

CASE STUDY

# Uttarbasti of Apamarga Kshara Taila with BalaTaila in the Management of Tubal Blockage: A Case Series

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## ABSTRACT

Women's health is considered a major role in family, society and culture. Childlessness may be tragedy to a married woman; can be a cause of marital upset as well as of personal unhappiness and ill health. Female infertility can be due to variety of causes such as ovarian, tubal, uterine, cervical and vaginal factors. Tubal factor responsible for infertility is the second most contributing factor after anovulation in about 35% of cases. According to *Ayurveda*, fallopian tubes are the part of *Artavavaha srotas*. These are the structures responsible to carry the Beejrup *Artava*, that is the Ovum. Tubal blockage is mainly due to vitiation of *Vata* and *kapha* dominant *Tridoshaja* condition. *Uttarbasti* enhance the fertility rate by normalizing the *vata dosha* in *Yoni*. Present case series includes four diagnosed cases of infertility due to tubal blockage. In these cases, HSG was used as a diagnostic tool before and after the procedure of *Uttarbasti* given with *Apamarga kshara Taila* with *Bala Taila*. Here, all four patients reported tubal blockage either unilateral or bilateral before treatment and after 3 sittings of therapy, significant result were found in HSG image. It can be used as standard treatment for infertility due to Tubal blockage. During follow up of patients, no any type of complication was detected.

**Place of Case Study:** Rishikul State Ayurvedic College, Haridwar

HSG was conducted at X-ray department in Rishikul campus and interpretation was done by Radiologist.

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## INTRODUCTION

Infertility is major concern these days. It is defined as failure to conceive within one or more year of unprotected coitus. Female infertility can be due to variety of causes such as ovarian, tubal, uterine, cervical and vaginal factors. Tubal factor is second most responsible factor for infertility.<sup>1</sup>

In *Ayurvedic* texts, the inability to reproduce is defined as *Bandhyatva*. *Acharya Sushruta* describe *Bandhyatva* under *Yonivyapada* in *Uttartantra*.<sup>2</sup>

The word *Yoni* in classics refers to complete female reproductive system. *Acharya Sushruta* explained that shape of *Yoni* like *Shankha nabhi* and contains three *Avrata*. *Garbhashaya* is in the

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third *Avrata*.<sup>3</sup> According to this description *Yoni* suggests the total genital path. In this, fallopian tubes are also included as a part of *Yoni* (reproductive system).

According to *Acharya Sushruta*, four factors responsible for conception are *Ritu* (appropriate period for conception), *Kshetra* (site for conception), *Ambu* (nourishment for conceived foetus) and *Beej* (healthy sperm and ovum).<sup>4</sup> *Kshetra* is a broad term and includes all the structures of female reproductive system whose structural and functional integrity is essential for conception. fallopian tubes being a part of the uterus itself are definitely the component of *Kshetra*. So, fallopian tubes (*kshetra*) must be patent for conception.

Organs or bodily structures must be under the umbrella of any one of the *Srotas*. An attempt has been made to understand the fallopian tubes as *Artavavaha Srotas*.

*Artavavaha Srotas* are two in number having roots in the *Garbhashaya* and *Artavavahi Dhamnis*, injury to which causes *Bandhyatva* (Infertility), *Maithunasahishunta* (Dyspareunia) and *Artavanasha* (Anovulation or Amenorrhoea).<sup>5</sup> *Artavavaha srotas* is quite appropriate to compare with the fallopian tubes because these are the structures responsible to carry the *Beejrup Artava*, that is the Ovum.

Correlating fallopian tubes with the *Artavavaha* (*Artava-bija-vaha*) *Srotas*, its blockage is compared with *Sanga Srotodushti* of this *Srotas*.

### Physiological blockage in fallopian tubes-

In *Rituchakra*, *Tridosha* predominates at particular phase of menstruation (*Vata dosha* in *Rajakala*, *Pitta dosha* in *Rituvyatit Kala* and *Kapha Dosha* in *Ritukala*)<sup>6</sup>.

During *Ritukala* dominance of *Kapha dosha* occurs. Because of *Kapha*, *Sthira guna* tubal blockage (*Avrodha*) occurs in proliferative phase physiologically and Cilia activity is also hampered during *Kapha Pradhana Awastha* of menstrual cycle.

