



## Role of Uttarabasti in Management of Female Infertility W.S.R to B/L Tubal Blockage – A Single Case Study.

*\*Dr. Jyothika S Hublikar, Dr. Nivedita Mam.*

Shree Jagadguru Gavi Siddheshwar Ayurvedic Medical College and Hospital, Koppal

### ABSTRACT

Infertility is defined as a failure to conceive within one or more year of regular unprotected coitus<sup>1</sup>.

According to WHO report using age – primary infertility in India was 3.9% of age between 25 -49 years and 16.8% of age between 15-49 years<sup>2</sup>.

Among female infertility causes - Tubal factors are responsible for about 25-30% cases of female infertility<sup>3</sup>, pelvic infections causing – Peritubal adhesions, Endosalpingeal damage, Previous tubal surgery, Salpingitis isthmica nodosa, Tubal endometriosis, Polyps or mucosa debris, Tubal spasm<sup>4</sup>.

Advanced managements like hysterolaparoscopy with with chromopertubation indeed providing good results in clearing of blockage, In contrary Uttara basti as explained in our classics also gives a hope in patients with tubal blockage .

Single case of Uttara basti with Arbudahara taila was given in B/L Tubal blockage for 3 consecutive cycle shown encouraging results and hence will be discussed in this topic.

**Key words** – Tubal blockage, Uttara basti, Arbudahara Taila.

### Introduction

A.H SHA.2/46-47<sup>5</sup> - यदा ह्यस्याः शोणिताख्ये बीजे गर्भाशयस्थे निर्वर्तकं बीजं प्रदुष्यति तदा वन्ध्यां जनयति।

CHA.SHA.4/30<sup>6</sup> -यदा ह्यस्याः शोणिते गर्भाशयबीजं भागः प्रदोषमापद्यते तदा वन्ध्यां जनयति ।

AMARAKOSHA<sup>7</sup>-गर्भमुपहन्ति। वन्ध्या वेहद् गर्भोपधातिनी विहन्ति गर्भम्।

SU.U.36/10<sup>7</sup> - वन्ध्यां नष्टार्तवम् विध्यात् ।

It is true with Ayurvedic principles that Ayurveda covers all the physical, mental, and spiritual aspects of human life, Artavavaha Srotas is also the same. It covers the whole female reproductive tract and encompasses it as a structural and functional unit from the hypothalamus to the uterus. It represents not only the hormones related to reproduction at the physiological level, but also covers all the structures related to female reproductive organs at the anatomical level. Fallopian tubes are very important structures of the Artavavaha Srotas, as they carry Bija Rupi Artava. Artava is also termed as Raja at various places in the classics. Thus, fallopian tubes can be termed as Artava Bija Vaha Srotas to prevent any ambiguity and controversy.

The American Society for Reproductive Medicine [ASRM] says that 25% - 35% of female infertility is due to Tubal Factor<sup>8</sup>. Tubal block are common cause of infertility, as it obstructs the process of fertilization. If the tubes are completely blocked- Pregnancy without treatment is impossible, if mild/ partially blocked then women can potentially get conceive but there is a high risk of getting Ectopic Pregnancy. Tubal blockage is one of the most notorious factors of female infertility and very difficult to manage. This study was carried out as a very preliminary, but sincere step on the path of infertility management through Ayurveda.

### DRUG SELECTION –

Tubal blockage was considered as a Vata-Kapha-dominated Tridoshaja condition, as Vata was responsible for Samkocha,<sup>9</sup> Kapha for Shopha, and Pitta for Paka<sup>10</sup>. Thus, all the three Dosha were collectively responsible for the stenosis or the obstructing type of pathology of the fallopian tubes. The drug was selected on the basis of Vata-Kapha shamaka and Tridoshaghna, having Ushna-Tikshna-and Sukshma properties, so that it could remove the blockage by reaching up to the minute channels. ARBUDAHARA TAILA<sup>11</sup> – MENTIONED IN AUTHOR ?

## CASE REPORT

A 30-year-old women, non-smoker, non-alcoholic, Married life of 2years, Occupation- SI Sub Inspector, consulted in Out-Patient Department (OPD) of Shree Jagadguru Gavisiddeshwara Ayurveda Hospital,Koppal on 09.08.2021 with complaint of Anxious to conceive since 1 year. On detailed history Husband's sperm count was normal. With no specific past history and family history.

