

EFFICACY OF UTTARVASTI IN BILATERAL TUBAL BLOCKAGE WITH REPEATED  
IVF FAILURES – A CASE STUDY

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## ABSTRACT

Infertility affects approximately 10–15% of reproductive-age couples, with tubal factor infertility accounting for 30–40% of cases. Assisted reproductive technologies such as in vitro fertilization (IVF) are widely practiced, yet repeated failures cause emotional, financial, and physical burden. Ayurveda offers Uttarvasti as a unique treatment for Yoni Vyapad (gynecological disorders) and Vandhyatva (infertility). We present a case of a 38-year-old woman with bilateral tubal blockage and five failed IVF cycles, who conceived naturally following Ayurvedic management including Uttarvasti, Panchakarma, and Rasayana therapy.

**KEYWORDS:** Infertility, Bilateral Tubal Blockage, IVF Failure, Uttarvasti, Panchakarma, Ayurveda.

## INTRODUCTION

Infertility is defined as failure to conceive after at least 12 months of unprotected intercourse. Tubal factor infertility is responsible for a significant proportion of cases. Conventional management often includes laparoscopy, tuboplasty, or IVF. However, repeated IVF failures highlight the need for integrative approaches.

In Ayurveda, infertility is correlated with Vandhyatva and is often associated with Artavavaha Srotas Avarodha (obstruction of reproductive channels) due to Vata–Kapha Dushti. Uttarvasti is described as a superior therapy for disorders of the female reproductive tract.

Sushruta Samhita, Chikitsa Sthana (37/84) describes.

“स्त्रीणां योन्याः शुद्धिर्हि गर्भधारणहेतवः।”

Strīṇām yonyāḥ śuddhir hi garbhadhāraṇa-hetavaḥ. “Purification of the reproductive system is the foremost cause for conception.”

## CASE PRESENTATION

Patient: Harpreet, 38-year-old female.

Chief Complaint: Primary infertility for 12 years.

History: Multiple modern interventions, including five IVF cycles, all unsuccessful. Investigations: HSG revealed bilateral tubal blockage. AMH: 0.8

ng/ml (low ovarian reserve). Menstrual History: Regular cycles (28–30 days), moderate flow.

Past Treatments: Hormonal therapy, ovulation induction, and failed assisted reproduction.

## Treatment Protocol

Phase 1 – Panchakarma (Purvakarma & Shodhana): Abhyanga (oil massage) – for Vata pacification Swedana (steam fomentation) – for channel clearing.

Nasya – for neuroendocrine balance with ksheerbala 101 Elakizhi – to improve circulation and remove Ama.

Phase 2 – Uttarvasti Regimen.

Administered for 6 days post-menstruation with Kshar Tailam for Sroto-shodhana and Kapha-Vata shamana.

Continued for next two consecutive cycles with Phala Sarpi for Rasayana and Garbhashaya poshana (uterine nourishment).

Phase 3 – Oral Medications.

Ashwagandha – adaptogen, improves ovarian reserve Shatavari – female Rasayana, balances hormones

Guduchi – immunomodulator

Putrajeevak Beej, Shivlingi Beej – classical fertility enhancers.

Dashmool kwath – balances  
Vata Chitrak – improves Agni  
Ashoka – supports uterine health

### Outcome

After 6 months of combined therapy, patient conceived naturally. Pregnancy progressed without complications.

Delivered a healthy female child at term.

### DISCUSSION

Uttarvasti acts as Sroto-shodhaka (channel purifier), Vata-Kapha shamaka, and enhances Beeja-shuddhi (quality of ovum).

Kshar Tailam reduces Avarana (obstruction), removes Kapha and local Ama. Phala Sarpi serves as Rasayana for fertility, improving endometrial receptivity.

Repeated IVF failures indicate poor uterine receptivity and low ovarian response; Ayurvedic treatment enhanced natural conception potential.

Charaka Samhita (Chikitsa Sthana 30.129) emphasizes.

“योनिशुद्ध्या गर्भधारणं भवति।”

Yoni-shuddhyā garbhadhāraṇam bhavati.

“Purification of the reproductive system ensures conception.”

This case demonstrates the potential of Ayurveda as an alternative or supportive therapy in resistant infertility cases.

### CONCLUSION

This case highlights the efficacy of Uttarvasti combined with Panchakarma and Rasayana therapy in a woman with bilateral tubal blockage and multiple IVF failures. The patient achieved natural conception and successful delivery, underscoring the potential of integrative Ayurvedic approaches in managing infertility.