



Case Study

AN AYURVEDIC APPROACH TO STREE VANDHYATVA (ANOVULATION) UTILIZING UTTAR BASTI

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ABSTRACT

Infertility has emerged as a significant disorder, primarily influenced by the stresses of the modern world, insufficient consumption of wholesome organic foods, and the evolving lifestyle patterns. Anovulation-related infertility has become a major concern among individuals of reproductive age in the current generation, largely due to unfavourable lifestyle shifts. A notable portion of couples seeking help at fertility clinics grapple with infertility caused by the absence of ovulation. In a remarkable 90% of these cases, Polycystic Ovary Syndrome (PCOS) stands as the predominant culprit. The timeless wisdom of ancient Ayurvedic scholar *Sushruta* continues to hold relevance today. His delineation of the four crucial factors for conception remains as imperative as it was in the past. Among these factors, the health of the ovum stands out, and disruptions in *Vata Dosha* often manifest as issues in ovulatory function. This narrative presents a case study involving an infertile couple who had been unable to conceive for three years. The wife's diagnosis indicated Polycystic Ovarian Disease (PCOD). Despite undergoing conventional treatments, including hormonal therapy, their attempts were unsuccessful. The treatment strategy employed an approach called *Uttar Basti* alongside *Prajasthapak Ghrita* and *Garbhaprada Yoga* (a formulation supporting conception) administered orally. Notably, the outcome of this Ayurvedic intervention was the successful conception of the patient within just three months of treatment.

INTRODUCTION

Infertility is a condition characterized by the inability to achieve a clinical pregnancy after a year of consistent and unprotected sexual intercourse. It is estimated to impact approximately 8 to 12% of couples in their reproductive years on a global scale.^[1] The primary hormonal concern affecting women and a leading reason for infertility marked by the absence of ovulation (anovulation) is polycystic ovary syndrome (PCOS). About one-third of couples seeking assistance at fertility clinics face infertility due to lack of ovulation, with PCOS being the primary cause in 90% of these instances^[2].

The issue of infertility linked to Polycystic Ovarian Syndrome (PCOS) has garnered significant attention among individuals of reproductive age in today's era, largely due to unfavourable shifts in lifestyle. Infertility has emerged as a substantial disorder, influenced by the demands of a stressful world, insufficient consumption of organic foods, and evolving lifestyles. The global prevalence of this condition lies around 5-10% in the general population. ^[3] Polycystic Ovarian Syndrome (PCOS) was initially documented in 1935 by medical professionals Stein and Leventhal. They defined it as a syndrome characterized by specific symptoms, including amenorrhea (absence of menstruation), hirsutism (excessive hair growth), and obesity, all of which are linked to the presence of enlarged polycystic ovaries. Over time, the treatment strategies for managing anovulatory infertility in patients with PCOS have evolved. Initially, interventions often involve clomiphene citrate, a medication that promotes ovulation. In more complex cases, approaches like gonadotropin administration or laparoscopic ovarian surgery have been commonly employed to address

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anovulation and enhance the chances of conception in PCOS patients.

According to Ayurveda, *Vandhyatva* due to anovulation can be associated with various conditions outlined in Ayurvedic texts. These conditions include *Granthi* (cyst-like structures), *Artavkshayam* (scanty or absent menstruation), *Nashtartavam* (missing menstruation), *Pushpaghni Jathaharini*, and *Rakta-gulmam*, *Arajaska*, *Ksheenartava*. *Vandhyatva* can be consider *Vata Pradhan Tridosha Dushti* in which *Vata Dosh* responsible for *Vibhajan* (cell division property) and *Pravartana karma* which helps in rupture of mature follicle. *Ushnata* and *Pachana* are features of *Pitta Dosh*. Primarily, *Pitta* will boost up the local *Agni* followed by *Pachana Karma* of remained *Ama* and then gives proper atmosphere for maturation of recruited follicle. *Kapha* plays imperative role in *Beeja Nirmana* by *Upachay Karma*. Regarding the practice of *Uttar Basti*, as stated by Acharya Charaka, it is highlighted that once *Vata*, particularly its imbalances, is effectively managed through the administration of *Uttar Basti*, the female is likely to experience a swift attainment of conception. [4] This underscores the significance of balancing *Vata Dosh* through this therapeutic procedure as a means to enhance the chances of successful pregnancy.

