EFFECT OF PLACENTREX ON TUBAL BLOCKAGE AND MENSTRUAL IRREGULARITIES

by

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This is the age of Family Planning, which in its wider sense envisages not only Family limitation but family completion as well. Sterility merits equal consideration side by side with contraception.

In our country, acute and chronic inflammatory diseases of the female genital tract particularly affecting the tubes contribute a major cause for sterility, by not only affecting the patency but also ciliary movements, normal peristalsis and tubal milieu.

With the advent of chemotherapy and cortisone therapy, the problem of treating acute pelvic inflammatory disease has been overcome to a great extent. However, for the management of residual disease, the gynaecologist has to fall back to surgery, which more often than not produces disheartening results.

Placental extract has been used in varied disorders, more particularly chronic inflammatory conditions of the conjunctivae and ducts. It has been tried in chronic inflammatory diseases of the uterine appendages particularly in cases of sterility (Purandare et al 1970) with well established tubal blockage and also in the treatment of irregularities resulting from pelvic inflammatory conditions with varied reports.

Since the role of Placentrex in tubal blockage remains to be fully established, it was considered worthwhile to study its effects.

Material and Methods

The present study was carried out in the Department of Obstetrics and Gynaecology, S. N. Medical College, Agra. The cases were selected from the gynaecology O.P.D. and those admitted in the wards. An arbitrary division of the cases was made into two groups. First group comprises of 50 cases of primary and secondary sterility and the second group includes 75 cases of menstrual irregularities due to pelvic inflammatory disease. Eighteen cases of the first group were lost to follow up.

A detailed history from the point of view of infertility was taken. The patients were submitted to a thorough clinical examination. Subsequently routine and specialised investigations for detecting ovulation, ruling out systemic diseases

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and local genital conditions along with the husband’s seminogram were done.

The cases were submitted to an initial tubal insufflation test. Those suspected of tubal blockage were submitted to a hysterosalpingography to note the shape and size of the uterus, particularly the site of tubal blockage and any other abnormalities.

After establishing tubal blockage the cases were submitted to placental extract therapy. To these cases, injection Placentrex 2 c.c. intramuscular was given on alternate days; a total of 20 injections were given.

The patients on treatment were periodically reviewed and interrogated for any change in the menstrual pattern, abnormal symptoms like nausea, vomiting, gastric irritation and breast engorge ment, change in weight, conception during the treatment or abnormal vaginal discharges.

The sterility cases after completion of the 40 days schedule of therapy were submitted to hysterosalpingography and the plates were compared with the previous X-Rays.

The nature of action of Placentrex, a placental extract is thought to be stimulation of hypophysis and suprarenal cortex, thus increasing the body defense mechanism. Its action is not localised to the diseased organ, but of a general nature increasing the chances of the system of fighting in a natural way which probably may give her a better chance of reversal of pathology and healing.

Observations

Of the 50 cases under study 29 were cases of primary sterility while 21 were cases of secondary sterility.

57.1 per cent and 33.3 per cent of the cases were postabortion and postdelivery respectively, while 9.6 per cent had a positive history of surgical interference.

As evident from Table I majority of the sterility cases were in the 26-35 year age group. The maximum number of patients of secondary sterility were third para while the minimum were primiparas.

Hysterosalpingographic Findings

All the cases were subjected to a thorough pelvic examination followed by tubal insufflation. Cases with blocked tubes were subjected to hysterosalpingography.

Table II depicts the hysterosalpingographic findings of primary and secondary sterility. The contour was irregular in 3 cases of primary sterility and 5 cases of secondary sterility i.e. 10.3 per cent and 23.9 per cent respectively, while in the rest of the cases the contour was smooth. The irregularity of the contour was due to presence of uterine synechiae as a result of pelvic inflammatory disease.

