



Case Study

## MANAGEMENT OF INFERTILITY DUE TO BILATERAL TUBAL BLOCKAGE, PCOD & ENDOMETRIAL POLYP BY AYURVEDIC REGIME: A CASE STUDY

Prachi Gupta<sup>1\*</sup>, Poonam Choudhary<sup>2</sup>

\*1PG Scholar, <sup>2</sup>Assistant Professor, Department of Prasuti Tantra Evam Stri Roga, National Institute of Ayurveda, DU, Jaipur, Rajasthan, India.

### Article info

#### Article History:

Received: 08-08-2022

Revised: 26-08-2022

Accepted: 12-09-2022

#### KEYWORDS:

Tubal block,  
PCOD,  
Endometrial  
polyp,  
*Beejasamskara*,  
*Uttar Basti*,  
*Garbhsamskara*.

### ABSTRACT

Infertility is one of the predominant health issues, affecting 10-15% of reproductive-aged couples. An infertility evaluation should be considered in any couple that has failed to conceive in one year. Infertility can be subdivided into primary infertility (no prior conception) and secondary infertility (infertility following at least 1 prior conception). Here it is the case of primary infertility. In Ayurveda, it can be correlated with *Anaptaya Vandhya* (that is who never has conceived) and *Apraja Vandhya* (that lady who never have conceived but can conceive by eliminating the underlying cause). In this case study, Ayurvedic management successfully treat the primary infertility. **Main clinical finding:** A married Hindu female patient of 28 years of age visited to OPD of National Institute of Ayurveda, Jaipur, on 24 October 2020, with chief complaint of wants issue since 3 years. She had associated complaint of sometimes milk like discharge from breast since 3 years. **Diagnosis:** Her HSG scan suggestive of right fallopian tube fimbrial block and left fallopian tube cornual blockage. Her USG scan suggestive of bilateral polycystic ovary and a tiny echogenic polyp of size 3.7x2.3mm in mid part of endometrial cavity. Her prolactin level was found elevated. **Interventions:** Treatment given was *Beejasamskara*, *Uttarbasti* with *Apamarga kshara tail* & *Shudah bala tail* along with oral medication. **Outcome:** She conceived after taking 6 months of treatment. She was given proper antenatal care along with *Garbhsamskara*. She delivered a healthy female baby of weight 3.03kg on 7<sup>th</sup> Jan 2022. **Conclusion:** This case study shows the potential of *Beejasamskara*, *Uttarbasti* in the management of infertility and the role of *Garbhsamskara* during the antenatal period.

### INTRODUCTION

Infertility is the inability to conceive after one year of unprotected coitus of reasonable frequency.<sup>[1]</sup> There are various causes of female infertility which include tubal abnormalities, ovarian disorders, uterine & cervical factors. About 25-35% tubal factor, 30-40% ovarian factor and 10% uterine factor are responsible for female infertility.<sup>[2]</sup> Tubal blockage is the most important causative factor for female infertility.

The causes responsible for tubal blockage are tubal endometriosis, endosalpingeal damage, mucous debris or polyps within the tubal lumen, peritubal adhesions, tubal spasm.<sup>[3]</sup> Ovarian factors include polycystic ovarian disease, anovulation, premature ovarian failure, corpus luteum insufficiency, resistant ovarian syndrome. PCOD is the most frequent cause of ovarian disease. Uterine factors include congenital malformation of uterus, inadequate secretory endometrium, endometriosis, endometritis, endometrial polyp<sup>[4]</sup>, leiomyomas. Endometrial polyps are estimated to be present in 3-5% of infertile women.<sup>[5]</sup> Endometrial polyp can hinder effective nidation. In the present case study tubal blockage, PCOD, endometrial polyp associated with hyperprolactinemia causes infertility.

#### Access this article online

Quick Response Code	
	<a href="https://doi.org/10.47070/ayushdhara.v10i4.1000">https://doi.org/10.47070/ayushdhara.v10i4.1000</a>
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

In Ayurvedic classics, *Aacharya Charaka* and *Vagbhata* have described *Vandhya* due to abnormality of *Beejansha* (congenital absence of uterus and *Artava*), as an incurable condition.<sup>[6]</sup> These both references do not give complete picture of *Bandhyatwa*. *Bandhyatwa* (infertility) is described in detail in *Harita samhita*. As per *Harita*, *Bandhyatwa* (infertility) is defined as failure to achieve a child rather than pregnancy, it is because he has included *Garbhasravi* and *Mratavatsa* also under his classification.<sup>[7]</sup> According to *Aacharya Harita vandhya* is of six types, *Anapatya* is one of them.<sup>[8]</sup> *Aacharya Charaka* mention the word *apraja* in the clinical features of *Asrja yonivyapad*<sup>[9]</sup>. *Apraja* means infertility in which woman conceives after treatment or primary infertility. Here we can correlate primary infertility with *Anapatya* and *Apraja vandhya*.

