

Treating Infertility Due to Fallopian Tube Obstruction with Lu Hua Pills: 120 Cases

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Abstract:

Infertility due to fallopian tube blockage is classified as “concretions and accumulations” within Chinese medicine. Common causes are unsanitary practices during menses, childbirth, or sexual activity; vacuity in the uterine channels, evil toxin invasion, or qi stagnation and blood stasis; or the seven emotions elicit internal damage, liver qi depressively binds, phlegm-damp congeals, the qi and blood are in disharmony, stasis and blood bind, all of which result in physical concretions and conglomerations. The condition progresses over a long period; common treatments have low effective rates; and thus it is considered a difficult syndrome within gynecology. This study involved both oral and enema administration of lu hua pills to treat 120 cases of fallopian tube blockage. Results: Those treated with lu hua pills experienced significantly shorter disease duration and increased cure rates; the treatment entailed minimal discomfort, was relatively inexpensive, had no toxic side-effects, and is worthy of further investigation.

Fallopian tube obstruction is an important factor in female infertility, characterized by long disease duration and low cure rates. We treated 120 cases of infertility due to fallopian tube obstruction between July 1996 and June 2003, with noteworthy results, reported below:

1. Clinical information:

1.1 General information: All cases were gathered from this hospital’s gynecological department; a diagnosis of infertility due to fallopian tube obstruction was confirmed; and the subjects were separated into treatment or control groups. The treatment group of 120 cases included 48 primary infertility and 72 secondary infertility subjects; age range was 22-40 with the average age being 31; 45 subjects had disease duration of 1-2 years, 56 subjects had disease duration of 3-5 years, and 19 subjects had it for 6-plus years; 41 subjects had no typical associated symptoms, 56 also presented with Pelvic Inflammatory Disease (PID), and 23 had edema at the fimbrial end of the fallopian tubes. The control group also had 120 subjects, with 50 cases of primary and 70 cases of secondary infertility; age range was 21-40 with the average age being 30.5; 43 subjects had disease duration of 1-2 years, 58 for 3-5 years, and 19 for 6-plus years. 40 subjects had no typical associated symptoms, 52 also presented with Pelvic Inflammatory Disease, and 28 had edema at the fimbrial end of the fallopian tubes. The two groups were statistically similar in age, disease history, disease presentation, and diagnoses, allowing for accurate control.

1.2 Diagnostic Parameters: 1. History of infertility; 2. History of infection due to unsanitary practices during menses, childbirth, or sexual activity; 3. Pain and distension in either unilateral or bilateral lower abdomen, with profuse leucorrhea; 4. Gynecological exam that finds rough, thickened, or significantly painful areas in one or both sides of the lower abdomen; 5. ultrasound test indicated an inflammation in the pelvic region 6. Hysterosalpingogram or WD-300A Fallopian tube fluid imaging (Product of Qingdao Wandu Electronic Technology Company, Ltd) to confirm obstruction of fallopian tubes (including hardening, scarring, or edema) and eliminate congenital deformations. Subjects who met criteria 1 and 6 above, and had any one of the remaining four symptoms were positively diagnosed.

2. Treatment and Observation Methods

2.1 Lu Hua Wan Ingredients: *shui zhi* (Hirudo seu Whitmania) 12g, *chuan shan jia* (Squama Manitis) 12g, *lu lu tong* (Fructus Liquidambaris) 10g, *e zhu* (Rhizoma Curcumae) 30g, *shi jian chuan* (Herba Salviae Chinensis) 15g, *mu li* (Concha Ostreae) 30g, *xia ku cao* (Spica Prunellae Vulgaris) 15g, *hu po* (Succinum) 6g, *jiu da huang* (wine-processed Radix Rhei) 10g, and *bai hua she she cao* (Herba Hedyotis) 30g. The hospital pharmacy made these into pills, with 60 pills per bottle.

2.2 Treatment Method

Treatment group: Subjects who had infertility due to fallopian tube obstruction and who did not exhibit other associated symptoms took *lu hua* pills from the time their menses ended until the beginning of their next cycle. The dosage was 6g, 3 times per day, taken after meals. After the completion of the second round of menstruation, they took 16 pills of *liu wei di huang wan* (Six-Ingredient Rehmannia pills), 3 times per day, before meals. During the second premenstrual period, subjects were also administered *tai bao jiao nang* (Preserve the Fetus Capsules) (Product of China Anhui Wu Hu Lu Ye Company), 2-3 capsules per dose, 3 times per day before meals. Those subjects experiencing infertility due to fallopian tube obstruction along with pelvic inflammatory disease or edema of the fimbrial end of the fallopian tubes also used an herbal enema beginning on day 10 of the cycle. Enema method: One *lu hua* pill prescription, plus *bai jiang cao* (Herba cum Radice Patriniae) 30g and *qing meng shi* (Lapis Chloriti) 20g, decocted in water to obtain 200ml fluid. This was used as an enema once per day; while irrigating the colon, gynecological microwave therapy was used for 20 minutes. This was continued for 10 days.

Control group: Subjects with infertility due to fallopian tube obstruction but without typical associated symptoms were given injections beginning 3 days after menses ended. The solution consisted of 20ml saline, plus 240,000 units of injectable gentamicin, 5 mg injectable dexamethasone and 4,000 units of injectable chymotrypsin. The solution was gently injected into the fallopian tubes every other day for a total of 3 injections. Those subjects also presenting with pelvic inflammatory disease or edema of the fimbrial end of the fallopian tubes were given 200 ml retention enema of ofloxacin between menstrual cycles. While the enema was in place, gynecological microwave therapy was also used. This was done once per day for 10 days.

