Guduchi
the ayurvedism

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Infertility Cases That We Have Treated Successfully

Male

- Azoospermia
- Oligospermia
- Asthenospermia
- Varicocele

Female

- PCOD
- Hypothyroid
- Low AMH Value
- Follopian Tube Block
- Secondary Infertility

We Also Do The Pre - IVF Detoxification

www.guduchiayurveda.com

PCOD & Hypethyroidism

Age	:	24
Sex	:	Female
Married since	:	Not married
Chief complaints	:	Irregular cycles, Weight gain from 2 years
Family history	:	None
Diagnosis	:	PCOD, Hypothyroidism

Course of treatment

Initially medicines to improve metabolism and regularise cycles were advised followed by Shodhana - detox treatment as patient wasoverweight, thus further corrects the metabolism, improves immunity thereby helps reduce weight and maintain it. Patient was further advised with few dietary life style changes.

Within 6 months positive improvements were seen in TSH levels and follow up USG study was normal.

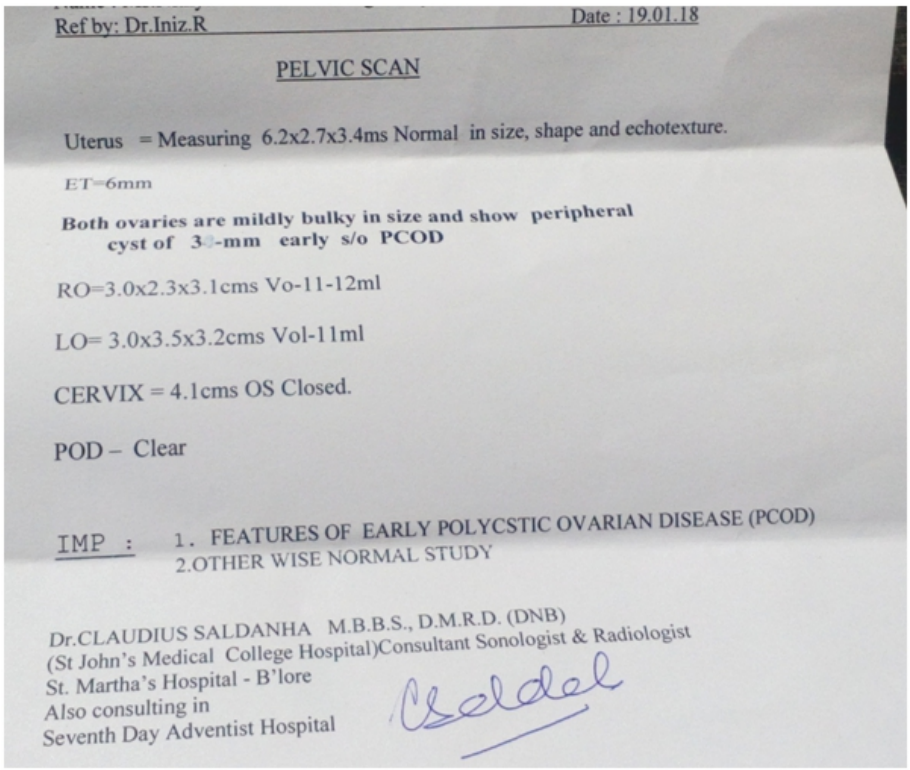
Action of Shodhana

It's a course of treatment where in the patient is evaluated and internal medicines are advised as per the required condition for desired results, along with certain diet and lifestyle changes. Shodhana may cause increased sensitivity to insulin which has also been proved by experimental study with evident histopathological changes in liver and concern biochemical values. This will favour in function of hepatic sex hormone binding globulin which helps in decreasing androgen levels. Further it helps in rectification of abnormal –ve feedback mechanism of hypothalamo pituitary ovarian axis and restore the normal menstruation. This particular effect may be attributed for the reversal of pathology at the systemic level or root cause and helping in proper function of organs and also for appearance of regular cycles.

Conclusion

Shodhana treatment was helpful in resolving PCOS and further improving the TSH levels.

USG Report, Before Treatment



Ref by: Dr.Iniz.R Date : 19.01.18

PELVIC SCAN

Uterus = Measuring 6.2x2.7x3.4ms Normal in size, shape and echotexture.

ET=6mm

Both ovaries are mildly bulky in size and show peripheral cyst of 3□-mm early s/o PCOD

RO=3.0x2.3x3.1cms Vo-11-12ml

LO= 3.0x3.5x3.2cms Vol-11ml

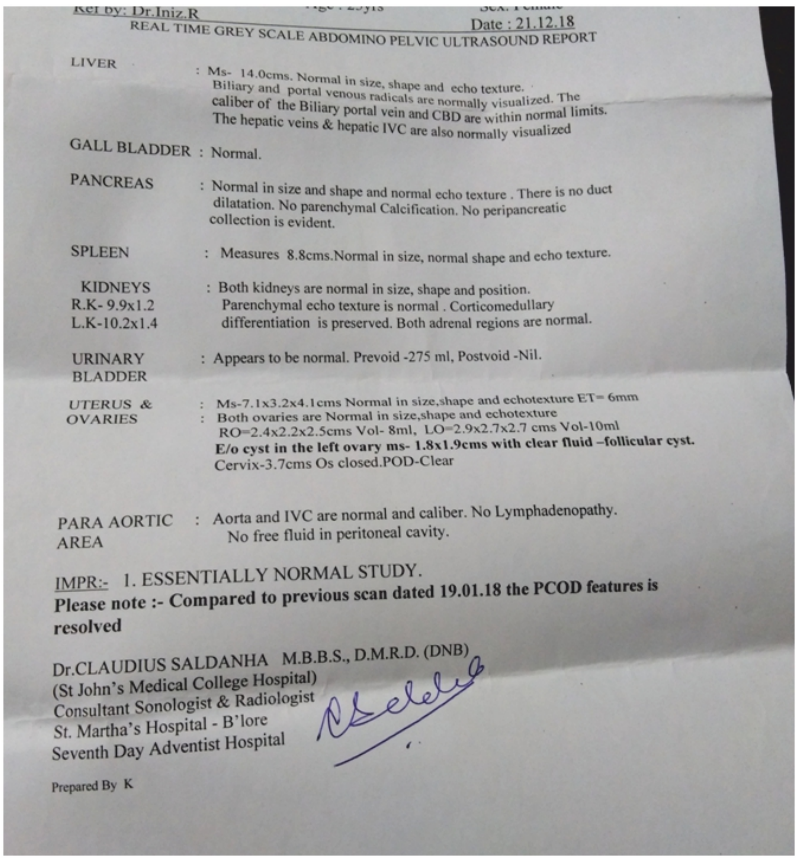
CERVIX = 4.1cms OS Closed.

