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Management of *Vandhyatva* (Female Infertility) with *Brihatyadi Yapana Basti* - A Case Study

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ABSTRACT

Background: Increase of infertile couple is a burning problem worldwide which every gynaecologist has to face. The cause is anovulation, Tubal blockage, endometrial factor and cervical factor are the contributing factor for female infertility whereas defective spermatogenesis, erectile dysfunction, azospermia, oligospermia are main contributing factor for male infertility whereas combine factor is 10%. Ayurveda science of life provided ampules of medicine, panchakarma therapy including rasayana for best remedy not only promoting the conception but also for best progeny. Here a case study of patient suffering from infertility due to anovulation has presented. **Aim & Objective:** The present study is an effort to understand the disease according to Ayurvedic principles & to evaluate the role of a safer and cost-effective Ayurvedic treatment modality in anovulatory female infertility. **Materials and Methods:** A clinical case study of female infertility due to an ovulation. A primary female infertility Patient with age 22 yrs with 3 years active marital life attending the O.P.D. of P.T.S.R. of IPGT & RA, Jamnagar. Anovulatory cycle was confirmed diagnosed continuous two cycle by TVS between 11th to 20th days of menstrual cycle. *Brihatyadi yapana basti* was administered for 15 days, 2 consecutive cycle from 5th day after menstruation. **Results:** Patient had conceived just after 2nd cycle of Basti. **Conclusion:** Hence it has been concluded that *Brihatyadi Yapana basti* can be practice as a line of treatment for anovulatory female infertility by Ayurvedic gynecologists which needs further research in large sample to establish.

KEYWORDS

Stree *Vandhyatva*, Anovulation, *Brihatyadi yapana basti*



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INTRODUCTION

According to Ayurveda female infertility primarily refers to the biological inability of a woman of reproductive age to contribute to conception & also the state of a woman who is unable to carry pregnancy to full term. Infertility is defined as the failure to conceive after a year of regular intercourse without contraception according to modern science. Infertility in approximately 90% of couple i.e. male related problems account for about 30%, female related problems account for another 30%, in next 30% both are responsible. *Rutu, Kshetra, Ambu* and *Beeja* are four main important factors for *Garbha* (conception)¹. Among them, *Beeja* is the most important part. It has been considered as *Antahpushpa*, i.e. ovum². So anovulation can be considered as *Beeja Dushti*. Ovulation disorders appear to be the most common cause of infertility in women. Due to disturbance of H-P-O axis, menstrual cycle become anovulatory³. In Ayurvedic view, *Tridoshas* have an impact over all the process involved in ovulation. Among the three *Doshas*, *Vata* plays a major role in physiology and pathology of reproductive tract^{4,5} and *Basti* is considered to be the best treatment for *Vataja* disorders⁶. *Basti* will be preferred in cases of *Vandhyatva*. Considering this, it has been planned to evaluate the effect

of *Brihatydi Yapana Basti*⁷ in a case of infertility due to anovulatory factor.

CASE HISTORY

A female patient, 22 years old, hailing from Jamnagar, having an active married life of 3years, was unable to conceive. She had regular cycles (i.e. 4-5 days flow/28-30 days cycle/ 2-3 pad) associated with spasmodic dysmenorrhea [*Udavartini Yoni vyapad*]. She had taken allopathic treatment for the complaints of infertility and painful menstruation for 2.5 years. But still there was no any considerable improvement, so the patient came to take *Ayurvedic* treatment. During this treatment all basic investigations of both husband and wife were done

History:

Personal History

Diet – vegetarian

Appetite – good

Bowel – regular

Micturition – normal

Sleep – normal

Exercise – not at all

Sexual life – 5-6time/week

Past History

Patient was not having any relevant past history

INVESTIGATIONS:

Table 1 Blood & Urine investigation.



Sample	Particulars	Obtain Value
Blood	Hb gm%	11.5 gms%
	TC/ cmm	5500/cumm
	DC – N%	59%
	B%	00%
	E%	02%
	L%	36%
	M%	03%
	ESR mm/hr	04 mm/hr
	PCV %	34.7%
	B. T	1.25 sec
C.T	3.35 sec	
Urine	Routine	Nil
	Microscopic	Nil
Blood sugar	Fasting	91 mg/dl
	HIV	Negative
	VDRL	Negative
	HBsAg	Negative
	S.FSH	6.90 mIU/ml
	S.LH	4.26 mIU/ml
	S.PROLACTIN	17.41 NG/ML
	S.TSH	1.065 μ IU/ml

USG:

1. USG pelvis and H.S.G (Hysterosalpingography) reports were normal
2. Ovulatory study have anovulatory cycles during

MANAGEMENT

Table 2 Treatment protocol

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

Table 3 Ingredients of *Kwath Dravyas*

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

Male partner: Semen analysis was normal and he had no erectile dysfunction etc.

