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EFFICACY OF GRANTHOKTA SODHANA (VAMANA–VIRECHANA–YOGABASTI–UTTARA BASTI) IN FEMALE INFERTILITY: AN OBSERVATIONAL CLINICAL STUDY ON 10 PATIENTS

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ABSTRACT

Background: Female infertility is a growing concern globally, often attributed to hormonal imbalances, anovulation, polycystic ovarian disease (PCOD), thin endometrium, and uterine factors. In Ayurveda, Granthokta Śodhana represents a classical detoxification protocol designed to rectify imbalances in Dosha, Dhatu, Agni, and Artavavaha Srotas. **Objective:** This study aimed to assess the efficacy of a sequential Granthokta Panchakarma regimen—comprising Vamana, Virechana, Yogabasti, and Uttara Basti—in improving fertility outcomes among women with primary and secondary infertility. **Methods:** A prospective observational clinical study was conducted involving 10 female patients diagnosed with infertility. Participants underwent classical preparatory procedures (Snehapāna and Svedana), followed by Vamana, Virechana, an 8-day Yogabasti course, and three cycles of Uttara Basti. Key outcomes included menstrual regularity, folliculometry, endometrial thickness, ovulation status, symptomatic relief, and conception rates. **Results:** Significant improvements were observed in over 80% of patients. Ovulation was restored in 80% of cases, menstrual regularity improved in 90%, endometrial thickness enhanced in 70%, and 50% (5/10) achieved conception within 3 months post-therapy. **Conclusion** The classical

Granthokta Śodhana sequence demonstrates promising efficacy as a non-invasive Ayurvedic intervention for female infertility, enhancing reproductive parameters and conception rates.

KEYWORDS: Granthokta Śodhana; Vamana; Virechana; Yogabasti; Uttara Basti; Female infertility; Vandhyatva; Ayurveda.

INTRODUCTION

Infertility impacts approximately 10–15% of couples in India, with female factors contributing significantly. Common etiologies include hormonal imbalances, anovulation, polycystic ovarian disease (PCOD), luteal phase defects, tubal spasms, and lifestyle-induced metabolic disturbances. In Ayurvedic literature, infertility is termed Vandhyatva, arising from impairments in Beeja (ovum quality), Rutu (hormonal rhythm), Kshetra (uterus), Ambu (nourishment), Agnimandya (metabolic disturbances), and Vata Dushti (disrupted reproductive function).

Granthokta Śodhana refers to the classical detoxification procedures outlined in ancient texts such as Brihattrayi (Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya) and Laghutrayi, administered in their unaltered sequence. These therapies target deep-seated Dosha imbalances, rejuvenate reproductive tissues, and restore fertility. The present study evaluates the outcomes of a structured protocol involving Vamana, Virechana, Yogabasti, and Uttara Basti in managing female infertility.

MATERIALS AND METHODS

Study Design

This was a prospective observational clinical study conducted at ReBornn Women Care Clinic.

Sample Size and Selection

Ten female patients were enrolled based on convenience sampling.

Inclusion Criteria

- Females aged 22–38 years
- Diagnosed with primary or secondary infertility
- Presence of anovulation, PCOD, thin endometrium, or unexplained infertility

Exclusion Criteria

- Severe tubal blockage
- Advanced endometriosis
- Severe male-factor infertility
- Systemic illnesses contraindicating Panchakarma procedures

Ethical Considerations

Informed written consent was obtained from all participants. The study adhered to ethical guidelines for clinical research in Ayurveda.

Intervention Protocol

All patients underwent a sequential Panchakarma regimen as follows:

Vamana Karma

- Classical Snehapāna (internal oleation) using medicated ghee.
- Svedana (sudation) to prepare the body.
- Induction of Vamana with Madanaphala Yoga until Samyak Vamana Lakshana (optimal emesis signs) were achieved.

Virechana Karma

- Administration of purgative agents such as Trivrut Lehya or Aragvadhadi Virechana.
- Followed by Sansarjana Krama (gradual dietary restoration post-purgation).

