

MANAGEMENT OF NASTABEEJA W.S.R TO POOR OVARIAN RESERVE WITH SHATPUSHPA SHATAVARI TAILA MATRA BASTI : A CASE STUDY

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ABSTRACT

Rise in number of infertile couple is a major concern worldwide. The rate of infertility is steadily increasing due to change in life style, enormous amount of stress, socio economic cause, high pollution of today's world. Among the many causes of infertility the anovulation is very common problem in approximately 40%of cases of female infertility. The main cause of female infertility is vata dosha vitiation, which get vitiated and does the *margavarodha* of *artavavaha srotas*. Here *artavavaha srotas* refers as whole female genital organ along with functional i.e H-P-O axis and GnRH regulation causing the anovulation in turn infertility.. So in this stage *basti* is the choice of treatment with H-P-O axis regulation, which ultimately regulates the menstrual cycle. The present study was done to evaluate the role of *matrabasti* with *shatpushpa shatavari taila* in the management of infertility due to poor ovarian reserve.

Key words : Infertility, Anovulation, *Matrabasti*, *poor ovarian reserve*.

INTRODUCTION

In *Atharvaveda*, it has been mentioned that world is meaningless, if there are no children in courtyard. Infertility is becoming a major health problem, this infertility condition has deep impact on individuals physical and mental health and disturbed her family life. The

treatment suggested in modern science is though effective, has lots of side effect.

Ayurveda is an ancient system of medicine in which the topic of infertility is described under the heading of "*Vandhayatava*". Ovarian factors are most common cause for

female infertility contributing 25-35%. *Ayurveda* described four essential factors i.e *Ritu* (fertile period), *Kshetra* (healthy reproductive organ), *Ambu* (proper nutrient fluid) and *Beeja* (ovum/sperm) are responsible for the formation of *Garbha* in comparison to germination of seed.¹*Beeja* is most essential part among the four & considered as *Antahpushpa* i.e ovum. So poor ovarian reserve can be included under *beeja dusti*. Ovarian factor contribute 15% to 25% and 2nd common cause of infertility.

Defect in any one of them can cause *vandhyatva* (infertility). Among these four factors *beeja* is directly related to ovulation process. The main reason for anovulatory cycles is vitiation of *artava* (afflicting menstrual / ovulatory phase), and vitiated *artava* does not possess *beeja* (ovum).²

In our classics the *basti* is well defined by *acharyas* and it is well acting for *anulomana* of *apana vayu* which is the main vitiating factor of genital system. So here we selected the *basti* treatment for infertile patients. *Kashyapa* has vividly described the effect of *shatapushpa* on *Beejotsarga*

Semen analysis – normal para meters

in the chapter *Shatapushpa shatavari kalpadhyaya*.³

Taking into consideration of infertility many women suffering from anovulatory cycles, presents with irregular, frequent, scanty menses and infertility. So this burning issue of society is selected for the study.

CASE STUDY

A 28 Yrs old nulliparous woman with 7yrs of marital life came to O.P.D with chief complaints of inability to conceive. Past menstrual history- interval 30days, duration- 4-5 days, regular, painless with moderate flow.

Present menstrual history- interval 30days, duration- 2days, regular, mild painless with scanty flow.

Family history- NAD

On Examination -P/A- Soft, P/V- Uterus-size normal, retroverted, fornices-non tender

INVESTIGATION-

Routine blood – normal study

USG – Uterus – normal

Overies – normal in size,

Rt; 2 to 3 AFC

Lt; 1 to 2 AFC

HSG- Both tubes patent

TREATMENT

Table No.1

*Kashyapa samhita shatpushpa shatavari kalpadhaya.*⁴

Procedure	Drug	Dose	Duration	Route	Time
<i>Matrabasti</i>	<i>Shatpushpa shatavari taila</i>	60ml	Total 8 days after cessation of menses for 3 consecutive cycles	<i>Gudamarga</i>	Morning

