



## Case Study

### AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO TUBAL BLOCKAGE- A CASE STUDY

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#### 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 3yrs and diagnosed as primary infertility due to right tubal blockage after allopathic consultation. IUI has done thrice which went unsuccessful and was advised for IVF. But she was reluctant to do the same. So she approached OPD of GAVCH for W&C, Poojappura, Kerala for Ayurvedic management. Patient was managed with Ayurvedic treatment protocol including internal medications and purification therapies. The line of treatment was to normalize the *Vata-kapha dosha* and removes the *Sroto avarodha* in the fallopian tube. *Uttaravasti* delivers medicines close to *Garbhashaya* & *Yoni* especially in fallopian tubes. *Taila* can help to clear the *Sroto rodha* due to its *Vyavayi*, *Vikashi* and *Sookshma* property. Just after one cycle of treatment patient came with positive urine pregnancy test after one week of missed period. Then she took regular antenatal care from an allopathic hospital and delivered a healthy male baby of 2.8 kg.

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

#### 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 2<sup>nd</sup> highest affecting around 25-35% of population and difficult to treat. Peri-tubal adhesions, previous tubal surgery, salpingitis etc are the common causes of tubal blockage<sup>[1]</sup>. 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<sup>[2]</sup>. 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)<sup>[3]</sup>.

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). 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.

#### Case Report

A female patient of 31 years age, teacher by profession, residing in Trivandrum, Kerala came along with her husband to OPD of GAVCH for W & C, Poojappura with complaint of inability to conceive since 3yrs of unprotected intercourse.

At 27yrs of age she was married to a non-consanguineous man of 32 yrs on 2015. They tried to conceive since then but failed even after 1year of unprotected intercourse. Hence in 2016 they

consulted an allopathic gynecologist. After examination of the couple, her follicular study was found to be normal. On HSG (Hystero salpingography), right fallopian tubal block was detected. Semen analysis of male partner was normal. Then they were referred to a reputed infertility centre for further treatment. From there three IUI (Intrauterine insemination) was done along with medicines for necessary hormone correction. But they were found to be unsuccessful. Finally on September 2018 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
28.10.2018	<i>Sukumara Kashaya</i> <i>Udwartana with Kolakuladhadi choorna</i>	48ml - 0 - 48ml B/F	7 days
04.11.2018	<i>Snehapana with Sukumara ghrita</i>	Starting from <i>Hraseeyasi matra</i> i.e., 20ml upto 175ml	7 days
11.11.2018	<i>Avagaha Sweda with Dasamoola Kashaya</i>		7 days
18.11.2018	<i>Virechana with Hingutriguna taila</i>	25ml ( <i>Anupana</i> – hot water)	1 day
20.11.2018	<i>Yogavasthi</i> - <i>Kashayavasthi with Sukumara kashaya</i> - <i>Snehavasthi with Dhanwantara taila</i>		8 days
28.11.2018	<i>Uttaravasthi with Dhanwantara taila</i>		3 days

### Follow up Medicine

#### **Sukumara ghrita 10gm twice daily (orally)**

After completed one course of treatment she missed her periods and urine pregnancy test was positive with LMP on 20.11.2018. On 14.01.2019 obstetric sonography revealed single intra uterine gestation corresponding to a gestational age of 7 weeks 6 days with EDD 27.08.2019. She took regular antenatal care and uneventfully continued her pregnancy till term and delivered a healthy male baby of 2.8kg on 18.8.2019.

### 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)<sup>[3]</sup>. *Sthira* (stable), *Mantha* (slow) property of vitiated *Kapha dosa* result *Sanga-srotodushiti* (obstruction due to stagnation) in *Arthava vaha srotas*<sup>[4]</sup>. This ultimately leads to *Vandhyatwa* (infertility). Hence, the treatment principle should be pacifying *Vata -kapha dosa*, *Vata anulomana*, *Deepana pachana* etc.

*Sukumara kashaya* was given to achieve *Deepana* and *Pachana* (digestive and carminative), *Vatanulomana* (normal movement of *Vata*) also it is more suitable for reproductive age group women.

*Udwartana* (upward massage with powdered drugs) which is *Vatahara* as well as *Kaphamedovilayana*, thereby helps to clear the *Srotorodha* to some extent.