In estrogenic phase of menstrual cycle, Copious discharge is secreted by estrogen. This copious discharge may cause mucus plugs in fallopian tubes and physiologically block the fallopian tubes.

According to modern, estrogen activates the alpha-adrenergic receptors, reducing transisthamic flow, whereas beta-adrenergic receptor stimulation by Progesterone increases transisthamic flow. Hence, Stimulate the outer layer of the uterotubular junction during the phase of estrogenic dominance can cause muscle spasm, while the inhibitory response of progesterone after ovulation may relax the tubal musculature.

Cilia activity in fallopian tubes is also influenced by the hormonal changes of menstrual cycle. During the proliferative phase, the cilia beat less frequently than following ovulation. The direction of tubal cilia movement is believed to be towards the peritoneal cavity in the follicular phase and towards the uterus after this phase.<sup>7</sup>

### Pathological blockage in fallopian tubes-

- Due to prolonged proliferative phase.

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- Due to PID, STDs, repeated abortions and septic abortions.

*Bandhyatva* is *Pratyatma linga* (cardinal feature) of tubal blockage. The features of tubal blockage may be explained by the features of all those diseases (*Yonivyapad*, *Aartavadushti*, *Ratijanyavikara*) that can lead to tubal blockage and this terminate into *Bandhyatva*.

*Acharya Charaka* and *Vagbhatta* considered infertility as a complication of all *Yonivyapada*. Thus, tubal blockage can be taken as a complication of *yonivyapadas*.

Eight types of *Artava dushti* described by *Acharya Sushruta* denotes menstrual disorders but there are several diseases in *Artava dushti* which resemble the infective condition of genital tract that can lead to tubal blockage.

*Agantuja Roga* which may cause Tubal blockage- *Artava srotas veda janya vyadi* which generate after trauma to the fallopian tubes. Examples of *Agantuja Nimmitaja vyadhi* are *Sapraja*, *Kakabandhya*, *Balakshya*, *Garbhasanckocho*, *Upadamsha*.

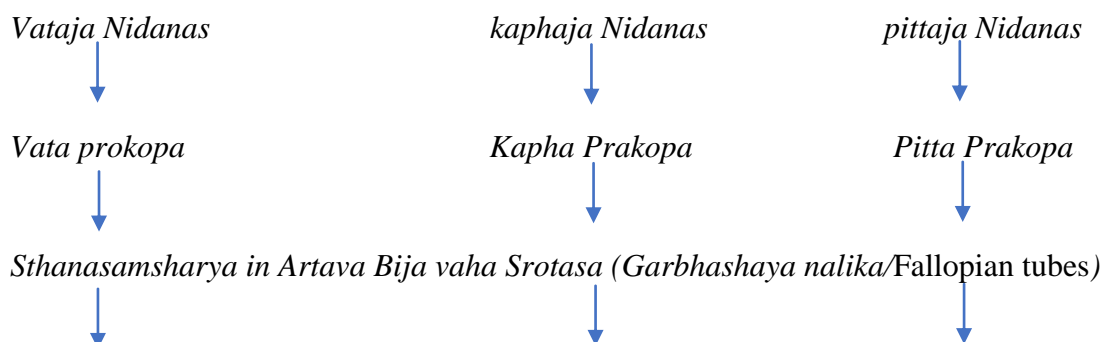
Tubal blockage is a complicated condition caused by both *Nija* and *Agantuja* causative factors. *Nija*

*HetuSevana* creates lower body immunity and aggravation of *Doshas*, while *Agantuja Hetu* cause vitiation of *Doshas*. These vitiated *Doshas* take *Sthanasanshraya* in fallopian tubes and cause tubal blockage.