### MENSTURAL HISTORY

LMP – 8<sup>TH</sup> August 2021

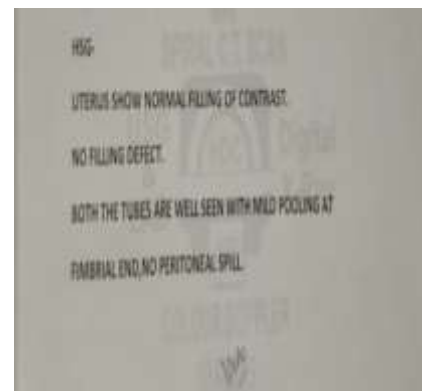
Age of Menarch	14 Years
Interval	26-28 days
Number of days	3-4 days D1 –D3 -2pads /day D4 – Spotting
Colour	Dark red
Odour	Absent
Clots	Absent
Dysmenorrhea	Present

### CONTRACEPTIVE HISTORY – NO

### OBSTETRIC HISTORY – G0P0A0L0D0

**Past treatment history** - She took Allopathic Treatment and was unable to conceive.

**X-ray HSG** report dated 14.08.2021 suggestive of Both tubes showing mild pooling at fimberial end , No peritoneal spill.



### PERSONAL HISTORY –

Diet – vegetarian

Appetite – good

Sleep – disturbed

Bowel – regular and clear

Micturition – 7-8 times /day

Habits – No

Coital frequency – 3-4 times/week

### ASTA VIDHA PAREEKSHA

Nadi – 78/min

Mala – regular

Mutra- 7-8 Times /day

Jivha – prakruta

Shabdha – prakruta

Sparsha - prakruta

Druk - prakruta

Akruti - prakruta

#### **DASHAVIDHA PAREEKSHA**

Prakrut- Vata Kaphajai

Vikruti- Vata kapha pradhana Tridosha

Sara- Madhyama

Samhanana- Madhyama

Pramana- Madhyama

Satmya – Katu pradahana sarva rasa satmya

Ahara shakti-

Abhyavahrana shakti- madhyama

Jarana Shakti - Madhyama

Vyayama Shakti- Madhyamana

Vaya – Madhyama.

#### **GENERAL EXAMINATION**

Built - Moderate

Height– 166cm

Weight – 64kg

BMI – 23.2kg/m<sup>2</sup>

Pallor- Absent

Temprature – Afebrile

Pulse – 78/min

BP -120/80mmhg

Respiratory rate- 22/min

Oedema - Absent

#### **SYSTEMIC EXAMINATION :**

**R/S** – NVBS

**CNS** – Conscious, oriented

**CVS** – S1 –S2 Heard

**P/A** – Soft, NT .

**P/S** – Cervix and vagina Normal

No erosion, No discharge, No Hypertrophy

**P/V** - Uterus Anti-verted ,Normal in size.

No Adnexal mass, No fornix tenderness.

**TREATMENT PROTOCOL PLANNED**

Oral medications- Tab. Shiva gutika 1-0-1

- Varunadhikashaya – 10ml -0- 10ml

Anupana – with ½ glass of water

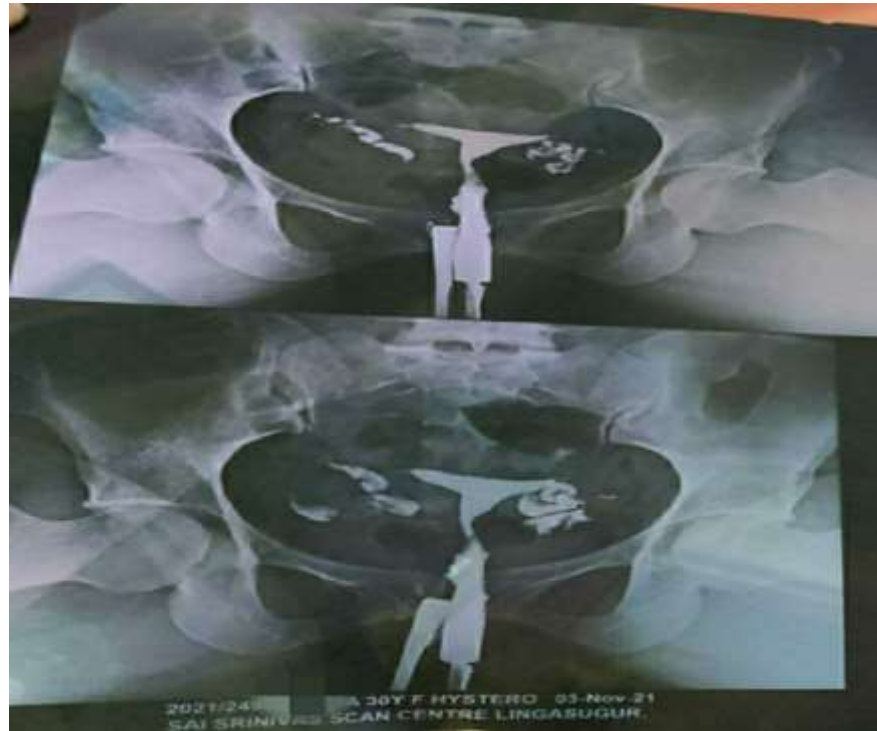
PROCEDURE - Uttara Basti with Arbudahara Taila for consecutive 3 cycles

