Case Study

AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO TUBAL BLOCKAGE- A CASE STUDY

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ABSTRACT
Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Tubal blockage is one of the most common causative factors for female infertility. The prevalence of fallopian tubal obstruction was 19.1% in the fertility age group. In this case study patient suffered from infertility since 3yrs and diagnosed as primary infertility due to right tubal blockage after allopathic consultation. IUI has done thrice which went unsuccessful and was advised for IVF. But she was reluctant to do the same. So she approached OPD of GAVCH for W&C, Poojappura, Kerala for Ayurvedic management. Patient was managed with Ayurvedic treatment protocol including internal medications and purification therapies. The line of treatment was to normalize the Vata-kapha dosha and removes the Sroto avarodha in the fallopian tube. Uttaravasti delivers medicines close to Garbhhashaya & Yoni especially in fallopian tubes. Taila can help to clear the Sroto roda due to its Vyavayi, Vikashi and Sookshma property. Just after one cycle of treatment patient came with positive urine pregnancy test after one week of missed period. Then she took regular antenatal care from an allopathic hospital and delivered a healthy male baby of 2.8 kg.

KEYWORDS: Artava-bija vahasrotorodha, Infertility, Tubal blockage, Uttaravasti.

INTRODUCTION

Infertility is a global problem in the field of reproductive health. It affects approximately 10-15% of reproductive couples. Among responsible factors of Female infertility, the tubal blockage is the 2nd highest affecting around 25-35% of population and difficult to treat. Peri-tubal adhesions, previous tubal surgery, salpingitis etc are the common causes of tubal blockage. Tubal reconstructive surgeries and invitro fertilization are only alternative management but that are unable to provide satisfactory results.

Ayurveda has explained Vandyatva as equivalent for infertility. According to Harita, Vandyatva is failure to get a child rather than conception. He has described six types of Vandyatva.

1. Kakavandhya (one child sterility)
2. Anapatyata (primary infertility)
3. Garbhasravi (recurrent abortion)
4. Mritavatsa (still birth)
5. Balakshaya (loss of strength)
6. Vandhya due to Balya avastha, Garbhakoshabhanga and Dhatukshaya.

Susruta has explained in detail about Garbha Sambhavasamagri (factors for conception). They are Ritu (fertile period), Kshetra (reproductive system- Artavavaha srotas), Ambu (nourishment) and Bij a (ovum and sperm). Derangement in these factors especially Artavavaha srotas results Vandhyatva (infertility).[3]

Here the clinical condition can be better correlated to Strivandhyatva (female infertility) due to Artava-bija vaha Srotorodha (obstruction in fallopian tube). Fallopian tubes are very important structures of Artavavaha srotas (reproductive tract) as they carry Beeja roopa artava (ovum & sperm). Vitiation of Vata and Kapha dosha responsible for Sroto roda (obstruction) in fallopian tube ultimately results infertility due to tubal blockage.

Normalizing the vitiated Vata-kapha-dosha leads to restoration of tubal function and easy conception. It can be achieved through proper Ayurvedic management.

Case Report

A female patient of 31 years age, teacher by profession, residing in Trivandrum, Kerala came along with her husband to OPD of GAVCH for W & C, Poojappura with complaint of inability to conceive since 3yrs of unprotected intercourse.

At 27yrs of age she was married to a non-consanguineous man of 32 yrs on 2015. They tried to conceive since then but failed even after 1year of unprotected intercourse. Hence in 2016 they...
consulted an allopathic gynecologist. After examination of the couple, her follicular study was found to be normal. On HSG (Hystero salpingography), right fallopian tubal block was detected. Semen analysis of male partner was normal. Then they were referred to a reputed infertility centre for further treatment. From there three IUI (Intrauterine insemination) was done along with medicines for necessary hormone correction. But they were found to be unsuccessful. Finally on September 2018 IVF (Invitro Fertilization) was suggested for the couple and they were reluctant to do the same. So they prefer to follow Ayurvedic management for this condition.

From case history it was known that she had regular menstrual cycle with the duration 4-5 days and 28-35 days of interval without any associated symptoms. On gynecological examination, no inflammation or ulcerations present on vulva. Per-speculum findings were healthy vaginal walls, no active discharge from cervix. Per vaginal findings showed anti-verted and normal size uterus, mobile, fornices free, no tenderness. No other major medical & surgical history was noted. She had normal bowel and bladder habit. Sleep was sound and appetite also normal. Blood investigations are within normal limit.

From Ayurvedic perspective this condition can be better compared with Stree vandhyatwa (female infertility) due to Artava-Bija vaha sroto rodha (Sanga) and the following treatment protocol were adopted.

| Date       | Medicines                                      | Dose                        | Duration |
|------------|-----------------------------------------------|-----------------------------|----------|
| 28.10.2018 | Sukumara Kashaya                             | 48ml - 0 - 48ml B/F         | 7 days   |
|            | Udwartana with Kolakuladhadi choorna          |                             |          |
| 04.11.2018 | Snehapana with Sukumara ghrita                | Starting from Hruseeyasi    | 7 days   |
|            |                                                | matra i.e., 20ml upto 175ml |          |
| 11.11.2018 | Avagaha Sweda with Dasamoola Kashaya          |                             | 7 days   |
| 18.11.2018 | Virechana with Hingutriguna taila             | 25ml (Anupana – hot water)  | 1 day    |
| 20.11.2018 | Yogavasti                                      |                             | 8 days   |
|            | - Kashayavasti with Sukumara kashaya          |                             |          |
|            | - Snehavasti with Dhanwantara taila           |                             |          |
| 28.11.2018 | Uttaravasti with Dhanwantara taila            |                             | 3 days   |

Follow up Medicine
Sukumara ghrita 10gm twice daily (orally)

After completed one course of treatment she missed her periods and urine pregnancy test was positive with LMP on 20.11.2018. On 14.01.2019 obstetric sonography revealed single intra uterine gestation corresponding to a gestational age of 7 weeks 6 days with EDD 27.08.2019. She took regular antenatal care and uneventfully continued her pregnancy till term and delivered a healthy male baby of 2.8kg on 18.8.2019.

