



Case Study

A CASE REPORT ON AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY

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ABSTRACT

Secondary Infertility is defined as the inability to conceive following at least one prior conception. Ovulatory dysfunction contributes 30-40% of infertility. Polycystic ovarian syndrome is a common endocrinopathy typified by oligo/anovulation, signs of androgen excess, and multiple ovarian cysts. In Ayurveda, *Vandhyatha* (infertility) is considered as a complication of *Yoni vyapath* and is also considered as *Artavavaha srotodushti lakshana*. This is a case report of 30 years old lady complaining of inability to conceive a second child, heavy menstrual bleeding and curdy white discharge per vagina associated with itching. On USG, she was diagnosed with Polycystic Ovarian Syndrome. She also had severe allergic complaints and skin rashes. In this case treatment was given primarily to correct the *Rakta dushti* which was causing *Artava dushti* in the form of excessive bleeding. For that, initially in the bleeding phase, medicines for *Rakta sthambana* were given and after the stoppage of bleeding, medicines were given for correction of *Rakta dushti*. After achieving the menstrual regulation, the patient was given medicines for *Vata kapha dushti* for treating her *Upaplutha* condition. For the management of *Yoni roga*, she was given *Sthanika karmas* (local treatment) *Yoni dhawana* and *Yoni pichu*. Also local application of *Nalpamaradi keram* was done to reduce her vulval itching. The outcome of the treatment resulted in conception and delivered a full term female baby. So the present case signifies the effect of Ayurvedic management in the field of infertility.

INTRODUCTION

According to WHO, Infertility is a condition of male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.^[1] It can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved. It is a multifactorial condition and may be due to ovulatory dysfunction (30-40%), tubal factors (25-35%), uterine factors (10%), cervical and vaginal factors (5%) and the endometrial factors (1-10%).^[2] Among the ovulatory dysfunction, PCOS is the primary cause which is characterized by menstrual irregularities,

manifestation of androgen excess and other endocrine dysfunction. Menstrual dysfunction (*Artava dushti*) may range from amenorrhea (*Nashtartava*) to oligomenorrhea (*Artavakshaya*) to episodic menometrorrhagia (*Asrigdara*). Women with PCOS may have heavy and unpredictable bleeding and instability of thickened endometrium. Genitotract infections frequently occur in females of reproductive age group and are strongly associated with increased morbidity, pelvic inflammatory diseases and can lead to infertility.

According to the concept of Ayurveda, *Ritu* (fertile period), *Kshetra* (reproductive system, *Artava vaha srotas*), *Ambu* (nourishment) and *Beeja* (ovum and sperm) are the primary factors for fertility.^[3] In Acharya's opinion, specific etiologic factors which delays conception includes *Yoni pradasha*, *Manaso abhitapa*, *Asrug dosha*, *Ahara-vihara dosha*, *Akala yoga* and *Bala samkshaya*.^[4] All *Yonivyapads* (gynecological disorders), if not treated properly can lead to infertility.^[5] *Artava dushti* which includes abnormalities of ovum, ovarian hormones and menstrual irregularities also lead to *Vandhyatha* (infertility).

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Case Report

A 30 yr old lady with a complaint of inability to conceive a second child attended the outpatient Department of Prasutitantra and Streeroga, Government Ayurveda College, W&C hospital, Poojappura, Thiruvananthapuram. Detailed history showed that she had her menarche at 13 yrs and periods were regular up to marriage. She married to NCM of 31 yrs at her 23 yrs. Her first conception was after 3 months of marriage. Antenatal period was eventful. As there was no fetal pole and cardiac pulsations visualized in the TVS scan corresponding to 6 weeks, there was a chance of missed abortion, and doctor advised for termination of pregnancy, for which the patient didn't give her consent and she continued her pregnancy and was under progesterone tablets. In 16 weeks of pregnancy, she had severe cough and breathing difficulty and took symptomatic treatment. She delivered a male baby of 3kg birth weight through LSCS (Preterm-28 weeks). After 3 months of delivery, she had her periods which lasted for 10-12 days with bleeding along with clots. She had spotting throughout the next month & blood stained discharge occasionally. She also had complains of severe lower abdominal pain and acne during her periods and gradual increase of body weight. After 3 months, she was diagnosed with PCOD on USG. She took continuous allopathic treatment for 2 years for the same and was advised laparoscopic drilling. Patient also had a complaint of curdy white discharge per vagina after delivery, associated with foul smell and severe itching. She had a history of recurrent urinary tract infection. She was a known case of multiple drug allergy including Taxin, Paracetamol, Rantac. Also allergic to Cotton (including cotton pads, mask), Dust, certain anaesthetics (xylocaine), Stitching thread, Cream, Dettol, and Soaps.

