



## World Journal of Pharmaceutical Science & Technology

Journal homepage: [www.wjpst.com](http://www.wjpst.com)

### Case Study

## AYURVEDIC MANAGEMENT FOR PRIMARY INFERTILITY DUE TO TUBAL BLOCKAGE- A CASE STUDY

Sunita Jat <sup>1</sup>, Dr. K. Bharathi <sup>2</sup>, Dr. B. Pushpalata <sup>3</sup>

1. Final year PG Scholars, Prasuti tantra and Stree Roga Dept, NIA, Deemed to be University, Jaipur.
2. Professor and HOD, Prasuti tantra and Stree Roga Dept, NIA, Deemed to be University, Jaipur.
3. Associate Professor, Prasuti tantra and stree roga, Department of NIA, Deemed to be University, Jaipur, Ph.D. Scholar, TMV, Pune.

#### Address for correspondence:

Sunita Jat, Final year PG Scholars, Prasuti tantra and Stree Roga Dept, NIA, Deemed to be University, Jaipur.

E-mail- [drsunitabhilwara123@gmail.com](mailto:drsunitabhilwara123@gmail.com)

Received: 15-3-2022, Revised: 29-3-2022, Accepted: 1-4-2022

### ABSTRACT

**Introduction:** Tubal factor infertility occurs when a blockage in the fallopian tubes will not allow the egg and sperm to meet. Tubal factor infertility accounts for about 25-30% of all cases of infertility. **Case study:** A 32-year-old female, reported at the OPD of *Prasuti Tantra Evum Stree Roga*, NIA, Jaipur had complaints of failure to conceive since 5 years. She had an active married life of 5 years. Her menstrual history revealed scanty menstrual flow for 2 days with pain and clots with the interval of 28 days. Patient had past history of Hysterosalpingography (HSG) report dated 13.01.2018 showing left sided distal tubal blockage and right sided minimal free spillage. Her ultrasonography report was normal. She had undergone intra uterine insemination (IUI) once. Patient was treated with *Uttaravasti* with *Shudha Bala Tail* 5 ml on the 5th, 7th, and 9th days after menstruation for three cycles. Simultaneously *Yonipichu* (tampon) was advocated to apply daily from 5th day to 9th day of menstrual cycle for 2 months. *Abhyantara Chikitsa* included *Triphala Guggulu* 250 mg, BD, *Ashwagandha Churna* 10 ml with milk orally before meal for 30 days and *Ashokaristha* 10 ml BD orally with equal amount of water before meal for 30 days. Patient reported amenorrhoea after completing the course, UPT conducted was positive. **Conclusion:** It can be concluded that the in-situ treatment is giving encouraging

results in cases of tubal block and perhaps *Uttaravasti* and *Yonipichu* and trial drug *Shudha Bala Taila* along with oral medications might have worked in synergy in removing the block in fallopian tubes and achieve conception. However, to confirm this observation, further large-scale evaluation is required.

**KEYWORDS:** *Bala Taila*, Tubal block, *Uttarabasti*, *Vandhyatva*, *Yoni Pichu*.

## INTRODUCTION

Tubal factor infertility occurs when a blockage in the fallopian tubes will not allow the egg and sperm to meet. Tubal factor infertility accounts for about 25-30% of all cases of infertility.<sup>i</sup> Tubal block is one of the major causes of infertility. Tubal blockages or damage may be caused by pelvic inflammatory disease, endometriosis, previous surgeries, ectopic pregnancy or tubal ligation. Most women with damaged or blocked fallopian tubes do not experience any symptoms. Because of tubal block there is lack of ability of sperms for reaching up to ovum to fertilise it and also there is problem for fertilised egg to come in womb for implantation.<sup>ii</sup>

There is a possibility of conception when one tube is blocked and other is open. But in fully blocked tubes pregnancy without treatment cannot be possible. In case of partially blocked tubes, there are increased chances of an ectopic pregnancy because due hardness of tube fertilized egg cannot reach to uterus. In case unilateral blockage of fallopian tube, fertilised egg can move to uterus from open tube. The Patency of tubes and sufficient ciliary movements must be present for conception.

