

# Understanding the Concept of Tubal Blockage in Ayurveda

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## ABSTRACT

Infertility is the failure to naturally conceive a child even after one or more years of regular unprotected coitus or to carry a pregnancy to full term. The situation gets gloomier as it is a problem often involving multiple factors, the diagnosis and treatment of which puts the family to physical and mental stress in addition to the financial expenses it involves. Tubal blockage is one of the important factors for infertility and it needs to be reviewed from the ancient texts. In this present article attempt has been made to review the tubal blockage in Ayurvedic texts.

**Keywords:** Infertility, Vandhyatva, Ayurveda, Tubal blockage

## INTRODUCTION

Infertility is also defined in specific terms as the failure to conceive after a year of regular intercourse without contraception according to modern science. Causes of infertility include ovulation problems, tubal blockage, age-related factors, uterine problems, previous tubal ligation, endometriosis.<sup>1</sup> According to WHO, positive reproductive health of a woman is a state of complete physical, mental and social wellbeing and not merely absence of disease related to reproductive system and functions. It is observed that 50% of normal couple achieve conception within three months of regular unprotected intercourse, 75% in six months and 80-85% conceive within a year.<sup>2</sup> Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception.

The incidence of infertility in any community varies between 5 and 15%.<sup>3</sup>

## TUBAL BLOCK (INFERTILITY) IN AYURVEDA

The way to define the disease or the pathogenesis in *Ayurveda* is entirely different from western medical science, and is based more upon the first vitiation of *Doshas*, i.e. the pathogenesis of disease from commence. Taking this *Ayurvedic* view, here an effort has been made to describe the *Ayurvedic* view regarding tubal blockage in terms of

- A) *Prakriti*, (*Doshas*; root cause),
- B) *Adhishthana*, (*Dushya*; seat),
- C) *Linga* (*Lakshanas*; features)
- D) *Ayatana*. (*Ahara Viharadi Nidan*as).

### A) PRAKRITI (SANNIKRISHTA KARANA OR ROOT CAUSE)

According to *Ayurvedic* point of view, the root or ultimate cause of any disease is the vitiation of either one or more of the three *Doshas* by one or more of their *Gunas*.<sup>4,5,6</sup> All the three *Doshas* can be assumed responsible for *Vandhyatva* by causing structural or functional abnormalities in *Artava Bija Vaha Srotas* i.e. fallopian tube. Vitiation of *Vata* can be considered the most important factor for tubal infertility as it is responsible for *Dhatugati*<sup>7</sup>, *Cheshta*<sup>8</sup> & *Garbhakriti*<sup>9</sup>. *Chakrapani* has considered *Vata* the *Nimitta Karana* of *Garbha* by saying “*Bhetta Karta; Etam Cha Sharir Utapatti Kale*”<sup>10</sup> *Kapha* can be considered another *Dosha* responsible for causing tubal block for its

*Avarodhaka* and *Shophajanaka* properties. If *Kapha* gets vitiated with its *Sthira*<sup>11</sup> *guna*, it can lead to blockage. *Acharya Sushruta* has also stated that *Puya* or suppuration<sup>12</sup> is not possible without *Kapha*, while *Acharya Vagbhata* considers *Kapha* responsible for *Shopha* or inflammation. These *Shopha* & *Puya* are, of course, the most important causative factors of tubal infertility by producing tubal block. Though *Vata* & *Kapha* seem to be most significant for causing tubal blockage, but the role of *Pitta* cannot totally be neglected here, as it is said to be responsible for *Paka*.<sup>13</sup> Most of the tubal blockages are the consequence of urogenital infection and thus, vitiation of *Pitta* can be taken here. Hence, tubal infertility is not the manifestation of vitiation of any specific *Dosha*, rather sometimes interplay of multiple *Doshas* and sometimes the sequel of vitiation of single *Dosha*.

