



## BLOCKED FALLOPIAN TUBES AND ITS MANAGEMENT WITH AYURVEDIC MEDICINE: A CASE STUDY

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### ABSTRACT

The present paper is based on clinical success story in a very interesting and encouraging case of blockage of both fallopian tubes. Success was achieved with unique classical Ayurvedic formulations after 6 months treatment which will be represented in the full paper.

**Keywords:** Fallopian tubes, Blockage of fallopian tubes, Infertility, Phala ghrita, Pushpadhanwa rasa, Shivalingi beeja, Putranjivaka

### INTRODUCTION

The fallopian tubes are two thin tubes, one on each side of the uterus, which help lead the mature egg from the ovaries to the uterus. When an obstruction prevents the egg from traveling down the tube, the woman has a blocked fallopian tube. It can occur on one or both sides. This is also known as tubal factor infertility and is the cause of infertility in 40% of infertile women. Each month, when ovulation occurs, an egg is released from one of the ovaries. The egg travels from the ovary, through the tubes, and into the uterus. The sperm also need to swim their way from the cervix, through the uterus, and through the fallopian tubes to get the egg. Fertilization usually takes place while the egg is traveling through the tube.

If one or both fallopian tubes are blocked, the egg cannot reach the uterus, and the sperm cannot reach the egg, preventing fertilization and pregnancy. It's also possible for the tube not to be blocked totally, but only partially. This can increase the risk of a tubal pregnancy or ectopic pregnancy. If only one fallopian tube is blocked, but the other is clear, it may still be possible to achieve pregnancy. It depends on how well the ovaries are functioning, and also what caused the blocked tube in the first place<sup>1-4</sup>. If both tubes are blocked it may be impossible to get pregnant naturally.

In Ayurveda there are no direct references regarding blockage of fallopian tubes are available. We may compare this to complication of Pittaja yoni vyapat<sup>5</sup>.

### Case Report

A moderately built female aged 36 years, weight 60 kg, and height 5.3", primary infertility with 8 years married life was having history of irregular cycles came to us on 17/04/2009 with latest hysterosalpingogram report dated 15/04/2009 suggestive of block in mid segment of right fallopian tube and dense fimbrial adhesions in left fallopian tube.

On detailed history female was undergone several years of treatments and diagnostic procedures like DandC, Pap Smear test, Hysteroscopy, hormonal assay and Ultrasonographic Past medical reports were suggestive of

low FSH, LH and High Prolactin levels. Thyroid function test was normal. Husband's sperm count was normal. Couple was advised to undergo IVF (In Vitro Fertilization) treatment since both her fallopian tubes were blocked. Microtuboplasty could be performed but with 5-7% success rate, since female was not getting healthy follicles. Couple were informed with IVF only 25-30% success has been achieved. Female was referred to us for Ayurvedic treatment by her relatives on 17/04/2009.

Immediately female was advised to stop all past medications and on 3<sup>rd</sup> day of menstrual cycle started with Ashokarista and Dhashamoolarista 20 ml each 2 times daily with water after meals. Female was advised to reduce intake of carbohydrate rich food items like sugar, potato etc. After 3 months female started getting regular menstrual cycles with normal flow. From 4<sup>th</sup> month female was started with;

- Shivalingi beeja + Putranjeevaka beeja churna 1gm twice daily with honey
- Pushpadhanwa Rasa 250 mg twice daily with water after meals.
- Phalasarpi 10 ml twice daily on empty stomach with milk

After 3 months of above said treatment female missed her menstrual cycle 2009 Nov (LMP-6<sup>th</sup> October 2009).

On 17<sup>th</sup> November 2009 female as advised for Beta HCG Investigation and her pregnancy was confirmed. Female took regular ANC (Anti natal care) with us and was undergone elective LSCS on 18<sup>th</sup> June 2010. Female delivered live healthy female baby weighing 3 kg.

### DISCUSSION

Vandhyatwa being vatic disorder basti karma with local snehana (soothing effect) and tarpana (nourishment of endometrium) is the line of treatment. So Phalaghrita was selected and administered keeping in view the above factors and textual hypothesis. It is assumed that it might have opened the fallopian tube. Though proper scientific hypothesis could not be traced out. Putranjivaka (*Putranjivaka roxburghii* Wall ) is Garbhakara and vatapittahara. Shivalingi and putranjivaka are advised in

pumsavana karma (BhavaPrakasha)<sup>7</sup>. Ahokarista is known for phytoestrogenic activity. Pushpadhanwa rasa might have helped in ovulation as well as in correcting hormonal imbalance.

#### **CONCLUSION**

For most complicated conditions which are having bad and poor prognosis by modern therapies have some hope in Ayurvedic treatment. Tubal factor Infertility is also a very difficult, the success in present case has given encouraging result for future practice.

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#### **REFERENCES**

1. Conceiving After Tubal Surgery: Fact Sheet. American Association of Reproductive Medicine. Accessed November 6, 2008. [http://asrm.org/uploadedFiles/ASRM\\_Content/Resources/Patient\\_Resources/Fact\\_Sheet\\_and\\_Info\\_Booklets/ConceivingAfterTubalSurger.pdf](http://asrm.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheet_and_Info_Booklets/ConceivingAfterTubalSurger.pdf) (8th Jan 2012)
2. Hydrosalpinx: Fact Sheet. American Association of Reproductive Medicine. Accessed November 6, 2008. [http://asrm.org/uploadedFiles/ASRM\\_Content/Resources/Patient\\_Resources/Fact\\_Sheets\\_and\\_Info\\_Booklets/hydrosal%281%29.pdf](http://asrm.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/hydrosal%281%29.pdf) (8th Jan 2012)
3. Dawn C.S. Text book Gynaecology and Contraception 11th Edn. Dawn books Calcutta, 1994 pp:10/216
4. De Cherny et al. Text book Gynaecology 2nd Edn. New Central Book Agency, Calcutta Increased pregnancy rate with oil soluble Hysterosalpingography dye Fertile/sterile, 1980. 33/407
5. Tiwary P.V. Ayurvediya Prasutitantra Ebam Stree Roga Part II Delhi 1990. pp:1/16-17
6. JLN Shastri dravyaguna vijnana vol-II Choukamba Orientatalia Varanasi. 2003. pp:928

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