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Case Study

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## Effect Of *Panchgavya Ghrita* On Fallopian Tube Blockage: A Single Case Report

**Dr. Suman kumari<sup>1</sup>, Dr. Sushila Sharma<sup>2</sup>, Dr. Hetal H. Dave<sup>3</sup>, Dr. Sonu<sup>4</sup>**

1. PG Scholar (M.S.<sup>3rd yr</sup>), Prasuti Tantra and Stri Roga Deptt. National Institute of Ayurveda , India
2. Professor, Prasuti Tantra and Stri Roga Deptt. National Institute of Ayurveda Jaipur, India
3. Assistant Professor, Prasuti Tantra and Stri Roga Deptt. National Institute of Ayurveda Jaipur, India
4. Lecturer, Prasuti Tantra and Stri Roga Deptt. National Institute of Ayurveda Jaipur, India

**ABSTRACT:** The present case study was carried out to evaluate the role of *Uttar Basti* in tubal blockage, in order to establish it as a safer and cost-effective Ayurvedic treatment modality. The criterion for selection of the patient is based on tubal blockage diagnosed in hysterosalpingography (HSG). Tubal blockage is responsible for 25 – 35% of female infertility. A female patient of 30 year old was presented with complaints of inability to conceive after 5 year of unprotected sex with involvement of tubal factor. Patient had bilateral tubal block in H.S.G. report. Patient was treated for tubal factor along with *Panchagavya Ghrita Uttar Basti*. *Panchagavya Ghrita* was selected for its *Vata Kapha Shamaka* and *lekhana* properties. The dose of *Uttar Basti* was 5 ml with duration of three consecutive cycles (three days of *Uttar Basti* in each cycle). *Uttar Basti* was administered, after cessation of menstruation, to the screened patient, through hematological, urinary and serological (CBC, HIV, VDRL, HBsAg) investigations. Three cycle of *Uttar Basti* (intra-uterine) with *Panchagavya Ghrita* gave result that left fallopian tube was patent in H.S.G., while minimal spillage is seen in right fallopian tube in H.S.G.

**Keywords:** Tubal blockage, *Uttar Basti*, *Panchagavya Ghrita*, H.S.G.

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**Corresponding Author : Dr. Suman Kumari,**  
PG. Department of Prasutitantra and Striroga,  
National Institute of Ayurveda Madhav Vilas  
Palace, Jorawar Singh Gate, Amer Road,  
Jaipur, Email i.d.-sumansheoran888@gmail.com

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## INTRODUCTION

*Artavavaha Srotas* covers the whole female reproductive tract and encompasses the structural and functional unit from the hypothalamus to the uterus. It represents not only the hormones related to reproduction at the physiological level, but also covers all the structures related to female reproductive organs at the anatomical level. Fallopian tubes are very important structures of the *Artavavaha Srotas*, as they carry *Bija Rupi Artava*. *Artava* is also termed as *Raja* at various places in the classics. Thus, fallopian tubes can be termed as *Artava Bija Vaha Srotas* to prevent any ambiguity and controversy. Tubal blockage is responsible for 25 – 35% of female infertility [1]. In Ayurveda infertility is termed as *Vandhyatwa*. All the three *Doshas* can be responsible for *Vandhyatwa* by causing structural or functional abnormalities in

*Artava Bija Vaha Srotas* (fallopian tube). Vitiation of *Vata* can be considered the most important factor for tubal blockage as it is responsible for obstruct the gati of beeja rupi *Artava* [2]. In classics indicates that any type of *Sankocha* (tubal block) is caused by *Vata*[3]. Vitiation of *Vata* causing tubal blockage can be considered as its vitiation by its *Ruksha, Khara & Daruna guna* [4]. These vitiated *guna* causing stenosis and abnormal function of tubes thus causing tubal block. *Shophajanaka* property of *Kapha* can be considered another *Dosha* responsible for causing tubal block. Vitiation of *Sthira guna* of *Kapha* also responsible for blockage and inflammation [5]. Tubal blockage is one of the most notorious factors of female infertility and very difficult to manage.

## AIMS AND OBJECTIVES

To evaluate the efficacy of *Panchgavya Ghrita Uttar Basti* in tubal blockage and complications, if any during and after the course of treatment.

## MATERIAL AND METHOD

Patient attending OPD of *Prasuti Tantra* and *Stree Roga* Department, National Institute of Ayurveda Jaipur, with complaints of wants issue since 5 years due to tubal factor, diagnosed on the basis of Hysterosalpingogram (HSG) (1/6/2019). The couple was trying to conceive since 2 years. Patient had regular menstrual cycle. Her duration of menses was 4-5 days, interval of menses between 28-30 days of flow 2-3 pads per day without clots. Her husband semen analysis report was found normal. Patient was nulligravida. Her past medical, surgical and family history was to be insignificant. Her personal history appetite, sleep was normal, bowel, bladder was found clear. Patient had

moderate built with 5 feet 3 inch height, 60 kg body weight, blood pressure 110/ 70 mm of Hg, pulse rate 76/ minute. There was no any past medical history like tuberculosis, injury or trauma to lower abdomen, pelvic injuries, any childhood infections.

