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Role of *Mundi Taila* on Anovulatory Factor - A Case Study

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ABSTRACT

Infertility is defined as inability to conceive with minimum one year of regular unprotected coitus. In Ayurveda, *Vandyatwa* is a condition where a female fails to conceive and unable to continue pregnancy. *Bheda* and *Chikitsa* of *Vandyatwa* is mentioned in Ayurvedic text. There may be many of reasons for this condition to cause. Anovulation factor is described as a cause of infertility. Ovulation is under the control of *Vata*. In current study, an effort has been made to study the effect of *Uttarbasti* on anovulation. A 27 years of Patient of female infertility having anovulatory factor being diagnosed by TVS for 2 consecutive cycles. Patient is administered the *Uttarbasti* through *Mundi Taila*.

Key words: Infertility, *Vandyatwa*, Anovulation, *Uttarbasti*, *Mundi Taila*

INTRODUCTION

Infertility not only threaten physical health, but has a strong impact on psychological and social wellbeing of couple. The integral part of achieving *Sreyasi Praja* are *Garbhsambhava Samagri* such as *Ritu*, *Kshetra*, *Ambu*, *Beeja*.^[1] *Beeja*, most essential part among the four has been considered as *Antahpushpa*^[2] i.e., ovum. As there are many causes of anovulation due to *Aartava Nasha* or *Nastartva*. Other causes of anovulation are PCOS. Due to H.P.O axis is disturbed and menstrual cycle becomes anovulatory. Anovulation can be included under *Beeja Dushti*. Ovarian factor contributes 15-25%^[3] and is the second common cause of infertility.

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Tridosha plays a major role in all the process involved in ovulation. *Vata* stands for proliferation and division of cells, rupture of follicle. *Pitta* helps in maturation of graffian follicle by its function of *Paka Karma*. *Kapha* gives nutrition for growth of cells. Ovulatory process manifest due to aggravation of all three *Doshas* but mainly *Vata Dosh*. *Uttarbasti* is considered as best treatment for *Vataj* disorders.^[4]

CASE STUDY

A 28 years old patient with irregular menses having length of cycle 90 days since 3-4 years came to OPD No-15 of *Prasuti Tantra Evam Stri Roga*, SKGAC & H, Kurukshetra with complaint of unable to conceive 4 years of marriage life of regular unprotected coitus. Ultrasonography suggested no any abnormality in Uterus and adnexa but multiple small antral follicles, no dominant follicle i.e. anovulatory cycle. Her Husband report of semen analysis was normal. She had gone 2 years of allopathic treatment but she did not get any relief. Therefore, she consulted for ayurvedic medication.

Personal History

Dietary habit revealed that she was taking vegetarian diet, Micturition history was 5-6 times per day, Bowel

History was one time per day, Sleep was sound. During per speculum examination, no abnormality found.

Asthvidha Pariksha

Parameter	Result
Nadi	Vata Kaphaj
Mala	Once a day, sometime constipation
Mutra	Normal, 5-6 times
Jivha	Niraam
Shabad	Prakrita
Sparsh	Anushna Sheeta
Drika	Prakrita
Aakruti	Madhyam

Dashvidha Pariksha

Parameter	Result
Prakruti	Vata Kaphaj
Vikruti	Madhyam Vatakaphaj
Sara	Raktasar
Samhanan	Madhyam
Praman	Madhyam
Satmaya	Madhyam
Satva	Madhyam
Ahara Shakti	Madhyam
Vyayam Shakti	Madhyam
Vaya	Madhyam

Menstruation History

Duration was 4-5 days with length of cycle was 60-90 days and quantity of cycle 2-3 pad per day. Flow painless.

Obstetric History - GOPOAOL0

Investigation

CBC, Urine R/M - Normal

Thyroid Profile - Normal

Prolactin - Normal

USG scan - Multiple Antral follicles in Bilateral Ovaries, no dominant follicle.

HSG - Normal, Husband semen analysis - Normal

LH - 8.73MIU/ml, FSH - 4.04MIU/ml

MODERN DIAGNOSTICS
Park Road, KAITHAL Ph. 87086-56248

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- ★ Color Doppler Ultrasound
- ★ Level-II Scan
- ★ Fetal Echocardiography
- ★ Vascular Studies
- ★ Sonomammography
- ★ TVS/TRUS
- ★ Digital X-Ray (500mA)

Patient's Name: _____ No. Of Prints Enclosed-4
Age/Sex: 28yrs Self Ref
Date 7.1.2023

