



**MANAGEMENT OF FEMALE INFERTILITY (VANDHYATVA) W.S.R.
TO ANOVULATORY FACTOR - A CLINICAL CASE STUDY**

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ABSTRACT :

Now a day's prevalence of Infertility having anovulation is increased in women of reproductive age group. Etiology is due to defective life style and hormonal imbalance. **Female-factor infertility** is most commonly caused by lack of ovulation (i.e. the development and release of eggs from the ovary). Ovulation problems can be caused by hormonal deficiencies or lifestyle factors, such as obesity, alcohol intake, or being severely underweight. Fallopian tube blockage is another common cause of infertility .So here in this case study we selected a case of primary infertility because of anovulation. In modern science there are treatments like Clomiphene Citrate, IVF(In-vitro fertilization), GIFT(Gamete intra fallopian transfer)etc. available for ovulation induction but all have unsatisfactory results, enormous expenses, lots of side effects and complications. So there is a great scope of research to find out safe, potent, less costly and effective remedies from Ayurveda for the management of *Vandhyatva*(Female Infertility) .According to ayurvedic classics *Artav* is the *Updhatu* of *Rasa Dhatu* and again *Artava* has all the qualities of *Shonita(Rakata)*. Under *Artava*;menstrual blood and Ovum are included. Drugs used for the treatment had *Rasa & Raktshodhan* properties mentioned by *charak acharya* and so also helps in the formation of *raja*(ovum) and normalization of menstrual cycle. So one patient has been selected having primary infertility for two years with painful and scanty menses. So here, in this case we did management with *Matra basti* of *Shatpushpadi taila*.

Key words: infertility, anovulation, *Matra basti*, *Shatpushpadi taila*

INTRODUCTION: Infertility¹-The inability of a couple to conceive after one year of unprotected sexual intercourse. It is of two types. Primary infertility-refers to couples who have not become pregnant after at least 1 year having sex without using birth control methods and Secondary infertility- refers to couples who have been able to get pregnant at least once, but now are unable .According to *Acharya Sushruta*², four essential factors are required for healthy conception, which are proper fertile period, physiologically adequate and healthy internal organs of

reproduction, the proper nourishment - to the developing zygote or fetus, the activated ovum and spermatozoa. Fulfillment of all the above essentials ensures the fullness of the motherhood. Any short come of the above factors impedes the conception and thus the motherhood of a woman. Among them *Beeja* is the core stone of the female reproductive process and in its absence conception cannot achieve despite of all the other factors. Here the *Beeja* is taken as *Antahpushpa* i.e. ovum. So anovulation can be included under *Beeja Dushti*. so in our

classics the *basti* is well defined by *acharyas* and it is well acting for the *anuloman* of *apan vayu* which is the main vitiating factor of genital system .so here we selected the *basti* treatment for the infertile patient . *Kashyapa* has vividly described the effect of *Shatapushpa* on *Beejotsarga* in the chapter *Shatapushpa-Shatavari Kalapadhyaya*.The *rasa* and *virya* of the *Shatapushpa* described by the *Kashyapa* is *Madhura* (Sweet)and *Ushana*(Hot) respectively³. The action of

Shatapushpa is *Balya*, *Brihaniya*, *Deepana*, *Pachana*, *Yonivishodhana*(purity,cleaing of vaginal tract), *Rutupravartana*(Presence of menstrual cycle) etc. as described by *Kashyapa*⁴. Here, “*Rutupravartana*” indicates both *Artavajanana* and *Beejotsarga*. So, that we selected the *Shatpushpadi taila* for treatment.

