



Case Study

MANAGEMENT OF TUBAL BLOCKAGE THROUGH AYURVEDIC INTERVENTION

Pooja Khandal^{1*}, Rashmi Sharma²

*1PG Scholar, ²Associate Professor, Department of Stri Roga-Prasuti Tantra, Post Graduate Institute of Ayurveda, Dr. S.R. Rajasthan Ayurved University, Jodhpur, Rajasthan, India.

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ABSTRACT

Blockage of fallopian tubes accounts for nearly one-third of female infertility cases, most commonly due to pelvic inflammatory disease, adhesions, or endometriosis. Conventional treatments often involve surgery or assisted reproductive techniques, which may not always be feasible. **Aim:** To evaluate the role of Ayurvedic therapies- specifically *Apamarga Kshara Taila Uttarbasti* and *Garbhaprada Yoga*- in restoring tubal patency. **Methods:** A 34-year-old woman with secondary infertility and confirmed bilateral tubal block underwent Ayurvedic management, including Intrauterine *Uttarbasti*, *Rasayana* therapy, and lifestyle modifications. **Results:** Post-treatment hysterosalpingography (HSG) demonstrated re-establishment of tubal patency, highlighting the effectiveness of the integrative approach. **Conclusion:** Ayurvedic interventions, when applied judiciously, may provide a minimally invasive and cost-effective option for managing tubal factor infertility.

INTRODUCTION

Tubal obstruction contributes to nearly 25–35% of female infertility cases worldwide, often resulting from chronic pelvic infections, post-surgical adhesions, or endometriosis^[1]. Modern medicine typically recommends surgical interventions or assisted reproductive technologies (ART), which may not be suitable or accessible for all patients.

In Ayurvedic literature, the fallopian tubes are functionally correlated with *Artavavaha Srotas*, whose dysfunction can manifest through *Srotorodha* (channel obstruction), *Shotha* (inflammation), and *Avarana* (blockage of movement)^[2].

Uttarbasti- A medicated intrauterine enema, particularly with *Kshara* - enriched formulations, is a time-honored technique for managing gynaecological obstructions. Concurrent administration of *Rasayana* (rejuvenative) therapy further restores reproductive balance.^[3]

Case Presentation


Patient Profile

A 34-year-old female, married for 10 years, presented with secondary infertility for one year. Her obstetric history included one previous full-term delivery via cesarean section 9 years ago.

- OPD/IPD No.: 24074/1037
- Patient Name- XYZ
- Age/sex: 34 years/female
- Marital status: Married for 10 years.
- Chief complaint- Patient has wanted to conceive for 1 year.
- Associate complaint- Severe abdominal pain during menses, nausea
- AOM- 13 Years
- O/H-G₁P₁L₁A₀D₀
- L₁- 9.5 years- Male child by LSCS

Personal history

- Occupation- Housewife
- Bowel- Regular
- Sleep- Sound
- Appetite- Normal
- Built- Medium
- Addiction- None

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Clinical and Diagnostic Overview

Menstrual History: The patient reports a regular menstrual cycle occurring every 28 to 30 days, with menstrual flow lasting 2 to 3 days. The flow is scanty in amount, and she experiences severe dysmenorrhea during each cycle.

Vitals: BMI ~24.6kg/m²; BP 122/84mmHg; Pulse 78 bpm

Gynecological Examination: Normal uterine size and mobility, no adnexal masses or tenderness.

Investigations

HSG (Feb 2025): Bilaterally blocked fallopian tubes.

No spillage of dye was seen on either side.

TVS (Apr 2025): Normal uterus and ovaries.

A small fluid-filled triangular-shaped area at the LSCS scar is likely a cesarean scar niche.

Endometrial thickness-12.4 mm

Adnexa- Rt ovary-9.9cc and shows multiple follicles, largest measuring-1.5 * 9.7 mm

Lt ovary-7.8 cc and shows multiple follicles, largest measuring-12 * 10 mm 7*5 mm

Hormonal Profile: AMH 2.7 ng/mL; FSH 6.9 m IU/mL; PRL 14.6 ng/mL; TSH 1.89 µIU/mL

Others: CBC and RBS normal; HIV, VDRL, HBsAg negative.

