



Case Report

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EFFECT OF BASTI CHIKITSA IN THE MANAGEMENT OF BEEJA AND KSHETRA DUSHTI JANYA BANDHYATVA IN ELDERLY WOMEN: A CASE REPORT

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ABSTRACT

Pregnancy or motherhood beyond the edge of reproductive age is referred to as pregnancy in “elderly gravida”. Generally, reproductive potential decreases as women get older, one of the common reasons being Anti-Mullerian hormone (AMH) levels. This is a case study of a 38-year-old female patient who consulted the OPD at the National Institute of Ayurveda (NIA) Jaipur, Rajasthan, India, with the chief complaint of being unable to conceive for 2 years. Her Anti-Mullerian hormone (AMH) value was 0.83 ng/ml on 22-7-2023. Ultrasonography, dated December 13, 2023, suggested a bulky heterogenous uterus with intramural fibroid (2.4×1.9 cm) with polycystic ovarian disease and pelvic inflammatory changes. Based on these clinical presentations and USG findings, the patient was diagnosed with infertility due to abnormal ovarian and uterine factors, which were correlated with beeja and kshetra dushti janya bandhyatva in Ayurvedic terms. Mainly, Vata dosha symptoms were observed in the patient. Therefore, Yoga basti followed by Matra basti was given with shamana chikitsa using garbhasthapana dravya to eliminate Vata dosha. Her complete nidana parivarjana was done. After 2 months of treatment, the patient conceived. She missed her period and did her urine pregnancy test on 01-3-24, which was found to be positive. This case study concluded that Basti chikitsa is beneficial in managing beeja (ovarian factor) and kshetra (uterine factor) dushti janya bandhyatva in elderly women.

Keywords: Bandhyatva, Basti, Beeja, Case report, Infertility, Kshetra.

INTRODUCTION

Infertility is becoming a major issue in today's society due to the declining rate of fertility and fecundability with age. In about 40-55% of cases, females are responsible for causing infertility¹. Age is the single most significant factor affecting a woman's chance to conceive and have a healthy baby, and fertility can be expected to end 5 to 10 years before menopause. The risk of miscarriage and chromosomal abnormalities in the foetus increases with advanced maternal age. There are decreased chances of fertility and increased risk of adverse pregnancy outcomes such as GDM (Gestational Diabetes Mellitus), Placenta previa, Caesarean section, and stillbirth are more common among older women than younger women². The fertility issues of geriatric age can be better managed by Ayurvedic protocol, which includes preparing a

healthy kshetra (garbhashaya), healthy ambu (proper nutrient fluid) and healthy beeja (ovum) to achieve a viable and healthy progeny. The treatment principle is to enhance the nirmana of shudha artava updhatu (healthy ovum) and a good kshetra (healthy uterus) to achieve a healthy conception.

Patient Information: A female patient of 38 years old visited NIA Prasuti Tantra evam Stree roga OPD with the complaint of being unable to get a viable child for 2 years.

Informed consent: Written consent was obtained from the couple to publish their clinical details. The study was carried out as per the International Conference on Harmonization-Good Clinical Practice Guidelines (ICH-GCP).

Table 1: Menstrual history

Age of menarche	13 years		
LMP	28 th January 2024		
Pattern	Regular		
Flow days	5-6 days	Day 1 and Day 2	2 pads fully soaked
		Day 3 and Day 4	1 pad fully soaked
		Day 5 and Day 6	Only spotting
Interval	28-30 days		
Pain	Present	Onset - Before 4-5 days of menses Location - Abdomen, back and thighs region Type - Continuous Duration - 3-4 days prior to menses Severity - Mild (visual analogue score 2) With no associated symptoms	

Colour	Reddish	
Clots	Present	Number of clots - 3-4 clots Clots passed on - Day 1 and day 2 Size - <5 rupees coin size Colour - Reddish black
Burning sensation	Absent	
Foul smell	Absent	
Stickiness	Absent	

Obstetric History: G1P0A1L0

G1- Missed abortion of 8 weeks gestational age followed by dilatation and evacuation 3 months ago.