Tubal factor infertility can sometimes be treated surgically to repair the tubes, depending on the degree of damage. Women with tubal problems that cannot be surgically corrected or who do not want the surgery can undergo in vitro fertilization (IVF). This may include removing severely damaged tubes prior to IVF. Thus, it is the need of hour to find for alternative solutions for managing tubal blocks.<sup>iii</sup>

## Case study

A 32-year-old female with her husband aged 35 years residing at Jaipur reported at the OPD of *Prasuti Tantra Evum Streeroga*, NIA, Jaipur had complaints of failure to conceive since 5 years. She had an active married life of 5 years. She had no associated complains during her visit to the clinic. Her menstrual history revealed scanty menstrual flow for 2 days with pain and clots with the interval of 28 days.

The patient was examined thoroughly. Patient had her past Hysterosalpingography (HSG) report dated 13.01.2018 showing left sided distal tubal blockage and right sided minimal free spillage. Her ultrasonography report was normal. She had history of past treatment of allopathy medicine for 6 months, 2 years back. In that treatment she had also undergone An intrauterine insemination (IUI), but the attempt failed. The patient had undergone laparoscopy once in 2017, which revealed patent tubes and all other factors normal. The hormonal assay report showed no significant abnormalities (S. TSH- 2.21, S.LH- 4.27, S.FSH-5.52 mIU/ml, estradiol-

29.30pg/ml, AMH- 6.67ng/ml, sperm antibody- 3.59u/ml, negative). Husband's semen analysis was also normal with total sperm count as 42mil/ml, 40% active motile, 40% abnormal heads, fructose present.

She had no past history of any major illness like DM, HTN, Asthma etc. Physical examination revealed Pulse, Blood pressure, the temperature within normal limits. CBS, ESR and Urine examination revealed no significant abnormality.

### Plan of intervention:

*Uttaravasti* with *Shudha Bala Tail* 5 ml on the 5th, 7th, and 9th days after menstruation for three cycles. Simultaneously *Yonipichu* with *Shudha Bala Taila* (2cm\* 2cm tampon soaked in 10 ml of oil) was advocated to apply daily from 5th day to 9th day of menstrual cycle for 2 months. *Abhyantara Chikitsa* included *Triphala Guggulu* 250 mg, BD, *Ashwagandha Churna*<sup>iv</sup> 5 grams with milk orally before meal for 30 days and *Ashokaristha* 10 ml BD<sup>v</sup> orally with equal amount of water before meal for 30 days.

### Method of *Uttarbasti*-

- ✓ *Uttarbasti* was administered after menstrual cessation.
- ✓ *Snehana* of *Tila Taila* and *nadisweda* was given on the lower abdomen, back and lower limbs of patient. *Yoni Prakshalana* with *Triphala Kwatha* was given to sterilize the peri-vaginal part.
- ✓ *Uttarbasti* procedure was performed in properly sterilized operation theatre. Autoclaved oil and instrument were used.
- ✓ The patient was lied down dorsal lithotomy and head low position on the Operation table. The peripheral part and part of Vagina was cleaned with betadine liquid. Using Cusco's speculum, the vagina and cervix were visualized. With the help of Uterine sound, size and shape of uterus was determined and then *Uttarbasti* cannula attached with 5 ml syringe filled with *Shudha Bala Taila* was passed into the uterine cavity. The drug was pushed very slowly in such a manner that it can easily reached up to the tubes.
- ✓ The patient was given head low position for one hour. The lower abdomen was fomented with hot water bag.
- ✓ Intercourse was restricted up to completion of *Uttarbasti*.

### Time line

Date	Episode
8/9/2019 (LMP- 6/9/2019)	1 <sup>st</sup> visit Oral drug advised. Adv. To start <i>Uttarabasti</i> from 4 <sup>th</sup> day of menses.
13/9/2019	1 <sup>st</sup> cycle of <i>Uttarabasti</i> (day 1)

15/9/2019	1 <sup>st</sup> cycle of <i>Uttarabasti</i> (day 2)
17/9/2019 (LMP- 12/10/2019)	1 <sup>st</sup> cycle of <i>Uttarabasti</i> (day 3)
18/10/2019	2 <sup>nd</sup> cycle of <i>Uttarabasti</i> (day1)
20/10/2019	2 <sup>nd</sup> cycle of <i>Uttarabasti</i> (day2)
22/10/2019	2 <sup>nd</sup> cycle of <i>Uttarabasti</i> (day3) <i>Ashwagandha Churna</i> with Milk orally added
14/10/2019	Amenorrhoea since 2 days. UPT- Positive

