

The Role of Arbudahara Taila Uttarbasti in Tubal Blockage Infertility

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ABSTRACT

Infertility is a main issue in today's era. Many couples go for IVF, surrogacy and many more with very less benefits. Nearly 10-14% of individuals are belonging to the reproductive age group are affected by infertility. It's rate is constantly increasing due to change in lifestyle, high pollution, socio-economic causes and enormous amount of stress. The problem of infertility has been on a constant rise and affects people of various age group, fertility problems are prevalent in women, which restrict their ability to conceive. The most of the infertility problems, almost 35% are caused by tubal blockage. The tubal blockage causes due to, A. pelvic infections causing 1 Peritubal adhesions 2. Endosalpingeal damage, B. previous tubal surgery or sterilization, C. salpingitis isthemicamodosa, D. Tubal endometriosis and others, E. Polyps or mucous debris within the tubal lumen or tubal spasm. Laparoscopic chrompertubation had limited results in correcting blocks but most of cases refer for Artificial reproductive techniques. Uttarbasti is a special procedure found to act very nicely on tubal blockage if performed cautiously in a sterile environment. Arbudaharalepa told in Sahasrayogam was selected and formulated into Taila to observe the results on Tubal factors of Infertility. In present study, kaphavata hara, Lekhana, Chedana and Bhedana properties of drugs acted to clear the tubal block.

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INTRODUCTION

"Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus." In present scenario of the rapid advancement in technology, infertility is still a problem which been present since many years and years. Conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30-40%, the female in about 40-45% and both are responsible in about 10% cases. According to FLGO manual (1990) causes are: tubal and peritoneal factors (25-35%), Ovulatory factors (30-40%) and Endometriosis (1-10%). Tubal factor infertility is reported to account 25-35% of subfertility in the western medical literature, but the prevalence appears higher in India due to higher rates of unrecognized pelvic inflammatory disease (PID) and tuberculosis. The fallopian tubes are two thin tubes, one on each side of the uterus, which help lead the mature egg from the ovaries to the uterus. When an obstruction

prevents the egg from travelling down the tube, women has a blocked fallopian tube. It can occur on one or both sides. This is also known as a tubal factor infertility and is the cause of infertility in 40% of infertile women. Each month, when ovulation occurs, an egg is released from one of the ovaries. The egg travels from the ovary, through the tubes, and into the uterus. The sperm also need to swim their way from the cervix, through the uterus, and through the fallopian tubes to get the egg. Fertilization usually takes place while the egg is travelling through the tube. If one or both fallopian tubes are blocked, the egg cannot reach the uterus and the sperm cannot reach the egg, preventing fertilization and pregnancy. It's also possible for the tube not to be blocked totally, but only partially. This can increase the risk of tubal pregnancy or ectopic pregnancy. If only one fallopian tube is blocked, but the other is clear, it may still be possible to achieve pregnancy.

In Ayurvedic classic, Acharya explained that essential factors described for *Garbhadharana* (achievement of conception) are healthy *Garbhashaya*, Kshetra (reproductive system), *Ritu*(season), *Ambu* (nourishing substances), *Bija* (Ovum and sperm). Uttarbasti is one such type of therapy being indicated for infertility. It helps in detoxification of reproductive tract like uterus and fallopian tube. Uttarbasti helps in balancing Vata dosha and thus helps in retaining Garbha.

MATERIALS AND METHODS

Place of study:- Dhatree Fertility Centre, koppal.

Case report (on 29/11/2021):- A 33 yr old female patient came to OPD to take treatment for infertility with tubal block, anxious to conceive since 1 yr.

History of past illness:- Recurrent endometrial haemorrhage, cyst in ovaries.

Family history:- Nothing specific.

Personal history:- Diet: mixed, Appetite: normal, Bowel: clear, Micturition: Clear, Sleep: sound, Habits: None. **Menstrual history:-** Menarche: 14 yrs Cycle: Regular Duration: 3-4 days Interval: 28-30days Amount:2pads/day

General history:- Built: Moderate BP:110/70mmHgPulse: 76/min Temperature : 98.4F Respiratory rate: 18/min Height: 158cm Weight:55kg

Systemic examination:-

CNS: Conscious, oriented

CVS: S1S2 heard RS: Normal vesicular breathing

Local examination:- P/A: Soft, no tender, no organomegaly P/V: Cervix healthy, elongated.

Investigations:-

Previous investigation:-

DHL (diagnostic hystro laproscopy on 27/07/2020):

Endometritis with B/L tubal block cystectomy with adhenolysis, ant crypt resection.

AMH:-1.09ng/ml

OrI with letroz 2.5mg for 3 cycle

USG:- B/L ovarian complete haemorrhagic cysts with small uterus fibroids.

