

**MANAGEMENT OF INFERTILITY BY AYURVEDA DUE TO
BILATERAL TUBALBLOCKAGE –A CASE REPORT****Vda. Veena Jawale¹, Vda. Pournima Hiremath^{2*} and Vda. Meghana Gandhi³**¹Principal & HOD, Prasutitantra and Streerog Dept., S. G. R. Ayurved College Solapur.²Assistant Professor, Prasutitantra and Streerog Dept., S. G. R. Ayurved College Solapur.³PG Student, Prasutitantra and Streerog Dept., S. G. R. Ayurved College Solapur.Article Received on
08 October 2024,Revised on 28 October 2024,
Accepted on 18 Nov. 2024

DOI: 10.20959/wjpr202423-34439

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Vandhyatva (Infertility) is defined as failure to conceive or give birth or having *Garbha Strava or Garbha pata* (Repeated abortion). Fallopian tube blockage has become one of the common factor for female infertility. The prevalence of tubal blockage was 19.1% in the fertility age group. According to Ayurveda, healthy conception and progeny depends upon *Ritu, Kshetra, Ambu* and *Beeja*. *Beejagrahana* is unable due to tubal blockage leads to failure of conception. *Panchakarma* plays an important role in treating female infertility in which *Yogbasti* followed by *Uttara Basti* is the best therapy in Ayurveda. It detoxifies the uterine cavity and fallopian tubes, which clear the *Strotasavarodha*. *Uttarbasti* along with internal medication helps in *Vata Dosha anuloman* and removes the *Sanga strotodusti*. 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 in which patient was managed with Ayurvedic treatment protocol including internal medications and purification therapies of *Yogabasti* followed by *Uttara basti*. After three consecutive cycles of *Uttarbasti* patient came with patent bilateral fallopian tubes report.

KEYWORDS: Infertility, Tubal blockage, *strotas-avarodha*, *Yogabasti*, *Uttarabasti*.**INTRODUCTION**

Failure of concieve after one year of regular unprotected intercourse is known as infertility. Acharya 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 in Vandhyatva (Infertility).^[1] In Ayurveda, Strotasa is known as the systemic and operative part of the body. Any type of obstruction (Stotasavarodha) leads to disturbed normal function of the Strotasa. According to Acharya Sushruta, Garbhashaya and Artavavahi Dhamnis are part of the Artavavaha srotas. Fallopian tubes are very important structures of Artavavaha srotas (Reproductive tract) as they carry Beeja roopi artava (Ovum & Sperm). Many factors can be responsible for infertility in female out of which tubal blockage is common causative factor. Vitiating of Vata and Kapha dosha is responsible for Strotas avrodha (Obstruction) in fallopian tube ultimately results in infertility, also injuries to these organs cause Vandhyatva (Infertility).^[2] History of pelvic infection, tubercular infection, salpingitis, tubal surgery or ectopic pregnancy, repeated abortions are the main causative factors for tubal blockage. Tubal blockage is found around 25-35% of population of infertility and it has become a medical challenge now a days to cure. In modern science, tubal reconstructive surgeries are the only option for tubal blockage.^[3] With the Ayurvedic approach through panchkarma therapy by yogabasti followed by uttarbasti, tubal blockage can be cleared and normalization of vitiated Vata-kapha-dosha leads to restoration of tubal function. Here is a case with bilateral tubal blockage that treated successfully with Ayurvedic medicines and Panchkarma therapy.

CASE PRESENTATION

A 33-year female patient, married for 2 years (Non consanguineous), visited our clinic on 4 July 2023 with complaints of infertility due to diagnosed right tubal blockage by hysterosalpingography on 11 April 2023 and bilateral tubal blockage in therapeutic and diagnostic laparoscopy on 13 June 2023.

- M/H- regular cycle of 30 days with 3-4 days flow with 2 pads per day.
- O/H- Nulligravida.
- K/C/O- Hypertension since 1 month on tab Nicardia 10 mg at night.
- No H/O diabetes, hypothyroidism, Koch's or any other systemic infections.
- H/O Dengue 1.5 year back and treated for same.
- Patient had a normal appetite and sound sleep. Her bladder and bowel movements were also normal.

