



Successful management of *Bidadushti Janya Vandhyatva* w.s.r. to Infertility Due to Ovarian factor-A Case Study

Jasmina Acharya^{1*} and Foram Joshi²

¹Department of Prasutitantra and Streeroga, JS Ayurved Mahavidhyalaya, Nadiad, Gujarat, India

²Department of Shalyatantra, JS Ayurved Mahavidhyalaya, Nadiad, Gujarat, India

Abstract

INTRODUCTION: In present era Vandhyatva has been an unsolved major complain of womanhood. Bidadushti is one of four baseline reasons in the development of Vandhyatva. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. As per FIGO (The International Federation of Gynecology and Obstetrics), ovarian factor is contributing 30-40% of cases of female infertility. Though, there is a good number of treatment protocols available for the management of infertility due to anovulatory cycle, plenty of side effects of modern treatment causes dissatisfaction in society.

AIMS AND OBJECTIVE: The present study was carried out to assess the efficacy of Ayurvedic line of treatment in the management of *Bidadushti Janya Vandhyatva*.

CASE REPORT: A 29 years old female patient presented with the complaints of failure to conceive since last 3 years and associated complain of irregular menses since past 4 months. On investigation it was diagnosed as a case of infertility due to ovarian factor. She was treated successfully with indigenous Ayurvedic drugs as an outdoor patient for a period of 9 months.

RESULTS AND DISCUSSION: Regular menses was achieved after 3 months medical management and she conceived pregnancy after completing 9 months medical treatment.

CONCLUSION: Ayurvedic treatment protocol is having potential role in the management of *Bidadushtijanya Vandhyatva*. Further research works on large sample size is required to establish standardized treatment guideline for the management of *Bidadushti Janya Vandhyatva* wsr to infertility due to ovarian factor.

Keywords

Infertility, irregular menses, Kancharan Guggula, Trikatu Churna, Tankan Churna



Greentree Group

Received 20/04/17 Accepted 04/04/17 Published 10/05/17



INTRODUCTION

Motherhood is ultimate and cherished desire of every woman. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Conception depends on fertility potential of both the male and female partner. The female is directly responsible in about 40-55% cases. Causes of female infertility as per FIGO ovulatory dysfunction 30-40%. Tubal disease 25-35%, uterine factor 10%, cervical factor 5% and pelvic endometriosis 1-10% are responsible for occurrence of infertility due to altered ovulation cycle¹. Ovarian dysfunction is likely to be linked with disturbed HPO axis. The disturbance may result not only in anovulation but may also produce oligomenorrhea.

Vandhyatva is defined as Nashtartava². Bija is one of the baseline factors in Garbha Sambhava Samagree³. All the Acharyas have mentioned Artava Dushti as a cause of Viphala Artava. Acharya Kashyapa has included among eighty disease of Vata⁴. Artava is mentioned as an Upadhatu of Rasa Dhatu. Improper formation of Rasa Dhatu may lead to altered Artava properties and also Rasavaha Srotodushti and Artavavaha Srotodushti which may further lead to

production of decreased quality of Bija or Dushta Bija.

Though there is good number of oral, local and systemic therapeutic procedures in modern science for the management of infertility due to ovulatory factor, there are many complications like irregular menses, obesity, various dermatological disorders, hyperacidity etc. Contemporary treatment tools of modern medicine are failing to fulfill patients' aim of healthy progeny. Even if they get succeed they require higher cost, which may not be affordable for lower and medium class of society.

Ayurvedic line of treatment for the management of Bijadushti Janya Vandhyatva includes herbo mineral preparations which are part of Dhatu Poshana and non toxic. Hence, this study has been carried out on the bases of reference available for the management of Bijadushti Janya Vandhyatva.

AIMS AND OBJECTIVE

1. To find out the effect of selected drug on the ovulation process.
2. To find out therapeutic efficacy of selected drug in the management of Bijadushti Janya Vandhyatva.