POD – Clear

IMP : 1. FEATURES OF EARLY POLYCSTIC OVARIAN DISEASE (PCOD)
2.OTHER WISE NORMAL STUDY

Dr.CLAUDIUS SALDANHA M.B.B.S., D.M.R.D. (DNB)
(St John's Medical College Hospital)Consultant Sonologist & Radiologist
St. Martha's Hospital - B'lore
Also consulting in
Seventh Day Adventist Hospital

USG Report, After Treatment



Ref by: Dr.Iniz.R Date : 21.12.18

REAL TIME GREY SCALE ABDOMINO PELVIC ULTRASOUND REPORT

LIVER : Ms- 14.0cms. Normal in size, shape and echo texture. Biliary and portal venous radicals are normally visualized. The caliber of the Biliary portal vein and CBD are within normal limits. The hepatic veins & hepatic IVC are also normally visualized

GALL BLADDER : Normal.

PANCREAS : Normal in size and shape and normal echo texture . There is no duct dilatation. No parenchymal Calcification. No peripancreatic collection is evident.

SPLEEN : Measures 8.8cms.Normal in size, normal shape and echo texture.

KIDNEYS : Both kidneys are normal in size, shape and position.
R.K- 9.9x1.2 Parenchymal echo texture is normal . Corticomedullary
L.K-10.2x1.4 differentiation is preserved. Both adrenal regions are normal.

URINARY BLADDER : Appears to be normal. Prevoid -275 ml, Postvoid -Nil.

UTERUS & OVARIES : Ms-7.1x3.2x4.1cms Normal in size,shape and echotexture ET= 6mm
: Both ovaries are Normal in size,shape and echotexture
RO=2.4x2.2x2.5cms Vol- 8ml, LO=2.9x2.7x2.7 cms Vol-10ml
E/o cyst in the left ovary ms- 1.8x1.9cms with clear fluid –follicular cyst.
Cervix-3.7cms Os closed.POD-Clear

PARA AORTIC AREA : Aorta and IVC are normal and caliber. No Lymphadenopathy. No free fluid in peritoneal cavity.

IMPR:- 1. ESSENTIALLY NORMAL STUDY.
Please note :- Compared to previous scan dated 19.01.18 the PCOD features is resolved

Dr.CLAUDIUS SALDANHA M.B.B.S., D.M.R.D. (DNB)
(St John's Medical College Hospital)
Consultant Sonologist & Radiologist
St. Martha's Hospital - B'lore
Seventh Day Adventist Hospital

Prepared By K

Primary Infertility – Ovariancause

Age	:	26
Sex	:	Female
Married since	:	4 Years
Chief complaints	:	Known case of PCOS
Family history	:	None
Diagnosis	:	Primary Infertility

Course of treatment

Patient was advised medications for over a period of 4 months to regularise the cycles and to enhance the ovulation.

For this particular case Guduchi proprietary medicine named Phalani gritha was used.

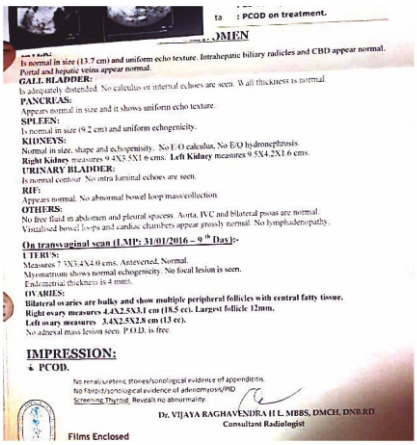
Phalani gritha increases the weight of ovary and rectifies the hormonal levels. It stimulates the estradiol production in female body and aids in ovulation.

Patient conceived within 4 months of treatment.

Conclusion

Phalani gritha along with other Ayurveda medications found useful in treating various anovulatory cycles' related infertility.

USG Report Indicating Successful Conception



: PCOD on treatment.

OMEN

Is normal in size (13.7 cm) and uniform echo texture. Intrahepatic biliary radicles and CBD appear normal. Portal and hepatic veins appear normal.

GALL BLADDER: Is adequately distended. No calculus or internal echoes are seen. Wall thickness is normal.

PANCREAS: Appears normal in size and it shows uniform echo texture.

SPLEEN: Is normal in size (9.2 cm) and uniform echogenicity.

KIDNEYS: Normal in size, shape and echogenicity. No E/O calculus. No E/O hydronephrosis.
Right Kidney measures 9.4X3.5X1.6 cms. **Left Kidney** measures 9.5X4.2X1.6 cms.

URINARY BLADDER: Is normal contour. No intra luminal echoes are seen.

RIF: Appears normal. No abnormal bowel loop mass/collection.

OTHERS: No free fluid in abdomen and pleural spaces. Aorta, IVC and bilateral psoas are normal. Visualised bowel loops and cardiac chambers appear grossly normal. No lymphadenopathy.

On transvaginal scan (LMP: 31/01/2016 – 9th Day):-

UTERUS: Measures 7.3X3.4X4.0 cms. Anteverted. Normal. Myometrium shows normal echogenicity. No focal lesion is seen. Endometrial thickness is 4 mms.

OVARIES: **Bilateral ovaries are bulky and show multiple peripheral follicles with central fatty tissue. Right ovary measures 4.4X2.5X3.1 cm (18.5 cc). Largest follicle 12mm. Left ovary measures 3.4X2.5X2.8 cm (13 cc).** No adnexal mass lesion seen. P.O.D. is free.

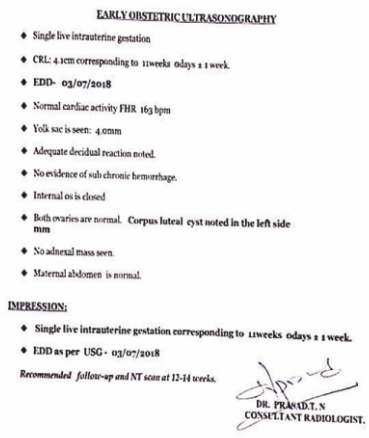
IMPRESSION:

- PCOD.

