



## Case Study

### CASE STUDY OF FALLOPIAN TUBAL BLOCK WITH *DHANVANTARAM TAILA UTTARAVASTI* AND *YONIPICHU*

B. Pushpalatha<sup>1\*</sup>, Sushueela Sharma<sup>2</sup>, K. Bharathi<sup>3</sup>

<sup>1</sup>Assistant Professor, <sup>2</sup>Associate Professor and Head, Dept. of Prasutitantra, National Institute of Ayurveda, Jaipur.

<sup>3</sup>Research Officer (Ayu.), National Ayurvedic Research Institute for Vector Borne Diseases, Vijayawada.

#### ABSTRACT

Inability of a couple to achieve conception after one year of unprotected coitus is defined as infertility. Fecundability starts to decline from early thirties and accelerates during the late thirties and early forties. Achievement of conception depends on the fertility capacity of both the male and female partner; male is directly responsible in around 30% of cases, female in 30% and both are responsible for 30% of cases, and in the remaining 10% of cases cause remains unexplained. In the existing modern system of medicine, there is no proper intervention available to clear the tubal block. In Ayurveda, *Uttaravasti* and *Yonipichu* like direct solutions are available to deliver the drug in-situ in the uterus. Present study is reporting of a case of fallopian tubal block treated with *Dhanvantaram* oil *Uttaravasti* as well as *Yonipichu* (vaginal tampon). Unilateral tubal block was successfully cured with this trail drug and drug delivery methods.

**KEYWORDS:** Fallopian Tubal Block, *Dhanvantaram Taila*, *Uttaravasti*, *Yonipichu*.

#### INTRODUCTION

A clinical study was carried out with the aim of clinical evaluation of effect of *Uttaravasti* and *Yonipichu* (vaginal tampon) with medicated herbal oil *Dhanvantaram* oil in left tubal block. As per the FIGO manual, Tubal factors are causing infertility in around 30 to 40% cases. Tubal factors include tubal injury, blockage, or paratubal adhesions.

Reasons identified for tubal block are pelvic inflammation, endometriosis, previous pelvic or tubal surgery, isthmica nodosa, polyps or mucous debris within the tubal lumen, tubal spasm, and benign polyps within the tubal lumen. But in almost half of the patients of tubal block the risk factors are not identified.

In *Ayurveda* the clinical condition of female infertility is known as *Strivandhyatva*. Harita has mentioned *Vandhyatva* as failure to achieve a child rather than pregnancy and included *Garbhasrava* (abortion) as well as *Mritavatsa* (stillbirth) conditions. Essential factors described for *Garbhadharana* (achievement of conception) are healthy *Garbhasaya* (*Kshetra* -reproductive system), *Ritu* (season), *Ambu* (nourishing substances), *Bija* (ovum and sperm) and normalcy of *Hridaya* (psyche) along with normal function of *Vayu* (governing nervous system).

Any abnormality in these factors is lead to cause infertility. The word yoni refers to entire reproductive tract which includes uterus and adnexae. Tubal block can be considered under the *Kshetravikriti*. As per sage Harita infertility caused by tubal block can be considered under sixth type of female infertility i.e.

*Garbhakoshabhanga* (abnormality in the uterus and adnexae)<sup>1</sup>.

#### Rationality of selection of trial drug and procedure:

In the modern system of medicine well-prescribed treatments available for infertility cases, but in cases of tubal block there is no satisfactory treatment available. In such type of cases surgery is the available intervention, but that is not giving satisfying results and on the contrast it is sometimes leading to disastrous sequel. Different modalities mentioned in Ayurveda under the heading of *Sthanika chikista* (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 in-situ treatment is effective. Hence in the present study *Uttaravasti* 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* in the body (obstruction) occurs due to the aggravation of *Vata*, hence *Dhanvantaram* taila<sup>2</sup> is considered as suitable for *Uttaravasti* and *Yonipichu* to control *Vata* and to relieve obstruction in the fallopian tubes.

#### MATERIAL AND METHODS

Study carried out on one patient, which was selected according to the selection criteria after thorough

clinical examination and investigations. A patient named Alka Sharma aged about 36 years was taken up for the study, who came with the complaint of secondary infertility with the diagnosis of blocked left fallopian tube (diagnosis confirmed through HSG) to the OPD of department of Prasuti and Striroga, National Institute of Ayurveda, Jaipur.

