

ROLE OF UTTARVASTI IN THE MANAGMENT OF VANDHYATVA (TUBAL BLOCK)-A CASE STUDY

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ABSTRACT

Ayurveda is a branch of medicine which has served humanity since ancient time by both preventive and curative aspects. According to Ayurveda, childlessness is described as *vandhyatva* and is termed as infertility in the modern science. Among all health problems infertility is one of main issue in today's life. Nearly 10-14% of individual's belongings to the reproductive age group are affected by infertility. The rate of infertility is steadily increasing due to change in life style, high pollution, socioeconomic cause and enormous amount of stress. Ayurveda explained wide range of protocols and medicines for the management of *Vandhyatva*, out of which role of *Uttarabasti* in a single case diagnosed with Right complete fallopian tube block was observed. It had given encouraging result with patent tube after 3 consecutive cycles of treatment.

Keywords: Tubal blockage, *Uttar Basti*, *Kshara Taila*, HSG

INTRODUCTION: Couples facing fertility challenges often remark that it seems that this “rare “condition due to changing attitudes and the advent of technologies to treat such issues, discussing the topic of fertility has become more acceptable in today's society .yet, the stigma associated by some parts of community to fertility issues combined with a feeling of inadequacy can, and often does, lead to a sense of isolation or exclusion for couples. While it may seem that fertility challenges are quite rare, statistics shows that 15-20% of all couples will face some form of fertility issue in their marriage.¹ Fallopian tube occlusion is a major cause of female infertility ,Blocked fallopian tubes does not enable to let the ovum and the sperm, converge thus making fertilization impossible and this is known as tubal factor for infertility.² And this accounts for infertility in 40 % cases in women. Common cause

may be PID, endometritis, intrabdominal infections etc³. Fallopian tubes may be blocked as a method of contraception leading to women infertile. If only one fallopian tube is blocked but the other is clear it may still be possible to achieve pregnancy it depends on how well the ovaries are functioning and what is the cause for blockage. If both the tubes are blocked it may be impossible to attain pregnancy naturally. In Ayurveda there are no direct reference regarding tubal blockage the tubal blockage condition mimics the symptoms of *kaphaja avarna* according to expertise of Ayurveda.

Case report : A moderately built female aged about 27 yrs weighing 40kgs and height 5.2 Feet with 8 yrs of married life diagnosed as primary infertility with a history of irregular cycles since 4 yrs came to us on 11/9/17 with latest Hystosalpingogram report .HSG suggestive of right complete tubal block

with no history of hypertension and diabetes on detailed history female was undergone several years of treatment and diagnostic procedure like HSG .Husband sperm count was normal couple was advised to undergo IUI (Intrauterine Insemination) and she has undergone for 4 times result was nil .Other treatment like microtuboplasty and IVF are highly expensive and patient is not affordable and success rate is less. Female was referred to us for Ayurvedic treatment ,Immediately patient was advised to withdraw all past medications and started with *uttar basti* for 3 cycles after one month female started getting regular menstrual cycle with normal flow. Female was advised to reduce intake of carbohydrate rich food items potato, groundnut etc.

Treatment protocol: Female was advised to come on every 5th day of her cycle and treatment was scheduled for 3 days i.e. *Snehana* with *ksheerabala taila* , *Nadi swedha* done for twenty minutes followed by *Uttarbasti* with *kshara taila* (3ml was her retaining capacity) and also started with oral medications for 3 consecutive cycle like

- *Ashokarishta* 5ml TID daily with equal quantity of water after meals
- *Saptasara kashaya* 5tsp twice daily with equal quantity of water after meals
- *Shivagutika* twice daily after meals
- *Chandraprabha vati* thrice daily after meals

Uttarbasti Treatment protocol

| Number of cycle | Number of days |
|--|--|
| 1 st cycle on 5 th day | (3ml) for 3 days Continuous. |
| 2 nd cycle on 5 th day | (3ml) for 3days continuous leaving a gap of 3 days followed with the same treatment for 3days. |
| 3 rd cycle on 5 th day | (3ml) for 3days continuous. |

DISCUSSION: *Vandhyatva* is a *vataja vyadhi*,⁴ *Basti karma* plays a vital role in *vata vyadhi* with local *snehana* and *swedana* which gives soothing effects and nourishes the endometrium and *basti* is the line of treatment in *vataja vyadhi*.*Uttar vasti* is administered in *rutukala* which is compared with the proliferative phase of menstruation .In this phase the blood vessel stumps are broken and new arterioles are growing from the old stumps , glands are macerated and broken so it may happen that the drug administrated is easily absorb through them.⁵ According to *charaka* oil is best *yoni vishodhana dravya*.⁶ oil based solution are absorbed slowly and facilitates transport to the target organ and final delivery inside the cell. Local action on small blood vessels,

heamo static coagulant action, Urine stimulant activities, systemic action like antioestrogenic etc are absorbed. *kshara* is well known for its corrosive , ulcerhealing , and antibacterial properties . It is *tikshana* and *vata pittavardhaka* by *karma*⁷. Thus, it removes the outer fibrosis of the endometrium and helps in rejuvenation. Special action of *kshara taila* is *vata kapha shamaka*.Thus,*kshara taila* helps in scraping of the obstructing substance and also removes the endometrial lining of the tubes and uterus. *Ashokarista* with *chandraprabhavati* helps normalising the hormone levels and has influence on endocrine system. *Saptasara kasaya* balances the *vata* as it is a good medicine to treat pain arising due to pathology in the underlying organs of the lower abdomen.