No renal/ureteric stones/sonological evidence of appendicitis.
No fibroid/sonological evidence of adenomyosis/PID
Screening Thyroid: Reveals no abnormality.

Dr. VIJAYA RAGHAVENDRA H L MBBS, DMCH, DNB,ED.
Consultant Radiologist

Films Enclosed



EARLY OBSTETRIC ULTRASONOGRAPHY

- Single live intrauterine gestation
- CRL: 4.1cm corresponding to 11weeks 0days ± 1 week.
- EDD- 03/07/2018
- Normal cardiac activity FHR 163 bpm
- Yolk sac is seen: 4.0mm
- Adequate decidual reaction noted.
- No evidence of sub chronic hemorrhage.
- Internal os is closed
- Both ovaries are normal. Corpus luteal cyst noted in the left side mm
- No adnexal mass seen.
- Maternal abdomen is normal.

IMPRESSION:

- Single live intrauterine gestation corresponding to 11weeks 0days ± 1 week.
- EDD as per USG - 03/07/2018

Recommended follow-up and NT scan at 12-14 weeks.

DR. PRASAD.T. N
CONSULTANT RADIOLOGIST.

Secondary Infertility - Failed IUI

Age	:	32
Sex	:	Female
Married since	:	8 years
Chief complaints	:	Weight gain, failed IUI
Gynaec history	:	G3, A2, L1 -7 years
Family history	:	None
Diagnosis	:	Secondary infertility

Course of treatment

Patient was advised medications for over a period of 4 months to resolve the right ovarian cyst and enhance the ovulation.

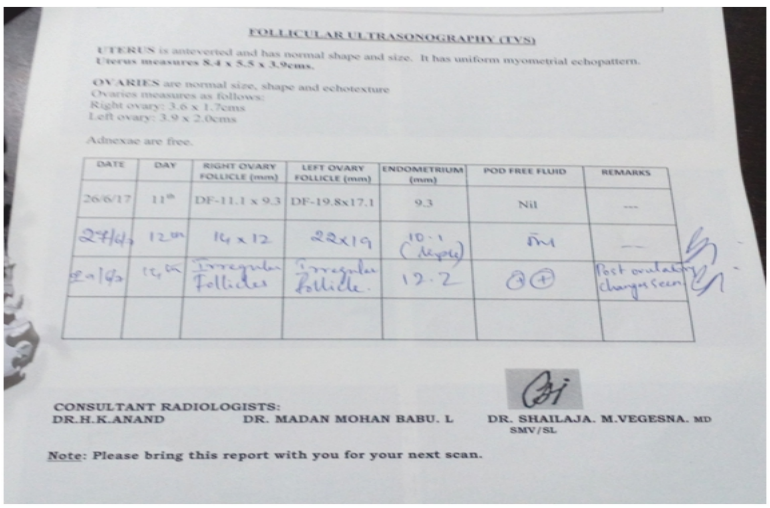
For this particular case Guduchi proprietary medicine named Phalani gritha was used.

Phalanigritha increases the weight of ovary and rectifies the hormonal levels. It stimulates the estradiol production in female body and aids in ovulation.

Patient was also advised with Guduchi proprietary medicines like Obesidat and Sthoulyahara Kashaya for weight reduction.

Conclusion

Obesidat along with other complimentary medicines found helpful in reducing weight for successful conception.



FOLLICULAR ULTRASONOGRAPHY (TVS)

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Uterus measures 8.4 x 5.5 x 3.9cms.

OVARIES are normal size, shape and echotexture
Ovaries measures as follows:
Right ovary: 3.6 x 1.7cms
Left ovary: 3.9 x 2.0cms

Adnexae are free.

DATE	DAY	RIGHT OVARY FOLLICLE (mm)	LEFT OVARY FOLLICLE (mm)	ENDOMETRIUM (mm)	POD FREE FLUID	REMARKS
26/6/17	11th	DF-11.1 x 9.3	DF-19.8x17.1	9.3	Nil	---
27/6/17	12th	14 x 12	22x19	10.1 (Menses)	Nil	---
28/6/17	13th	Irregular Follicles	Irregular Follicle.	12.2	⊕	Post ovulatory changes seen

CONSULTANT RADIOLOGISTS:
DR.H.K.ANAND DR. MADAN MOHAN BABU. L DR. SHAILAJA. M.VEGESNA. MD
SMV/SL

Note: Please bring this report with you for your next scan.

Secondary Infertility - PCOD and Hypothyroidism

Age	:	31
Sex	:	Female
Married since	:	8 years
Chief complaints	:	PCOD, Hypothyroidism, Migraine
Gynaec history	:	G1, L1 – 5 years
Family history	:	None
Diagnosis	:	Secondary infertility

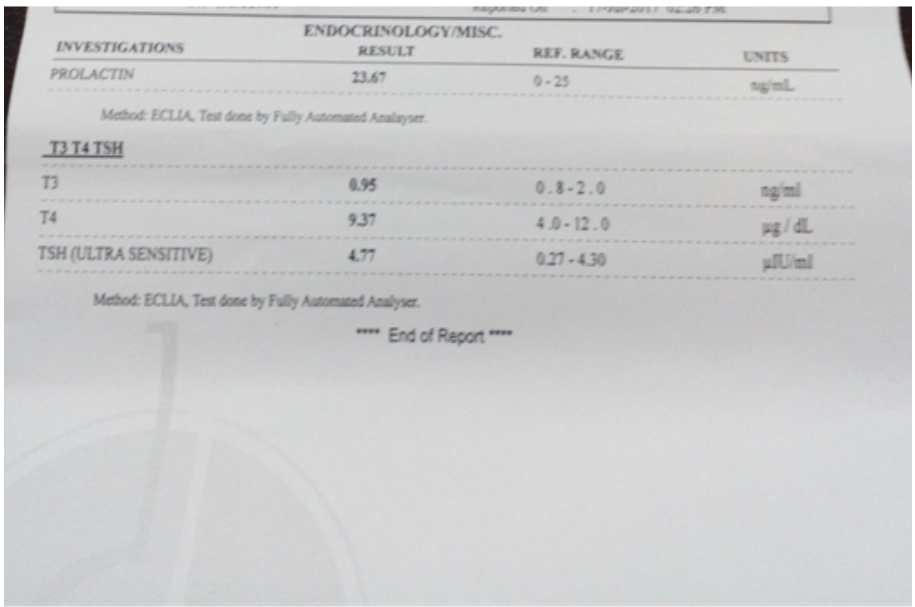
Course of treatment

Patient was advised internal medications for a period of 6 months and in early stage the migraine symptoms were completely relieved and TSH level improved significantly. In the following the patient was treated for PCOD and by the end of 6 months of treatment patient conceived successfully.