History of past illness

- Skin allergy (occasionally)
- Dengue fever (1 yr back)
- Pneumonia (2 yrs back)
- Asthma (2 yrs back)
- Migraine (2 yrs back)

Menstrual history

- Duration: 10-12 days
- Interval: Irregular (AUB - Menometrorrhagia)
- Allergic to pads and cotton - Tampons used
- Bleeding: Excessive (tampon change every 3hrs)
- Clots: ++
- Tampon Change 3-4 times
- Dysmenorrhoea: Lower abdominal pain ++(D1-D3)
- LMP- 22/3/2021
- PMP-1/3/2021

Personal History

- Bowel- Regular
- Appetite- Normal range

- Micturition- H/o recurrent UTI
- Sleep - Increased (she had a history of intake of medicines for insomnia for 3 yrs due to the night shift in hospital)
- Occupation - Nurse
- Allergy- A k/c/o multiple drug allergy (allergic to taxin, paracetamol, rantac), cotton allergy (including cotton pads, mask), Dust allergy (sneezing++), allergic to certain anaesthetics (xylocaine), allergic to stitching thread, allergic to Cream, Dettol and Soaps.
- Diet - Non vegetarian food preferred
Daily Intake of fried fish, broiler chicken
Intake of oil fried snacks - puffs, Chips etc
Occasional use of refrigerated water, soft drinks, ice creams, junk foods (burger, pizza, parotta)
Skipping of breakfast occasionally

Family history

- Mother - 4 recurrent pregnancy losses
Known case of thyroid dysfunction, hyperlipidaemia

Done hysterectomy at 37 yrs due to multiple cysts and fibroids

- Sister - H/o an abortion, now under allopathic treatment for infertility (due to PCOD)
- Father's Sister - H/o 7 yrs of infertility

Marital History

- Married since 9 yrs (August 2013)
- Female - 23yrs
- Male - 31 yrs (NCM)
- First child conceived after 3 months

Obstetric History

- P1 L1 A0
- LCB -7 yrs
- Antenatal period was eventful
- Early pregnancy scan(Corresponding to 6 wks)- no fetal pole and cardiac pulsations found, gestational sac only
- Chance of missed abortion - suggested for MTP; continued pregnancy
- In 16 wks- H/o severe cough and breathing difficulty
- LSCS done - Preterm (28 weeks), cervical dystocia
- Sterilization not done

Sexual History

- Dyspareunia: Nil
- Post coital bleeding: Nil
- Vaginal dryness: Nil
- Aware of fertile period
- Frequency of coitus - 2-3 times /week

Male Partner

- No h/o mumps, chicken pox, vericocele.
- All the seminal parameters were within normal limit

Investigations

- Routine blood and urine Investigations done were within normal limits. Thyroid function tests found to be normal.
- USG- Both ovaries showed multiple small peripheral follicles appear like PCOS.
- PAP smear-Negative for intraepithelial lesion or malignancy and there was presence of inflammation.

