



ISSN 2456-3110

Vol 8 · Issue 5

May 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# Ayurvedic management of Tubal Blockage: A Case Study

Lavanya S<sup>1</sup>, Anupama V<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, Department of Prasuti Tantra Evam Stree Roga, Sri Kalabyraweshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bangalore, Karnataka, India.

<sup>2</sup>HOD and professor, Department of Prasuti Tantra Evam Stree Roga, Sri Kalabyraweshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bangalore, Karnataka, India.

## 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.<sup>[1]</sup> 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.<sup>[2]</sup> 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 *Pramathi* 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 *Mahanarayana 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 than leads to the one of the factors for 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 Sroto 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 2<sup>nd</sup> delivery. After 2<sup>nd</sup> 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

### Address for correspondence:

Dr. Lavanya S

Post Graduate Scholar, Department of Prasuti Tantra Evam Stree Roga, Sri Kalabyraweshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bangalore, Karnataka, India.

E-mail: lavanyasadanand9497@gmail.com

Submission Date: 09/03/2023 Accepted Date: 14/04/2023

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.5.39

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 gynaecologist 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 Vruttanta

- 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/m<sup>2</sup>
- 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

- 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)

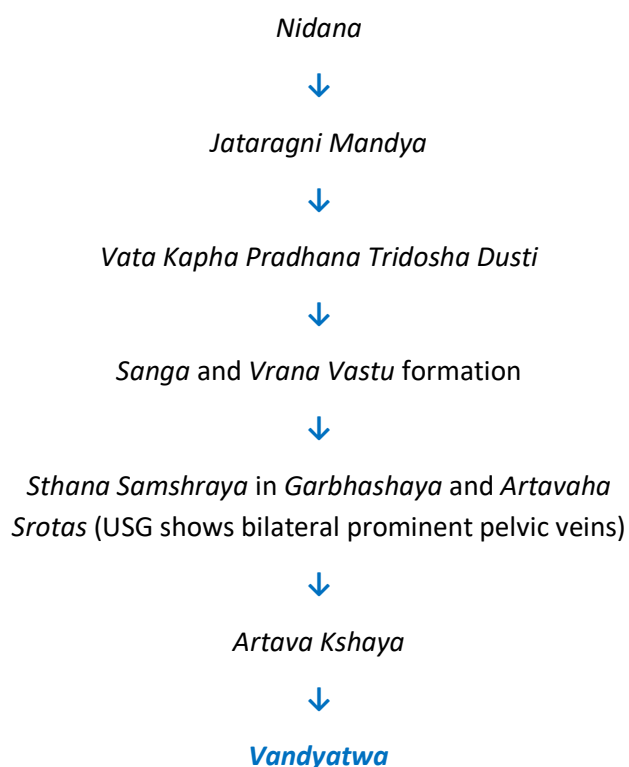
Roopa - infertility

#### Samprapti Ghataka

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

- 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)
- Adhithana - Garbhashaya
- Vyadhimarga - Abhyantara
- Sadyasadhyata - Sadhya

#### Samprapti



#### 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
- Cytomegalo virus > 500 IUI /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 Ghritha*. Ovulation was noted on the 16<sup>th</sup> day of menstrual cycle.

*Yoga Basti* and *Uttara Basti* is given with the *Kshara Taila* and *Phala Ghritha* for 1 cycle and planned for hysteroscopy for tubal patency.

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. Streevyadhihararasa 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 *Ruksha, Khara* and *Darana Guna*.<sup>[3]</sup> *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 *Uttaravasti* 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 Ghritha* is indicated directly in *Yoni* and *Shukra Dosh* which also it helps in increasing the fertility rate.

**CONCLUSION**

Though there are no direct references for Tubal blockage one can understand the *Dosha, 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

1. World Health Organization. infertility definitions and technology. accessible at <http://www.who.int/reproductivehealth/topics/infertility/definitions/en/> Accessed November 16, 2018
2. Dawn C.S. Text book Gynaecology and Contraception 11th Edn. Dawn books Calcutta.
3. Srikanta Murthy K.R. Trans. Illustrated Sushrut Samhita, vol1, edition 2004, Chaukhamba Orientalia Varanasi, Sharirsthana, Chapter 9, verse 154. p.149.

**How to cite this article:** Lavanya S, Anupama V. Ayurvedic management of Tubal Blockage: A Case Study. J Ayurveda Integr Med Sci 2023;05:232-236. <http://dx.doi.org/10.21760/jaims.8.5.39>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*