



AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO FALLOPIAN TUBAL BLOCK

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ABSTRACT

Infertility is defined as failure to conceive with one or more years of regular unprotected coitus. A tubal block is one of the most important causes of female infertility. These can be included in kshetra sambandha Dusti and can be correlated with artava vaha sroto Sanga. In the present case, the study patient suffered from infertility for 5years and was diagnosed with infertility due to bilateral tubal blockage after allopathic consultation. IUI has done for 2 cycles which went unsuccessful and were advised for IVF. But the patient was reluctant to do. So, she approached the OPD of PTSR department of GAH Hyderabad for further management. The patient was managed with ayurvedic treatment protocol including internal medications and purificatory therapies. The line of treatment was to normalize the vata, kapha dosha, and remove the sroto avarodha in the fallopian tube. Uttaravasti delivers medicines to the garbhashaya and yoni especially in the fallopian tubes. Taila is having garbhasaya sodhaka and yoni shoolaprasamana property which can help to clear the srotorodha due to its vyavayi, vikasi, and sukshma property. After 3 cycles of yogavasthi along with uttaravasthi and internal medication, the

bilateral tubal block of the patient has cleared, and the patient has missed a period in the fifth month which was tested positive for urine for pregnancy.

Keywords: Artava Bija vaha srotas, kshetra Dusti, utharavasthi, tubal block.

INTRODUCTION

Fertility problems are increasingly common for many young couples even though after unprotected sex for up to one year, the inability to get pregnant is called infertility. Infertility affects approximately 10-15% of reproductive-aged couples. The tubal block is one of the main causes of infertility. There are usually no symptoms, but there are some risk factors that can increase the chance of developing the condition. The fallopian tubes are muscular tubes that are lined with delicate hair-like structures these hairs work in both directions, helping an egg to travel from the ovaries down to the uterus and helping the sperm travel up from the uterus. Each fallopian tube ends in fimbriae, which are like finger-like structures. The fimbriae catch and guide an egg when the ovary releases it. The fallopian tubes play an important role in conception because they are where most eggs are fertilized. If any part of the fallopian tube is damaged by surgery or infection, it can become blocked by scar tissue. In Ayurveda, the fallopian tube comes under kshetra part of garbhasaya which belongs to artavavahasrotas. The artavavaha srotas covers the whole female reproductive tract and includes the fallopian tubes of the uterus. Fallopian tubes may be correlated with artava bija vaha srotas and it carries bija rupi artava. The fallopian tube is a part of the female reproductive system, it is a J-shaped muscular tubes or oviducts or salpinx. The fallopian tubes extend laterally from the uterus. Fallopian tubal block causes infertility in a woman the cause of blockage is accumulation and vitiation of doshas. Vata dosha is responsible for any movement in the body channels. Due to the accumulation of the toxins, there is dryness and narrowness of the channels that blocks the free movement of vata dosha. It can be sclerosis of the tubes or abnormal function of the tubes causing the blockage. Pitta dosha is the other important cause of the blocked fallopian tubes. The main function of pitta is digestion and metabolism the

imbalance in pitta dosha causes inflammation and certain infection in the tubes there by resulting in blockage. Kapha dosa vitiation cause obstruction to the normal functions of fallopian tubes due to its Manda and sthira Guna.

Sushruth explained in detail about garbasambhava samagri factors responsible for conception they are Ritu- fertile period, Kshetra- reproductive system artava vaha srotas, Ambu-nourishment, Bija-ovum, and sperm. Derangement in these factors especially artavavaha srotas results in vandhyatwa. The present condition is correlated with female infertility due to artava bija vaha srotorodha obstruction in the fallopian tube.

