



## Case Study

### AYURVEDIC INTERVENTION IN THE MANAGEMENT OF INFERTILITY W.S.R. TUBAL INFERTILITY- A CASE SERIES

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#### ABSTRACT

Tubal infertility is considered as second most contributing factor in female fertility. In these cases results are very encouraging not only for removal of blockage but also for enhance the conception rate through Ayurvedic management. Mainly *Vata* and *Kapha* are responsible for tubal blockage so in these patients *Apamargakshara Taila* was selected for *Uttarabasti* because of its *Vata-Kapha Shamaka* and *Lekhana* property and *Phalakalyana Ghrita* was prescribed to patients for augment the conception. In these cases HSG and USG were used as diagnostic tool and to assess the results of management. Here, all three patients reported tubal blockage before treatment and the normal study was found on HSG after two sitting of *Uttarabasti* and also getting pregnancy after one month course of *Phalakalyana Ghrita*. In these cases very encouraging results were reported and it can be a standard treatment for management of female Infertility w.s.r. tubal blockage in future in routine Ayurvedic Gynecological practice. During follow-up of patients; no any abnormality was reported clinically as well as on USG.

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#### INTRODUCTION

The woman in whom there is a hindrance of any kind to the normal process of conception is called *Vandhya*. According to *Acharya Sushrut* the four factors essential for conception are *Ritu*, *Kshetra*, *Ambu* and *Beeja*.<sup>[1]</sup> *Kshetra* is a broad term and includes all the structures of the female reproductive tract whose structural and functional integrity is essential for conception. Fallopian Tubes can be considered a part of the *Kshetra* mentioned by *Acharya Sushruta* as one of the four elements necessary for conception. So for conception, *Kshetra* - The oviduct must be patent and sufficient ciliary movement is present. The only options left for a couple suffering from Tubal blockage are either Reconstructive Tubal Surgery or In Vitro Fertilization and Embryo Transfer (IVF-ET). Both the procedures are time taking, invasive and more so, not always within the financial affordability of the majority of population in India. There are so many research works carried out for removal of tubal blockage through *Uttarabasti*. After removal of blockage still so many patients are suffering from infertility. So there is a need of time to understand the disease according to *Ayurvedic* principles not only for removal of blockage but also for enhance the conception rate. Mainly *Vata* and *Kapha* are responsible for tubal blockage so in these case series *Apamargakshara Taila* was selected for *Uttarabasti* because of its *Vata-Kapha Shamaka* and *Lekhana* property and *Phalakalyana Ghrita* was prescribed to patients for augment the conception.

#### MATERIALS AND METHODS

The patients presented with complaints of failure to conceive were examined, and then confirmed with the help of hysterosalpingography (HSG) examination. After confirmation, patients having tubal blockage either unilateral or bilateral were considered for this case series. Laboratory investigations like blood and urine were also documented. An informed and written consent was taken from the patient before the commencement of treatment. Patient outcomes were also analyzed.

#### STUDY DESIGN

*Apamargakshara Taila*<sup>[2]</sup> *Uttarabasti* was given in the dose of 5 ml after cessation of menstruation, once daily for 3 days; repeat same after an interval of 3 days for two consecutive menstrual cycles. <sup>[3]</sup> After tubal patency was achieved, immediately *Phalakalyana Ghrita*<sup>[4]</sup> was given in the dose of 10 ml orally once in a day with lukewarm water empty stomach for one month. Patients were instructed to eat more vegetables and simple digestible food, to avoid intercourse during *Uttarabasti* procedure, to avoid spice, fried food (*Guru, Abhishyandi*), over eating, to avoid mental stress, to avoid natural urges suppression, and to avoid day sleep & night awaking. [Content of the drug are depicted in Table 1 and 2].

