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A CASE REPORT:

PANCHAGAVYA GHRITA UTTAR VASTI IN TUBAL BLOCKAGE

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ABSTRACT:

One of every four couples in developing countries had been found to be affected by infertility, when an evaluation of responses from women in demographic & health surveys from 1990 was completed in collaboration with W.H.O. in 2004. The tubal factor is reported to account for 25–35% of sub fertility in the western medical literature, but the prevalence appears to be higher in India due to the higher rates of unrecognized pelvic inflammatory disease (PID) and tuberculosis [1]. Tubal factor infertility accounts for a large portion of female factor infertility. The most prevalent cause of tubal factor infertility is pelvic inflammatory disease and acute salpingitis. The incidence of tubal damage after one episode of pelvic infection is approximately 12%, 23% after two episodes and 54% after three episodes [2][3]. The present paper is based on clinical success story of cornual block of both the fallopian tubes. Success was achieved with Panchagavya Ghrita Uttarvasti after three month treatment.

KEYWORDS: *Blockage of fallopian tube, Fallopian tube, Infertility, Panchagavya Ghrita, Uttarvasti.*

INTRODUCTION

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Acharya Charka has mentioned that women are the origin of progeny, as *Aptya- Moola*.[4] In *Ayurvedic* classics, for *Supraja-nirmana* (Eugenics) four main factors, responsible for conception are-

1) *Ritu*- Fertile period, ovulatory cycle.

2) *Kshetra*- Healthy uterus, reactive endometrium, patent fallopian tubes, coordinated H.P.O. axis.

3) *Ambu*- Proper nutrient fluid.

4) *Beeja*- Viable sperm & ovum.

Astangahridyakara also clarifies this- Healthy *garbhasaya* (Uterus & its reactive endometrium), *marga*(Reproductive tract & Fallopian tubes), rakta(ovum) & *sukra*(sperms), properly functioning of *vayu(Apan vayu* & H.P.O axis) & normal psychological status(for the proper co-ordination of H.P.O. axis) are essential.[5]

Infertility is inability of a couple to achieve conception after one year of unprotected coitus. Women who are able to conceive but then have repeated miscarriages are also said to be infertile. Primary infertility is the inability to conceive a child after regular intercourse for at least one year & secondary infertility occurs in couple who has previously been pregnant at once , but unable to achieve another pregnancy.

In *Ayurvedic* classics, female infertility is termed as *Stri-Vandhyatwa. Acharya Harita* has given the definition of *Vandhyatwa* was given by *Acharya Harita* as failure to achieve a child rather than pregnancy & included *grabhasrava*(abortion) & *mritavatsa* (Stillbirth) in type of *Vandhyatwa.[6]*

Artavavaha Srotas covers the whole female reproductive tract and encompasses it as a structural and functional unit from the hypothalamus to the uterus. It represents not only the hormones related to reproduction at the physiological level, but also covers all the structures related to female reproductive organs at the anatomical level. Fallopian tubes are very important structures of the *Artavavaha Srotas*, as they carry *Bija Rupi Artava*. *Artava* is also termed as *Raja* at various places in the classics. Thus, fallopian tubes can be termed as *Artava Bija Vaha Srotas* to prevent any ambiguity and controversy [7]. While describing the extra *Pesis* in *Stri*, then finally it can be concluded that *Artavapravesini Pesi* were two in number which may be compared with Fallopian tube.[8]

The root cause of any disease is the vitiation of either one or more of the three *Doshas*. Vitiation of *Vata* can be considered as the most important factor for tubal infertility since it is responsible for *Dhatugati*,[9] *Cheshta* [10]and *Garbhakriti*.[11] Acharya *Kashyapa* has stated that any type of *Sankocha* is caused by *Vata*.[12] This *Samkocha* is one of the reasons of Tubal blockage Vitiation of *Vata* in tubal blockage causing infertility can be considered by its *Ruksha, Daruna Gunas*.[13] *Chakrapani* has stated *Darunatva* responsible for *Kathinya[14]* and thus, causing sclerosis of tubes, while *Rukshatva* can be

considered for abnormal function of tubes and its stenosis leading to tubal block. *Kapha* is another *Dosha* responsible for Tubal Blockage for its *Avarodhaka* and *Shophajanaka* properti es. *Sushruta* has stated that *Puya*(suppuration) is not possible without *Kapha*,[15] while *Vagbhata* consider *Kapha* responsible for *Shopha* (inflammation).[16] These *Shopha* & *Puya* are, of course, the most important causative factors for tubal infertility by producing the tubal block. Role of *Pitta* in tubal blockage cannot be totally neglected, as it is said to be responsible for *Paka*.[17] *Pitta* increased with its *Drava guna[18]* may produce oedematous condition of tubes and leads to inflammation by causing *Paka*, which ultimately can create the blockage in fallopian tubes.

Hence, tubal infertility is the interplay of multiple *Doshas* and sometimes the sequel of vitiation of single *Dosha*.

Factors related to female infertility may be – Hypothalamic pitutary ovarian factors, tubal peritoneal factor, uterine factors, cervical factors & vaginal factors.

Tubal pathology impairs functions of the fallopian tube and reduces fertility. The degree of tubal pathology determines the possibility for fertility. The evaluation of the fallopian tube is necessary to determine the management plan of infertility. Investigations related with Tubal factors are-

1) Dilatation & Insufflations test (D.I.) → not done these days.
2) Hysterosalpingography(H.S.G.)
3) Laproscopy & chromopertubation.
4) Sonohysterosalpingography.
5) Falloscopy.
6) Salpingoscopy.

Treatment Modalities are-

1) Adhesiolysis.
2) Fimbrioplasty.
3) Salpingostomy.
4) Tubotubal anastomosis.
5) Tubocornual anastomosis.

