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Intra-uterine Uttar Vasti (IUUV) as a therapeutic intervention for fallopian tubal blockage-induced female infertility: A clinical evaluation

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Abstract

Female infertility remains one of the critical global issues, profoundly impacting couples both socially and psychologically. Unilateral or Bilateral fallopian tubal blockage is a significant etiological factor for female infertility. This study aimed to evaluate the efficacy of Intra Uterine Uttar Vasti (IUUV) in the management of tubal blockages. The Study Patient selection was based on the diagnosis of bilateral tubal blockage which was confirmed by hysterosalpingography (HSG) test. Medicated IUUV decoction was selected and the dose of Uttar Vasti was 5 ml with a duration of five consecutive menstrual cycles with four days of each cycle. The IUUV procedure was started after completing cessation of menstruation. After taking five months of treatment, a repeat HSG was performed on these two patients. In the first patient, the previously diagnosed bilateral tubal blockage was successfully resolved, whereas in the second case, the HSG revealed that the left fallopian tube was completely open while the right tube remained partially block. After taking Two months of medicinal treatment, the first patient reported a missed menstrual cycle and was advised to undergo a Beta HCG and urine for PT, both of which confirmed a positive pregnancy outcome. The second patient was advised to undergo three additional cycles of IUUV to further address the partial blockage in the right fallopian tube. These results suggest that IUUV therapeutic procedure was the effective treatment option for unilateral or bilateral fallopian tubal blockage.

Keywords: Intra uterine uttar vasti (Iuuv), shadana, tubal blockage, ayurveda, female infertility

Introduction

Infertility issues can represent a stressful situation in the couple's life, leading to varying degrees of negative psychosocial effects. The ability to conceive depends on the fertility capabilities of both partners. Infertility is defined by the WHO as the inability to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse ^[1].

Infertility can be divided into two categories

1. Primary infertility: The couples who haven't gotten pregnant after having intercourse for at least one year of regular, unprotected intercourse.
2. Secondary infertility: The couples who have been able to conceive at least once but are currently unable conceive for last one year without using birth control ^[4].

Unilateral or bilateral fallopian tube blockage is one of the major concerns for female infertility among the present generation reproductive age group. Approximately 30%-40% of women experience infertility due to fallopian tubal blockage, among which 10%-25% of these cases involve women experiencing proximal fallopian tube obstruction. There are two fallopian tubes, each connecting one side of the uterus to an ovary. During the reproductive cycle, when ovulation occurs, the follicle is released from ovaries, and the egg travels through the fallopian tubes. At the same time, the sperm also need to swim their way from the cervix through the uterus and into the fallopian tubes to get the mature egg or follicle.