**Table 1: Contents of Apamarga Kshara Taila**

Name of the drug	Latin name	Ratio	Form
Apamarga Kshara	<i>Achyranthes aspera</i> Linn.	Apamarga Kshar jala- 4 parts	Churna
Tila Taila	<i>Sesamum indicum</i>	1 part	Taila

**Table 2: Contents of Phalakalyanaka Ghrita**

Content	Latin Name	Part Used	Ratio	Form
Shatavari	<i>Asparagus racemosus</i> Willd.	Moola	3 Lit.	Svarasa
Godugdha	Animal product	-----	3 Lit.	Liquid
Goghrita	Animal product	-----	750 ml.	Liquid
Manjistha	<i>Rubia cordifolia</i> Linn.	Moola	12 gm	Kalka
Yastimadhu	<i>Glycyrrhiza glabra</i> Linn.	Moola	12gm	Kalka
Kustha	<i>Saussurea lappa</i> C.B.clarke	Moola	12gm	Kalka
Triphala	<i>Emblica officinalis</i> Gaertn. <i>Terminalia bellirica</i> Roxb. <i>Terminalia chebula</i> Retz.	Phala	12gm	Kalka
Sharkara	<i>Saccharum officinarum</i> Linn.	Ghana	12gm	Svarasa
Balamoola	<i>Sida cordifolia</i> Linn.	Moola	12gm	Kalka
Meda	<i>Litsea gluinosa</i> Lour	Tvaka	12gm	Kalka
Ksheervidari	<i>Ipomoea digitata</i> Linn.	Kanda	12gm	Kalka
Ashwagandha	<i>Withania somnifera</i> Linn.	Moola	12gm	Kalka
Ajamoda	<i>Carum roxburghianum</i> Craib.	Phala	12gm	Churna
Haridra	<i>Curcuma longa</i> Linn.	Kanda	12gm	Kalka
Daruharidra	<i>Cedrus deodar</i> Roxb.	Kandsara	12gm	Kalka
Ghritabhrusta Hing	<i>Ferula narthex</i> Boiss.	Niryas	12gm	Kalka
Katuki	<i>Picrorhiza kurroa</i> Royle	Moola	12gm	Kalka
Neelkamal	<i>Nelumbo nucifera</i> Gaertn.	Pushpa	12gm	Kalka
Kumuda Pushpa	<i>Nymphaea nouchali</i> Burm.	Pushpa	12gm	Kalka
Draksha	<i>Vitis vinifera</i> Linn.	Pushpa	12gm	Kalka
Kakoli+Ksheerkakolee Ashwagandha	( <i>Abhava Dravya</i> ) <i>Withania somnifera</i> Linn.	Moola	12gm	Kalka
Rakta chandana	<i>Pterocarpus santalinus</i>	Kandasara	12gm	Kalka
Shweta chandana	<i>Santalum album</i> Linn.	Kandasara	12gm	Kalka

**Case 1**

A case of *Vandhyatva*, a female patient aged 23 years, married 3 years back, attended the Streeroga and Prasutitantra OPD of IPGT & RA hospital, OPD No. 8 on Feb. 13, 2014 with complaints of failure to conceive since 3 years by regular and unprotected coitus. She had no previous history of mumps, HIV (Human Immunodeficiency Virus), HBsAg (Australia antigen for hepatitis B) & VDRL (Venereal Disease Research Laboratory). She had done 6 months conventional therapy for infertility but was unsuccessful. She had irregular heavy foul smelling menstrual history. On examination, the body proportion was found to be *Madhyama*, having weight 46 kg and height 5'2" with normal secondary sexual characters, was belonging to *Vata-Kapha Prakriti*. On examination (per speculum and per vaginal) deviated uterus with normal size was found.

In Hysterosalpingography (HSG) right unilateral cornual tubal block was found on Mar. 02, 2014. As per the hypothesis for the removal of blockage; *Lekhana*, *Kaphahara* medicines are required in the said problem hence. *Uttarabasti* was planned to patient as above mentioned. After two cycles of *Uttarabasti*, a repeat HSG was done on Dec. 07-2014 and patency of tube was found. After tubal patency was achieved, still patient had difficulty in getting conception. So *Phalakalyana ghrita* was given in the dose of 10 ml orally once in a day empty stomach with lukewarm water for one month. In follow up period Ultrasound Sonography (USG) was carried out on July-05, 2014 and 9 weeks pregnancy was achieved after completion of two intra uterine *Uttarabasti* of *Apamargakshara Taila* and 1 month course of *Phalakalyana Ghrita*.

