



TUBAL OBSTRUCTION AS A CAUSE OF INFERTILITY: AN AYURVEDIC ASSESSMENT

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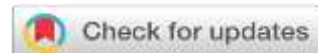
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ABSTRACT

Infertility is the inability to conceive a child naturally, even after one or more years of continuous, unprotected coitus, or the inability to carry a pregnancy to term. The problem becomes more serious since it frequently involves several causes, and because its diagnosis and treatment place the family under physical and emotional strain in addition to the associated costs. One of the major causes of infertility is tubal obstruction, which requires further study of the classic literature. An effort has been made in this article to review the tubal obstruction in *Ayurvedic* writings.

Keywords: Infertility, *Vandhyatva*, *Ayurveda*, Tubal obstruction

INTRODUCTION

Infertility is defined as failure to conceive within 1 year of regular unprotected intercourse. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. ⁽¹⁾ According to WHO, positive reproductive health of

a woman is a state of complete physical, mental, and social well-being and not merely the absence of disease related to the reproductive system and functions. It is observed that 50% of normal couples achieve conception within three months of regular unprotected intercourse, 75% in six months and 80-

85% conceive within a year. ⁽²⁾ Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception. The incidence of infertility in any community varies between 5 and 15%. ⁽³⁾ Among the responsible factors of female infertility, tubal blockage is the second highest i.e., 25- 35%, and one of the most notorious factors and very difficult to treat. ⁽⁴⁾ The management alternatives for it are only tubal reconstructive surgeries and In vitro fertilization (IVF) and are available in very few infertility clinics in developing countries which are not easily accessible. The probability of ectopic pregnancy and other complications are also there. On the other hand, no one has established any reliable.

Tubal Obstruction (Inertility) In Ayurveda

The method of determining the disease or causing *Ayurveda* in full different from western medical science. It is based more on the first vitiation of *Doshas*, i.e., causing disease from the beginning. Take this *Ayurvedic* view, here an effort has been made to describe the *Ayurvedic* view regarding the trumpet obstruction in terms of

- A) *Prakriti*, (*Doshas*; root cause),
- B) *Adhishthana*, (*Dushya*; seat),
- C) *Linga* (*Lakshanas*, features),
- D) *Ayatana*. (*Ahara Viharadi Nidanas*).

A) Prakriti (Also Known as Sannikrishta Karana Or Root Cause) The vitiation of one or more of the three *Doshas* by one or more of their *Gunas*. ^(5,6,7) It is said to be the base or ultimate cause of all diseases from an *Ayurvedic* point of view. By generating structural or functional irregularities in *Artava Bija Vaha Srotas*, or the fallopian tube, all three *Doshas* can be thought to be to blame for *Vandhyatva*. Due to its involvement in *Dhatugati*, ⁽⁸⁾ *Cheshta* ⁽⁹⁾, and *Garbhakriti*. ⁽¹⁰⁾ Vitiation of *Vata* can be regarded as the most significant cause of tubal infertility. According to *Chakrapani*, who said "*Bhetta Karta; Etam Cha Sharir Utapatti Kale*," *Vata* is the *Nimitta Karana of Garbha*. ⁽¹¹⁾ Another *Dosha* that can be implicated in tubal obstruction is *Kapha*. Properties in *Avarodhaka* and *Shophajanaka*. *Kapha* becomes

vitiated with its *Sthira guna*, ⁽¹²⁾ it can lead to blockage. In addition, according to *Acharya Sushruta Puya*, or suppuration ⁽¹³⁾ is impossible without *Kapha*, whereas *Acharya Vagbhaṭa* believes *Kapha* is to blame for *Shopha* or inflammation. Of course, these *Shopha & Puya* are the most significant tubal infertility causes because they result in a tubal block. Although *Vata* and *Kapha* appear to be the most important factors in tubal obstruction, *Pitta* cannot be completely ignored in this situation because it is thought to be the cause of *Paka*. ⁽¹⁴⁾ Since urogenital infections frequently result in tubal obstructions, *Pitta* vitiation is a possibility. As a result, tubal infertility is not always caused by the vitiation of a particular *Dosha*.

