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## Research Article

### MANAGEMENT OF TUBAL BLOCKAGE AND OVARIAN CYST WITH UTTARBASTI: A CASE STUDY

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#### ABSTRACT

A 26 years old female patient from Uttarakhand came into the OPD of Prasuti-Tantra and Stri-Roga with the complaint of inability to conceive since 6 years. She was a diagnosed case of Primary Infertility. Her ultrasonography revealed bilateral ovarian cyst and bilateral tubal blockage in HSG. On enquiry, patient told that she took conservative management (Hormonal therapy) for three consecutive months twice for ovarian cyst but repeat ultrasonography after treatment, revealed the same findings. As the size of the cyst of left adnexa was large measuring 7.9x5.1cm so, she was advised laparoscopic surgery for the same and IVF (In-vitro fertilization) due to bilateral tubal blockage. Her line of management was planned for ovarian cyst and tubal blockage both according to the vitiated Doshas. Counselling of the patient was done regarding advantages and disadvantages of the therapy and prognosis of the disease. Patient was treated with interventional procedure as intrauterine uttarbasti with apamarga kshara taila for 3 days for 3 consecutive months. It cured the bilateral ovarian cyst and tubal blockage with no apparent evidence of complications. But to establish this fact further study on large sample is required.

**Keywords:** Ovarian cyst, Tubal blockage, Apamarga Kshara Taila, Uttarbasti

#### INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Conception depends on the fertility potential of both the male and female partner. The major cause in infertility is female factor which is 40-55%<sup>1</sup>. Female factors are ovarian, tubal, uterine, cervical and endometrial factors (FIGO). Female Infertility due to tubal blockage is the second most contributing factor in 25-35% of the cases. The only options left for a couple suffering from tubal infertility are either reconstructive tubal surgery or in vitro fertilization and embryo transfer (IVF-ET). Both the procedures are time taking, invasive and moreover, not always within the financial affordability of the majority of population in India.

An Ovarian cyst is collection of fluid, surrounded by a very thin wall within an ovary. Functional cysts are most common ovarian cysts and are more likely to rupture than benign or malignant neoplasms<sup>2</sup>. Ovarian cysts affect women of all ages. They occur most often, however, during a women's childbearing years. Distention cysts are of several types and any of them can become complicated by intracystic haemorrhages. These cysts can be single or multiple. When occur single, usually have diameter upto 3-5cm and rarely more than 8cm<sup>3</sup>. Cystic adnexal mass that are less than 8cm in diameter could be followed expectantly, in the asymptomatic patient by giving oral contraceptives for 3 months, as 70% of these masses will resolve spontaneously. Complications of cyst are haemorrhage, torsion rupture, occasionally present as acute abdomen<sup>4</sup>. Indications of surgery are if Ovarian cystic mass greater than 6cm without regression for 6-8 weeks and any cystic structure greater than 8cm<sup>5</sup>. Surgical removal of the cystic portion of an ovary is usually followed by cyst formation in the remaining ovarian

tissue. The more ovarian cyst removed, the more likely the remainder is to become cystic<sup>6</sup>.

In Ayurvedic classics, ovarian cyst and tubal-blockage may be considered as a vata-kapha dominated tridoshaja condition, as vata is responsible for samkocha (constriction), kapha for shopha (inflammation), and pitta for paka (exudate). So, all the three doshas are responsible for the obstructing type of pathology of the fallopian tubes and growth of an ovarian mass. Localized glandular or knotty swelling or nodular growth has been referred under the name of granthi<sup>7</sup>. Vitiated vata dosha along with kapha vitiates mamsa, rakta and meda which produce rounded, protuberant and hard swelling<sup>8</sup>. It is included among the disorders of mamsa and meda<sup>9</sup>.

#### SELECTION OF THE DRUG

In Ayurvedic classics, intrauterine Uttarbasti is mentioned which plays a great role in gynaecological disorders. Chakrapani has mentioned Uttarbasti as shrestanam shrestagunataya which means it is the best and give best results<sup>10</sup>. So, this procedure was selected as a method of drug administration in case of tubal blockage and ovarian cyst. The drug assumed to be selected for this case was considered to have tridoshaghana properties (esp. Vata- Kaphashamaka), laghu (lightness), sukshma (minute), vyavayi, vikasi Guna (property), katu vipaki (pungent outcome of metabolism) and ushna virya (hot potency) and effective role in removing tubal blockage and restoration of its normal function by reaching upto the minute channels. Apamarga kshara taila was selected for Uttarbasti due to its vata-kapha shamaka (pacifier) and lekhana (scraping) properties which will help to break down dosha- dushya smoorchna (pathogenesis). Apamarga Kshara-taila is mentioned in karna roga chikitsa

