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Effect of *Virechana Karma* on *Beeja Dushti* (Anovulation) *Janya Vandhyatva* : A Case Study

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ABSTRACT

Introduction: The most common causes of female infertility are anovulatory problems that manifest themselves by irregular, sparse or absent menstrual periods. *Beeja* is considered as one of the four important factors essential for conception. The present study was done to evaluate the efficacy of *Virechana Karma* on *Beeja Dushti* (anovulation) *Janya Vandhyatva*. **Materials & Methods:** A female subject, 27 years old, visited the *Stri Rog Prasuti Tantra* O.P.D of Rajiv Gandhi Post Graduate Ayurvedic College, Paprola, Himachal Pradesh with complaints of inability to conceive after 3 years of active married life associated with irregular menses which was characterized by cycle length of 45-50 days. The previous records of the patient revealed anovulation. The hysterosalpingography of the patient was normal. The semen analysis of the husband was normal. *Virechana Karma* was selected as purificatory measure in this case. **Result & Discussion:** After the *Virechana Karma* the patient conceived spontaneously. *Vata* is considered main factor for *Vandhyatva*. In this case the treatment is directed towards pacifying the vitiated *Vata Dosha*. *Virechana* leads to *Beeja Karmukta*. Also the vitiated *Artava Dhatu* was pacified by correcting the *Jatharagni* and *Dhatvagni*. There were no adverse effects observed during the treatment.

Key words: Anovulation, *Beeja*, *Vandhyatva*, *Virechana*.

INTRODUCTION

The World Health Organization define infertility as a disease of reproductive system defined by failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.^[1] There are many causes of infertility including some that medical intervention can treat. The most common causes of female infertility are anovulatory problems that

manifest themselves by irregular, sparse or absent menstrual periods.^[2] The modern medicine provides treatment for the same but it is associated with a lot of side effects which is disappointing to the patients. In Ayurveda infertility is described under heading "*Vandhyatva*". *Acharya Charaka* has mentioned that conception occurs only in healthy state of *Yoni* (reproductive system), with the union of *Adushta*, *Prakrita Beeja* (healthy sperm and ovum possessing its normal qualities) and discendance *Jeeva* propelled by deeds of previous life.^[3] *Acharya Sushruta* also considered *Beeja* as one of four factors responsible for successful conception.^[4]

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OBJECTIVE OF THE STUDY

The present study has been done to assess the effect of *Virechana Karma* on *Beeja Dushti* (anovulation) *Janya Vandhyatva*.

CASE REPORT

A female subject, 27 years old, housewife by occupation, Hindu by religion, visited the *Stri Rog*

Prasuti Tantra O.P.D of Rajiv Gandhi Post Graduate Ayurvedic College, Himachal Pradesh on dated 1, August, 2019 with complaints of inability to conceive after 3 years of active married life associated with irregular menses which was characterized with cycle length of 45-50 days. Detailed history of the subject revealed that she was suffering from the problem (irregular menses) since menarche. Patient took treatment for infertility from some private clinic on and off for one year in 2018 but didn't get any result. The semen analysis of the husband was normal, the follicular study of the patient was done on two occasion four months apart revealed anovulation. The hysterosalpingography of the patient was normal.

Past History

Patient was known case of hypothyroidism since 2 years and was regularly taking medication with TFT in normal limits.

H/O - Peritoneal effusion 5 years back. Patient took ATT for 6 months. No history of DM/HTN or any other major medical or surgical history.

Family History: No relevant history

Table 1: Showing menstrual history

Age of menarche	14 years
Duration	3-4 days
Interval	45-55 days, bleeding was bright red in color, amount was moderate, without foul smell, clots or associated pain.
Married life	3 years
LMP	1, July, 2019

Contraceptive History: Nil

Obstetrical History: Nil

Table 2: Showing General Physical Examination

Built	Moderate
Nourishment	Good

Tongue	Moist, Not coated
Pallor/Icterus/cyanosis/clubbing/edema/lymphadenopathy	Not present
Height	5'4"
Weight	60 kg
BMI	22.7 kg/m ²
B.P	100/70 mm of Hg
P.R	88/min
Temperature	98.2 F

Table 3: Showing Systemic Examination

CVS	S1, S2 Normal
CNS	Conscious, well oriented
RS	Normal Vesicular breathing, B/L air entry - adequate
P/A	Soft, non tender, no organomegaly
P/S	Cervix - Nulliparous size, Regular
P/V	Cervix - Nulliparous size, Regular, Firm, No motion tenderness Uterus - Anteverted, Normal size, Mobile, Non tender. Fornix - B/L clear, Non tender

Table 4: Showing Ashtavidha Pariksha

Nadi	Gati - 88/min
Mala	Once day, Sangathan - Samanya
Mutra	Pravritti - 5-6/day, Varna - Ishat Peet
Jihwa	Anavritta
Shabda	Spashta