Diagnosis: Secondary infertility attributed to BTB, likely due to subclinical PID.

Ayurvedic Management

Therapeutic Objectives

- *Srotoshodhana* (channel purification)
- *Lekhana* (resolution of fibrotic adhesions)
- *Shothahara* (anti-inflammatory action)
- *Rasayana* (systemic rejuvenation and hormonal regulation)

Panchakarma Intervention: Uttarbasti

- Drug Used: *Apamarga Kshara Taila* (5ml)
- Procedure: Intrauterine administration for three consecutive days post-menstruation, repeated for two cycles.
- The *Kshara's Tikshna* (sharp), *Ushna* (hot), and *Lekhana* (scraping) properties are traditionally recognized to dissolve fibrotic tissue and restore tubal function^[4].

Oral Medications – Garbhaprada Yoga

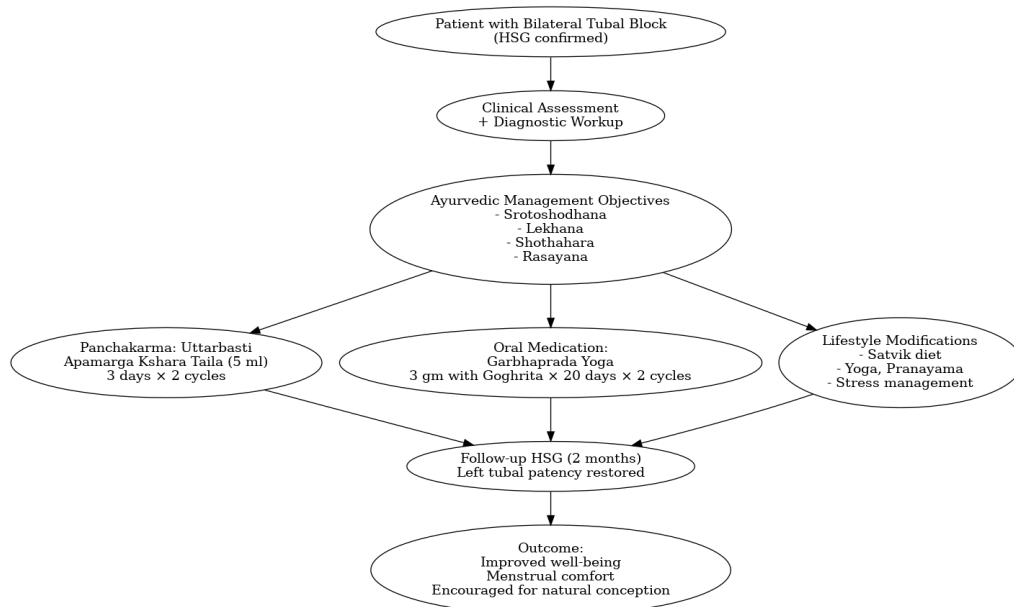
Prepared as per *Sharangadhara Samhita*:

- Ingredients: *Pippali, Shunthi, Maricha, Nagkesar*
- Properties: Hormone-balancing, *Artavajanana* (supporting ovulation), anti-inflammatory, rejuvenative.
- Dose: 3 gm daily with *Goghrita* for 20 days after menstruation, for 2 cycles.

Table 2: Ayurvedic Formulation Used

Formulation	Ingredients	Properties	Dose & Duration
<i>Apamarga Kshara Taila</i>	<i>Apamarga Kshara + Tila Taila</i>	<i>Lekhana, Srotoshodhana, Tridoshaghna</i>	5ml intrauterine × 3 days × 2 cycles
<i>Garbhaprada Yoga</i>	<i>Pippali, Shunthi, Maricha, Nagkesar</i>	<i>Rasayana, Artavajanana, Vata-Kapha shamaka</i> ^[5]	3gm orally with <i>Goghrita</i> × 20 days × 2 cycles

Flowchart 1. Ayurvedic Management Protocol and Outcome for Infertility due to Tubal Blockage



Lifestyle Care

- Diet (*Ahara*): *Satvik*, light, unctuous meals
- Regimen (*Vihara*): Gentle yoga, pranayama, stress management, adequate sleep.

