

MANAGEMENT OF *STRI – VANDHYATVA* WSR TO OVULATORY  
FACTOR – A CASE REPORT

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**ABSTRACT**

Since the beginning of the recorded history, the human race has placed emphasis on fertility. Acharya Sushruta had described four essential factors like *Rutu*, *Kshetra*, *Ambu* and *Beeja* for conception. We ensure about motherhood, when these four factors are fulfilled. Among these four factors, *Beeja* (ovum) factor has a prime role in the patho physiology of reproduction. *Beeja Dushti* may be considered as ovulatory dysfunction.

**Keywords:** *Vandhyatva*, Infertility, Ovulatory factor, Ovulatory dysfunction

**INTRODUCTION:** Some conditions which can be related with *Abeejotsarga*, causing *Vandhyatva* are being mentioned as follows:

**(1) *Ashtartava dushti*:**

Acharya Sushruta has mentioned that *Ashtartava dushti* if remains untreated or not properly treated then it causes *Abeejata*<sup>1</sup>

**(2) *Avarana*:**

In the concept of *Artavanasha*, Sushruta and Vagbhatta have described that both *Vata* and *Kapha* when aggravated, obstruct the path, thus *Artava* is destroyed<sup>3</sup>. Here, *Artava* can be taken as female gamete.

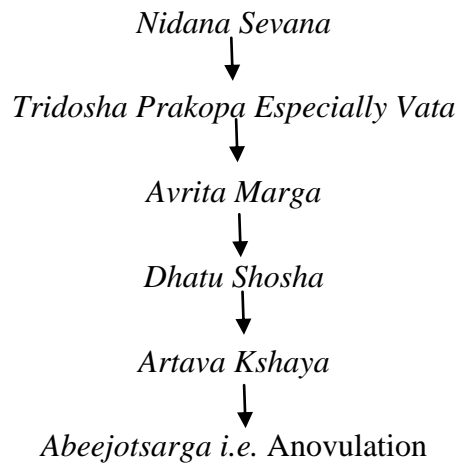
**(3) *Beejamshadushti* :**

During antenatal period, if mother takes *Vata Prakopaka Ahara* and *Vihara*, *Vata* gets aggravated and causes impairment of the *Beeja* or *Beejabhaga* or *Beejabhagavayava* in female child and that in turn results in the congenital abnormality of female genital organ, which leads to *Vandhya Yoni*<sup>4</sup>

**(4) Use of *Tikshna Virechana* in *Mridukostha* :**

According to Acharya Kashyapa, if *Tikshna Virechana* is given in *Mridukostha* person, *Vata* gets aggravated and causes *Beejopaghata*<sup>2</sup>. Here *Apanavayu* is responsible for *Beejopaghata*.

**Probable *Samprapti* of the disease:**



### Presentation of the case:

Patient aged 26 years, female, c/o of irregular cycles since six months and anxious to conceive for the second baby since 8 – 9 months. She had taken allopathic treatment for about 7 to 8 months but later she wanted to take Ayurveda treatment and approached our hospital for treatment. Her husband was absolutely healthy. She was absolutely normal with normal menstruation since menarche. She had not experienced any difficulty in conceiving for the first time and she had conceived naturally. Her obstetric history was as follows: G1P1A0L1. Gradually she experienced irregular cycles from the past 6 months. She had undergone caesarean section in her previous pregnancy. She had no H/O thyroid dysfunction, diabetes mellitus and hyper tension. The ultra sonography reports showed normal position and size of the uterus. The endometrial thickness was also normal. The ovaries were normal in size but showed multiple follicles esp. in the periphery indicating mild bilateral PCOS. HSG was normal indicating normal bilateral tubes. Follicular study done 6months back did not show a dominant follicle in two consecutive cycles. Follicular study done in the previous month (before starting Ayurveda treatment) showed a dominant follicle. Her LMP was 2months back before she visited our hospital. UPT was advised and found to be negative. Pregnancy was ruled out on USG also and it was suggestive Poly cystic ovaries.

She is a home maker. Her husband was absolutely healthy and did not have any disorders before treatment and during the course of treatment. Couple had not used any form of contraception after marriage.

It was not consanguineous marriage. All family members were said to be healthy.

### General examination

Built: Moderate

Nourishment: Moderate

Pulse: 76 / min

BP: 130/80 mm of Hg

Temperature: 98.4 F

Respiratory Rate: 18 / minute

Height: 5'4'' inch

Weight: 60 kg

Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

### Systemic examination

CVS: S1 S2 Normal

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds

P/A- Soft, tenderness absent, no organomegaly

### Bimanual examination

P/S: cervix slightly posterior, healthy and no abnormal discharges found.

P/V: uterus normal in size & position – ante verted, ante flexed, fornices free and no tenderness was present.

