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CASE REPORT

AYURVEDIC MANAGEMENT OF TUBAL BLOCKAGE: A CASE STUDY

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Abstract

Background: Infertility affects 10–15% of couples of reproductive age, with tubal blockage being one of the major causes. Ayurvedic management offers a complementary approach through Śodhana and Śamana therapies aimed at restoring reproductive balance.

Patient Information: A 26-year-old married woman presented with a four-year history of infertility. Her menstrual cycles were regular. The husband's semen analysis was normal. Pelvic ultrasonography revealed polycystic ovarian changes, and hysterosalpingography (HSG) showed bilateral tubal blockage.

Diagnosis: The case was diagnosed as Primary infertility with bilateral tubal blockage. From an Ayurvedic perspective, the condition was diagnosed as Vandhyatwa associated with Kapha-Medo Duṣṭi and Srotorodha.

Intervention: The patient underwent four cycles of Uttar Basti with Kṣāra Taila, Matra Basti with Mahanārāyaṇa Taila, and Nirūha Basti with Daśamūla Kaṣāya, along with oral Ayurvedic formulations. Lifestyle and dietary modifications were also advised.

Outcomes: After four months of treatment, repeat HSG demonstrated restoration of tubal patency. The patient subsequently conceived naturally, and early pregnancy ultrasonography confirmed a viable intrauterine gestation. No adverse effects were reported during the course of therapy.

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

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Introduction:-

Infertility is defined as the inability to conceive after one year of regular, unprotected intercourse and is classified as primary or secondary based on the history of previous conception. Despite a fecundability rate of 20–25% per month among healthy couples, infertility remains a significant global concern. Epidemiological data suggest that while

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many couples conceive within a year, about 10–15% continue to experience difficulties. Among the common etiological factors, bilateral tubal blockage—resulting from pelvic infections, endometriosis, or surgical trauma—and anovulation, often associated with polycystic ovarian syndrome (PCOS), thyroid dysfunction, or stress, play a major role. These conditions frequently coexist, markedly reducing the chances of natural conception and often necessitating assisted reproductive techniques (ART) such as in vitro fertilization (IVF). Although ART procedures like IVF, intrauterine insemination (IUI), and intracytoplasmic sperm injection (ICSI) are effective, their high cost poses a financial challenge for many couples. In Ayurveda, fertility depends on the integrity of the reproductive timing (rtu), tract (kṣetra), nutrition (āhāra), and gametes (bīja). Ayurvedic management includes śodhana therapies such as virechana, vamana, and basti, along with śamana measures to eliminate toxins, balance doṣas, and restore optimal reproductive health. This holistic approach offers a complementary and cost-effective alternative to modern fertility treatments.

Patient information:

A 26-year-old married woman, a homemaker, presented to the Prasuti Tantra outpatient department with a complaint of inability to conceive. She had been in an active marital relationship for the past four years and was unable to conceive. Her menstrual cycles were regular, lasting 4–5 days at intervals of 28–30 days. Her last menstrual period (LMP) was on 03/04/2024. On her first visit to the OPD, she was advised to undergo necessary investigations, and oral medication was initiated. Her husband's semen analysis was found to be within normal limits, while her pelvic ultrasonography revealed a polycystic ovarian disease (PCOD) pattern with anovulation. Hysterosalpingography (HSG) performed on 11/04/2024 showed bilateral tubal blockage. Her duly written informed consent was obtained before initiating the treatment.

Clinical findings:

General examination of the patient was conducted. She was moderately built and nourished, with a height of 5 feet 4 inches and a weight of 65 kg, yielding a BMI of 24.7 kg/m². Her blood pressure was 120/80 mmHg and pulse rate 74/min. She was afebrile, and there was no pallor, icterus, cyanosis, clubbing, or lymphadenopathy noted. All systemic examinations were found to be within normal limits. Her appetite was good, sleep was sound, bowel movements were regular, and micturition was normal. On inspection, the external genitalia, vulva, and perineum were healthy with normal female hair distribution, and the external urethral meatus appeared uninflamed. On per vaginal examination, the uterus was found to be anteverted, anteflexed, and of normal size; the cervix was firm, directed upward, and without cervical motion tenderness. All fornices were non-tender. On per speculum examination, the cervix appeared healthy with no hypertrophy, erosion, or abnormal discharge, and the vaginal walls were healthy and well rugated.

