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AYURVEDIC MANAGEMENT OF TUBAL BLOCKAGE: A CASE STUDY

ABSTRACT

Background: Infertility affects 10–15% of couples of reproductive age, with tubal block being a major cause. Ayurvedic management offers a complementary approach through *Shodhana*and *Shamana* therapies.

Patient Information: A 26-year-old married female presented with 4 years of infertility. Her menstrual cycles were regular. Husband's semen analysis was normal. Pelvic ultrasound showed PCOD changes, and hysterosalpingography(HSG) revealed bilateral tubal blockage.

Diagnosis: Primary infertility with bilateral tubal block (modern). In Ayurveda, diagnosed as *Vandhyatva* associated with *Kapha-Medo Dushti* and *Srotorodha*.

Intervention: The patient received four cycles of *Uttar Basti* with *Kshar Taila, Matra Basti* with *Mahanarayana Taila, Niruha Basti* with *Dashamoola Kashaya*, and oral Ayurvedic formulations. Lifestyle and dietary modifications were also advised.

Outcomes: After four months, repeat HSG showed restoration of tubal patency. Subsequently, the patient conceived naturally, and early pregnancy ultrasound confirmed a viable intrauterine gestation. No adverse effects were reported.

Conclusion: Ayurvedic management combining Uttar Basti and oral formulations may provide a safe, cost-effective, and minimally invasive alternative in selected cases of tubal infertility.

KEYWORDS: Infertility, Tubal block, Anovulation, Ayurveda, Reproductive health

INTRODUCTION

Infertility is defined as the inability to conceive after one year of regular, unprotected intercourse, classified as primary or secondary depending on previous conception. Despite a fecundability of 20–25% per month among healthy couples, infertility remains a concern worldwide. Epidemiological data suggest that while many conceive within a year, about 10–15% continue to face difficulties. Bilateral tubal block—due to pelvic infections, endometriosis, or surgical trauma—and anovulation—often associated with PCOS, thyroid dysfunction, or stress—are key contributors. These conditions frequently coexist and drastically reduce the chance of natural conception, often requiring ART like IVF. Although ART techniques such as IVF, IUI, and ICSI are effective, their high cost presents a financial challenge. In Ayurveda, fertility depends on the integrity of reproductive timing, tract, nutrition, and gametes. Treatments involve *shodhana* (e.g., *virechan, vamana, basti*) and *shamana* therapies to remove toxins, balance doshas, and support optimal reproductive health, offering a complementary approach to modern fertility treatments.

Patient information

A 26 year old married female patient who is a home maker visited the prasuti tantra out patient department with the complaint of pt wants an issue . she has an active marital relationship of 4 years and was unable to conceive. She had a regular menses with duration of 4-5 days in an interval of 28-30days. Her LMP was on 03/4/2024. On her first visit to the OPD she was advised all the investigations and oral medication was started. Her husband semen analysis was found to be within normal limits and her ultrasound pelvis revealedPCOD pattern with anovulation and HSG(11/4/24) showed bilateral tubal blockage. Her duly written consent was taken before initiating the treatment

Clinical findings

General examination of the patient was done. She was moderately built with a height of 5 feet 4 inches and a weight of 65 kg with a BMI of 24.7. Her BP was 120/80mmhg and PR of 74/min. She was afebrile and there was no pallor, icterus, cyanosis, clubbing and lymphadenopathy noted. All systemic examinations were done and was found to be within normal limits. Her appetite was good and sleep sound. She had regular bowel movement and micturition was normal. On inspection the external genitalia, vulva and perineum were found healthy and normal female hair pattern with uninflamed external urethral meatus. On Per vaginal examination uterus was found to be anteverted and anteflexed and normal size. Cervix was firm and positioned upward and no cervical motion tenderness was noted. All the fornixeswere non tender. On Per speculum examination cervix was healthy and and there was no hypertrophy and erosion or abnormal discharges. Vaginal wall appeared healthy.

