MULTI-MODALITY AYURVEDA REGIME IN THE MANAGEMENT OF TUBAL BLOCKAGE: A CASE REPORT

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KEYWORDS: Aasthapana Basti, Anuvasana Basti, Infertility, Tubal Blockage, Uttar Basti, Virechana.

ABSTRACT

Introduction: Fertility and conception have been a concern through the ages. Inability to conceive even after one year of unprotected intercourse is said infertility. One of the common causes is tubal blockage which constitutes 30% of total infertility cases. This condition is dealt with Assisted reproductive techniques or invasive procedures like tubal reconstructive surgery which are not accessible to majority of population. So Ayurveda treatment may prove as boon to such patients. A case of tubal blockage which was treated by a multi-modality Ayurveda regime has been presented in this paper.

Case Presentation: A 32-year-old female patient complained of unable to conceive for the last 4 years. Patient had history of 2 ectopic pregnancies in 2013 and 2014 for which she underwent left tube salpingectomy and right tube salpingostomy respectively. Her HSG findings revealed right tubal blockage. A Multi-modality Ayurveda regime including Virechana (Purgation therapy), Anuvasana Basti (Fat rich enema), Aasthapana Basti (Decoction rich enema) and Uttar Basti (Intrauterine medication) were planned for duration of 4 months. Post treatment HSG reveals patent right fallopian tube.

Conclusion: Therefore this Multi-modality Ayurveda regime including Virechana (Purgation therapy), Anuvasana Basti (Fat rich enema), Aasthapana Basti (Decoction rich enema) and Uttar Basti (Intrauterine medication) has shown good result in tubal blockage. This treatment is safer and cost effective as compare to available invasive management of tubal blockage with no complications observed so far.

INTRODUCTION

Reproduction and maintenance of the human species are concerns since the most ancient civilizations. Infertility is one pathological condition which is coming in the pathway of human reproduction. Infertility affects approximately 10-15% of reproductive-aged couples. [1] WHO evaluation of Demographic and Health Surveys (DHS) data (2004), estimated that more than 186 million ever-married women of reproductive age in developing countries were maintaining a “child wish”, translating into one in every four couples. [2]

The WHO definition infertility as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. [3] Primary infertility is if the couple had never conceived despite cohabitation and exposure to the risk of pregnancy (absence of contraception). Secondary infertility is the infertility was labelled as secondary if the couple had failed to conceive following a previous pregnancy, despite cohabitation and exposure to the risk of pregnancy (in the absence of contraception, breastfeeding or postpartum amenorrhoea) for a period of 2 years. This paper presents a case of secondary infertility where patient was undergone left salpingectomy and right tube conservative surgery i.e. salpingostomy due to ectopic pregnancy in two different instances.

Patient Information

A female aged 32 years, Housewife, residing in Jaipur visited Prasuti Tantra and Stree Roga OPD for treatment of failure to conceive since 4 years of active married life. In Jan 2013 patient had right tube ectopic pregnancy and underwent salpingostomy. In Nov 2013 she develops tuberculosis (of which part) and took ATT for 9 months. While taking ATT, she again had ectopic pregnancy in Dec 2013, but left fallopian tube and then left salpingectomy done. Patient gave history of regular menstrual cycle of 28-30 days with adequate flow for the duration of 2 days without any pain. There was no contraception history and coital frequency was 1-2 times...
Clinical Findings

Timeline

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>January, 2013</td>
<td>First pregnancy which was found to be ectopic in right tube, so salpingostomy was done</td>
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<tr>
<td>November, 2013</td>
<td>Patient suffered pulmonary tuberculosis, ATT was started</td>
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<tr>
<td>December, 2013</td>
<td>Second pregnancy happened while taking ATT. It was found to be ectopic in left tube, sosalpingectomy was done.</td>
</tr>
<tr>
<td>July, 2014</td>
<td>ATT stopped after course of 9 months</td>
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Diagnostic Assessment

- Blood investigations for Routine workup i.e. CBC, ESR, LFT, RFT, FBS was done and found in normal range.
- HIV, VDRL was negative.
- USG showed normal Uterus and Ovary Study.
- Follicular study showed normal appearance i.e. one dominant follicle.
- S. Prolactin was 6.40 ng/ml.
- S. T3, S. T4, S. TSH was 1.01ng/ml, 7.9 ug/dl, 0.94iuU/ml.
- HSG findings showed bilateral tubal blockage.

