



## ***Apamargkshar Taila Uttarbasti* in the Management of Secondary Infertility Due to Tubal Blockage - A Case Study.**

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### ABSTRACT:

Secondary Infertility occurs when a couple fails to conceive for several years after the first delivery. Ayurveda plays an important role to treat infertility for years without the help of modern medical system, as it provides ability to infertile women or couples through treatment to become fertile and also to enhance the overall health. Tubal blockage is most common causative factor for infertility which constitutes nearly one third of total infertility cases. In presence of tubal blockage there are only two options in modern medical system, re-construction of the tube, IVF. These procedures are invasive, time consuming and much costly. This article presents tubal blockage was treated with certain Ayurvedic drugs and procedures in present case. In Ayurveda probably *Vata* and *Kapha* doshas are responsible for tubal blockage, hence *Shodhan Chikitsa* was administered. *Uttarbasti* performed with *Apamargkshar taila* used as treatment part for tubal blockage in female infertility.

**Keywords:** Infertility, *Vandhtava*, Tubal blockage, *Uttarabasti*

### INTRODUCTION

In Ayurvedic principles that Ayurveda makes harmonization in all the physical, mental, and spiritual aspects of human life. Infertility is the diseased condition of human reproduction. Infertility affects approximately 10- 15% of reproductive aged couples.<sup>[1]</sup> For proper conception four factors i.e., *Ritu*, *Kshetra*, *Ambu* and *Beeja* are essential as per Acharya Shusruta.<sup>[2]</sup> *Kshetra* covers the whole female reproductive tract and that must be structural and functional factor for conception. *Kshetra* mentioned by Acharya Sushruta also involve the Fallopian tubes, which is essential factor for conception. Fallopian tubes are elit

structures of *Artavavaha Srotas*, as they prop up *Bija Rupi Artava*. *Artava* is also termed as *Raja* in the ayurvedic classics. Incidence of tubal blockage is 25–35% in female infertility. It is one of the most prominent factors of female infertility. If one or both tubes are blocked the egg cannot reach the uterus and sperm cannot reach the egg preventing fertilization or pregnancy. As per Ayurveda, causative factors for tubal blockage are *vata* and *kapha doshas*. Acharya Kashyapa considered *Vandhyatva* as *Nanatmaja Vikara* of *Vata* and narrowing (*Samkocha*) of tubal lumen is the main factors of tubal blockage, *samkoch* is *sang* type of *srotodushti* and



it is because of *Vata*.<sup>[3]</sup> *Kapha* has *Avarodhaka* feature which leads to blockage of fallopian tubes lumen. Because of *Vata-kapha shamak* properties of *Apamargakshara taila*, Present case of Tubal blockage was treated with *Apamargakshara taila Uttarbasti*. By virtue of the purification therapy might remove the *Srotodusthti* (tubal blockage).

## CASE PRESENTATION

### A. Case history

The 24 years old female patient, housewife by occupation, with tubal blockage bilaterally was arrived to OPD of *Prasuti Tantra* and *Striroga* for Ayurvedic treatment. Chief complaint was failure to conceive within the last two years of regular intercourse without contraception. Physical examination revealed Pulse, Blood pressure, temperature within normal limits. No history of any chronic disease or any other major medical or surgical history.

Menstrual history -LMP: 24-08-19

Interval -28 days

Duration-4 days

Pain- mild

Obstetrics history- G 1 P0 L0 A1  
incomplete Abortion at 6 weeks

### Investigations-

CBC, ESR and Urine examination revealed no significant abnormality.

Hysterosalpingography (HSG) report showing bilateral tubal blockage (Fimbrial on right side& Cornual on left side)

### B. Plan of Treatment

*Shodhan Chikitsa(Uttarbasti )* with *Apamargakshara Taila*, 5 ml for two days (5<sup>th</sup> and 7<sup>th</sup> day), after clearance of menstrual cycle. Same procedure was carried out for three, consecutive cycles.<sup>[4]</sup> In *shaman Chikitsa phala Ghrita* 20 ml at night with milk orally for 6 months.

### C. Method of Uttarbasti

- ◆ *Uttarbasti* was administered after menstrual cessation.
- ◆ *Uttarbasti* procedure was performed in properly sterilized operation theatre. Autoclaved oil and instrument were used.
- ◆ The patient was given dorsal lithotomy and head low position on the OT table.
- ◆ The perineal region was cleaned with betadine solution. Using sim's speculum to retract the posterior wall of vagina then introduce anterior vaginal wall retractor along with sim's speculum. insert he vulsellum to hold the upper lip of cervix then Anterior Vaginal wall retractor was

removed.

- ◆ With the help of Uterine sound, size and shape of uterus was determined and then infant feeding tube (no.8) attached with 5 ml syringe filled with *Apamargakshara Taila* was inserted into the uterine cavity.

