

Ayurveda Interventions in the Management of Tubal Blockages- Case Studies

Dr. Smita Naram¹, Dr. Deepak Mahajan², Dr. Hemang Parekh³, Dr. Tushar Yadav⁴

¹Department of Research and Development, Ayushakti Ayurveda Pvt Ltd, Bhadranagar cross road, Malad, Mumbai-64

²Research Head, Ayushakti Ayurveda Pvt Ltd, Bhadranagar cross road, Malad, Mumbai-64

³Medical head, Ayushakti Ayurveda Hospital, Bhadranagar cross road, Malad, Mumbai-64

⁴Consulting Ayurveda Physician and Panchakarma expert, Ayushakti Ayurveda Pvt Ltd, Bhadranagar cross road, Malad, Mumbai-64

ABSTRACT

Failure to conceive within one or more years of regular unprotected coitus is defined as Infertility. Tubal blockage is one of the most common causative factors in female infertility. The prevalence is 19.1% in the fertility age group. This condition is not described in Ayurvedic classics as itself tubal blocks but Blockages of fallopian tubes can be better correlated with *Vandhyatva* due to *Artav bija vaha srotavrodha* (Blockages in fallopian tubes). All three doshas are responsible for causing blockages. Normalizing the vitiated *Vata-kapha-dosha* leads to restoration of tubal function and easy conception. Here are two cases with bilateral tubal blockage which were treated successfully with certain Ayushakti herbal remedies and *Uttar basti* (Intrauterine enema) with *Kshar basti*. Recording and publishing this data is worthwhile as there are minimum chances of complication with assured results. With this treatment we can definitely avoid unnecessary use of hormones and IVF protocol and can give cost effective and promising results.

KEYWORDS: Tubal blockages, Infertility, *Uttarbasti*, *Artav bija vaha srotavrodha*

ARTICLE DETAILS

Published On:
07 December 2021

Available on:
<https://ijmscr.org>

BACKGROUND

Every individual and couple have the inborn right to decide the number, and spacing of their children as every human being has a right to enjoy the highest standard of physical and mental health and infertility can negate the realization of these essential human rights¹. Infertility is clinically defined as a condition in which a couple is unable to conceive after one year or longer of unprotected intercourse². Infertility can be caused by many factors from ovaries to testes to hormones. As per AIIMS about 10-15 % of the couple are said to have fertility issues. Tubal factor infertility accounts for about 25-30% of all cases of infertility. These tubal factors may cause swelling or blockages to prevent the ovulated egg from entering the fallopian tube where it is normally fertilized by the sperm. Pelvic pathologies, recurrent infections of the reproductive tract, scar tissue, history of tuberculosis or colitis are the causative factors for blocking of the fallopian tubes.

Fallopian tubes when blocked are often symptomless. Women don't realize their fallopian tubes are blocked until

they consult a gynecologist for infertility. At this time, tubal reconstruction surgeries and/or in vitro fertilization are the only available options offered in Allopathic Medicine, which are not easily accessible for every couple.

Ayurvedic principles cover all the physical, mental, and spiritual aspects of the human being. Infertility is explained in Ayurveda under the heading *Vandhyatva*. *Haarit* says, "Failure to get pregnant with a child is called *Vandhyatva*³." *Susruta* while explaining about *Garbha sambhavasamagri* (Factors essential for conception) mentioned four factors: They are *Rutu* (Fertile period), *Kshetra* (Reproductive system), *Ambu* (Nourishing fluid), and *Bija* (Ovum and Sperms). Derangement in these factors especially *Artav vaha srotas* results in *Vandhyatva* (infertility)⁴. Fallopian tubes are very important structures of *Artav vaha srotas*, as they carry the *Bija* and fertilization takes place here. Blockages of fallopian tubes can be better correlated with *Vandhyatva* due to *Artav bija vaha srotavrodha* (Blockages in fallopian tubes)⁵. Blocks can be due to *Sankocha* (Contraction) in the fallopian tubes which are not possible without *Vata dosha*

