RESEARCH ARTICLE ISSN 2456-0170

AYURVEDIC INTERVENTION IN THE MANAGEMENT OF TUBAL BLOCKAGE: A CASE STUDY

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ABSTRACT

Infertility is a global health issue affecting millions of people of reproductive age worldwide. Available data suggest that between 48 million couples and 186 million individual have infertility globally. Among responsible factors of female infertility, the tubal blockages are the second highest and it is difficult to treat. There are very few recommended treatment available such are tubal reconstructive surgeries and in vitro fertilization which are also not cost effective. Here for this case study considered only tubal infertility and to make pinpointed assessment criteria the selected patient was bilateral blockage diagnosed in hysterosalpingography (HSG) so; in order to establish the intrauterine *Uttarbasti* and Ayurvedic medicine are as a safer, cost effective and highly significant Ayurvedic treatment modality for tubal-blockage proved and presented with case study. Aim of the study is to evaluate the role of the Ayurvedic intervention in the management of Tubal Blockage in female.As a part of Panchakarma *Yoga Basti Krama* at once followed by *Uttarbasti* using *Kshar Taila* 5ml for 3days after menstrual cessation was administered (Same procedure was carried out for three consecutive cycles.) and Ayurvedic medicinal treatment with *Kanchannar Guggulu* 250mg BID orally after meal and *Phala Ghruta* 10gm, empty stomach with Luke warm milk in the morning for 3months.

KEYWORDS: Hysterosalpingography, Tubal blockage, *Uttar Basti*, *Kanchanar Guggulu*, *Phala Ghruta*.

INTRODUCTION

Infertility means not being able to become pregnant after a year of trying. If a woman can get pregnant but keeps having miscarriage or still birth, that is also called infertility. Tubal block is one of the most important factor for female infertility as second highest responsible factor among responsible factors; affecting around 30% of female infertility population[1].

Tubal block is one of the main causes of infertility as because of block there is lack of ability of sperms for reaching up to ovum for fertilization and for fertilized egg to come in womb for implantation. Pelvic pathologies, infection of reproductive tract, scar tissues are causative factors for blocking of uterine tubes.

According to Ayurveda important factors for conception are *Rutu* (fertile period), *Kshetra* (uterus and reproductive organs), *Ambu* (Proper nutrient fluid), *Beeja* (sperms and ovum)[8] *Yoni pradosha* refers to abnormalities of vagina, cervix, uterus, fallopian tubes which hinders fertilization.[2]

Artavavaha srotas covers the whole female reproductive tract and encompasses it as a structural and functional unit from the hypothalamus to the uterus. It represents not only the hormones related to reproduction at the physiological level, but also covers all the structures related to female reproductive organs at the anatomical level; correlating fallopian tubes with the *Artavavaha(Artava-Beej-Vaha) Srotas* its block is considered as *Sanga Srotodushthi* of *Srotas.*

There are varieties of tubal blockages; like in some cases there can be *Vata* dominance creating stenosis type of pathology, while in some other cases block can be more structural (obstruction in lumen)manifesting the dominanace of *Kapha*. In tubal blockages with history of very active infection, *Pitta* can be considered dominant factor. Hence the tubal infertility is not the manifestation of vitiation of any specific *Dosha* rather sometimes an interplay of multiple *Doshas* and sometimes the sequel of vitiation of single *Dosha.*

Harita is the first who classified *Vandhyatva* in details; He has described six types of *Vandhyatva* 1.*Kakvandhya* (One child sterility / secondary infertility), 2.*Anapatya* (Primary infertility), 3.*Garbhasravi* (Repeated Abortion), 4.*Mrtavatsa* (Repeated Still birth),5.*Balakshaya / Dhatukshaya* (Loss of strength/neutrition), 6.*Vandhyatva* due to injury to *Garbhashaya* or *Bhaga*[3].

In presence of tubal blocks there are mainly two options are practiced in modern science 1.Surgical intervention to reconstruct tube,2.Embryo transfer after in vitro fertilization of sperm and ovum these procedures are invasive, time consuming and much costly for major population in India hence; here in present case study tried an Ayurvedic intervention in the management of tubal blockage in order to establish it as a safer cost effective and highly significant Ayurvedic treatment modality with no apparent complication.

