



Case Study

AN AYURVEDIC MANAGEMENT OF BANDHYATVA ASSOCIATED WITH BILATERAL TUBAL BLOCKAGE

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ABSTRACT

In Ayurveda, infertility is addressed under the concept known as "Bandhyatava," which is described in ancient texts such as *Charak Samhita*, *Sushrut Samhita*, *Ras Ratna Samuchya*, and *Harit Samhita*. *Acharya Sushrut* described four crucial factors for fertility: *Ritu* (menstruation), *Kshetra* (functioning reproductive organs), *Ambu* (digestive juices) and *Beej* (healthy sperm and ovum). It occurs due to the vitiation of *Vata dosha* where *Kapha dosha* also contributes to the formation of blockage. *Beeja Grahana* is unable due to *Sanga Strotodushti* of *Artavavaha* i.e., tubal blockage which leads to failure of conception. Fallopian tube is an essential part of the *Artavavaha Srotas* as the *Beej Samagam* (ovum and sperm) takes place here. In the current case scenario, *Bandhyatva* is due to Tubal Blockage. A 37-year old female patient was reported to PTSR OPD with the complaints of irregular menses with decreased duration and wants to conceive irrespective of unprotected sexual intercourse since 3 years. Her HSG scan suggestive of B/L fallopian tube cornual blockage. **Aims and Objectives:** To maintain the balance between the four factors to conceive through *Sanshodhan* therapy. Patients has been treated with *Sanshodhan Karma* followed by 3 consecutive cycles of *Sahacharadi Taila Uttarbasti* and 3 cycles of *Phalghrita Uttarbasti* along with *Shaman Chikitsa*. **Results:** After completion of treatment Bilateral Tubes were patent observed in Sonohysterosalpingography. **Conclusion:** This case study found that the treatment administered was highly effective in addressing infertility caused by tubal blockage.


INTRODUCTION

Infertility is a significant global issue within the realm of reproductive health, affecting approximately 10-15% of couples trying to conceive.^[1] One of the primary factors contributing to female infertility is tubal blockage, which affects a substantial portion of the population, estimated at 25-35%.^[2] This condition is notoriously challenging to treat and can be caused by various factors such as peri-tubal adhesions, previous tubal surgery, or salpingitis.^[3]

Traditional methods of managing tubal blockage, including tubal reconstructive surgeries and in vitro fertilization (IVF), often fall short of providing satisfactory results. In Ayurveda, infertility is described as "Vandyatva." According to *Harita*, *Vandyatva* pertains to the inability to have a child, focusing on the outcome rather than the process of conception. This concept encompasses six types of infertility^[4], including

1. *Kakavandhya* (one-child sterility)
2. *Anapatyata* (primary infertility)
3. *Garbhasravi* (recurrent abortions)
4. *Mritavatsa* (stillbirth)
5. *Balakshaya* (loss of strength)
6. *Vandhya* (infertility)

Caused by various factors like age, uterine issues, or systemic weaknesses.

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As per Harita, infertility caused by tubal block can be considered under sixth type of female infertility i.e., *Garbhakoshabhanga* (abnormality in the uterus and adnexae).^[5]

Acharya Sushruta detailed the factors which are essential for conception i.e., *Ritu* (the fertile period), *Kshetra* (the reproductive system, particularly the *Artavavaha srotas* or fallopian tubes), *Ambu* (nourishment), and *Bija* (ovum and sperm). Any disruptions in these factors, especially within the *Artavavaha srotas*, can lead to infertility.

The clinical condition you describe can be closely correlated with "*Strivandhyatva*" (female infertility) resulting from the "*Artava-bija vaha Srotorodha*" or obstruction in the fallopian tube. Fallopian tubes play a critical role in the reproductive system, as they transport ovum and sperm, essential for fertilization. Imbalances in *Vata* and *Kapha Dosha* are believed to be responsible for obstructing these fallopian tubes, ultimately leading to infertility due to tubal blockage.

According to Ayurvedic principles, restoring the balance of vitiated *Vata* and *Kapha Dosha* is crucial to re-establishing normal fallopian tube function and enhancing the chances of successful conception. This restoration process can be achieved through appropriate Ayurvedic management.