HAS (husband semen analysis on20/05/2020)

TSC:-34mil/ml

MOT:- 20% (normozoospermia)

FSH, LH, SERUM PROLACTIN, AMH (ON 1/11/2021)FSH:-7.11mIU/ml

LH:-5.57mIU/ml

SERUM PROLACTIN:- 12.42ng/ml

AMH:-1.56ng/ml

HSG (Hysterosalpingography ON 6/11/2021):- left cornual block, patent fallopian tube on rt side, normal uterine cavity.

Preparation of Arbudaharataila and procedure:-

Sr. No	Drug	Latin Name	Guna	Rasa	Veerya	Vipaka	Amyik Prayog
1	Chitrak	Plumbago Zeylanica	Laghu, Ruksha	Katu	Ushna	Katu	Lakhaniya, Shulaprashamana
2	Chirbilwa	Holoptela Integrifolia	Laghu, Ruksha	TiktaKashya	Ushna	Katu	LekhaniyaBhedaniya
3	Shringber	Zingiber Officinale	GureRuksha	Katu	Ushna	Madhur	BhedaniyaShulaprashamanaShothagna
4	Punarnava	BoerhaviaDiffusa	LaghuTikta	Madhur	Ushna	Madhur	LekhaniyaShothanghna
5	Langli	Glorisa Superba	LaghuTikshna	KatuTikta	Ushna	Katu	GarbhashayasankochakaRaktashodhak
6	Shigrumula	Moringa Pterygosperma	LaghuRuksha Tikshna	KatuTikta	Ushna	Katu	Shothagna Antimicrobial Antibacterial
7	Dantimula	Baliospermum montanum	Guru Tikshna	Katu	Ushna	Katu	Bhedaniya
8	Marich	Piper nigrum	LaghuTikshna	Katu	Ushna	Katu	ShulaprashamanDeepaniya
9	Pippali	Piper longum	LaghuRuksha	Katu	Ushna	Katu	BhedaniyaDeepaniya
10	Lavanpanchak 1.saindhava 2.souvarcha 3. Bida 4. Oudbida 5.Samudra		Snigdha				Shulaprashamana

11	Tankan	English name- Borox, Chemical formula- $\text{Na}_2\text{B}_4\text{O}_7 \cdot 10\text{H}_2\text{O}$	Ruksha Tikshana	Katu	Ushna	Katu	Saraha karma (exudative action)
12	Gomutra		Ruksha Tikshana	Katu	Ushna	Katu	Shulaprashaman

Preparation and procedure of Arbudaharataila:-

1. All required material supplied by GMP and identified and certified by scholars of Dravyaguna dept of SJGAMC.
2. Reference taken from Sahastrayoga.
3. Murchittilataila 1 ltr taken from the pharmacy of SJGAMC.
4. Chitraka is putting by putting its pieces in lime water for 5 hrs.
5. Tankana is purified by frying it in pan till all water evaporated.
6. Langali is purified by putting it in Gomutra for 48 hrs.
7. Now 50 gms each of all ingredient is taken in large vessel, and 8 ltr water added to it and kept for boiling till 1/8th remains. Filter the Qwath with fine cloth.
8. Now make kalka of all ingredient 25gms each.
9. Take a large vessel, take Kalka and Qwath, Murchit Tilataila, and Godugda 1 ltr in it, then boil on slow flame till we get Sneha siddhi lakshana.

Observation:- Patient took Uttarbasti for 3 days in the second cycle due to cervical stenosis in the first cycle. She same with history of Amenorrhea of 15 weeks 6 days, and UPT positive.

Discussion:- Treatment planed was for 3 cycles and the very first cycle Uttarbasti was not performed because of cervical stenosis so patient called on day 5th of next cycle. In the second cycle, (LMP-23-11-2021)

5th day on (29-11-2021)- Uttarbasti done. Arbudaharataila 3ml. Retained 2.5ml.

6th day on (30-11-2021)- Uttarbasti done. Arbudaharataila 3ml. Retained 2.75ml.

7th day on (01-12-2021)- Uttarbasti done. Arbudaharataila 3ml. Retained 2.5ml.

