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**RESEARCH ARTICLE**

**MANAGEMENT OF FEMALE INFERTILITY (LOW OVARIAN RESERVE) W.S.R TO
 ANOVULATORY FACTOR BY KALA BASTI AND UTTAR BASTI- A CLINICAL CASE STUDY.**

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Abstract

Infertility¹-The inability of a couple to conceive after one year of unprotected intercourse. The female factors for infertility are ovulatory factors(35%), tubal factors(30%), endometrial factors(21%), uterine factors(14%). Here in this case study I selected 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. 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. So 1 patient has been selected having infertility for 3 years with secondary amenorrhoea and very low ovarian reserve (low AMH <0.010). So here management with *kala basti* and *uttar basti* selected and it has been proved to be a very very effective treatment modality to treat anovulation.

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Introduction:-

Infertility-The inability of a couple to conceive after one year of unprotected intercourse. It is of two types. Primary infertility-refers to couples who have not become pregnant after at least 1 year having sex without using birth control methods and Secondary infertility- refers to couples who have been able to get pregnant at least once, but now are unable. According to *Acharya Sushruta*ⁱⁱ, four essential factors are required for healthy conception, which are proper fertile period, physiologically adequate and healthy internal organs of reproduction, the proper nourishment - to the developing zygote or fetus, the activated ovum and spermatozoa. Fulfillment of all the above essentials ensures the fullness of the motherhood. Any short come of the above factors impedes the conception and thus the motherhood of a woman. Among them *Beeja* is the core stone of the female reproductive process and in its absence conception cannot achieve despite of all the other factors. Here the *Beeja* is taken as *Antahpushpa* i.e. ovum. So anovulation can be included under *Beeja Dushti*. So in our classics the *basti* is well defined by *acharyas* and it is well acting for the *anuloman* of *apan vayu* which is the main vitiating factor genital system physiology. So here we selected the *basti* treatment for the infertile patient with low ovarian reserve.

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Drug review:-

We used here *kala basti*ⁱⁱⁱ and *uttar basti*. -drugs selected in both *bastis* are *anubhutta yoga* used in our opd and ipd.

So ingredients of *kala basti* are-

- ❖ *Anuvasana basti* -Dashamoola taila(60ml)
- ❖ *Asthapana basti* –
- ❖ *Sneha* – Dashamoola taila(60ml)
- ❖ *Kalka* – shalaparn^{iv}(5gm) (*Desmodium gangeticum*),
- Prishanparn^v(5gm) (*Uraria picta*),
- Brihati^{vi}(5gm) (*Solanum indicum*),
- Kantkari^{vii}(5gm) (*Solanum xanthocarpum*)
- Gokshru^{viii}(5gm) (*Tribulus terrestris*)
- Bilva^{ix}(5gm) (*Aegle marmelos*),
- Shyonak^x(5gm) (*Oroxylum indicum*),
- Agnimanth^{xi}(5gm) (*Premna integrifolia*),
- Gambhari^{xii}(5gm) (*Gmelina arborea*),
- Patala^{xiii}(5gm) (*Stereospermum suaveolens*),
- ❖ *Kwatha* – Dashamoola Kwatha(250 ml)
- ❖ *Madhu* – 60 ml
- ❖ *Saindhava* – 5gm.
- ❖ **Ingredients of *uttar basti***-*uttar basti* was also given by *dashmoola taila*.

