



## Case Study

### MANAGEMENT OF TUBAL BLOCKAGE THROUGH AYURVEDA: A CLINICAL CASE STUDY

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#### ABSTRACT

Obstruction in the fallopian tubes is a significant factor that can lead to infertility in females. This condition is pathophysiologically recognized as a *Tridoshaja Vyadhi* with *Vata Dosha* being the dominant contributing factor. Tubal constriction, fibrosis, and stenosis are pathophysiological manifestations attributed to the *Ruksha* (dry) and *Khara* (coarse) attributes of vitiated *Vata Dosha*. *Kapha Dosha*, owing to its obstructive (*Avarodhak*) nature, plays a role in causing blockages in the fallopian tubes. *Pitta Dosha* plays a pivotal role in mediating *Paka* (inflammatory transformation), especially when triggered by pathogenic infections. Ayurveda address this condition by targeting the underlying *Dosha* imbalances. This case study presents a patient diagnosed with infertility due to tubal blockage who underwent an Ayurvedic treatment regimen. The intervention involved *Shaman Chikitsa*, which included a combination of Ayurvedic medicines aimed at balancing the vitiated doshas, enhancing digestion and metabolism, and thereby restoring the patency of the fallopian tubes. The patient experienced a successful outcome reflecting changes in her Radiograph HSG, highlighting the potential of Ayurveda in managing tubal blockage and promoting fertility.

#### INTRODUCTION

Fallopian tubes are narrow, tubular structures extending from the lateral aspects of the uterus, responsible for capturing and conveying the ovulated oocyte from the ovarian surface to the endometrial cavity<sup>[1]</sup>. Tubal obstruction disrupts the physiological transit of the oocyte through the fallopian tube, thereby impairing fertilization and subsequent embryo migration toward the uterine cavity. When one or both fallopian tubes become obstructed, it is classified as tubal factor infertility. Once a month, one of the ovaries releases an egg as part of the ovulation cycle. It then travels from the ovary toward the uterus with the help of the fimbriae and the ciliary action of the tubal epithelium. Fertilization generally occurs within the ampullary region of the fallopian tube as the ovum transits toward the uterine cavity. The egg is typically fertilized as it moves along the Fallopian tube.

Tubal occlusion can disrupt the bidirectional transport of gametes by preventing oocyte transit to the uterine cavity and hindering sperm access to the site of fertilization, thereby impairing conception<sup>[2]</sup>. A partial occlusion of the fallopian tube can predispose to tubal ectopic pregnancy by impairing normal embryo transport to the uterine cavity. If only one tube is blocked and the other is clear, there may still be a chance of natural conception, depending on the health and function of the ovaries<sup>[3-6]</sup>.

Infertility is a global issue affecting approximately 10-15% of couples of reproductive age.<sup>[7]</sup> Among responsible factors of Female infertility, tubal blockage is the 2<sup>nd</sup> highest affecting around 25 - 35% of population and difficult to treat<sup>[8]</sup>. Peri-tubal adhesions, previous tubal surgery, salpingitis etc are the common causes of tubal blockage<sup>[9]</sup>. Etiological factors also encompass infectious agents such as Mycobacterium tuberculosis, urogenital infections, and TORCH pathogens, along with structural alterations due to pelvic adhesions from endometriosis, adenomyosis, Asherman's syndrome, and intrauterine scarring following dilation and curettage (D&C) procedures. Ayurveda texts have not mentioned Tubal

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blockage, as the fallopian tube itself is not mentioned there directly<sup>[10]</sup>. In Ayurveda we can correlate Fallopian tubes with the *Artavavaha Srotas*, its block is compared with the *Sanga Srotodushti* of this *Srotas*. According to *Acharya Sushruta*, successful conception is contingent upon the presence of four fundamental factors: *Ritu* (appropriate reproductive period), *Kshetra* (receptive uterine environment), *Ambu* (sufficient nutritional support), and *Beej* (potent ovum and sperm)<sup>[10]</sup>. Tubal blockage can result from the vitiation of *Vata Dosha*, which leads to constriction and impaired motility within the *Artavavaha Srotas*, while aggravated *Kapha Dosha* contributes to the obstruction by inducing mucosal thickening and adhesions<sup>[10]</sup>. *Sanga*-type *Srotodushti* affecting the *Artavavaha Srotas* disrupts the mechanism of *Beeja Grahana* (ovum reception), which parallels tubal obstruction in clinical terms and may lead to unsuccessful conception.

