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.

Key words: - 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 Artav 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
Jayashree P*/THE MANAGEMENT OF FEMALE INFERTILITY BY UTTARBASTI IN W.S.R.TO ANVOULATION - CASE STUDY

- 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 - 10.53 ng/ml
2 FSH - 5.61 µIU/ml
3 LH - 6.71 µIU/ml
4 Protactin - 12.39 ng/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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Rt. Ovary</th>
<th>Lt. Ovary</th>
<th>Endometrium Thickness</th>
<th>POD</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/12/2017</td>
<td>12th</td>
<td>19x14</td>
<td>20x17</td>
<td>22x17</td>
<td>8.2</td>
<td>Clear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Haemorhagic cyst</td>
<td>14x13</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>07/12/2017</td>
<td>13th</td>
<td>Same Cyst</td>
<td>21x19</td>
<td>Haemorhagic cyst</td>
<td>8.5</td>
<td>Clear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20x20</td>
<td></td>
<td>22x15</td>
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<td></td>
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<td>16x13</td>
<td></td>
<td></td>
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<tr>
<td>08/12/2017</td>
<td>14th</td>
<td>Same Cyst</td>
<td>20x19</td>
<td>21x18</td>
<td>9.5</td>
<td>Clear</td>
</tr>
<tr>
<td></td>
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<td>19x19</td>
<td></td>
<td>16x15</td>
<td></td>
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</tr>
<tr>
<td>09/12/2017</td>
<td>15th</td>
<td>Same Cyst</td>
<td>Collapse</td>
<td>12</td>
<td></td>
<td>FF</td>
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<td></td>
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</table>

Ovulation Study –After Treatment:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Rt. Ovary</th>
<th>Lt. Ovary</th>
<th>Endometrium Thickness</th>
<th>POD</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/03/2018</td>
<td>10th</td>
<td>14x10</td>
<td>16x14</td>
<td>7 mm</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17x12</td>
<td>17x12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/03/2018</td>
<td>12th</td>
<td>14.8x11</td>
<td>21x16</td>
<td>8.2 (Triple Layer)</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.8x11</td>
<td>20x14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13/03/2018</td>
<td>13th</td>
<td>14.8x11</td>
<td>F1-Ruptured</td>
<td>9.2</td>
<td>Free Fluid ++</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>14.8x11</td>
<td>F2-22x18</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measurement of cyst after treatment during Pregnancy:

<table>
<thead>
<tr>
<th>Usg Dates</th>
<th>Rt ovary</th>
<th>Lt ovary</th>
<th>Treatment given</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12/2018</td>
<td>25.7x20.7</td>
<td>27.5x18.8</td>
<td>Punarnavadi ghrit</td>
</tr>
<tr>
<td>20/6/2018</td>
<td>21 x17.5</td>
<td>18.4x9.2</td>
<td>Punarnavadi ghrit</td>
</tr>
<tr>
<td>31/7/2018</td>
<td>18x12.6</td>
<td>13.8x6.7</td>
<td>Punarnavadi ghrit</td>
</tr>
<tr>
<td>17/9/2018</td>
<td>16.3x7.3</td>
<td>Lt ovarian cyst not present</td>
<td>Punarnavadi ghrit</td>
</tr>
</tbody>
</table>

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.
5) With Uterine sound length and position of Uterus assessed.
6) IUI cannla / Baby feeding Tube No. 6 is inserted & basti dravya is injected drop by drop.
7) 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.

**Discussion:**
There are many causes of female infertility but anovulation is the most common cause of all. Patients with regular or irregular menses can also suffer from anovulation.
Uttrabasti 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 uttambasti. She is now pregnant with 5 months of amenorrhea. For her cyst she is on punarnavadi ghrut and cyst is also reduced.

**References:**


