

TUBAL BLOCK' A CASE STUDY

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Abstract

Keywords:

*Uttarabasti, KsharaTaila,
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The aetiological factors in infertility –Around 35 -40% are seen in female partners,35% in males & another 10 -20% are combined .The remaining may be unexplained . The prevalence of tubal factors in infertile couples varies from 20 - 30%. In the existing system of modern medicine ,only surgical intervention is available .In Ayurveda Uttarabasti is a direct solution to deliver drug in situ.

Present study is a case reporting of bilateral partial tubal block treated with KsharaTaila&KsheerabalaTailaUttarabasti.Bilateral partial tubal block was cured with this trial drug.

INTRODUCTION

A study was carried out with the aim of clinical evaluation of effect of Uttarabasti with KsharaTaila & KsheerabalaTaila in bilateral partial tubal block. The tubes play an important role in sperm transportation, Oocyte capture, Fertilization, Embryo transfer & its growth. Tubal factors includes impaired tubal function, condition of cilia, contractility of muscularis & peritubal conditions influence these conveyances.

Causes for tubal block includes P.I.D (pelvic inflammatory disease) stage 3 & endometriosis-stage 4, congenital long or short tubes.

In Ayurveda, reference of infertility as independent disease is not available in the classics. It is seen as a complication of yonivyapadas.Sushruta quotes “Vandyanastartavam”, Charaka say vandyia is in the beejadusti. Harita mentions vandyatwa as a independent disease with nidanas, types & treatment.

Essential factors for garbhadana are Ritu, Kshetra, Umbu, Beeja, Atma&Vayu. Abnormality of any one out of these factors causes infertility. Tubal block can be considered under the kshetravikruti. As per Haritanidanas of vandyatwa includes Garbhakoshabhanga hence tubal block can be considered under this.

MATERIALS & METHODS

Study was carried out on one patient. It was selected according to the selection criteria after thorough examination & investigations.

A patient of age 27 years was taken up for the study with primary infertility with diagnosed bilateral partial tubal block [HysteroSalphigography].

CRITERIA OF INCLUSION

Diagnosed tubal block by H.S.G.
Unilateral / Bilateral tubal block.

CRITERIA OF EXCLUSION

Genital tuberculosis, P.I.D., Endometriosis, systemic T.B, Genital malignancy, Hydrosalpinx.Cervical erosion, cervicitis, vulvovaginitis, suffering with any severe systemic illness.

PROCEDURE

PROCEDURE DONE:

Clinical trial was done on OPD basis in our hospital. Patient was administered Eranadamuladi yoga basti after the cessation of menses i.e is started on 4th day of menses along with Uttarabasti - ksharataila 5-10ml on 5th, 7th & 9th day of menses for first three cycles.

Uttarabasti was administered after the pratyagamana of niruhabasti.

Next two cycles were treated with only Uttarabasti with kshreerabalataila 5-10ml on 5th 7th & 9th day of menses.

After 5 cycles of treatment Patient was investigated through H.S.G. to find the patency of tubes, both tubes found completely patent after treatment on H.S.G. report.

DISCUSSION

According to ayurveda root cause of all the yonivyapadas is vata & best treatment for vata is basti. As per ayurveda, avaroda in any srotas is caused by kapha & vata [apanavata] since basti is the best therapy to control & regulate vata, ksharataila being kshareeyaguna does ksharana karma thus acts as kaphahara & srotovishodana.

KsheerabalaTaila being balya, Rasayan acts as vatahara & sthanikabalyavardhaka helps in fertilization, embryo transfer & its growth. Both the drugs are in taila form. Taila is said to be the best form of drug for yoni vishodhana.

The viscosity of the oil being more than water requires pushing of drug with little more force into the uterus & tubes.

This straightens the tubes, clearing the cell debris or flimsy adhesions of cilia It may improve the local environment through the action of medicated oil.

CONCLUSION

Hence it can be concluded that the in-situ treatment with basti gives encouraging results in case of partial tubal block & perhaps ksharataila & ksheerabalataila worked to relieve tubal block in a short span of 5 months.

However this observation needs further large scale evaluation with more accurate parameters

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