[11]

## Case History

A 33-year-old female, married for one year, presented with primary infertility and complaints of foul-smelling vaginal discharge, with a history of vaginal infection, at Jeena Sikho Lifecare Limited Clinic, Kanpur, Uttar Pradesh, India on August 27, 2024. Her menstrual cycle was regular (LMP: August 21, 2024), with a cycle length of 23 days and 4 days of moderate, painless menstruation. The patient's past medical and surgical history is unremarkable.

Familial history showed, mother had DM Type II and Sister had hypothyroidism.

No any addiction.

No any known food/drug allergies.

Her radiograph HSG dated August 3 2024 showed bilateral fimbrial block.

TVS showed well marginal cystic mass in right adnexa.

Husband's semen analysis showed a total sperm count of 6.9 million/mL, total sperm per ejaculate of 14 million, and rapid progressive motility of 26%.

**Table 1: Examination**

Temperature	98.4°F
Pulse	88/min
Blood pressure	120/80 mm of hg
Weight	77.65 kg
Height	5'3"
Nadi	Pitta Vataja
Mala	Ishatpeeta
Mutra	Samyaka Pravritti, Ishat Peeta
Jivha	Sama
Shabda	Spashta
Sparsa	Anushna Sheet
Drik	Prakrita
Akriti	Madhyama
Kshudha	Prakrita
Agni	Samagni
Nidra	Prakrita
<b>Gynaecological Examination</b>	
<b>Examination of vulva</b>	
<b>Inspection</b>	
Pubic Hair	Normal
Clitoris	Normal
Labia	Normal
Redness	Absent
Swelling	Absent

<b>Palpation:</b> No palpable mass observed	
<b>Vagina</b>	
Redness	Absent
Tenderness	Absent
Local lesion	Absent
Discharge	Present
Smell of discharge	Foul smelling
<b>Cervix (per speculum examination)</b>	
Inflammation	Absent
Size	Normal
Redness	Absent
External OS	NAD
Cervix lip	NAD
<b>Cervix (per vaginal examination)</b>	
Texture	Soft
Mobility	Mobile
Movement	no pain
Bleed on touch	Absent
<b>Fornices</b>	
Lateral	Free, no tenderness
Posterior	Free, no tenderness
<b>Uterus (Bimanual Examination)</b>	
Position	Anteverted
Direction	Anteflexed
Size	Normal
Consistency	Firm
Mobility	Mobile
Tenderness	Absent

**Srotas pariksha**

*Artavavaha strotas:* Foul smelling vaginal discharge

LMP- August 21 2024, regular cycle of 23 days with 4 days moderate, painless menstruation.

**Samprapti Ghatak**

*Dosha- Pitta – Vatapradhana Kapha*

*Dushya- Rasa, Rakta, Artva*

*Agni - Dhatvagni*

*Srotas- Artavavaha Srotas*

*Sroto- Dushti Type- Sang*

*Udhbhavsthana- Amapakvashaya*

*Vyakti Sthana- Garbhashaya*

**Investigations**

Radiograph HSG dated August 3 2024 showed bilateral fallopian tubes are out lined in its entire length is normal in course and calibre however no spillage of contrast is noted on both sides- bilateral fimbrial block.

