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Effect of *Kumari Tail Uttarbasti* on Fallopian tube blockage

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ABSTRACT

Susruta has explained in detail about *Garbha Sambhavasamagri* (factors for conception). They are *Ritu* (fertile period), *Kshetra* (reproductive system - *Artavavaha Srotas*), *Ambu* (nourishment) and *Bija* (ovum and sperm). Derangement in these factors especially *Artavavaha Srotas* results *Vandhyatva* (infertility). Infertility is the inability to get pregnant (for whatever reason) after a year of unprotected sexual activity. About 10 to 15 percent of couples who are of reproductive age are affected. Tubal blockage is one of the most important factors for female infertility. This condition is not described in Ayurvedic classics, as the fallopian tube itself is not mentioned directly. The present 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.

Key words: *Kumari Tail Uttarbasti*, *Fallopian tube blockage*, *Garbha Sambhavasamagri*, *Uttar Basti*, *Ayurveda*.

INTRODUCTION

Tubal blockage is the second most common cause of female infertility, accounting for 25–35% of cases. It is also one of the most well-known and challenging conditions to treat.^[1] The only treatment options for it are tubal reconstructive procedures and in vitro fertilization (IVF), both of which are only offered in a small number of difficult-to-access infertility clinics in impoverished nations. There is also a chance of having an ectopic pregnancy and other issues. On the other

hand, no effective Ayurvedic treatment for tubal obstruction has been developed. Essential Factors for conception^[2]: For conception of a healthy foetus, Ayurveda explains four necessary elements: *Rutu* (Appropriate period for conception) - Here period indicates two things a) Age of both male and female partners, b) Days eligible for conception depending upon ovulation. *Kshetra* (Seat for conception) - The word *Kshetra* refers to the Uterus, Uterus should be in healthy state so that it can hold the foetus for upcoming 9 months and provide nourishment and safety. *Ambu* (Nourishment for conceived foetus) - *Ambu* means water, here it specifies nourishment to the foetus growing in the womb, this depends upon the generalized nutrition of the mother. *Beej* - *Beej* explains the need of competent male sperm and equally healthy female ovum. Both the sperm and ovum are termed as *Shukra Dhatu* in Ayurveda, meaning the reproductive tissue.

MATERIALS AND METHODS

A single Patient attending the OPD of the Stree Roga and Prasooti Tantra, Shri Vivekanand Nursing Home

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Trust's Ayurved Mahavidyalaya, Rahuri factory, Ahmednagar

CASE REPORT

A female patient of 29 years age, teacher by profession, residing in Trivandrum, Kerala came along with her husband to OPD of Stree Roga and Prasooti Tantra, Shri Vivekanand Nursing Home Trust's Ayurved Mahavidyalaya, Rahuri factory, Ahmednagar with complaint of inability to conceive since 3 yrs. of unprotected intercourse. At 25 yrs. of age, she was married to a non-consanguineous man of 30 yrs. on 2016. They tried to conceive since then but failed even after 1.5 year of unprotected intercourse.

General examination

Pulse - 78 beats/min

BP - 130/80 mm of Hg

Weight - 50.4 kg

Systemic examination

CVS - S1S2 normal

CNS - Conscious well oriented

RS - Air entry clear bilateral

Per Abdominal examination

Soft, non-tender abdomen

Ashtavidha Prakisha

- *Nadi - Pittaj Kaphaj*
- *Mala - Vibandh*
- *Mutra - Samanya Matra, Shukla Varna, Sahaj Pravritti*
- *Jivha - Shweta Varna, Sama Malaavritta*
- *Shabda - Spasta*
- *Sparsha - Anushnoshita but Ushna at the site of rashes*
- *Drik - Rakta Varna, Kanduyukta Prakriti*
- *Aakriti - Madhyam*

Dashwidha Prakisha

- *Prakriti - Sharirik - Pittak-Kaphaj Mansika - Rajasika*
- *Vikrati - Prakriti Samasamvaya*
- *Saara - Rakta*
- *Samhanana - Madhyama*
- *Pramaana - Madhyam*
- *Satmya - Sarwarasa*
- *Satva - Madhyam*
- *Ahara Shakti - Abhyav Aharana Shakti - Madhyam, Jaran Shakti - Madyama*

Treatment protocol

Uttarbasti of *Kumari Taila* (five milliliters) was given for six days (with interval of three days in between), after cessation of menses for two consecutive cycles,^[3] with the consent of the patient. *Snehana* (oleation) of *Bala Taila*^[4] followed by *Nadi Sveda* (fomentation) with water steam was done on the lower abdomen, back and lower limbs to the patients, before each *Uttarbasti*. For sterilization of peri vaginal part *Yoni Prakshalana* with *Panchavalkala Kvatha*^[5] was performed. The procedure was carried out in the operation theatre with all antiseptic and aseptic precautions and then the patient was kept in head low for two hours. The lower abdomen was fomented with hot water bag. The HSG was repeated for the analysis of results after the cessation of menstruation in third cycle.

Precautions

The patients were asked to avoid very spicy food during treatment. Coitus was prohibited during the course of *Uttarabasti*. Proper care was taken for not allowing patients to suffer from constipations.

Assessment of complications

The chances of complications cannot be ignored totally, because the *Taila* prepared with *Ushna-Tikshna Dravyas* was administered inside the uterus. Lower abdominal pain and per vaginal bleeding were the most apparent complaints during and after procedure.

It was considered as complication, only if it was very much irritating for the patient. Any type of features of urogenital infection during and after procedure was considered as complication. Hence, close study was kept to detect complications as early as possible.

DISCUSSION

Probable mode of action of intra uterine *Uttarabasti* on tubal blockage All three *Doshas* are involved in the pathogenesis of tubal block with predominance of *Vata Dosh*. *Kapha* is also one of the responsible factors for vitiation of *Vata* due to its *Avarodhatmaka Guna*. *Vata* vitiated on its own as well as by *Kapha* which is able to vitiate *Vata* by its property to cause *Avarodha*. For administration of the drug in tubal blockage, a medium is always required. The medium adapted must not be having any adverse effect in *Samprapti Vighatana* and it would be more appreciable, if it will contain some adjuvant role to open tubal blockage. So, *Tila Taila* was selected for this purpose, as it has most of the qualities, which were required for the present study. Several contents of *Kumari Taila* are highly efficacious & established for their role in menstrual disorders and hormonal imbalance. In case of tubal blockage, effect seems to be more local than systemic. The *Tila Taila*⁶⁻⁹ is *Vranashodhaka* & *Vranapachaka*. It is *Krimighna* too. In addition, its specific role on uterus and reproductive tract is also mentioned as *Garbhashayashodhana* & *Yonishulaprashamana*. These all the properties indicate towards its antiseptic as well as anti-inflammatory actions. Its *Vyavayi* & *Vikasi Guna* show its potency to enter in minute channels and to get spread easily. Thus, it should be the best medium for any drug to reach in tubal cavity and remove the blockage. *Kumari* (Aloe vera)¹⁰⁻¹² is now well established for its anti-inflammatory, ulcer-healing and antibacterial properties.

CONCLUSION

The findings of the study demonstrate the excellent efficacy of intrauterine *Uttar Basti* of *Kumari Taila* in clearing the tubal obstruction with a remarkable rate of conception. Considering that its numerous ingredients have an impact on the ovarian and hormonal activities, it may also be useful for other

causes of female infertility and menstruation problems, such as oligomenorrhea, hypomenorrhea, and dysmenorrhea. In this study, with this treatment, no notable complications are seen. In a long-term research, its impact on patients who have a history of tubal obstruction and infertility was examined.

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