

**EFFECT OF MATRABASTI IN MANAGEMENT OF INFERTILITY
(ANOVULATION) - A CASE STUDY****Dr. Sowmya G.^{1*} and Dr. Anupama V.²**

¹Assistant Professor, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara
Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.

²HOD, Professor, Department of Prasooti Tantra Evum Stree Roga, Sri Kalabyraveshwara
Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru,
Karnataka, India.

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***Corresponding Author****Dr. Sowmya G.**

Assistant Professor,
Department of Prasuti
Tantra and Stree Roga, Sri
Kalabyraveshwara
Ayurvedic Medical College,
Hospital and Research
Centre, Bengaluru.

ABSTRACT

Infertility is a problem related to inability of conception due to various causes. Ovarian dysfunction is one among them. Anovulation is a condition which explains the failure of ovulation due to the dysfunction of hypothalamus- pituitary- ovarian axis. Ovarian factor contribute 15-25% and is the second common cause of infertility.^[1] Ovulatory factor is an important subset in infertility among women, accounting about 40% cases.^[2] Artava is considered as stri beeja (ovum) as far as the conception is concern and nastartva, the condition where arthava nasha occurs can be considered as anovulation. Nastartava is one type of artava vikara the result of which is responsible for asambhava of prajotpadana that is vandhyatwa.^[3] For the management of vandhyatwa there are good numbers of formulations and treatment modalities mentioned in ayurvedic classics. In this case study matrabasti with phalasarpfi and shaman oushadhi as chitrakadi vati given to treat vandhyatwa (infertility) due to beeja dusti (anovulation).

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30-40 percent, the female in about 40-55 percent and

both are responsible in about 10 percent cases. The remaining 10 percent is unexplained.^[4] Infertility causes could be internal and external female genitalia abnormalities, impairment in functions of hormones, environmental, psychological, and genetic factors. In this study the condition of polycystic ovaries which comes under ovarian factor plays very important role in fertility. one third of couples seeking assistance at fertility hospitals face infertility due to lack of ovulation with polycystic ovaries being the primary cause in 90 percent of these instances.^[5]

Polycystic ovarian syndrome was initially documented in 1935 by medical professionals Stein and Leventhal, Defined PCOS as a syndrome characterized by specific symptoms, including amenorrhea (absence of menstruation), hirsutism (excessive hair growth), obesity and acanthosis nigricans, all of which are linked to the presence of enlarged polycystic ovaries.^[6] Infertility has emerged as a substantial disorder which linked to one of the factors of polycystic ovarian syndrome (PCOS), is influenced by the demands of a stressful world, insufficient consumption of healthy foods and evolving lifestyle. The global prevalence of this condition lies around 5-10 percent in the general population.^[7]

Initially treatment often involves to promote the ovulation by a medical management with clomiphene citrate. In complex cases, laproscopic ovarian surgery have been employed to manage anovulation and enhance the chances of conception in polycystic ovaries.

In Ayurveda Susrutha Acharya has mentioned Vandhyatva is destruction of artava intum causing Vandhyatva.^[8] In classics the concept of artava would be understood as srava rupa artava, dhatu rupa artava, and beeja rupa artava and all these are said to be important for conception. Acharya Sushruta has said Ritu, kshetra, ambu, beeja are the garbha sambhava samagri where Beeja is one among the prime factor that is artava in females and shukra in males. In manusmriti it is mentioned that the beeja is more important than the kshetra as the progeny will possess the qualities of beeja embedded and not that of the field. The beeja formed by the soumya bhava of the rasa gets agneyatva after undergoing dhatu paaka by the influence of pitta. "artavam agneyam" any abnormalities in beeja, beejabhaga, beejabhagaavayava results in genetic abnormalities in the progeny. Abeejatha or anovulation may be one of such pathology which could be genetic inheritant. If twenty yoni vyapaths are not treated properly cause infertility (abeejata).^[9] According to Ayurveda, Vandhyatva due to anovulation can be associated with various conditions outlined in Ayurvedic texts. These conditions include Granthi (cyst-like structures), Artavkshayam (scanty or absent menstruation), Nashtartavam

