



CASE SERIES

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

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Summary:

Rise in number of infertile couple is a major concern worldwide. The number of couples turning to technologies and artificial methods like IVF (In Vitro Fertilization) is increasing. More and more number of male and female 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.

Key words : Uttarbasti, Shatpushpa, Anovulation

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INTRODUCTION

Current lifestyle with stress and multiple role of female in family has given a tremendous rise in the conditions like PCOD, which is a major factor in failure of conception. The financial burden of Assisted Reproductive Techniques (ART) and its failure rate create consequences like reduced job performance, marital duress, 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. Infertility affects women's well being more than men.

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 cases, female infertility patients with history of infertility for more than 5 years and after failure of all kinds of hormonal and other treatments were managed with *Uttarbasti*. All the patients were suffering from anovulatory cycles.

CASE HISTORY 1

A 29 year old female came with history of primary infertility since 7 years. She had regular menstrual cycle of 24-25 days. First visit of patient on July 2013.

Examination : P/s – No vulvitis, No vaginitis, Cx
– Ext os – Nulliparous

P/v – Uterus – AVAV/ FM/ NS, Fornix – NAD

Investigations–

Hysterosalpingiography – July 2009 - Both tubes patent with normal size, shape and position of uterus

Ultrasonography – 2010. Anovulatory cycles in follicular study. Later ovulation obtained by induction (clomiphene Citrate) and Intra uterine Insemination done during same cycle but failed to achieve conception.

Ultrasonography on July 2013. Left ovary follicle size 13X13mm on 16th day of menstruation

Endometrial Thickness – 6 mm. Right ovary no dominant follicle.

Findings suggestive of anovulatory cycle with no maturing follicle.

Husband Semen Analysis : 7th August 2013

Total Count – 80 million / ml

Actively motile – 50%

Sluggish motile – 30%

Non motile – 20%

Liquefaction time – 35 min

Pus cells – 2-5 / hpf

Epithelial cell – 0-2 /hpf

Fructose test +ve

Treatment

After required investigations the patient was diagnosed with anovulatory cycle and treatment was initiated for the same.

Shodhana – Intrauterine *Uttarbasti* with *Shatpushpa tail* – 5 ml was given for 3 days after 7 days of last menstrual period – 5/8/13

Shamana – *Shatavari churna* – 4 gms as *Kshirpaka* in two divided doses.

Lasunadi vati – 500 mg twice daily after meal

Samshamani vati – 500 mg twice daily before meal.

Result : Patient came with one month 10 days amenorrhoea on 10/9/13. Urine pregnancy test was conducted at hospital and found positive. Patient was sent for sonography on 22/9/13 which showed Gestational sac with fetal pole and cardiac activity. Patient delivered male child normally full term.

CASE HISTORY 2

A 39 year female, occupation teacher with 10 years of primary infertility and irregular menstruation since menarche. She was obese and had only withdrawal bleeding after 4 to 5 months of amenorrhoea.

Patient had taken allopathic treatment for regularization and conception for about 4 to 5 years. But as she failed achieving conception she started *Ayurveda* treatment.

Examination : P/s – No vulvitis, No vaginitis

Cx – deep seated and deviated towards left side.

P/v – uterus not palpable because of excessive fat per abdomen

Investigations :

Ultrasonography : 16-7-2014

Uterus – Normal. Left ovary and fallopian tube not visualized

Small follicular cyst in right ovary. No dominant follicle.

Treatment

Shodhana: Patient was given *Virechana* with *Madhyam Shuddhi* on 16/7/2014 and then planned *Uttarbasti* for 3 cycles in September, October and November.

Shamana: *Dashmoola Kwath*, *Kumariasava*, *Sanshamani Vati*, *Shatpushpa churna*, *Lasunadi vati*.

Result: Patient has regular menstrual bleeding during course of *Uttarbasti* with increased flow. Ultrasonography was done in December 2014 after completion of menstrual cycle for follicular study. Date 28/12/14 - follicle size 18X16 mm with Endometrial thickness 8 mm on 14th day of menstruation. Intrauterine insemination with husband semen – volume 2 ml was done on next day i.e. 29/12/14.

Patient came with Urine Pregnancy Test positive and spotting bleeding on 20/1/15. She conceived and delivered male baby of weight 3.5kg by Casesaren section on 16th September 2015.

CASE HISTORY 3

Patient aged 27 years with history of primary infertility since last 6 years. She had regular menstrual cycles.

Examination: P/s and P/v examination showed normal uterus, vagina and cervix.

Investigation:

Laproscopy Aug 2013: Bilateral polycystic ovaries, Bilateral patent tubes, adhesions at uterosacral ligament. After this report patient took allopathic treatment for ovulation induction and conception for 3 years. She also underwent Intrauterine Insemination at Medical Hospital several times with failure in any result.

Husband Semen Analysis: Count 85 million / ml Motility – 65% actively motile with fructose positive and 70% normal sperms.

Treatment

IUI was repeated in March 2015 with no results. Patient was scheduled for *Uttarbasti* with *Shatpushpa tail* for three cycles in April, May and June 2015.

Result

Patient came with one month 5 days amenorrhoea on 28th July 2015. Urine pregnancy test was positive. Sonography done on 10th Oct 2015 showed regular gestational sac with average 13 – 15 weeks of gestational age. Placenta anterior, liquor adequate, fetal heart rate 163 bpm.

DISCUSSION

There are many causes of female infertility but anovulation is the most commonest cause of all. Patients with regular or irregular menstrual cycle can also suffer from anovulation and long term treatments with hormonal imbalance results from many untoward effects like weight gain. Failure of therapies also leads to stress and depression which further aggravates hormonal imbalance.

Uttarbasti is a type of *Panchakarma*, a *Basti upakrama* which has been highlighted mainly for use in gynaecological disorders in Ayurveda classics.^{1,2,3} *Shatpushpa tail* is preparation mentioned by *Kashyap samhita* for use in many gynaecological indications one of which is infertility as a result of anovulation.⁴ *Uttarbasti* removes *Srotorodha* and helps at the level of receptors in endometrium as well as ovary for hormonal balance.⁵ Hence, *Uttarbasti* cures anovulation.

Proper administration of *Uttarbasti* with proper selection of drug and timely administration in selected patients gives quick

success in patients of infertility. Shatpushpa also enhances ovulation by virtue of phytoestrogens present in it and also increases endometrial thickness. Clinical studies done of shatpushpa tail in anovulation and infertility also have shown significant results.⁶

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