



EFFICACY OF PHALAGHRITA UTTARABASTI IN THE MANAGEMENT OF VANDHYATWA WITH SPECIAL REFERENCE TO TUBAL BLOCKAGE- A CASE STUDY

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ABSTRACT

Introduction:

Vandhyatwa has been mentioned by various Acharyas in Ayurvedic classics using multiple terms. Acharya Charak explained factors responsible for Vandhyatwa (infertility), such as yoni dosha (gynaecological disorders), Mansika-Abhitapa (mental stress), Shukra-Artavadosha (disorders of sperm and ovum), Ahara-Vihara Dosha (food- and lifestyle-related disorders), Akalyoga (inappropriate timing), Bala-Kshaya (decreased strength). Two major factors which are associated with fertility problems are anovulation and defects in tubal patency. In the present article, there is a case study of ayurvedic management of infertility due to bilateral tubal blockage. **Main Clinical Finding:** A 29-year-old female patient reached the hospital complaining of a wants issue for five years. **Diagnosis:** Her hysterosalpingiography findings showed a bilateral fallopian tubal block. **Interventions:** 3 consecutive cycles of Uttarabasti were given with Phalaghrita for 3months along with oral medications (Tab. She-bless forte, Phalaghrita) and Anu taila nasya application. **Outcome:** The patient missed her period after four months of treatment, and the urine pregnancy test was found to be positive. **Conclusions:** Tubal patency (Kshetra) is an essential factor for conception.

Keywords: *Infertility, tubal block, vandhyatva, Uttarabasti, Phalaghrita*

INTRODUCTION

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus regularly¹. The problem is increasing so widely that in developed countries, one out of every four couples has been found affected by infertility in some way (According to the World Health Organization). Infertility directly and indirectly affects the physical, mental, emotional and social health of women. Tubal disease participates in causing infertility-related problems (25%-35%)². In Ayurveda, infertility may correlate with *Vandhyatwa* or *Vandhya yonivyapad*. According to Sushruta, essential factors responsible for conception are *Ritu* (fertile period), *Kshetra* (reproductive organs), *Ambu* (proper nutrient fluid) and *Beeja* (shukra-shonit)³. Any abnormality in these factors leads to infertility. *Kshetra* specifically denotes *garbhashaya* or the uterine cavity in *stree sarira*. Due to vitiation of *vata dosha* mainly, there causes *vikriti* (disease) of *Kshetra*, which also causes infertility. Thus, an attempt has been made to assess the effect of *Uttarabasti* with *Phalaghrita* in case of tubal blockage.

EXAMINATION OF PATIENT

PARAMETER	RESULTS
Weight	56kg
Height	155cm
BMI	23.3kg/m ²
B.P	120/80mmHg
P.R	84/min
Breast examination	NAD
P/A	Soft, no tenderness
P/S	Cervix healthy, vaginal walls healthy, white discharge absent

Ashtavidha pariksha

PARAMETER	RESULTS
<i>Nadi</i>	84/min
<i>Mala</i>	Regular, once/ day
<i>Mutra</i>	5-6 times/ day
<i>Jivha</i>	<i>Niram</i>
<i>Shabda</i>	<i>Avishesh</i>
<i>Sparsha</i>	<i>Anushna sheet</i>

Case report

A female patient of age 29 years old visited Prastuti Tantra evum Stree Roga outpatient Department on November 1, 2022, with the chief complaint of being unable to conceive for the past three years with a regular menstrual cycle. The patient had a married life of 5 years and tried to conceive for the last three years. Her Hormonal Assay was within the standard limit. Based on the Hysterosalpingography report, she was diagnosed with Bilateral Tubal Blockage.

Menstrual History

Menarche: at the age of 13 years, LMP-October 30, 2022. Duration of bleeding: 3-4 days, Interval: 28-30 days with pain absent during menses, she had regular periods, and the flow was scanty.

Obstetric history

Nil

Contraceptive history

Not used

SEXUAL HISTORY- 3-4/week.

FAMILY HISTORY

There is no family history of DM, HTN, T.B., or thyroid dysfunction, and no history of exposure to radiation or any toxin or chemical agent.

Druk	Avishesh
Akruti	Madhyam

DASHAVIDHA PARIKSHA

PARAMETER	RESULTS
Prakruti	Pitta Pradhan vaat
Vikruti	Madhyam bal
Sara	Raktasar
Samhanan	Hina
Praman	Madhyam
Satmya	Mishrit
Prakruti	Pravar satva sampan
Ahar shakti	Madhyam
Vyayam Shakti	Madhyam
Vaya	Madhyavastha

INVESTIGATIONS

PARAMETER	RESULTS
Husband's semen analysis	WNL

BLOOD INVESTIGATIONS OF THE PATIENT

PARAMETER	RESULTS
Hb %	11.12gm/dl
TSH	3.92mIU/ml
FSH- Follicle stimulating hormone	19.61mIU/ml
LH-luteinizing hormone	11.30mIU/ml
Testosterone(total)	0.300ng/ml
AMH- anti mullerian hormone	1.72ng/ml
Sr. Prolactin	10.22ng/ml

TVS- transvaginal sonography (29/10/22): organs imaged appear normal

TREATMENT

Oral medications:

From 01/11/2022 to 31/12/22

- 1) Tab. Shebless forte- 2-tab B.D after food for two months
- 2) *Phalaghrita* – 2tsf with milk in the evening for two months
- 3) *Shatapushpa taila nasya* – 2drops in each nostril for two months

Post-menstrual sthanik chikitsa

Uttarabasti with *Phalaghrita*:

Uttara Basti Method:

- 1) *Uttara Basti*'s procedure was carried out in the minor operation theatre after the patient gave her written consent.
- 2) *Phalaghrita* and instruments were autoclaved, and the massage was done with *phalaghrita* on the genital area on the operation table in dorsal lithotomy position with the head in low position. The private parts (already shaved) were cleaned with an antiseptic solution.
- 3) The vagina and cervix were visualised with the help of the Sim's speculum and anterior vaginal wall retractor. The anterior lip of the cervix was held with the help of the Vulsellum.
- 4) The uterine sounding was done, and an N.G. tube(6mm) already attached with a 5ml syringe filled with 2.5ml of *phalaghrita* was pushed into the uterine cavity.

- 5) The drug was pushed above the level of the internal os with constant force and slowly so that it may reach up to the tubes. A pillow was kept below the buttocks to ensure more retention.
- 6) The patient was kept in a supine position for at least 45 minutes for observation. The vitals were recorded before and immediately after the *Uttara Basti*.

LMP-30/10/22	<i>Uttara basti</i> with <i>phalaghrita</i> 1 st cycle from 04/11/2022 to 08/11/22	No fresh complaints throughout the cycle
LMP-01/12/22	<i>Uttarabasti</i> with <i>Phalaghrita</i> 2 nd cycle from 06/12/22 to 10/11/22	Improved menstrual bleeding, improved sleep
LMP-06/01/23	<i>Uttarabasti</i> with <i>Phalaghrita</i> 3 rd cycle from 12/01/23 to 16/01/23	No fresh complaints

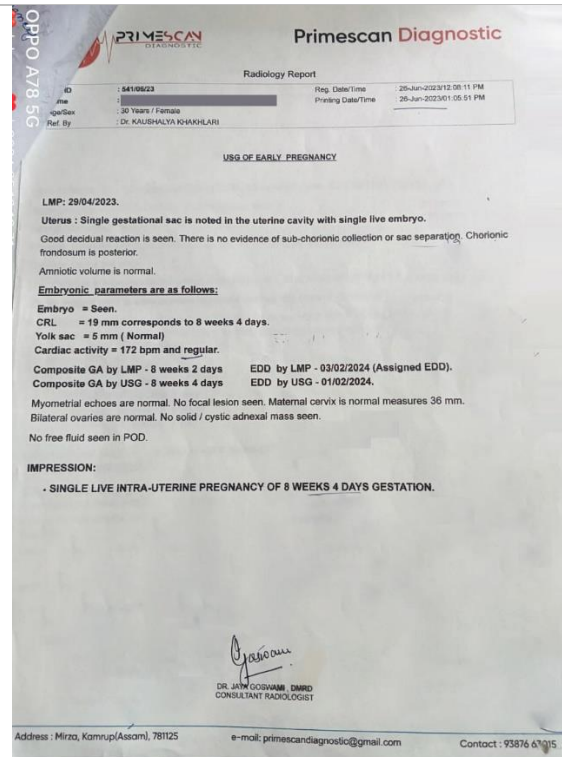
RESULTS OF HYSTEROSALPINGOGRAPHY :

BEFORE TREATMENT	AFTER TREATMENT
HSG- hysterosalpingiography(10/03/22): No spillage of contrast is noted on both side of the fallopian tubes.	HSG-(08/02/23): Normal spillage of contrast is noted on both sides.

UPT done –positive on 10/06/23

Findings of sonography after treatment - (11.06.2023)

- Single live intrauterine pregnancy is seen within the G sac.
- G sac appears normal, and the Yolk sac is seen.
- A single foetal pole with excellent and regular cardiac activity was noted.
- GA- 8 Weeks 4 days CRL- 19 mm
- HR- 172 bpm



DISCUSSION

Vata dosha is dominant in *Vandhyatwa*. Acharya Vagbhata mentioned, “*Phalasarpi khyatam pushpe pitam phalaya*”⁴. In this case study, the patient was given orally and *Uttarabasti* with *Phalaghrita*. It helps correct blocked fallopian tubes. It improves the quality of the ovum and regulates ovulation by correcting vitiated *Vata*, *Pitta* and *Kapha*⁵. Acharya Kashyap has mentioned the role and importance of *Nasya* in *Artavakshaya*⁶. *Nasya* relieves fatigue and

alleviates Vata Kapha dosha, so nasya was administered with *Shatapushpa taila* as it may stimulate the synthesis of gonadotropin, i.e., FSH and LH in a pulsatile manner, which leads to ovulation on time and regularised normal menstrual bleeding. *Uttarabasti* and Ayurvedic herbal medicines acts at the root level and restore hormonal system deviations to normalcy. All these drugs have *Vata-Pitta-Kapha-Shamak* qualities and also have *Vatanuloman* properties, which promotes fertility. Thus, the combined effect of these treatments was found to be effective.

CONCLUSION

The patient was conceived after three months of treatment, and she delivered a beautiful male baby on 18/01/24 via LSCS.

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