DRUG REVIEW:

SHATAPUSHPADI TAILA MATRA BASTI ⁵(*Kashyapa Samhita Shatpushpashatavari Kalpadhyaya* 23-25)

SHATAPUSHPADI TAILA INGREDIENTS:

S. No	Ingredients	Latin Name	Part Used	Amount
1.	<i>Shatapushpa</i>	<i>Anethum sowa</i> Kurz	<i>Beeja</i>	28kg
2.	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.)Miers.	<i>Kanda</i>	140gms
3.	<i>Gokshura</i>	<i>Tribulus terrestris</i> Linn.	<i>Beeja</i>	140gms
4.	<i>Guggul</i>	<i>Comiphora mukul</i> Hook ex. Stocks	<i>Niryas</i>	140gms
5.	<i>Karpura</i>	<i>Cinnamom camphora</i> Nees & Eberm	<i>Niryas</i>	140gms
6.	<i>Vacha</i>	<i>Acarus calamus</i> Linn.	<i>Rhizome</i>	140gms
7.	<i>Madhuyashti</i>	<i>Glycyrrhiza glabra</i> Linn.	<i>Mool</i>	140gms
8.	<i>Daruharidra</i>	<i>Berberis aristata</i> DC.	<i>Rhizome</i>	140gms
9.	<i>Manjistha</i>	<i>Rubia cordifolia</i> Linn.	<i>Mool</i>	140gms
10.	<i>Lavang pushpa</i>	<i>Syzygium aromaticum</i> Linn.	<i>Pushpa</i>	140gms
11.	<i>Sariva</i>	<i>Hemidesmus indicus</i> R. Br.	<i>Mool</i>	140gms
12.	<i>Bala</i>	<i>Sida cordifolia</i> Linn.	<i>Mool</i>	140gms
13.	<i>Bilva</i>	<i>Aegle marmelos</i> Corr.	<i>Mool</i>	140gms
14.	<i>Gambhari</i>	<i>Gmelina arborea</i> Linn.	<i>Mool</i>	140gms
15.	<i>Patala</i>	<i>Stereospermum suaveolens</i> DC.	<i>Mool</i>	140gms
16.	<i>Brihati</i>	<i>Solanum indicum</i> Linn.	<i>Panchang</i>	140gms
17.	<i>Kantakari</i>	<i>Solanum xanthocarpum</i> Schrad & Wendl	<i>Mool</i>	140gms
18.	<i>Shalaparni</i>	<i>Desmodium gangeticum</i> DC.	<i>Mool</i>	140gms
19.	<i>Vasa</i>	<i>Adhatoda vasica</i> Nees.	<i>Patra</i>	140gms
20.	<i>Rasna</i>	<i>Pluchea lanceolata</i> C. B. Clarke	<i>Mool</i>	140gms
21.	<i>Khushtha</i>	<i>Saussurea lappa</i> C.B. Clarke	<i>Mool</i>	140gms

22.	Laghu Ella	Lesser cardamom Maton	Seeds	140gms
23.	Shatavari	Asparagus recemosus Willd	Mool	140gms
24.	Trivrita(shyama)	Ipomoea turpenth Silva Manso	Mool	140gms
25.	Khadira	Acacia catechu Wild.	Saar	140gms
26.	Twak	Cinnamomum zeylanica Blume	Twak	140gms
27.	Draksha	Vitis vinifera Linn.	Dried fruit	140gms
28.	Haridra	Curcuma longa Linn.	Rhizome with root	140gms
29.	Ushira	Vetieveria zizanioides Linn.	Mool	140gms
30.	Shankhapushpi	Convolvulus pluricaulis Choisy	Panchang	140gms
31.	Chandana	Santalum album Linn.	Twak	140gms
32.	Haritaki	Terminalia chebula Retz.	Phal	140gms
33.	Bhibhitaki	Terminalia bellirica Roxb.	Phalmajja	140gms
34.	Amalaki	Embllica officinalis Gaertn.	Phal	140gms
35.	Ashwagandha	Withania somnifera Dunal.	Mool	140gms
36.	Katphala	Myrica nagi	Phal, Twak, Patra	140gms
37.	Punarnava	Boerhavia diffusa Linn.	Mool	140gms
38.	Katuki	Picrorhiza kurroa Royle ex Benth	Rhizome with root	140gms
39.	Vidharikanda	Pueraria tuberosa DC.	Rhizome	140gms
40.	Agnimantha	Premna muceronata Roxb.	Patra, Mool	140gms
41.	Kapittha	Feronia elephantum	Phal Majja	140gms
42.	Gunja	Abrus precatorius Linn.	Beeja, Moola	140gms
43.	Kullatha	Dolichos biflorus Linn.	Beeja	140gms
44.	Yava	Hordeum vulgare Linn	Beeja	140gms
45.	Agaru	Acularia agallocha Roxb.	Kandasaar	140gms
46.	Akshota	Juglans regia Linn	Phal Majja	140gms
47.	Indravaruni	Citrullus colocynthis Schrad	Moola	140gms
48.	Saindhav lavana	Rock salt	-	140gms
49.	Meda & Mahameda = Shatavari	Asparagus recemosus Willd	Mool	140gms
50.	Kakoli & Ksheerakakoli = Ashwandha	Withania somnifera Dunal	Mool	140gms
51.	Jivaka= Vidari	Puperia tuberosa	Kanda	140gms

