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Case Study

EFFECT OF *DHANWANTHARAM TAILA UTTARAVASTHI* AND *GUGGULUPANCHAPALA CHOORNA* IN BILATERAL TUBAL BLOCK: A CASE STUDY

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ABSTRACT

The prevalence of tubal factor infertility is higher in India due to higher rates of unrecognized PID (pelvic Inflammatory Disease). The risk of PID leading to scarring, adhesions, and partial or total obstruction of fallopian tubes necessities an aggressive approach to managing PID. PID has features similar to *Yoniroga paripluta* caused by *Vata pitta dusti*. In this case study, the patient experienced thick yellowish-white mucoid vaginal discharge while also suffering from recurrent UTIs for six months. She was diagnosed with bilateral tubal block and had a one-year history of infertility. The line of treatment was to normalize *Vata-pitta dosha*, as *Paripluta* was the root cause of tubal blockage here. Here the aim was to alleviate vitiated *Vata pitta dosha* and achieve *Artava vaha sroto sodhana. Srotorodha* in the *Artava vaha srotas* were eliminated by proper *Sodhana, Shamana*, and *Sthanika chikitsa*. *Uttara vasthi* effectively removes tubal block as it can deliver medicines close to the fallopian tube. *Uttara vasthi* with *Dhanwantharam tailam* can relieve abnormalities of the fallopian tube generated by *Rooksha, Daruna,* and *Khara guna* of *Vata*. All this management not only helps to get tube patency but also restores its normal physiological function. After receiving treatment for six months, the patient came with a normal Hysterosalpingography (HSG) report and reported symptomatic improvement.

INTRODUCTION

The fallopian tube plays an important role in the mechanical transport and physiological sustenance of gametes and early conceptus. Complex and coordinated neuromuscular activity, cilia action, and endocrine secretions are required for successful tubal function. The tubal disease includes tubal obstruction, narrowing, and dilation, as well as conditions that alter tubal functions due to changes in the tubal mucosal lining, muscular wall, or any pathology present external to the tube. Tubal disease with blockages can involve the proximal part, the mid part, or the distal part. The tubal factor is reported to account for 25-35% of subfertility in the western medical literature, but the prevalence appears to be higher in India due to higher rates of unrecognized pelvic inflammatory disease (PID).

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PID may be responsible for more than 50 % of causes of tubal factor infertility. PID can damage the tube at multiple sites and also predispose to ectopic pregnancy[1].PID is a spectrum of upper genital tract infections that includes endometritis, salpingitis, tubo ovarian abscess, and pelvic peritonitis. PID is caused by the ascending spread of microorganisms, mostly Neisseria gonorrhea or Chlamydia trachomatis, from the vagina and/or endocervix to the endometrium, fallopian tubes, or adjacent structures. PID presents with lower abdominal pain, vaginal discharge, fever, burning with urination, dyspareunia, or irregular menstruation. Acute salpingitis is the most important component of the PID spectrum because of its impact on future infertility[2]. It is associated with major long-term sequelae, including tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Modern medical treatment for PID are antibiotics, NSAIDS, and antimicrobials. They cause dizziness, drowsiness, headache as well as gastrointestinal upset.[3]

Inflammation, or paka, is the intrinsic karma of pitta; hence according to Ayurveda, pitta is involved in the pathophysiology of inflammation. Hence, PID can be correlated to pitta pradhana yonivyapad. More

convergence with PID is shown by *Paripluta Yonivyapad*. Inflammatory symptoms such as redness, a localized increase in temperature, and congestive changes of the cervix or vaginal canal mentioned in the context of *Paripluta yonivyapad* can be linked to symptoms of PID. These symptoms include *Daaha, Shoona, Shroni Vankshana Prushta vedana* (low back pain), vasthi and kukshi gurutwa (heaviness of the lower abdomen), *Gramyadharme ruja* (dyspareunia), Yonisrava (copious vaginal/cervical discharges due to inflammation and infection of lower genital tract). *Sparshaakshamatwa* can be correlated to lower abdominal tenderness, cervical motion tenderness, adnexal or forneceal tenderness or uterine tenderness which can be elicited in PID.[4]

Charaka[5] and *Vagbhata*[6] have considered infertility as a complication of all the *Yonivyapad*. Infertility due to tubal factors can be considered as a complication of *Paripluta Yonivyapad*, i.e., infection of the upper genital tract. The most important feature of *Paripluta* is dyspareunia, which is also a peculiar feature of salpingitis, and tubal blockage is the most common complication of salpingitis[7]. Owing to the deep-rooted nature of the disease and high recurrence rate, *Samanya chikitsa* of *Yonivyapad*, like *Sodhana, Samana*, and *Sthanika chikitsa* is to be adopted. The main aim of treatment is *Vatapitta samana, Vedana sthapana, Yonishodana* and *Vranaropana.*

