



Title of Article

## A Clinical study of Ayurvedic regime (Yogbasti, Yonidhavan, Peechu, and abhyantarchikitsa) in the patient of infertility due to unovulatory cycles – A pilot study.

Gitanjali S. Vaidya, Abhay Kulkarni, Archana S. Jadhav,

1. Associate Professor, ASS Ayurved College, Ganeshwadi, Nasik.
2. Secretary, Ayurved Seva Sangha, Nasik.
3. Assistant Professor, ASS Ayurved College, Ganeshwadi, Nasik.

\*Corresponding Author: geetanjaliyaidya28@gmail.com

### ABSTRACT:

Infertility is very common problem arising now a days due to changing lifestyle .according to *Ayurveda* , *Rutu*, *Kshetra*, *Ambu*, and *Beeja* are basic important things for *garbhadharna* and successful pregnancy. Amongst there *beeja* factor in females i.e ovulation contributes 15 to 25% and is the second common cause of infertility. ovulatory factor is an important subject in infertility among women, according about 40% cases over the past few decades modern medical science develop different types of modalities for infertility like Hormonal therapy, in- vitro fertilization embryo transfer, gamete intra fallopian transfer etc. but having limited success rate. Additionally their procedures have adverse effect on physical and mental health of couple plus they are costly. To overcome this inconvenience population is turning towards traditional mode of treatment i.e. *Ayurveda*.

**KEYWORD:** Anovulation, Amenorrhea, Menorrhagia, *yogbasti*, *yonidhavan*, *peechu*, *Lashunadivati*, and *Dashmularisht*.

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## INTRODUCTION:

Nature has empowered every human being to reproduce itself. The noblest function is gifted to women by nature. Hindu dharma also describes this 'desire of Reproduction' (kama) as one of the main aims of life. Now a day's infertility is becoming major physiological and psychological problem for society. Infertility disturbs family life of a woman.

Ayurveda, ancient science of life describes Infertility as Vandhyatva. Rutu (proper age and time) Kshetra (Reproductive organ), Ambu (proper nutrient) Beeja (ovum/ sperm) are basic requirements for fertility. In four things, beeja plays 40% role in female fertility, formation of proper ovum, ovulation, entry in fallopian tube and mating with sperm. Entry of product of conception in uterus, implantation and embryo and its proper growth are steps for healthy pregnancy. According to Ayurveda all these steps are mainly controlled by Vata.

Any problem in all these steps cause Infertility and they are all described under beejadushti. This beejadushti is observed due to Vitiated vata and kapha. Our treatment works on both vitiated vata and kapha.

### Aim:

To find the efficacy of Yogabasti, Yonidhavan, Peechu, Abhyantarchikitsa of Dashmularishta and Lashunadivati on Infertility Due to Unovulation.

## OBJECTIVES:

### Primary Objectives:

- To study the effect of Ayurvedic regime on conception in infertility due to unovulatory cycle

### Secondary Objectives:

- To study the effect of regime on clinical signs and symptoms due to unovulatory cycles.

## Materials and Methods:

### Materials:

### Medicines:

- Yogabasti –Anuvasan by Sahachar Tail
- niruh By-DashmulKwath
- Yonidhavana- TriphalaKwath
- Peechu- Narayan Tail
- AbhyantarChikitsa - Dashmularishta
- Lashunadivati

### Instruments and Equipments:

Essential for p/v speculum examination.

### Methods:

### A) Inclusion criteria:

1. Married Patients – (age 20 to 40)
2. Infertility
3. PCOS
4. Irregular menstruation Flow scanty to heavy menses
5. Delayed Menstruation

#### B) Exclusion criteria:

1. Unmarried patient
2. DUB
3. Cervical tumour / polyp
4. Uterine Fibroid
5. Congenital anomalies of female genital Track
6. Tubercular Endometritis
7. HIV/VDRL/ HbsAg Positive patients
8. Malignant Diseased Patients

#### Daagnosis:

Clinical criteria's and ovulation study are considered for Diagnosis

1. Menstruation cycle: Regular / Irregular
2. Days of menstrual cycle: Normal 4 to 5 days/ scanty 1day/ medium 2to 3day/ heavy 6 to 7 days
3. Swarupa: Grathita / Normal
4. Dysmenorrhoea: Present/ Absent
5. Ovulation study.

#### Treatment:

Drug	Dose	Duratio
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		n
1. Sahachar tail	120 ml	4 days ulternat e day
2. Niruhbasti (dashmulkwat)	960 ml	3days ulternat e day
3. Triphalakwath 4. (yonidhavan)	250 ml	7 days
5. Narayan Tail 6. ( peechu)	10 ml ( size 3*6cm)	7 days
7. Dashmularishta	20ml BD before meal	3 months
8. LashunadiVati	500ml BD before meal	3 months

#### DRUGS USED FOR PROCEDURES

##### 1)Yogabasti:

Drug	Gun a	Karma	Qua ntity	Ro ute	Type	N o
Saha char tail	Snig dha Ush na	Vata Kaphag na	90 ml	Gu da	Anuv asan	7
Dash mul Kwat h	Ush na Shod han	Vatasho dhana	960 ml	Gu da	Niruh a	7