B) ADHISHTHANA (DUSHYA: SEAT)

Garbhashaya is the *Adhishthana* of this disease entity and the seat of *Doshic* vitiation too. On the basis of various references given in classics, *Adhishthana* can be defined in various terms but the ultimate one is *Garbhashaya* (uterus) only. *Acharva Sushruta* has considered four elements have been identified by *Acharya Sushruta* as being crucial for conception. *Ritu* (the right time, or the ovulatory phase), *Kshetra* (the genital organ particularly the uterus), *Ambu* (nourishing ingredients), and *Bija* make up these elements (gametes). ⁽¹⁵⁾ Although he also saw it as *Stree* in a more general sense, *Garbhashaya* or *Garbhashaya* as *Kshetra* *Acharya Ghanekar* also thought of for *Garbhadhan*. ⁽¹⁶⁾ Fallopian tubes are a component of the uterus itself, making them an essential aspect of this *Kshetra*. In light of this, the *Kshetra* described by *Acharya Sushruta* might be seen as factors for conception. So, if the *Ashaya* is not *Sampad*, it can mean the abnormality either in the uterus or in a tube in the form of a block. When *Doshas* are localized in the fallopian tube, it leads to a tubal block.

C) THE CLINICAL FEATURES OF LINGA (LAKSHANA)

Although *Acharya Charaka* ⁽¹⁷⁾ does not specifically address *Vandhyatva* in this way, if we look at the literature, we may deduce that *Sapraja Vandhyatva* is a result of tubal infertility since post-partum infections of the reproductive organs

can result in tubal obstruction. Out of them, *Acharya Harita* ⁽¹⁸⁾ explained six different forms of *Vandhyatva*. The primary and secondary forms of infertility are *kakavandhya* and *anapatya*, respectively. The tubal blockage is one of the many potential causes of these conditions. *Dhatukshaya* can be regarded as tuberculosis affecting childbearing members or may refer to a state. Emaciation with reduced immunity makes it prone to recurrence infections. Both of the above conditions may finally lead to obstruction of the tubal cavity *Vandhyatva* cause. Try it, *skocho* it seems akin to tubal infertility because of sexual intercourse before the age of menstruation. The reason for infertility is here. It shows that she becomes the girl, who was previously normal. Infertile due to sexual intercourse at an inappropriate age. Intercourse is the factor responsible for the change vaginal pH, which makes it vulnerable to bacterial growth and infection. This infection, if it goes up the reproductive system is known as pelvis inflammatory disease (PID), if it is not treated properly, it can cause tubal obstruction.

Blockage of the tubes in *Yoni Vyapadas*

A typical side effect of pelvic inflammatory disease, or infection of the upper genital tract, is tubal obstruction. Infertility was viewed as a problem by *Acharya Charaka* ⁽¹⁹⁾ and *Vagbhaṭa* ⁽²⁰⁾ in all the *Yonivyapadas*. Therefore, tubal obstruction can be considered a side effect of them. On the basis of their symptomatology, *Yonivyapadas* are compared to PID.

1. ***Paittika or Pittala***- infection of the reproductive organs is compared to *paittika* or *pittala*. ^(21,22,23,24)
2. ***Sannipatiki or Tridoshaja***- This *Yonivyapad* is regarded as an acute infectious condition of the reproductive system because of its characters, which either occurred as a result of an infection of the reproductive system itself or as a result of a disorder

of another system ^(25,26,27,28) a burning pain coupled with a yellowish and white clotted discharge from the cervix. As a result of developing tubal block, which is a complication of this ailment, which is a clear-cut definition of a mixed sort of severe genital tract infection, infertility may undoubtedly as a result.

3. ***Aticharana***- *Acharya Charaka & Vagbhaṭa* gave *Shopha* features, *Sobti* and *Roja* because of *Ativivaya*, while *Acharya Sushruta* clearly pointed out Infertility by saying *Yasya Begam na finddate*. It appears that *Aticharana* is similar to vaginitis due to excessive sexual intercourse associated with Infertility. ^(29,30,31,32) It can be considered a condition very close to tubal infertility, as any infection, if leads to infertility, is due to tubal blockage.

4. ***Paripluta*** ^(33,34,35)- Is again a requirement very similar to the initial stage of occlusion, because all the features are given similar to the pelvis inflammatory disease.

