

CASE STUDY

# Importance of *Sodhana Karma* in *Vandhyatwa* - A Single Case Study

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## ABSTRACT

Procreation is a universal phenomenon for the sustenance of a lineage. It's a physical and emotional source of contentment of two individuals too. Infertility is a stumbling block in the blissful life of every couple. Infertility is defined as the inability of a couple to conceive inspite of one year of frequent intercourse. More than the pathological aspect, its an emotional plight for the couplet. Successful story of everyinfertility cases are long journeys crossing the tight corner without a back off. According to WHO, Demographic health surveys says one in every four couples in developing countries had been found to be affected by infertility. Common tools are not possible for diagnosis and management as each case has to be approached differently. Adoptions and assisted technologies should never reduce the reproductive potential of an individual as it is the right of every medical practitioner to support the human ability of reproduction. Holistic approach of Ayurveda is applicable even for infertility cases as koshta serves as the base for any chikitsa. Understanding ofvyadhi ghatakas, vyadhi avastha, samprapti vighatana areinevitable in this context too. Walking through the path of a single case of infertility can flash some light on the modulations required in treatment emphasizing "rogi syat vikrute moolam agni tasmata niruchyate".

**Key Words** *Follicular Study, Apana Vata, Koshta, Anovulation, Vyadhi Avastha*

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## INTRODUCTION

According to ICD 11, clinical definition for infertility states 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'. Ovary and uterus are two important determining factors for regular cycle, hormone balance, healthy pregnancy and labor. Regular menstrual cycle occurs due to morphological changes in uterus by hormonal variations. The normal endometrial cycle controlled by oestrogen begins with proliferative

phase lasting for about 14 days followed by ovulation. The next secretory phase is under the control of progesterone, ends with endometrial shedding if fertilization does not taken place<sup>1</sup>. Causes related to female factor are ovulatory dysfunction, tubular dysfunction and cervical uterine dysfunction. Male factors commonly seen are reduced sperm quality or production, tubular dysfunction or mixed reasons. Ovulatory dysfunction includes polycystic ovarian syndrome, hypogonadotropic hypogonadism, hypergonadotropic hypogonadism. Tubular-

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cervical-uterine dysfunctions are endometriosis, pelvic inflammatory diseases, previous sterilization, previous pelvic or abdominal surgery, congenital abnormalities, fibroids, cervical cancer treatment, Asherman's syndrome<sup>2</sup>. Long term use of oral contraceptives produces inactive looking small atrophic endometrial glands and compact decidua like stroma due to prolonged oestrogenic effect. Anovulation is the result of prolonged and excessive oestrogenic stimulation<sup>1</sup>. Analysing *nidana* for infertility the factors are *ahara vihara dosha* (intake and activities), *manasika abhitapa* (psychological stress), *daiva* (idiopathic) and *bija dosha*<sup>3</sup>. *Garbha sambhava samagri* includes 4 components- *ritu*, *kshetra*, *ambu*, *beeja*. The normal availability and functioning of all four factors is vital for fertilization<sup>4</sup>. *Ritu* includes the hormonal changes and ovulation related factors, *kshetra* is the normal uterine environment for the fixation and development of baby, *Ambu* is the nutritional part provided for foetus and for a healthy foetus a healthy sperm and ovum ie *bija* is essential. *Ayurveda* considers infertility as *vandhyatwa* develop due to lot of factors. *Charaka* and *Susruta* mentioned *vandhyatwa* is due to *abhitapa* of *garbhasaya bija bhaga* of *sonitha*<sup>5,6</sup>. As *Charaka* describe the condition infertility not only affect the individual but destroy the whole family relationships<sup>7</sup>. As approach of infertility in each case is differs due to *prakruti*, *vyadhi avastha*, level of *dosha* and

*agni dushti* treatment protocol is to be selected based on *vyadhi ghatakas*.

## OBSERVATION AND DISCUSSION

### CASE HISTORY

Patient named xx aged about 28 years married complaints of no child since 4 years.

