

**MANAGEMENT OF FEMALE INFERTILITY DUE TO TUBAL BLOCKAGE BY
AYURVEDIC TREATMENT PROTOCOL: A CASE REPORT**Amisha H. Dholariya¹, L. P. Dei², S. B. Donga³

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**ABSTRACT**

Motherhood is one of those transforming experience which can't quite put into words. Infertility represents a major crisis for most couples, with both partners experiencing loss in ways that affect them as individuals, as family members and as members of society as a whole. Tubal factor is second major cause of female infertility. In Tubal factor, modern management are dependent on Tubal Surgery or IVF or Embryo Transfer. All these methods are the solution only for the anatomical aspect of the tube and no success in establishing the tubal function. The present case report revealed effect of *Virechana* and *Uttarbasti karma* in a known case of secondary infertility due to Fallopian Tube Blockage. *Virechana* is indicated in *Vandhyatva* and *Yonivyapada chikitsa*. *Uttarabasti* is a very important and unique Ayurvedic procedure, which is mentioned for the genito-urinary problems. Successful conception occurs after this treatment.

Keywords: Ayurveda, Infertility, *Vandhyatva*, Fallopian Tube Blockage, *Virechana*, *Uttarbasti***INTRODUCTION**

Vandhyatva is not a disease but a revelation of an underlying disease. According to Ayurveda *Vandhyatva* is not only inability to conceive but not begetting a live progeny. In Ayurveda lots of importance given to

progeny because they are source of Pleasure, Strength, happiness, worth, potency, vastness, fame, utility, satisfaction, etc. In case of *Vandhyatva* human is devoid of all these. Because of that our Acharyas had given

importance to healthy progeny. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.¹ Tubal factor is second major cause of female infertility i.e.25-35%² In Tubal factor, modern management are dependent on Tubal Surgery or IVF or Embryo Transfer. Tubal Surgery depends on the site of blockage like Salpingo-ovariolysis, proximal tubal cannulation, Fimbrioplasty/ Fimbriolysis, Neosalpingostomy, Reversal of tubal ligation etc. Overall success rate is as follows: Salpingo- ovariolysis 65%, Tubocornual anastomosis 55%, Fimbrioplasty 32%, Tubotubal anastomosis 75%.³ IVF and ET are offered to women in whom tuboplasty has failed or to women with extensive and irreparable tubal damage. The overall success rate of 20%-30% is obtained.⁴ The adverse effects are anaesthetic complications, wound infection,

failure of surgery and high incidence of ectopic pregnancy. Ayurveda has a great scope in this field. So, today's need is to develop a safe and cost effective Ayurvedic protocol for this sensitive problem.

Case Report

A 28 years female patient attended at OPD of PTSR Dept., IPGT & RA, Jamnagar with complain of secondary infertility for 2 years. She had active marriage life of 4 years. She was conceived before 2 years with ectopic pregnancy in right side. So, in right fallopian tube salpingectomy was done. After that couple was trying for conception but failed. After all necessary examination patient was advised for USG, which was found normal. On the basis of past history, she was advised for HSG, in which free spillage was not found from both the tubes. So, patient was advised for treatment for fallopian tube blockage.

Treatment Protocol

1st month: Virechana Karma: After menstruation (from 5th day of menstruation)

No.	Procedure	Drug & Dose	Duration
1	Deepana, Pachana	Trikatu churna 2 gm / 3 times with warm water	3 Days
2	Snehapana	Go ghrita (as per Koshta and Agni) 30 ml–150 ml (Increasing 30 ml each day)	5 Days
3	Abhyanga & Swedana	Bala Taila (Sida cordifolia)– 1 time in a day, bashpa swedana	3 Days
4	Abhyanga, Swedana, Virechana Karma	Trivrutta Avaleha – 80 gm	1 Day
5	Sansarjana Karma	Diet	5 Days

2nd month: Uttarbasti Karma: After menstruation (from 5th day of menstruation)

Steps of I.U.U.B.	Drug Administered	Dose	Duration	Total duration of therapy
I.	Apamarga Kshara Taila	After menstruation ⁵ , 3 to 5 ml Apamarga Kshara Taila was administered in form of intra uterine Uttarbasti (IUUB) once in a day	3 days	Two Consecutive cycles
II.	Phalakalyana Ghrita	3 to 5 ml Phalakalyana Ghrita was administered in form of intra uterine Uttara basti (IUUB) once in a day after 3 days of completing the IUUB with Apamarga Kshara Taila	3 days	

Pathya-Apathya (Do & Don'ts): Yoga (Paschimottanasana, Bhujangasana, etc.), Pranayama, meditation, avoid intercourse during Uttarbasti procedure, avoid spicy, fried food, fast food, fermented food, overeating, suppression of natural urges, day sleep & night awaking.

Result: After these 3 months treatment patient was advised for HSG, in which left fallopian tube was found open. Patient was conceived in next cycle and delivered healthy female child weighing 2.8 kg through LSCS.

DISCUSSION

Artavavaha Srotasa can be considered as a broad term for both the functional units, i.e. *Artava Beeja Vaha Srotasa* and *Artava Raja Vaha Srotasa*⁶. The *Artava Beeja Vaha Srotasa* is Fallopian Tube, which is responsible to carry the *Beeja Roopi Artava* or ovum. All the three *Doshas* are responsible for tubal blockage & infertility. But the role of *Vata* has certainly an edge over the other two. Also, the role of other *Dosha* can't be overlooked in inflicting tubal blockage. *Kapha* has *Avarodhaka* property which leads to occlusion of tubal lumen. This clarifies the relation of *Kapha* with tubal block especially when it is more structural than functional. *Samshodhana* therapy is the best for the vitiated *Dosha Nirharana* and correction of *Agni*. To remove obstruction and regularize the normal function of *Vata Adhobhagadosaharana Virechana* can prove beneficial.⁷ *Uttarabasti* is a minor operative *Ayurvedic* procedure, which can be carried out in different ways relying upon the purpose to achieve. By considering all the description given in classics, it looks to be a local as well as systemic (parenteral) route of administration to inject the medicine directly on the target organs. As it is already stated in disease review, that tubal blockage has been considered as the *Tridoshaja* condition dominantly *Vata-Kapha Dosha*. The drug which has properties of *Vatakaphashamaka & Tridoshaghna* assumed as effective to open the fallopian tube. And also, local administration of any drug containing *Sukshma, Laghu, Sara, Vyavayi, Vikasi, Pramathi, Lekhana* etc. *Guna, Katu Vipaka & Ushna Virya* can be assumed to have some effective role in removing tubal blockage. *Apamarga-Kshara* works in removal of blockage with its *Lekhana* properties. For *Ropana* and re-establish the function of fallopian tube there is need of medicated Ghee (*Ghrita*) like *Phalakalyana Ghrita*.

CONCLUSION

Fallopian tubes can be included under the heading of *Artava Vaha Srotasa* and Fallopian Tube blockage may be correlated with *Artava Vaha Srotodushti/ Kshetradushti* which is essential for conception. Tubal blockage can be the consequence of various gynaecological disorders like: *Yonivyapad, Artavadushti, Asrigdara*

and *Upadamsha*. In modern the major cause of infertility related to tube is prior PID, TB, Abortion, D & C / D & E. *Virechana* helps in reducing menstrual abnormality. *Uttarabasti* of *Apamarga Kshara Taila* removes the blockage by its *Lekhana* Property and *Uttarabasti* of *Phalakalyana Ghrita* re-establish the function of tube by its *Ropana* property. So, *Uttarabasti* of trial drug is a safe, reliable & efficacious measure in management of tubal infertility.

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