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Case Study

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AN AYURVEDIC PERSPECTIVE OF FEMALE INFERTILITY-A CASE STUDY

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ABSTRACT

Now a days, different formulations in Ayurveda and Panchakarma are very helpful in treating the patients of infertility. Ayurveda has an approach towards infertility. In Sushrut Samhita, Vandhyatva has been included in the consequences of twenty Yonivvapadas. [1] Charaka and *Vagbhata* has reffered *Vandhyatya* seen due to abnormality of *Beeja*. [2] Infertility may be a result of one or more male or female factors. The major causes of female infertility may include blockage of fallopian tubes, polycystic ovarian syndrome causing anovulatory cycles, pelvic inflammatory disease, age factors, amenorrhoea and endocrinal dysfunctions. [3] This presentation comprises of a case study of Primary infertile female with presenting complaint of Aartavkshaya (scanty menses) due to underlying Polycystic ovarian disease. Ayurveda has two types of principle therapies like *Shodhan* and *Shaman* which help in this case of Primary infertility with anovulation and PCOS.^[4] It helped in regulating menses and ovulation took place. The result strengthens role of Ayurvedic medicine in management of ovulation.

So, In this case I use *Shodhan chikitsa Basti*^[5] and *Agneya kalp* as *Lashunadi vati*, ^[6] *Hingwashtak churna* and *Kanchanar Guggulu* as *aabhyantar chikitsa*.

KEYWORS: Primary infertility, amenorrhoea, polycystic ovarian syndrome, ovulation, *shodhan* and *shaman chikitsa*.

INTRODUCTION

Infertility is a significant, social and medical problem affecting couples worldwide. Average incidence of infertility is about 15% globally varies in different populations. Some causes can be detected and treated, whereas others cannot. Infertility is inability to conceive after 12 months of having sexual intercourse with average frequency (2 to 3 times per week), without the use of any form of birth control. Infertility may be a result of one or more male or female factors. Male and female factors are equally responsible for infertility (30-40% each). Evaluating both partners is essential. The major causes of female infertility may include blockage of fallopian tubes, polycystic ovarian syndrome causing anovulatory cycles, pelvic inflammatory disease, age factors, amenorrhoea and endocrinal dysfunctions.

Aacharyas has mentioned the union of Shukra and Aartava is Jiva inside Kukshi is known as Garbha. [9] In order to fulfil this achievement it is essential that both partners should be fertile. The four factors should be fulfilled for fertilization are Healthy Rutu, Kshetra, Ambu, Beeja. [10] Rutu is the Rajahkal. Deposition of spermatozoa in the upper vagina should be in appropriate time of female cycle. Kshetra is the anatomically and physiologically adequate reproductive organs. Vagina must be healthy. Cervix and it's secretions are also permitted to pass spermatozoa. The oviduct must be patent and sufficient cilliary movement is present. Uterus is capable of supporting implantation and foetal growth throughout the pregnancy. Ambu makes proper nourishment to the body, adequate hormonal level and proper nutrition is required for genital organs. Beeja is the adequate ovum and spermatozoa and the female's ovulatary mechanisms must be normal. Ayurveda has an approach towards infertility. Now a days, different formulations in Ayurveda and Panchakarma are very helpful in treating the patients of infertility.

METHODS

This presentation comprises of a case study of Primary infertile female with presenting complaint of *Aartavkshaya* (scanty menses) due to underlying Polycystic ovarian disease. The *Aartav* (menstruation/liberation of ovum) is one of the essential factor for the production of *garbha* in the females. It makes its appearance only when the woman has attained adulthood and during her active reproductive phase. The word kshaya has been derived from 'kshi' dhatu, ^[11] which means 'to cease' or 'to get reduced'. According to *Acharya Charak*, the word *kshaya* means 'hrasa' or 'nyunata'. Ayurvediya Mahashabd Kosha refers it as that means reduction in quantity of *aartav* from it's normal measurement. According to lakshanas

in the patient, aartavkshaya which is the ashtaartav dushti^[12] and also as lakshana in various *yonivyapadas* like *Vataj Artav dushti*, *Kaphaj aartav dushti*.

"आर्तवक्षये यथोचितकालादर्शनाल्पता वा योनिवेदना च |" (सु.सू.१५/१२)

Ayurveda has two types of principle therapies like Shodhan and Shaman which help in this case of Primary infertility with anovulation and PCOS. It helped in regulating menses and ovulation took place. The result strengthens role of Ayurvedic medicine in management of ovulation. So, In this case I use Shodhan chikitsa Basti and Agneya kalp as Lashunadi vati, Hingwashtak churna and Kanchanar Guggulul^[13] as aabhyantar chikitsa. The Basti treatment principle is to clear obstruction in pelvis, normalize metabolism and regulate menstrual system (aartav dhatu). Sahachar oil in anuvasan is good for menstrual problems. It is the most effective treatment in gynaecological disorders. Basti works on whole body after entering into pakvashaya or guda^[14] It exerts local as well as systemic effect.

Basti dravyas normalize apana vata making it to function normal. Basti leads to correction of Agni dushti. At the end of Basti normalize function of Apana Vata leading to normal Rajah pravritti and Beeja nirmana. [15]

Drug Properties^[16] used in *Basti*

अक्र	- नाम	LATIN NAME	संदर्भ	रस	वीर्य	विपाक
		PLUCHEA	भा.प्र.	_		
₹.	रास्ना	LANCEOLATA	ध.नि.	तिक्त	उब्ज	कटु
₹.	एरन्डमूल	RICINUS COMMUNIS	ध.नि.		उब्ज	मधुर
			भा.प्र.	मधुर,कटु कषाय		
3.	बिल्व	AEGLE MARMELOS	ध.नि.		उब्ज	कटु
			भा.प्र.	तिक्त,कटु,कषाय		
٧.	पिंपली	PIPER LONGUM	भा.प्र.	कटु	उष्ण	कटु
ن ا.	बला	ABITULAM INDICUM	भा.प्र.	मधुर,तिक्त,कटु	उष्ण	मधुर
€.	सैन्धव		भा.प्र.	लवण	उब्ज	कटु
			च.सु.			
७ .	तिल तैल	SEASAME OIL	ध.नि.	TELL CALL	उष्ण	मधुर
			भा.प्र.	मधुर तिक्त		
۷.	मधु	HONEY	ध.नि.	TIETT 2 NI 31	उब्ज	मधुर
			भा.प्र.	मधुर कषाय		

RESULTS

Modern science has given many treatments for infertility but it may cause side effects and costly. Whereas, *Ayurveda* has mentioned many treatments like *Basti* and various drug combination with minimum side effects and are cost effective so can be used as first line of treatment. The drugs used for treatment have *ushna*, *tikshna*, *lekhan*, *pachan gunas*. they are similar to *pitta*. They are responsible for decreasing interval of menses. They have properties like *ampachan*, *srotoshodhan*, *vata-kaphshaman*. They remove the *sanga*. After removal of *sanga* created by vitiated *kapha* and *ama* in *Aartavvaha srotas*. *Apan vata* functions well leading to normal *Rajah Pravritti* and *Beeja nirmana*. ^[15] So, the *Ayurvedic* treatment give good result to infertility patient.

CONCLUSION

Thus, the probable treatment regimen to be followed in management of primary infertility of the female has been designed with suitable clinical evidences. The proper execution of such regimens in *Ayurveda* after a collection of more clinical data can certainly contribute to the evidenced based approach of traditional medicine.

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