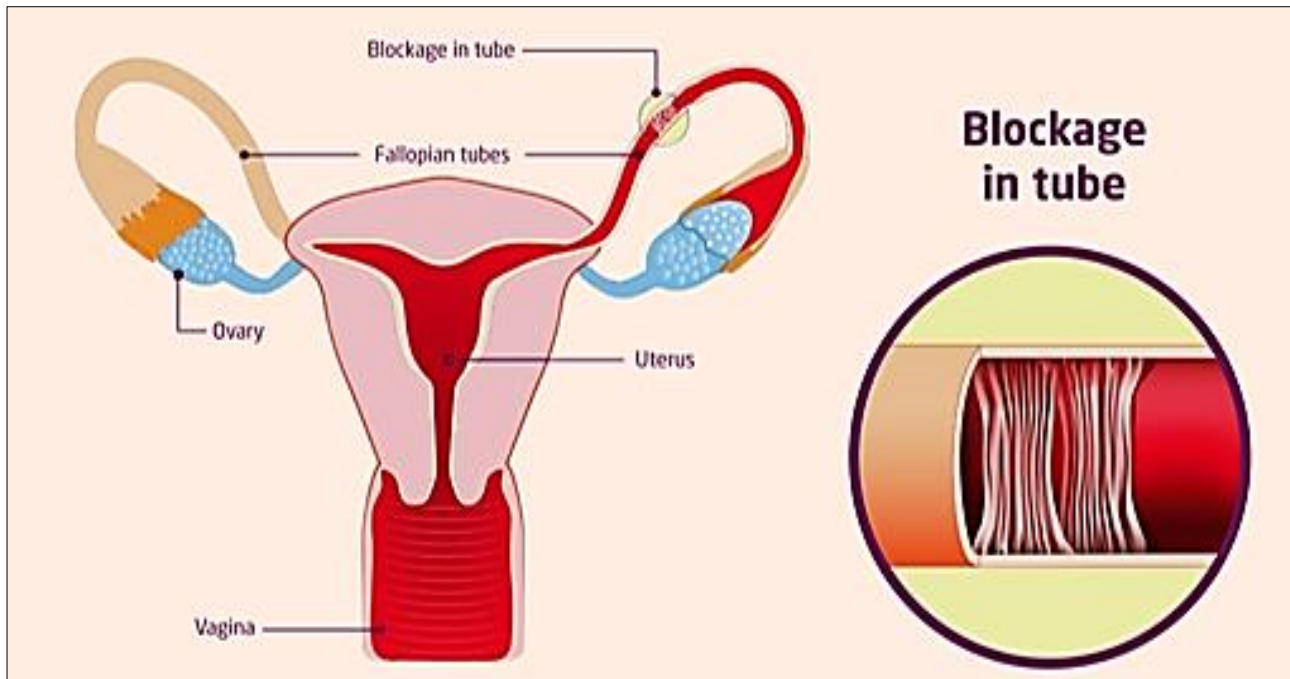


Fig 1: Tubal Blockage

Fertilization most often takes place in the ampulla of the fallopian tube. If one or both fallopian tubes are blocked, the egg cannot reach the ampulla, and the sperm cannot reach the egg, making the fertilization impossible. Without fertilization, the ultimate result is infertility due to tubal blockage [2]. The Artavavaha Srotas is also the same of fallopian tubes. Infertility with unilateral or bilateral tubal obstruction is diagnosed by hysterosalpingography (HSG).

Ayurvedic Classics of fallopian tubal blockage

As per the Ayurvedic classic, 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 it covers structure related to female reproductive organs (4). Fallopian tubes are one of the important structures of the Artavavaha Srotas, as they carry Bija Rupi Artava. Artava is also termed as Raja at various places in the classics.

The fallopian tube (Artavavaha Srota) is an integral part of the union of sperm, and its normal function is a prerequisite for natural conception.

Case Report

For the first respondent, 34-year-old female, weighing 68 kg, and with a height of 5'2" with a BMI of 27.4 indicating overweight, was presented with primary infertility of 6 years of married life. Prior coming to our clinic, a hysterosalpingography (HSG) revealed that the patient had

bilateral fallopian tube blockage with at least two uterine myomas and irregular menstruation. A detailed history revealed that she had undergone several years of treatment and diagnostic procedures, including laparoscopy and dilation and curettage (D&C) under general anesthesia, for tubal blockage removal. The patient had undergone prior investigations, including hysterosalpingography (HSG), MTB-DNA, hormonal assays, and ultrasonographic examinations. These past medical reports that are shown in [Figures -2, 3 & 4] revealed complete bilateral fallopian tube blockage, a big hemorrhagic cyst, and uterine myoma. The patient was not diabetic and had no history of hypertension. Also, the thyroid function test of the patient was normal.

The 1st respondent's husband is 35-year-old, non-smoking, and non-alcoholic male was reported with primary infertility experiencing premature ejaculation. After performing semen analysis, which revealed that her husband had oligoasthenozoospermia that correlates to Kshina Shukra comprehended in Ayurvedic classics. As for the second respondent, a 32-year-old female, weighing 70 kg, was reported with infertility of 13 years of married life.

Prior coming to our clinic, an anti-Mullerian hormone (AMH) test showed low AMH as well as a Hysterosalpingography (HSG) revealed that the patient had bilateral tube blockage shown in [Figure-6]. These challenging factors of the second respondent resulted in causing infertility issues making them unable to conceive for 13 years. The patient was not diabetic and had no history of hypertension.