Case Report

A 26-year-old married woman visited the Prasuti Tantra and Stree Roga outpatient department (OPD) with the concern of being unable to conceive despite trying for three years during her unprotected married life. Her menstrual history revealed irregular cycles with normal bleeding duration and no pain during menstruation. She was diagnosed with bilateral polycystic ovarian disease based on her Ultrasonography results, leading her to seek consultation with a gynaecologist. Under allopathic treatment, she followed the prescribed course for six months. However, the Gynaecologist recommended intrauterine insemination (IUI) as the next step, but the couple expressed their reluctance to proceed with that option. Consequently, they sought Ayurvedic

treatment at DSRRAU Hospital in Jodhpur, specifically in the Prasuti Tantra Stree Roga department.

The patient had no prior history of hypertension, diabetes mellitus, hypothyroidism, or any other medical condition. There were no records of any previous surgical procedures. Additionally, there were no instances of infertility or any other chronic medical conditions within her family history. On a personal level, she had a normal appetite, bowel movements that were sometimes regular and occasionally constipated, and urinated 3-4 times a day with 1-2 times at night. Her sleep duration averaged 8 hours per night. Regarding her menstrual history, she experienced menarche at the age of 12 years. Her menstrual cycles were irregular, occurring at intervals of 45-60 days, and lasted for 4-5 days with a moderate flow and occasional blood clots. She got married at the age of 21 years, and as of her obstetrical history, she had not been pregnant before (nulligravida). Furthermore, there was no history of contraceptive use.

Clinical Findings

On general examination, the patient's pulse was 80/min and blood pressure was 120/80 mmHg. Her height was 5 feet 1 inches and her weight was 70 kg. *Prakriti* of patient *Vata -Pitta, Bala-Madhyama, Agni-Mandagni*. On systemic examination, no abnormality was seen. On abdominal examination, no any abnormality detected. Per-speculum vaginal examination showed a healthy cervix without any abnormal vaginal discharges and per-vaginal examination revealed normal-sized anteverted uterus and no cervical motion tenderness.

Investigation (before treatment)

USG (Abdomen +pelvis) Finding: Bilateral ovaries are bulky showing multiple peripherally arranged small follicles with central echogenic stroma.

And other haematological, biochemical reports and Semen analysis were found to be normal. Likewise every report including TFT and prolactin of the wife were normal.

Table 1: Showing investigations finding before treatment

Test	Result
TVS (follicular study)	B/L ovaries shows polycystic pattern of ovum arrangement size of the follicle is <10 mm
Sr. FSH	5.5mIU/ml
Sr. LH	10.8mIU/ml
Sr. Prolactin	6.3 ng/ml
HSG	Both fallopian tube patent
Thyroid profile	No any abnormality detected
Husband semen analysis	No any abnormality detected

Treatment Protocol

Present case study is single case study. In *Vandhyatva* due to *Nidana Sevana* Vitiation of *Tridosha* occur in which mainly *Saman, Vyana Apana Vata Dosha, Kledak Kapha* and *Pachaka Pitta Dosha's* is affected. Vitiated *Vata* and *Kapha Dosha* leads to *Agnimandhya* and Vitiated *Pitta Dosha* leads to *Rasa Dushti*. Due to *Agnimandhya* food will not digested and result in the production of *Ama*. This *Ama* is transformed into *Annarasa* and absorbed into the bloodstream. It will cause *Rasavaha Srotorodha* and leads to *Rasa Dushti*. *Rasa Dushti* also causes its *Upadhatu Dushti* i.e., *Artava Dushti*. It will leads to *Antah Pushpa* (ovum) *Dushti* cause *Viphalam Beeja* (Anovulation) and *Bahir Pushpa* (menses) *Dushti* cause *Nashtartava/Artava Kshaya* (Oligomenorrhea/

