



Effect of apamarga marga kshara taila uttarabasti in the management primary infertility caused due to bilateral tubal block – a case study

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Abstract

Infertility is a threat to the adult woman in her fertile period, it's a condition where the woman fails to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. It has incidence rate of around 3.9 % to 16.8% .among this the infertility due to tubal block accounts for 25-30 % .

Modern medicine has come up with the surgical procedures like laproscopic or hysteroscopic – tubal flushing, adhesiolysis, fimbrioplasty, salpingostomy, tubal reanastomosis,tubal recanalization etc, and these surgical procedures have success rate of around 90 % in woman with age < 40 and only 40-50% in woman with age > 40 year. but post surgical complications like ectopic prgnancy, PID, are very common, hence tubal block is a challenge to treat in patients of infertility.

In ayurveda we have a safe and simple procedure ‘ uttara basthi ‘ with kshara taila, which opens up the tube and restore the functions of fallopian tubes by acting directly on the site of blockage¹.

In this study, The uttarbsthi with apamarga kshara taila has been selected as a choice of treatmnet, for patient with bilateral tubal block and results found to be succesful .

Introduction :

fallopian tubes are the paired structures, which stretch from uterus to ovaries, and they channels for gamete transport and fertilization. Tubal blockage occurs due to PID, endometritis, ectopic pregnancy, fibroids, post abdominal surgery, tubal ligation etc². and it will be confirmed by Histosalpingography and diagnostic laparoscopy. Surgical procedures will be adopted as best choice of treatment, based on the cause of the condition, like tubal flushing, adhesiolysis, fimbrioplasty, salpingostomy, tubal reanastomosis,tubal recanalization etc. but these procedures have been successful in few cases and final solution opted will be IVF.

In ayurvedic classics , there is no direct reference for the fallopian tubes, the anatomical description is gross and based on various principles like Srotasa, Dhatu, Marma.

fallopian tubes can be compared to the arthvavaha srothus , which are two in number and having the srotho moola as garbhashaya and arthavavahini dhamani, injury to which causes vandhyatwa (infertility), maithuna ashishnuta (dyspareunia) and arthvanasha (amenorrhoea or annovulation) .

A brief analysis has been done and mentioned that arthava rajo vha srothus and and arthava bija vaha srothus are two functional units of arthavaha srothus which can be compared to uterine arteries and fallopian tubes.

Fallopian tubes can be compared to the extra ashaya of female, as garbhashaya as 8th ashaya, and tubes are the part of uterus, and they are the place for implantation, can be considered as ashaya of the female.

Tubal blockage occurs due to vitiation of vata and kapha and pitta. Vata leads to sankoch, kapha does the accumulation of srava and puya etc, and pitta does the paka, and hence blockage occurs by vatakapha and also inflammation by predominance of pitta. Three doshas get vitiated by particular causes and produces rukshata, gurutha and drvata in the dhatus and then does the sthana samshraya in garbhashaya nalika, and causes the sankocha, shophya, and paka, leads to avarodha of nalika and hence vandhyatwa³. The treatment principles applied for vandhyatwa includes, deepan pachana dravyas, rasayana, balya, dhathu poshak dravyas, prajasthapaka dravyas, panchakarma chikitsa based on dosha avastha, sthanika chikitsa like yoni dhavana, yoni pichu, utara basthi etc⁴.

In this case, we have adopted the procedure utara basthi, for a patient with primary infertility caused due to bilateral tubal block,

Case report :

A moderately built female patient, aged 24 year, with primary infertility, visited our opd on 05/06/2023, history noted with married life of 6 year, with regular menstruation, LMP – 01/06/2023 and complete history was recorded.

All the relevant investigations (CBC, Urine routine, Thyroid profile, Semen analysis) were within normal limits. Then patient was suggested to undergo HSG on 12th day of the cycle. Till then patient has been advised to take shatavari granules with milk.

On 12th day, patient underwent HSG, which shows “peritoneal spill of contrast not clearly seen on either side - ? B/L Tubal distal end blockage (partially). Here we considered to treat the case with uttarabasthi and recheck with the blockage, advised patient to come for the procedure on 3rd day of next cycle, not prescribed any of the oral medications.

Procedure Uttarabasthi :

Drug : apamarga kshara taila⁵ with PH- 8.9, which has been prepared in pharmacy of Bleda's ayurveda mahavidhyalaya.

Materials used –

- Apamarga kshara taila
- Infantile feeding tube
- 3 ml syringe
- Surgical gloves
- Povidine solution
- Snehana – ksheera bala taila
- Instruments – whole towel, towel clips, sims speculum, anterior vaginal wall retractor, cotton swabs and cotton pad.