**Table 2: Treatment Administered During Visits**

27/08/2024	17/09/2024	21/09/2024	05/11/2024	09/11/2024	28/11/2024
Dr. Shuddhi Powder – ½ tsp HS (Nishikala with Koshna jala)	Pradar nashak Churna ½ tsp BD (Adhobhakta with Koshna jala)	Garbha Shuddhi Tab 1 BD (Adhobhakta with Koshna jala)	Pushpa sanyog Premium 1 BD (Adhobhakta with Koshna jala)	Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)
Pradar nashak Churna ½ tsp BD (Adhobhakta with Koshna jala)	Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Arogyavardhini Vati 1BD (Adhobhakta with Koshna jala)	Arogya Vati 1BD (Adhobhakta with koshna jala)	Pushp Balance 1 BD (Adhobhakta with Koshna jala)	Pushpa sanyog Premium 1 BD (Adhobhakta with Koshna jala)
Granthi har Vati 1BD (Adhobhakta with Koshna jala)		Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)	Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)	Ladies Tonic 10ml BD (Adhobhakta with Samamatra koshna jala)	Arogya Vati 1BD (Adhobhakta with Koshna jala)
Garbha Shuddhi Tab 1 BD (Adhobhakta with Koshna jala)		G. Liv forte 10ml BD (Adhobhakta with Samamatra koshna jala)	Vish har ras 10ml BD (Adhobhakta with Samamatra koshna jala)		Granthi har Vati 1BD (Adhobhakta with Koshna jala)
Arogyavardhini Vati 1BD (Adhobhakta with Koshna jala)		Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Cough har Churna ½ tsf BD (Adhobhakta with Koshna jala)		Pushp Balance 1 BD (Adhobhakta with Koshna jala)
Perion syrup 10ml BD (Adhobhakta with samamatra Koshna jala)					Ladies Tonic 10ml BD (Adhobhakta with Samamatra koshna jala)
G. Liv forte 10ml BD (Adhobhakta with Samamatra koshna jala)					

The patient adhered to a meticulously designed Disciplined and Intelligent Person (DIP) Diet to complement the Ayurvedic treatments for tubal blockage<sup>[12]</sup>.

### Treatment Intervention

#### I. Dietary Recommendations

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital, Kanpur include the following key recommendations:

#### Foods to Avoid

- Eliminate wheat, processed foods, refined products, dairy, animal-based foods, coffee, and tea.
- Avoid eating after 8 PM to support better digestion and metabolic function.

#### Hydration

- Drink alkaline water 3-4 times daily, along with herbal teas, "living" water, and turmeric water.
- Almond milk, coconut water & coconut milk.

**Millet Inclusion**

- Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.
- Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

**Meal Timing & Structure**

- Breakfast (9:00–10:00 AM): Steamed fruits administered in a quantity equivalent to 10 grams per kilogram of the patient's body weight, accompanied by steamed sprouts.
- Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient's weight  $\times$  5 in grams) and cooked millets.
- Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.
- Dinner (6:15 - 7:30 PM): Same as lunch.

**Special Practices**

- Offer gratitude before meals to cultivate positive energy.
- Adopting *Vajrasana* posture post-meal is recommended.

**II. Lifestyle Recommendations****Sungazing**

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

**Yoga**

Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to improve hormonal balance and overall well-being.

**Meditation**

Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

**Barefoot Walking**

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

**Sleep**

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

**Consistent Daily Routine**

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

**OBSERVATION & RESULTS****Table 3: Observations**

	Weight	Symptoms
27/08/2024	77.6 kgs	Foul smelling vaginal discharge
17/09/2024	74.5 kgs	Foul smelling vaginal discharge present
10/10/2024	72.8 kgs	Foul smelling vaginal discharge present
05/11/2024	72.3 kgs	No foul smelling vaginal discharge