Patient had no complaints during procedure and prescribed after Uttarbasti,

Tab shiva gutika. (30) 2bd After food,

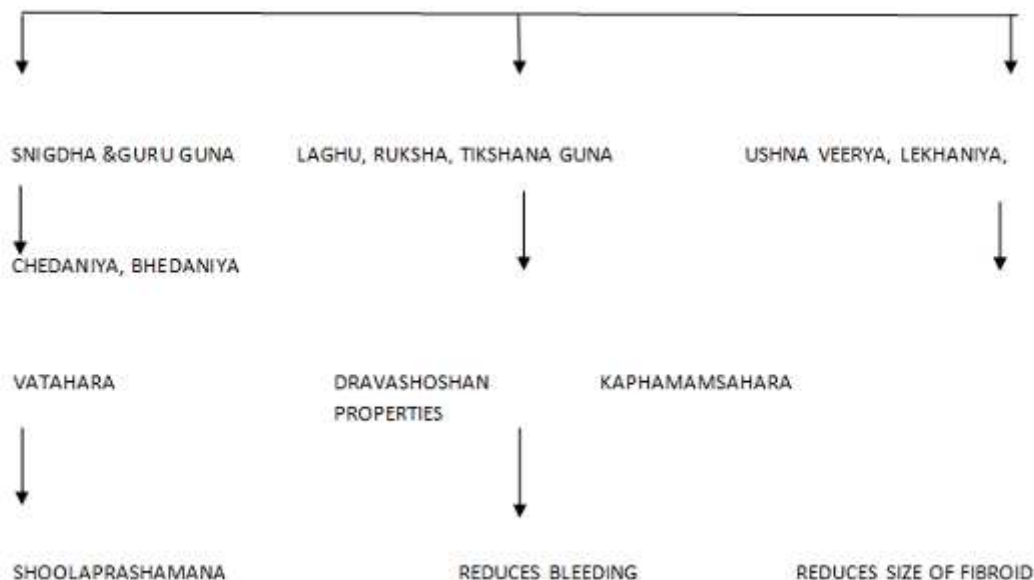
Cap Janani (60) 1 tid after food,

Ratnprasha (1) 1tsp bd with milk before food.

This tablet was given and advised to try for pregnancy during Rutukala.

On 28/12/2021 her UPT was positive and taking ANC with Ayurvedic pregnancy care medicines till today.

Mode of action of Arbudahara taila



Mode of action of Uttarbasti-

Uttarbasti is a unique procedure gifted to practitioners by Ayurveda science. This procedure applicable to both male and female and specially indicated in genitourinary disorders. In female Uttarbasti place an important role in all Arthavavyapad, Yonivyapad, Yonisrava, Vandhya etc conditions. In Garbhashyagata Uttarbasti both Kashaya and Tailas were mentioned in Prsruti Pramana but practically 2-5ml of drug will be used.

Tubal factor correlated with Arthavavaha Srtotosangha which is mostly asymptomatic and needs full attention of practitioner to diagnose. Majorly PID is a source of tubal blockage which microbacterial tuberculi. The action and absorption of any drug instilled into uterus is still unknown for modern science because no researches prove endometrial layer absorptions therefore to prove the action of Ayurvedic special medicines instilled into uterus with Uttarbasti.

Following points can be justifiable,

1. The active potency of drugs used in Arbudahara taila have Ushna and Tikshna guna with kaphashoshana properties which is beneficial to remove sangha in the Srotas.
2. Taila form of formulation enhances the drug contact with the affected area for longer duration and Tila taila itself has Garbhashya Shodhaka property and Vatashamaka property therefore it remove the blockage and balances Apanvayu.
3. During Uttarbasti some amount of the oil spill out from cervix and collect into posterior fornix of vagina recent studies proved that any drug instilled into posterior 1/3 of vagina will pass into the uterine myometrium through 'first pass effect' also some research trials shown endometrial positive response to the drugs used in posterior fornix of vagina hence this proves both local and

systemic action of any formula inserted in posterior 1/3 of vagina actively pass into the uterine layers specially endometrium and myometrium.

4. So Arbudaha taila Uttarbasti effectively opened tubal blockage by its local effect and lesions were healed due to longer duration contact of drug with the affected area. It is believed that the oil which spilled out from uterus also shown its effect on uterine endometrium and myometrium through 'first uterine pass effect'.

Conclusion: there are lot of options available to treat tubal blockage in modern science but they have limited results. More number of population obviously choose IVF for the fertility Ayurveda and ancient holy science is well known for creating miracles gave us lot of options to treat such conditions.

Uttarbasti is such a promising protocol not only in tubal factors but also beneficial in all causes of female infertility. In this study a single case showed success not only in achieving tubal potency but also showed success in achieving pregnancy therefore keeping this result as a reference further our fraternity practitioners can follow this procedure in large no of such patients prove its efficiency.

Uttarbasti is a invasive technique so procedure must be done with full aseptic care in operation theaters under the supervision senior Prasutitamtra and Streeroga specialist.

Reference-

- [1] Vaidya Mahendra Pal Singh Aarya, Sasstrayoga Gutika Prakaran, 1-2, kendriya Ayurvediya vidyan anusandhan parishad, 2011 ed p 119.
- [2] Hum Reprod. 1997 May; 12(5):1073-9. doi:10.1093/humrep/12.1073., PMID:9194669 DOI:10.1093/humrep/12.5.1073.