



Case Study

AN AYURVEDIC APPROACH IN INFERTILITY W.S.R TO TUBAL BLOCKAGE - A CASE REPORT

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ABSTRACT
Vandhyatva (infertility) is failure to conceive or give birth or experiencing *Garbha Strava or Garbha pata* (repeated abortion). Disturbed lifestyle, usage of contraceptives, stress, genetic problems, alcohol consumption and smoking addiction increases such cases day by day. Nowadays fallopian tube blockage has become one of the burning issues of female infertility. According to Ayurveda, successful conception depends upon *Ritu, Kshetra, Ambu* and *Beeja*. *Beejagrahana* is unable due to tubal blockage (*Sanga Srotodusti of Arthavavaha*) leads to failure of conception. *Panchakarma* plays an important role in treating female infertility and *Uttara Basti* is one of the best (*Panchkarma* therapy for the infertility treatment in Ayurveda.) It detoxifies the uterine cavity and fallopian tubes, which clear the *Srothoavarodha*. *Uttarbasti* along with internal medication helps in *Vata Dosha saman* and remove the *Sanga srotodusti*. A diagnosed case of infertility due to bilateral tubal blockage, visited our clinic for treatment of tubal blockage and consequent infertility. Here is the case presentation of successful treatment with Ayurveda medicines and *Uttara basti*.

INTRODUCTION

Failure of conception after one year of regular unprotected intercourse is known as infertility. Various factors can be responsible for infertility in females. From those factors, tubal blockage is the second highest causative factor of female infertility, around 25-35% of population and it has become a medical challenge to cure. Previous history of pelvic infection, tubercular infection, salpingitis, tubal surgery or ectopic pregnancy are the main responsible factors for tubal blockage. In modern science, tubal reconstructive surgeries is the only possible treatment for tubal blockage [1]. In Ayurveda, *Srotasa* known as the systemic and operative part of the body. Any type of obstruction (*Srotoavarodha*) leads to disturbed the normal function of the *Srothasa*. The fallopian tubes can be understood under *Artavavaha Srotas*. According to *Acharya Sushruta, Garbhashaya* and *Artavavahi Dhamnis* are part of the *Artavavaha srotas*, injuries to these organs causes *Vandhyatva* (infertility)[2].

Fallopian tube blockage can be understood as *Artavbijavaha srotavrodha*, as tubal blockage is not mentioned in Ayurveda literature. Fallopian tubes are an essential part of *Artavavaha srotas* as the *Beeja samagam* (ovum and sperm) take place here. *Vata kapha dosha shamana* treatment improves the tubal function, which facilitates chances of conception. With the Ayurvedic approach, it can be managed and chances of conception will improve[3]. Here is a case with bilateral tubal blockage that treated successfully with Ayurveda medicines and *Uttar Basti* and the patient successfully conceived naturally.

Case Presentation

A 30-year female patient, married for 4 years from Meerut, U.P., visited our clinic with complaints of infertility due to diagnosed bilateral tubal blockage by hysterosalpingography on 27 November 2019.

M/H- regular cycle of 30 days with 5-6 days flow.
O/H- G₁P₁L₀A₁, spontaneous abortion in 5 weeks (17.03.2019)

No H/O-Hypertension, diabetic, hypothyroidism, Koch's, any other systemic infections.

Patient had a normal appetite and sound sleep. Her bladder and bowel movements were also normal.

Clinical Findings

1. Per vaginal examination- no inflammation or erosions in the vulva.
2. Per speculum examination - cervix - normal

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Investigations

1. Hormonal assay and Thyroid profile were normal.
2. HIV/VDRL/HbsAg were nonreactive.

3. The semen parameters of the husband were within normal limits.

Table 1: Hysterosalpingography report (Before Treatment)

| Date | Test | Impression |
|------------|------|--|
| 24.11.2019 | HSG | Right tube-not visualised with nipple formation at the right cornua -s/o right cornual block. Left tube- visualised with dilatation of the fimbrial end with no free spillage of contrast-s/o fimbrial block. |

Treatment plan

Firstly, *Sadya virechana* given to the patient then *Uttara basti*, six days per cycle followed by internal medicines for 3 months as treatment protocol.

Table 2: Shodhana chikitsa

| Date | Treatment | Medicine |
|---------------------------|-------------------------|------------------------------|
| 19.12.2019 to 21.12.2019 | <i>Deepen pachana</i> | <i>Chitrakadi vati</i> |
| 22.12.2019 to 27.12.2019 | <i>Sneha pana</i> | <i>Mahatikta ghrita</i> |
| 28.12.2019 to 29.12.2019 | <i>Abhyanga-swedana</i> | Oil |
| | <i>Sadya virechana</i> | <i>Trivrit leha</i> |
| 6 days/cycle for 3 months | <i>Uttar basti</i> | <i>Kshara kasisadi taila</i> |