Conclusion

Phalani gritha along with other Ayurveda medications found useful in treating various anovulatory cycles' related infertility.

Before Treatment



ENDOCRINOLOGY/MISC.

INVESTIGATIONS	RESULT	REF. RANGE	UNITS
PROLACTIN	23.67	0 - 25	ng/mL

Method: ECLIA, Test done by Fully Automated Analyser.

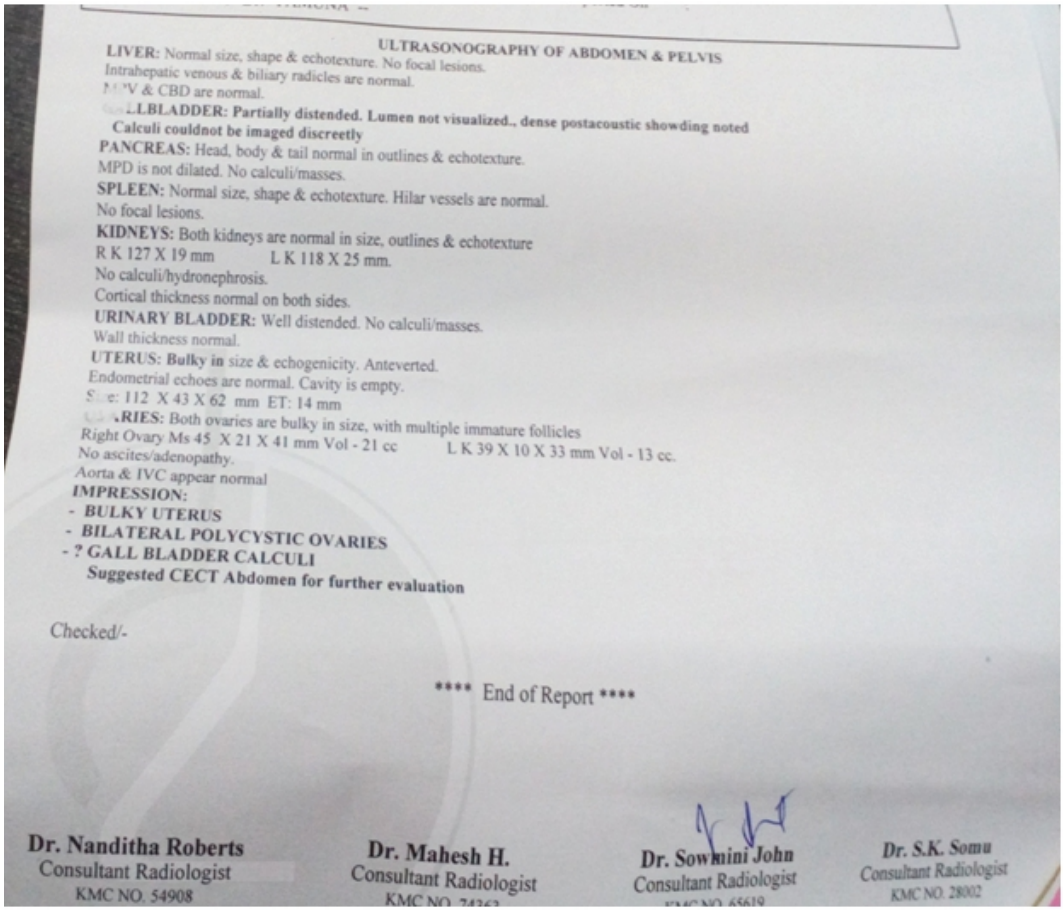
T3 T4 TSH

T3	0.95	0.8 - 2.0	ng/ml
T4	9.37	4.0 - 12.0	µg / dL
TSH (ULTRA SENSITIVE)	4.77	0.27 - 4.30	µIU/ml

Method: ECLIA, Test done by Fully Automated Analyser.

**** End of Report ****

After Treatment



ULTRASONOGRAPHY OF ABDOMEN & PELVIS

LIVER: Normal size, shape & echotexture. No focal lesions.
Intrahepatic venous & biliary radicles are normal.
M.P.V & CBD are normal.
GALLBLADDER: Partially distended. Lumen not visualized., dense postacoustic showding noted
Calculi couldnot be imaged discreetly
PANCREAS: Head, body & tail normal in outlines & echotexture.
MPD is not dilated. No calculi/masses.
SPLEEN: Normal size, shape & echotexture. Hilar vessels are normal.
No focal lesions.
KIDNEYS: Both kidneys are normal in size, outlines & echotexture
R K 127 X 19 mm L K 118 X 25 mm.
No calculi/hydronephrosis.
Cortical thickness normal on both sides.
URINARY BLADDER: Well distended. No calculi/masses.
Wall thickness normal.
UTERUS: Bulky in size & echogenicity. Anteverted.
Endometrial echoes are normal. Cavity is empty.
Size: 112 X 43 X 62 mm ET: 14 mm
OVARIES: Both ovaries are bulky in size, with multiple immature follicles
Right Ovary Ms 45 X 21 X 41 mm Vol - 21 cc L K 39 X 10 X 33 mm Vol - 13 cc.
No ascites/adenopathy.
Aorta & IVC appear normal
IMPRESSION:
- **BULKY UTERUS**
- **BILATERAL POLYCYSTIC OVARIES**
- **? GALL BLADDER CALCULI**