### Ashta Vidha Pariksha:

- 1) *Nadi* - 82 / min
- 2) *Mala* - Once / day
- 3) *Mutra* - 5 - 6times/day
- 4) *Jivha* - *Alipta*
- 5) *Shabda* – *Avishesha*
- 6) *Sparsha* - *Anushna Sheeta*.
- 7) *Druk* - *Avishesha*
- 8) *Akriti* - *Madhyama*.

### Dasha vidha pariksha

- 1) *Prakruti* – *Kapha pittaja*
- 2) *Vikruti* – *Madhyama*
- 1) *Bala* – *Madhyama*
- 2) *Sara* – *Madhyama*
- 3) *Samhanana* – *Madhyama*
- 4) *Satmya* – *Madhyama*
- 5) *Satva* – *Mishra rasa satmya*
- 6) *Pramana* – *Madhyama*

7) Ahara shakti – Abhyavarana shakti – Madhyama

8) Jarana shakti – Madhyama

9) Vyayama shakti – Avara

10) Vaya – Madhyama

### AIMS AND OBJECTIVES :

To treat ovulation and aid in conception.

### MATERIALS AND METHODS

**Research Design:** Present study was a single case study. *Shodhana* followed by *Shamana Chikitsa* was administered.

*Shodhana Chikitsa* was done in the following manner.

*Deepana – Pachana* was done for five days as the patient had *Ama*.

- Tab. *Agnitundi Vati*: 1-1-1
- Tab. *Chitrakadi Vati*: 1-1-1 both administered 15min. before food.

*Pravicharana Snehapana* was done from the sixth day onwards with *Murchita Tila taila*. After *Samyak Snigdha Lakshanas* were found, patient was given *Sarvanga Abhyanga* and *Bashpa sweda* for 3 days. Later she was given 90gms of *Trivrut Lehya* followed by a glass of warm milk. After about 3 hrs. *Virechana vega* started. The patient had about 18 *vegas* and had *Madhyama shuddhi*. The patient was advised *Samsarjana Krama* accordingly.

After the completion of *Samsarjana Krama*, she was given oral medications as follows:

1. Tab. *Pushpadhanva Rasa* 2-0-2 for one month
2. Cap. Fala Gold 1-0-0 for one month
3. Syp. Ovarin 10ml-10ml-10ml for one month
4. *Shatapushpa Churna* 2gms with *phalaghrita* twice daily before food for fifteen days – given on alternate days.

During the next follow up, after completion of her menstrual cycle, she was given *Uttara Basti* with *Phala ghrita* + pinch of *Shatapushpa churna* for 3 days

after *Yoni Prakshalana* with *Panchavalkala Quatha*. The patient was also administered 8 drops of *nasya* with *Maha Narayana Taila* from 8<sup>th</sup> day of the cycle for seven days later 3 days of gap, and seven days of *Nasya Karma* was continued.

The patient was administered with these procedures and internal medication for three months and during this period her cycles were regular. Follicular study showed good follicles 20x22mm & after these medications.

From the fourth month onwards she was administered with the following

1. Tab. Torchnil 1-0-1 after food
2. Tab. Leptadine 1-0-1 after food

Husband was advised to use *Sri Gopal Tail* (Baidyanath company) on the external genitalia after bath in the morning for maintenance of vigour.

After taking these medications, the patient had a missed period and UPT was positive. Patient was under regular ANC and she delivered a healthy male baby weighing 2.8 kgs in September 2018.

### Discussion:

*Vandhyatva* is described by our Acharyas in a very wide sense including the *Nidana* and *Chikitsa*. Acharya Sushruta had propounded four factors responsible for *Garbhotpatti*, which has to be studied in *Vandhyatva* perspective too; the four factors are *Rutu*, *Kshetra*, *Ambu*, & *Beeja*. *Rutu* means fertile period. Dalhana has more specified it, as an ovulation period. In the present context, ovaries should be in normal health. Endocrine and exocrine function of the ovary should function normally. *Vata* is the physiological force since it is responsible for normal functioning of other factors, it is also considered as a main morbid factor when it is in impaired condition. *Basti* therapy is

the best treatment for vitiated *Vata dosha*. *Uttarbasti* is considered as *Uttarphaladayaini*. In classics we can find references of *Uttarbasti* in many instances and also it is a treatment in *Vandhyatva*.

*Nasya karma* is indicated in *Vandhyatva* in our classics. The drugs are active due to their own inherent constituent (*Dravya Prabhava*), properties (*Guna Prabhava*) and both combined (*Dravyaguna Prabhava*) together in particular time, on reaching particular site with particular mechanism and objective.(Ch.Su. 26/13).

#### CONCLUSION:

Vandhyatva can be managed by holistic treatment of *Shodhana chikitsa*, *Sthanika Chikitsa* and *Shamana Chikitsa* as told in Ayurveda. To prove this with greater confidence further studies are to be conducted on this disorder, as the present paper is a single case study.

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Declared

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