

## Role of Virechana & Phalaghrita Uttarbasti in Infertility – A Case Report

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**ABSTRACT**

**BACKGROUND:** Infertility is the failure to achieve conception by an apparently couple of Reproductive age with normal marital relation continuously for one year is considered as *vandhyatva* or infertility. Many factors affect the fertility of women one of which is considered as obesity. Fertility can be negatively affected by obesity in women. In ancient text obesity is considered as *ashtoninditya*. Acharya Kashyap has mentioned *pushpaghni* having obesity. Elevated body mass index can decrease fertility in women. It increases the risk of ovulatory dysfunction and insulin resistance and also decreases the chance of conception with regular cycle. Menorrhagia (*Pradara*) is a combination of excessive bleeding per vaginum, dysmenorrhoea and low back ache

**OBJECTIVE:** This abstract aims to review the risk factors, and management strategies for Role of *Virechana & Phalaghrita Uttarbasti* in Infertility, highlighting the importance of early diagnosis and intervention to prevent chronicity and improve quality of life. **METHODOLOGY:** A comprehensive review of the literature was conducted, focusing on studies that investigate the incidence of infertility in women, the underlying risk factors, and the effectiveness of various treatment modalities. Clinical guidelines and case reports were also examined to provide a holistic understanding of the condition. **CONCLUSION:** Early recognition and a multidisciplinary approach to management, including both conventional and alternative therapies, can be included in the treatment of the disease. Further research is needed to establish standardized treatment protocols and explore the long-term outcomes of various therapeutic interventions.

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**INTRODUCTION:**

Infertility is one of the predominant health issues faced by the married couple nowadays. Infertility is defined as the inability to conceive after 1 year of uninterrupted intercourse of reasonable frequency .It is common in 10–15% of couples .As per the current statistics male infertility problems constitutes 30–40% and Female infertility problems constitutes 40–55% and both are responsible in about 10% cases. The etiology of female infertility is multifactorial. Female infertility can be attributed to various factors, including issues with ovarian and ovulation function, the fallopian tubes, the uterus, and the cervix. A critical evaluation on female infertility shows that ovulatory factors contribute almost 30–40% of the case, Endometriosis 15%, Pelvic adhesions 12%, Tubal blockage 11%, Other Tubal abnormalities 11%, Hyperprolactinemia led to 7% and

remaining 10% are unexplained.

Ayurveda provides reassurance of a normal pregnancy through the appropriate maintenance of Garbha Samgraha Samagris i.e. Rutu, Kshetra, Ambu, Beej and normal mental health. All the causes of female infertility can be attributed to an imbalance in Garbha Samgraha Samagri and mental factors. Ayurveda provides detailed insights into the four crucial factors that influence conception, namely Rutu (menstrual cycle), Kshetra (the womb, also known as "Yoni"), Ambu (cervical mucus) and Beeja (Ovary and Sperm). Among these, Kshetra refers to the garbhashaya, the site where fertilization and implantation occur. Any abnormalities in the yonipradesha (reproductive organ) can hinder successful conception.

Out of many factors, this article is mainly focused on two major factors that affect the fertility of women which are as follows

1. Obesity (sthaulya)
2. Menometrorrhagia (Rakta Pradara)

### 1. Obesity (sthaulya)

Fertility can be negatively affected by obesity in women. *Sthaulya* (obesity) in Ayurveda comes under the heading of *Medaroga* which results due to dysfunction of *Meda dhatvagni* and is considered as metabolic disorder. Further, its description is available in *Ashtaunindita Purusha Adhyaya* of *Charak Samhita Sutrasthan* Chapter 21.

Obesity and Overweight are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and BMI over 30 is obese (WHO). According to WHO increase in BMI (BODY MASS INDEX) of > 25 is termed as overweight and > 30kg/m<sup>2</sup> is termed as obesity.

