



CASE REPORT

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Effect of *Kshara Taila Uttarbasti* in Bilateral Tubal Blockage: A Case Report

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ABSTRACT

Tubal obstruction is a major cause of female infertility. Infertility is defined as the inability to conceive after one or more years of regular, unprotected coitus. The current case study was conducted to assess the effect of uttarbasti (the introduction of ghee or oil into the uterine cavity) and Ksharataila (oil formulation) on tubal obstruction. A 32-year-old female patient came to our hospital's Prasuti tantra & Streeroga (Obstetrics and Gynaecology) OPD with the complaint of being unable to conceive after 11 years of marriage. Diagnostic laparoscopy revealed a primary infertility caused by bilateral tubal obstruction. Ayurvedic treatment is planned for the patient. Shaman chikitsa (internal oral medication) was used to calm vitiated Kapha-vaat Doshas (water-air humor) that were causing Strotorodha (obstruction), and Shodhana chikitsa (internal cleaning) was used to eliminate vitiated doshas (humor) from the body. Ghee or oil Uttar basti is administered through the uterine cavity or the vaginal cavity, fallopian tube, and cervix, respectively. The properties of Vyavayi (the property that is initially diffused throughout the body and then undergoes transformation), Vikasi (dispersion), and Sukshma (minute) taila (oil) aid in the eradication of Strotorodha (obstruction). The purpose of this article is to highlight the effectiveness of Kshara Tail Uttar Basti procedures combined with Shamana Chikitsa in treating bilateral tubal obstruction.

Keywords: Artava Beejavaha strotodushti, Tubal blockage, Infertility, Kshara Taila, Uttar Basti.

Received 12.03.2024

Revised 05.04.2024

Accepted 19.05.2024

INTRODUCTION

Tubal factor infertility causes 25-35% of female factor infertility. (1) The most common cause of tubal factor infertility is Pelvic Inflammatory Disease caused by Chlamydia trachomatis infection. Peri-tubal adhesions, past tubal surgery, salpingitis, and other factors can all contribute to tubal obstruction. Although the frequency of infertility and demand for infertility care have increased dramatically in recent decades. (2) The World Health Organization (WHO) estimates the overall prevalence of primary infertility in India to be between 3.9 and 16.8%. (3) Primary infertility was common among Indian women due to pelvic inflammatory disease (PID) and sexually transmitted infection (STI). Tubal reconstructive procedures and in-vitro fertilization (IVF) are the only alternatives; however they are unable to deliver adequate outcomes due to inconsistent availability (primarily available in urban settings) and high cost. (4) Tubal obstruction is not specifically mentioned in Ayurvedic texts, as the fallopian tube is not properly described. The blocking of fallopian tubes with the Artavavaha strotasa (Fallopian tube) is comparable to the Sangashrotodushti. In the Harita Samhita, Vandhyatva (infertility) is described as an illness. Acharya Harita defined Vandhyatva as failure to have a child rather than conception, and he identified six forms of Vandhyatva. (5) Kakavandhya (one child sterility), Anapatyata (primary infertility), Garbhasravi (recurrent abortion), Mritavatsa (stillbirth), Balakshaya (strength loss), Vandhya (infertility caused by Balyavastha (early age), garbhakoshabhanga (uterine rupture), and Dhatukshaya (tissue depletion). Acharya Sushruta has explained in detail the Garbhasambhava samagri (factor for conception), which includes Ritu (fertile period), Kshetra (Female reproductive system- Garbhashaya (Uterine cavity) and Artavavahasrotas (Fallopian tube), Ambu (nourishment), and Beeja (ovum and sperm), and how a disruption in any of these or all of them will result in Vandhyatva (infertility). The current case study can

be better associated to Streevandhyatva (female infertility) caused by Artava-beejavaha strotorodhadushti (Fallopian tubal blockage). (6) Because there is no external component seen causing fallopian tube blockage in the laparoscopic report, we can conclude that vitiation of Vata-kapha doshas (Air-water humor) is responsible for Strotorodha (Obstruction in the channel of the fallopian tube), which leads in infertility. Fallopian tubes are vital components of the reproductive tract because they transport ovum and sperm. Ayurvedic treatment combines shaman (internal medicine) and shodhan chikitsa (internal cleaning) to balance the vitiated Vata-kapha dosha (air-water humor), resulting in tubal function and conception.

CASE REPORT

Presenting or Chief Complaint

A 32-year-old female patient housewife presented to Prasuti tantra evum Streeroga OPD with the primary complaint of inability to conceive after 11 years of marriage and unprotected intercourse. She had IUI (intrauterine insemination) treatment twice, in May 2017 and September 2019, but the procedure failed. Diagnostic Laparoscopy was performed in December 2020, and the results revealed bilateral tubal obstruction, with the right side at the fimbrial end and the left side at the cornual end.