Ingredients of *dashmoola*^{xiv} -

Drug name	Latin name	Rasa	Guna	Virya	Vipak	Dosha karma	Pradhan karma
1. Shalaparni	<i>Desmodium gangeticum</i>	Madhura, Tikta	Laghu, Snigdha	Ushana	Madhura	Tridosha shamak	Balya, Shonitsthapan, Shothhara.
2. prishanparni	<i>Uraria picta</i>	Madhura, Tikta	Laghu, Snigdha	Ushana	Madhura	Tridosha shamak	Balya, Shonitsthapan, Shothhara, Anulomak
3. brihati	<i>Solanum indicum</i>	Katu, Tikta	Laghu, Ruksha, Tikshan	Ushan	Katu	Kapha Vatta shamak	Garbhashyasankochak, vednasthapak.
4. Kantkari	<i>Solanum xanthocarpum</i>	Katu, Tikta	Laghu, Ruksha, Tikshan	Ushan	Katu	Kapha Vatta shamak	Garbhashyasankochak, vednasthapak.
5. Gokshru	<i>Tribulus terrestris</i>	Madhura, Tikta	Guru, Snigdha	Sheeta	Madhura	Vatta-Pitta shamak	Garbhasthapan, Vednasthapan, Anulomak
6. Bilva	<i>Aegle marmelos</i>	Kashaya, Tikta	Laghu, Ruksha	Ushan	Katu	Kapha Vatta shamak	Garbhashyashothhara.
7. Shyonak	<i>Oroxylum indicum</i>	Madhura, Tikta	Laghu, Ruksha	Ushan	Katu	Kapha Vatta shamak	Shothhara, Vednasthapak
8. Agnimanth	<i>Premna integrifolia</i>	Tikta, Katu, Kashaya	Laghu, Ruksha	Ushan	Katu	Kapha Vatta shamak	Vednasthapak, Vajikara
9. Gambhari	<i>Gmelina arborea</i>	Tikta, Kashaya	Guru, Ruksha	Ushan	Katu	tridoshash amak	Shothhara, garbhasthapan.
10. Patala	<i>Stereospermum suaveolens</i>	Tikta, Kashaya	Laghu, Ruksha	Ushan	Katu	tridoshash amak	Vednasthapak, Vajikara

**Treatment protocol-
For kala basti:-**

Procedure	Drug	Dose	Duration	Route	Method	Time
<i>Kala Basti</i>	<i>Dashmoola</i>	60 ml oil for (<i>Anuvasan basti</i>) 500ml (<i>Asthapan Basti</i>)	16 days	<i>Gudamarg</i>	<i>Anuvasan basti</i> with catheter. <i>Asthapan basti</i> with Enema pot.	Morning

For uttar-basti:-

Procedure	Drug	Dose	Duration	Route	Method	Time
<i>UttarBasti</i>	<i>Dashmoola Oil</i>	5ml oil	3 days	Intra-uterine	Uttar basti with Uttarbasti canula.	Morning

Case study:-

- ▶ 3 and 1/2 years before ie. Before marriage patient felt healthy but immediate after one month of marriage Pt. suffered from irregular periods since 3 years (i.e. periods came after every 6 months and 4 months) and are anovulatory periods, mild pain in abdomen. Duration of Her first menses after marriage was of 10 days and after 15 days her next menses came again. then after that no periods till 4 months. For the same symptoms pt. took the allopathic medicine for one and half year. Pt. treated with hormonal therapy tab. Ecosprin, ovabess, fertibex, ubiphene, progynova, ovacare, deviry, dexona etc. But pt had no improvement from these complaints. So for ayurvedic treatment patient came in our opd one year before on 12/09/2015 and we did all the relevant investigations in which the - Serum T.S.H-6.999uiu/ml, Serum FSH-20.7miu/ml and AMH-<0.010 ng/ml (very low AMH value is the indicator of infertility) and in allopathy its is very difficult to improve that. They even prescribe HCG injectables of 5000iu. so we started her treatment for infertility and irregular menses. And we planned for kala basti and uttar basti till the normalization of her cycle and an approach towards the increase of AMH level and ovarian reserve.

PAST MENSTRUAL HISTORY	PRESENT MENSTRUAL HISTORY-
	LMP: 9/8/2016
DURATION: 4-5 Days	DURATION: 3-4 Days
INTERVAL: 4-6 months	INTERVAL: 28-30 days
	INTER MENSTRUAL SPOTTING : Absent
REGULARITY: regular	REGULARITY: Regular Since 2 months
AMOUNT OF LOSS: Moderate, P2 / day	AMOUNT OF LOSS: Moderate quantity , P2/day
DYSMENORRHEA: Absent	DYSMENORRHEA: mild pain in back & groin
CHARACTER OF FLOW: Watery	CHARACTER OF FLOW: watery
Colour – Normal red	Colour – Dark red

Course of treatment:-

1. Patient came to us 1 year before on 12/09/2015 with the symptoms of Failure to conceive since 3 & 1/2 yrs and Irregular periods since 3 yrs. (immediate after the marriage)
2. Then we did all the relevant investigations in which the - Serum T.S.H 6.999uiu/ml, Serum FSH-20.7miu/ml and AMH-<0.010 ng/ml.
3. We started *kala basti* having *anuvasan basti* and *asthapan basti* on alternate days for 16 days.
4. Then next month we gave *uttar basti* for 3 days. and after 3 days of *basti* her periods came and are still regular for the last two months.