The protocol and follow up of *Uttarabasti* of the patient are as follows:

	Date	Day of LMP	B. P	P. R	Temp	Procedure	Oil retained	Oil expelled
Cycle 1	13/9/2019	7 <sup>th</sup>	110/70 mm hg	70/min	97.9 f	<i>Uttarabasti</i> with <i>Shudha Bala Taila</i>	1.5ml	3.5ml
	15/9/2019	9 <sup>th</sup>	120/80 mm hg	72/min	98.2 F	<i>Uttarabasti</i> with <i>Shudha Bala Taila</i>	2.5ml	2.5ml
	17/9/2019	11 <sup>th</sup>	110/80 mm hg	78/min	98.3 F	<i>Uttarabasti</i> with <i>Shudha Bala Taila</i>	2.5ml	2.5ml
Cycle 2	18/10/19	7 <sup>th</sup>	120/70 mm hg	76/min	98.5 F	<i>Uttarabasti</i> with <i>Shudha Bala Taila</i>	2.5ml	2.5ml
	20/10/19	9 <sup>th</sup>	110/80 mm hg	72/min	96.8 F	<i>Uttarabasti</i> with <i>Shudha Bala Taila</i>	2ml	3ml
	22/10/19	11 <sup>th</sup>	120/70 mm hg	74/min	97.7 F	<i>Uttarabasti</i> with	2ml	3ml

						<i>Shudha</i>		
						<i>Bala Taila</i>		

**Result** – After administration of the above treatment protocol for 2 menstrual cycles. Patient came to the OPD with the complaints of missed periods. Her Urine Pregnancy test was conducted which was then positive.

## Discussion

As per Ayurvedic literature, there are four major factors responsible for conception i.e., *Ritu*, *Kshetra*, *Ambu* and *Beeja*. *Kshetra* includes the whole female reproductive system, that must be structurally and functionally sound for conception. *Kshetra* also includes Fallopian tubes, which is essential factor for conception.

According to Ayurveda, block or obstruction in any *Shrotas*(channel) of the body is caused by *Vata* and *Kapha*, and the same is the pathology in case of fallopian tubal block. *Uttaravasti* is an ideal in-situ therapy that can be adopted in tubal block, since *Vasti* is the best therapy to control and regulate the *Vata*. Intrauterine *Utarabasti* (IUUB) act on tubal blockage by removing the whole inner lining and by the mechanical effect of stimulating contractions of the uterus.

*Bala* (*Sida cordifolia*) is the main ingredient of this oil, which has a *Rasayana* (rejuvenating /restoring) the normal structure of the fallopian tube, means obstruction is removed through the *Vatahara* property and repair of the mucosa of the tubal lumen is done through rejuvenating property. Oil has the capacity to reach minute channels in the body due to its *Sukshma*(minute) property. Thereby the trial drug might have helped in relieving tubal block further. Simultaneous application of vaginal tampon ensures the constant drug delivery in micro quantities in the reproductive tract, especially in fallopian tubes.

It is not only the patency of the tubal lumen that is needed for the treatment of tubal infertility. Restoration of the tubal functions is also another very important objective of the study. It can be achieved by pacifying the vitiation of *Vata*. The *Snigdha Guna* of the *Taila* 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 movement of the cilia. It is supported by the results of *Uttar Basti*, that the patient conceived, and no ectopic pregnancy was reported.

Contents of *Ashokarishtha* constitutes mainly of *Asoka* (*Saraca indica*), *Śunṭhi* (*Zingiber officinale*), *Harītakī* (*Terminalia chebula*), *Vāsā* (*Adhatoda vasica*), and *Candana* (*Santalum album*), the drugs strengthen the heart (*Hṛdya*) and endows power (*Balya*) and act as rejuvenatives (*Rasāyana*) and strengthen the body (*Dhātupuṣṭi*). These are given to enhance endometrial receptivity and achieve pregnancy.<sup>vi</sup>

*Ashwagandha* is directly indicated in *Vandhyatwa* in *Gadanigraha* and *Ksheer* has *Garbhadhankara* properties & directly indicated in *Yoniroga* & *Garbhastrava*. *Ashwagandhaksheerpaka* gives strength to reproductive

organs. It is having *Madhura Rasa* dominance, which is *Prithvi Jala Mahabhuta Pradhana*. Its *Balya*, *Brimhana*, *Rasayana* properties are responsible for *Upachaya* thereby improves the endometrial thickness and helps in folliculogenesis. *Shothahara* property or Anti-inflammatory action<sup>vii</sup> of withaferin may be helping in preparing the endometrium to receive products of conception & also helpful in Pelvic inflammatory disease, inflammatory conditions of tubes.

