

AN AYURVEDIC PERSPECTIVE – THE ROLE OF UTTARBASTI IN TUBAL BLOCK INFERTILITY

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ABSTRACT

Ayurveda is a branch of Medicine which has been serving for humanity since ancient time by both preventive and curative aspects. According to Ayurveda Having no Baby is described as *Vandhyatva* and Infertility in Modern science. Infertility is a main issue in today's era. Many couples go for IVF, Surrogacy and many more with very little benefits. Nearly 10-14% of individuals are belonging to the reproductive age group are affected by Infertility. Its rate is constantly increasing due to change in lifestyle, High pollution, Socio-economic cause and enormous amount of stress. *Ayurveda* explained wide range of protocols and medicines for the management of *Vandhyatva*. Tubal factors cause about 25-30% of Infertility. Common causes of Tubal Blockage are PID, Endometriosis, Intra-abdominal infections etc. Which leads to blockage of Fallopian Tube thus causing Infertility. Which leads to blockage of Fallopian Tube thus cause infertility. If only single Fallopian Tube blocked then there is possibility of pregnancy from other side tube, whereas if both are blocked then impossible to attain pregnancy naturally. Ayurveda mimics it with *KaphajaAvarana*. *Uttarabasti* is a minor *Ayurvedic* operative procedure is found to act very nicely on Tubal Blockage and it doesn't have side effect and complications if performed cautiously. **Aims and Objective:** To understand Tubal Block Infertility in both allopathic and *Ayurvedic* perspectives, to understand *Uttarabasti* role in Tubal Block Infertility. **Methodology:** Reviewing the Tubal Block Infertility and Role of *Uttarabasti* in it through *Ayurvedic* classics, commentaries also recently published books and Research journals and modern science literature, the collection done and attempt to get co-relation between *Ayurveda* and Modern literature. **Conclusion:** *Uttarabasti* is an ideal local treatment in tubal block and can be adopted in all types of Infertility and Reproductive tract disorders. Tubal block is an obstruction so through *Uttarabasti* it relieves block by lysis of adhesions and obstructions. Moreover, it is cost effective nonsurgical process thus causing no complications.

Keywords: Tubal Block, Infertility, *Vandhyatva*, *Uttarabasti* etc.

INTRODUCTION

Infertility is generally defined as one year of unprotected intercourse without conception. Sub-infertility is described as Women or Couples who are not sterile, but exhibit decreased reproductive efficiency^[1] Conception depends on the fertility potential of both the Female and Male partner. The major cause in Infertility is Female factor which is 40-55%. Female factors are Ovarian, Tubal, Cervical, Uterine and Endometrial factors (FIGO). Female Infertility due to tubal blockage is the second most furnishing factors (FIGO). The only option left for Couples suffering from tubal infertility are Reconstructive Tubal Surgery, In Vitro Fertilization and Embryo transfer (IVF-ET). Both procedures are time consuming, invader and not always under the financial manageable of the majority of population in India. It is a social stigma where the female partner is blamed to marital disharmony. In the present scenario of the rapid advancement in technology, Infertility is still a problem which been present since many years and years. Many factors are responsible for Female Infertility which are Tubal Factors about 40%^[2], Ovarian factor 0.5%, Cervical factor 20% And Uterine factor 10%. Also 30-40% in female and 10-30% in male are the causative factors seen. In *Ayurvedic* classics, In *Ayurveda Acharya Sushruta* has stated 4 essential factors *Rutu* (Fertile Period), *Kshetra* (Healthy Reproductive Organs), *Ambu* (Proper Nutrient Fluid), *Beeja* (Ovum/Sperm). Defect in any one of them can cause *Vandhyatva*^[3] *Vandhatva* (Infertility) been a long-standing problem since ancient times due to its changing attitudes and advent of technologies to treat such issues. Many herbals and herbo mineral formulations are mentioned as treatment of Infertility in the Ancient texts but they are not divided according to the responsible factor of Infertility. Tubal blockage may be considered as a *Vata-Kapha* dominated *Tridosha* condition as *Vata* is responsible for *Sankocha* (Constriction), *Kapha* for *Shopha* (Inflammation), *Pitta* for *Paka* (Exudate) so, all the three *doshas* are responsible for responsible for the Obstructing type of Pathology of the fallopian tubes. In *Ayurvedic* classics Intrauterine *Uttarbasti* is well known *Panchakarma* procedure used to

