

## A Case Report on Tubal Blockage with Uttara Basti Intervention

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### ABSTRACT

**Introduction:** Infertility is a condition which affects the psychological as well as physiological well-being of a woman and her family. Among the causes of female infertility, the most common cause is considered to be the tubal factor.<sup>[1]</sup> In *ayurveda*, fallopian tubes are correlated to the *artavavaha srotas* and its block is compared with the *sanga srotodushti* of this *srotas*.

**Case Presentation:** In this case report, a patient with primary infertility since 6 years was diagnosed with right tubal blockage. After undergoing *sadyovirechana*, a course of *dashamoola ksheera niruha basti*, *yoni prakshalana* with *dashamoola kwatha* and *mahanarayan taila uttara basti* was done for 3 consecutive days. During this duration, oral medicines were also prescribed – *maharasnadi kwatha*, *pushpadhanwa rasa* and *ashokarishta*. After a month, repeat HSG showed bilateral spillage. She underwent donor sperm IUI as her husband was diagnosed with azoospermia and later on conceived. **Conclusion:** Ayurvedic interventions like *niruha basti*, *uttara basti* and *yoni prakshalana* along with internal medicines were found effective in the management of infertility due to tubal blockage.

**KEY WORDS:** Tubal blockage, Uttara basti, Niruha basti, Mahanarayan taila, Dashamoola ksheera basti

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### INTRODUCTION

The most common causative factor in female infertility is tubal blockage and the prevalence rate in fertility age group is reported to be 19.1%<sup>[2]</sup>. In *ayurveda*, this condition can be correlated to *vandhyatva* due to *sangasrotodushti* of *artavavaha srotas*. Here *srotavarodha* is due to the imbalance in *vata-kapha doshas*. To relieve this, *shodhana* and *shamana* treatment was adopted and satisfactory results were obtained.

### CASE REPORT

**Patient Information:** A 29 year old married woman came to department of *prasuti tantra evam stree rog* OPD at SBLD Ayurved Vishwabharti, Sardarshahar, Rajasthan on 10/02/2021 for the treatment of failure to conceive since 6 years of active marital life. As they did not conceive during the initial 2 years of marriage they went for treatment. As a part of routine investigations in 2017, the female partner investigations were normal and it was found that the male partner was suffering from azoospermia. Since then various treatments were tried and ended up in undergoing donor

sperm insemination in 2020. Prior to donor sperm insemination, hormonal assay and HSG was done for female partner and she was diagnosed with right side tubal blockage. As her left side tube was clear, they tried donor sperm IUI in 2020 twice on 2 alternate cycles but did not succeed. Then they were advised hysteroscopic tubal cannulation, but they were reluctant for the procedure. So the couples tried to adopt *ayurvedic* management for tubal blockage and approached SBLD Ayurved Vishwabharti. Based on her condition, *sadyovirechana* followed by *niruha basti* and *uttara basti* was planned along with internal medication.

### MENSTRUAL HISTORY

#### Present Menstrual History

LMP	4/2/2021
Duration	4-5 days
Interval	30-32 days
Cycles	Regular, minimal pain, no clots, average 2 pads per day

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### Past Menstrual history

Menarche	12 years of age
Duration	4-5 days
Interval	30-32 days
Cycles	Regular with 2-3 pads soaked per day, minimal pain and no clots

Past obstetric history: P0L0A0D0

Past treatment history: Had advised laparoscopic intervention for tubal blockage.

Family history: No h/o similar complaints

### Clinical Findings:

#### General Examination

General condition	Fair
Built	Lean
Nourishment	Moderate
Pallor	Absent
Edema	Absent
Cynosis	Absent
Clubbing	Absent
Icterus	Absent
Lymphadenopathy	Absent
Pulse	78 beats/ min
BP	110/70 mmHg
RR	18cycles/min
Weight	56 kg wt
Height	153 cms
BMI	23.9

#### Systemic examination:

Respiratory System	Clear
Cardio Vascular System	S1S2 heard, no murmurs
Central Nervous System	Conscious, well oriented
P/A	Soft, non-tender, no organomegaly

