

Ayurvedic management of secondary infertility Associated with Tubal blockage- A case report

Dr. Ragina A Sharma¹, Prof. Shilpa B Donga²

¹ PG scholar, Department of PTSR, ITRA, Jamnagar.

² Professor, Department of PTSR, ITRA, Jamnagar.

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ABSTRACT

Infertility is a disease of the male or female reproductive system defined by the failure to conceive after 12 months or more of regular unprotected sexual intercourse. In Ayurveda infertility is termed as 'Vandhyatwa'. According to Acharya Sushruta, there are four factors responsible for creation of Garbha. Among the Ritu, Khetra, AmbuandBeejatubal blockage can be considered as the deformity of Kshetra means Kshetradushti. Fallopian tubes can be correlated with the Artavavaha (Artava-beeja-vaha) Strotasa, and blockage of fallopian tube can be compared with Sanga type of Strotodushti. In this case study, A 33-year-old patient complaining of failure to conceive since 3 years and diagnosed as Secondary infertility due to B/L cornual tubal blockage after allopathic consultation. She has been taking allopathic medicine for the same for the 5 months which was later discontinued. So, she approached OPD of Prasuti Tantra EvumStreeRoga, ITRA, Jamnagar on 23rd Feb. 2021 for Ayurvedic management. Ayurveda treatment including Shodhana and Shamana therapy is adopted. Patient had undergone Nitya virechana followed by Uttarbasti. After three cycles of Uttarbasti, B/L tubal blockage was successfully removed by Uttarbasti. On 11th Dec. 2021 patient came with amenorrhea of 2 month 17 days. The outcome of the Ayurvedic intervention was the conception and on 31st May 2022 she delivered a healthy female baby of 3.0 kg.

Key words: Tubal blockage, Uttarbasti, Shodhana, Srotorodha, Secondary infertility, Vandhyatva.

I. INTRODUCTION:

Motherhood is a dream of all women's and is complete after conception and child birth. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. The incidence increases further after the age of 30 years. Infertility affects approximately 5-15% of

reproductive-aged couples in any community. Tubal blockage is one of the most common causative factors in female infertility. The prevalence is 19.1% in the fertility age group. All types of female infertility in Ayurveda are described under the heading of Vandhya. It is among 80 types of Vatavikaras. During the period of Acharya Charaka, Infertile couples were considered as shade less, branchless, fruitless waste tree or like a lamp in picture or portrait which will not emit any light or brightness. Tubal blockage is considered as the Kshetradushti. Abnormality of tubes is generally of two types: - 1. Structural: - Anatomical blockage – Due to Vitiating of VATA-KAPHA/ PITTA-KAPHA. 2. Functional: - Defect in ciliary function of tube – Due to Vitiating of VATA. This condition is not described in Ayurvedic Classics as itself tubal blocks but blockages of fallopian tubes can be better correlated with Vandhyatva due to Artavabijavahastrotavrodha (Blockages in fallopian tubes). All three Doshas may be responsible for causing blockages but mainly Vata-Kaphapradhanata is more. Normalizing the Vitiating Vata-Kaphapradhana doshas leads to restoration of tubal function and easy conception. Tubal factor is found 25%-35% of infertile women. Which is second highest responsible factor for the infertility after ovulatory factor.

AIM AND OBJECTIVES:

➤ To assess the efficacy of Ayurvedic medication in treating secondary infertility associated with tubal blockage.

II. MATERIAL AND METHOD:

➤ **Case report:** In present case 33 years old parous woman having married life of 8 yr. came to the OPD of Prasuti Tantra Evum StreeRoga, ITRA, Jamnagar with the complaint of failure to conceive since 3 years and she had previously diagnosed as Secondary infertility

due to B/L cornual tubal blockage after allopathic consultation.

History – Medical & Surgical history: nil

Family history- No specific family history of infertility or any other disorder.

Personal history: After asking about routine lifestyle, it was found that the patient had the history of irregular dietary habits. Had a habit of eating sweets(mithai) 2-3 times in a week. There was no problem with defecation and micturition. Patient had a habit of day sleep of about 1-2 hrs. in afternoon.

Menstrual history: Patient had her menarche at the age of 13 years. She had a regular menstrual cycle with an interval of 28-32 days and duration of 3-4 days. Menstrual flow was normal using 2-3 pads/day (fully soaked) & it was dark reddish in color.