DISCUSSION
Tubal blockage is one of the leading causes in female infertility. In Ayurveda, it can be better correlated with Artava-bijavaha Srotorodha (obstruction in fallopian tube). Vata-kapha Doshas are the prime causative factor in tubal blockage. Sankochana produced by vitiated Vata dosa due to its Ruksha (dryness), Khara (rough) and Darana guṇa (tearing)[3]. Sthira (stable), Mantha (slow) property of vitiated Kapha dosa result Sanga-srotodushiti (obstruction due to stagnation)in Arthava vaha srotas[4]. This ultimately leads to Vandhyatwa (infertility). Hence, the treatment principle should be pacifying Vata -kapha dosa, Vata anulomana, Deepana pachana etc.

Sukumara kashaya was given to achieve Deepana and Pachana (digestive and carminative), Vatanulomana (normal movement of Vata) also it is more suitable for reproductive age group women.

Udwartana (upward massage with powdered drugs) which is Vatahara as well as Kaphamedovilayana, thereby helps to clear the Srotorodha to some extent.

Sukumara ghrita was used for internal Snehapana (consumption of fat) purpose. It is one of the examples for Yamaka (combination of two) type of Sneha (unctuousness) which contain Ghrita (ghee) and Eranda taila (castor oil) as ingredients. It consists of Dasamoola (Ten roots) as Kashaya dravya best Vata samaka dravya (Vata-normalising drug). Eranda taila having Madhura (sweet), Katu (pungent), Kashaya (astringent) taste, Ushna veerya (hot potency), Srotovisodhaka (clear obstruction), Vata-kapha hara, Yoni-sukra visodhaka (purify gametes) and facilitates Vatanulomana (normal movement of Vata dosa)[5].

Avagaha sweda was selected to pacify Apana Vata vitiation and thereby improves blood supply to pelvic region. It also helps to loosen the tight and tense muscle tissues in pelvis. Dasamoola kashaya itself is Vata-hara[6].
Virechana (purgation) was done with Hingun triguna taila[7] since it was found to be Vata-kapha samaka, Srotosodhana (purification of channels), Deepana, Sukshma (subtle), Teekshna (sharp), Ushna Veerya (hot potency) with Vata anulomana property.

Vasti (enema) has multidimensional properties, they are Lekhana (scrape off) Rasayana (rejuvenate), Sroto sanganasaka (removes obstruction in channels), Vata anulomana leads to detoxification of body. Hence Yogavasthi (combination of decoction enema and unctuous enema) and Uttaravasti were selected.

Intra uterine Uttaravasti (enema through genital tract) with Dhanwanta taila[8] was selected. In case of tubal blockage, the effect seems to be more local than systemic therapy. Any Avarodha or Sanga (obstruction) occur in body is due to aggravation of Vatadosa mainly. Dhanvantara taila is a powerful Vata-hara (Vata-alleviating) medicine. It has Rasayana (rejuvenating the normal function of fallopian tube). Since Bala (Sida cordifolia) is the main ingredient. Through this rejuvenating property, mucosa of fallopian tubal lumen gets repaired. Dasamoola, Kuladha etc are other ingredients in it. They possess properties like Vatahara (normalize Vata), Balya (strength), Bramhana (nutritive) and thereby help to control further Dosa vitiation (body humor).

Taila (oil) itself is more Vyavayi (disseminating), Vikashi, Sukshma (subtle). It is best medium for any drug to reach even minute channels and spread easily. It has Vranasodhaka (wound purification), Vrana pachaka (wound healing) and Krimighna (antimicrobial) property too[9]. Other than that it has specific role on uterus and reproductive tract, also mentioned as Garbhhasaya sodhaka (Uterine purification) and Yonisoolaprasamana (pain alleviation in genital tract).

Hence Dhanwanta taila is capable of removing Srotorodha (clearing channels) in tubal cavity and to restore its normal functions. Uttaravasti ensures proper drug delivery in the reproductive tract especially in fallopian tube and enhance its reproductive action.

CONCLUSION
Tubal blockage is one of the important causes of female infertility. In contemporary medicine, management including hormonal correction, ovulation induction and ART (Artificial Reproductive Techniques). Most of the patients with infertility due to tubal blockage end up with IVF (In vitro Fertilization) management.

Ayurveda aims to enhance the proper functioning of reproductive system by providing natural and effective medicines. Ayurvedic treatment protocol was found to achieve enormous result in tubal blockage as in this case. Srothorodha (obstruction) in the Artava vaha srotas (fallopian tube) were eliminated by proper Shaman (palliative) and Sodhana (purification) therapy which results expeditious conception by patient just after treatment as in this case.

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