Ayurveda Interventions in the Management of Tubal Blockages- Case Studies

ultimately. Vitiating of *Vata* in the fallopian tubes can be due to *Ruksha* (dryness), *Khara* (rough) and *Khara guna* (tearing)⁶. *Kapha* is another dosha which can be considered in the pathogenesis of tubal blockages as *Kapha* is responsible for inflammation, and this inflammation and pus formation is the most important causative factor in tubal blockages^{7,8}. In tubal blockage we cannot totally neglect *Pitta*, as it is said to be responsible for *Paka*⁹. Normalizing the vitiated *Vata-kapha-dosha* leads to restoration of tubal function and easy conception. It can be achieved through proper Ayurvedic management.

Here are two cases with bilateral tubal blockage which were treated successfully with help of Uttar basti (Intrauterine enema). Recording and publishing this data is worthwhile as there are minimum chances of complication with assured results.

CASE REPORT-1

A female patient 32 years old and her 35 year old husband consulted an Ayushakti Ayurveda Physician at the Ayushakti Ayurveda Ghatkopar branch with a complaint of infertility for the last 5 years. The couple married for 5 years, initially visited a gynecologist who did all the investigations and did 10 failed IUI for consecutive 10 cycles as the patient had a good history of regular menses. After that they retrieved 3 good eggs for IVF procedure which was successful, but due to absence of heart beats the pregnancy was terminated as suggested by the gynecologist. Again in 2019, they retrieved three eggs and did IVF with an advanced method, which failed again. Then they did an X-ray Hysterosalpingography (HSG) which showed unilateral tubal blockage (Image I). The gynaecologist suggested the patient undergo IVF procedure with donor egg as her AMH was low this time, but the patient decided to have their own biological child as her husband's semen analysis reports were normal. The patient was referred to Ayushakti and she did a phone consultation with the Ghatkopar branch in April 2020. She started taking Ayushakti herbal remedies for tubal blockages and low AMH. In August we did Uttarbasti (Intrauterine enema) with *Kshar* oil (Vidyanath) on her 6th, 7th, and 8th day of regular menses for a month. In September, her X-ray Hysterosalpingography (HSG) report showed both patent tubes (Image II). The patient was advised to have Uttarbasti (Intrauterine enema) with *Phala ghrut* for next the two cycles and then the couple could try to conceive naturally. In December 2020 she had her UPT positive. She continued to take the Ayushakti herbal supplement *Garbhrakshak* until her 8th month of pregnancy and on 25th August she delivered a healthy female child with normal delivery.

CASE REPORT-2

A second female patient, 31 years old, visited Ayushakti Ayurveda Dombivali branch along with her husband with a complaint of infertility after 3 years of trying to conceive. In 2019 they consulted a reputed gynecologist with a complaint

of irregular menses. Solography suggested bilateral PCOD, with the hormonal therapy of three months. Her menses were regular, all her reports (prolactin, FSH, LH, T3, T4, and TSH) were normal, yet she was unable to conceive. Finally in March 2021, the gynecologist suggested x ray Hysterosalpingography (HSG) (Image III). The impression was the right fallopian tube was narrow and faintly visualized up to the fimbrial end but no spill of contrast was seen, suggesting a blockage at the right tube at the fimbrial end. The left tube was not visualized suggesting a blockage of the left tube at the cornual end. She was advised to undergo a hysteroscopy and then was supposed to post for IUI, which the couple was reluctant to do. The couple preferred to follow Ayushakti Ayurvedic management for the blockages and tried for natural conception instead. In her case history, she was known to have regular menses with the duration of 3-4 days with 28-32 days of cycle without pain and with moderate flow. Her husband had normal semen analysis reports. At Ayushakti she started with a few herbal remedies to open the blockages and to improve the quality and quantity of eggs along with *Uttarbasti* (Intrauterine enema) from April 2021 with *Kshar* oil (Vidyanath) on her 6th, 7th, and 8th day of regular menses for consecutive 3 months. On 19th August her X-ray Hysterosalpingography (HSG) report showed both patent tubes (Image IV). The patient was advised to have *Uttarbasti* (Intrauterine enema) with *Phala ghrut* for the next two cycles then they could try to conceive naturally. This case is still ongoing.