The selected patient is bilateral blockage diagnosed in hysterosalpingography(HSG) was treated by using *Panchakarma* procedures and internal *Shaman Aushadhi*. we observed enthusiastic results as HSG has shown normal tubes after treatment hence it was decided to publish a case in the form of article to disclose results.

CASE

34yrs Old married Hindu female patient, house wife by occupation presented with history of missed abortion 5yrs back and MTP 4yrs back having 11yrs daughter by LSCS anxious to conceive since 6yrs presented here with bilateral tubal blocks detected last year by Hysterosalpingography (HSG). Patient not found with any family history of infertility, there was no history of surgery or trauma or major psychological disorder found as patient has recently undergone all the relevant investigations which are under normal limit or suggesting no any other disease condition. Patient was not having any menstrual complaints. Bowel habit of patient is somewhat constipated.

Table No-1 General Examination

Blood Pressure	130/80
Pulse	84/minutes
Aahar (Diet)	Vegetarian
Vihar (Regimen)	Occasionally Nap (*Diwaswapna*)
Appetite	Good
Bowel	Regularly unsatisfactory defecation occasionally

	constipated
Micturation	4 to 5 times in day and Once at night
Sleep	Sound

Table no-2 Systemic Examination

Respiratory system Examination	Bilaterally clear, no any pathological sound heard
Cardiovascular System Examination	Chest bilaterally symmetrical
Per abdominal examination	soft, no tender ,no Organomegaly

Table No – 3 *Dashavidha Rogi Pareeksha*

Prakriti	*Vata-Kakha*
Vikruti	*Vata Pradhan Tridosha*
Dushya	*Rasa, Mamsa and Meda*
Sara	*Madhyam*
Samhana	*Madhyama*
Satva	*Madhyam*
Ahar Shakti	*Madhyam*
Jaran Shakti	*Madhyam*
Vyayama	*Hina*
Satmya	*Madhyam*
Vaya	*Madhyam*
Praman	*Madhyam*

Table No-4 *Asthavidha Pareeksha*

Nadi	84/minutes
Mala	2 times in a day
Mootra	Regular (4 to 5 times/day)
Jivha	*Liptata*(Coated)
Shabda	*Prakrita*
Sparsha	*Anushna Sheeta*
Drik	*Prakrita*
Aakruti	*Madhyam*

Diagnosis:

Secondary Infertility (*Vandhyatva*)

TREATMENT

It's a single case study conducted for the duration of four months .As a part of *Panchakarma Yogabasti Krama* (using *Shudha Bala Taila* for *Anuvasan* and *Dashmooladi Niruhabasti*) at once followed by *Uttarbasti*.

Table No-5 *Uttarbasti Chikitsa* Plan

Sr. No	Uttarbasti Medicine	Dose	Duration
1	*Apamarga Kshar Taila* [7]	5ml	3days after menstrual cessation(on7th,8th& 9th day) was administered for three consecutive cycles

Table No-6 Oral Medicines Given

Sr.No	Medicine	Doses	Anupana	Duration
1.	Kanchanar Guggulu	250mg BD	Luke warm water	3 Months
2.	Phala Ghruta	10gm Empty stomach	Luke warm milk	3 Months

Method of *Uttarbasti* :-

Purva karma:-

According to *Vagbhata Uttarbasti* should be given after the administration of about 2 or 3 *Niruhabasti*.[9]

Abhyanga and *Swedana karma* should be done preferably over the back, groin and abdomen. Then *Yavagu* added with ghee should be given for drinking.[10]

Proper counselling about procedure is given to the patient and consent should be taken from the patient. All the routine examinations are should be done. Cleansing of *Pakwashaya* and *Mutrashaya* i.e Bowel & Urine emptied. After cleaning bowel, *Yoni Prakashalana* with *Panchavalkala kwath* or *Triphala Kwath* should be done for local aseptic precautions. After *Yoni Prakshalana*, *Abhyanga* with *Bala Taila* on lower abdomen and lumbar region followed by *Swedana* with hot water bag is performed. Keep the instrument and medicine ready requires for *Uttarbasti karma* and aseptic and sterile condition has to be maintained throughout the procedure regarding room environment and instrument.