MATERIALS AND METHODS

Selection of patient was done from OPD of prasuti tantra and streeroga, P.D. Patel Ayurveda Hospital, Nadiad

Selection of drugs:

- 1)Eranda Bhruta Haritaki tablet
- 2)Kanchanar Guggulu⁵
- 3)Trikatu Chura⁶
- 4) Su. Tankana Churna⁷
- 5)Prajasthaspana Yoga

CASE REPORT

A 29 year old female was presented to OPD of *Prasutitantra Stree Roga Department*, PD Patel Ayurvedic Hospital, Nadiad, with complains of failure to conceive with active marriage life of 3 years and irregular menses which was characterised with irregular interval (50 days interval), and duration (5-8 days in each cycle) since last 4 months. By profession she was a working woman. She also admitted history of irregular sleep, food habits and stress due to job insecurity. On personal history, her LMP was 11.3.2016. On examination and investigation she was diagnosed as a case of irregular menstrual anovulatory cycle and was advised to be treated as per treatment of hormonal treatment of PCOD previously. With due consent of the patient, at PD Patel Ayurved

Hospital, Nadiad, she was treated with the oral medicine i.e., Kanchanar Guggulu tablet (500mg each) 2 tablets with luke warm water in t.i.d. dose. Trikatu and Tankana Churna 500 mg each with honey, Erandabhrushta Haritaki tablets (500mg each), 6 at bed time with luke warm water for 3 months. After achieving regular and ovulatory menstrual cycle, with ruptured follicle and Prajasthapana Yoga (500 mg each), 4 tablets were given with milk in bid dose. On consultation on date 27/1/17, LMP was 13/12/16 and pregnancy was confirmed with UPT test. Obstetric sonogram report (6/2/17) shows presence of fetal cardiac activity and single intrauterine foetus of gestational age of 6 weeks and 5 days.

DISCUSSION

Artava pravrutti and Garbhotpati are mentioned under the normal functions of Apan Vayu⁸ Prakrit Artava-pravrutti, requires Prakrit Artava Nirmaana. Production of Artava depends on Production of Rasa Dhatu, as Artava is mentioned as *Upadhatu* of Rasa Dhatu. Improper Rasa production due to Rasadhatvagni level Agnimandhya will lead to improper formation of Artava. Ama formation, due to Agnimandhya i.e., Apakva Rasadhatu will



lead to Avrodhatmaka dushti, Sanga and Khavaigunya in Artavavaha Srotasa. Due to improper rasadhatu, adequate nutrition will not be available for the formation of Artava⁹. Moreover, vitiation of Apana Vayu plays prime role in the manifestation of Irregular menstrual cycle. Vitiation of Vata Dosha and Pratiloma Gati of Vata are the reason for occurrence of Yonidushti which may further performs as a baseline factor for the formation of Bijadushti Janya Vandhyatva. Also, Vitiated Vata plays an important role in Agni Dushti¹⁰. Also, vitiated Vata destroys Beeja (sperm, ovum) & also pushpa (Menstrual blood or ovum). Ama that will lead to Avrita Marga, Sanga & Khavaigunya in Beejagranthi. These all ultimately lead to improper function of Beejagranghi and produce “VIPHALARTAVA” (Anovulation). Thus, vitiated Vata requires to be treated first.

Altered food habits, and tension played major role in Rasavaha Srotas Dushti and Vata Vrudhdhi¹¹ Disturbed Artava Pravrutti is a cause and clinical picture of Vegavarodha. Sleep disturbance and tension are the prime causes for elevation and misdirected motion of Vata Dosha. Also it leads to condition of Udavarta as per Acharya Charaka¹².

As per modern medical science disturbed menstruation cycle occurs due to altered HPO axis functions, which may further lead to anovulatory menstrual cycle, various follicular diseases and infertility. It requires regulation of HPO axis and proper ovulation for successful conception and healthy progeny.

Erand bhruta haritaki tablet, which is considered as the choice of drug for Vata Dosha, is having Vatanulomana property. Trikatu Churna performs Deepana and Pachana function on Rasa Dhatvagni level which improves Rasa formation and also maintains quality and quantity of Artava. Sudhdha Tankan Churna is having Ushna, Tiksha and Saraka property along with Artavajanana which helps in Artava production¹³ Thus, normalization of Artava Chakra can be established in patient.

Kanchanar Guggulu is having Kanchanar, Guggulu, Triphala and Trikatu which are considered as the choice of drugs for Lekhana, Dipana, Pachana and also Rasayana Karma. This treatment protocol removes Sanga type of Srotodushti in Rasavaha Srotas and Artavavaha Srotas which improves Rasa Rakta Samvahana.