History of present illness

According to the patient, her menstrual history included menarche at the age of 13, a monthly cycle with flow of four to five days every 27 days, and no related symptoms such as hirsutism, weight gain, or painful menses. She also experienced bilateral PCOD (Poly Cystic Ovarian Disorder) and hypothyroidism since 2018 (the patient is not taking any medications).

Clinical findings: General examination, the female patient was medium built.

- Blood pressure- 110/80mm Hg
- Pulse rate -78 /min
- Weight – 69 kg
- Appetite- Normal

Gynaecological examination- Vulva is healthy. The per-speculum revealed healthy vaginal walls and no abnormal active discharge from the cervix. According to vaginal findings, the uterus was anteverted and of typical size, with free and mobile fornixes. She had regular bowel and bladder habits. Sleep was sound, and appetite was typical.

Table 1: Ashtaviddha Pariksha (Eight-fold Examination)

Sr.No	Examination	Result
1.	Nadi (Pulse)	Vaat- Kaphaj (Pulse rate- 78/min)
2.	Mala (Excreta)	Samyak (Not constipated)
3.	Mutra (Urine)	Normal. No burning or itching present
4.	Jivha (Tongue)	Saam Drava (Coated)
5.	Shabda (Voice or Sound)	Hoarseness
6.	Sparsha (Tactile)	Normal (No raised body temperature)
7.	Drika (Eyes and Eyesight)	No long or short sightedness
8.	Aakruti (Body stature)	MadhyamAkruti (Moderate) Weight- 69kg

Vyadhi Vishleshan (7)

- Dosha – Vata Prakopa (due to Rukshata), Kapha Prakopa (due to Sthira, manda guna), Pitta Prakopa (due to Drava guna)
- Dushya – Predominant involvement of Rasa, Rakta, Artava
- Agni - Dhatwagni Mandhya
- Srotasa- Artava (Artava-beejavaha Strotasa)
- Udbhavasthana- Aampakwashaya
- Strotodushti- Sanga
- Vyaktisthana- Garbhashaya
- SadhyaAsadhyata- Kricchasadhya

Investigation: A complete blood count (CBC) and urine examination indicated no major abnormalities. The patient has hypothyroidism and PCOD for the past two years. Diagnostic laparoscopy - Bilateral tubal obstruction (right fimbriae block and left cornual block) on December 31, 2020.

Therapeutic Intervention- Shodhana Chikitsa and Shamana Chikitsa were scheduled. During the first month of treatment, yoga basti (enema) was administered, which included Anuvasan basti (oil enema) with Tila tail (sesame oil) and Asthapana basti (decoction enema) with Eranda Dashmula. Following the

termination of menstruation in each cycle, the Kshara tail Uttarbasti is performed for three days for five months in a row.

Table 2: Timeline of Therapeutic Intervention (Shodhana chikitsa)

Duration	Therapeutic Intervention	Drug Used
20/01/2022- 27/01/2022 (8 Alternate days- Yoga Basti was done)	Snehana (Whole body medicated oil massage)	Bala Tail
	Swedana (Whole body medicated decoction)	Dashmula Bharad
	Anuvasana (Medicated oil enema)	Tila Tail
	Asthapana (Medicated decoction enema)	Eranda-dashmula Bharad
10/02/2022	1 st Cycle Uttar Basti	Kshara tail 5ml with Yoni Picchu of Phalaghruta
07/03/2022	2 nd Cycle Uttar basti	
10/04/2022	3 rd Cycle Uttar basti	
12/05/2022	4 th Cycle Uttar basti	
09/06/2022	5 th Cycle Uttar basti	

Uttar Basti was performed on the fifth day of the menstrual cycle for five consecutive cycles. Before Uttar Basti, Yoni prakshalana was performed with Triphala Kwatha as an aseptic precaution.

Table 3: Timeline of the Oral treatment (Shamana chikitsa)

Duration	Drug	Dose	Frequency	Anupana
10/02/2022 to 09/06/2022	Phalaghruta	10ml	Rasayana Kaal (once a day empty stomach)	10ml Lukewarm milk
	Dashmoola kwatha	20ml	Twice a day After meal	half cup Lukewarm water
	Kanchanar guggul	250mg	Twice a day After meal	Lukewarm water
	Combination of Avipattikar churna and Hingwasthak churna	1tbsp	Twice a day After meal	lukewarm water

