

# Article systemic Review of Basti in management of PCOD and PCOD related infertility

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**Abstract**—Polycystic ovary syndrome is a disorder of reproductive women characterized by hyperandrogenism (elevated free testosterone levels and hirsutism), ovulatory dysfunction, and polycystic ovarian morphology. In Ayurveda also no disease can be compared directly with PCOS. Some of clinical symptoms of PCOS may simulate Granthibhoota Artava dushti and if not treated early lead to the full manifestations and complications of PCOS. Lifestyle factors such as sedentary habits, pollution, and excessive junk food consumption contribute to the escalating incidences of PCOS. Globally, it is estimated to affect 6%–10% of women, with a higher prevalence of 3.7% to 22.5% among Indian women. It is characterized by delayed menstruation, oligomenorrhea, acne, hirsutism, thinning of hair, infertility, and obesity. Ayurveda advocate prevention of disease by following dincharya and ritucharya, by use of pathya aahar, vihar, aushadh which include panchkarma and also by avoiding apathya aahar, vihar, prajnaparadha, mandagni. Present article reviews the PCOS and related infertility, basti treatment in it.

## I. INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder that affects women of reproductive age. It is a common condition that affects about 1 in 10 women worldwide and is characterized by the presence of multiple small cysts in the ovaries, irregular menstrual periods, high levels of androgens, and insulin resistance. PCOS has become very common now a days. PCOS is commonest endocrinopathy of reproductive aged women. PCOS is mainly typified by presence of oligo/anovulation, excess androgen production and multiple small cysts in ovary. Presence of hyperandrogenism may vary among the ethnicities as PCOS is heterogenous, multifactorial and polygenic

condition.[1] Women with PCOS have a 30-50% of risk of miscarriage, which is 3 times higher than normal women.[2] As per Ayurveda perspective symptoms of PCOS simulates *Pushpaghani Jataharini*[3], *Artavkshaya* and *Bandhayatva* because there is involvement of *Tridosha* along with *Rasa, Rakta* and *Meda* *Dhatu* so *Rasavaha, Raktavaha* and *Artav-Vaahi Srotas* are affected due to which above *Lakshana* are found. PCOS cannot be directly correlated with any gynaecological disorders mentioned in Ayurveda. The Artava term is also used to represent ovum and hence among the 8 Artavadushtis which leads to Abeejata (anovulation), Granthibhoota Artavadushti have the features like Granthila artava can be correlated with the termination of follicle maturation and became cystic in nature. This prevents proper growth of follicle to release a mature ovum as in polycystic ovary. Authors of today's modern science conclude their talk about PCOS with that - Early recognition and intervention, such as weight control, diet and lifestyle modifications may prevent / delay the development of further complications of PCOS. Ayurveda, the science of life starts with the quote "Swasthasya swasthya rakshanam aaturasya vikar prashmanam cha" PCOS seems to be a disorder involving vata, pitta, kapha, medas, ambuvahasrotas, artava dhatu. So, these all need to be considered in treatment. PCOS can be prevented / treated with the help of aahar, vihar and aushadh. Ayurveda described various treatment modalities for the reduction of symptomatic manifestation of PCOS including medications, dietary modifications, good conduction of daily regimen, Yoga and Panchakarma therapy. The therapies that pacify vitiated Rasa and Rakta Dhatus, detoxify body from toxins, balances levels of Rakta Dhatus and open up body channels may

provide benefits in ovarian cysts. Present article reviews the effectiveness of basti treatment in PCOS.

## II. DISCUSSION

As per Ayurveda perspective symptoms of PCOS simulates Pushpaghani Jataharini[3], Artavkshaya and Bandhayatva because there is involvement of Tridosha along with Rasa, Rakta and Meda Dhatu so Rasavaha, Raktavaha and Artav-Vaahi Srotas are affected due to which above Lakshana are found. Polycystic ovarian syndrome, also known as Polycystic ovarian disease or PCOD is a very common female health complaint. The word “Syndrome” is used to describe the PCOD because, it is a complex manifestation involving many factors and organs such as – obesity, insulin resistance, irregular menstrual bleeding (in most cases, excessive menstrual bleeding), abnormal menstrual periods & cycle, lack of ovum production (anovulation) etc.

Organs involved in Polycystic Ovary disease 1. Ovary – the female gonad organ, present at the either sides of the uterus. 2. Adrenal glands – The glands which are placed just above the both the kidneys. 3. Pancreas – Gland that produces insulin in our body. 4. Pituitary gland – the gland just below the brain, which is responsible for all the hormonal control.