Clinical findings

1. Per speculum examination – cervix – normal, external OS-Nulliparous, no any discharge.
2. Per vaginal examination- Uterus normal size, mobile, bilateral fornices clear with no any tenderness.

Investigations

1. Hormonal assay (8/06/2023)=FSH-4.33 mIU/ml, LH-5.22mIU/ml, TSH-1.98, Sr.Prolactin-14.04mIU/ml.
2. HIV/VDRL/HbsAg were nonreactive on 12/03/2023.
3. The semen parameters of the husband were within normal limits

Table 1: Radiological and Surgical reports (Before treatment).

Date	Test	Impression
11/04/2023	HSG	Right tube-not visualised with nipple formation at the right cornua –s/o right cornual block. Left tube- visualised with free spillage of contrast-s/o Patent Lefttube.
13/06/2023	Laparoscopy	s/o Bilateral cornual block.
17/06/2023	HPR	Endometrium in proliferative Phase.

Treatment plan

Firstly, orally Deepan Pachan medications were given then 3 consecutive cycles of Uttarbasti was given with Yogabasti (Anuvasan with Lekhanbasti) by following pattern along with internal medications for 3 months as a protocol.

Table 2: Panchkarma chikitsa.

Date	Treatment (Panchkarma)								Medicines
4/7/2023 To 7/7/2023	Deepan and Pachan								Hingwashtak Churna
14/8/2023 To 20/8/2023	Uttarbasti with Yogabasti	AB D1	NB UB D2	AB D3	NB UB D4	AB D5	NB UB D6	AB D7	Anuvasan Basti-Sahacharadi Tail 50mlNiruha Basti-Lekhan Basta Tail-400ml Uttarbasti – Kshar + Bala + Kasis Tail (1:2:1)
12/9/2023 To 19/9/2023	Uttarbasti with Yogabasti	AB	NB UB	AB	NB UB	AB	NB UB	AB	Anuvasan Basti-Sahacharadi Tail 50mlNiruha Basti-Lekhan Basti-400ml Uttarbasti –Kshar + Bala + Kasis Tail (1:2:1)=4ml
9/10/2023 To 16/10/2023	Uttarbasti with Yogabasti	AB	NB UB	AB	NB UB	AB	NB UB	AB	Anuvasan Basti-Sahacharadi Tail 50mlNiruha Basti-Lekhan Basti-400ml

									Uttarbasti –Kshar + Bala + Kasis Tail(1:2:1)=4ml
		D1	D2	D3	D4	D5	D6	D7	

*AB-Anuvasan Basti; NB-Niruha Basti; UB-Uttarbasti, D-DayLekhan Basti was prepared by following decoction-

- 20 gm Triphala Churna+500ml water=250 ml Decoction (Kwatha)
- Madhu (Honey)-20ml
- Til Tail-40 ml
- Yavkshar and Saindhav-Each 2.5 gm
- Kalka-Bilwa, Ajmoda, Madanphala, Kushtha, Vacha, Badishep, Musta, Pippali Churna each 1 gm
- Gomutra-80 ml

Lekhan Basti Dravya Total 400ml

Internal medication

Table 3: Shaman chikitsa(20/7/2023 to 20/10/2023).

Medicine	Dose	Anupan	Route	Kala
Kanchnar guggulu	1 TDS	Water	Orally	After food
Sukshma triphala	1 BD	Water	Orally	After food

RESULT AND OBSERVATIONS

After completion of the 3 consecutive cycle of uttarbasti and yogabasti with internal medications bothfallopian tubes found patent.

Table 4: Hysterosalpingography report (After treatment).

Date	Test	SImpression
9/11/2023	HSG	Both fallopian tubes are visualised in their entire lengthand are normal with spill over of contrast on both sides confirming patency. Uterine cavity is well filled and normal.

