



Research Article

EFFICACY OF YOGA VASTI IN ANOVULATION: A PILOT STUDYVidya Rani. S^{1*}, Ch. Ravinder²¹P.G. Scholar, ²Professor, P.G. Dept. of Prasuthi and Stree Roga, Dr.B.R.K.R.Govt. Ayurvedic College, Hyderabad, Telangana, India.**Article info****Article History:**

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ABSTRACT

Infertility is commonly increasing problem which any gynaecologist has to face in their gynaecological carrier. Infertility is a common problem of about 10% of women aged 15 to 44. It is a significant problem that affects many couples mental and physical health and disturbs there family as well as social life. Evaluation is the starting point for treatment of infertility as it may suggest specific causes and appropriate treatment modalities. The causes of female infertility is multifactorial, a systematic approach typically is used and involves testing for ovulatory factor, uterotubal factor, and peritoneal factor. Anovulatory dysfunction is a common problem and is responsible for about 40% of female infertility. Polycystic ovarian syndrome (PCOS) remains one of its leading causes. *Ayurveda* explains many treatment modalities pertaining to infertility. The present pilot study was conducted to evaluate the efficacy of *Yoga vasti* & oral administration of *Ayurvedic* drugs (*Artava pravartakas* & *Artava janakas*) in the management of Ovulation factor in infertility. This article clearly gives an idea about some successes cases of infertility with anovulation, done in OPD and IPD of PG Dept of Prasuti and Stree roga of Dr BRKR Govt. Ayurvedic Hospital, Hyderabad.

INTRODUCTION

Infertility implies apparent failure of a couple to conceive. If a couple fails to achieve pregnancy after one year of "unprotected" & regular intercourse, it is an indication to investigate the couple^[1]. Any vitiation in *Garbha sambhava samagri* (*Ruthu, Kshetra, Ambu, Beeja*), *Garbhakara bhavas* & *Garbha vriddhi* can lead to *Vandhyatwa* & unsuccessful continuation of pregnancy, hence identifying the aetio-pathology by different clinical & laboratory examination and proper management accordingly is inevitable^[2]. The causes of female infertility are attributed to dyspareunia and vaginal causes, congenital defects in the genital tract, infection in the lower genital tract, cervical factors, uterine causes, tubal factors, ovaries (30-40%. Dysovulatory, Anovulation, Corpus luteum insufficiency), Chronic ill health^[3]. Anovulation is the failure of the ovary to release ova over a period of time generally exceeding 3 months. The normal functioning ovary releases one ovum every 25-28 days. This average time between ovulation events is variable, especially during puberty and the perimenopause period^[4].

A Pilot study was conducted in OPD of P.G. Dept. of P.S.R. Dr.B.R.K.R.G.A.H. On 8 patients with

marital life more than 2 years & Anovulation. With no H/O Thyroidism & Regular Menstrual cycles.

1) 2541 2) 3156 3) 3196 4) 3898 5) 7006
6) 7106 7) 8262 8) 8320

AIMS & OBJECTIVES

Vata is the main causative factor for *Vandhyatwa* (~Infertility). Without *Vata* the *yoni* (~female genital organs) never gets spoilt. *Vasti* is best therapy for *vatic* disorders. Treatment of anovulation according to modern medicine includes 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. *Vasti* therapy has been doing wonders in the treatments of *Ayurveda*. Though it has been indicated for almost all the diseases, the prime importance of *Vasti* has been specified in the management of *Vata* disorders. Hence *Vata* correction is very important so as to bring normalcy. *Vasti* has multi dimensional properties, It acts as *Rasayana*, *Vrisya* (Aphrodisiac), *Lekhana*, pacifies *Vata*. Hence *Yoga vasti* is selected for the present study. The drugs present in the *Vasti* and

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

MATERIALS & METHODS

Ashwaasana (re-assurance) - to control *Prana vata* by relieving stress.

ORAL ADMINISTRATION

Rajah Pravartini Vati^[5] 2 tabs twice daily

Pushpadhanwa Ras^[6] 2 tabs twice daily

Phala Kalyana Ghritha^[7] 15ml twice daily with milk

Lakshmanarishta^[8] 20ml twice daily with water

Yoga Vasti^[9] with *Dhanvantari taila*^[10] & *Dashamoola*^[11] *kashaya*

Panchakarma Yoga Vasti for 8 days for 3 consecutive cycles after cessation of menstruation.

Pre operatively: Gentle massage is done over lower body parts, for 15minutes. *Nadi Swedana* (fomentation) with the decoction of *Nirgundi* leaves is given to the areas for 5 minutes where massage was done.

Anuvasana vasti for 5days with *Dhanvantari taila* 60ml, 10gms of *Shatapushpa churna*, 10gms of *Saindava lavana*.

Nirooha vasti for 3 days with *Dashamoola* decoction 460ml, *Dhanvantari taila* 240ml, Honey 120ml, paste 50gms (*Shatapushpa* 20gms, *Lashuna* 10gms, *Shatavari churna* 10gms, *Hingu* 10gms), *Saindava lavana* 20gms.

SCHEDULE

Day 1 - *Anuvasana* with *Dhanvantari taila*

Day 2 - *Anuvasana* with *Dhanvantari taila*

Day 3 - *Nirooha vasti* with *Dashamoola kasaya*

Day 4 - *Anuvasana* with *Dhanvantari taila*

Day 5 - *Nirooha vasti* with *Dashamoola kasaya*

Day 6 - *Anuvasana* with *Dhanvantari taila*

Day 7 - *Nirooha vasti* with *Dashamoola kasaya*

Day 8 - *Anuvasana* with *Dhanvantari taila*

Exclusive criteria: Hypothalamo pituitary disorder, Thyroid, Adrenal gland disorders.