MATERIALS AND METHODS

A female subject of 21 years age, residing in Trivandrum, Kerala, attended the outpatient Department of Prasutitantra and Streeroga, Government Ayurveda College, W&C hospital, poojappura Thiruvananthapuram complaints of yellowish white thick mucoid discharge per vagina, itching over the inner thigh and vulvar area and recurrent UTI since six months.

At 19 years of age, she married a nonconsaguiness man of 31 years in 2019. After two months of marriage, UPT tested weakly positive, but spontaneous abortion occurred. Even after one year of unprotected intercourse, she didn't conceive. Hence in 2020, they consulted a gynecologist. On HSG (Hysterosalpingography), bilateral cornual block was detected. The doctor suggested laparoscopic surgery, and they were reluctant to do the same. So they prefer to follow Ayurvedic management for this condition.

Menstrual History

Menarche: 13 yrs.
Irregular cycle
Interval: 35-40 days
Duration: 3 days
Amount: moderate bleeding
No of pads: 2 pads/day
Dysmenorrhea: D1 (Lower abdominal pain)

P/V Discharge

Thick yellowish white discharge per vagina
Itching: present
Foul smell-nil

Obstetrical History

$P_0L_0A_1$
Abortion-Spontaneous abortion at 6weeks

Marital History – Divorcee

Sexual History

Male partner-Multiple sexual partners
Dyspareunia- Deep-positive
PCB-Nil

Personal History

Bowel: Irregular bowel
Bladder: H/o recurrent UTI
Burning Micturition
Incomplete evacuation of bladder
Appetite: Reduced
Sleep: Normal
Allergy: Dust
Food: Mixed

Psychological Status

Mental Trauma from husband
Stress-positive
No other major medical and surgical history was noted

Gynecological Examination

Inspection

White thick mucoid discharge present externally.
Mild Cystocele present.
External Genitalia: Normal

Per Speculum Examination

Cervix- Mid position, unhealthy
Cervicitis ++
Erosion ++
Discharge ++- Yellowish white thick mucoid discharge from External Os
Vagina: Profuse discharge from vaginal walls

Bimanual Examination

Anti-verted Uterus, deep cervix
Cervical Motion Tenderness – Positive, Fornices Free
Bilateral Iliac Fossa Tenderness- Positive.

Investigations

Blood Routine: Within Normal Limits

Urine Routine

Albumin- Trace
Sugar- Nil
EPC- 6-8/HPF
PC- 3-5/HPF
RBC-2-4/HPF

HSG - Consistent with Bilateral Cornual Block. (Reports are attached below)

Figure 1: HSG report of patient on 9/7/2021. Features are consistent with bilateral corneal block.

