

USE OF UTTAR BASTI IN SECONDARY INFERTILITY WITH CHOCOLATE CYST – A CASE STUDY

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ABSTRACT

Women are worshipped as Goddess due to their ability of bringing new life on earth. During reproductive period of women's life there are varieties of ovarian cysts formation which leads to menstrual disturbance which might further lead to infertility. In recent years there is gradual rise in detection of ovarian cysts due to advance diagnostics. There is prevalence of 17 to 44% of ovarian cysts formation during reproductive phase. In this article, a case report regarding a patient of age 30 years having previous H/O bilateral chocolate cyst with both tubes thick with endometriosis and laparoscopic findings s/o impatiens tubes. For which patient had undergone laparoscopic aspiration. She was again diagnosed with recurrence of chocolate cyst by ultrasonography for that she came to my OPD for treatment. In Ayurveda it is stated that *Shuddha yoni, Ambu, Beej and Kshetra* are needed for *Garbhadharan*. Treatment plan was *Shodhana, Uttar Basti* with *lekhandravyas* and *Shamanachikitsa*. After 3 months of treatment regimen ultrasonography and hysterosalpingography were repeated and reports revealed that previous mentioned left ovarian complex/haemorrhagic cyst is not seen, and tubes are patent. Hence, case study confirms that we can treat chocolate cyst with the help of *Uttar Basti* and *Shamanachikitsa* which acts as *Lekhan* and normalizes *Vatadosha* and *Raktadosha*.

Keywords: Secondary infertility, Chocolate cyst, *Uttar Basti, Lekhan dravyas*.

INTRODUCTION

Women are worshipped as GOD due to her ability of beginning new life on Earth. During reproductive period of women's life there are varieties of ovarian cyst formation which leads to menstrual disturbance which might further lead her to infertility. Ovarian cyst is a common cause for infertility. Ovarian cysts are the fluid filled sacs/pockets within or on the surface of an ovary. Ovarian cyst was found to be the 4th common cause for hospital admission of women.^[1] There is prevalence of 17 to 44% of ovarian cyst. Out of it 13% are said to be haemorrhagic ovarian cyst/ chocolate ovarian cyst.^[2] These cysts are formed by expanding haemorrhage within a corpus luteum and they affect ovulation. Chocolate cyst are non-cancerous, fluid filled cyst that typically forms deep with ovaries. The colour comes from old menstrual blood and tissues that fills the cavity of cyst. Some types of ovarian cyst are Endometrioid ovarian cyst, Mucinous cystadenoma, Follicular cyst, Dermoid ovarian cyst, Corpus luteum cyst and Haemorrhagic [chocolate] ovarian cyst. The cyst can be diagnosed by pelvic examination and ultrasonography.^[3] Treatment like laparoscopic aspiration and cystectomy are the only option with some hormonal medication^[4]. Acharya Dalhana explained that *Rutu* (fertile period), *Kshetra* (healthy reproductive organs), *Ambu* (adequate hormonal level & proper nourishment of genital organs) & *Beeja* (adequate ovum) are four factors responsible for *Garbhadhara-na*^[5]. But in chocolate cyst; ovary becomes anatomically and physiologically unhealthy while adequate *Beeja* are not available. *Beeja* or *Artava* are not formed due to *Avruttagama* in ovarian cyst^[6]. Acharya Charaka told *Vinshanti Yonivyapad* i.e. *Vandhyatwa hetu* (etiology of infertility). Acharya Charak also told importance of *Vatadosha* in *Vandhyatwa* [infertility]. Women are never affected with gynaecological disease without involvement of *Vatadoshti* (morbid *vata*). So *Vata* should be first sedated & the other treatment must be followed.^[7] Acharya Sushruta has mentioned *Vandhya* in *Vataja Yoniroga*. In *Kashyapsamhita Vandhyatwa* is mentioned in 80 *Vatajaroga*. There are four factors responsible for *Strotodushti*: *Aatipravritti* of *Dosha* and *Dhatu*, *Srotosanga*, *Granthi* and

Vimargagaman of *Dosha*. So, in *Granthi* or chocolate cyst there is *Artava-vata strotodushti* & it is *Aavarodhajanya Samprapti*.^[8]

Aim: To evaluate the effect of *Uttar basti* in chocolate cyst.