X-RAY REPORT							
ID NO.	15981	SL.NO.	112	Date:	22-12-19	Sex	Female
Name	Mrs. Sumaiya Khan.					Age	31 Yrs.
X-RAY	H.S.G.						
Refd. By.	Prof. Dr. Parveen Fatima. MBBS, FCPS. (Gynae)						

Thank you for the Courtesy of this kind referral

HSG

Uterus:- Is outlined by contrast media without any obstruction.

Fallopian tubes:- Both the tubes are outlined by contrast media.
There is no spillage present in peritoneal cavity in both sides.

Impression:- Bilateral tubal block.

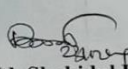





Prof. Dr. Md. Shahidul Islam.
 MBBS. MD. (Radiology & Imaging)
 Professor & Head.
 Dept. of Radiology & Imaging
 NITOR (Pongu Hospital) Dhaka.

Fig 2: Hysterosalpingography (HSG) report of 1st respondent

Name of the Patient: Mrs. Sumaiya Khan	Age: 32 years	Reg. No: 1641
OPERATION NOTE		
Name of Operation: Laparoscopy and D&C		
Indication: Primary Subfertility		
Date: 30.12.20	Time: 3:00 pm	
Type of Anesthesia: G/A		
Procedure: With all aseptic precaution and under G/A Pneumoperitoneum was done by CO2 insufflation.		
Findings:		
Uterus--Normal in size and shape, anteverted .		
Tube--Both tubes are normal in length, beaded in appearance. Beaded more on the left side.		
Ovary--Both ovaries ovulatory (corrugated) normal in size. There was a ruptured corpus luteal cyst on the left ovary.		
Pouch of Douglas--Mild collection in POD.		
Dye test--Negative on Right side, positive but very sluggish flow (only drops) on the Left side.		
Endometriosis--Present in the utero-sacral ligament.		
D & C was done. Endometrial cavity was 7 cm.		
Endometrial tissue was sent for histopathological examination.		
Name of Surgeon: Prof. Parveen Fatima		
Anesthetist--Dr. Nargis Fatima		
Assistant--Dr. Bushra, Dr. Suman		

Fig 3: Laparoscopy and D&C Report of 1st respondent

 SQUARE Hospitals Ltd 18/F, Bir Uttam Qazi Nuruzzaman Sarak, Panthapath, Dhaka-1205. Department of Radiology	Name : SUMAIYA KHAN	Gender : F
	Age : 33 Y 2 M 26 D	Exam Date : 15/01/2024
	CN :	Ref By : DR. MEHEDI HASAN

HN  ACCESSION NO  24010098651 VN 

USG FOLLICULOMETRY

Clinical Information:
 Cycle : Day : 12th

Findings:

UTERUS: Retroverted in position with normal in size which measures about 3.84 cm in AP diameter and homogeneous in echotexture. **At least two, small hypoechoic lesions, measuring about 5.8 x 4.6 mm and 10.6 x 7.2 mm in sizes are seen in the anterior and posterior wall of the uterus - consistent with myomas.**

The endometrium is well outlined and shows trilaminar appearance which is consistent with proliferative phase of menstruation. Endometrial thickness measures about 7.9 mm.

Cervix : Normal in size and measures about 2.25 cm.

RIGHT OVARY: Enlarged in size (volume being 44.85 cm³). It contains a well-defined, thick walled, cystic lesion, measuring about (3.6 x 3.24 x 3.58) cm in size which shows reticular type of pattern with internal echoes and interdigitating septations. On color Doppler, there was no flow within the cystic lesion. It also contains 5-6 sub-centrimetric follicles, measures about 3.6 mm - 6.0 mm. Ovarian parenchyma shows uniform echogenicity & regular outline.

LEFT OVARY : Normal in size (Volume being 8.31 cm³). It contains 8 - 10 sub-centrimetric follicles, measures about 3.5 mm - 4.9 mm. Ovarian parenchyma shows uniform echogenicity & regular outline.

CUL-DE-SAC: Mild fluid collection is noted.

