

Ayurvedic Management of Vandhyatva (Primary Infertility) W.S.R. to Tubal Blockage: A Case Report

Dr Kartika Maurya¹, Vd. Garishma Solanki²

¹PG Scholar, PTSR Dept, ITRA, INI, Jamnagar

²Lecturer, PTSR Dept, ITRA, INI, Jamnagar

ABSTRACT:

Introduction: Motherhood is a dream of all women's and is complete after conception and child birth. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus¹. Infertility affects approximately 5-15% of reproductive-aged couples in any community. Tubal blockage is one of the most common causative factors in female infertility. The prevalence is 19.1% in the fertility age group². All types of female infertility in Ayurveda are described under the heading of Vandhya. It is among 80 types of Vata vikaras. During the period of Acharya Charaka, Infertile couples were considered as shade less, branchless, fruitless waste tree or like a lamp in picture or portrait which will not emit any light or brightness³. In Ayurveda, Infertility is termed as "Vandhyatva" and Vitiating of Vata is the prime factor for creation of disease.

According to Acharya Sushruta, there are four factors responsible for creation of GARBHA i.e. Ritu (Ovulatory period/period of copulation), Kshetra (Reproductive tract including Uterus, Fallopian tubes, Ovary), Ambu (Nutritive fluid for fertilized ovum & fetus), Beej i.e. Shukra and Shonita (Sperm & Ovum)⁴. Among these four factors tubal blockage can be considered as the deformity of Kshetra means Kshetradushti. Correlating fallopian tubes with the Artavavaha (Artava-beeja-vaha) Strotasa, its block can be compared as Sanga type of Strotodushti.

Abnormality of tubes is generally of two types :-

1. Structural :- Anatomical blockage :- Due to Vitiating of VATA-KAPHA/ PITTA-KAPHA
2. Functional :- Defect in ciliary function of tube – Due to Vitiating of VATA.

This condition is not described in Ayurvedic Classics as itself tubal blocks but blockages of fallopian tubes can be better correlated with Vandhyatva due to Artava bijavaha strotavrodha (Blockages in fallopian tubes)

All three Doshas may be responsible for causing blockages but mainly Vata-Kapha प्रधानता is more. Normalizing the Vitiating Vata-Kapha प्रधानता doshas leads to restoration of tubal function and easy conception. Several Ayurvedic interventions are advised such as Panchakarma (purification therapy) for vitiating Doshas in female reproductive organs, Snehapana (oral intake of medicated oil) followed by Virechana (medicated purgation) to produce quality ovum. Correlating fallopian tubes with the Artavavaha Strotas, its block is compared with the Sanga Strotodushti (obstructive pathology occurring in channels) of this Strotas. By virtue of the purification therapy and internal medication working synergistically might remove the Strotodushti.

Aim and Objective: To evaluate the efficacy of Ayurvedic treatment in the management of infertility.

Case description: A Female patient of 27 years old, having complaint of scanty menses 1 year and failure to conceive since last 2 years came to OPD PTSR, ITRA, on May 2022 diagnosed as Anapatya (primary infertility) associated with bilateral tubal blockage.

Diagnosis: Hysterosalpingography findings showed bilateral distal partial fallopian tubal block.

Intervention: Virechana karma in first cycle followed by two cycles of Erandamuladi Niruha Basti for 8 days and uttarbasti for 6 days Saman Chikitsa with satpuspa choorana for two month. A six month protocol.

Outcome: Within 6 months of treatment, patient got tubal spillage, conceive and then delivered a full term female baby weight 3.5 kg by LSCS .

Conclusion: Ayurveda has a better treatment option for infertility special reference with tubal blockage in the form of Sodhana and Samana therapy.

Keyword: Infertility, Shodhana therapy, Tubal blockage, Uttarabasti, Vandhyatva.

INTRODUCTION:

In Indian scenario, Infertility is the biggest issue for married couple in society.

Infertility is defined as failure to conceive within one or more years having regular unprotected coitus⁵.

Infertility divided into 2 types:

Primary – Patients who have never conceived.

Secondary –Indicates previous pregnancy but failure to conceive subsequently.

