

## MANAGEMENT OF TUBAL BLOCKAGE WITH UTTARBASTI – A CASE REPORT

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### ABSTRACT

Infertility is the most sensitive problem which affects every couple. The major cause of infertility is female factor which is 30.20%. Among female factors, the sub factors are ovarian, tubal, endometrial and uterine. Female infertility due to tubal blockage is 2<sup>nd</sup> most contributing factor in 25-35% of the cases. A 26 years old female patient came to the OPD of *Prasuti Tantra* and *Stri Roga*, Abhilashi Ayurvedic college hospital, with the complaint of inability to conceive for 6 years. She was a diagnosed case of secondary Infertility. Her HSG revealed bilateral tubal blockage. On enquiry, she had undergone conservative management for three consecutive months. She was advised laparoscopic surgery and IVF (In-vitro fertilization) due to bilateral tubal blockage. Her line of management was planned for tubal

blockage according to the vitiated *Doshas*. Counseling of the patient was done regarding advantages and disadvantages of the therapy and prognosis of the disease. Patient was treated with interventional procedure as intrauterine *Uttarbasti* with *Kshara Taila* & *Kasisadi Taila* for 4 days for 3 consecutive months. It cured tubal blockage with no apparent evidence of complications.

**KEYWORDS:** Tubal blockage, *Kshara Taila* & *Kasisadi Taila*, *Uttarbasti*, HSG.

### INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Conception depends on the fertility potential of both the male and female partner. The

major cause in infertility is female factor which is 40-55%.<sup>[1]</sup> Female factors are ovarian, tubal, uterine, cervical and endometrial factors (FIGO). Female Infertility due to tubal blockage is the second most contributing factor in 25-35% of the cases. The only options left for a couple suffering from tubal infertility are either reconstructive tubal surgery or in vitro fertilization and embryo transfer (IVF-ET). Both the procedures are time taking, invasive and moreover, not always within the financial affordability of the majority of population in India. According to *Ayurvedic* prospective, the woman in whom there is hindrance of any kind to the normal process of conception is *Vandhya*. As per *Aacharya Sushruta*, the four essential factors for conception are: *Ritu* (fertile period), *Ksetra* (healthy reproductive organs), *Ambu* (nutrient fluid), *Beeja* (sperm or ova).<sup>[2]</sup> Any abnormality in either of the factors will affect the process of conception. *Aacharya Charaka* has considered *Vandhya* under abnormalities of *Bijamsa* (congenital deformities) and described it in eighty types of *Vatavyadhi*.<sup>[3]</sup> Abnormalities of *yoni* (reproductive organ), psychology, *Shukra* (sperm), *Aartva* (ovarian hormones and ova), dietetic and mode of life, *Akala yoga* (coitus in improper time), *Bala Kshaya* (loss of strength) are the responsible factors for infertility.

In *Ayurvedic* classics, Tubal-blockage may be considered as a *Vata-kapha* dominated *Tridoshaja* condition, as *Vata* is responsible for *Samkocha* (constriction), *Kapha* for *Shopha* (inflammation), and *Pitta* for *Paka* (exudate).<sup>[4]</sup> So, all the three *Doshas* are responsible for the obstructing type of pathology of the fallopian tubes.

In *Ayurvedic* classics, intrauterine *Uttar Basti* is mentioned which plays a great role in gynecological disorders. *Chakrapani* has mentioned *Uttarbasti* as “*Shrestanam shrestagunataya*” which means it is the best and give best results<sup>[5]</sup> So, this procedure was selected as a method of drug administration in case of tubal blockage.

## CASE REPORT

A female patient of 26 years attended the OPD of *Prasuti-Tantra* and *Striroga* with the complaint of inability to conceive in the past 6 years and occasional lower abdominal pain for 4 months. Patient said that she was a diagnosed case of bilateral tubal blockage. She was advised laparoscopic surgery and IVF (In-Vitro Fertilization) due to tubal blockage. Finally, she came to our hospital for further consultation and management. Her duration of menstrual cycle was 3-4 days with interval of 26-30 days, amount of bleeding was moderate with lower abdominal pain which was moderate in intensity, spasmodic in nature and radiated to lower back.

