

Ayurlog: National Journal of Research in Ayurved Science*A Web based quarterly online published Open Access peer reviewed National E-journal of Ayurved***“A CASE STUDY OF ANOVULATION AND TUBAL BLOCK”****Vidya Rani.S^{*1}, Ch.Ravinder²**

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ABSTRACT:

Infertility is commonly increasing problem which any gynaecologist has to face in their gynaecological carrier. It affects the mental and physical health of a woman and disturbs her family as well as social life. Ovulatory factor is responsible for 30-40% and tubal blockage accounts for 25-30%. These are the important factors for

female infertility. The present case study was done to evaluate the role of uttara basti

with Narayana taila & oral administration of Ayurvedic drugs in the management of Ovulation factor and tubal block in infertility. The paper clearly gives an idea about a case of infertility in OP and IP of PG dept of prasuti and stree roga of Dr BRKR GAC, Hyderabad.

Keywords: Infertility, Ovulation factor, Tubal blockage, Uttara vasti, Oral drugs

INTRODUCTION:

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A female Hindu Patient named XXX aged- 30yrs, a House-wife married 6yrs back belonging to Middle class. come to OPD of DR.B.R.K.R.GOV.T. AYURVEDIC HOSPITAL, Hyderabad, with OP-NO-3479 on 2/2/13 with a c/o Anxious to conceive.

Menstrual history : Regular cycles, with moderate flow. LMP is 29/1/13.

Husband's History: Aged-35yrs, All reports are normal. Satisfactory sexual life.

Blood Group – AB+Ve. Hb% - 12gms%,

HIV I & II & VDRL – Non- Reactive.

Thyroid Profile - Normal. FBS-90mg/dl, PLBS-120mg/d.l

CUE – Normal.

USG Abdomen & Pelvis on 12/1/13- Bilateral PCOD. Follicular Study- Anovulatory Cycles.

HSG on 5/2/13 Rt. Fallopian Tube - No spillage, Lt. Fallopian Tube - Delayed Spillage on pressure.

Diagnostic Laparoscopy & Hysteroscopy- Lt & Rt PCOD – Ovarian Drilling done on 21/6/12.

Physical Examination: Wt.-64kgs & ht- 5'3", BP – 110/70 mm of Hg. No E/O Acne vulgaris, Acanthosis nigricans, Weight gain.

P/A: Palpation – Soft, no tenderness, no organomegaly.

Gynaecological Examination: Inspection – Normal pubic hair distribution, No inflammation or ulceration present on vulva.

P/S - Vaginal walls healthy. Cervix - Downwards, Healthy. No active discharges from cervix.

P/V Examination - Uterus normal size, Anteverted, mobile, fornices free, no tenderness.

Admitted --- OP No: 3479 ; IP No: 137; Bed No:71. Address - H.No. 1-8-607, Chikkadpally. Hyd.

MATERIALS & METHODS :

- *Panchakarma* --- *Yoga Vasti*^[1] for 8 days for 3consecutive cycles.

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- *Anuvasana* for 5days with *Narayana taila*^[2] 80ml, *Phala sarpi* 70ml, *Ashoka ghrita* 70ml
- *Nirooha vasti* for 3 days with *Dashamoola*^[3], *Rasna*^[4], *Ashwagandha* decoction 460ml, *Dhanvantari taila*^[5] 240ml.
- Vaginal douching with *Panchavalka*^[6] decoction. *Uttara Vasti* is administered after cessation of menstruation i.e., from 5th or 6th day of menstrual cycle with *Narayana Taila* 5ml for 5days for next 3 consecutive months.

Oral treatment :

- *Pushpa dhanwa Ras*^[7] 2 tablets twice daily,
- *Phala kalyana ghrita*^[8] 10gms twice daily with milk,
- *Aloes compound* (Alarsin Pharmacy) 2 tablets twice for first 15days of the cycle,
- *Leptaden* (Alarsin Pharmacy) 2 tablets twice daily for 16-30days of the cycle,

- *Dashamoolarista*^[9] 15ml twice daily.

Background behind selection of Panchakarma Procedure and Drugs :

Vata is the main causative factor for *vandhyatwa* (~Infertility). Without *vata* the *yoni* (~female genital organs) never gets spoilt *basti* is best therapy for *vatic* disorders. Treatment of anovulation according to modern medicine include usage of ovulation induction by HMG Injections, Gonadotropins, Clomiphene etc. Treatment which is cost effective, which improves the quality of life with nil or minimal side effects is the need of hour in this particular disease. *basti* therapy has been doing wonders in the treatments of Ayurveda. Though it has been indicated for almost all the diseases, the prime importance of *basti* has been specified in the management of *vata* disorders. Hence *vata* correction is very important so as to bring normalcy. *basti* has multi dimensional properties, It acts as *Rasayana*, *vrisya* (Aphrodisiac), *lekhana*, pacifies *vata*. Hence *Yoga basti* and *Uttara vasti* are selected for the present study. The

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drugs present in the *basti* and the oral drugs are very cost effective, easily available and without any known side effects.

RESULT:

Conceived 2months after treatment. UPT Positive on 12/11/2013. LMP-7/9/2013.