Pradhan Karma:-

Patient is to be taken on operation table in the operation theatre/labour room/minor OT.Patient is asked to lie down in lithotomy position. After making patient relaxed sim's speculum should be inserted into vagina. Cervix should be exposed with the help of anterior wall retractor and speculum. After this process once again vagina and external os should be painted with diluted Dettol for removal of mucoid or any discharge. When sterilization is over, cervix should be caught with allis forceps or vulsellum forceps. Uterine sound is passed through external os to find the position of uterus. After knowing the position of uterus, Hegar's dilator is inserted through external os for dilating the cervix properly.When cervix is dilated properly, then 5ml *Apamarga Kshar Taila* filled in 10ml disposable syringe fitted with angulated *Uttarbasti* cannula should be inserted gently and oil is instilled. After this all instrument, cotton, towel should be removed and patient is advised to return to supine position with legs folded on each other.

Paschat Karma:-

Watch for B.P., Pulse etc

Head low position for ½ hr

Hot fomentation if needed.

The same procedure should be repeated for 3days in each cycle.

In this case, the patient was tolerated the *Uttarbasti* procedures without any complications.

Precautions:-

During the course of *Uttarbasti*, patients were advised to avoid spicy diet and prohibition of coitus.

***Pathya- Apathyas* (Diet and regimen advised)**

Avoid *Vidagdha* like hot and spicy potency food *and* heavy to digest food & *Viruddha Aahar* like milk and fruits or meat together.

Avoiding excessive oily, spicy, fermented, junk or processed – canned foods

Avoiding frequently use of dairy products.

Avoiding controlling natural urges for long time (*Adharniya Vegas*)

Avoiding sleep (*Diwaswapna*)

Timely fresh and balanced meals.

Regularly Perform / Practice yoga and meditations for relieving stress.

Parameters of diagnosis and assessment of Result:

For the assessment of result Hysterosalpingography (HSG) was repeated after the cessation of menstruation in the fourth cycle.

Follow up

Monthly during performing *Uttarbasti* to the patients.

RESULT

In Present case study HSG were used as diagnostic tool and to assess the result of treatment. HSG reported the normal tubes

after the three sitting of *Uttarbasti* along with *Kanchanar Guggulu* and *Phala Ghruta* for three months. During treatment no any abnormal finding was reported clinically and no adverse effect were observed.

DISCUSSION

Tubal-blockage was considered as a *Vata-Kapha* dominated *Tridoshaja* condition.as *Vata* was responsible for *Samkocha*[4], *Kapha* for *Shopha* and *Pitta* for *Paka*[5] so all the three *Doshas* were responsible for the stenosis or the obstructing type of pathology of the fallopian tubes.*Kshar taila* was mentioned for *Stree Roga Adhikar* in *Bharat Bhaishajya Ratnakara*.[6]

In this study only *Apamarga Kshar* was selected to prepare *Taila* to make the preparation of drug easier. The drug was selected due to its *Tridoshaghna* properties and having *Ushna, Tikshna* and *Suksma Guna* mentioned in *Chakradatta*[7].so; that it could remove the the blockage by reaching up to minute channels.

Fallopian tubes are considered as a part of *Artavavaha Srotas* as they carry *Beeja Rupi Artavam* i.e Ovum hence fallopian tube can also be termed as *Artava Beeja Vaha Srotas*.

In Ayurveda treatment is done on the basis of constitutional predominance of a patient and according to the *Doshik* vitiation of that particular disease condition; here in this case the patient is having *Kapha Pradhan Vataja Prakruti* and the disease modalities also suggesting the vitiation of *Kapha* and *Vata Dosha Pradhan Tridoshaj* condition.

Ayurveda emphasizes on both systemic and localized treatment modalities hence here *Uttarbasti* as a part of *Panachakarma* treatment is used along with *Kanchanar Guggulu* and *Phala Ghruta* as *Shaman Aushadhi* Orally is continued in all three months and adviced to follow *Pathya – Apathyas* adviced during every follow up; hence patients not showed any complications and not even any simple complaints during course of the treatment.