Secondary Infertility is a major concern worldwide, accounting for about 40% of female infertility due to lifestyle factor. Secondary Infertility is having a close proximity to a disorder Vandhyatva explained in Ayurvedic classics, due to a variety of causes. In Ayurveda, Infertility is termed as “Vandhyatva” and vitiation of Vata is the prime factor for creation of disease. Several Ayurvedic interventions are advised such as Panchakarma (purification therapy) for vitiated Doshas in female reproductive organs, Snehapana (oral intake of medicated oil) followed by Virechana (medicated purgation) to produce quality ovum. Correlating fallopian tubes with the Artavavaha Srotas, its block is compared with the Sanga Srotodushti (obstructive pathology occurring in channels) of this Srotas. By virtue of the purification therapy and internal medication working synergistically might remove the Srotodushti. Abnormality of tubes are generally of two types:-

1. Structural - Anatomical blockage - due to vitiation of Vata-Kapha / Pitta Kapha.
2. Functional - Defect in ciliary function of tube -due to vitiation of Vata.

CASE REPORT:

A married Hindu female patient of 27 years visited Prasuti Tantra and Stree Roga outpatient department on may 2022, with the complaints of unable to conceive for the past 2 years, scanty menses since 1 year. The patient had a married life of 3 years and tried to get conceived for the past 2 years. Her investigations were done previously, but she was not willing to take modern medication. Hence, she came to the Ayurveda hospital in a hope of getting cured.

Menstrual history:

Duration: 2 days

Interval: 28-30 days

Regular with scanty flow, painful, no clots, no foul smell, dark red colour

O/H– Nil

Contraceptive History – Nil

Coital History- 4-5 time/week

Previous medical surgical and family history: Non-significant.

Personal history-

Diet	Vegetarian
Appetite	normal
Sleep	normal
Bowel	regular, satisfactory
Micturition	normal (5–6 times per day)
Allergy history	none

Physical examination:

General condition	Fair
Blood pressure	120/70 mmHg
Pulse rate	76/min
Height	156 cm
Weight	60 Kg
BMI	25Kg/m ²
Body built	Normal
Pallor	not present

Systemic examination:

CVS: S1 and S2 normal

CNS: well oriented, conscious

RS: normal

On examination :

P/S : Nulliparous cervix, healthy, pinkish

P/V : Uterus – AV normal in size, mobile , non-tender

Cervix- Firm , no cervical movement tenderness , mobile.

Bilateral fornix – clear , no adhesions , no tenderness.

Dashavidha Parikshya Bhava:

Prakriti	Pitta-Kaphaja
Vikriti	Vata-Kaphaja
Sara	Mansasara
Samhanana	Madhyama
Pramana	Madhyama
Satva	Madhyama

Satmya	Madhyama
Ahara-Shakti	Madhyama
Vyayama-Shakti	Madhyama
Vaya	Madhyama

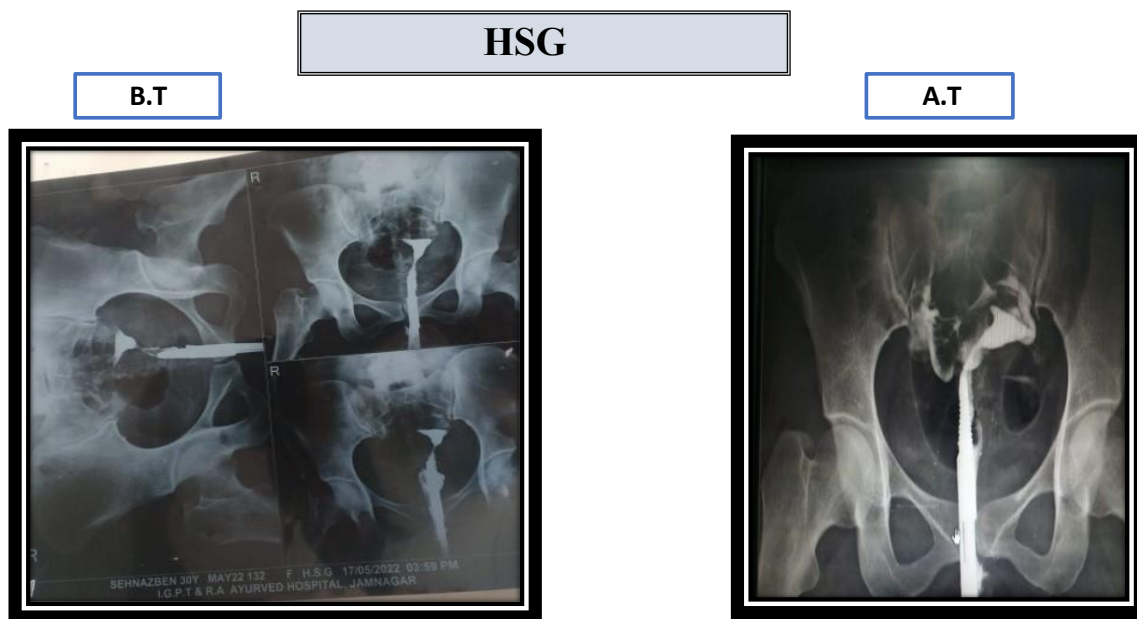
Investigations:

CBC: With in normal limit

Serology: Non-reactive (HIV, HBsAg, HCV, VDRL)

Urine analysis: With in normal limit.

