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EFFECT OF DHANWANTARATAILA AND KSHARATAILA UTTARABASTHI IN TUBAL BLOCKAGE: A CASE STUDY

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ABSTRACT

Infertility is a global issue in reproductive health affecting 13-15% of couples worldwide. The major cause of infertility is a female factor which is 30.20%. Among female factors, the subfactors are ovarian, tubal, endometrial and uterine. The tubal blockage is one of the most imperative causative factors for infertility. It contributes to about 30-40% of infertility problems[1] worldwide and the only management alternatives for a couple suffering from tubal infertility are either tubal reconstructive surgeries or In vitro fertilization and Embryo Transfer(1VF-ET). This article presents a successfully managed case of the fallopian tubal block by *Uttarbasti* with *Dhanvantara taila* and *Kshara Taila* in the form of a case study. Post-treatment HSG revealed patent bilateral tubes.

Keywords: *Uttarbasti*, *Dhanvantara taila*, *Kshara Taila*, HSG, Tubal block

INTRODUCTION

Infertility is defined as the inability to conceive after 1 year of unprotected intercourse.[2] Successful pregnancy needs a complex sequence that includes ovulation, ovum pickup by fallopian tube, fertilization, transport of a fertilized ovum into the uterus and implantation into a receptive uterine cavity. The fallopian tube plays an important role in the mechanical transport and physiological sustenance of the gametes and early conception. Complex and coordinated neuromuscular activities, cilial action and endocrine

secretions are required for successful tubal function. Compromised tubal damage inhibits the normal transport of gametes. The aetiologies of the obstruction of tubes may be due to Pelvic infections, tubal endometriosis, Salpingitis isthmic nodosa, tubal spasm and prior tubal surgery. An ectopic pregnancy implies the likelihood of significant tubal damage. Approximately one third to one-fourth of all infertile women are diagnosed with tubal disease in developed countries.[3] The only option left for women suffering from tubal infertility is either tubal reconstructive surgeries or In vitro fertilization and Embryo Transfer(1VF-ET). In Ayurveda, *Acharya Susruta* has mentioned *Garbha Sambhava samagri* i.e. *Rutu* (Fertile period), *Ambu (*nutrition/nourishment), *Kshetra* (healthy reproductive organs), *Bija* (ovum/sperm)[4]. The normal functioning of all the above factors is vital for fertilization, implantation, growth, nourishment and delivery of a live fetus. Any discrepancy in the above-said factors will lead to *Vandhyatwa* (Infertility). *Maharshi Harita* mentioned *Garbhakosha bhanga* (abnormalities in uterus and adnexe) in the context of types of *Vandhyatwa*, which can be lead to infertility.[5] Vitiation of *vata* and *kapha dosha* responsible for *sroto rodha*(obstruction)in fallopian tube ultimately results in infertility due to tubal blockage. Hence *Uttarbasti* by *Dhanvantara taila* and *Kshara taila* is considered as suitable to control *vata* and to relieve obstruction in the fallopian tube.

Case Report:

A 32year aged woman, came to OPD of SDM Ayurveda Hospital, Udupi, with complaints of inability to conceive since 2yrs of unprotected intercourse. She has no history of any major illness like DM, HTN, Thyroid dysfunction. In menstrual history, the patient noted regular cycles of 25-28days intervals with 5days of bleeding. The patient had her past Hysterosalpingography (HSG)report (1/9/2020) showing right tube sluggish spillage and left tube no spillage seen so the patient was advised treatment for fallopian tube blockage.

Diagnostic Assessment:

Blood investigations for routine workup i.e, CBC, ESR, Blood group with Rh, RBS, was done and found within normal range. (8/2/2020), HIV, VDRL, HbsAg was negative. Thyroid profile T3-1.65nmol/l, T4-105.99nmol/l, TSH-2.21microIU/ml, AMH-0.26ng/ml (8/2/2020). USG findings-(21/2/2020)-anteverted retroflexed mid positioned arcuate-shaped uterus with normal size. B/L cyst with internal echoes seen which are haemorrhagic cyst /endometriotic cyst.

