AYURVEDIC INTERVENTION IN THE MANAGEMENT OF TUBAL BLOCKAGE - A CASE STUDY.

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ABSTRACT

Fertility problems are increasingly common for many of young couples. Even though after unprotected sex up to one year, the inability to get pregnancy is called infertility. Tubal blockage is very important factor for infertility which constitutes nearly one third of total infertility cases. The patient having tubal block was treated with certain Ayurvedic drugs and procedures in present case. Vata and Kapha are responsible for tubal blockage, hence Shodhan and Shaman chikitsa both were administered. In Shodan chikitsa, Apamargakshara Taila was used for Uttarabasti because of it is Vata-Kapha Shamaka and having Lekhana property. In Shaman chikitsa, Kachanar guggul 250 mg BD and Kumari aasav 10 ml BD were given orally. Both these drugs are mainly having Lekhan property. HSG and USG were used as diagnostic tool and to assess the result of management. After three cycle of Uttarabasti along with shaman chikitsa, HSG report was observed normal. After getting such encouraging results, it was decided to publish a case study. Uttarabasti performed with lekhaniya tails should be used as treatment part for tubal block in female infertility.

Keywords: Tubal blockage, Infertility, Uttarabasti, Ayurvedic intervention.

1. INTRODUCTION

Infertility is the pathological condition which is comes in the pathway of human reproduction. Infertility affects approximately 10-15% of reproductive-aged couples.1 Tubal block is main cause of infertility. Because of tubal block there is lack of ability of sperms for reaching up to ovum to fertilise it and also there is problem for fertilised egg to come in womb for implantation. Pelvic pathologies, infection of reproductive tract, scar tissues are causative factors for blocking of uterine tubes.

Fallopian tubes when blocked are often symptomless. There is possibility of conception when one tube is blocked and other is open. But in fully blocked tubes pregnancy without treatment cannot be possible. In case of partially blocked tubes, there are increased chances of an ectopic pregnancy because due hardness of tube fertilized egg cannot reach to uterus. In case unilateral blockage of fallopian tube, fertilised egg can move to uterus from open tube. The Patency of tubes and sufficient ciliary movements must be present for conception. In presence of tubal blocks there are only two options viz. 1. Surgical intervention to reconstruct tube, 2. Embryo transfer after In Vitro fertilization of sperm and ovum. These procedures are invasive, time consuming and much costly for major population in India.

Ayurvedic preparations and methods can help to increase chances of ovulation and
fertilization on the open site. So, there is a time to understand the disease as per Ayurvedic literature for removal of blockage. For proper conception four factors i.e., Ritu, Kshetra, Ambu and Beeja are essential as per Shusruta. Kshetra includes whole female reproductive system and that must be structurally and functionally sound for conception. Kshetra mentioned by Acharya Sushruta also includes Fallopian tubes, which is essential factor for conception. Present case of Tubal blockage was treated with Apamarga kshara taila Uttarbasti, Kanchanar guggul and Kumari aasava orally. We observed enthusiastic results as HSG has shown normal tubes after treatment. Hence, it was decided to publish a case in the form of article to disclose results. Written consent from the patient was taken.

2. CASE PRESENTATION

2.1. Case history

The 27 years old female patient, housewife by occupation, with tubal blockage bilaterally was arrived to OPD of Striroga and Prasutitantra for Ayurvedic treatment. Chief complaint was failure to conceive in the last two years of active married life. The patient was examined thoroughly. Patient had her past Hysterosalpingography (HSG) report showing bilateral tubal blockage. She has not having past history of any major illness like DM, HTN, Asthma etc. Physical examination revealed Pulse, Blood pressure, temperature within normal limits. CBS, ESR and Urine examination revealed no significant abnormality.

2.2. Plan of Treatment

2.2.1. Shodhan chikitsa

Uttarbasti with Apamargakshara 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.

