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Case Study

EFFECT OF *APAMARGA-KSHARA TAIL UTTARBASTI* AND *PHALAGHRITA* IN BILATERAL TUBAL BLOCKAGE- A CASE STUDY

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ABSTRACT

The present case study was carried out to evaluate the role of *Uttar basti* With *Apamarga-kshara* in tubal blockage, in order to establish it as a safer and cost effective Ayurvedic treatment modality. The criteria for selection of tubal blockage diagnosed in diagnostic laproscopy. *Uttar basti* was administered, after cessation of menstruation, to the screened patient through hematological, urinary and serological (HIV, VDRL, HBsAG) investigations. The result suggests that *Uttar basti* is a highly significant treatment for tubal blockage. *Uttar basti* is ideal local therapy is to be adopted in tubal block. *Apamarga kshara tail* is very good *Vata kaphashamak guna* and *Lekhan* properties, *Taila* is having the property to reach minute channels in body. *Phala ghruta* is best for all *Yonirogas*, also to reduce *Dhaha* which is due to *Kshar tail.*

KEYWORDS: Tubal block*, Uttarbasti, Apamarga Kshara tail, Phalagruta.*

INTRODUCTION

Infertility means not being able to become pregnant after a year of trying. If a woman can get pregnant but keeps having miscarriages or stillbirths, that is also called infertility Tubal blockage is one of the most important factors for female infertility[1]. Female Infertility due to tubal blockage is the 2nd most contributing factor, in 30% of the cases. This condition is not described in Ayurvedic classics, as the fallopian tube itself is not mentioned directly there. Correlating fallopian tubes with the *Artavavaha* (*Artava-bija-vaha*) *Srotas*, its block is compared with the *Sanga Srotodushti* of this *Srotas*. *Bandhyatva* as a disease is described in *Harita Samhita* in detail[2]. However, Harita has defined *Bandhyatva* as failure to get a child rather than conception, as he has included *Garbhasravi* (Habitual abortions) and *Mritavatsa* (still birth) also under his classification. He has described six types of *Bandhyatva*: (1) *Kakabandhya* (one child sterility) (2) *Anapatya* (primary infertility)- a woman, who has never been pregnant (3) *Garbhasravi*– (repeated abortion) (4) *Mritavatsa* (repeated still birth) (5) *Balaksaya* (loss of strength) (6) *Vandhya* due to *Balyabastha*, *Garbhakoashabhanga* and *Dhatukshaya*.

Among all types of *Bandhyatva* described by Harita, *Garbhasravi* and *Mritavatsa* cannot be considered as *Bandhyatva* caused by tubal blockage, because true infertility is not seen here.

Kakabandhya and *Anapatya* are the secondary and primary types of infertility, respectively, and tubal blockage can lie behind these disorders along with several other possible causes. The fifth type of infertility, *Dhatukshaya* can be considered either as tuberculosis affecting the reproductive organs or may indicate a condition of emaciation along with lowered immunity, making her susceptible for recurrent infections. Both the conditions mentioned above may finally lead to occlusion of tubal lumen causing *Bandhyatva*. The sixth type of infertility described by Harita seems to be nearer to tubal infertility, because coitus before the age of menarche is the reason of infertility here. It denotes that a girl, who was normal previously, becomes infertile due to coitus at an improper age.

Dosh- It is very important to note that all type of tubal blockages cannot be the same. In some cases, there can be *Vata* dominance creating stenosis type of pathology, while in some other cases, block can be more structural (obstruction in lumen) manifesting the dominance of *Kapha*. In tubal blockage with history of very active infection, *Pitta* can be considered dominant factor. Hence, tubal infertility is not the manifestation of vitiation of any specific *Dosha*, rather sometimes an interplay of multiple *Doshas* and sometimes the sequel of vitiation of single *Dosha*.