**Table 4: Radiograph HSG - Before and After Treatment**

03/08/2024	<ul style="list-style-type: none"> <li>• Bilateral Fallopian tubes are outlined in its entire length is normal in course and calibre however no spillage of contrast is notes on both sides – Bilateral Fimbrial block</li> <li>• Contrast filled uterus is normal in size, shape and outline. No filling defect or mass.</li> </ul>
05/11/2024	<ul style="list-style-type: none"> <li>• Bilateral Fallopian tubes are normal in course and calibre. Both tubes are patent as free flow of contrast medium is noted in peritoneal cavity on either side.</li> <li>• Contrast filled uterus is normal in size, shape and outline. No filling defect or mass.</li> </ul>



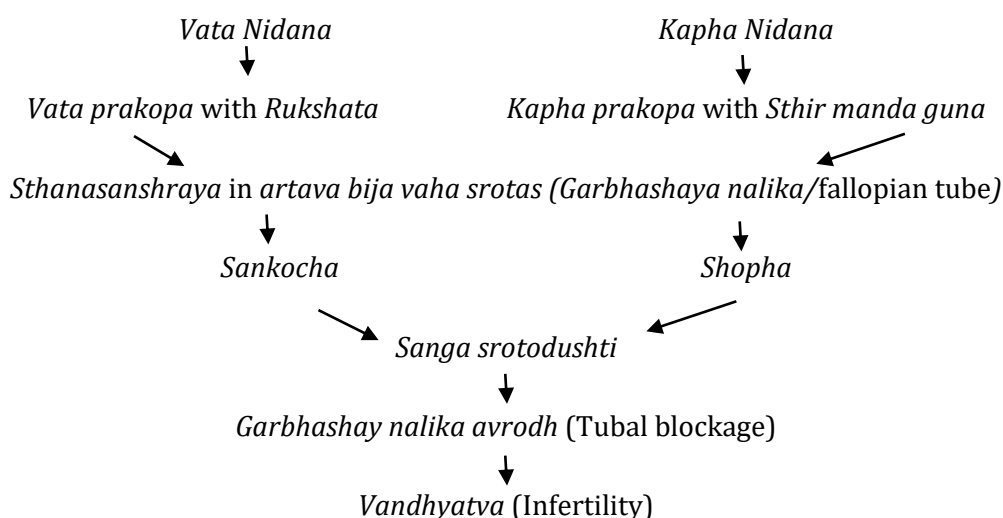


**Figure 1: Before and after treatment: Radiograph HSG**

## DISCUSSION

Within the *Ayurvedic* paradigm, fallopian tube blockage is conceptualized as *Artava-Beejavaha Srotorodha*—an obstruction in the subtle channels responsible for the transport of ovum and reproductive elements. The primary *Doshas* involved in this condition are *Vata* and *Kapha*, which contribute to the narrowing or blockage of the tubal lumen [13]. Therefore, therapeutic agents with properties that pacify both *Vata* and *Kapha*, along with those exhibiting *Tikshna* (penetrating) and *Ushna* (heating) qualities, are considered beneficial for removing such obstructions. Additionally, the use of appetite-stimulating and digestive formulations helps enhance metabolic function, facilitating the elimination of accumulated toxins (*Ama*), which are key contributors to the blockage of bodily microchannels [13].

*Samprapti* (Pathogenesis) of tubal blockage-induced infertility in Ayurveda



Dr.Shuddhi Powder is a nutrient-dense *Ayurvedic* blend containing natural antioxidants that aid in boosting vitality, improving immune response, and promoting healthy digestion. It contains

ingredients like *Triphala*<sup>[14]</sup>, *Trikatu*, *Ajwain*<sup>[15]</sup>, which enhances the digestive power and minimizes bloating and strengthens metabolic process. *Amalaki*<sup>[16]</sup>, *Haritaki*<sup>[17]</sup> has *Tridoshaghna* properties. Due to its

*Madhura Vipaka*, it is *Shukraavrdhan*, it helps strengthening the weak uterus thus helps in fertility. Its *Ruksha* and *Kashaya rasa* causes *Kledanashana*, works as uterine tonic and helps with reducing vaginal discharge. *Trikatu* is *Kapha Vataghna*, *Dhatvagni deepana*. *Ajwain* is *Kapha Vataghna*. Most of ingredients causes *Agnideepana* and *Amapachana*.