**Menstrual H:** at the age of 14 years, regular, normal flow 4-5 days, associated abdominal cramps, no clots, no leucorrhoea

**Medical H:** H/o Laparotomy to remove twisted left ovary along with large benign dermoid cyst done 8 years back

**Marriage H:** 3 years after laparotomy, not consanguineous, good relationship, unprotected sex once in every 4-5 days. No contraceptive measures used by both.

**Analysis:** Blood routine, Thyroid profile, Hormonal assay, Human salpingography, USG for follicular study and all found normal.

For husband blood routine, semen analysis done and were within normal limits.

**Past H :** Undergone Ovulation induction by follicular study even if ovulation was occurring normally by medications. The intention was to have a control on the follicle growth and to get an idea of days of ovulation for intercourse to increase the probability of conception for a period of 5 months

**Medications-** folic acid, repharm gold, yasmin Contraceptive, clave caps, myotol, hcg injection, conscavel, pregfine (before starting Ayurveda Treatments) for a duration of 5 months

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**Ayurvedic Approach-** After 5 month of ovulation induction, anovulatory cycles developed, thus shifted to Ayurveda treatment. To understand the *vyadhi avastha* USG repeated for follicular development, endometrial thickness and adnexal pathology and was found 9 countable follicles on right ovary largest measuring 11 mm with no dominant follicles and no sign of ovulation. Semen analysis repeated and was within normal limits. *Abhyavaharana shakti*, *vyayama shakti*, *jarana shakti pareeksha* was done to assess *agni ama koshta* and *sroto*

*doshti prakaara*. *Abhyavaharana shakti* and *jarana shakti* was taken as *avara* as with presence of *ama*, *mandata* in *agni* and *apana samana vayu doshti*. *Koshta* taken as *kruraas* she has hard bowels and frequent abdominal distention due to flatus. Considering the *vandhyatwa* with only sign of anovulation and *koshta* with above characters shows correction of *rasa vaha srotas*, *anuloma gati* of *vata*, *agni deepana pachana*, *mala pravrutti* require prime importance. Thus following medicines were advised as in Table 1.

**Table 1** Medicines prescribed before shodhana karma

SI No	NAME OF MEDICINES	EFFECTS
1.	<i>Hinguvachadi Gulika</i> (2-2-2)for 1 week	<i>Vata Anulomana</i> , <i>Deepana Pachana</i>
2.	<i>Chiruvilwadi Kashayam</i> (15ml-15ml-15ml) for 1 week	<i>Vata Anulomana</i> , <i>Mala Pravrutti</i>
3.	<i>Ashta Churna</i> (1tsp-0-1tsp)for 3 days	<i>Kshut Pravrutti</i> , <i>Deepana</i> , <i>Pachana</i>
4.	<i>Manibhadra Gulam</i> (0-0-1 tsp followed by warm water) for 1 week	<i>Vata Anulomana</i> , <i>Mala Pravrutti</i>

Once normal bowel movement attained with good appetite *sodhana karma* was conducted as

in Table 2 and Table 3 to clear the *srotorodha* in body.

**Table 2** Procedures undergone with medicines

SL NO	NAME OF PROCEDURE	EFFECTS
1.	<i>Snehapana</i> with <i>Murchita Tila Taila</i> (30ml,60ml,90ml,90ml,120ml) for 5 days	Oiliness of skin, loose stools with <i>Sneha</i> , started aversion and nausea
2.	<i>Abhyanga</i> with <i>Narayana Taila</i> followed by <i>Nadisweda</i> whole body for 3 days	Feeling of lightness
3.	After 1 day of <i>Utlesha</i> with fish, <i>Masha</i> , sweets diet <i>Vamana</i> with <i>Madanaphala</i> , <i>Vacha</i> , <i>Saindhava Lavana</i> (4:2:1) with honey followed by <i>Yashtimadhu Kashaya</i>	No <i>Samyak Vamana</i> . Only 3 bouts. With no proper <i>Vega</i> or no <i>Pittantham</i>

Repetition of *vamana karma* along with *snehapana* was planned due to *ayoga* of the *karma*. As patient developed white discharge on the same day evening, an USG was advised and found impression of ovulation. The reason for ovulation can be the effect of *tila taila* considered as best *vatahara dravya*. Its action on *vata* by

*madhura ushna snigdha* and alleviate *kapha* by *ushna kashaya tikta*, These qualities clears *avarana* and *vata* regain its normal function resulted in ovulation. As the desired result attained, continued with *sodhana* procedure to maintain patency of channels and normalcy of *doshas*.