Probable mode of action of Dashamoola Taila:-

According to the concept of *Viryasamkranti* (transformation of potency) described by *Acharya Charaka*, the potency of *Dashamoola* is already transferred in *Dashamoola Kwatha*, and the potency of *Dashamoola* in the *Kalka* form, on

processing with oil, further causes the *Viryasamkranti* into the *Taila*. Thus the *Taila* carries the whole potency of the drug in it. *Madhura, Tikta, Kashaya Rasa, Guru, Snigdha Guna, Ushna Veerya, Madhura Katu, Vipaka, and Tridoshanashaka Karma of Dashamoola Taila* acts on *Artavkshaya* by its *Dravya, Guna, and Prabhava*. It has been proven that *Dashamoola* has anti-inflammatory, analgesic^{xv} actions

Probable mode of action of Tila Taila:-

As the base oil for *dashmoola* is *tila taila* so the properties of *tila taila* which help in *artavjanan* are *Tila Taila* is of *Madhura Rasa* and *Vipaka, Balya, and Rasayana* in *Karma*; it nourishes and strengthens all the *Dhatu*s, checks *Dhatukshaya*, and thus alleviates *Vata*. *Snigdha* and *Guru Guna* decreases *Rukshata* of *Vata*^{xvi} and with the help of *Ushna, Guna, and Veerya* it alleviates *Vata*; the *Vikasi* property reduces the spasms. *Sukskshmat*a dilates the channels and *Vishada* prevents stickiness of the channels and thus helps in normal flow of menstrual blood. *Garbhashaya Shodhana, Artavajanana* properties^{xvii} of *Tila Taila* indicates its specific action on genital tract and regulates function of *Apana Vayu* on particular system. Especially when administered in the form of *Basti, Tila Taila* directly works on *Apana Vata*, and by its *Yonishula Nashana* action it works upon *Kashtartava*..

Results:-

After receiving this treatment, menstruation started on 3rd day of *Uttara Basti*. The patient was in continuous follow up. She had two consecutive regular menses with normal flow and no abdominal pain. In spite of that during her *USG* on 28th day follicle ovulate even having low ovarian reserve we did her *IUI* (Intrauterine insemination)

Discussion:-

According to *Ayurveda, Raja* is *Upadhatu* of *Rasa* and *Rakta*. *Raktasadrushya Raja* is formed by *Ahara Rasa*, so for *Niram ahara rasa* formation & *Raja Pravartan* is function of *Apana Vayu*, so *Anulomaka kala Basti* was given. And due to the anuloman of *apan Vayu* and revival of its normal functions and her regular menses started and her monthly cycle became regular.

- ✓ *Uttara Basti* was given for *Sthanik Shodhana* .
- ✓ *Samsodhana* ensures as a complete eradication of *Vikruta Doshas* and increases *Agneya* condition of the body which is resulting into relative increase in *Artava*. The *apamarg kshar taila* causes the *lekhan*(scrapping)of the localized *doshas* .so by *uttar basti* vitiated *doshas* become normal and periods started .

Conclusion:-

we can conclude that, as compare to modern view, the holistic approach of *Ayurvedic* system of medicine because *Vasti* alone is considered as the major procedure for the anulomana of *Vata*. *Apana Vayu* plays an important role along with *Vyana* gives better relief to the patient from *amenorrhoea* and *infertility*. *Taila* is the best drug for *Vata*. The function of *Anuvasana Vasti* is *Vatanulomana*, thus, it performs its normal function properly. *Dashamoola Taila* has *Tridoshaghna, Parshvashulahara, and Shothahara* properties. So it normalize the *apan Vayu* and *anuloman* occurs and menses became normal.

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