(missing menstruation), Pushpaghni Jathaharini, and Rakta gulma, Arajaska, Ksheenartava. Vandhyatva can be considered as Vata Pradhana Tridosha Dushti in which Vata Dosha responsible for Vibhajan (cell division property) and Pravartana karma which helps in rupture of mature follicle. Ushnata and Pachana are features of Pitta Dosha. Primarily, Pitta will boost up the local Agni followed by Pachana Karma of remained Ama and then gives proper atmosphere for maturation of recruited follicle. Kapha plays imperative role in Beeja Nirmana by Upachay Karma. Regarding the practice of Basti, as stated by Acharya Charaka, it is highlighted that once Vata, particularly its imbalances, is effectively managed through the administration of Basti, the female is likely to experience a swift attainment of conception. This underscores the significance of balancing Vata Dosha through this therapeutic procedure as a means to enhance the chances of successful pregnancy.^[10]

CASE REPORT

A female patient of age 25 years complaints of inability to conceive. visited to sri kalabyraveshwara swamy ayurvedic medical college, hospital and research centre Bengaluru. In 3 years of married life, irrespective of unprotected sexual life, she has not conceived. On interaction with the couple it was found that female patient had the history of irregular cycles and pcod. And male partner has no contributing factors for not having conception.

Past history

Medical history- nothing significant

Surgical history- nothing significant

Menstrual history

Age of menarche- 13 years

Menstrual cycle- irregular

Interval- 35-40 days

Lmp- 29/01/2024

Amount- 2-3pads/day

Duration- 4-5 days

Amount- 2-3 pads per day

White discharge- absent

Foul smell- absent

Clots- minimal

Dysmenorrhea- absent

Obstetrical history

Nil.

Personal history

Diet- vegetarian.

Appetite- reduced

Bowel- 1time per day

Micturition- 4-5 times per day

Sleep- disturbed.

Examination**Asta sthana pareeksha**

Nadi- 80 bpm

Mala- 1 times per day

Mutra- 4-5 times per day

Jivha- lipthata

Sparsha- prakrutha

Drik- prakrutha

Akruthi- madhyama

Dashavidha pareeksha

Prakruti- vata pitta

Vikruti- vata pradhana tridoshaja

Sara- madhyama

Samhanana- madhyama

Satva- madhyama

Satmya- madhyama

Ahara Shakti- jarana Shakti- avara

Abhyavarana Shakti- avara

Vyayama Shakti- avara

Vaya- madhyama

Pramana- madhyama.

On general examination

Built- moderate

Pallor/ icterus/ cyanosis/ clubbing/ lymphadenopathy/oedema- absent

BP-120/80 mmhg

Pulse rate- 80 bpm

Height-149cm

Weight- 54 kgs

BMI-24.3 kg/m²

Systemic examination

Cvs- S1, S2 heard, no murmur

Cns- conscious, well oriented about time, place and person

Rs- normal bronchovesicular sound heard

p/a- soft, non tender, no organomegaly

per speculum and pervaginal examinations were normal.

Breast examination

Bilateral breast- no abnormality detected.

Investigations

1. Seminal analysis report of husband revealed normal.

2. All the routine investigations were done to female patient -

Hb %- 13.3gm %

TSH- 4.06 microIU/ml

Prolactin-9.3ng/ml

AMH- 4.40 ng/mL

Usg- pelvis report shows-

Impression- findings suggestive of polycystic ovaries.

SRI KALABYRYESHWARA SWAMY AYURVEDIC MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE
No. 12, Pipeline Road, R.P.C. Layout, Vijayanagar 2nd Stage, Bangalore - 560 104. Ph : 080-23457808

Reg. No. [REDACTED] Date 06/03/2024 12:28
Name [REDACTED]
Age/Sex 25 Year(s)/Female
Corporate NON-CORPORATE
Ref. By Dr. Swarnapriya Dr. Kalabyeshwari

Test Name Observed Values Reference Range

SEROLOGY REPORT

ANTI MULLERIAN HORMONE 4.40 ng/mL

Optimal Fertility: 4.0 - 6.8
Satisfactory Fertility: 2.2 - 4
Low Fertility: 0.3 - 2.2
Very Low/undetectable: 0.0
High Level: >6.8

AMH ability to inhibit growth of tissue derived from the Mullerian ducts has raised hopes of usefulness in the treatment of a variety of medical conditions including endometriosis, adenomyosis, and uterine cancer. AMH assessment is also useful in fertility assessment as it provides a guide to ovarian reserve and identifies women that may need to consider either egg freezing or trying for a pregnancy sooner rather than later if their long-term future fertility is poor.

