



MANAGEMENT OF INFERTILITY DUE TO BILATERAL TUBAL BLOCKAGE & UTERINE FIBROID BY AYURVEDIC REGIME: A CASE STUDY

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ABSTRACT

Introduction: Six main essential factors for fertility in Ayurveda i.e., *Ritu* (fertile period), *Kshetra* (functioning reproductive tract), *Ambu* (nourishing elements) *Bija* (healthy ovum & sperm), *Hridya* (Psychology) & normalcy of *Apanvayu*. **Main clinical finding:** A case study of a 31-year-old female patient who suffered from infertility for 11 years due to abnormality in *Kshetra* and *Bija*, **Diagnosis:** it is a diagnosed case of bilateral tubal blockage, multiple uterine fibroids and ovarian enlargement with cystic ovary, having a history of two abortion along with the chronic pelvic inflammatory disease. From the detailed history involvement of vitiated *Vata&Kapha with Ar-tavavahasrotodusti, Agnimandhya*, and stressful mind was noticed. **Interventions:** She was treated with *Apa-margaksharatailauttarbasti, Arbudaharakwatha* and *Panchtiktaghritaguggulu Garbhasayashodhan* and *Yonisho-dhakchikitsa*. **Outcome:** After treatment of 9 months Patient came with a positive urine pregnancy test on 5/11/2019. The patient took regular antenatal checkups and delivered a female child on 29/5/2020. **Conclusion:** This case study demonstrates the potential and usefulness of Ayurveda in the management of Infertility.

Keywords: Tubal blockage, Uterine fibroid, Arbudaharakwatha, Panchtiktaghritaguggulu, Uttarbasti

INTRODUCTION

Infertility is a failure to conceive after regular unprotected coitus within one or more years, 50-80 million women are affected by infertility worldwide.^[1] 30% of the etiology of infertility is due to Tubal subfertility or infertility.^[2] Also, women with fibroids with no sub-mucosal involvement, i.e. pure intramural fibroids (FIGO L3 to L4), had an increased rate of spontaneous miscarriage when compared with controls without fibroids and decreased rates of implantation and ongoing pregnancy/live birth.^[3] Acharya Susruta explained the *Garbhasamgrahasamagri* (factors responsible for successful pregnancy).^[4] They are *Ritu* (fertile time in the cycle), *Kshetra* (healthy reproductive organs), *Ambu* (proper nutrition after fertilization), and *Beeja* (healthy ovum and sperms). Acharya Vagbhata has emphasized that besides healthy *Garbhasaya*, *Marga* (vaginal canal, cervix, Fallopian tube), *Rakta* (ovum), and *Sukra* (sperms), properly functioning *Vayu* and normal psychological status are also essential.^[5] The presence of any abnormality in any of the above-said factors causes infertility. On the basis of this different factor and *Anshanshalkalpana* of *Doshas*, different *Samprapti* occurs in each infertility patient. When different factors are involved then we can say *Vandhyatava* due to *Artavavaha* (*Artava-bija-vaha*) *srotodusti*

Case Report:

This is a case of a 31-year-old female who visited the XXX, on 26th November 2018 with complaints of Womb issues for since 11 years, lower abdominal pain, and White discharge per vagina sometimes. She had had her last menstrual period on 8th November 2018 with a regular cycle, mild pain, and normal flow, 3-4 pads per day, and intervals of 28-40 days, Obstetric history shows 2 previous spontaneous abortions of two and a half months gestational age before 10 years & 7 years. Dilatation & Curettage was done at both times.

Family history revealed that her sister is also taking infertility treatment. Her appetite was found to be less sometimes, sleep was sound, bowel and bladder habits are normal sometimes constipation. Her previous investigations show B/L Fibrosed Ostia, Bilateral tubes chronic capture Convulsed and no filling of dye on both sides is a bilateral tubal blockage, Bilateral ovarian enlarged in Diagnostic Hysteroscopy on 17/6/2018 with bilateral ovarian puncture done under GA. 20/6/2018 Mycobacterium tuberculosis

complex PCR- not detected. Pelvic TVS on 19/11/2018 Shows multiple Nabothian follicles, Probe tenderness, Prominent adnexal vascularity, Right Ovary volume of 12.5 cc Left Ovary volume of 20.73cc, Chronic PID. In other system of medicine, the patient is advised to do IVF but she is not able to do due to her financial problems.