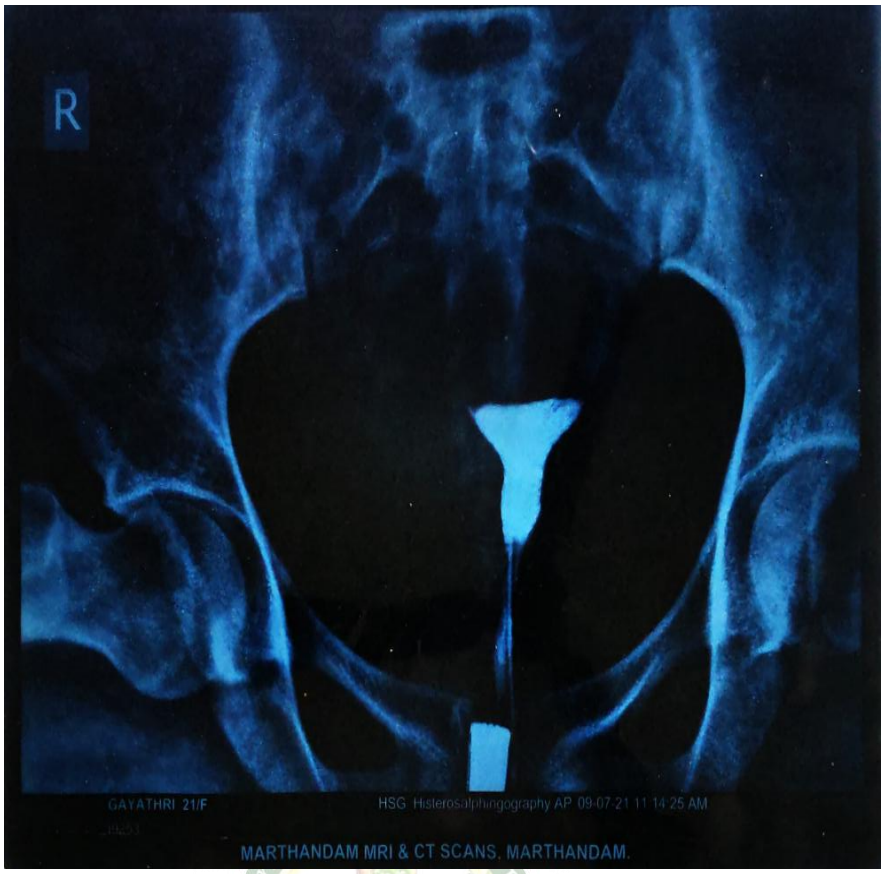

Figure 2: HSG report shows no contrast material seen filling the bilateral fallopian tubes. Contrast seen filling till the uterine cornua towards both sides. No definite spill is seen in to the peritoneal cavity.

From Ayurvedic perspective this condition can be better compared with *Artava-Bija vaha sroto rodha (Sanga)* developed as a complication of not properly treated *Paripluta Yonivyapad* and following treatment protocol were adopted.

Table 1: *Shodhana Chikitsa*

Date	Medicine	Dose	Duration
11/12/21	*Vaishwanara Choornam*	5g twice daily before food	7 Days
	Choorna pinda swedam with *Kolakulathadi choornam*		
18/12/21	*Snehapanam* with *Maha Kalyanaka ghrtam*	Starting from 20ml up to 175ml	7 Days
25/12/21	*Abyanga* and *Ooshma sweda* with *Dhanwantharam tailam*		3 Days
26/12/21	*Virechana* with *Nirgundi Erandam*	20 ml	1 Day
28/12/21	*Yogavasthi* *-Kasayavasthi* with *Gandharvahasthadi kashaya* *-Snehavasthi* with *Pippalyadi Anuvasana tailam*		8 Days

Table 2: *Shamana Chikitsa*

Drug	Dosage
Bruhathyadi kashayam	48ml twice daily (before food)
Guggulupanchapala Choornam	5gm twice daily with honey (after food)
Chandraprabha Vati	2 tablets twice daily (after food)

Table 3: *Sthanika Chikitsa*

	Medicine	**Duration**
Yoni kshalanam	*Pancha thiktham Kashayam*	7 Days
Yoni pichu	*Dhanwantharam tailam*	3 Days
Uthara Vasthi	*Dhanwantharam Tailam*	5 Days

Follow-Up Medicines

1. *Guggulupanchapala choornam* - 5gm twice daily with honey after food.
2. *Gokshura Punarnavadi Gulika*-2 tab thrice daily after food
3. *Valiya Madhusnuhi rasayanam*- 5gm bedtime
4. V-Gel - External application.

Follow up medicines given for 3 months.

RESULTS

In the follow up HSG, there were no obvious abnormalities or uterine filling defects. The tubes are not abnormally dilated, and the spilling of contrast onto both sides confirms the patency of tubes. There was a considerable reduction in symptoms like vaginal discharges, lower abdominal pain, as well as significant improvements in per speculum examinations No cervical motion tenderness was present, and cervical erosion was also reduced. The patient's UTI also felt a great deal better. (Results are attached below).

Figure 3: Follow up HSG report (7/5/2022) of patient suggestive of patent bilateral fallopian tube