End of Report

Mrs. APARNA V
MSc Microbiology

DR. SHRUTHI
Consultant Pathologist

KANVA
KANTHARAYAN NAGARAJAN VEDIC LIAISON
Centre for In-Vitro Fertilisation Services and Andro-Specialty
Fertility Integrated with Pathology & Research
41/1A, Chokkappa St, 4th Floor, Rajajinagar, Bangalore - 56
Ph: 9845004951 (08 Lines)
E-Mail: kanva@kanvafertility.com
Website: www.kanvafertility.com

Reg. No. 42912688 Date 06/03/2024 12:28
Name [REDACTED]
Age 29 Year(s) Sex Male
Corporate NON-CORPORATE
Ref. By Dr. Swarnapriya Dr. Kalabyeshwari

CLINICAL PATHOLOGY

Test Name Result Biological Reference Interval

IMPRESSION

Sample (S/N)

Received At 06/03/24 12:28

Verified By: ANCY

End of Report

Dr. Sangeeta Suresh
MD (Pathology)
Consultant Pathologist
KMC-04033
Reported On: 06/03/2024 12:28

DISCLAIMER
The result obtained refers only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.
Sample processed on the same day as collection/received date unless specified otherwise.

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Ph: 9845004951 (08 Lines)
E-Mail: kanva@kanvafertility.com
Website: www.kanvafertility.com

Reg. No. 42912688 Date 06/03/2024 10:29
Name [REDACTED]
Age 28 Year(s) Sex Male
Corporate NON-CORPORATE
Ref. By Dr. Swarnapriya Dr. Kalabyeshwari

CLINICAL PATHOLOGY

Test Name Result Biological Reference Interval

SEMIN ANALYSIS (Automated)

SAMPLE COLLECTED AT 10:50 AM

SAMPLE RECEIVED AT 10:54 AM

QUANTITY 1.5 ml > 2.0 - 5.7 ml

COLOR Grey white GRAY-WHITEN

PH 8.0 < 7.2

VISCOSITY Normal NORMAL

LIQUEFACTION TIME 38 min < 30 MINUTES

SPERM COUNT / CONCENTRATION 123 million/ml Above 12 million/ml

MOBILITY STUDIES AT 60 MINUTES 60 minutes

A) PROGRESSIVELY MOTILE 40 % > 33-42%
[A+B = > 30 - 42%]

B) NON PROGRESSIVELY MOTILE 20 %

C) NON MOTILE 40 %

NORMAL MORPHOLOGY 45 % NORMAL FORMS: > 3 - 4 %

A) HEAD DEFECTS 30 %

B) MID PIECE DEFECTS 15 %

C) TAIL DEFECTS 10 %

RIS CELLS < 1 < 1 million/ml

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Reg. No. 42912688 Date 06/03/2024 10:29
Name [REDACTED]
Age 28 Year(s) Sex Male
Corporate NON-CORPORATE
Ref. By Dr. Swarnapriya Dr. Kalabyeshwari

SPECIAL MICROBIOLOGY

Test Name Result Biological Reference Interval

CHRYZED STIMULATION HORMONE - 7.334 A.M. (U/L)

0.24 - 4.5 uIU/ml
10 Testosterone: 0.33 - 4.50 uIU/ml
10g Testosterone: 0.33 - 4.50 uIU/ml
10g Testosterone: 0.33 - 4.50 uIU/ml

Interpretation:
The above mentioned parameters are suggestive of normal function of the testes.
The above mentioned parameters are suggestive of normal function of the testes.

Interpretation:
The above mentioned parameters are suggestive of normal function of the testes.
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PROLACTIN (PRL) 9.3 ng/ml 4.70 - 23.2 ng/ml
Pregnancy: 1st trimester: 10 - 47 ng/ml

Interpretation:
The above mentioned parameters are suggestive of normal function of the testes.
The above mentioned parameters are suggestive of normal function of the testes.