Past medical history: She had no history of Diabetes Mellitus / Hypertension / Thyroid dysfunction or any systemic disorder. She took Ayurvedic treatment for 2 months for infertility in September 2023. After 2 months of treatment, she got conceived but had a missed abortion of 8 weeks gestational age.

Past surgical history: The patient had no significant past surgical history.

Family history: The patient had no relevant family history.

Investigation: Past medical reports of Thyroid profile, LFT and RFT were also normal. The value of AMH (Anti-Mullerian

hormone) was 0.83 ng/ml on 22-7-2023. Her ultrasonography was done on 13/12/2023 and was suggestive of a bulky heterogenous uterus with intramural fibroid (2.4×1.9 cm) with PCOD and PID (Pelvic inflammatory changes). Her history revealed normal appetite, satisfactory bowel clearance and sound sleep.

Table 2: Physical Examination

General condition	Fair
Blood pressure	110/70 mm of Hg
Pulse rate	78/minutes
Temperature	97.3 degree Fahrenheit
Height	5 feet 4 inches
Weight	62 kg
BMI	23.6 kg/m ²

Pelvic examination

Table 3: Vaginal examination

Per speculum examination	Mild, thin white discharge present, nulliparous os, cervix healthy, vaginal walls healthy.
Per vaginal examination	Uterus - Normal size and shape, anteverted, Cervix - Normal size and shape, freely mobile, all fornix are non-tender, cervical motion tenderness is absent.

Treatment

Table 4: Shodhana chikitsa

Date	Day of cycle	Treatment
01-2-24 to 08-2-24	5 th to 12 th	Purva karma- Sarvanaga abhyanga with Dashamool taila and vashpa swedana with Dashamoola kwatha. Pradhana karma - Yoga basti (8 days) 1. Anuvasana Basti with Dhanwantara taila (30 ml) and go-ghrita (30 ml) after food. 2. Asthapana Basti prepared with madhu, saindhava lavana, Dashamoola taila, Shatapushpa kalka and Jwarhara kwatha (10 gm), Aamalaki, Guduchi, Haritaki, Katuki churna (each 3 gm), 400-500 ml on empty stomach in morning.
10-2-24 to 22-2-24	14 th to 26 th	Matra Basti with Dhanwantara taila (30 ml) with go-ghrita (30 ml) once a day after food on alternate days

Table 5: Samshaman chikitsa

Medicine	Dose	Time of administration	Anupaana
Bala beeja churna, Ashwagandha churna, Yastimadhu churna	Each 2 gm	At 8.00 am At 5.30 pm	Ksheera paka
Phala ghrita	10 ml	At 8.00 am At 5.30 pm	Ksheera (milk)
Ashwagandha arishta	15 ml	At 1.00 pm At 8.00 pm	An equal amount of water

RESULTS

After 2 months of treatment, the patient got conceived. The patient missed her period and did her urine pregnancy test on 01-3-24, which was found to be positive. Currently, She is in her 7th month of pregnancy. She is also following garbhini paricharya.

Table 6: Antenatal Care (ANC) Investigation

Date	Investigation	Reports
12/3/2024	Ultrasonography Impression	Single live intrauterine pregnancy of 6 weeks and 1 day, heart rate 93/min.
29/4/2024	NT NB Scan	Single live intrauterine pregnancy of 13 weeks and 1 day with NT 1.5 mm, NB present.
12/6/2024	LEVEL II	A single live intrauterine pregnancy of 19 weeks and 3 days, Normal fetoplacental blood flow pattern. No congenital anomaly was seen.

Pathya Apathya: She was advised to follow rajaswalcharya, which includes havishyam (a meal made of ghee, shali rice, barley and milk) to eat during menstrual flow.

