



TO EVALUATE THE EFFICACY OF GOKSHURA CHURNA IN VANDHYATWA W.S.R TO ANOVULATION: A CASE STUDY

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ABSTRACT

Infertility is defined as failure to conceive within one or more year of regular unprotected coitus. Currently in India , infertility effects 10-15% of population i.e 1 in 7 couples of reproductive age, where ovulatory factor contribute 25-45% which often causing psychological disorders due to stress, junk food habits, sedentary lifestyles, anxiety which in turn leads to hormonal imbalance and alters ovulation. An ovulatory cycles have become a lifestyle disorder, it has a number of clinical manifestations including amenorrhea, dysfunctional uterine bleeding and hirsutism The condition has a serious potential consequences such as infertility. Bhavaprakasha explained vandhya yoni is caused due to vata prakopa. The important factors (Garbha sambhava samgri) for conception are rtu, ksetra, ambu, bija, marga, hrdaya and vata.the normal functioning of all the above mentioned factors is vital for fertilization, implantation, growth, nourishment and delivery of a live foetus. If these factors get affected then it leads to vandhyatwa. In Bhaisajya Ratnavali, in YONIVYAPAT CHIKITSA acharya has mentioned Gokshurachurna with nirgundiswarasa are used in vandhya The main aim and objective of the study is To evaluate the efficacy of gokshura churna in vandhyatva. Vandhyatva is due to vata prakopa. As gokshura and nirgundi has vatahara properties. Gokshura is vrsya and rasayana it helps in treating vandhyatwa.

KEY WORDS: Gokshura churna ,Vandhyatva, Anovulation.

INTRODUCTION

In Ayurveda, Prasuti Tantra and Stree Roga is a specialised branch of science contributed purely for women ailments and their managements, including pregnancy. A healthy women is a promise of healthy family. In different phases of a women's life, from puberty to menopause, the concept of healthy yoni has been mentioned in Ayurveda as well as in modern.

Infertility is defined as failure to conceive within one or more year of regular unprotected coitus. Infertility is now a growing problem. Clinicians encounter a large number of infertility cases in day to day practice.¹ Currently in India , infertility effects 10-15% of population i.e 1 in 7 couples of reproductive age, where ovulatory factor contribute 25-45% which often causing psychological disorders due to stress, junk food habits, sedentary lifestyles, anxiety which in turn leads to hormonal imbalance and alters ovulation. An ovulatory cycles have become a lifestyle disorder, it has a number of clinical manifestations including amenorrhea, dysfunctional uterine bleeding and hirsutism . the condition has a serious potential consequences such as infertility.²

Women face a number of illness related to reproductive organ , mainly during the fertile age, problem related to genital tract and organs are broadly explained under Yonivyapad. There are 20 Yonivyapad explained on the basis of dosas. Vandhya is one among the Yonivyapad. Vandhyatva (female infertility) is a common problem in clinical practice and diagnostic assessment is important for making the right treatment. Acharya Vagbhata explains congenital mal development of deformity due to Bijadosa of female genital tract is the cause of Vandhyatva.³

ACHARYA CHARAKA In Shareera sthana, Mahatigarbhavakrantiadhyaya, has mentioned Vandya one among Streevyapad and explained Garbhasya Beeja Bhaga Pradosa leads to Vandya. In Chikitsa sthana ,Yonivyapad are 20 in number . these ailments are caused by wrong regimen, menstrual morbidities, defective genes and Daiva or Karma. Acarya Caraka considered Vandhya as complication of Yonivyapad.⁴

ACHARYA SUSHRUTA Among the 4 essential factors i.e Rutu, Kshetra, Ambu and Beeja, where Beeja is directly related to ovulation process.⁵

BHAVAPRAKASHA explained Vandhya Yoni is caused due to Vataprakopa.⁶

In **BHAISAJYARATNAVALI**, in YONIVYAPAT CHIKITSA acharya has mentioned Gokshura churna with Nirgundi Swarasa are used in Vandhya.⁷

AIMS AND OBJECTIVES

To evaluate the efficacy of Gokshura churna in Vandhyatwa.

