

THE MANAGEMENT OF FEMALE INFERTILITY BY UTTARBASTI IN W.S.R.TO ANVOULATION - CASE STUDY

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ABSTRACT

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus, In today's modern era increase in number of infertile couple is a major concern worldwide due to modern lifestyle. The number of couples turning to technologies and artificial methods like IVF (In Vitro Fertilization) is increasing. More and more number of females are prone to infertility in cities due to life style. The major causative factor in female infertility is determined as PCOD (Poly cystic ovarian disorder) or anovulatory cycle. Here case studies of patients suffering from infertility because of anovulation are presented.

KEYWORDS: Uttarbasti, Infertility, Anovulation.

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus, Today era's lifestyle with stress and multiple role of female in family has given a tremendous increase in the conditions like ANOVULATION, PCOD, which is a major factor in failure of conception. Assisted Reproductive Techniques (ART) and its failure rate create consequences like reduced job performance, marital distress, dissolution and abandonment; economic hardship, loss of social status, social stigma, social isolation and alienation, community ostracism, physical violence. Also the treatment options are painful, uncomfortable and expensive. The female factors for infertility are ovulatory factors(35%), tubal factors(30%), endometrial factors(21%), uterine factors(14%). Here in this case study there is selection of a case of infertility having anovulation due to low ovarian reserve. In the modern medicine they have not any particular treatment instead of giving hormonal therapy.

AYURVEDIC APPROACH

According to ayurvedic classics Artava is the Updhatu of Rasa Dhatu and again Artava has all the qualities of Shonita(Rakata). Under Artava; menstrual blood and Ovum are included. Drugs used in the treatment of the patient mentioned by Charkacharya may have properties of both Rasa & Raktshodhan and also helps in the formation of raja(ovum) and normalization of menstrual cycle. One of the Panchakarma i.e. Uttarbasti is highlighted for the treatment of infertility in our classics and is well practised with substantial results.

In the present case, female infertility patient with history of infertility for 3 years and after failure of all kinds of hormonal and other treatments were managed with yogbasti along with Uttarbasti.

CASE STUDY

- A female patient having age - 33 yrs.
- Came to hospital in Dec – 2017
- C/O - Patient willing for conceive
- k/c/o - Hypothyroidism on Rx
- H/O - IUI- 2016 - 2 times failure
- M/S - 3 and ½ yrs.
- M/H- 2-3 day /28-30day/ regular
- H/O- IUI- 2016 - 2 times failure
- P/A – Soft NT
- P/V – AVAF Normal size uterus
- Cx and Vagina healthy

Investigation

1. AMH - 10.53ng/ml
2. FSH - 5.61µIU/ml
3. LH - 6.71 µIU/ml
4. Protactin - 12.39ng/ml

All Hematology report within normal limit.

USG (4/12/2017) 1 Right ovarian - Endometrial cyst

2 Left ovarian - Simple cyst

OVULATION STUDY –BEFORE TREATMENT

Date	Day	Rt. Ovary	lt. Ovary	Endometrium Thickness	POD	Comments
06/12/2017	12 th Day	Haemorrhagic cyst 19×14 20×17	22×17 14×13	8.2	Clear	
07/12/2017	13 th Day	Same Cyst 21×19 20×20	Haemorrhagic cyst 22×15 16×13	8.5	Clear	
08/12/2017	14 th Day	Same Cyst 20×19 19×19	21×18 16×15	9.5	Clear	
09/12/2017	15 th Day	Same Cyst Collapse	Collapse	12	FF	

OVULATION STUDY –AFTER TREATMENT

Date	Day	Rt. Ovary	lt. Ovary	Endometrium Thickness	POD
10/03/2018	10 th Day	14×10 17×12	16×14 17×12	7 mm	No
12/03/2018	12 th Day	14.8×11 14.8×11	21×16 20×14	8.2 (Triple Layer)	No
13/03/2018	13 th Day	14.8×11 14.8×11	F1-Ruptured F2-22×18	9.2	Free Fluid ++

Measurement of cyst after treatment during Pregnancy

Usg Dates	Rt ovary	Lt ovary	Treatment given
6/12/2018	25.7×20.7	27.5×18.8	Punarnavadi ghrith
20/6/2018	21 ×17.5	18.4×9.2	Punarnavadi ghrith
31/7/2018	18×12.6	13.8×6.7	Punarnavadi ghrith
17/9/2018	16.3×7.3	Lt ovarian cyst not present	Punarnavadi ghrith

Procedure for uttarbasti

Uttarbasti procedure includes 3 stages.

Poorva karma-

Pradhan karma-

Paschyat karma-

Poorva karma -

Light diet

Evacuation of the bladder & bowels

General Examination of patient

Abhyanga – By Vatshamak taila given for 10 minutes on the katipradeha, Adhodara.

Swedan – given with nadi seda/ hot water bag. (5 minutes).

Trolley with Instruments made ready.

Pradhan karma

- 1) lithotomy position
- 2) painting and draping
- 3) p/v Examination
- 4) Sims speculum and anterior virginal wall retractors, allis forceps used.

Paschyat karma

- 1) Watch and observe that basti dravya is expelled out properly or not.
- 2) Draping removed
- 3) Pt kept in supine position / Head low position for 2 hrs.
- 4) With Uterine sound length and position of Uterus assessed.
- 5) IUI cannula / Baby feeding Tube No. 6 is inserted & basti dravya is injected drop by drop.
- 6) Patient is kept in head low position.

Time of Uttarbasti

- 1) Preferably during Ritukala (just after menstruation is over)
- 2) In this period uterus and vagina are free from coverings and widely open.

Contra – Indications of UB

- 1) Infection
- 2) CA cervix
- 3) p/v bleeding
- 4) Unmarried girls
- 5) Hypersensitivity etc.

DISSCUSSION

There are many causes of female infertility but anovulation is the most commonest cause of all. Patients with regular or irregular menses can also suffer from anovulation.

Uttarbasti is a type of panchkarma, Basti upkarma which is highlighted mainly for use in gynecological disorders in Ayurveda classics.

CONCLUSION

Patient is conceived after yogbasti along with uttarbasti.

She is now pregnant with 5 months of amenorrhea.

For her cyst she is on punarnavadi ghrut and cyst is also reduced.

REFERENCES

1. Yadavaji Trikamaji (editor). Commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Siddhisthana, chapter 9, Verse no 52,53; 2nd edition, Varanasi: Chowkhambha Krishnadas Academy, Varanasi ;2004.
2. Ambikadutta Shastry Commentary: Ayurveda Tattva Sandipika of Sushruta Samhita Sutrasthana Chikitsasthana, Chapter 37, Chaukhamba Krishnadas Academy, Varanasi; 2004.
3. Sarvanga Sundara and Ayurveda Rasayana commentary, on Astanga Hridaya, Sutra Sthana Chapter 19, Verse no 70, Chaukamba Krishnadas Academy, Varanasi; 1998.
4. Vriddhi Jivaka (Editor). Commentary Vidyotini Hindi commentary of Kashyap Samhita Kalpasthana, Shatpushpa Shatavari Kalpadhyaya, Verse no 10-13, 10th edition, Chaukhambha Sanskrit Sansthan, Varanasi, 2005.