



ISSN 2456-3110

Vol 9 · Issue 8

August 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Effect of *Ksheerbasti* and *Uttara Basti* on Endometrial Fibrosis Induced Infertility (*Kshetra Dushti Janya Vandhyatva*) - A Case Report

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## ABSTRACT

Infertility is a disease of male or female, defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Fibrous scarring of the uterine cavity not only decreases fertility (via impairing embryo implantation) but is also associated with an increased risk of miscarriage and other obstetric conditions. Here is a case study of a 30-years-old female patient residing in Jaipur who consulted in OPD of the National Institute of Ayurveda (NIA) Jaipur on 30-9-23 with the chief complaint of being unable to conceive since 5 years. Her diagnostic Laparoscopy & Hysteroscopic findings were suggestive of multiple subserosal fibroid & fibrosed endometrium. Patient was treated with Ayurvedic regime for 5 cycle considered as a *Kshetra Dushti Janya Vandhyatva*. The patient missed her period on 8-03-24 and did her urine pregnancy test on 19-3-24, which was found to be positive. From this case study, it is concluded that Ayurvedic intervention are effective in treating infertility due to Endometrial Fibrosis (*Kshetra Dushti Janya Vandhyatva*).

**Key words:** Infertility, Endometrial Fibrosis, *Kshetra Dushti Janya Vandhyatva*, Case Report

## INTRODUCTION

Infertility has been diversely defined from clinical, demographic, and epidemiological viewpoints. It has also been viewed as a disability. By clinical definition, infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.<sup>[1]</sup> Infertility in females can be caused by problems with the ovary, uterus, fallopian tube, endocrine system, and others. Fibroids may be the sole

cause of infertility in 2–3% of women. Depending on their location in the uterus, fibroids have been implicated in recurrent pregnancy loss as well as infertility. Subserosal fibroids do not affect fertility outcomes and their removal does not confer any benefit.<sup>[2]</sup> Endometrial fibrosis is defined as the physiological endometrium becoming fibrosed, also known as intrauterine adhesions (IUAs) or Asherman's syndrome (AS), which progressively impairs endometrial function.<sup>[3]</sup> Endometrial fibrosis is caused by various factors, such as trauma, after dilatation & curettage and pelvic infection (pelvic inflammatory disease), and it results in impaired endometrial function, endometrial adhesion, uterine cavity degeneration and progression to an Intrauterine adhesions. The primary clinical symptoms of IUAs include decreased menstruation, amenorrhea, repeated spontaneous abortion and infertility, which have adverse effects on the physical and mental health of the patients.<sup>[4]</sup> In cases where intrauterine adhesions (IUA) are found accidentally without any symptoms one should avoid the term AS and instead apply the term asymptomatic intrauterine adhesions.

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Submission Date: 08/07/2024 Accepted Date: 16/08/2024

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.9.8.53

The final diagnosis is based on hysteroscopy. Intrauterine adhesences are classified in accordance with different classification systems based on the hysteroscopic diagnosis of severity and localization of adhesences (minimal/mild, moderate, and severe). Although the syndrome has been widely investigated, evidence of both prevention of the syndrome and the ideal treatment are missing. In *Ayurveda* Infertility can be correlated with *Vandhyatva*. According to *Acharya Sushruta Ritu, Kshetra, Ambu and Beeja* are the four factors which assemble together for achievement of healthy conception.<sup>[5]</sup> Out of these factors *Kshetra* is considered as the normal functioning female reproductive system (*Garbhashaya*). The concept of *Navina Rajasthapana* every month in *Garbhashaya* can be understood as the regeneration of endometrial layer. All the *Tridosha* are involved in the process of formation of endometrium. Any abnormality in *Kshetra* leads to *Kshetra Dushti Janya Vandhyatva*. In Endometrial fibrosis endometrium fails to regenerate and instead develops fibrosis. fibrosis is widely regarded as a consequence of the dysregulation of normal healing processes, as many of the effectors and pathways involved in inflammation and scarring play fundamental roles in regenerative wound healing.<sup>[6]</sup> We can considered that its main etiology is vitiation of *Vata (Apana Vata)* as *Acharya Charaka* mentioned that no gynecological disorder takes place without the vitiation of *Vata*, though there can be vitiation of another *Dosha* also along with *Vata*.<sup>[7]</sup> The endometrial tissues undergo continuous process of destruction and regeneration. The homeostasis is maintained by *Doshas (Tridosha)*, those regulate all the metabolic processes. *Vata* regulates the catabolic activity (tissue wear and tear), *Kapha* stimulates synthesis of newer tissues, and *Pitta* governs the process of nutrients assimilation into tissues.<sup>[7]</sup> Based on this principle, treatment for infertility associated with endometrial fibrosis (*Kshetra Dushti Janya Vandhyatva*) should be targeted on *Vata Pradhana Tri-Doshashamaka Chikitsa*.

