

AYURVEDIC MANAGEMENT OF PRIMARY INFERTILITY DUE TO TUBAL BLOCKAGE- A CASE STUDY**Dipak Kumar Goswami^{1*} and Anamika Pandit²**¹Assistant Professor, ²PG Scholar,Dept. of Prasutitantra and Streeroga, Govt. Ayurvedic College & Hospital,
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Prasutitantra and Streeroga,
Govt. Ayurvedic College &
Hospital, Guwahati-14,
Assam, India.**ABSTRACT**

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Tubal blockage is one of the most common causative factors for female infertility. The prevalence of fallopian tubal obstruction was 19.1% in the fertility age group. In this case study patient suffered from infertility since 1 yr and diagnosed as primary infertility due to bilateral mid tubal blockage after allopathic consultation. Patient was advised for IVF. But she was reluctant to do the same. So she approached OPD of GACH, Assam for Ayurvedic management. Patient was managed with Ayurvedic treatment protocol including internal medications. The line of treatment was to normalize the Vata-kapha dosha and removes the Sroto avarodha in the fallopian tube. Just after one cycle of treatment patient came with positive urine pregnancy test after one and half month of missed period.

KEYWORDS: *Artava-bija vahasrotorodha, Infertility, Tubal blockage.***INTRODUCTION**

Infertility is a global problem in the field of reproductive health. It affects approximately 10-15% of reproductive couples. Among responsible factors of Female infertility, the tubal blockage is the 2nd highest affecting around 25-35% of population and difficult to treat. Peritubal adhesions, previous tubal surgery, salpingitis etc are the common causes of tubal blockage.^[1] Tubal reconstructive surgeries and invitro fertilization are only alternative management but that are unable to provide satisfactory results.

Ayurveda has explained Vandyatva as equivalent for infertility. According to Harita, Vandhyatva is failure to get a child rather than conception.^[2] He has described six types of Vandhyatva.

1. *Kakavandhya* (One child sterility)
2. *Anapatyata* (Primary infertility)
3. *Garbhasravi* (Recurrent abortion)
4. *Mritavatsa* (Still birth)
5. *Balakshaya* (Loss of strength)
6. *Vandhya* due to *Balya avastha*, *Garbhakoshabhanga* and *Dhatukshaya*.

Susruta has explained in detail about *Garbha Sambhavasamagri* (Factors for conception). They are *Ritu* (fertile period), *Kshetra* (Reproductive system- *Artavavaha srotas*), *Ambu* (Nourishment) and *Bija* (Ovum and Sperm). Derangement in these factors especially *Artavavaha srotas* results *Vandhyatva* (infertility).^[3]

Here the clinical condition can be better correlated to *Strivandhyatva* (Female infertility) due to *Artava-bija vaha Srotorodha* (Obstruction in fallopian tube). Fallopian tubes are very important structures of *Artavavaha srotas* (Reproductive tract) as they carry *Beeja roopa artava* (Ovum & Sperm). Vitiation of *Vata* and *Kapha dosha* responsible for *Sroto rodha* (Obstruction) in fallopian tube ultimately results infertility due to tubal blockage.

Normalizing the vitiated *Vata-kapha-dosha* leads to restoration of tubal function and easy conception. It can be achieved through proper Ayurvedic management.

CASE REPORT

A female patient of 21 years age, came with her husband to OPD of GACH, Dept of Prasuti Tantra Evum Stree Roga, Assam with complaint of inability to conceive since 1yr of unprotected intercourse.

At 19 yrs of age she was married to a non- consanguineous man of 30 yrs in 2022. They tried to conceive since one year but failed even after 1year of unprotected intercourse. Hence in 2024 they consulted an allopathic gynecologist. After examination of the couple, her follicular study was found to be normal. On HSG (Hystero salpingography), bilateral mid tubal block was detected. Semen analysis of male partner was normal. In 2024, IVF (Invitro Fertilization) was suggested for the couple and they were reluctant to do the same. So they

prefer to follow Ayurvedic management for this condition.

From case history it was known that she had regular menstrual cycle with the duration 4-5 days and 28-35 days of interval without any associated symptoms. On gynecological examination, no inflammation or ulcerations present on vulva. Per- speculum findings were healthy vaginal walls, no active discharge from cervix. Per vaginal findings showed anti-verted and normal size uterus, mobile, fornices free, no tenderness. No other major medical & surgical history was noted. She had normal bowel and bladder habit. Sleep was sound and appetite also normal. Blood investigations are within normal limit.

From Ayurvedic perspective this condition can be better compared with Stree vandhyatwa (Female infertility) due to Artava-Bija vaha sroto rodha (Sanga) and the following treatment protocol were adopted.

Date	Medicines	Dose	Duration (for 1 month)	Anupan
29.06.2024	<i>Arogyavardhani Vati</i>	500mg	Twice daily	<i>Ushnodaka</i> (Lukewarm water)
	<i>Chandraprabha Vati</i>	500mg	Twice daily	
	<i>Kaishore Guggulu</i>	1000mg	Twice daily	
	<i>Amycordial Syrup</i>	10ml	Twice daily	

After completed one course of treatment she missed her periods and urine pregnancy test was positive with LMP on 6.07.2024. On 29.08.2024 obstetric sonography revealed single intra uterine gestation corresponding to a gestational age of 6 weeks GA with EDD 24.04.2025.

DISCUSSION

Tubal blockage is one of the leading causes in female infertility. In Ayurveda, it can be better correlated with Artava-bijavaha Srotorodha (Obstruction in fallopian tube). Vata-kapha Doshas are the prime causative factor in tubal blockage. Sankocha produced by vitiated Vata dosa due to its Ruksha (Dryness), Khara (Rough) and Darana guna (Tearing).^[3] Sthira (Stable), Mantha (Slow) property of vitiated Kapha dosa result Sanga-srotodushiti (Obstruction due to stagnation) in Arthava vaha srotas.^[4] This ultimately leads to Vandhyatwa (Infertility). Hence, the treatment principle should be pacifying Vata -kapha dosa, Vata anulomana, Deepana pachana etc.

Arogyavardhini Vati possess Tikta katu rasa, Laghu Ruksha Sukshma guna, Ushna virya. Thats why it has Deepan Pachan, Shrota sodhan and lekhan properties. It corrects all the three

agni, specially dhatwagni and reduces the Ama and Avadhmedadhatu deposition.

Chandraprabha Vati indicated in Kapha medo vikar acts as Agnideepana, Tridosha hara, possess Lekhana property.

Kaishore Guggulu possess Laghu, Ruksha, Sukshama guna, Ushnaveerya, Katuvipaka and Lekhana property. Main ingredient of Kaishore Guggulu is guggulu which promotes detoxification, rejuvenation, purification of blood have karshana and sothahara property.

Amycordial Syrup contains scientifically validated herbal extracts rich in bioflavonoids, glucosides, tannins, phytosterols and micronutrients. The syrup improves capillary permeability, hormonal balance, endometrial tone and female health.

CONCLUSION

Tubal blockage is one of the important causes of female infertility. In contemporary medicine, management including hormonal correction, ovulation induction and ART (Artificial Reproductive Techniques). Most of the patients with infertility due to tubal blockage end up with IVF (Invitro Fertilization) management.

Ayurveda aims to enhance the proper functioning of reproductive system by providing natural and effective medicines. Ayurvedic treatment protocol was found to achieve enormous result in tubal blockage as in this case. Srothorodha (Obstruction) in the Artava vaha srotas (Fallopian tube) were eliminated by proper Shaman chikitsa (Palliative) therapy which results expeditious conception by patient just after treatment as in this case.

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