ULTRASOUND FOR WHOLE ABDOMEN

Liver is normal in echopattern. No focal lesion is seen.
CBD and biliary radicals are not dilated.
GB is well visualised. Wall thickness is normal. NO calculus or mass is seen.
Spleen and pancreas are sonographically normal.
No peritoneal collection seen. No inflamed appendix localised.
Both the kidneys are normal in size, shape and outlines.
Cortical echogenicity normal on both the sides. No calculus or hydronephrosis seen on either side.
No calculus seen in visible portions of ureters.
Urinary bladder is normal in capacity and wall thickness. NO calculus or mass is seen.
Uterus is anteverted and measures 70x38x40mm. Outlines and echopattern of myometrium normal. No mass lesion is seen. Endometrial thickness is 5.0mm
Right and left ovaries are 10.4cc & 8.0cc in volume, respectively and show at least twenty follicles, largest 6.5mm & 4.5mm on right and left sides.
No T-O mass or pelvic collection is seen.

IMP: Multiple Antral Follicles -B/L Ovaries
-Correlate Clinically & with Lab Findings.
T.V.S. advisable for more precise diagnosis of uterine/adnexal pathologies.

DR. CHETNA SHARMA (Sonologist)

DR. NALIN SHARMA (Radiologist)

NOT FOR MEDICO-LEGAL PURPOSE

Before Treatment

Dr. Lal Path Labs
 Regd. Office: National Reference Lab, Dr. Lal Path Labs, Plot No. 4, Sector 18, Palam, New Delhi 11006
 Web: www.lalpathlabs.com, Call No.: 11-26104400

Name: _____ Age: 28 Years
 Lab No.: _____ Gender: Female
 Ref By: S2021 Reported: 10/1/2023 10:00:45AM
 Collected: 7/1/2023 2:44:00PM Report Status: Final
 A/c Status: P Processed at: Dr. Lal Path Labs Ltd
 Collected at: KATHAL-CC3 20F, 35, Sector-13, Noida, Pincode-201303, Haryana

Test Report

Test Name	Results	Units	Bio. Ref. Interval
FSH: FOLLICLE STIMULATING HORMONE, SERUM (Chemiluminometric Immunoassay)	4.04	mIU/mL	

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN mIU/mL
Adult Females	
Follicular	3.85 - 8.78
Mid Cycle Peak	4.54 - 24.34
Luteal Phase	1.79 - 5.12
Post-Menopausal	16.74 - 113.59

Clinical Use

- Diagnosis of gonadal function disorders
- Management and treatment of infertility in both genders

Increased levels

- Primary hypogonadism
- Gonadotropin secreting pituitary tumors
- Menopause

Decreased levels

- Hypothalamic GnRH deficiency
- Pituitary FSH deficiency
- Ectopic steroid hormone production

LH: LUTEINISING HORMONE, SERUM 8.73 mIU/mL
(Chemiluminometric Immunoassay)

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN mIU/mL
Adult Females	
Follicular	2.12 - 10.00
Mid cycle	19.18 - 103.03
Luteal	1.20 - 12.86
Post-Menopausal	10.87 - 55.64

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If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
 Tel: +91-11-3988-5050, E-mail: lalpathlabs@lalpathlabs.com

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 Tel: +91-11-3988-5050, E-mail: lalpathlabs@lalpathlabs.com

Before Treatment

Treatment Protocol

Shaman Chikitsa

- *Rajparvartini Vati*^[5] 500mg - BD After meal
- *Kanchanar Guggulu*^[6] 500mg - BD After meal
- *Kaumaryasava*^[7] - 2 tsf with equal water, BD After meal
- *Ashokarisht*^[8] - 2 tsf with equal water, BD After meal

Shodhan Chikitsa

Patient was given *Uttarbasti* of *Mundi Taila* 4ml continue for 3 days after cessation of menses for 3 cycle.

Prior to *Uttarbasti*, *Niruhbasti* is given. It creates osmotic pressure which enhance absorption of drug administration easily.

DIAGNOSTIC CENTRE
 House No. 3, Sector-13, Opp. Lucky Sweet House, Kurukshetra

Dr. Nisha Saini
 MBBS, DMRD
 Consultant Radiologist & Sonologist.

Ph. No.: 01744-221300
 Summer: 9:00 a.m. to 7:00 p.m.
 Winter: 10:00 a.m. to 2:00 p.m.
 4:00 p.m. to 6:00 p.m.
 SURVEY - 10:00 A.M. TO 1:00 P.M.

Age/Sex: 28/F
 Dated: 1/07/2023
 USG EDD: 23/02/2024

ULTRASOUND (EARLY OBST.)

- Uterus shows a single gestational sac with embryo of size 5 mm corresponding to 6 weeks 1 day.
- Cardiac activity is seen.
- Healthy decidual reaction is noted.
- No subchorionic bleed or hematoma is seen.
- Cervix Length: 3.7 cm
- Internal Os closed.
- Both Ovaries are normal in size and echopattern. No adnexal mass/ cyst seen.

