

AYURVEDIC APPROACH IN MANAGING TUBAL BLOCKAGE-RELATED  
INFERTILITY: A CLINICAL CASE STUDY

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## ABSTRACT

**Introduction:** Female infertility, particularly due to tubal blockage, poses a significant challenge in reproductive health. Ayurveda, the ancient Indian medical science, offers holistic therapeutic strategies aimed at restoring the body's natural balance. This case report presents the Ayurvedic management of female infertility attributed to tubal blockage. According to Ayurveda, vitiation of Vata and Kapha doshas plays a pivotal role in the pathogenesis of tubal blockages. Ayurvedic treatment focuses on correcting these imbalances through lifestyle changes, herbal medications, dietary guidance, and purification therapies like Panchakarma. The goal is to eliminate obstructions, facilitate proper flow within reproductive channels, and enhance overall fertility. **Case Summary:** A 33-year-old female with a history of cesarean delivery and a failed IVF cycle was diagnosed with bilateral tubal blockage. She sought Ayurvedic treatment and was administered a personalized therapeutic protocol including Panchakarma therapies such as Uttarbasti and Matra Basti, herbal formulations, and lifestyle modifications. **Outcome:** Following three months of structured Ayurvedic intervention, notable improvements were observed in her reproductive health, resulting in a successful natural conception. **Conclusion:** This case underscores Ayurveda's potential as a complementary modality for managing tubal blockage-related infertility. The therapeutic approach outlined herein merits further clinical exploration to establish its efficacy and integration with modern reproductive techniques.

**KEYWORDS:** Infertility, Ayurveda, *Artav vaha Strotas*, *uttarbasti*.

## INTRODUCTION

Infertility is a widespread health issue, with tubal blockage, ovulatory disorders, and uterine abnormalities being leading causes in females. It is defined as the inability to conceive after one year of regular, unprotected sexual intercourse. Primary infertility refers to never having conceived, while secondary infertility applies to individuals who previously conceived but are unable to do so again. Tubal blockage contributes to 25–35% of female infertility and obstructs the transport of the ovum, thus preventing fertilization. It may be caused by pelvic infections, surgical interventions, mucus obstruction, or tubal spasms.

In Ayurvedic philosophy, tubal blockage correlates with the vitiation of Vata and Kapha doshas, causing obstruction in the *Artavavaha Srotas* (channels of the female reproductive system). *Sushruta Samhita* describes the *Artavavaha Srotas* as comprising the *Garbhashaya* and *Artavavahi Dhamanis*. Any disruption to these channels can lead to conditions such as *Vandhyatva* (infertility), *Maithuna Asahishnuta* (dyspareunia), and *Aartavanasha* (amenorrhea). Ayurvedic therapies like *Shodhana* (purification) and *Uttarbasti* (medicated

intrauterine therapy) aim to restore balance, eliminate obstructions, and rejuvenate reproductive functions.

## CASE PRESENTATION

A 32-year-old woman presented with a history of infertility, attributed to bilateral tubal blockage diagnosed via hysterosalpingography (HSG). She had previously undergone a cesarean section, and a single cycle of IVF failed to result in pregnancy. Disheartened by her IVF experience, she turned to Ayurvedic medicine for alternative treatment.

Menstrual history – Regular cycle of 30 days with 5- 6 days flow.

Obstetric history – G<sub>1</sub>P<sub>1</sub>A<sub>0</sub>L<sub>1</sub> one female child 11 years old via caesarean section, through natural conception.

No H/o any major medical illness like hypertension, diabetic, hypothyroidism, Koch's, or any other systemic infections.

Patient had a normal appetite and sound sleep. Her bladder and bowel movements were also normal.

**Clinical Findings**

1. Per vaginal examination- uterus was normal size, Anteverted, no signs of inflammation, fornixes were clear.
2. Per speculum examination – Normal cervix, without any erosion.

**Laboratory findings**

1. Normal thyroid function test and hormonal profile
2. Nonreactive for HIV/ HbsAg/ VDRL
3. Semen analysis of husband was within normal limits

**Table no. 1: Hysterosalpingography report (Before Treatment).**

Date	Test	Impression
30/11/2023	HSG	Right fallopian tube is partially opacified in proximal part with abrupt cut off Left fallopian tube is not opacified with contrast Showing features of BILATERAL TUBAL BLOCKAGE

**Treatment plan**

Initially *vaman* was induced in the patient followed by *uttar basti* from 5<sup>th</sup> day of menstrual cycle for 6 days and

*matra basti* from 10<sup>th</sup> day of menses for 11 days. The *shodhana* was accompanied with *shaman chikitsa* for three months.