Impression :

Day 12th Folliculometry reveals -

- * Endometrium : Triple line endometrial echo - Thickness- 7.9 mm.
- * Right ovary: Enlarged right ovary with haemorrhagic cyst and no mature follicle.
- * Left ovary: No mature follicle.
- * Small uterine myomas.
- * Mild collection in POD.

Fig 4: Ultrasonogram report of 1st respondent before treatment

ID Number	D174751	Date	May 10, 2023
Name of the patient	MRS. SHORMILA KHATUN	Age	32 year(s)
Referred by	Dr. S.M. Khaliduzzaman		

Thanks for your kind referral

Report:

Hysterosalpingogram (HSG)

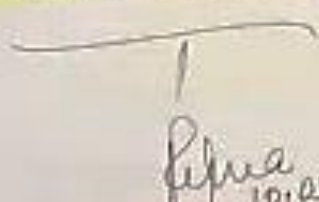
With all aseptic precaution hysterosalpingogram is done.

Uterus: Uterine cavity is opacified with contrast media. It is normal in size, shape, position and regular in outline. No abnormal filling defect is seen.

Uterine tubes: Both tubes are not opacified.

No abnormal calcification is noted & imaged part of the bones of the pelvis appears normal.

Δ Bilateral tubal block.


 10.05.2023

Dr. Capt. (Rtd.) Rejina Begum
 MBBS, MCPS, FCPS
 Consultant, Radiology & Imaging
 SPI Trg on Anomaly Scan (Apollo-Delhi)
 Ibn Sina Diagnostic & Imaging Centre

Fig 5: Hysterosalpingography [HSG] report of 2nd respondent before treatment

Past Treatment History

In the case of our first respondent, a laparoscopic procedure was performed under general anesthesia to address the bilateral tube blockage; however, the tubes remained unaltered prospectively. Consequently, due to the bilateral tubal blockage, the couple was advised to pursue *in vitro* fertilization (IVF), and in spite of undergoing their first IVF cycle, they were unable to conceive. Following this, the couple sought Ayurvedic treatment at our clinic. The couple was advised to discontinue all previous medications as per ayurvedic guidelines. In the case of the second respondent, they tried to conceive for last 13 years yet there was no result. The second respondent was diagnosed with bilateral tube blockage through HSG test and had low AMH of 0.84 ng/ml. Following this, the couple sought Ayurvedic treatment and

they were advised to continue the treatment as per Ayurvedic guidelines.

Additionally, both the female respondents were advised to limit the consumption of carbohydrate-rich food items like sugar, potatoes, soft drinks, and fast food etc.

Line of treatment

For the treatment of bilateral tube blockage in the first study respondent the therapeutic management was designed for 10 months as per Ayurvedic treatment guideline with Shaman chikitsa (medicinal treatment) followed by Shodhan chikitsa, i.e., panchakarma including Intra Uterine Uttar Vasti (IUUV) for consecutive 4 days up to 5 menstrual cycles. In the case of the second respondent, as per Ayurvedic treatment guideline, the initial management was done by

Shaman chikitsa (medicinal treatment) to treat low AMH, followed by Shodhan chikitsa, i.e., panchakarma including IUUV for 6 months to address the bilateral tubal blockage.

Intra Uterine Uttara Vasti (IUUV)

Uttara Vasti is considered one of the effective therapies in managing certain gynecological conditions, including fallopian tube blockage and infertility associated with low anti-Mullerian hormone (AMH). This procedure aids in the purification and cleansing of the reproductive channels (Artava Vaha Srotas) and pacifies vitiated Apana Vayu and promotes follicular maturation. Following the successful completion of Uttara Vasti in conjunction with Shodhana Karma (detoxification therapy), clinical observations indicate that fallopian tube blockages can resolve naturally. To address tubal blockage, a medicated decoction with Shamaka and Lekhana properties are introduced into the intrauterine cavity through the vaginal route, typically after the cessation of menstrual bleeding. As per Ayurvedic principles, Uttara Vasti is highly effective in treating bilateral tubal blockage, improving fertility, supporting reproductive health, and enhancing the chances of natural conception.

Intra Uterine Uttara Vasti (IUUV) Instruments

The following instruments will be required to complete the IUUV procedure for the female patients.