treat many disorders related to *Mutrashaya* (Bladder), *Garbhashaya* (Uterus) and *Yoni vikaras* (Reproductive diseases) especially in the management of female and male urinary tract disorders along with infertility. It is mentioned which plays important work in Gynaecological disorders preferably in Infertility. *Acharya Chakrapani* has mentioned *Uttarbasti* as *Shesthanam Shrestangunataya* which means it is the best and gives best results as well^[4]. *Uttarbasti* in Female plays role of *Garbha* formation. *Ayurveda Uttarbasti* is essential now a day. The references of *Uttarbasti* are very few and scattered in *Ayurvedic* classics thus have compiled them here. Tubal factor Infertility (TFI) is female infertility caused by Obstructions, Diseases, Damage, Scarring, Congenital malformation or other factors which hinder the plunge of fertilized or unfertilized ovum into the uterus through the fallopian tubes and prohibits a normal pregnancy and full-term birth. Tubal factors cause about 25-30% of Infertility^[5] Tubal factor is one complication of Chlamydia trachomatis infection in women. Sexually transmitted Chlamydia and genital mycoplasma infections are prohibitable causes of Infertility and negative pregnancy outcomes. When this infection grows, they result into TFI. Infertility can have multiple possible causes and they may not be perceived for years after gonorrhoea, Chlamydia or Mycoplasma infection which causes Tubal Damage as the effected woman may not have attempted to get Pregnant until years later^[6].

Tubal Block Factors:-

1. Gonococcal Endosalpingitis– It leads to Tubal Occlusion at Uterine Cornu to Fimbriae and may result in Tubal Obstruction, Hydrosalpinx or Tubo-ovarian inflammatory mass.
2. Chlamydial Infection –There is fusion of fimbriated appendages or impairment of ciliary activity may produce infertility by interference with ovum pickup and transport.
3. Pelvic Inflammatory Diseases (PID) –Salpingitis, Isthmicanodusa causes occlusion in the Corneal region of oviduct, Corneal polyps, Peritubal scarring from pelvic endometriosis, Peritubal adhesions^[7].

Sites of Tubal Blockage

Most distal portion of Oviduct	Secondary to Tuberculosis, Endometriosis, Previous Ectopic pregnancy Adenomatoid tumour of Oviduct.
Proximal tubal occlusion	STD, Puerperal abortion, Infection, Septic abortion
Distal tubal occlusion	Salpingitis (may lead to Tubal Phimosi), Gonorrhoea, Infections
Complete (Hydrosalpinx) distal tubal occlusion	Various degrees of Perianexal adhesive diseases.

Investigation:

Dilatation and Insufflation (D & I), Hysterosalpingography (HSG), Laparoscopy and Chromopertubtion, Sonohysterosalpingography, Falloscopy.

Management

- 1) IVF –Treatment of Choice, Salpingectomy or Tubal occlusion for Hydrosalpinx Pre – IVF.
- 2) Tubal Reconstruction, Age < 35 years and preservation of > 50 % Tubal Mucosa, Age < 35 years and SIN
- 3) Tuboplasty – Balloon
- 4) Tubal cannulation
- 5) Laparoscopic Tubal Adhesiolysis
- 6) Fimbrioplasty
- 7) Tubal Surgery.

Tubal Block Infertility According to Ayurveda: -

Acharya Charaka and Vagbhata has explained Vandhya under heading of Beejamsa Dushti^[8]. According to him any out of Shadbhavas like Matrāja, Pitrāja, Atma, Satwa, Satmya, Rasa will cause failure to get

pregnant. Acharya Sushruta has explained Vandhya in VatajaYonirogas^[9]. Acharya Kashyapa stated Vandhyatva in 8 rogas of Vata. Acharya Bhela stated that due to Abnormalities of Beeja of Mother and father and nonconsummation of Congenital Rasas (Malnutrition leading to improper formation of Rasa Dhatu and its Upadhatuarta) also Yonivyapada (Disorders of Yoni) thus woman becomes Infertile Bhavaprakasha has stated Vandhya in Yonirogadadhikara under Artavanasha concept among 80 VatananatmajaVyadhis^[10]. Acharya Harita has explained Vandhyatva in details in which 6 types of Vandhyas are mentioned like Kakavandhya (Secondary Infertility), Anapatya (Primary Infertility), Garbhaseavi (Repeated abortion), Balakshaya (Nutritional), Mritvatsa (Repeated Still Births), Injury to Garbhashaya or Bhaga^[11]. Vandhyatva caused by Tubal block is Kricchasadhya, Pakvashayothavyadhi with DarunaBala whose Adhishthana is Sharira and can be caused by Both NijaevumAgantuja factors.

