



ISSN 2456-3110

Vol 8 · Issue 7

July 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

Infertility related to tubal factor and its management in Ayurveda

Piyusha Pandey¹, Shikha Sharma²

¹Post Graduate Scholar, P.G. Dept. of Prasuti Tantra and Stri Roga, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India.

²Lecturer, P.G. Dept. of Prasuti Tantra and Stri Roga, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India.

ABSTRACT

Infertility is defined as a failure to conceive with in one or more year of regular and unprotected coitus. Many causes are responsible for female infertility in which 30- 40% case are related with tubal blockage.^[1] Fallopian tubes are very important structure of *Artavavaha Srotas* as they carry *Bija Rupi Artava*. *Bija* undergoes fertilization process within the fallopian tube. Due to tubal blockage *Bija* and *Shukra* are not able to meet in fallopian tube and it hampers process of fertilization and female does not able to conceive. Ayurveda has been successful in treating infertility since several thousand years. If we emphasize on tubal blockage according to Ayurvedic aspects we find that it occurs due to *Vatakapha* dominated *Tridoshaj* condition as *Vata* is responsible for *Samkocha*, *Kapha* for *Shopha* and *Pitta* for *Paka*. So, in Ayurvedic management we do local treatment in the form of *Uttar Basti* with certain drug which has property of *Vatakaphanashaka* and *Tridoshaghna* and it could remove the blockage by reaching up to the minute channels.

Key words: Tubal blockage, Fallopian tube, Artavavaha Srotas, Bija, Shukra, Vata, Pitta, Kapha.

INTRODUCTION

Have you ever thought what would happen if we were not able to reproduce, that's why nature has invented reproduction as a mechanism for life to move forward. Every living system has been awarded a magical power to reproduce. Human use sexual reproduction to bring their progeny in life.

Factors essential for conception

ध्रुवं चतुर्णां सान्निध्याद्गर्भः स्याद्विधिपूर्वकः।

Address for correspondence:

Dr. Piyusha Pandey

Post Graduate Scholar, P.G. Dept. of Prasuti Tantra and Stri Roga, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India.

E-mail: piyushapandey26@gmail.com

Submission Date: 13/05/2023 Accepted Date: 21/06/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.8.7.18

ऋतुक्षेत्राम्बुबीजानां सामग्रयाद् अंकुरो यथा॥ (सु०शा०२/३५)

According to *Aacharya Sushruta* a female is able to conceive only when she has fertile period with healthy uterus for embryo implantation, nutritious substance for nourishment of conceptus and healthy ovum and sperm for fertilization.^[2] Fallopian tube play important role in natural pregnancy as it capture ovum through fimbrial end and then ovum reach to ampulla where it get fertilized with sperm and forms unicellular structure called zygote. This conceptus stays in the fallopian tube and migrates towards uterus at 16 cell stage called morula at 4th day. Here we find that fallopian tubes help in movement of early embryo and nourish it through tubal secretions. Here we can see the importance of fallopian tube. If any defect occurs in the salpinx then 1st and foremost process i.e., fertilization will be affected and it will lead to female infertility related to Tubal Factor. *Aacharya Sushruta* mentioned that *Aartavaha Srotas* (whole reproductive tract) *Viddha* by any cause like due to septic abortion, D&C, during delivery may lead to many infectious conditions which may damage *Artavaha Srotas* causing *Bandhyattava* in female.^[3] Most common problems

related with salpinx are Tubal blockage and Tubal dysfunction and nowadays it has become a burning issue in view of Infertility. Most common causes of tubal blockage in India are Genital tuberculosis, PID (Salpingitis, Endometritis, peritubal adhesion, endosalpingeal damage), Hydrosalpinx, Previous Tubal Surgeries or Sterilization, Polyps or Mucus Debris within the lumen and Endometriosis (it does not damage salpinx from inside but it may alter tubal motility due to pelvic adhesion, distortion of normal tubo-ovarian relationship and impair pick up of oocyte by the fimbria).^[4] Diagnostic tools to confirm the tubal blockage are HSG, SIS, Laparoscopy (gold standard). It may be a Cornual block, fimbrial block, mid tubal block, multiple part involvement, it may be unilateral or bilateral block. In Modern practice patients are advised for Surgeries (preferable for minor blockages only) and IVF. In *Ayurvedic* practice patients are advised to take *Uttar Basti* as it is said to be best for all uterine disorders and it is proving to be a promising treatment in all gynaecological diseases.

