

**AYURVEDIC MANAGEMENT OF *PARIPLUTAA YONIVYAPAD* W.S.R. TO BILATERAL TUBAL BLOCKAGE: A CASE STUDY**Supriya S¹, Sukumar N², P.K. Rawal³, Sunita S⁴.

¹Post Graduate scholar, department of Prasuti Tantra and Stree Roga, SDMT'S Ayurvedic Medical College, Danigond post graduate Centre and Padma Ayurvedic Hospital and Research Centre, Terdal- 587315, Karnataka, India.

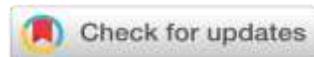
²Professor, Department of Kayachikitsa, SDMT'S Ayurvedic Medical College, Danigond Postgraduate Centre and Padma Ayurvedic Hospital and Research Centre, Terdal- 587315, Karnataka, India.

³Professor and HOD Department of Prasuti Tantra and Stree Roga, SDMT'S Ayurvedic Medical College, Danigond Postgraduate Centre and Padma Ayurvedic Hospital and Research Centre, Terdal- 587315, Karnataka, India.

⁴Assistant Professor, Department of Prasuti Tantra and Stree Roga, SDMT'S Ayurvedic Medical College, Danigond Postgraduate Centre and Padma Ayurvedic Hospital and Research Centre, Terdal- 587315, Karnataka, India.

Corresponding Author: supriyashahapurkar94@gmail.com<https://doi.org/10.46607/iamj1912022024>**(Published Online: February 2024)****Open Access**

© International Ayurvedic Medical Journal, India 2024

Article Received: 05/01/2024 - **Peer Reviewed:** 13/01/2024 - **Accepted for Publication:** 13/02/2024.**ABSTRACT**

Tubal blockage is the second most common cause of female infertility. *Acharya Charaka* and *Vagbhata* have considered that complications of *Yonivyapad* lead to infertility. A common complication of PIDs (Pelvic Inflammatory Diseases) is tubal blockage; hence, tubal blockage can be co-related with *Paripluta Yonivyapad*, which is caused by Vata and Pitta Dosha is similar to the preliminary stage of the tubal block as all its symptoms are suggestive of PID. The methodology used was a single-armed, open-labelled case study of a subject of 34 years old female. Her history revealed early pregnancy loss, posterior wall intramural fibroid followed by infertility due to bilateral tubal blockage and also had dyspareunia. She was advised to undergo surgical management, but she refused and then approached our hospital. After thorough examinations, she was treated with *Ayurvedic* medications followed by *Uttarabasti*, having *Shophaghna*, *Shulahara*, *Rasayana*, *Tridoshahara* and *Pramaathi* actions. As a

result, she successfully got conceived. It concludes that *Ayurvedic* management is successful and safe, so an effort has been made to share the protocol for the advancement of *Ayurvedic* science for the welfare of mankind.

Keywords: *Pariplutaa Yonivyapad*, Tubal blockage, Ayurveda.

INTRODUCTION

Introduction

Infertility due to female factors is 40 to 55%, out of which 30 to 40% is due to Tubal and peritoneal factors, which is the second most common cause of infertility. Infertility is defined as the inability to conceive within one or more years of regular unprotected coitus¹. *Aartavavaha Srotas*, as described by *Sushrutacharya*, are two in number, having roots in the *Garbhashaya* and *Aartavavahi Dhamanis*, injuries to which cause *Vandhyatva* (infertility), *Maithunasahishnuta* (dyspareunia), and *Aartavanasha* (anovulation or amenorrhea).² *Aartavavaha Srotas* is quite appropriate to compare with the fallopian tubes because these are the structures responsible for carrying the *Aartava*, the ovum. Infertility is also directly related to the abnormality of the tubes. Any damage to these tubes may lead to infertility by restricting fertilisation. Dyspareunia is also an essential and cardinal feature of the infection or any inflammation of the tubes³. It can lead to tubal blockage. *Aacharya charaka*⁴ and *vagbhata*⁵ have considered that complications of *Yonivyapad* lead to infertility. *Pariplutaa Yonivyapad* is a condition caused by *vata*, and *pitta dosha*⁶ is similar to the preliminary stage of tubal block as all its symptoms like *Shuna*, *Sparshaakshamaa*, *Saartineelapeetamasrik Srava*, *Shronivankshanaprishtharti Basti-Kukshi Gurutva*, *Jvara*⁷ are suggestive of PID. Therefore tubal blockage can be co-related as a complication of *Pariplutaa Yonivyapad*⁸.

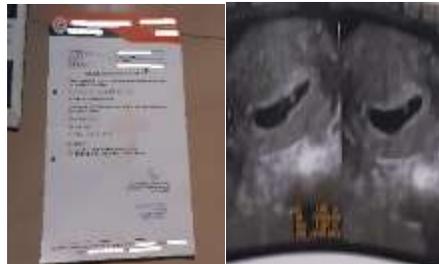
Methodology: A single-armed, open-labelled case study.

Case report

A 34-year-old female patient approached the outpatient department of *Prasuti Tantra* and *Stree Roga Padma Ayurvedic Medical Hospital Terdal*. She had chief complaints of no issues and a marital life of eight months. The couple was trying with regular intercourse and proper sexual knowledge. She had dyspareunia. She had a history of regular menses 3/25-30 days with heavy bleeding, abdomen pain and lower backache. No other comorbid illness like DM/HTN. She had a history of 1 abortion MTP due to the absence of cardiac activity and no fetal pole with posterior wall intramural uterine fibroid. After that, she was unable to conceive due to a bilateral tubal block. Finally, she was suggested to undergo tubal recanalization followed by ART (Assisted Reproductive Technologies) considering her advanced age. Still, due to poor positive outcome assurance, she went for Ayurvedic management and approached our hospital.

