



Effect of *uttarbasti* locally in fallopian tubal block - a case study

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ABSTRACT: The present Case study was carried out to evaluate the role of *Uttar Basti* in tubal blockage, in order to establish it as a safer and cost-effective *Ayurvedic* treatment modality. The criteria for selection of patient tubal blockage diagnosed in *hysterosalpingography* (HSG). *Uttar Basti* was administered, after cessation of menstruation, to the screened patient, through hematological, urinary, and serological (HIV, VDRL, HBsAg) investigations. The results suggest that *Uttar Basti* is a highly significant treatment modality for tubal blockage in this Patient, with no apparent complications.

Uttarbasti is ideal local therapy is to be adopted in tubal block. *Kshartail* is very good *vata kaphashamak* *guna* and *lekhan* properties, *taila* is having the property to reach minute channels in body. *Phalaghruta* is best for all *yonirogas*, also to reduces *dhaha* which is due to *Kshar tail*.

Keywords: Tubal block, *Uttarbasti*, *Kshartail*, *Phalaghruta*.

INTRODUCTION:

Artavavaha Srotas 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*. Thus, fallopian tubes can be termed as *Bija Vaha Srotas*. Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Causative factors related to – female (30 to 40%), male (40 to 50%), related both partner (10%) and unexplained cause is (10%). Factors related to female: (According to FIGO manual) are Tubal block causing

infertility (25 to 35%) , Uterus causes(1 to 10%) , Ovarian causes(30 to 40%)

Treatment for tubal block is *Tuboplasty*, *Ayurveda* is defined very differently Tubal blockage from modern science that the pathogenesis of It is initiated with the accumulation and vitiation of *kapha & vata Doshas*.

Acharya Sushruta has considered four factors essential for conception:

Ritu, *Kshetra* (genital organs especially uterus, fallopian tube), *Ambu* (nourishing substances) & *Beeja* (ovum and sperms)

Due to vitiation of *kapha vata Doshas* tubal block occurred. Any pathology in above factors can cause infertility In present case study tubal block treated with *Kshartailauttarbasti* followed by *Phalaghritauttarbasti*. Hence, this study was carried out as a very preliminary but sincere step on the path of infertility management through *Ayurveda*

AIMS: Evaluation of the efficacy of *Kshartail uttarbasti* followed by *Phalaghrita uttarbasti* locally

LITERATURE:

Artavavahi dhamanis (fallopian tubes), These are two in number having roots in the *Garbhashaya* and injuries to *Artavavahi Dhamnis*, which causes *Vandhyatva* (infertility).The fallopian tube being a part of the uterus (*Garbhashaya*) is automatically accepted as the place of fertilization. According to some authors, description of *Gavinis* in the *Atharvaveda* it's also compared with the fallopian tubes. For tubal

block, we can give *uttarbasti* in infertility due to tubal block³.

MATERIAL AND METHODS:

- Study carried out on one patient, which was selected according to selection criteria after clinical examination and investigation.
- *Kshartaila* and *Phalaghrita* is taken from GMP certified company.

Criteria of inclusion:

- Age between 20-35yrs
- Tubal block confirmed by HSG
- Unilateral/bilateral tubal block

Criteria of exclusion:

- Age below 20 and above 35yrs
- Genital tuberculosis
- PID
- Endometriosis
- Systemic tuberculosis
- Genital malignancy
- *Hydrosalpinx*
- Cervical erosion, *cervicitis*, *vulvovaginitis*
- Suffering with any severe illness
- Per tubal adhesions

Case report:

28yr old women wanted to investigate for primary infertility. She was housewife, married 10yrs back, staying with her husband.

- C/O-Pain during menstruation -1yr
- Menstrual history - 2-3/28days)regular

- In her systemic examination, all parameters are normal
- General condition was good
- P/A examination-NAD
- P/S-cervix-no erosion, discharge
- P/V-Cervix-normal
- Uterus-slight bulky, fx-tenderness both fx
- Investigation Reports are within normal limit.

HSG report shows that-mucosal irregularity noted in contrast pacified uterine cavity, with chronic inflammation. Right tube corneal block with left tube terminal block. Follicular study report was normal.

Her husbands-semen analysis report within normal limit. She was taken modern treatment for primary infertility from three years regularly. But, she was not conceives .

she under goes IUI for three cycle, treatment was fail. Lastly *tuboplasty* was advise by modern gynecologist, so she came for *Ayurvedic* treatment only.

Chikitsa :

Kshartail Uttarbasti 3ml is given on 5th day, 6th day & 7th day of menstrual cycle , followed by *phalaghru Uttarbasti* 3ml for 8thday , 9th day, 10th day , 11th day , 12th day .This treatment was given for three month.

After Three Months:

- No Pain during menstruation
- Systemic examination -All parameters are normal limits
- P/A-soft
- P/S – within normal limit
- Cervix-no erosion, discharge

- P/V –Cervix-normal
- Fx-no tenderness Uterus – normal size
- HSG Report – Rt. Fallopian tube cornual mild block, And at Lt. Fallopian tube within normal limit.

DISCUSSION:

According to *Ayurveda*, *Avarodha* (BLOCK) any *strotasa* of body is cause by *Vata* and *kapha* , in fallopian tubes block, *Apanavayu* vitiation is the reason. *Uttarbasti* is ideal local therapy is to be adopted in tubal block. *Kshartail* is very good *lekhan* property, also *taila* is having the property to reach minute channels in body.

Phalaghru is best for all *yonirogas*, also to reduces *dhaha* which is due to *Kshar tail*. Hence, it can be concluded that the local treatment (*Sthanichikitsa*) is giving encouraging results in case of tubal block. *Uttarbasti* with *Kshar tail* & *Phalaghru* works very effective to relives tubal block in a short periods of three months time.

The most probable complications of *Uttar Basti*, are genitourinary infections and oil embolism. Good surveillance was carried out to diagnose any such complications as early as possible. However, the most encouraging point was that no feature of infection or oil embolism was observed during or after the procedure and even in the follow-up period. Proper antiseptic care, before and after the procedure does not allow any infection to grow. *Uttar Basti* carried out gently with a steady pace and confident skill prevents any complication like oil embolism, and severe abdominal pain.

Result:-

Kshartail uttar basti followed by *Phalagruta uttarbasti* having very good result in fallopian tubal block

However to confirm this observation further large scale evaluation with more parameters is required.

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