After cessation of menstruation[ Example: in this case duration of cycle is 3-4 days so Uttara basti given on 6<sup>th</sup> days of cycle ] for 3 days was given<sup>12</sup>, for three consecutive cycles, with the consent of the patient. The patient was admitted for Uttar Basti, a day after cessation of menstruation. Snehana (oleation) with Bala Taila<sup>13</sup> on the lower abdomen, back, and lower limbs followed by Nadi Sweda (fomentation) with water steam on the lower abdomen and back was given to patients before each Uttara Basti. . The procedure was carried out in the operation theater. The oil and instruments were autoclaved. The patient was placed on the operation table in a dorsal lithotomy position. The private part (already shaved) was cleaned with antiseptic solution and draped. The vagina and cervix were visualized with the help of the Cusco's Speculum or Sim's speculum<sup>14</sup> and an anterior vaginal wall retractor<sup>15</sup>. The anterior lip of the cervix was held with the help of the Allis' forceps<sup>16</sup>. Uterine sound is inserted to check or closure of OS later the Uttar Basti cannula [ IUI cannula], already attached with 5 mL syringe filled with Arbudahara Taila and passed into the OS into the uterine cavity after making a head low position. The drug was pushed above the level of the internal os with constant force, but quickly to make the drug reached up to the tubes. After 1-15mins the patient was sent to bed and the bed should be in head low position for two hours. The lower abdomen was fomented with hot water bag. Patients were asked to avoid Coitus and spicy food during the course of Uttar Basti and proper care to be taken to see that patients do not suffer from pain and constipation.

	LMP	PROCEDURE
1 <sup>ST</sup> CYCLE	3 / 9/2021	1 <sup>ST</sup> DAY – 8/9/21 2 <sup>nd</sup> day – 9/9/21 3 <sup>rd</sup> day – 10/9/21
2 <sup>nd</sup> CYCLE	1/10/2021	1 <sup>st</sup> day – 6 /10/21 2 <sup>nd</sup> day – 7/10/21 3 <sup>rd</sup> day – 8/10/21
3 <sup>RD</sup> CYCLE	26/10/2021	1 <sup>st</sup> day – 31/10/21 2 <sup>nd</sup> day – 1/11/21 3 <sup>rd</sup> day – 2/11/21

**RESULTS** – After 3 consecutive cycle of Uttara Basti with Arbudahara Taila

HSG was repeated after 3 months of treatment on 8-11-21 - B/L Tubal patency with Free peritoneal spillage was noted.




ನಾಯಕ ಶ್ರೀನಿವಾಸ ಸ್ಕಾನ್ ಕೇಂದ್ರ  
**SAI SRINIVAS SCAN CENTRE**  
*World class imaging at your reach...*

Patient Name		Age/Sex	30Y/F
Patient ID		Visit No.	1
Referred by		Visit Date	03/11/2021

Thanks for referral

**HYSTEOSALPINGOGRAM**

*After premedication, patient was positioned in lithotomy position and under aseptic precautions, cannula was inserted into the external OS, contrast injected and radiograph taken.*

*The contrast was noted opacifying the uterine cavity. Normal size and contour of the uterus noted. Contrast was seen filling bilateral fallopian tubes with spill into the peritoneal cavity on both sides. Normal cornuae, isthmus, ampulla, infundibulum and fimbriae noted bilaterally. Spill was documented on radiograph.*

**IMPRESSION:**

➔ Normal HSG study with bilateral patent fallopian tubes showing bilateral peritoneal spill.

Suggested clinical correlation.

## DISCUSSION :

Infertility conditions are very complex and could be the result of different reasons may or maynot be evident. if the fallopian tubes are blocked then the egg so released would fail to reach to the uterus for fertilization with the sperm. For proper fertilization, implantation and development of healthy progeny the four factors, Ritu (fertile period),Kshetra (female reproductive tract), Ambu (nutritional factors) and Beeja (sperm and ovum) are essential.[7] Any defect in these four factors lead to Vandhyatva. Kshetra is a broad term and includes all the structures of the female reproductive tract whose structural and functional integrity is essential for conception. Fallopian tubes can be considered a part of the Kshetra mentioned by Acharya Sushruta as one of the four elements necessary for conception. So for conception, Kshetra - the oviduct must be patent and sufficient cilliary movement is present. Tubal block

can be considered under the Kshetra vikrit. And Tubal blockage can be correlated with Artavavaha srotas dushti mainly Sanga type. On analyzing the effect of Uttar Basti on tubal blockage, highly significant results show the potency of the drugs used and also the efficacy of Uttar Basti. It is clear that its action on various disorders acts in both ways, local as well as systemic. In case of tubal blockage, this effect seems to be more local than systemic. Uttara Basti in the blockage of tubal lumen by directly acting on obstruction and restores the normal endometrium. It restores the normal functions of cilia by stimulating it. It breaks the tubo-peritoneal adhesions, It normalizes the tonic phasic contraction of muscles by pacification of Vata. It helps in scraping of obstructing substance and removes the fibrosed and damaged tubal lining and promotes its rejuvenation