Timeline

Figure 1.Timeline of treatment

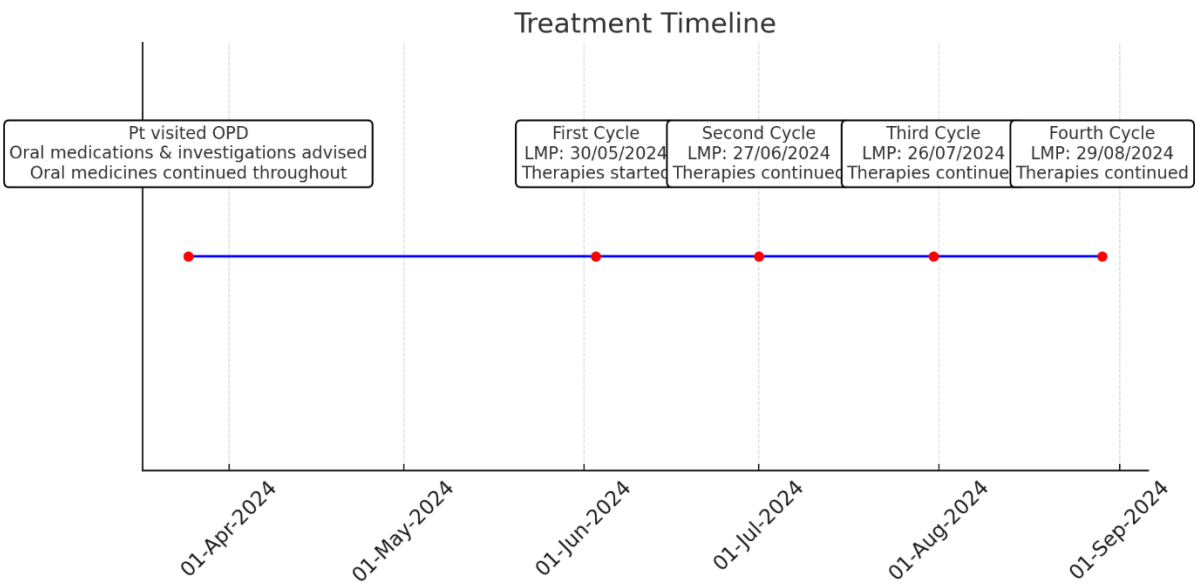


Table 1. Schedule of the therapies with duration

Date	Event	LMP	Treatment	Advice
25/03/2024	Pt visited OPD	3/04/2024	Oral medications and investigations adviced	Counselling done regarding fertile days
3/6/2024	First cycle	30/05/2024	-Matrabasti with Mahanarayanataila(8 days)-Niruhabasti with dasamula Kashaya (6 days) -Uttarbasti with kshartaila(6days)	Oral medicines continued. Regular exercise Avoid spicy oily food.
1/7/2024	Second cycle	27/06/2024	-Matrabasti with Mahanarayanataila(8 days)-Niruhabasti with dasamula Kashaya (6 days) -Uttarbasti with kshartaila(6days)	Oral medicines continued. Regular exercise Avoid spicy oily food.
31/7/2024	Third cycle	26/07/2024	-Matrabasti with Mahanarayanataila(8 days)-Niruhabasti with dasamula Kashaya (6 days) -Uttarbasti with kshartaila(6days)	Oral medicines continued. Regular exercise Avoid spicy oily food.
29/08/2024	Fourth cycle	29/08/2024	-Matrabasti with Mahanarayanataila(8 days)-Niruhabasti with dasamula Kashaya (6 days) -Uttarbasti with kshartaila(6days)	Oral medicines continued. Regular exercise Avoid spicy oily food.

Diagnostic Assessment

The patient presented with an HSG report (11/05/24) showing bilateral tubal blockage. Routine investigations (CBC, LFT, TFT, RFT, RBS) were normal, HBsAg, HIV, VDRL, and Anti-HCV were negative. Serum AMH was within range. She was diagnosed with primary infertility with bilateral tubal blockage. From an Ayurvedic perspective, this was considered *Vandhyatwa* associated with *Kapha-Medo Dushti* and *Srotorodha*. Signs and symptoms indicated increased *Vata-Kapha* and reduced *Pitta*, guiding the line of treatment towards *Vandhyatwa* and *Kapha-Vata Samana*.