2.2.2. Shamana chikitsa

♦ Kanchanar Guggulu 250 mg, BD orally before meal for 90 days

2.3. Method of preparation of Taila

For the preparation of Apamargakshara Taila, 4 parts of Apamargakshara jala and 1 part of Tila Taila was taken. Then Apamargakshara Taila was prepared as per Taila Kalpana mentioned by Sharangdhara.

2.4. Method of Uttarbasti

♦ Uttarbasti was administered after menstrual cessation.
♦ Snehana of Tila Taila and Nirgundi patra nadisweda was given on the lower abdomen, back and lower limbs of patient.
♦ Yoni Prakshalana with Triphala kwatha was given to sterilize the peri-vaginal part.
♦ Uttarbasti procedure was performed in properly sterilized operation theatre.
♦ Autoclaved oil and instrument were used.
♦ The patient was given dorsal lithotomy and head low position on the OT 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 Apamargakshara 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 head low position for one hour.
♦ The lower abdomen was fomented with hot water bag.
♦ Intercourse was restricted up to completion of Uttarbasti.

3. RESULTS & DISCUSSION

In this case HSG and USG were used as diagnostic tool and tools to assess the results of management. HSG reported the normal tubes after three sitting of Uttarbasti along with Kanchanar guggul and Kumari aasava for three
months. During follow-up, no any abnormal finding was reported clinically. No adverse effects were observed.

Female reproductive system covers the whole *Artavavaha srotasa*. So, Fallopian tubes are considered as a part of *Artavavaha srotasa*, as they carry *Bija rupi artava* i.e., ovum. The term *Artava* is also used for *Raja* in various places in classical texts. Hence, fallopian tubes can also be termed as *Artava bija vaha srotasa*. As per philosophy of Ayurveda, causative factors for tubal blockage are *vata and kapha*. Acharya Kashyapa mentioned *Vandhyatva* as *Nanatmaja Vikara* of *Vata* and narrowing (*Samkocha*) of tubal lumen is the main factors of tubal blockage and it is because of *Vata*.7 *Kapha* has *Avarodhaka* property which leads to blockage of tubal lumen. This clarifies the relation of *Vata* and *Kapha* with tubal block especially when it is more structural than functional.

Because of *Vata-kapha shamak* properties of *Apamarga kshara taila*, *Kanchanar guggulu* and *Kumari aasava*, they were effective for opening of tubes. *Sukshma*, *Laghu*, *Sara*, *Vyavayi*, *Vikasi*, *Pramathi* etc. *Guna*, *Katu Vipaka* and *Ushna Virya* might have been played important role to remove block in the tubes. Due to *Vrana shodhana* and *Vrana pachana karma*, *Tila Taila* acts as anti-inflammatory.8 10 Due to its *Vyavayi* and *Sukshma guna* its spreads in minute channels and spread easily. So, for intrauterine instillation of such drugs, *Uttarbasti* with *Taila* is very proper method. *Kshara Taila* is mentioned for *Strirogadhikara* in *Bharat Bhaishyaj Ratnakara*11 and *Kshara karma* is the best for not allowing recurrence. *Apamargakshara Taila* has *Vata-kaphagna* and *lekhana* properties. *Apamarga kshara* acts with its *Tikshna* and *Vata-Kapha sanshamana* properties for removing tubal block. It helps to remove blockage from tube and also helps to remove fibroed layer of endometrium to enhance its regenerating property and to rejuvenate it. So, it can be said that, *Uttarbasti* with *kshara taila* is the best way to remove the blockage in tubal cavity.

4. CONCLUSION

When Tubal blockage is cause of infertility, infertile couples are forced to dwell upon assisted reproductive techniques (ART) or Reconstructive tubal surgery. But these treatment remains unreachable to major proportion of infertile couples around world because of its unaffordable cost. Tubal blockage can be correlated with *Artavavaha srotas dushti* mainly of sanga type. *Uttarbasti* and *shaman chikitsa* with drugs having *Vata-Kapha shamaka* and *lekhana* properties are effective, safe, reliable and cost effective in management of tubal infertility. There is a lot of scope further clinical trails in the context of Tubal blockage and *Uttarbasti*.

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