



Case Study

EFFECT OF *UTTAR BASTI* IN MANAGEMENT OF TUBAL BLOCK

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ABSTRACT

Infertility is a condition of reproductive system that causes people to be unable to get pregnant (conceive). It has been considered the second biggest reason for female infertility. Infections, abdominal surgery, and diseases such as endometriosis can cause scarring at the inner linings of fallopian tubes. According to Acharya Susruta, four factors essential for conception are *Ritu* (season), *Kshetra* (reproductive system), *Ambu* (nourishing Substances) and *Beeja* (ovum and sperm). All these terms have broad meanings are compared with the *Artavavaha (Artava-bija-vaha) Srotas*, blocking of fallopian tubes is compared with the *Sanga Srotodushti of Aartavavaha Srotas*.

The goal of this study was to determine *Utaar basti's* potential as a more affordable and safe solution for treating tubal obstruction. The present paper is based on a clinical success story of the treatment of primary infertility due to tubal blockage. After the 1-month of procedure improvement in general condition was reported. On completion of the second month patient reported amenorrhea in subsequent month and went for UPT which was positive. On USG (after 3 weeks) a single well-defined gestational sac with foetal cardiac activity was seen. The result obtained in this single case study was quite encouraging with minimum invasion and side effects as well as cost-effective. So, the treatment protocol can be followed for patients of infertility due to corneal end tubal block. Success was achieved with *Uttar Basti* and some supportive Ayurvedic formulations.

INTRODUCTION

Infertility can affect anyone and there are many factors like ovarian, uterine, tubal, cervical initiating the same^[1]. Failure to conceive again and again breaks the hope of couples and brings an economic burden too as the treatments are very expensive. Infertility defines as the failure of a couple to conceive after one year of regular unprotected coitus. Infertility is a condition of reproductive system that causes people to be unable to get pregnant (conceive). It can be attributed primarily to male factors in 25%, female factors in 58%, and is unexplained in about 17% of couples. 30%-40% of women with infertility are due to ovulatory factors and tubal factors^[2]. Tubal blockage is the main causative factor for 25%-35% of female infertility^[3]. It has been considered the second biggest reason for female infertility. Infections, abdominal

surgery, and diseases such as endometriosis can cause scarring at the inner linings of fallopian tubes.

According to Acharya Susruta, four factors essential for conception are *Ritu* (season), *Kshetra* (reproductive system), *Ambu* (nourishing substances) and *Beeja* (ovum and sperm). All these terms have broad meanings are compared with the *Artavavaha (Artava-bija-vaha) Srotas*, blocking of fallopian tubes is compared with the *Sanga Srotodushti of Aartavavaha Srotas*. *Artavavaha Srotas* can be considered as a broad term for both the functional units, that is, *Artava Bija Vaha Srotas* and *Artava Rajavaha Srotas*.^[4]

In modern medical science, tubal reconstructive surgeries and in vitro fertilization are the treatments but these facilities are not easily accessible, are associated with various side effects, and are expensive. *Sanga Sroto Dushti of Artavavaha Srotasa* in Ayurveda is nothing but blockages in fallopian tubes in which *Vata* and *Kapha Doshas* are vitiated. Pacifying the vitiated *Vata-Kapha Doshas* leads to restoration of tubal function and ease in conception. The case report presented here highlights the role of

