

***Uttara Basti* and Ayurved protocol in the management of primary infertility-A Case Report**

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Abstract:

Infertility is commonly increasing problem which any gynecologist has to face in their gynecological carrier. It affects the mental and physical health of a woman and disturbs her family as well as social life. The ovulatory factor is responsible for 30-40% and tubal blockage accounts for 25-30%. In this case report a patient of primary infertility was treated with local vaginal douching and *Panchakarma* [*Yoga Basti*, *Anuvasana Basti*, *Nirooha Basti*] as per protocol. *Uttara Basti* was administered after cessation of menstruation i.e., from 5th or 6th day of menstrual cycle with *Narayana Taila* 5 ml for 5days for 3 consecutive months. *Pushpa dhanwa Ras*, *Phala Kalyana Ghrita*, *Dashamoolarista* were given orally with above procedure for 30 days. Patient conceived after three cycles with combined Ayurved protocol of *Panchakarma*, *Uttar Basti* and oral Ayurvedic medications.

Key words: Infertility, Ovulation factor, *Panchakarma*, Tubal blockage, *Uttara Basti*.

Introduction:

Ayurveda imagines that each and every function of the body is determined by *Vayu*. The first most important function of *Vayu* is *Vibhajana*. Ovum is prepared in ovary by cell division. This function of cell division in the secondary oocyte to form ovum is completed by *Vata*. The second most important function of *Vata* related with process is '*Pravartana*'. Because of this kind of action ovum is escaped from the ovary and ovulation takes place.^[1] *Pitta Dosha* causes proper maturation (*paaka*) of follicles, leading to ovulation.^[2] *Kapha dosha* predominance is responsible for tubal block for its *Sroto Avarodhaka*, *Shophajanaka* by virtue of its *Guru*, *Picchala*, *Manda etc.*, *Gunas* while *Vata* dominance creates *Sankocha*.

Overall *Vata* and *Kapha* are the main causative factors for tubal block.

Infertility is global problem in the field of reproductive health. In India about 40% of women are suffering from infertility due to anovulation and tubal blockage.^[3] *Vata* is the main causative factor for *vandhyatwa* (Infertility). Without *Vata* the *Yoni* (female genital organs) never gets spoilt and *Basti* is best therapy for *Vatic* disorders. Treatment of anovulation according to modern medicine includes usage of ovulation induction by HMG Injections, Gonadotropins, Clomiphene etc. Treatment which is cost effective, which improves the quality of life with nil or minimal side effects is the need of hour in this particular disease. *Basti* therapy has

been doing wonders in the treatments of Ayurveda. Though it has been indicated for almost all the diseases, the prime importance of *Basti* has been specified in the management of *Vata* disorders. Hence *Vata* correction is very important so as to bring normalcy. *Basti* has multi dimensional properties that are *Rasayana*, *Vrisya* (Aphrodisiac), *Lekhana*, pacifies *Vata*. Hence *Yoga Basti* and *Uttara Basti* were selected in this case. The drugs present in the *Basti* and the oral drugs are very cost effective, easily available and without any known side effects.

Case history:

A female patient of 30 years age, housewife and married before 6 years belongs to middle socio economic class came to OPD of DR. B.R.K.R.Govt. Ayurvedic Hospital, Hyderabad on 2/2/13 and she was willing to conceive. In menstrual history patient noted regular cycles with moderate flow and LMP was 29/1/13. Her husband was 35years aged with semen analysis reports was normal with satisfactory sexual life. Laboratory investigations [Blood Group-AB+Ve, Hb% -12gms%. FBS-90mg/dl, PLBS-120mg/dl, HIV I & II & VDRL-Non-Reactive] were within normal limit. The thyroid profile was also within normal limit.

The USG abdomen and pelvis done on 12/1/13 showed the bilateral PCOD (Polycystic ovarian disease) and follicular study showed the anovulatory cycles. The HSG (Hysto salpingography) done on 5/2/13 showed right fallopian tube blockage as there was no spillage while in left fallopian tube there was delayed spillage on pressure. The patient also had reported of

diagnostic laparoscopy & hysteroscopy having both (right and left) side PCOD so ovarian drilling was done on 21/6/12.