BEFORE TREATMENT- Table No. 2

Days	Left ovary	Right ovary	Endometrium
3 rd	1-2AFC	2-3AFC	3.2mm
12 th	8*10mm	12*11mm	4mm
14 th	8*10mm	12*12mm	4.3mm
16 th	8*12mm	12*14mm	4.7mm
18 th	9*12mm	12*15mm	5.2mm

AFTER TREATMENT – Table No. 3

Days	Left ovary	Right ovary	Endometrium	Fluid in POD
3 rd	3-4 AFC	5-6AFC	3.2mm	
12 th	12*14mm	15*17mm	5.3mm	
14 th	13*14mm	20*22mm	6mm	
16 th	16*18mm	14*12mm with irregular margins	7.8mm	+++

RESULT

After receiving this treatment, her menstrual cycle become normal with no pain and normal menstrual flow. In spite of that during her USG, good reserve of follicle was present.

DISCUSSION

Shatpushpa is having *katu, tikta rasa* act as *deepana, pachana* and due to

laghu & teekshna guna it act as *vata kapha hara* and due to *katu veerya* act as *srotoshodhana*. It act as *amapachak, vata kapha shamaka* which helps in removing the *sanga* and *avarana* & regulating the proper function of *vayu*, due to this regulation of *beejagranthi karma* and *beejotsarga* takes place. *Shatpushpa* is having the property of *balya,*

brihmaniya, *yonivishodhana*,
rutupravartana (presence of menstrual
cycle) ect .as described by *Kashyapa*.⁵
here "*rutupravartana*" indicates
artavajanana and *beejotasarga* both.
Tikta rasa of *shatavari* causes *rakta*
shodhana ,*agnideepana* and
amapachana.
Shatpushpa and *shatavari* is a
phytogen, it exerts both estrogenic
and antiestrogenic activity. It act in
both oestrogenic and low oestrogenic
condition.

Matrabasti given through the *guda*
marga (rectal route) normalizes *Apana*
vata leading to *vatanulomana* and
physiological function of *vata*, which
may help in enhancing the reserve of
follicle and ovulation. *Basti dravya*
spreads all over the body , pacifies
the aggravated *dosha* along with *vyan*
vayu leads to *samayaka rasa raktadi*
dhatu nirmana. *Sukshma bhaga* of
rasa reaches the *Beejagranthi*,which
regularizes the *Beejotsarga* with the
help of normal *apana vata*.

Matrabasti after absorption reaches
into systemic circulation and the
concept of central nervous system
(CNS) resembles enteric nervous
system (ENS) the endogenous opioids
in the ENS specially endorphins (β -

endorphins) are influenced which will
affect GnRH release regularizing H-P-O
axis regulating ovarian cycle and
ovulation. Endogenous opioids are a
group of peptides, which play an
important role in the ovarian cycle
through the inhibitory effect on GnRH
secretion. Other pituitary hormones
are also modulated by opiates. β
endorphin has a role in the regulation
of the normal ovarian cycle.⁶

Basti stimulates the ENS generates the
stimulatory signal for CNS causes
stimulation of the hypothalamus for
GnRH and the pituitary for Follicle
Stimulation Hormone (FSH) and
Luteinizing Hormone (LH) with the
help of neurotransmitters. Ovaries and
the rectum S₂, S₃, and S₄ supply.

Parasympathetic activity is mainly
responsible for the *apana vayu*
activity. *Basti* given through rectum,
will stimulate this parasympathetic
nervine supply, which in turn helps for
enhancing the reserve of follicle in the
ovary

CONCLUSION

Hence in this case we conclude that
chikitsa (treatment) with *Shatpushpa*
Shatavari Taila matra basti is highly

effective in disintegration of pathogenesis of poor ovarian reserve.

No adverse effect or complication is found with the use of this treatment. It is safe, economic, non surgical and effective.

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Source of Support: NIL
Conflict of Interest : None declared

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