**Table no. 1: Showing general biodata.**

Age	26yrs
Marital status	Married
Occupation	Housewife
Social class	Middle
Address	Mandi (Himachal Pradesh)

**Table no. 2: Showing personal history.**

Diet	Vegetarian
Appetite	Normal
Micturition	Normal
Bowel habit	Regular
Addiction	None

**Table no. 3: Showing menstrual history.**

Menarche	At the age of 12 years
Last menstrual period-	30.11.2021
Past menstrual history	2/26-30 days, amount- 1 to 2 pads/day (not fully soaked), moderate flow with mild pain lower abdomen and radiating to lower back.

**Obstetrical history-** (G1P0A1D0)

**Table no. 4: Showing general physical examination.**

Build	Average
Nutritional status	Satisfactory
Pallor	Absent
Thyroid enlargement	Absent
Blood Pressure	110/70 mm of Hg
Pulse	70/min
Height	5'8"
Temperature	Normal
Respiration rate	20/min

**Table no. 5: Showing systemic examination.**

<b>Cardio vascular system</b>	Heart sounds (S <sub>1</sub> S <sub>2</sub> ): Normal No added sounds H.R.- 70/min.
<b>Respiratory system</b>	B/L clear lung field NVBS Air entry adequate No added sounds
<b>GIT System</b>	Soft, Non-tender No organomegaly was detected

<b>Genitourinary examination</b>	<b>Inspection-</b> Vulva- Normal, Healthy Per Speculum- Cervix-Normal in appearance Muroid discharges (+) <b>P/V Examination-</b> Uterus- Anteverted Normal size Mobile Firm in consistency Fornices- Bilateral Fornices free Non-tender
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Table n. 6: Showing investigations.

Hb	11.7g/dl
TLC	6,000/mm <sup>3</sup>
ESR	19 mm fall
FBS	78 mg/dl
TFT	Normal
HIV, VDRL, HbsAg	Non-Reactive
Urine- Routine and Microscopic	Pus cells-3-4 HPF Epithelial cells-2-3/ HPF

**HSG on 5 -12-2021:** Normal uterine cavity with bilateral tubal blockage.

### Treatment protocol

**Uttarbasti- Selection of the drug-** The drug selected for this case was considered to have *Tridoshaghana* properties (esp. *Vata-Kapha shamaka*), *laghu* (light), *sukshma* (minute), *vyavayi*, *vikasi*, *katu vipak* (pungent outcome of metabolism) and *ushna virya* (hot potency) and should have effective role in removing tubal blockage and restoration of its normal function by reaching up to the minute channels. *Kshara* (alkali) is one such medicine which is having properties like *ushna* (hot), *tikshna* (fast acting), *tikta* (bitter), *katu* (pungent), *sara* (mobility), *pachana* (digestant), *vatakaphhara*, *vishaghana* (detoxifier), *krimighana* (antimicrobial) and *medohara* (lipolytic).<sup>[6]</sup> Also, *Acharya Chakradutta* consider it as *tridoshaghana*, *ushna*, *tikshna* and *sukshma*.<sup>[7]</sup> In addition to this, other medicine used for *uttar basti* i.e., *Kasisadi taila*; also possesses the same properties like *ushna*, *tiksha*, *snigdha*, *lekhana*, and it also corrects the *vata dushti* by regulating the normal flow of *apana vata*. It is also mentioned that it corrects the obstruction by its *kshara* properties without affecting the normal anatomy of the local area.<sup>[8]</sup>

Hence, *Kshara taila* and *Kasisadi taila* were selected for *Uttarbasti* which helps in breakdown of *dosha-dushya smoorchna* (pathogenesis), so that it could remove the blockage by reaching up to the minute channels.

### Procedure of uttar basti

After cessation of menstruation, the patient was admitted in IPD. Prior to the administration of *Uttarbasti*, the intra uterine *Uttarbasti* with *Kshara Talia* & *Kasisadi taila* was administered in morning hours with the consent of the patient. The dose was 3 ml for 4 days in each cycle for 3 consecutive cycles. The procedure was carried out in the O.T. with all aseptic precautions.

**Purvakarma (Pre-Procedure) Sthanika snehana (Local oleation) and Swedana (sudation)**- *Abhyanga* (oleation) with *Mahanarayan taila* for 10 minutes followed by *nadi sweda* on *kati* (lowback), *parshwa* (flanks), *prusthaddhodara* (lower abdomen), *sakthi* (thighs) till appearance of *samyak swinna lakshana* (appropriate features of sudation) was performed. For sterilization of peri vaginal and vaginal part *yoniprakshalana* (vaginal douche) with *Triphala kasaya* was performed prior to the *pradhan karma* (main procedure).

