Ayurvedic management of Tubal Blockage: A Case Study

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ABSTRACT

Infertility a multifactorial disorder is a major contributor to emotional disturbances and reduced quality of life. Out of the many factors, tubal factors causing infertility account for about 25-30% of all cases of infertility.[1] Infections, abdominal surgery, and diseases such as endometriosis can cause scarring at the inner linings of fallopian tubes. STDs, past ectopic pregnancy and any previous abdominal surgeries may cause tubal blockage.[2] The fallopian tube is the Kshetra for Garbhadhan, as it carries the gamete before and zygote after fertilization. Going through various signs and symptoms we can understand that it is a Vata dominated Tridoshaja Vyadhi, where Kapha Dosha also contributes to the formation of block. Uttara Basti is emerging as a boon in treating blocked fallopian tubes. The drugs having Vata Kapha Shamaka, Tridoshagna properties, and drugs with Sukshma, Sara, Katu, Ushna, and Pramath properties helps to remove the blockage and restore tubal functions. In the present case study, both Shodhana and Samana Chikitsa were adopted. The combination of Mahnarayana Taila, Kshara Taila and Phala Gritha having Lekhaniya and Vata Kapha Shamaka property is proven beneficial in treating tubal blockage.

Key words: Artava Vaha Srotas, Tubal Blockage, Utharavasthi

INTRODUCTION

Fallopian tubes are having a function of transport of the gametes and to facilitate fertilization and survival of zygote through its secretion. If it fails to do then it leads to the one of the factors of infertility. 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. Tubal blockages can be correlated to Sanga Srotot Dushti of Artavavaha Srotasa in Ayurveda, involving Vata and Kapha Doshas. Normalizing the vitiated Vata-Kapha Dosha leads to restoration of tubal function and easy conception. The case report presented here highlights the role of Ayurvedic medicines and therapies in successfully managing tubal blockage.

CASE PRESENTATION

Case History

Patient aged 36 years old with the obstetrical history of P2L2A0D0 underwent tubectomy after the 2nd delivery. After 2nd marriage 7yrs back, she underwent recanalization of fallopian tube. She was anxious to conceive since her recanalization but failed to do so, even after having unprotected coitus. Patient had regular menstrual cycles and complained of scanty...
menstrual bleeding of one pad completely soaked on day one and only half pad of bleeding on day 2, since 2 and half years. For the same, patient visited a gynecologist and with all the investigations it was noted that bilateral tubal block was present and suggested for IVF. As the patient did not want to undergo IVF, she visited our OPD of SKAMCH&RC, Bengaluru.

No significant past medical history (Not a known case of DM, HTN, Thyroid Dysfunction, Asthma, Epilepsy, Tuberculosis) was seen. But it was observed that Patient is an event manager and complaints of stress in her work.

**Menstrual History**
- **Nature:** Regular
- **Bleeding duration:** 2 days
- **Interval:** 28-30 days

D1 – 1 pad, fully soaked
D2 – 1 pad, half soaked
- **Clots:** Absent
- **Dysmenorrhea:** Absent
- **Foul smell:** Absent
- **Itching:** Absent

**Surgical History**
- **LSCS with B/L Tubectomy - 16years ago**
- **Recanalization of fallopian tubes - 7years ago**

**Vyavaya Vrutanta**
- **Frequency:** - 3 to 4 times/week
- **No Dyspareunia**
- **No History of any contraception.**

**Partner’s Details**
- **Name:** XYZ
- **Age:** 39 years / Male
- **Occupation:** Business
- **N/K/C/O DM, HTN**
- **Habit - Coffee twice a day**
- **Semen analysis - Normal study**

**Obstetric History**
P2L2A0D0
- **P1L1 - 18 years, Male FTND, uneventful**
- **P2L2 - 16years, Male LSCS (Transverse lie)**

**General Examination**
- **Height:** 155 cm
- **Weight:** 70 kg
- **BMI:** 29.1 kg/m²
- **Pulse Rate:** 76 beats/minute
- **BP:** 130/80 mm Hg
- **Respiratory Rate:** 22 cycles/minute
- **Temperature:** 98°F
- **Tongue:** - pink, clear

**Gynaecological Examination**

**Examination of vulva**

**Inspection**
- **Pubic Hair:** - Normal
- **Clitoris:** - Normal
- **Labia:** - Normal
- **Redness:** - Absent
- **Swelling:** - Absent

**Palpation**
No palpable mass observed

**Vagina**
- **Redness:** - Absent
- **Tenderness:** - Absent
- **Local lesion:** - Absent
- **Discharge:** - Present (mild)
- **Color of Discharge:** - white color
- **Consistency of Discharge:** - Thin, mucoid
CASE REPORT

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Smell of discharge - Absent
Amount of Discharge - Mild

Cervix (per speculum examination)
- Inflammation - Absent
- Size - Normal
- Redness - Absent
- External OS - Multiparous os
- Cervix lip - Nabothian cyst present

Cervix (per vaginal examination)
- Texture - Soft
- Mobility - Mobile
- Movement - no pain
- Bleed on touch - Absent

