

**MANAGEMENT OF TUBAL BLOCKAGE: A SINGLE CASE STUDY**

<sup>1</sup>\*Dr. Susheela Choudhary, <sup>2</sup>Dr. Sushila Sharma and <sup>3</sup>Dr. Monika Sharma

<sup>1</sup>P.G. Dept. of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Amer Road  
Jaipur, 302002.

<sup>2</sup>Associate Professor P.G. Department of Prasuti Tantra and Stri Roga, National Institute of  
Ayurveda, Jaipur, (RJ) India 302002.

<sup>3</sup>M.D. Scholer P.G. Dept. of Agad Tantra, National Institute of Ayurveda.

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**\*Corresponding Author****Dr. Susheela Choudhary**

P.G. Dept. of Prasuti  
Tantra and Stri Roga,  
National Institute of  
Ayurveda, Amer Road  
Jaipur, 302002.

**ABSTRACT**

Infertility means unable to achieve conception within certain parameters and is a common disorder of about 10% of female aged 18 to 44. Male is directly responsible in about 30-40%, the female in about 40-55% and both are responsible in about 10% of cases, while remaining 10% is unexplained. Fallopian tubal block is causing female infertility in about 30-40% of cases. In the existing system of modern

medicine, there is no proper intervention to treat the tubal block. In *Ayurveda*, *Uttarvasti* is the procedure to deliver drug in-situ in the uterus. Present study is a case reporting of fallopian tubal block treated with *Virechana and Uttar Basti*. Bilateral tubal block was successfully cured with this trial drug. The study was conducted on one patient. Patient was selected according to selection criteria after thorough clinical examination & investigations. Patient complaining of Primary infertility with diagnosis of Bilateral fallopian tubal block (diagnosed on HSG) given *Virechana and Uttar Basti*. The result of trial drug showed tubal block was opened, leading to patent fallopian tube.

**KEYWORDS:** Infertility, Tubal block, Virechana, *Uttarvast*.

**INTRODUCTION**

Infertility is on the rise in many countries. Infertility is defined as the failure to conceive after a year of regular intercourse without contraception according to modern science. Conception

depends on the fertility potential of both the partners. There are different causes for male and female infertility. Some of the causative factors which hamper the reproduction in women are classified as tubal & peritoneal factors 30-40%, ovarian factor 30-40%, miscellaneous causes 10-15% and unexplained factor 10-15%. Male factor is the cause of infertility in 20% of infertile couples, but it may be a contributing factor in as many as 30% to 40% of cases.

In *Ayurveda*, according to *Acharya Sushruta* four important factors which are essential for conception namely- *Ritu*, *Kshetra*, *Ambu* and *Beeja*.<sup>[7]</sup> It is explained by *Acharya Dalhana* i.e. *Ritu* implies for *Rajah-Samaya* (fertile-period), *Kshetra* implies for *Garbhasaya* (Female reproductive system), *Ambu* explains for *Aahar-pakot-panna-Rasadhatu* (nourishing substances) and *Beeja* implies for *Stri –Purusha Beeja* (Ovum and sperms).

*Astangahridayakar* has said that besides healthy *Garbhasaya* (Uterus), *Marga* (vaginal canal), *Rakta* (Ovum) and *Sukra* (Sperms) proper functioning of *Vayu*<sup>[8]</sup> and normal psychological status of both partners are also important. Abnormalities present in any of the above factor singly or combined may lead to infertility of a couple.

Fallopian tube obstruction is a major cause of female infertility. Blocked fallopian tubes are unable to let the ovum and the sperm converge, thus making fertilization impossible. Most commonly a tube may be obstructed due to infection such as PID. The rate of tubal infertility has been reported to be 12% after one, 23% after two and 53% of after three episodes of PID. The fallopian tube may also be occluded or disabled by endometritis, intra- abdominal infections (appendicitis, peritonitis etc.), STDs etc.

In *Ayurveda* there are no direct references regarding the blockage of fallopian tubes are available. Fallopian tube are very important structures of the *Artavavaha srotas*, as they carry *Bija Rupi Artava*. Tubal blockage was considered as a *Vata-kapha* dominated *Tridoshaja* condition, as *Vata* was responsible for *Samkocha*, *Kapha* for *sopha* and *pitta* for *paka*. Thus, all three *Dosha* were collectively responsible for the stenosis or the obstructing type of pathology of the fallopian tubes.

