

AYURVEDIC MANAGEMENT OF ANOVULATORY INFERTILITY: A CASE STUDYSanju Rao¹, Usha kumari², Bharathi³, B. Pushpalatha⁴¹P.G. Scholar, ²P.G. Scholar, ³Prof. & HOD,PG. Department of Prasutitantra and Striroga, National Institute of Ayurveda,
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**ABSTRACT**

The present case study was done to evaluate the role of *Ayurvedic Shodhana* therapy i.e. *Matra Basti* for two consecutive menstrual cycle in the management of anovulation (*Artava Dosha*). Patient was anxious to conceive after active married life of 4 years. *Acharya Charaka* has clearly described the *Nidanas* of *Vandhyatwa* i.e. *Yonidosha*, *Mansika-Abhitapa*, *Shukra-Artavadosha*, *Ahara-Vihara Dosha*, *Akalyoga* (Coitus at improper time), *Bala-Kshaya* which causes delay in achieving conception in *Sapraja* women as well as in *Apraja*. The word *Artava* refers to ovum, menstrual blood and ovarian hormones. *Artava* vitiated by different *Doshas* i.e. *Ashtartava dushti* produces infertility. Ovulation is under the control of *Vata*. Act of ovulation is regulated by *Vata* especially *Apana Vata*. *Basti* cures all the diseases of *Vata*. *Basti* given in the patient regulates hypothalamo-Pituitary-Ovarian axis which result into normalization of ovarian cycle and menstrual cycle too. After completing two courses of *Matra Basti* (60 ml), improvement was noticed i.e. Ovulation study. The line of treatment was followed in this case was to treat aggravated *Vata Dosha* and vitiated *Dhatu*. There were no adverse effects found during the *Matra Basti*.

Keywords: Anovulation, Infertility, *Artava Dosha*, *Matra Basti*.

INTRODUCTION

Infertility is not a disease but a social stigma especially in Indian society. Infertility is commonly increasing problem which any gynecologist has to face in their gynecological 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. Ovulatory factor is responsible for 30-40% [1]. Due to this H-P-O axis is disturbed and menstrual cycle becomes anovulatory. Anovular bleeding is usually excessive. There is inadequate structural stromal support and the endometrium remains fragile. Thus, with the withdrawal of estrogen due to negative feedback action of FSH, the endometrial shedding continues for a longer period in asynchronous sequences because of lack of compactness. In *Ayurved* infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatu Pradoshaja Vikara*. So according to *Ayurvedic* perspective the line of treating is to treat provoked *Vata Dosha* and vitiated *Rasa Dhatu*. *Acharya Dalhana* explained *Beeja* as *Artava & Shukra*. The word *Artava* refers to ovum, menstrual blood and ovarian hormones. *Artava* vitiated by different *Doshas* i.e. *Ashtartava dushti* produces infertility due to destruction of its *Beeja* of the ovum [2]. *Acharya Harita* says: In *Bandhya Stri* milk carrying channels of breast are filled with *Vata* thus absence of milk secretion is found. Besides she also suffers from excessive menstrual bleeding [3].

Case History: A female subject, aged 23 years, housewife, living in Jaipur with weight 47.6 kg married 4 years back came with complaints of prolonged bleeding during menses and primary infertility. Patient

gave detail history that, she had regular menses, but flow was very heavy (i.e. 10-15 days flow/26-30 day's cycle/4-5 pads). She has taken allopathic treatment for these complaints of Menorrhagia and infertility from general practitioner doctor 3 year. But still there was no relief and then patient came to take *Ayurvedic* treatment.

During this course of treatment all basic investigations were done of both husband and wife.

Husband: Semen analysis was normal with normal morphology of sperm. Also, he had no complaints of erectile dysfunction etc.

Wife: USG suggested anovulatory cycle as well as multiple small echo-free lesions arranged at periphery. Detail examination of patient was done; in which patient was found *Vata-Prakruti*, *Vishamagni*, *Kru-rakhosti* and there was no abnormal finding seen in general and systemic examination along with per abdomen and per vaginal examinations were normal. BP-110/70mmHg, Pulse-72/min, Wt.47.6 kg and Ht. 158 cm, BMI-19.07kg/m²

Aim: To evaluate the effect of *Madhuka Ghrita Matra Basti* on ovulation.

Objectives:

- ✓ To evaluate the therapeutic efficacy and safety of *Madhuka Ghrita Matra Basti* in Anovulatory infertility.
- ✓ To evaluate the effect of drug on menstrual abnormalities.

Methodology: The case was selected from the O.P.D. of P.G. Department of PTSR, National Institute of Ayurveda (N.I.A.) Hospital, Jaipur after taking informed written consent.

Table 1: Treatment Protocol:

Treatment Modality	Dose	Duration
<i>Madhuka Ghrita Matra Basti</i>	60ml Just after food	7 days each in 2 consecutive cycle from seven day before due date of menstrual cycle.

Follow up Study: After completion of *Basti*, *Pathya* diet was followed compulsory. After 2 months of

medication the case was followed up to one consecutive menstrual cycle.