- Posterior Vaginal Speculum
- Anterior Vaginal Wall retractor
- Allis' forceps
- Uttara Vasti cannula fitted with disposable syringe.

N.B.: All instruments are autoclaved before the procedure and the procedure is performed in the operation theatre. [6, 7].

Intra Uterine Uttara Vasti (IUUV) procedure

The patient diagnosed with infertility due to bilateral fallopian tube blockage is positioned in the dorsal lithotomy position. Following antiseptic preparation of the vaginal area, the cervix is visualized using Sim's speculum and anterior vaginal wall retractors. The cervical tip is then secured with Allis' forceps. Subsequently, the medicated decoction is carefully and steadily administered into the uterine cavity using an IUUV cannula [6, 7]. Following this a localized abdominal massage Avyanga is performed in the lower abdomen area for 2-3 minutes. [Figure-6].

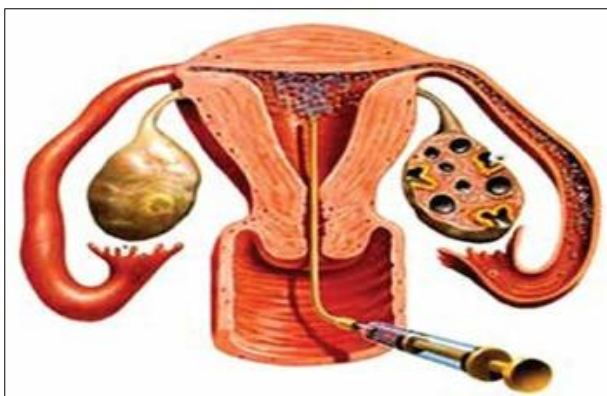


Fig 6: Female Intra Uterine Uttara Vasti (IUUV)]

Mechanism of action of IUUV procedure

Tubal blockage is considered as a condition primarily dominated by Vata and Kapha doshas, with all three doshas contributing to the stenosis or obstructive pathology of the fallopian tubes. The treatment approach involves selecting medicines with Vata-Kapha shamaka and Tridosha balancing (Tridoshaghna) properties, as well as those possessing Tikshna and Lekhana attributes. Medicated decoctions are used to clear obstructions through their mechanical effects, which include stimulating uterine contractions and exerting an endometrial scraping action, thereby facilitating tubal patency [3, 5].

Result

The treatment approach based on Ayurvedic classic and guidelines can yield promising outcome in the management of couple infertility. As seen in the case of the first respondent, after completing 10 months of medicinal treatment (Shamana chikitsa) along with 5 cycles of IUUV treatment, the follow up assessment showed improvement in the respondent. In the follow up assessment the respondent had undergone an hysterosalpingography (HSG) on 13th January, 2024, which revealed a normal uterine cavity with a 100% open left fallopian tube and a partially open right fallopian tube shown in [Figure-7] and the follow up assessment also revealed that the big size hemorrhagic cyst and myoma had completely resolved.

After completing the 11th months of medicinal treatment along with IUUV, the remaining tubal blockage was successfully cured and following the completion of the 6th cycle of IUUV, the first respondent missed her menstrual cycle and was advised to take a pregnancy strip test. The strip test result was positive, as well as the urine for Urine PT was positive. Following this the respondent was suggested to do a beta-HCG test to confirm the pregnancy. The beta-HCG test was done on 03rd March, 2024 which further confirmed a positive pregnancy (beta-HCG- 24921) result shown in [Figure-8].

The husband of the first respondent also underwent Ayurvedic medicinal treatment for oligoasthenozoospermia. Following the four months of treatment, a semen analysis showed significant improvement in seminal parameters, e.g. total sperm concentration increased from 10 million/ml to 28 million/ml, sperm activity motility increased from 15% to 37%, and morphological parameter shows that morphology of sperm was improved from 15% to 30% considerably with a transition from oligoasthenozoospermia to normozoospermia. In the case of the 2nd respondent, after completing 05 months of medicinal treatment (Shamana chikitsa) along with 5 cycles of IUUV treatment, the follow up assessment showed improvement in the respondent. The respondent had undergone an hysterosalpingography (HSG) on 27th February, 2024, which revealed a 100% open left fallopian tube while the right fallopian tube remained partially block that was shown in [Figure-7] and an anti-Mullerian hormone (AMH) test revealed an increasing from 0.84 ng/ml to 1.23 ng/ml. She was then advised to continue medicinal treatment (Shamana chikitsa) and to undergo another three IUUV sessions to address the remaining tubal blockage.