General examination

Built: Overweight
 Nourishment: Well nourished
 Weight: 65 kg
 Height: 157cm
 BMI: 26.37kg/m2
 HR: 82/min
 PR: 84/min
 BP: 120/80mmhg

Gynaecological Examination

Local Examination

Inspection

- Vulva – Normal
- Labia – normal
- Curdy white discharge present externally
- Cystocele- Absent
- Rectocele – Absent
- Urethrocele – Absent
- Blackish discolouration of groin present

P/S examination

- Vagina – Discharge +, curdy white; foul smell - Present
- Vaginitis- present
- Cervix – Mid position, unhealthy
- Cervicitis ++
- Erosion ++
- Discharge +- thick curdy discharge from os

- No abnormal growth or polyp

P/V examination

- Uterus – normal size, anteverted, mobile
- No cervical motion tenderness
- Fornices free
- Iliac fossa tenderness - absent

Ashtavidha pareeksha

- *Nadi: Sadharanam*
- *Mutram: Anavilam*
- *Malam: Abadham*
- *Jihwa: Anupaliptham*
- *Sabdham: Spashtam*
- *Sparsham: Seetham*
- *Drik: Prakrutham*
- *Akrithi: Sthoola*

Dasavidha pareeksha

- *Dooshyam: Rasa Raktha Meda Arthava*
- *Desham: Deham - Garbhasaya, Bhumi - Sadaranam*
- *Balam: Madhyamam*
- *Kalam: Kshanadi -Sarvarithu Vyadhyavastha - Purana*
- *Analam: Vishamam*
- *Prakruthi: Kapha vata*
- *Vaya: Madhyamam*
- *Sathwam: Madhyamam*
- *Sathmyam: Sarvarasa sathmyam*
- *Aharam: Abhyavaharana sakthi - madhyamam*
- *Jaranasakthi - vishamam*

Ayurvedic Management

Line of Treatment

In this particular case, main *Doshas* involved were *Vata kapha* and there was also *Raktha dushti*. So the *Chikitsa* adopted were according to the *Dosha* predominance along with *Nidana parivarjana*.

In the bleeding phase – 10 days

Medicine	Dose	Kala	Anupana
<i>Musali khadiradi kashaya</i>	90ml-0-90ml	2times/day Before food	Honey
<i>Pushyanuga churna</i>	1 tsp	3 times /day Before food	Honey, <i>Thandulodaka</i>
<i>Kutajarishtam+Asokarishtam</i>	30ml	3 times /day After food	
<i>Drakshadi phantam</i>	For <i>panam</i>	<i>Muhurmuhu</i> (frequent)	

After the bleeding phase,

Medicine	Dose	Kala	Anupana
<i>Madhusnuhi rasayanam</i>	1 tsp	2 times/day before food	
<i>Guggulu pancapala churnam</i>	1tsp	2 times /day Before food	Honey
<i>Triphala churna</i>	1 tsp	3 times/day	Hot water
<i>Nalparamaradi keram</i>	External application over the groin and vulva region		

Sthanika chikitsa

Yoni dhawana with *Traiphala kwatham* * 7 days

Yonipichu with *Mahathikthaka gritham* * 7 days

OBSERVATIONS AND RESULT

	Before treatment	After treatment
Duration of menstrual cycle	10-12 days	5-6 days
Interval of menstrual cycle	Irregular	30-32 days
Bleeding	AUB-Menometrorrhagia, heavy bleeding tampon change in every 3 hrs	Within normal limit Tampon change in every 6 hrs
Clots	Present	Absent
Dysmenorrhoea	Present (day 1 – day 3)	Reduced
Per vaginal discharge	Curdy white associated with foul smell & itching	Amount of discharge reduced, foul smell and itching absent

The treatment continued for 3 months and follow up was done.

Patient got great relief from the symptoms.

Follow Up

She was explained about the fertile period and *pathya apathya* that to be followed.

RESULT

After 6 months UPT found to be positive

Her LMP was 24/10/21, first USG EDC was 31/7/22

She delivered a full term female baby of 3.320kg through LSCS on 12/7/22.

Antenatal period was uneventful.