Case Report

A female patient of 30years old residing in Hyderabad came to OPD of PTSR department GAH with complaints of inability to conceive since 5years of unprotected intercourse. At 25years of age, she was married to a non-consanguineous man of 30years. They tried to conceive since then but failed even after one year of unprotected intercourse. After examination of the couple, her follicular study was found to be normal. On HSG hysterosalpingography bilateral fallopian tubal block was detected. Semen analysis of male partner was normal. Then they were referred to an infertility center after 6months of primary infertility treatment. From then two cycles of IUI intra uterine insemination were done along with medicines necessary for hormone correction. But they went unsuccessful and were advised for IVF in vitro fertilization. But they were reluctant to do the same. So, they prefer to follow ayurvedic management.

From case history, it was known that she had regular menstrual cycles with the duration of 3-4 days and 30days of the interval without any associated symptoms. On gynecological examination prevaginal examination P/V findings showed Anteverted uterus, nor-

mal size, mobile, fornixes' free, no tenderness. No other major medical or surgical history was noted. She had normal bowel and bladder habit. Sleep disturbed and appetite was good. Blood investigations are within normal limits.

Form ayurvedic perspective this condition can be better compared with stree vandhyatwa due to artava bija vaha sroto rodha (Sanga) and the following treatment protocol were adopted

Table: 1

Date	Internal medication	
21/11/2021	1. Ashwagandha 100gm 2. Vaikranth bhasma 2.5gm 3. Rasa Sindoor 10gm 4. Praval pishti 10gm 5. Guduchi satwa 10gm Combination of above churna	Itsf morning and evening with anupana of madhu
23/11/2021	Yoga vasthi Kashaya vasti with dasamoola kwatha Anuvasana vasti with dhanwantara taila.	8days
	Utharavasthi with kshara taila In each cycle	5days
23/12/2021	2 nd cycle of yogavasthi along with internal medication	
20/01/2022	3 rd cycle of yogavasthi along with internal medication.	

Table: 2

Date	Treatment	HSG REPORT
20/11/2021	Before treatment	Features suggestive of B/L Tubal block.
16/02/2022	After treatment 3cycles of Yogavasthi with uttarbasti and along with internal medication.	Essential normal study with bilateral peritoneal spillage of contrast into the peritoneal cavity. Both fallopian tubes are patent.

Follow up medication: Phala ghrita 10ml twice daily orally. Later completion of 3cycles of uttaravasthi treatment she missed her periods in fourth month and urine pregnancy test was positive with LMP- 25/03/2022.

DISCUSSION

Tubal block is one of the leading causes of female infertility. In ayurveda it can be correlated with artava Bija vaha srotas srotorodha obstruction in fallopian tube. Vata kapha dosha is the main causative factor in tubal blockage sankocha produced by vitiated vata dosha due to its ruksha dryness khara (rough) and darana Guna (tearing). Sthira stable (Manda) slow property of kapha dosa result Sanga srotodushti obstruction on due to stagnation in artava vaha srotas this ultimately leads to vandhyatwa infertility. Hence the treatment principle should be pacifying vata kapha dosha, vata anulomana, deepana pachana, etc., Ashwagandha enhances the endocrine system and thus regulating the thyroid and adrenal glands. These glands are responsible for maintaining the balance of

reproductive hormones and hence play a very important role in female infertility. Ashwagandha is also very rich in iron also has a calming effect on the nervous system and hence is helpful in the treatment of depression, anxiety, fatigue, stress-induced insomnia, and nervous exhaustion all of which are common in females suffering from infertility. Balaprada -balya improves strength and immunity, Vajikari improves sexual performance, Vrushya – acts as aphrodisiac, Rasayani – improves life expectancy, anti-aging Push-ti Prada- improves body nourishment. Vaikranth bhasma is bala Prada, balya, vrushya, as it also contains iron cures from anaemia balances tridoshas vata pitta and kapha. It is sothahara, rasayana, ojovardhaka, deepana, pachana, lekhana, and termed as sarvaroga

