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ROLE OF BASTI IN B/L TUBAL BLOCKAGE: A CASE STUDY

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ABSTRACT

Infertility is one of the major health issue worldwide, affecting approximately 8%-10% of couples worldwide. Infertile women experience a tremendous amount of emotional turmoil. It is the need of the era that secure and absolute therapy of sensitive problem should be developed. Tubal blockage is one of the most important factor for female infertility. Infertility seen with tubal blockage in 25-30% of cases. We had selected a patient who had B/L tubal blockage. A patient 29 year, nulligravida with married life since 5 years and wanted to conceive since 4 years. Patient visited PGI hospital for infertility and diagnosed with PID and during diagnostic procedures her HSG report showed B/L tubal blockage twice. When she visited us for opinion, we planned a treatment *Lekhana Basti* with *DashmoolaKwath* and *Anuvasan*a B*asti* with *Saindhavadi Taila* and *Uttar Basti* with *Phalkalyan Ghrita* for two consecutive cycles with positive outcome. Only tubal recanalization operative procedure is recommended by modern practitioners in such cases with unpredictable success rate. In Ayurvedic classics majority of gynaecological disorders have been described under the heading of Yonivyapada. Acharya Susruta mentioned Vandhya (infertility) among twenty Yonivyapada and Basti is like nector to treat Vandhya. Because there is predominance of Vata dosha. To pacify Vata, Basti is regarded as best treatment. Present paper depicts evidence based approach to manage tubal blockage with Basti karma.

KEYWORDS: Infertility, Lekhana basti, Anuvasana basti, Uttar basti.

INTRODUCTION

Infertility is defined as a failure to conceive after one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. 80% of couples achieve conception if they desire so within one year of having regular intercourse with adequate frequency 4-5 times a week, another 10% percent will achieve the objective by end of second year. As such 10% remain infertile by end of second year. Tubal blockage one of the major factor is responsible for about 30-40% cases of female infertility. Tubal obstruction may be due to pelvic infection, previous tubal surgery, salpingitis isthmica nodosa, mucous debris with in tubal lumen or tubal spasm. Fallopian tube correlated with artavaha srotos as mentioned in Sustruta Samhita. Artavaha srotas having two roots garbhashaya and artavavahi dhamnis and injuries to which cause bhandhyatava (infertility), maithunasahishnuta (dyspareunia), artavanasha (anovulation or amenorrhea). Artavavaha srotasas carry bija (ovum) rupi artava thus fallopian tube can be termed as artavabijavaha srotas. The pathogenesis of the tubal blockage as per Ayurveda is initiated with the accumulation and vitiation of tridosa. Where Vata causes samkocha (constrition), Kapha induces shopha (oedema), while Pitta causes paka (inflammation) and cumulatively they develop sanga srotodushti of artvabijavaha srotos. Thus basti suggestive a highly significant role to break down samprapti of the disease and create modality for tubal blockage with no apparent complication.

CASE REPORT

A 29 year old nulligravida patient having complaint of failure to conceive since 4 years. She took treatment from PGI hospital Chandigarh for primary infertility and PID since last 4 years and was undergone to infertility investigations like USG, LH, FSH, Serum PROLACTIN, TFT, RBS, Follicular study all the reports were within normal range. But HSG report was done on 28/5/2018 and 11/2/2019 showed B/L infundibular block and B/L cornual block respectively. she was k/c/o hypothyroidism and taking tab thyroxine 50mcg once a day since 4 months and k/c/o diabetes mellitus patient taking tab Glimepiride 2mg once a day since 3 months. Her thyroid profile and blood sugar were within normal range under medication.