As Arbudahara taila have ushna& tiksna guna drugs which does vata –kapha hara. Even Artava is agneya gunatav – so ushna guna is essential for artava. Also does the vata-shamana hence reduces c/o dysmenorrhea. It has properties like Lekana, Bhedana, Shoolaprashamana , and Shoothahara hence helps in clearing the blockages.

---

## CONCLUSION

In a scenario where the other streams of medicine suggest surgery and ART, which are high end treatment procedures, this case study suggests a possibility of excellent effective, safe and cost-effective combinations in the management of tubal infertility.

Advanced management like Hysterolaprosopy with chromopertubation indeed providing good results in clearing blockage ,In contrary Uttarabasti explained in our classics also gives a best hope in patients of Tubal blockage and Hence - A single case study of uttarabasti with Arbudahara taila was given in B/L Tubal blockage for consecutive 3 cycles ,which shows encouraging results.

**MODE OF ACTION OF UTTARABASTI** - In stree roga, Uttarabasti is considered as best as they caused due to vata dosa – and cures vatadosa , Rajodosa, and yoni dosa leading to conception. Vayu is lord, Basti is the best therapy to control the vata and hand on pitta and kapha also. Basti enters pakwashaya which is the main seat of vata. Ushna–Tikshna drug act on tubal blockage by removing the whole inner lining and by the mechanical effect of stimulating contractions of the uterus.

**How better is uttarabasti than HSG and Laprosopy** : Uttarabasti has no radiation effect, No Intravasation of radio opaque dye, cost effective, less complication like rupture of other reproductive organ, minimal OT facilities needed, coastly machines/ equipments not need.

Acharya charaka – has enuciated that women grows well by means of uttarabasti – just as tree fed with water .

---

## REFERENCES

1. Hiralal Konar-7<sup>th</sup> edition-DC Dutta's textbook of Gynecology- Health Science publisher- Reprint 2016- 17<sup>th</sup> chapter- Infertility- pg 186.
2. <https://www.ncbi.nlm.nih.gov>
3. <https://www.columbiadoctors.org>
4. Hiralal Konar-7<sup>th</sup> edition-DC Dutta's textbook of Gynecology- Health Science publisher- Reprint 2016- 17<sup>th</sup> chapter- Infertility- pg 188.
5. Dr. Hemalatha Karpoorchand- Striroga- Chaukambha Publication-Varnasi-2018-Strivandyatwa chapter- pg 326.
6. Dr. Hemalatha Karpoorchand- Striroga- Chaukambha Publication-Varnasi-2018-Strivandyatwa chapter- pg 327.
7. Dr. Hemalatha Karpoorchand- Striroga- Chaukambha Publication-Varnasi-2018-Strivandyatwa chapter-nirukti- pg 326.
8. <https://fertility.womenandinfant.org>- tubal factor.
9. Sharma H. Varanasi, Sutra: 2009. Vidyotni Hindi Commentary, Kashyapa Samhita, Chaukhamba Samskrita samsthana; pp. 30–1.
10. Shastri Ambikadutta. Varanasi, Sutra: 2006. Ayurveda-Tattva-Samdipika Vyakhya, Sushruta Samhita, Chaukhamba Samskrita Samsthana; pp. 17–12.
11. Dr. G Prabhakar Rao- Sahastrayoga- Chaukambha publication- New delhi- Reprint 2019- Arbudahara lepa- pg 330.
12. Kashinath Shastri and Gorakhnath Chaturvedi. Vidyotini Vyakhya, Charaka Samhita Vol. 9. Varanasi, Chikitsa: Chaukhamba Bharati Academy; 2005.
13. Srikantha Murthy KR. 73-81. Vol. 21. Varanasi, Chikitsa: Krishnadasa Academy; 2006. Vagbhata, Ashtanga Hridaya. [Google Scholar]
14. Harish Doshi. India: Arihant Publishers; 2007. Companion for Obstetrics and Gynaecology examinations; pp. 1–2.
15. Ibid, Companion for Obstetrics and Gynaecology examinations. :5.
16. Ibid, Companion for Obstetrics and Gynaecology examinations. :22–23.