ID. No	: D416015	Received date :13 Jan 2024	Printed date: 13 Jan 2024 03:38PM
Patient Name	: SUMAIYA KHAN	Age : 32 y(s), 11 m(s)	
Ref. By	: Dr. Md. Mehedi Hasan, BAMS, MPH, CPK, BPM		

Thanks for your kind referral.

Report:

Hysterosalpingogram (HSG)

With all aseptic precaution hysterosalpingogram is done with Amidol.

Uterus: Uterine cavity is opacified with contrast media. It is normal in size, shape, position and regular in outline. No abnormal filling defect is seen.

Uterine tubes: Left tube is opacified and showing normal course & caliber. Free intra-peritoneal spillage is noted from the left tube.

Right tube is partially opacified.
No spillage is seen from the right tube.

No abnormal calcification is noted & imaged part of the bones of the pelvis appears normal.

Δ **Rt. sided tubal block.**
Normal uterine cavity with patent left tube..

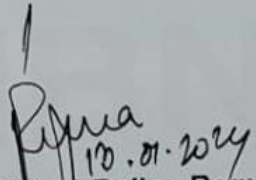


Dr. Capt. (Rtd.) Rejina Begum
MBBS, MCPS, FRCPS.
Consultant, Radiology & Imaging.
SPI Trg on Anomaly Scan (Apollo-Delhi).
Ibn Sina Diagnostic & Imaging Centre

Fig 7: HSG report of 1st respondent after IUUV treatment

LABORATORY SERVICES

Patient Name	Mrs. Sumaiya	Lab No	70560637	
UHID	70301912	Sample Date	03/03/2024 9:27AM	
Age/Gender	32 Yrs/Female	Receiving Date	03/03/2024 11:05AM	
Referred By	DR. MD. MEHEDI HASAN, BAMS. MPH. BPH. VDM. AMC.	Report Date	03/03/2024 1:21PM	
		Report Status	Final	


Test Name	Result	Unit	Reference Range
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MICROBIOLOGY


Urine for Pregnancy Test

Positive

Sample: URINE


MD ABDUL KARIM
 B.Sc (Hon's), MS (Microbiology)
 Microbiologist
 Popular Diagnostic Centre Ltd.

LABORATORY SERVICES

Patient Name	Mrs. Sumaiya	Lab No	70560637	
UHID	70301912	Sample Date	03/03/2024 9:27AM	
Age/Gender	32 Yrs/Female	Receiving Date	03/03/2024 11:21AM	
Referred By	DR. MD. MEHEDI HASAN, BAMS. MPH. BPH. VDM. AMC.	Report Date	03/03/2024 9:01PM	
		Report Status	Final	

Test Name	Result	Unit	Reference Range
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IMMUNOLOGY

B-hCG	24921.10	mIU/mL	<p>Concentrations of B-hCG measured in the sera of healthy , nonpregnent individuals were determined to be < 5.0 mIU/ml.</p> <p>hCG levels in weeks from LMP (gestational age)* :</p> <p>3 weeks LMP:5-50</p> <p>4 weeks LMP:5-426</p> <p>5 weeks LMP:18- 7,340</p> <p>6 weeks LMP:1,080- 56,500</p> <p>7-8 weeks LMP:7, 650- 229,000</p> <p>9-12weeks LMP:25,700- 288,000</p> <p>13-16weeksLMP:13,300- 254,000</p> <p>17-24weeksLMP:4,060- 165,400</p> <p>25-40weeksLMP:3,640- 117,000</p>
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KAZI ASEKUL ISLAM
 B.Sc(Hons), M.Sc.(Biochem & Mol. Biology), DU
 Consultant Biochemist
 Popular Diagnostic Centre Ltd.