DISCUSSION

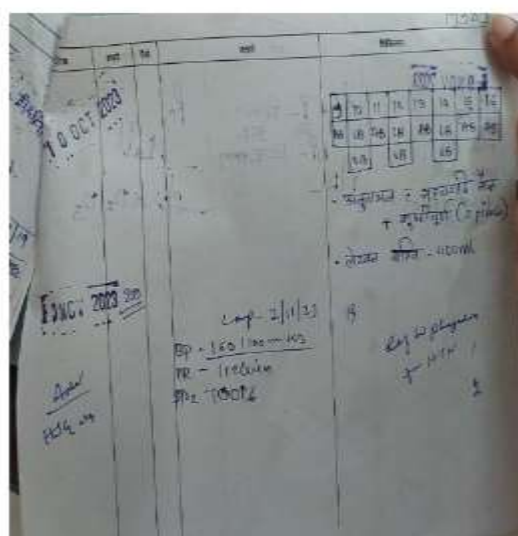
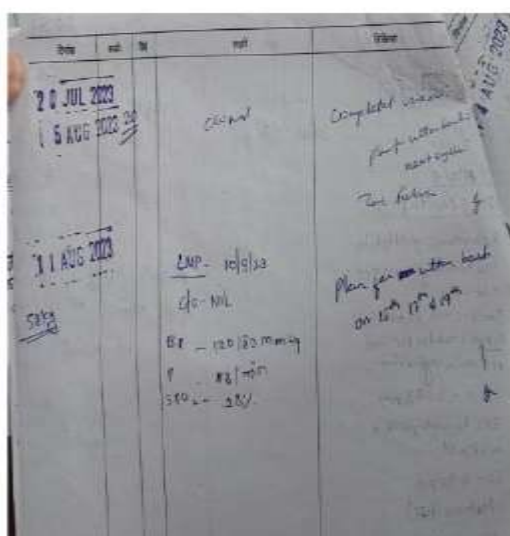
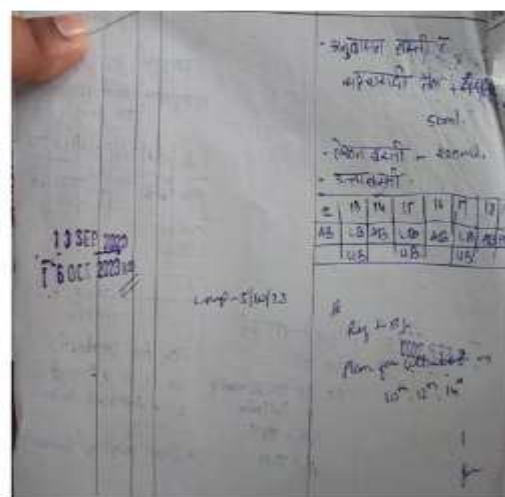
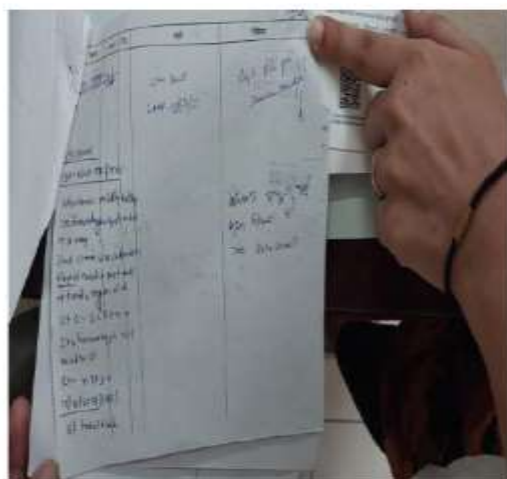
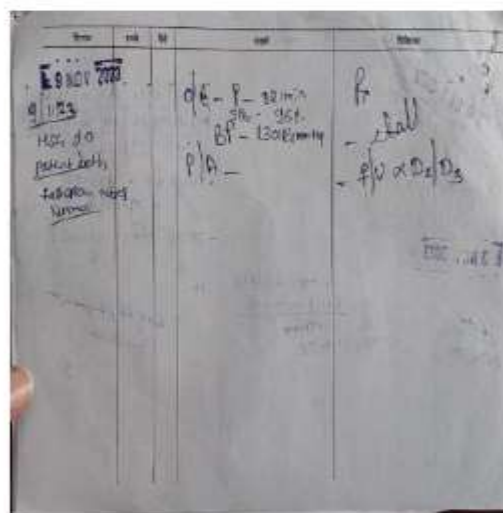
Female infertility due to tubal blockage is one of the leading cause. It can be correlated with artava-beejvaha strotas dushti by dushita Vata-kapha. Vitiating Vata causes Sankoch of strotas by its Ruksha (Dryness), Khara (Rough) and Darana guna (Tearing).^[4] Sanga-strotodushiti (Obstruction due to stagnation) occurs in Arthava vaha strotas due to Sthira (Stable), Mand (Slow) property of vitiating Kapha Dosha. Hence, the treatment principle should be pacifying Vata -kapha dosa, Vata anulomana, Deepana pachana. Considering these all, we gave