Internal Medication**Table 3: Shaman chikitsa- 29/12/2019 (for one month)**

| Medication | Dose | Anupana | Route | Kala |
|-------------------------|-------|---------|--------|------------|
| <i>Mansapachak vati</i> | 1 BD | water | orally | After food |
| <i>Raktapachak vati</i> | 1 BD | water | orally | After food |
| <i>Amritaristam</i> | 3 tsf | water | orally | After food |
| <i>Kaishor guggulu</i> | 1 BD | water | orally | After food |
| Syp. Evecare | 2tsf | water | orally | After food |

Table 4: First follow up 26/01/2020- for one month

| Medication | Dose | Anupana | Route | Kala |
|-------------------------|-------|---------|--------|------------|
| <i>Raktapachak vati</i> | 1 BD | water | orally | After food |
| <i>Kaishor guggulu</i> | 1 BD | water | orally | After food |
| Syp. Evecare | 2 tsf | water | orally | After food |
| <i>Pushpadhanwa ras</i> | 1BD | water | orally | After food |
| <i>Kanchnar guggulu</i> | 1BD | water | orally | After food |
| <i>Gandhak rasayan</i> | 1BD | water | orally | After food |

Table 5: Second, follow up 23/02/2020- for one month

| Medication | Dose | Anupana | Route | Kala |
|--------------------------|-------|---------|--------|------------|
| <i>Raktapachak vati</i> | 1 BD | water | orally | After food |
| <i>Kaishor guggulu</i> | 1 BD | water | orally | After food |
| Syp. Evecare | 2 tsf | water | orally | After food |
| <i>Pushpadhanwa ras</i> | 1BD | water | orally | After food |
| <i>Gandhak rasayan</i> | 1BD | water | orally | After food |
| <i>Punarnava mandoor</i> | 1 BD | water | orally | After food |
| <i>Phala sarpi</i> | 1 tsf | milk | orally | Morning |

RESULT AND OBSERVATIONS

After completion of the treatment both tubes found patent and patient conceived naturally with LMP on 10.05.2020.

Table 6: Hysterosalpingography report (After Treatment)

| Date | Test | Impression |
|------------|------|--|
| 20.03.2020 | HSG | Both fallopian tubes are visualised in their entire length and are normal with spill over of contrast on both sides confirming patency. Uterine cavity is well filled and normal. |

Table 7: USG after conception

| Date | Test | Impression |
|------------|------------------------------|--|
| 04.08.2020 | Early anomaly scan (NT SCAN) | Single live intrauterine fetus of mean gestational age 12 weeks 4 days. |
| 25.09.2020 | Ultrasound level II | Single live intrauterine fetus of mean gestational age 19 weeks 4 days. No obvious sonographically demonstrable structural congenital anomaly detected at this gestation. |

DISCUSSION

(Female infertility due to tubal blockage is one of the burning issues for a successful progeny). According to Ayurveda, this condition can be better understood with *Artavabijavaha Srotoavrodha*, which is caused due to *Vata* and *Kapha dosha*, vitiated *Vata* induce *Sankoch* due to *Ruksha* (dryness), *Khara* (rough) and *Darana guna* (tearing) of *Vata*^[4]. *Sanga-srotodushiti* (obstruction due to stagnation) occurs in *Arthava vaha srotas* due to *Sthira* (stable), *Mand* (slow) property of vitiated *Kapha Dosha*. Thus, *Vata-kapha dosha*, *Deepana*, *Pachana* and *Apana vata anulomana* are the basic line of treatment. Patient had a history of spontaneous abortion, D&C cause tubal adhesion and infection leads to dilatation and blockage of tubes. Considering these all, we gave *Sadya Virechana* with *Mahatikta ghrita* and *Trivrita avaleha* for *Srotosuddhi*. *Mahatikta ghrita* has anti-inflammatory and healing properties, which clear the *Srotasa*. *Trivrita Avaleha* acts on micro channels of the body and break the *Sangrahit Dosha* due to its *Tikshana*, *Ushna* and *Sukshma Guna*^[5]. *Uttara Basti* with *Kshar kasisadi tail* works on *Sanga Avrodha* (adhesions and blockage) and heal the reproductive path^[6]. Internal medication for *Vata Kapha Samana*, *Vataanulomana* and *Sophahara* were given which worked on infection, adhesion and dilatation of the tubes. After opening of tubal blockage, *Phala Sarpi* and *Pusphadhanwa Ras* added for conception as well.

CONCLUSION

Tubal blockage is the leading cause of female infertility; so far, modern science has only laparoscopy as an option of treatment, which does not give assured chances of conception. Thus, patients end up with in

vitro fertilization treatment. Ayurveda has very good traditional medicines that enhance the function of the reproductive system. *Uttara basti* has a direct effect on the uterine cavity. It increases the absorption of the medicines and actively works on *Srotoavarodha*. Conclusion of the case study with Ayurveda approach tubal blockage can be treated without any surgical procedure and successful progeny is possible.

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