

AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO ANOVULATORY CYCLE – A CASE REPORT

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ABSTRACT

Female Infertility is an important reproductive health issue in India. Almost 60-70% of Infertility cases found to be of due to female factor. Although there is no promising remedy for the ailment, Ayurvedic formulations have shown remarkable improvement in infertility due to Anovulatory cycle in isolated case report. A 34 yr. old female patient was diagnosed for primary infertility with PCOS in USG report. On detailed history it was found that she was having *vatapradhan hetu*. Patient was treated for *infertilty due to anovulation (bija drusthi)*. As Both the *shodhana* and *shamana chikitsa* including panchakarma is mentioned for infertility in ayurvedic texts. Patient was treated with *virechan karma*. *Shatapushpa Tailam Maatrabasti* was given second day for 3 days of period for follicular growth and repeated for consecutive months. *shatapushpa tail basti* were given which increases *bala* of *garbha dharana*. Patient was then treated for next 3 months and. In the 3rd cycle, patient missed her menses. This case report provides us a guideline that infertility associated with Anovulatory cycle can be treated successfully by following proper Ayurveda *siddhantas*.

Keywords: Female Infertility, *vandhyatva*, Anovulation, *Basti Chikitsa*.

1. INTRODUCTION

Stree vadhyatva or female infertility a gynaecological disorder is not fatal but hinders the of progeny. Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception. The incidence of infertility in any community varies between 5 and 15%.¹ Ovarian factor contribute 15-25% and is the second common cause of infertility. Ovulatory factor is an important subset in infertility among women, accounting about 40% cases.² In Sushruta samhita one disease named *vandhya* is included among twenty gynaecological disorders. Acharya Charaka and *Vagbhata* have referred *vandhya* due to abnormality of *bijansha*.³ Defect in uterus, cervix and fallopian tube, defect in ovulation and defect in hormonal function. (Defect in *Ritu. Kshera, Ambu* and *Beeja*). *Beeja*, most essential part among the four has been considered as *Antahpushpa*, i.e., ovum. So, anovulation can be included under *Beeja Dushti*. Ovulation disorders appear to be the most common cause of infertility in women. Due to this H-P-O axis is disturbed and menstrual cycle becomes anovulatory.⁴ The right combination of treatment helps in regulating menstrual cycle, revitalizing sperm, reduces mental stress, enhances general health, wellness, balancing the endocrine system and improving blood flow in pelvic cavity, thereby promoting fertility. Ovulatory cause is an important subset in infertility among women, accounting about 40% of cases. Anovulatory or inability to produce to fertile ovum is growing problem due to change in lifestyle, faulty food habits, environments, stress, etc. Ovulatory problems manifest due to aggravation of all three *Doshas* but mainly *Vata Dosh*. So according to Ayurvedic perspective, the line of treating is to treat provoked *Vata Dosh* (*vatanuloman*) and *Dhatwagni mandya, Amapachan*.

2. CASE REPORT

2.1 Case History

A couple came to the outpatient with an 8yrs. of active married life with the complaint of failure to conceive since 5 yrs. General examination and routine investigation for infertility were done for both hus-

band and wife. Male factors were found absolutely normal. Female was having amenorrhea since 2^{1/2} months and had irregular menses since last 4-5 yrs., UPT was negative. 33 yrs. old female was on OC pills for first 3 years for of married life. She was under modern treatment for 2 yrs. and had anovulatory cycles in previous USGs. She was found to be of *Vata Pradhan Pittaj Prakriti*. She had no previous medical or surgical illness.

Menstrual history - Menarche -13yrs of age., Periods -4-5 days /2-3 months of gap in between cycles, Average flow, painless

2.2 Investigation: Ultrasonography of pelvis reveals symptoms of bilateral PCOS, Uterus size normal, Endo echo 9mm

- Serum T3/T4/TSH –Normal
- Serum LH /FSH/ PRL –Normal limit
- Semen Analysis of husband –Normal

2.3 Management

1st visit -*Pachana: Dipan* and *Pachan aushadhi* for 3 days. (Tab *Aampachak vati* 500 mg x 2 BD with warm water after meal).