#### Criteria of inclusion

1. Age between 25 to 40 years
2. Tubal block confirmed by HSG
3. Unilateral /bilateral

#### Criteria of exclusion

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



Instruments used in *Uttaravasti*

#### Procedure done

Patient was called on to IPD to administer *Uttaravasti* on the 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> days after menstruation for three cycles. Simultaneously *Yonipichu* (tampon) was advocated to apply daily from 5<sup>th</sup> day to 9<sup>th</sup> day of menstrual cycle for 3 months. After three months of completion of treatment, patient was investigated through Hystero-Salpingography to find the patency of Tubes. Left fallopian tube was found completely patent on post-treatment HSG report

#### DISCUSSION

According to Ayurveda, block or obstruction in any *Shrotas* (channel) of the body is caused by vata, and the same is the pathology in case of fallopian tubal block. *Uttaravasti* is an ideal in-situ therapy that can be adopted in tubal block, since *Vasti* is the best therapy to control and regulate the *Vata*. Trial drug *Dhanvantharam* oil is very strong and most trusted *Vatahara* remedy. *Bala* (*Sida cordifolia*) is the main ingredient of this oil, which has a *Rasayana* (rejuvenating/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. Oil has the capacity to reach minute channels in the body due to its *Sukshma* (minute) property. Thereby the trial drug might have helped in relieving tubal block further. Other ingredients are *Yava* (barley -*hordeum vulgare*), *Dasamoola* (ten roots), *Kola* (*Zipus jujuba*), *Kulattha* (Horse gram-*Dolichos biflorus*) etc. These drugs are too *Vatahara*, and thereby help in further control of *Vata* humour.

Simultaneous application of vaginal tampon ensures the constant drug delivery in micro quantities in the reproductive tract, especially in fallopian tubes.

#### CONCLUSION

The present case reporting is the second in the sequale of pilot study of fallopian tubal block. Conclusion of the present study is that the in-situ treatment is giving encouraging results in cases of tubal block and perhaps *Uttaravasti* and *Yonipichu* and trial drug *Dhanvantari* oil formulation might have worked in synergy in removing the block in fallopian tubes. However, to confirm this observation, further large scale evaluation is required.

## ACKNOWLEDGEMENTS

Authors are grateful to the Dr. K. Shankar Rao, Director, National institute of Ayurveda, Jaipur for his support and encouragement.

## REFERENCES

1. Hareeta samhita, 48/1-8, Hariharaprasad Tripathi, Krishnadas Ayurveda Series, Chaukambha Krishnadas Academy, Varanasi, Pp 108.
2. Astangahrudaya with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana of Hemadri, edited by Harisadasivasastri, Sharira
- sthana, 2/47-52, edition: 2002, Chaukambha surabharathi prakashan, Varanasi, Pp 33.
3. Ayurvediya Prasutitantra evam Striroga by Prof. PV Tewari, part -I &II, 2<sup>nd</sup> edition 1999 & 2000, Chowkhambha orientalia, Varanasi.
4. Jeffcoate's principles of Gynaecology, eighth international edition 2014, Jaypee Brothers medical publishers (p) LTD.
5. Berek and Novak's Gynecology, fourteenth edition published by Wolters Kluwer (India) Pvt. Ltd., New Delhi.
6. D. C. Dutta, Text Book of Gynaecology, 2<sup>nd</sup> edition 1994, New central agency (P) Limited, Kolkatta.

### Cite this article as:

B. Pushpalatha, Sushueela Sharma, K. Bharathi. Case Study of Fallopian Tubal Block with Dhanvantaram Taila Uttaravasti and Yonipichu. International Journal of Ayurveda and Pharma Research. 2015;3(12):50-52.

**Source of support: Nil, Conflict of interest: None Declared**

### \*Address for correspondence

**Dr. B. Pushpalatha**

Assistant Professor,

Dept. of Prasutitantra, National Institute of Ayurveda, Jaipur.

Email: [pushpalathania@gmail.com](mailto:pushpalathania@gmail.com)

