



THREE CASES OF FEMALE INFERTILITY WITH DIFFERENT CAUSES - IS UT-TAR BASTI REALLY EFFECTIVE?

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ABSTRACT

Introduction- Number of cases of female infertility are increasing day by day in gynae OPD and to treat infertility with 100% efficacy without any side effects has become very challenging for every gynaecologist. Many causes are responsible for female infertility in which 25-35% cases are related with **tubal factor** and 30-40% cases are related with **ovulatory dysfunction** and so on ...

Aim/Objective- To evaluate the efficacy of *Uttar Basti* and *Pratimarsh Nasya* in female infertility.

To assess the conceiving rate during trial and follow up. Methodology- Conceptual Study and Clinical Study. Result- We present 3 cases of female infertility (one related to tubal factor second related to tubal factor and ovulatory dysfunction and third one related to tubal factor including uterine fibroid with anovulation) with treatment outcomes. Discussion- And the discussion arises here, Is *Uttar Basti* as effective as we think and how does it work. Procedure explained in *Ayurveda* like *Uttar Basti* and *Pratimarsh Nasya* are found to be highly efficient in curing local and systemic factor responsible for female infertility as per research done. These therapies collaboratively have capability to change the scenario and can be proved as boom in the field of *Ayurveda* in curing female infertility. With these prospectives in mind, we designed a combined treatment plan to cure female infertility.

Keywords: Infertility, Tubal Factor, Ovulatory Dysfunction, *Uttar Basti*, *Pratimarsh Nasya*.

INTRODUCTION

Conception depends on the fertility potential of both male and female partner. In a healthy couple the probability of achieving a pregnancy within one menstrual cycle is 20%. According to *Aacharya Sushrut Ritu, Kshetra, Ambu, Beeja* are very important factors for conception. But sometimes either male or female or both partners get some medical problem in these 4 factors and it's affecting couple adversely by inhibiting their power to conceive.

Case presentation

Case 1

A 35 yr old woman P0+0 married for 4 yrs came to gynae OPD with complaint of inability to conceive. She has regular menstrual cycle. USG report was normal. HSA was normal. Her HSG report showed bilateral fimbrial block. Her pelvic examination was normal. Patient was advised for some oral medications along with this *Uttar Basti karma* with *Kshar Tail* after clearance of menses for 5 days for 3 consecutive cycles. The patient had followed treatment protocol very sincerely. Now the patient has the following HSG report revealing right side peritoneal spillage and left side cornual block.

Case 2

A 26 yr old lady P0+0 came to OPD on 20th Nov 2022 with complaint of inability to conceive from last 5 yrs. Her LMP was 15th Nov 2022. She had regular menstrual cycle with 28-30 days interval. She had an active marital life of 5 yrs. No h/o contraceptive use. Her general and systemic examination was normal. Her pelvic examination was normal. No h/o previous evaluation and treatment for the same. Pt had given some oral medications and was advised for few investigations like HSG(D7), Follicular study/ TVS (D10-14) for wife, HSA after 3 days of abstinence for husband. On 24th Nov 2022 patient present in OPD with following report her HSG report was revealing of bilateral fallopian tube are opacified by contrast (R>L) with no spillage of contrast on either side s/o bilateral fimbrial block, TVS finding was uterus normal sized, both ovaries are enlarged in size and shows multiple small subcentimeter sized follicles arranged peripherally with centrally thickened stroma

with right ovary vol. 22cc and left ovary vol. 17 cc. Her HSA was normal. Now the patient was counselled for *Pratimarsh Nasya* and *Uttar Basti* procedure in next cycle. Patient was willing to take this procedure. Treatment protocol is described here, after clearance of menses 1st day *Anuvasana Basti* 60 ml with *Shatpushpa Tail*, 2nd day *Niruha Basti* 700 ml, 3rd day *Anuvasana Basti* 60 ml + *Uttar Basti* 3-5 ml with *Shatpushpa Tail* + *Picchu Dharan*, 4th and 5th day *Uttar Basti* + *Picchu Dharan*. On 7th Dec 2022 the patient got menses. Pt complaint that she got her period little earlier as it was 23 days of cycle. Now we stopped oral medications and took pt for local therapy to evaluate the result of *Uttar Basti* and *Pratimarsh Nasya* on the treatment of tubal block and ovulatory dysfunction. On 11th Dec 2022 we started local therapy (*Pratimarsh Nasya* 2 drops in each nostril for 1 month and *Uttar Basti* for 5 days) with this protocol she took 3 months therapy very sincerely. After treatment she was advised to repeat HSG and this time her report showed right side free spillage and left cornual block. Follicular study showed bilateral multiple small follicles on day 11 with ET 5.5 mm.