Table 1: Nijahetu which can cause Tubal Blockage

Dosha	Hetu	Nidana	Vikriti	Nimitta
Vata	Aticharna	Ativyavaya	Shopha	Nija
	Vipluta	-	Sankocha	Nija
Pitta	PittalaYonivyapada	PittajaAhara	Paka	Nija
	PittajaArtavadushti	PittajaAhara Vihara	Paka	Nija
	PittajaAsrigdara	PittajaAhara	Paka	
Kapha	KaphajaArtavaDushti	KaphajaAhara Vihara	Shopha	Nija
	KaphajaAsrigdara	KaphajaAhara	Shopha	Nija
Vata Pitta	Paripluta	Vega Dharana (Kshavathu Udgara)	Shoph, Paka	Nija

VataKapha	Upapluta	Kaphavardhaka Ahara Vihara Chhardi Nishwa Nigraha	Shopha	Nija
Pitta Kapha	PutiPuyaNibha	Pitta KaphaVardhakaAhara Vihara	PakaPuya	Nija
Tridoshaja	Tridoshaja Yonivyapada	Tridoshavardhaka Ahara Vihara	ShophaPaka	Nija
	Mutrapurishagandhi Artavadushti	Tridoshavardhaka Ahara Vihara	ShophaPaka	Nija
	Sannipataja Asrigdara	Tridoshavardhaka Ahara Vihara	ShophaPaka	Nija



Samprpti Ghataka (Etiological Factors) –

Dosha – VatapradhanaTridosha

Dushya – Rasa, Rakta, Artava

Agni – Dhatvagni

Srotasa – Artavavaha (Artava-BeejaVaha)

Vyadhiisthana – Garbhashaya

Avayava – Garbhashayanalika

RogaVinischaya – GarbhashyaNalikaAvarodha (Vandhya)

Sadhyasadhyatva – Kricchasadhya

Uttarbasti

Niruhaduttarenavamargendeeyateitiuttarabastitaha ||

- Rajodushti
- Atajaskayonivyapada
- Udavartayonivyapada
- Raktapradara

When medicated oil or *kwatha* is inserted into intra uterine cavity through vagina is called as *Uttarbasti*. It is a *Basti* which is given through *Uttarmarga* i.e. through the passages located above or in front part (Urethra or Vagina) of Anus is known as *Uttarbasti*. *Uttarbasti* helps in expelling the *dushtadoshas* from *Garbhashya* and helps to remove *doshas* related to Urogenital system. As *Apanavayu* controls activity in lower area which controls activities of Colon, Urinary bladder, Uterus and lower limbs, if it gets vitiated because of obstruction caused by subtype *vayu* or *pitta* or *kapha* thus role of *Uttarbasti* is important in such cases.

Indication –

- Vandhyatva
- Artavakshaya
- Mutragatarogas
- Menstrual disorder

Contraindication – HIV, CA Cervix, IUD etc

Uttarbasti Yantra – It is used to inject medicine through Urinary or Vaginal passage which is different in Male and Female.

Netra

- It is called as *Pushpa netra*, which is made up of *Suvarna* (Gold), *Rajasa* (Silver). It is smooth having circumference like tip of flower stalk of *Jati*, *Karavira* and lumen from which mustard seed can pass. It has 2 *karnikas*.

- For females it is of 10 *angulas* in length.
- Its structure should be like *Gopuchhakara* and distal end be like small through which seed of *Sarshapa* or *Mugdha* can be pass.
- Nowadays IUI cannula is used for *Uttarbasti*.

Netra Pranidhana (Administration) – It is the length up to which the *Netra* is to be administered. It is differentiated into *Apatyamarga* and *Mutramarga* for girl it should be 1 *angula*.

Marga	Ayu	Angulapramana
<i>Apatyamarga</i>	<i>Naari</i>	4 <i>angula</i>
<i>Mutra marga</i>	<i>Naari</i>	2 <i>angula</i>

Bastiputaka – The bag of *uttarbasti* should be small and soft made up of urinary bladder of goat, sheep. It is connected to *pushpanetra* and tied over the first

karnika with the help of thread. It should be made up from the bladder of *Auabhra* (Goat), *Shoukara* (Pig) and *pakshigalacharma* (Throat skin of the bird).