#### Vayathika vruthanta:

Diet	Vegetarian
Appetite	Normal
Bowel	Regular
Micturition	4-6 times/day, 0-1 time/night
Sleep	Sound
Habit	Tea-4times/day

#### Rogi pareeksha-

Prakruti	Vata Pitta
Vikruti	Vata Kapha
Sara	Madhyama
Samhanana	Madhyama
Satmya	Madhyama
Aahar Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	Madhyama
Jihwa	Samaavastha

#### Yoni pareeksha:

- No itch marks, no pelvic organ prolapse, no discharge, no oedema was observed.
- External urethral meatus was non-inflamed.

- Stress incontinence and dribbling of urine was not noted.
- P/S-
  - Vaginal wall was healthy, cervix was healthy, no abnormal discharge, no erosion, no dryness, no polyp growth, normal in size.
  - Uterus- normal in size, anteverted, anteflexed, adnexa not palpable.

#### Timeline

Time	Event
2017	Husband diagnosed – Azoospermia
July 2020	HSG- right sided tubal blockage
2020	IUI done- twice but failed

#### Diagnostic Assessment:

- Blood investigations- CBC, ESR, LFT, RFT, FBS was done and found in normal range.
- HIV, HbsAg, VDRL was negative.
- USG showed normal uterus and ovary study.
- Follicular study showed normal appearance with a dominant follicle
- S. Prolactin was within normal limits
- Thyroid profile was normal
- HSG report on 23/07/2020: Showed right tubal blockage and free spillage in left side.

#### Therapeutic Intervention:

##### Panchakarma:

Date	Procedure	Drug
09/02/2021	Sadyo Virechana	Gandharvahastadi Eranda Taila
10/02/2021	Niruha basti- morning empty stomach	Dashamoola Ksheera Basti
	Uttara basti- soon after lunch	Mahanarayana Taila
11/02/2021	Niruha basti- morning empty stomach	Dashamoola Ksheera Basti
	Uttara basti- soon after lunch	Mahanarayana Taila
12/02/2021	Niruha basti- morning empty stomach	Dashamoola Ksheera Basti
	Uttara basti- soon after lunch	Mahanarayana Taila

##### Oral Medication

Date	Name of the Drug	Dose	Durati on	Ousha dhaka la
10/02/2021-19/02/2021	Pushpadh anwa Rasa	2 tablets	Twice daily	After food
	Maharasn adi Kwatha	15ml + 15ml water	Twice daily	Before food
	Ashokarishta	15ml + 15ml water	Twice daily	After food

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20/02/2021-10/03/2021	Pushpadhanwa Rasa	2 tablets	Twice daily	After food
	Maharasnadi Kwatha	15ml + 15ml water	Twice daily	Before food
11/03/2021-25/03/2021	Pushpadhanwa Rasa	2 tablets	Twice daily	After food
	Maharasnadi Kwatha	15ml + 15ml water	Twice daily	Before food
	Ashokarishta	15ml + 15ml water	Twice daily	After food
26/03/2021-10/4/2021	Pushpadhanwa Rasa	2 tablets	Twice daily	After food
	Maharasnadi Kwatha	15ml + 15ml water	Twice daily	Before food

### Method of Uttara basti

Uttara basti was done after the cessation of menstruation. *sthanika snehana* with *mahanarayan taila* was done on lower abdomen, lower back and thighs of the patient. The procedure was carried out in sterile environment of labor theater and autoclaved instruments were used. Patient was informed regarding the procedure and after emptying the bladder and pre-operative preparation, was then made to lie in lithotomy posture. Perineum and vagina were then cleaned using 10% povidine iodine solution. In order to get access to cervix, cuscus speculum was inserted per vagina and *prakshalana* was done. The excess *prakshalana dravya* was cleared using sterile gauze piece. Anterior lip of the cervix was held with vulsellum. Then with the help of uterine sound, size and shape of the uterus was determined. Later on IUI canula attached to a 5ml syringe filled with luke warm *basti dravya* was inserted and through the cervix into the uterine cavity. The drug was instilled so that it could be reached up to the tubes. Canula and other instruments were removed and a sterile *pichu* soaked in *mahanarayan taila* was kept inside the vagina. Soon the patient was made to lie in head low position for 1 hour. Hot water fomentation using hot water bag was given on lower abdomen. After 4 hours, *pichu* was removed.

