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A Clinical Case of *Beejabhagavayava Dushti* managed with Ayurvedic approach

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ABSTRACT

Present days, there is a rapid increase in number of genetic disorders due to various causes. Mayer-Rokitansky-Kuster-Hauser syndrome (MRKH syndrome) is a congenital condition due to mullerian agenesis. This can be correlated with *Yonivyapats* such as *Suchimukhi, Shandi, Antarmukhi* and *Jataharinis* like *Shushkarevati, Katambhara.* In this work, once such case of a female patient, aged 19 years, presenting with primary amenorrhea is discussed. Rationality in therapeutic approach by implementing the classical principles, along with the surgical aid is also presented which eventually succeeded in treating her.

Key words: *Congenital, MRKH syndrome, Jataharini, Yonivyapat.*

INTRODUCTION

Concepts of anatomy, physiology and pathological considerations related to *Stree Shareera* can be traced in classics. Genetic and anatomical defects related to female body are explained in terms of *Beeja, Beejabhaga* and *Beejabhagavayava*.[1] Swift increase of genetic abnormalities in present scenario can be attributed to several causes like *Tulya Gotrata* (consanguineous marriage), *Ahita Ahara-Vihara* (lifestyle changes), *Prakriti (environmental factors)* and *Garbhopaghatakara Bhavas. Vandhyatwa, Trinapuli* and *Vaartadi Vyadhi* are resultant of following such *Nidana*.

Jataharini is one among various factors responsible for *Beejabhagavayava Dushti* as per *Kashyapa*. *Jataharini*[2] can be correlated with the factors which produce anomalies in the progeny. It is known to affect the pregnant lady who shows negligence towards her pregnancy. Negligence can be, in not following *Garbhini Paricharya*[3] and *Sadvritta Paripalana,*[4] which play an important role in fetal development, increasing the life span and quality of life.

A clinical case of young girl with presentation of congenital abnormality is selected and details are analyzed such as cause, signs and symptoms and treatment principles. Probable classical understanding and various management protocols that can be adopted are discussed here.

CASE REPORT

A female patient aged 19 years hailing from Hyderabad, an engineering student, approached with chief complaint of primary amenorrhoea associated with excessive per vaginal white discharge and occasional lower abdominal pain. She was, k/c/o Mayer-Rokitansky-Kuster-Hauser syndrome. She had undergone vaginoplasty 1 Year ago. Post-surgery, she developed white discharge P/V and lower abdominal pain. The discharge was thick, white in colour, associated with foul smell, itching. She was regularly

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using vaginal dilators. She did not have breast development and no pubic and axillary hair growth. For these complaints, she approached us for further management. (on 05/06/2015)

Her family history revealed consanguineous marriage among parents. Mother has a history of having excessive *Katu* and *Ruksha Ahara* during the period of pregnancy. She does not have siblings and all other family members are said to be healthy.

Her general examination revealed, height: 5 feet, weight: 37kg, BMI: 16.4 Kg/m^2, rest examinations were normal. Local examination revealed, Tanners chart - Breast development : Stage 1; Pubic hair : Stage 2

Investigation: On 13/4/2015, AMH - 1.11ng/ml (Low fertility), USG : Uterus - 2.43x1.25cm, ET - cannot be visualized, right Ovary - 3.5x3.6cm simple cyst, left ovary - 1.2x1.09cm, Impression: Hypoplastic uterus and right ovarian simple cyst.

Treatment Protocol

Date	Treatment Given	Duration
05/06/2015	*Nashtapushpantaka Rasa* 1-1-1, *Chitrakadi Vati* 1-0-1, *Kumaryasava* 3-3-3tsf, *Shatavari Rasayana* + *Ashwagandhavaleha* 1-0-1tsf	1 month
9/09/2015	*Abhyanga* with *Ksheerabala Taila, Balamoola Kwatha Parisheka, Rajayapana Basti* and *Matrabasti* with *Mahanarayana Taila Kala Basti* pattern.	7 days
25/03/2016	*Abhyanga* and *Parisheka, Rajayapana Basti* and *Matrabasti* with *Dhanvantara Taila. Nasya Karma* with *Phala Ghrita* followed by *Dhumpana* and *Kavalaghriha.*	7 days
06/05/2016	*Abhyanga* and *Parisheka, Rajayapana Basti* and *Matrabasti* with *Dhanvantara Taila. Nasya Karma* with *Phala Ghrita* followed by *Dhumpana* and *Kavalaghriha.*	7 days
02/01/2017	*Abhyanga* with *Ksheerabala Taila, Bashpasweda* with *Dashamoola Kwatha, Rajayapana Basti* and *Anuvasana Basti* with *Ksheerabala Taila, Yoni Basti* with *Shatavari Ghrita.*	7 days
09/01/2017	*Ashokarishta* + *Abhayarishta* 20ml TID, *Shatavari Ghrita* 2tsf BD, *Gomutra Arka* 2tsf BD	1 month

Patient developed improvement in the secondary sexual characters after 3rd course of admission and she continued the oral medications as she was unable to come for admission due to her academic work schedule.