Timeline:

Figure 1. Timeline of treatment

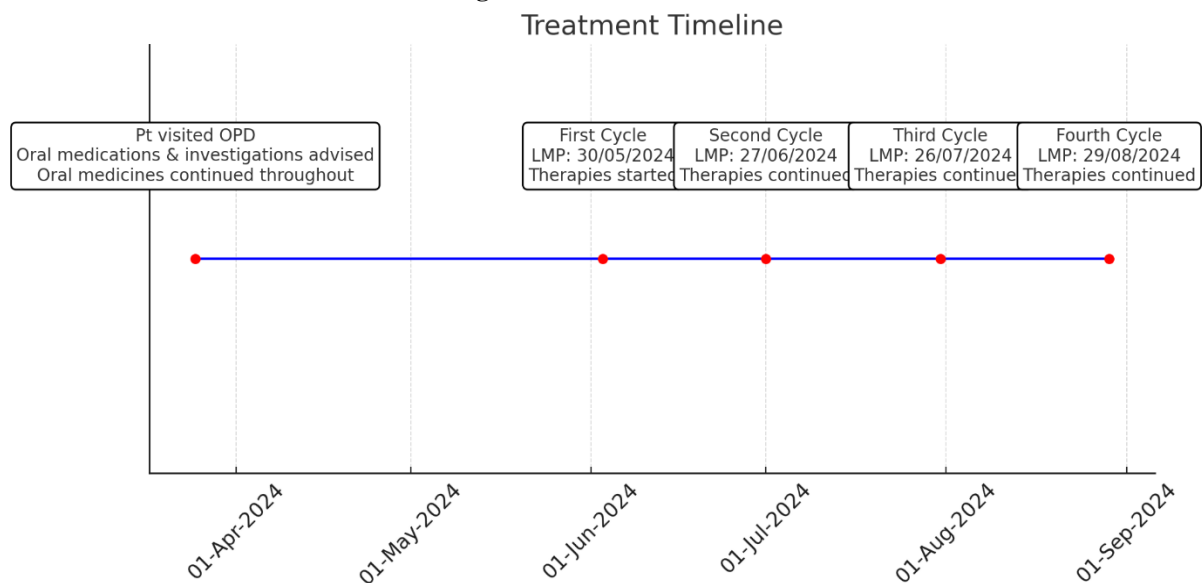


Table 1. Schedule of the therapies with duration

| Date | Event | LMP | Treatment | Advice |
|------------|----------------|------------|--|--|
| 25/03/2024 | Pt visited OPD | 3/04/2024 | Oral medications and investigations advised | 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 dated 11/05/2024 showing bilateral tubal blockage. Routine investigations, including CBC, LFT, TFT, RFT, and RBS, were within normal limits. Serological tests for HBsAg, HIV, VDRL, and Anti-HCV were negative, and serum AMH was within the normal range. Based on these findings, she was diagnosed with primary infertility with bilateral tubal blockage. From an Ayurvedic perspective, the condition was interpreted as Vandhyatwa associated with Kapha-Medo Dushti and Srotorodha. The presenting signs and symptoms suggested vitiation of Vata and Kapha with diminished Pitta, guiding the line of treatment towards Vandhyatwa Chikitsa with emphasis on Kapha-Vata Samana.

Therapeutic Intervention:

The patient was advised oral medications along with folic acid supplementation, dietary regulation, regular exercise, and yoga. Kupilu Hinguadi Vati was prescribed for Deepana–Pachana. Basti therapy was initiated with Anuvasana Basti using Mahanarayana Taila for Vatanulomana. On the following day, Niruha Basti with Dashamoola Kashaya was administered after Snehana and Swedana, followed by Uttar Basti post-lunch and Matra Basti in the evening. This protocol was continued for six consecutive 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 therapy, the patient was counselled regarding fertile days and advised to continue oral medications. A repeat HSG performed on 04/11/2024 revealed a normal study, indicating tubal patency. She was advised to continue oral medications, and her urine pregnancy test (UPT) was found positive in January 2025. Adequate rest and progesterone support were provided. Subsequent ultrasonography confirmed a single intrauterine gestation of seven weeks with positive cardiac activity.

Figure 2. Hysterosalpingography findings before and after treatment



**Before treatment
After treatment**

Discussion:-

Artavavaha Srotas and Infertility in Ayurveda:

The Artavavaha Srotas 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 artava vaha srotas 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 Artavavaha srotas (as 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 can be inferred that the combination of Ayurvedic medications and therapies may help restore tubal patency and can be effectively utilized in the management of infertility. No adverse effects were observed during the course of treatment.

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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