KEYWORDS: Apamargakshara Taila, Phalakalyana Ghrita, Tubal blockage, Uttarabasti.

ABSTRACT
Tubal infertility is considered as second most contributing factor in female fertility. In these cases results are very encouraging not only for removal of blockage but also for enhance the conception rate through Ayurvedic management. Mainly Vata and Kapha are responsible for tubal blockage so in these patients Apamargakshara Taila was selected for Uttarabasti because of its Vata-Kapha Shamaka and Lekhana property and Phalakalyana Ghrita was prescribed to patients for augment the conception. In these cases HSG and USG results were reported clinically as well as on USG. We also analyzed.

INTRODUCTION
The woman in whom there is a hindrance of any kind to the normal process of conception is called Vandhya. According to Acharya Sushrut the four factors essential for conception are Ritu, Kshetra, Ambu and Beeja.[1] 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. 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. Mainly Vata and Kapha are responsible for tubal blockage so in these case series Apamargakshara Taila was selected for Uttarabasti because of its Vata-Kapha Shamaka and Lekhana property and Phalakalyana Ghrita was prescribed to patients for augment the conception.

MATERIALS AND METHODS
The patients presented with complaints of failure to conceive were examined, and then confirmed with the help of hysterosalpingography (HSG) examination. After confirmation, patients having tubal blockage either unilateral or bilateral were considered for this case series. Laboratory investigations like blood and urine were also documented. An informed and written consent was taken from the patient before the commencement of treatment. Patient outcomes were also analyzed.

STUDY DESIGN
Apamargakshara Taila[2] Uttarabasti was given in the dose of 5 ml after cessation of menstruation, once daily for 3 days; repeat same after an interval of 3 days for two consecutive menstrual cycles.[3] After tubal patency was achieved, immediately Phalakalyana Ghrita[4] was gave in the dose of 10 ml orally once in a day with lukewarm water empty stomach for one month. Patients were instructed to eat more vegetables and simple digestible food, to avoid intercourse during Uttarabasti procedure, to avoid spice, fried food (Guru, Abhisheyand), over eating, to avoid mental stress, to avoid natural urges suppression, and to avoid day sleep & night waking. [Content of the drug are depicted in Table 1 and 2].

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Case 1

A case of Vandhyatva, a female patient aged 23 years, married 3 years back, attended the Streeroga and Prasutitantra OPD of IPGT & RA hospital, OPD No. 8 on Feb. 13, 2014 with complaints of failure to conceive since 3 years by regular and unprotected coitus. She had no previous history of mumps, HIV (Human Immunodeficiency Virus), HBsAg (Australia antigen for hepatitis B) & VDRL (Venereal Disease Research Laboratory). She had done 6 months conventional therapy for infertility but was unsuccessful. She had irregular heavy foul smelling menstrual history. On examination, the body proportion was found to be Madhyama, having weight 46 kg and height 5’2” with normal secondary sexual characters, was belonging to Vata-Kapha Prakriti. On examination (per speculum and per vaginal) deviated uterus with normal size was found. In Hysterosalpingography (HSG) right unilateral cornual tubal block was found on Mar. 02, 2014. As per the hypothesis for the removal of blockage; Lekhana, Kaphahara medicines are required in the said problem hence. Uttarabasti was planned to patient as above mentioned. After two cycles of Uttarabasti, a repeat HSG was done on Dec. 07-2014 and patency of tube was found. After tubal patency was achieved, still patient had difficulty in getting conception. So Phalakalyana ghrita was gave in the dose of 10 ml orally once in a day empty stomach with lukewarm water for one month. In follow up period Ultrasound Sonography (USG) was carried out on July-05, 2014 and 9 weeks pregnancy was achieved after completion of two intra uterine Uttarabasti of Apamargakshara Taila and 1 month course of Phalakalyana Ghrita.
Case 2