INVESTIGATION

DATE	FSH	LH	SR.PROLACTIN	TFT	VDRL	HBSAG	HbA1C	FBS	RBS	HIV
24/7/2018				T3 83.77 ng/dl T4 5.40 ug/dl TSH 5.13 uIu/ml						
20/3/2019	3.09mIu/ml	4.96mIu/ml	0.020ng/ml	T3 0.882ng/dl T4 5.59ug/dl TSH 5.54uIu/ml						
15/4/2019										Non Reactive
28/6/2019				T3 1.10ng/dl T4 5.52ug/dl TSH 3.34uIu/ml			7.6 Ngsp unit%			
2/7/2019					Non Reactive	Non Reactive				
7/8/2019				T3 0.83ng/dl T4 7.00ug/dl TSH 2.12uIu/ml						
20/8/2019								178mg/dl	338mg/dl	

FSH- Follicular stimulating hormone.

LH-Luteinising hormone.

	FSH (IU/L)	LH(IU/L)
Follicular phase	2.5-10.20	1.9-12.5
Mid-cycle	3.4-33.4	8.7-76.3
Lutealphase	1.5-9.1	0.50-16.9
Pregnancy	<0.30	<0.1-1.5
Postmenopausal	2.3-116.30	1.8-20.3

S.Prolactin-Serum Prolactin.

	Serum prolactin(ng/ml)
Non pregnant	2.8-29.2
Pregnant	9.7-208
Post menopause	1.8-20.3

TFT -Thyroid stimulating hormone.

	Ref.value	Unit
T3	80-200	ng/dl
T4	5.1-14.1	ug/dl
TSH	0.27-4.2	uiu/ml

HbA1C-Hamoglobin A1c.

	Ref value%
Non diabetic	<6
Good control	6-7
Weak control	7-8
Poor control	>8

RBS-Random blood sugar.

FBS- Fasting blood sugar.

	Ref value	Unit
Fasting	70-110	Mg/dl
Glucose (PP)	80-140	Mg/dl

VDRL-Venereal disease research laboratory.

HBsAG-Hepatitis B surface antigen.

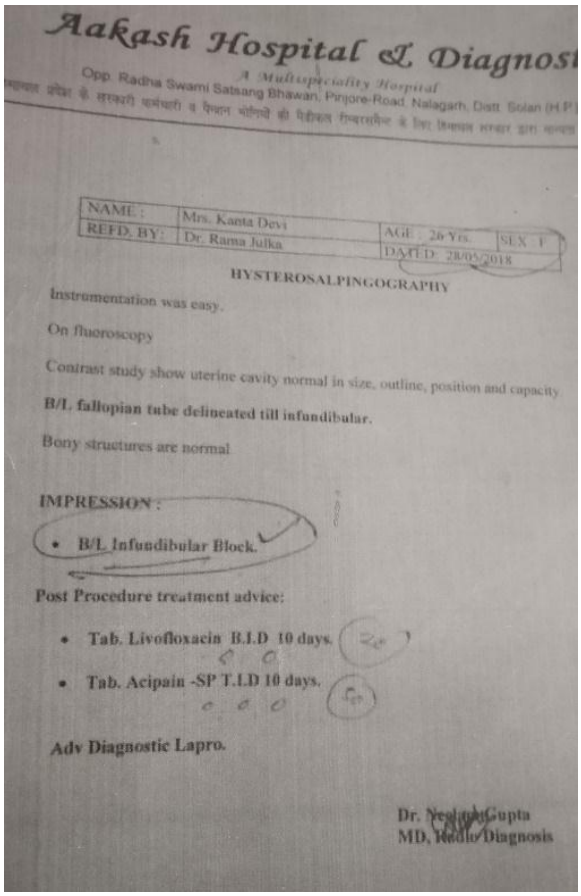
HIV-Human immunodeficiency virus

USS INTERPRETATION

Date		Uterus	Endometrial Thickness	Ovaries	Impression
28/5/2018	USG PELVIC	Anteverted	6.1mm	Normal size, Normal echotexture, dominant follicle seen.	Normal study
19/3/201 9	USG PELVIC(TVS)	Anteverted	9.3mm	Normal size, Normal echotexture.	No demonstrable localised lesion seen.
22/4/2019	Follicular study	Anteverted	6.1mm	Dominant follicle seen	Ovulatory cycle.

