

**A CASE STUDY -UTTARBASTI OF KSHAR TAIL AND KASISADI TAIL  
TO REMOVE UNILATERAL TUBAL BLOCK**

<sup>1</sup>\*Dr. Ashwini R. Kanaujiya, <sup>2</sup>Dr. Pradnya P. Deshmukh and <sup>3</sup>Dr. Ashwini R. Kanaujiya

<sup>1</sup>P.G. Scholar 3<sup>rd</sup> Year Student (Streerog Avum Prasutitantra), SMBT Ayurved College,  
Dhamangaon Nashik.

<sup>2</sup>MS, Phd Scholar, HOD and Professor (Streerog Avum Prasutitantra Department), SMBT  
Ayurved College, Dhamangaon Nashik.

<sup>3</sup>Final Year, Prasutitantra Evum Streeroga Scholar, from S.M.B.T. Ayurved College and  
Hospital, Dhamangaon, Dist- Nashik.

Article Received on  
13 June 2023,

Revised on 03 July 2023,  
Accepted on 24 July 2023

DOI: 10.20959/wjpr202313-29213

**\*Corresponding Author**

**Dr. Ashwini R. Kanaujiya**

P.G. Scholar 3<sup>rd</sup> Year  
Student (Streerog Avum  
Prasutitantra), SMBT  
Ayurved College,  
Dhamangaon Nashik.

**ABSTRACT**

The problem of fertility is growing nowadays not only in western countries but also in other areas as even in developing countries. Even though after unprotected sex up to one year. The inability to get pregnancy is called infertility. Tubal blockage is very important factor for infertility which constitute nearly one third of total infertility case. The present study is an effort to understand the disease according to Ayurvedic principles. The patient having left sided medial tubal block was treated with uttarbasti procedure in present case, Vata and kapha dosha are responsible for tubal blockage. In uttarbasti chikista kshartail and kasisaditail were used because of its vata-kapha-shamak guna and lekhanitya property and tail is having property to reach minute channels

on body. HSG were used as diagnostic tool to access the result of management. After three cycles of uttarbasti without any oral drugs. Repeated HSG report was observed normal. After getting such encouraging result. It was decided to publish a case study. Uttarbasti performed with lekhanitya tail should be used as treatment part for tubal block in female infertility.

**KEYWORD:** Tubal blockage, Infertility, Uttarbasti, Kshartail, Kasisaditail.

Infertility means not being able to become pregnant after one year of trying. Previous pregnancy but failure to conceive subsequently is called secondary infertility.<sup>[1]</sup> Tubal blockage is one of the most important factors for female infertility. Female Infertility due to

tubal blockage is the 2nd most contributing factor, in 30% of the cases. It is crystal clear that any organ or bodily structure must be under the umbrella of any one of the Srotamsi, and accordingly an attempt has been made to understand the fallopian tubes as Artavavaha Srotas, as described by Sushruta.<sup>[2]</sup> 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. Understanding of tubal blockage in Ayurveda: The pathogenesis of the disease, in Ayurveda, is defined very differently from western medical science. It is initiated with the accumulation and vitiation of Doshas. Thus, an approach can be developed toward tubal infertility by finding out the Vandhyatva based on Nidanas and Samprapti. Charaka has given space to understand the newly diagnosed diseases on the basis of Prakriti (Doshas; root cause), Adhishthana (Dushya; seat), Linga (Lakshanas; features), and Aayatana (Ahar Vicharadi Nidanas).<sup>[3,4]</sup> Fallopian tubes can be termed as Bija Vaha Srotas. Vandhyatva as a disease is described in Harita Samhita in detail<sup>[5]</sup>. However, Harita has defined Vandhyatva as failure to get a child rather than conception, as he has included Garbhasravi (Habitual abortions) and Mritavatsa (still birth) also under his classification. He has described six types of Vandhyatva: (1) Kakabandhya (one child sterility) (2) Anapatya (primary infertility)- a woman, who has never been pregnant (3) Garbhasravi- (repeated abortion) (4) Mritavatsa (repeated still birth) (5) Balaksaya (loss of strength) (6) Vandhya due to Balyabastha, Garbhakoashabhanga and Dhatukshaya. Among all types of Vandhyatva described by Harita, Garbhasravi and Mritavatsa cannot be considered as Vandhyatva caused by tubal blockage, because true infertility is not seen here. Kakabandhya and Anapatya are the secondary and primary types of infertility, respectively, and tubal blockage can lie behind these disorders along with several other possible causes. The frequency of tubal obstruction is about 19% in women with primary infertility and 29% in secondary infertility. According to Acharya Sushrut-Ritu (ideal period for conception), Kshetra (female reproductive system), Ambu (essential nutrition), and Beeja (ovum and sperm) are considered to be the prime factors for the achievement of pregnancy.<sup>[6]</sup> Abnormalities present in any of the above factors singly or combined may lead to a couple's infertility. Infertility is a symptom due to damage to Artavavaha Srotasa,<sup>[7]</sup> Uttarbasti is a special procedure explained in Ayurveda classics. The Basti which is given through uttarmarg (upper passage) i.e urinary or vaginal tract than the usual i.e anal passage is called uttarbasti. It is superior in quality. Due to vitiation of kapha vata Doshas tubal block occurred. Any

pathology in above factors can cause infertility. In present case kshar tail and kasisadi tail is used to remove Unilateral tubal block.