AIM

To establish an effective line of management for Infertility related to tubal blockage and oligospermia by using Ayurvedic principles.

OBJECTIVES

To maintain the balance between the four factors and to improve the qualities of *Garbhasambhava Samagri* through *Sanshodhan Karma* (*Snehapan* with *Panchtikta Ghrita* for 5 days followed by *Virechan Karma* for both partners) and 6 consecutive cycles of *Uttarbasti* along with *Shaman Chikitsa*.

MATERIAL AND METHODS

Case Presentation

37 years old married woman with the obstetrical history of G1P0L0A1 approached the OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital Paprola, H.P. with complaints of inability to conceive even after 6 years of unprotected sexual life. She also had complaint of scanty menses since 4 years. On HSG, she was detected to have bilateral fallopian tube cornual blockage.

Treatment History

At 28 years she married a non-consanguineous man of 30 years and they were having regular unprotected sexual life. Then after, she conceived

spontaneously the pregnancy was not continued due to abortion 8 years back. Now patient had regular menstrual cycles and complained of scanty menstrual bleeding of one pad completely soaked on day one and only half pad of bleeding on day 2, since 4 years. For the same, patient visited a nearby private hospital and took allopathic treatment for that and detected to have bilateral fallopian tube cornual blockage and suggestive for IVF. As the patient did not want to undergo IVF, she visited our OPD of RGGPG Ayurvedic College and Hospital Paprola Dist. Kangra, HP.

Menstrual History

Age of Menarche	13 years
Duration of Bleeding	3-4 days
Interval of Bleeding	28-32 days
Amount of Bleeding	one pad/day (scanty)
Dysmenorrhea	Not present
Offensive odour	Not present
Colour	Light red
Clots	Not present

Obstetric History

G1P0L0A1

Marital and Sexual History

Age of Marriage	Female-28 Years, Male-30 Years
Dyspareunia	Not Present
Vaginismus	Not Present
Post-coital bleeding	Not Present
Frequency of coitus	3-4 Times/Week

The couple were aware of fertility period.
No H/O DM, HTN, TB, DLP, Thyroid Dysfunction.
No H/O smoking and alcohol.

Family History

Nothing relevant

Personal History

Appetite, micturition, bowel habits were found to be normal.

Sleep was disturbed due to stress.

Blood Investigations

Blood Group	Female-B ⁺ ve, Male-O ⁺ ve
BT	2min
CT	5min 30sec
Hb	11.4gm%
T3	107ng/dl

T4	7.9n ug/dl
TSH	1.80 u IU/ml
S. Prolactin	5.25ng/ml
LH	22.26m IU/ml
FSH	8.81m IU/ml
AMH	8.96ng/ml
HIV, VDRL, HbsAG (Both Partners)	Non-reactive

No E/O cystocele, rectocele or prolapse

Per Speculum Examination

Cervix – Pinkish, deep, nulliparous size, thin mucoid discharges present

Vagina – Vaginal wall pinkish in colour, healthy

Per Vaginal Examination

Cervix – Nulliparous size, regular, firm, mobile, no motion tenderness.

Uterus – Av, Ns, mobile, non-tender

Fornixes – B/L clear, non-tender

Per Vaginal Examination

Inspection – External genitalia appears to be normal, no discharge visible externally

Treatment Given**Samshodhan Chikitsa**

Date	Procedure	Medicine	Dose	Duration
19/04/2023	Deepana Pachan	Chitrakadi Vati	1 BD	3 days
22/04/2023	Snehpaan	Panchtik Ghrita	40-180ml	5 days
27/04/2023	Sarvaang Abhyang Swedan	Balashwagandha Tail		3 days

After 3 days

30/04/2023	Virechan	Trifla Kwath + Trivrit Avleh	1 day
01/05/2023	Sansarjan Karam	Peya, Vilepi, Akrit Yush, Krit Yush, Khichdi, Samanya Aahar	7 days

Maximum 22 Vega occurred. Madhya, Shudhi was achieved (both partners)**After Virechan Karam – Onset of menses was 15/05/2023 (Duration – 3-4days)****Sthanik Chikitsa**