**Paschat karma (Post-Procedure)**- After the procedure lower abdomen was fomented with hot water bag and patient was instructed to lie down for half an hour.

**Precautions**- The patient was advised to avoid consumption of excessive sweet, cold, spicy, pungent and fried food, over eating, Avoid intercourse and heavy exercises, long journey, direct exposure to wind and heat.

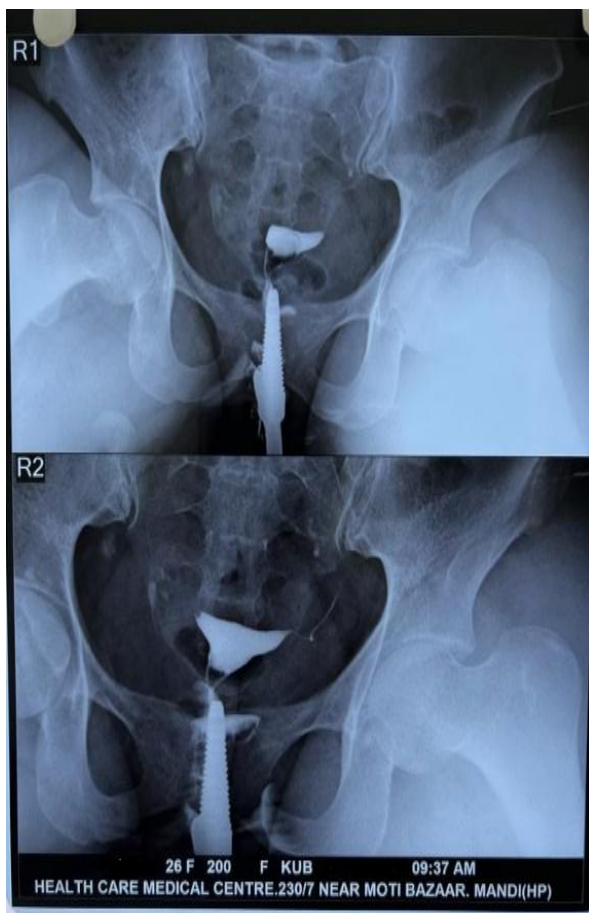
### Assessment of complications was done through

1. Lower abdominal pain.
2. Per vaginal bleeding.
3. Urogenital infection.

Which were absent in the patient.

**Assessment of therapy**- Hysterosalpingography (HSG) was repeated to check the patency of bilateral tubes after the cessation of menstruation in fourth cycle.

**HSG report (1-4-2022)**- Normal uterine cavity, right normal fallopian tube with free intraperitoneal spill.



Before treatment (Figure-1)



After treatment (Figure-2)

**Follow up study-** For pregnancy or any late complication follow up was carried out for 3 months at every month after the completion of treatment. No new complaint appeared during follow-up period related to study.

## RESULTS AND DISCUSSION

Hence, as per the improvement in the HSG report, it was found that *Uttar Basti* helps in breakdown of pathogenesis and remove the tubal blockage. Also, there was significant relief in the symptoms like lower abdominal pain and low backache.

*Uttarbasti* has local as well as systemic effect. Through the endometrium the active principle of the drug may get absorbed and by the internal iliac vein passes into the systemic circulation.<sup>[9]</sup> The three *doshas* (esp. *vata-kapha*) are involved in the pathogenesis of tubal blockage. So, *Uttarbasti* with *Kshara taila* and *Kasissadi taila* was selected. *Kshara Taila* due to its *chedana* (cutting), *bhedana* (piercing) and *lekhana* (scraping) properties could remove the blockage by reaching up to the minute channels. *Kasissadi taila* act as a wound healer and purifier, antimicrobial and *Garbhasaya shodhaka* and *Yonishulaprashmana*.



Moreover, its *vyavayi* (spreading quickly) and *vikasi* (to cause looseness of the bindings in the tissue while spreading) properties helps to enter into the minute channels and get spread easily.<sup>[10]</sup> It is also known for its anti-inflammatory property hence, hastens the healing and rejuvenation of the inner lining of tubes.

## CONCLUSION

Thus, the management through intrauterine *Uttarbasti* with *Kshara taila* and *Kasisadi taila* is highly effective and better alternative in case of tubal blockage. Moreover, it is cost effective and non-surgical procedure. But to establish this fact, further study of longer duration and on large sample is required.

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