

AYURVEDIC MANAGEMENT ON ANOVULATION: A CASE STUDY

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ABSTRACT

Patient was anxious to conceive after active married life of 8 years. The present case study was done to evaluate the role of Ayurvedic *Shodhana* and *Shamana* therapy i.e. *Yogabasti* for three consecutive cycle followed by *Uttarabasti* with *Shatapushpa Taila* for three consecutive cycles & oral administration of Ayurvedic drugs i.e. *Ashwagandha Churna* 3 gm, *Shatapushpa Churna* 3 gm twice a day with water for 6 months before meal in the management of Ovarian factor. After 6 months of medication, improvement was noticed i.e. Serum Prolactin level (BT-38.50 ng/mL, AT-20.79 ng/mL) and 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, Ovarian factor, *Uttarabasti*, *Yogabasti*.

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. Ovulatory factor is responsible for 30-40%.¹

Hyperprolactinaemia is a condition of elevated serum prolactin level. Hyperprolactinaemia inhibits the secretion of gonadotropin-releasing hormone (GnRH) from the hypothalamus by increasing the release of dopamine from arcuate nucleus, which in turn inhibits the release of FSH and LH from pituitary gland and results in diminished gonadal sex hormone production².

Due to this H-P-O axis is disturbed and menstrual cycle becomes anovulatory. 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 30 years, housewife, living in Jamnagar, Gujarat, wants to conceive. She had delayed menstrual cycle as other associate complaint. After 8 years of married life, she was unable to conceive. So first she took allopathic treatment but no result was found. The hormonal report suggested hyperprolactinemia. USG suggested anovulatory cycle as well as right tubal blockage. The semen analysis of the partner was normal. She had gone through 4 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/45 to 50 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.36 kg and ht. 150 cm.

TREATMENT PROTOCOL: The treatment was carried out with the

following medicines (Table 1 & 1.1) for six 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	Anupana	Time
<i>Ashvagandha Churna + Shatapushpa Churna</i>	3 gm + 3 gm = 6 gm twice a day	Water	After meal
<i>Yogabasti</i>	3 consecutive cycles	-	After menstruation
<i>Uttarabasti</i>	3 consecutive cycles		After menstruation

Table 1.1: Medication

<i>Yogabasti</i>	
<i>Anuvasana Basti- Sahachara Taila- 100 ml</i>	<i>Asthapana Basti- Dashmoola Kwatha – 250 ml</i> <i>Sahachara Taila- 100 ml</i> <i>Shatapushpa Kalka- 50 gm</i> <i>Madhu – 30 gm</i> <i>Saindhava – 5 gm</i>
<i>Uttarabasti</i>	<i>Shatapushpa Taila – 5 ml each procedure</i>

OBSERVATION AND RESULTS: After 6 months of medication, ovulation occurred and menstrual cycle became regular.

Table 2: Investigation

Investigation		
Hormonal reports	Before treatment	After treatment
Serum Prolactin level	38.50 ng/mL	20.79 ng/mL
FSH	8.50 IU/L (in normal range)	-
LH	9.12 IU/L (in normal range)	-
USG- Ovulation Study	Before treatment- Both ovaries- MSF	After treatment- Ovulation on 14 th day

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*. Hyperprolactinemia is one of main causative factor for anovulation and it is stress induced hormone. *Tikta Rasa* of *Shatapushpa*³ and *Ashvagandha*⁴ causes *Rasa Raktashodhana, Agnideepana* and *Amapachana*. *Ushna Virya* of both drugs works as *Rutupravartana,*

Yonishukravishodhana and *Vatashamana*. *Shatapushpa*⁵ is a phytoestrogen, it exerts both estrogenic and antiestrogenic activity. It acts in both high oestrogenic and low oestrogenic condition. Thus it corrects hypoestrogenic condition due to hyperprolactinemia. Due antistress property of *Ashvagandha*⁶, it regulates hyperprolactinemia and corrects H-P-O axis with promoting ovulation.

Yogabasti - Dashmula Kwath was used for *Niruha Basti* because *Dashmula* has been proved *Uttama Vatakaphagna* and *Sahachara Taila* is also best *Shamana*

Dravya for *Vata*.⁷ Probably it clears pathogenesis of anovulation. *Uttarbasti* is the procedure through which the drug is instilled into the uterus. Uterus is the *Mulasthan* of *Artava Vaha Srotasa*. The drug being directly instilled in the uterus gives direct access to the seat of *Strotovaigunya* and *Dosha-Dushya-Sammurchana* and hence acts on the *Vikrut Vayu* thereby disintegrating the *Samprapti*. So *Uttarabasti* of *Shatapushpa Taila* regulates menstrual cycle. It may be also possible the drug given by the intra-uterine route may stimulate the receptor and corrects its function means *Beejotsarga* i.e. Ovulation.⁸

CONCLUSION: Thus present case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of anovulation. *Yogabasti* causes de-toxification of the body, removes *Sroto Sanga*, pacifies *Tridosha* especially *Vata*. *Uttarabasti* administration of *Taila* stimulates the endometrial receptors, enters the minute channels, the oral drugs stimulates the H-P-O axis. There were no adverse effects found during the Ayurvedic medication.

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