Amenorrhea) and ultimately cause *Vandhyatva*. Consequently, when selecting medications, it's important to opt for those with the qualities of "*Deepan-Pachana*" (stimulating digestion and metabolism), "*Tridoshshamak*" (balancing all three *Doshas*), and "*Srotorodhhara*" (clearing obstructions in bodily channels). These characteristics aid in preserving the proper functions of *Apana Vayu* (a specific sub-*Dosha* responsible for downward movement in the body) and in restoring the equilibrium of *Kapha* and *Pitta Doshas*. This, in turn, contributes to the normalization of menstrual cycles. Treatment given to the patient for 3 month which is summarized in the table no. 2.

Table 2: Showing treatment protocol

Name of Drug	<i>Prajasthapak Ghrita</i>	<i>Garbhaprada Yoga</i>
Ingredients	<i>Andri, Mandukparni, Durva, Shatavri, Haritaki, Guduchi, Bala, Patala, Kutki, Priyangu</i>	<i>Shunth Marich, Pippli, Nagkeshar</i>
Dose	<i>Uttar Basti -5ml</i> One time in a day	Churna-3gm OD (Before meal)
Duration	From next day of cessation of menstrual flow for 3 days for 3 consecutive month given	Once in a day for 20 days After cessation of menstrual flow for 3 month given
Route	Intra Uterine	Orally

Follow-up and Outcome

After completion of 3 months of treatment, patient missed her menses, UPT was done and shows positive result. After 2 weeks USG was done which shows single intrauterine early pregnancy with gestational age 7 weeks 2 day.

DISCUSSION

Yoni, or the female reproductive system, remains unaffected unless there is an imbalance in the *Vata Dosha*.^[5] *Vata* possesses the ability to facilitate cell division, which plays a critical role in the formation of *Beeja*.^[6] Thus, any disturbance in the balance of *Vata* can disrupt the proper development of *Beeja* and *Beejotsarga* (reproductive process). Regulating *Vata Prajasthapak Ghrita*^[7]

through a procedure called *Uttar Basti* is essential, as it leads to swift achievement of conception in women. When the administration is directed through the intrauterine route, *Ghrita* activates the normal functioning of *Vata* and triggers the activity of ovarian hormones. This activation occurs through the uterine route, where the uterine arteries make lateral turns upon entering the uterine tubes. These arteries then establish connections with the ovarian arteries, ultimately reaching the ovaries. This stimulation has a direct impact on the ovarian receptors and their hormone-related functions.

Table 3: Ingredients of *Prajasthapak Ghrita*

Sr.No.	Ingredients	Latin name	Properties ^[8]
1	<i>Aindri</i>	<i>Bacopa monnieri</i>	<i>Artavajanan, Vatakaphashamak</i>
2	<i>Mandukaparni</i>	<i>Centella asiatica</i>	<i>Kaphpittashamak, Medhya, Rasayana</i>
3	<i>Doorva</i>	<i>Cynodon dactylon</i>	<i>Garbhaposhak, Raktashodhak, Raktasthambhan.</i>
3	<i>Shatavari</i>	<i>Asparagus racemosus</i>	<i>Garbhaposhak, Vatapittashamak, Rasayana</i>
5	<i>Patala</i>	<i>Stereospermum suaveolens</i>	<i>Tridoshshamak Vedanasthapana</i>
6	<i>Guduchi</i>	<i>Tenospora cordifolia</i>	<i>Tridoshshamak, Rasayana</i>
7	<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Vrishya, Garbhashayshothahar</i>

8	<i>Kutaki</i>	<i>Picrorhiza kurroa</i>	<i>Raktashodhak, Rechak, kaphapittahar</i>
9	<i>Bala</i>	<i>Sida cordifolia</i>	<i>Garbhashaydaurbalyahar, Garbhaposhak, Vatapittashamak</i>
10	<i>Priyangu</i>	<i>Callicarpa macrophylla</i>	<i>Tridoshshamak Vedanasthapana</i>
11	<i>Goghrita</i>	<i>Butyrum deparatum</i>	<i>Vayasthapana, Rasayana, Agni Vriddhi</i>

