

AYURVEDIC MANAGEMENT OF TUBAL BLOCKAGE: A CASE STUDY

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ABSTRACT

Patient was anxious to conceive after active married life of 6 years. The present case study was done to evaluate the role of Ayurvedic therapy i.e. *Uttarabasti* of *Apamargakshara Taila* for three consecutive menstrual cycle. After three months of medication, improvement was noticed i.e. Hysterosalpingography - HSG (BT-Bilateral tubal blockage cycle, AT-left side patent fallopian tube). Tubal blockage has been considered as the *Vata* predominant *Tridoshaja* condition, with *Kapha* as being the next *Dosha*. The line of treatment was followed in this case was to treat the provoked *Vata* and *Kapha Dosha* and vitiated

Rasa Dhatu. There were no adverse effects found during the Ayurvedic medication.

KEYWORDS: Ayurvedic drugs, HSG, Infertility, *Uttarabasti*.

INTRODUCTION

Infertility is commonly increasing problem which any gynaecologist has to face in their gynaecological career. It affects the mental and physical health of a woman and disturbs her family as well as social life. Causes of infertility include a wide range of both physical and emotional factors. Among the responsible factors tubal factor is the second highest.^[1] It is the need of the time that a safer, more cost effective and complete cure of this sensitive problem should be developed. *Uttarabasti* is a unique procedure mentioned in Ayurvedic classics especially for the treatment of *Vandhyatva* and other gynecological disorders.^[2] In Ayurveda infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha* and it is also mentioned in *Rasa Dhatu Pradoshaj Vikara*. Tubal blockage has been considered as the *Vata* predominant *Tridoshaja* condition, with *Kapha* as being the next *Dosha*. So according to Ayurvedic perspective the line of treating is to treat provoked *Vata* and *Kapha Dosha* and vitiated *Rasa Dhatu*.

CASE HISTORY

A female subject, aged 25 years, housewife, living in Jamnagar, Gujarat, wants to conceive. After 6 years of married life, she was unable to conceive. The hormonal report suggested no any abnormalities in hormones. USG suggested normal uterine study. HSG suggested bilateral fallopian tubal blockage at corneal end. The semen analysis of the partner was normal. She had gone through 3 years of allopathic treatment but she did not get any relief. Therefore, she consulted for Ayurvedic medication. She had no previous medical or surgical illness. On examination, it was found that she was belonging to *Vatakaphaj Prakriti* and there was no abnormal finding seen in general and systemic examination. Menstrual history – 4-5 days/28 to 30 days, regular, moderate, painless before treatment. Mic. /H – 5-6 time/day. B/H – 1 time/day. P/S- no abnormality found. P/V- Anteflex Anteverted uterus, No tenderness in Cx. BP-110/78 mmHg, pulse-74/min, wt.60 kg and ht. 150 cm.

Treatment Protocol

The treatment was carried out with the following medicines (Table 1) for three months. During this period she was advised to take *Laghu, Supachya Aahara* (which is easy to digest), avoid *Divaswapna* (sleeping at day time) and to follow *Brahmacharya* (abstinence).

Table 1: Medication.