Another case of tubal infertility, 29 years old female married 3 years back reported the hospital on 13.05.2014 with complaints of failure to conceive since 3 years by regular and unprotected coitus. She had no previous history of mumps, HIV, HbsAg, VDRL. She had irregular average menstrual history. On examination, the body proportion was found to be Madhyama, having weight 52 kg and height 5’ with normal secondary sexual characters, was belonging to Pitta-Kapha Prakriti. On examination (per speculum and per vaginal) retroverted uterus with normal size was found. In HSG reports, it was concluded as left unilateral distal tubal block was found on Mar. 13, 2014. She was put on same line of Ayurvedic treatment as adopted in case 1 for tubal blockage and again HSG was done on Aug. 12, 2014 and patency of tube was found. Still patient had difficulty in conception so Phalakalyana ghrita was given in the dose of 10 ml as in case 1 and then USG was carried out on Dec-15, 2014 and 7 weeks pregnancy was achieved.

Case 3

A married couple visited the OPD of SRPT having similar complaint-failure to conceive since 5 years. Semen analysis was already carried out in male and was found normal. The female patient was 25 years old having previous history of Pelvic Inflammatory Disease (PID) and having regular average menstrual history. On examination, the body proportion was found to be Madhyama, having weight 48 kg and height 4’10” with normal secondary sexual characters, was belonging to Vata-Pitta Prakriti. On examination (per speculum and per vaginal) anti verted uterus with normal size was found. In HSG reports, it was concluded as bilateral tubal block was found on May 26, 2014. She was put on same line of Ayurvedic treatment as adopted in case 1 and 2 for tubal blockage and again HSG was done on Aug. 14, 2014 and patency of tube was found. After that patient suffered from same issue after removal of blockage so Phalakalyana Ghrita was also given in the dose of 10 ml as in case 1 and 2 and then USG was carried out on Nov-17, 2014 and 9 weeks pregnancy was achieved.

RESULTS

In these cases HSG and USG were used as diagnostic tool and to assess the results of management. Here, all three patients reported the normal study on HSG after two sitting of Uttarabasti and also getting pregnancy after one month course of Phalakalyana Ghrita. In these cases very encouraging results were reported. During follow-up of patients; no any abnormality was reported clinically as well as on USG.

DISCUSSION

Artavavaha Srotasa covers the entire female reproductive tract and encompasses it as a structural & functional unit. Fallopian tubes are the very important structures of Artavavaha Srotasa, as they carry Bija Rupi Artava. Artava is also used for Raja in various places in classics. Thus, fallopian tubes can be termed as Artava Bija Vaha Srotasa to avoid any doubt & controversy. Mainly Vata and Kapha are responsible for tubal blockage. Acharya Kashyapa mentioned Vandyatva as Nanatmaja Vikara of Vata and narrowing (Samkocha) of tubal lumen is one of the main factors of tubal blockage and it is because of Vata.[5] 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 Vata Kapha Shamaka properties. Local administration of any drug containing Sukshma, Laghu, Sara, Vyavay, Vikasi, Pramathi etc.Guna, Katu Vipaka & Ushna Virya can be assumed to have some effective role in removing tubal blockage. Tila Taila has Anti inflammatory action due to its Vranashodhana, Vranapachana Karma[6,7,8] due to its Vyavay and Sukshama Guna it spreads in minute channels and spreads easily. The most suitable method to administer such drug can be Intra Uterine Uttarbasti. Kshara Taila is mentioned for Strirogadhikara in Bharat Bhaishyap Ratnakar[9] and any of the Kshara is said to be the best for not allowing recurrence. Hence, the Apamarga-Kshara works with its Tikshna & Vata-Kapha Shamaka properties in removal of blockage. So, Apamargakshara Taila was selected for this purpose, as it has most of the qualities, which were required for such type of patients.

CONCLUSION

Tubal blockage can be correlated with Artavavaha Srotas Dusti mainly Sanga type. Uttarabasti with drugs having Vata-Kapha Shamaka properties is a safe, reliable & efficacious measure in management of tubal infertility. After the tubal opening by above treatment protocol, orally introducing Phalakalyana Ghrita increased the conception rate. Hence, it can be said that Uttarabasti procedure along with the internal use of Phalakalyana Ghrita can be a standard treatment for management of female Infertility w.r.t. tubal blockage in future in routine Ayurvedic Gynecological practice.

REFERENCES

Cite this article as:

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