On examination blood pressure (BP) was 120/80 mmHg and pulse was 80 bpm found to be *Vatapittaj-prakriti*, No pallor and edema were present, Pelvic Examination shows external genitalia are normal; Nabothian cyst present on per speculum examination. Per vagina – Cervical motion tenderness was present.

Therapeutic intervention:

From 26 November 2019 that is from the 18th day of menses oral Ayurvedic formulations *Jwarharakwath* started orally in *Apana Kala* (morning and evening before food, 80ml *Kwatha* form by 20 gm twice daily), *Shatavarichurna* and *Balabeejchurna* each 3 gm (twice a day) with water after meal, *Avipattikar-churna* (3 gm twice a day) with water. *Jatayadi tail Yoni pichu* one time/day. *Dashmooltailamatrabasti* was done in the first month. In later months *Apmargaksharatailauttarbasti* was done. USG on 25/4/2019 uterus normal size Multiple intramural Anterior wall fibroid 12mm, 11mm, 9mm, 9mm, 6mm, 5mm. So, *Arbudaharakwatha* & *Kwatha* of *balabeej*, *Punarnava bark* in equal quantity 10gm orally is added in *Kwatha* form with *Panchtiktaghritaguggulu* 2tab bd with alteration in the treatment regimen (Table 1)

Diet and Lifestyle are advised during treatment.

Along with the oral medication, *Nidanaparivarjana* was also advised to the patient. She was asked to drink lukewarm water, avoid curd intake, day's sleep, and *Ratrijagran*. The first 3 days of menses follow *Rajaswalacharya*.

Follow-up and outcome

After doing *uttarbasti* for 5 months her H.S.G was done on 12/9/19 which shows HSG- Uterine cavity normal. The left fallopian tube is well outlined and normal in course and caliber. The proximal and mid part of the right fallopian tube is visualized. No free spill of contrast seen- Distal right tube block. In the next cycle, *uttarbasti* was done with *Suddhbalataila* 5ml and *phalaghrita* was started BD orally. (Table 1) She missed her menses on 5/11/2019 and the Urine pregnancy test was positive. After that, all medicines

were stopped and she was advised to take 1tsf of Phalaghrita twice a day with lukewarm milk. Her USG on 18/11/19 shows Intrauterine gestation of 6 weeks 2 days, cardiac activity presents multiple small intramural fibroids present. With subsequent follow

up patient delivered a preterm female child by C.S on 29.5.2020 due to oligohydramnios and uterine fibroids.

Table 1: Changes in the parameters (clinical and biochemical) and treatment given to this patient.

