



ORIGINAL RESEARCH PAPER

Ayurveda

THE EFFECT OF VIRECHANA AND UTTARBASTI IN FEMALE PRIMARY INFERTILITY (KSHETRAVIKRUTI) - A CASE STUDY.

KEY WORDS:

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ABSTRACT

Infertility is the big problem in now-a-days. 30% of female factor contribute aetiology of infertility, among these uterine factor resembles about 10%. As per ayurvedic text *supraja nirman* depends upon four factors that is *prakruta rutu*, *prakruta kshetra*, *prakruta ambu*, *prakruta beeja* means appropriate time, healthy uterus, proper nutrition, healthy ovum and sperm. Uterine factors are one of the leading factor in female infertility. *Vata dosha* is the prime cause of *vandhyatwa*. So in ayurvedic classic *Uttarbasti* is indicated in *vandhyatwa*. *Shodhana karma* is indicated as the line of treatment for *kshetravikruti*. In present case, patient was 32 years, married since 6 years was having primary infertility, with recurrently thin endometrium and long cervix, Utero-cervix ratio was 1:1. Menstrual history shows regular menses with scanty flow. Treatment was planned by giving *virechana*, internally *phalagruta* and oral medication and *uttarbasti* with *phalagruta* along with *yapanabasti* for three consecutive cycles. This result in infertility to fertility (conceived). Now she is delivered healthy male child with caesarean section, so present case reflects that *virechana* and *basti* is effective in *kshetravikruti* (thin endometrium). **Keywords-** primary infertility, *kshetravikruti*, *virechana*, *uttarbasti*.

INTRODUCTION-

Infertility is the biggest problem in today's era. Current life style (sedentary), food pattern (junk food), career-oriented women, late marriages which is adopted from western culture leads to vitiate the *prakruta doshas* and creates various problems.

Failure to achieve conception with regular unprotected coitus upto 1 year or more is called infertility². 30% of female factor contribute aetiology of infertility, among these uterine factor resembles about 10%³.

According to *Ayurveda* four factors are responsible that is *prakrutrutu*, *prakrutkshetra*, *prakrutbeeja*, *prakrutaambu* for *supraja nirmana*⁴. Any abnormality in above factors causes *vandhyatwa* at the same time *aharaviharadosha*, *rajavikara*, *akalyog* are also the contributing factors.

Among these factors *prakrutakshetra* means healthy yoni, uterus and passage. In present case, the patient was having *kshetravikruti* i.e. persistent thin endometrium & her uterocervical ratio was 1:1 which is a prepubertal age ratio⁵ so there was a need of a *shodhana karma*, and *bastiupakrama*⁶.

MATERIALS AND METHODS-

A 32 year subject married since 6 years was having primary infertility.

Occupation-Software Engineer
Menarche - 15 years, spontaneous.
MH- Regular,
28-30 days, 2-3 days, scanty flow, 1/2 pad/day
Coitus history - Dyspareunia
No h/o any major illness and surgery
O/E-
BP- 110/60 mm of hg
PR- 88/min.
Axillary & pubic hair growth normal.
Breast development normal
No hirsutism
P/A- soft
P/S- Vagina- watery discharge
Healthy cervix
P/V - Anteverted uterus
Size- Normal
Fornices- Non tender

Previous report-

Hormonal reports were normal. 02/12/2016 AMH-6.50, FSH-6.32, LH-7.92, prolactin- 10.92
USG S/O thin endometrium on 12th day.
HSG report normal but uterocervical ratio was 1:1

INTERVENTION:-

Shodhana karma⁶
एवंयोनिषुसुद्धासुगर्भविन्दन्तियोषितः | ch. Chi.30/125

Sr no	Karma	Drug	Matra	Anupan	Kala
1	Aampachana (2 nd -5 th day of menses)	Aampachak yog (ativisha, musta, haritaki, shunthi)	Each 250mg= 1 gm, 2 times	Koshnaja	Paschat bhakta
2	Snehapana	Panchatikta gruta	Day 6-30ml Day 7- 60ml Day 8- 90ml Day 9-120 ml Day 10-150ml	Koshna Jala, if Kshudha Prachiti (mudgay ush)	Abhakta
3	Sarvanga Abhyanga & Bhasmapeti Sveda	Tiltaila	For 2 days		Vishram kal
4	Virechana	Trivritta-awaleha	30gm	Koshnaja	At 9am (kaphaje erna kali)