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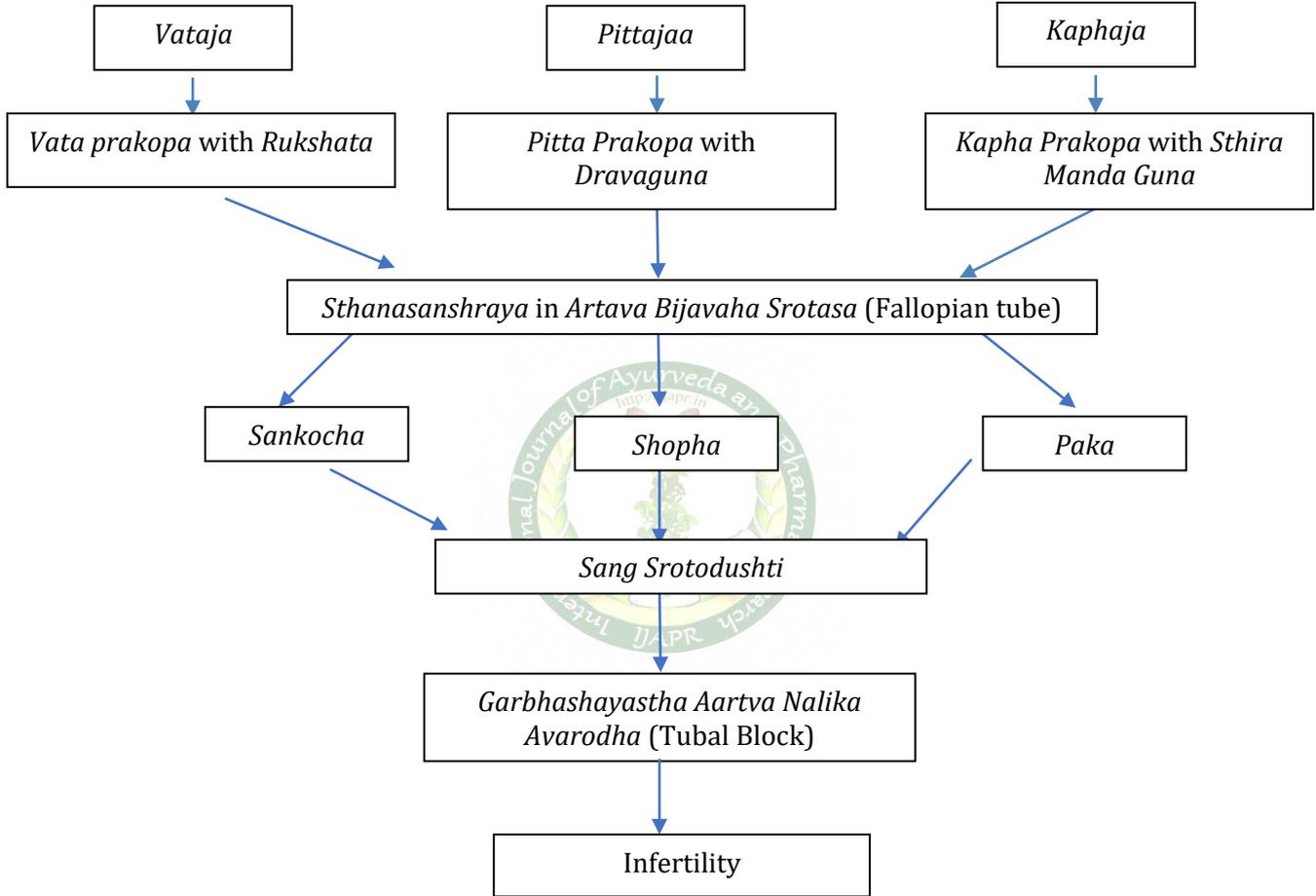
Uttarbasti and supportive Ayurvedic medicines in successfully managing tubal blockage.

Case Report

A moderately built female aged 33 years, weight 77kg and height 5.2” visited at Kamalabai Hukmichand Chordia trust’s Vishwanand Kendra Pune, in November 21 with a complaint of failure to conceive. She is married for 5 years. She informed failure of IUI in previous 6 consecutive months and history of Covid 19 +ve in April 2021. The patient also reported the history of renal calculus 3 years back. Other than this

there was no other significant past medical history (not a known case of DM, HTN, thyroid dysfunction, asthma, epilepsy, tuberculosis) was seen. Complaint of stress were observed in both the partners. On systemic examinations, there were no abnormal findings detected except complaining of hyperacidity on and off especially near time of menstrual cycle. Menstrual history was normal (3-4 days/ 28-30/ regular/ heavy flow). Her past investigation history suggestive of Rubella IgM positive. HSG report suggestive of right side periosteal fibrosis leading to right fimbrial block.