**Case 2**

Another case of tubal infertility, 29 years old female married 3 years back reported the hospital on 13.05.2014 with complaints of failure to conceive since 3 years by regular and unprotected coitus. She had no previous history of mumps, HIV, HbsAg, VDRL. She had irregular average menstrual history. On examination, the body proportion was found to be *Madhyama*, having weight 52 kg and height 5' with normal secondary sexual characters, was belonging to *Pitta-Kapha Prakriti*. On examination (per speculum and per vaginal) retroverted uterus with normal size was found. In HSG reports, it was concluded as left unilateral distal tubal block was found on Mar. 13, 2014. She was put on same line of *Ayurvedic* treatment as adopted in case 1 for tubal blockage and again HSG was done on Aug. 12, 2014 and patency of tube was found. Still patient had difficulty in conception so *Phalakalyana ghrita* was given in the dose of 10 ml as in case 1 and then USG was carried out on Dec-15, 2014 and 7 weeks pregnancy was achieved.

**Case 3**

A married couple visited the OPD of SRPT having similar complaint-failure to conceive since 5 years. Semen analysis was already carried out in male and was found normal. The female patient was 25 years old having previous history of Pelvic Inflammatory Disease (PID) and having regular average menstrual history. On examination, the body proportion was found to be *Madhyama*, having weight 48 kg and height 4'10" with normal secondary sexual characters, was belonging to *Vata-Pitta Prakriti*. On examination (per speculum and per vaginal) anti verted uterus with normal size was found. In HSG reports, it was concluded as bilateral tubal block was found on May 26, 2014. She was put on same line of *Ayurvedic* treatment as adopted in case 1 and 2 for tubal blockage and again HSG was done on Aug. 14, 2014 and patency of tube was found. After that patient suffered from same issue after removal of blockage so *Phalakalyana Ghrita* was also given in the dose of 10 ml as in case 1 and 2 and then USG was carried out on Nov-17, 2014 and 9 weeks pregnancy was achieved.

**RESULTS**

In these cases HSG and USG were used as diagnostic tool and to assess the results of management. Here, all three patients reported the normal study on HSG after two sitting of *Uttarabasti* and also getting pregnancy after one month course of *Phalakalyana Ghrita*. In these cases very encouraging results were reported. During follow-up of patients; no any abnormality was reported clinically as well as on USG.

**DISCUSSION**

*Artavavaha Srotasa* covers the entire female reproductive tract and encompasses it as a structural & functional unit. Fallopian tubes are the very important structures of *Artavavaha Srotasa*, as they carry *Bija Rupi Artava*. *Artava* is also used for *Raja* in various places in classics. Thus, fallopian tubes can be termed as *Artava Bija Vaha Srotasa* to avoid any doubt & controversy. Mainly *Vata* and *Kapha* are responsible for tubal blockage. *Acharya Kashyapa* mentioned *Vandhyatva* as

*Nanatmaja Vikara of Vata* and narrowing (*Samkocha*) of tubal lumen is one of the main factors of tubal blockage and it is because of *Vata*.<sup>[5]</sup> *Kapha* has *Avarodhaka* property which leads to occlusion of tubal lumen. This clarifies the relation of *Kapha* with tubal block especially when it is more structural than functional. The drug assumed as effective to open the fallopian tube was considered to have *Vata Kapha Shamaka* properties. Local administration of any 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. *Tila Taila* has Anti inflammatory action due to its *Vranashodhana, Vranapachana Karma*<sup>[5,7,8]</sup> due to its *Vyavayi* and *Sukshama Guna* it spreads in minute channels and spreads easily. The most suitable method to administer such drug can be Intra Uterine *Uttarabasti*. *Kshara Taila* is mentioned for *Stri rogadhikara* in *Bharat Bhaishjya Ratnakara*<sup>[9]</sup> and any of the *Kshara* is said to be the best for not allowing recurrence. Hence, the *Apamarga-Kshara* works with its *Tikshna & Vata-Kapha Shamaka* properties in removal of blockage. So, *Apamargakshara Taila* was selected for this purpose, as it has most of the qualities, which were required for such type of patients.

**CONCLUSION**

Tubal blockage can be correlated with *Artava vaha Srotas Dusti* mainly *Sanga* type. *Uttarabasti* with drugs having *Vata-Kapha Shamaka* properties is a safe, reliable & efficacious measure in management of tubal infertility. After the tubal opening by above treatment protocol, orally introducing *Phalakalyana Ghrita* increased the conception rate. Hence, it can be said that *Uttarabasti* procedure along with the internal use of *Phalakalyana Ghrita* can be a standard treatment for management of female Infertility w.s.r. tubal blockage in future in routine Ayurvedic Gynecological practice.

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