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.

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

**Semen analysis – normal para meters**
TREATMENT

Table No.1

Kashyapa samhita shatpushpa shatavari kalpadhaya.4

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

BEFORE TREATMENT- Table No. 2

<table>
<thead>
<tr>
<th>Days</th>
<th>Left ovary</th>
<th>Right ovary</th>
<th>Endometrium</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td>1-2AFC</td>
<td>2-3AFC</td>
<td>3.2mm</td>
</tr>
<tr>
<td>12th</td>
<td>8*10mm</td>
<td>12*11mm</td>
<td>4mm</td>
</tr>
<tr>
<td>14th</td>
<td>8*10mm</td>
<td>12*12mm</td>
<td>4.3mm</td>
</tr>
<tr>
<td>16th</td>
<td>8*12mm</td>
<td>12*14mm</td>
<td>4.7mm</td>
</tr>
<tr>
<td>18th</td>
<td>9*12mm</td>
<td>12*15mm</td>
<td>5.2mm</td>
</tr>
</tbody>
</table>

AFTER TREATMENT – Table No. 3

<table>
<thead>
<tr>
<th>Days</th>
<th>Left ovary</th>
<th>Right ovary</th>
<th>Endometrium</th>
<th>Fluid in POD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td>3-4 AFC</td>
<td>5-6AFC</td>
<td>3.2mm</td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td>12*14mm</td>
<td>15*17mm</td>
<td>5.3mm</td>
<td></td>
</tr>
<tr>
<td>14th</td>
<td>13*14mm</td>
<td>20*22mm</td>
<td>6mm</td>
<td></td>
</tr>
<tr>
<td>16th</td>
<td>16*18mm</td>
<td>14*12mmwith irregular margins</td>
<td>7.8mm</td>
<td>+++</td>
</tr>
</tbody>
</table>

RESULT

After receiving this treatment, her menstrual cycle become normal with no pain and normal menstrual flow. Inspite 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 beejagranti karma and beejotsarga takes place. Shatpushpa is having the property of balya,
brihmaniya, yonivishodhana, rutupravartana (presence of menstrual cycle) etc. 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 , pacifices the aggravated dosha along with vyan vayu leads to samayaka rasa raktadi dhatu nirmana. Sukshma bhaga of rasa reaches the Beejagarthi, 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.\(^6\) β-endorphin has a role in the regulation of the normal ovarian cycle.

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 S\(_2\)-S\(_3\), and S\(_4\) 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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