Shivagutika is good rejuvenator ,*bhedaka* in property and is most effective in

obstructive disorders.

DRUG REVIEW

| Drugs | Latin names | Rasa | Guna | Virya | Vipaka |
|---------------------------|----------------------------|---------------------------|--------------------------------|----------------|----------------|
| <i>Mulaka</i> | Raphanus sativus | <i>Katu tikta</i> | <i>Laghu</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Svarjika kshara</i> | <i>Vateria indica</i> | <i>Kashaya</i> | <i>Snigdha</i> | <i>Sheeta</i> | <i>Katu</i> |
| <i>Yava kshara</i> | <i>Hordeum vulgare</i> | <i>Katu</i> | <i>Ushna</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Vida lavana</i> | Ammonium salt | <i>Kshara</i> | <i>Laghu Ushna</i> | <i>Ushna</i> | — |
| <i>Samudra lavana</i> | Sea salt | <i>Madhura</i> | <i>Snigdha ushana</i> | <i>Ushna</i> | <i>Madhura</i> |
| <i>Romaka lavana</i> | Earthen salt | <i>Lavana</i> | <i>Laghu Tikshna</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Saindhava lavana</i> | Sodium chloridium | <i>Madhura</i> | <i>Laghu Tikshna</i> | <i>Sheeta</i> | <i>Madhura</i> |
| <i>Sauvarcha lalavana</i> | Unaquasodium chlororide | <i>Katu</i> | <i>Laghu Vishada</i> | <i>Usha</i> | <i>Katu</i> |
| <i>Hingu</i> | <i>Ferula foetida</i> | <i>Katu</i> | <i>Laghu, Tikshana Snigdha</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Shigru</i> | <i>Moringa oleifera</i> | <i>Katu,tikta</i> | <i>Laghu Ruksha Tikshna</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Mahaushadha</i> | <i>Zingiber officinale</i> | <i>Katu</i> | <i>Guru</i> | <i>Ushna</i> | <i>Madhura</i> |
| <i>Devadaru</i> | <i>Cedrus deodar</i> | <i>Tikta Katu</i> | <i>Laghu Snigdha</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Vacha</i> | <i>Acorusca calamus</i> | <i>Katu</i> | <i>Teekshana</i> | <i>Ushana</i> | <i>Katu</i> |
| <i>Kushta</i> | <i>Saussurea lappa</i> | <i>Tikta Katu Madhura</i> | <i>Laghu Rooksha Teekshna</i> | <i>Ushna</i> | <i>Katu</i> |
| <i>Rasanjana</i> | Berberries aristata | <i>Tikta</i> | <i>Shita</i> | <i>Shita</i> | <i>Madhura</i> |
| <i>Shatapushapa</i> | <i>Foeniculum vulgare</i> | <i>Madhura Katu</i> | <i>Laghu Snigdha</i> | <i>Ushna</i> | <i>Madhura</i> |
| <i>Granthika</i> | <i>Piper longum</i> | <i>Katu</i> | <i>Laghu Tikshana</i> | <i>Ushna</i> | <i>Madhura</i> |
| <i>Musta</i> | <i>Cyperus rotundus</i> | <i>Katu Tikta</i> | <i>Laghu Ruksha</i> | <i>Sheeta</i> | <i>Katu</i> |
| <i>Kadali swarasa</i> | <i>Musa paradisiacal</i> | <i>Madhura Kashaya</i> | <i>Snigdha</i> | <i>sheeta</i> | <i>Madhura</i> |
| <i>Beejapoora swarasa</i> | <i>Citrus medica</i> | <i>Amla</i> | <i>Tikshna</i> | <i>anushna</i> | <i>Amla</i> |

| | | | | | |
|--------|-----------------------|---------|---------|-------|---------|
| Madhu | Apis cerana indica | Madhura | Laghu | Ushna | Madhura |
| Shukta | Crassostrea virginica | Katu | Snigdha | Sita | - |

CONCLUSION: *Uttarvasti basti* of *ksharataila* is extremely effective in removing the tubal blockage as it is evident by the result of the present study. Although *uttarabasti* is non-invasive procedure and it is a reliable therapeutic measure to clear the blockage with minimum adverse effect. The affluence in the present case study has given vitalising result for future practice. Still further studies are required to evaluate the recurrence of tubal blockage are needed.

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