## III. NIDANA

1. Mithyachara This includes Mithyaahara and Mithyavihar. Abnormal diet includes spicy, oily, junk food and abnormal life style includes Diwaswapna, Ratrijagrana, stress and Mansikbhawa.

2. Pradushtartava Under the influence of various hormones cyclic shedding of endometrial lining occur which results in production of menstrual blood. In patients with PCOS, dysregulation occurs in androgen forming enzyme resulting hyperandrogenism.

3. Bijadosha Chromosomal and genetic abnormalities. The following are some of the risk factors for PCOS [4]

Genetic components A PCOS family history, Maternal congenital adrenal hyperplasia, Androgen-secreting tumours, Low birth weight/small for gestational age, Premature adrenarche are all signs of high levels of androgen in the mother during pregnancy.

Endocrinological factors include Obesity, Insulin resistance, The onset of type 1 diabetes mellitus before menarche. Medicines, such as anti-epileptic medications like valproate.

Clinical features of polycystic ovary syndrome [5]. Oligomenorrhea/amenorrhea, Infertility/first trimester miscarriage, Obesity, Hirsutism, Acne, Acanthosis nigricans, Male pattern alopecia, Anovulation is the major pathology that is responsible for various changes in PCOD.

Pathogenesis

Typically, the ovaries are enlarged two to five times the normal size (PCOS – Ovarian cysts). Stroma is increased. The capsule is thickened and pearly white in color. Ovary which is normally oval in shape, will have many cysts within it. Hystologically there is thickening of tunica albugenia. The cysts are follicles at varying stages of maturation and atresia. There is theca cell hypertrophy (stromal hyperthecosis). Patient may present with features of diabetes mellitus (insulin resistance).

PCOS in Ayurveda

1. Shandi Yoni Vyapad (C.S.) “Bijdoshattu garbha sthmarutophatshya. Nradweshinya stani chaiv shandi syadanupkramah” (C.S.Ch. 30/34-35).

A congenital disorder (bijadosha).

Absence or slight development of breasts.

Dislike coitus.

Incurable Disease.

2. Shandi Yoni Vyapad (S.S.)

“Anartavstna shandi kharsparsha cha maithune. Chashravapi chadhyasu sarvlingochhitirbhavet” (S.S.Ut. 38/18-20).

Primary amenorrhoea (anartava).

No breast development (astana).

Capable of coitus but vaginal canal is rough.

3. Bandhya

“Yada hyasyah shonite garbha shyabeejbhagah pradoshmapadyate. Tada bandhyam janyati” (C.S.Sh. 4/30).

Bijamsa dushti (chromosomal /genetic abnormalities); if part of bija responsible for the development of uterus is defective then born girl child would be bandhya (infertile)

4. Bandhya Yoni Vyapad “Bandhyam nashtartvam vidhyat chashrastpichadyasu bhavantyanilvednah” (S.S.Ut. 38/10-11).

Breast developed (only differentiating point with shandi).

Has amenorrhoea (nastratava considered as destruction of artava of female foetus)

5. Vikuta Jatiharini “Kalvarnapramanerya vishmam pushpamrichhati. Animittbalglanirvikuta nam sa smrita” (Ka.S.K. 6/34-35).

Oligomenorrhoea and scanty menses or excessive menses.

General weakness (metabolic manifestation).

6. Pushpaghni Jatiharini “Vritha pushpam tu yo nri yathakal prapashyati. Sthulalomashganda vpushpaghni sa api revati” (Ka S.K.6/32-33).

It is curable. woman menstruate in time but it is useless (vyathpushpa i.e anovulatory cycle).

Has corpulent and hairy cheeks hirsutism; may be due to hyperandrogenism. Thus, Pushpaghni jatiharini seems to be nearer to polycystic ovary syndrome.

Sthula purusha (obese person) in ashtanindiya (censurable person) described by Acharya Charak have described 8 faults which include polyuria, polydipsia and short life. This condition may simulate with hyperinsulinemia condition. Atiloma person with excessive hair growth is also a censurable person. Above two conditions may indicate female afflicted with PCOS.

Ayurvedic Management

Aama Chikitsa

Vatakapha Hara Dravyas

Sodhana

Samana

Detoxification for the management of PCOS

Vamana: Vamana is a detoxifying technique helps in hormonal balance, improves fertility and reduces weight gain capacity. However, ayurveda recommended that Vamana should be used with great care in PCOS patients.