Suggested CECT Abdomen for further evaluation

Checked/-

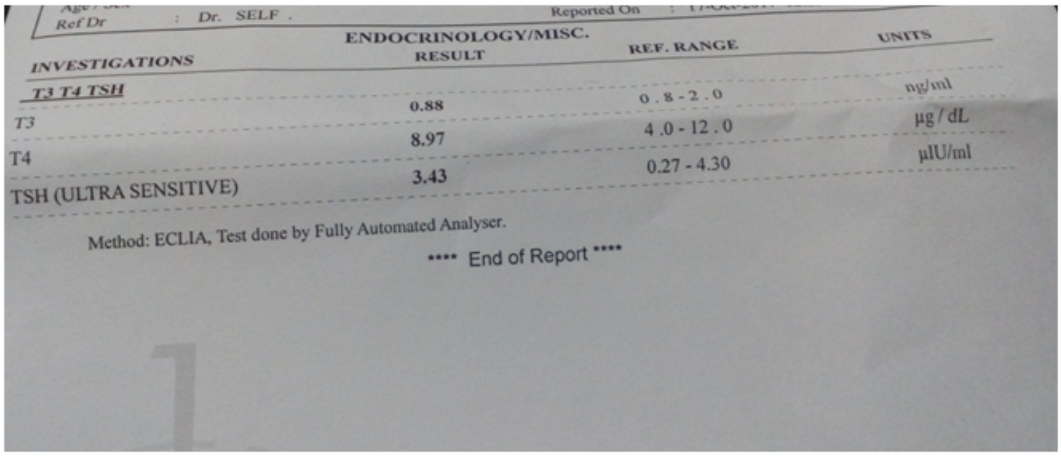
**** End of Report ****

Dr. Nanditha Roberts
Consultant Radiologist
KMC NO. 54908

Dr. Mahesh H.
Consultant Radiologist
KMC NO. 74363

Dr. Sowmini John
Consultant Radiologist
KMC NO. 65619

Dr. S.K. Somu
Consultant Radiologist
KMC NO. 28002



Ref Dr : Dr. SELF . Reported On :

INVESTIGATIONS	ENDOCRINOLOGY/MISC. RESULT	REF. RANGE	UNITS
T3 T4 TSH			
T3	0.88	0.8 - 2.0	ng/ml
T4	8.97	4.0 - 12.0	µg / dL
TSH (ULTRA SENSITIVE)	3.43	0.27 - 4.30	µlU/ml

Method: ECLIA, Test done by Fully Automated Analyser.

**** End of Report ****

Preconception Treatment

Age	:	30
Sex	:	Female
Married since	:	5 years
Chief complaints	:	None
Gynaec History	:	None
Family history	:	None
Diagnosis	:	None

Course of treatment

Patient approached for a preconception Shodhana- detox treatment with an expectation of healthy and normal delivery.

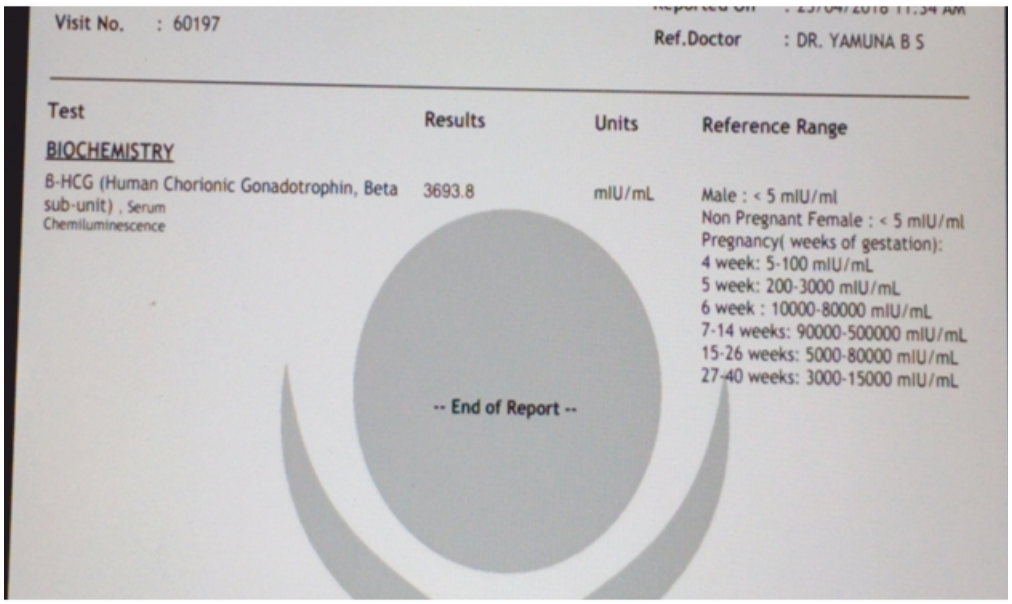
Patient was advised 10 days shodhana detox treatment and patient conceived in the following month.

Patient also reached out to us for antenatal care and as part of this patient was advised basti on 8th and 9th month, which helped in normal delivery.

Conclusion

Uneventful pregnancy.

B-HCG Report Indicating Conception



Visit No. : 60197

Ref.Doctor : DR. YAMUNA B S

Test	Results	Units	Reference Range
BIOCHEMISTRY			
B-HCG (Human Chorionic Gonadotrophin, Beta sub-unit) , Serum Chemiluminescence	3693.8	mIU/mL	Male : < 5 mIU/ml Non Pregnant Female : < 5 mIU/ml Pregnancy(weeks of gestation): 4 week: 5-100 mIU/mL 5 week: 200-3000 mIU/mL 6 week : 10000-80000 mIU/mL 7-14 weeks: 90000-500000 mIU/mL 15-26 weeks: 5000-80000 mIU/mL 27-40 weeks: 3000-15000 mIU/mL

-- End of Report --

Primary Infertility - PCOD, Failed IUI

Age	:	37
Sex	:	Female
Married since	:	8 years
Chief complaints	:	Known case of PCOD, failed IUI, No Follicle development
Gynaec History	:	None
Family history	:	None
Diagnosis	:	Primary Infertility