***Adhishthana* (*Dushya*: seat)-** *Garbhashaya* is the *Adhishthana* of this disease entity and the seat of *Doshic* vitiation. On the basis of various references given in classics, *Adhishthana* can be defined in various terms, but the ultimate one is *Garbhashaya* (uterus) only. Sushruta has considered four factors essential for conception; (i) *Ritu* (proper time, i.e., ovulatory period), (ii) *Kshetra* (genital organs especially uterus), (iii) *Ambu* (nourishing substances), and (iv) *Bija* (gametes).[3] As good agricultural soil / land is essential for the purpose of fertility, normal reproductive organs, especially the uterus, is essential for conception. Dr. Ghanekar has considered *Garbhashaya* or *Garbhashaiya* as the *Kshetra* for *Garbhadhana*, although he has also taken it as *Stree* in a broader sense.[4] Both fallopian tubes being part of the uterus itself are definitely the components of the *Kshetra*. Hence, the *Kshetra* stated by Sushruta can be considered as the *Adhishthana* of vitiation of the *Dosha.*

Type of Study

Observational single case design without control group.

MATERIALS AND METHODS

1. Literary Study Literary references collected from Ayurveda i.e. classics, commentaries, modern literatures, research journals available in institute library, online portals like PubMed central, Ayush research portal, Google scholar and analyzed to frame conceptual work.
2. Case Study- patient was selected from OPD of NIA, Jaipur who was ready to give written voluntary informed consent before starting the treatment.

Criteria of Inclusion

1. Age between 25-40 years. 2. Bilateral tubal blockage. 3. Husband with normal seminogram.

Criteria of Exclusion

1. Genital tuberculosis 2. Pelvic inflammatory disease. 3. Endometriosis 4. Hydrosalpinx 5. Suffering with any severe systemic illness.6. adenomyosis 7. Uterine fibroids 8. Uterine synechiae 9. congenital malformation 10. Uterine prolapsed 11.uterine hypoplasia

Study Details

Name of Patient- A
Registration no. – 3403102019
Date of 1st visit- 3/10/2019
Age- 28 years
Gender- Female
Religion- Hindu
Occupation- Housewife
Marital status – married
Family – Joint
Social background – upper middle class

Chief Complaints

Unable to conceive since 1 year.
Vaginal dryness & dyspareunia since 1 year

History of Present Illness

According to patient she was asymptomatic before 1 year. Then she developed the complaint of unable to conceive.She came to NIA OPD on 3/10/2019 with these complaints. She had her investigations diagnostic laproscopy under GA on 27/07/2019: revealed-that both fallopian tubes having lead pipe like structure, B/L corneal block present, tubo ovarian relationship was disturbed.

Patient Personal History

Diet- Mixed
Appetite- Satisfactory intake
Bowels- No complaints
Micturition- burning micturation
Sleep- Sound
Medications- Nil
Habits- No history of using alcohol or tobacco.

Past medical history - taking allopathic medicine for 3 months for same problem h/o UTI episodes in past took treatment for 4-5 months back for it.

Past surgical history - diagnostic laproscopy done before 3 months

Family History- mother & father both are hypertensive.

Menstrual & Marital History

• Menarche at age of 13 years.
• Past Menstrual cycles: 4-5 d/ 60-90 days. (Irregular, moderate flow and painless). took tab letrozole tds for it 4-5 d/28-30 days. (regular, moderate flow without pain).

Last menstrual period (LMP): 25/9/2019.
Married life- 3 years
Active Married life- 1 year.
Obstetric History- O/H- G0P0 L0 A0
Physical Examination

General Examination

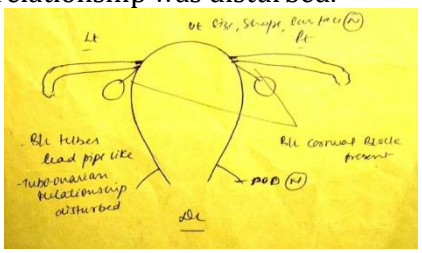
Height- 164cm
Weight- 54kg
Bmi – 20kgs /m2
TPR- Normal
B.P- 120/70 mm Hg
Averagely built and nourished
Pallor- Nil
Secondary sexual characters ++
No Pedal edema
Nails, tongue and conjunctiva- Pink
No evidence of lymphadenopathy
No evidence of any icterus