Fornices
- Lateral- Free, no tenderness
- Posterior – Free, no tenderness

Uterus (Bimanual Examination)
- Position - Anteverted
- Direction - Anteflexed
- Size - Normal
- Consistency - Firm
- Mobility - Mobile
- Tenderness - Absent

Nidana

Ahara - Akala Bojana, Pishta Ahara (junk food regularly), Madhura Ahara
Viharaja - Stressful work, Anidra, Shastra Karma (Tubectomy and tubal recanalization)
Roopa - infertility

Samprapti Ghataka

- Dosha - Vata Kapha Pradhana Tridosha
- Dushya - Rasa, Rakta, Artava
- Agni - Jataragni, Dathvagni

Nidana

Agnidushti - Jataragni Mandya and Dathvagni Mandya
Srotas - Rasavaha, Raktavaha and Artavaha Srotas
Srotodushti - Sangha
Udbhava Sthana - Amashaya
Sanchara Sthana - Garbhashaya
Vyaktha Sthana - Garbhashaya (Fallopian Tube)
Adhisthana - Garbhashaya
Vyadhimarga - Abhyantara
Sadyasadhya - Sadhya

Samprapti

Nidana

Jataragni Mandya

Vata Kapha Pradhana Tridosha Dusti

Sanga and Vrana Vastu formation

Sthana Samshraya in Garbhashaya and Artavaha Srotas (USG shows bilateral prominent pelvic veins)

Artava Kshaya

Vandyatwa

Investigations
- AMH - 1.31 mg/dl
- FBS - 85mg/dl
- TSH - 1.520mIU/ml
- HBA1C - 5.5
- WBC - 5500 /ml
- ESR - 18 mm/hr
- HSG Report - Bilateral Tubal Block
TORCH test
- Rubella IgG - 231.4 IU/ML reactive
- Cytomegalovirus > 500 IU/ml reactive
- Herpes simplex virus IgG - 116.64 IU/ml

Follicular study shows bilateral prominent pelvic veins.

Treatment Given

Udwarthana followed by Vamana is given, after Vamana the next consecutive cycle the patient improved with her menstrual flow (from 2 days to 4 days. And no. of pads 1-2 pads per day.

Yoni Prakshala with Pachavalkala Kashaya, Yoni Poorana with Mahanarayana Taila, and Matra Basti was given with Phala Ghrita. Ovulation was noted on the 16th day of menstrual cycle.

Yoga Basti and Uttara Basti is given with the Kshara Taila and Phala Ghrita for 1 cycle and planned for hysteroscopy for tubal potency.

Orally,
1. Cap. Viscovas 1-0-1 A/F
2. Cap. Panchavalkala 1-1-1 after food
3. Gandharvahastadi Taila 20ml HS with 1 glass of milk
4. Cap. Torchnil 1-1-1 (A/F)
5. Cap. Sujath 1-0-1 (A/F)
6. Streevyadhihararsa 1-0-1 (A/F)

Hysteroscopy for tubal patency was done - Both the tubes were patent.

Treatment Outcome
- Bleeding during menstruation is increased from 1-2 days to 4-5 days with the 2-3 pads per day.
- Tubal block is cleared and both the tubes are patent.
- Patient was advised to try for natural conception.

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 causative factor in tubal blockage. Sankocha produced by vitiated Vata Dosa due to its Ruksa, Khara and Darana Guna. Sthira, Mantha property of vitiated Kapha Dosa results in Sanga-Srotodushiti of Arthava Vaha Srotas. This ultimately leads to Vandhyatwa. Hence, the treatment principle should be to pacify Vata - Kapha Dosa, Vata Anulomana, Deepana Pachana line of management. Udwartana which is Vatahara as well as Kapha Medovilayana, thereby helps to clear the Srotorodha to some extent.

Further Vamana also helps in the Kapha Vilayana and causes Srotoshodhana and the same is mentioned by Acharyas in the Chikitsa Sutra of Artavakshyaya.

Basti has multidimensional effect, as it has Lekhana, Rasayana, Sroto Sanganasaka, Vata Anulomana which leads to purification of body. Hence Yogavasthi and Uttaravasthi were selected.

Kshara Taila having Ksharana property also has Vata and Kaphahara property which can be seen in this case and this probably helps to clear the block in the tubes.

Phala Ghrita is indicated directly in Yoni and Shukra Dosha which also it helps in increasing the fertility rate.

Conclusion

Though there are no direct references for Tubal blockage one can understand the Dosh, Dushya and Srotho Dushti Lakshana and the right type of treatment protocol can be advised. In contemporary medicine, management includes hormonal correction, ovulation induction and ART (Artificial Reproductive Techniques). Most of the patients with infertility due to tubal blockage end up with IVF (Invitro Fertilization) management. The aim is to enhance the proper functioning of reproductive system by providing natural and effective medicines. Srothorodha in the Artava Vaha Srotas were eliminated by proper Shaman and Sodhana therapy which results in the clearance of the tubal block is seen in the patient just after treatment as in this case.
REFERENCES