## AIM

To study the effect of uttarbasti of kshartail and kasisadi tail in tubal block.

## OBJECTIVE

To observe any adverse effect of kshar tail and kasisadi tail used for uttarbasti to remove tubal block.

## MATERIAL AND METHODS

Study carried out on one patient, which was selected was selected according to selection criteria after clinical examination and investigation Kshar tail and Kasisadi tail used.

## INCLUSIVE CRITERIA

- Age between 20 to 35 year
- Diagnosis is confirm by HSG
- Unilateral/ bilateral tubal block

## EXCLUSION CRITERIA

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

## CASE REPORT

- 28 Year old patient Married since 7 year.
- C/O Anxious for pregnancy (unable to conceive since 6 year)
- Menstrual History- 3-4 days/28-30 days/Regular, Moderate bleeding(2-3pad/day), painless.

- Obstretic History-Nulligravida (Primary Infertility)
- Medical History- No any medical history
- Surgical History-No any surgical history.

## ON EXAMINATION

- General condition – good
- Vital stable.
- Weight-74kg, height-5’
- P/A-Soft no tender, guarding, rigidity,
- P/S-cervix-no erosion, discharge
- P/V-Cervix-normal
- Uterus- Anteverted anteflexed, normal in size, bilateral fornix- Free, nontender
- Investigation Reports are within normal limit
- Patient already had HSG done as suggested by previous consultant.
- HSG was showing Unilateral Left medial tubal block.
- Previous many studies shows that uttarbasti helps to remove tubal block, hence uttarbasti was decided as a primary treatment. As medial tubal block is found difficult to remove so kshartail and kasisadi tail decided to use.
- No other internal medicine was given to the patient during this period.
- Material- Kshar tail and kasisadi tail (Baidyanath)added in same proportion and used for uttarbasti.

## MATERIAL



Kshar tail <sup>[8]</sup>	Kasisadi tail <sup>[9]</sup>
Murchan dravya Manjishtha, Haridra Kalka Dravya Moolak kshar Yavakshar Sajjikshar Saindhav, souvarchal, vid, samudra lavan Hing shigru sal, Sunth, devdaru, vacha, kushth, pushkarmool, shatpushpa, pippalimool, nagarmotha (156.25 mg each), Palandu swaras, bijpur ras, madhushukta-40 ml each	Murchan dravya – manjishtha, Haldi, Murchit tila taila, Kasis, Kaliharimool, Kutha, sonth, Pipal, Sendha namak , Mainsil, Kanermool, Vaividang, Chitrakamool, Vasamool, Dantimool, Kadawi tori beej, Satyanashi mool, Harital, Thumbar, pachang , Aak pachang, Gomutra.

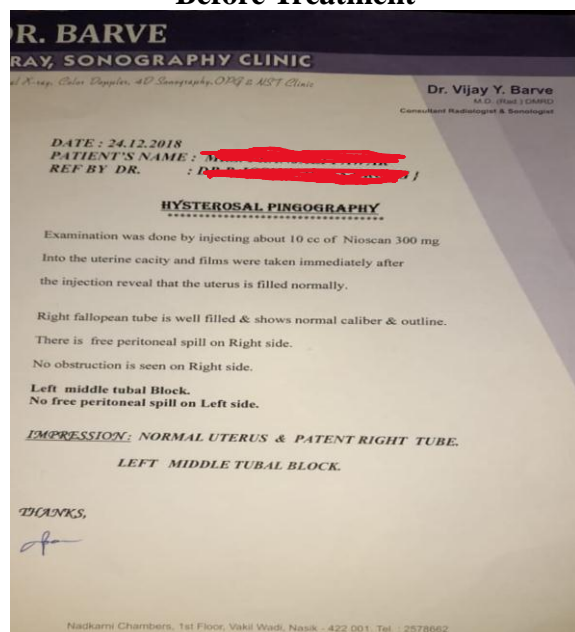
## PROCEDURE

- **Uttarbasti** was given in post menstrual period, after complete cessation of menstrual flow.
- All instruments, cotton, pichu and the oil to be used were autoclaved.
- **Purva karma** - Lower abdominal and back snehan and swedan done.
- **Pradhan karma** - Lithotomy position given to the patient.
- Vulval painting with betadine solution done and drapping done.
- Cusco's speculum is used to visualised the Cervix. 5ml of (kshartail+kasisadi) tail instilled in uterine cavity with the help of IUI cannula. Instilling was done slowly over 10min. and with all aseptic precautions.
- **Paschat karma**-Patient was given head low position and legs kept crossed for ½ hr.
- Total 3 uttarbasti given for consecutive 3 days and for 3 cycles.