Hysterosalpingography and sonosalpingography interpretation

Date		Impression
28/5/2018	HSG	B/L INFUNDIBULAR BLOCK
11/2/2019	HSG	B/L CORNUAL BLOCK
12/9/2019	SONOSALPINGOGRAPHY	-FREE SPILL OF CONTRAST ON FIMBRIAL END OF RIGHT FALLOPIAN TUBE S/O PATENT FALLOPIAN TUBE… -NO SPILL OF CONTRAST IS SEEN ON FIMBRIAL END OF LEFT FALLOPIAN TUBE S/O TUBAL BLOCKAGE


Aakash Hospital & Diagnos

A Multispeciality Hospital

Opp. Radha Swami Satsang Bhawan, Pinjore-Road, Nalagarh, Distt. Solan (H.P.)

NAME : Mrs. Kanta Devi AGE 26 Yrs. SEX F

REFD. BY: Dr. Rama Julka DATED 28/05/2018

HYSTEROSALPINGOGRAPHY

Instrumentation was easy.

On fluoroscopy

Contrast study show uterine cavity normal in size, outline, position and capacity.

B/L fallopian tube delineated till infundibular.

Bony structures are normal

IMPRESSION :

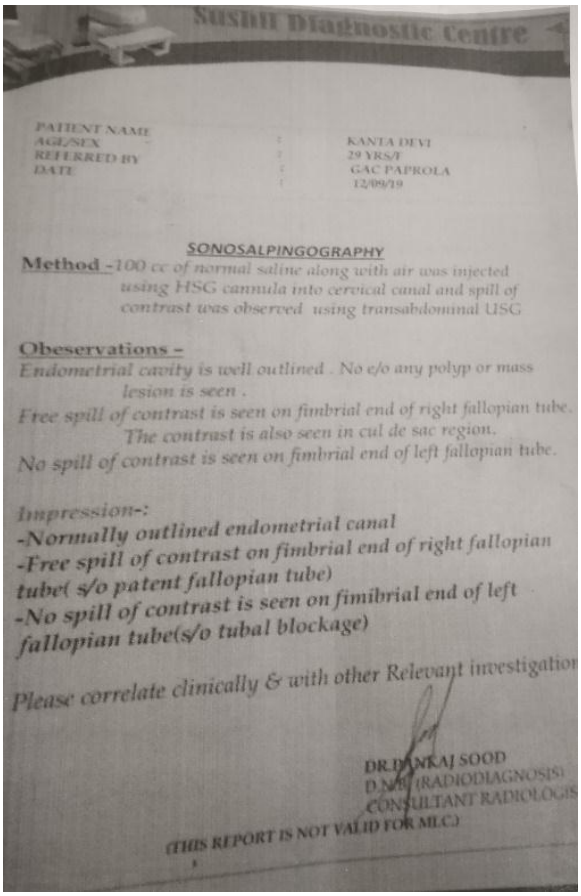
- B/L Infundibular Block.

Post Procedure treatment advice:

- Tab. Livofloxacin B.I.D 10 days.
- Tab. Acipain -SP T.I.D 10 days.

Adv Diagnostic Lapro.

Dr. Neelam Gupta
MD, Radio-Diagnosis


Sushil Diagnostic Centre

PATIENT NAME : KANTA DEVI
AGE/SEX : 29 YRS/F
REFERRED BY : GAC PAPROLA
DATE : 12/09/19

SONOSALPINGOGRAPHY

Method -100 cc of normal saline along with air was injected using HSG cannula into cervical canal and spill of contrast was observed using transabdominal USG

Obeservations -

Endometrial cavity is well outlined . No e/o any polyp or mass lesion is seen .

Free spill of contrast is seen on fimbrial end of right fallopian tube. The contrast is also seen in cul de sac region.

No spill of contrast is seen on fimbrial end of left fallopian tube.