Outcome and Follow-Up

- A repeat HSG after two months showed restoration of bilateral tubal patency with spillage of contrast on both sides, indicating resolution of obstruction in both tubes.
(Normal Study)
- The patient was advised to continue *Ayurvedic* care for another cycle, and natural conception was encouraged.

DISCUSSION

This case supports the growing evidence for *Ayurvedic* interventions in managing tubal infertility:

- A study on *Yavakshara Taila Uttarbasti* reported 68.8% tubal patency and 6.3% conception rates^[6].
- *Kumari Taila Uttarbasti* showed 80% tubal clearance and 40% pregnancy within two months^[7].
- *Apamarga Kshara* combined with *Phala Ghrita* in a case series resulted in HSG-confirmed patency and successful conception^[8].

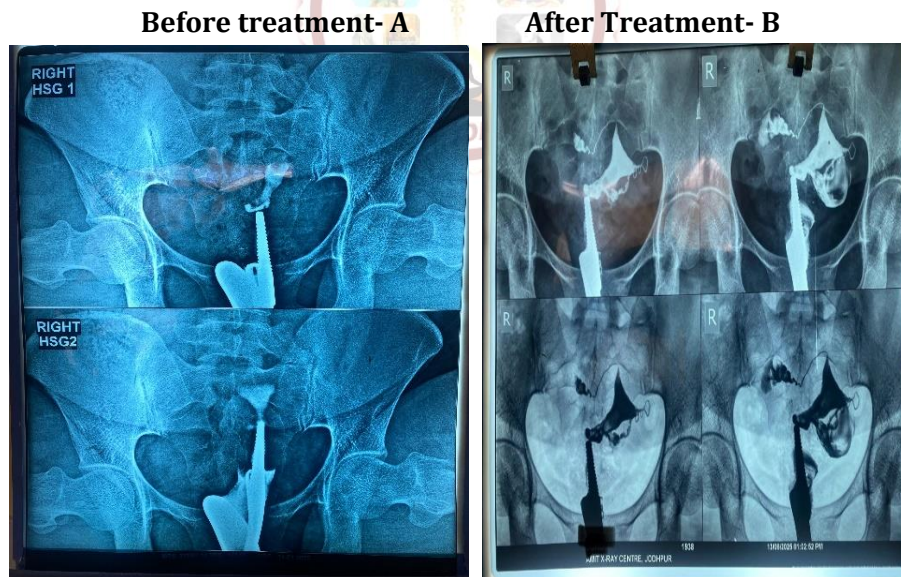
The synergistic use of *Shodhana* and *Rasayana* therapies aligns with *Ayurvedic* reproductive principles of *Yonishodhana* (cleansing of the reproductive tract) and *Beeja Sanskara* (germinal optimization), offering a comprehensive alternative to invasive procedures.

Moreover, the holistic approach addresses not just the pathology but also psychosomatic and lifestyle factors, contributing to long-term reproductive health^[9].

Table 1: Comparison of Diagnostic Findings Before and After Treatment-

Parameter	Before Treatment	After Treatment
HSG	Bilateral block	Spillage of contrast is seen on both sides. Normal study
Menstrual Pattern	Mild Dysmenorrhea	Relieved
General Health	Normal	Improved well-being

Figures A & B: Comparison of HSG images before and after treatment showing restoration of bilateral tubal patency



CONCLUSION

This case demonstrates the successful use of *Ayurvedic* therapy- particularly *Apamarga Kshara Uttarbasti* and *Garbhaprada Yoga*- in managing bilateral tubal obstruction. The restoration of tubal patency without surgical intervention suggests that such traditional methods can serve as low-cost, minimally invasive options for selected patients. Further clinical trials and comparative studies are warranted to establish broader efficacy.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and clinical data. Anonymity has been preserved.

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*Address for correspondence

Dr. Pooja Khandal

PG Scholar

Department of Stri Roga-Prasuti
Tantra, Post Graduate Institute of
Ayurveda, Dr. S.R. Rajasthan
Ayurved University, Jodhpur,
Rajasthan.

Email: poojakhandal13@gmail.com

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