

Management of bilateral tubal blockage by *soma ghruta uttarabasti* and *yonipichu* – a case report

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ABSTRACT:

Secondary infertility is defined as the inability to conceive who had at least one prior conception. Tubal factor is the most frequent cause of secondary infertility in women and is considered as second most contributing factor in female fertility. In the existing modern system of medicine, there is no proper intervention available to clear the tubal block. This condition is dealt with ART or invasive procedures like tubal reconstructive surgery which are not accessible to majority of population. In these cases results are very encouraging not only for removal of blockage but also for enhance the conception rate through *Ayurvedic* management. A 35 year old female presented with a complaint of secondary infertility a diagnosed case of bilateral tubal block with a history of unable to conceive since 9years after her first delivery and husband aged 39 year with normal semen analysis. The case was treated on *Ayurvedic* management protocol including *Shamana* therapy, *Uttarabasti* and *Yonipichu*(Vaginal

tampon). *Uttarabasti* and *Yonipichu* like direct solutions are available to deliver the drug in situ in the uterus. *Soma Ghruta* was used for *Uttarabasti* and *Yonipichu* along with internal administration for augment the conception. The outcome of the treatment resulted in pregnancy and delivered a male baby. So the present case signifies the fruitful outcome of *Ayurvedic* treatment in the field of infertility.

KEYWORDS: Secondary infertility, Tubal block, *Soma Ghruta*, *Uttarabasti*, *Yonipichu*

INTRODUCTION:

Infertility is a worldwide health problem affecting approximately 10-15 % in a couple of reproductive age group. Getting healthy progeny stood on par with human happiness. *Ayurveda* provides a holistic approach to improve the fertility. Infertility is defines as the failure of a couple to conceive after one year of regular unprotected coitus.^[1] Secondary infertility is the infertility was labeled as secondary if the couple had

failed to conceive following a previous pregnancy, despite cohabitation and exposure to the risk of pregnancy in the absence of contraception, breastfeeding or postpartum amenorrhea) for a period of 2 years.^[2] This condition can be correlated with *Sapraja* in *Ayurveda*.^{[3][4]} Among both the types of infertility tubal factor is reported to account for 25-35% of subfertility in the western medical literature, but the prevalence appears to be higher in India due to the higher rates of unrecognized Pelvic Inflammatory Diseases (PID) and Tuberculosis.^[5]

In *Ayurveda* the clinical condition of female infertility is known as *Strivandhyatva*. *Ayurveda* classics mentioned that *Yoni dosha* (diseases of female genital tract), *Mansikdosha* (mental stress), *Shukra-asrikdosha* (abnormalities of gametes), *Akalayoga* (coitus in improper time, advanced age), *Aharadosha* (unhealthy food habits), *Viharadosha* (abnormalities of mode of life) are the factors which delay conception.^[6] For proper fertilization, implantation and development of healthy progeny the four factors, *Ritu* (fertile period), *Kshetra* (female reproductive tract), *Ambu* (nutritional factors) and *Beeja* (sperm and ovum) are essential.^[7] Any defect in these four factors lead to *Vandhyatva*. *Kshetra* is a broad term and includes all the structures of the female reproductive tract whose structural and functional integrity is essential for conception. Fallopian tubes can be considered a part of the *Kshetra* mentioned by Acharya Sushruta as one of the four elements necessary for conception. So for conception, *Kshetra* - the oviduct must be patent and sufficient ciliary movement is present. Tubal block can be considered under the *Kshetravikriti*. As per sage Hareeta

infertility caused by tubal block can be considered under sixth type of female infertility i.e. *Garbhakoshabhanga* (abnormality in the uterus and adnexae).^[8] Acharya Kashyapa mentioned *Vandhyatva* as *Nanatmaja Vikara* of *Vata* and narrowing (*Sankocha*) of tubal lumen is one of the main factors of tubal blockage and it is because of *Vata*.^[9] *Kapha* has *Avarodhaka* property which leads to occlusion of tubal lumen. If both tubes are blocked it may be impossible to get pregnant naturally. This paper presents a case of secondary infertility with bilateral tubal blockage.