##### 2)Yonidhavan:

Drug	Guna	Karma	Quan tity	Ro ute	Typ e	N o
Triph ala Kwat h	Ruks hta Lagh u	Shotha ghna kandug hna	250m l	Yo ni	Bah ya pray og	7

##### 3)Peechu:

Drug	Guna	Karma	Quantity	Route	Type	No.
Narayana Tail	Snigdha Vatahara	Garbha-Sthapak Snehana	10ml	Yoni	Bahya praya	7

#### 4)AbhyantaraChikitsa:

Drug	Guna	Karma	Quantity	Route	Duration
Dashmul arisht	Ushna Ruksha	Vata Kaph gna Vatanu-loman	20ml	Abhyantara	3 months
Lashunadivati	Ushna	Rasayan Beejots-Arghakar	500 mg	Abhyantara	3 months

### OBSERVATION

#### 1)Menstruation cycle:-

PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
HTP	Irregular	Regular
MMT	Irregular	Regular
PSR	Irregular	Irregular
SPD	Irregular	Regular

LSD	Irregular	Regular
MBM	Irregular	Irregular
VRM	Irregular	Irregular
SRK	Regular	Regular
MRS	Regular	Irregular
10)SAS	Regular	Regular

#### 2)Days of menstruation cycle:-

PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
HTP	4	1
MMT	2	3
PSR	2	1
SPD	2	2
LSD	3	1
MBM	2	1
VRM	2	3
SRK	1	1
MRS	3	2
SAS	2	1

#### Result on ovulation:-

#### A)Maturity of follicle

PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
HTP	Absent	Present
MMT	Absent	Present
PSR	Absent	Absent
SPD	Absent	Present
LSD	Present	Present
MBM	Absent	Present

VRM	Absent	Present
SRK	Absent	Present
MRS	Absent	Present
SAS	Absent	Present

## B)Rupture of follicle in ovulation study

PATIENT S	BEFORE TREATMEN T	AFTER TREATMEN T
HTP	Absent	Present
MMT	Absent	Present
PSR	Absent	Absent
SPD	Absent	Present
LSD	Present	Present
MBM	Absent	Present
VRM	Absent	Present
SRK	Absent	Present
MRS	Absent	Present
SAS	Absent	Present

## OTHER OBSERVATION

### 1)Rajswaroop

PATIENT S	BEFORE TREATMEN T	AFTER TREATMEN T
HTP	1	1
MMT	2	1
PSR	2	1
SPD	1	1
LSD	2	2
MBM	1	1
VRM	2	1

SRK	2	1
MRS	1	1
SAS	1	1

### 2)Dysmenorrhea

PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
HTP	Present	Absent
MMT	Absent	Absent
PSR	Present	Absent
SPD	Absent	Absent
LSD	Present	Absent
MBM	Present	Absent
VRM	Absent	Absent
SRK	Present	Absent
MRS	Absent	Absent
SAS	Absent	Absent

### 3)Yonirukshata

PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
HTP	Present	Absent
MMT	Present	Absent
PSR	Present	Absent
SPD	Present	Absent

LSD	Present	Present
MBM	Absent	Absent
VRM	Absent	Absent
SRK	Present	Absent
MRS	Absent	Absent
SAS	Absent	Absent

### **Discussion:**

Probable mode of action:

### **Yogabasti:-**

Apanavayu controls beejostarga, garbhdharana, garbhasthapana, and prasava. Vitated kapha also responsible factor to create avarodha in these physiological procedures. Basti is complete treatment for vatadosha and yoniroga. Sahachar tail acts as vatanuloma and kaphashama.

Dashmool quath niroohabasti works for - Vatashodhana, kaphashamana, balya, vayshapana, yonirognashaka

**YONIDHAVANA:** Triphala quath is used for yoni dhavana. Local action of triphala is shothahara and kandughna. So yoni dhavana with triphala quatha maintains normal physiology of vagina and cervix which helps for progress of sperms after coitus

### **YONIPICHU:-**

Narayan tail pitchu is kept daily for 7 days after yonidhavana. Narayanataila is described as garbhasthapaka. Its local action is snehana, vatanulomana and helps to maintain normal vaginal physiology.

### **ABYANTAR CHIKITSA:**

1) Dashmoolarishta is ushna and vatanulomana, kaphaghna. It is artavjanana, balya, garbhasthapaka.

2) Rasona is the main content of lashunadivati its rasa is amalavarjtpancharasa. Guru, snigdha, sara, teekshna, peechil, and ushnvirya. Due to all these gura it causes rasgnadeepina, artavajanana, kaphghna and vatanulomna.

### **CONCLUSION**

Overall treatment is responsible for ovulation and Maintenance of normal physiology of vagina and cervix. It may also maintain normal endometrial thickness.

Total 10 patients of infertility due to anovulation were selected for treatment. Within these patients 6 had conception after 3 month treatment. 1 patient skipped treatment and 3

Patients have no conception yet.

### **FURTHER AIMS**

To study the effect of treatment on ovulation by doing regular ovulation study.

To study the effect of role of each medicine individually on unovulation

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