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*RESEARCH ARTICLE*

# STREE BEEJ AND ITS ROLE IN INFERTILITY - A CASE STUDY

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## *Abstract*

This case study explores the Ayurvedic concept of Stree Beej, emphasizing its pivotal role in addressing infertility. Examining the complex relationship between the doshas (Vata, Pitta, and Kapha) and Stree Beej, which is the female reproductive seed, the research explores imbalances that result in infertility. An in-depth analysis of a particular case clarifies the efficacy of Ayurvedic treatments, such as Shatavari, which are herbal therapies. The results highlight the need of reestablishing doshic balance in order to improve Stree Beej vitality and provide important new information on Ayurveda's comprehensive approach to treating infertility with customized remedies and lifestyle modifications.



## Introduction:-

The idea of Stree Beej is very important in the complex web of Ayurveda, the traditional Indian medical system, especially when it comes to treating infertility. Representing the very core of the female reproductive system, Stree Beej combines the vata, pitta, and kapha doshas in a way that transcends the physical components of reproduction. This investigation explores the Ayurvedic view on infertility, emphasizing the significance of Panchakarma therapy and the role of Stree Beej. The complete detoxification and rejuvenation method known as panchakarma is essential to reestablishing doshik balance and nourishing Stree Beej for the best possible reproductive health.

Infertility has emerged as a prevalent health concern for married couples in contemporary times, defined by the inability to conceive following a year of consistent and reasonable frequency of intercourse. This condition affects approximately 10-15% of couples, (01) with male infertility contributing to 30-40%, female infertility to 40-55%, and 10% of cases remaining unexplained. (02) A detailed examination of female infertility reveals that ovulatory factors account for about 30-40% of cases, with Poly Cystic Ovarian Syndrome (PCOS) playing a significant role among anovulatory causes. (03) PCOS diagnosis relies on indicators such as anovulation, elevated androgen levels, and the presence of multiple ovarian cysts observed through ultrasound findings. (04) Often, these conditions manifest with symptoms like obesity, amenorrhea, and hirsutism.

### Need of Study

This study on the Ayurvedic concept of Stree Beej and its role in infertility is essential due to the rising global concern of infertility. Investigating the intricate dynamics between Stree Beej, doshas, and personalized Ayurvedic interventions through a case study contributes vital insights, addressing knowledge gaps and enhancing our understanding of alternative approaches to reproductive health.

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**Case History**

**Patient Profile**

A married couple, both school teachers, sought private consultation at a home clinic's OPD due to their persistent challenge of infertility despite 9 years of regular unprotected sexual activity. While the husband's semen parameters were normal, the 32-year-old wife experienced menstrual irregularities for the past 8 years, with cycles spanning 6 days at intervals of 6 to 7 months. The couple had undergone a decade of hormonal treatment and two Intra Uterine Inseminations. Notably, rapid weight gain occurred during this period. The wife reported itching, abnormal vaginal discharge, and painful intercourse, raising additional concerns during their initial OPD visit.

**Clinical Observations**

The patient exhibited obesity, weighing 92 kg with a BMI of 34.88. Physical examination revealed acanthosis nigricans on the neck and hirsutism, particularly noticeable on the chin and upper lip. Per vaginal and per speculum examinations unveiled clitoromegaly, a bulky uterus, eroded cervix, and abnormal vaginal discharge. Ultrasound reports indicated polycystic morphology in both ovaries, each with a volume of 13 cc. The uterus was measured at 75 x 32 x 38 mm, displaying an anteverted position.

**Diagnostic Assessment**

Following a thorough examination of both subjective and objective parameters, the patient received a diagnosis of primary infertility linked to Polycystic Ovary Syndrome (PCOS). From an Ayurvedic perspective, this condition aligns with Vandhyatva associated with Nashtartava, wherein the encumbrance (Avarana) of Artavavavahasrotas (the channel transporting Artava), Kapha Medoduṣhti, and Srotorodha are identified as causative factors. Detailed analysis of the patient's signs and symptoms indicated an elevation of Vata and Kapha with a reduction in Pitta. (05) Treatment principles focusing on Vandhya, Nashtartava, and Medohara were consequently applied in accordance with these findings.

**Therapeutic Intervention**

**1) Therapeutic Approach (06,07,08)**

1. Deepana (Carminative): Aims to kindle the digestive fire.
2. Pachana (Digestive): Focuses on aiding digestion.
3. Anulomana: Promotes regular bowel movements.
4. Lekhana (Scraping): Involves scraping off excess tissues or fat.
5. Rajapravartaka (Induces Menstruation): Facilitates the onset of menstruation.

**Medicines with Dose**

1. **ChiruvilvadiKwatha** should be consumed in the morning on an empty stomach, mixed with 15 ml of lukewarm water and 45 ml VaisvanaraCurna (amount not specified).
2. **NirgundyadiKwatha,** taken in the evening before food, requires 15 ml with lukewarm water. Additionally, Tablet TriphalaGugulu (2 tablets) should be consumed concurrently.
3. At 2 pm, **Tab. AnnabhediSinduram** is recommended, to be taken with fresh lime juice as accompanying therapy.