Date	Complaints	Investigation	Treatment given
26.11.2018	Wants the issue for 11 years. LMP 8.11.2018 ML 11 Year O/H- G2P0L0A2 A1- Spontaneous abortion of Two half-month gestational age D& C done 8 years back. A2- Spontaneous abortion of Two half-month gestational age D& C done 7 years back. Past medical history- operated on appendix 7 years back. Per speculum examination shows White discharge is present. Cervix Normal in size multiple small Nabothian cysts present. Per vaginal examination shows Uterus Retroverted Retroflexed.	Diagnostic Hysterolaproscopy on 17.6.2018 with bilateral ovarian puncture done under GA. Hysteroscopy Cx canal Uterus cavity B/L Ostia Fibrosed Dilatation and curettage did Endo squeeze in Normal saline. Laparoscopy-Uterus Normal size Bilateral tubes chronic capture Convolutud Bilateral no filling of dye, Bilateral ovarian enlarged. Bilateral ovarian puncture is done. Pouch of Douglas clear 20/6/2018 Mycobacterium tuberculosis complex PCR- not detected. 19/11/2018- Pelvic TVS Shows multiple Nabothian follicles. Probe tenderness Prominent adnexal vascularity. Rt Ovary 12.5 cc Left Ovary- 20.73cc. Chronic PID	<i>Jwarhara kwatha</i> -10 gm bd in <i>kwatha</i> form morning empty stomach. <i>Shatavari churna</i> -3 gm <i>Balabeej churna</i> -3 gm bd with milk after 1 hour of intake of <i>kwatha</i> <i>Avipattikar churna</i> -3 gm <i>Jatyaditaila</i> -10ml for yoni pichu
10.12.2018	L.M.P- 05.12.2018	-	<i>Prajashapangana kwatha</i> -10 gm bd in <i>kwatha</i> form <i>Kalyanakghrita</i> 5ml bd with lukewarm milk <i>Yoni Puran</i> with <i>Tilataila</i> & <i>Haridra</i> <i>Yogbasti</i> with <i>Dashmoolkwatha</i> and <i>Dashmooltaila</i>
07.02.19	L.M.P-29.01.2019	-	<i>Triphalakwathaprakshalan</i> <i>Uttarbasti</i> with <i>Apamargaksharataila</i> . <i>Jatyaditaila yoni pichu</i> <i>Kalyanakghrita</i> 5ml bd with lukewarm milk.

			<i>Punarnavadiuggulu 2-tab bd</i>
30.3.2019	Burning micturation LMP-26.3.2019 Flow days 3days Interval 28 days Painless Without clots Flow normal.	12.3.19 Ovulation study Left ovary- follicle ruptured. Cyst of 18*13mm Right ovary- ruptured with haemorrhage. 17*15mm Endometrium thickness 9mm. Multiple subserosal and intramural fibroids.	<i>Panchtiktaghritaguggulu 2tab</i> Thrice a day <i>Chandanasav</i> 10ml with an equal quantity of water <i>Kwatha</i> of <i>balabeej</i> , <i>Kanchanar bark</i> , <i>Varun bark</i> , <i>Punarnava bark</i> in equal quantity. 10gm orally in <i>kwatha</i> form <i>Triphalakwathaprakshalan</i> <i>Uttarbasti</i> with <i>Apamargaksharataila</i> .
		27/3/2019USG pelvis Uterus normal size Multiple small subserous fibroids are seen in the anterior myometrium. Largest 12*10 mm Rt ovary- AFC- 16 Follicles Lt ovary – AFC-17 Follicles	<i>Kwatha</i> of <i>balabeej</i> , <i>Kanchanar bark</i> , <i>Varun bark</i> , <i>Punarnava bark</i> in equal quantity. <i>Panchtiktaghritaguggulu 2tab</i> Thrice a day
29/4/19	L.M.P 25/04/2019	USG- uterus normal size Multiple intramurals Anterior wall fibroid 12mm, 11mm, 9mm,9mm, 6mm, 5mm	<i>Panchtiktaghritaguggulu 2tab</i> Thrice a day <i>Chandanasav</i> 10ml with an equal quantity of water <i>Arbudaharakwatha</i> & <i>Kwatha</i> of <i>bala-beej</i> , <i>Kanchanar bark</i> , <i>Varun bark</i> , <i>Punarnava bark</i> in equal quantity. 10gm orally in <i>kwatha</i> form <i>Trifalakwathaprakshalan</i> <i>Yoni dhupan</i> with <i>guggulu</i> , <i>Haridra</i> & <i>Vidang</i> . <i>Uttarbasti</i> with <i>Apamargaksharataila</i> .
24/05/2019	L.M.P- 20/05/2019		<i>Arbudaharakwatha</i> & <i>Kwatha</i> of <i>bala-beej</i> , <i>Punarnava bark</i> in equal quantity. 10gm orally in <i>kwatha</i> form. <i>Panchtiktaghritaguggulu 2 tab</i> thrice a day <i>Triphalakwathaprakshalan</i> <i>Yoni dhupan</i> with <i>guggulu</i> , <i>Haridra</i> & <i>Vidang</i> .