Date	Procedure	Medicine	Dose	Route	Duration	Cycle
20/05 to 22/05, 22/06 to 24/06, 24/07 to 26/07	Asthapan Basti	Dashmool Trivrit Kwath	600ml	Per rectal	3 days	3 cycles
23/05 to 25/05, 25/06 to 27/06, 27/07 to 29/07	Uttar Basti	Sahacharadi tail + Kshar tail (3:1)	3-4ml	Intrauterine	3 days	3 cycles

After the gap of 6 months, next 3 cycles of Uttar Basti was given to the patient

Date	Procedure	Medicine	Dose	Route	Duration	Cycle
18/12 to 20/12, 19/01 to 21/01, 18/02 to 20/01	Asthapan Basti	Dashmool Trivrit Kwath	600ml	Per rectal	3 days	3 cycles
21/12 to 23/05, 22/01 to 24/01, 21/02 to 23/02	Uttar Basti	Phal Sarpi	3-4ml	Intrauterine	3 days	3 cycles

Shaman Chikitsa (Female Patient)

S.No.	Drug	Content	Doses
1.	Punarnava Mandoor	Punarnava, Trivrut, Shunti, Vidanga, Devdaru, Chitrak, Kushtha, Amalaki, Haritki, Bhibhitaki	3gm BD
2.	Pushapdhanwa Ras	Ras Sindhoor, Nag Bhasam, Loh Bhasam, Vang Bhasam, Abhrak Bhasam, Dhature Ka Ras, Bhang, Mulethi, Museli, Nagarbel	2BD
3.	Tab. Konciv	Belgiri, Ashokchal, Putrajeevak, Shivlingi Beej, Daruhaldi, Peepali, Elaichi Beej, Loh Bhasam	2BD
4.	Phalsarpi	Manjishtha, Kasmarda, Amlaki, Haritki, Bhibhataki, Khanda Sharkara	1 tsf BD with milk

Treatment Profile for Male Patient

S.No.	Drug	Content	DOSES
1.	<i>Ashwagandha Churan</i>	<i>Ashwagandha</i>	3gm BD with milk
2.	Tab. Spemen	<i>Vridhdaru, Gokshru, Jeevanti, Kokilaksha, Vanyakahu, Kapikachu, Svarna Vanga</i>	1 BD

