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MANAGEMENT OF STREE BANDHYATVA BY COMBINED THERAPY OF CHITRAKADI VATI AND LASHUNADI TAILA MATRA BASTI -A CASE REVIEW

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ABSTRACT

Aim of womanhood is complete after conception and childbirth. According to *Acharya Charaka* infertile couples were considered branchless, fruitless waste tree or like a lamp in portrait which will not emit any light or brightness. Conception depends on the fertility potential of both male and female partners. Female is directly responsible in about 40 to 55% having etiological factors like ovulatory, uterine, tubal factors, etc. Prevalence of infertility having anovulation is increasing. In modern science there are treatments like clomiphene citrate, IVF, GIFT available for ovulation induction but all have unsatisfactory results, lots of side-effects, complications and expenses.So present study has been undertaken to develop safe, potent, cheap and effective remedies from Ayurveda.In *Ayurveda Bandhyatva* is included in so type of disease caused by the vitiation of vata and act of ovulation is regulated by *vata* especially *apana vata* and *basti* is the best treatment modality for *vata dosha. Acharya Kashyap* has mentioned *anuvasna basti* in *nashta beeja*. *Matra basti* is a type of *anuvasna basti* and *lashun taila* containing 36 drugs is highly useful in infertility as well aged person to get virya (semen) and progeny having properties like *vatakaphashamaka, deepana, garbha sthapaka,vrishya,balya* etc. So here, in this case study we selected a case of primary infertility having anovulation since 2 years with painful and scanty menses.So here we did management with *matra basti* of *lashun taila* along with oral medication of *Chitrakadi vati* for 2 consecutive cycles and highly significant results were found.

KEYWORDS: Stree Bandhyatva, Matra Basti, Lashunadi taila, Chitrakadi Vati, Anovulation, Nashta beeja.

INTRODUCTION:

Infertility[1] -The inability of a couple to conceive after 1 year of unprotected sexual intercourse. It is of two types primary infertility, refers to couple who have not become pregnant after at least one year have intercourse without using birth control methods and secondary infertility refers to couple who have been able to get pregnant at least once but now are unable. According to *Acharya Sushruta*[2] four essential factors are required for healthy conception which are proper fertile period, physiological adequate and healthy internal organ of reproduction, the proper nourishment to developing zygote or fetus, the activated ovum and spermatozoa .Fulfillment of all the above essential ensure the fullness of the motherhood. Any short come of the above factors impedes the conception .Among them *beeja* is the core stone of female reproductive process and in its absence conception cannot achieve despite of all the above factors. Here the *beeja* is taken as *AntahPushpa* i.e, 'ovum' . So anovulation can be included under *beeja dushti* . Act of ovulation is regulated by *vata* especially *apana vata. Basti* cures all the disease of *vata*. As referred by classics *anuvasana Basti* is also indicated by *Acharya Kashyap* for *nashta beeja* and *Matra Basti* is a type of *anuvasana Basti*[3]. In present case study we had taken *Lashunadi Taila Matra Basti* and *Chitrakadi Vati* having properties like *vatakaphashamaka, Deepan Amapachaka vrishya Jeevaniya, balya, Rasayan artavajanana, garbhasthapaka agnivardhaka* etc. Which directly act on healthy maturation of follicle and rupture of matured follicle.

Aim and Objective:

To treat the anovulation and aids in conception with the help of *Lashunadi Taila Matra Basti* and *Chitrakadi Vati.*

MATERIALS AND METHODS:

Research Design: Present study was a single case study.

Case Report:

A 26 yrs old female came to OPD of Prasutitantra & Streeroga in our institute with Complaints of (C/O) 2 years of primary infertility inspite of having active married life of 2 and ½ years, followed by painful and scanty menstruation. In the sonographical recording a complex cyst in the right ovary is diagnosed and anovulatory periods were found.

