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AYURVEDIC MANAGEMENT OF TUBAL BLOCK; A CASE STUDY

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ABSTRACT

In day todays practice Tubal blockage is one of the most common causative factors for female barrenness. It accounts for about 25-35% of female infertility. It is very difficult to manage, as the treatment choices for it are only tubal re-constructive surgery and in vitro fertilization (IVF). On the other hand, there is no established any reliable Ayurvedic treatment for the tubal blockage. It is the need of the time to establish an efficient and cost-effective therapy for this problem as effective solution.The present paper based on clinical success story in a very interesting and encouraging case of blockage of both fallopian tubes. Success was achieved with unique classical ayurvedic formulations after 6 month of treatment which will be represented in the full paper.

Keywords :fallopian tube,blockage of fallopian tubes ,infertility ,fal ghruta ,kshar tailam,pushapdhanwa ras,kanyalohadi vati,vaman,uttar basti

No: of References: 10

INTRODUCTION

The fallopian tubes are two thin tubes, one on each side of the uterus, which help to transport mature egg from the ovaries to the uterus. When an obstruction prevents the egg from travelling down the tube, the woman has a blocked fallopian tube. It can occur on one or both sides. This is also known as tubal factor infertility and is the cause of infertility in 40% of infertile women.

Each month, when ovulation occurs, an egg released from one of dominant ovaries. The egg travels from ovary with help of fimbria through tubes with the help of ciliary villi towards uterus.

The sperm also need to swim their way from cervix, through uterus and towards the fallopian tubes to get the egg. Usually fertilization takes place while the egg is travelling through the tube.

If one or both fallopian tubes are blocked, the egg, the egg cannot reach the uterus, and the sperm cannot reach the egg which ultimately prevents fertilization and pregnancy. In many cases tube is partially blocked. This can lead to risk of tubal pregnancy or ectopic pregnancy. If only one tube is blocked, but other is clear then there may be still chances of normal pregnancy depending on quality of ovary how its functioning. The causative factor of blockage is also depends on the success of achieving pregnancy. (1-4 ref)

If both tubes are blocked then there may very much chances of natural pregnancy.

In Ayurveda there are no direct references regarding blockage of fallopian tubes are available. We can compare this to complication of pittaj yoni vyapat (ref 5)

Case report:

A moderately built female aged 28 years weight 54 kg. And height 5.1" primary infertility with 3.5 years married life was having history of irregular menses (1.5 months to 2 months cycle). calf muscle pain, mood swing irritability, lower abdominal pain before menstruation on and off. Along with central obesity. On detailed history, female had undergone one year for allopathic management by several gynecologist with

Clomifen cycle (C.C.) – 3 CYCLES

PAP smear test, HSG, Hormonal assay and ultra sonographic previous medical reports.

Hysterosalpingography reports dated on 14/sept/2019 which shows bilateral tubal block.

USG was done shows polycystic ovarian changes suggestive of PCOS.

Pathological reports suggestive of moderate AMH level.

Husband sperm count was normal with good motility. Couple was advised for IVF treatment since both her fallopian tubes were blocked. Female was referred to us dated on 25/01/2020.

Immediately female was advised to stop all contraceptive medications which were given by gynecologist since 3 months.

And on day 3rd day of menstrual cycle . Started with

1. varunadi kashaym

20 ml each 2 times daily with water after meal.

2. Cap.falmah 250 mg (anubhut kalp)

1-0-1 after meal

3.Tab. Pushpadhanwa ras

1-0-1 after meal

4.Kanyalohadi vati

2-0-2 after meal

3.Tab.Rajopravatini vati

2-0-2 after meal for 2 months along with shaman chikitsa panchakarma started.

4.Falghrutam

10 ml -0- 10 ml with bhojan daily

Panchakarma :

1.vaman :

Vaman started on 05 feb 2020.

Snehapan done for 4 days with panchatikta ghrutam as 30, 60, 90,120 ml at pratah kal.

After samyak siddhi lakshan and after vishranti din vaman procedure was done on date 10 feb 2020.

Madhyam shuddhi observed with piitant vaman noted .