Table 2: Contents of *Madhuka Ghrita Matra Basti* [4]:

S. No.	Dravya	Rasa	Guna	Virya	Vipaka	Karma
1.	Madhuka [5]	Madhura	Guru Snigdha	Sheeta	Madhura	VP↓
2.	Go-ghrita [6]	Madhura	Guru Snigdha	Sheeta	Madhura	VP↓

Observation and Results

Observation: After 2 months of medication, ovulation occurred, and menstrual cycle became normal.

USG

USG- Ovulation Study	Before treatment- Both ovaries- MSF	After treatment- Ovulation on 14th day
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RESULT:

After 2 months of medication and 1 month follow up:

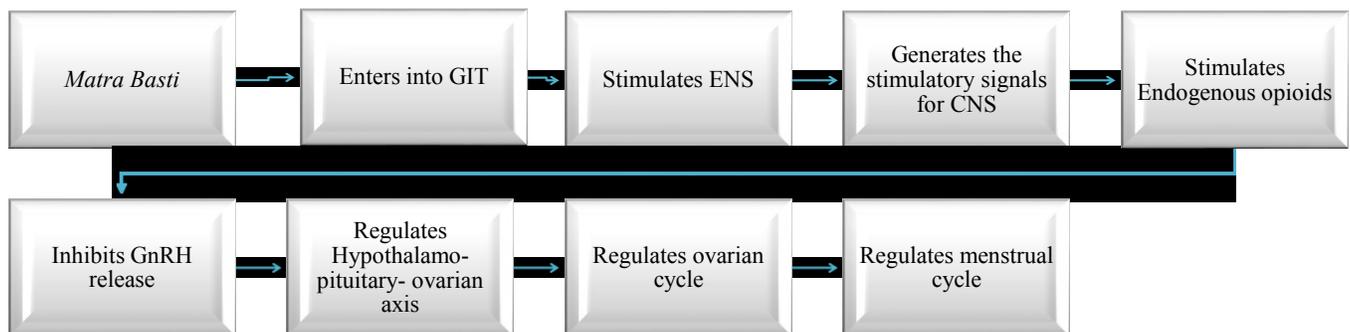
- ✓ ovulation occurred
- ✓ Menstrual cycle became regular
- ✓ Patient was expecting menses to start on 28th day of cycle. But she did not have till 35th day of menses.
- ✓ So, urine pregnancy test was done which showed positive result, later on confirmed by USG.

of endometrial capillaries and tone up the endometrial capillaries., *Due to Balya, Vrishya, and Rasayan property of Madhuka* [8] it regulate the function of HPO axis because due to stress endogenous opioids are increase, which suppress both the dopamine and GnRH pathway leading to increase in prolactin secretions., *Goghrit* [9] has *Agnivardhak, Rochaka, Rasayana, Vrishya* properties so that it regulates *Tridoshas* and help in proper formation of *Dhatus* and *Upadhatus*. According to modern science, *Ghrita* is lipophilic in nature, thus it diffuses rapidly across the cell membrane which is also composed of bimolecular lipid matrix and *Ghrita* can also cross blood brain barrier and acts on central nervous system i.e. hypothalamus and pituitary gland and may correct hormonal imbalance. *Ghrita* contains the cholesterol which is responsible for the synthesis of steroid hormones i.e. estrogen and progesterone.

DISCUSSION

Vitiated *Vata* is the main causative factor of infertility and *Basti Chikitsa* is the best treatment for vitiated *Vata Dosha* [7]. *Vandhyatwa* is also said to be one of *Vatika Yoniroga.*, *Madhuka Ghrita Matra Basti:* Due to *Madhura Rasa & Vipaka, Sheet Virya* and *Snigdha Guna*, it act on *Vata Prakopa* and regulates *Vata Dosha.*, *Madhuka* have *Sandhaniya* and *Vrana Ropana* properties which help in reduce the fragility

Probable Mode of Action of Matra Basti [10]-



CONCLUSION

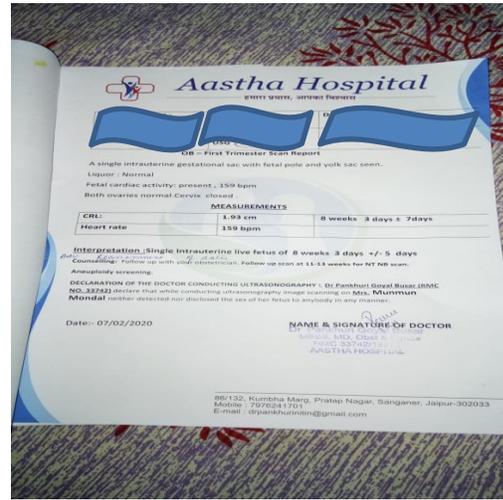
Thus, present case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of infertility which is caused due to ovarian factor. *Madhura Rasa*, itself has *Prithvi, Jala, Mahabhuta Pradhana* and *Balya, Brimhana, Rasayana* properties are responsible for *Upachaya* there-

by improves the endometrial thickness and helps in folliculogenesis. *Matra Basti* causes de-toxification of the body, removes *Sroto Sanga*, pacifies *Tridosha* especially *Vata*. It stimulates the H-P-O axis with promoting ovulation.

There were no adverse effects found during this Ayurvedic medication.



Before Treatment



After Treatment

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