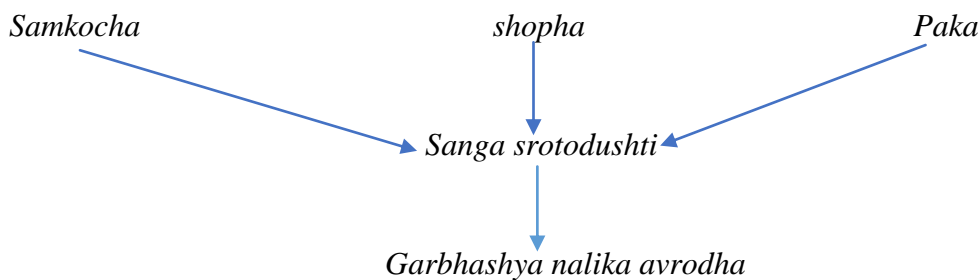
All type of tubal blockage cannot be the same. In some cases, there can be *Vata* dominance creating stenosis. while in some other cases, blockage can be more structural (obstruction in lumen) because of the dominance of *Kapha*. In case of tubal blockage with history of very active infection, *Pitta* can be considered a dominant factor which causes oedematous condition of tubes. Hence, tubal blockage occurs sometimes due to vitiation of multiple *Dosha* and sometimes, because of a single *Dosha*.

The pathogenesis of tubal blockage in *Ayurveda* is different from modern medical science. It is initiated with the accumulation and vitiation of *Doshas*. *Acharya Charaka* has mentioned in *Dasha Roganika* to understand the newly diagnosed diseases on the basis *Prakriti* (*Doshas*), *Adhithana* (*Dushya*), *Linga* (*Lakshanas*) and *Aayatana* (*Nidanas*).

### Pathogenesis of tubal blockage in Ayurveda



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**HSG (Hysterosalpingography)** Used to assess the interior anatomy of the Uterus and fallopian tubes including tubal patency. It is a radiographic study and contrast media is used.

### Indications:

1. Assessment of tubal patency in the investigation of infertility.
2. Recurrent miscarriages.
3. Diagnosis of cervical incompetence.
4. Detection of uterine malformations.
5. Suspected case of genital tuberculosis.
6. Following tubal surgery, post sterilisation to confirm obstruction and prior to reversal sterilisation.

### Contraindications:

1. During menstruating phase.
2. Acute pelvic infection.
3. In case of suspected pregnancy.
4. Recent D&C.
5. Tubal and uterine surgery within 6 weeks.
6. Contrast sensitivity.

### Timing:

Between D6 to D10 of the cycle.

### Contrast:

Oil based and Water based contrasts. Mostly, oil-based contrast is used due to its higher subsequent pregnancy rate. E.g.- Lipiodol (Oil based).

Modern method of treatment for tubal blockage are either reconstructive tubal surgery or In vitro fertilization and embryo transfer, but these modalities have their own demerits. Adverse effects are anaesthetic complications, post-operative wound infection, failure of surgery and high incidence of ectopic pregnancy. The treatment is very expensive also, financially not affordable for majority of population in India.

It is need of the time to understand the disease according to *Ayurvedic* principles not only for removal of blockage but also for enhancing the conception rate.

Tubal blockage may be due to vitiation of *Vata* and *Kapha* dominant *Tridoshaja* condition. *Vata dosha*, *Kapha dosha* and *Pitta dosha* may cause *Sankocha*(narrowing), *Avrodha* (blockage) and *Paka*(suppuration) respectively.

So, in the following case series, *Apamarga Kshara Taila* with *Bala Taila* were used for *Uttarbasti* because of *Vata – Kapha Shamaka* and *Lekhana* property of *Apamarga Kshara Taila*. *Bala Taila* was used for reducing complication related with *Kshara Tikshan guna* because of its *Prajakarma*, *Sheet*, *Balya*, *Bringhaniya*, *Vrishya* and *Tridoshashamka* properties.<sup>8</sup>*Uttarbasti* enhance the fertility rate by normalizing the *Vata dosha* in *Yoni*.<sup>9</sup>

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### AIM AND OBJECTIVES

- 1) Evaluation of *Apamarga Kshara Taila* with *Bala Taila Uttarbasti* in management of Tubal blockage.
- 2) A study of complications, during and after therapy.

### MATERIALS AND METHODS

Patients visited the OPD with complaint of failure to conceive. then patients were examined and all routine investigations, USG TVS and HSG were advised. With the help of HSG Image diagnosis was confirmed. Patients having tubal blockage, either unilateral or bilateral were included for this case series. An informed and written consent was taken from each patient before starting the *Uttarbasti*.

### INCLUSION CRITERIA

- 1) Married females of child bearing age (20-40 years).
- 2) Patients diagnosed with infertility due to tubal factor.
- 3) Both the patients having primary and secondary infertility were included.