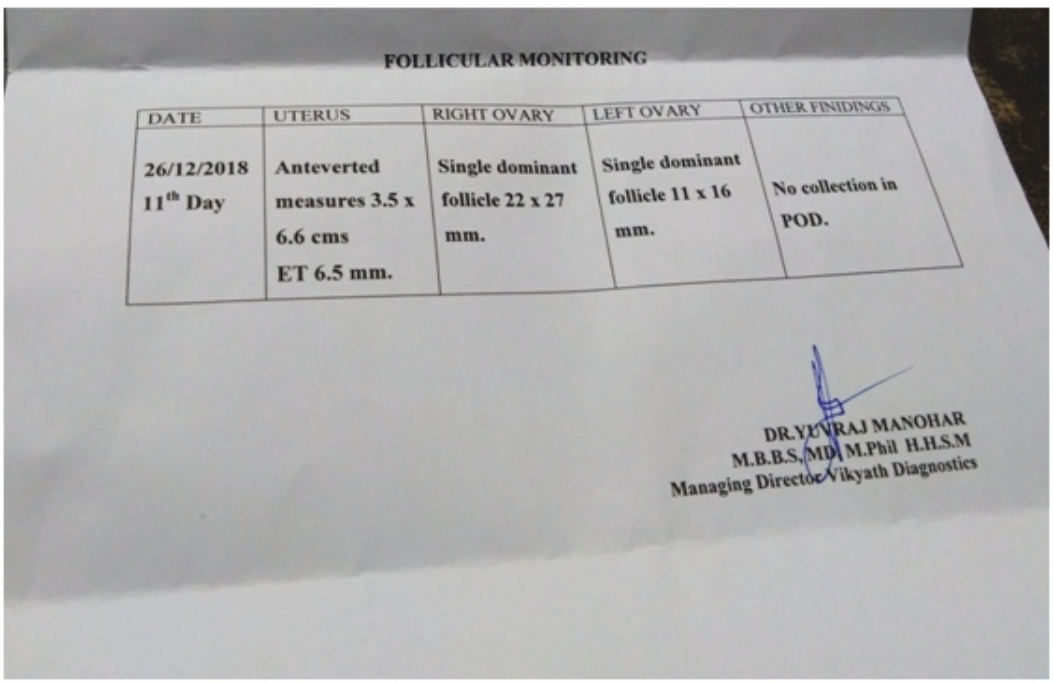
Course of treatment

Patient was advised medications for over a period of 3 months to for development of follicles. Once the follicle development was seen as per follicular study, patient was further advised with basti for ovulation enhancement.

Patient is currently undergoing treatment for the same.

Conclusion

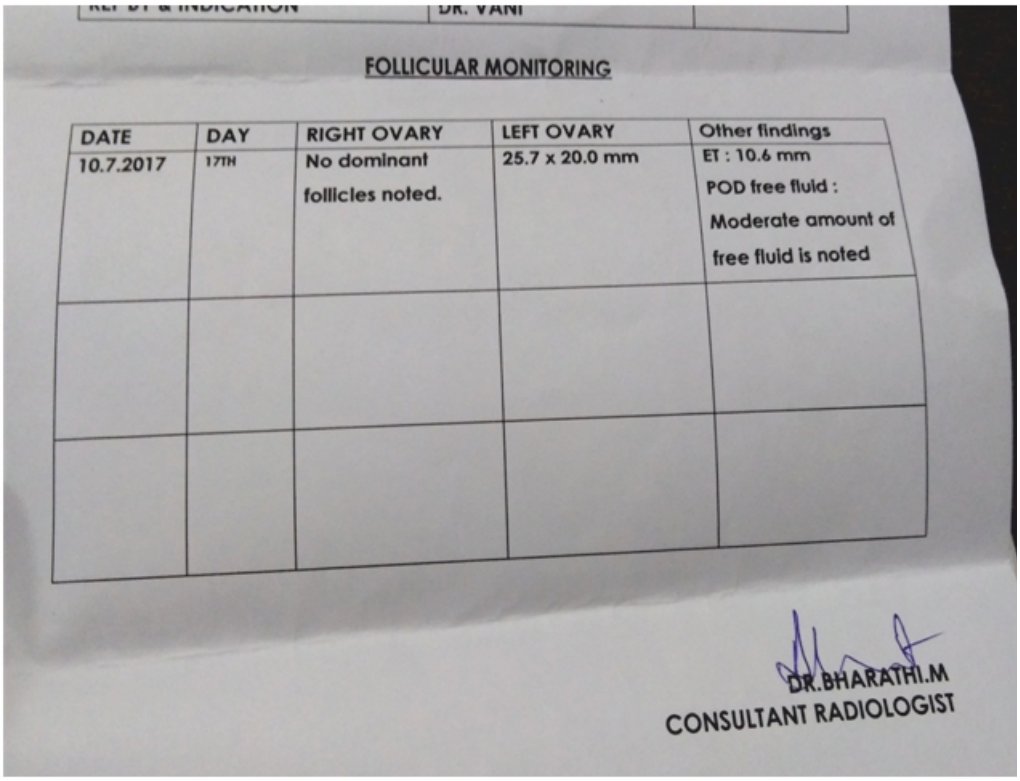
Medicines helped in proper follicular development and ovulation.



FOLLICULAR MONITORING

DATE	UTERUS	RIGHT OVARY	LEFT OVARY	OTHER FINIDINGS
26/12/2018 11th Day	Anteverted measures 3.5 x 6.6 cms ET 6.5 mm.	Single dominant follicle 22 x 27 mm.	Single dominant follicle 11 x 16 mm.	No collection in POD.

DR.YUVRAJ MANOHAR
M.B.B.S, MD, M.Phil H.H.S.M
Managing Director Vikyath Diagnostics



REF BY & INDICATION | DR. VANI

FOLLICULAR MONITORING

DATE	DAY	RIGHT OVARY	LEFT OVARY	Other findings
10.7.2017	17TH	No dominant follicles noted.	25.7 x 20.0 mm	ET : 10.6 mm POD free fluid : Moderate amount of free fluid is noted

DR.BHARATHI.M
CONSULTANT RADIOLOGIST

Primary Infertility - Endocrine Cause

Age	:	33
Sex	:	Female
Married since	:	4 years
Chief complaints	:	Reduced levels of AMH values and fallopian tube blockage
Gynaec history	:	G1A1
Family history	:	None
Diagnosis	:	Primary Infertility

Course of treatment

Past history – Patient has h/o miscarriage in Sept 2018, due to uterine fibroids which was operated following which patient had complication of adhesions of fallopian tubes. Laproscopic adhesiolysis was done, post procedure USG s/o left side complete fallopian tube blockage, right partial blockage, hence shifted to ayurvedic medications for better management and results. Course of treatment: Patient was evaluated and assessed thoroughly. Initially medicines to correct her digestive fire, digestion, wereadvised, and followed by shodhana – detoxification treatment. It was followed up with oral medications for a month and then AMH levels were checked. Significant improvement was noted. The patient was monitored in the follow up, for ovulation with follicular study. Uttara basti was advised after a month of oral medicines. After 2 courses of uttara basti, a follow up follicular study has s/o 2 dominant follicles in each ovary, and formation of triple layer of endometrium which is very favourable for implantation of fertilized ovum, in possible conception.

