



Clinical Evaluation of Yogavasti and Uttaravasti in Vandhyatwam WSR to Tubal Block - A Clinical Study

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ABSTRACT

Infertility is defined as inability to conceive even after one year, under normal marital conditions without contraception. The rate of infertility is increasing day by day with equal distribution of both male and female factors leading to unhappiness and psychosomatic illness. Besides genetic factors, changed life style, increased stress and strain and environmental pollution are identified as factors contributing to the rising rate of infertility.

In the present article the problem of female infertility w.s.r to tubal block (tubal factor) has been taken for conceptual study. In *Ayurveda*, infertility is termed as *Vandhyatwam*. *Vata* is the predominant *dosha* involved in it as mentioned in our classics. According to *Sushruta*, tubal block can be considered as the deformity of *Kshetra* i.e. the female reproductive system. Very few works have been done on tubal infertility.

The present article is a conceptual study on the effect of *yogavasti* and *uttaravasti* in tubal block. *Erandamooladi kashayam* is used for *kashaya vasti* and *Mahanarayana tailam* for *matravasti* and *uttaravasti*. *Eranda* comes under *bhedaneeya*, *adhobhagahara*, *vatasamsamana gana*, is *vrushyam* and contains *teekshna* and *sukshma gunas* which are very much essential for removing blocks.

Mahanarayana tailam has been selected for both *matravasti* and *uttaravasti*. Most of the drugs in *Mahanarayana tailam* are *laghu*, *ushna* and *teekshna in guna*. These *gunas* also may be useful in bringing *vata* to normalcy and removing the block.

Key words: *infertility, Ayurveda, Sushruta, vandhyatwam, vata, erandamooladi kashayam, mahanarayana tailam*

INTRODUCTION

“*Dharmaarthou*” – *cha.chi 2/7*

Virtue and wealth, affluence and creation depend on women.

“*Styaayati*” – *shabda kalpa drumam*

Stree means one who possesses *garbha* or who has the capacity of reproducing a child.

“*Preetirbalam sukham*” – *cha.chi 2/21*

Love, strength, happiness, professional excellence, wide spread influence, vastness of kinsmen, fame, utility to the world, *sukhodarka* (which gives happiness at a later stage) and pleasure – all these are dependent upon children.

Vedaas also gave woman a unique position in the society for her inherent *prakritidharma* of creation of the entire human race. There is detailed description of *Vandhyatwam* in *Atharvaveda*. Description of *shukra* and *aartava*, *garbhaadhaana vidhi*, protection of fetus by appropriate *aahaara* and *aushadha* and *mantra* is clearly mentioned.

Woman being the victim of this social stigma is more in need of both medical counseling and treatment. The greater incidence of female infertility may be due to the factors like nutritional deficiencies, hormonal imbalance and developmental anomalies of reproductive organs. In the present study the problem of female infertility w.s.r to **tubal block** (tubal factor) has been taken.

Depending upon the site of blockage, modern methods are successful in 27% cases of fimbrial block and 50-60% cases of isthmic block. But these modalities have their own demerits. The chief among the adverse effects are anaesthetic complications, postoperative wound infection, chest infection and embolism, failure of surgery and high incidence of ectopic pregnancy in post treatment cases. The treatment is very expensive also. Moreover, these methods attempt to tackle only the anatomical aspect of the problem. It is the need of the time that a safer, more cost effective and complete cure of this sensitive problem should be developed.

Very few works have been done on Tubal Infertility in Ayurveda.

For the investigation of tubal blockage, hysterosalpingography (HSG) or Sonosalpingography are to be done. It was proved very useful and informative for investigating female infertility. It helps to diagnose several factors responsible for infertility other than tubal blockage also.

Administration: 2ml *Uttaravasti* with *Mahanarayana tailam* and *yogavasti* with *Eranda muladi kashayam* (600 ml. of *kashaya vasti*)

SELECTION OF DRUGS

Eranda muladi kashayam has been selected for *kashayavasti*.

Eranda moolatripalam – *ashtanga hrudayam kalpa siddhi sthanam.4/7-10.*

- ▶ *Eranda* comes under *bhedaneeya*, *adhobhagahara*, *vatasamsamana gana* and contains *teekshna* and *sukshma gunas* which are very much essential for removing blocks.
- ▶ *Madanaphala* is another drug which belongs to *asthapanopaga* and *anuvasanopaga gana* and has *laghu guna*.

Hence these drugs along with other drugs like *palasa* may be effective in removing the tubal block which is *apana vata sthana* and where *vasti* is the best treatment.

2. *Mahanarayana tailam* has been selected for both *matravasti* and *uttaravasti*.

“Bilwaswagandha.....” – *Bhaishajya ratnavali 26/343-354.*

- Most of the drugs are *laghu*, *ushna* and *teekshna in guna*. These *gunas* also may be useful in bringing *vata* to normalcy and removing the block.
- Among the factors of tubal block are pelvic infections which cause adhesions.
- ❖ Both *kashayavasti* and *matravasti* may also help to remove these adhesions in addition to remove tubal block.