Inclusive criteria: PCOD, Poor egg quality.

Results are assessed based on Follicular Study done on day 12 to day 16 for every alternate day. Follicular study is a trans vaginal ultrasonography.

RESULTS

Table 1: Follicular Study of patients during the treatment

Size of follicle (mm)	Before treatment No. of patients	After treatment No. of patients
0 - 12	4	2
12 - 19	1	0
19 - 23 cystic	3	0
Ovulation	--	6

DISCUSSION

The ingredients in *Rajah Pravartini Vati* are *Tankana*, *Hingu*, *Kaseesa*, *Kanyasaara*. Indicated in *nastartava*. All are *Aartva pravartakas* (*beeje rupa aartava*). *Pushpadhanwa Ras* Stimulates ovaries and causes Maturation of follicles. In *Phala kalyan Ghritha* the main ingredient is *Shatavari*. It is a female reproductive tonic which acts as a hormone balancer. The steroidal saponins thought as oestrogen regulator. It is fertility drug having Adoptogenic, immunomodulator, anti-oxidant properties. It is a hormone regulator in females which react with the receptors over the ovary and thus acts over the H-P-O axis in a reverse direction to stimulate the Hypothalamus to release the needed hormones for follicular growth and ovulation. Acts on *Dhatu dosha* and *Artava dosha*. *Lakshmanarishta* is Uterotonic & indicated in Infertility in women. *Dashamoola*^[12] *Kashaya* is *Kapha vata shamaka*, *Deepana*, *Ama pachaka*, *Sotha hara*. The constituents of *Dashamoolas* have the capability in dissolution of cystic follicle condition thereby establishes the normal H-P-O axis leading to ovulation. *Dhanvantari Taila* The main ingredient is *Balamoola*. *Bala* is *Pitta vata hara*, *Balya* & *Prajasthapana*^[13]. 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.

ROLE OF TRIDOSHAS IN ANOVULATION

Vata causes '*Dhatu vyuhakara*'^[14] - controls all physiological processes. *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*. '*Pravartana*'. Because of this kind of action ovum is escaped from the ovary and ovulation takes place. *Vata* dominance creates *Sankocha*^[15] (~stenosis).

Pitta is responsible for *Paaka*^[16] (proper maturation of follicles), leading to ovulation (*Beejotsarga*). Hormones, enzymes & neuro transmitter synthesis & reactions.

Kapha - sroto Avarodhaka (obstruction of lumem) and *Shophajanaka*^[17] (inflammation) properties by virtue of its *Guru*, *Picchla*, *Manda* etc., *Gunas*.

Action of *Abhyanga* - Skin is main seat of *Vata*. *Adhodhara pradesha* is the main seat of *Apana vata*, vitiated *Apana vata* gets its normalcy. Stimulates the sensory & proprioceptive nerve fibers of skin. Vasodilatation. Removes the toxins^[18].

Action of *Nadi sweda* - *Sleshma vishyandate* (Dissolves *sleshma*). *Khani mardhavam ayanthi* (softens channels). Increases temperature of skin & underlying tissues. Increases small non myelinated fiber activity^[19].

MODE OF ACTION OF VASTI

Has both local & systemic affects. The drugs used in *Vasti* cross rectal mucosa. Gut is a sensory organ consisting of neural, immune & sensory detectors & cells and provide direct input to local (intra mural) regulatory systems & information that passes to CNS by mesenteric & sub mucosal plexus of gut. Also act on the neurohumoral system by stimulating CNS (*Prana vata*) through ENS (*Apana vata*). This Visceral afferent stimulation may result in activation of HPO axis (*Prana vata*) leads to timely release of FSH & LH. Spasm is caused by vitiated *Apana vayu* causing obstruction to the ovum. The *Tila Taila*^[20-22] is *Vranashodhaka*, *Garbhashayashodhana* & *Yonishulaprashamana*. *Taila* enters into the *Srotas* & removes the *Sankocha* by virtue of its *Sookshma*, *vyavayi* and *Vikasi*. *Shatavari*^[23] with its pharmacological action and chemical constituents sarsapogenin, beta-sitosterol, diosgenin, favonoids has effect on the peripheral oestrogen. It supports the H-P-O axis to regulate the hormones, result in the maturation of the follicles. They have the capability to increase the size of the follicle and also to disolute 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. By the *Ushna veerya* of these drugs the *Pitta* required for the maturation of the follicles is full filled helping them to rupture. Helps in dissolution of multiple small follicles which are arrested in maturation. *Lekhana* of *Avarana* caused due to *Kapha* (liquor folliculi). Thus develops normal movement of *Apana Vata*. Increases the FSH & LH receptors in granulosa & theca cells of ovary respectively. Causes contraction of micro muscle present over the theca external leading to ovulation. The rectum consists of ENS, drugs used in *Yoga vasti* stimulates the CNS there by synthesizing & regulating the required hormones in required time.

CONCLUSION

Infertility is global problem in the field of reproductive health. About 24% women suffering from infertility due to anovulation^[24]. They can be considered under *Beeja dhusti* & *Artava vaha sroto avarodha*. *Yoga vasti* causes detoxification of the body, pacifies *Tridosha* especially *Vata* & stimulates the H-P-O axis. No significant complications evident in this study, with this procedure. Easily accessible, cost-effective *Ayurvedic* therapy for anovulation. Still further studies to evaluate the recurrence of 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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