5. ***Upapluta*** ^(36,37) - This is *Yonivyapad* again refers to a state of infection of the genital tract with *Pandu*, *Satoda*, *Shweta*, and *Pichila Srava* with *Kapha & Vata* predominance which leads to *Shopha* and *Vedana*. In this *Vatakaphajanya Avarodha* as well as infection can cause tubal obstruction.

6. ***Vipluta*** ⁽³⁸⁾ *Vipluta* was classified as a *Vatika* illness by *Acharya Sushruta* since it is a condition marked by *Nitya Vedana* (constant agony). If it is expected that infertility would result from this condition's untreated side effects, there may be a number of pathologies relating to various ovulatory, uterine, and other aspects. Undoubtedly, one of those maladies is tubal obstruction, which results in *Sankocha* (stenosis) of the tubal lumen due to enhanced *Rukshatva* of worsened *Vata*.

D) NIDANAS (ETIOLOGICAL FACTORS)

<i>Doshas</i>	<i>Nidanarthakar roga</i>	<i>Nidanas</i>	<i>Vikriti</i>	<i>Nimitta</i>
<i>Vata</i>	<i>Aticharana</i>	<i>Ativiyavaya</i>	<i>Shopha</i>	<i>Agantuja</i>
	<i>Vipluta</i>		<i>Sankocha</i>	<i>Nija</i>
<i>Pitta</i>	<i>Pittala Yonivyapada</i>	<i>Pittaja Ahara</i>	<i>Paka</i>	<i>Nija</i>

	<i>Pittaja Artavadushti</i>	<i>Pitaja Ahara Vihara</i>	<i>Paka</i>	<i>Nija</i>
	<i>Pittaja Asrigdara</i>	<i>Pittaja Ahara</i>	<i>Paka</i>	<i>Nija</i>
<i>Kapha</i>	<i>Kaphaja Artavadushti</i>	<i>Kaphaja Ahara Vihara</i>	<i>Shopha</i>	<i>Nija</i>
	<i>Kaphaja Asrigdara</i>	<i>Kaphaja Ahara</i>	<i>Shopha</i>	<i>Nija</i>
<i>Vata Pitta</i>	<i>Paripluta</i>	<i>Vega Dharana (Kshavathu Ud-gara)</i>	<i>ShophaPaka</i>	<i>Nija</i>

Agantuja Rogas (External Factors) which can cause tubal obstruction.

Sapraja: It seems that this case exists *Agantuja Nimittaja Vyadhi*, as secondary infertility is generally the result of postpartum trauma or infection, and that might be the reason why *Acharya* didn't do that prescribe *Doshas* and *Nidanans* for this purpose condition.

Garbhasankocha: Caused by sexual intercourse in an immature girl told by *Acharya Harita* again a clear description of the infertility caused by tubal and cervical stenosis, therefore, it is *Agantuja* infertility *karanasas* *Agantuja Nimittaja Vyadhi*.

Upadamsha: Refers to venereal diseases due to inappropriate sexual intercourse. *Vyadhi* which may certainly lead to the trumpet.

Parisruta: *Nidanans* mentioned to all *Jataharinis* mainly talking about infectious and etiology factors. Thus, said *Parisruta* by *Acharya Kashyapa* is definitely *Agantuja Vyadhi*, Created by the *Daiva* effect.

Kakavandhya: He said secondary infertility *Acharya Harita* can be interpreted in a similar way method.

Balakshaya: According to the above interpretation, this condition appears to be genital tuberculosis caused by mycobacteria. And it can be understood as *Agantuja Nimittaja Vyadhi* which leads to tubal obstruction.

CONCLUSION

Infertility increased tremendously in the past decade that is as a result of a mixture of social, environmental and psychological, and nutritional factors. Management infertility due to the tubal factor in modern times includes tubal microsurgery and laparoscopic surgery tubal adhesiolysis and fimbriasis and salpingo-oophoroplasty Surgery, in vitro fertilization, tubal cannulation, etc. But these modalities have their

flaws. Adverse effects are drug complications of the wound after surgery infection, chest infection, obstruction, failure surgical, and a high rate of ectopic post-treatment pregnancy. The treatment is also very expensive. A better understanding of tubal obstruction Ayurvedic texts needs time for that researchers can develop them in a safer way cost and full remedy for this sensitive problem.

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