25 YEARS
OF EXCELLENCE

NQA
ISO 9001

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Planned Intervention

Rukshana with udhvarthana

Vamana karma

Basti karma

Uttara basti and Matrabasti with phalasarpī 75ml for 10 days

Chitrakadi vati thrice daily after food

SL. No.	Dates	Treatment	Medication	Observation
1.	11/10/2023 to 25/10/2023	Udwatana Followed by bashpa sweda	Kolakulattadi choorna+triphala choorna+yastimadhu choorna Tab chitrakadi vati 1bd after food.Tab agnitundi vati 1 bd before food.	
2. a.	27/10/2023 to 30/10/2023	snehapana	Guggulutiktaka gritha	Got cycles
2. b.	23/11/2023 to 27/11/2023	Snehapana	Guggulutiktaka gritha	Got cycles
3.	From 8/02/2024 to 10/02/2024	Uttara basti	Phalagritha 5ml	
4.	From 11-02-2024 to 20/02/2024	matrabasti	Phala gritha 75 ml	

Shamana oushadhis advised are

Tab stree vyadhi hara ras 1-0-1 after food

Tab pushpadhanwa ras 1-0-1 after food

Phalagritha 1ts -0- 1tsp with one glass of milk.

Tab folivite 1-01 after food

RESULT

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Name: [REDACTED] Age: 27 Years Sex: Female
Ref No: [REDACTED]

EXAMINATION DATE - 19/12/2023

DATE OF CYCLE: 14/12/23
DAY OF CYCLE: 14

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 15/12/23
DAY OF CYCLE: 15

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 16/12/23
DAY OF CYCLE: 16

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 17/12/23
DAY OF CYCLE: 17

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 18/12/23
DAY OF CYCLE: 18

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 19/12/23
DAY OF CYCLE: 19

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

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10, Ganga Road, New Road, New Bangalore Nagar, Bangalore - 560 004. T: 080-40202010/11/12/13
E: info@deltdiagnostic.com, www.deltdiagnostic.com

December - No dominant follicle present
Even after 19th day of cycle.

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Name: [REDACTED] Age: 27 Years Sex: Female
Ref No: [REDACTED]

EXAMINATION DATE - 19/12/2023

DATE OF CYCLE: 14/12/23
DAY OF CYCLE: 14

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 15/12/23
DAY OF CYCLE: 15

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 16/12/23
DAY OF CYCLE: 16

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 17/12/23
DAY OF CYCLE: 17

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 18/12/23
DAY OF CYCLE: 18

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 19/12/23
DAY OF CYCLE: 19

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	12 x 9	mm	12 x 9
2	12 x 9	mm	12 x 9

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

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January- No dominant follicle seen

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Name: [REDACTED] Age: 27 Years Sex: Female
Ref No: [REDACTED]

EXAMINATION DATE - 19/12/2023

DATE OF CYCLE: 14/12/23
DAY OF CYCLE: 14

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	14 x 15	mm	14 x 15
2	14 x 15	mm	14 x 15

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 15/12/23
DAY OF CYCLE: 15

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	17 x 11	mm	17 x 11
2	17 x 11	mm	17 x 11

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 16/12/23
DAY OF CYCLE: 16

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	17 x 11	mm	17 x 11
2	17 x 11	mm	17 x 11

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 17/12/23
DAY OF CYCLE: 17

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	17 x 11	mm	17 x 11
2	17 x 11	mm	17 x 11

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 18/12/23
DAY OF CYCLE: 18

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	17 x 11	mm	17 x 11
2	17 x 11	mm	17 x 11

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 19/12/23
DAY OF CYCLE: 19

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	17 x 11	mm	17 x 11
2	17 x 11	mm	17 x 11

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

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January

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Name: [REDACTED] Age: 27 Years Sex: Female
Ref No: [REDACTED]

EXAMINATION DATE - 19/12/2023

DATE OF CYCLE: 14/12/23
DAY OF CYCLE: 14

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 15/12/23
DAY OF CYCLE: 15

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 16/12/23
DAY OF CYCLE: 16

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 17/12/23
DAY OF CYCLE: 17

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 18/12/23
DAY OF CYCLE: 18

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

DATE: 19/12/23
DAY OF CYCLE: 19

TEST NUMBER	TEST RESULT	TEST UNIT	REFERENCE
1	15 x 10	mm	15 x 10
2	15 x 10	mm	15 x 10

EXAMINER: [REDACTED] SUPERVISOR: [REDACTED] QUALITY CONTROL: [REDACTED]

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February- dominant follicle 21*15mm ruptured

On 22nd day of cycle. Free fluid seen present in Pouch of Douglas.

DISCUSSION

Tridoshas have an impact over all the process involved in ovulation. Vata stands for proliferation and division of cells (granulosa and theca cells), rupture of the follicle.^[11]

Pitta is associated with its conversion power, like conversion of androgens to estrogen in graffian follicle maturity of follicle by its function of paka karma.^[12] Kapha stands as a building and nutritive factor. It binds all the cells together and gives nutrition for growth and development of the cells.