Systemic Examination

Cardio-vascular system: Normal
Respiratory system: Normal
Central nervous system: Normal

Investigations

Hemoglobin: 14.2 g% (20/7/2019)
Blood group & Rh type: 'O' Rh Positive
Urine routine: Normal
B.Urea – 22.5 mg/dl
Random Blood Sugar (RBS): 86 mg%
Australia antigen (HBsAg) test: Negative
HIV screening: Negative
TSH screening: 2.63 µ IU/ml (Normal)
USG: nr uterus & both adenexa, multiple small peripheral follicles.
ET – 6.5 mm
Diagnostic laproscopy under GA on 27/07/2019:
Uterus – ut size, shape, surface was normal.
B/L adenexa – B/L tubes lead pipe like
B/Lcorneal block present Tubo ovarian relationship was disturbed.



Husband seman analysis:
Volume– 2 ml
Total– 94 million / ml
Active– 80 %
Sluggish– 15 %
Abnormal– 6 %
Fructose test– present

Treatment Schedule

Sodhan chikitsha

6th day of Menstrual cycle, *Anuvasana basti* 60 ml quantity *(Dashmoola taila)* was given, at the time of patient was *Ardhrapani*.(On 28.11.19)
7thday of Menstrual cycle, (On 29.11.19)
In morning *Asthapana basti*- in empty stomach was given.
Quantity- 400ml

Drugs used for *Asthapana basti*

- *Madhu* (Honey)
- *Saindhava lavana*
- *Dashmoola taila*
- *Satpushpa kalka*
- *Dashmoola kwath churna*

In Evening *Anuvasana basti*- 60ml *(Dahmoola taila)* was given.

Procedure

Purva Karma

Yoni-prakshalan (Vaginal Douche)- *Yoni Prakshalana* with *Triphala* was performed to sterilize the peri vaginal part before *Uttar basti.*

Method of administration of *Yoni Prakshalana*

Triphala Kwatha was taken in a sterile douche container. Patient was advised to empty the bladder. Then asked to lie on her back with thighs flexed on examination table. Sterile vaginal nozzle was inserted in vagina without lubrication. Then slowly washed with 1000ml *Triphala Kwatha* in clockwise and anticlockwise direction. After that patient was advised to cough for expulsion of the remaining *Kwatha* from vagina

***Abhayanga* (oleation)**- *Abhyanga* was performed on lower abdomen and back with BalaTaila for10-15 minutes.

Swedana (Fomentation)- For at least 20-30 minutes *Swedana* was performed by hot water bag on lower abdomen and back.

Pradhana Karma

Uttar Basti

Period- From 8th & 9th day of menstrual cycle. (30/11/2019, 01/12/2019)

Drug used for *Uttar basti – Apamarga Kshara tail*

Quantity- 5ml

On 10th day of menstrual cycle (2/12/2019)

Drug used for *Uttar vasti– Bala tail*

Quantity- 5ml

Objects- Sponge holder, swab, bitadin antiseptic solution, anterior vaginal wall retractor, Sims speculum, Vulsellum, Uterine sound, 5ml syringe, IUI cannula, *Yoni pichu.*

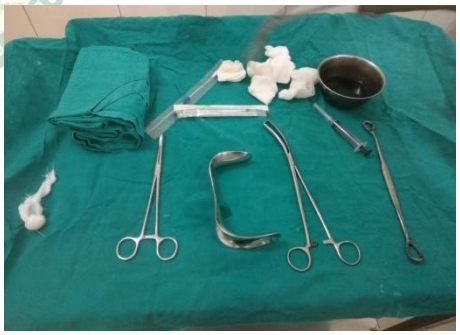


Figure 1: Objects used for *Uttar basti*

Procedure

First patient was asked to empty the bladder. Then, patient placed in lithotomy position. Antiseptic swabbing was done. Sim's speculum was introduced. Anterior lip of cervix hold with vulsellum. Uterine sound passed to dilate the internal os. On 8th & 9th day of menstrual cycle lukewarm *Apamarga taila* & on 10th day of menstrual cycle lukewarm *Bala tail* were instilled in to uterine cavity with IUI cannula, attached to 5 cc syringe. *Yoni Pichu* in *Bala tail* applied in vaginal canal. This procedure also repeat again in next two menstrual cycle, from the 6th day of menstrual cycle (27/12/2019)- *Anuvasana basti* was given. On 7th day of menstrual cycle (28/12/2019) morning, *Asthapana basti* was given, empty stomach