TREATMENT PROTOCOL:

Procedure	Drug	Dose	Duration	Route	Method	Time
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Matra Basti	Shatpushpadi taila	60 ml	Total 8 days after cessation of menses for 2 consecutive cycles	Gudamarg	Catheter	Morning
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CASE STUDY: A 24 yrs old female came to OPD of Streeroga & Prasutantra, IPGT & RA, Jamnagar, with Complaints of (C/O) 2 years of primary infertility inspite of having active married life of 2 and ½ years, painful and scanty menstruation. In the sonographical recording a complex cyst in the right ovary is diagnosed and periods are anovulatory. For the same symptoms pt. took the allopathic medicine for one and half year. Patient treated with hormonal therapy tab. Ecosprin (Acetylsalicylic acid), ovabless (L-arginine, Multivitamins), fertibex (Folic acid), ubiphene (Clomifene, Ubidecarenone), p rodynova (Estradiol valerate), ovacare (Minerals, Multivitamins), d eviry (Medroxyprogesterone), dexona (Dexam ethasone) etc. But patient can't get relief from these Complaints. So for ayurvedic treatment patient came in our opd and we did all the relevant investigations in which the - Serum T.S.H-1.757uiu/ml, Serum FSH-9.6miu/ml, LH-11.8miu/ml, PRL-15.7ng/ml so we started her treatment And we planned for *Matra basti* with *Shatpushpadi taila* till the normalization of her cycle.

COURSE OF TREATMENT:

- ▶ Patient came to our opd on 11/06/2016 with the symptoms of Failure to conceive 2 yrs ,painful and scanty periods with anovulation.
- ▶ Then we did all the relevant investigations on 28/06/2016 on second day of her periods in which the - - Serum

T.S.H-1.757uiu/ml, Serum FSH-9.6miu/ml, LH-11.8miu/ml, PRL-15.7ng/ml.

- ▶ We started treatment with *Shatpushpadi taila matra basti* for 8 days of two consecutive cycles.
- ▶ Then next month we again adminster second cycle of *matra basti* for 8 days after cessation of her menses.
- ▶ So we gave her treatment for two cycles with *matra basti* of *Shatpushpadi taila*

PROBABLE MODE OF ACTION OF TILA TAILA

As the base oil for dashmoola is tila taila ,so the properties of tila taila which help in artavjanan are- Tila Taila is of Madhura Rasa and Vipaka, Balya, and Rasayana in Karma; it nourishes and strengthens all the Dhatus, checks Dhaturkshaya, and thus alleviates Vata. Snigdha and Guru Guna decreases Rukshata of Vata⁶ and with the help of Ushna, Guna, and Veerya it alleviates Vata; the Vikasi property reduces the spasms. Sukskshmata dilates the channels and Vishada prevents stickiness of the channels and thus helps in normal flow of menstrual blood. Garbhashaya Shodhana, Artavajanana properties⁷ of Tila Taila indicates its specific action on genital tract and regulates function of Apana Vayu on particular system. Especially when administered in the form of Basti, Tila Taila directly works on Apana Vata, and by its Yonishula Nashana action it works upon Kashtartava

RESULTS:After receiving this treatment, her menstrual cycle became normal with no pain and normal menstrual flow. Her complex cyst resolved and no formation of cyst till today. The patient was in continuous follow up. She had two consecutive regular menses with normal flow and no abdominal pain. In spite of that during her USG follicle ovulate with absence of cyst.