Procedure Done:

The patient was admitted for *Uttar Basti: A* day after cessation of mensuration and advised to have a light meal in the morning on the day of treatment. *Snehana* (oleation) with *Dhanvantara taila* on the lower abdomen, back, and lower limbs followed by *patta sweda* was given to patients before each *Uttarbasti*. *Yoni prakshalana* with *Triphala Kashaya* was performed to sterilize the peri vaginal part. The procedure was carried out in the minor labour theatre. Oil and instruments autoclaved. Patients were made to lie in lithotomy position, external genitalia was cleaned with an antiseptic solution, vagina and cervix were visualised with the help of sims speculum and anterior vaginal wall retracted. The anterior lip of the cervix was held with the help of the Vulsellum. The uterine sound was inserted to note the size and position of the uterus. With the help of Intrauterine Insemination cannula, already attached with a 5ml syringe filled with *Dhanvantara taila* (2.5ml) and *Kshara Taila* (2.5ml) was slowly pushed into the uterine cavity with the head low position. The *taila* was slowly injected above the level of the internal os. Patient was kept in the same position for about 30 minutes and then shifted to the IPD ward. *Uttarbasti* was done for 3days continuously for two cycles (4/9/2020,5/9/2020,6/9/2020) and (30/9/2020,1/10/2020,2/10/2020). After 2months of treatment, the patient was advised for HSG and reports (7/12/2020) showed bilateral patent fallopian tube.

DISCUSSION

Uttarbasti has been well highlighted in classics for the management of most of the gynaecological disorders. *Uttarbasti* acts on endometrial receptors and also

increases the receptivity of the genital tract to the entry of sperms. According to Ayurveda, obstruction in any *srotas*(channel) of the body is caused by *Vata* and *kapha* and *basti* is the best therapy to control and regulate the *vata*. Mainly *Vata* and *Kapha* are responsible for tubal blockage. Because of *Vata-Kapha shamak* properties of *Dhanvantara taila* and *Kshara taila*, they were effective to remove the *sankocha* (narrowing) and occlusion of tubal lumen. The drugs used in *Kshara taila* which has teekshna property could probably help in tubal block and when there is any *srotorodha*, the *teekshna va* of *kshara taila* could help to remove the tubal block.

In Ayurvedic classics like *Vaidya yoga Ratnavali, Sahasrayogam, Dhanvantara taila* is indicated for all *Yonirogas* and is *Prajasthapana*. *Bala* is the main ingredient of this *taila*, which has *rasayana* property (i. e, rejuvenating the normal structure of the fallopian tube thereby removing the obstruction of the tube). Other ingredients like *Dasamoola, Yava, Kulattha* etc are *vatahara* drugs thereby helping in further control of *vata*. *Taila* can reach minute channels in the body due to its *sukshma* (minute) property and it is also *Yonivishodana* which helps in tubal clearance. We had added *Kshara taila* and *Dhanvantara taila*, *Kshara Taila* has added in the aim that it is *teekshna*, *Dhanvantara taila* was added so that there won't be any complication due to the *teeksnatva* of *Kshara taila*.

Kshara taila is mentioned for *strirogadhikara* in *Bharat Bhaishajya Ratnakara*. *Kshara Taila* has *vatakapha hara* properties and *lekhana* properties which help to remove the blockage of the tube and also help to remove the fibroid and damaged layer of endometrium and promotes its rejuvenation. Thus, the management not only removes the blockage but also creates an environment conducive to intrauterine implantation.

CONCLUSION

The results suggest that *Dhanvantara taila* and *Kshara taila Uttarbasti* is an effectual measure in the management of infertility due to tubal blockage. No apparent complications were evident in this study. Infertility due to tubal factors is arduous to manage, but the success in the present case has given emboldening results for future practice. Finally, it is concluded that *Dhanvantara taila* and *Kshara Taila Uttarbasti* is convivial for infertility patients as an efficacious, simple and economical treatment for the tubal block.

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