Virechana: Virechana removes toxins by inducing purgation through enhanced bowel movements. Virechana reduces obesity, control irregularity of menstrual periods; maintain hormonal balances, induces skin pigmentation and control other symptoms of PCOS.

Basti (Vasti): In PCOD main involvement of vata is of Apanvayu and as given in Ayurveda Basti is the prime effective chikitsa for such condition. The major goal of the panchkarma chikitsa is to maintain proper menstrual flow. Mulstahana of Aartavasritas is Garbhashya and Aartava vahini dhamni – the ultimate sthan of the Apanvayu.

Enema of medicated oil or Decoction is given through Rectum. Vitiated “Vata” can create various health

problems. Basti releases obstructions in the way of Vata dosha and thus regulates the normal phenomenon of “Vata”. Different types of medicated Oils, Ghruta, milk or decoctions are used for Basti treatment. It can state miracles if administered in a proper way with appropriate medicines. Basti procedure eliminates the doshas from rectum. It balances the “Vata” Dosha. Apana Vayu is the type of “Vata Dosha”, which controls on the Shukra Dhatu (Semen) in males & Aartava (Ovum) in females. “Apan Vayu” controls the reproductive system.

According to Samprapti, there is vitiation of Tridosha especially Vata dosha, which causes Agnidushti as a result Aama formation occurs. Aama directly influence Rasa dhatu formation which cause improper functioning of Artavavha srotos causing Kha vaigunya, Sanga, or Avarana as a result anovulation and infertility occurs due to PCOS. Basti treatment is considered half treatment as per Acharya charaka.[6] Basti dravya normalizes Apana Vata leading to normal Raja pravritti and normal Beeja nirmana[7]. Basti in PCOS patients regulates the hypothalamic-pituitary-ovary The treatment given to the patient directly and indirectly works on Agni and hence corrects the condition. Probable mode of action of Basti is illustrated below: axis, resulting in normalization of the ovarian cycle as well as the menstrual cycle. Apana Vata function could be attributed to parasympathetic activity. Basti is introduced through the rectum and may stimulate the parasympathetic nerve supply, which aids in the development of follicles and the release of ovum from the ovary [8].

The procedure “Basti” regulates Apan Vayu which improves quality of Semen & Ovum. In females’ oil Basti of “Sahachar Tail” improves quality of ovulation within normal days. In males the Basti procedure improves quality & quantity of Semen i.e. it improves total sperm count and motility of Semen.

Preparation of Basti dravya for Nirooha:

Basti dravya was prepared by mixing in the order of Saindhava, Madhu, Taila, Kalka, Kashaya and finally a homogenous mixture was formed. This mixture was filtered and used for Nirooha Basti. Yoga basti Procedure Palasa basti was used as Nirooha basti and Tilataila for Sneha basti. 1st 2 days Sneha basti was done, then alternate 3 Nirooha and 2 Sneha basti and ends with one Sneha basti. Nirooha basti was

administered in empty stomach and Sneha basti after the intake of food.

Poorva Karma: Sthanika Abhyanga (Local massage of abdomen and low back) with Bala Taila for 15-20 min and after that local Swedana was done for 15-20 min.

Pradhana Karma: Enema can was filled with the lukewarm Basti dravya and Nirooha basti dravya was administered per rectally to the patient in left lateral position with enema nozzle which is connected to an enema can.

Pashcat Karma: After return of Basti dravya and evacuation of bowel, patient was advised hot water bath and intake of food. Proper rest was advised after Nirooha Basti.

Sneha Basti: Bed rest for at least 1 hour and hot water bag Swedana for abdomen.

Benefits of Basti

Female Infertility = Irregular Menses, Dysmenorrhea, P.C.O.D. Fallopian Tubal Block.

Male Infertility = Erectile Dysfunction, Libido, Decreased Motility etc.

Useful Herbs in PCOS Treatment Aloe vera, cinnamon, fenugreek, amalki, honey, glycosugars, shilajit, shatawari, aswagandha, Kauncha, Vidarikand, salam, ashoka, are the useful herbs.

With Ayurveda's basic concept of Dosha, Dushya, Dhatu, Srotas and Sthanadusti any rog condition can be diagnosed and treated. In such presentation of PCOD Panchakarma chikitasa of Basti helped in maintaining proper ovarian function to have hormonal balance in regular manner for normal menstrual cycles. So, from this we can say that Ayurveda helps in freeing symptoms of PCOD along with fruitful treatment of Pachakarma without any adverse effect.

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