DISCUSSION:According to *Ayurveda*, *Raja* is *Upadhatu* of *Rasa* and *Rakta*. *Raktasadrushya Raja* is formed by *Ahara Rasa*, so for *Niram ahara rasa* formation & *Raja Pravartan* is function of *Apan vayu*, so *Anulomaka Matra Basti* was given. And due to the *anuloman of apan vayu* and revival of its normal functions, her regular menses started and her monthly cycle became regular. Without *Vata Yoni* never gets vitiated⁸, here the word "*Yoni*" refers to reproductive organs collectively. *Vata Dosha* is the governing factor of the whole reproductive physiology; ovulation is also under the control of *Vata*. Therefore any vitiation of *Vata* will certainly affect the ovulation. In this aspect, *Basti* is considered to be the best treatment for *Vata*⁹. *Basti* cures all the disease of *Vata*. So it may act on anovulation by normalizing the pelvic reproductive physiology.

CONCLUSION:we can conclude that, as compare to modern view, the holistic approach of *Ayurvedic* system of medicine is effective without any complications and side effects because *Vasti* alone is considered as the major procedure for the *anulomana* of *Vata*. *Apana Vayu* plays an important role along with *Vyana vayu* and gives better relief to the patient from

amenorrhoea and infertility. *Taila* is the best drug for *Vata*. The function of *Anuvasana Vasti* is *Vatanulomana*, thus, it performs its normal function properly. So it normalize the *apan vayu* and *anuloman* occurs and menses became normal. *Shatpushpadi Taila* has *Balya*, *Brihaniya*, *Deepana*, *Pachana*, *Yonivishodhana*, *Rutupravartana* and "*Rutupravartana*" indicates both *Artavajanana* and *Beejotsarga*. properties. Due to all above benefits of *shatpushpa* it gave relief to all the complaints of patient.

¹ Inhorn MC Global infertility and globalization of new reproductive technologies: liustrations from Egypt Sco Sci Med 2003;56;1837-51.

² SushrutaSamhita, text with Dalhanateeka, by kaviraj ambikaduttshastri, Chaukhamba Sanskrit sansthan, Varanasi reprint 2006. Su.Sh.2/35, 15pp

³ Vriddha Jivaka, Kashyapa Samhita or (Vriddha Jivakiyam Tantram), Pandit Hemaraja Sharma, the Vidyotini hindi commentary, Chaukhamba Samskrit Samsthan, Varanasi, 6th edition, 1998, Ka.Kalpa *Shapushpashatavri kalpadhyaya* 5-6.- page, 185.

⁴ Vriddha Jivaka, Kashyapa Samhita or (Vriddha Jivakiyam Tantram), Pandit Hemaraja Sharma, the Vidyotini hindi commentary, Chaukhamba Samskrit Samsthan, Varanasi, 6th edition, 1998, Ka.Kalpa *Shapushpashatavri kalpadhyaya* 5-6.- page, 185.

⁵ Vriddha Jivaka, Kashyapa Samhita or (Vriddha Jivakiyam Tantram), Pandit Hemaraja Sharma, the Vidyotini hindi commentary, Chaukhamba Samskrit Samsthan, Varanasi, 6th edition, 1998, Ka.Kalpa *Shapushpashatavri kalpadhyaya* 5-6.- page, 185.

⁶ Sharma RK, Dash B, editors. Vol. 5. Varanasi: Chowkhamba Sanskrit Series Office; 2007. Agnivesha. Caraka Samhita; p. 68

⁷ Srikantha Murthy KR, editor. Vol. 1. Varanasi: Chaukhamba Orientalia; 2004. Susruta. Susruta Samhita; p. 347. (Su/su/45/112)

⁸ Agnivesha-Charaka Samhita with Ayurvedadeepikavyakhya, by Vaidya Jadavji Trikamji Acharya, ed. Chaukhambha, Varanasi, 2011, Cha.Chi.30/115;639.

⁹ Agnivesha-Charaka Samhita with Ayurvedadeepikavyakhya, by Vaidya Jadavji Trikamji Acharya, ed. Chaukhambha, Varanasi, 2011, Sutra Sthana 25/40;131

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