*Pradarnashak Churna* contains key ingredients like *Jambu beeja*<sup>[18]</sup>, *Daruharidra*<sup>[19]</sup>, *Mulethi* which has antioxidant property, improves digestive health. It is known to treat Leucorrhea, PID and hormonal imbalance. The majority of the constituents in this formulation exhibit a predominance of *Kashaya*, *Tikta*, *Madhura*, and *Katu Rasa*, along with *Sheeta Virya*, *Katu Vipaka*, and possess *Laghu* and *Ruksha Guna* <sup>[20]</sup>. The combination primarily comprises herbs with *Kaphapitta Shamak* properties, while some components also demonstrate *Kaphavatashamak* and *Vatapittashamak* actions.

**Granthihar Vati** supports overall health and well-being. It contains key ingredients like *Guggulu*<sup>[21]</sup>, *Kanchanar*<sup>[22]</sup>, *Amalaki* which helps improve digestion, have anti-inflammatory properties, weight management. *Guggul* is *Vataghna* due to *Ushna virya* and *Kaphagna* due to *Tikta Kashay rasa*. It possesses properties like *Kledashoshaka*, *Jantughna*, *rasayana*, *Vrishya* <sup>[23]</sup>.

**GE-LIV Forte Syrup** contains key ingredients like *Bhringraj*, *Kalmegh*, *Kutaki*, *Vidanga*<sup>[23]</sup> that improves digestion, improves liver function and boosts overall well-being. *Bhringraj*, *Vidanga* are *Kapha Vataghna*, *Aarogya Vati*<sup>[24]</sup> contains ingredients like *Shatavari*, *Ashwagandha* which helps in hormonal balance and beneficial for reproductive health. It also helps in stress reduction which can have a positive impact on fertility. It promotes digestive health. Good for weight management by fastening metabolism. It is *Pachani*, *Deepani*, *Medovinashini*, *Srotoshodhak*, *Tridosahara* and *Malshudhikar*. Owing to its *Ushna* and *Laghu* Gunas along with *Tikta Rasa*, the formulation alleviates *Kapha* and *Meda Dushti*, thereby helping in the mitigation of associated symptoms.

**Ladies tonic** includes essential components such as *Aloe Vera*, dried ginger (*Sonth*), and black pepper (*Kali Mirch*). This formulation supports hormonal balance by helping regulate the menstrual cycle, enhancing fertility, and alleviating stress.

**Pushp sanyog premium** contains *Putranjeevak*<sup>[25]</sup>, *Lakshmana*, *Lodhra*, *Ashoka*, Powder of *Shukrashodhak Vati*, *Veeryashodhak Vati*, *Garbhapal rasa*, *Swarna bhasma*, *Rajat bhasma*, *Tamra Bhasma*<sup>[26,27]</sup>. *Putranjeevak* is said to be best for treating infertility, *Kaphavatahara*. Useful in Leucorrhea. *Ashoka* is *laghu*, *Ruksha* and useful in *Yonivyapat* <sup>[28]</sup>. *Suvarna Bhasma*,

being a potent *Rasayana*, is employed in conditions of *Rajakshina* (menstrual insufficiency). It is believed to exert a therapeutic effect on the neural pathways associated with uterine function. It helps in fallopian tube blockage. It regulates menstrual cycle and helps in infertility.

**Garbh shuddhi Vati** contains *Ashwagandha*, *Shata-pushpa*, *Jambu*, *Guduchi*, *Triphala*, Powder of *Kanchanar Guggul*, *Shigru Guggul*, *Swarnavanga bhasma*, *Swarna makshik bhasma*, *Vang Sindur*, *Yashad bhasma*, *Tamra bhasma*, *Tankan bhasma*, *Pradarantak louha*. It is useful in *Yoni daha* and *Pradara*. *Vanga bhasma* acts on *Vata dosha* <sup>[29]</sup>. It improves function of reproductive system and helps in ovulation and thus it is best for infertility.