DISCUSSION

The diagnosis was confirmed as secondary infertility due to the ovulatory factor (beeja dushti) and uterine factor (kshetra dushti) being involved. According to Acharya Sushruta, ritu, kshetra, ambu, and beeja have all been identified as contributing factors in conception³. So, for healthy conception, all these four factors must be of good quality.

Samrapti Ghataks

Dosha: Vata
Dushya: Rasa, Artava (upadhatu)
Strotas: Rasavaha, Artavavaha
Aashaya: Garbhashaya

Vata dosha is responsible for all physiological functions of reproductive systems⁴. Yoni roga does not occur without vitiation of Vata dosha, the main causative factor for infertility⁵. The ultimate aim of the treatment was to enable the normal functioning of Vata dosha in the koshtha, especially in garbhashaya (uterus). Basti is considered ardhachikitsa for Vata dosha⁶.

Mode of action of Basti karma: Basti plays a major role in normalising Apana Vayu, leading to Vatanulomana and the proper physiological functioning of Vata. Basti given through the

rectum will stimulate this parasympathetic nerve supply, which may help in turn for the release of ovum from the follicle and help in the fertilisation process. Yoga basti is helpful in the follicular phase for forming good quality ovum. Acharya Chakrapani mentioned that Aamalaki, Guduchhi, Haritaki, and Katuki churna used for Asthapana Basti are prajasthapaka gana dravya⁷. Jwara (fever) is indicated in rasa pradoshaja janya vikara⁸. So, Jwarahara kashaya is also used for Asthapana Basti, which helps form proper Rasa dhatu, ultimately leading to the formation of shuddha artava.

Matra Basti helps regulate the H-P-O axis by stimulating the hypothalamus for GnRH and the pituitary for FSH and LH with the help of neurotransmitters. Yamaka combines ghrita and taila, which are used in different degrees of Vata vitiations. Ghrita and taila contain cholesterol, which is responsible for synthesizing steroid hormones (Estrogen and Progesterone). Dhanwantara taila is also indicated for "sarvavatavikara" (all the diseases of Vata) and yoni roga chikitsa. Go-ghrita contains beta-carotene and Vitamin E, which are antioxidants. Sarvanaga abhyanga and swedana, done just before Basti, make it more efficacious by relaxing abdominal and pelvic muscles, increasing metabolism, and improving blood circulation due to the vasodilation effect. Therefore, Matra Basti with Dhanwantara taila and go-ghrita is used for good quality kshetra nirmana by forming a healthy uterine endometrium. Shamana chikitsa uses garbhashthapana dravya to eliminate Vata dosha. Ashwagandha⁹, Bala beeja¹⁰, Yastimadhu¹¹, and Phala ghrita¹² all have dhatuposhana property, stimulate ovaries for folliculogenesis, and help produce healthy oocytes and nourish the endometrium.

Table 7: Garbhashthapana Dravya

Dravya	Rasa panchaka	Guna	Action
Ashwagandha	Tikta, madhura rasa Madhura Vipaka, Ushna veerya	Laghu, Snigdha	Vatahara, Balya (nutritive) Rasayana, Vrishya, Garbhashthapana
Bala beeja	Madhura rasa Madhura Vipaka Sheeta veerya	Laghu, Snigdha, Pichhilla	Vatahara, Bramhana, Balya, Garbhashthapana,
Yastimadhu	Madhura rasa Madhura vipaka Sheeta veerya	Guru, Snigdha	Vatanulomana, Balya Rasayana, Medhya
Phala ghrita	Tikta rasa Madhura vipaka	–	Anulomana, Shothahara, Balya, Prajasthapana, Yonipradoshanashaka

CONCLUSION

This case report shows how to manage secondary infertility associated with beeja and kshetra dushti in elderly women effectively through Ayurvedic treatment modalities. The study should be tried on more subjects to see its results on a large scale.

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