Rationality of selection of trial drug and procedure

In the modern system of medicine, the only options left for a couple suffering from Tubal blockage are either Reconstructive Tubal Surgery or In Vitro Fertilization and Embryo Transfer (IVF-ET). Both the procedures are time taking, invasive and more so, not always within the financial affordability of the majority of population in India. There are so many research works carried out for removal of tubal blockage through *Uttarabasti*. After removal of blockage still so many patients are suffering from infertility. So there is a need of time to understand the disease according to *Ayurvedic* principles not only for removal of blockage but also for enhance the conception rate and to maintain healthy gestational age. Different modalities mentioned in *Ayurveda* under the headings of *Sthanikachikitsa* (in situ) for Gynecological disorders. The idea behind this is that to treat diseases of internal organs of the body, systemic treatment is necessary, but in a case of reproductive tract diseases along with systemic

treatment in-situ treatment is effective. Hence in the present study along with systemic treatment *Uttarabasti* as well as *Yonipichu* are adopted as choice of treatment to deliver the drug at the site of pathology. These procedures are proved to be effective in curing the severe form of disease since ancient period. *Vata* is considered the main *Dosha* for all Gynecological disorders and any *Avarodha* or *Sangha* (obstruction) in the body occurs due to the aggravation of *Vata* and *Kapha*. Considering the pathology, the drugs having *Sukshma* (subtle) and *Tikshna* (sharp) properties can be used for *Shamana* therapy and *Uttarabasti*. *Soma Gruta*^[10] is considered as suitable for internal use, *Uttarabasti* and *Yonipichu* to control *Vata* and *Kapha* and to relieve obstruction in the fallopian tubes and prescribed orally for augment the conception.

MATERIAL AND METHOD

Study carried out on one patient, which was selected according to the selection criteria after thorough clinical examination and investigations. A patient named Priyanka Omkar aged about 35 years was taken up for the study, who came with the complaint of burning micturition, general weakness and secondary infertility with the diagnosis of bilateral tubal block (diagnosis confirmed through HSG) to the OPD no. 11 of department of Striroga and Prasutitantra, Laxmanrao Kalasapurkar Ayurved Rugnalaya, DMM Ayurved Mahavidyalaya, Yavatmal on 12th August 2020. On examination, the body proportion was found to be *Madhyama*, was belonging to *Vata-Pitta Prakriti*. Pelvic examination was carried out, on inspection normal findings of external genitalia were found. On examination

(per speculum and per vaginal) healthy cervix with mid position, fornices free and ante-verted uterus with normal size was found. In *Hysterosalpingography* (HSG) both tubes were blocked after 3 to 4 centimeters was found on June. 15, 2018

Male factor

Male partner aged 39 years and did not have any relevant medical or surgical history. Baseline investigation showed husband has normal semen analysis.

Criteria of inclusion

1. Age between 25 to 40 years
2. Tubal block confirmed by HSG on - both tubes were visualized for medial 3 to 4 centimeters and then there was no continuation of tubes or free spillage
3. Bilateral tubal block

Criteria of exclusion

1. Age below 25 and above 40 years
2. Genital tuberculosis and Systemic tuberculosis
3. Pelvic inflammatory disease
4. Endometriosis
5. Genital malignancy
6. Hydrosalpinx
7. Peritubal adhesions
8. Cervical erosion, *vulvovaginitis*, *cervicitis*.
9. Suffering with any severe systemic illness

Ayurvedic management

As per hypothesis for the removal of blockage, *Lekhana*, *Kapha Vatahara* medicines are required in the said problem hence below mentioned treatments were planned to patient.