**Table no. 2: Shodhana chikitsa.**

Date	Treatment	Medicine
22/12/22 to 24/12/22	<i>Deepan Paachan</i>	<i>Chitrakadi vati</i>
25/12/22 to 28/12/22	<i>Sneha pana</i>	<i>Mahatiktak ghrita</i>
29/12/22 to 30/12/22	<i>Abhyanga and swedana</i>	<i>Til tail and sarvanga swed</i>
31/12/22	<i>Vaman</i>	<i>Madanphal pippali and vacha yoga</i>
6 days/ cycle for 3 months	<i>Uttar basti</i>	<i>Kumari tail with kasisasdi tail</i>
11 days/ cycle for 3 months	<i>Matra basti</i>	<i>Narayan oil</i>

**Table no. 3: Shaman Chikitsa – 02/01/23 (for one month).**

Medications	Dose	Anupana	Kala
<i>Triphala guggul</i>	2 BD	Water	After meal
<i>Kanchnar Guggul</i>	2 BD	Water	After meal
<i>Punarnava kashayam</i>	20 ml BD	Water	After meal
<i>Avippattikar with guggul panchphool churna</i>	3 gms	Water	After meal

**Table no. 4: First follow up – 31/01/23 (For one month)**

Medications	Dose	Anupana	Kala
<i>Triphala guggul</i>	2 BD	Water	After meal
<i>Kanchnar guggul</i>	2 BD	Water	After meal
<i>Punarnava kashayam</i>	20 ml BD	Water	After meal
<i>Avippattikar with guggul panchphool churna</i>	3 gms BD	Water	After meal
<i>Phala ghrita</i>	10 ml	Milk	Before meal

**Table no. 5: Second follow up- 02/ 03/23 (For one month)**

Medications	Dose	Anupana	Kala
<i>Triphala guggul</i>	2 BD	Water	After meal
<i>Kanchnar guggul</i>	2 BD	Water	After meal
<i>Syp M2 tone</i>	10 ml BD	Water	After meal
<i>Nagkeshar churna + Trikatu churan</i>	2 gms	Water	After meal
<i>Phala ghrita</i>	10 ml BD	Milk	Before meal

In Ayurveda, tubal blockage is often linked to imbalances in the Vata and Kapha doshas, which influence reproductive system function. After a detailed evaluation, including pulse diagnosis (*Nadi Pariksha*) and an analysis of her *doshic* constitution (*Prakriti*), the patient was diagnosed with Vata-Kapha imbalance. A personalized treatment plan was developed, focusing on Panchakarma therapies and herbal interventions.

**RESULTS**

After three months of Ayurvedic treatment, notable improvements were observed in the patient's reproductive health. The patient successfully conceived naturally after completing the course of treatment with LMP on 13/04/24.

Table no. 6: USG after the conception.

Date	Test	Impression
27/05/23	Early pregnancy obstetric scan	Single live intra uterine pregnancy of 6 weeks 1 day Cardiac activity seen.

The Integration of Panchakarma therapies, herbal formulations, and lifestyle adjustments contributed to restoring the balance of the Vata and Kapha doshas. The reduction in reproductive system inflammation and improvement in overall reproductive health were critical factors leading to conception. This case provides evidence for the potential effectiveness of Ayurveda as a complementary therapy in managing infertility caused by tubal blockage.

## DISCUSSION

For successful fertilization, implantation, and embryo development, four key factors must be present: Ritu (fertile period), Kshetra (female reproductive tract), Ambu (nutritional factors), and Beeja (sperm and ovum). To address *Srotorodha* (blockage) and optimize these four factors essential for conception, *Shodhana Chikitsa* (purification therapy) and *Uttarabasti* (medicated infusion) were incorporated into the treatment plan.<sup>[4]</sup> This case highlights Ayurveda's potential in managing tubal blockage-related infertility. The holistic approach of Ayurveda, with a focus on personalized care, allowed the restoration of reproductive health by addressing the underlying *doshic* imbalances. Panchakarma therapies like *Uttarabasti* have shown promise in promoting the healthy flow of fluids in the reproductive system and clearing blockages.