PLAN OF TREATMENT FOR BOTH CASE STUDIES

Shodhan chikitsa

Uttarbasti with *Kshara Taila*, 5 ml for three days, after menstrual cessation was administered. It was repeated after three days again. Same procedure was carried out for three consecutive cycles.

Shamana chikitsa

Granthihar 780 mg, twice a day orally after meal for 150 days
Kumarika 310 mgs, twice a day orally after meal for 150 days
Sakhi 730 mgs twice a day orally after meal for 150 days
Stree sathi 410 mg twice a day orally after meal for 150 days
Narishakti churna 1tsp twice a day orally after meal for 150 days
Phala ghrut 5 ml twice a day orally morning empty stomach and before dinner for 150 days

Method of Uttarbasti

Uttarbasti was administered after menstrual cessation. *Snehana* with Mahanarayan oil was given on the lower abdomen, back and lower limbs of the patient followed by nadi sweda. Niruh basti was administered before the procedure of Uttar basti. *Yoni Prakshalana* with *Triphala kwatha* was given to sterilize the peri vaginal part.

Ayurveda Interventions in the Management of Tubal Blockages- Case Studies

The *Uttarbasti* procedure was performed in properly sterilized conditions.

Autoclaved oil and instruments were used.

The patient was given dorsal lithotomy and head low position on the table.

The peripheral part and part of Vagina was cleaned with betadine liquid. Using Cusco's speculum, the vagina and cervix were visualized.

With the help of uterine sound, size and shape of uterus was determined and then *Uttarbasti* cannula attached with 5 ml syringe filled with *Kshara Taila* was passed into the uterine cavity.

The drug was pushed in such a manner that it can be easily reached up to the tubes.

The patient was given a head low position for one hour.

Intercourse was restricted up to completion of *Uttarbasti*.

DISCUSSION

One of the leading causes in the female infertility is tubal blockage. According to Ayurveda this condition is primarily caused due to *vata* and *kapha* dosha, *Sankoch* (constriction) is produced by vitiated *vata* due to its *Ruksha* (dryness), *Khara* (rough) and *Darana guna* (tearing)[3]. *Sthira* (stable), *Mand* (slow) property of vitiated *Kapha* dosa result *Sanga-srotodushiti* (obstruction due to stagnation) in *Arthava vaha srotas*^{10, 11}. Hence we can focus on pacification of *Vata-kapha dosha*, *Deepana*, *Pachana* and *Apan vatanulomana*. *Granthihar*- the main ingredient of tablet *granthihar* is *Guggul* which is a dried resin and is useful in breaking the fats, regulating the hormonal balance thus helping in removing the blockages in the fallopian tubes¹². Due to *vata kapha shamak* property, *Kanchanar* was useful in opening the tubal blockages¹³. *Sakhi- Kumari* (Aloe vera) is anti-inflammatory, ulcer healing and anti-bacterial in nature, thus it helps in removing the fibrosis and rejuvenation of inner lining of the fallopian tube as well as endometrium¹⁴. *Vitex agnus castus* have various bioactive anti-angiogenic compounds which prevent the formation of new blood vessels and reaching of the blood supply in the growth¹⁵. *Ashoka* (*Saraca indica*) in the *Stree sathi* is well known uterine tonic, helps in clear menstruation and is useful in haemorrhagic disorders of uterus¹⁶. It stimulates the ovarian tissues and is a

