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Case Report

## Ayurvedic Management of Infertility W.S.R. Anovulation: A Case Study

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### ABSTRACT

Patient was anxious to conceive after active married life of 5 years. The present case study was done to evaluate the role of Ayurvedic *Shodhana* therapy i.e. *Yogabasti* for two consecutive menstrual cycles in the management of anovulation. After completing two courses of *Yogabasti*, improvement was noticed i.e. Ovulation study (during treatment - anovulatory cycle, After treatment - 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 *Panchakarma* procedure i.e. *Yogabasti*.

**Keywords:** Anovulation, *Panchakarma*, *Shodhana*, *Yogabasti*

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### 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 Ayurved infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatus* *Pradoshaja 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 30 years, housewife, living in Jamnagar, Gujarat, wants to conceive. After 5 years of married life, she was unable to conceive. Ultrasonography suggested no any abnormality in uterus and adnexa but anovulatory cycle. HSG (hysterosalpingography) suggested bilateral fallopian tubal patency. The semen analysis of the partner was normal. She had gone through 3 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 was 4 to 5 day per 30 to 35 days, regular, moderate, painless before treatment. Micturition history was 5 to 6 time per day. Bowel history was 1 time per day. During per speculum examination, no abnormality found. During per vaginal examination, Anteflex Anteverted uterus and no tenderness in cervix. BP was 110/76 mmHg, pulse was 76/min, weight was 56 kg and height was 154 cm.

### Treatment protocol

Following treatment was carried out (Table 1) upto 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**

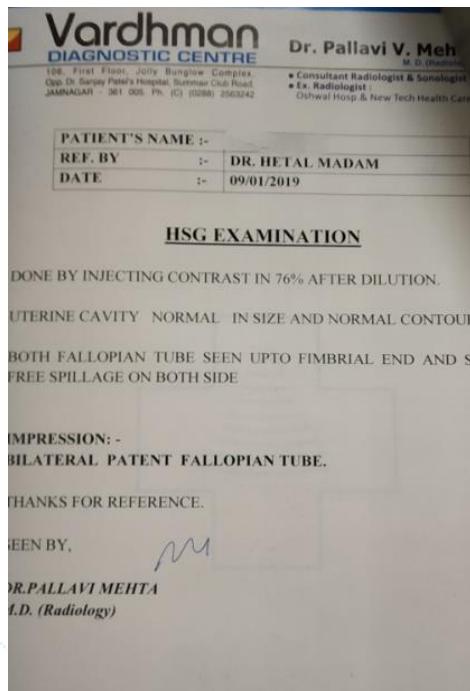
<i>Yogabasti</i> for two consecutive menstrual cycles after menstruation	
<i>Anuvasana Basti</i> : <i>Sahachara Taila</i> - 100 ml	<i>Asthapana Basti</i> : <i>Dashmula Kwatha</i> - 250 ml <i>Sahachara Taila</i> - 100 ml <i>Shatapushpa Kalka</i> - 50 gm <i>Madhu</i> - 30 gm <i>Saindhava</i> - 5 gm

## Observation and result

Within three months of medication ovulation occurred.

Table 2: Investigations

### Hysterosalpingography (Before treatment) - Bilateral patent fallopian tubes. (Fig. 1)



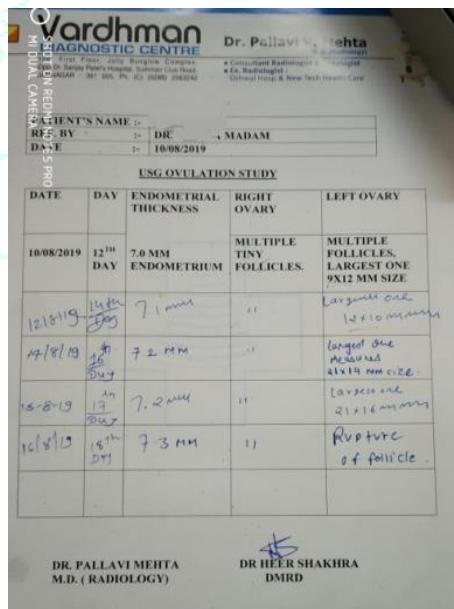
### Ultrasonography

#### During treatment - anovulatory cycle



#### After treatment- ovulatory cycle

#### Left ovary-ruptured follicle (Fig. 3)



## Discussion

*Vandhyatva* due to ovarian factor is *Vata-Kapha Pradhana Vyadhi*. It is *Vikruti* of *Vata Dosha* i.e. *Apana Vayu Karmata Hani* occurs. Hence main line of treatment could be *Vata Kapha Shamaka*, *Agnidipana*, *Pachaka* and *Vatanulomaka* and *Brimhana*. Impairment of *Apana Vayu* is primarily responsible for this trouble. Its normal course is downwards and if it does not move because of hormonal imbalance,

constipation or any other factor. *Basti* is the best *Panchakarma* procedure for *Vataroga* as per Ayurvedic classics.<sup>[2]</sup> *Yogabasti* <sup>[3]</sup> with *Dashmula Kwatha* was used as *Niruha Basti* because *Dashmula* has been proved *Uttama Vatagna* and *Sahachara Taila* is also best *Shamana Dravya* for *Vata*<sup>[4]</sup>. *Shatapushpa Kalka* is best drug *Dravya* for *Vandhyatva* i.e. infertility.<sup>[5], [6]</sup> Probably these all clear pathogenesis of anovulation.

## 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. *Yogabasti* 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.

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