Treatment History:

- For the same concern patient took allopathic treatment for one and half year. Patient treated with hormonal therapy.
- Tab.Ecosprin (Acetylsalicyclic acid)
- ovabless (L-arginine,Multivitamins)
- fertibex (Folic acid)
- ubiphene (Clomifene,Ubidecarenone)
- progynova (Estradiolvalerate)
- ovacare (Minerals,Multivitamins)
- Deviry (Medroxyprogesterone)
- dexona (Dexamethasone)

➢ But patient didn't get relief from symptoms. So she came to our OPD for ayurvedic treatment and we did all the relevant investigations.

Investigation Findings: Serum T.S.H-1.757uiu/ml, Serum FSH-9.6miu/ml, LH-11.8miu/ml, PRL-15.7ng/ml

After that we started her treatment And we planned for *Matra basti* with *Lashunadi Taila* followed by *Amapachana by Chitrakadi Vati* till the normalization of her cycle.

Course of Treatment:

Patient came to our OPD on 23/12/2019 with the complaint of Failure to conceive since 2 yrs and followed by painful and scanty menstruation with anovulation. Then we did all the relevant investigations on 28/12/2019 on second day of her menses in which the - Serum T.S.H-1.757uiu/ml, Serum FSH-9.6miu/ml, LH-11.8miu/ml, PRL-15.7ng/ml.

- We started her treatment with *Lashunadi taila matra basti* for 8 days followed by Amapachana with Chitrakadi Vati 2 Tab. t.i.d for 3 days for two consecutive cycles.
- Then next month we again adminster second cycle of *matra basti* for 8 days after cessation of her menses.
- So we gave her treatment for two cycles.

RESULTS:

After the intervention , her menstrual cycle became normal with no pain and normal menstrual flow. Her complex cyst was resolved and there is no formation of cyst till today. The patient was in continuously follow up. Inspite of that during her Transvaginal Sonography , follicle ovulate with absence of cyst.

DRUG REVIEW[4]

LASHUNADI TAILA

Sr. No.	Ingredients	Latin NAME	Part used
1.	*Lashuna*	*Allium sativum Linn*	Seed
2.	*Tila tail*	*Sesame oil*	Seed
3.	*Paya*	*Milk*	-
4.	*Jala*	*Water*	-

		Dipaniya Dravyas	
1	*Pippali*	*Piper longum Linn.*	Fruit
2	*Pipplimula*	*piper longum Linn*	Root
3	*Chavya*	*Piper chaba D.C*	Fruit
4	*Chitraka*	*Piumabaco zylanica Linn*	Root
5	*Shringvera*	*Zingiber officinalis Roscoe*	Root
6	*Amlavetasa*	*Garciniya pendunculataRoxb.*	Root
7	*Maricha*	*Piper nigrum Linn.*	Fruit
8	*Ajmoda*	*Apium graveolense Linn*	Fruit
9	*Bhallatakasthi*	*Semicarpis anacardiumLinn*	Fruit
10	*Hinguniryasa*	*Ferula narthex Regel*	Extract
		Jeevaniya Dravyas	
1	*Jivaka-Rishabhaka= Vidari*	*Puperia tuberose (Roxb. ex. willd) DC*	Tuber
2	*Meda-Mahameda= Shatavari*	*Asparagus racemosa Willd.*	Root
3	*Kakoli-Kshirakakoli= Ashvagangdha*	*Withania somnifera Dunal*	Root
4	*Mudgaparni*	*Phaseola strilobus Ait.*	Whole plant
5	*Mashaaparni*	*Terasmus labialis Sprenge.*	Whole plant
6	*Jivanti*	*Leptadeniya raticulata W.&A.*	Stem
7	*Madhuka*	*Glycyrrhiza glabra Linn*	Root
		Vrishya Dravyas	
1	*Kapikachhu*	*Mucuna pruriens Bek.*	Seed
2	*Atibala*	*Abutilon indicum (Linn.)*	Root
3	*Krishna Musali*	*Curculigo orchiides Gaertn*	Root
4	*Sweta Musali*	*Chlorophytum arunndinaceum Baker.*	Root
5	*Ikshuraka*	*Astercanthas longifolia Linn*	Whole plant
6	*Karkatashringi*	*Pistaciya intergerima Stew*	Infactant guals
7	*Amalaki*	*Emblica officinalis Gaertn.*	Fruit
8	*Haritaki*	*Terminaliya chebula Roxb*	Fruit
		Dashamoola Dravyas	
1	*Bilva*	*Aegle marmelous Corr.*	Root/Stem
2	*Gambhari*	*Gmelina arborea Linn.*	Root/Stem
3	*Patala*	*Stereospermum suavelons DC.*	Root/Stem
4	*Agnimantha*	*Clerodendrum phlomidis Linn.*	Root/Stem
5	*Shyonaka*	*Oroxylum indicun Vent.*	Root/Stem
6	*Shalaparni*	*Desmodium gangeticum DC.*	Whole plant
7	*Prishniparni*	*Uraria picta Desv.*	Whole plant
8	*Brihati*	*SolanumindicumLinn.*	Whole plant
9	*Kantkari*	*Solanum xanthocarpum Schrad &Wendl*	Whole plant
10	*Gokshura*	*Tribulus terrestri sLinn.*	Fruit