Table 1: WHO Classification of obesity<sup>1</sup>

Sr No.	Classification	BMI
1.	Underweight	< 18.5
2.	Normal weight	18.5 - 24.9
3.	Overweight	25.0 - 29.9
4.	Obesity class 1	30.0 - 34.9
5.	Obesity class 2	35.0 - 39.9
6.	Obesity class 3	40+

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. In obese women infertility is one of most burning gynaecological problem. In obesity insulin resistance and leptin levels are increased and hyperandrogenemia occurs. Similarly, anovulation changes in adipokine levels and the HPG axis, and steroidogenesis in obese women affects the reproductive system, Sex Hormone-Binding Globulin (SHBG), growth hormone (GH), and insulin Growth factor binding protein (IGFBP) are reduced. Thus, neuro regulation of the hypothalamic-pituitary gonad (HPG) deteriorates. These changes may alter in ovulation function and therefore reproductive health. As BMI (>30) increases, leptin levels increase both in blood and follicular

fluid. Thus, obesity is associated with high leptin levels in serum and follicular fluid. Leptin also inhibits LH-stimulated estradiol production by the cells resulting in lower implantation and pregnancy rates, higher miscarriage rates, and higher rates of maternal and fetal complications during pregnancy, obese women are less likely to give birth to a newborn in good health.

Rising obesity rates around the world have had a profound impact on women's reproductive health. In obesity androgen will increase, decrease SHBG, insulin resistance causes various Gynaecological problems like early puberty, irregular menstruation, oligomenorrhea or amenorrhea, ovular dysfunction, PCO, fibroid, endometrial polyp, infertility, cardiovascular disease, hypertension, DM etc. Women of child bearing age with a high BMI (>30%) are at greater risk of ovulation problems and generally respond poorly to fertility treatment. Weight reduction, life style modification, balanced diet improves reproductive outcomes also reduces morbidity after gynecological surgery. Numerous pharmacological treatment options are available, also managed through Ayurveda by saman and sodhan chikitsa and various type of yoga. <sup>2</sup>

In Ayurveda, obesity / sthaulya are considered as a yapyva vyadhi. Sthoulya occurs due to dhatwagnimandya, leading to kapha and vata vridhi further adding medodusti causing all other dhatus transformed into meda dhatu. This condition is santarpanjanya vikara, causing artavakshaya. <sup>3</sup>

### **Menometrorrhagia (Rakta Pradara)**

Rakta Pradara is one among the Rakta Pradoshaja vikara<sup>4</sup> and is characterized by Artava Ati Pravrutti, Deerga kala Pravrutti, Anruta kala pravrutti, Daha in Adho Vankshana pradesha, Sroni, Prushta and kukshi, shoola in Garbhashaya Angamardha etc., It is a Pitta praadhan Tridoshaj vyadi.<sup>5</sup>

Menometrorrhagia is type of menstrual abnormality that causes extreme menstrual blood loss in women of various ages. It's due to the imbalance in the estrogen and progesterone hormone results in excessive production of endometrium and irregular shedding of endometrium cause heavy menstrual bleeding and it also caused due to the any pathology in the uterus ovary like uterine fibriod, polyp, adenomyosis etc. By the above explanation Rakta Pradara seems to be a disease of Rakta Dhatu and Pitta Dosha and it is mentioned as a Raktapradoshaja Vikara involving Raktavaha Srotas. And it can be treated like that of Raktatisara, Raktapitta, Raktarsha and Garbha Srava.<sup>6</sup>

Raktapradara indicated by the excessive and irregularity of menses. In the female the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also it proves to be a great discomfort. Raktapradara is one amongst the extensive range of occurrence. Any abnormality in Rutuchakra (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "Raktapradara" in classical text.<sup>7</sup>

### **Main etiological factors (obesity) :-**

Factors like Avyayamad (lack of sleep), diwaswapn (daytime sleeping), sleshmal ahara (fattening diet and food), avyavay (difficulty in sexual intercourse), achinta (no anxiety), bijadosha (genetic factors), prameh purvrupa (features of hyperinsulinemia), agnimandya (loss of appetite), Medovrutta vayu (lipotoxicity), ahara asamya (lack of restraint), dhatu agnimandya (hormonal imbalance) lead to medo vrudhhi. The increased medadhatu obstruct

the further nourishment of asthi, majja and shukr dhatu leading to alasya, fatigue and kruch vyaya.