#### **B) ADHISHTHANA (DUSHYA: SEAT)**

*Garbhashaya* is the *Adhishthana* of this disease entity and the seat of *Doshic* vitiation too. On the basis of various references given in classics, *Adhishthana* can be defined in various terms but the ultimate one is *Garbhashaya* (uterus) only. *Acharya Sushruta* has considered four factors essential for the conception. These factors are; *Ritu* (proper time i.e. ovulatory period), *Kshetra* (genital organs especially uterus), *Ambu* (nourishing substances) and *Bija* (gametes). *Acharya Ghanekar* has also considered *Garbhashaya* or *Garbhashaiya* as *Kshetra* for *Garbhadhana*, though he has also taken it as *Stree* in a broader sense.<sup>15</sup> Fallopian tubes are the part of uterus itself, thus, is definitely the component of the *Kshetra* here. Hence, the *Kshetra* stated by *Acharya Sushruta* can be considered as the *Adhishthana* of vitiation of *Doshas*. While describing the factors, which are essential to be in proper and healthy state for conception and partum, *Acharya Charaka* has clearly mentioned term *Ashaya* other than the *Asrik* or *Bija*<sup>16</sup>. It clarifies the need for normal function of both the ovulatory and uterine

factors for conception. So, if the *Ashaya* is not *Sampad*, it can mean the abnormality either in uterus or in tube in the form of block. When *Doshas* are localized in fallopian tube, it leads to tubal block.

#### **C) LINGA (LAKSHANA: CLINICAL FEATURES)**

*Acharya Charaka*<sup>17</sup> has not mentioned *Vandhyatva* in such a way but if we go through the literature the *Sapraja Vandhyatva* can be considered as a consequence of tubal infertility, because the post – partum infection of reproductive organs can cause tubal blockage.

*Acharya Harita*<sup>18</sup> has explained 6 types of *Vandhyatva* out of them *Kakavandhya* and *Anapatya* are the secondary and primary types of infertility, and tubal blockage can lie behind these disorders along with several other possible causes. *Dhatukshaya* can be considered either as tuberculosis affecting reproductive organs or may indicate a condition of emaciation along with reduced immunity making her susceptible for recurrent infections. Both the above condition may finally lead to occlusion of tubal lumen causing *Vandhyatva*. *Garbhasamkocha* seems to be nearer to tubal infertility, because coitus before the age of menarche is the reason of infertility here. It denotes that a girl, who was normal previously, becomes infertile due to coitus at an improper age. Coitus is a responsible factor for altering the vaginal pH, which makes it prone to bacterial growth and infection. This infection, if ascends towards the upper genital tract is known as Pelvic Inflammatory Disease (PID), and if not treated properly, may cause tubal blockage

#### **Tubal blockage in Yoni Vyapadas**

Tubal blockage is a common complication of Pelvic inflammatory disease i.e. infection of upper genital tract. *Acharya Charaka*<sup>19</sup> and *Vagbhata*<sup>20</sup> have considered infertility as a complication of all the *Yonivyapadas*. Thus, tubal blockage can be taken as complication of those

*Yonivyapadas*, which are compared with PID on the basis of their symptomatology.

**1. Paittika or Pittala-** is compared with the infection of reproductive organs.<sup>21,22,23,24</sup>

**2. Tridoshaja or Sannipatiki** This *Yonivyapad* is considered as acute infective disorder of reproductive system either developed due to infection of reproductive system itself or as a consequence of disorder of another system,<sup>25,26,27,28</sup> for its characters like Burning sensation with pain, yellowish and white unctuous vaginal discharge As this condition is a clear cut description of mixed type of severe genital tract infection, it may definitely lead to infertility as a consequence by producing tubal block as a complication.

**3. Aticharana** Here *Acharya Charaka & Vagbhata* have given features of *Shopha, Supti & Ruja* due to *Ativyavaya*, while *Acharya Sushruta* has clearly indicated the infertility by saying *Yasya Bijam Na Vindati*. The disease *Aticharana* appears to be analogous to vaginal inflammation caused by excessive coitus associated with infertility.<sup>29,30,31,32</sup> It can be considered a condition very nearer to tubal infertility, as

any infection, if leads to infertility, is due to tubal blockage.