Special investigations:



Gynaecological U.S.G.

LMP - 15/9/22
24/9/22

Uterus : Size _____
Endometrial Cavity _____ mms

Ovary : Right _____ Size _____
Left _____ Size _____

Any Pathology _____ ⇒ MCO

Fallopian tube Pathology : _____

POD _____ Free fluid _____

Any other abnormality _____

Ovarian follicular study :

Date	Day	R. Ovary	L. Ovary	Endometrium	Cervical mucus
24/9/22	10	-	-	5.95mm	No definite follicle
25/9/22	11	-	-	11	
26/9/22	12	-	-	6mm	

The study was done on 24/09/22 on 10th day of menstrual cycle.

Digital hysterosalpingogram (with dye) (done on 20/07/2022)–B/L distal end partial block of fallopian tube.

TREATMENT:

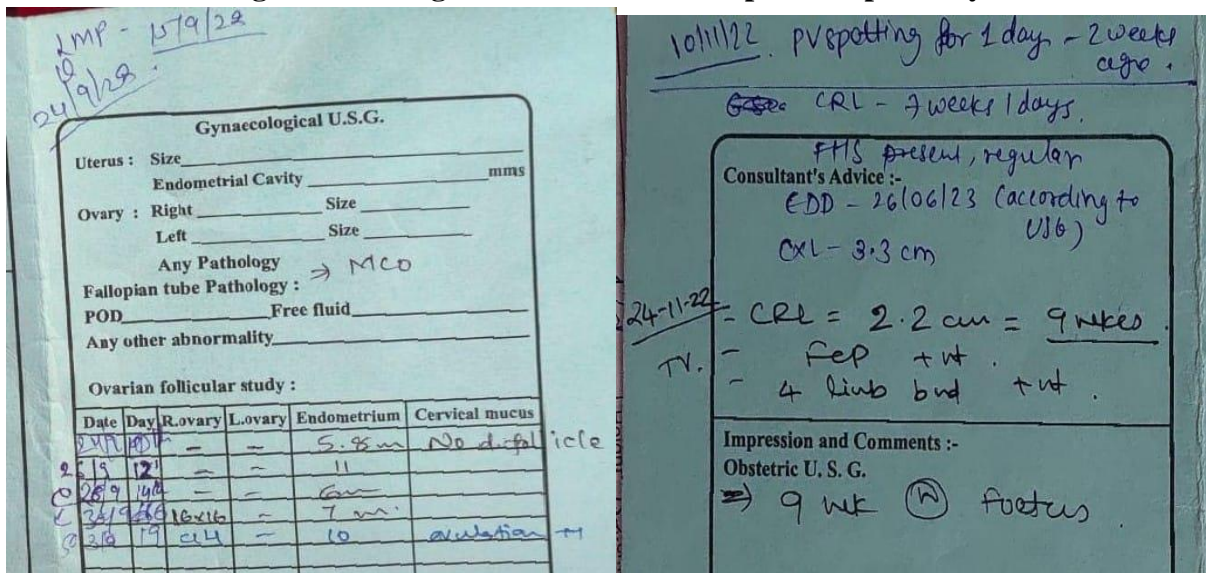
First month: After cessation of menstruation; Deepan Pachana for 7 days and snehapana with Phalaghrita for 5 days then Sarvanga Abhyanga Swedana for 4 days and on 4th day of sarvanga abhyanga swedana Virechana Karma done with Trivrutavleha.

Second and third Month: After cessation of menstruation, Erandamuladi Niruha Basti for 8 days and Uttarbasti with Apamarga kshar tail for 3 days and 3 days with Phalaghrit done simultaneously for two consecutive cycles. Shatpushpa Choorna 6gm oral administration for 2 months (stopped during menstruation).

RESULT:

Within 6 months of treatment, patient got bilateral tubal spillage, conceive and then delivered a full term female baby weight 3.5 kg by LSCS .

Figures showing Ovulation and Conception respectively:



Pathya – Apathya Patients will be advised for Pathya-Apathya during treatment.