**Specific Advises**

1. Diet: Recommends a less oily, less spicy, and pure vegetarian diet.
2. Exercise: Suggests regular exercise for 30 minutes and regular walking for 45 minutes.

**2) Panchakarma intervention (09,10)**

**1. Udvarthana, Takrapana**

- Medicines Used: Vara chruna.
- Duration: 9 days.
- Remarks: Achieved Rukshana (dryness).

**2. Snehapanam:**

- Medicines Used: Sarshapataila.
- Duration: 6 days.
- Remarks: Noted vomiting and loose bowel.

3. **Abhyangam:**
- Medicines Used: Dhanvantaratailа.
- Duration: 1 day.

4. **Utklesana:**
- Medicines Used: Cooked masha as food.
- Duration: 1 day.

5. **Vamana:**
- Medicines Used: Madanaphalakalka and Yashimadhuphaṇṭa.
- Duration: 1 day.
- Remarks: Addressed Pittadarsana (vision issues related to Pitta).

6. **Virechana:**
    - Medicines Used: Gandharva hasthadierandataila.
    - Duration: 1 day.
    - Remarks: Administered 15 days post-Vamana.

7. **Anuvasana:**
    - Medicines Used: Pipalyaditaila.
    - Duration: 5 days.

8. **Lekhana Basti:**
- Medicines Used: Erandamoolakwatha, Dhanyamla, Pipalyaditailam with Satapushpa and Sarshaspa as kalkam, and Sanidhava.
- Duration: 3 days.

9. **Uttarabasti**
- Medicines Used: Mahanarayanatailam with Kalyanakshara.
- Duration: 3 days.

## Discussion:-

Primary infertility linked to polycystic ovarian syndrome (PCOS) was the confirmed diagnosis. This disease is called Vandyatwa in Ayurveda because of Nashtartava, in which the main cause is Avarana of Artavavahasrotasa. Avyayama (sedentary lifestyle) and excessive consumption of Abhishyandi Ahara are among the identified Nidana (cause factors), which result in Kapha Medo Dushti and Srotorodha. Increased Kapha is thought to be the cause of the blocked movement of Vata, particularly Apana Vata, which impairs Arthava's inherent ability to function.

The pathogenesis, or Ayurvedic disintegration of Samprapti, is essential to the treatment of all diseases. Here, Vata and Kapha are seen as Doshas, influencing Rasa, Rakta, Mamsa, and Medas as Dooshya. It is mentioned that different channels such as Rasavaha, Rakthavaha, Mamsavaha, Medovaha, and Arthavavaha are involved in the etiopathogenesis. Their Dushtikarana (vitiating elements) are Samga (blockage) and Granthi (cyst), with Koshta serving as the site of origin and Garbhashaya (uterus) serving as the specific manifestation location.

The therapy was to unblock the Vata and bring it back to normal in the Koshṭa, particularly in Garbhasaya. VaisvanaraChurna and ChiruvilvadiKwatha together are meant for Vatakapha Shamana; they light Agni and calm Moodhavata. Along with the additional benefits of Kriminashana, Nirgundyadi Kashaya and TriphalaGugulu are also used for Kapha Shamana; Annabhedisindoora is used for Chedana, Lekhana, Vatakapha Shamana, and Rajapravarthaka. After Purva karma produced the desired results, the patient moved on to Shodhana therapy. Since it was determined that Kapha and Meda were important variables, the Rukṣaṇa procedure—which included Takrapana and Udvarthana—was used. Following Snehapana, plain Sarṣhapataila functions as an appropriate remedy for Snehana in instances where Vata and Kapha predominate. It took AcchaSnehapana six days to show the anticipated effects.

Following Abhyanga Swedana and Utklesana, Vamana was selected as a Shodhana therapy due to Kapha doṣa involvement. Subsequently, Virechana was administered using Gandharva hastadierandataila. Basti was chosen as the next step due to Vata doṣa involvement, with specific indications pointing to the necessity of Basti.

Anuvasanabasti was administered with PipalyadiAnuvasanataila, providing Vata Anulomana and Kapha Shamana properties. Lekhana Basti, a modified form of Eraṇḍa moola kvathabasti, was selected for complete relief from Kaphamedovruddhi. Uttarabasti, a prime treatment in Garbhasayaroga, was administered, with Mahanarayanataila

selected as Uttara Basti medicine. Uttara Basti was repeated during the 12th, 13th, and 14th days of the patient's subsequent menstrual cycle.

Shodhana treatments may have contributed to the reduction of fat deposits and acceleration of the maturation of Graffian follicles. This possibly led to follicular rupture and ovulation, as detected in ultrasound scans.

## Conclusion:-

This case study offers insightful information about the methodical use of Ayurvedic therapy techniques to treat primary infertility linked to Polycystic Ovary Syndrome (PCOS). The promising outcomes observed in this lone case study call for additional investigation, and the treatment plan employed here may be tested on larger populations. This offers hope to patients looking for comprehensive and efficient treatments for PCOS-related infertility. It also adds to the increasing body of information bolstering Ayurvedic approaches to infertility and creates opportunities for larger clinical trials. Further investigation into Ayurvedic treatments for reproductive health may open the door to complete, individualized therapy for PCOS-related infertility issues.

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