

**TO STUDY THE EFFECT OF KSHARTAIL, BALATAIL & KASISTAIL UTTARBASTI IN INFERTILITY ALONG WITH SPECIAL REFERENCE TO TUBAL BLOCKAGE****\*Dr. Bhagyashri Khot, Dr.Arun Patil, Dr.Rekha Kuwar**

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[khotbhagyashri@gmail.com](mailto:khotbhagyashri@gmail.com),**ABSTRACT**

The present study was carried out to evaluate the role of uttarbasti in tubal blockage. The Criteria for selection of patients and assessment of result were unilateral or bilateral tubal blockage diagnosed by hysterosalpingography (HSG). A total of 36 patients in age group between 18 yrs to 45 yrs old were registered for study with 59.50% unilateral and 40.50% bilateral Tubal blockage. 31 patients completed the course of treatment. The Dose of Uttarbasti was 6ml with duration of three consecutive cycles. The tubal blockage was removed in 79% of the patients and 37% of the patients had conceived within the follow up period of 6 months. The result suggests that the treatment is safer and cost effective.

**Key Words-**Tubal blockage, Uttarbasti, HSG, Kshartail, Balatail Kasistail.

**INTRODUCTION**

Infertility is one of the complex problem faced by the women with the involvement of socio-physiological element. The incidence of infertility in any community varies between 5-15%. One of the major causes of infertility is bilateral or unilateral tubal block. The tubal abnormality account between 25% to 50% of female infertility. It is one of the most critical factors of female infertility and very difficult to manage microsurgical techniques currently enjoy the greatest popularity and remain the best treatment for tubal blockage with widespread adhesions.

After this intrauterine fertilisation (IVF) should be done. This is very costly and have only 10% success rate. These methods are not affordable to each one in community. Claims have been made with regards to the effect of intrauterine Uttarbasti (IUUB) on tubal blockage.

### **Aims And Objectives Of The Present Study Include**

- 1)Evaluation of the Efficacy Of Kshartail,Balatail & Kasistail In Tubal Blockage.
- 2)A study of complication if any during and after the course of treatment.
- 3)To observe the rate of conception or fertilization and rule out other causes of infertility.
- 4)To review the detail literature available on utterbasti,tubal block,Kshartail, Balatail & Kasistail.

### **MATERIALS AND MEHODS**

Patients attending the OPD of the Stree-Rog And Prasutitantra of Dr D.Y.Patil Ayurved college and research center pune and R.A.Podar Ayurved college worli Mumbai.fulfilling the criteria of selection were included into study.

#### **Criteria Of Inclusion**

- Age between 18-45 yrs old.
- Tubal block with hydrosalpinx.
- Tubal block due to chronic PID.
- Tubal block due to chronic abdominal Koch's treated with AKT.
- Unilateral or bilateral tubal block.
- Women having PID.
- Hypothyroidism, Hyperthyroidism Hyperprolactinaemia.

#### **Criteria of Exclusion**

- Below 18 yrs and above 45 yrs old patients will be excluded.
- Malignancy of genital organs.
- Patients having any urogenital infection.
- History of menstrual disorders.
- Endometriosis
- Cervical Stenosis
- Suffering from any chronic debilitating diseases.
- Sexually transmitted diseases

- Human immunodeficiency virus
- Hepatitis B
- Contagious diseases

**Investigation**

- CBC,ESR,Blood Group with Rh factor.
- HIV
- HBSAG
- BSL-(F&PP)
- Urine(routine & microscopic)

**Special Investigation**

- HSG before and after treatment
- PAP smear (wherever necessary)
- LFT,RFT
- Hormonal assay
- USG to rule out pelvic pathology
- If necessary Hysterolaproscopy.

**Treatment Protocol**

Standardization and authentication of drug will be done. 6ml oil(kshar+kasis+bala) is used for each uttarbasti for 3 days,in one cycle (after cessation of menstruation) was given for three consecutive cycle with consent of patient.

A patient is admitted for uttarbasti a day after cessation of menstruation.Snehana (oleation) of til tail on the lower abdomen,back and lower limbs followed by Nadisweda (fomentation) with steam on the lower abdomen and back was given to patients before each uttarbasti.

Yoniprakshalana with triphala kwath was performed to sterlise the perivginal part,the procedure was carried out in minor operation theater.the oil and instrument were autoclaved.