**Samprati:-**

Acharya charaka has enumerated Rakta Pradara amongst the diseases of vitiated Rakta and Pittavrita Apana vayu. It can therefore be considered that vayu can also be vitiated only due to being covered by pitta. The chala guna of vayu and Sara or drava guna of pitta plays an important role in forming the basic of samprati of Pradara.

**MATERIALS AND METHODOLOGY:**

**A CASE REPORT:**

**Patient information-**

30 years old female married life of 2.5 years in the OPD on April 15,2023. The semen parameters of the husband were found to be within normal limits.

**Past History-**

Migraine in 2018

**Personal History-**

Living in proper hygienic condition, non-vegetarian by diet and normal bowel habits. No history of high-risk behaviour, smoking or alcohol consumption. She had gained weight tremendously. weight - 75 kg, height - 5feet 5 inches and the BMI is 29.3. patient is indicated towards overweight.

**Menstrual History-**

The patient attained her menarche at the age of 15 years. The female patient had a regular menstrual cycle with an interval of 25-28 days and 5–6 days of duration associated with heavy bleeding and moderate pain from last 6 months.

Patient was suffering from itching at genital region from last 1 year and severity of itching rises just before menses and last for first 2 days of periods.

**Family History-**

Mother and father, both are reported with Diabetes mellitus (DM) and Hypertension (HTN).

**Clinical presentation-**

Physical examination:

Table 2: Vitals on first day

Vitals	Reading
BP	120/70 mmhg
PR	82/min
RR	18/min
Weight	75kg

Table 3: Systemic examination

CNS	NAD
CVS	NAD

RS	NAD
P/A	Soft, non tenderness

Table 4: Ashta Vidha Pariksha

Nadi	82/min
Mootra	Prakruta
Mala	Prakruta
Jihwa	Sama
Shabda	Prakruta
Sparsha	Prakruta
Drik	Prakruta
Aakriti	Madhyam

### Diagnosis

Patient is diagnosed with *Anapatyata* and *pittaj pradar* on the basis of similar symptoms mentioned in *charak sanmhita*

### THERAPEUTIC REGIMEN-

Table 5: Regimen of *Shaman* medicine.

Visit Date	Medicine	Dose	Duration	Purpose
15-4-23	Tab. Sutshekhar Ras Tab. Shankh vati Tab. Anulomak vati Hingvashtak churna	500 mg B.D 500 mg B.D 1 gm HS 500 mg BD		Deepan, Pachan, Sroto shodhana Plan for virechan with mahatikta ghrita
3-5-23	Continue Medicine Tab. Chandrabha vati	500 mg B. D	10 days	

15-5-23	Continue medicine		10 days	
17-5-23	Tab. Sukshm Triphla Tab. Folvite Syp. Polybion Cap. Uprise D3		15 days	
7-5-23	Continue medicine			

Table 6: Regimen of Shodhan.

Date	Matra	Pankaal	Kashudha Prachiti Kaal	Jirnkal
16-6-23	30 ml	8:30 AM	10:30 AM	2 Hr
17-6-23	60ml	8:00 AM	11:30 AM	3 Hr 30 min
18-6-23	90ml	8:30 AM	2:00 PM	5 Hr 30 Min
19-6-23	120 ml	8:30 AM	8:30 PM	12 Hr

*Snehpan = Mahatika Ghrita Sarvang Abhyang = Sahcharadi taila*  
*Sarvang Swedan = Dashmoola Kwath*  
*Virechan with Mahatikta ghrita on 20-6-23*

Table 7: Regimen of Basti .

