

**AYURVEDIC MANAGEMENT ON ANOVULATION: A CASE STUDY**

<sup>1</sup>Pandya Neha,

<sup>1</sup>Professor, SRPT Department, Shri G. A. College, G. A. U., Jamnagar.

<sup>2</sup>Reader, SRPT Department, Shri G. A. College, G. A. U., Jamnagar.

<sup>2</sup>Hetal P. Baraiya

**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 Dhatus*. 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.<sup>1</sup> In Ayurveda infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatus Pradoshaj Vikara*. So according to Ayurvedic perspective the line of treating is to treat provoked *Vata Dosha* and vitiated *Rasa Dhatus*.

**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 <sup>th</sup> day of menstruation (Fig.3)

**DISCUSSION:** *Vandyatva* due to anovulation is *Vata-Kapha Pradhana Vyadhi*. It is *Vikruti* of *Vata Dosha*.(i.e. *Apama Vayu Karmatah Hani*) occurs. Hence main line of treatment could be *Vata Kapha Shamaka*, *Agnidipana*, *Pachaka* and *Vatanulomaka* and *Brimhana*. *Tikta Rasa* of *Ashvagandha*<sup>2</sup> causes *Rasa Raktashodhana*, *Agnideepana* and *Amapachana*. *Ushna Virya* works as *Rutupravartana*, *Yonishukravishodhana* and *Vatashamana*. Due antistress property of *Ashvagandha*<sup>3</sup>, 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*.<sup>4</sup> 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.

#### REFERENCES

1. D.C. Dutta's, Textbook of Gynecology, 6<sup>th</sup> edition, published by New Central Book Agency (P) ltd., Kolkata, pg. 444, 445

2. Database On Medicinal Plants Used In Ayurveda, Volume-3, CCRAS,Department of ISM&H, Ministry of Health & Family Welfare, (Govt. of India).
3. Database On Medicinal Plants Used In Ayurveda, Volume-3, CCRAS,Department of ISM&H, Ministry of Health & Family Welfare, (Govt. of India).
4. Thorwe Preeti et.al., Effect of Yogabasti Upakrama in Case of Infertility due to PCOS: Single Case Study Report, ma, Int. J. Ayu.Alt.Med., 2014; 2(6):45-48

#### Corresponding Author:

Dr.Neha Pandya,Professor, SRPT Department, Shri G. A. College, G. A. U., Jamnagar.

Email: drneha1973@yahoo.in

Source of support: Nil

Conflict of interest: None

Declared

Cite this Article as :[Pandya Neha et al : Ayurvedic Management on Anovulation: A Case Study] www.ijaar.in : IJAAR VOLUME III ISSUE XI NOV-DEC 2018 Page No:1576-1578

Fig. 1

TEST REPORT				
Patient ID : 98765432109876543210	TEST REPORT			
Name : DR. R. PANDEY MAHARAJ	Gender : Female	Age : 34 Years	Date : 16-Aug-2018	
Ref. By : DR. R. PANDEY MAHARAJ				
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 : 2.0-15.5 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 .....

Fig. 2

PATIENT'S NAME :-		DR. NEHA MADAM		
REASON	DATE	24/09/2018		
USG OVULATION STUDY				
DATE	DAY	ENDOMETRIAL THICKNESS	RIGHT OVARY	LEFT OVARY
24/09/2018	12 <sup>TH</sup> 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 10 MM IN SIZE REST OF ALL SMALL FOLLICLES.
25/09/2018	13 <sup>TH</sup> DAY	6 mm	No increase size	10.11 mm size. REST OF NOT INCREASE SIZE

Fig. 3

DIAGNOSTIC CENTRE				
26, First Floor, Jolly Bungalow Complex, Opp. to Dr. Patel's Hospital, Summer Club Road, Mumbai - 400 001. (022) 22010100				
<b>• Consultant Radiologist &amp; Sonologist</b> <b>• Ex. Radiologist</b> <b>Osmania Hospt. &amp; New Tech Health Care</b>				
PATIENT'S NAME :-				
SHRI	REG. BY	:-	DR. NEHA MADAM	
MR/M	DATE	:-	23/11/2018	
USG OVULATION STUDY				
DATE PRO	DAY	ENDOMETRIAL THICKNESS	RIGHT OVARY	LEFT OVARY
23/11/2018	10 <sup>th</sup> 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 <sup>th</sup> Day	6.6 mm	No increase size	15X16 mm size follicle
28/11/18	15 <sup>th</sup> Day	6.7 mm	u	16X17 mm follicle
30/11/18	17 <sup>th</sup> Day	6.9 mm	u	Ruptured follicle
M				
DR. PALLAVI MEHTA				
(M.D. RADIOLOGY)				