

Combined Male and Female Infertility-An Ayurvedic Approach

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Abstract- Infertility is a condition affecting the male or female reproductive system, characterized by the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. The prevalence rates indicate that female factors contribute to 20–35% of cases, male factors to 20–30%, and combined factors account for 25–40% of infertility cases. Addressing infertility through a combined approach targeting both male and female factors has the potential to yield better and faster outcome. This article highlights the effectiveness of Ayurvedic management in a case of combined infertility. The intervention was implemented solely at the outpatient (OP) level, leading to successful results within three months. The findings underscore the value of a holistic Ayurvedic approach in managing combined infertility, emphasizing its role in achieving desired outcomes efficiently.

Keywords- Anaapathyata, Combined infertility, Vandyatwa

I. INTRODUCTION

Combined infertility refers to a condition where both male and female factors contribute to the inability to conceive after 12 months or more of regular, unprotected sexual intercourse¹. Prevalence studies suggest that combined infertility accounts for 25–40% of all infertility cases, making it a significant clinical challenge². The condition can result from a complex interplay of physiological, hormonal, or environmental factors affecting both partners. In such cases, addressing both male and female factors simultaneously can yield better and faster outcomes. While conventional treatments such as assisted reproductive technologies (ART) are often pursued, they may be costly, invasive, and emotionally taxing for couples³. Alternatively, traditional systems like Ayurveda offer a holistic approach to managing infertility by addressing root causes and improving overall reproductive health through individualized therapies, lifestyle modifications, and herbal formulations⁴.

II. METHODOLOGY

A. Case report

Presenting complaints

A 30-year-old female presented to the OPD of PNNM Ayurveda Medical College, Cheruthuruthy, with complaints of infertility for 4 ½ years despite regular unprotected intercourse. For the first 2 ½ years, the couple attempted natural conception, followed by unsuccessful IUI and IVF attempts over the next 2 years. She also reported mood swings and sudden weight gain over the past year. She has a known history of hypothyroidism and has been on Thyronorm 88 mg for the past 2 years.

Menstrual & Obstetric History: The patient attained menarche at 13 years of age and had regular menstrual cycles initially. However, since her marriage in 2018, her cycles have become irregular, with intervals ranging from 30 to 37 days and lasting for 4 days, sometimes accompanied by clots. Her last menstrual period (LMP) was on 13.07.22, and her previous menstrual period (PMP) was on 08.06.22.

Personal History:

Appetite: poor

Bowel Habits: Constipated (Saama), with severe bloating and frequent indigestion

Urine: Normal with adequate water intake

Sleep: Sound

Weight: 60 kg

Height: 149 cm

BMI: 27 kg/m²

Husband's History: The husband, aged 32 years, is employed as a medical representative. He has a history of smoking and alcoholism. The couple engages in intercourse 4-5 times a week and is aware of the fertility window.

B. Clinical findings

P/S examination: no discharge, no prolapse, no abnormal mass found, Cervix : normal, no erosion

P/V examination: Uterus – NS, AV, CMT – Absent, Fornices – free, No tenderness.

Investigations (before treatment):

USG Abdomen and pelvis on 27.07.2022 –

Uterus anteverted, normal in size measures 8.2 x 4 x 4.1 mm, intramural fibroid-1.4 x 1.2cms. Ovaries-normal in size. Rt ovary 3.6 x 2.5 mm, Lft ovary 3.8 x 2.2mm. PCO Morphology

Blood test on 27.07.2022

Hb-10.8 g/dl

TSH-2.83
Prolactin-22.62
AMH-2.26ng/ml

Male partner reports:

Blood test on 27.07.2022

Triglycerides-275mg/dl
LDL-178
VLDL-55

Semen analysis on 03.05.2022

Volume-0.9
Motility-32%
Activity- Rapid progression-3 (prewash)
Slow progression (postwash)
WBC-2.6

Remark- Asthenospermia with aggregation
hypospermia and pyospermia

C. Therapeutic approach.

The treatment was divided into three phases, with the first phase aimed at addressing agnimandya and apanavayu vaigunya.