Investigations

Previous USG scans reported early intrauterine pregnancy failure and posterior wall intramural uterine fibroid of 3.8 X 4.1 cm. CBC, UR, and RBS reports were normal. HIV and HBsAg were negative. Hystero-salpingography (HSG) reported bilateral tubal block.





Intervention

1st visit:

She was treated with oral medications:

- 1) Tab. *Hridayarna Rasa* 1BD X 1 month
- 2) Tab. *Sukumara Kashaya* 1BD X 1 month

3) Cap. *Mahanarayana Taila* 1 BD X 1 month

Plan for *Niruha Basti* followed by *Uttara Basti* on 8th day of MC.

2nd visit-

Sarvanga Abhyanga with *Dhanvantara Taila*
Swedana with *Mridu Naadi Sweda*

	DAY 1	DAY 2	DAY 3	DAY 4
Morn.	-	N	N	N
Eve.	A	A	A	A

Yoga Basti from day 4 of MC morning- evening pattern.

Anuvasana Basti- Ksheerabala Taila- 60ml.

1st *Niruha Basti* with *Erandamoola Niruha Basti*.

2nd and 3rd *Niruha Basti* with *Dashamoola Niruha Basti*.

Uttarabasti- from day 8 of MC for three days.

Drug – *Hingu Triguna Taila* 5ml.

	DAY 1	DAY 2	DAY 3	DAY 4
Morning	5ml	5ml	5ml	<i>Anuvasana</i>

Results

At 3rd visit- patient conceived. Her urine pregnancy test was positive so, she was advised to do early pregnancy scan and ANC care with following medicines-

- 1) Tab. *Leptaden* 1 BD X 5 months
- 2) Cap. *Sujaat* 1 BD X 5 months





DISCUSSION

Based on previous findings, the case was diagnosed as Pariplutaa Yonivyapad, which leads to tubal blockage as a complication. Vata-Pitta *Dosha* vitiation takes *Sthanasamshraya* in *Aartava Beejavaha Srotas* (*Garbhashaya Nalika*), leading to *Sankocha* and *Paka* of tubes. Further, *Kapha Dosha* vitiation causes *Shopha*, and *Srotosanga* leads to *Garbhashaya Nalika Avarodha* (tubal blockage), causing *Vandhyatva*⁹. In this case, treatment protocol: Hridayarnava Rasa contains Tamra Bhasma, which does Sroto–shodhana; Sukumara Kashaya is Vatahara, which cures dysmenorrhea; Mahanarayana Taila is Vata-Pittahara has anti-inflammatory action. Erandamoola and Dashamoola Niruha Basti does *Garbhashaya Shodhana*, *Lekhana*, *Deepana*, *Jangha*, *Uru*, *Pada*, *Trika*, *Prishtha Shoolahara*, *Ksheerabala Taila Vata-pitta Shamaka* and *Balya Hingu Triguna Taila* contains *Lashuna* etc. *Tikshana Dravyas*, which acts as *Aavaranahara* and helps to remove the tubal blockage.

CONCLUSION

The non-invasive treatment protocol adopted in this case proved very beneficial compared to allied science. It is much more cost-effective compared to tubal recanalisation. Modern treatment modalities adopted for tubal blockage, i.e. surgery and ART, are costly, have lower success rates, and failure causes psychological stress to couples. *Ayurvedic* manage-

ment is safe, with high success rates, and relatively sure of cure. Ayurveda science is a boon to mankind and treats pathophysiology as well as psychology, which is more important; hence, it has a broad scope in managing infertility.

REFERENCES

1. D.C. Dutta, Hiralal K. editor, (8th ed.) textbook of Gynaecology, New Delhi, Jaypee brothers Medical Publishers (P) Ltd., 2020, Ch- 17, Infertility, page no. 188,191
2. Ambikadutta S, Sushruta Samhita, Ayurveda-Tattva-Sharira Sthana 9/22, Samdipika Hindi Commentary by Chaukhambha Sanskrit Sanstha, Varanasi: 2012-page no. 97.
3. Upadhyaya et al.: Tubal Infertility in Ayurveda; AYU 2010; vol. 31 Apr-Jun; Issue 2 p.no. 159-160.
4. Vidhyadhar S; Ravidutta T; Vaidhyamanorama Hindi commentary, Charaka Samhita, Delhi, Chaukhamba Sanskrit pratisthan reprinted 2015; chapter 30/38, pg.no. 759.
5. Gupta KA. Vidyoyini Tika, Ashtang Hridaya, Varanasi: Chaukhamba Prakashan; 2007. Uttar Sthan, 33/52.
6. Vidhyadhar S; Ravidutta T; Vaidhyamanorama Hindi commentary, Charaka Samhita, Delhi, Chaukhamba Sanskrit partisan reprinted 2015; chapter 30/23-24, pg.no.756
7. Gupta KA. Vidyoyini Tika, Ashtang Hridaya, Varanasi: Chaukhamba Prakashan; 2007. Uttar Sthan, 33/46-47.
8. Upadhyaya, et al.: Tubal Infertility in Ayurveda; AYU Apr-Jun 2010; vol. 31; Issue 2 p.no. 164-165.
9. Pawar Divya et al.: An Ayurvedic perspective – the role of uttarbasti in tubal block infertility IAMJ: April -2020, Volume 8, Issue 4, pg. no.3364.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Supriya S et al: Ayurvedic management of Pariplutaa Yonivyapad w.s.r. to bilateral tubal blockage: a case study. International Ayurvedic Medical Journal {online} 2024 {cited February 2024} Available from: http://www.iamj.in/posts/images/upload/440_443.pdf