Obstetric history: G1P1AOL1-5 yr. old female child/FTNVD.

ASTAVIDHA PARIKSHA:

Nadi: 70/min

Mutra: 5-6 times/day

Mala: Nirama

Jihwa: Alipta

Shabda: Prakruta

Sparsha: AnushnaSheeta

Druka: Prakruta

Aakruti: Madhyama

DASHAVIDHA PARIKSHA:

Prakruti: Vata-Pitta

Vikruti: Vata-kapha

Sara: Madhyama

Samhanana: Madhyama

Satmya: SarwarasaSatmya

Satva: Madhyama

Aahara shakti: Madhyama

Vyayama shakti: Madhyama

Pramana: Madhyama

Vaya- Madhyama

SampraptiGhataka:

Dosha: VatapradhanaTridosha

Dushya: Rasa, Rakta, Artava

Agni: Dhatvagni

Srotasa: Artavavaha (Artava-Bija-Vaha)

Udbhavasthana: Pakvashaya

Srotodushti: Sanga

Vyaktisthana: Garbhashaya-nalikaRoga

Vinishchaya: Garbhashaya-nalika-Avarodha

Sadhyasadyata: Krichhrasadya

General examination:

Built- Medium

Respiratory rate: 18/min

B.P: 118/82 mm Hg

Pulse rate: 70/ min

Height: 150 cm

Weight: 55 kg

BMI: 22.91 kg/m²

Pallor /Oedema/clubbing/cyanosis

/icterus/lymphadenopathy – absent

Tongue – uncoated

Systemic examination:

CVS: S₁ S₂ heard, no murmurs

CNS: Well-oriented, conscious.

RS: Normal vesicular breathing, no added sounds

Gynecological Examination

PER SPECULUM: Cervix healthy, No discharge

PER VAGINAL:

Uterus: Retroverted with normal size

Cervix: Firm, non-tender, healthy

B/L fornix were clear, non-tender.

INVESTIGATION(09/04/2021)

Blood group: 'O' Positive

Hb%: 12. gm/dl

HIV: Non-Reactive

HBsAg: Negative

VDRL: Non-Reactive

FBS: 84 mg/dl

HSG EXAMINATION- B/L Cornual tubal blockage (Done outside before coming to the ITRA hospital-29-09-2020)

Husband factor- Semen Analysis -2021

Liquefaction within 20 minutes

Fructose – positive

Reaction – Alkaline

Total sperm count- 60 mill/ml

Motility- Act. Motile 60 %

Slg. Motile 20%

Non motile 20%

Abnormal forms- 01%

Pus cells -absent

Special investigation: (28/09/2020)

S.TSH: 2.618 ul/ml

PRL: 16.19 ng/ml

Usg finding: (28/09/2020) – done from outside

Ut: AV –normal

ET: 6 mm

Ovary- Normal

Lt. ov. -13*14 mm sized follicles
 Rt.ov. – 11*10 mm sized follicles

THERAPEUTIC INTERVENTION:

In this case, Shodhana and Shamana therapy was adopted as a line of treatment. She was firstly given Deepana, Pachana and underwent Shodhana i.e., NityaVirechanawith

GandharvahastadiErandaTailaon April 2021(Table.1). Next from May-2021 to July-2021 patient underwent 3 cycles of Uttarbasti with DhanvantaramaTaila(Table 2) in consecutive menstrual cycle. Shamana therapy(Table 3) was advised, ShamanaAushadhi were Stop during Shodhana Karma.

Table:1 Content of GandharvahastadiErandaTaila

| DRUGS | LATIN NAME |
|---------------------|----------------------|
| Erandamoola | Ricinus Communis |
| Yava | HardeumVulgare |
| Nagara | Zingiber Officinalis |
| Godugdha | - |
| Jala | - |
| MurchitaErandaTaila | Ricinus Communis |