**4. Paripluta**<sup>33,34,35</sup> It is again a condition very similar to the preliminary stage of tubal blockage, because all the features given are suggestive of its similarity with Pelvic Inflammatory Disease.

**5. Upapluta**<sup>36,37</sup> This *Yonivyapad* again refers to condition of genital tract infection with *Pandu, Satoda, Shweta & Pichhila Srava* with dominance of *Kapha & Vata* leading to *Shopha and Vedana*. In this *Vatakaphajanya Avarodha* as well as infection can cause the tubal blockage.

**6. Vipluta**<sup>38</sup> *Acharya Sushruta* has considered *Vipluta* a disorder characterized by *Nitya vedana* (continuous pain), and indicated it as a *Vatika* disorder. If infertility is assumed as a complication of this condition left untreated, there can be several pathologies regarding different type of ovulatory, uterine and other factors. Tubal blockage undoubtedly can be one of those pathologies by causing *Sankocha* (stenosis) of tubal lumen because of increased *Rukshatva* of aggravated *Vata*.

#### D) NIDANAS (ETIOLOGICAL FACTORS)

Table no 1: Tubal blockage caused by *Nija Hetu* (internal factors)

Doshas	Nidanarthakar roga	Nidanas	Vikriti	Nimitta
Vata	Aticharana	Ativyavaya	Shopha	Agantuja
	Vipluta		Sankocha	Nija
Pitta	Pittala Yonivyapada	Pittaja Ahara	Paka	Nija
	Pittaja Artavadushti	Pittaja Ahara Vihara	Paka	Nija
	Pittaja Asrigdara	Pittaja Ahara	Paka	Nija
Kapha	Kaphaja Artava dushti	Kaphaja Ahara Vihara	Shopha	Nija
	Kaphaja Asrigdara	Kaphaja Ahara	Shopha	Nija
Vata Pitta	Paripluta	Vega Dharana(Kshavathu Udgara)	ShophaPaka -	Nija

**Agantuja Rogas (External factors) which can cause tubal blockage**

**Sapraja:** This condition seems to be *Agantuja Nimittaja Vyadhi*, as secondary infertility is generally the consequence of trauma or post – partum infection and that may be the reason why *Acharya* has not described *Doshas & Nidanas* for this condition.

**Kakavandhya:** Secondary infertility told by *Acharya Harita* can be explained in similar manner.

**Balakshaya:** As per the abovementioned explanation, this condition seems to be genital tuberculosis caused by mycobacterium. And it also can be understood as *Agantuja Nimittaja Vyadhi* leading to tubal blockage.

**Garbhasankocha** caused by coitus in an immature girl told by *Acharya Harita* is again a clear description of infertility caused by tubal & cervical stenosis, thus, an *Agantuja Nimittaja Vyadhi*.

**Upadamsha:** It denotes venereal diseases caused by improper coitus. It is *Agantuja Vyadhi* which may definitely lead to tubal infertility.

**Parisruta:** *Nidanas* mentioned for all the *Jataharinis* mainly speak about to contagious and infectious etiological factors. Thus, *Parisruta* told by *Acharya Kashyapa* is definitely an *Agantuja Vyadhi*, which is generated by influence of *Daiva Karanas*.

## CONCLUSION

Infertility has increased tremendously in the past decade and this is due to the result of a combination of social, environmental, psychological, and nutritional factors. The management of infertility due to tubal factor in modern includes Tubal microsurgery, Laparoscopic tubal adhesiolysis, fimbrioplasty and tubal surgery, *in vitro* fertilization, Tubal cannulation etc. But these modalities have their own demerits. The chief among the adverse effects are anaesthetic complications, post operative wound infection, chest infection, embolism, failure of surgery and high incidence of ectopic pregnancy in post treatment cases. The treatment is very expensive also. Better understanding of tubal blockage as per Ayurvedic texts is the need of the time so that researchers can develop safer, more cost effective and complete cure of this sensitive problem.

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