Virechana

Abhayntar Snehapan with *triphala Ghrita* for 5 days., *Bahya snehana* and *swedana* for 3 days., *Virchana* was given with *Ichabhedi rasa*. (21 Vega occurred: *Pravar shuddhi* achieved), *Samsarjan karma* was advised for 7 days.

2nd visit -*Shamana chikitsa*

After *shodhan chikitsa*, patient was still having *amenorrhea* so following, treatment was given for 7days.

- ♦ *Rajapravartini vati*⁵ 500 mg x BD before meal.
- ♦ *Gokshuradi guggula* 500 mg x BD before meal

After 7 days of shaman *chikitsa* patients' periods were started.

1st cycle -*Maatra basti*

- ♦ *Shatapuspha taila maatra basti* 30 ml starting from 2nd day of period for 5 days for follicular growth.

Shamana Chikitsa in proliferative phase

- ◆ *Kanchanar guggulu* 500 mg x BD before meal
- ◆ *Puspha dhanva rasa* 125 mg x BD before meal
- ◆ *Phala Ghrita* 3 tsf x morning before breakfast
- ◆ *Shatapuspha churna* 2gm x TDS with *Madhu* (honey) BD before meal
Shodhana Nasya
- ◆ *Narayan taila*⁶ *nasya* from day 6th of menstrual cycle, 8⁰ in each nostril for 7 days then gap of 7days were given. Same procedure was repeated till next cycle.

Uttar Basti

- ◆ *Shatapuspha taila*⁷ *uttar basti* and *pichu* were given from day 7th of menstruation for next 5 days.

Shaman chikitsa in Secretory phase

- *Ashokarishta* 2tsf x BD after meal
 - *Kumari Asav* 30ml empty stomach with lukewarm water
 - *Pushyanuga churna* 1 tsf x BD before meal with *Tandulodak*
 - *Phala Ghrita* 3 tsf x before breakfast
 - *Kanchanar guggulu* 500 mg x 2BD before meal
- 2.4 *Pathyapathya*- *Nidanparivarjan* i.e. avoid stress, *Vishamashna* and *Diwaswap.*, Avoid *ratrijagaran* and *Abhishyandi annapana sewan*.

Advice –Regular 30 mints of exercise.

In 2nd cycle: After completion of 1 month of treatment, patients' cycle was started on time. Above mentioned treatment was continued for next 2 cycle.

RESULTS & DISCUSSION

After completion of 3 months of treatment, patient missed her menses, UPT was done and positive. As per Ayurveda texts, *Vandhyatva* due to ovarian factor is *Vata-Kapha Pradhana Vyadhi*. It is *Vikruti* of *Vata Dosha* i.e. *Apana Vayu Karmatah Hani* occurs. Hence main line of treatment could be *shodhana*, *Agnidipana*, *Pachaka* and *Vatanulomaka* and *Brimhana garbahshaya balya*.

Virechana: *Panchakarma* treatments helps to eliminate ama thus corrects the *agni* and healthy *agni* will also contributes to healthy *ojas*. Also, the detoxification by *Panchakarma* helps in the expulsion of toxins from the body. *Acharya Kashyapa* says that after

using this cleansing measure the woman conceives positively and delivers normally.⁸ *Shodhana chikitsa* helps in uterine hostility, and non-ovulatory cycles.

Shatapuspha tail maatra basti: *Basti* is the best *Panchakarma* procedure for *Vataroga* as per Ayurvedic classics⁹ *Shatapuspha* is best drug *Dravya* for *Vandhyatva* i.e. infertility.¹⁰ *Matra Basti* given through *Guda* (rectal route) normalizes *Apana Vayu* leading to *Vatanulomana* and physiological functioning of *Vata*, which may help in turn for the extrusion of ovum from the follicle and ovulation.