			Uttarbasti with Apamargaksharataila.
18/07/2019	L.M.P- 14/06/2019	10/7/19 TSH-42.77microIU/ml T3- 0.36 ng/ml T4- 3.11 micro gm/dl	Arbudaharakwatha&Kwatha of bala-beej, Punarnava bark in equal quantity.10gm orally in kwatha form. Triphalakwathaparakshalan Yoni dhupan with guggulu, Haridra&Vidang. Uttarbasti with Apamargaksharataila.
10/08/2019	L.M.P- 9/08/2019	27/7/19 Uterus normal size Endometrial echo 9 mm Multiple 6 small fibroids in anterior myometrium, largest 14*9 mm Both ovaries normal A ruptured follicle is seen in the left ovary.	Arbudaharakwatha&Kwatha of bala-beej, Kanchanar bark, Varun bark, Punarnava bark in equal quantity 10gm orally in kwatha form Panchtiktaghritaguggulu 2tabThrice a day
13/9/2019	LMP 5/9/19	12/9/19 HSG- Uterine cavity normal. The left fallopian tube is well outlined and normal in course and caliber. The proximal and mid part of the right fallopian tube is visualized. No free spill of contrast seen- Distal right tube block.	Phala ghrita-5ml bd with milk Arbudaharakwatha&Kwatha of bala-beej, Punarnava bark in equal quantity 10gm orally in kwatha form. Panchtiktaghritaguggulu 2 tab thrice a day
9/10/2019	LMP- 5/10/19		Phala ghrita-5ml bd with milk Triphalakwathaparakshalan Uttarbasti with Suddhbalataila 5ml. Syp M- liv 2 tsfbd
10/11/2019	Missed menses on 5/11/19	UPT- Positive 9/11/19 TSH- 0.05micro IU/L T3- 1.60 ng/dl T4- 0.05 micro gm/dl	Phala ghrita-5ml bd with milk Drakshavaleha – 1 tsf with milk
20/11/2019		18/11/19 Intrauterine gestation of 6 weeks 2 days, cardiac activity present. multiple small intramural fibroids present.	Phala ghrita-5ml bd with milk Drakshavaleha – 1 tsf with milk

3/1/2020		Intrauterine gestation of 12 weeks 6 days Placenta anterior Liquor normal Cardiac activity present NT SCAN- normal TSH- 11.0micro IU/L T3- 1.21 ng/dl T4- 5.82 micro gm/dl	<i>Phala ghrita</i> -5ml bd with milk <i>Drakshavaleha</i> – 1 tsf with milk Tab <i>Dhatrilauha</i> -2tab bd
19/2/2020		Targeted scan for fetal anomaly Live intrauterine pregnancy of approx. 19 weeks 1 day with normal fetoplacental blood flow patterns.	<i>Phala ghrita</i> -5ml bd with milk <i>Drakshavaleha</i> – 1 tsf with milk Tab <i>Dhatrilauha</i> -2tab bd
28/5/2020		The intrauterine single live fetus of 33 weeks with oligohydramnios AFI- 2.9cm EFW- 2085gm	
29/5/2020		C.S done. Fch of wt 2.00 kg	
26/12/2021		Now the baby is one and a half years old and achieves her milestone at the proper time.	

DISCUSSION

Acharya Harita has defined *Garbhasravivandhyatva* (Habitual abortions) as failure to get a child rather than conception, as he has included also under his classification.^[6] As the present case is of recurrent abortion but later on the patient is not able to conceive due to tubal blockage and uterine fibroids. This case may be considered a complication of *Yoni Vyapada*. Tubal blockage mostly occurs as a complication of Pelvic inflammatory disease. Chronic PID is the main reason for fibrosed ostia in this case. *Acharya Charaka* and *Acharya Vagbhata* have considered infertility to be due to *Yonivyapada* complications. Thus, the tubal blockage can be taken as a complication of *Yonivyapadas*. In this case, there can be vitiation of *Vata* and *kapha* as there is stenosis in the tubal lumen. There is a history of chronic PID also so, *Pitta* can be considered a dominant factor in the early stages. Also, there is the presence of uterine fibroids due to vitiated *Tridoshas* and *Mamsa*, and *MedoDushti*. Hence in this case, tubal infertility along with uterine

fibroids is the result of interaction of multiple *Doshas* and may be the consequence of vitiation of a single *Dosha*. The uterus along with the fallopian tubes is the *Adhishthana* of this disease.