Sparsha	Anushnasheeta
Drika	Samanya
Akriti	Samanya

Picture 2: Showing Follicular study on 29/9/2018

KAP'S DIAGNOSCAN CENTRE
Fully Automated Diagnostic Lab, Radiology & Scan Centre

CONSULTANTS
DR. RAJEEV KAPOOR, DR. ANKITA GOYAL, DR. SUDHA KATARIA, DR. JYOTIKA KAPOOR

Patient Name: Mrs. Sunita
Age/Sex: 26 yrs /Female
Dated: 24.05.2018
Adv by: Dr. Sunita Lathar

FOLLICULAR STUDY
DIMP :- 15.05.18

Day	RIGHT OVARY	LEFT OVARY	ENDOMETRIAL THICKNESS	Fluid in Cul-de-Sac
D0	multifollicular mid lca	multifollicular mid lca	3.5 mm hyp	no
D13	no df	no df	6.1 mm hyp	no
D15	biggest follicle 11.1x 10.4 mm	- do -	9.3 mm hyp	no

Consultant Doctor

CLINIC TIMINGS: 7.30 A.M. TO 7.30 P.M.
SUNDAY: 7.30 A.M. TO 1.00 P.M.

Picture 3: Showing Husband's Semen Analysis on 1/4/2018

Chhabra Diagnostic Center
Shop No. 1041, Street No. 1, Haripur, Sector 4, PANCHKULA-134 112

Name: Mr. Mahinder Singh, Age: 31 yrs, Sex: M
Date: 01/04/2018, Ref. No.: 17105099, Patient Id: 16040116
Ref. By: Dr. Sunita Lathar

SEMEN EXAMINATION

SEMEN ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

VOLUME	5 ML
COLOR	WHITISH
PH	ALKALINE
LIQUEFACTION TIME	10 MINUTES

MICROSCOPY

TOTAL COUNT	80 MILLION / CC	80-150 MILLION/CC
RAPID PROGRESSIVE	80%	
SLUGGISH PROGRESSIVE	10%	
NON-PROGRESSIVE	05%	
IMMOTILE	05%	
PUS CELLS	0-1 /HPF	
RBCS	/HPF	
EPITHELIAL	/HPF	
ABNORMAL FORMS	%	

COLLECTION AT OUTSIDE COLLECTION

Note: 1 Biochemistry Test have been performed on fully automated analyzer-EM 200
2 Haematology Test have been performed of Cell Counter Pouch 100

Table 5: Showing Investigations

Hb	11.0 g%
TLC	71000/cumm
DLC	N73 L27 M00 E00 B00
RBS	104 mg/dl
ESR	30 mm fall in first hour
RFT	WNL
TFT	WNL
Follicular Study on 24/5/2018	Showed Anovulatory cycle.
Follicular Study On 29/9/2018	Showed Anovulatory cycle.
Husband's Semen Analysis on 1/4/2018	Showed Normal picture

Picture 1: Showing Follicular study on 24/5/2018

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FOLLICULAR STUDY
DIMP :- 15.05.18

Day	RIGHT OVARY	LEFT OVARY	ENDOMETRIAL THICKNESS	Fluid in Cul-de-Sac
D0	M/F Anovary Bign 10.6 mm	M/F Anovary Bign 12.2 mm	8.2 mm Tubal bag	no
D13	no dominant follicle	no dominant follicle	9.3 mm hyp	no

Consultant Doctor

CLINIC TIMINGS: 7.30 A.M. TO 7.30 P.M.
SUNDAY: 7.30 A.M. TO 1.00 P.M.

Table 6: Showing Treatment Advised

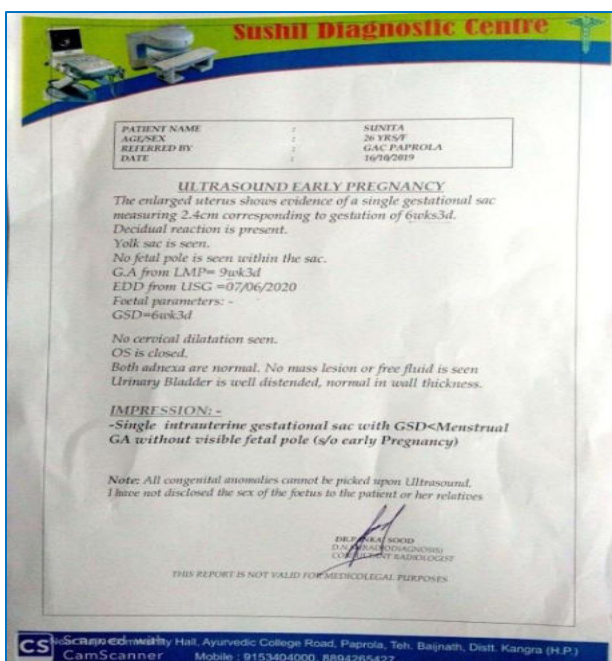
Procedure & Drugs used	Days	Dosage
Pachana Karma with Lavana Baskar Churna	For 3 days	3 gm B.D with luke warm water
Snehapana with Panchatikta Ghrita	For 6 days	Starting with 50 ml and gradually increasing upto 300 ml till appearance of <i>Samyak Snigdha Lakshana</i> .
Sarvanga Abhyanga with Ksheerbala Taila followed by Sarvanga Swedana.	For 3 days	-
Virechana with Haritaki Churna and Eranda Taila with Triphala Kwatha as Anupana.	For 1 day	As per <i>Koshtha</i> of patient.