**Pushp balance Vati** <sup>[30]</sup> has properties like *Katu rasa*, *Ushna veerya*, *Sara*, *Teekshna guna* and *Pitta vardhaka*<sup>[31]</sup>. It removes the obstruction in the passage and leads to *Sroto Shodhana*.

The *Shaman chikitsa* used that promotes *Deepana*, *Pachana*, balances the vitiated *Doshas* and promotes well-being.

## CONCLUSION

The *Ayurvedic* treatment protocol-*Shaman Chikitsa* along with *Deepana* and *Pachana*-was found to be effective in managing tubal blockage in this case. The treatment had *Vata-Kapha* pacifying properties, and the *Tikshna* (sharp) and *Ushna* (hot) qualities of the medicines played a significant role in removing the obstruction. Metabolic activities were enhanced through the use of appetizers and digestive medicines, which also reduced *Ama*, a key contributor to the blockage of microchannels (*Srotas*), thereby restoring tubal patency. Pre-treatment HSG dated 03/08/2024 showed bilateral fimbrial block with no contrast spillage, while post-treatment HSG dated 05/11/2024 revealed patent Fallopian tubes with free spillage of contrast into the peritoneal cavity. The uterus remained normal in both reports. The positive clinical outcome underscores the therapeutic potential of *Ayurvedic* interventions in managing tubal obstruction and enhancing reproductive fertility. However, further clinical studies are needed to evaluate long-term fertility outcomes, the incidence of ectopic pregnancies, and to compare the effectiveness of various *Ayurvedic* treatment modalities for tubal factor infertility.

## REFERENCES

1. Neff K, Mueller A, Ling J. Fallopian tube and uterus histology [Internet]. Osmosis from Elsevier; 2025 [cited 2025 Jul 29]. Available from: [https://www.osmosis.org/learn/Fallopian\\_tube\\_and\\_uterus\\_histology](https://www.osmosis.org/learn/Fallopian_tube_and_uterus_histology)