*Sukumara ghrita* was used for internal *Snehapana* (consumption of fat) purpose. It is one of the examples for *Yamaka* (combination of two) type of *Sneha* (unctuousness) which contain *Ghrita* (ghee) and *Eranda taila* (castor oil) as ingredients. It consists of *Dasamoola* (Ten roots) as *Kashaya dravya* best *Vata samaka dravya* (*Vata-normalising drug*). *Eranda taila* having *Madhura* (sweet), *Katu* (pungent), *Kashaya* (astringent) taste, *Ushna veerya* (hot potency), *Srotovisodhaka* (clear obstruction), *Vata-kapha hara*, *Yoni-sukra visodhaka* (purify gametes) and facilitates *Vatanulomana* (normal movement of *Vata dosa*)<sup>[5]</sup>.

*Avagaha sweda* was selected to pacify *Apana Vata* vitiation and thereby improves blood supply to pelvic region. It also helps to loosen the tight and tense muscle tissues in pelvis. *Dasamoola kashaya* itself is *Vata-hara*<sup>[6]</sup>.

Virechana (purgation) was done with *Hingu triguna taila*<sup>[7]</sup> since it was found to be *Vata-kapha samaka*, *Srotosodhana* (purification of channels), *Deepana*, *Sukshma* (subtle), *Teekshna* (sharp), *Ushna Veerya* (hot potency) with *Vata anulomana* property.

*Vasti* (enema) has multidimensional properties, they are *Lekhana* (scrape off) *Rasayana* (rejuvenate), *Sroto sanganasaka* (removes obstruction in channels), *Vata anulomana* leads to detoxification of body. Hence *Yogavasthi* (combination of decoction enema and unctuous enema) and *Uttaravasti* were selected.

Intra uterine *Uttaravasti* (enema through genital tract) with *Dhanwanta taila*<sup>[8]</sup> was selected. In case of tubal blockage, the effect seems to be more local than systemic therapy. Any *Avarodha* or *Sanga* (obstruction) occur in body is due to aggravation of *Vatadosa* mainly. *Dhanvantara taila* is a powerful *Vata-hara* (*Vata*-alleviating) medicine. It has *Rasayana* (rejuvenating the normal function of fallopian tube). Since *Bala* (*Sida cordifolia*) is the main ingredient. Through this rejuvenating property, mucosa of fallopian tubal lumen gets repaired. *Dasamoola*, *Kuladha* etc are other ingredients in it. They possess properties like *Vatahara* (normalize *Vata*), *Balya* (strength), *Bramhana* (nutritive) and thereby help to control further *Dosa* vitiation (body humor).

*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<sup>[9]</sup>. Other than that it has specific role on uterus and reproductive tract, also mentioned as *Garbhasaya sodhaka* (Uterine purification) and *Yonisoopalprasamana* (pain alleviation in genital tract).

Hence *Dhanwantara taila* is capable of removing *Srotorodha* (clearing channels) in tubal cavity and to restore its normal functions. *Uttaravasti* ensures proper drug delivery in the reproductive tract especially in fallopian tube and enhance its reproductive action.

## 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* (palliative) and *Sodhana* (purification) therapy which results expeditious conception by patient just after treatment as in this case.

## REFERENCES

1. Dutta DC. Text Book of Gynaecology. New Central Book Agency, Calcutta. 5th ed. 2009 p.222.
2. Tripathi H.H.S. Tritya Sthana. 5. vol. 48. Varanasi: Chowkhamba Krishnadas Academy: 2005. Hari Vyakhya, Harita Samhita: p.7.
3. Srikanta murthy K.R. Trans. Illustrated Sushrut samhita vol1, edition 2004, Chaukhamba Orientalia Varanasi, Sharirsthana, Chapter 9, verse 154. p.149.
4. Sahasrayogam, Sujanapriya vyakya, edited by K.V. Krishnan Vaidyan and S. Gopala Pillai, Vidyarambham Publishers: p.673.
5. Ram Karan Sharma, Vaidya Bhagavan Dash. Charaka Samhitha Sutrasthana, Vol.1 Varanasi: Chapter. 14, p.278.
6. Srikanta murthy K.R. Ashtanga Hridaya of Vagbhata Chikitsa sthana. Varanasi: Chowkhamba Krishnadas Academy: 2009, Vol.II, Chapter 14, p.407.
7. Ram Karan Sharma, Vaidya Bhagavan Dash. Charaka Samhitha Sidhi sthana, Vol.V Varanasi: Vol.4. Chapter.1, p.167.
8. Astangahrudaya with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana of Hemadri, edited by Harisada sivasastri, Sharira sthana, 2/47-52, edition: 2002, Chaukhamba Surabharathi prakashan, Varanasi, p 33.
9. Srikanta murthy K.R. Trans. Illustrated Sushrut samhita Sutrasthana, reprinted. Varanasi: Chowkhamba Orientalia: 2012. Chapter 45. p.347.

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