## CASE PRESENTATION

A young female patient of aged 32 years, presented with primary infertility of 6 year married life. She was registered in National Institute of Ayurveda for the treatment of infertility. Her past medical, surgical and family history was non-significant with respect to infertility. All

investigations like CBC, RBS, HBsAg, VDRL, HIV, Thyroid profile, serum prolactin, Urine routine-microscope were within normal limits. Her Husband's semen analysis report was found within normal limit. In histo-salpingo-graphy report which was done on 04/08/2015 shown bilateral tubal block.

**MANAGEMENT OF PATIENT:** Then following treatment started-

1. VIRECHANA KARMA
2. UTTAR BASTI

► Virechana: ● Deepan – Pachan with Panchkol choorna for 3days

● Snehan with Phala Sarpi: 1<sup>st</sup> Day – 30ml

2<sup>nd</sup> Day -60ml

3<sup>rd</sup> Day – 90ml

4<sup>th</sup> Day – 120ml

5<sup>th</sup> Day – 150 ml

6<sup>th</sup> Day- 180ml

● Sarwang Abhyang with Dashmool Tail and Vashpa Swedan for 3 days

● Virechan with Trivrit Awaleh – 50 gm on next day

● Samsarjan Karm advised for next 5 days

► Uttar Basti: With Panchgavya Ghrit

On 5<sup>th</sup> day of menstrual cycle: Anuwasan Basti with Dashmool Tail

On 6<sup>th</sup> day of menstrual cycle: Asthan Basti with Dashmool kwath (in morning) and Anuwasan Basti with Dashmool tail (in evening)

After this on 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> day of each menstrual cycle, *Garbhasaya-gata* (Intra-uterine) *Uttar-vasti* with *Panchagavya-Ghrita* was given. In 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> cycle L.M.P. record of patient were 05/012/2015, 7/01/2016 and 5/02/2016.

## DURATION

Management for four months.

**PATHYA-APATHYA:** During this period the patient was advised to take balanced and nutritive diet containing ghee, milk, fruits green vegetables and avoid oily, spicy, junk food. She was also advised to do meditation and Pranayam.

## OBSERVATION AND RESULT

After three cycles of *Uttara- Basti* with *Panchagavya-Ghrita*, patient was advised for hystero-salpingo-graphy for the patency of fallopian tube. In HSG bilateral tube was found patent on 9/03/16.

## DISCUSSION AND PROBABLE MODE OF ACTION

*Virecana* is the major *Pradhana Karma* included under *Panca Karma* therapy. It is purificatory procedure of purgation that involves elimination of *Pitta* dominating *Dosas* \ toxins of the body through anal route. It is specially indicated for *Pitta Dosa*, *Pitta* predominant *Dosas*, *Pitta-Kaphaja*, *Kaphaja Dosas* situated in *Pitta Sthana* (*Astanga – HridayaSutra* 27). *By this procedure Obstructing dosa kapha is removed and vata dosa that gets obstructed by kapha dosa is also cleared off.* It is also indicated in *Yoni Dosas* as well as. *Virecana* Drugs eliminate the *Dosas* from the body, eradicate the diseases and restore normal strength and complexion of the body.

*Garbhasayagata UttarVasti* acts locally on tubal blockage and can be adopted for all sorts of problems of infertility as well as reproductive tract disorder. In tubal blockage the drug is reaching in bulk of the site of pathology. Hence *Uttar Basti* relieves tubal block by lysis of adhesions and relieves obstruction. *Basti karma* with local *snehan*(soothing effect) and *Tarpan* (nourishment of endometrium) is the line of the treatment.

*panchgavya Ghrit* is work as *Vata-Kaphashamak* and *Krimighna* and also having *Ushna*, *Tikshna*, *Sara* and *Sukshma* properties. The *Snigdha Guna* of the *Ghrit* is definitely helpful to relieve the abnormality generated by the *Ruksha*, *Daruna* and *Khara Guna* of *vata*.it restores the tonic phasic contractions of the tube and the movement of the cilia.

## CONCLUSION

For most complicated conditions which are having bad and poor prognosis by Morden therapies have some hope in Ayurvedic treatment. Tubal factor infertility is also a very difficult, the success in present case has given encouraging results for future practice. But conclusion drawn is not ultimate, because a large sample size is required for the same. Study should be carried out on number of patient.

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