Therapeutic Intervention

The patient was advised oral medications, folic acid supplementation, diet regulation, exercise, and yoga. *KupiluHinguadi Vati* was prescribed for *Deepana-Pachana*. Basti therapy began with *Anuvasana Basti* using *Mahanarayana Taila* for *Vatanulomana*. On the following day, *Niruha Basti* with *Dashamoola Kashaya* was administered after *Snehana-Swedana*, followed by *Uttar Basti* post-lunch and *Matra Basti* in the evening. This protocol was continued for six days, with *Anuvasana Basti* repeated on the 1st and 7th days.

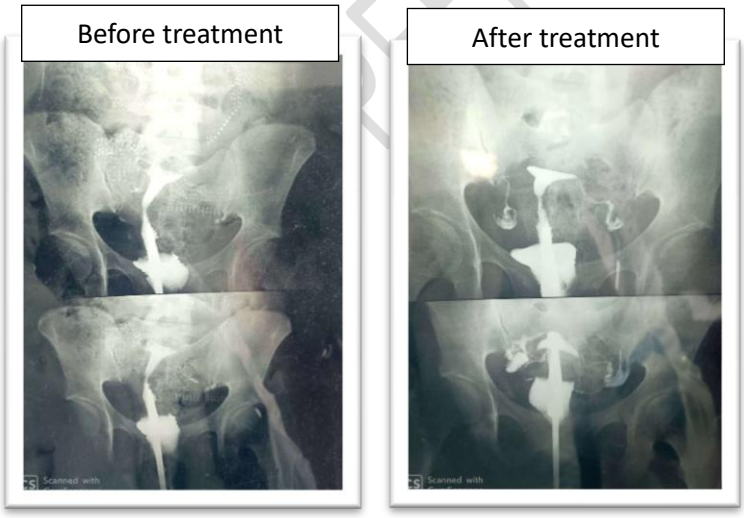
Procedure of Uttar Basti

The patient was placed in the lithotomy position, and Abhyanga of the Adhonabhi region was performed with Bala Taila, followed by hot fomentation. The vulvar area was cleansed with an antiseptic solution, dried, and draped with sterile sheets. A Sims' speculum was introduced to retract the posterior vaginal wall, and an anterior retractor was used to visualize the cervix clearly. The upper lip of the cervix was held with a vulsellum. A uterine sound was then inserted to assess the length and direction of the uterine cavity. Subsequently, an intrauterine insemination (IUI) cannula attached to a prefilled 5 ml syringe containing autoclaved medicated oil was gently introduced into the uterine cavity through the cervix, and the oil was instilled slowly. All instruments were carefully removed, and the patient was advised to rest in a slightly foot-end elevated position for 30 minutes.

FOLLOWUP AND OUTCOMES

After the completion of four cycles of basti pt was counselled for fertile days and continued oral medications. HSG was repeated, andHSG showed a normal study in 4/11/24. Shewas again asked to continue oral medication, and herUPTwas positive injan 2025. Proper rest and progesterone support were given, and an ultrasound was advised, which showed a single intrauterine gestation of 7 weeks with cardiac activity.

Figure 2.Hysterosalpingography findings before and after treatment



DISCUSSION

ArtavavahaSrotas and Infertility in Ayurveda

The ArtavavahaSrotas encompasses the entire female reproductive system. It carries both Artava (menstrual blood) and Beeja (ovum). Tubal blockages account for nearly 25–35% of infertility cases, often linked to Vata (constriction) and Kapha (obstruction).

Classical references (Acharya Sushruta) describe injury to the uterine roots causing infertility, amenorrhea, and dyspareunia. Though tubal infertility is not directly mentioned, Ayurvedic pathology aligns with Vata-dominant Tridoshaja Vyadhi, chronic and difficult to treat.