IMPRESSION: Single live intrauterine pregnancy corresponding to 6 weeks 1 day.

Dr. Nisha Saini
 Radiologist (DMRD)

After Treatment

RESULT

After treatment Patient has regular menstruation bleeding during course of *Uttarbasti*. Patient had conceived naturally. Her LMP was 15-4-2023. Urine pregnancy test was conducted at hospital and found positive. USG taken on 1-7-2023 shows early intrauterine pregnancy of 6 weeks 1 day of gestational age. Both ovaries were normal in size, shape and echotexture.

DISCUSSION

Mundi Taila - *Mundi Taila* is an *Anubhut Yoga* is prepared in *Tail Paaka Vidhi* with *Kalka & Kashaya* of *Mundi Pushpa* in *Tila Taila*. *Mundi* is mentioned in *Nighantu* as pacifying drug in *Yoniog*.^[9] *Mundi* is *Vata-Kaphahara* and *Kledhara*,^[10] *Tila Taila* is *Vaishadyajanaka*, *Vikashi*, and *Lekhaniya*.^[11] Together it would act in balancing *Tridosha* so improves fertility. For proper functioning of HPO axis Ovulation, ascending of sperm through the female reproductive tract to reach the tube, fertilization, implantation.

From history of patient, it is evident she is suffering from *Agni Dushti* and *Agni* is the single most important factor in buildup of *Ama*. As mentioned in *Dhanvantari Nighantu*, *Mundi* pacify *Ama Dosh*. *Uttarbasti* is a type of *Panchkarma*, a *Basti Upkarma* which has been highlighted mainly for use in gynaecological disorders.^[12] *Uttarbasti* removes *Shrotorodha* and helps at the level for receptors in endometrium as well as ovary for hormonal balance.^[13] Hence *Uttarbasti* cures anovulation.

Kanchanaar Gugulu - *Lekhan Karma* stimulating the hormonal balance and in regulating the menstrual cycle. Improve follicular growth, development and acts on ovulation.

Ashokarishta - *Ashokarishta* balances *Vata Pitta Doshas* and effectively removes the *Ama Doshas* from the body, also regulates uterine functions and does *Garbhadharana Karma*.

Kumari Asava - It is helpful in ovarian dysfunction. It helps in regulating menstrual cycles, enhancing general health and wellness, balancing the endocrine system, increasing the chance of pregnancy and improves blood flow.

Raj Pravartini Vati - It is helpful in the treatment of amenorrhoea. Its main effect on uterus and ovaries. It helps in stimulation of ovulation and corrects the ovarian function.

Preparation of Drug

Raw material of *Mundi Pushpa* was procured from the good authentic source and identified and approved by Department of *Dravyaguna* and *Taila* was prepared in Pharmacy of *Rasa Shastra* and *Bhaishajya Kalpana* of Shri Krishna Govt. Ayurvedic College and Hospital, Kurukshetra.

Probable mode of action

Uttarbasti should be given in *Ritukala* due to proliferation phase of menstruation because new arterioles grows from old stumps in this phase. So, drug gets absorb easily^[14] and acts on HPO axis which facilitates the ovulation by enhancing action of LH, FSH. According to *Acharya Charak* oil is the best *Yonivishodhan Dravya*.^[15]

Systematic and proper use of *Mundi* can cure various lives threatening disorders. It has definite role as *Rasayana* and immune booster. Few selective herbs are mentioned in Ayurveda having pharmacological action on *Tridosha* - *Mundi* is one of them. It has *Tikta, Katu Rasa; Laghu - Rukhya Guna; Usna Virya* and *Katu Vipaka*.^[16] *Mundi* is widely distributed in India. Ayurvedic *Nighantu* have broadly mentioned *Mundi* in the treatment of different ailments of human being. It is a miracle herb has a definite strength to destroy *Ama, Visha*.^[17] It has definite role as an immunomodulator, analgesic, antibacterial. Due to *Vata* and *Kaphanashak* property *Mundi* use as a broad spectrum.

CONCLUSION

Here in this case, couple suffering from psycho social problem due to infertility since 4 years. The diagnosis was confirmed as primary infertility associated with multiple antral follicles in bilateral Ovaries. According to Ayurveda this disease is *Vandhyatwa* due to *Nashtaartava* so we can consider *Vata-Kapha Dosh*, so treatment was to release the obstruction of *Vata* which accumulated by *Kapha* in the channels and the effect of *Mundi* is *Vata-Kaphahara* and *Uttarbasti* cure anovulation and improves fertility.

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