Impression-:

-Normally outlined endometrial canal

-Free spill of contrast on fimbrial end of right fallopian tube(s/o patent fallopian tube)

-No spill of contrast is seen on fimibrial end of left fallopian tube(s/o tubal blockage)

Please correlate clinically & with other Relevant investigation

DR.PANKAJ SOOD
D.N.B. (RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST

(THIS REPORT IS NOT VALID FOR MLC)

TREATMENT PLANNED

S.NO	Procedure	Medicine drug	Dose	Duration
1	Lekhana basti	Dashmoola kwath	500ml	3 days (after the cessation of menses) for 2 consecutive Cycles in the morning
2	Anuvasana basti	Saindhavadhi taila	60ml	3 days(after the cessation of menses) for 2 consecutive cycles in evening.
3	Sathanika snehana	Balaashwagandha tail		Before uttar basti
4	Sthanika swedana	Dashmoola kwath		Before uttar basti
5	Uttar basti (garbhashaya gata)	Phal kalyan ghrita	5ml	For 3 days on alternate days after the completion of lekhna and anuvasana basti.

CRETERIA OF ASSESSEMENT

Sonosalpingography was done to evaluate the effect of Basti drugs on B/L tubal blockage.

MODE OF ACTION

Pooravkarma – Local Abhyanga with bala ashwgandha tail and swedana of dashmoola kwath was given to patient in Kati, udara, and jangha pradesh.

Snehana and swedana causes vishyndana and dravibhuta of doshas due to its sara, sukshma, ushna, tikshna properties.

Pradhan karma -Lekhna basti with dashmoola kwath was given to patient for 3 days in two consecutive cycles. Basti can remove the avaran janya vata and clean the microchannels of the body(srotoshodhan) due to vatakapha hara properties of dashmoola kwath. Dashmoola having property of tikta, kasaya and madhura rasa and katu vipaka which balances the vitiated Vata and Kapha dosha. It is also having anti-inflammatory and uterine tonic activities.

Anuvasana vasti with saindhavadi tail was given to patient on same day after lekhana basti in evening for two consecutive cycles. Saindhava tail having sukshana, tikshna and ushna, deepana, bhedan, srotovisodhna, sothahara properties by these properties it helps to reach upto the cellular levels and liquefying the morbid doshas and breaking it into minute particles. Thus, it is best medium to reach the blocked tubal cavity and remove the blockage.

Uttar basti with phalkalyan ghrita was adminstred through the vaginal tract in women. It is a basti which is given through Uttara marga (mean passages present in anterior portion of the

body i.e urethral in men and vaginal tract in women) so it said to be uttar basti. Phalklyana ghrita having tridosh shamaka (especially vata shamaka), artavajanana, anulomana, deepana, rasayan properites and balances the tridoshas. Phal kalyan ghrita is lipid soluble drug thus it is passively diffused across the membrane gradient and breaks down the samprapati of blockage (Sanga) involved in tubal blockage and create modality for blocked fallopian tube.

DISCUSSION

Basti: Various toxins entering our body by food, air etc. get accumulated in our gastro-intestinal tract, as time passes these toxins tend to increase and get spread in all channels of our body causing various diseases. So, Basti is given to rectum and it covers the large intestine part of the gastro intestinal tract (GIT). Basti is given through anal canal then it begins its action from rectum and travels through large intestine (colon) and reaches upto iliocecal valve. Arterial supply of this area is from superior mesenteric artery and inferior mesenteric artery and venous supply from superior mesenteric vein and inferior mesenteric vein. The inferior mesenteric vein drain into the splenic vein to form hepatic portal vein which then enters into liver. The portal venous system is responsible for directing blood from part of GIT to the liver. The upper 1/3rd of the rectum is drained into the portal vein. While the lower 2/3rd are drained into inferior iliac vein that goes directly in the inferior vena cava (thus bypassing the liver). So by giving medicine through anus we can bypass the liver along with stomach and duodenum and medicine works with its undisturbed virya and help to cure the disease in most effective way.

Snehana and swedana provide lubrication and strength to the body snehana helps in loosening of toxin from their sites which are then dislodged by swedana. So these dislodged toxins are easily expelled out of the body by the basti therapy.