### Case Report

A married Hindu female patient of 28 years of age visited to OPD of National Institute of Ayurveda, Jaipur, on 24 OCT 2020 with chief complaint of wants issue since 3 years. She had associated complaint of sometimes milk like discharge from breast since 3 years.

**Menstrual History-** Patient attained her menarche at 14 years of age.

**LMP-** 30-Sep-2020

**M/H-** 5-7 days/45-60 days

### Detailed Menstrual History

Pattern	Irregular
Pain	Painful +++
Clots	Absent
Flow	Moderate
Colour	Dark red
Pad History	
Day 1-3	4 pads/day
Day 4-7	2 pads/day

**Obstetric History-** G0P0

### Past Medical History

- H/O PCOD Since 5 Years
- H/O High Prolactin level
- H/O Taking OCP (Yamini) 2 years back for 3 months for PCOD
- H/O Covid infection in august 2020 admitted in hospital.

### Past Surgical History

- Non-significant

### Family History- Nil

### Personal History

- **Diet-** Vegetarian

- **Appetite** - Normal
- **Sleep** - Sound
- **Bowel Habit** - Clear
- **Micturition** - Clear
- **Allergic History** - Nil
- **Addiction-** One cup of tea twice a day

### Examinations

#### Physical Examination

G.C.	Fair
Built	Moderate
Weight	50 Kg
Height	5'2"
BMI	20.3
BP	120/80 mmHg
Pulse Rate	70/min
Pallor	Absent

#### Systemic Examination

Respiratory System	Inspection: B/L symmetrical chest Auscultation: AEBE
Central Nervous System	Orientation: Patient was conscious and well oriented
Cardiovascular System	Auscultation: Normal Heart Sounds

### Diagnostic Assessment

#### Laboratory Investigations

- X- ray HSG: Her X- ray HSG report done on (05.10.2020) was suggestive of -
  - Right Fallopian Tube - Fimbrial block
  - Left Fallopian Tube - likely Cornual block
- USG done on (18-12-2020) was suggestive of -
  - Bilateral polycystic appearing ovaries.
  - A tiny echogenic polyp -in mid part of endometrial cavity with a vascular pedicles seen posteriorly, measuring (3.7x2.3mm)
- Her prolactin level was high- 30.14ng/ml (02-12-2018).
- Husband's semen analysis was also normal- Sperm count- 92 million/ml Motility- 80%

### Treatment Protocol

She came in NIA OPD on 24 October 2020 & oral Ayurvedic formulations; *Stanyashodhak gana kwatha* (20gm twice daily in form of 40ml *Kwatha* Orally in morning and evening before food), *Arogyavardhini vati* (2 tab of 250mg twice a day) with

water after meal, Cap Konch- 1 cap BD, *Phala Ghrita*- 1 Tsf OD with milk along with *Beeja samskara* (to prepare a couple mentally & physically fit for a healthy progeny) were prescribed. *Beeja samskara* includes *Yoga*, *Nidana parivarjana*, *Satvajaya*. In *Yoga Kapalabhati*, *Anuloma-Viloma*, *Suryanamaskara*, *bhastrika* were advised. *Nidana parivarjana* was also done in which taking of *Pathya ahara* and *Vihara* (wholesome diet and lifestyle) and avoiding of *Apathya ahara* and *Vihara* (unwholesome diet and lifestyle) was advised. She was asked to consume lukewarm water in place of normal/cold water during the treatment period. Advice to take *Patol*, *Methi*, *Palak*, *Karela*, *Moong dal*, *Munnaka*, fruits like pomegranate, and Barley daliya or any preparation of Barley. Follow *Rajaswalacharya* during first 3 days of menses. She was advised to take *Saindhava lavana* in place of normal salt and avoid consuming spicy diet and diet that is difficult to digest; avoid consuming diet before complete digestion of earlier diet; avoid intake of curd and day sleep and *Ratrijagran*. This treatment continues for 4 months. Then on 6-03-21 she visits NIA OPD with complaint of delayed menses so she was prescribed previous medication + *Ajamodadi Churna*- 3gm *Tankan Bhasma*- 500mg - BD, BF with lukewarm water, *Rajah Pravartani vati*- 2 tab BD. then she got her menses on 16-3-2021 & planned for *Uttar basti* on 7<sup>th</sup>

day of menses with *Apamarga kshara tail* & *Shudah bala tail*.