Phase 1 (From 20.07.22 for 2 weeks)

1. Guluchyadi kashaya 15 ml kashaya with 45 ml lukewarm water twice daily before food
2. Abhayarishta & Kumaryasava – mixed together – 30 ml twice after food
3. Hinguvachadi choorna 1 tsp in lukewarm water at 11.00am
4. Vilwadi lehya – ½ tsp twice daily

After taking internal medications, she was started getting bowel regularly, started feeling good appetite and bloating relieved completely.

On follicular study

Date	day	Rt ovary	ET	POD Fluid
27/7/22	15th	21*17mm	12mm	nil
29/7/22	17th	22*19mm	12mm	nil

The follicular study revealed a dominant follicle in the right ovary; however, ovulation did not occur during the cycle.

Phase 2 – Kaphavata hara chikitsa

(From 27.07.22 for 1 week)

1. .Sapthasaram kashaya 15ml kashaya with 45 ml of lukewarm water twice daily before food
2. .Kanchanara guggulu 1-0-0 at 11.00 am

(From 03.08.22 for 2 week)

1. Varanadi kashaya 15ml with 45 ml of lukewarm water morning before food
2. Indukantham kashaya 15ml with 45 ml of lukewarm water evening before food

On 09.08.22 she got her menses with normal flow for 4 days duration. Patient felt absolutely fine during menstrual days. There was loss of 2 kg after 2nd phase of treatment.

Phase 3- Vatahara, Mridhusodhana, Vajeekarana, Rasayana chikitsa

(From 17.08.22 for 2 weeks)

1. Gandharvahastadi kashaya 15ml kashaya with 45ml of lukewarm water twice daily before food

2. Yashtimadhu + Satapushpa + Trikatu choornam ¼ tsp with honey at 11.00 am
3. Gandharvahastha eranda thailam 1tsp with kashaya at 6.00 pm in the evening.
4. Dhanwantharam thailam for external application twice daily

On follicular study

date	day	Rt ovary	ET	POD Fluid
22/8/22	14th	20*17mm	16mm	nil
24/8/22	16th	20*17mm	15.1mm	nil
27/8/22	19th	21*11mm	15.6mm	nil
30/8/22	22nd	21*17mm	16.4mm	nil

The follicular study revealed a dominant follicle in the right ovary with adequate endometrial thickness, but ovulation did not occur. On 06.09.22, she experienced a normal menstrual cycle lasting 4 days.

Follow up

Follow up medicines for 1 months from 28.09.22

1. Sukumaram kashaya + Sapthasaram kashaya mixed and taken 15ml with 45ml of lukewarm water twice daily after food

On Follicular study

Date	day	Lt ovary	ET	POD fluid
28/9/22	16th	9.7*9.4mm	14mm	nil
2/10/22	20th	No DF	13mm	present

The follicular study showed a dominant follicle in the left ovary, with ovulation observed on 02.10.22. She was advised to continue with follow-up medications.

Treatment for male partner

Phase 1- Mridhu Virechana, Agnideepana

(On 21.07.22) Gandharva hasterandam 25ml with thriphala kashaya at 6.00am morning in empty stomach (From 22.07.22 for 1 week)

1. Chiruvilwadi kashaya 15ml kashaya with 45ml of lukewarm water twice daily before food
2. Hinguvachadi choorna ¼ tsp with kashaya in the morning
3. Abhayarishta + Aswagandharishtam 30ml twice daily after food

Phase 2- Srotosodhana, Vajeekarana

(From 31.07.22 for 2 weeks)

1. Maharasnadi kashaya 15ml kashaya with 45ml of lukewarm water twice daily before food
2. Kalyanakam ghrita ¼ tsp at 11.00am daily
3. Aswagandharishtam + Dasamoolarishtam 30ml twice daily after food
4. Neo tab 0-0-2 at bed time

