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Case Study

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EFFECT OF *BRIHATYADI YAPANA BASTI* IN THE MANAGEMENT OF VANDHYATVA (FEMALE INFERTILITY) W.S.R TO ANOVULATORY FACTOR – A CASE STUDY

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ABSTRACT

Background: Infertility is the most sensitive and cumbersome problem which haunts every couple. The major cause in infertility is female factor which is 50%. Female-factor infertility is most commonly caused by lack of ovulation (i.e. the development and release of eggs from the ovary). Among female factor the sub factors are ovarian, tubal, endometrial and uterine. Female Infertility due to Ovulatory Factor is the most contributing factor, in 35- 40% of the cases. Ovulation problems can be caused by hormonal deficiencies or lifestyle factors, such as obesity, alcohol intake, or being severely underweight. So for this study, we considered only Anovulatory factor

infertility. **Aim and Objective:** The present study is an effort to understand the disease according to Ayurvedic principles & to evaluate the role of as a safer and cost-effective Ayurvedic treatment modality in female infertility. **Materials and Methods:** One patient came with Secondery infertility of 3 year in the O.P.D. of IPGT & RA, Jamnagar. Anovulatory cycle was dignosed by TVS (trans vaginal sonography) between 11th to 20th day of menstrual cycle. *Brihatyadi yapana basti was* administered 400ml per rectum form the after completion of menses for 15 day in morning for 2 cycle. **Results:** patient was conceived during 2nd cycle of treatment. TVS (trans vaginal sonography) between 11th to 20th day of menses cycle. Ovulation occurs on 19th day during 1st cycle treatment and on 16th day during 2nd cycle treatment. Next month patient have got UPT positive. **Conclusion:** Thus *Brihatyadi yapana basti,* described by *Acharya Charaka* contains drugs having *Balya, Brihaniya,*

Deepana, Pachana, Yonivishodhana, Rutupravartana etc. Here, "*Rutupravartana*" indicates both *Artavajanana* and *Beejotsarga* property resulting better function of Ovary. With further researches *Yapana* basti can be an established as line of treatment of infertility with anovulatoty cycle.

KEYWORDS: Female infertility, anovulation, Brihatyadi Yapana Basti.

INTRODUCTION

Infertility define as a failure to conceive within one or more years of regular unprotected coitus.^[1] 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. In *Ayurveda Acharya Shushruta* describe four essential factor for healthy progeny like *Ruru, Kshetra, Ambu, Beeja*.^[2] 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*. Act of ovulation is regulated by *Vata* especially *Apana Vata*. 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. *Yapana Basti* is indicated in Infertility by *Acharya Charaka* in *sidhdhisthan* chap.12.^[3] So, here we selected the *Brihatyadi Yapana Basti* treatment for the infertile patient.

CASE HISTORY

A female patient XYZ of age 27 years with married life 5 years came with complaints of oligomenorrhoea and secondary infertility. Patient gave detail history that, she had regular menses but flow was less (i.e. 1-2 days flow/30-32 day's cycle/ 1 pad). She has one abortion 3 year ago. She has taken treatment for these complaints of oligomenorrhoea, backache and infertility from general practitioner doctor 1 year followed by allopathic treatment for 2 years. But still there was no relief and patient thus 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 pelvis and Hysterosalphingography reports were normal, ovulatory study showed anovulatory cycles. General and systemic examinations along with per abdomen and per vaginal examinations were normal. Her vitals include Blood Pressure was 110/70 mmHg, Pulse rate: 78/minute, body weight 56kg height 5.1inch.

Management

Treatment planned for the patient was Brihatyadi Yapana Basti - (CHA.S.SI.12).

Drug	Route	Dose	Duration	Time
Brihatyadi Yapana Basti	Rectal	400ml	Total 15 days, After cessation of menses for 2 consecutive cycles	At morning 8:30am to 10:00am

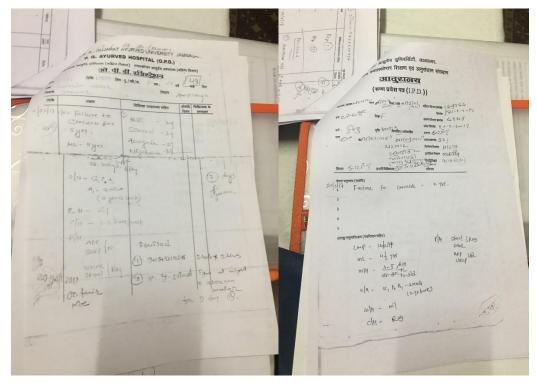
Ingredients- Brihatyadi Yapanabasti-(Cha.S.Si.12)

The drugs selected for the study and its ingredients are as shown in the table below-