nashak. Shadras yukta Madhura Ras pradhana guru guna, sheeta virya, Madhura vipaka. Rasasindoor it is very effective in kaphajanya rogas, balakshaya, dhatukshaya, as it is ushna veerya helps in curing kaphaja vikaras. It cures rasa, rakta, mamsa dhatu gata vikaras it is yogavahi, deepana, pachana, sothahara, rasayana. Immunomodulator increases the efficacy of the drug. Pravalapishti -Mangala kara improves strength and immunity, deepana, pachana, digestive, relieves ama dosha. Balances tridoshas Madhura rasa, laghu guna, Madhura vipaka, sheeta veerya. Guduchi sattva boosts immunity corrects liver functions and pitta dosa. Phala ghrita Vagbhata, Sarangadhara, bhava Prakash, Yogaratnakara mentioned Phalaghrita in the treatment of vandhyatwa. Vandhyatwa is vata dominated sannipataja vyadhi, ghrita is tridoshagna due to its properties and milk is also vata pitta samak, Jivaniya rasayan contains mainly tikta, Madhura, katuras, laghu guna Snighda guna both katu and Madhura vipaka and also ushna and sheeta virya deepana, pachana, lekha and anulomana, sotha hara, krimighna, Prajasthapana, and Yonipradosha nashaka actions hence this drug was selected for oral administration. Vasti enema has lekha scraping property. Rasayana rejuvenate sroto sanga nasak removes obstruction in channels vata anulomana has leads to detoxification of body hence yogavasti combination of decoction enema and unctuous enema and utharavasthi were selected. Anuvasan vasti with Dhanvantara tailam was selected in case of tubal blockage the effect seems to be more local than systemic therapy any avarodha or sanga obstruction occurs in body due to aggravation of vata dosha mainly dhanwantara tila is aa powerful vata hara vat alleviating medicine it has rasayana property. Kashaya vasti with dasamoola kwath which possess vatahara normalizes vata balya strength brmhana nutritive and thereby help to control further dosa vitiation. Kshara taila is selected for utharavasthi taila oil itself is more vyavayi (disseminating), Vikashi sukshma (subtle) it is the best medium for any drug to reach even minute channels and spread easily it has Vranashodhan wound purification, vrana pachaka wound healing and krimighna antimicrobial property too other than it has a specific role on the

uterus and reproductive tract also mention as Garba say sodhak uterine purification and yonishoolaprasamana pain alleviating in genital tract all these indicate antiseptic and anti-inflammatory properties. kshara taila mainly balances vata and kapha dosa.the taila prepared with ushna tikshna dravyas was administered inside the uterus the ushna tikshna drug act on tubal blockage by removing the whole inner lining and by the mechanical effect of stimulating contractions of the uterus kshara is well established for its corrosive ulcer healing anti-bacterial properties it is tikshna and Vatapitta vardhaka by karma thus it removes the outer fibrosis of the endometrium and helps in its rejuvenation it's sothahara vishahara karma reduces the selling and edema of the tube and render it in a healthier atmosphere thus kshara taila helps in scraping off the obstructing substance and also removes the fibrosis and damaged endometrium . the mode of action of the uttarbasti on tubal blockage can be summarized in the following points it removes the blockage of the tubal lumen by directly acting on the obstruction mechanically and restores the normal endometrium and the endometrial covering exists on the inner side of the tube also. Its scraping and regenerating also lead to normalization of tubal functions it restores the normal functions of cilia bu stimulating them may break the tubo peritoneal adhesions as observed with several studies thar HSG with an oil base dye helps to break the adhesions.

CONCLUSION

Intrauterine utharavasthi of kshar taila is highly effective in removing the tubal blockage with an increase rate of conception Intra uterine Uttara basti can be established as an easily accessible cost-effective ayurvedic therapy for tubal blockage without any surgical managements as in conservative management. The above-mentioned oral ayurvedic drugs and panchakarma therapies were helpful in treating the patient with vandhyatwa due to fallopian tubal block without any surgical intervention this approach may be taken into consideration for further treatment and research work on infertility due to tubal block.

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