On gynaecological examination normal pubic hair distribution, no inflammation or ulceration present on vulva. Per speculum findings were healthy vaginal walls, downwards cervix and no active discharges from cervix. PV (per vaginal) findings showed anteverted and normal size uterus, mobile, fornices free, no tenderness. No any other major medical and surgical history was noted by patient.

Treatment given:

Procedure Protocol: The following procedures were done for three months as per mentioned scheduled of the procedure.

- Vaginal douching was done daily with *Panchavalkala* decoction.^[4-5]
- *Yoga Basti* was given for 8 days for 3 consecutive cycles.
- *Anuvasana Basti* was given [*Narayana taila* 80ml, *Phala sarpi* 70ml, *Ashoka ghrita* 70ml] for 5days.^[6]
- *Nirooha Basti* was given [*Dashamoola*, *Rasna*, *Ashwagandha* decoction 460ml, *Dhanvantari taila* 240ml] for 3 days.
- *Uttara Basti* was administered after cessation of menstruation i.e., from 5th or 6th day of menstrual cycle with *Narayana Taila* 5 ml for 5days for 3 consecutive months.

Oral medication protocol: Following medications were prescribed during course of treatment for three months.

- *Pushpa Dhanwa Ras* (2 tablets twice daily after meal with plain water)

- *Phala Kalyana ghrita* (10gms twice daily with warm milk before meal)
- *Dashamoolarista* (15ml twice daily after meal with equal quantity of plain water).^[7]

Result and Discussion:

Vaginal douche with *Panchavalkala* maintains the hostility, proper environment for movement of sperms into uterus by maintaining vaginal pH. The rectum consists of Enteric Nervous System (ENS), drugs used in *Yoga Basti* stimulates the CNS there by regulating the hormones. *Uttara Basti* of *Narayana Taila* is helpful in removing the tubal blockage by relieving *Vata*, *Pitta Dosha*. So, it can be said that the drug given by IU route may stimulate the receptors by which the ovaries receives the hormone and corrects its function. Hence, *Yoga Basti* & *Uttara Basti* with predominantly *Vatashamaka* drugs not only helps to get the patency of the tubal lumen but also restores normal physiological functions of ovary (ovulation).

It is known fact that in cases of tubal blockage *Vata* and *Kapha* are the main causative factors. By the *Ushna-Tikshna guna* of drugs act on tubal blockage by removing the whole inner lining and by the mechanical effect of stimulating contractions of the uterus, as *taila* enters into minute channels removes the stenosis. The *Tila Taila* is *Vrana shodhaka*, *Garbhashaya shodhana* & *Yoni shula prashamana*.^[8] Its *Vyavayi* and *Vikasi Guna* show its potency to enter the minute channels and to spread easily. Thus, it is the best medium for any drug to reach the tubal cavity and remove the blockage. The

main ingredient in *Narayana taila* & *Phala Kalyana Ghrita* is *Shatavari* having chemical constituent sarsapogenin which effect on the peripheral oestrogen.^[9]

Pushpa Dhanwa Ras induces ovulation. *Ashoka* renders the puissant rejuvenative actions on the uterus, hence aptly called as *Garbhasaya rasayana* (uterine tonic).^[10] Part and parcel of *Dashamoola* have *Kapha Vata Shamaka*, *Deepana*, *Pachana*, *Sothahara* (anti-inflammatory) and *bhedahara* properties. The constituents of *Dashamool* have the capability in dissolution of cystic follicle condition thereby establishes the normal H-P-O axis leading to conception.^[11]

Hence it can be said that *Yoga Basti* causes de-toxification of the body, removes *Sroto Sanga*, pacifies *Tridosha* especially *Vata*. *Uttara Basti* or intrauterine (IU) administration of *Taila* stimulates the endometrial receptors, enters the minute channels. Oral Ayurvedic drugs stimulate the H-P-O axis. So the patient conceived after 2 months completion of three cycles.

Conclusion:

The study concluded that combined Ayurvedic protocol of *Panchakarma*, *Uttar Basti* and oral medications helped to remove the tubal blockage in primary infertility. Still further studies to evaluate the recurrence of tubal blockage and anovulation are needed, to establish it as a reliable therapeutic measure.

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