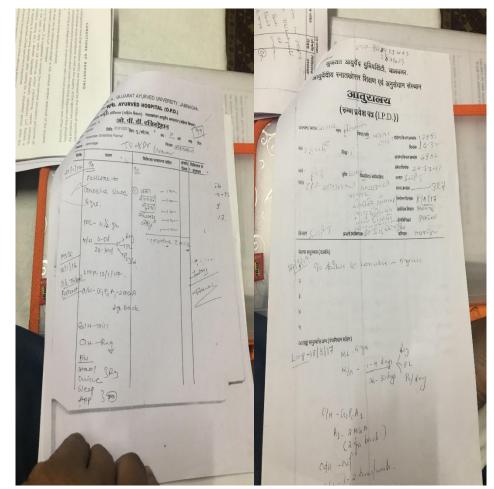
Kwath Dravyas

No	Drug	Latin Name	Part used	Quantity
1	Brihati	Solanum indicum linn.	Root	15gm
2	Kantakari	Solanum xanthocarpum schrad. & wendle	Root	15gm
3	Shatavari	Asparagus recemosus willd	Root	15gm
4	Chhinaruha	Tinospora Cordifolia (willd) miess	Stem	15gm
		Kalka Dravyas		
5	Madhuka	<i>Glycyrrhiza glabra</i> linn.	Root	5gm
6	Madanaphala	Randia dumetorum lam.	Fruit	5gm
7	Pipalli	Piper longum linn	Fruit with bract	5gm
8	Madhu			60ml
9	Ghrita			60ml
10	Tila Taila			60ml
11	Cow's milk			240ml

1st cycle



2nd cycle



DISCUSSION

Ovulation is under the control of *Vata*. Selected drug having properties like *Uahsna and Tikshna Guna, Katu vipaka, Ushna Viirya which helpful in PCOD*. Selected drug having properties like *Balya, Brihaniya, Deepana, Pachana, Yonivishodhana, Rutupravartana, Prajasthapan, Garbhaposhak* etc. as described by Charaka Here, "*Rutupravartana*" indicates both *Artavajanana* and *Beejotsarga*. Act of ovulation is regulated by *Vata* especially *Apana Vata. 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*. So it may act on anovulation by normalizing the pelvic reproductive physiology.

RESULT

During 2^{nd} month of follow up patient came with 1 month 10 days amenorrhea on 28/04/2017. Urine pregnancy test was conducted at hospital and found positive. Patient was sent for USG on 28/04/2017 which showed single Gestational sac (6.3 weeks) with fetal pole and cardiac activity. Patient delivered a full term female child by normal delivery at G.G. hospital, Jamnagar, Gujarat on date 15/12/2017 with 2.3 kg baby weight.

Bujarat Ayurved University, Jamnagar I. P. G. T. & R. A. TREEROGA & PRASOOTITANTRA DEPTT. U. S. G. CARD Name: Will am exirtish Age: At mologist: Dr.Tai ed. bh. Ret.by: Dr SB duy = PD.No.: T5257 WardBed No.: DA: DO: rorvisional Diagnosis 21 (0) U	Rt. ut. Endo c. m.
$\frac{1}{2} \frac{1}{2} \frac{1}$	Impression and Comments 1. 07.06-2017-000 Obstetric U. S. G. 94/05/2019 Gr. S. wy CRL-10.1 well, f. H. H. on den S. Hosting. Protein around 18
Old Ch & Po Ai <u>B</u> a mart <u>D</u> T & B danger <u>Visiting Day</u> <u>Consultant Doctor's Sign</u> <u>Martine Research and Consultant Doctor's Sign</u> .	Impression and Comments :- Gynaecological U.S. G.

	BABY WARD
G. G. Hospit	al, Jamnagar
Name : B/O : Nilumben	
Date of Birth : 15 - 17 - 201	
Delivery Mode : PTUD	
Birth Weight : 2, 2 Kg.	Length : cm.
OPD No. :	Indoor No. 3 61547
Post Natal Unit :	Discharged No. :
Mother BG Rh : 0100	Baby BG Rh : Ofue
On Discharge : 16/10/17	Daby DG Rn : O/
Baby is stable hemod examination is with in	lynamically. Clinical normal limits.
Inj. Vitamin K (Phytomenadio	ne) given
	east Feeding
Weight: 2.3 Kg.	HC . Co
Icterus: 4.2	
A MILL Sig	n. of NBBW Registrar
	the Registrar

CONCLUSION

Thus, this total treatment may have stimulated hypothalamo-pituitary-ovarian axis by regulating all the doshas in the body, removing kleda and giving balya to the dhatus (may be correlated with: regulates the co-ordination of hormones, stimulates the organs to secrete their secretions and also give strength to the organs). *Basti* is considered to be the best treatment for *Vata* so *Yapana Basti* act on anovulation by normalizing the pelvic reproductive physiology and it have brought ovulation due to which patient conceived.

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