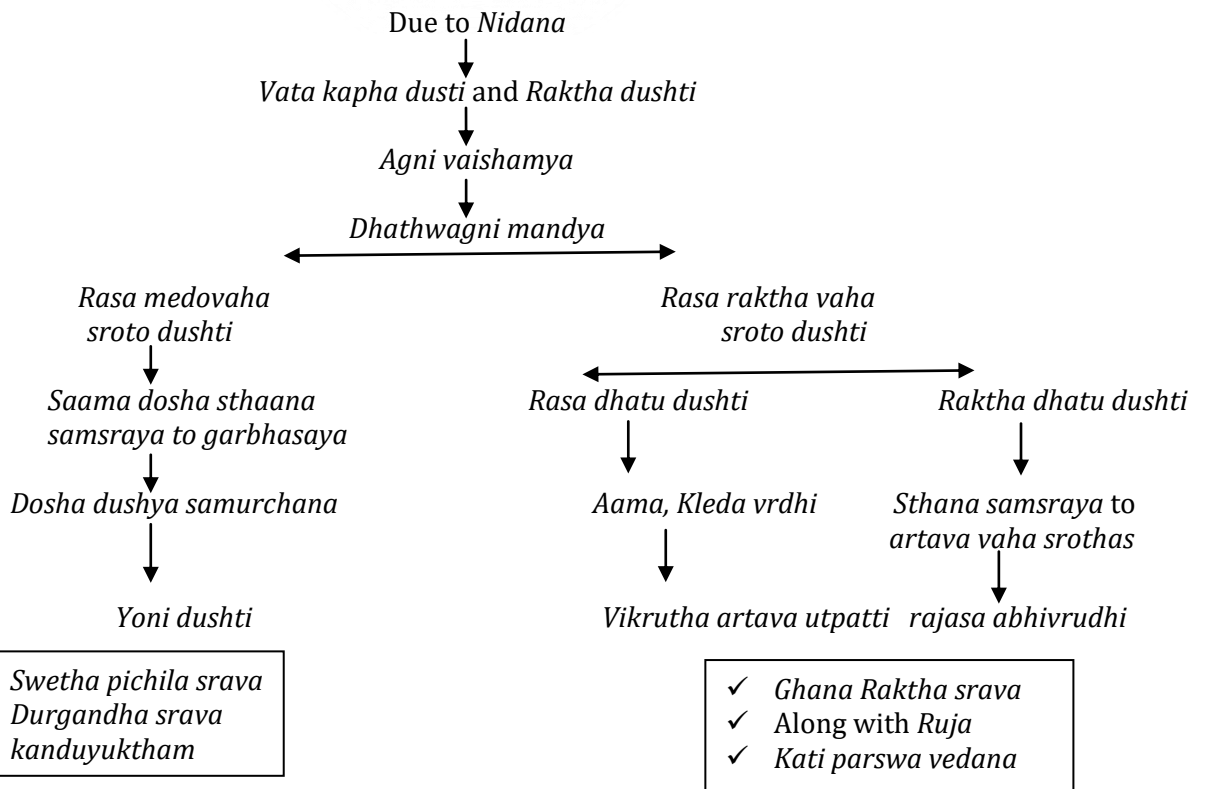
DISCUSSION

In this particular case, we can see that patient was having *Upaplutha yoni vyapath* and also had *Artava dushti*. On the basis of history, clinical examination and investigations, it was considered that it was a case of *Vandhyatha* (infertility) as a complication of *Yoniroga* and *Artava vaha srotho dushti*.

Samprapti

Nidana

Considering the *Nidana* of disease she had habit of Intake of fried food, junk foods which can be *Virudha Ahara*, *Vidahi ahara*, *Vishama ashanam*, *Adhyashanam* causes *Vata Rakta dushti*. Excessive use of *Mamsahara* (meat), ice creams, sweet included under *Santarpaniya ahara* (nourishing diet) is a *Nidana* for *Kapha Medo dushti* and *Rasavaha srotodushti*. Excessive use of *Theekshna*, *Katu*, *Amla Lavana ahara* like pickle and *Kshara Vidahi Ahara* leads to *Raktha Pitha dushti*. Use of refrigerated water after exposure to sun and other aerated cool drinks occasionally causes *Apana vata vaigunyam*, and it is also included under *Nidana* for *Kushta* and *Gulma*. Patient had features of *Rakthadushti* including *Kandu*, *Kushta*, *Asrigdara*. Habit of late night sleep and night duties, *Vegadharana* during working hours, skipping of breakfast (*Anashanam*, *Alpabhojanam*) causes *Vata dushti*.