DISCUSSION

In India, tubal obstruction is a leading cause of female infertility. In Ayurveda, it is more closely related to Artava-beejavaha Strotorodhadushti (Fallopian Tube Blockage). The Vata-kapha doshas are thought to be the primary cause of tubal obstruction. Sankocha is formed by vitiated vata dosha due to the ruksha (dryness), khara (roughness), and darana (tearing) gunas. Sthira (steady) and manda (slow) gunas of vitiated kapha dosha cause sanga-srotodushiti (obstruction owing to stagnation) in artavavahastrotas.(8) These variables eventually lead to infertility (Vandhyatwa). As a result, the therapeutic principle should be to balance the vata-kapha dosha using Vata Anulomana, Deepanapachana Karma, and other methods. Basti (enema) has multidimensional capabilities and is sometimes referred to as ardhachikitsa (half of the treatment) because it performs lekha (scrape off), rasayana (rejuvenation), strotosanganasha (channel obstruction removal), vataanulomana, and leads to shodhan (body purification). As a result, yoga basti, which is a combination of asthapana (decoction enema) and anuvasana (unctuous enema), was delivered before Uttarabasti.(9) Karma prescribed Uttara basti (intra uterine enema) with Kshara tail for Tiksha (sharp) and Vata-pitta Doshavardhaka. Ksharataila aids in the scraping of blocking material as well as the removal of the uterine and tube endometrial linings. (10) As a result, it eliminates adhesions and fibrosis from the endometrium, promoting rejuvenation. It has therapeutic properties that assist the inner lining of the tubes and uterus repair. Its Shothhara (inflammation-reducing) and Vishahara (toxins-reducing) actions diminish swelling and oedema caused by blocking substances in the mucosal lining of the tubes and uterus.(10) The Kaphahara and Lekhan properties aid to eliminate Strotavarodha (channel obstruction).In the classics, Phalaghruta has been recommended in the management of Shukra dosha and has been attributed to Ayushyama (longevity), Paushtik (nutrition), Medhya (memory), and Punsavan (quickening a male or female foetus) Karma. It was utilized as Shaman chikitsa for internal Snehapaan, which aids in the Vata-pitta Shaman, Rasayan, and Jeevaniya (Rejuvenation) functions. Phalaghruta includes Deepana and Pachana (digestive and carminative), Vrishya (fertility), Rasayana (rejuvenation), Balya (power), Vatanulomana (normal movement of vata), and Bruhana karma (nourishing therapy). (11) Though Phalaghrut is recognized for its Shukravahastrotodushiti properties, it also has anabolic and regeneration effects on the vaginal tract, as well as the ability to rectify Jathragni, Bhutagni, and Dhatvagni (digestive and elemental fire). Kanchanar guggul, a combination of Kanchanar leaf and different Kashaya rasa

(astringent flavor) and Guggul (gum Bedellium), was administered orally to help with the pacification of vitiated Kapha-pitta dosha as well as the elimination of inflammatory fibroids or lymph nodes. (12) Dashmool kwath, a therapeutic decoction of ten herbs, has anti-inflammatory qualities, promotes Prajasthapana, improves fertility, and supports Sangrahi karma. (13) A mixture of Avipattikar churna and Hingwashtak churna was administered internally with a half cup of lukewarm water. Avipattikar churna, a combination medication including Trivruttha (*Operculina turpethum* (L.) Silva Manso), aids in purgation and promotes regular digestion and excretion. It neutralizes acid secretion in the gastrointestinal tract and increases the formation of digestive enzymes, which aid in nutritional absorption and can help with indigestion. (14) Hingwashtak churna helps to improve Agni (digestive power). It aids in the treatment by balancing vitiated Vata and Kapha and increasing Pitta (digestive fire), resulting in adequate Rasadi sapta dhatu nutrition and Vrushya karma (fertility). (15)

Follow up & Outcome:

In this scenario, HSG served as a diagnostic tool. The HSG result dated 19/7/2022 revealed a normal patent fallopian tube following five consecutive cycles of uttarbasti with kshara tail. The patient experienced significant clinical alleviation and achieved normal menstruation every month with no complaints of dysmenorrhea.

Table 4: Improvement Before and After

Before	After
In December 2020, Diagnostic Laparoscopy report showed bilateral tubal blockage, right sided at fimbrial end and left sided at cornual end.	HSG report dated 19/7/2022 showed normal patent fallopian tube

CONCLUSION

Uttarbasti with Kshara tail, as well as internal use of Phalagrut and Dashmoola kwath, have been shown to be effective in the treatment of Artva beejavaha strotasavarodha. Shodhan and Shaman chikitsa, which have Lekhan and Vata-kapha shamaka characteristics, are useful in removing tubal blockages and increasing the rate of conception. It may also be useful for a variety of other female reproductive and menstrual disorder-related issues. There were no severe complications reported in the trial. As a result, this can be considered an effective Ayurvedic therapy for tubal obstruction with minimal side effects.

DECLARATION OF PATIENT CONSENT:

The authors disclose that they got patient consent to publish clinical information while concealing people's identities.

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CITATION OF THIS ARTICLE

Gupta Priyanka, Mangesh Patil, Mishra Shivangi, Patel Sandeep, Salvi Parag. Effect Of *Kshara Taila Uttarbasti* in Bilateral Tubal Blockage: A Case Report. Bull. Env.Pharmacol. Life Sci., Vol 13 [6] May 2024:113-117