prakarnam in Bhava prakasha<sup>11</sup>. Apamarga is ushna (hotness), tikshna (fast acting), tikta (bitter), katu (pungent), sara (mobility), pachana (digestant), vatakapahara (pacifier), vishaghana (detoxifier), krimighana (antimicrobial) and medohara (lipolytic)<sup>12</sup>. The kshara (alkali) was selected due to its tridoshaghana (esp.vata- kapha pacifier), ushna, tikshna and sukhma properties, mentioned in Chakradutta<sup>13</sup>, so that it could remove the blockage and resolve ovarian cyst by reaching up to the minute channels.

### CASE REPORT

A female patient of 26 years attended the OPD of Prasuti-Tantra and Striroga at Choudhary Brahm Prakash Ayurveda Charaka Sansathan, Khera Dabar, New Delhi on dated 12/08/2016, with the complaint of inability to conceive since 6 years and occasional lower abdominal pain since 4 months. Patient told that she was a diagnosed case of bilateral tubal blockage and ovarian cyst. she was advised laparoscopic surgery for Ovarian cyst and IVF (In-Vitro Fertilization) due to tubal blockage. Finally, she came to our hospital for further consultation and management. On enquiry, patient told that her duration of menstrual cycle was 2 days with regular interval of 28-30 days, amount of bleeding was scanty with lower abdominal pain which was mild in intensity, spasmodic in nature and radiated to lower back. Study was carried out as per International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or as per Declaration of Helsinki guidelines.

Table 1: General Bio data

GENERAL BIODATA	
Age	26 years
Marital status	Married
Occupation	Housewife
Social class	Middle
Address	Uttarakhand
Registration date	12-8-2016

Table 2: Personal history

PERSONAL HISTORY	
Diet	Vegetarian
Appetite	Normal
Micturition	Normal
Bowel habit	Regular
Addiction	None

### MENSTRUAL HISTORY

Menarche at the age of 12 years

Last menstrual period-11/08/2016

Past menstrual history: 2/28-30 days, amount – 1-2 pads/day (not fully soaked), scanty flow with mild pain lower abdomen and radiating to lower back

**OBSTETRICAL HISTORY- Nil (G0P0A0D0)**

Table 3: General Physical Examination

Build	average
Nutritional status	satisfactory
Pallor	Absent
Thyroid enlargement	Absent
Blood Pressure	124/78 mm of Hg
Pulse	70/min
Height	160cm
Temperature	Normal
Respiration rate	20/min

### Systemic Examination

**Cardio Vascular System:** Heart sounds (S<sub>1</sub>S<sub>2</sub>): Normal  
No added sounds

H.R.- 70/min.

**Respiratory System:** B/L clear, air entry adequate  
No added sounds

**GIT System** – soft, non-tender and no organomegaly was detected

### Genitourinary examination-

#### Inspection-

Vulva-Normal,Healthy

Per Speculum-

Cervix-Normal in appearance

Mucoid discharges (+)

#### Palpation (per vaginum)

Uterus- Anteverted,Normal size,Mobile,Firm in consistency

Fornices- Bilateral fornices free,non-tender

### Investigations (16/08/16)

Hb-12.5gm%

TLC-7,000/mm<sup>3</sup>

DLC-N<sub>58</sub>L<sub>40</sub>E<sub>02</sub>M<sub>0</sub>B<sub>0</sub>

ESR-10 mm fall

FBS-98 mg/dl

TFT-Normal

HIV, VDRL, HBsAg - Non-Reactive

Montoux Test- 4X6 mm (Normal)

Urine- Routine and Microscopic

Pus cells-Nil

Epithelial cells- 1-2/ hpf

### Ultrasonography (Pelvis) – Bilateral Ovarian Cyst (02/08/16)

Small cystic mass measuring 3.2x 3.0 cm size seen in right adnexal region and another cystic mass with internal echoes measuring 7.9x 5.1cm size seen in left adnexal region.

**HSG - Bilateral Tubal Blockage (20/08/16) (FIGURE-1 )**

### Treatment Protocol

#### Uttarbasti (Intrauterine)

After cessation of menstruation, the patient was admitted in IPD for Uttar Basti. Prior to the administration of uttarbasti, nirhubasti (medicated enema) was given to the patient empty stomach in the early morning. After the clearance of the bowel the patient was prepared for the intrauterine uttarbasti. The intra uterine Uttar- Basti with Apamarga Kshara Taila was administered in morning hours with the consent of the patient. The dose was 5 ml for 3 days in each cycle for 3 consecutive cycles. The procedure was carried out in the O.T. with all aseptic precautions.