uterine stimulant^{17, 18}. By virtue of *Mistreyra* (*Foeniculum vulgare*) in the *Narishakti churna* which is *Apan vataulomak*, *Deepan*, regulates the menstrual cycle in female also works as an ovulation induction agent¹⁹. *Cuminum cyminum* cleans and purify the uterus (*Garbhashaya Vishodhana*) and helps to create the ideal platform for the normal menstruation and development of good progeny²⁰. *Phalaghrita* is said to be *Prajasthapaka* (foetus establishment)²¹. Base of the *Kshar tail* (Oil) is *Tila tail* (oil) which is *Vyavayi* and *Sukshma* in property, spreads in minute channels quickly and easily. It is *Snigdha* in property hence it pacify the *vata*, it has anti-inflammatory action due to its *Vranashoshana* and *Vranapachana karma*^{22, 23}. Corrosive, anti-bacterial and ulcer healing properties of *Kshara* are useful in tubal blockages, it is *Tikshna* in property and *vata kapha* pacifying, thus it removes the fibrosis of the endometrium, and it also helps to heal the inner lining of the uterus and fallopian tubes²⁴. These all properties make *Kshar* oil most potent medicine in removing the chronic inflammation and fibrosis. *Phala ghrita* rejuvenates the endometrium. With the help of this treatment protocol we can remove the tubal blockages and maintain the patency but also we can normalise the function of the fallopian tube and uterus.

CONCLUSION

Tubal blockage is one of the important causes of female infertility. Intra uterine basti is highly effective in removing the blockages in the fallopian tubes; also it is anti-inflammatory and ulcer healing. 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 *Uttar basti* (Intra uterine enema) therapy which results expeditious conception by patient just after treatment as in these cases. With this treatment we can definitely avoid unnecessary use of hormones and IVF protocol and can give cost effective and promising results.