In this case, the patient is mostly eating *Vataprakopakaahara* like *began*, *gavarphali*, *aloo*, and *Maida*. Curd is taken daily mostly 2 time/day and also 1 glass of milk just after dinner for 10 years. In *Vihar*, she is taking *Diwaswapna* after eating and *Ratrijagranupto* 12:30 am. The history of *Anasana* and *Vishmashana* is also revealed. So, in this case, prognosis begins with vitiation of *Samana* and *Apanvata*, *Pachaka Pitta* and *kledakapha*, *Rasa*, *Rakta*, and *Meda* are *Dushya*. *Artava* as *Updhatu*. *Jatharagni* and *Dhatwagni* are vitiated at the level of *Agni*. *Pakwashaya* is *UdbhavaSthana*, *SancharaSthana* is *Sarvasharira* and *Yoni*, *ArtavavahaStrotas* (Fallopian tube & Uterus) is *Adhishthana*, *Yoni*, *ArtavavahaStrotas* is *VyaktaSthana*. *Rasavaha*, *Raktavaha*, *Medovaha*, *ArtavavahaStrotodushti* which is of *Sanga* (Tubal blockage) and *Siragranthi* type (Fibroid uterus). *Rogaprakriti* is *Chirkari*.

PanchatiktaghritaGuggulu is indicated in *Arbuda*^[7], so it is used in *Garbhasayaarbuda* since it is *MamsadustiVikara* and has *Kapha-Meda* predominance. It has *Tikta Rasa*, *UshnaVirya*, and *Madhura* and *KatuVipaka*, *Kapha-Medohara*, *Lekhana* property. Though *PanchatiktaGhritaguggulu* is indicated in diseases of almost all the *Strotas*, it should be used based on the condition of the *Doshadushya* vitiation as in this case of tubal blockage. *Guggulu* (*Commiphoramukul Hook. ex-Stocks.*) is analgesic and anti-inflammatory.

Arbudaharakwatha has *Shigrutwaka* (*MoringaOleifera*), *Varun twaka* (*Crataevanurvala*), *Kanchanaratwak* (*Bauhinia variegata* Linn.), *Haridrakanda* (*Curcuma longa*) in equal quantity These drugs have *Katu*, *Tikta rasa*, *Laghu*, *Rukshaguna*, *Katuvipaka* and *Tridoshara* property. It also exhibits *Amapachana*, *Stroto-Shodhak*, and *Vatanulomana* property which plays important role in *Samprapti-Bhanga* (breaking the pathogenesis). By this property, decreases *Medadhatu* & also prevents the condition of tubal blockage and fibroid.

In *BhartabhaishajyaratanaKsharaTaila* is mentioned for *streerogaadhikar*.^[8] **Apamārgaksharataila** is used for *Uttarbastidue* to its *Vatakaphaghna*, *Lekhana*, and *Ksharana*^[9] property so, so it removes the blockage from the tube and also effects intramural fibroid also. It restores the ciliary movement of tubes and also helps in the rejuvenation of tubes.

CONCLUSION

This case study presented infertility with Tubal blockage and Uterine fibroid which can be correlat-

ed with *ArtavavahaSrotasDushti* mainly *Sanga* and *Siragranthitypes*. *Arbudaharakwatha* and *Panchatiktaghritaguggulu* along with *Uttarbasti* is a safe, reliable & efficacious measure in the management of tubal and uterine fibroid infertility.

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