Virechana given with *Trivrittaavaleha* results *madyamshuddhi* (10-12 Vegas), so 3 days of *sansarjanakrama* had given. Then next cycle *basti* was given (*yogbasti* along with *uttarbasti*).

Basti karma was given as follows, 1st *anuvashana* with *balataila* then *niruhabasti* with *dashmuladiniruha* in morning and on same day in evening *uttarbasti* with *phalagruta* for three consecutive cycles given.

Days	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th
	AB	NB	AB	NB	AB	NB	AB	AB
		UB		UB		UB		

AB:-AnuvashanBasti,NB:- NiruhaBasti,UB:- Uttar Basti.

After 3 consecutive cycles of basti, internal medicine was started as follows-

Sr no	Medicine	Matra	Anupan	Kal
1	Pushpadhanva rasa vati	250*3	Sharkara	paschatbhakta
2	Chandraprabhavati	250mg*2		pragbhakta
3	Phalagruta	5-10gm	Koshnajala	Abhakta

DISCUSSION-

Aampachana- Aampachaka yoga used for aampachana, which correct agni and doneaamapachana due to its action the purified rasadhata is forms which leads to be shuddha raja⁷.

Virechana-According to patients prakruti (PittapradhanaKa phanubandhi)virechana was considered the best shodhana karma, so here virechana was given to which removed the excessive prakupitadosha, & detoxified and purified the body⁹. Then after sansarjana karma, basti was given which help in making the vatadoshanormal especially apanavataand vatanuloman.

Basti-

याश्चस्त्रियोवातकृतोपसर्गागर्भनगृह्णन्तिभिःसमेताः | ch.sa. chi.30/125

Vandhyatwa is the vatajananatmajavyadhi, so after shodhana karma bastichikitsa was important here¹¹.

वन्ध्यानांशतपाकेनशोधितानांयथाक्रमम् | बलातैलेनदेयाःस्युर्बस्तयस्त्वैवृतेनच || su.Sa.chi.38/89

Anuvasanbasti was given withbalataila which give best result in cases ofvandhyatwa¹² & in this case also.Rectal mucosa absorbs necessary minerals, nutrients and nourishes the surrounding structures¹³.

Dashmuladiniruhabasti have the best vatashamaka property¹⁴ which regulates the normal apanavayugati.

Uttarbasti

योनिशुक्रप्रदोषेषु.....एतत्परंचबालानांग्रहघ्नदेहवर्द्धनम् | || a.sa.u39/59

Uttarbasti with phalagruta considered santarpannothakarya on garbhashaya and also it gives bala. Phalagrutaalso have anangvardhana property. So, Phalagruta was giveninternally throughout the treatment after completion of virechanasansarjanakarya.

Internal medicine-

रमयतिबहुकान्तादीर्घमायूनराणाम् | ब्र.यो.त.(Pushpadhanva) वातपित्तकफव्याधीनबल्यावृष्यारसायनी | भै.र.(chandraprabhavati)

After completion of 2 cycles of basti, on 3rd cycle, her menstrual flow increased 1 pad per day as compared to previous one. After completion of 3cycles she was advised suryanamaskar, pranayamaand suggested for timed intercourse. Then after two months she came with missed period in OPD, so advised UPT, which was positive. Regular ANC check-up was done and delivered a male healthy child by LSCS. So, Ayurveda having ability to give a healthy progeny and modulates the life.

CONCLUSION-

Primary infertility related to kshetravikruti can be well managed by Ayurveda.

RESULT -

After completion of bastiupakarma she conceived in next 2 month and delivered healthy baby by caesarean section.

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