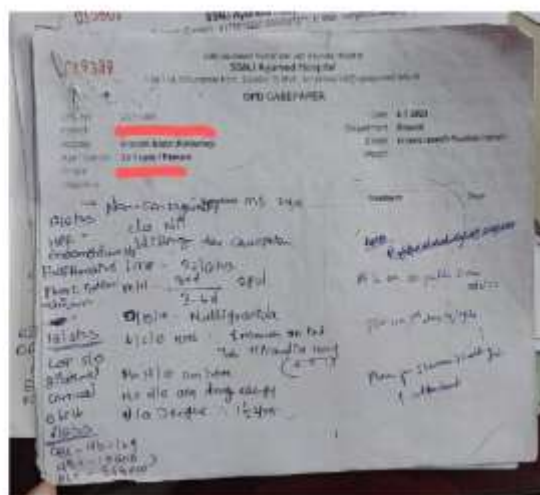
Hingwashtak Churna to achieve Deepana and Pachana (Digestive and Carminative), Vatanulomana (Normal movement of Vata). After that Yogbasti was given in which anuvasan (Through anus) was given with Sahacharadi Tail and Niruha Basti given with Lekhan Basti and with these Uttarbasti was given with Kshar-Bala- Kasis tail. Basti is the “ardhachikitsa” where vat dosha is vitiated, Basti is the choice of treatment. Basti (Enema) has multidimensional properties, they are Lekhana (Scrape off) Rasayana (Rejuvenate), Sroto sangahara (Removes obstruction in channels), Vata anulomana which leads to detoxification of body. In case of tubal blockage, the effect seems to be more local than systemic therapy so Uttarbasti is capable of removing Srotorodha (Clearing channels, adhesions and blockage) in tubal cavity and to restore its normal functions and heal the reproductive path.^[5] Taila (Oil) itself is more Vyavayi (Disseminating), Vikashi, Sukshma (Subtle). It is best medium for any drug to reach even minute channels and spread easily. It has Vranasodhaka (Wound purification), Vrana pachaka (Wound healing) and Krimighna (Antimicrobial) property too^[6] Sukshma Triphala has Shodhana, Ropana, Anti-microbial, anti-inflammatory and healing properties, which clear the Srotasadoshti and has Deepan, Anulomana and Kaphaghna properties.^[7] Kanchnar guggulu acts on micro channels of the body and break the Sangrahit Dosha due to its Vata-Kapha Dosha pacification, Lekhana and Shothahara (Anti-inflammatory) Guna.^[8]

CONCLUSION

Tubal blockage is one of 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. Most of the patients with tubal blockage end up with IVF (Invitro Fertilization) management. Ayurveda aims to enhance the proper functioning of reproductive system by providing natural and effective, less invasive and cost-teffective management.

Ayurvedic treatment protocol was found to achieve enormous result in tubal blockage as in this case, Strothoavarodha (Obstruction) in the Artava vaha srotas (Fallopian tube) were eliminated by proper Shaman (Palliative) and Panchkarma (Purification) therapy which can results in healthy conception without any surgical procedure.





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