CASE REPORT

Name : xyz

Age : 26yr

Sex : Female

Occupation : Housewife

Marital status: Married

Marital life : 5year

Address : Bidar

Economic status : Middle class

CHIEF COMPLAINT

ANXIOUS TO CONCEIVE SINCE 5 YEAR.

HISTORY OF PRESENT ILLNESS-

Patient with the history of 5 years of primary infertility came to our hospital for the treatment.

HISTORY OF PAST ILLNESS- NO history of DM/HTN/TB/STD.

FAMILY HISTORY- All are said to be healthy

PERSONAL HISTORY-

Appetite- Good

Diet- Veg

Sleep- Sound

Bowel habits- 2-3 times/day

Micturition -5-6 times /day

MEDICAL HISTORY

No Previous Medical Or Surgical Illness.

MENSTRUAL HISTORY:

Regular

Duration: 4-5days

Interval : 30days

No. Of Pads Used : 2-3pads/Day

On examination she was found that she was belonging to vatapittaja prakruti and there was no abnormal finding seen in general and systemic examination.

P/S EXAMINATION – normal, cervix healthy

P/V EXAMINATION – normal anteverted uterus, fornices - free

INVESTIGATION

Blood group: 0+ve

Hb: 11gm/dl

WBC 6600/ul

Platelet count: 2.22lacs/cumm

HIV: negative

HBsAG : negative

Follicular study shows no dominant follicle

DIAGNOSIS

Primary Infertility With Anovulation.

TREATMENT

Drug : Gokshura churna

Dosage: 3gm bd before food

Anupana : Nirgundi swarasa

Duration: 8days (Lmp 5th day to 12th day)

Follow up : Every month for 3 cycles

BEFORE TREATMENT**LMP 12TH DAY:**

RT. OVARY AFC 4-6 IN NO. NO E/0 DF

LT. OVARY AFC 3-5 IN NO. NO E/0 DF

ENDOMETRIAL THICKNESS 5.5MM

LMP 14TH DAY:

RT. OVARY AFC 5-7 IN NO. NO E/0 DF

LT. OVARY AFC 4-6 IN NO. NO E/0 DF

ENDOMETRIAL THICKNESS 6MM.

AFTER TREATMENT**LMP 12TH DAY:**

RT. OVARY AFC 10-12 IN NO. E/0 DF

LT. OVARY AFC 9-11 IN NO. E/0 DF

ENDOMETRIAL THICKNESS 7MM.

LMP 14TH DAY:

RT. OVARY AFC 11-12 IN NO. E/0 DF

LT. OVARY AFC 10-11 IN NO. E/0 DF

ENDOMETRIAL THICKNESS 7.6MM.

LMP 16TH DAY:

RT. OVARY RUPTURED FOLLICLE

ENDOMETRIAL THICKNESS 8MM

DISCUSSION

There is dominance of vata dosha in Vandhyatva. Gokshura has Madhura guna, Snigda guru guna, sheeta virya and Madhura vipaka, it is vatapittahara, rasayana, vrsya. Nirgundi has katu tikta rasa, laghu ruksha guna, ushna virya and katu vipak, it is kaphavata shamaka, Deepana, pachana, balya rasayana. As Gokshura and Nirgundi have Vatahara property it pacifies Vata dosa and stimulates the HPO axis with promoting ovulation. It helps in correcting an Anovulatory cycle. Before treatment there was no evidence of dominant follicle. After treatment i.e after 3 cycles there was evidence of dominant follicle and ruptured follicle was seen.

CONCLUSION

Thus present case study concludes that the holistic approach of Ayurvedic medicine gives aid to the patient of infertility which is caused due to ovarian factor. This treatment is not directly hormonal stimulation but indirectly keeping hormones in normal state. Ayurveda addresses the internal balances and external influences contributing to the problem, improving the overall health of the individual, stimulating the hypothalamus and pituitary glands thereby indirectly inducing the ovaries to ripen and release eggs.

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