Table no 1: Internal medicines:

S.N.	Kalpa	Ingredients	Dosha-karma	Dose	Vehicle and Time of administration
1	<i>Soma Ghruta</i>	<i>Goghruta, Siddharthaka, Vacha, Brahmi, Shankhapushpi, Punarnava, Kushtha, Yashti, Katuka, Phalatraya, Sarivadwaya, Rajani, Patha, Bhrungraja, Devdaru, Suvarchala, Manjishtha, Triphala, Shyama, Vrushapushpa, Gairik</i>	<i>KaphaVata shaman</i>	5gm	With warm milk orally at morning
2	<i>Chandra prabhavati</i>	<i>Shilajatu, Guggulu, Vyosha, Suvarnamakshik, Dwayakshara, Lavanatraya, Lohabhasma, Sita, Dhanyaka, Triphala, Chavya, Vidanga, Gajapippali, Karpur, Vacha, MuSta, Bhunimba, Surdaru, Haridra, Ativisha, Darvi, Danti, Pippalimoola, Chitraka, TrivrutaPatraka, Twak, Ela, Vanshalochana,</i>	<i>Tridosha shaman</i>	250mg, twice a day	With Honey empty stomach
3	<i>Punarna vaMando or</i>	<i>Mandoorabhasma, Gomutra, Punarnava, Trivruta, Sunthi, Pippali, Vidanga, Devadaru, Chitraka, Musta, Pushkaramula, Triphala, Haridradwaya, Danti, Chavya, Kutajbeeja, Tikta, Pippalimoola</i>	<i>Kaphavata shaman</i>	250mg twice a day	With Honey before meal

Procedure done:

Uttarabasti and Yonipichu

Patient was admitted on 16th November 2020 for *Uttarabasti* as menses ceased on 6th day of cycle and advised to lie down in dorsal lithotomy position on the operation table. Thereafter, the vaginal canal was cleaned with antiseptic solution. The vagina and cervix were visualized with the help of Sim's

speculum and an anterior vaginal wall retractor. The anterior lip of the cervix was held with the help of Allis' forceps and uterine sound was inserted to ascertain size and position of uterus. Then 5ml medicated *ghee* was pushed with the help of Intrauterine insemination (IUI) cannula, already attached with 5ml syringe filled with *Soma Ghruta* and the patient was kept in head low position. The drug slowly injected above the level

of the internal OS. Instruments were removed and the patient was shifted to IPD ward. She was kept in head low position for at least 45 minutes for better absorption of drug. *Uttarabasti* was done for three times in one cycle on alternate days i.e. on 6th, 8th and 10th day of menstrual cycle. Simultaneously *Yonipichu* (v. tampon) with *Soma Ghruta* was advocated to apply daily from 6th day to 10th day of menstrual cycle. The same procedure of *Uttarabasti* and *Yonipichu* was repeated for a next consecutive menstrual cycle. Patient was instructed to eat healthy food, to avoid intercourse during *Uttarabasti* procedure, to avoid mental stress, to avoid natural urges suppression and day sleep and night awaking.

Follow-up and outcome

Treatment during pregnancy: Table no. 2

First trimester	1. <i>Mayurpichchhamashi</i> : 500mg once a day at morning 2. <i>Vomitab</i> syrup :10m twice a day
Second trimester	1. <i>Soma Ghruta</i> : 5gm once a day 2. <i>Kukkutandatwakabhasma</i> : 250mg twice a day 3. <i>Suvarnamakshikbhasma</i> : <i>Mandoorabhasma</i> : <i>Kapardikbhasma</i> (1:1:2) : 500mg once a day with honey
Third Trimester	1. As per second trimester 2. <i>Ashwagandhachurna</i> : <i>Shatavarichurna</i> : <i>Sunthichurna</i> (4:4:1): 3gm with milk twice a day

Patient had her cycles for 2 months with duration of 4-5 days of moderate bleeding. After two months of completion of treatment, patient came to OPD with complaint of amenorrhea and morning sickness. She had her LMP on 11/01/2021 and scan done on 25/02/2021 revealed that a pregnancy of 6 week and 1 day with scan EDD 19/10/2021. She had treated as per Ayurveda (table no. 2) throughout pregnancy especially *Soma Ghruta* was orally administered in second and third trimester. It's administration during pregnancy causes healthy, valorous and long-lived progeny.^[10] On 18/10/2021 she delivered a male baby, normal labour at full term of gestation with a weight 2.7kg. Now the baby is healthy with normal developmental milestone.