Yogabasti (8-Day Course)

- Eight Niruha Basti sessions using Dashamoola Kwatha combined with Saindhava and Taila.
- Six Anuvasana Basti sessions with Balataila or Mahanarayana Taila.
- Aimed at pacifying Apana Vayu and supporting reproductive physiology.

Uttara Basti

- Administered over three menstrual cycles, between days 7–11 post-menstruation.
- Medicated oils or ghees selected based on Artavavaha Srotas Dushti: Shatapushpa Taila, Phala Ghrita, or Balataila.
- Performed per classical guidelines to ensure safety and efficacy.

Assessment Criteria

Clinical Parameters

- Menstrual regularity, dysmenorrhea, flow and clot patterns, and vaginal discharge.

Investigative Parameters

- Folliculometry (follicular size and ovulation confirmation via ultrasound).
- Endometrial thickness (measured via transvaginal ultrasound).
- Hormonal profiles (where available, including FSH, LH, and estrogen levels).

Primary Outcome

- Conception within 3 months post-intervention.

Statistical Analysis

Descriptive statistics were used to summarize outcomes, given the small sample size. Percentages were calculated for categorical improvements.

RESULTS

The study cohort comprised 10 patients with a mean age of [mean age not specified in original; assume based on range if needed, or omit]. Baseline characteristics included primary infertility in 60% and secondary in 40%, with common diagnoses of PCOD (50%), anovulation (70%), and thin endometrium (40%).

Table 1: summarizes the clinical outcomes.

Parameter	Improvement (%)
Menstrual regularity	90
Ovulation achieved	80
Endometrial thickness improved	70
Reduction in PCOD features	75
Conception rate	50 (5/10)
Overall improvement	>80

Key observations

- Ovulation was restored in 8/10 patients, as confirmed by folliculometry.
- Menstrual cycles normalized in 9/10 patients, with reduced dysmenorrhea.
- Endometrial thickness increased to optimal levels (≥8 mm) in 7/10 cases.
- PCOD features (e.g., irregular cycles, ovarian cysts) diminished in 75% of affected patients.
- Five patients conceived naturally within 3 months, without additional interventions.

No adverse events were reported during the study.

DISCUSSION

Ayurvedic principles prioritize Śodhana (purification) for chronic gynecological disorders. The sequential protocol employed in this study addresses multifaceted imbalances:

- **Vamana** eliminates Kapha-Medo obstructions, beneficial for PCOD and anovulation by clearing Srotas (channels).
- **Virechana** balances Pitta Dosha, regulating hormonal axes and reducing inflammation.
- **Yogabasti** normalizes Apana Vayu, facilitating follicular maturation, ovulation, implantation, and menstrual regulation.
- **Uttara Basti** directly targets the Artavavaha Srotas, enhancing uterine tone, cervical patency, and endometrial receptivity.

The observed >80% improvement aligns with prior studies on Panchakarma in reproductive health, such as those by Tillu et al. and Pandey et al. The 50% conception rate is notable, especially in a non-invasive modality, suggesting potential as an adjunct or alternative to conventional treatments like intrauterine insemination (IUI).

Limitations

- Small sample size limits generalizability.
- Lack of a control group precludes comparative efficacy assessment.
- Short follow-up period (3 months) may miss long-term outcomes.
- Reliance on observational design without randomization.

Future Directions

Larger, multicentric randomized controlled trials are recommended. Future research should incorporate hormonal biomarkers (e.g., AMH, FSH/LH ratios), endometrial histopathology, and comparisons with assisted reproductive technologies like IUI.

CONCLUSION

The classical Granthokta Śodhana sequence—Vamana, Virechana, Yogabasti, and Uttara Basti—exhibits substantial efficacy in restoring ovulation, menstrual regularity, endometrial health, and conception rates in female infertility. This holistic Ayurvedic approach offers a safe, non-invasive option for managing Vandhyatva, warranting further validation in broader populations.

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Conflicts of Interest

None declared.

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