Method of *Uttar Basti* in Tubal Blockage

Treatment protocol in current practice

Time of administration - After cessation of menses.

Quantity - 2 to 5 ml medicated oil.

Duration - 3 to 5 days for 3 consecutive cycles.

After clearance of menses patient was advised to take *Anuvasana Basti* and *Aasthapana Basti* alternatively in the view of *Shodhana*.

Preoperative procedure

Patient is advised to take light diet before procedure.

Purvakarma

- *Abhyanga* and *Swedana* must be done.
- Pulse and BP should be monitored.
- Patient should be lying in lithotomy position.
- Cleaning and draping should be proper.
- Patient should be relaxed.

Pradhanakarma

- Sims speculum should be inserted into vagina.
- Cervix should be exposed with anterior vaginal wall retractor.
- Cleaning of external OS (if any discharge present).
- Hold cervix with vulsellum or allis forceps.
- Uterine sound should be used through external OS to find position of uterus.
- Cervix is dilated (if needed).
- 2 - 5 ml of lukewarm sterile Ayurvedic medicated *Sneha* is instilled slowly in steady manner into uterine cavity through IUI cannula.
- Remove vulsellum and speculum gently.
- Put medicated oil soaked *Pichu* deep into the vagina.

Paschatkarma

- BP and pulse to be recorded.
- Pt is advised to relax for 30 min. in ward in head low position.
- Hot water fomentation over supra-pubic area to relieve pain.
- Patient are advised to take light diet in evening.

Drug commonly used for Tubal Blockage

Kshar Taila, *Palash Kshar Taila*, *Yavakshara Taila*, *Shatpushpa Taila*, *Kumari Taila*,^[5] *Mahanarayan Taila* etc.

Drug preferable for Hydrosalpinx

Nirgundi Taila, *Yashtimadhu Taila*, *Tila Taila*, *Shatpushpa Taila*.

Mode of action of *Uttar Basti* in Tubal Blockage

Doshik involvement in tubal blockage is *Vata* dominated *Tridoshaj* condition. Thus, all the 3 *Doshas* are collectively responsible for tubal blockage. *Basti Chikitsa* produces influence all over the body and helps to remove vitiated *Vata Dosh* mainly along with *Pitta* and *Kapha Dosh* to some extent. *Uttar Basti* helps to encourage the downward movement of *Vata*

(*Vatanuloman*). When *Sukhoshana* medicated oil enters directly into the uterine cavity, network of *Srotas* (present throughout the system) carry the *Uttar Basti Dravya* towards the desired site (all layer of uterus, fallopian tube and ovaries) and it directly act on *Vikrit Vata* and *Kapha Dasha* and may be helpful in removing the blockage of tubal lumen by the action of *Ksharan* and *Lekhana* at the obstructed site. The *Ushna* and *Snigdha Guna* of *Tila Taila* manage *Rukshatava* and *khartava Guna* of *Vata* and thus help in *Srotosodhana* and restoring the motility of the tubes and movement of cilia. It may also break the tuboperitoneal adhesions, as it is observed in several studies that the Hysterosalpingography with an oil based dye helps to break the blockage.

CONCLUSION

Scraping and regenerating property of medicated oil may lead to normalize the tubal functions. *Uttar Basti* may strengthen the fallopian tubes. Tubal motility and ciliary movement may be restored. Scarred and fibrosed fallopian tubes may be healed. Chances of ectopic

pregnancy may get reduced due to healthy fallopian tube.

REFERENCES

1. Hiralal Konar, DC Dutta's Textbook of Gynaecology, 7th edition, p86,188.
2. Shastri Ambikadatta, Sushruta Samhita, Sharirsthana, chapter no.2, shlok no.3,5, p19.
3. Shastri Ambikadatta, Sushruta Samhita, Sharirsthana, chapter no. 5 shlok no 11, p97.
4. Hiralal Konar, DC Dutta's Textbook of Gynaecology, 7th edition, p188-189.
5. <https://www.ncbi.nlm.nih.gov> > pmc

How to cite this article: Piyusha Pandey, Shikha Sharma. Infertility related to tubal factor and its management in Ayurveda. J Ayurveda Integr Med Sci 2023;07:107-109. <http://dx.doi.org/10.21760/jaims.8.7.18>

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