## SELECTION OF THE DRUG

Tubal blockage considered as a *Vata-Kapha* dominated *Tridoshaja* condition, as *Vata* is responsible for *Samkocha*, *Kapha* is responsible for *Shopha* and *Pitta* is responsible for *Paka*. Thus, all the three *Dosha* are collectively responsible for the stenosis or the obstructing type of pathology of the fallopian tubes. The drug was selected on the basis of *Vata-Kaphashamaka* and *Tridoshaghna*, having *Ushna*, *Tikshna*, *Laghu* and *Sukshma* properties, so that it could remove the blockage by reaching up to the minute channels. Hence *Panchgavya Ghrita* mentioned in *Gadanigraha* was selected for its contents with the same type of properties.

Table No. 1- Ingredients and Properties of *Panchgavya Ghrita*

	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipak</i>	<i>Doshagnata</i>
<b>Cow Milk</b> [6,7]	<i>Madhura</i>	<i>Guru, Snigdha, Shita, Sara</i>	<i>Shita</i>	<i>Madhura</i>	<i>Vata, Pitta ↓</i>
<b>Cow urine</b> [8]	<i>Katu, Tikta, Kashaya</i>	<i>Tikshna, Ushna, Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vata, Kapha ↓, Pitta ↑</i>
<b>Cow Ghee</b> [9]	<i>Madhura</i>	<i>Guru, Snigdha, Shita</i>	<i>Shita</i>	<i>Madhura</i>	<i>Vata, Pitta and Kapha ↓</i>
<b>Cow Curd</b> [10]	<i>Madhura, Amla, Kashaya</i>	<i>Guru, Snigdha, Ushna, Ruksha</i>	<i>Ushna</i>	<i>Madhura, Amla</i>	<i>Vata ↓, Kapha and Pitta ↑</i>
<b>Cow Dung Juice</b> [11, 12]	<i>Tikta, Kashaya</i>	<i>Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Pitta ↑, Vata ↓</i>

Other content of *Panchagavya Ghrita* is *Kwath* of *Dashmoola, Holarrhena antidysentrica, Marsdeniastenacssina, Clerodendrum serratum, Alstonia scholaris, Achyranthus aspera, Cassia fistula, Ficus glomerulata, with Kalka of Swertia chirayata, Phyllanthus emblica, Terminalia bellirica, Terminalia chebula, Piper longum, piper nigrum, zingiber officinalis, Plumbago zeylanica,*

*Operculinaturpethum, Cissampelos pareira, Berberis aristata, Hemidesmus indicus, Inula racemosa, Picrorrhiza kurra, Baliospermum montanum, Acorus Calamus, Embelia ribs.* Most content of the drug have mainly *Ushna, Tikshna* and *tridosha shaamaka* properties, which might help the drug to act on tubal block.

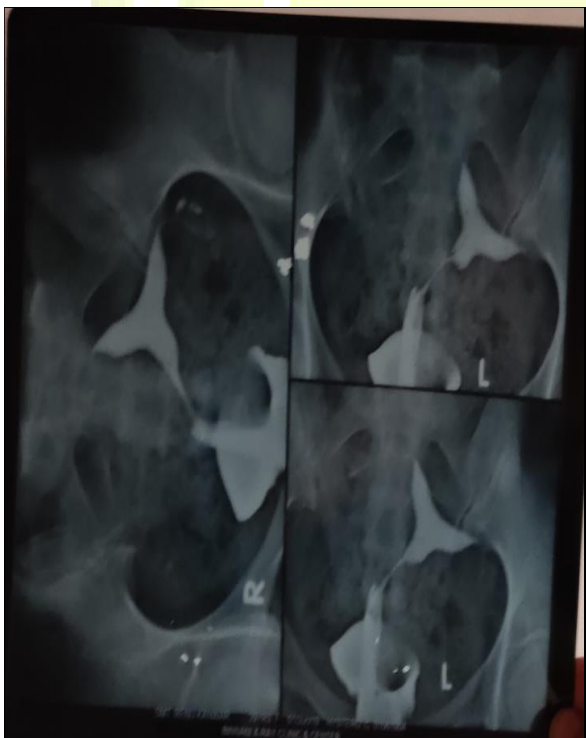
## PROCEDURE

In *Uttar-Basti* procedure, Patient was positioned in lithotomy position, painted with A/S solution and draped with sterile sheets. After sim's speculum inserted and anterior lip of cervix caught with a vulsellum, Luke warm *Panchagavya Ghrita* was introduced into the uterine cavity in the dose of 5ml with the help of I.U.I. canula, after that a *Pichu* (vaginal tampon) was put on cervix mouth, so that more *Ghrita* retained in the intra-uterine cavity. *Pichu* removed after 45 minutes to 1 hour. After

