

**PANCHAKARMA IN INFERTILITY- A CASE STUDY**

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**CASE HISTORY**

A female patient XYZ of age 26 years with weight 49 kg married 5 years back came with complaints of oligomenorrhoea and primary infertility. Patient gave detail history that, she had regular menses but flow was less (i.e. 1-2 days flow/30-32 day's cycle/ 1 pad). She has taken treatment for these complaints of oligomenorrhoea, backache and infertility from general practitioner doctor 1 year followed by allopathic treatment for 2 years. There was no relief so she shifted to homeopathic treatment for 1 year. But still there was no relief and patient thus came to take Ayurvedic treatment.

During this course of treatment all basic investigations were done of both husband and wife.

**Husband:** Semen analysis was normal with normal morphology of sperm. Also he had no complaints of erectile dysfunction etc.

He was given advice of *shodhana chikitsa*, but only *Virechana shodhana* was given due to short time (*sneha vicharana* followed by *Haritaki churna* 10g for three days after which *pathyaapathya* was followed).

**Wife:** USG pelvis and Hysterosalpingography reports were normal, ovulatory study showed anovulatory cycles.

Detail examination of patient was done; in which patient was found *vataprakruti*, *vishamagni*, *krurakhosti*.

General and systemic examinations along with per abdomen and per vaginal examinations were normal.

Treatment planned for the patient was *Yoga basti* and oral medicines prescribed were *Chandraprabhavati* 250 mg BD and *Dashamularishta* 15ml BD.

**YOGA BASTI**

*Sarvanga snehana* & *swedana* was done before each *basti*.

*Anuvasana basti*:-

*Balataila* 60 ml + *Saindhavalavana* 1g.

*Niruhabasti*:-

*Bala*, *Gandharvamula* –*kashaya*;

*Bilva*, *Musta* – *kalka*; *TilaTaila*, *Madhu*, *Saindhavalavana*.

1<sup>st</sup> and 2<sup>nd</sup> day: *Anuvasana basti* after meal.

3<sup>rd</sup>, 5<sup>th</sup>, and 7<sup>th</sup> day: *Niruhabasti* followed by light diet.

4<sup>th</sup>, 6<sup>th</sup> and 8<sup>th</sup> day: *Anuvasana basti* after meal.

After completion of *basti* oral medication was continued and during this course, *pathya* diet was followed compulsory.

This *Yogabasti* was repeated for two cycles after 5<sup>th</sup> day of menses with oral medications. Patient was asked to take chance (have intercourse) on the fertile days i.e. 13<sup>th</sup> to 18<sup>th</sup> days of menses.

After 2<sup>nd</sup> cycle of menses, patient was expecting menses to start on 26<sup>th</sup> day of cycle. But she did not had till 35<sup>th</sup> day of menses. So urine pregnancy test was

done which showed positive result, later on confirmed by USG.

Oral medication was changed from *Chandraprabha vati* and *Dashmularista* to *Phalagrita* 10g BD and *Suvarnamakshika bhasma* 125 mg BD.

During this period of *basti* treatment, *Agnivridhi*, *malashudhi*, regular calm sleep was seen in the patient.

*Basti chikitsa* acts by *prabhava* causing *agnivridhi* and *vatanulomana*. It removes all the *vikruta doshas* and give strength to the *dhatu*s. *Chandraprabha vati* is *sarvaroganashini*, *balya*, *vrushya*, *artava roganashak*, removes *kleda*, *Rasayana* etc. *Dashmularishta* is best for *vata dosha* disorders, *dhatu kshaya*, and have 'vandhyanamgarbhadaparaha' property. *Phalagrita* helps to maintain the pregnancy.

## CONCLUSION

Thus, this total treatment may have stimulated hypothalamo-pituitary-ovarian axis by regulating all the *doshas* in the body, removing *kleda* and giving *balya* to the *dhatu*s (may be correlated with: regulates the co-ordination of hormones, stimulates the organs to secrete their secretions and also give strength to the organs). *Yoga basti* along with oral medication have brought ovulation due to which patient conceived.

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