### Follow-up and Outcomes

Follow-up was done after a month and repeat HSG was done on 7/04/2021 which showed bilateral spillage.

### DISCUSSION

*Acharya Susruta* has explained *garbhasambhava samagri*, i.e. *ritu*, *kshetra*, *ambu* and *bija* for proper healthy conception<sup>[3]</sup>. Here in this case report, *kshetra* is affected as the fallopian tubes comes under this category. The *doshic* involvement in the tubal blockage is *vata* and *kapha*. *Sankocha* of the tubal lumen is caused by *vata dosha* resulting

in the narrowing of the tubes, and *avarodha* of the lumen by *kapha dosha* resulting in tubal blockage.

*Shodhana* is a vital step in *ayurvedic* management. *Virechana* helps in purifying the body and *eranda* with its *ushna*, *snigdha* and *guru guna* is considered as an excellent *vatahara* drug. *Eranda* along with the other drugs in *gandharvahastadi eranda taila*, does *vatakaphahara* and *vata-anulomana*<sup>[4]</sup> making it an ideal choice of drug in this condition where the vitiated *vata* is the main factor as it is said that there is no *yonivyapad* without the role of *vata*<sup>[5]</sup>. *Niruha basti* is considered *shreshtha*<sup>[6]</sup> in *vata vikaras* and it acts on *srotosanga* which is the main patho-physiology in tubal block. The enteric nervous system in rectum along with the *niruhabasti dravyas*, helps in easy and efficient absorption of the medicines<sup>[7]</sup>. *Dasamoola* has *vatakaphahara*<sup>[8]</sup> property which has action on tubal blockage and on normalizing the *apana vata*. *Ksheera* which has *dhatu vardhana*, *rasayana* and *brmhana guna*<sup>[9]</sup> would help in healthy conception.

*Sthanika snehana* with *mahanarayan taila* helps in lubricating the musculature and ligaments so that the *basti dravya* could easily reach the target site. *Swedana* helps in *dravikarana* of *doshas* and bring them to the desired location from where they can be easily eliminated<sup>[10]</sup>.

Vaginal douche with *dashamoola kwatha* normalizes the vitiated *vata* and *kapha*. It also relieves the inflammation in the tubes with its *shothahara* property.

*Uttara basti* helps the medicated *sneha* to reach the tubes and act on the narrowing and blockage directly. *Mahanarayan taila* with its *vata* and *pittahara* property alleviates the aggravated *apana vata* which is believed to be the root cause of any *yonivyapad*. *Tila taila* present in *mahanarayan taila*, with its *vyavayi* and *vikasi* property enters the minute channels and spread easily<sup>[11]</sup>.

*Maharasnadi kwatha* helps in pacifying the alleviated *vata dosha* and bringing the balance. It is also indicated in *vandhya* and is considered ideal for *garbhadharana*<sup>[12]</sup>. *Ashoka*, the main content of *ashokarista* acts as a *garbhashaya rasayana* and prepares the endometrium for proper implantation<sup>[13]</sup>. *Pushpadhanwa rasa* is considered as the *ayurvedic* counterpart of ovulation inducing drug<sup>[14]</sup> as it acts upon the hypothalamo-pituitary ovarian axis.

### CONCLUSION

Infertility due to tubal blockage has not explained directly in *ayurvedic* classics but it can be understood as a condition with an underlying cause or as a complication of a disease. Here the dominating *doshas* are *vata-kapha dosha* and thus *uttara basti* and *shamana chikitsa* with easily available drugs having *vata-kapha shamaka*, *ushna tikshna guna* and *lekhana* properties are used in this study. In a scenario where the other streams of medicine suggest surgery and ART, which are high end treatment procedures, this case study suggests a possibility of excellent effective, safe and cost-effective combinations in the management of tubal infertility.

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