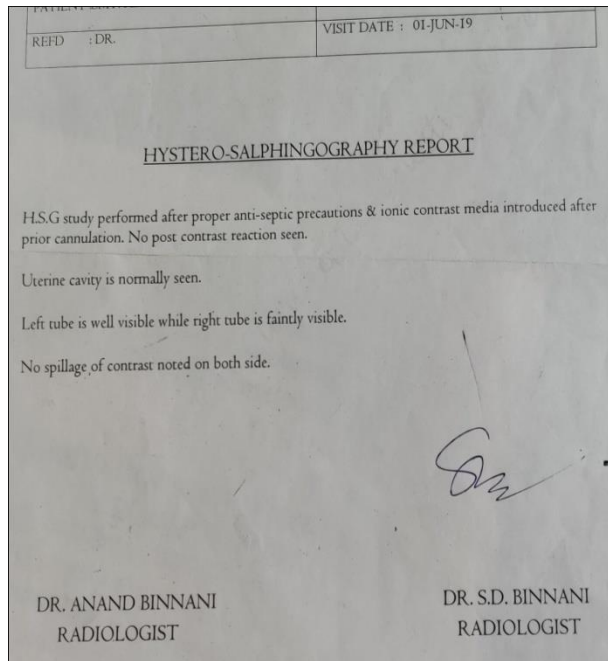
the procedure is over, patient was in supine position on the table for 45 minutes to 1 hour. Vitals such as blood pressure, pulse rate and temperature were measured before and after the procedure. Procedure was done under all aseptic precautions.

## RESULT

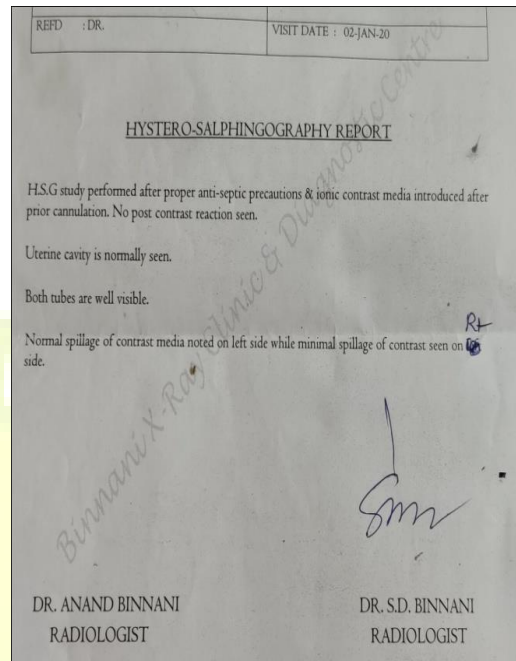
Three cycle of *Uttar Basti* (intra-uterine) with *Panchagavya Ghrita* gave result that left fallopian tube was patent in H.S.G., while minimal spillage is seen in right fallopian tube in H.S.G.







**Before Treatment**



**After Treatment**

## DISCUSSION

Tubal factor infertility occurs when blockage in the fallopian tubes will not allow to meet egg and sperm. Infection, abdominal surgery and diseases such as tuberculosis, endometriosis can cause scarring between end of fallopian tube and ovary. Our Aim in this case was to treat tubal blockage. *Garbhasayagata Uttar Basti* acts locally on tubal blockage. Most content of *Panchagavya Ghrita* having mainly *Ushna* and *Tikshna* property, which might help the drug to act on tubal block. *Basti* is the best therapy to control and regulate the *Vata*, *Ghruta* (Ghee) is for regulation of vitiated *Pitta* and maximum

contents of *Panchagavya Ghrita* is *Ushna* which regulate *Vata* and *Kapha* simultaneously. Such type of works has been carried out previously like *kumari taila uttar basti*, *panchagavya ghrita uttar basti* and *kshar taila uttar basti* in tubal blockage and result were encouraging.

## CONCLUSION

Tubal factor is responsible for 25–35% of female infertility and Tubal blockage is one of the most notorious factors of female infertility and its management is also very difficult. In the present case three cycle of *Uttar Basti* with *Panchagavya Ghrita* resulted into the canalization of the left

fallopian tube and minimal spill in the right fallopian tube was also observed in H.S.G. film. The evidence supports the efficacy of PG ghruta in the management of tubal blockage.

Thus based on the above study *Panchagavya Ghrita* can be safely recommended for the management of Tubal blockage.

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