Among the three doshas, vata plays a major role in physiology and pathology of reproductive tract.^[13] and basti is considered to be the best treatment for vataja disorders.^[14] In addition to basti, and shamana oushadhi as been given in cases of vandhyatwa.^[15]

In Ayurveda beeja is one among garbhasambhava samagri has been considered as antahpushpa that is ovum. Chakrapani says during rutu kala beeja prarohana takes place, this denotes ovulation. Rutu sadharmya denotes the ovulatory cycle. This occurs with the help of vata especially through apana vata. Considering vata dushti predominantly, basti is considered, matrabasti a type of sneha basti is given. As vandhyatwa is bahu dosha avastha, initially rukshana and vamana was considered but the patient had spotting and bleeding during snehapana. This happened twice due to which the patient was not ready to take the shodhana and Uttara basti was planned directly with phalagritha and later matra basti was continued for more than 10days. On the 22nd day the patient ovulated as her cycles were irregular and ovulation also occurred in the same cycle.

Basti karmukata

While appraising the significance and utility of basti, charaka Acharya enumerates the gunas and karmas of basti. Basti helps in balakrit(provides strength, endurance and immunity) agnikrit (stabilizes the digestion and metabolism), shukrabala prada(strengthens the shukra (semen, reproductive fluid), and anuvasana basti is totally antagonistic to the qualities of vata, does bala prada, and vatahara, does improves veerya, bala and agni.

Kashyapa Acharya tells that basti is equal to the amrita(nector of life) and does normalizes the vata dosa.

“Tatra aasthaapana anuvaasanam tu khalu sarvatra upakramebhyo
vaate pradhaanatamam manyate bhishajaha”^[16]

Phalagritha which is considered as one of the best medicines in treating yoni and shukra dosha is selected. Here the yoni denotes the female reproductive tract which includes ovary.

Chitrakadi vati having agni deepana and pachana properties considering artava is agneya in nature and upadhatu of rasa dhatu and impairment in agni leads to uttarottara dhatu kshaya which causes anovulation.

Shaman oushadhi are Stree Vyadhihara rasa contains Sootikabharana rasa, latakaranja beeja, Shatahva beeja choorna, Karpasa moola churna, Shunthi, Maricha, Pippali Sootikabharana rasa includes Swarna Bhasma, roupya Bhasma, Tamra Bhasma, Pravala Bhasma, Shuddha gandhaka. Vatashamaka property is found in all the Bhasmas. Thus, Vata dushti, the pivotal cause for Artavavaha Srotasa dushti is acted upon by the Vatashamaka property of all the bhasmas. Thus, the Prakruta karmas of Vata like Vyuhana, Sanghatakara, Vibhajana, Rasarakta samvahana, Utsarjana karma are all restored resulting in proper Beejotpatti and Beejotsarga, Swarna and Roupya bhasmas with their Madhura, Snigdha properties bring about Dhatu poshana and Bala vardhana.

Kustha, Tagara, Vacha, Haridra, Daruharidra, Madhuka, Meda, Triphala, Katurohini, Payasya, Hingu, Kakoli, Vajigandha, Shatavari, Ghrita, Ksheera are the contents of Phalaghrita which are mainly Tikta, Madhura and Katu rasa, Laghu, Snigdha, both Katu and Madhuravipaka and also Ushna and Sheetavirya drugs. It also has Dipana, Pachana, Lekhana, Anulomana, Shothahara, Krimighna, Prajasthapana and yoni Pradoshahara actions.^[17]

Pushpadhanva rasa contains Dhatura, Bhang, Yashti Madhu, Shalmali, Nagavalli, Abraka Bhasma, Rasa Sindhoora, Naga Bhasma All the Bhasmas in Pushpadhanva Rasa have Tridosha shamaka, Deepana and Pachana properties due to which the basic step of Agnimandya involved in the Samprapti is relieved. Hence, correction of Dhatvagni occurs leading to proper formation of Rasa dhatu. This results in proper formation of Upadhatu ie Artava.^[18]

Thus, chitrakadi vati orally and matrabasti with phalagritha effective in improving the condition of anovulation. The treatment of infertility comprises of administration of matrabasti followed by shamana oushadhi which does the dhatuposhana, stimulates ovaries for folliculogenesis and producing healthy ovum. Phalagritha is the best formulation for

treating vandhyatwa. Matrabasti normalis the apana vayu dushti and does helps in ovulation and inturn helps in conception.^[19]

Tablet folivite contains Folic acid is a B vitamin which is water soluble vitamin, is needed for the formation of heme, the pigmented, iron containing portion of the hemoglobin in red blood cells (erythrocytes). Studies suggest that folic acid along with multivitamins are more likely to ovulate.