Prajasthapak Ghrita medications exhibit distinct effects known as *Prabhava*. *Prajasthapana Ghrita* primarily consists of the tastes *Madhura*, *Tikta*, and *Kashaya*, along with qualities like *Laghu* and *Ruksha*. It possesses a *Madhura Vipaka* and *Shita Virya*. Its attributes encompass actions such as promoting *Artavjanan* (menstrual regularity), balancing the three *Doshas* (*Tridoshshamak*), *Garbhposhaka* (nourishing *Garbhaprada Yoga*)^[9]

the pregnancy), *Garbhashaydaurbalyahar* (addressing weaknesses in the uterus), and *Raktashodhak* (purifying the blood). The constituents within this formulation contribute to the elimination of imbalanced elements from the female reproductive system, facilitate conception, and aid in the prevention of miscarriages.

Table 4: Ingredients of *Garbhaprada Yoga*

Sr.No.	Ingredients	Latin Name	Part of Use	Properties ^[10]
1	<i>Pippali</i>	<i>Piper longum</i>	Fruit (<i>Phal</i>)	<i>Vrishya, Rajorodhahar</i>
2	<i>Shunthi</i>	<i>Zingiber officinale</i>	Rhizome (<i>Kand</i>)	<i>Vatakaphashamak, Vrishya</i>
3	<i>Marich</i>	<i>Piper nigrum</i>	Fruit (<i>Phal</i>)	<i>Artavajanana, Vatakaphashamak</i>
4	<i>Nagkesar</i>	<i>Mesua ferrea</i>	Stamens (<i>Punkesar</i>)	<i>Kaphpittashamak, Balaya, Raktasthambhan, Vedanasthapana, Deepan- Pachan</i>

As mentioned earlier in conceptual part of study that in *Samprapti* of anovulation, *Agni Dushti* and *Aam* formation causes *Khavaigunya* in *Artavavaha Srotasa* which leads to anovulation. The formulation of *Garbhaprada Yoga*, commonly used in Ayurveda for promoting fertility and supporting healthy conception, is characterized by its specific composition of ingredients that contribute to its therapeutic properties. The constituents of *Garbhaprada Yoga* are carefully selected to create a balanced combination of qualities, tastes, and actions to support the reproductive system and aid in the maturation of follicles. The primary components of *Garbhaprada Yoga* include *Katu Rasa* (pungent taste), *Laghu* (light), *Snigdha* (unctuous), *Tikshna guna* (sharp quality), *Ushna Virya* (hot potency), *Madhura* and *Katu Vipaka* (pungent post-digestive taste). This unique blend of attributes is designed to facilitate the absorption and distribution of the formula within the body. The *Laghu Guna*, allows the constituents to be easily assimilated, ensuring that the therapeutic effects can permeate various cellular structures. Moreover, the drug is given with the *Anupana* of *Ghruta* which adds *Rasayana* property and also decreases *Tikshna Guna* of formulation. *Katu Vipaka* and *Deepan-Pachana* properties play a role in *Amapachana*, thereby aiding in the reduction of *Srotorodha*. This reduction in blockages within the body's channels leads to the appropriate development of *Rasadhatu*. This in turn facilitates the proper formation of *Artava*, encompassing both *Anatah Pushpa* (ovum formation) and *Bahira Pushpa* (menstruation). One of the

noteworthy features of *Garbhaprada Yoga* is its regeneration capacity. Through its proper nutrition and *Vatanulomana* (balancing *Vata*) qualities, the formula facilitates the maturation of follicles.

CONCLUSION

Ayurveda offers a wide array of treatments, such as *Basti* (medicated enema) and various drug combinations, which have minimal side effects and are cost-effective, making them suitable as first-line treatment options. Specifically, *Uttar Basti* plays a central role in treating *Vandhyatva* or infertility, as it helps strengthen the *Garbhashya* (uterus) by administering appropriate medications through the uterine route. Additionally, it has been observed that combined therapy, involving multiple Ayurvedic treatments, demonstrates a beneficial anabolic effect on the entire body and the reproductive tract system, contributing to overall health and fertility improvement.

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