

Management of a case of Primary infertility with PCOD and tubal blockage with *Apamarga Kshaar Tail Uttarbasti, Varunaadi Kashaya* and *Shatpushpa Churna*: A Case Study

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Abstract :

PCOD & Tubal Blockage are one of the commonest cause of infertility in female patients . Women unable to procreate progeny is considered as *Vandhya* in Ayurveda. PCOD & TUBAL BLOCKAGE are taken as *KSHETRA* and *BEEJA dushti* among four essential factors needed for conception. Both for tubal blockage and *PCOD* the responsible doshas are *VATA* and *KAPHA*. In this case both *sanashaman* and *sanshodhan chikitsa* was done. The drugs selected were: *Apamarga kshar tail* for *uttarbasti* for three consecutive cycles , *Varunaadi Kashaya, Shatpushpa*

churna orally for 6 months. USG and HSG were used as confirmatory diagnostic tools. 3 Effect of drug on menstrual bleeding pattern was seen for 2nd month of treatment and patient conceived after 7 months of treatment.

Keywords: *Apamarga kshar tail, uttarbasti, PCOD & Tubal Blockage, Vandhya*

Case study:

A female patient aged 34 years with complaint of primary infertility visited outdoor patient department of PTSR department in Doon Institute of medical science, *Sahaspur, Dehradun,*

Uttarakhand, India, on 7 Sept. 2019. Her married life was 6 years. She was having chief complaints of scanty menses with irregular cycles from past 3 years and was unable to conceive.

In past she was on hormonal pills for her present complaint but now willingly came here to take *Ayurvedic* treatment.

Ashtvidhpariksha:

- *Naadi (Pulse): Vataj*
- *Malam (Faecal matter) : Samanaya*
- *Mutra (Urine): Samanya*
- *Jihva (tongue): Samanya*
- *Shabd (voice): Samnaya*
- *Sparsh (skin texture): Ruksha*
- *Drik (eyes): Samanya*
- *Aakriti (body built): Krish*

Dashvidhpariksha :

- *Prakriti (Physical and mental constitution): Vat-pittaja*
- *Vikriti (Pathological condition): Vaat Kaphaj*
- *Sara– (Dhatusaar-Perfectness of body tissue): madhyama*
- *Samhanana: Dhatubandhan- body compactness -samanaya*
- *Pramana-Samanya*
- *Satmya (Homologation): Avara*
- *Satva (Psychic constitution): Madhyama*

- *Aharashakti (Digestive capacity): Madhyama*
- *Vyayamashakti (Capacity for exercise): Avar Vaya (Age of the patient): Yuvati*

Menstrual history:

- LMP: 25 Aug 2019
- Duration: 2 days
- Interval : 40 days
- Flow: scanty (1 pad/day half soaked)
- Blackish in color, without any foul smell and itching, clots
- Pain abdomen and low backache present.

General Examination:

- General condition: fair
- Blood pressure: 110/70 mmHg
- Temperature: 98.4°f
- Pulse: 76/min
- Pallor: +
- Oedema: not any
- *Icterus*: not any
- Lymph nodes: not enlarged
- Thyroid glands: not enlarged
- Neck veins: not engorged

Systemic examinations:

- CNS: Patient well oriented for time place and person and well conscious.

- CVS: s1s2 heard no added sounds present.
- R/S: B/L chest clear, no added sounds present
- Per abdomen: soft, non-tender abdomen.

Gynaecological Examination:

- External examination: no abnormality detected.
- P/S: thin white discharge present, cervical os nulliparous .
- P/V: uterus nulliparous size, anteverted, fornices clear non tender.

Investigations:

- Hemoglobin-9.2 TLC-4.6*10³/UL MCH-26.9 pg MCV-80.6 fl MPV- 14.5 fl
- FBS-65.4 mg/dl HIV-NR
- HBsAg-NR
- Anti HCV-NR
- Serum TSH and *prolactin* were within normal limits.

Treatment Given:

As per the reference given in our *Ayurvedic* classics following treatment was prescribed for the period of six months:

1. *Shatpushpachurna* 6 gm in two divided doses with 2.5 ml of *ghrita* as *anupan*.
2. *Varunaadi Kashaya* 30 ml bd after meals with *anupan* of *madhu*

Uttarbasti (intrauterine instillation) of *apamargakshar* tail for 4 days after menses each cycle for 3 consecutive cycles.

Results:

After 2 month of treatment relief was seen in previous complaint of scanty cycles and irregular menses. Now she was having bleeding for duration of 4 days and using 3 pads per day with interval of 30 days An 2 cycle after starting treatment which was 2 days with 1 pad/day half soaked and of 40 days interval previously. She was counselled for her fertile period. She missed her period after 7 months of treatment and did UPT which was positive. She followed her further ANC in our hospital and delivered a baby boy after 9 months vaginally.

Discussion:

The *doshas* involve in this present case was *vata* and *kapha* blocking the channels of *arataavavaha strotas* leading to *taubal* blockage and (*kshetra dushti*) and PCOD (*beej dushti*). Increased *vata*

and *kapha doshas* lead to *pitta kshaya* resulting in scanty menses.

Uttarbasti was used for *kshetra* purification . *Apamargakshar* tail by its *bhedhan*, *lekhan* ,*kaphagana* properties opens the channels of *artavavahastrotas* and removed obstruction at the level of uterine tubes.

Maharshi sushruta has motioned that *artava* is *agneya* and in *aratava kshaya* *vata kapha shamaka* and *pitta vardhaka* drug is used. *Shatpushpa* is *vata kapha shamaka*, *pitta vardhaka* drug and hence increased *pitta dosha* therefore regulating menstrual flow and amount of bleeding.

Varunaadi Kashaya by its *lekhan*, *granthihar* and *bhedhan* properties removed multiple cyst formed due to PCOS and help rectifying *beej dushti*.

Conclusion:

From the above study it can be concluded the the *uttarbasti* can be used

as standard measure to treat tubal blockage and *vatkhaphar* and *pittavardhak* drugs such *varunaadi kshaya* and *shatpushpa churna* can be used to treat *vat kapha janya yoniroga* such as PCOD.

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