CONCLUSION

Beeja is considered as important factor among the garbha sambhava samagri., due to agni mandhya leading ama causes rasadhatu dusti vata kapha pradhana tridosha prakopa leads to srotorodha and interferes with production of beeja leading to beeja dusti. Thus in this case study can be concluded that through matrabasti with phalasarphi and chitrakadi vati orally helps in managing infertility due to anovulation.

REFERENCES

1. DC. Dutta In: Konar H, editor. Text Book of Gynaecology Including Contraception. 4th ed. Reprint, Ch. 15. Calcutta: New Central Book Agency, 2007; 216.
2. Insler V, Lunenfeld B. Infertility: Male and Female. 2nd ed. Edinburgh, London, Madrid, Melbourne, New York and Tokyo: Churchill Livingstone, 1999.
3. Acharya sushruta, Sushruta Samhita with Niband- Hasangra Commentary by Sri dalhanacharya and the Nyayachandrika panjika of Sri gayadasacharya on Nidanasthana, Edited by Vaidya yadavji trikamji Acharya, Choukhambha Surabharati Prakashan, Edition, 2012; 824.
4. DC Dutta's, Hiralal Konar, Textbook of gynecology, 7th Edition. Jaypee brothers. Pg- 186-209.
5. DC Dutta's, Hiralal Konar, Textbook of gynecology, 7th Edition. Jaypee brothers. pg- 186-209.
6. DC Dutta's, Text book of gynecology. 4th Edition. Culcutta: New central book agency LTD; pg. 421(431,523,549,558)
7. Ehrmann DA. Polycystic ovarian syndrome. N Engl j med., 2005; 352: 1223-1236.
8. Shusruta, Shusruta Samhita, Sharira sthana, 2/33. Reprint edition. Varanasi: Surabharati Prakashana; reprint, 2003.
9. Agnivesha, Charaka, Dridhabala, Chakrapani Yonirogadhikara, Shastri SN, Edition.13, Varani Chaukhambha orientalia, 1986; 503.

10. Charaka Samhita, Siddhisthana (9/63) Hindi commentary by Prof. Ravi Dutt Tripathi and
11. Acharya Vidyadhar Shukla, Part 2, Chaukhambha Sanskrit Prakashan, Delhi -2013.
12. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutra Sthana, Vatakalakaliya Adhyaya, 12/8, Jadavaji Trikamji Acharya editor. 4th ed. Varanasi: Chaukhambha Sanskrit Sansthan, 1994; 79.
13. Ibidem, Charaka Samhita, Sutra Sthana, Vatakalakaliya Adhyaya, 12/11; 80.
14. Ibidem, Charaka Samhita, Chikitsa Sthana, Yonivyapat Chikitsa Adhyaya, 30/115; 639.
15. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutra Sthana, Yajjhapurashiya Adhyaya, 25/40, Jadavaji Trikamji Acharya editor. 4th ed. Varanasi: Chaukhambha Sanskrit Sansthan, 1994; 132.
16. Kashyapa, Kashyapa Samhita, Kalpa Sthana-Shatpushpa Shatavari Kalpadhyaya 5/23-25, edited by Pandita Hemaraja Sharama and Sri Satyapala Bhisagacharya. Reprint edition. Varanasi: Sanskrit Sansthan, 2004.
17. Charaka Samhita, Sutrasthana, Chapter 20/15, vd. Harish Chandra singh kushwaha, chaukhambha orientalia, Varanasi.
18. Dr Hemalatha Kapoorchand. Text book of Stree roga, Varanasi: Chaukhambha Vishwabharati, 2020; 358.
19. Prof. Siddhinandan Mishra, Ayurvedeeya Rasashastra, Chaukhambha Orientalia, Varanasi, Reprint, 2011; 233,472,464,448,298.
20. Charaka Samhita, Commentary Chakrapanidatta Edited by vd. Y.T.Acharya, Chaukhamba Surbharati Prakashana, Varanasi, 2009. Chikitsasthana 15/71.