Pathya (Do's)	Apathya (Don'ts)
<p>Aahara</p> <ul style="list-style-type: none"> • Tila, Kulaththa, Masha, Dadhi, Guda(22) • Fish for patients with mixed dietary habit(22) • Amalaki, Draksha, Dadima seasonal fruits and vegetables • Freshly prepared, clean and hygienic food • Regular and timely intake of balanced meal in right quantity as per hunger 	<p>Aahara</p> <ul style="list-style-type: none"> • Over eating • Eating without digestion of previously taken food • Eating fried food, stale food, fermented items • Refined and processed food, bakery items, paneer, pizza, noodles, panipuri • Use of refrigerated water, ice-cream, cold drinks, carbonated drinks • Alcohol, excessive use of coffee, tea, smoking, gutka, paan masala • Excessive spicy and sour foods, pickles

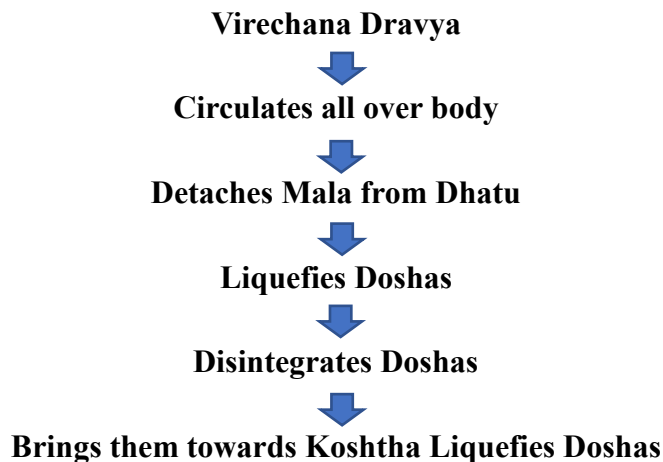
	<ul style="list-style-type: none"> • Prolonged fasting, eating dry foods (and avoiding use of unctuous substances)
<p>Vihara</p> <ul style="list-style-type: none"> • Proper and sound sleep (7-8 hours on an average) • Waking up at Brahma Muhurta (at least 45 mins before sunrise) • Exercise regularly except during menses • Yoga and Pranayama • Following Dinacharya, Ritucharya and Rajaswalacharya 	<p>Vihara</p> <ul style="list-style-type: none"> • Improper sleep pattern (sleeping late, waking up late, skipping sleep), daysleep • Sedentary lifestyle with minimum physical activity • Mental stress, worries, over anxious • Suppression of natural urges, specially of bowel movement, micturition and flatus.

DISCUSSION:

Shodhana therapy is the best for the Prakupita Dosha Nirharana and corrections of Agni and Vataanulomana. Virechana is a prime Shodhana therapy which disintegrates Dosha Sanghata. It flushes out the toxins and excess mucus from body. Therefore, In Charaka Samhita, Virechana is mentioned as Yonivyapada Samanya Chikitsa Siddhanta. According to Acharya Charaka, in Samyaka Yoga of Virechana Srotovishuddhi has been mentioned as an outcome. As we can correlate fallopian tubes as Artavavaha Srotas, Virechana is highly beneficial in tubal blockage. Erandamuladi Niruha Basti helps to maintain proper functioning of Vata Dosha which is a prime cause in female infertility. Erandamooladi Niruha Basti is selected as Niruha Basti. It is Kaphavatajita, Lekhaniya and Deepaniya. Hence it will impart the actions like Srotoshodhana and Vatanulomana. Tubal blockage has been considered as the Tridoshaja condition dominantly Vata Kapha Dosha. Apamarga Kshara Taila assumed as effective to open the fallopian tube was considered to have Vata Kapha Shamaka and Tridoshaghna properties. Phalaghrita helps in Ropana and reestablish the function of fallopian tube. Shatapushpa is Vatakaphashamaka and its Tikshna Ushna Guna helps in ovulation induction.

Mode of action of Virechna Karma- according to Ayurveda -

➤ तत्रोष्णतीक्ष्णसूक्ष्मव्यायिविकाशीन्यौषधानि स्ववीर्येण हृदयमुपेत्य धमनीरनुसृत्य स्थूलाणुस्रोतोभ्यःकेवलं शरीरगतं दोषसङ्घातमाग्नेयत्वाद् विष्यन्दयन्ति, तैक्ष्ण्याद् विच्छिन्दन्ति, स विच्छिन्नः परिप्लवन् स्नेहभाविते काये स्नेहाक्तभाजनस्थमिव क्षौद्रमसज्जन्नुप्रवणभावादामाशयमागम्योदानप्रणुनोऽग्निवाय्वात्मकत्वादूर्ध्वभाग प्रभावादौषधस्योर्ध्वमुत्क्षिप्यते, सलिलपृथिव्यात्मकत्वादधोभागप्रभावाच्चौषधस्याधः प्रवर्तते || (Ch.Ka.1/5)