*Uttarbasti* was done after *Anuvasana basti* with *Triphala tail* in evening of 20-3-21. *Aasthapan basti* with *Arbudahara kwath* given in the morning of 21-03-21 & *Anuvasana basti* with *Triphala tail* in evening of 21-3-21. Then on 22-03-22 *Yoni Prakshalan* with *Triphala kwath* done before *Uttar basti*. Then again patient missed her periods and did her UPT which was found to be positive. USG for viability was carried out which showed intrauterine gestation of 8 weeks 1 day with yolk sac present measuring 1.9mm, presence of cardiac activity 168 bpm. Then she was given proper antenatal care along with *Garbhsamskara*.

In *Garbhsamskara* patient was advised to do pranayama daily, to read *Strotas* like *Bhagvad Gita*, to chant and listen *Mantras* like *Santana gopal mantra*, *Garbha Rakshambika strotram*. She was advised to follow *Garbhini paricharya*, in which special diet was advised to take according to different months. Like in first, second and third month she was advised to took *Madhura shita drava aahara* (sweet, cold and liquid diet).<sup>[13]</sup> In fourth month she was advised to took *Payonavanita samshrita aahara*. Likewise this different diet regime was advised according to different months. Then, she delivered a healthy female baby of weight 3.03 on 7<sup>th</sup> Jan 2022.

Date	Treatment Given
24-10-20	<p><b>Beeja samskara</b></p> <ul style="list-style-type: none"> <li>▪ Yoga</li> <li>▪ Nidana parivarjana</li> <li>▪ Satvajaya</li> </ul> <p><b>Oral Medication</b></p> <ol style="list-style-type: none"> <li>1. <i>Stanya Shodhakagana Kwath</i> – 40ml BD BF</li> <li>2. <i>Aarogyavardhani vati</i> – 2 tab BD AF with lukewarm water</li> <li>3. Cap Konch – 1 cap BD</li> <li>4. <i>Phala Ghrita</i> – 1 Tsf OD with milk</li> </ol>
06-03-2021	<ul style="list-style-type: none"> <li>• Previous Medication</li> <li>+</li> <li>5. <i>Ajamodadi Churna</i>- 3gm</li> <li><i>Tankan Bhasma</i>- 500mg - BD, BF with lukewarm water</li> <li>6. <i>Rajah Pravartani vati</i>- 2 tab BD</li> </ul>
20-03-2021	<ul style="list-style-type: none"> <li>▪ <i>Uttar basti</i> with <i>Apamarga kshara tail</i> &amp; <i>Shudah bala tail</i>.</li> <li>▪ <i>Anuvasana basti</i> with <i>Triphala tail</i></li> <li>▪ <i>Aasthapan basti</i> with <i>Arbudahara kwath</i></li> <li>▪ <i>Yoni Prakshalan</i> with <i>Triphala kwath</i></li> </ul>

## DISCUSSION

Disease of the reproductive system results in infertility and it impairs the body's ability to perform basic reproductive function.<sup>[10]</sup> Infertility treatment influenced by numerous factors. Important factors

include duration of infertility, a couple's age, diagnosed cause and level of distress experienced by a couple.<sup>[11]</sup> In this case study diagnosed cause is tubal blockage,

PCOD, endometrial polyp along with hyperprolactinemia.

**Beeja Samskara-** Beeja samskara is to prepare a couple physically and mentally fit for a healthy progeny. Quality of Beeja is essential for healthy progeny, if there is any *Dushti* (defect) in Beeja then the resulting child will also have abnormalities concerned with the parts developing from the Beeja. If a couple wants to have healthy progeny then there must be *Adushita shukra, Artava, Garbhashya* and *Yoni*. Beeja samskara involves *Panchkarma* (purification process), *Rasayana* and *Vajikarana, Yoga, Nidana parivarjana Satvajaya*. In the present case study *Yoga, Nidana parivarjana, Satvajaya* was given. As stress can result in reproductive failure<sup>[12]</sup>, *Satvajaya chikitsa* helps to improve mental health and relieving stress. Hence Beeja samskara plays an important role in eliminating bad traits of Beeja (*Beejashudhi*), improving mental and physical health, therefore having a healthy and excellent progeny.