Materials and Methods:

A 30-year-old female patient with previous H/O haemorrhagic ovarian cyst came to my panchakarma centre for Ayurvedic treatment after being denied for 3rd time laparoscopic aspiration. One and half year back she had been diagnosed with bilateral chocolate cyst with Endometriosis. Both Fallopian tubes were not patent diagnosed with the help of dye test while laparoscopic procedure. The base line hormonal assays i.e. LH, FSH, TSH, Sr. prolactin, fasting insulin, AMH were found within normal limits. As per my advice, ultrasonography was done on 21/7/17 which showed following impressions:

1. Rt. Adnexal small follicular cyst with 2-3 small follicles
2. E/O A large cystic area with large internal echoes in left adnexa = A left ovarian Endometrioma = chocolate cyst with internal haemorrhage, possibility of left adnexal Tubo-ovarian mass.
3. Minimal fluid adjacent to left ovarian cystic lesion -? Inflammatory collection.

Thus, previous and recent reports of USG showed that after two times of laparoscopic aspiration, there are recurrence of chocolate and ovarian cyst to both side of ovary with inflammatory collection with both tubal impatency. Treatment plan was *Shodhan* and *Shaman Chikitsa*. In *Shodhan Chikitsa Virechan Karma* was done. *Abhyantar Snehapan* with *Mahatikta ghruta* & *Virechanarth Trivruta Kalka* was given in 1st cycle. Followed by *Yoga Basti krama*; which had 3 *Anuvasan Basti* of *Tiltaila* and 2 *Niruha Basti* of *Dashmula Kwath*. In next menstrual cycle *Uttar basti*^[9] was given under all aseptic precautions on day 5th, 6th, 7th, and 8th^[10] with *Kshar Taila*^[11] and *Kasisadi Taila*^[12] of 2ml each. Total 4ml^[13] taken in which 3ml was pushed in uterus and 0.5 ml pushed at each fornix. On day 9th *Uttar Basti* was given with 2ml *Phalghruta*^[14] Three consecutive cycles of *Uttarbasti* were done.^[15]

Then **Shamanchikitsa** given with *Raktapachak*, *Mamsapachak*, *Medopachak* ^[16] - 200mg each BD. *Kal-Apankali*, *Anupan –Koshna Jala*. *Kanchnar Guggulu* and *Triphala Guggulu* - 500mg each BD. *Kal-Apankali*, *Anupan –Koshna Jala*.

Results: After 3 cycles of treatment USG was done on 28/10/2017. Report showed, mildly bulky uterus with thickened endometrium, Endometrial echo is in mid-line and thickness is 9-10mm. **Previous mention cyst is not seen in the current scan.**

HSG report done on 22/11/2017. Report showed

- Uterus is normal shape and position.
- Right fallopian tube fairly well visualised – appears normal, **shows large free spillage in peritoneal cavity.**
- Proximal part of left fallopian tube grossly normal, mildly dilated distal end. Minimal free spillage of contrast on left side.

DISCUSSION

Here frame of *Samprapti* of chocolate cyst i.e. *Granthi* and tubal blockage is - *Dosha are Vata, Kapha. Dushya are Medodhatu, Mamsadhatu and Raktadhatu. Involved Strotas are Aartav-vaha, Medovaha. Strotodushti type is Sanga. Koshtagni mandya Dhatwagni mandya is present there.* So, frame of *Samprapti Bhanga* after treatment is *Vatashaman, Kaphashaman, Strotoshodhan, Dosha - dhatu-sammurchhana bhanga, Agnivardhan, Granthilekhan and vilayan.*

Action of Drugs: Prior to administration of *Uttar basti Virechana* and *Yoga basti* is given.

These Virechana & Yoga basti Krama act as *Sharir-Shodhan, Strotoshodhan, Tridosha shamak. Uttar Basti* alleviates *Shukradhusti, Artavadushti, Kash-tartava* and *Yoniroga. Kshar* has *Tridoshaghna (esp. Vatakapha shamak), Ushna* (hotness), *Tikshna* (fast acting), & *Sukshma* (minuteness) properties & moreover *Saumya* in nature as mentioned in *Chakradatta. Kshar taila* and *Kasisadi taila* are having *Strotogamitva* and *Lekhan* properties. They act as *Ksharan* and *Lekhan*.