DISCUSSION:

Secondary infertility indicates failure to become pregnant subsequently and mainly due to tubal factor and ovarian dysfunction. Tubal blockage or obstruction to *Artavavahasrotas* results in improper union of male and female gametes leads to infertility. In this condition there is obstruction in *Artavavahasrotas* due to *Kaphadosha* which hamper the normal function of *Vatadosha*. So the treatment protocol

mainly aims to remove the *Srotorodha* (obstruction in channels) in *Artavavahasrotas* maintain the normal function of *doshas*. Narrowing (*Sankocha*) of tubal lumen is one of the main factors of tubal blockage and it is because of *Vata*. *Kapha* has *Avarodhaka* property which leads to occlusion of tubal lumen. This clarifies the relation of *Kapha* with tubal block especially when it is more structural than functional. The drug assumed as effective to open the fallopian tube was considered to have

Kapha Vatashamaka properties. So for oral administration *Soma Ghruta*, *ChandraprabhaVati* and *Punarnavadi Mandoor* these drugs are selected. Local administration of any drug containing *Sukshma*, *Laghu*, *Sara*, *Vyavayi*, *Vikasi*, *Pramathi* etc. *guna*, *Katuvipaka* and *Ushnaveerya* can be assumed to have some effective role in removing tubal blockage.

Uttarabasti is an ideal in-situ therapy that can be adopted in tubal block, since *Basti* is the best therapy to control and regulate the *Vata*. It normalizes the tonic phasic contraction of muscles by pacification of *Vata*. It helps in scraping of obstructing substance and removes the fibrosed and damaged tubal lining and promotes its rejuvenation. Trial drug *Soma Ghruta* is *Kapha Vatas hamaka* (pacify *Kapha* and *Vata* humour), *Rasayana* (rejuvenating property), *Vrushya* (aphrodisiac) in nature. It is mainly indicated in *Vandhyatva* (infertility), *Yonidushti* (diseases of female reproductive system), *Retodushti* (Seminal disorders), etc. It helps in proper nourishment of fetus if given ceremoniously during pregnancy.^[10] Due to its *Sukshma* (subtle) property it enters into minute channels and cleared the obstruction. Thereby the trial drug might have helped in relieving tubal block further due to *Rasayana* property restoring the normal structure of the fallopian tube, means obstruction is removed through the *Vatahara* property and repair of the mucosa of the tubal lumen is done through rejuvenating property. Simultaneously application of *Yonipichu* (vaginal tampon) ensures the constant drug delivery in micro quantities in the reproductive tract, especially in fallopian tubes.

CONCLUSION

Tubal blockage can be correlated with *Artavavaha srotas dushti* mainly *Sanga* type. The conclusion of this study is that the in-situ administration of *Soma Ghruta* is giving encouraging results in this case of tubal block and orally administered *Soma Ghruta* increased the conception rate. Hence, it can be said that *Uttarabasti* and *Yonipichu* of trial drug *Soma Ghruta* and its oral administration might have worked in synergy in removing the block in fallopian tubes. Patient had conceived within the follow up period of 2 months. No significant complication is evident during the study. However, to confirm this observation, further large scale evaluation is required

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Tubal Patency Test: HSG Report (Fig.)



HSG Report:

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- * Ex. Radiologist Dist. Hospital, Yavatmal.
- * Ex. President, Vidarbha Branch Indian Radiology Association.
- * On Panel of- LIC Wartha Distt., HOPC, SU

*****OM*****

MRS. PRIYANKA ONKAR—15.06.18.
 ADV. BY-DR. MRS. GATHE, MBBS. DGO.
 HYSTEROSALPINGOGRAPHY—


PROCEDURE IS PERFORMED—

1. UNDER SEDATION.
2. AFTER INJ. BUSCOPAN.
3. WITH ALL ASEPTIC PRECAUTIONS.

NORMAL UTERUS.

BOTH TUBES ARE VISUALISED FOR MEDIAL 3 TO 4 CMS. & THEN THERE IS NO CONTINUATION OF TUBES OR FREE SPILLAGE.—
 BOTH TUBES ARE BLOCKED AFTER 3 TO 4 CMS.

REDIRECTED TO DR. MRS. GATHE WITH THANKS.



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