For the **investigation** of tubal blockage, hysterosalpingography (HSG) or Sonosalpingography are selected as scanning procedures. It was proved very useful and informative for investigating female infertility. It helps to diagnose several factors responsible for infertility other than tubal blockage also.

MATERIALS AND METHODS

1. Aims and objectives

The aims and objectives are -

- To find out the efficacy of *Uttar vasti* in the tubal blockage.
- To compare the efficacy of *Matravasti* with *Mahanarayana Taila* and *Eranda muladi kashaya vasti* with *Mahanarayana taila Uttara vasti* in tubal blockage.
- To study the complications, if any, during and after the course of treatment.

2. Plan of study

Patients attending the OPD of Stree Roga & Prasuti Tantra, SJSAC&H fulfilling the criteria for selection were incorporated into the study irrespective of caste, religion etc. A detailed history regarding infertility, family history, obstetric history, menstrual history, past illness and clinical finding pertaining to Dosha, Dushya, Dushti, Agni, Srotasa etc. were filled up in specially prepared proforma on Ayurvedic guidelines. All the patients were examined per vaginally to assess any sign of infection or disorder related to tubal blockage or infertility.

3. Study design

Present study was a randomized clinical trial. It could not be carried out as a controlled study, as there is no any drug established as standard for tubal blockage and it was not logical to give placebo for tubal blockage.

4. Criteria for selection of cases

Inclusion criteria

Patients of child bearing age having complaint of failure to conceive due to tubal factor within one or more years of regular, unprotected coitus.

Both the patients, having primary and secondary infertility were included for the study.

Exclusion criteria

Husband's sterility, congenital anomalies of the patient, malignancy is excluded

- All the patients confirming the above said criteria were included in the study and subjected to thorough interrogation, physical and radiological examinations. In both the groups patients were also subjected to other investigations.

A. MATERIALS

1) Drugs

- Mahanartayana taila for matravasti and uttaravasti

• Instruments

- Examination table
- Douche-can with nozzle
- Gloves
- 5cc. Disposable syringe
- Butterfly needle
- Artery forceps
- Uterine sound
- Mahanarayana tailam

2) Patients

40 patients are selected from Outpatient department of Prasuthi tantra and Stree roga, SJSAC&H, Nazarathpet, Chennai

B. METHODS:

1) 40 cases were studied for this work.

2) Grouping of patients - patients were divided into 2 groups.

Group I: Patients received yogavasti (matravasti with Mahanarayana tailam and kashaya vasti with Erandamuladi kashayam.

Group II: Patients received uttaravasti with Mahanarayana tailam.

3) Patients are subjected to interrogation and thorough examination.

- 4) Detailed history was recorded in which marital history, any previous illness, obstetric history, menstrual history, history of any vaginal discharges etc., were taken.
- 5) General examination of the patient including the examination of secondary sexual characters was done.
- 6) Systemic examination was done to exclude gross pathology of other systems.
- 7) Per speculum examination and bimanual examinations were done to examine cervix, uterus and adnexae. The patients are within the age group of 20-35 years.

In both the groups the following disorders were noticed - irregular menstrual cycles, menorrhagia, scanty menstruation, anovulatory cycles etc.

Laboratory Examination	B.T	A.T
Hb		
TC		
DC		
ESR		
Hystero salpingography (HSG)		
Sono salpingography (SSG)		
Tubal block: Bilateral / Unilateral		
Site of block: Cornual/Fimbrial/Mid tubal/other		
Other findings: Related to tube/ not related to tube		

5. Parameters of diagnosis & assessment of results

Patients were selected on the basis of Hysterosalpingography (HSG) or Sonosalpingography (SSG) with the report of unilateral or bilateral tubal blockage.

6. Selection of drug

Group I: Patients received yogavasti (matravasti with Mahanarayana tailam and kashaya vasti with Erandamuladi kashayam).

Group II: Patients received uttaravasti with Mahanarayana tailam.

7. Study design

The whole clinical trial was divided into following parts –

Random division of patients in two groups

Treatment protocol

Notification of complications, if any

End points

• Random division of patients

It was not possible to randomize the patients with stratified, multistage, cluster or multiphase sampling method, as infertile patients of tubal blockage do not come to O.P.D. together. Thus, the most suitable way to randomize the patients and also to divide sample equally in both the groups was division on alternate basis. Hence, patients were incorporated in group I & II for clinical trial on the alternate basis. If one patient was taken in group I, the next was taken in group II and vice versa.

• Treatment Protocol

• Posology

Group I: Matravasti 60ml with Mahanarayana tailam and 600ml kashaya vasti with Erandamuladi kashayam as yoga vasti for 8 days.

Group II: 2ml Uttaravasti with Mahanarayana tailam from 6th day of menstrual cycle for 5 days.

• Method of Uttar vasti in present study

• Time – The patient was admitted for Uttar vasti one day after cessation of menstruation.