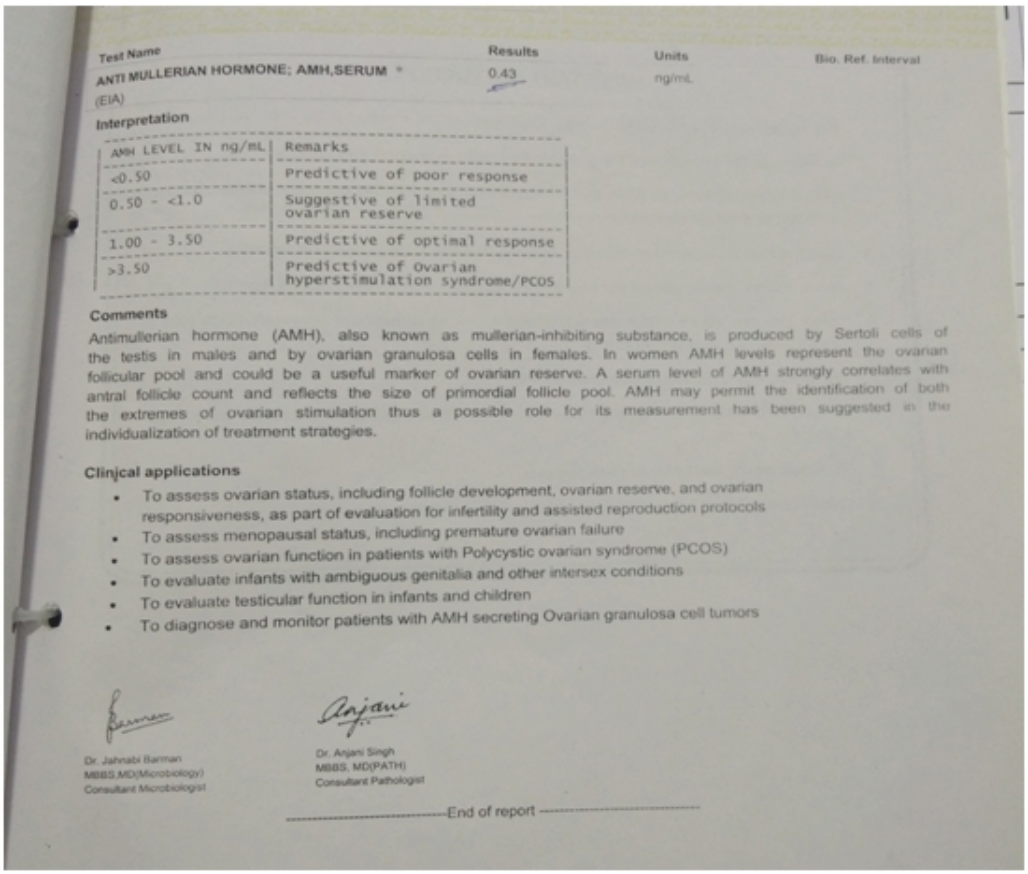
Action of Shodhana

It's a course of treatment where in the patient is evaluated and internal medicines are advised as per the required condition for desired results, along with certain diet and lifestyle changes. Shodhana may cause increased sensitivity to insulin which has also been proved by experimental study with evident histopathological changes in liver and concern biochemical values. This will favour in function of hepatic sex hormone binding globulin which helps in decreasing androgen levels. Further it helps in rectification of abnormal –ve feedback mechanism of hypothalamo pituitary ovarian axis

and restore the normal menstruation. This particular effect may be attributed for the reversal of pathology at the systemic level or root cause and helping in proper function of organs and also for appearance of regular cycles.

AMH is considered as dhatu kshayajanya vandhyatva, improper formation of tissues (cells and thus functions) leading to oligo or amenorrhoea. Here, medicines which enhance Agni, digestive fire/increases metabolism and thus correct transformation of dhatus, tissues. In gynaecological disorders, shodhana followed by basti karma like yoga basti, matra basti, uttara basti (medicated enema) treatments have given best results as it corrects metabolism and are strengthening, uttara basti is indicated in all gynaecological disorders, esp. in pushpanasha (destruction of ovum). With Ayurvedic treatment protocols including combination of both oral medications as well as detoxification therapies are found to be helpful in improving the AMH values to a very satisfactory level. Therefore, this approach can be considered in patients with low AMH values, instead of going for donor ovum.

AMH Levels Before Treatment



Test Name	Results	Units	Bio. Ref. Interval
ANTI MULLERIAN HORMONE; AMH,SERUM * (EIA)	0.43	ng/mL	

Interpretation

AMH LEVEL IN ng/mL	Remarks
<0.50	Predictive of poor response
0.50 - <1.0	Suggestive of limited ovarian reserve
1.00 - 3.50	Predictive of optimal response
>3.50	Predictive of Ovarian hyperstimulation syndrome/PCOS

Comments

Antimullerian hormone (AMH), also known as mullerian-inhibiting substance, is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. In women AMH levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflects the size of primordial follicle pool. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinjcal applications