The two groups were examined 1 month after the treatment cycle via hysterosalpingogram to evaluate the state of the fallopian tubes, and 3 months after the treatment the patients were again examined via hysterosalpingogram to determine treatment results.

3. Treatment Results

3.1 Evaluation Parameters: Cured: After treatment, the hysterosalpingogram shows the fallopian tubes being complete unblocked. Partial unblockage: After treatment, the hysterosalpingogram shows decrease in fallopian tube obstruction. Obstruction: After treatment, the hysterosalpingogram shows that fallopian tubes remain obstructed.

3.2 Treatment Results: 74 subjects, or 61.7% of the total treatment group, were cured. Of these, 31 subjects were cured between 3-6 months after treatments; 32 cured between 6 months and 1 year, and 11 cases were cured between 1-3 years. 36 subjects, or 30% of the group, experienced partial unblockage; 10 cases, or 8.3% showed continued obstruction. The total effectiveness rate was 91.7%. In the control group, 51 cases or 42.5% of the subjects were cured. Of these, 10

subjects were cured 3-6 months after the treatment, 18 cases were cured 6 months-1 year later, and 23 cases were cured 1-3 years after treatments ended. 32 subjects or 26.6% of the control group experienced partial unblockage; 37 subjects, or 30.8% of the group, showed no change in obstruction. The total effectiveness rate in the control group was 69.1%.

A comparison between the two groups shows subjects in the treatment group to have significantly more improvement than those in the control group.

4. Discussion

The fallopian tubes are passageways for eggs and sperm; physical obstruction that results from disease or infection prevents the meeting of sperm and egg, thus impeding pregnancy. In cases of infertility due to fallopian tube dysfunction, inflammation of the fallopian tubes causes many cases of obstruction, and is considered a difficult condition within gynecology. These diseases often result from chronic fallopian tube inflammation, pelvic inflammatory disease, adhesions that form from pelvic surgery, and fallopian tube scarring. The Chinese medical classics do not contain records of fallopian tube obstruction, but recently it has been classified as concretions and gatherings. Most often the causes are unsanitary practices during menstruation, post-partum, or sexual activity; then the uterine channels become empty, evil toxin penetrates, qi stagnation and blood stasis set in. Or there is internal injury caused by the seven emotions, liver qi depressive binding, phlegm-damp congealing, qi and blood not harmonized, and phlegm and stasis binding, all of which can become concretions and conglomerations, and obstruct the fallopian tubes. Western medicine treatment focuses on fighting infection and inflammation. Because the disease course is long and the treatment intense, many patients find it difficult to endure. Surgical means of opening the fallopian tubes are costly and painful procedures that leave deep injuries, which are also difficult to endure. This current study indicates that using the Chinese medical formulation of *lu hua* pills breaks blood stasis, dissolves concretions, softens accumulations, scatters gatherings and opens tubes. The formula contains *shui zhi* (Hirudo seu Whitmania), *chuan shan jia* (Squama Manitis), and *lu lu tong* (Fructus Liquidambaris), which break blood stasis, scatter concretions, expel stasis and unblock the network vessels, dissolve swelling, and push out pus. *E zhu* (Rhizoma Curcumae) is a “qi within blood” medicinal. It can support *shui zhi* (Hirudo seu Whitmania) in expelling stasis and breaking blood stasis, dispersing concretions and unblocking the tubes; *E zhu* (Rhizoma Curcumae) can prevent the overly harsh properties of *shui zhi* (Hirudo seu Whitmania) from damaging the right qi, thus protecting stomach function. *Shi jian chuan* (Herba Salviae Chinensis) (“Pass through stones”) is said to have the power to break through stones; it invigorates blood and moves stasis, and can break apart the recalcitrant adhesions in blocked fallopian tubes. *Mu li* (Concha Ostreae) and *xia ku cao* (Spica Prunellae Vulgaris) soften hardness, scatter bindings, clear the liver and transform phlegm. *Bai hua she she cao* (Herba Hedyotis) and *hu po* (Succinum) invigorate the blood and disperse phlegm, clear heat and resolve toxins, disinhibit water and unblock strangury. *Jiu da huang* (wine-processed Radix Rhei) invigorates blood and moves stasis, clears heat, and frees the stools. These medicinals combined function to break, invigorate, scatter, unblock and harmonize. Together they break and expel blood stasis, flush phlegm and dissipate bindings, move qi, and unblock the tubes, such that even long-term accumulations are shattered like stones that break apart and cleared out of the body through the bowels and urine.

Some subjects who have fallopian tube blockage also present with pelvic area inflammation or water accumulation, or intense rectal pain during ovulation. In these instances, B-ultrasound images show deep pockets around the uterus and descending colon that contain fluid-buildup. In the days before and after ovulation, when the uterus

and colon tissues are in close proximity, oral administration of *lu hua* pills along with a direct herbal enema is a powerful treatment. The enema, which contains the original *lu hua* pills prescription, also has *bai jiang cao* (Herba cum Radice Patriniae) which clears heat, dispels dampness, and resolves toxins, and *qing meng shi* (Lapis Chloriti), which has unique phlegm-dissolving properties. This decoction is fed into the colon; and with the deep-penetrating power and warming effect of the microwaves that improves the microcirculation within the pelvic region, medicinal are sent directly to the diseased areas. This comprehensive, internal-external treatment quickly clears pelvic area inflammation and fluid accumulation.

This study indicates that *lu hua* pills are an effective Chinese medicinal remedy for infertility due to blocked fallopian tubes. Individuals treated with *lu hua* pills had significantly shortened disease duration as well as increased cure rates. Because the treatments described above are effective, relatively painless, inexpensive, and have no toxic side effects, they are worthy of further investigation.

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