- ◆ The patient was kept in the head low position for half an hour.

### D. Mode of action of Uttarbasti-

For tubal infertility, a high intra uterine insufflation (*Uttarbasti*) of *Lekhana Dravya* acts in two ways. It removes the blockage of tubal lumen by directly acting on obstruction and restores the tubal cilia motility. As endometrial covering is continuous in the tubes too, its scraping and regeneration create normal tubal functions.

## RESULTS

After three sitting of *Uttarbasti* for three consecutive cycles. Along with *phal Ghrita* orally for 6 months. she reported with amenorrhoea and found Urine Pregnancy Test positive. Subsequently, confirmed the pregnancy by USG, as single live intrauterine foetus of Gestational Age -5 weeks 5 days.

## DISCUSSION

In this case, it has been concluded that this patient is having a fallopian tubal blockage due to the vitiation of *Kapha* and *vatadosha*. As *Uttarbasti* direct action on the local area of uterus & fallopian tube; *ApamargksharKshara Tail* is used for *uttarbasti*. *Kshara* has *Vata-kapha shamak, Sukshma, Laghu, Sara, Vyavayi, Vikasi, Pramathi, Tikshna, lekhan* properties and *Tila Taila* acts as anti-inflammatory.<sup>[5]</sup> Due to its *Tikshna* and *lekhan* properties it probably scrapping out the adhesions of uterus and as well as fallopian tubes. it maintains the villi functionality of fallopian tube So, it can be said that, *Uttarbasti with Apamargakshara taila* is the best way to remove the blockage in fallopian tubes. *Phala Ghrita* contains mainly *tikta, Madhura, katu rasa, laghu, snigdha guna* and *katu* and *Madhura vipaka* also *ushna* and *sheeta virya* drugs. It also has *dipana, pachana, lekhana, anulomana, shothahara, krimighna, balya, prajasthapana* and *yoni pradoshha nashaka* actions.<sup>[6]</sup> Hence due to these properties this drug was selected for oral administration in the present study.

## CONCLUSION

When Tubal blockage is cause of infertility, infertile couples are inspired to shift upon assisted reproductive techniques (ART) or tubal reconstruction surgery. But this type of treatment modalities remains unreachable to most of the infertile couples around world because of its unaffordable cost. In this study *Apamargkshar tail* can be recommended due to its cost effective, reliable effect in the management of tubal blockage.

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**Conflict of Interest: Nil**

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## USG Report Before

ID : 266549265

NAME: MRS. RACHANA AGE: 24 YRS SEX: F  
REF. BY: DR. ANURADHA KHANNA SB. (MS) DATE: 12-Aug-19

### **HYSTEROSALPINGOGRAM**

- ❖ There is intravasation of contrast.
- ❖ The right fallopian tube is visualised and appears mildly dilated and no free spillage of contrast on both sides.
- ❖ The left fallopian tube could not be visualised.
- ❖ Rest of the uterus is well filled with contrast and is normal in size, shape and position.

**IMPRESSION:-**

- Mildly dilated right fallopian tube without any spillage on both sides, probably represent bilateral tubal blockage ? Fimbrial on right side and cornual on left side.

*Adv : Clinical correlation.*

## After

BUDHISAGAR'S  
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DIAGNOSTIC CENTRE SONOGRAPHY & X-RAY CLINIC

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24, H. I. G., Gansohamulla, Smt. 14, 506 Feet Road, Udaipur (Raj.)

NAME : Mrs. Rachna W/O Devendra Singh Kachachwa SEX : Female AGE : 25 Years  
REF. BY : Dr. Narendra Kumar Meena Sr. DATE : 17-Jul-2020 12:51 PM

### **ULTRA SONOGRAPHY PREGNANCY**

Well defined gestation sac seen in uterine cavity.  
Single live embryo is seen in gestational sac.

C.R.L.: Measures: 2 mm. ( 5 weeks 5 days)  
Yolk sac is seen.  
Cardiac activity is present.  
F.H.R.: 97 BPM.

LMP: 31/05/2020  
Age by LMP: 6 weeks 5 days.  
EDD by LMP: 07/03/2021

Age by CUA: 5 weeks 5 days.  
EDD by CUA: 14/03/2021

Ovaries and adnexae are normal.

**IMPRESSION: Single live intrauterine pregnancy of gestational age 5 weeks 5 days.**

**Kindly note :-** This is a screening for above mentioned parameters only. Rests of the structures were not assessed. This is not an anomaly scan. A lot depends on liquor, gestational age, fetal posture, maternal obesity etc. Diagnostic accuracy of USG report is upto 95 % only Sex of the fetus of the pregnant woman was neither determined.