Follow up

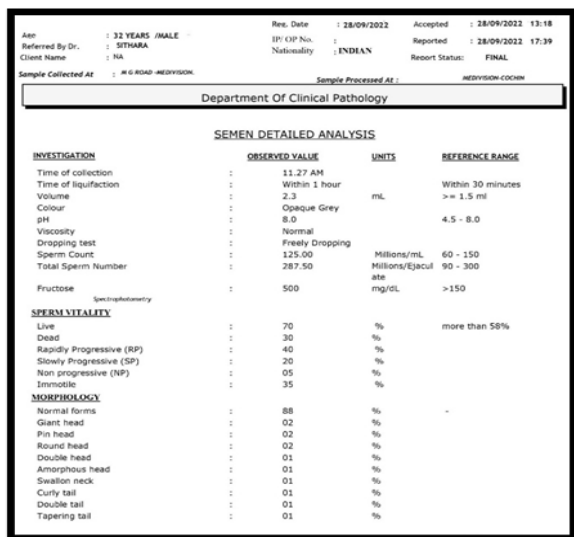
(From 17.08.22 for 1 month)

1. Amrithotharam kashaya 15ml with 45ml of lukewarm water twice daily before food
2. Aswagandharishtam + Dasamoolarishtam + Mustharishtam 30ml twice daily after food
3. Vajeekarana choorna 50g + Abhraka Bhasma 10g mixed and taken 1tsp with milk after dinner

4. Kalyanakam gulam 1 tsp at bed time

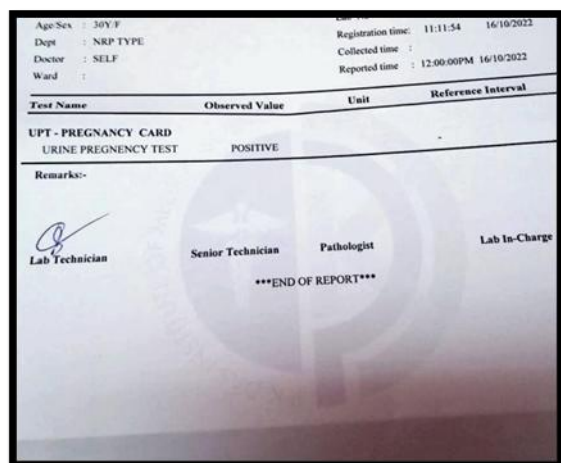
III. RESULT

Within three months of initiating treatment, the couple achieved a successful pregnancy. The male partner's asthenospermia, aggregation, hypospermia, and pyospermia were effectively resolved through Ayurvedic care. On 16/10/22, a positive UPT confirmed conception, and a viability scan showed a single live intrauterine gestation of 7 weeks and 4 days. This outcome highlights the efficacy of Ayurvedic therapies in addressing infertility holistically and achieving positive results in a short time.



INVESTIGATION	OBSERVED VALUE	UNITS	REFERENCE RANGE
Time of collection	11:27 AM		
Time of liquefaction	Within 1 hour		Within 30 minutes
Volume	2.3	ml	>= 1.5 ml
Colour	Opaque Grey		
pH	8.0		4.5 - 8.0
Viscosity	Normal		
Dropping test	Freely Dropping		
Sperm Count	125.00	Millions/mL	60 - 150
Total Sperm Number	287.50	Millions/Ejaculate	90 - 300
Fructose	500	mg/dL	>150
SPERM VITALITY			
Live	70	%	more than 58%
Dead	30	%	
Rapidly Progressive (RP)	40	%	
Slowly Progressive (SP)	20	%	
Non progressive (NP)	05	%	
Immobile	35	%	
MORPHOLOGY			
Normal forms	88	%	
Giant head	02	%	
Pin head	02	%	
Round head	02	%	
Double head	01	%	
Amorphous head	01	%	
Swollen neck	01	%	
Curly tail	01	%	
Double tail	01	%	
Tapering tail	01	%	