After Virechana the patient was advised *Sansarjana Karma* for 3 days.

RESULT

After the Virechana Karma the patient conceived spontaneously (USG findings shown in picture 4). UPT was positive on 24/9/2019.

Picture 4: Showing USG findings after Virachana Karma.



DISCUSSION

Acharya Sushruta explained that the disorders of *Shukra* and *Artava* (*Artavadushti*) is associated with absence of *Beeja* (anovulation).^[5] So the first step was correction of *Artava Dushti*. As *Artava* is *Updhatu* of *Rasa Dhatu*, vitiated *Rasa Dhatu* due to *Jatharagni* or *Rasadhatvagni Mandyata* will leads to *Vitiated Artava* production. Also *Jatharagni Mandyata* will leads to formation of *Ama* which will cause obstruction to the channels (*Artavavaha Strotas*).

Lavana Bhaskar Churna was used for *Deepana Pachana Karma* of the patient for 3 days. It normalizes the *Jatharagni* and *Dhatvagni* thereby helping in proper production of *Rasa Dhatu* and *Artava Dhatu*. The *Panchatikta Ghrita* was used for *Snehana* and *Samyak Snigdha Lakshana* was observed on 6th day. It has *Tikta Rasatmaka* drugs which cause *Aampachana*, increases the *Jatharagni*.^[6] *Ghrita* is *Vatapitta Shamaka* and it is beneficial for *Rasa*, *Shukra* and *Oja*.^[7]

Ksheerbala Taila was used for *Abhyanga* for 3 days. It is antioxidant, uterine tonic. It primarily pacifies *Vata Dosh* and associated *Pitta Dosh*. It is used in disorder related to reproductive tract. Acharya Sushruta explained that there are four oblique *Dhamani* each divides gradually hundred and thousand times and thus become innumerable, by these the body is covered by a network. Their opening are attached to hair follicles. The *Dravyas* applied in the form of *Abhyanga*, *Parisheka*, *Avagaha* etc. absorbed through these opening after getting transformed (digested) by *Bhrajaka Pitta* in the skin.^[8]

Virechana Karma was chosen for *Shodhana*. *Virechana* is also beneficial for *Vata Dosh* along with *Pitta* and *Pitta Sansargaja Doshas*.^[9] The *Yogas* used were *Haritaki Churna* and *Eranda Taila* with *Triphala Kwatha* as *Anupana*. *Haritaki* is *Tridoshashamaka* specially *Vatahara*. *Eranda Taila* is also said to be *Vataharanam*. *Triphala* has *Rechana Karma* due to its *Sara Guna*. 8 *Vegas* were observed form *Virechana Yoga*. *Sansarjana Karma* was advised for 3 days. As far as *Virechana* is concerned, Acharya Charaka explained that *Virechana* causes normalcy of *Agni*, clarity of

Strotas.^[10] Acharya Sushruta told that it causes normalcy of *Agni*, it bring back the vitiated *Dhatus* to its normal state, causes clarity of intellect and strength in sense organs.^[11] Body and mind are inter related and as such by purification of body, mind along with intellect also get purified. Acharya Kashyapa told that by use of purgation the *Indriyas* get clarified, *Dhatus* get cleansed and the *Beeja* (sperm, ovum) becomes efficacious.^[12]

CONCLUSION

Holistic Ayurvedic approach can be very beneficial in infertility. According to Ayurveda each individual has a unique body constituent and treatment should be directed according to individual body type. Cleansing measures balances the *Doshas*, leads to formation of *Shuddha Artava Dhatu* which are essential for successful conception. These approaches improve the health of patient which leads to increase likelihood of conception. In this case, the line of management caused *Vatashamana* (main factor for *Vandhyatava*), *Shuddha Artava Updhatu Nirmaana*, *Beeja Karmukta*, and *Strotosuddhi*. It also provided strength to the reproductive tissues. All these lead to successful conception in the patient.

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