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## EFFECT OF MUNDI DHANYAKA TAILA IN INFERTILITY DUE TO ENDOMETRIOSIS – A CASE STUDY

Dr. Pushkala Badarinarayan\*, Dr. Pramodini Patil\*\*

\*Author, Associate professor, Department of Prasooti tantra and Stree roga, SDMIAH, Bangalore

\*\*Co-author, Assistant professor, Department of Prasooti tantra and Stree roga, SDMIAH, Bangalore

Corresponding Author's Email ID: kala4rg@gmail.com

### ABSTRACT

High prevalence of endometriosis is reported in women with infertility. We present a case of female, aged 24yrs with primary infertility of 4yrs diagnosed with Endometriosis. The patient conceived with administration of Mundi dhanyaka taila both internally and as Yoni pichu.

**Key words** – Endometriosis, Mundi dhanyaka taila, Infertility

### INTRODUCTION

Endometriosis affects 6 to 10% of all women during their reproductive years but is present in 25% to 50% of infertile women<sup>1</sup>. Clinical presentation includes Subfertility, Dysmenorrhoea, Dyspareunia and Chronic pelvic pain. Infertility management of Endometriosis includes Hormonal suppression which has a minimal benefit. Laproscopic ablation appears to significantly improve pregnancy rates in minimal to mild diseases but its benefits in moderate to severe cases is less clear<sup>2</sup>. Below is a case study of an endometriosis patient successfully treated with Mundi Dhanyaka taila who was able to conceive without surgical intervention and with minimal treatment modalities.

## **CASE REPORT**

A 24 yr old female came with complaints of inability to conceive since 4 yrs on 15<sup>th</sup> march 2016. Patient had menarche at the age of 11 yrs, had regular menstrual cycle with 30-31 days interval and bleeding phase of 4-5 days with moderate to heavy bleeding. She was married at the age of 20yrs with Non consanguineous partner of 24yrs. Gradually she started developing heavy menstrual bleeding and pain during intercourse. Her cycle remained regular. Patient had consulted for infertility 6 months back and was diagnosed with Endometriosis. Semen analysis was normal. Patient was advised surgical intervention which she was not ready and consulted for further treatment.

On examination, the patient was Vata pitta prakruti, moderately built, known to be of mixed diet. USG on 15-3-2016 revealed – ‘Bulky retracted right ovary of 78\*64mm with 2 complex cystic lesions of 60\*46 mm and 27\*25mm in size, likely representing Endometriosis. Left ovary is abutting the right ovarian mass’

## **TREATMENT PROTOCOL**

Patient was given Guggulu tiktakam kashayam 15ml with 45ml warm water thrice a day before food for 1 week. Later Mundi dhanyaka taila 5 drops with honey thrice a day before food and same taila as Yoni pichu for 60 days was advised.

## **FOLLOW UP AND OUTCOME**

After our treatment patient had conceived naturally. Her LMP was 28/4/2016. Her UPT was found positive on 3/6/2016. USG taken on 22/6/2016 shows 7 weeks 6 days and her ovaries were normal in size, shape and echo texture.

## **DISCUSSION**

Endometriosis can be understood in the following manner

- 1)Udavartana of vaata causing retrograde menstruation
- 2)Dushita rakta(vitiated menstrual blood) enters parasthana(extra uterine places) causing vitiation of mamsa and medas causing granti
- 3) Subsequent adhesions formed due to kapha

Ukta nidana sevan => aama+vaata pradhana tridosha=>Udavartana=>Rakta, mamsa and medho dushti=>formation of granti, yoni arti, shula and vandyatwa

To correct the aama avasta and reduce the inflammation, initially Guggulu tiktakam kashayanm was given for 1 week which acts as tikta paachanam. Later Mundi dhanyaka taila is given both internally and as yoni pichu. Orally - 5 drops taila with a teaspoon of honey thrice a day before food was given. Yoni pichu - Tampoon soaked in the taila, placed in vagina and advised to retain for 2 hours every day except during menstruation.

Mundi dhanyaka taila which is currently available as M.D.Forte taila from Amruthakala Ayurveda is an anubhuta yoga and is prepared in taila paaka vidhi with kalka and kashaya of Mundi pushpa (flowers) and Dhanyaka beeja (seeds) in Tila taila. Mundi is vaatakapha hara, kleda hara and vaatarakta shamaka<sup>3</sup>. Dhanyaka is tridosha hara and mutrala<sup>4</sup>. Tila taila is Vranashodaka, vaishadya janaka, vikashi and lekhaneeya<sup>5</sup>. Together it would act probably in balancing tridosha, reducing rakta dushti, clears the endometriomas and thus improves the fertility.

Patient had improvement in dysmenorrhoea and dysperunia in the very next cycle. In the subsequent cycle patient conceived, had uneventful pregnancy and delivered a healthy child.

## CONCLUSION

Endometriosis is related not only with sub fertility but also with repeat pregnancy loss. The treatment modality in modern counterpart has minimal result. There is a high scope of faster and better results with Mundi dhanyaka taila which can be studied further in a bigger population.

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