DISCUSSION:

An ancient medical science-ayurveda imagine that each and every function of the body is determined by *vayu*. The first most important function of *vayu* is *vibhajana*. Ovum is prepared in ovary by cell division. This function of cell division in the secondary oocyte to form ovum is completed by *vata*. The second most important function of *vata* related with process is '*pravartana*'. Because of this kind of action ovum is escaped from the ovary and ovulation takes place. *Pitta Dosha* causes proper maturation (*~paaka*)^[10] of follicles, leading to ovulation. *Kapha dosha* predominance is responsible for tubal block for its *sroto Avarodhaka*, *Shophajanaka*^[11] by virtue of its *Guru*, *Picchala*, *Manda etc.*, *gunas*. *Vata* dominance creates *sankocha*^[12].

Overall *Vata* and *Kapha*^[13] are the main causative factors for Tubal block. By the *Ushna-Tikshna guna* of drugs act on tubal blockage by removing the whole inner lining and by the mechanical effect of stimulating contractions of the uterus, as *taila* enters into minute channels removes the stenosis. The *Tila Taila*^[14-15] is *Vranashodhaka*, *Garbhashayashodhana* & *Yonishulaprashamana*. Its *Vyavayi* and *Vikasi Guna* show its potency to enter the minute channels and to spread easily. Thus, it is the best medium for any drug to reach the tubal cavity and remove the blockage. Thus, it removes the outer fibrosis of the endometrium and helps in its rejuvenation. It rejuvenates later, as the endometrium has the capacity to regenerate, and the antioxidant and healing properties of various contents also help it for the same. It restores the tonic phasic contractions of the tube and movement of the cilia. Hence, *Yoga basti* & *IUUV* with predominantly *Vatashamaka* drugs not only helps to get the patency of the tubal lumen, but also restores its normal physiological functions like ovulation. The drugs are mostly the phytoestrogens having

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capability of regulation of female hormones. The main ingredient in *Narayana taila* & *phala kalyana ghritha* is *Shatavari*. *Shatavari*^[16] with its pharmacological action and chemical constituents sarsapogenin has effect on the peripheral oestrogen. It supports the H-P-O axis to regulate the hormones, result in the maturation of the follicles. Has the capability to increase the size of the follicle and also to dissolve the multiple small follicles which restrict the dominant follicle to grow. Hence, these drugs are more useful in the anovulation caused by the PCO condition. The modern science believes that receptors are available in the ovaries to receive hormone secreted by Hypothalamus and pituitary, which facilitate the production of ovarian hormones. So, it may be possible that the drug given by IU route may stimulate the receptors by which the ovaries receives the hormone and corrects its function. *Shatavari* is fertility drug as it has adoptogenic, immune-modulator properties.

The main ingredient in *Dhanvantari taila* is *Balamoola*. *Bala*^[17] is *Pitta vata*

hara, *balya* and have *prajasthapana* (~promotes conception) properties. It has progesterone like substance which not only helps in proper conception but supports the pregnancy too. It link up with progesterone receptors & helps in regulation of cycle as axis as progesterone levels will be low due to no corpus luteum in anovulation.

Intrauterine *Uttara Vasti* of *Narayana Taila* is highly effective in removing the tubal blockage and relieving *vata*, *pitta* which induces ovulation.

Pushpa dhanwa ras induces ovulation. *Ashoka*^[18] renders the puissant rejuvenative actions on the uterus, hence aptly called as *Garbhasaya rasayana* (~uterine tonic). Part and parcel of *Dashamoolas*^[19] have *kapha vata shamaka*, *deepana*, *pachana*, *ama pachaka*, *sotha hara* & *bheda hara* properties. The constituents of *Dashamoolas* have the capability in dissolution of cystic follicle condition thereby establishes the normal H-P-O axis leading to conception. The ingredients in *Aloes* compound are *Kumari*^[20,21] (*Aloes indica*), *kaseesa bhasma*^[22] ($\text{FeSo}_4 \cdot 7\text{H}_2\text{O}$)

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are *Artava pravartakas* (~releases ovum), for proper formation & expulsion of ovum during first 15days of the menstrual cycle. The main ingredient in *Leptaden* is *Jeevanthi*^[23] nourishes the uterus in secretory phase. By the *ushna veerya* of these drugs the *pitta* required for the maturation of the follicles is full filled helping them to rupture. Also it helps in dissolution of multiple small follicles which are arrested in maturation. These drugs have their action on *Beeja kosha granthi* (~PCO). It also establishes ovulatory cycles by dissolving the anovulation condition. The rectum consists of Enteric Nervous System, drugs used in *yoga vasti* stimulates the CNS there by regulating the hormones.

Vaginal douche maintains the hostility, proper environment for movement of sperms into uterus, vaginal p^H. The most probable complications of *Uttara basti*, are genitourinary infections and oil embolism. Proper antiseptic care, before and after the procedure does not allow any infection to grow. *Uttara basti* carried out gently with a

steady pace and confident skill prevents any complication like oil embolism.

CONCLUSION:

Infertility is global problem in the field of reproductive health. About 40% women suffering from infertility due to anovulation & tubal block^[24]. They can be considered under *beeja dhusti* & *artava vaha sroto avarodha*. *Yoga vasti* causes detoxification of the body, removes *sroto sanga*, pacifies *tridosha* especially *vata*. IU administration of *taila* stimulates the endometrial receptors, enters the minute channels, the oral drugs stimulates the H-P-O axis. No significant complications evident in this study, with this procedure. Easily accessible, cost-effective ayurvedic therapy for tubal blockage & anovulation with minimum adverse effects. Still further studies to evaluate the recurrence of tubal blockage & anovulation are needed, to establish it as a reliable therapeutic measure. Trial in larger sample is required to generalise the outcome.

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Cite this article:

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Ayurlog: National Journal of Research in Ayurved Science-2014; 3(2): 1-8