Investigations done during treatment

Date	Investigation
12/09/2016	USG: Uterus: 3.1x1.1x2.4cm, Hypoplastic Uterus, ET- 2.5mm, Normal echo texture, No free fluid. Rest NAD
13/12/2017	MRI: Upper half of vagina not visualized suggestive of aplasia, Lower vagina seen, past vaginoplasty and it does not show. Normal uterus not seen, Two small rudimentary horn/ uterine buds are seen measuring 2.8*1.8cm on right 1.8*1.2cm in left. Functional endometrium seen. Right ovary: 2.6*2.4*1.7cm left ovary: 2.9*2.2*1.6cm. Multiple follicles are seen in both ovaries.

Patient underwent vaginoplasty again on 13/4/2018. She got her menstruation as spotting on April 2018. Since then, she is on regular menstrual cycle but bleeding occurs in the form of spotting.

Discussion

Beejabhagavayava Dushti lead to *Putipraja* in the female progeny. In other words, the female is unable to produce the progeny. This is supported with modern genetic parameters. Genetic mutation in the

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form of deletion or change in the structure of the chromosome causes structural anomaly in the foetus. Consanguineous marriage can lead to deletion of genes and bring about congenital malformation or structural anomaly in the foetus. Mayer Rokitansky Kuster Hauser syndrome[5] is a condition with under developed vagina, uterus, however the external genitalia is normal. This condition of mullerian agenesis and primary amenorrhoea, can be correlated with *Yonivyapats* such as *Suchimukhi, Vandhya, Shandi* and *Jataharinis* such as *Shuskarevati* and *Katambhara.*

Cause for both *Yonivyapat* and *Jataharini* is *Mithya Ahara* and *Vihara*. *Adharma* is considered as an important cause for the *Jataharini. Tulya Gotra Vivaha* or consanguineous marriage is one among them and it causes *Beejadosha*. Improper *Garbhini Paricharya* and *Sadvritta Palana*, being *Prajnaparadha,* cause *Tridosha Dushti*. Thus, affecting the growing foetus.

Line of management in such cases is preconception genetic counselling to prevent the congenital malformation in the foetus and *Beeja Samskara* for getting *Shreyasi Praja. Garbhini Paricharya* is of special consideration as *Matrajadi Shad Bhava* play an important role in development of the foetus.

In the present case, *Shushkarevati Jataharini* and *Shandi Yonivyapat* are taken into consideration and treatment was planned. *Balya* and *Artava Jana Dravyas* were used for the treatment. Probable mode of action of the medications can be explained as follows,

- *Rajayapana Basti* is *Balya* and helps in the *Dhatu Vardhana* and *Agni Vardhaka.* The patient had under developed secondary sexual characters and low BMI. This can be attributed to *Dhatvagni* and *Jataragni Mandya*.
- *Apana Vata Dushti* is seen in the patient, thus *Basti Karma,* being *Vatahara* is ideal treatment. *Basti Karma* helps in increasing the blood flow to the pelvic organ and there by enhancing their growth.
- Along with *Basti, Nasya Karma* was combined in the later visits. HPO axis has a prime role in maintaining menstrual cycle.[6] *Nasya Karma* has a direct action on this axis by regularising the GnRH hormone and restoring the normalcy of the pituitary gland.
- In this case of primary amenorrhoea, underdeveloped secondary sexual characters indicate hormonal misbalance, *Nasya Karma* helps in regulating the hormones and helped in improvement of the secondary sexual characters.
- *Yoni Basti* was adopted in further course of treatment; *Yoni Basti* has a local action on the uterus and vagina. Vaginal wall has high efficacy for the lipid soluble molecules. *Shatavari Ghrita* was used for the *Yonibasti Karma, Shatavari* is considered as *Streedoshaghna* according to Dhanvantari Nighantu,[7] it is also *Balya* thus help in strengthening the uterus and other reproductive organs. *Shatavari* is also a rich source of phytoestrogen, thus it helps in improving the secondary sexual characters and also improving the endometrial thickness.
- In this case the patient did not have functional endometrium, but after the *Yonibasti* she developed functional endometrium.
- Oral medications *Nashtapushpantaka Rasa, Kumarysava* are *Artavajanaka*, they act at the hormonal level thereby synchronising the menstrual cycle. *Ashwagandhavaleha, Shatavari Avaleha* are *Balya* and helps in increasing the *Bala* of the patient.

CONCLUSION

Shuskarevati and *Shandhi* are considered as *Kricchrasadhya* and *Vatahara* line of treatment is indicated. Though complete cure is not possible through medication, a combined medico surgical approach can be taken into consideration. MRKH syndrome is due to mullerian agenesis, surgical approach was necessary in order to have an established path between the uterus and vagina. Medical management was successful in establishing

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the secondary sexual characters and bringing about the menstrual cycle.

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