### EXCLUSION CRITERIA

- 1) Patients suffering from acute and chronic medical and systemic diseases like HTN, DM, heart disease.
- 2) Patient having any urogenital infections.
- 3) Positive for Hepatitis B, HCV, VDRL or any sexually transmitted diseases.
- 4) Abnormal (benign or malignant) growth of reproductive organs (fibroids, TO mass).

- 5) Patients having congenital anomalies of uterus.

### STUDY DESIGN

**Dose of medicine-** *Apamarga Kshara Taila* 2.5 ml and *Bala Taila* 2.5 ml

**Route of administration-** Intra uterine

**Procedure** – After cessation of menses, *Uttarbasti* was given for 5 days after cessation of menses for three consecutive cycles.

Procedure is mainly divided into 3 parts: -

- 1) **Purva Karma** – the night before *Uttarbasti* administration, *Haritaki powder* was given in a dose of 5 gm with warm water for clearing the bowel. *Abhyanga (Snehana)* with *Bala Taila* for 15 min. and *Swedana* for 15 min. was done over *Adhoudar, kati, Parishta and Parshva Pradesh*.
- 2) **Pradhana Karma-** with all the aseptic measures, patient was kept in lithotomy position. Vulva, thighs and vaginal canal was clean with antiseptic solution. The Cusco's speculum was used to visualize the cervix. Uterine sound passed through the cervix to know the position and length of uterus. After that os was dilated with Hegar's dilators up to no. 8 to 10 size. The lubricated intrauterine insemination cannula from the uterine end passed in the direction of uterus just to cross the internal os and 5 ml of *Taila* was injected gently with the disposable syringe of 5 ml from the other side of IUI cannula. The Cusco's speculum was removed. A sterile *pichu* and pad was kept.
- 3) **Pashachat karma-** As soon as *Taila* regurgitate, patient was asked to lie in the head low position for 15 minutes, then to lie on her

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lateral sides for 15 min each. Hot water bag was kept over abdomen of patient. Patient's vitals were monitored.

### ADVICE

1. Intercourse during *Ritukala* and avoid intercourse during *Uttarbasti* procedure.

1. To avoid spicy, over eating, fried food, bakery items, fermented items, cold drinks.

2. To avoid Mental Stress.

3. To have *Somnasya* by good readings, *yoga* and *Pranayamas*.

4. To have more Green leafy vegetables and Simple food.

### CASE 1

A female patient of age 26 years visited OPD of *Prasuti evam Stree roga* department, she was married since was 4 years, wt.-53 kg, height-5'3" with normal secondary sexual characters, complaints of failure to conceive since 4 years by regular and unprotected coitus. Her menstrual cycle was normal with duration of 4-5 days and interval of 30 days with normal flow. Her routine investigations were normal including follicular study and USG findings. Semen analysis of husband was also normal. Mantoux test was negative and in her HSG report, bilateral partial tubal blockage was found. *Uttarbasti* was planned to the patient as mentioned. After three cycle of *Uttarbasti*, a repeat HSG was done and free spillage was found in both tubes.

### CASE 2

A female patient of age 27 years visiting OPD of *Prasuti evam Stree roga* department, her married

life was 3 years, wt.-68 kg, height-5'5" with normal secondary sexual characters, complaints of failure to conceive since 2 years by regular and unprotected coitus, Previous H/O PID and having regular average menstrual history with severe pain during menses, H/O taking treatment from various hospitals . Patient came with her HSG report showing bilateral cornual blockage. *Uttarbasti* was planned to patient as above mentioned. After three cycle of *Uttarbasti*, a repeat HSG was done which showed patent bilateral tubes.

### CASE 3

A female patient of age 26 years came in OPD of *Prasuti evam Stree roga* department with complaint of failure to conceive since 2 years by regular and unprotected coitus. Her diagnostic laparoscopy was done with chromopertubation one year back and her HSG reports shows B/L tubal blockage and routine investigations were normal, menstrual history was normal and semen analysis of her husband was also normal. *Uttarbasti* was planned for the patient as mentioned above. After three cycles of *Uttarbasti*, a repeat HSG was done in which right tube became patent.