Table 2. Ayurvedic Diagnosis of Tubal Infertility

Factor	Pathology	Effect
Vata Dosha	Samkocha (narrowing of tubes)	Prevents ovum transport
Kapha Dosha	Avarodha (obstruction of lumen)	Causes adhesions/blockages
Tridoshaja involvement	Especially Vata-dominant	Chronic, hard to treat
Root sites of ArtavavahaSrotasa (per Sushruta)	Uterus and uterine vessels	Injury leads to infertility symptoms

Core Treatment Principles

- Cleansing and channel clearance: Basti, Uttarbasti, Srotoshodhana
- Rejuvenation (Rasayana): Nourishing herbs, formulation support
- Strengthening uterus and ova: Balya and Artavajanana herbs
- Hormonal balance: Phytoestrogenic and adaptogenic drugs

Table 3. Mode of action of basti therapy

Therapy	Drug/Procedure	Action on Infertility
Uttarabasti with Kshar Taila	Intrauterine instillation	Dissolves tubal adhesions, clears obstruction
Matra Basti with Mahanarayan Taila	Oil enema	Pacifies Vata, strengthens uterus, improves tone
Niruha Basti with Dashamoola Kashaya	Decoction enema	Enhances Apana Vayu, reduces inflammation, supports ovulation

Matra Basti with Mahanarayana Taila

Mahanarayana Taila is a classical Ayurvedic medicated oil with *Balya* (strengthening), *Vatahara* (Vata-pacifying), and *Rasayana* (rejuvenative) properties. In female infertility, particularly where *Vata dosha* predominates (e.g., uterine debility, anovulation, dysmenorrhea), it is used in *Abhyanga* or *Uttar Basti*. It strengthens reproductive tissues, improves uterine tone, and regulates *Apana Vayu*, essential for ovulation and menstruation. Ingredients like *Ashwagandha*, *Bala*, and *Dashamoola* enhance pelvic circulation and reduce inflammation. It is especially useful in *Kshaya* and *AvaranajanyaVandhyatva*, improving uterine receptivity and promoting conception.

Niruha Basti with Dashamoola Kashaya

Niruha Basti with *Dashamoola* corrects *Apana Vayu vitiation*, reduces pelvic inflammation, detoxifies, and improves endometrial receptivity. It supports ovarian function, regulates cycles, and benefits conditions like PCOS-related anovulation and thin endometrium.

Uttar Basti with Kshara Taila

Uttar Basti delivers medicine directly to the *ArtavavahaSrotas*. *Kshara Taila* acts locally on tubal pathology, aiding in the lysis of adhesions and relieving obstruction, thereby restoring tubal patency and fertility.

Table 4. Key Herbal Medications and Formulations

Formulation/Herb	Properties	Fertility Action
KupiluHinguadi Vati	Deepan-Pachana	Improves digestion, enhances fertility indirectly
Phalasarpih	Tridosha pacifier, Rasayana, Jeevaniya	Corrects female infertility, ayushya + medhya
Pushpadhanwa Rasa	Rasayana, psychological balance	Infertility due to ovarian or tubal underdevelopment
Bala (Sida cordifolia)	Vata-Pitta Shamak, Balya	Regulates cycles, improves vitality
Ashwagandha (Withaniasomnifera)	Adaptogen, stress reducer, antioxidant	Regulates HPO axis, improves ovulation & sexual function
Shatavari (Asparagus racemosus)	Rasayana, phytoestrogen-rich, Stanyajanana	Improves endometrial lining, regulates menstruation, useful in PCOS
Vidari (Pueraria tuberosa)	Rasayana, cooling, nourishing	Regulates ovulation, uterine strength, hormonal balance
Putrajeevaka (Putranjivaroxburghii)	Uterine tonic, balances Vata-Pitta	Improves conception outcomes, supports uterus
Shivlingi Beej	Rasayana, androgenic effect	Enhances fertility, regulates flow (avoid in heavy menses)
Shatapushpa (Anethum sowa)	Vata-Kapha Shamak, phytoestrogen	Stimulates ovulation, relieves menstrual pain

CONCLUSION

It is inferred that Ayurvedic medication and therapy together can reverse the tubal patency and thus can be effectively used in the management of infertility. Therewere no side effects noted so far.

Declaration of patient consent

Written consent was obtained from the couple for the publication of their clinical details.

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Nil

Conflicts of interest

No conflict of interest.

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