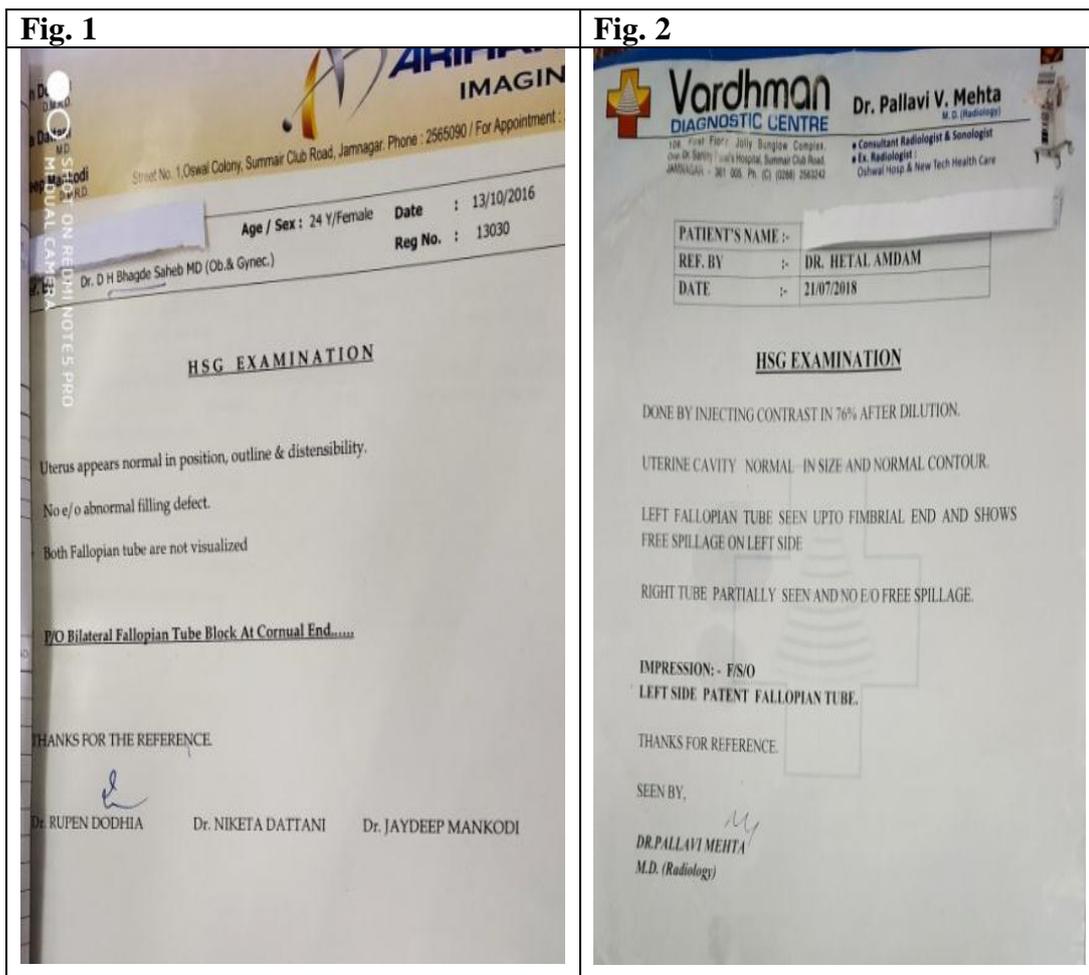
Medication	Dose	Duration	Time
<i>Uttarabasti</i> of <i>Apamargakshara Taila</i>	5 ml for each <i>Basti</i>	3 consecutive menstrual cycles	After completion of menstruation

OBSERVATION AND RESULTS

After three months of medication, left fallopian tube opened.

Table 2: Investigation.

Investigations	Before treatment	After treatment
Hysterosalpingography - HSG	Bilateral fallopian tubal blockage at corneal end (Fig. 1)	Left side patent fallopian tube (Fig. 2)
USG- Uterine Study	Normal	Normal



DISCUSSION

Vandyatva due to tubal blockage is *Vata Pradhana Tridoshaj Vyadhi*. For administration of the drug in tubal blockage, a medium is always required. The medium adapted must not be having any adverse effect in *Samprapti Vighatana* and it would be more appreciable, if it will contain some adjuvant role to open tubal blockage. So, *Tila Taila* was selected for this purpose. *Acharya Sushruta*^[3] has considered *Tila Taila* as *Yonishula Prashamana & Garbhashayashodhana*. It is *Sara, Vyavayi, Vikasi, Krimighna & Vranaghna*. All these *Guna* make it a suitable medium, as it may itself act to open the blockage. *Kshara-Taila* is mentioned for *Stree Roga Adhikara* in *Bhaishajya Ratnavali*.^[4] *Kshara Taila (Karna Rogadhikara)* is being practiced for Intra Uterine Tubal Blockage in some parts of India for its *Ushna-Tikshna* Property. But for present study, only *Apamargakshara* was selected to prepare *Taila* to make the preparation of drug easier.

CONCLUSION

Thus present case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of tubal blockage. The drug assumed as effective to open

the fallopian tube was considered to have *Vatashamaka*, *Vatakaphashamaka* & *Tridoshaghna* properties. Local administration of the drug containing *Sukshma*, *Laghu*, *Sara*, *Vyavayi*, *Vikasi*, *Pramathi* etc. *Guna*, *Katu Vipaka* & *Ushna Virya* can be assumed to have some effective role in removing tubal blockage. There were no adverse effects found during the Ayurvedic medication.

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