Fig. 1: Semen analysis after treatment



Test Name	Observed Value	Unit	Reference Interval
UPT - PREGNANCY CARD	POSITIVE		
URINE PREGNANCY TEST	POSITIVE		

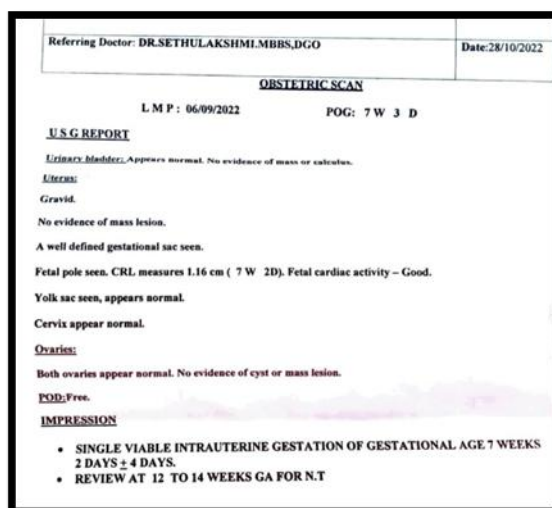
Remarks:-
 Senior Technician Pathologist Lab In-Charge
 END OF REPORT

Fig. 2: Urine Pregnancy test report

IV. DISCUSSION

In Ayurveda, infertility is viewed as a result of imbalances in doshas (Vata, Pitta, Kapha) and dhatus, particularly shukra (reproductive tissue) and artava (female reproductive essence)⁵. In the female partner, irregular menstrual cycles and PCOS symptoms are linked to artava kshaya (reduced reproductive essence), caused by imbalances in vata (specifically apana vata) and pitta, along with agnimandya

(digestive fire impairment) and ama (toxins) accumulation. In the male partner, conditions like asthenospermia and pyospermia relate to shukra dhatu dushti (vitiating reproductive tissue) caused by kapha and vata imbalances. The treatment, divided into three phases, began with agnideepana (enhancing digestive fire) and ama pachana (elimination of toxins) using Guluchyadi Kashaya and Hinguvachadi Choornam for the female, and Gandharvahastha Eranda Tailam and Chiruvilwadi Kashaya for the male. Phase two focused on srotoshodhana (channel cleansing) and balancing doshas with Saptasaram Kashaya and Kanchanara Guggulu for the female, and Maharasnadi Kashaya and Kalyanakam Ghrita for the male. In phase three, vatahara, rasayana, and vajeekarana therapies, including Yashtimadhu, Trikatu Choornam, and Dhanwantharam Thailam for the female, and Vajeekarana Choornam with Abhrika Bhasma for the male, rejuvenated reproductive tissues and improved overall vitality, leading to successful conception⁶.



Referring Doctor: DR.SETHULAKSHMI.MBBS,DGO Date:28/10/2022

OBSTETRIC SCAN

LMP : 06/09/2022 POG: 7 W 3 D

U/S REPORT

Urinary bladder: Appears normal. No evidence of mass or calculus.

Uterus:

Gravid:

No evidence of mass lesion.

A well defined gestational sac seen.

Fetal pole seen. CRL measures 1.16 cm (7 W 2D). Fetal cardiac activity - Good.

Yolk sac seen, appears normal.

Cervix appear normal.

Ovaries:

Both ovaries appear normal. No evidence of cyst or mass lesion.

POD:Free.

IMPRESSION

- SINGLE VIABLE INTRAUTERINE GESTATION OF GESTATIONAL AGE 7 WEEKS 2 DAYS ± 4 DAYS.
- REVIEW AT 12 TO 14 WEEKS GA FOR N.T

Fig. 3: USG- Viability Scan Report

V. CONCLUSION

This case illustrates that Ayurvedic therapies, rooted in balancing doshas, optimizing metabolic processes, and rejuvenating reproductive tissues, offer a promising and holistic alternative for managing combined infertility. By addressing the root causes of infertility and enhancing overall reproductive health, Ayurveda can provide effective, non-invasive solutions for couples facing challenges in conception.

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