### CASE 4

A female patient of age 30 years, wt-59 kg, ht.-5'4" visited in OPD of *Prasuti evam Stree roga* department. She was married since past 9 years. She had 1 female child of age 6 years delivered by LSCS. She was having complain of not able to conceive again from last 3 years. Her menstrual

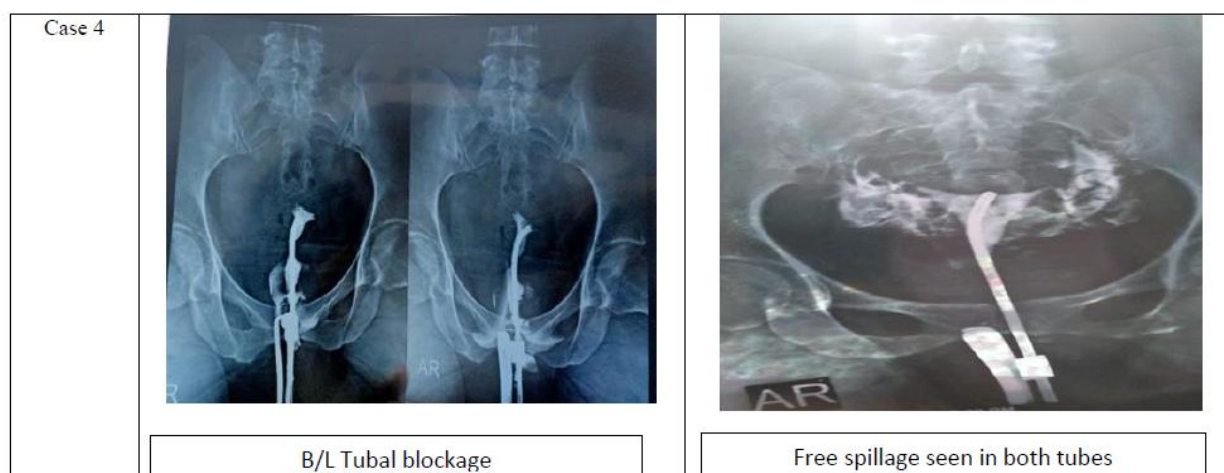
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history was normal, follicular study of patient was normal, routine investigations were also normal. Her HSG report shows B/L tubal

blockage. *Uttarbasti* given to patient as mentioned above for 3 consecutive cycles after that her HSG report showed B/L tubes patent.

	Before treatment	After treatment
Case 1	 <p>B/L Partial tubal blockage</p>	 <p>B/L Free Spillage seen</p>
Case 2	 <p>B/L Cornual blockage</p>	 <p>B/L Tubes patent</p>
Case 3	 <p>B/L Cornual Blockage</p>	 <p>Right tube patent</p>

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### RESULTS

In these cases, HSG was used as diagnostic tool and to assess the result after therapy. Here, all four patients reported a good result of *Uttarbasti* therapy in three sittings. In these cases, very encouraging results were noted. During follow up of patients, no any type of complaint was reported.

### DISCUSSION

Fallopian tubes are very important structure of *Artavavaha srotasa*, as they carry *Bija rupa Artava*. Thus, Fallopian tubes can be termed as *Artava Bija vaha srotasa*. Tubal blockage is due to *Vata Kapha pradhana Tridoshaja* condition. The drugs assumed as effective to open the fallopian tubes were considered to have *vata kapha shamaka, lekhan* properties of *Apamarga kshara taila* and *Kshara* removes unhealthy tissues and help in growth of healthy tissues. *Bala Taila* has *Tridosha shamaka, prajakrama* and *balaya* properties. *Tila Taila* was used as base in both *Tailas*. *Tila Taila* has anti-

inflammatory action due to its *Varna shodhana* and *varna pachana karma* and *Garbhashaya shodhana*.<sup>10</sup> Due to its *vyavayi* and *sukshma guna* it spreads in minute channels and spread easily. So, *Apamarga Kshara Taila* with *Bala Taila* were selected for removal of Tubal blockage. *Bala Taila* is used for reducing complications related with *kshara tikshanaguna*. *Uttarbasti* enhance the fertility rate by normalizing the *vata dosha* in *yoni*.

### CONCLUSION

Tubal blockage can be correlated with *Artava vaha Srotas dusti* mainly *Sanga*. *Uttarbasti* given with drugs *Apamarga Kshara Taila* and *Bala Taila* is safe, reliable and effective in management of Tubal blockage. *Ayurveda* can provide hope in such cases as by following classical method of management fruitful results can be obtained.



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