Case -3

A 33 yr old female P0+0 married for 7 yrs was being evaluated for infertility had the following HSG report showing left fallopian tube is dilated distally ??Hydrosalpinx, free spill of contrast is seen on both sides in 2017. In Jan 2022 she came to the *Ayurvedic* hospital for infertility treatment. Her pelvic examination was normal. She had regular menstrual cycle. She was advised for HSG, Follicular monitoring and HSA. Her husband's semen analysis was normal. 9th Jan 2022 her HSG report was showing b/l fallopian tube is normally visualized, normal peritoneal spillage seen on both sides. 5th Feb 2022 her follicular study showed No dominant follicle in bilateral ovaries with ET 8mm. Uterus normal sized anteverted. Two well defined hypoechoic lesions measuring 24*18 mm and 21*20 mm in size are seen in fundal uterine wall s/o fibroid. The right ovary was normal in size, shape and ecotexture. The left ovary was vis-

ualized adjacent to the SOL? Tubo ovarian. In September 2022 on the 15th day of cycle her USG report revealed a small hypoechoic lesion measuring 2.2*2cm seen at the fundal region of uterus with well-defined margin. Dominant follicle measuring about 19 mm is seen in both ovaries. But pt. was not able to conceive in this cycle too. In December 2022 we had taken pt. for oral (*Ksheer paak*) as well as local treatment (*Uttar Basti* and *Pratimarsh Nasya*) with the same regime as mentioned in 2nd case. After 3 months procedure she was advised to go for follicular study and baseline USG, this time ovulation happened on day 15th from left ovary with ET 11.6 mm. But there was no effect on fundal fibroid the size was 23*18 mm, right ovary normal, left ovary normal, there is evidence of a moderate sized tubal lesion of size 45*22 mm with incomplete septation and multiple internal mobile echoes in left adnexa- hydro/hematosalpinx???. As the patient was lean and thin but while performing the vaginal examination, we were not able to palpate this mass and she had no complaint of pain, discharge or other symptoms.

CONCLUSION

Through *Basti Chikitsa* we work on the concept of *Shodhana & Shamana Chikitsa*. In tubal factor *Basti Chikitsa* (type of *Shodhana Chikitsa*) has been proven best. *Uttar Basti* encourages the downward movement of *Vata*. *Sneha* and *Basti* is the best treatment for vitiated *Vata Dosha* and also *Pitta* and *Kapha Dosha* to some extent. Before performing any kind of *Basti* we do *Adhonabhiगत Abhyanga* and *Swedana*. It relaxes the abdominal muscles and stimulates abdominal aorta and its branches. It increases blood flow to the area and increases elasticity of ligaments and tendons. Through *Uttar Basti* we direct instilled lukewarm medicated oil into intrauterine cavity in the view to removes the blockage of tubal lumen by directly action on the obstruction. Now *Artavaha Srotasha* carries *Basti Dravya* towards the desired site (all layers of uterus, fallopian tubes and ovaries) and it directly acts on *Vikrit Vata* and *Kapha Dosha*. Due to *Ksharan* and *Lekhana Guna* of drugs it might be helpful in removing the blockages. HPO Axis is

considered as an entity that works in concert to allow for procreation by means of cyclic production of gonadotropins and steroid hormones. An irregularity in HPO Axis proves to be a big reason for '*Bandhyattava*' in the form of anovulation and endometrial insufficiency. So, for proper functioning of hypothalamus and pituitary which helps in keeping regulation of the axis maintaining feedback mechanism, *Ayurveda* suggest '*Nasya*' Therapy to be highly effective. With these concepts we worked on the 1st, 2nd and 3rd case. In the first and second case treatment showed effect on fimbrial block, in both cases right side free spillage seen and left side cornual block seen. In the second case there were multiple small follicles seen in bilateral ovaries and ovaries volume was increased and this single local treatment (*Uttar Basti* and *Pratimarsh Nasya*) does not show any effect on this as last month follicular study reveals. In third case we put patient on oral medication (*Ksheer paak*) and local treatment (*Uttar Basti* and *Pratimarsh Nasya*), and we only saw the result on ovulation and other two factors were remained same as previous reports. When we emphasis on left side cornual block in both cases so what if there is **cornual spasm**. Sometimes we can see B/L cornual block or even a unilateral cornual block. Now this cornual block a lot of times is just a false block, can be because of cornual spasm. HSG procedure done in Radiology room and women does not need any General Anaesthesia. It is usually done with pain relief medications. When they introduce HSG cannula inside the cervix it's painful there that stimulation can lead to cornual spasm and the only way to confirm this block is whether it is actual block or happened due to cornual spasm. You need to go for laparoscopic procedure, here patient is in general anaesthesia no pain, no stimulation of cornua so cornual spasm is particularly relieved. But how would we justified with ovulatory dysfunction in 2nd case and fibroid in 3rd case and after giving a lot of thought we come on the conclusion that in second case we should kept pt. on oral medications too and in third case we should use some other medicated oil if we want to see the result on Fibroid. But my second thought is that when *Shatpushpa Tail* is able to

open fimbrial blocks then why this Tail cannot dissolve this tiny fibroid. I am still working with my thoughts and with my patients and I hope one day I will get some of the best results with this.

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