Shatapuspha tail uttar basti: *Shatapuspha* is best drug *Dravya* for *Vandhyatva* i.e. infertility¹¹. Probably these all-clear pathogenesises of anovulation. follicular growth starts in proliferative phase mostly from second or 3rd day.¹² *uttar Basti* helps in *yonishodhana* and cures *bija dusthi (antha puspha)*.¹³ So *uttara vasti withshatapuspha tail* was selected and administered keeping in view the above factors.

Phalasarpi: It is indicated for *Vandhyatva* in both male and female. Also, it is *snigdha* it is best for increased *rukshata* as found in the patient. *Bandhyatwa* being a vatic disorder demands *Vasti Karma* with local *Snehana* (soothing effect) and *Tarpana* (nourishment of endometrium).¹⁴

Kanchanaar Gugulu: *Lekhan Karma* stimulating the hormonal balance and in regulating the menstrual cycle. Reduces the size of cyst, improve follicular growth, development and acts on ovulation.¹⁵

Ashokarishta: *Ashokarishta* balances *Vata pitta Doshas* and effectively removes the *AMA Doshas* (i.e. harmful toxins) from the body, also regulates uterine functions and does *Garbhadharana karma* in secretory phase.¹⁶

Pushyanuga Churna: Acts on *yoni dosh* (To remove local disorders of uterus, to increase receptivity of the genital tract to the entry of the sperm.) and *rajodosh*¹⁷ (disorders of menstrual cycles)

Kumaari asava¹⁸ Is acts on *agni* and all *dhatu*s and resulting into *ojus* (immunity) –*bala* (strength) *vrudhi*. It is helpful in ovarian dysfunction. It helps in regulating menstrual cycles, enhancing general health and wellness, balancing the endocrine system, increasing the chance of pregnancy and improves blood flow

in pelvic cavity, there by promoting fertility¹⁹
Shatapusspa Churna: *Shatapushpa* is best drug *Dra-
vya* for *Vandhyatva* i.e., infertility²⁰.

Narayana Taila Nasya

In infertility, Ovulation is under the control of *Vata*. *Narayana Taila* is attributed for its effect in *Vandhyatva*²¹. *Narayana Taila Nasya* may stimulate olfactory nerves and limbic system, which in turn stimulates hypothalamus leading to stimulation of Gonadotropin, leading to ovulation. Phytoestrogenic or estrogenic property of different components of *Narayana Taila* like, *Shatavari*, *Tila Taila* regulates neuropeptide Y activity, which in turn regulates the activity of gonadotropin the drugs of *Narayana Taila* have *Prajasthapana*, *Rasayana*, *Balya*, *Brimhaniya* properties, which may correct the function HPO axis subsequently resulting in proper functioning of the *Beejagranthi*. The drugs of *Narayana Taila* possess antioxidant, adaptogenic, immunomodulatory, etc., properties, which may help in relieving stress, age-decline, etc., (causes of anovulation), secretion.²²

CONCLUSION

Ayurvedic *Siddhantas* are key to clinical success. This case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of infertility which is caused due to *bija dusti*. *Srotoshodhan* (de-toxification of the body) is done with the help of *virechan karma* resulting in pacification of vitiated *Doshas*. Hence there is formation of pure form of *antapuspa*. *Nasya* procedure stimulates the H-P-O axis with promoting ovulation. There were no adverse effects found during this Ayurvedic medication. Oil is the best *Shamana* drug for *Vata* and many of the drugs of *Narayana Taila* possess phytoestrogenic constituents. Hence, the combination effects the process of ovulation. In condition of anovulation, *Uttar Basti* removes the *srotosangha* and corrects the *artavagni* which regulates the menstrual cycle, thus resulting in ovulation. Ovaries contain receptors which receive hormones secreted by hypothalamus and pituitary gland *Uttar Basti* has benefit of

increasing *ojus*, so treatment given replenish the hormonal system and promoting fertility.

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