These all are surgical procedure & are used for mild tubal block.

6) I.V.F.-E.T.→ For any complicated tubal occlusive disease.

AIMS & OBJECTIVE

This study was conducted to find out the efficacy of *Panchagavya Ghrita Uttarvasti* for tubal Blockage in a single case.

MATERIAL & METHODS

Present study carried out on one patient, who was taken from OPD of department of *Prasuti & Stri Roga*, National Institute of *Ayurveda*, Jaipur after through clinical examination & investigations. Patient was selected after excluding the following

disease- genital tuberculosis, pelvic inflammatory disease, endometriosis, systemic tuberculosis, malignancy, hydrosalpinx, cervical erosion, cervicitis, vulvovaginitis, peritubal adhesions, suffering with any severe systemic illness. *Garbhasayagata Uttarvasti* with *Panchgavya Ghrita* was used. According to *Gadnighrakar* contents of *Panchagavya ghrita* were *Kwath* of *Dadhamoola*, *Triphala*, Holarrhena antidysenterica, Marsdenia tenacissina, Clerodendrum serratum, Alstonia scholaris, Achyranthus aspera, Cassia fistula, Ficus glomerulata, with the *Kalka* of Swertia chirayata, *Triphala, Trikatu*, Plumbago zeylanica, Operculina turpethum, Cissampelos pareira, Berberis aristata, Hemidesmus indicus, Inula racemosa, Picrorrhiza kurra, Baliospermum montanum, Acorus calamus, Embelia ribs & with *Gomutra*, *Goghrita, Godadhi*, *Godugdha* & *Gomaya-rasa.*

CASE REPORT

A moderately built woman aged 25 year, with secondary infertility of 6 year married life was having regular, painful with Normal menstrual flow about 2-3days without clot & smell. She registered on 25/10/2013 in National Institute of *Ayurveda* for the treatment of infertility. She had past four L.M.P. records which were 22/10/2013, 17/11/2013, 15/12/2013, 11/01/2014. Patient had two previous abortions history, 1st was in 2011 of gestational age of one & half month which was spontaneous abortion in nature, 2nd one was missed abortion of gestational age of seven weeks & five days in 2012. Patient came to us with latest H.S.G. report (27/09/2013) which showed bilateral cornual block. Patient had latest U.S. G. report (01/01/2013), which shows normal study. Patient had normal Serum T.S.H., Prolactin (25/09/2013). Husband semen analysis was normal (16/04/2011). She had received following treatment-

1. *Nimba patra* & *Shubhra Kwath prakshalana*
2. *Jatayadi Taila Pichu*
3. *Panchgavya Ghrita Uttar Vasti-Ekantar*

First of all, we use the *Yonigata Nimbapatra, Shubhra Kwath prakshalana* & *Jatayadi Taila pichu* once on 4th day of each menstrual cycle & *Uttarvasti* with *Panchgavya Ghrita* on 5th,7th & 9th day of each menstrual cycle. In 1st, 2nd & 3rd cycle L.M.P. record of patient were 22/10/2013, 17/11/2013 & 15/12/2013. *Yonigata prakshalana, Pichu* & *Uttarvasti* were given in lithotomy position. *Yonigata prakshalana* was done with the help of douche pot & nozzle. Procedure of *Uttarvasti* was after taking patient in lithotomy position, painting & drapping

done, after this Sim's speculum inserted & anterior lip of cervix was catch with the help of vulsellum and then uterine sound is inserted to know the length & direction of the uterine cavity. Lukewarm *Panchagavya ghrita* was given in the dose of 5 m.l with the help of I.U.I. canulla. Then a *Pichu* was put on cervix mouth, which secure more & more *Ghrita* to the intrauterine cavity. Patient was in table for ½ to 1 hour after procedure to make sure that more & more *Ghrita* retained locally. So that it can work more & more. All the procedures of *Uttarvast*i were done under aseptic conditions.

After three cycle of *Uttarvasti* with *Panchgavya Ghrita*, patient is advised for Hysterosalpingography for the patency of fallopian tube. Both fallopian tubes are found patent in H.S.G. report on 21/01/2014. Follow up of patient each fortnightly after the procedure.

DISCUSSION

First of all, by doing the *Yonigata prakshalana* with *Nimba patra ,Shubhra Kwath & Jatayadi Taila Pichu* used locally, which clarifies local infections of vaginal passage. From the above description of drug it was clear that most of content of drug of *Garbhasayagata Uttarvasti* have mainly *Ushna* & Tikshna property, which might help the drug to act locally on tubal block. From H.S.G. it is evident that it was a cornual type block of both fallopian tubes. So by giving the *Garbhasayagata Uttarvasti* it was more possibility that drug act locally more & more because it reaches locally more easily on cornual end as compared to other sites of tubal blockage. As we have already said, that fallopian tube block is *tridosaja*; *Uttarvasti* is best therapy to regulate the tubal block, as *Vasti i*s the best therapy to control & regulate *Vata*, whereas vitiated *Pitta* is regulated by *Ghrita* & contents of *Panchgavya Ghrita* is *Ushna* which regulate the *Kapha & Vata* simultaneously. Along with this all other medicine used to regulate the proper ovulation, endocrinal harmony & *Doshas* of *Sharira*, because our ultimate aim to achieve a progeny.

CONCLUSION

For complicated conditions which are having bad & poor prognosis by modern therapies have hope in *Ayurvedic* treatment .Tubal factor infertility is also a notorious one, the success in this present case, in a short span of time interval of three month has given encouraging result for future practice. But the conclusion drawn is not ultimate, because a large sample size is required for same. Study should be carried out on number of patient, which has different type of tubal blockage. So that we

can get good results for tubal blockage in future, which have low success rate in modern modality.

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