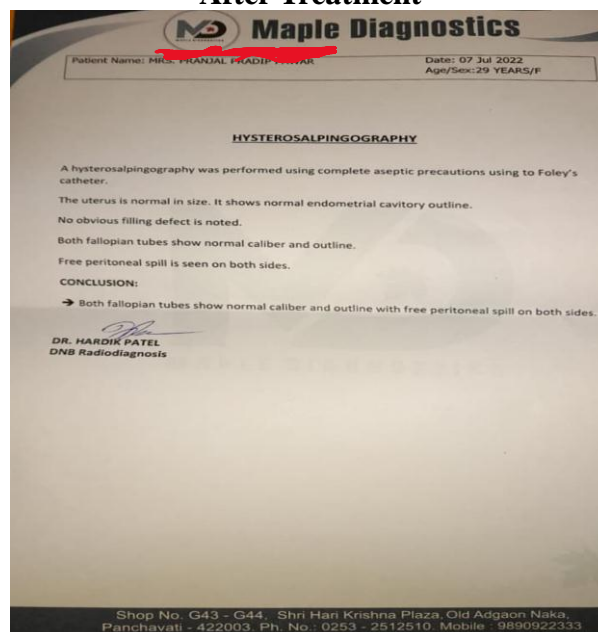
## OBSERVATIONS

- After procedure patient had moderate abdominal pain during first cycle of uttarbasti.
- After second and third cycles of uttarabasti, patient had minimal abdominal pain which was relieved by abdominal hot water bag foamentation.
- No other complication was seen.
- After treatment Hysterosalpingography was done.
- It was showing as Unilateral left medial tubal block is removed and tubes are patent.
- In the next month patient conceived naturally.

### Before Treatment



### After Treatment



## DISCUSSION

- According to Ayurveda, Avarodha (BLOCK) of any strotasa of body is caused by Vata and kapha in fallopian tubes block, Apanavayu vitiation is the reason.
- Previous many studies show that uttarbasti is effective treatment for tubal block.
- In this case there was Unilateral left medial tubal block.
- The purpose of using combination of kshar tail and kasisadi tail was to use more intensified drug action.
- Tubal blocks are mainly due to persistent pelvic infections. There may be intratubal adhesions. Also there is fibrosed and damaged endometrium.
- Hence to remove these blocks drugs used for uttarbasti are ushna, tikshna, kaph vat shamak and having lekhan properties.
- Probable mode of action-The drugs used in uttarbasti here are ushna, tikshna and having lekhan property.
- They may have acted by removing inner fibrosed tissue and by mechanical effect this will ultimately lead to its rejuvenation of tissue.

## RESULT

- Uttarbasti with kshar tail and kasisadi tail is highly effective procedure in removing tubal block.
- However to confirm this observation further large scale evaluation with more parameters is required.

## REFERENCES

1. Dutta DC. Infertility. In: Konar H, editor. Textbook of Gynaecology. 5th ed., Ch. 16. Delhi: New Central Book Agency, 2009; 222.
2. Sushruta, Sushruta Samhita, Ambikadatta Shastri (editor), Sharirasthana, 9/22, Varanasi: Chaukhambha Sanskrita Sansthan, 2018; 19.
3. Tivari PV. 2nd ed. Vol. 1. Varanasi: Chaukhambha Orientalia; Ayurvediya Prasuti-Tantra and Stri-Roga, 1999; 14.
4. Ghanekar DB. 13th ed. New Delhi: Meharchand Lakshmandas Publication; *Ayurveda Rahasya Dipika Vyakhya of Sushruta Samhita Sharira*, 1999; 243–4.
5. Tripathi H. H. S. *Tritiya Sthan*. 5. Vol. 48. Varanasi: Chaukhamba Krishnadas Academy; 'Hari' Vyakhya, Harita Samhita, 2005; 6.

6. Sushruta, Sushruta Samhita, Ambikadatta Shastri (editor), Sharirasthana, 2/35, Varanasi: Chaukhambha Samskrita Sansthana, 2018; 19.
7. Sushruta, Sushruta Samhita, AmbikadattaShastri(editor), Sharirasthana, chapter 9/11, Varanasi: Chaukhambha Samskrita Sansthana, 2018; 97.
8. Sharangdhara Samhita Madhyamkhanda 9/174-177, Bhaishajyaratnavali.
9. Bhaishajya Ratnavali Arshrogaadhikara 111-113.