(Pakvashaya)

Vyavayi & Sukshma

Vikasi Guna

Ushna Guna

Tikshna Guna

Sukshma Guna

Prithvi+ Jala dominance

Adhobhaghara Prabhava

Virechana

Erandamuladi Niruha basti quantity⁶

Contents	Quantity
Madhu (Honey)	60gm
Saindhava (Rock salt)	12gm
Tila Taila	90ml
Kalka dravya	27gm
Kwatha	396ml
Gomutra	30ml
Total	615ml

Uttarbasti: Removes Srotorodha and helps at the level of receptors in endometrium as well as ovary for hormonal balance. It prepares Garbhashaya for conception as well to maintain healthy environment for conception^{7,8,9}.

Shatapushpa Choorna has Tikta Rasa, Ushna veerya & Agneya Guna & has Deepana-Pachana, Lekhana properties, which corrects Mandagni and works on Aavrana & decrease Picchila and Kleda properties of Kapha Dosha. Increases the blood circulation in the Yoni and Garbhashaya, which helps formation of healthy endometrium and thus menstrual cycle becomes normal in amount, duration and interval. Shatapushpa mainly contains Phytoestrogens which have mixed estrogenic and anti-estrogenic action, depending on target tissue. Also, phytoestrogen affect the endogenous production of oestrogen help to regulate menstrual cycle. Shatapushpa Churna having an essential oil are rich in calcium, iron, magnesium. It manages serum lipid and insulin level. According to Acharya Kashyapa, Shatapushpa is Madhura Rasatmaka with Brimhana, Balya, Pushtikaraka, Varna Agni Vardhana, Ritupravartana, Dhanya, Yoni-Shukra Vishodhana properties. Also having Ushna Guna, Vataprashamana, Mangalya, Paapnashana Karma.¹⁰ⁱ

CONCLUSION:

The study shows significant results in the management of infertility due to tubal blockage. This treatment protocol helps in, improve receptivity of endometrium & helps in removal of tubal obstruction & ovulation and making dominant follicles, and ultimately leads to conception. So it can be concluded that ayurvedic approach would be beneficial and cost effective with minimum adverse effects in preventive & conservative management.

REFERENCES

1. D.C.Dutta, Text book of Gynaecology including Contraception, edited by Hiralalkonar, jaypee Brothers Medical Publishers(P) Ltd,New Delhi,7th edition-2016,Chapter-17 page no.186
 2. Liu Z, Doan QV, Blumenthal P, Dubois RW. A systematic review evaluating health-related quality of life, work impairment, and health-care costs and utilization in abnormal uterine bleeding. Value Health. 2007 May-Jun;10(3):183-94. [PubMed] [Reference list]
 3. Agnivesha, Charaka, Charaka samhita, chikitsa Sthana, vajikarana Adhyaya 1/16-17 vidhyoditini hindivyakhyopeta part 2,chaukhambha bharati akadami varansi reprint 2013, page no. 68
 4. Sushrta, Sushruta Samhita, Sharira Sthana-2/35 by Aambika data shastri,chaukhambha prakashan, varanasi part 1,reprint 2013, page no.19
 5. D.C.Dutta, Text book of Gynaecology including Contraception, edited by Hiralalkonar, jaypee Brothers Medical Publishers(P) Ltd,New Delhi,7th edition-2016,Chapter-17 page no.186
 6. Bhisagacharya S. Sharma, Pandit Hemaraj; Kasyapa Samhita of Briddhajivaka, Siddhisthana, Chapter 1, Page no. 149. Varanasi: Chaukhamba Sanskrit Sansthan; 2066 B.S.
 7. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta, Editor- Vaidya Jadavaji Trikamji, Chaukhambha Publication Reprint Edition 2022. Siddhi Sthana 9/62
 8. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta, Editor- Vaidya Jadavaji Trikamji, Chaukhambha Publication Reprint Edition 2022. Siddhi Sthana 9/63
 9. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta, Editor- Vaidya Jadavaji Trikamji, Chaukhambha Publication Reprint Edition 2022. Siddhi Sthana 9/64
 10. Nepal Rajguru Pan. Hemraj Sharma, Kashyap Samhita of Vruddhajivaka, Chaukhambha Sankrita Samsthan, Varanasi, Kalpa Sthana, Shatapushpa shatavari kalpa adhyaya, Page no. 280
-