**CASE REPORT**

A female patient of age 30 years visited NIA OPD on 30-

9-23 with a chief complaint of being unable to conceive since 5 years.

Informed written consent was taken from the patient before starting the study.

**Menstrual History**

She attained her menarche at 14 years of age. Presently, her menstrual cycle is 3 days in duration and 30 days of interval with regular pattern and normal flow.

**Marriage History:** She has been married for 5 years.

**Obstetrics History:** Nulligravida

**Clinical Findings**

Her Diagnostic laparoscopy & hysteroscopy was done on 17-02-23 and was suggestive of multiple subserosal Fibroid and fibrosed endometrium. She had undergone allopathic treatment for same complaint. The semen analysis of the husband was also normal.

**Past Medical History**

History of intake of medicine for infertility for 4 years.

**Past Surgical History**

Diagnostic hystero-laparoscopy (DHL) was performed on 17 February 2023.

**Family History:** Nil

**Personal History**

- Diet - Vegetarian
- Appetite - Normal
- Sleep - Sound
- Bowel Habit - Clear
- Micturition - Clear
- Allergic History - Nil
- Addiction - One cup of tea twice a day

**Examinations**

**Physical Examination**

G.C.	Fair
Built	Moderate
Weight	50 Kg

Height	5'2"
BMI	20.3
BP	120/80 mmHg
Pulse Rate	70/min
Pallor	Absent

**Systemic Examination**

Respiratory System	Inspection: B/L symmetrical chest Auscultation: AEBE
Central Nervous System	Orientation: Patient was conscious and well oriented
Cardiovascular System	Auscultation: Normal Heart Sounds

**Pelvic Examination**

On Inspection

Vulva examination reveals a healthy condition.

**Per speculum Examination**

Speculum examination shows a healthy cervix without any abnormal discharge, and the vaginal wall appears healthy and pinkish.

**Per vaginal Examination**

Per Vaginal examination indicates an anteverted, anteflexed uterus with a normal shape and size.

The cervix is mobile, firm, and smooth, with the absence of cervical motion

Tenderness

**Treatment Plan**

Date	Complaints	Investigation	Treatment
30-9-2023	1 <sup>st</sup> visit - unable to conceive since 5 years	Diagnostic hystero-Laparoscopy on February 2023	Oral Medicine - <i>Ashwagandha Churna</i> 2 gm + <i>Balabeeja Churna</i> 2 gm + <i>Gokshura</i> 2 gm – once in a day before food with milk
LMP - 25-9-2023		<b>Hysteroscopic finding</b> -uterine cavity seen normal, endometrium	

		fibrosed, bilateral ostia seen  <b>Laprosopic finding</b> - uterus grossly normal, bilateral fallopian tubes & ovaries normal, multiple Subserosal fibroid present at fundus & posterior wall of uterus, bilateral CPT positive  HB - 13GM/DL  HIV, HBSAG, VDRL, ANTI-HCV - Non Reactive	<i>Phalaghrita</i> 6 gm once in a day, before food with milk  Syrup M-Liv 2 tsf bd after food twice in a day  <b>Beejasamskara</b> is advised to the patient
1-11-2023	LMP - 28-10-2023		Oral Medicine - <i>Prajasthapaka Gana Kashaya</i> 10 gm Once in a day before food with milk  <i>Phalaghrita</i> 6 gm once in a day, before food with milk  Syrup M-Liv 2 tsf bd after food twice in a day  <b>Procedure</b> -  1. <i>Matra Basti</i> with <i>Ksheerbala Taila</i> (60ml) after food once in a day for 7days  2. <i>Yoni Poorana</i> with <i>Ksheerbala Taila</i> for 7 days
9-12-2023	LMP - 5-12-2023		Same oral medicine given in previous cycle  Procedure-

			Uttara Basti with Apamarga Kshara Taila (5ml) after food once in a day for 3 days
6-1-2024	LMP- 3-1-2024	-	Ksheerbasti with Ashwagandha, Bala, Satavari, Yashtimadhu, Giloy  Anuvasana Basti with Tila Taila  Uttara Basti with Apamarga Kshara Taila for 3 days  Uttara Basti with Sahachara Taila for 2 days
14-2-2023	LMP-8-2-2024	-	Oral medicine -  Prajasthapaka Gana Kashaya + Satavari Churna 3 gm once in a day before food with milk  Trikatu Churna 3 gm + Nagkesara Churna 2 gm with Ghrita  Phalaghrita 6 gm once in a day, before food with milk  Ksheerbasti with Ashwagandha, Bala, Satavari, Yashtimadhu, Giloy  Anuvasana Basti with Tila Taila  Uttara Basti with Apamarga Kshara Taila for 3 days  Uttara Basti with Phalaghrita for 2 days
20-3-24	Patient missed her period and UPT Done by herself at home on	20-3-2024 HB - 11.4 GM/DL	Oral medicine –  1. Prajasthapaka Gana Kashaya + Satavari Churna 3 gm