The size of the uterus was within normal limits in all the cases except in one case of primary sterility in which the uterus was hypoplastic with one tube blocked. After the full course of Placentrex the tube which was blocked opened, though the size of the uterus remained as such.
### TABLE II
Findings in Hysterosalpingography

<table>
<thead>
<tr>
<th>Type of Sterility</th>
<th>Total Number of Cases</th>
<th>UTERINE CAVITY</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CONTOUR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smooth Percentage</td>
<td>Irregular Percentage</td>
</tr>
<tr>
<td>Primary Sterility</td>
<td>29</td>
<td>26 89.9%</td>
<td>3 10.3%</td>
</tr>
<tr>
<td>Secondary Sterility</td>
<td>21</td>
<td>16 76.1%</td>
<td>5 23.9%</td>
</tr>
</tbody>
</table>

### TABLE III
Salpingographic Findings in Primary and Secondary Sterility Groups

<table>
<thead>
<tr>
<th>Type of Sterility</th>
<th>Total No. of Cases</th>
<th>Blocked Tubes</th>
<th>HYDROSALPINX</th>
<th>TORTUOSITY</th>
<th>PERITONEAL SPILL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unilateral Percentage</td>
<td>Bilateral Percentage</td>
<td>Unilateral Percentage</td>
</tr>
<tr>
<td>Primary Sterility</td>
<td>29</td>
<td>29</td>
<td>3 10.3%</td>
<td>2 6.8%</td>
<td>1 3.3%</td>
</tr>
<tr>
<td>Secondary Sterility</td>
<td>21</td>
<td>21</td>
<td>5 23.9%</td>
<td>4 19.04%</td>
<td>2 9.5%</td>
</tr>
</tbody>
</table>
No congenital abnormality of the uterus was detected in any of the cases of primary or secondary sterility.

Table III shows the hysterosalpingographic findings in cases of primary and secondary sterility. The cases were so selected that the tubes were either unilaterally or bilaterally blocked. Unilateral hydrosalpinx was present in 3 cases of primary sterility and 5 cases of secondary sterility, while bilateral hydrosalpinx was present in 2 cases of primary sterility and 4 cases of secondary sterility. All these cases were given a full course of Placentrex therapy. Unilateral hydrosalpinx was relieved in all the cases while two cases of bilateral hydrosalpinx did not show any response to the treatment. Absence of peritoneal spill was noted in the primary and secondary sterility cases, this being the indication of blocked tubes on one side and 21 cases on both sides. In secondary sterility cases unilateral and bilateral spill was absent in 9 and 12 cases respectively.

Table IV depicts the site of lesions in the blocked tubes demonstrated by hysterosalpingographic studies. The above patients were given Placentrex therapy, 2 c.c. intramuscular on alternate days and after a 40 day therapy hysterosalpingography was repeated.

### TABLE IV

<table>
<thead>
<tr>
<th>Type of lesion</th>
<th>Primary Sterility</th>
<th>Secondary Sterility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Bilateral</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>21</td>
</tr>
</tbody>
</table>

Out of 29 primary sterility cases receiving the therapy, 17 cases had patent tubes while patency returned in 13 of the 21 patients of secondary sterility. In a small group of patients with primary and secondary sterility conception occurred (Table V).

### TABLE V

<table>
<thead>
<tr>
<th>Type of sterility</th>
<th>Total number of cases</th>
<th>Number of patients conceived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Sterility</td>
<td>29</td>
<td>1</td>
<td>3.4%</td>
</tr>
<tr>
<td>Secondary Sterility</td>
<td>21</td>
<td>2</td>
<td>9.5%</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>3</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Seventy-five patients with menstrual irregularities were given this treatment. All the patients of dysmenorrhea, hypermenorrhea and metrorrhagia got complete relief within a month of the institution of the therapy.
Side Effects

The side effects were so minimal that they could be termed as negligible. The only side effect which a few patients complained of was nausea. It can be used as a long term therapy with large dosages without any disturbances to the patients because it deals with biocatalysts in a natural combination and concentration which are not artificially processed chemically but by nature itself.

The present series though small has gone to prove a beneficial effect of placental extract in relief of the symptoms of menstrual irregularities and also in curing tubal blockage. Re-establishment of tubal patency of the order of 58.6 per cent in primary sterility and 61.9 per cent in secondary sterility has not been achieved by any other author.

Probably a larger series of a similar study is necessary in a more wider way before a final conclusion about its efficiency is drawn. However, the results have been gratifying enough to urge further work in this direction.

References


See Figs. on Art Paper III-IV-V