Procedure:

- Poorva karma -
 - Snehana by application of ksheera bala taila to local area and swedana by naadi sweda.
- Position: Dorsal position
- Part preperation : Painting and Drapping
- Pradhana karma :
 - Insert the sim's speculum into vagina and retract the posterior wall of vagina, with help of assistant, keep speculum in position,
 - visualize the internal os by retracting the anterior vaginal wall by anterior vaginal wall retractor,
 - hold the lip of cervix by vulsellum, remove the retractor
 - measure the lengthof uterus through uterine sound,
 - insert the infnatile feeding tube no 8' inside the os, which connected with syring filled with apmarga kshar taila,
 - gradually infiltrate 3 ml of oil inside the tract,
 - Remove all the appliances n keep a pad, n ask patient to lie down in same position for 15 minutes for better absorpton.
- Paschat karma :
 - Rest for 30 to 45 mins to allow the body to absorb all benefits of treatment.

Timing and duration of treatment:

Alternate day from 3rd day of cycle

Sitting – 3 sitting in each cycle (i.e on day 3rd day, 5th day and 7th day of cycle)

Cycle	1 st sitting	2 nd sitting	3 rd sitting
1 st cycle	05/07/2023	07/07/2023	09/07/2023
2 nd cycle	07/08/2023	09/08/2023	11/08/2023

After 2 sittings, patient has been advised to repeat the HSG, On 12th day of next cycle.

Patient did not go for investigation as per the schedule and awaited for the next cycle, by the time patient come up with positive conception, and she got done UPT pistive on 21/10/2023, and she started for early ANC , She continued with healthy pregnancy.

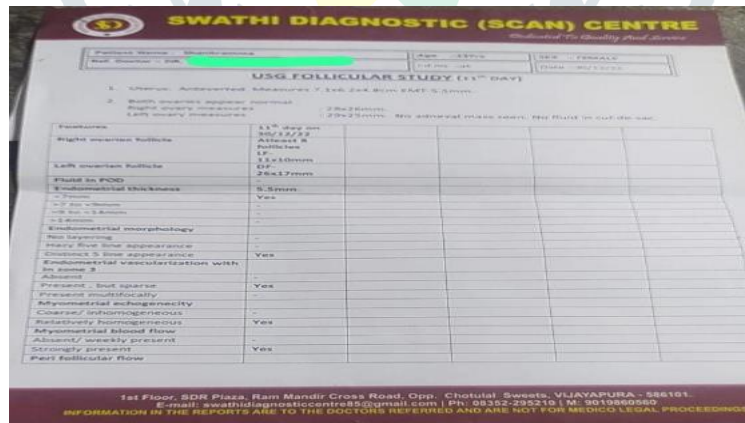
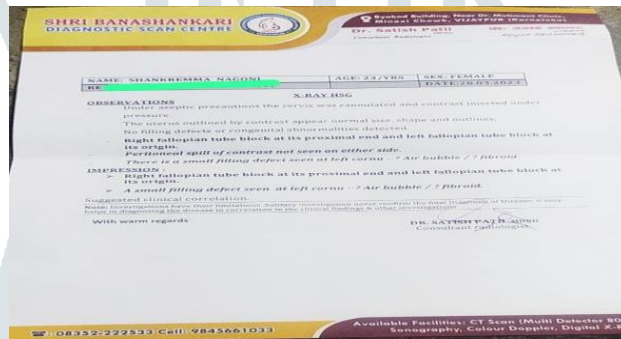
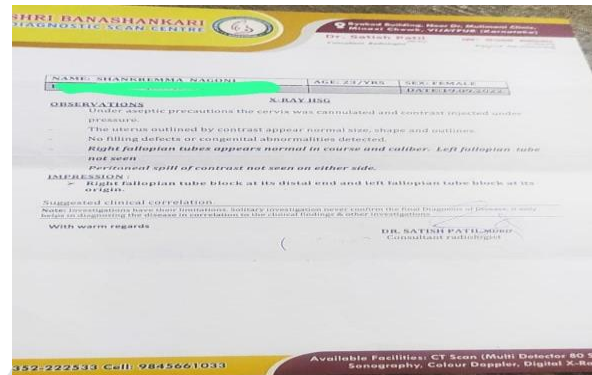
DISCUSSION:

The ushna, teekshna and lekhana gunas of apamarga kshara taila acted directly on the blockade and does scraping at site, that was observed by a colicky pain at b/l ingunal area after the procedure, and also a light spotting on next day of the treatment. This can be interpret as, colicky pain is due to scraping and contractions of uterus in facilitating the expulsion of blockade , and spotting is due to expulsion of it.

Here the tubal block was due to kapha and vata vitiation, and the drug seaected is apamarga kshara taila, which is vata-kapha shamak,sukshma, laghu, sara, vyavayi, vikasi, pramathi, and teekshna. Hence apamrga kshara taila removed the adhesions of uterus and fallopian tubes and restore the tubal movement and ciliary action which helped for the immediate conception.

Conclusion :

Tubal block is leading cause for primary infertility, and apamarga kshara taila uttarbasthi is best choice of treatment to clear the block and restore the tuabl functions.





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