KAZI ASEKUL ISLAM
 B.Sc(Hons), M.Sc.(Biochem & Mol. Biology), DU
 Consultant Biochemist
 Popular Diagnostic Centre Ltd.

Fig 8: Urine for PT and B-HCG test of 1st respondent

 946062411122		XRAY REPORT	
ID No. :	N94606	Receiving Date: 27/02/2024	Reporting Date: 27 Feb 24 03:44PM
Name :	SORMILA KHATUN	Age : 32 year(s)	Sex : F
Refd. By :	DR. MD. MEHEDI HASAN DAMS MPH CPK BPM VDM AMC		

Thanks for your kind Referral

RADIOLOGICAL REPORT

HYSTEOSALPINGOGRAM

Control Film: No radio opaque calculi or abnormal soft tissue shadow is seen in the pelvic region.

After introducing contrast media:

Contrast media has outlined the uterine cavity.

No obvious abnormal filling defect or dilatation is seen in uterine cavity.

Left fallopian tube is opacified and normal in course & caliber.

Free spillage of contrast media into the peritoneal cavity is noted on left side.

Right tube not seen.

COMMENT: Suggestive of right sided tubal block.
Normal tube at left side.

Checked By _____



Dr. Sultana Amena Ferdoucy
 Associate Professor
 MBBS, MD (BIRDEM)
 USG, X-Ray, CT Scan, MRI & Intervention
 Head of the Department of Radiology & Imaging
 Dr. M. R. K. S Hospital & ICH, Dhaka.
 BMDC Reg. No. A-32396

Fig 9: HSG report of 2nd respondent after IUUV treatment

Observations during and after IUUV procedure

Following the IUUV procedure, careful monitoring and post-procedural observations were done with the selected patients as the chosen IUUV medicine acts on tubal obstruction by removing the entire inner lining and generating uterine contractions mechanically. In the case of these patients, lower abdominal pain was reported as a post-procedural symptom, which remained within tolerable limits, and a hot water bag was applied as a post-procedure intervention, effectively

relieving the pain, which lasted for less than one hour. The abdominal pain was not regarded as a harmful sign, as it was interpreted as a normal uterine contractile response aimed at clearing the obstruction at the blockage site. The majority of patients reported post-procedure vaginal bleeding characterized by dark-colored spotting. According to Ayurvedic principles, this bleeding is attributed to the endometrial scraping effect of the Tisane and Lekhana drugs administered through Uttar Vasti. One of the most common

complications of Uttar Vasti are genitourinary infections, however the most positive aspect was the absence of any infection or embolism during the procedure or after the procedure as well as during the follow-up phase in case of these patients. The maintenance of proper antiseptic measures ensured that no infections were developed before and after the procedure. Any kind of Ayurvedic drugs or any allopathic antibiotics were not administered to the patients during or after the IUUV procedure which was done for the blockage removal. Additionally, the patients were advised to consume cranberry juice for its potential bacterial washout properties, which may help in preventing infections developing [8].

Lifestyle modification (Nidanparivarjana)

The primary approach to treat any disease involves addressing its underlying causes and finding the appropriate treatment and preventive measures by incorporating a healthier, nutrition-filled diet and by adopting healthier lifestyle habits. Along with the medications, the patient was advised to strictly avoid mithaya ahara like pizza, burgers, cold drinks, and any other unhealthy foods that may negatively impact the reproductive health. Instead of unhealthy dietary habits, incorporating a diet rich in nutritious foods like beans, nuts, green leafy vegetables, and citrus fruits were recommended. The patient was encouraged to do regular exercise and yoga pranayama, which helps in weight reduction as well as in hormone regulation [5].

Conclusion

These study findings demonstrate that the efficacy of both medical as well as IUUV treatment approach is effective for fallopian tube blockage induced female infertility. Based on ayurvedic treatment guideline, after performing IUUV session tubal blockage in both cases were removed successfully. Intrauterine Uttar Vasti can provide a successful, clinically effective, minimally invasive, and cost-effective treatment with minimal side effects with an outstanding rate of natural conception. Although these studies indicate promising results, further organized clinical research and comparative studies is essential to further develop.

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