Nidan



Samprapti Ghatak

1	Dosha	Kapha Pradhan Vata
2	Dushya	Rasa, Rakta, Artava
3	Agni	Dhatvagni
4	Srotasa	Artavavaha
5	Udbhavasthana	Amapakvashaya
6	Srotodushti	Sanga
7	Vyaktisthana	Garbhashaya
8	Avayava	Garbhashaya Nalika
9	Roga Vinishchaya	Garbhashaya Nalika Avarodha
10	Sadhyasahyata	Krichhrasadhya

Treatment Given

Treatment protocol for Virechan

The treatment was planned on basis of Ayurvedic principles of pacification of *Vata* and *Kapha Dosh*a and provides nourishment to the uterine walls.

As patient had history of Covid 19 positive first *Virechan* was planned. *Tiktaka Ghrita* was used for *Snehapan* for five consecutive days in *Vardhaman Sneha Matra* like 30ml, 60ml, 90ml, 120ml and 150ml respectively.

End point for the *Snehapan* was *Adhastad Sneha Darshan* i.e., passing of *Ghruta* through stools. *Snehaudvega* (nausea towards *Ghruta*).

Virechan was given with the help of *Abhayadi Modak* 6 tablets stat in the morning. *Uttam shuddhi Lakshan* with *Kaphanta Virechan* was noted.

Treatment protocol for Uttarbasti

Uttarbasti was given after immediate menstrual cycle following to *Virechana*. *Matra Basti* given for two consecutive days with 50ml *Sahachara Taila* after performing *Abhyanga* and *Swedana* (massage of the lower abdomen, lumber region, and lower limbs with *Bala taila* followed by *Nadi Sweda*). *Uttar Basti* for three days, in one cycle (after cessation of menstruation), was given with the consent of the patient. It was given for two consecutive cycles (in December and January). A day after cessation of menstruation patient was requested to come for *Uttarbasti*.

Purva Karma

The oil and instruments were autoclaved. *Bala Taila* application (*Snehana*) on the lower abdomen, back, and lower limbs followed by *Nadi Sveda* (fomentation) on the lower abdomen and back was given to patients. Peri vaginal part sterilization by *Yoni Prakshalana* with *Panchavalkala Kvatha* was performed.

Pradhan Karma

The patient was given dorsal lithotomy position. The private part (already shaved) was cleaned with antiseptic solution. Visualization of vagina and cervix was done with the help of the Cusco's speculum. Uterine sounding was done and then *Uttar Basti* cannula, already attached with 5ml syringe filled with *Kshar tail* (4ml) and *Kasis Tail* (1ml) was passed into the uterine cavity after making a head low position. *Phalaghrita pichu* was inserted in vagina and asked to keep for 5-6 hours.

Pashchat Karma

The patient was observed with head low for two hours. The lower abdomen was fomented with hot water bag. Patient was asked to avoid very spicy food, coitus during the treatment.

The same procedure was repeated for next two days with change of oil. On second day *Kshar tail* (3ml)

+ *Sahachar Taila* (2ml) and on third day *Kshar tail* (1ml) + *Phalaghrita* (4ml) was administered.

In the Next cycle same procedure was repeated for *Uttarbasti* only with change in oil. *Kshar Tail*, *Narayan Tail* and *Phalaghrita* 5ml each was administered on 1st, 2nd and 3rd day respectively.

Oral medications given

1. Cap. Torchnil 1-0-1 after food
2. *Sariva Manjistha vati* 2-0-2 after food
3. *Arogyavardhini Vati* 2-0-2 before meals
4. *Varunadi Kashay* 2tsp mixed with 20ml lukewarm water 2 times a day before meals
5. Tab. Tenstim 2 tablets at bedtime
6. Tab. Pramas 2-0-2 after food
7. Capsule. Phalasarpi 1-1-1 after food

FOLLOW UP AND RESULT

The patient was attended for follow-ups every 15th day and was under observation at the time of the *Basti* procedure. After the 1-month improvement in general condition was reported. On completion of settings of the second month she reported amenorrhea in subsequent month and went for UPT which was positive. On USG (after 3 weeks) a single well-defined gestational sac with fetal cardiac activity had been seen.

