

AYURVEDIC MANAGEMENT ON ANOVULATION: A CASE STUDY

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ABSTRACT

Patient was anxious to conceive after active married life of 4 years. The present case study was done to evaluate the role of Ayurvedic therapy i.e. *Matrabasti* for two consecutive menstrual cycle followed by oral administration of Ayurvedic drugs i.e. *Ashwagandha Churna* 3 gm, twice a day with water for 2 months before meal in the management of Ovarian factor. After two months of medication, improvement was noticed i.e. Ovulation study (BT-anovulatory cycle, AT-ovulatory cycle). The line of treatment was followed in this case was to treat the provoked *Vata Dosha* and vitiated *Rasa Dhatu*. There were no adverse effects found during the Ayurvedic medication.

Keywords: Ayurvedic drugs, Infertility, *Matrabasti*, Ovarian factor.

INTRODUCTION: Infertility is commonly increasing problem which any gynaecologist has to face in their gynaecological career. It affects the mental and physical health of a woman and disturbs her family as well as social life. 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.¹ In Ayurveda infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatu Pradoshaj Vikara*. So according to Ayurvedic perspective the line of treating is to treat provoked *Vata Dosha* and vitiated *Rasa Dhatu*.

CASE HISTORY: A female subject, aged 34 years, housewife, living in Jamnagar, Gujarat, wants to conceive. She had delayed menstrual cycle as other associate complaint. After 4 years of married life, she was unable to conceive. The hormonal report suggested no abnormalities in hormones. USG suggested anovulatory

cycle. HSG suggested bilateral fallopian tubal patency. The semen analysis of the partner was normal. She had gone through 2 years of allopathic treatment but she did not get any relief. Therefore, she consulted for Ayurvedic medication. She had no previous medical or surgical illness. On examination, it was found that she was belonging to *Vatapittaj Prakriti* and there was no abnormal finding seen in general and systemic examination. Menstrual history – 2 day/40 to 45 days, irregular, scanty, painless before treatment. Mic. /H – 5-6 time/day. B/H – 1 time/day. P/S- no abnormality found. P/V- Anteflex Anteverted uterus, No tenderness in Cx. BP-110/70mmHg, pulse-72/min, wt.56 kg and ht. 154 cm.

TREATMENT PROTOCOL

The treatment was carried out with the following medicines (Table 1) for two months. During this period she was advised to take *Laghu*, *Supachya Aahara* (which is easy to digest) and to avoid *Divaswapna* (sleeping at day time).

Table 1: Medication

Medication	Dose and Duration	Anupana	Time
<i>Ashwagandha Churna</i>	3 gm twice a day for two months	Water	After meal
<i>Matrabasti of Dashmula Taila- 120 ml</i>	2 consecutive menstrual cycles	-	After menstruation

OBSERVATION AND RESULTS: After two months of medication, ovulation occurred and menstrual cycle became regular.

Table 2: Investigation

Investigation		
Hormonal reports (Fig. 1)	Before treatment	After treatment
Serum Prolactin level	08.35 ng/mL	-
FSH	04.41 IU/L (in normal range)	-
LH	05.12 IU/L (in normal range)	-
USG- Ovulation Study	Before treatment- Both ovaries- MSF (Fig. 2)	After treatment- Ovulation on 17 th day of menstruation (Fig.3)

DISCUSSION: *Vandyatva* due to anovulation 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 *Vata Kapha Shamaka, Agnidipana, Pachaka* and *Vatanulomaka* and *Brimhana*. *Tikta Rasa* of *Ashvagandha*² causes *Rasa Raktashodhana, Agnideepana* and *Amapachana*. *Ushna Virya* works as *Rutupravartana, Yonishukravishodhana* and *Vatashamana*. Due antistress property of *Ashvagandha*³, it corrects H-P-O axis with promoting ovulation. *Dashmula Taila* was used for *Matrabasti* because *Dashmula* has been proved *Uttama Vatakaphagna* and *Sahachara Taila* is also best *Shamana Dravya* for *Vata*.⁴ Probably it clears pathogenesis of anovulation.

CONCLUSION: Thus present case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of anovulation. *Matrabasti* causes de-toxification of the body, removes *Sroto Sanga*, pacifies *Tridosha* especially *Vata* while oral drugs stimulates the H-P-O axis with promoting ovulation. There were no adverse effects found during the Ayurvedic medication.

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Declared

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Fig. 1

CONSULTANT PATHOLOGIST
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Patient ID: [Barcode]
Name: [Redacted] : Female/34 Years
Ref. By: DR. N. PARVITA PHD
Date: 16-Aug-2018

Hormone

Parameter	Result	Unit	Reference Interval
FSH (Follicle Stimulating Hormone)	4.41	IU/L	Follicular phase : 3.0-20.0 Ovulatory Peak : 9.0-26.0 Luteal phase : 1.0-12.0 Postmenopausal : 18.0-153.0
LH (Luteinizing Hormone)	5.12	IU/L	Follicular phase : 2.0-15.0 Midcycle Peak : 22.0-105.0 Luteal phase : 0.6-19.0 Postmenopausal : 16.0-64.0
PRL (Prolactin)	8.35	ng/mL	3.8 - 23

End Of Report

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This is an electronically authenticated report.

Fig. 2

PATIENT'S NAME :- DR. NEHA MADAM
REF. BY :- 24/09/2018
DATE :- 24/09/2018

USG OVULATION STUDY

DATE	DAY	ENDOMETRIAL THICKNESS	RIGHT OVARY	LEFT OVARY
24/09/2018	12 th DAY	5.2 MM ENDOMETRIUM TRIPLE LINE	ENLARGED IN SIZE AND SHOWS MULTIPLE SMALL FOLLICLES OF 7 TO 9 MM IN SIZE, SMALL CALCIFIED FOCI IN RIGHT OVARY	TWO TO THREE FOLLICLES OF 8 TO 10 MM IN SIZE REST OF ALL SMALL FOLLICLES.
24/11/18	14 th DAY	6 mm	NO increase size	10x11 mm size. rest of not increase size

DR. PALLAVI MEHTA (M.D. RADIOLOGY)

Fig. 3

DIAGNOSTIC CENTRE
First Floor, 2011, Bangalore Complex, S. Bus Stand, Hospital, Summer Club Road, Jamnagar, Gujarat, India. TEL: 079-2563629

PATIENT'S NAME :- DR. NEHA MADAM
REF. BY :- 23/11/2018
DATE :- 23/11/2018

USG OVULATION STUDY

DATE	DAY	ENDOMETRIAL THICKNESS	RIGHT OVARY	LEFT OVARY
23/11/2018	10 th DAY	5.0 MM ENDOMETRIUM TRIPLE LINE ENDOMETRIUM	9x9 MM SIZE FOLLICLE, REST OF ALL SMALL FOLLICLES.	11x11 MM SIZE FOLLICLE, REST OF ALL SMALL FOLLICLES.
25/11/18	12 th DAY	6.4 mm	no increase size	15x14 mm size follicle
28/11/18	15 th DAY	6.7 mm	u	16x17 mm size follicles
30/11/18	17 th DAY	6.9 mm	u	Rupture of follicle

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