Follow-Up

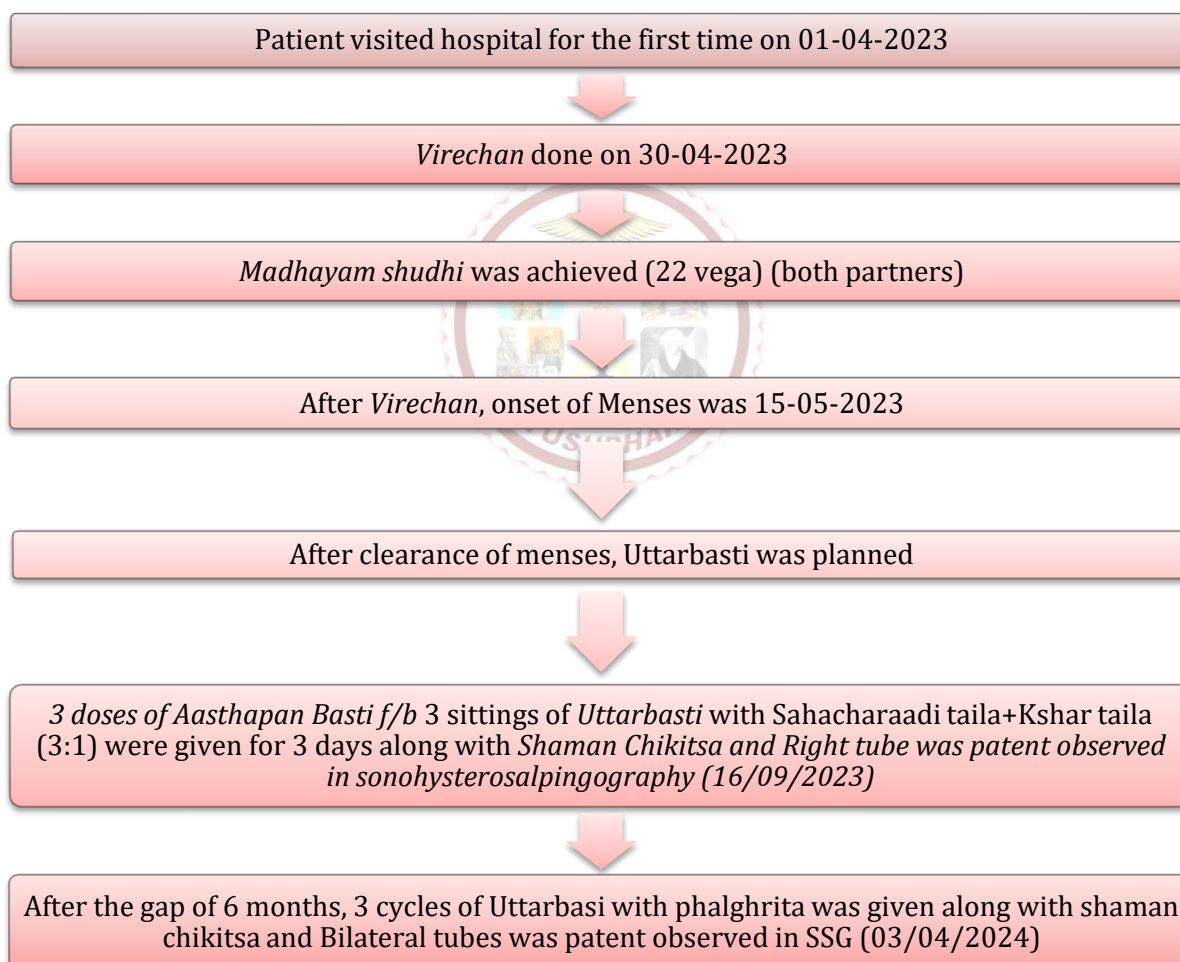
They were explained about fertile period and advise to continue *Shaman Chikitsa* for 3 months.

OBSERVATION AND RESULT

After completion of treatment (*Samshodhan*, 3 cycles of *Uttar Basti* with *Sahacharadi taila* + *Kshar taila* (3:1) along with *Shaman Chikitsa*), bleeding during menstruation was increased and Sonohysterosalpingography was done on 16/09/2023.

After the gap of 6 months, next 3 cycles of *Uttar Basti* with *Phal Sarpi* were given to the patient, bilateral tubes was patent in Sonohysterosalpingography which was done on 03/04/2024.

After *Samshodhana* (*Virechana*) and *Shaman Chikitsa* (male patient), oligospermia was corrected. Active sperm count was 60-65%.

Timeline**DISCUSSION**

Female infertility caused by tubal blockage is one of the issues for a successful progeny. According to Ayurveda, it is correlated with *Artavabijavaha Srotoavrodha* and emphasizes the involvement of *Vata* and *Kapha doshas*. In this context, the treatment plan was focused on clearing this *Strotorodha* (obstruction of channels). To achieve this, a comprehensive

detoxification regimen, including *Virechan* (therapeutic purgation) and combined with *Shaman* therapy (pacifying treatment) was planned.

Deepana Pachana helps in preventing the production of *Ama* and vitiation of *Dosha* and *Dhatu*.

- **Virechan** as a *Shodhan Karam* is suggested as the line of treatment for menstrual and other

gynecological disorders.^[6] By having dominion effect on *Pitta Dosh* and *Agni* (digestive fire), this treatment approach and helps to pacify the vitiated *Pitta* and facilitates the resolution of *Asruk/Aartav Vikar* (menstrual disorders) *Virechanen Beejam Bhavti Karmukam*. *Kashyap* says in *Sidhi Sthana*, infertility gets cured by use of purgation. *Panchtik Ghrita* has anti-inflammatory and healing properties, which clear the *Strotas*. *Trivrit Avaleha* acts on micro channels of the body and break the *Sangrahit Dosh* due to its *Tikshan, Suksham* and *Ushan guna*.

