



AYURVEDIC MANAGEMENT OF BILATERAL TUBAL BLOCKAGES: A SINGLE CASE STUDY

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ABSTRACT

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Tubal blockage is one of the most common causative factors in female infertility. The prevalence is 19.1% in the fertility age group. This condition is not separately mentioned in Ayurvedic classics but Blockages of fallopian tubes can be correlated with Vandhyatva due to Artava vaha srotorodha (Blockages in fallopian tubes). Vata-Kapha doshas are responsible for causing blockages. Normalizing the vitiated doshas leads to restoration of tubal function and easy conception. Here this paper deals with a diagnosed case of infertility due to bilateral tubal blockages, who visited our Institute for further treatment The line of treatment was aimed to normalize the vitiated *Doshas* and to remove the *Srotorodha* in the fallopian tube. **Treatment protocol-** kshara-kasisadi *Uttarbasti* along with oral intervention. **Discussion-**Tubal blockage can be considered as *Sanga Srotodushti* in *Artavavaha srotas*. *Kashaya basti* removes the *Srotorodha* and pacify the vitiated *Doshas*. *Uttarbasti* is the most effective local treatment in gynecological disorders which helps in removing vitiated doshas. **Results-**The outcome of the treatment resulted in opening of tubal blockages and consequent conception and the patient delivered healthy baby. **Conclusion-**The present case signifies the fruitful outcome of Ayurvedic treatment in the field of infertility due to bilateral tubal blockage.

Keywords- Vandhyatwa, Tubal blockage, Shodhana, Uttarbasti,

INTRODUCTION

WHO along with the international committee for monitoring assisted reproductive technologies (ICMART) defined infertility as “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.¹ Infertility affects approximately 10-15% of reproductive couples. Among which tubal blockage is the 2nd highest affecting causative factor around 25-35% of population and which is found to be difficult to treat. Tubal adhesions, Tubal surgeries, salpingitis, TB etc are the common causes of tubal blockage

In our classics Susruta acharaya has explained in detail about Garbha Sambhavasamagri (factors for conception). They are Rutu (fertile period), Kshetra (reproductive system-Artavavaha srotas), Ambu (nourishment) and Bija (ovum and sperm).² Vitiating in these factors especially Artavavaha srotas results Vandhyatva (infertility) Fallopian tubes are very important structures of Artavavaha srotas (reproductive tract) as they carry Beeja roopa artava (ovum & sperm). Vitiating of Vata and Kapha dosha responsible for Sroto rodha (obstruction) in fallopian tube ultimately results infertility due to tubal blockage. Normalizing the vitiating Vata-kapha-dosha leads to restoration of tubal function and easy conception. It can be achieved through proper Ayurvedic management.

The present article highlights the role of ayurvedic procedures such as Uttara basti and ayurvedic medications in treating tubal blockages.

CASE PRESENTATION

Case history

The 32 years old female patient is a housewife by occupation. Her chief complaint was a failure to conceive since 7 years of married life, she visited OPD of Prasuti tantra and stree roga of SAMC&H, Hubli for ayurvedic treatment on 05-10-21. The patient was examined thoroughly. The patient had Hysterosalpingography (HSG) report showing bilateral tubal blockages.

Personal history:

No significant past medical history was found. Menstrual history: menarche at the age of 13 years., Menstrual cycle :4-5 days/28-30 days. regular, moderate flow, without pain. Physical examination revealed pulse, blood pressure, and temperature within normal limits.

Gynecological examination:

Per speculum- cervix healthy. No abnormal discharge was seen., Per vagina – uterus anteverted mobile, normal size. All fornices were free and mobile.

INVESTIGATIONS:

CBS, ESR, and urine examination revealed no significant abnormality. The thyroid function test was normal. The husband's sperm count was normal.

HYSTEOSALPINGOGRAM: Bilateral tubal blockages were found

CHIKITSA:

Shodana and shamana chikitsa were planned. Ashtapana basti with Sukumaradi Kashaya was given before Uttara basti, uttarabasti with kshara taila-kasisadi taila in arohana matra 2ml, 2.5 ml, 3ml, 3.5ml and 4ml was administered for 5 days, after menstrual cycle cessation. The same procedure was carried out for two consecutive cycles. Orally was given Tab.M.D forte 1BD, Tab. Streehita 1BD, Pushpadhanwa ras 1BD and Phalagritam 10ml OD

Procedure

The procedure must be carried out in an aseptic environment. Purva karma: Before Uttara basti the patient was given stanika abhyanga and swedana followed by Sukumaradi kashaya asthapan basti Pradhana karma: At first, the patient was asked to empty the bladder. The patient was placed in the lithotomy position. Antiseptic swabbing was done.,usco's speculum was introduced and the Uterine sound is passed to dilate the internal os. The medicated taila ,here kshara taila and kasisa taila of the required quantity is instilled into the uterine cavity with an IUI cannula, attached to a 5 cc syringe and the entire procedure is carried out in the aseptic condition. Paschat karma: Yoni pichu was kept with phala gritam. The patient is advised to take a rest with head low down for better absorption of the drug and kept under observation for half an hour to note any complications.