## DISCUSSION ON SHODHANA

*Deepana Pachana* is essential before administering *Aabhyantara snehpana* due to its ability to promote *Amapachana* and enhance *Agni*. *Amapachana* reduces the stickiness of morbid matter, allowing it to be more easily dislodged. For this purpose, *Chitrakaadi vati* was used for three days, as it normalizes *Jatharagni* and *Dhatavagni*, supporting the proper production of *Rasa* and *Artava Dhatu*.

For *snehpana*, *Panchtikta Ghrita* was selected. This formulation contains *Tikta rasatmaka* herbs that facilitate *Amapachana* and improve *Jatharagni*. *Ghrita* is effective in balancing Vata and Pitta and is beneficial for the health of *Rasa*, *Shukra*, and *Oja*.

Additionally, *Vamana* is regarded as the best treatment for vitiated Kapha. It aids in removing *Srotorodha* (blockage) and pacifying the Kapha dosha.

*Matra Basti* targets *Vata* imbalances that can disrupt the function of the fallopian tubes. The nourishing properties of the oils stabilize and lubricate the affected areas, enhancing circulation and overall reproductive health. Consequently, *matra basti* improves tubal function and may alleviate blockages, increasing the chances of conception.

## Discussion on uttarabasti

*Uttarabasti* with *Kasisadi Taila* acts directly on the site of pathology, specifically the *yoni*. It is indicated for conditions such as *Yonivyapada*, *Pushpanasha*, and *Garbhashayavikara*.

*Kasisadi Taila* contains several key ingredients, including *Kasisa*, *Vidanga*, *Hartala*, *Karvira*, *Karanja*, *Saindhava*, *Jambu*, *Kritvedhana*, *Chitrakamoola*, *Dantimoola*, *Arkakshira*, *Snuhi ksheera*, and *Til taila*.<sup>[5]</sup> *Til taila* is known for its anti-inflammatory properties and, due to its *Vyavayi* and *Sukshama* qualities, it effectively penetrates minute channels.

The components of *Kasisadi Taila* exhibit *Ushna*, *Tikshana*, *Lekhana*, and *Ksharana* properties. The *Lekhana* and *Ksharana* characteristics help in removing *Srotorodha* in the *Artavbeejavaha Srotas*, making the *Kshetra* more receptive to conception. *Uttarabasti* not only clears the blockage but also creates a favorable environment within the *Garbhashya* for successful intrauterine implantation.

Despite these promising results, it is important to recognize the need for further clinical studies to establish standardized treatment protocols, validate efficacy, and explore the integration of Ayurveda with conventional fertility treatments. While IVF and surgical interventions remain primary options for treating tubal blockages, Ayurveda can be considered a supportive or alternative approach for women seeking less invasive treatments.

## Discussion on Shaman Chikitsa

*Triphala Guggul* plays a vital role in treating tubal blockage due to its detoxifying and rejuvenating properties. It helps reduce inflammation and supports the clearing of obstructions, promoting healthy digestive and reproductive function. *Kanchnar Guggul* is particularly effective in addressing abnormal growths and blockages; it enhances metabolism and supports lymphatic drainage, which can aid in reducing tubal blockages.

*Punarnava Kashaya* is recognized for its diuretic and rejuvenating effects, helping to detoxify the body and improve kidney function. This, in turn, supports reproductive health by enhancing fluid balance and nutrient distribution. *Phala Ghrita*, known for its nourishing properties, further supports the reproductive system by balancing *Vata* and *Pitta doshas*. This creates a conducive environment for conception and helps alleviate tubal blockages.

Together, these formulations work synergistically to detoxify the body, reduce inflammation, and improve

overall reproductive health, making them beneficial in the management of tubal blockage.

## CONCLUSION

Ayurveda offers a promising complementary approach in the management of infertility caused by tubal blockage. This case study illustrates how personalized Ayurvedic interventions, including herbal therapy, Panchakarma, and lifestyle modifications, may help in resolving tubal blockages and improving reproductive health. Future research should focus on larger clinical trials to better understand Ayurveda's role in fertility management and its integration with modern reproductive medicine.

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