**Table 3** Procedures undergone with medicines

SI NO	NAME OF PROCEDURE	MEDICINES
1.	After 1 day gap <i>Virechanadone</i>	<i>Trivrit Lehya</i> - 20gms
2.	<i>Avagaha Sweda</i> for 5 days	After <i>Abhyanga</i> with <i>Narayana Taila</i> . Leaves of <i>Eranda</i> , <i>Nirgundi</i> , <i>Arka</i> , <i>Dashamula kwathapreparation</i>
3.	<i>Yoga Vasti</i>	<i>Vaitarana Vasti</i>

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		<i>Anuvasana with Narayana taila</i>
4.	<i>Uttara Bastidone</i> after 10 <sup>th</sup> day of menstruation – for 3 days	<i>Phala Sarpis-5 ml</i>
5.	<i>Nasya</i> for 5 days	<i>Shatapushpa Taila</i>

Purpose of *virechana* is to clear the *dushita doshas* and for *vata anulomana*. *Avagaha sweda* with *eranda nirgundi* etc gives a local *vatahara* action over the *apana* area. *Vaitarana vasti* due to its *kapha hara*, *vata hara* action and *medohara* nature can be the most preferred procedure in this case with history of cyst and anovulation. *Gomutra* in it has *katu rasa* and *ushna teekshna kshara guna* can penetrate even to minor channels clearing the *srotorodha*. *Uttara vasti* along with its action on nervous system and reproductive system stimulate

the ovary uterus and pituitary gland. *Nasya* stimulate the gonadotropin releasing hormone also has an effect on limbic system. *Satapushpa taila* is a proved medicine for *vandhyatwa* with its special action on reproductive system. At the time of *sodhana karma*, no internal medicines were given and only *pathyahas* were advice which is *laghu ushna snigdha* in nature with quantity not affecting digestion. The internal medication was advised as mentioned in Table 4 after all the procedures. She conceived after a gap of 2 months.

**Table 4** List of discharge medicines

SI NO	NAME OF MEDICINES	EFFECTS
1.	<i>Sapthasara Kashaya</i> (15ml-0-15ml)6am and 6 pm – for 1 month	<i>Gulmahara, Vata Mala Pravritti, Agni Deepana</i>
2.	<i>Lashuna Erandadi Kashaya</i> (15ml-0-15ml)11am and 8pm – for 1 month	<i>Gulmahara, corrects Anaha</i>
3.	<i>Abhayarishtha</i> and <i>Kumaryasava</i> - 10 ml each TID after food	Corrects <i>Udavarta</i>
4.	<i>Phalasarpis</i> (15gms)6am-6 pm- till conception	Good for conception

*Saptasaram* and *lashuna erandadi kashayam* are told as *gulmahara* maintains *agni* and controls the *apana vata*. *Abhayarishtam* causes *vata anulomana*. *Phalasarpis* balances hormones and prepares and maintains the reproductive organs for a healthy pregnancy.

understanding of *vyadhi avastha*. Approach to each case should be different analyzing the parameters and a holistic approach is essential along with correction of reproductive system. Assisted technologies reduce the conception potential of reproductive organs due to over stimulation and tissue damage. The anovulation, scar in uterus, weak pelvic muscles, hormonal imbalance due to inappropriate medication can affect the possibility of conception. Thus our medication if properly planned and administered can give a complete cure to infertility and also for production of a healthy mother and child.

### CONCLUSION

Infertility is a burning problem in every decade which affects the physical mental and financial well being of a family. Utilization of diagnostic methods available at present can be utilized for the

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