- **Purvakarma (Pre-procedure)** – Snehana of Mahanarayana tailamon lower abdomen, back and lower limbs and then Sveda with cloth dipped in hot water for 15 minutes on lower abdomen and back was done in patients before each Uttar vasti. Yoni Prakshalana with Triphala Kvatha was done as aseptic care.
- **Pradhana Karma** – The procedure is carried out in the procedure room. The oil and instruments are autoclaved. Patient is taken on the table in dorsal lithotomy position. The private part (already shaved) is cleaned with antiseptic solution. Vagina and cervix is visualized with the help of cusco speculum. Uterine sound is introduced and then butterfly needle cut at the needle end is attached with 5 ml. syringe filled with medicated oil holding the tube with the help of artery forceps and is passed in uterine cavity after making head low position. The drug is pushed above the level of internal os with constant force steadily to make the drug reach up to the tubes. Then the tube is removed and pichu with the oil is inserted into the vaginal canal. Light and gentle massage is done with palm over the hypogastric region.
- **Pashchat Karma** – The patient is sent to bed for 2 hours.
- **Dose** – 2ml.
- **Duration** – 5 days for 3 consecutive cycles
- **Pathyapathya**
The following care and precautions were taken during and after procedure –
 - The patients were asked to avoid very spicy food during treatment.
 - Coitus was prohibited during the course of Uttar vasti.
 - Proper care was taken for not allowing patients to suffer from constipation.
 - Should avoid oily foods.

Notification of complications

As the Taila prepared with Ushna-Tikshna Dravya was administered inside the uterus, possibility of complications cannot be neglected totally. Per vaginal bleeding and lower abdominal pain are the most probable complaints during and after procedure. They were considered as complications, only if they are very much troublesome for the patient.

End points

Some points were decided to stop the treatment, if develop during treatment –

- If the patient conceives in between the course of study.
- If signs of any type of urogenital infections are observed.
- If heavy vaginal bleeding starts.
- If there occurs severe abdominal pain, which troubles the patient much.

8. Analysis of results

Results were analyzed by taking the percentage of the patients, in whom block was open.

Gradation of results:

- Complete relief: When complete relief from the block is observed.
- Partial relief: When partial relief from the block is observed.
- No relief: When no relief from the symptoms is observed.

9. Follow-up study

Follow-up study for any new complaint emerged during follow up period related to study was noted.

Concept of vasti

- *Acharya Charaka* described that *vasti* is one of the important therapies amongst all the treatments of Ayurveda.

- *Vastica* can be administered in almost all diseases and conditions.
- Its properties are multi-dimensional.
- It acts as *rasayana*, *vrishya* and *brimhana* and is indicated in both *krisha* and *sthula* persons.
- As trees irrigated in its root level attain branches with beautiful leaves, flowers and fruits in time and grow, similarly *anuvasana vasti* or *matravasti* administered into rectum performs significant results from head to toe in human beings.

Concept of *uttaravasti*

- According to *Charaka* *uttaravasti* is a procedure in which the medicine in the form of *kashaya* or *taila* is made to pass through *medhra* in males & through *yoni* into the *garbhaashaya* & through *mootramaarga* into *mootraashaya* in females.
- As it is given through the *uttaramarga* & it gives *sreshtha guna* (best effect) it is called *uttaravasti*.

Time of administration of *uttaravasti*:

- Ideal time for *uttaravasti* in females is during '*Ritu kala*'.
- During that period uterus & vagina will be opened so that the drug administered can pass easily & mitigates vitiated *vata* & so that chances of conception are more.
- After cessation of menstrual bleeding, i.e., from 6th day of the periods *uttaravasti* should be given.

Indications for *uttaravasti*

- *Yonibhramsa*
- *Rajo dosha*
- *Yoni shoola*
- *Teevra yoni vyaapat*
- *Asrigdaram*
- *Yoni bhramsam*
- *Vasti vikaram*

➤ Along with these, 20 *yonivyapats* mentioned in *Charaka Chikitsa* 30th chapter are also indicated for *uttaravasti*.

Action of *uttaravasti*

The causative factor for *yonivyaapat* is *vata dosha*. *Vasti* is highly beneficial in *vata* disorders. *Uttaravasti* plays an important role in the treatment of *yonivyaapat*. *Uttaravasti* pacifies *vata* and helps in retention of *garbha* and in easy conception.

DISCUSSION

Among the patients of Group I and Group II, the number of patients with bilateral/unilateral tubal block who had complete relief is more in Group I when compared to Group II. In Group II, more number of patients with unilateral tubal block had complete relief when compared to bilateral tubal block. From the above results, for more number of patients with both bilateral and unilateral block, there is complete relief in whom *yogavasti* and *uttaravasti* is given and in patients in whom only *uttaravasti* is given, complete relief is more in patients with unilateral block.

CONCLUSION

In the patients in whom both *yogavasti* and *uttaravasti* are given, both uni and bilateral blocks are relieved. In the patients in whom only *uttaravasti* is given, unilateral blocks are relieved compared to bilateral blocks.

From the above results it may be concluded that the results are better when both yogavasti and uttaravasti are given when compared to only uttaravasti.

Hence it may be concluded that according to the principles of *Ayurveda*, *vasti* and *uttaravasti* may be very effective not only in removing the blocks but also are much safer when compared to other invasive techniques.

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