and in evening, *Anuvasana basti*. Then, from 8th to 10th day of menstrual cycle (29/12/2019, 30/12/2019 and 31/12/2019), *Yoni praksalan* was done before *Uttar vasti* and *Uttar basti* was given under all aseptic precautions. Also same treatment schedule was repeated in next third cycle.

Paschata Karma

Patient was kept in head low position for at least 2 hours for better absorption of drug. Vital data of the patient was noted. Patient is kept under observation for any complications.

Complications: Severe abdominal pain, bleeding per vagina, oil embolism etc.

Advice- To avoid intercourse during 3 days period of *Uttar basti* treatment. To avoid spice, over eating, fried food & overnight food. To avoid day sleep and night vacation.

Saman chikitsha

1- *Phala ghrita*– 10gm, empty stomach with hot milk twice a day.
2- *Satavari* (3gm) + *Godanti bhasma* (500 mgs)– bd with milk before food
3- Syp M-Liv– 2 tsf bd

RESULTS

Hystero-salpingography on 15/02/2020 shows- Normal H.S.G., No filling defect is seen in uterus. No space occupying lesion is seen. Both fallopian tubes are well defined. There is no abnormal dilation of the tubes and are normal with spillover of contrast on both sides confirming patency. After 6 months in August 2020 Pt is conceived.

USG on 26/12/2020

SLIU Pregnancy of 14 weeks 2 days.

Liquor amni is adequate

Cardiac activity is 150 bpm

Fetal movement are satisfactory.

Selection of Trial Drug and Procedure

Tubal-blockage was considered as a *Vata-Kapha* dominated *Tri doshaja* condition, as *Vata* was responsible for *Samkocha*[5], *Kapha* for *Shopha,* and *Pitta* for *Paka*[6]. So, all the three *Doshas* were responsible for the stenosis or the obstructing type of pathology of the fallopian tubes. *Kshara-Taila* is mentioned for *Stree Roga Adhikar* in *Bharta Bhaishajya Ratanakara*[7]. For present study, *Apamarga-Kshara* was selected. The drug was selected due to its *Vata Kapha Shamaka, Tridoshagna,* having *Ushna, Tikshna* and *Sukshma* properties, mentioned in *Chakradutta*[8], so that it could remove the blockage by reaching up to the minute channels.

***Bala tail*:** In Ayurveda texts, basic principal of treatment for all gynecological complaints is *Vata* regulation. *Bala Taila* is said *Sarvavata Vikaranutta*[9] (Pacifying all *Vata* disorders) which points towards its usage in management of gynecological complaints. Thus, local application of *Bala taila* as *Pichu* (Oil soaked swab) and *Basti* (Enema) is treatment of choice in disease like prolapse, *Asrigdara* (Abnormal uterine bleeding), cervicitis, vaginitis, pelvic inflammatory disease etc. One of its benefits explained in texts is its use in *Bandhya*[10] (Infertile) or *Garbhaarthani* (women who wants to conceive) which make it an appropriate drug for infertility.

Abhyanga* with *Bala Taila: *Abhyanga* with *Bala Taila* tones up pelvic floor, abdominal and back muscles and relieves muscle spasm. It helps in recovering from soft tissue injury by increasing blood circulation. Thrombosis can be prevented by *Abhyanga* as rubbing and friction improves venous blood flow by dilating superficial blood vessels.[11]