19-3-2024 & found positive	BETA HCG - 1265	once in a day before food with milk
LMP- 8-2-2024	USG - on 6-4-2024	2. Phalaghrita 6 gm once in a day, before food with milk
	Single live interuterine pregnancy of 7 weeks 0 days	3.Syrup M-Liv 2 tsf bd after food twice in a day
	Cardiac activity present 149bpm	
	CRL - 9.4mm	

LMP - Last menstrual bleeding, UPT - Urine pregnancy test, USG – Ultrasonography, CRL - crown rump length

**Beeja Samskara** - Beeja Samskara in Ayurveda is a comprehensive approach involving purification, rejuvenation, lifestyle modifications, and psychological treatments to prepare couples for parenthood and ensure the birth of healthy progeny by improving the quality of the sperm and egg, as well as overall reproductive health. If a couple wants to have healthy progeny then there must be Adushita Shukra, Artava, Garbhashya and Yoni. Beeja Samskara involves Panchkarma (purification process), Rasayana and Vajikarana, Yoga, Nidana Parivarjana Satvavajaya. In the present case study Yoga, Nidana Parivarjana, Satvavajaya was given. As stress can result in reproductive failure,<sup>[8]</sup> Satvavajaya Chikitsa helps to improve mental health and relieving stress.

**Components of Beeja Samskara**

- **Panchakarma:** A purification process involving five therapies to detoxify the body and balance the doshas (body energies).
- **Rasayana:** Rejuvenation therapies to enhance overall health and vitality.
- **Vajikarana:** Therapies to improve sexual function and fertility.
- **Yoga:** Practices to improve physical health and mental well-being.
- **Nidana Parivarjana:** Avoidance of causative factors that can affect fertility.

- **Satvajaya:** Psychological therapies to reduce stress and improve mental health

## RESULTS AND DISCUSSION

The patient missed her period on 08-3-24 and did her UPT and found it positive. A viability scan was done on 6-4-24 Single live intrauterine (SLIU) Pregnancy of 7 weeks 0 days was found with normal foetal cardiac activity. According to Ayurveda, Vandhyatva is considered as a Yonigata Vikara, meaning it primarily affects the female reproductive system. The imbalance of Vata is often implicated in Vandhyatva. The best treatment for pacifying Vata is Sneha and Basti. **Ksheerbasti** is a Mrudu Niruha Basti. It acts as a Dosha Shamana and Brimhana Basti. It is mainly indicated in Asthipradoshaja Vikara. Ksheerbasti nourishes the Asthi Dhatu and thereby pacifies its Ashrayee Vata Dosha. Ksheera Basti is best Rasayana. Ksheera possesses the properties of Madhura, Sheeta, Snigdha, Stanya and is Pushtikarakh. Goksheera is referred as the best Rasayana. Rasayana raises Ojas as a result of the regeneration of biological tissues and cells.<sup>[9]</sup> **Ashwagandha** is Balya, Brimhana, Vata and Kaphashamak, Vrishya, Medhyarasayana. **Shatavari** has Guru Snigdha Guna, Madhur Tikta Ras Madhurvipaka, Sheeta Virya that has Balya quality. Shatavari prevents early pregnancy loss, it increase quality of eggs and give nutrition to reproduction system. Acharya Charak has described **Bala** in Brahniya, Balya, Prajasthapana Gana. **Madhuyasti** have antiemetic, anti-inflammatory effect and also having anabolic effect. Giloy have anti-inflammatory, antiallergic, antipyretic, antispasmodic and antileptotic properties.

**Uttara Basti** is useful to alleviate Artava Dushthi, Shukra Dushthi, Atya-Artava, Kashtha-Artava, Yoni Vyapads and other factors related to Vandhyatwa Apamarga Kshara Taila has Vata-Kapha Shamaka and Lekhaniya property. Sahachardi Taila is indicated in Daruna Vata Vyadhi and Treating Vata Dosha is the primary modality in the general line of management of Yonivyapada. According to Acharya Charaka Sahacharadi Tail Basti Sarvarogashaka, Rasayana Useful in Kshata, Vatakshaya, Pittavikara, Rupa, Varna,

Bala, Mansa, Shukra Vradhana In this disease condition it is useful as Rasayana, Bala, Mansa, Shukra Vardhana and Vatakshya.<sup>[10,11]</sup> Apamarga Kshara Taila<sup>[12]</sup> has Vata-Kapha Shamaka and Lekhaniya property.

