choice of treatment in Vandhya as it corrects apana vayu thereby helps in artava nirgamana kriya.

Artava kshaya can also be considered here as artava does not appear on time in this condition and there will be reduced flow during menstruation. It involves rasa, rakta, medo dhathu, kapha, pitta doshas. Due to deranged vata, there will be sanga in artava vaha srotas.

Erandamoola nirooha basti helps in removing srotorodha as it contains drugs with teekshna, ushna properties. It brings vata anulomana and helps in maintaining proper pitta dosha required for artava pravrutti. Varunadi ghrita for anuvasana basti removes excess kapha dosha and brings srotoshudhi. This helps in removing the kapha dushti and improving pitta which is essential in raja pravrutti.

Streevyadhihara rasa contains sootikabharana rasa, latakaranja beeja, shatahva beeja churna, karpasamoola churna, shunti, maricha, pippali. Sootikabharana rasa contains swarna, rajata, tamra pravala, shudha parada, Abhraka and so on. Abhraka and tamra bhasmas help in kapha chedana along with vata anulomana while rajata bhasma does lekhana of doshas. Swarna and pravala helps in balancing the teekshnata of other drugs. Latakaranja having laghu ruksha guna, tikta kashaya rasa, does kaphachedana. Shatahwa beeja helps rajopravrutti.

Pushpadhanwa rasa contains rasasindura, abhraka, naga, vanga, lauha bhasmas and bhanga, salmali, dhatura, yashtimadhu, nagavalli churnas. Due to the predominance of ushna gunas in most of the drugs, it acts as kapha chedaka in apachita meda.[3] It also helps in increasing the agni as it has deepana and pachana properties. Proper dhatwagni is required for the formation of prashasta dhathus.

Hyponidd tablet is proprietary medicine containing Guduchi, Asana, Haridra, amalaki etc. Guduchi is an important drug which has kledahara, medohara karma. Amalaki having seeta veerya helps in dhatuposhana, haridra helps to control hormonal levels as it acts on the hypothalamo pituitary axis[4] especially androgen. It relieves symptoms of hyperandrogenism. Asana is pramehahara and as PCOS is associated with insulin resistance, asana helps in correcting the kleda and medas. The main aim of treating PCOS is to correct ovulation in anovulatory cycles. The above-mentioned medicines helps to combat PCOS from all sides and not just ovulation.

## Conclusion

The present article explains two conceived cases of infertility. Approach in *Ayurvedic* lines have been interpreted through *Samhithas* and treatment of various aspects are included. Infertility requires both medicaments as well as couple councelling for better results as the mental status of infertile couples are mostly deranged.

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