The *Kapha vata dushti* lead to *Upaplutha yoni vyapat*, *Artava vaha sroto dushti* both of which can lead to *Vandhyathwa* (infertility). *Rakta dushti* in this case is causing excessive bleeding and other menstrual irregularities.

Chikitsa

In this case treatment was given primarily to correct the *Rakta dushti* which was causing *Artava dushti* in the form of excessive bleeding. For that, initially in the bleeding phase, medicines for *Rakta sthambana* were given and after the stoppage of bleeding medicines were given for correction of *Rakta dushti*. After achieving the menstrual regulation, the patient was given medicines for *Vata kapha dushti* for treating her *Upaplutha* condition. For the management of *Yoni roga* she was given *Sthanika karmas* like *Yoni dhawana* and *Yoni pichu*. Also local application of *Nalpamaradi keram* was done to reduce her vulval itching.

Initially the aim of treatment was to control the heavy menstrual bleeding. As *Raktha* is *Jeevana*, *Raktha sthambhana chikitsa* were adopted. Considering the probable mode of action of *Yogas* given in the bleeding phase,

1. Musali khadiradi kashayam^[6]

Considering the pharmacological action of drugs, it is *Rakthasthapana*, *Vrushya*, *Balya* and *Vata pittha samana*. Due to *Seetha virya* of drugs, it has *Sthambana* action. So the *yoga* helps in regularizing bleeding pattern. *Kashaya* is given along with *Madhu*, which is having *Yogavahi guna* and *Rakthapithahara* property.

2. Pushyanuga churnam^[7]

The *yoga* having 26 drugs, which are *Kashaya tiktha rasa*, *Katu vipaka*, *Laghu seeta guna* and *Seetha virya*. The *Kashaya tiktha rasa* act as *Grahi & Sthambana* and due to *Seeta virya* of most of the drugs, it has a *Pitharakta samana* action. It is indicated in *Raktayoni* and other *Srava rogas*.

3. Kutajarishtam^[8]

Kutajarishtam is taken from *Bhaishajya ratnavali Athisara chikitsa*, mainly indicated for *Jwara*, *Agnimandya*, *Rakthathisara* and is *Deepana*. It cures *Agni vaishamya* and *Ama avastha*, also having *Sthambana* action. Since *Kutaja* is *Agryoushadha* of *Raktarshas* and principles of *Raktharsas* can be used in *Asrigdara chikitsa*. It can be used in bleeding phase of this patient.

4. Asokarishtam^[9]

Here *Asokarishtam* mainly helps in management of *Asrigdara*. *Yoga* indicated for *Asrigdara* (menorrhagia) and *Ruja* (dysmenorrhoea). It functions as a uterine tonic.

5. Drakshadi Phantam^[10]

Phantam is indicated in *Raktapitha*. *Drakshadi phantam* is given as it has *Raktha sthapaka* properties

and *Vata pitha hara & Sramahara* action and also useful in *Pandu*. So *Yoga* is useful in bleeding phase.

After 10 days, bleeding stopped. So the next phase of treatment aimed at treating the chronic vulvo vaginitis, reducing the abnormal discharge per vagina with itching and foul smell, along with treatment for *Asrigdara*. The symptoms indicated the vitiation of *Rakta dosha* along with *Kapha* and *Vata*. The properties of given medicines were analysed.

1. Madusnuhi rasayanam^[11]

Main ingredient of this *Yoga*, *Madusnuhi* (*chopachini*, *Smilax glabra*) is *Tikta rasa*, *Laghu ruksha guna*, *Katu vipaka*, *Ushna virya* and its *Karma* include *Tridosha samana*, *Kushtahara* and *Sakrt mutra visodhana*. It is indicated in *Guhyabhava vrana*.

The *Yoga* is *Deepana*, *Rasayana* and *Sarva dhatu vardhana* which means it acts at the level of *Dhathwagni*.