Therapeutic intervention

The patient underwent Virechanakarma (Purgation Therapy) in July 2015. First of all, Deepana-Pachana (digestion therapy) was initiated with Ajmodadi churna 3gm twice after food and Pachsakar churna 3gm once in night for 3 days upto the Lakshana of Agni Deepana appeared. After that, Snehana (oleation Therapy) was started with an initial dose of 30 ml of Phala Ghrita, once daily followed by light diet after proper digestion of the medicine. The amount of Phala Ghrita was increased by 30 ml daily up to 150 ml as Lakshana of Samyaka Snehana appeared on the 5th day. Swedana Karma (Sudation Therapy) was started by 6th day for 3 consecutive days. Swedana was done once daily in the morning by performing whole body fomentation after Dashmool Taila Abhyanga (body massage). Afterwards Virechana Karma was done by administration of 50 g Trivrita Avaleha at 10 am (Pitta Kala) on the 9th day. About 3 hour later, Virechana Vega(Frequency of stool) was started, and total 15 Vega were observed till the evening. From 10th day onwards, SansarjanaKarma (a process of resuming normal diet) was started by prescribing Paya (preparation of rice and water) and Vilepi (preparation of rice) and so on successively for 3 days. From 4th day onwards, diet with least spices was suggested. After completion of the Sansarjana Karma, by 7th day the patient was put on the routine diet.

After Shodhana (Cleansing) of body, patient underwent three cycles of Uttar Basti (Intrauterine medication therapy). For one cycle of Uttar Basti, she was instructed to come on 4th day of her medication therapy. The same procedure of Uttar Bastis was repeated for next 2 consecutive menstrual cycles.

Follow-Up and outcome

HSG was done after completion of this multi modality treatment. Findings showed normal spill from right fallopian tube which means Right tube blockage was removed by this treatment regime. there was no adverse or unanticipated event seen during whole regime.

DISCUSSION

Term Artavavaha Srotasa covers the entire female reproductive tract and encompasses it as a structural & functional unit. Word Artava is used for Raja, Beeja both in various places in classics. Thus fallopian tubes can be termed as Artava Bijha Vaha Srotasas they carry Bijha Rupi Artava (Ovum). Mainly Vata and Kapha are responsible for tubal blockage. Acharya Kashyapa has mentioned Vandhyavatva as Nanatmaja Vikara of Vata. Narrowing (Samkocha) of tubal lumen is one of the main factors of tubal blockage and it is because of Vata. [4] Kapha has Avaradhaka...
property which leads to occlusion of tubal lumen. The drug
considered to open the fallopian tube should have Vata Kapha Shamaka properties. Local administration of any drug containing Sukshma, Laghu, Sara, Vyavayi, Vikasi Gunha, Katu Vipaka & Ushna Virya has effective role in removing tubal blockage.

Virechana is the process in which the orally administered drug can eliminate the vitiating Doshas through Adhomarga. Sukshma, Usna, Tikshana guna of Trivrita Avaleha helps it to reach in micro channels of the body, liquefies the Dosh a Sanghata, break the Mala in micro form respectively.[6] That’s how Virechana helps in excretion of Dosha and cleans the micro channels by Anupravama Bhava. Virechana (Purgation) is said to be beneficial for Artava Roga also.[5-10]

Basti is the Karma (action) in which, the medicine is administered through rectal canal. Guda (anus) is said as Sharira Moolai[11]. It churns the accumulated Dosha and Purisha & spreads the unctuousness (potency of the drugs) all over the body and easily comes out along with the churned Purisha (faecal matter) and vitiating Dosha. As modern view also, any drug given through the rectal route absorbed through the mucosal layer of rectum and enters into systemic circulation faster than oral. So Dashmool Kwath Aasthapan Basti and Apamarg Kshara Taila Basti work on whole body after entering into the Guda. It has more effect by normalizing the Apana Vayu as it further corrects the Raja Pravriti, the Beewa Nirmana and functioning of Aartvavaha Srotas.

Uttar Basti removes the blockage of tubal lumen by directly acting on obstruction and restores the normal endometrium. It restores the normal functions of cilia by stimulating it. It breaks the tubo-peritoneal adhesions, as it is observed with several studies that hysterosalpingography with oil based dye helps to break the adhesions. It normalizes the tonic phasic contraction of muscles by pacification of Vata. It helps in scraping of obstructing substance and removes the fibroed and damaged tubal lining and promotes its rejuvenation.

CONCLUSION

Infertile couples are forced to dwell upon assisted reproductive techniques (ART) or Reconstructive tubal surgery after diagnosis of tubal blockage as cause of infertility. But these techniques remain inaccessible to a significant proportion of infertile couples around the world. This can be explained by either the lack of specialized clinics in some countries or by the high cost of the procedures. So this multi modality Ayurveda treatment regime which includes Virechana, Aaasthapan Basti, Anuvasana Basti, Uttar Basti may proved to be blessing to the sufferers and standard treatment for tubal blockage.

REFERENCES

3. WHO, multiple definitions of infertility cited on 4/4/17 at 5:00 pm available from http://www.who.int/reproductivehealth/topics/infertility/multiple
definitions/en/.

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

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