**Prajasthapan Mahakashaya** described by Acharya Charak which helps in conceiving by removing the uterine Doshas / disorders. Prajasthapan Mahakashaya includes 10 herbs as - Brahmi, Aindri, Shatavari, Doorva, Patala, Guduchi, Haritaki, Kutaki, Bala, and Priyangu having some specific actions called as Prabhava. The properties of these drugs are Kashaya, Madhura, Sheeta, Snigdha and Balya. It also has Rasayana properties through which it improves qualities of Dhatus and improves rejuvenation.<sup>[13]</sup> Phalaghrita has been attributed Prajasthapaka (establishes fetus) and Yoni Pradoshanashaka actions.<sup>[14]</sup>

## CONCLUSION

This case study presented infertility with endometrial fibrosis which can be correlated with Kshetra Dushti Janya Vandhyatwa. Ksheerbasti along with Uttarbasti is a safe, reliable & efficacious measure in management of endometrial factor of Infertility.

## REFERENCES

1. Zegers-Hochschild F., Adamson G.D., de Mouzon J., Ishihara O., Mansour R., Nygren K., Sullivan E., van der Poel S., on behalf of ICMART and WHO International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. *Hum. Reprod.* 2009;92:1520–1524.
2. Pritts E.A., Parker W.H., Olive D.L. Fibroids and infertility: An updated systematic review of the evidence. *Fertil. Steril.* 2009;91:1215–1223. doi: 10.1016/j.fertnstert.2008.01.051.
3. Mechanisms of endometrial fibrosis and the potential application of stem cell therapy. *June 2019 Discovery Medicine* 27(150):267-279 June 2019 27(150):267-279
4. Claire J. Ang, Taylor D. Skokan, and Kara L. McKinley Mechanism of Regeneration and Fibrosis in the Endometrium *Annual Review of Cell and Developmental Biology.* Vol. 39:197-221

- <https://doi.org/10.1146/annurev-cellbio-011723-021442>
5. Anant Ram Sharma. Sushrut Samhita Sharirsthana. Varanasi; Chaukhamba Surbharti Prakashan; year 2008. Page no.21, 148
  6. Claire J. Ang, Taylor D. Skokan, and Kara L. McKinley Mechanism of Regeneration and Fibrosis in the Endometrium Annual Review of Cell and Developmental Biology. Vol. 39:197-221. <https://doi.org/10.1146/annurev-cellbio-011723-021442>
  7. Charaka Chikitisa Sthana. In: Pandit Kashinath Shastri and Dr. Gorakhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhambha Bharati Academy; 2016. Chapter 30/115
  8. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 531, chapter 20.
  9. Krishan Yadav. A Critical Review of Ksheeraghrttaabhyaso Rasayananaam (Regular Ingestion of Ghee and Milk for Rejuvenation and Longevity of Life). AYUSHDHARA, 2023;10(2):34-41. <https://doi.org/10.47070/ayushdhara.v10i2.1186>
  10. Charaka, Caraka-Samhita, Caraka Chandrika Hindi Commentary, by Dr. Brahmanand Tripathi, editors, Siddhisthana-1/31, Varanasi, Chaukhamba Surbharati Prakashan, Edition-2015, p.1167.
  11. Charaka, Caraka-Samhita, Caraka-Chandrika Hindi Commentary, by Dr. Brahmanand Tripathi, editors, Siddhisthana-12/18, Varanasi, Chaukhamba Surbharati Prakashan, Edition-2015, p.1338
  12. Vaidya Jagadish Varaprasad Tripathi, Chakradatta of Sri Chakrapani Datta, Karnaroga Chikitsa, Chapter 57, Version 25, 5<sup>th</sup> Edition 1983; p 459.
  13. Dr. Anuja A. Kulkarni, A Literature Review of Prajasthapana Mahakashaya and *Vandhyatva*. IJCRT, Volume 8, Issue 10 October 2020 | ISSN: 2320-2882.
  14. Shalini Biala, Ranjana Tiwari. Efficacy of Phala-Ghrita on Female Infertility. AYUSHDHARA, 2015;2(2):84-88.

**How to cite this article:** Deepika Munjal, Poonam Choudhary. Effect of Ksheerbasti and Uttara Basti on Endometrial Fibrosis Induced Infertility (Kshetra Dushti Janya Vandhyatva) - A Case Report. J Ayurveda Integr Med Sci 2024;8:331-336. <http://dx.doi.org/10.21760/jaims.9.8.53>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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