2. Guggulu panchapala churnam^[12]

Yoga mainly indicated in *Kushta*, *Bhagandhara* and *Nadi vrana* which shows it has *Vrana sodhana* and *Ropana* properties. Also the treatment principle for the *Kaphaja yonivyapath* is *Sarvam Rookshoshnam-oushadham*. Hence *Churna* used. *Guggulu* is *Tridosha samaka*, *Vatasamaka* due to *Ushna virya*, *Pittahara* due to *Tikta madhura kashaya rasa* and *Kaphahara* because of *Ushna virya*, *Katu vipaka* and *Tikta katu kashaya rasa*. It is *Medohara*, *Kushtagna*, *Sophahara*, *Krimihara*, *Deepana* and *Rasayana*. Hence it can be useful in the management of *Upaplutha*.

3. Triphala churnam

Triphala is having the property of *Srotosodhana* and is anti-inflammatory. It is indicated in *Sopha* and *Kushta*.^[13] The *Chikitsa sthana* of *Susruta samhitha* recommends *Triphala* is good for purifying wound (*Vrana ropana*). So it can be given for chronic cervicitis and cervical erosion.

4. Nalpamaradi keram^[14]

It includes *Nygrodhadi gana*, *Triphala*, *Haridra* and *Kushta*, which is indicated for skin diseases (*Kushta*, *Visarpa*) and having anti allergic action. Since the patient was a known case of skin allergy, mainly the *Raktha pitha dushti*, it was a best choice for external application throughout the body especially over groin and vulva region.

Sthanika Chikitsa

As the patient had complaint of discharge per vagina, along with internal medicines, *Sthanika chikitsa* (local treatment) also had a significant role.

Yoni dhawana with *Traiphala kwatham* useful in cleansing and clearing excess secretion and discharges of vagina. Here *Traiphala kwatha* having *Soolagna*, *sravagna* and *Dourgandhyahara* properties. According to *Bhaishajya Ratnavali*, *Traiphala* is indicated in *Vatasleshmodbhava sopha* occurring at

Vrshana. It is also used for *Kshalanam* in *Upadamsa chikitsa*.

Yoni pichu with *Mahatikthaka gritham*^[15] done after *yonidhawana*. *Pichu* keeps the medicine to remain at the site for a longer period for better action. *Taila/gritha* can be used as it reduces the chances of infection as it is *Yoni visodhana* and having *Vrana ropaka* and *Vatagna* properties. Ingredients of *Mahathikthaka gritha* are *Tiktha rasa* predominant and indicated in *Kandu, Arsa, Bhagandhara, Raktha pitha*.

Pathya Apathya

Pathya apathya also advised for this condition which is equally responsible for curing diseases as *Ahara* is the primary cause for the disease (*Rogashtu ahara sambava*) and *Chikitsa* is *Nidana parivarjana*. For this patient *Pathya apathya* that to be followed was according to the *Rogavastha*. During bleeding phase, *Ksheera, Gritha, Kshoudra, Navaneetam, Yava*, leafy vegetables were indicated. *Apathya* included *Amla lavana katu kshara rasa*, pickle, *Tila, Dadhi, Vishamashana*, intake of junk foods, fried items, aerated cool drinks, *Vega dharana, Ratri jagarana*. During excessive vaginal discharge associated with itching, *Pathya apathya* indicated in *Yoni vyapath (Yava, Tila tailam)* were followed. Advised to follow proper hygiene.

CONCLUSION

Infertility is a global health issue and emerging as a major disease due to improper *Ahara vihara* and increasing stress affecting the social and psychological aspect of women. *Vandhya* is considered as a complication of *Yoni vyapat* and one among *Vata vikara*. So the *Chikitsa* should be planned by ensuring *Vata anulomana, Agnideepana* and *Swastya* of *Garbha sambava samagri*. In this case the patient had inability to conceive a second child. Her reproductive functions were affected with *Yoniroga* and *Asrigdara*. Patient had *Raktadushti lakshanas* like *Kandu, Asrigdara* and the treatment was aimed on treating *Raktadushti* and *Vata kapha* vitiation. In the bleeding phase, treatment principles of *Asrigdara chikitsa* made use of and in the intermenstrual phase, treatment of *Raktadushti, Pitta* vitiation, *Vata* vitiation were done. After the treatment patient had regular menstruation, her vaginal discharge was reduced to normal and the patient conceived after 6 months of treatment and delivered a full term female baby.

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