**Apamarga kshara tail-** Tubal blockage can be considered as a *Vata-kapha* dominated *Tridoshaja* condition. As in Bharata Bhaishajya Ratnakara, *Kshara-tail* is mentioned for *Stree roga adhikar*<sup>[13]</sup> and in *Chakradutta*, *Apamarga* is mentioned as *Vata-kapha shamaka, Tridoshagna, Tikshna, Ushna sukshma* in properties.<sup>[14]</sup> Hence *Apamarga kshara tail* is used in this case study, so that it could remove blockage by reaching up to the minute channels. Due to the *Lekhana* property of *Apamarga kshara tail* it is useful in endometrial polyp also, as it scrapes blockage from tube along with polyp.

**Bala Tail-** According to Ayurveda classics, *Vata* regulation is the basic principal of treatment for all gynaecological diseases and *Aacharya Sushruta* mentioned *Bala tail* as *Sarvavata Vikaranutta*.<sup>[15]</sup> So *Bala tail* is used for *Uttar basti* as it pacifies all *Vata* disorders. In addition *Aacharya Sushruta* mentioned *Garbhaarthani* (woman who wants to conceive) in the benefits of *Bala tail*.<sup>[16]</sup> Hence it is appropriate to use *Bala tail* for *Uttar basti*.

**Stanyashodhak Gana Kwatha-** In the present case study as patient had irregular menses with interval of 45-60 days, so we can relate it with *Artavadushti* and we have to correct the *Artava dhatu* also. As *Artava* and *Stanya* both are the *Updhatu* of *Rasa dhatu*. Hence correction of one *Updhatu* also corrects other *Dhatu*. On the basis of this fact *Stanyashodhak gana kwatha*<sup>[17]</sup> is selected, which corrects *Stanya* along with *Artava* also. Also the fact that drugs in this *Kwatha* that is *Patha, Shunthi, Devdaru, Mustak, Kirattikkta, Kutaki, Kutaj, Giloy* possess *Katu, Tikta rasa* which has *Deepan & Ama pachana* properties thus help in proper function of *Agni & Samyaka ahara pachana kriya*. Proper *Utpatti*

of *Rasa dhatu* facilitates *Uttarotar dhatu utpatti* properly and *Updhatu artava*.

**Aarogyavardhani Vati-** *Aarogyavardhini vati*<sup>[18]</sup> possesses mainly *Katu, Tikta, Kashaya rasa, Ushna, Laghu, guna, Sheeta veerya, Katu vipaka*. It is *Pachani, Deepani, Medovinashini, Srotoshodhak, Tridoshahara* and *Malsudhikar*. Due to its *Ushna, Laghu guna, Tikta rasa* it pacifies *Kapha* and *Medha*, thus relieves symptoms of ovarian cyst. Thus this drug was chosen to treat the PCOD.

**Cap. Konch-** Prolactin is a pituitary hormone that plays an important role in a variety of reproductive function. There is high incidence of anovulation in women with elevated prolactin levels, it is due to the alterations of GnRH pulsatility.<sup>[19]</sup> Prolactin secretion is under the chronic inhibition by dopamine.<sup>[20]</sup> Hence dopamine agonists are the primary treatment of hyperprolactinemia. In the present case study *Cap Konch* is given. As it contains *Kapikacchu* and *Dopa* (1.5%) is present in its seeds<sup>[21]</sup>. So it increases the level of dopamine which results in decrease of prolactin level.

**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 *Dravayas* having properties of *Rasa* like *Katu, Tikta, Madhura* and *Guna* like *Lagu, Snighda* 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*.<sup>[22]</sup> Hence *Phala ghrita* was selected for oral administration in this case for infertility.

**Garbhsamskara-** *Garbhsamskara* is a process of selecting and transmitting positive effect to mother and baby by means of *Yoga*, reading, thinking, praying including healthy eating and cheerful behaviour. Due to *Garbhsamskara* there is a special bond between mother and baby. It includes training the baby as well as mothers mind during pregnancy.

It is a process of reforming, polishing and cultivating the unborn and helps in having a healthy progeny. *Samskara* means to substitute bad traits by superior ones. Hence *Garbhsamskara* plays important role in females for getting healthy and excellent child.

