Management of a case of Primary infertility with PCOD and tubal blockage with *Apamarga Kshaar Tail Uttarbasti*, *Varunaadi Kashaya* and *Shatpushpa Churna*: A Case Study

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**Abstract:**

PCOD & Tubal Blockage are one of the commonest cause of infertility in female patients. Women unable to procreate progeny is considered as *Vandhya* in Ayurveda. PCOD & TUBAL BLOCKAGE are taken as *KSHETRA* and *BEEJA dushti* among four essential factors needed for conception. Both for tubal blockage and PCOD the responsible doshas are *VATA* and *KAPHA*. In this case both *sanashaman* and *sanshodhan chikitsa* was done. The drugs selected were: *Apamarga kshar tail* for uttarbasti for three consecutive cycles, *Varunaadi Kashaya*, *Shatpushpa churna* orally for 6 months. USG and HSG were used as confirmatory diagnostic tools. 3 Effect of drug on menstrual bleeding pattern was seen for 2nd month of treatment and patient conceived after 7 months of treatment.

**Keywords:** *Apamarga kshar tail*, uttarbasti, PCOD & Tubal Blockage, *Vandhya*

**Case study:**

A female patient aged 34 years with complaint of primary infertility visited outdoor patient department of PTSR department in Doon Institute of medical science, Sahaspur, Dehradun,
Uttarakhand, India, on 7 Sept. 2019. Her married life was 6 years. She was having chief complaints of scanty menses with irregular cycles from past 3 years and was unable to conceive.

In past she was on hormonal pills for her present complaint but now willingly came here to take Ayurvedic treatment.

Ashtvidhapariksha:
- **Naadi (Pulse):** Vataj
- **Malam (Faecal matter):** Samanaya
- **Mutra (Urine):** Samanya
- **Jihva (tongue):** Samanya
- **Shabd (voice):** Samnaya
- **Sparsh (skin texture):** Ruksha
- **Drik (eyes):** Samanya
- **Aakriti (body built):** Krish

Dashvidhapariksha:
- **Prakriti (Physical and mental constitution):** Vat-pittaja
- **Vikriti (Pathological condition):** Vaat Kaphaj
- **Sara- (Dhatusaar-Perfectness of body tissue):** madhyama
- **Samhanana:Dhatubandhan- body compactness -samanya
- **Pramana-Samanya
- **Satmya (Homologation):** Avara
- **Satva (Psychic constitution):** Madhyama
- **Aharashakti (Digestive capacity):** Madhyama
- **Vyayamashakti (Capacity for exercise):** Avar Vaya (Age of the patient): Yuvati

Menstrual history:
- LMP: 25 Aug 2019
- Duration: 2 days
- Interval: 40 days
- Flow: scanty (1 pad/day half soaked)
- Blackish in color, without any foul smell and itching, clots
- Pain abdomen and low backache present.

General Examination:
- General condition: fair
- Blood pressure: 110/70 mmHg
- Temperature: 98.4°F
- Pulse: 76/min
- Pallor: +
- Oedema: not any
- Icterus: not any
- Lymph nodes: not enlarged
- Thyroid glands: not enlarged
- Neck veins: not engorged

Systemic examinations:
- CNS: Patient well oriented for time place and person and well conscious.
CVS: s1s2 heard no added sounds present.
R/S: B/L chest clear, no added sounds present
Per abdomen: soft, non-tender abdomen.

Gynaecological Examination:
External examination: no abnormality detected.
P/S: thin white discharge present, cervical os nulliparous.
P/V: uterus nulliparous size, antverted, fornices clear non tender.

Investigations:
- Hemoglobin-9.2 TLC-4.6*103/UL MCH-26.9 pq MCV-80.6 fl MPV-14.5 fl
- FBS-65.4 mg/dl HIV-NR
- HBsAg-NR
- Anti HCV-NR
- Serum TSH and prolactin were within normal limits.

Treatment Given:
As per the reference given in our Ayurvedic classics following treatment was prescribed for the period of six months:

1. Shatpushpachurna 6 gm in two divided doses with 2.5 ml of ghrita as anupan.
2. Varunaadi Kashaya 30 ml bd after meals with anupan of madhu Uttarbasti (intrauterine instillation) of apamargakshar tail for 4 days after menses each cycle for 3 consecutive cycles.

Results:
After 2 month of treatment relief was seen in previous complaint of scanty cycles and irregular menses. Now she was having bleeding for duration of 4 days and using 3 pads per day with interval of 30 days An 2 cycle after starting treatment which was 2 days with 1 pad/day half soaked and of 40 days interval previously. She was counselled for her fertile period. She missed her period after 7 months of treatment and did UPT which was positive. She followed her further ANC in our hospital and delivered a baby boy after 9 months vaginally.

Discussion:
The doshas involve in this present case was vata and kapha blocking the channels of aratavavaha strotas leading to taubal blockage and (kshetra dushti) and PCOD (beej dushti). Increased vata
and kapha doshas lead to pitta kshaya resulting in scanty menses.

Uttrabasti was used for kshetra purification. Apamargakshar tail by its bhedhan, lekhan, kaphagana properties opens the channels of artavavahastrotas and removed obstruction at the level of uterine tubes.

Maharshi sushruta has motioned that artava is agneya and in aratava kshaya vata kapha shamaka and pitta vardhaka drug is used. Shatpushpa is vata kapha shamaka, pitta vardhaka drug and hence increased pitta dosha therefore regulating menstrual flow and amount of bleeding.

Varunaadi Kashaya by its lekhan, granthihar and bhedhan properties removed multiple cyst formed due to PCOS and help rectifying beej dushti.

**Conclusion:**

From the above study it can be concluded the the uttarbasti can be used as standard measure to treat tubal blockage and vatkhaphar and pittavardhak drugs such varunaadi kshaya and shatpushpa churna can be used to treat vat kapha janya yoniroga such as PCOD.

**References:**

1. Prof. Premvati Tiwari, Ayurvedic Prasuti Tantra Avum Striroga, Chaukhambha Orientalia, Varanasi, Reprint 2014

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