Uttar basti: means the liquid medicines are administrated through urethral or vaginal routes and it also said to be garbhashaya gata Uttara vasti. Uttar basti mainly targets toward diseases of genital system and has cleansing action on urinary bladder and uterus and other genital passages, the lower part of the body is governed by subtype of vayu called as apana vayu. This vayu helps in controlling and governing all the activities taking place in the lower parts of the body i.e pelvis, urinary bladder, uterus and lower limbs. If the apana vayu is functioning properly and is not vitiated all the activities related above mentioned organs take place easily and effortlessly but if the vata gets vitiated or moves in opposite direction i.e upward direction causes many diseases. Uttar basti having property by regulating apana vata

helps to improve inflammation, irritation, stagnation and infection and also improves the blood circulation, nerve conduction, induction of ovulation and helps in preparation of uterus for conception. Therefore all this enhanced activities prove Uttar basti is a gift of Ayurveda for those who are suffering from infertility.

According to Ayurveda, blockage or obstruction in any srotas (channels) of the body is caused by vitiated tridosa. The same is the pathology in case of fallopian tubes blockage; the vitiated doshas, i.e. Vata causes samkocha (constriction), Kapha induces shopha (oedema), while Pitta causes paka (inflammation) and cumulatively they develop sanga srotodushti of artvabijavaha srotas(fallopian tubes). In this case, past H/O PID might have created inflammatory damage, resulting scarring, adhesion and thus obstruction of the fallopian tubes. Any padartha obstructing the channels (srotas) should be washed out by breaking it into fragments, which is the principle of lekhana basti. Lekhana basti with dashamoola have tikta, kasaya and madhura rasa and katu vipaka properties which balances the vitiated Vata and Kapha doshas and remove the avaranjanya vata, scraping the morbid doshas in endometrial lining of tubes and consequently resulting into srotoshodan of artavbijavaha srotas (fallopian tubes). Anuvasana basti with Saindhava tail has sukshma, tikshna and ushna guna which helps to remove fibrosis and deepana, bhedan, shothahara karma reduces the swelling and oedema of the tubes and reach upto cellular level, liquefying the morbid doshas and breaking it into minute particles thus causing srotovishodhna of artavbijavaha srotas (the fallopian tubes). Phalklyana ghrita has tridoshashaka (especially vatashamaka), artavajanana, anulomana, deepana, rasayan properites and balances the tridoshas. Uttar basti with Phalkalyan ghrita having lipid soluble properties passively diffuses across the membrane, breaks down the samprapti of tubal blockage. Acharya Susruta told that the virya of the basti drug reaches all over the body through the srotas in the same way as the water poured at the root of the plant reaches up to leaves. After the two consecutive cycles of treatment with lekhna basti, anuvashana basti and uttar basti, Sonosalphinography showed free spill of contrast on fimbrial end of right fallopian tube(s/o patent fallopian tube).

SAMPRAPTI GHATAK

Dosha	Tridosha
Dushya	Ras,Rakta,Masa,
Srotas	Aartavaha srotas
Agni	Mandaagni
Srotodusti	Sanga
Rog marga	Abhayantara
Adhisthan	Garbhasaya

CONCLUSION

Panchakarma procedure (Lekhna basti, Anuvasana basti and Uttar basti) is effective and safe treatment modality for tubal blockage the cause of infertility without any complication.

REFERENCES

1. Ambikadatt Shastri, Sushruta Samhita edition reprint 2015, Sushruta Chakitsa chapter 37 and chapter 38.
2. Ayurvedic prasuti tantra avum stree roga, Second part. Prof. Premvati Tewari chapter 5.
3. Charka Chikitsa Sthana 27.
4. Dravya guna vigyan by Acharya Priyavrata Sharma.
5. Essentials of Pratical Panchakarma therapy (A complete practical guide on classical and Keraliya panchakarma), Dr Vasant C.Patil, M.D (Ayurveda) Jamnagar.