Uttarbasti removes the blockage of tubal lumen by directly acting on obstruction and restores the normal endometrium by using *Apamarga Kshar Taila* due to its *Vatakaphagna* and *Lekhan* Properties; *Apamarga Kshar* acts with its *Tikshna* and Vata-Kapha Shaman Properties for removing tubal block and normalizes the tubal function by scraping and regenerates tubal cilia of fallopian tubes due to its *Sukshma, Ushna, Tikshna* and *Snigdhaguna*. *Kanchanar Guggulu* having properties of *Vata-Kapha Shaman* due to its *Ushna, Lekhana, Shothahar, Granthiharaguna* they are also useful to balance the *Kapha* and *Vatadosha. Phala Ghruta* is the best for all *Yonirogas* and here also help to reduce *Daha* produce due to *Kshar Taila* as having its *Tridoshaghna, Vranaropak, Daha Shamak* and Rejuvenating properties it is much beneficial to treat the any sort of female infertility.

CONCLUSION

In present era Tubal blockages is major cause of infertility due to which fertile couples are forced to dwell upon assisted reproductive techniques (ART) or Reconstructive tubal surgery but these treatment remains unreachable to major population of infertile couple around the world because of its unaffordable cost. This case study proves the intrauterine *Uttarbasti of Kshar Tail* and *Shaman Chikitsa* combinedly with drugs having *Vata-Kapha Shamak* and *Lekhana* properties are effective, safe, reliable and cost effective in management of tubal block condition Infertility. There is lot of scope for clinical trial to deal with Tubal Blockage by Ayurvedic intervention to make or prove a

remarkable and standardized positive result in the context of Infertility.

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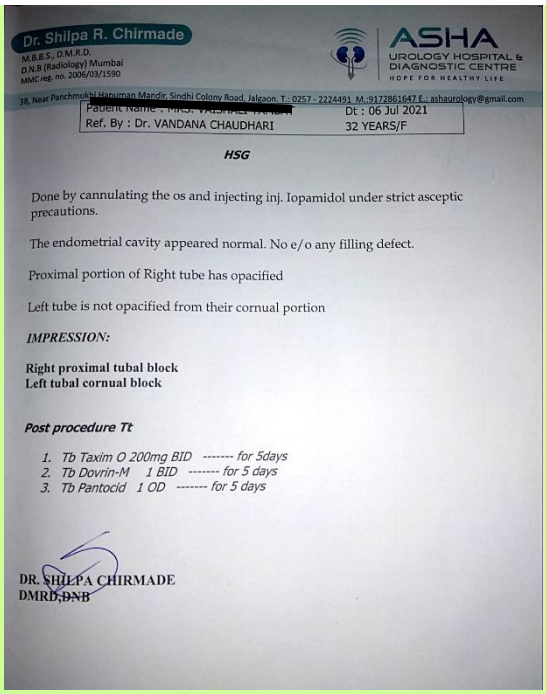
Source of support: Nil
Conflict of interest: None Declared

Cite this article as
Dr Varun Ramesh Patil: Ayurvedic Intervention in the Management of Tubal Blockage: A Case Study ; VII(6): 2232-2238



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38, Near Panchmukhi Hanuman Mandir, Sindhi Colony Road, Jalgaon. T.: 0257 - 2224491, M.:9172861647 E.: ashaurology@gmail.com

Patient Name : MRS. [redacted] Dt : 06 Jul 2021
Ref. By : Dr. VANDANA CHAUDHARI 32 YEARS/F

HSG

Done by cannulating the os and injecting inj. Iopamidol under strict asceptic precautions.

The endometrial cavity appeared normal. No e/o any filling defect.

Proximal portion of Right tube has opacified

Left tube is not opacified from their cornual portion

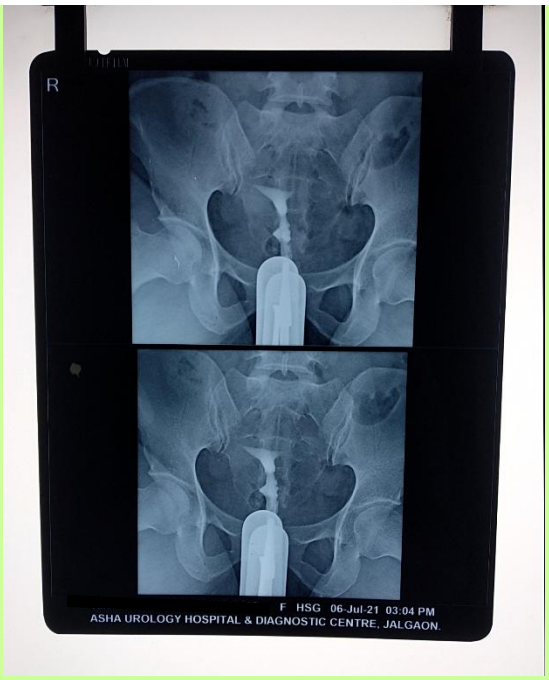
IMPRESSION:

Right proximal tubal block
Left tubal cornual block

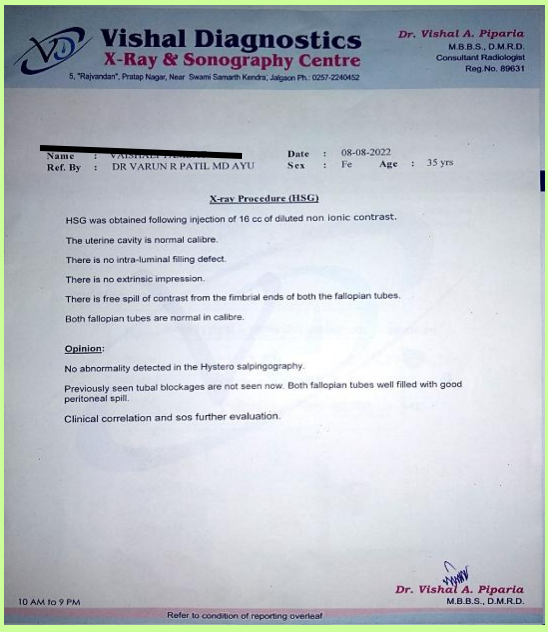
Post procedure Tt

1. *Tb Taxim O 200mg BID ------- for 5days*
2. *Tb Dovrin-M 1 BID ------- for 5 days*
3. *Tb Pantocid 1 OD ------- for 5 days*

DR. SHILPA CHIRMADE
DMRD,DNB



BEFORE TREATMENT



Vishal Diagnostics
X-Ray & Sonography Centre
5, "Rajvandan", Pratap Nagar, Near Swami Samarth Kendra, Jalgaon Ph.: 0257-2240452

Dr. Vishal A. Piparia
M.B.B.S., D.M.R.D.
Consultant Radiologist
Reg.No. 89631

Name : [redacted] Date : 08-08-2022
Ref. By : DR VARUN R PATIL MD AYU Sex : Fe Age : 35 yrs

X-ray Procedure (HSG)

HSG was obtained following injection of 16 cc of diluted non ionic contrast.

The uterine cavity is normal calibre.

There is no intra-luminal filling defect.

There is no extrinsic impression.

There is free spill of contrast from the fimbrial ends of both the fallopian tubes.

Both fallopian tubes are normal in calibre.

Opinion:

No abnormality detected in the Hystero salpingography.

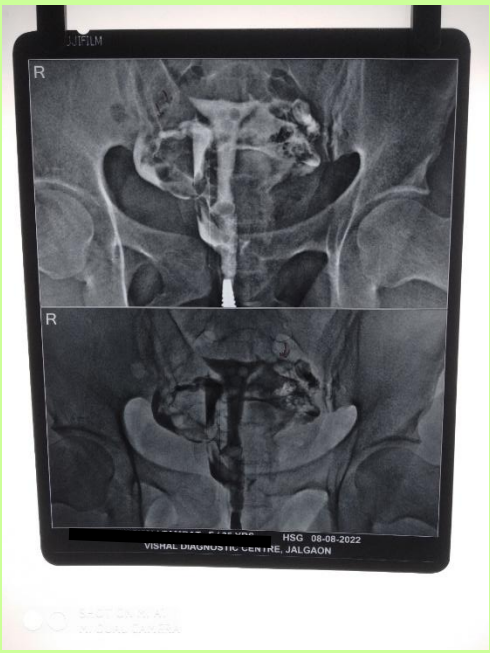
Previously seen tubal blockages are not seen now. Both fallopian tubes well filled with good peritoneal spill.

Clinical correlation and sos further evaluation.

Dr. Vishal A. Piparia
M.B.B.S., D.M.R.D.

10 AM to 9 PM

Refer to condition of reporting overleaf



AFTER TREATMENT