TREATMENT PROTOCOL

Procedure	Drug	Dose	Duration	Route	Method	Time
-	Chitrakadi Vati for amapachana	2tab. (500mg)	3 days	oral	-	T.I.D after meal
Matra Basti followed by snehana and swedana	Lashunadi Taila	60ml	8 days For 2 consecutive cycles	Anal route	Via Catheter	Morning 8:30 AM -10 AM

DISCUSSION:

Without *Vata Yoni* never gets vitiated[5], here the word *Yoni* refers to reproductive organs collectively. *Vata Dosha* is the governing factor of the whole reproductive physiology; ovulation is also under the control of *Vata*. Disturbed levels or functions of hormones affect the menstrual as well as ovarian cycle. So the patients having anovulatory cycles generally have the complaints of oligomenorrhoea. According to *Ayurveda Vata* is the only responsible factor for pain "*Vatadrute Nasti Vedana*" This disease shows *Vikriti* of *Apanavayu*. Due to the *anuloman of apan vayu* and revival of its normal functions by installation of matra basti of Lashunadi taila followed by Amapachana with Chitrakadi vati , patient got relieved of her complaints and her monthly cycle became regular and in sonographical findings follicle ovulate with absence of cyst. In this aspect, *Basti* is considered to be the best treatment for *Vata*[6]. So it may act on anovulation by normalizing the pelvic reproductive physiology and also act on ovarian cyst as well.

CONCLUSION:

We can conclude that, as compare to modern view, the holistic approach of *Ayurvedic* system of medicine is effective without any complications and side effects because Basti alone is considered as the major procedure for the *anulomana* of *Vata. Apana Vayu* plays an important role along with *Vyana vayu* and gives better relief to the patient from amenorrhoea and infertility. *Taila* is the best drug for *Vata*. The function of *Anuvasana Vasti* is *Vatanulomana*, thus, it performs its normal function properly. So it normalize the *apan vayu* and *anuloman* occurs and menses became normal. *Lashunadi Taila* has *Vataanulomaka, Vrishya, Artavajanana, Uttejaka*, *Balya, Brihaniya, Deepana, Pachana,* indicates both *Artavajanana* and *Beejotsarga*. properties. And if it is administered in combination with Chitrakadi Vati having properties like agnivardhaka, amapachana and in previous researches it has been proven that Chitrakadi Vati have a significant effect on rupture of matured follicle and it can be a good alternative of inj. HCG which is widely used in day to day practices. Hence ,Due to all above benefits it gave relief to all the complaints of patient.

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