2. Tampa General Hospital. Fallopian tube blockage [Internet]. Tampa (FL): Tampa General Hospital; [cited 2025 Jul 29]. Available from: <https://www.tgh.org/institutes-and-services/conditions/fallopian-tube-blockage>
3. Conceiving after tubal surgery: fact sheet. american association of reproductive medicine. Accessed November 6, 2008. [http://asrm.org/uploaded\\_files/ASRM\\_content/resourses/patient\\_Resourses/fact\\_sheet\\_and\\_info\\_Booklets/conceviencing\\_After\\_Tubal\\_Surger.pdf](http://asrm.org/uploaded_files/ASRM_content/resourses/patient_Resourses/fact_sheet_and_info_Booklets/conceviencing_After_Tubal_Surger.pdf) (8 th jan 2012).
4. Hydrosalpinx: Fact sheet. American Association of reproductive medicine. Assesed November 6, 2008. [http://asrm.org/fact\\_sheet\\_and\\_info\\_Booklets/hydrosalpinx%281%29.pdf](http://asrm.org/fact_sheet_and_info_Booklets/hydrosalpinx%281%29.pdf) (8th jan 2012)
5. Dawn C.S. Text book gynecology and contraception 11 th Edn. Dawn books Calcutta, 1994 pp :10/216
6. De cherny et al text book of gynecology 2nd edition. new central book agency, Calcutta increased pregnancy rate with oil soluble hysterosalpingography dye fertile/sterile. 1980. 33/407.
7. Katole A, Saoji AV. Prevalence of primary infertility and its associated risk factors in urban population of central India: A community-based cross-sectional study Indian J Community Med. 2019;44:337-41
8. Infertility statistics 2022: How many couples are affected by infertility. Available at: <https://www.singlecare.com/blog/news/infertility-statistics>.
9. Dutta DC Text Book of Gynaecology. 2013 6th London New Central Book Agency: 219 chapter 16, infertility-tubal factor
10. Shukla Upadhyaya K, Karunagoda K, Dei LP. Infertility caused by tubal blockage: An ayurvedic appraisal. Ayu. 2010 Apr;31(2):159-66. doi: 10.4103/0974-8520.72378. PMID: 22131704; PMCID: PMC3215358.
11. Sushruta, Sushruta Samhita, Ambikadatta Shastri Sharirasthana, chapter 9/11. 2018 Varanasi Chaukhambha Sanskrita Sansthan: 97.
12. Chowdhury, Dr. Biswaroop Roy. World's Best, The D.I.P. Diet. Dr. Biswaroop Roy Chowdhury, 2024.
13. Dansana, Sudha<sup>1</sup>, Hota, Dinesh Kumar<sup>2</sup>; Panda, Pradeep Kumar<sup>3</sup>; Kadam, Sujata<sup>4</sup>. Management of tubal blockage through Ayurvedic interventions: A case study. Journal of Research in Ayurvedic Sciences 6(3):p 127-132, Jul-Sep 2022. | DOI: 10.4103/jras.jras\_122\_22
14. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 231.
15. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 500.
16. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 655.
17. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 452.
18. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 469.
19. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 348
20. Pratima Shikerkar, Gandhali Upadhye, Critical review of efficacy of Pushyanug Churna in Raktapradara. J Ayu Int Med Sci. 2024;9(6):127-130. Available From <https://jaims.in/jaims/article/view/3254>
21. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 386.
22. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 438.
23. Ashwini S. Tavarakhed et al: A Critical review on Kanchanara Guggulu and Vidanga Churna in the management of Hypothyroidism in Children. International Ayurvedic Medical Journal {online} 2025 {cited May 2025}
24. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 536.
25. Rasa Ratna Samuchya Suratnojjwala Hindi Vyakya visarpa rogadhikar 20/87 & 93.
26. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 935.
27. Sharma, Sadananda, and K. N. Shastri. "Rasa tarangini." Shastri K, editor 2 (2000).



28. Hebbar R. Ashoka bark – Saraca indica: uses, medicinal qualities, Ayurveda details [Internet]. EasyAyurveda.com; 2012 Dec 26 [cited 2025 Jul 29]. Available from: <https://www.easyayurveda.com/2012/12/26/ashoka-bark-saraca-indica-uses-medical-qualities-ayurveda-details/>
29. Koralli M. Basmās used in gynaecological disorders or Yonivyapat [Internet]. Presented by Dr. Madhuri Koralli, Dept. of RSBK, RAMC, Bangalore; [cited 2025 Jul 29]. 16 p. Available from: [https://www.scribd.com/presentation/788648008/Basmas-used-in-gynaecological-disorders-or-](https://www.scribd.com/presentation/788648008/Basmas-used-in-gynaecological-disorders-or-yonivyapat-by-Dr-Madhuri-Koralli-ppt-Sharma-H-S-Nagarguna's-Rasendra-Mangala-(Chaukhambha-Orientalia)-Varanasi-2003)
30. Shankara. Rasa Chandamshu. Edited by Dattaramavaidya translated in Kannada by Dr.A. Halseekar. Hubli: Atreyasadanaganesh pet;1850. Uttarakhanda, Rasa vaidya, 789pp.
31. Hebbar J. Raja Pravartini Vati: benefits, dosage, ingredients and side effects [Internet]. Ayurmedinfo.com; 2012 Jun 29 [cited 2025 Jul 29]. Available from: [https://www.ayurmedinfo.com/2012/06/29/raja-pravartini-vati-benefits-](https://www.ayurmedinfo.com/2012/06/29/raja-pravartini-vati-benefits-dosage-ingredients-and-side-effects/)

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