Saman ausadh: *Vandhyatva* is a *Vata* dominating *Sannipataja vyadhi*[12]. *Ghrita is Tridoshaghna*[13] due to its properties and milk is also *Vata-pita shamaka*, *Rasayana* and *Jivaniya*. So *Phala ghrita* has the properties of milk ghee, milk and other contains (*Triphala*, *Madhuka, Bith nisas, Katurohini, Vidanga, Pippali, Musta, Visala, Katphala, Vacha, Meda, Mahameda, Kakoli, Khseer Kakoli,* both *Sarivas, Priyangu, Satapuspa, Hingu, Rasna, Chandana, Rakta Chandana, Jatipuspa, Tugaksiri,* sugar etc). These *Dravayas* having properties of *Rasa* like *Tikta, Madura* and *Katu* and *Guna* like *Lagu, Snighda* and *Vipaka* like *Katu* and *Madhura, Sheeta* and *Ushna Virya*. It also has *Dipana, Pachana, Anulomana, Lekhana*, *Shothahara, Balya, Krimighna, Prajasthapana* and *Yoni pradosh nashaka karma*. Hence *Phala ghrita* was selected for oral administration in this case of infertility.

Shatavari: *Shatavari* is known to improve female fertility, it is an aphrodisiac that can improve the chances of conception. It is said to help in ovulation and restore any hormonal imbalance, too. It also tones and nourishes the female reproductive organs. The herb is a phytochemical and responsible for the production of oestrogen, ovulation, and a healthy menstrual cycle. It helps in the better production of a hormone which helps in improving ovulation. *Shatavari* improves the chances of conceptions by removing the symptoms and restoring hormonal imbalances.

DISCUSSION

In Ayurveda the word "*Yoni*" refers to female reproductive organs collectively. *Yoni* never gets spoilt without vitiation of *Vata*. *Vata Dosha* is the governing factor of the whole reproductive physiology. Female infertility is a *Yonigata Vikara* and pacification of vitiated *Vata* is the best cure for *Yonigata Vikaras*. In Ayurveda, *Sneha* and *Vasti* said

to be the best treatment for *Vata.* In the context of *Uttar Vasti, Acharya Charaka* has mentioned that once the *Vata* is controlled by *Uttar Vasti* female achieves conception quickly. It is a procedure where the drugs are administered directly into the *Garbhashaya*. Therefore *Uttar Vasti* with *Sneha* will definitely act on *Yonigata Vikara* and hence on female infertility. One of them is *"Phala Ghrit*" described in *Sharangdhara Samhita Madhyama Khanda 9/80-87*. It has been indicated as a useful medicine for *Vandhya*. Taking reference from there, this *Ghrit* has been selected for orally *Phala ghrutam* is used and the properties of the drugs used are- *Sodhahara (Manjishta, Vibheetaki, Haridra dwayam), Sukrala (Madhuka, Kushta, Aswagandha*), *Vrishya, Rasayana, Prajasthapana (Sarkara, Bala, Satavari, Ghritam and Ksheeram), Raktadoshahara (Payasya), Deepana (Ajamoda, Vibheetaki), Rechani, Bhedani (Priyangu, Katurohini), Grahi (Utpala, Kumuda), Vishahara (Chandana dwayam)* etc. The combine effect is helpful for the management of *Stree Vandhyatwa.*

CONCLUSION

In the tubal blockage, medicine should be instilled in the uterine cavity, but nearer to the fund us and uterine cornu, thus it is easy to reach upto the fallopian tubes. It is not more essential to pass the internal os when we are treating cervical and ovarian factor, but it is more beneficial or mandatory when we are treating uterine and tubal factors. Apart from this, *Uttar basti* may stimulates certain endometrial receptors and correct the physiological processes of reproductive system. It may also help in endometrium rejuvenation process. A high intra uterine *Uttar basti* with *Lekhana* (scraping agents) *Dravyas* is given in tubal factor and acts in two ways. It directly may remove the obstruction of tube. It also normalizes the tubal function by scraping and regenerates tubal cilia of fallopian tubes. *Uttar basti* is an ancient Ayurvedic procedure, which is beneficial in gynaecological disorders. In present era, only *Anuvasana* (oil based) type of *Uttar basti* is in practice to treat *Vandhyatva* (infertility), but it can be great opportunity to evaluate its efficacy in several other gynaecological disorders by some experimental and clinical researches and proved our ancient procedure.

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