## CONCLUSION

In this case patient had bilateral tubal blockage, PCOD, endometrial polyp associated with hyperprolactinemia. Patient was administered the treatment for 5 months. From this case study it can be inferred that *Beejasamskara, Uttarbasti* along with *Stanya Shodhakagana Kwath, Aarogyavardhani vati,*

*Cap Konch, Phala Ghrita* was found to be effective in the management of infertility and *Garbhamskara* found to be effective during the antenatal period as the pregnancy was carried till term without any antepartum, intrapartum and postpartum event.

**Informed Consent-** The patient provided verbal consent about treatment.

## REFERENCES

1. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 506, chapter 19.
2. D.C. Dutta's textbook of gynecology, Edited by Hiralal Konar, 8<sup>th</sup> edition, 2020, Page no. 190, chapter 17.
3. D.C. Dutta's textbook of gynecology, Edited by Hiralal Konar, 8<sup>th</sup> edition, 2020, Page no. 191, chapter 17.
4. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 516, chapter 19.
5. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 516, chapter 19.
6. Prof. PV Tiwari, Ayurvediya Prasuti Tantra Avum Stri Roga, Vol 2, Prasuti Tantra, Reprint Edition Varanasi, Chaukhambha Orientalia; 2018 page no. 273.
7. Prof. PV Tiwari, Ayurvediya Prasuti Tantra Avum Stri Roga, Vol 2, Prasuti Tantra, Reprint Edition Varanasi Chaukhambha Orientalia; 2018 page no. 273
8. Prof. PV Tiwari, Ayurvediya Prasuti Tantra Avum Stri Roga, Vol 2, Prasuti Tantra, Reprint Edition Varanasi Chaukhambha Orientalia; 2018 page no. 283
9. Prof. PV Tiwari, Ayurvediya Prasuti Tantra Avum Stri Roga, Vol 2, Prasuti Tantra, Reprint Edition Varanasi Chaukhambha Orientalia; 2018 page no. 282.
10. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 529, chapter 20.
11. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 529, chapter 20.
12. Barbara L. Hoffman, John O. Schorge, Joseph L. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Williams Gynecology, second edition, page no. 531, chapter 20.
13. Nagindas Chhaganlal Shah, Bharat Bhaishajya Ratanakara, Ahemadabad, Unjha Ayurveda Pharmacy, 1937, 5<sup>th</sup> part, Page no- 533-534.
14. Indradeva Tripathi, Chakradutta, Vaidya Prabha Hindi Commentary, Varanasi, Chaukhambha Sanskrita Bhavana, 2012, Karnaroga Chikitsa 57/25. Page no. 339.
15. Shastri A. Sushruta Samhita Vol.1. Varanasi: Chaukhamba Surbharati Prakashana; 2008, Page no. 75.
16. Shastri A. Sushruta Samhita Vol.1. Varanasi: Chaukhamba Surbharati Prakashana; 2008, Page no. 75.
17. Agnivesha, Caraka Samhita, Text with Cakrapani comm, Ed. By Vd. Y.T.Acharya, Chaukhamba Orientalia, Varanasi. Sutra sthana 4/18, page no.84.
18. Rasa Ratna Samuchya Suratnojwala Hindi Vyakya visarpa rogadhikar 20/87 & 93.
19. D.C. Dutta's textbook of gynecology, Edited by Hiralal Konar, 8<sup>th</sup> edition, 2020, Page no. 58, chapter 7.
20. D.C. Dutta's textbook of gynecology, Edited by Hiralal Konar, 8<sup>th</sup> edition, 2020, Page no.55, chapter 7.
21. Prof. PV Sharma, Dravyaguna- Vigyana Vol-2 Reprint year 2015, page no. 570
22. Prof. PV Tiwari, Ayurvediya Prasuti Tantra Avum Stri Roga, Vol 2, Prasuti Tantra, Reprint Edition Varanasi Chaukhambha Orientalia; 2018 page no. 78.

### Cite this article as:

Prachi Gupta, Poonam Choudhary. Management of Infertility due to Bilateral Tubal Blockage, PCOD & Endometrial Polyp by Ayurvedic Regime: A Case Study. AYUSHDHARA, 2022;9(4):96-100.

<https://doi.org/10.47070/ayushdhara.v10i4.1000>

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

### \*Address for correspondence

**Dr Prachi Gupta**

PG Scholar,  
Department of Prasuti Tantra  
Evam Stri Roga,  
National Institute of Ayurveda,  
DU, Jaipur.  
Email: [mathi.prachi15@gmail.com](mailto:mathi.prachi15@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.