DISCUSSION

Ayurveda emphasized four main essential factors for conception i.e., *Ritu* (menstruation), *Kshetra* (functioning reproductive organs), *Ambu* (nutritive juices) and *Bija* (healthy sperm and ovum). Abnormality in any one of these factors causes infertility. As we mentioned above that there was a right tubal blockage reported in the HSG, it can be considered as an abnormality in *Kshetra*, as the *Artava Beejavaha Srotas* had been obstructed. This type of obstruction occurs due to the vitiation of *Apana Vata* and *Kapha Dosh*a. According to Ayurveda, this condition can be better understand with *Artavabijavaha Srotoavrodha*, which is caused due to *Vata* and *Kapha dosha*, vitiated *Vata* induce *Sankoch* due to *Ruksha* (dryness), *Khara* (rough) and *Darana guna* (tearing) of *Vata*^[5]. *Sanga-srotoadushiti* (obstruction due to stagnation) occurs in *Arthava vaha srotas* due to *Sthira* (stable), *Mand* (slow) property of vitiated *Kapha Dosh*a. Thus, *Vata-kapha dosha*, *Deepana*, *Pachana* and *Apana vata anulomana* are the basic line of treatment. Tubal blockage or obstruction to *Artava-beejavaha Srotas* works as a barrier between sperm and ovum causing infertility. So, the treatment protocol primarily aims to remove the *Srotoavrodha* of *Artava Beejavaha Srotas* and maintain the normal function of *Dosh*as.

According to Ayurveda, *Vata Dosha* plays a major role in the physiology and pathology of the reproductive tract, therefore proper functioning of *Vata Dosha* must be maintained for pregnancy and during the entire gestational period. Acharya also considered *Tail & Basti* as the best treatment for *Vataja* disorders hence *Matra Basti* has been deciding to perform with *Sahachara Taila*.

Sahachara Tail when administered as *Matra Basti* and *Uttar Basti* clarifies the obstruction (*Strotorodha*) due to its *Ushna Virya* and thus pacifying *Vata*. Its *Guru Singdha Guna* deal with *Rukshata* and *Kharata* and bring *Vata* to normalcy. *Basti* not only pacifies the *Apana Vayu*, instead it corrects the vitiation of *Vata* in all manners as said by Acharyas, and hence improves the nourishment of *Dhatu*. *Sahachara Taila* act as local *Snehana*, provide protection and nourishment to the endometrium.

Tubal blockage can be considered as a *Vata-kapha* dominated *Tridoshaja* condition. As in Bharata Bhaishajya Ratnakara, *Kshara-tail* is mentioned for *Stree roga adhikar*^[6] and in Chakradutta, *Apamarga* is mentioned as *Vata-kapha shamaka*, *Tridoshagna*, *Tikshna*, *Ushna sukshma* in properties^[7]. *Kshar Taila* removes blockage due to its scraping property and mechanical force, restores the normal endometrium and normal functions of tubal cilia by stimulations. *Uttar Basti* is an exclusive treatment concept of *Stree Roga* which acts specifically on organs of the female reproductive system. It is indicated in various *Yoni Rogas*, *Vandhyatva* (infertility), *Yoni Vibhransha* (prolapsed of the uterus), *Garbhashya Roga* (uterine disorders), *Asrugdara* (dysfunctional uterine bleeding), *Yoni Shula* (pain in genitalia) and *Artava Vikara* (menstrual abnormalities), *Mutraghata* (retention of urine) and *Mutrakruccha* (dysuria). *Uttar Basti* has been recognized as a very effective treatment in case of tubal blockage infertility and there are so many studies showing significant results with different medications.

CONCLUSION

Through the Ayurvedic interventions, the patient conceives in just after 3 months and completed her gestational period successfully without any serious complications under Ayurvedic supervision. The result obtained in this single case study was quite encouraging as it took a very short time to give a positive result, with minimum invasion and side effects as well as cost-effective. So, the treatment protocol can be followed for patients of infertility due to corneal end tubal block.

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