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AYUSHDHARA

ISSN: 2393-9583 (P)/ 2393-9591 (O)

An International Journal of Research in AYUSH and Allied Systems

Case Study

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, Virechna.*

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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. salpingiostomy 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 in 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

per week. No other medical history or family history found relevant.

Clinical Findings

Timeline

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

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, 0.94uIU/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 *Peya* (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 menstrual cycle. Patient was given *Anuvasana Basti* (Oil Based Enema) with 40ml *Dashmoola Taila* in morning. *Asthapana Basti* (Decoction Enema) with *Dashmool Kwatha*was given in next day morning and *Anuvasana Basti* with *Dashmoola Taila* 40 ml is given in evening.

Next day, patient was admitted for *Uttar Basti*as menses ceased on 6th day of cycle and advised to have a light meal in morning on the day of treatment. *Abhyanga* (massage) with *Rasanadi Dashmool Taila* and then *Nadi Sweda* (fomentation) of lower abdomen and back was done. After this *Purvakarma*, the patient was asked to lie down in dorsal lithotomy position, on the operation table. Thereafter, *Yoni Prakshalana* (Douching) by *Panchvalkala Kwatha* was performed to sterile the peri-vaginal part. The vaginal canal was cleaned with antiseptic solution. The vagina and cervix were visualized with the help of Sim's speculum and an anterior vaginal wall retractor. The anterior lip of the cervix was held with the help of Allis' forceps and uterine sound was inserted to ascertain size and position of uterus. Then 5 ml medicated oil was pushed with the help of Intrauterine insemination (IUI) cannula, already attached with 5 ml syringe filled with *Apamarga Kshara Taila* and the patient was kept in head low position. The drug slowly injected above the level of the internal os. Instruments were removed and the patient was shifted to IPD ward. She was kept in head low position for at least 45 minutes for better absorption of drug. *Uttar Basti* was done for three times in one cycle on alternate days i.e. on 6th, 8th and 10thday of menstrual cycle.

The same procedure of *Uttar Basti* was repeated for next two 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 Bija Vaha Srotasa*as they carry *Bija Rupi Artava* (Ovum). Mainly *Vata* and *Kapha* are responsible for tubal blockage. Acharya Kashyapa has mentioned *Vandhyatva* 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 *Avarodhaka*

property which leads to occlusion of tubal lumen. The drug considered effective to open the fallopian tube should have *Vata Kapha Shamaka* properties. Local administration of any drug containing *Sukshma, Laghu, Sara, Vyavayi, Vikasi Guna*, *Katu Vipaka* & *Ushna Virya* has effective role in removing tubal blockage.

Virechana is the process in which the orally administered drug can eliminate the vitiated *Doshas* through *Adhomarga*. *Sukshma, Usna, Tikshana guna* of *Trivrita Avaleha* helps it to reach in micro channels of the body, liquefies the *Dosha Sanghata*, break the *Mala* in micro form respectively.[4] That's how *Virechana* helps in excretion of *Dosha* and cleans the micro channels by *Anupravana 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 Moola*[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 vitiated *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 *Beeja Nirmana* and functioning of *Aartvavaha Strotas.*

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 hystero-salpingography 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 fibrosed 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, Aasthapan Basti, Anuvasana Basti, Uttar Basti* may proved to be blessing to the sufferers and standard treatment for tubal blockage.

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Cite this article as:

Priyanka Sharma, Vikas Nariyal, Sushila Sharma, Ashutosh Sharma. Multi-Modality Ayurveda Regime in the Management of Tubal Blockage: A Case Report. AYUSHDHARA, 2016;4(1):1060-1062.

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

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