6-7-23	Day 1/6	<b>A A N A N A</b> Anuvasan with Bala Tail (60 ml)
7-7-23	Day 2/6	<b>A A N A N A</b> Anuvasan basti with bala Tail (60 ml)

8-7-23	Day 3/6	A A <b>N</b> A N A Sthanik snedan- svedan Niruh Basti with Madhu (30 ml) + saindhav (10gm) + Sahchar Taila (60ml) + Dashmul Kwath (480ml)
9-7-23	Day 4/6	A A N <b>A</b> N A Anuvasan basti with bala Tail (60 ml)
10-7-23	Day 5/6	A A N A <b>N</b> A

		Niruh Basti with Madhu (30 ml) + saindhav (10gm) + Sahchar Taila (60ml) + Dashmul Kwath (480ml)
11-7-23	Day 6/6	A A N A N <b>A</b> Anuvasan basti with bala Tail (60 ml)

Where A = Anuvasan basti  
N = Niruh basti

LMP = 22-7-23

Table 8: Regimen of *Uttar Basti*

28-7-23 LMP = 22-7-23 7th day of menses	Day 1/3 Uttar Basti with Phalghrit (3ml) <i>Phalaghrit</i> 2 tsf with Lukewarm water (empty stomach) Tb. Falvite (5mg) OD
29-7-23	Day 2/3 Continue medicine
30-7-23	Day 3/3 Continue medicine

## OBSERVATION

Table 9: Observation before and after *Virechan*

Observations	Before <i>Virechan</i>	After <i>Virechan</i>
WEIGHT	73.4kg	68kg
BMI	26.9	24.9

According to WHO classification, after *virechan* patient losses around 5kg of weight and the patient. BMI shifted from over weight to normal weight, which is a good indicator for conception. After *virechan sansarjan kram* is followed by patient for 8 days.

### MATERIAL:

*Phal Ghrit*, *Basti* Syringe, Rubber Catheter, Gloves, Gauze Piece, Cusco’s Speculum, IUI Canula, Syringe.

### CHRONOLOGY IN OBSERVATION AND RESULT:

Clinical examination of the patient reveals that fertilization was observed by UPTtesting followed by Ultrasonography NT Scanning which revealed live, single intra uterine fetus.

### DISCUSSION:

#### Properties of Phala ghrita

Acharya sharangdhar, vagbhatta, yogratnakar and bhavpraksh mentioned phalaghrita in the treatment of vadhyatva. Vandhyatva is a vata dominated sannipataj vyadhi. Phala ghrita is Tridoshaghna contains tikta, madhura, katu ras and laghu snigdha guna, both katu and madhurvipaka and also ushna and sheet virya. Phala ghrita has prajasthan and yoni pradoshanashaka actions.

#### Advantages of uttar basti

Uttar basti karma in cervical region stimulates secretion of mucus and helps in movement of sperms after receiving lekhaniya drugs that helps in conception. When lekhaniya drugs are given in intrauterine region through uttarbasti then they remove the obstruction of tube and helps in development of tubal cilia in fallopian tubes. It helps in rejuvenating the endometrium lining and balances the process of Reproductive system like ovulation.

### CONCLUSION:

The conducted case study has shown gratifying positive results for infertility due to obesity. Based on clinical observation and discussion it can be concluded that *virechan and uttar basti* has remarkable outcomes in the treatment of Infertility due to Obesity in young females. It was noticed that there were no adverse effects, contemptible and fast healing of the disease. There is further need of studying this modality treatment on a greater number of patients to evaluate the findings and prove statistically accurate.

### **FURTHER SCOPE OF STUDY:**

This treatment modality can be adapted on a greater number of patients with comparison to previously used treatment modalities and efficacy can be established. Also females from different age groups can also be included in further studies to assess efficacy of the treatment on some middle age womens.

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**Conflict Of Interest:** None

**Informed Consent:** The patient's written informed consent was obtained before commencing the treatment. The patient has also granted her consent for the report to be published for purpose of advancing clinical research knowledge exchange. To maintain the confidentiality of the patient's identity, all necessary safeguards have been followed during the case report's creation.

**Author Contribution Statement:**

- **BHANU SHARMA** and **PRANDYA SHRIKE** conceptualized and framed the research study also contributed in definition of intellectual content, discussion and carried out clinical study with manuscript preparation along with observations and results.
- **BHANU SHARMA** contributed to literature search, data acquisition, outlook the methodology and did analysis of case report.
- **PRANDYA SHRIKE** contributed in statistical analysis, researched the previous work and outlined the manuscript with citations.

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