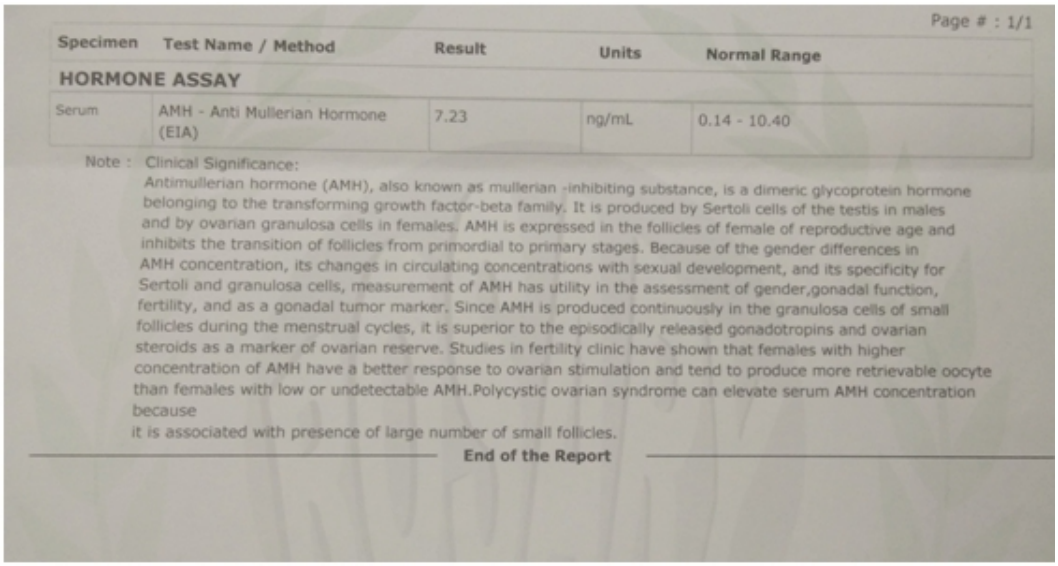
- To assess ovarian status, including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols
- To assess menopausal status, including premature ovarian failure
- To assess ovarian function in patients with Polycystic ovarian syndrome (PCOS)
- To evaluate infants with ambiguous genitalia and other intersex conditions
- To evaluate testicular function in infants and children
- To diagnose and monitor patients with AMH secreting Ovarian granulosa cell tumors

Dr. Jahnabi Barman
MBBS,MD(Microbiology)
Consultant Microbiologist

Dr. Anjani Singh
MBBS, MD(PATH)
Consultant Pathologist

End of report

AMH Levels After Treatment



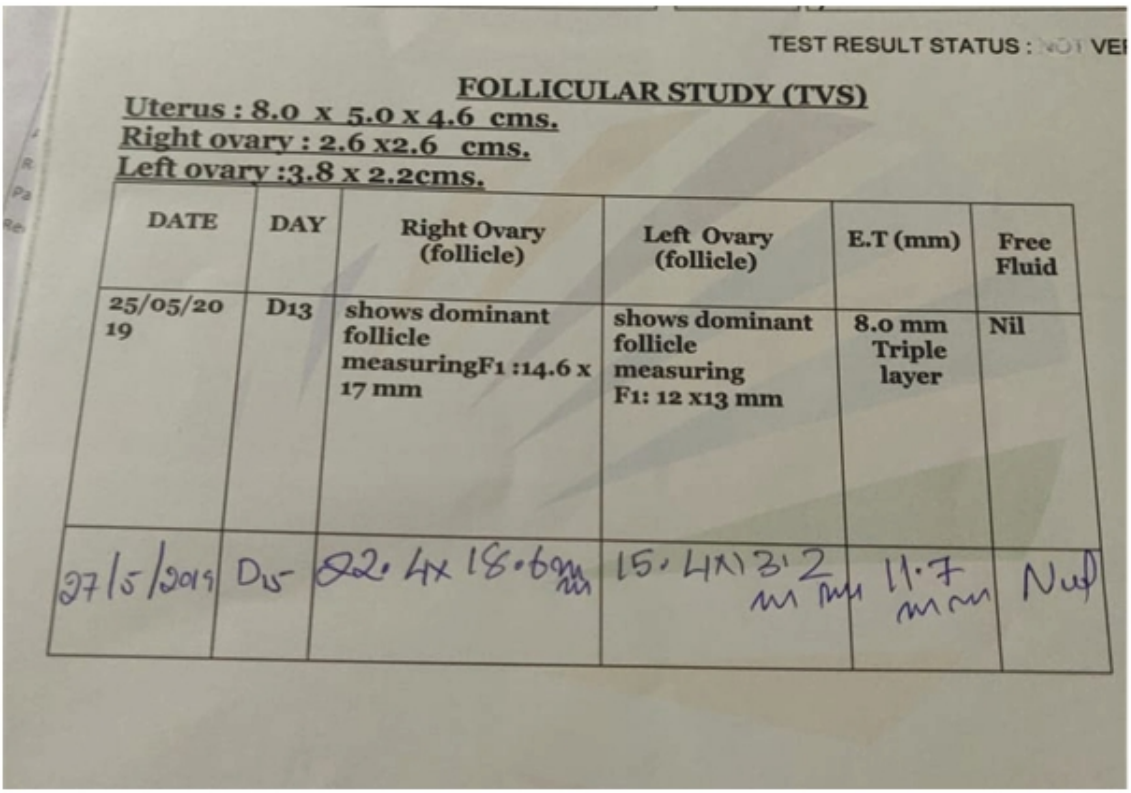
Page # : 1/1

Specimen	Test Name / Method	Result	Units	Normal Range
HORMONE ASSAY				
Serum	AMH - Anti Mullerian Hormone (EIA)	7.23	ng/mL	0.14 - 10.40

Note : Clinical Significance:
Antimullerian hormone (AMH), also known as mullerian -inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. AMH is expressed in the follicles of female of reproductive age and inhibits the transition of follicles from primordial to primary stages. Because of the gender differences in AMH concentration, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender,gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve. Studies in fertility clinic have shown that females with higher concentration of AMH have a better response to ovarian stimulation and tend to produce more retrievable oocyte than females with low or undetectable AMH.Polycystic ovarian syndrome can elevate serum AMH concentration because
it is associated with presence of large number of small follicles.

End of the Report

Significant Follicular Study After Uttara Basti



TEST RESULT STATUS : NOT VE

FOLLICULAR STUDY (TVS)

Uterus : 8.0 x 5.0 x 4.6 cms.
Right ovary : 2.6 x2.6 cms.
Left ovary :3.8 x 2.2cms.

DATE	DAY	Right Ovary (follicle)	Left Ovary (follicle)	E.T (mm)	Free Fluid
25/05/2019	D13	shows dominant follicle measuringF1 :14.6 x 17 mm	shows dominant follicle measuring F1: 12 x13 mm	8.0 mm Triple layer	Nil
27/5/2019	D15	22.4x18.6mm	15.4x13.2 mm	11.7 mm	Nil

Guduchi

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