Table:2 Content of DhanvantaramaTaila

| DRUGS | LATIN NAME | RATIO |
|-------------|--------------------------|---|
| Bala | Sida cordifolia | BalamoolaKwath th (6 part) |
| Godugdha | - | 6 th part |
| Dashmoola | - | 1 part |
| Meda | Polygonatumverticillatum | 1 part |
| Mahameda | Polygonatumcirrhifolium | 1 part |
| Devdaru | Deodar cedar | 1 part |
| Manjishtha | Rubia cordifolia | 1 part |
| kakoli | Fritillaria roylei | 1 part |
| Kshirkakoli | Lilliumpolyphyllum | 1 part |
| Chandan | Santalum album | 1 part |
| Sariva | Hemidesmus indicus | 1 part |
| Kushtha | Saussurealappa | 1 part |
| Tagar | Valerianajatamansi | 1 part |
| Jeevak | Malaxis acuminata | 1 part |
| Rushabhak | Malaxismuscifera | 1 part |
| Saindhav | - | 1 part |
| Shaileya | Parmeliaperlata | 1 part |
| Vacha | Acorus calamus | 1 part |
| Aguru | Aquilaria malaccensis | 1 part |

Table: 3ShamanaAushadhi:BaladiChoorna

| DRUGS | DOSE | KALA& ANUPANA |
|---|------|--|
| Bala Shatavari Brahmi Nagakesara | 5gm | Twice a day, after food with Godugdha&Sharkara |

➤ **KARMA REVIEW:**From 6th to 11th day of menses.

| | Procedure | medicine | Dose |
|-----------------|--|--------------------|--------|
| Purvakarma | Sthanika Abhyanga at Kati, Udara, UbhayaParshva, Ubhaya Pada | BalaTaila | Q.S. |
| | SthanikaSwedanaat Kati, Udara, UbhayaParshva, Ubhaya Pada | NadiSwedana | 10 min |
| | Yoniprakshalana | TriphalaKwatha | 500 ml |
| Pradhana Karma | Intrauterine Uttarbasti | DhanvantaramaTaila | 5ml |
| Pashchata Karma | HWB | - | - |
| | HLP | - | 2 hr |

III. DISCUSSION:

All the three Doshas are responsible for tubal blockage and infertility. But the role of Vatahas certainly an edge over the other two and it was the reason why Acharya Kashyapa mentioned Vandhyatva as NanatmajaVataVikaras. Narrowing of Tubal lumen is one of the main factors of tubal blockage, and it is because of Vata Dosha. Kapha has Avarodhakaproperty which leads to occlusion of tubal lumen. This clarifies the relation of Kapha with tubal block especially when it is more structural than functional. The role of Pitta, either more or less cannot be denied in generation of tubal blockage. Tubal blockage, in most of the cases, is the outcome of previous reproductive tract infection. Pitta is the main responsible Dosha for Paka, and thus, one of the responsible factors for tubal infertility too. In this case Nitya Virechana given by the GandharvahastadiErandaTaila. Doshas eliminated through SamshodhanaChikitsa(Nitya Virechana) are eradicated entirely, which leads to Artava-vahaSrotoshuddhi.It normalizes the uterine & ovarian functions by its purifying action(Bio cleansing property-Raktaprasadana Karma). Uttarbasti is an ideal in-situ therapy that can be adopted in tubal blockage. For tubal factor of infertility, a high intra uterine Uttarbastiwith Lekhana&RopanaDravyasacts in two ways. LEKHANA DRAVYAS removes the blockage of tubal lumen by directly acting on obstruction mechanically and ROPANA DRAVYAS restores the normal function of tubal cilia by stimulating it. As endometrial covering is continuous in the tubes too, scraping and regeneration also leads to normalization of tubal functions. DhanvantharamTailais very strong and most tructedVatahara remedy. It described in the

treatment of Gulma, Yoniroga, Vriddhi and kshayaRoga. Bala(Sida Cordifolia) is the main ingredient, which has a Rasayana (rejuvenating/restoring the normal structure of the fallopian tube) means obstruction is removed through the Vatahara property and repair of the mucosa of the tubal lumen is done through rejuvenating property. ShamanaAushadhi.e, baladichoorna is helped in fertilization as well as implantation due to its Madhura Rasa and Madhura Vipaka.

IV. FOLLOW UP AND OUTCOMES:

After 3 cycles of Uttarbasti, pt. underwent tubal patency test on 20/08/2021. In HSG B/L tubes were found pattern.she got conceived in the month of October. Her LMP was 24/09/2021.Pt.underwent USG on 11/12/21 and suggested that there is a S.I.U.F, the yolk sac with fetal pole seen. And she is having 12.2 weeks of G.A. On 31st may 2022 she delivered a healthy female baby of 3 kg.

V. CONCLUSION:

So, we can conclude that infertility associated with tubal blockage is managed byusing Ayurvedic treatment protocol.Following a healthy regimen along with a nourishing diet.

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