Quantity Of Uttarbasti Dravya.–

Acharya	Sneha Matra	In Ml
<i>Charaka</i>	½ <i>Pala</i>	24 <i>Ml</i>
<i>Vagbhata</i>	1 <i>Shukti</i> – 1 <i>Prakuncha</i>	24-48 <i>Ml</i>
<i>Sushruta</i>	1 <i>Pala</i>	48 <i>Ml</i>

Acharya	Kwatha Matra	In Ml
<i>Shushruta</i>	2 <i>Prasuta</i>	96 <i>Ml</i>

Best Period For Use Of Uttarbasti In Women ^[12]. –

StrinamAartavakale Tu PratikarmamTadacharet | GarbhasanamSukhamSnehamTadadattehyapabruvate

||

GarbhaYonistadaShighramJiteGruhanatiMarute

(*Ch.Chi.30/110*)

Uttarbasti should be given to the women after the end of *Artavakala* or during *Rutukala*.

Procedure –

Instruments (Practically)

- IUI Cannula or simple rubber catheter.
- Uterine sound
- Sim's speculum and anterior vaginal wall retractor.
- Vulsellum
- 10cc syringe

Other Instruments –

- Towel clip
 - Leggings
 - Cut towel
 - Gauze piece
 - Cotton ball
 - *Pottali* prepared from gauze
- All instruments must be sterilized, and proper medicine should be taken.

<i>Poorva Karma</i>	<ul style="list-style-type: none"> • 2-3 <i>Asthanabasti</i> before <i>Uttarbasti</i> • All routine examinations. • <i>Amashaya, Pakvashaya, Mutrashaya</i> be emptied. • <i>Snehana – Udara, Uru, Prushth</i> with <i>Vatashamataila</i> at <i>Purvahane</i> (Early Morning) • <i>Swedana – Nadisweda</i> at <i>Purvahane</i> (Early Morning) • As per <i>bala</i> of female – <i>Yavagu + Ghrita + Ksheera</i>. Should be administered [32].
<i>Pradhana Karma</i> (Practically)	<ul style="list-style-type: none"> • Patient should be in Supine position with well flexed thighs. • Bimanual PV examination. • Sim's speculum inserted and cervix is visualized upper lip of cervix is grasped by vulsellum. • Position of uterus seen by uterine sound. • IUI cannula with medicated <i>Ghrita</i> or <i>Taila</i> with attached 10ml syringe is inserted in uterus through the cervix gently in the direction of vertebral column and pushed 3-5cc in start then increase in amount. • 2-4 <i>snehauttarbasti</i> can be repeated for next 3 days
<i>Paschata Karma</i>	<p>Watch for BP, Pulse. Head low position for ½ hr. Hot fomentation if needed. Light diet.</p>

Complications –

- There is no specific complication of *Uttarbasti*.
- If *Daha* (Burning sensation) is present - *Niruha of Sharkara, Madhu and Sheetal Kashaya of Yash-timadhu* or *KsheerivrikshaKashaya* along with cold milk.

Uttarbasti Effect

Uttarbasti removes *Srotorodha* which helps at the level of receptors in endometrium as well as ovary for hormonal balance. Hence it cures Anovulation [13].

DISCUSSION

Basti Karma plays very important role in *Vata Vyadhis* with local *Snehana* and *Swedana* which gives soothing effects and nourishes, rejuvenates the endometrium. Prior to *Uttarbasti*, *Niruhabasti* is given. It creates osmotic pressure which enhances absorption of drug administration easily. When *Uttarbasti* given in *Rutukala* which is compared with Proliferative phase of menstruation. In this phase the blood vessel stumps are broken, and new arterioles are growing from the old stumps, so it may happen that drug gets absorb easily [14].

According to *Acharya Charaka* oil is the best *Yoni Vishodhana Dravya*^[15] hence gets absorb slowly and facilitates transport to the uterus and posterior fornix finally inside the cell which drain into the internal iliac vein and act on the Hypothalamo-Pituitary-Ovarian axis with facilitates the Ovulation by enhancing action of FSH, LH.

Uttarbasti removes obstruction of tubes also normalizes the tubal function by scrapping and regenerate tubal cilia of fallopian tubes. Even Modern science has also said that approx. 30% patients undergone normal HSG conceives over following 6 months which is advantage of intra uterine instillation of oil is proved itself due to oil-based contrast medium.

CONCLUSION

Uttarbasti is an ideal local treatment in tubal block and can be adopted in all types of Infertility and Reproductive tract disorders. Tubal block is an obstruction through *Uttarbasti* it relieves block by lysis of adhesions and obstructions. Moreover, it is cost effective nonsurgical process thus causing no complications.

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