They help to reduce cyst and remove tubal blockage. *Phalaghruta* acts as *Bruhan*. After *Lekana* by *Kshar*

and *Agnidravya, Bruhan karma* is essential for *Snehan* and *Vatashaman. Phalaghruta* corrects hormonal imbalance.

It also restores the normal endometrium by stimulating H-P-O axis. *Medopachak, Mamsapachak, and Raktapachak* normalises *Dhatu* and *Dosha. Kanchnar guggulu* regulates division of cells in ovary. Regulates cell physiology. Also acts on *Kaphadosha, Medodhatu, and Jalmahabhut. Triphala guggulu* act as *Rechak*, throws out vitiated *Dosha* and waste product from cells and channels. Also, it is *Tridosha shamak*.

CONCLUSION

Yoga Basti and *Uttar Basti* with *Shaman Chikitsa* helps to reduce the chocolate cyst. It also helps to remove the blockages of tubal lumen by mechanically relieving the obstruction. It also restores the normal endometrium by stimulating H-P-O axis.

REFERENCES

1. Grimes D A, Hughes JM. Use of multiphasic oral contraceptives and hospitalisation of women with functional ovarian cyst, in the United States. *Ob stet Gynecol*1989; 73:1037-9
2. S Pudasini, M Lakhey, S Hirachand, J Akhter and B Thapa, A study of ovarian cyst in a tertiary hospital of Kathamandu Valley, Nepal, *Med CollJ* 2011; 13(1): 39-41
3. Patel MD, Feldstein VA, Filly RA. The likelihood ratio of sonographic findings for the diagnosis of haemorrhagic ovarian cysts. *J ultrasound Med* 2005; 24(5): 607-614 quiz 615
4. Luque-Ramirez M, Mendieta- Azcona C del Rel Sanchez JM, Effects of an antiandrogenic oral contraceptive pill compared with metformin on blood coagulation tests & endothelial function in women, *Endocrinol* 2009 Mar;160(3). 469-80
5. Dalhana; Sushruta Samhita, Nibandh Sangra and Nyaya Chakrika commentary, editor Jadavji T, Sharirsthana 2/33, ed-2014, Varanasi, Chaukhamba Sanskrit Sansthana
6. Dalhana; Sushruta Samhita, Nibandh Sangra and Nyaya Chakrika commentary, editor Jadavji T, Sharirsthana 2/1, ed-2014, Varanasi, Chaukhamba Sanskrit Sansthana,

7. Charak. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor. 1sted. Varanasi: Chaukhambha Prakashan; 2011.Chikitsasthana,30/115.
8. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor.1st ed. Varanasi: Chaukhambha Prakashan; 2011. Vimanasthana,5/24.
9. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor.1st ed. Varanasi: Chaukhambha Prakashan; 2011.Sidhisthana,9/50.
10. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor. 1sted. Varanasi: Chaukhambha Prakashan; 2011. Sidhisthana, 9/62.
11. Kaviraj Ambikadatta Shastri.
Bhaisahjya Ratnavali, Vidyotini Hindi Commentary, Varanasi. published by Chaukhamba Sanskrit Sansthan.
12. Mishra B, Bhavprakash Madhyamkhand,
Varanasi, Chaukhamba Sanskrit Bhavan,
13. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor. 1sted. Varanasi: Chaukhambha Prakashan; 2011.Sidhisthana,9.
14. Shrivastava Shailja, Sharangdhar Samhita; Jeevanprada commentary, Madhyama Kanda 88-91; ed-2011 Varanasi; Chaukhamba Sanskrit Sansthana.
15. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor. 1sted. Varanasi: Chaukhambha Prakashan; 2011.Sidhisthana,9/57.
16. Charaka. Charaka Samhita (Ayurveda Dipika Vyakhya). Yadavji Trikamji, editor.1st ed. Varanasi: Chaukhambha Prakashan; 2011. Chikitsasthana, 3/199-200

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