Ayurveda Interventions in the Management of Tubal Blockages- Case Studies

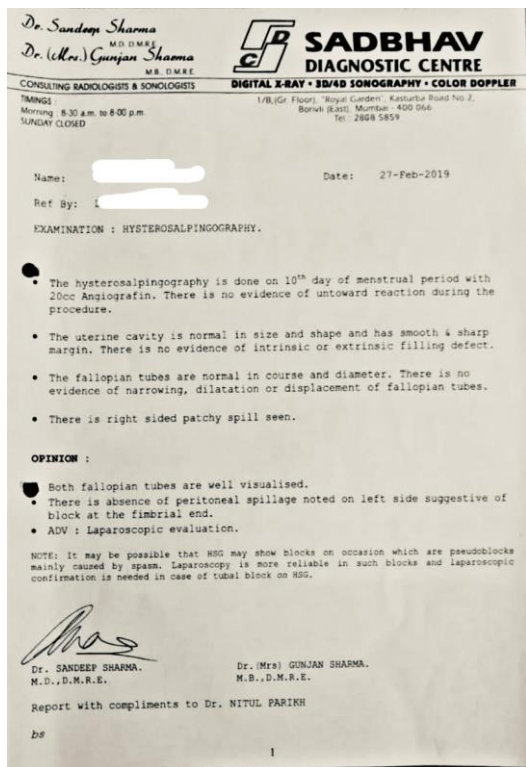


Image I- HSG report before treatment

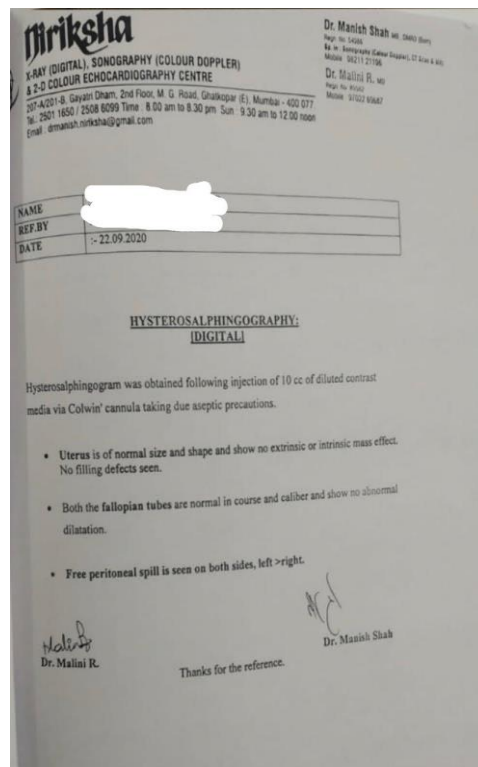


Image II- HSG report after treatment

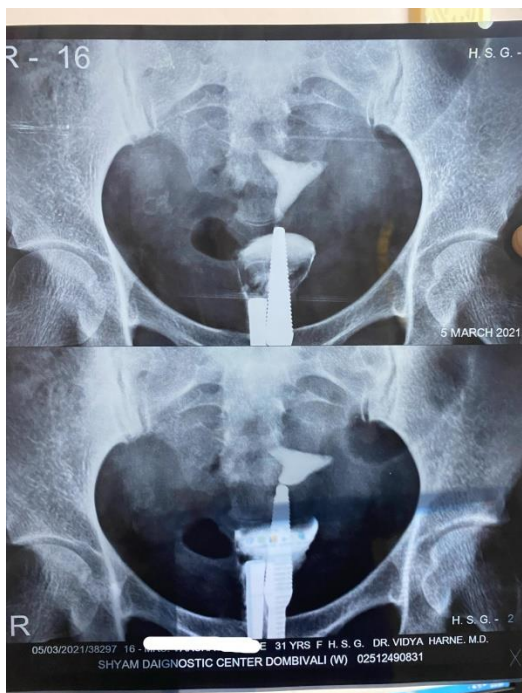


Image III- HSG before treatment

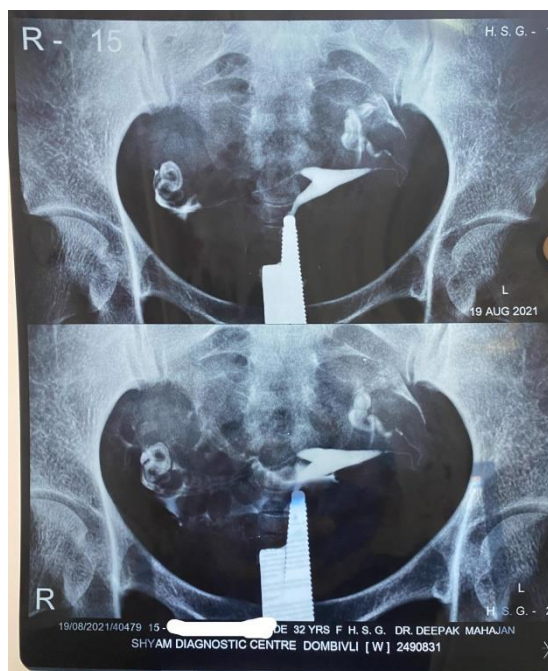


Image IV- HSG after treatment

REFERENCES

- I. Zegers-Hochschild F, Dickens BM, Dughman-Manzur S. Human rights to in vitro fertilization. International Journal of Gynecology & Obstetrics 2013;123(1):86-89
- II. Infertility frequently asked questions <https://www.cdc.gov/reproductivehealth/infertility/index.htm#:~:text=What%20is%20infertility%3F,6%20month%20of%20unprotected%20sex.>

- III. Tripathi H.H.S. Tritya Sthan. 5. vol. 48. Varanasi: Chowkhamba Krishnadas Academy: 2005. Hari Vyakhya, Harita Samhita: p.7.
- IV. Srikanta murthy K.R. Trans. Illustrated Sushrut samhita vol1, edition 2004, Chaukhamba Orientalia Varanasi, Sharirsthana, Chapter 9, verse 154.
- V. Srikanta murthy K.R. Trans. Illustrated Sushrut samhita vol1, edition 2004, Chaukhamba Orientalia Varanasi, Vidyotini Vyakhya, Kash. Su. 27/30-1.