RESULTS:

After completion of two course of treatment protocol for 2 consecutive cycles patient missed her periods and urine pregnancy test was positive later obstetric sonography revealed single intra uterine gestation corresponding to a gestational age of 8 weeks 1 day with EDD 10.10.2022. She took regular antenatal care and uneventfully continued her pregnancy till term and delivered a healthy female baby

Before Treatment

After Treatment

DISCUSSION AND PROBABLE MODE OF ACTION OF DRUGS

The treatment protocol mainly aims to remove the Srotorodha in Artavavaha srotas and to maintain the normal functions of Doshas. According to Ayurveda Shodhana Chikitsa removes the toxic elements developed in body system and improves the health by maintaining the equilibrium of Tridosha and proper nourishment of Uttarottara dhatu. It also corrects any derangement in hormonal system. Uttarabasti helps in expelling vitiated Dosha from female reproductive tract and highly beneficial in nourishing uterus. For clearing the Srotorodha and correcting all the four factors required for successful conception. According to Acharya Kashyapa, infertility, being a Vataja disorder,³ therapeutic enema has been considered the first treatment line in Yonivyapada, Pushpanasha, Garbhashayavikara⁴. Due to normalization of Vata by the use of Uttarabasti, the yoni retains the Garbha quickly or the woman conceives immediately and also Uttarabasti prepares the kshetra for Garbhadharana

Kshara taila : consists of Mulaka, Swarjika kshara, Yava kshara, Vida lavana, Samudra lavana, Saindhava lavana, Sauvarchala lavana, Hingu, Shigru, Mahaushada, Devadaru, Vacha, Kushta, Rasanjana Shatapushpa, Granthika, Musta, Juice extract of Kadali, Beejapuraka swarasa, Madhu sukta Kshara⁵ is well established for its corrosive, ulcer healing and antibacterial properties. It is tikshna and vata Pittavardhaka by karma. Thus, it removes the outer fibrosis of the endometrium and helps in its rejuvenation. its ulcer healing property helps the inner lin-ing of the tubes and uterus to heal and also kshara taila is vata kapha

shamaka drug, which contains anti-viral, anti-bacte-rial, antioxidant, and anti-hemorrhagic qualities. These properties make the medicine more potent in re-moving chronic inflammation and fibrosis.

Kasisadi taila consists of Kasisa, Vidanga, Hartala, karvira, karanja, Saindhava, Jambu, kritvedhana,Chitrakmoola, Dantimoola, Arkakshira, Snuhi ksheera,Tila taila.⁶ Tila Taila has anti-inflammatory property and due to its Vyavayi and Sukshama Guna it spreads in minute channels and spread easily. Other contents in Kasisadi tail have Ushna,Tikshana, lekshana and ksharana property. Due to lekshana and ksharana property of kasisadi taila, it helps in the removal of Srotorodha in Artavbeejavaha Srotas and make the Kshetra susceptible for conception.

Snigdha guna of Taila is definitely helpful to relieve the abnormality generated by the Ruksha, Daruna and Khara Guna of Vata. It restores the tonic contractions of tube and movement of cilia. Uttarabasti given in intrauterine route activates the normal function of Vata and stimulates the ovarian hormones, ultimately achieving ovulation.

Oral medications Phalagritam⁷,Tablet M.D forte and Tablet Streehita were given to patient along with Uttara Basti for three months. The contents of all the drugs mainly acts on folliculogenesis and ovulation, corrects hypothalamo-pituitary-ovarian dysfunction, prepares the endometrium for conception and increases libido⁸.

CONCLUSION:

Uttarabasti not only removes the blockage but also creates an environment conducive inside the Garbhashaya for intrauterine implantation. Not only the patency of tubal lumen is needed for the treatment of tubal infertility, but normalization of fallopian tube action is also very important. It can be achieved by pacifying the vitiation of Vata. In the present case study, a remarkable result was obtained in treating tubal blockage by administering therapeutic cleansing procedures such as Uttarabasti, along with oral Ayurvedic medicines. However, the efficacy of such treatment protocol may be shown through further studies in a larger sample size.

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