



AYURVEDIC MANAGEMENT OF PRIMARY INFERTILITY (VANDHYATWA) DUE TO ANOVULATION- A CASE STUDY

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Abstract:

Infertility is commonly increasing problem which any gynecologist has to face in their carrier. Now a day's prevalence of Infertility due to anovulation is increasing due to defective life style and hormonal imbalance. As per the study ovulatory factor is responsible for 30-40% of female infertility. *Nashtartava* is one of the causes for *vandhyatwa* where doshas involved are *kaphavruta apanavata*. PCOD is one of prime cause for anovulatory infertility. *Shodhana* with *Vamana* is included here to impart *Agneyatwa* to *artava* by expulsion of *soumyaguna* of *avaraka-Kaphadosha* followed by *shaman chikitsa* for the patient. In Ayurveda, there is a great scope of research to find out safe, potent, less costly and effective remedies for the management of Vandhyatva (Infertility).

Keywords: *Vandhyatva, Anovulation, Vamana, Pushpadhanva rasa, Phalaghruta*

I. INTRODUCTION:

Infertility¹ in women is the condition in which successful pregnancy has not occurred despite of normal intercourse after 12 months. Infertility in women occurs due to various causative factors like ovarian factors, tube related factors, uterine anomalies, uterine diseases. Among anovulatory causes of infertility PCOS² is having major role. Diagnosis of PCOS is based on anovulation and presence of multiple ovarian cysts in USG findings. Panchakarma therapy and different ayurveda formulations are very helpful for treating infertility cases. They are beneficial in treating stress and also brings vitiated doshas in to balanced state. In bhaishajya ratnavali vajikarana Adhikara we get reference of Pushpadhanva rasa³ which is said to be Santhanakaraka and rasayana. In Ashtanga Hridaya we get reference of Phalaraspi⁴ which is Putraprada and Gabhasthapaka. Hence these formulations selected for the case study.

II. MATERIALS AND METHODS:

A single case study on patient who visited the OPD of Prasutitantra and *stiroga* at SCPM Ayurveda medical college and hospital Haripur for infertility was considered. A woman 26-year-old with 3yrs of married life came with c/o irregular menstruation since 4years with failure to conceive since 3yrs. On enquiry, she said that duration of menses was 2 to 3 days at interval of 45 to 50 days. There was no history of hypertension, thyroid disorder, diabetes mellitus etc.for the patientv with no history of contraceptive use nor any surgical intervention. She was advised to take one course of *Vamana karma*. As *shatavari* contains phytoestrogen shatavari ghrutha selected for *snehapana*. After *samsarjana krama* oral administration of *pushpadhanvarasa* and *phala ghruta* was advised.After 1 month of treatment she got conceived.

Clinical findings:

a)General Examination: Bulit- Normal, Weight- 58kg, BMI- 25 Kg/m², Tongue- Coated, Pallor- Absent, Pulse rate- 74 beats/mi, BP- 110/80 mm of Hg, Respiration rate- 18/min, Temp- Afebrile.

b)Physical Examination:

Ashta Vidha Pariksha:

Nadi -74 b / min

Mala -Once / day

Mutra-5 -6times/day

Jivha -Lipta

Shabda – Spashta

Sparsha -Anushna Sheeta.

Drik -Prakruta
Akriti – Madhyama

Dasha vidha pariksha:

Prakruti –Vata pittaja
Vikruti –Madhyama
Bala –Madhyama
Sara –Madhyama
Samhanana –Madhyama
Satmya –Madhyama
Satva –Madhyama
Pramana –Madhyama
Ahara shakti - Madhyama
Abhyavarana shakti –Madhyama
Jarana shakti –Madhyama
Vyayama shakti – Madhyama
Vaya –Madhyama

c)Systemic examination: Per Abdomen- On palpation -soft, non-tender, no organomegaly, **CVS-** NAD, **CNS-** Conscious and well oriented, **RS-** B/L NVBS heard.

d)Gynaecological examination:

1. On Inspection: Vulva- Normal and healthy and on straining no genital prolapse was observed.

Per speculum Vaginal examination:

- Cervix-appearance- Normal,healthy.
- White discharge - Nil
- Vaginal walls – Normal

2. On Palpation

a) Per Vaginal Digital examination:

- Cervix-firm in consistency, mobile, tenderness absent
- No abnormality detected on palpation of vaginal walls

b) Bimanual examination:

- Uterus- Anteverted, freely mobile, Bulky in size
- Bilateral Fornices –Free, non-tender.

After thorough check-up, following investigations was done to the patient and under mentioned treatment was given:

e)Investigations

1. Haemoglobin- 12.2gm%
2. BT- 2'15"
3. CT- 4'0"
4. ESR- 18mm per hour
5. Platelet count- 2.68 lakhs
6. RBS- 80mg/dl
7. PCV- 37.6%
8. Urine Routine – Albumin-absent, Sugar-absent.
9. T3- 0.90
10. T4- 7.71
11. TSH- 0.82
12. Ultrasonography (Abdomen Pelvis) – Appearance suggestive of bilateral polycystic ovaries

f)Treatment administered:

1. Shodhana Chikitsa (Curative management) was planned with
 - Agniideepana with Chitrakadi vati 1TID before meals for 3 days
 - Snehapana with Shatavri Ghrita 30,60,90ml for 3 consecutive days
 - Sarvanga Abhyanga with Mahanarayan Tail
 - Vaman Karma
2. Shamana Chikitsa (Palliative management) was planned with
 - Phala sarpi (1teaspoon morning in empty stomach).
 - Pushpadhanva Rasa 1 BD after Meals

III. RESULT AND DISCUSSION:

Patient conceived within the one month of the treatment and now under regular Antenatal checkup. PCOD⁵ is the most common reason that leads to anovulatory cycles resulting in infertility⁶. *Panchakarma* and *shamana oushadhis* can bring back imbalanced *doshas* in to normalcy n vandhyatwa⁷ case. *Vamana karma*⁸ helps in *sroto shudhi* and also it increases *agnetatva* in body. *Pushpadhanva rasa*⁹ is *garbhakrut*, *rasayan* and *manodoshahara*. *Phala sarpi* acts as *Garbhakara* and also *Garbha sthapaka*¹⁰.

IV. CONCLUSION:

Vamana karma and *shamanoushadhis* given like *pushpadhanva rasa* and *phala sarpi* together will help in achieving pregnancy in PCOD induced infertility. But to establish this fact further study of longer duration and on large sample is required.

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