- **Kshara Taila** having *Ksharana* property also has *Vata* and *Kaphahara* property which can be seen in this case and this probably helps to clear the block in the tubes.^[7] *Sahacharadi Taila* indicated in *Vata* disorders including oligomenorrhea. Almost all the drugs of *Sahacharadi Taila* are having *Ushna Veerya, Teekshna Guna, Katu Rasa, Katu Vipaka* properties, most of them are having *Artava Janaka* (*Nakha, Kushta*), *Yakrututtejaka* actions. *Sahacharadi Taila* contents 4 parts *Tila Taila* and 16-part *Kwatha* of *Sahachara, Devadaru and Nagara*. *Devadaru* (*Cedrus deodara*) is *Kapha, Vatashamaka* having the properties like *Vedana Sthapana, Shothahara, Kusthaghna, Kaphanisaraka, Vranashodhana, Vranaropana*.^[8] and with *Sahacharadi Taila* and *Kshara Taila* {3:1} works on *Sanga Avrodha* (adhesion and blockage) and also heals the reproductive path.
- Next 3 cycles of *Uttar Basti* with *Phalsarpi Uttarbasti* – According to *Vagbhatta, Phalsarpi* helps the woman to achieve conception and is best for curing all female genital tract disorders. It is *Balya, Vatahara, Brihniya, Garbhada* and *Rasayana*. *Uttarbasti* has local and systemic effect. Prior to *Uttarbasti, Niruhbasti* is given. As the water poured to the root nourishes the whole tree, in the same manner *Niruhbasti* through its potency get absorbed and provide systemic effect.^[9] Probably osmotic pressure may be created by *Niruhbasti* which enhance the absorption of drug administered through *Intrauterine Uttarbasti*. Through the endometrium the active principle may get absorbed which by the internal iliac vein passes into the systemic circulation and exerts positive influence on Hypothalamus-Pituitary-Ovarian axis and thus promotes the growth and differentiation of primordial follicles under the control of FSH.
- **Pushpadhanwa Rasa** – Chief ingredients of this drugs are having properties; *Dhatu Vridhikar, Agnidiptikar, Vajikaran. Dhatura, Bhaang, Ngavalli* etc., are having stimulant effect over Neuro-endocrinal system. It is given in condition as amenorrhea or anovulation. It contains mineral

drugs which have activities like- Rejuvenation and regulates the menstrual cycle, Pacifying *Vata* and *Kapha Doshas*.^[10]

- **Phala Ghrita** – *Phala Ghrita* has the properties of milk, ghee and other contents (*Manjistha, Kustha, Tagara, Triphala, Madhuka, Both Nishas, Dipyaka, Katurohini, Vacha, Meda, Kakoli, Wajigandha, Shatavari, Payasya, Hingu, sugar* etc.). These *Dravyas* having properties of *Rasa* like *Katu, Tikta, Madhura* and *Guna* like *Laghu, Snigdha* and *Vipaka* like *Madhura, Katu, Ushna* and *Sheeta Virya*. It also has *Anulomana, Dipana, Pachana, Lekhana, Balya, Prajasthapana*. *Phala Sarpi* is beneficial in all types of *Yonidoshas* and is mentioned as nourishing *Medhya, Dhanya, Pumsavana*.^[11] Hence *Phala Ghrita* was selected for oral administration in this case for infertility.
- **Capsule Konciv** which contains *Belgiri, Ashokchal, Putrajeevak, Shivlingi Beej, Daruhaldi, Peepali, Elaichi Beej, Loh Bhasam* helps to treat infertility and nourishes ovum, balance hormonal functioning.
- **Ashwagandha churan** boost testosterone and improve sperm count and motility.^[12]
- **Tab. Speman** which contains *Vridhdaru, Gokshru, Jeevanti, Kokilaksha, Vanyakahu, Kapikachu, Svarna Vanga* enhances spermatogenesis by improving testosterone levels in men affected by oligospermia and also improve the sperm count and quality of semen.

CONCLUSION

Conclusion of the case study reveals that Ayurveda has very good traditional medicines that enhance the function of the reproductive system. *Uttar Basti* has direct effect on uterine cavity & increases the absorption of the medicines and also works on *Strotoavrodha*.

With the Ayurveda approach tubal blockage can be treated without any surgical procedure and successful conception is also possible.

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