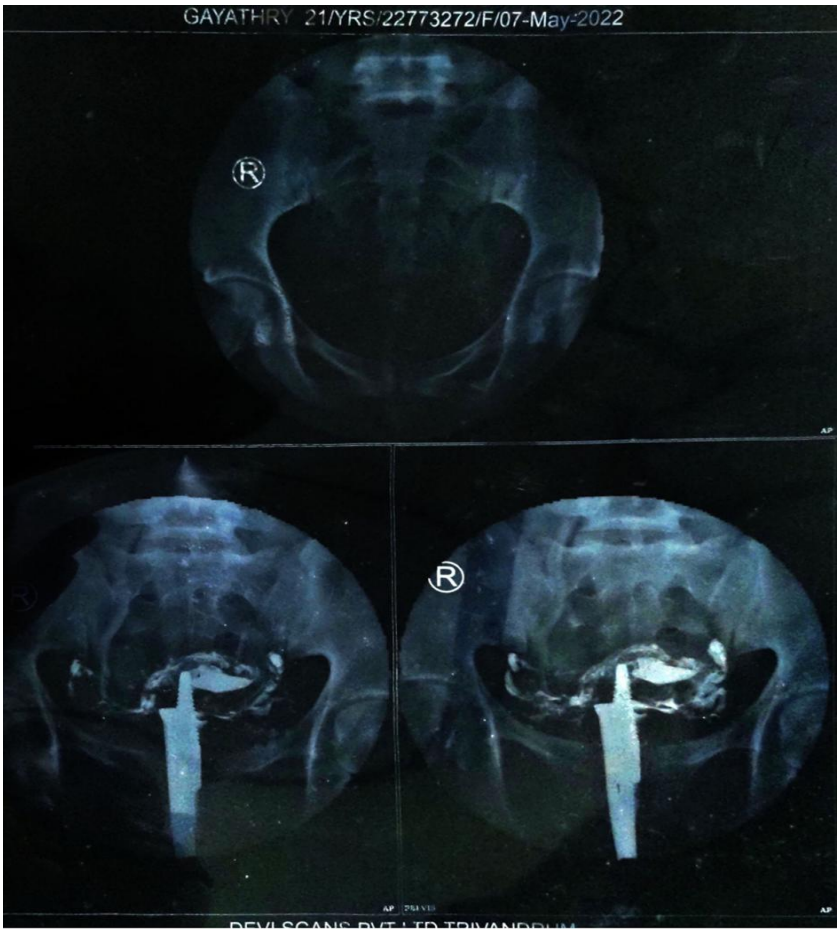

Figure 4*:* HSG image of patient shows that the tubes are not abnormally dilated, and the spilling of contrast onto both sides confirms the patency of tubes.

DISCUSSION

Sampraphty

Vegadharana, mithya ahara (untimely intake of food) mental trauma, stress are the main causes of *Vata dusti.* Husband having multiple sexual partners, recurrent UTI are the leading cause of ascending infection through vagina and create inflammatory reaction in the reproductive tract and thus caused *Raktha pitta dusti*. These *Vata pitta dusti nidanas* leads to *Yoniroga paripluta* which was not properly managed promptly. This improperly managed *Yoniroga* lead to

damage and obstruction to the *Artavavaha srotas*. Here the *Vatapitta dusti* leads to *Sopha avastha* in *Yoni* as is evidenced in *Paripluta lakshana* "*Shoonasparshaasaha yoni".*

Chikitsa

Treatment aimed at *Vata anulomana, Ama pachana* and *Shothahara*. As *Rasa dhatwagnimandya* and *Amarasa* seems to be central pathological entities involved in PID, *Vaishwanara choorna* was given to achieve *Deepana* and *Pachana* and it also helps in *Anulomana* of *Apana vayu*.

Choorna pinda sweda with *Kolakulathadi choornam* which is *Vata hara* as well as *Kaphamedo hara*, helps to clear *Sroto rodha* to some extent. It improves blood supply and helps to loosen the tight and tense muscles in the pelvic region.

Kalyanaka ghrtam was used for internal *Snehapana* purpose. *Manasika bhavas* like *Chinta, Bhaya, Shoka* involved in this case can lead to vitiation of *Doshas* and *Dhatus*. *Kalyanaka ghrta* mentioned in *Unmada chikitsa* found to have considerable action on *Manasika bhavas*. As majority of the drugs possess *Ushna veerya, Katuvipaka, Tridosha samaka* property, it helps in *Artava beeja vaha sroto vishodana*. *Vrishya* and *Rasayana* properties of this drugs helps in the regeneration of tissues in damaged fallopian tube.

Virechana was done with *Nirgundi erandam*, since it was found to be *Vata kapha samaka, Srotosodhana, deepana, Sukshma, Teekshna, Ushna veerya* with *Vata anulomana* property.

Vasti was chosen to be the best treatment for *Vata*. Hence *Yogavasthi* (combination of decoction enema and unctuous enema). *Lekhana, Ushna, Teekshna, Sroto sanga nashaka, Vata anulomana* properties of *Gandharva hastha kasaya vasthi* which leads to detoxification of body, also relieves *Artavavaha sroto sodhana*.