Ayurveda Interventions in the Management of Tubal Blockages- Case Studies

- VI. Charak Samhita Vol.I Hardcover – 1 January 2019 Hindi Edition by Acharya Vidhyadhar Sukal (Author), Prof. Ravidutt Tripathi (Author) Vidyotini Vyakhya, Ch. Su. 12/4.
- VII. Charak Samhita Vol.I Hardcover – 1 January 2019 Hindi Edition by Acharya Vidhyadhar Sukal (Author), Prof. Ravidutt Tripathi (Author) Vidyotini Vyakhya, Ch. Su. 1/6.
- VIII. *Ayurveda-Tatva-Samdipika* Vyakhya, Su. Su. 17/12.
- IX. Pandey K, Chaturvedi G, eds. Grahani Chikitsa Adhyaya, Charaka Samhita. Varanasi, India: Chaukambha Bharati Academy; 2015: 552, Reprint
- X. Srikanta murthy K.R. Trans. Illustrated Sushrut samhita vol1, edition 2004, Chaukhamba Orientalia Varanasi, Sharirsthana, Chapter 9, verse 154. p.149.
- XI. Sahasrayogam, Sujanapriya vyakya, edited by K.V. Krishnan Vaidyan and S. Gopala Pillai, Vidyarambham Publishers: p.673
- XII. Khot DS. Ayurveda Internal Medicine for the Management of Common Metabolic Disorders W.S.R. to Madhumeha and Sthoulya. JDDT [Internet]. 15Oct.2019 [cited 2Nov.2021];9(5-s):167-9.
- XIII. Mhaske P, Kanade PR, Muttha RR. Ayurvedic Intervention in the management of Tubal Blockage - A Case Study. International Journal of Research in Ayurveda and Medical Sciences 2020; 3 (4): 307-310.
- XIV. M. D. Sheba, EXPLORING THE PHARMACOTHERAPEUTIC EFFICACY OF KUMARI (ALOE VERA L.) ON THE REPRODUCTIVE SYSTEM, World Journal of Pharmaceutical Research, Volume 10, Issue 4, 1593-1602. Review Article ISSN 2277– 7105
- XV. Giovanna Certo, (2017) Anti-angiogenic activity and phytochemical screening of fruit fractions from *Vitex agnus castus*, Natural Product Research, 31:24, 2850-2856, DOI: 10.1080/14786419.2017.1303696
- XVI. Biswas TK, et al.
- XVII. Asoka (*Saraca indica* Linn)–a cultural and scientific evaluation. Indian J Hist Sci. 1972; 7(2):99-114.
- XVIII. Sushma, L.P. Yadava. Potential Use of *Saraca Asoca* in the Management of Artavadushti.w.s.r. To Menstrual Disorders in Modern Era. International Journal of Ayurveda and Pharma Research. 2021;9(9):69-73.
- XIX. GUJARATHI, SHACHI HEMANTKUMAR PANDYA | JASMINE RITESH, and JATIN MAHESHKUMAR VYAS. "EFFECT OF SHATPUSHPA IN FEMALE INFERTILITY WSR TO ANOVULATORY FACTOR: A REVIEW STUDY."
- XX. Dilip Jani, Jasmine Gujarathi. Cuminum Cyminum L. In Dysmenorrhoea: An Ayurvedic Approach in Consideration of Current Evidences IJAPR | December 2016 | Vol 4 | Issue 12
- XXI. Shalini Biala, Ranjana Tiwari. Efficacy of Phala-Ghrita on Female Infertility. AYUSHDHARA, 2015;2(2):84-88.
- XXII. Anonymous 1999, The Ayurvedic Pharmacopeia of India, Ministry of Health & Family Welfare, dept. of ISM & H, govt. of India, New Delhi, (API API, 4e)
- XXIII. Ibid, Sushrut Samhita, Sutra Sthana, 45/112, p.229-230.
- XXIV. Prashant Pandurang Ingale : Effect Of Kshar Tail Uttar Basti In Tubal Corneal Block, IAMJ: Volume 3; Issue 1; January – 2015.