Examination:

Female partner

3. USG pelvis and H.S.G (Hysterosalpingography) reports were normal
4. Ovulatory study have anovulatory cycles.
5. Per abdomen, (P/V) per vaginal and and (P/S) per speculum examinations were normal.

General Examination

Body weight - 55kg

Height – 154 cm,

BMI – 23.19 Kg/m²

Pulse rate - 78/min

BP - 110/70 mmHg



10	Tila Taila	60ml
11	Cow's milk	240ml

BASTI PROCEDURE:

Poorva Karma: - Udara and Katiparshva Pradeshe Abhyanga for 15-20 min.

Pradhana Karma: -As per treatment protocol

Pashchat Karma: - Bed rest at least for 1 hour and hot water bag Swedana on Udara and Katiparshva Pradeshe.

END POINT: Basti will be stopped after ovulation.

PATHYAPATHYA:

PATHY

1. Intercourse during Rutukala.
2. To avoid Mental Stress.
3. To take Simple food.
4. To have more cow's milk.
5. To have Somansya by Good Readings, Yogas and Prayanamas.

DATE	PROBLEM	CAUSE	TREATMENT
01/11/18	Failure to conceive	PCOS	1st cycle of Brihatyadi Yapana Basti
02/11/18	PCOS	Failure to conceive	2nd cycle of Brihatyadi Yapana Basti

Figure 1 1st cycle of Brihatyadi Yapana Basti

DATE	PROBLEM	CAUSE	TREATMENT
03/11/18	Failure to conceive	PCOS	3rd cycle of Brihatyadi Yapana Basti
04/11/18	PCOS	Failure to conceive	4th cycle of Brihatyadi Yapana Basti

Figure 2 2nd cycle of Brihatyadi Yapana Basti

DISCUSSION

In Ayurveda infertility is explained as *vandhyatva*. The main causative factor for *vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatu pradoshaja Vikara*.

Ovulation is regulated by *Vata* especially *Apana Vata*. *Vata Dosha* is the main factor of the whole reproductive physiology; ovulation is also control by *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 *Brihatyadi Yapana Basti* (Table 2) (Figure 1 and Figure 2) may act on anovulation by normalizing the pelvic reproductive physiology.



RESULT

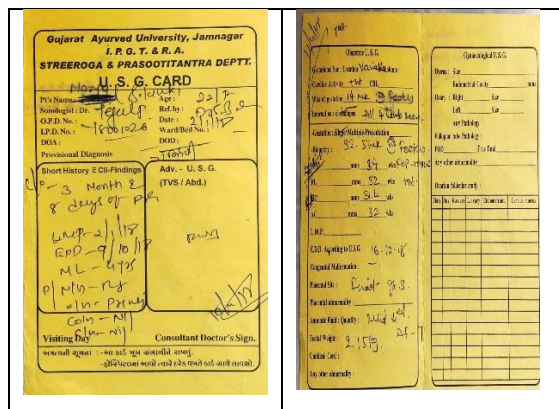
Patient came with complains of 1 month 10 days amenorrhea. Urine pregnancy test was conducted at hospital and found positive. Patient was sent for USG which showed single Gestational sac (6.3 weeks) with fetal pole and cardiac activity. Patient delivered a full term male child by LSCS in emergency due to severe oligohydroamnios at Shreeji women's hospital, Jamnagar, Gujarat on date 22/09/2018 with 2.52 kg baby weight. (Figure 3).



Figure 3 Different photo of USG during ANC care and birth certificate

CONCLUSION

From the above case study, it has been concluded that *Brihatyadi Yapana Basti* is not only highly effective in promoting the growth of Graffian follicle to its target size, and inducing ovulation, but helps in achieving conception also. So, it is a promising intervention for future practices of Ayurvedic gynaecologists for managing female infertility due to Anovulatory factor.





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