***Sthanika chikitsa*:** *Yonidhavana* was done with lukewarm *Kwatha* of *Panchathiktham*. It does *Vatapitta samana, Kleda shosana, Daha* and *Srava samana*. *Yonidhavana* was completed with lukewarm *Panchathiktham kwatha*. It does *Srava samana, Kleda shosana, Daha samana,* and *Vatapitta samana*. The amount of vaginal discharges is reduced due to cleansing effect of *Yoni dhavana* and antiseptic properties of drugs via arteries and the lamina propia. The vaginal canal is well supplied by the arterial and venous plexus, which makes it an ideal route for administering medication. The first uterine pass effect, which refers to the possibility of direct local transfer from the vagina to the uterus, is another factor supporting absorption of drugs[8].

***Uttaravasthi*:** In this case, intrauterine *Uttara vasthi* (enema through the vaginal tract) with *Dhanwantharam taila* was chosen. By, it removes tubal blockage by directly acting on obstruction mechanically. It stimulates the cilia, restoring their normal function. It helps to break tubo-peritoneal adhesions as it has been shown in numerous studies that HSG combined with an oil-based dye can do[9]. The genito-urinary system is rejuvenated owing to its *Rasayana karma.* The major component is *Bala,* and the root of the plant contains ephedrine, which has analgesic and anti-inflammatory properties. Its leaf extract exhibits anti-microbial activity against Candida albicans, enterococcus faecalis, staphylococcus aureus, and pseudomonas aeruginosa. *Sarjarasa, Sarala,* and *Devadaru* have antiseptic characteristics that stop the growth of disease-causing organisms. *Prapoundarika* and *Saileyaka* have ulcer-healing properties that aid in the repair of the inner lining of the uterus and fallopian tubes. *Vacha, Kusta,* and *Kshara guna* possessed by *Punarnava* aids in the removal of the fibrosed and damaged fallopian tube due to their *Lekhana karma*. Antioxidant and healing qualities of various ingredients aid in the regeneration of the damaged fallopian tube after the removal of fibrosed tissue. *Tila taila* is *Vrana shodaka*, also referred to as *Yonishula prashamana* and *Garbhasaya sodhaka*. Its capability to easily spread through minute channels is demonstrated by its *Vyavayi* and *Vikashi guna*. Thus, it's the greatest way for any drug to enter the tubal cavity and clear tubal blockage. It restores tonic phase uterine contractions of tube and movement of cilia. All of this treatment not only aids in restoring the tubal patency but also its normal physiological function.

Table 4: *Samana Chikitsa*

Drugs	Mode of Action
Guggulu pancha pala choornam	The main component of this medicine is *Guggulu*, which has *Lekhaneeya*, anti-inflammatory characteristics that aid in the removal of tubal blocks and antioxidant capabilities that aid in tissue regeneration. Moreover, it has qualities like *Laghu, Teekshna, Vishadha, Sara, Deepana, Anulomana,* and *Kapha dourgandya hara.*
Chandra prabha vati	Useful for genitourinary system diseases that are both acute and chronic. Moreover, it aids in returning the *Vata* and *Pitta doshas* to normal. It also has anti-inflammatory and analgesic properties.
Brihatyadi kashayam	Recurrent UTIs can be managed with the aid of diuretic, anti-inflammatory,

	antispasmodic, demulcent, and laxative characteristics. Effective in treating bacterial illnesses including gonorrhoea and chlamydia, work as a natural antibiotic. Its calming effects aid to relieve burning micturition.
Valiya madhu snuhi rasayanam	The excellent antioxidant property of *Madhusnuhi* and wound healing properties of *Gandhaka bhasma* helps in managing *Guhya Vrana*. It contains *Madhu,* which forms a protective layer across the mucous membrane and reduces inflammation. Moreover, it contains drugs, which aid in inhibiting the growth of microorganisms. *Rasayana guna* helps in the regeneration of tissues and prevents from recurrence of the disease.

CONCLUSION

A substantial correlation exists between delayed PID treatment and worse outcomes and long-term problems. PID is a significant clinically unrecognized cause of tubal obstruction. Laparoscopic surgery can clear scar tissue or unclog obstructed channels. However, this procedure is quite expensive and not always effective. Ayurveda treatment modalities adopted in this study is effective, natural, safe, and cost-effective. The root cause for the tubal block, in this case is PID. PID has features similar to *Yoni roga paripluta* which is caused by *Vatapitta* vitiation. Here the aim was to alleviate vitiated *Vatapitta dosha* and also to achieve *Artava vaha sroto sodhana.* Achievement in the current case has produced positive results for future practice.

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