#### Purvakarma (Pre – Procedure)

**Sthanika snehana (local oleation) and swedana (sudation) –** Abhyanga (oleation) with bala taila for 10 minutes followed by nadi sweda with dashamoola kwath on kati (lowback), parshwa (flanks), prusthadhodara (lower abdomen), sakthi (thighs) till appearance of samyak swinna lakshana (appropriate features of sudation) was performed. For sterilization of peri vaginal and vaginal part yoniprakshalana (vaginal douche) with panchvalkala kasaya was performed prior to the pradhan karma (main procedure).

### Paschat karma (Post - Procedure)

After the procedure lower abdomen was fomented with hot water bag and patient was instructed to lie down for half an hour.

### Precautions

- Avoid consumption of excessive sweet, cold, spicy, pungent and fried food
- Avoid over eating
- Avoid intercourse
- Avoid heavy exercises, long journey, direct exposure to wind and heat.

### Assessment of complications was done through

- Lower abdominal pain
- Per vaginal bleeding
- Urogenital infection

Which were absent in patient.

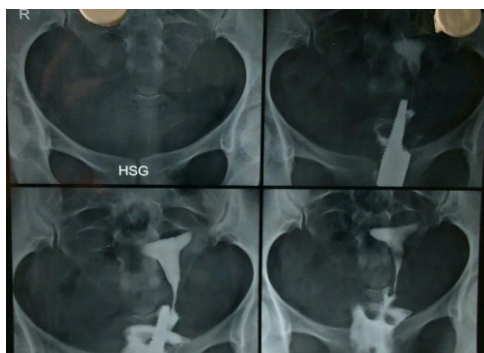


Figure 1: Before Treatment

### Assessment of therapy

Ultrasonography and Hysterosalpingography (HSG) was repeated to check the resolution of ovarian cyst and patency of bilateral tubes after the cessation of menstruation in fourth cycle.

Ultrasonography (Pelvis) (04/12/16)

Both the ovaries are normal in size and shape. No ovarian / adnexal mass seen

Normal study

HSG (06/12/16) report (Figure-2)

Normal uterine cavity

Bilateral normal fallopian tubes with free intraperitoneal spill

### Follow up study

- For pregnancy or any late complication follow up was carried out for 3 months at every month after the completion of treatment.
- No new complaint appeared during follow-up period related to study.



Figure 2: After Treatment

## DISCUSSION

Uttarbasti has local as well as systemic effect. Prior to the administration of Uttarbasti, Niruhabasti (medicated enema) is given. As the water poured to the root nourishes the whole tree, in the same manner Niruhabasti (medicated enema) through its potency get absorbed and provide systemic effect<sup>14</sup>. Probably osmotic pressure may be created by niruhabasti which enhance the absorption of drug administered through Intrauterine Uttarbasti and desired effect is thus obtained<sup>15</sup>. Through the endometrium the active principle of the drug may get absorbed and by the internal iliac vein passes into the systemic circulation<sup>16</sup>. The three doshas (especially vata-kapha) are involved in the pathogenesis of tubal blockage and ovarian Cyst. So, uttarbasti with Apamarga Kshara taila was selected. Tila taila is the base which act as a wound healer and purifier, antimicrobial and Garbhasayashodhaka and Yonishulaprashmana. Moreover, its vyavayi (spreading quickly) and vikasi (to cause looseness of the bindings in the tissue while spreading) properties helps to enter into the minute channels and get spread easily<sup>17</sup>. It is known for its anti-inflammatory property hence, hastens the healing and rejuvenation of the inner lining of tubes. Kshara (alkali) has tridoshaghana (esp.vata-kapha Shamaka), ushna (hotness), tikshna (fast- acting) and sukshma (minuteness) properties and moreover, saumya in nature as mentioned in Chakradutta. Thus, Apamarga Kshara Taila due to its chedana (cutting), bhedana (piercing) and lekshana (scraping) properties could remove the blockage and resolve ovarian cyst by reaching up to the minute channels.

## CONCLUSION

Thus, the management through intrauterine uttarbasti with Apamarga Kshara taila is highly effective and better alternative to hormonal therapy and surgery in ovarian cyst and tubal blockage. Moreover, it is cost effective and non - surgical procedure. But to establish this fact further study of longer duration and on large sample is required.

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