The patient was placed in dorsal lithotomy position.the perivaginal part and vaginal part was cleaned with antiseptic solution.The vagina and cervix visualized with the help of sims speculum and ant vaginal wall retractor.the ant lip of the cervix was held with the help of the vullsellum.

Uterine sounding was done and uttarbasti cannula already attached with 6ml syringe filled with balatail, kasistail and kshartail was passed into uterine cavity after making a head low position.

The drug was pushed above the level of internal os with constant force, but quickly to make the drug reached up to tubes. After 10 minutes the patient was sent to bed and bed was kept with head low for two hours. The lower abdomen fomented with hot water bag.

Patient were asked to avoid very spicy hot and exertional exercise during treatment. Coitus avoided during the course of uttarbasti.

#### Follow up chart

	Symptoms	Day “0”	1 <sup>st</sup> cycle (7 <sup>th</sup> day)	2 <sup>nd</sup> cycle (7 <sup>th</sup> day)	3 <sup>rd</sup> cycle (7 <sup>th</sup> day)	6 <sup>th</sup> cycle (7 <sup>th</sup> day)
1	Amount of vaginal discharge					
2	Low backache					
3	Lower abdominal pain					
4	Dysmenorrhoea (yonivedna)					
5	Oligomenorrhoea (yathochita kale adarshanam)					
6	Hypomenorrhoea (Alpaartava)					

A follow up study for pregnancy was carried out for three months after completion of the treatment. Any new complaint that raised during the follow up period related to the study was also noted.

#### End point

If some complication developed during treatment it was decided to stop treatment.

#### OBSERVATION AND RESULTS

A history of tuberculosis has been found in 37.50% of the patients. Sexually transmitted disease (STDs) which are considered very important etiological factor of infertility due to tubal blockage has been found in only 2 patients.

A history of PID has also noted in 70% of cases. The features of Aartavkshaya i.e. Alpata yathochit kale Adarshanam Yonivedana has been found in 68.79%, 52.05% and 60.21% of the patient respectively.

Patient had 59.50% unilateral tubal blockage and 40.50% patient had bilateral tubal blockage.

In this study it was observed that 26.69% of the patient were having history of dilatation evacuation and curettage due to complete or missed abortion once. It may be one of the cause of tubal blockage due to aseptic precautions which may have caused infection leading to PID & tubal damage.

The symptoms like vaginal discharge improved by 70.22%. The study drug showed 69.56% & 69.95% improvements in symptoms low backache and lower abdominal pain respectively.

### **Interpretation of results obtained**

These findings may be because of the vata pacifying properties and hormonal regulatory functions of the drugs. These oil contents bases of tila tail its very good for menstrual and gynecological problems. Its polysaturated fatty acid which ultimately intensified the penetration of oil based substances through the cell membrane is composed of lipid bilayer which has and inherent capability of movement and this movement is directly proportional to temperature.

This may be the reason to heat the oil in mild temperature before administration of uttarbasti. After analysing the tubal block was removed in 79% of the patients as was evident by HSG. This highly significant results show the potency of the drugs used and also the efficacy of uttarbasti

The action of kshar tail, bala tail & Kasis tail acts on various disorders in both ways local as well as systemic. The drug has been chosen from sharangdhara samhita which is found to be vatakapaghna, katu-tikta rasatmak, katu vipaki and ushan virya in nature. Kasis tail is found to be katu, ushna, katu in nature. It acts also lekhan, ksharan, bhedan in nature. Bala tail acts as bruhan mansadhatuposhak therefore in Alpartava endometrium is formed. In general Basti regulates the nervous control and uttarbasti regulates the autonomous nervous system controlling the pelvic organs. In uttarbasti with ushna tikshna, lekhan, bhedan drugs help to remove fibrosis of endometrium & thus help in its rejuvenation. Hence by governing the HPO axis through hypothalamus, it helps in maintenance of follicular growth, ovulation and

corpus luteum formation. Therefore 37% of the patients had conceived within the follow-up period of 6 months.

## CONCLUSION

Intrauterine uttarbasti of Kshartail, Balatail & Kasistail is highly effective in removing the tubal blockage with statistically significant rate of conception. It's also useful in gynecological disorders and menstrual disorders. Due to its various contents having an effect on the ovarian and hormonal functions.

No significant complication is evident in this study. Its non surgical procedure finally uttarbasti can be adopted for all sort of problems of infertility as well as reproductive tract disorders.

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