*Triphala Guggulu* is one of the ancient Ayurvedic formulations as per Sharangdhara Samhita.<sup>viii</sup> Ingredients of *Triphala Guggulu* tablets are *Embllica officinalis (Amla)*, *Terminalia chebula (Hareetaki)*, *Terminalia bellerica (Vibheetaki)*, *Piper longum (long pepper)*, and *Commiphora mukul (Guggulu)*. *Triphala* is well known for its wound-healing quality. It also soothes the inflamed mucous layer and helps in checking the further infection. *Guggulu* is one of the best-known anti-inflammatory herbs of Ayurveda. It also helps in healing the inflammation of tubes.

## Conclusion

When Tubal blockage is cause of infertility, infertile couples are forced to dwell upon Assisted Reproductive Techniques (ART) or Reconstructive tubal surgery. But these treatment remains unreachable to major proportion of infertile couples around world because of its unaffordable cost. Tubal blockage can be correlated with *Artavavaha Srotas Dushti* mainly of *Sanga* type. It can be concluded that the in-situ treatment is giving encouraging results in cases of tubal block and perhaps *Uttaravasti* and *Yonipichu* and trial drug *Shudha Bala Taila* along with oral medications might have worked in synergy in removing the block in fallopian tubes and achieve conception. However, to confirm this observation, further large-scale evaluation is required.

**Declaration of patient consent:** The authors declare that they have obtained consent form from patient for publication of clinical information blinding the identity of individuals.

**Conflict of interest:** Nil

**Source of support:** None

## References

- 
- <sup>i</sup> Dutta DC. 5th ed. Calcutta: New Central Book Agency; 2009. Text Book of Gynaecology; p. 216. [[Google Scholar](#)] [[Ref list](#)]
- <sup>ii</sup> Han J, Sadiq NM. Anatomy, Abdomen and Pelvis, Fallopian Tube. [Updated 2021 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: [https://www.ncbi.nlm.nih.gov/books/NBK547660/HHS\\_Vulnerability\\_Disclosure](https://www.ncbi.nlm.nih.gov/books/NBK547660/HHS_Vulnerability_Disclosure)
- <sup>iii</sup> Revel A, Ophir I, Koler M, Achache H, Prus D. Changing etiology of tubal pregnancy following IVF. Human reproduction. 2008 Jun 1;23(6):1372-6.
- <sup>iv</sup> Anonymus. Ayurvedic Pharmacopoeia of India. Reprint – 1st edition. Part- I, Vol-1. New Delhi: Dept. of AYUSH, Ministry of H and W, Govt. of India; 2001. pp. 19–20. [[Google Scholar](#)] [[Ref list](#)]
- <sup>v</sup> Anonymus. Ayurvedic Formulary of India, Part- I, Part A, 1: 5 Ashokarishta (Bhaishajyaratnavali Strirogadhikara) 2nd edition. New Delhi: Dept. of AYUSH, Ministry of H and W, Govt. of India; 2003. p. 8. [[Google Scholar](#)] [[Ref list](#)]
- <sup>vi</sup> Anonymus. Ayurvedic Formulary of India, Part- I, Part A, 1:5 Ashokarishta (Bhaishajyaratnavali Strirogadhikara) 2nd ed. New Delhi: Department of AYUSH, Ministry of Health and Family Welfare, Government of India; 2003. p. 8.

- <sup>vii</sup> Sharma P:C, Yelne M.B., Dennis T.J; Database on medicinal plants used in ayurveda, CCRAS, Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India, 2008,Volume-3; 90
- <sup>viii</sup> Murti, Srikanta K.R., Prof . SarangadharaSamhita. 1st ed. Varanasi: ChowkhambaOrientalia; 1984. [Google Scholar] [Ref list]