Prajasthapana Yoga contains Prajasthapana Dravyas like Shatavari, Yashtimadhu etc



which are having phytoestrogenic properties, regulates Hypothalamic Pituitary Ovarian Axis and improves reproductive function¹⁴. Also these drugs are mentioned under the title of Prajasthapana properties which helps in fertilization and conception process.

Thus, after Srotoshodhana, proper Rasa formation, Vatanulomana and Artava Janana Bija Dushti is treated and Prajasthapana function is established. Along with above mentioned effects patient admits satisfactory result in weight gain by losing weight up to 5 kg from these medicine due to Lekhana properties of trikatu and Kanchanar Guggulu medicines.

CONCLUSION

Based upon above observation it can be concluded that Ayurvedic treatment protocol is having potential role in the management of Bijadushtijanya Vandhyatva. Regulation of HPO axis and normal menstruation cycle is a prime need for successful conception. Foetal cardiac activity shows satisfactory result for patient and practitioner both. Further research works on large sample size is required to establish standardized treatment guideline for the management of

Bijadushti Janya Vandhyatva wsr to infertility due to ovarian factor.



REFERENCES

1. DC Dutta's Textbook of Gynecology D.C Dutta , Hiralal Konar, editor, Jaypee Brothers Medical Publishers(p) Ltd New Delhi 7 th edition, 2016,p.186.
2. Shastry Ambikadatta Ayurvedatatva Sandipika- ,Susruta Samhita–part 2, Uttaratantra, 2011, Chaukhambha Sanskrit Sansthana-,Varanasi-Adhyaya 38/3, p.203
3. Shastry Ambikadatta Ayurvedatatva Sandipika-,SusrutaSamhita–part 1 Sharirasthanana 2/33, ,Chaukhambha Sanskrit Sansthana-,Varanasi, 2011 p.19
- 4.Kashyapa samhita, Pandit Nepal Rajyaguru, Sharma Hemraja, Vidhyotini commentary reprint 2010, Chaukhamba Sanskrit Sansthana, Sutrasthanana 27/19-29,p.42
5. Bhaishajya Ratnavali, Sen Govinddas, Sidhdhiprada Hindi commentary, Chaukhamba Surbharti Prakashana, Varanasi, 2011 , Granthi Adhikar 44/63-68,p. 806
6. Ref.Dravyaguna vignana part-1 Prof. P.V.Sherma edition14 th 1992 Chaukhambha bharati academy Varanasi, p.103
7. Rasa tarangini, Pn Mishr Kashinath, commentator, Banarasidas Motilal, Banaras, Taranga 13/79-81, p.319
- 8.Ashtanga Hridaya, Dr. Kunte Anna Moreswar and Shastri Krisna Ramchandra Navre, Sarvangsundara commentary of Arundutta, Sutrasthanana Reprint 2012 publisher Chaukhambha Sanskrit Santhan, Varanasi ,Adhyay 12/9 p.193
- 9:Shastry Ambikadatta Ayurvedatatva Sandipika-,SusrutaSamhita–part 1 Sutrasthanana 14/6, ,Chaukhambha Sanskrit Sansthana-,Varanasi, 2011, p.64
10. Charak, Charaka Samhita, Vidhyotini Hindi Vyakhya, Shastri KN, Chaturvedi GN, Commentator, Part-2, Chaukhamba Sanskrit Sansthan, Varanasi, Sutrasthanana 12/9 ,p.125
- 11 Charaka Samhita, Vidhyotini Hindi Vyakhya, Shastri KN, Chaturvedi GN, Commentator, Part-1, Chaukhamba Sanskrit Sansthan, Varanasi, Vimansthana 5/13,p.595
- 12.Charaka Samhita, Vidhyotini Hindi Vyakhya, Shastri KN, Chaturvedi GN, Commentator, Part-2, Chaukhamba Sanskrit Sansthan, Varanasi Chikitsasthanana, 26/5,p.717
13. Rasa tarangini, Pn Mishr Kashinath, commentator, Banarasidas Motilal, Banaras, Taranga 13/79-81, p.319
14. Jeffcoate N.-.Jeffcoate's Principles of Gynecology-7th ,New Delhi,Jaypee brothers Medical Publishers(P) Ltd.2008,p 73.