After vaman sansarjan kram was followed for 3 days .

Shaman chikitsa continued after sansarjan karma .diet and exercise adviced to patient.

2.uttar basti :

Uttar basti was advied to patient for 3 conjugative menstrual cycles with :

Among 3 setting of basti -1 basti with fal ghrutam 2 cc for 1 day and with kshar tailam 2 cc for 2 days .

(Kshar tailam basti-fal ghrutam basti-kshar tailam basti)

Same pattern was executed for 3 months along with shaman chikitsa .

Uttarbasti was done under all aseptic precaution in operation theater along with snehan and swedan purvakarma .

After shodhan (vaman) and uttar basti along with shaman chikitsa we observed that patients menstrual cycle was regularized to 30-35 days which shows good results along with 3 kg weight loss along with belly fat inch loss observed by patient.

We repeat HSG dated on 09/06/2020 with sahyadri hospital which shows

“NORMAL HSG” with bilateral tubal petancy .

Discussion

1. Ashokaristam: known for phytoestrogenic activity.

2. Kanyalohadi vati :it is kasis yoga used to induce ovulation in case of amenorrhea ,oligo menorrhea patients.

3. Pushpadhanwa ras :helps in ovulation as well as in correcting hormonal imbalance.

4. Rajopravatini vati : it helps to remove kapha avrodha in artava vaha strotus and helps to regulate menstruation.

5. Capsule falmah (anubhut kalpa) acts on ras dhatu which removes strotorodh as well as nourishes ras vaha strotus which helps in ovulation.

6. Varunadi kashay : it removes strotorodh in ras vah stotus and helps in ras dhatwagnimandya.

7.Fal ghrutam with its soothing effect (snehan) and tarpan (nourishment of

endometrium) by locally which nourishes aartava vaha strotus .

Probable mode of action of vaman and intrauterine Uttarabasti on tubal blockage :

Vaman :

Tubal blockage is vaat –kapha dominated condition which we saw in Ayurveda .all the three doshaj collectively responsible for the tubal blockage .so according to ayurvedic concept to remove kaphaj aawaran from strotasaj vaman chikitsa is choice of treatment in tubal block patient.vaman will expel out all ras dhatwagnimandya janit kapha doshaj from sookshma strotsaj.which ultimately open all channels which will remove kapha and pacifies vaat dosha .vaman karma acts on body as systemic way.in this case patients metabolism was bost up after vaman along with her menstrual cycle was regularized after vaman karma.

Uttar basti :

While analyzing the effect of Uttarabasti in tubal blockage, highly significant results show the potency of the drugs used and also the efficacy of Uttarabasti. It is clear that its action on various disorders is in two ways, local as well as systemic. In case of tubal blockage, this effect seems to be more local than systemic. Tila Taila is Vranashodhaka, Vranapachaka and Krimighna. In addition, its specific action also helps in Garbhashayashodhana and Yonishulaprashamana. These properties indicate towards its antiseptic as well as anti-inflammatory actions. Its Vyavayi and Vikasi Guna show its potency to enter in minute channels and spread easily. Thus the best medium for any drug to reach in

tubal cavity and remove the blockage.[7,8,09,10]

Yavakshara[6] had Vata-Kapha Shamaka and Aampachaka action. It also has Gulmanashana and Kaphanissaraka Karma. Further, any of the Kshara is said to be the best for checking the recurrence. It helps in scraping of obstructing substance and also removes the endometrial lining of tubes and uterus. It removes the fibrosed and damaged endometrium and promotes its rejuvenation. Thus, this management not only removes the blockage but also creates an environment conducive for inside the intrauterine implantation.

On evaluation of the cases in which the conception did not occur even after the block was removed; it was found that 9 patients had other potent factors accounting for infertility such as anovulation, irregular uterine cavity, male factor, etc.

Conclusion:

In day todays practice most of complicated conditions which are having bad and poor prognosis by modern therapies have some hope in ayurvedic treatment .

Tubal factor infertility cases treatment is also very difficult ,the success in present case given us encouraging results for future practice.

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