



AN AYURVEDIC MANAGEMENT OF TUBAL BLOCKAGE BY CLASSICAL VIRECHANA W.S.R. TO TUBAL BLOCKAGE - CASE REPORT

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ABSTRACT

Nowadays, *Vandhyatva (Infertility)* is a burning issue with many etiological factors like disturbed lifestyle, stress, genetic comorbidities, smoking, alcohol consumption, PCOS, hormonal derangement etc. In modern counterparts, many treatment procedures like IUI, IVF, and hormonal therapies are in practice, but they are costly and also no surety of results is guaranteed; one of the major causes of infertility is tubal blockage with its high prevalence. There is no specific treatment protocol for tubal blockage. In this context, the Ayurvedic line of management has the upper hand, and it has been observed that a single classical Virechana has completely cleared tubal blockage.

Keywords: Vandhyatva, Panchakarma, Snehapana, Virechana

INTRODUCTION

According to the WHO, 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 individuals have infertility globally.[1] Infertility is defined as the inability

to conceive within one or more years of regular unprotected intercourse.[2] The two fallopian tubes are essential structures of the reproductive system and play a role in both fertility and infertility. Each tube on either side of the uterus serves as the pathway

for releasing the follicle from the ovary to the uterus. Obstruction due to various causes may hinder the transportation of sperm, ovum, and zygote. Such tubal factors contribute to female infertility as a causative factor, accounting for approximately 20-35%. [3] In Ayurveda, Srotasa refers to the systemic and operative parts of the body. Any type of obstruction (Srotavarodha leads to disturbed normal function of srotasa) .The fallopian tube can be understood under Artavavaha srotasa.

A 21 year old female patient with her husband, visited our hospital OPD (Govt. Dhanwantari Ayurveda

College & Hospital, Ujjain) with a history of three years six months post-marital infertility was treated with Panchkarma (Virechan Karma) after being diagnosed as infertility due to bilateral tubal blockage by Hysterosalpingography(HSG) on 25th Jun 2024.

M/H- regular cycle of 28 days with 3-4 days flow.

O/H- G₀T₀P₀A₀L₀

K/C/O-HTN

The patient had a normal appetite and sound sleep.

Her bladder and bowel movements were also regular.

TIMELINE

| DATE | OBESERVATION & REMARK |
|------------|--|
| 23/01/2022 | Infertility treatment as per modern medicine protocol |
| 04/11/2022 | USG of abdomen showing multiple follicles of 4-8 size HSG right to open and left tube not visualized |
| 30/01/2023 | USG for ovulation study |
| 24/04/2023 | Right fallopian tube is visible showing free peritoneal spillage of contrast medium suggestive of its patency Left fallopian tube is not visualized |
| | Ayurvedic treatment start |
| | Panchakarma Treatment is Initiated (Deepan Pachana, Snehpana, Abhyanga, Virechana, Sansarjana Karma) |

DIAGNOSTIC ASSESSMENT Table 1: Hysterosalpingography report (Before Treatment)

| DATE | TEST | IMPRESSION |
|------------|------|---|
| 25/06/2024 | HSG | No peritoneal spillage is seen on either side |

Table 2: Hysterosalpingography report (After Treatment)

| DATE | TEST | IMPRESSION |
|------------|------|--|
| 28/08/2024 | HSG | Right and left fallopian tube is normal in caliber. B/L Spillage of contrast seen. |

Therapeutic Interventions

| KARMA | DURATION | THERAPEUTIC APPROCH | MEDICINES WITH DOSE |
|-------------|----------|---|---|
| PURVA KARMA | 10days | Deepana(Enhancing metabolic fire) Pachana(Enhancing digestion) Anulomana(Mild purgative action) | 1.Mahasudarsana kwath ^[5] – 20ml BD (After meal) 2.Tab Sooktyn – 500mg BD (before meal) 3. Cap Amlycure DS – 1BD (Before Meal) 4. Haritaki Churna 5gm with lukewarm water -HS |

| | | | |
|---------------|--------|---|---|
| | 6 days | Snehpana (Internal Oleation) | 1. Aragwadhtiktaka Ghritam ^[6] In Increasing Pattern 30ml(1 st day),50ml(2 nd day),75ml(3 rd day),100ml(4 th day),140ml(5 th day) And 160ml(6 th day) on empty stomach with warm water |
| | 3 days | Abhayang(External Oleation) and Swedana(Sudation) | MurchitaTila Tail for external application for 30min and swedana(10-15min) |
| PRADHAN KARMA | 1 day | Virechana (Purgation) | Trivrut Avaleha ^[7] -50gm Nimbaamritadi Erand Tail ^[8] -50ml |
| PASCHAT KARMA | 7 days | Samsarjana krama | 1 st day - Add 7 cups of water to 1 cup daliya. 2 nd day – Take 1 cup Dalia with ½ cup Moong Dal. Add 7 cups of water and make Khichdi. 3 rd day – Take 1 cup daliya with ½ cup moong dal. Add 7 cups of water and make khichdi with tempering. 4 th day – Same as third day and can also take sponge gourd and bottle gourd. 5 th /6 th /7 th day – Repeat the same |

DISCUSSION

The present study's diagnosis was based on the medical history and available records of investigations: primary infertility. According to Acharya Charka Garbh (conception), it occurs only in Shuddha yoni, which can be achieved by Shodan karma. A part of Poorvakarma (a Preparatory Procedure) was performed for seven days.

1. We used **Mahasudarsan kwath** for seven days, which helped remove '**Ama**' (toxic, undigested material) from the body.
2. '**Tab Sooktyan**' was used for '**Agnimandya**', which also pacifies '**Pitta dosha**'. It contains sookty bhasma, Jatamansi, datura pan, vacha etc.
3. '**Cap. Amlycure DS** contains kutaki, giloy, tulsi, Chitrak, and other herbs that help boost immunity and maintain liver function.
4. One teaspoon of '**Haritaki churna**' was given lukewarm water for '**anuloman**.'

After proper Deepan-Pachana, the patient was advised to take Snehpan(Internal Oleation) with '**Aragwadhtiktaka Ghritam**' starting with 30ml. It took about 6 days to obtain the Samyak snigdha lakshanas (Signs & Symptoms of Optimum Internal Oleation). Aragwadhtiktaka Ghritam is having

Kaphapittahara and Sroto Shodhanakarma. Sarwang abhyanga(Whole body massage)was done with Murchit Tila Tail. Later, Sarwang swedana (whole body sudation therapy) was done for three days as a poorvakarma of virechana(Therapeutic Purgation). Virechana was done with the internal administration of Trivrut Awleha-50gm and Nimbaamritadi Erand Tail-50ml with warm water.

1. '**Trivritta avaleha**' (50gm) was given for virechana. It is a very effective laxative that maintains a healthy digestive system by balancing *pita and kapha doshas* in the body.
2. **50ml 'Nimbamritadi eranda taila'** was also given along with Trivrita avaleha, which acts as a laxative.

TWENTY-SIX Vegas (Natural Urges) were Expelled, and 7 days of Samsarjana krama were followed.

CONCLUSION

This case report provides evidence that with appropriate and systemic ayurvedic treatment modalities, primary infertility associated with Tubal blockage can be managed efficiently without adopting or undergoing any separate treatment modality. Here, primary infertility is given prime importance rather than

associated issues, which were solved by customized Ayurvedic interventions.

Declaration of patient consent

The authors certify that they have obtained a patient consent form from the patient, who has given her consent to report the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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