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Case Study

EVALUATING THE THERAPEUTIC EFFECT OF *KSHAR TAILA UTTAR BASTI* IN FALLOPIAN TUBE BLOCKAGE-INDUCED INFERTILITY

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ABSTRACT

The major causes of female infertility include ovarian factors, uterine factors, tubal factors, cervical factors, and vaginal factors. Among these, tubal factors play a significant role. It is estimated that approximately 25–35% of female infertility cases are caused by abnormalities or blockage of the fallopian tubes. In Ayurveda, this condition is seen as a *Vata*-predominant *Tridoshaja Vyadh*i, with *Kapha* involvement leading to disturbance in *Rutu Kshetra Ambu Beeja* leads to *Vandhayatva*. Infertility due to tubal factors can be correlated with *Strivandhyatva* due to *Kshetra* abnormality *Artavaha Srotorodha* (obstruction of fallopian tube). A 30-year-old woman presented with a history of primary infertility for three years. On investigation, Hysterosalpingography (HSG) revealed unilateral blockage of the fallopian tube. Considering the *Vata-Kapha Shamak* and *Lekhaniya* (scraping) properties of *Kshar Taila*, it was selected as the therapeutic intervention. *Kshara Taila* was administered in the form of *Uttar Basti* in a dose of 5ml for three consecutive days during each cycle. This procedure was repeated for three consecutive menstrual cycles. Following the completion of the treatment protocol, the patient underwent a repeat Hysterosalpingography (HSG) to assess the status of the fallopian tubes. The investigation revealed normal bilateral spillage of dye, which indicates that both fallopian tubes were patent. This case report demonstrates the potential of *Kshar Taila Uttara Basti* as an effective, non-invasive treatment for infertility related to fallopian tube blockage. The case supports the viability of *Ayurvedic* interventions in reproductive health, particularly for patients seeking alternatives to Laparoscopic surgery or IVF.

INTRODUCTION

Infertility is defined as the inability of a couple to achieve conception after one year of regular, unprotected coitus.[1]

It is broadly classified into two types: primary and secondary infertility. Primary infertility refers to couples who have never achieved pregnancy, whereas secondary infertility denotes the inability to conceive following a previous pregnancy.

Successful conception depends on several essential factors, including the presence of healthy and motile spermatozoa, regular ovulation, patent fallopian tubes, successful fertilization, a receptive endometrium for implantation, and proper functioning of the corpus luteum.[2]

Female infertility can result from various causes, which are commonly categorized into ovarian, tubal, uterine, cervical, and vaginal factors. Among these, tubal factors account for approximately 25–35% of cases of female infertility, making them a significant contributor. The fallopian tubes play a crucial role in reproduction. Their primary functions include the transport of gametes, facilitation of fertilization, and support of early zygote survival through their secretions.

Tubal obstruction is a major cause of infertility and may occur due to several conditions. These include pelvic infections, previous tubal surgeries or sterilization procedures, salpingitis isthmica nodosa, tubal endometriosis, intraluminal polyps or mucus debris, and tubal spasm.[3]

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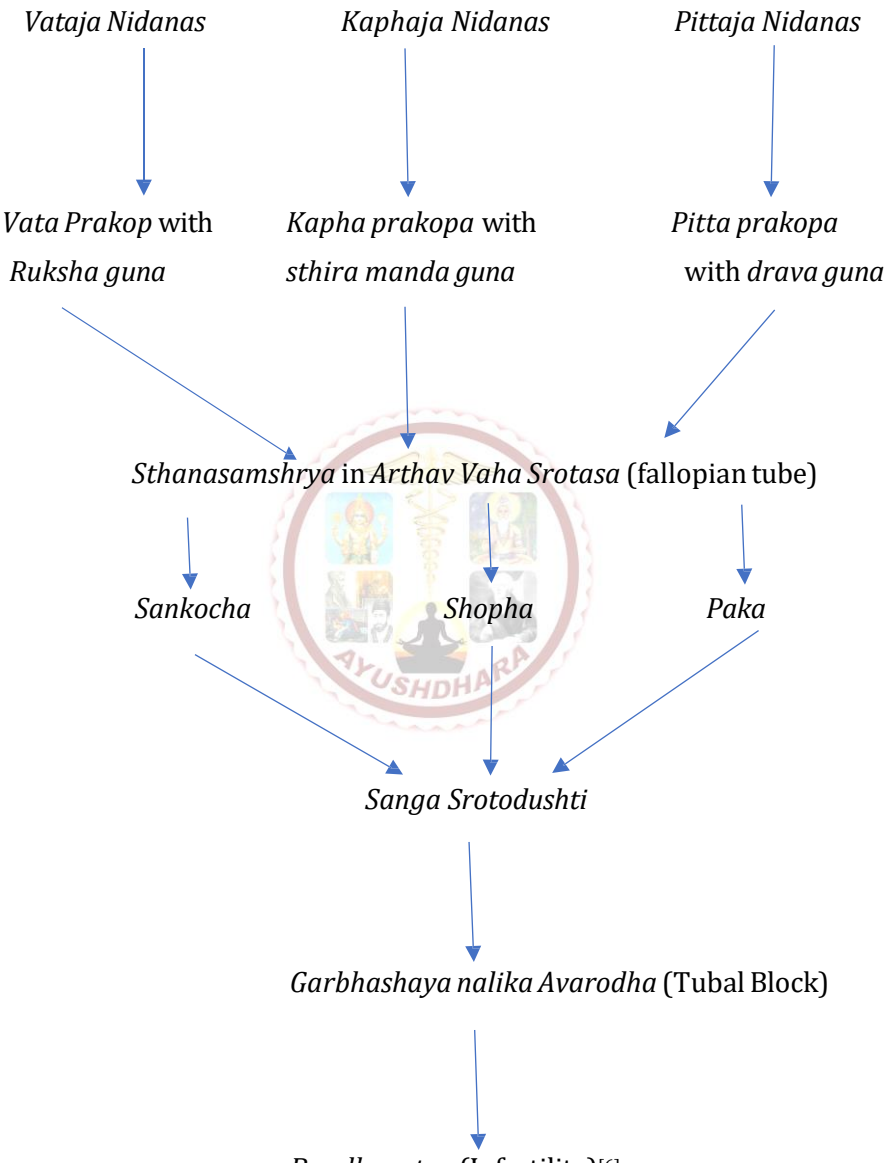
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According to Ayurveda, successful conception and the development of a healthy foetus depend on four essential elements: *Rutu, Kshetra, Ambu,* and *Beej*. These components are considered fundamental for normal reproduction.[4]

Rutu refers to the fertile period, indicating the appropriate timing for conception and menstruation. *Kshetra* denotes the site or field of conception, which corresponds to the uterus and reproductive organs. *Ambu* represents the nourishment required for the growth and development of the embryo, including maternal nutrition and bodily fluids. *Beej* signifies the reproductive elements, namely the male sperm and female ovum.

Ayurveda emphasizes that the proper functioning and balance of all these factors are crucial for successful conception. Any disturbance or imbalance in *Rutu, Kshetra*, *Ambu*, or *Beej* can lead to infertility or complications in pregnancy.[5]



The management of tubal blockage in modern medicine encompasses a wide spectrum of interventions, ranging from diagnostic laparoscopy and reconstructive tubal surgeries to advanced assisted reproductive technologies, such as in vitro fertilization (IVF). Although these approaches can be effective, they are often associated with significant financial costs, emotional stress, and potential procedural risks. In contrast, Ayurveda offers a holistic and non- invasive therapeutic approach that may reduce both emotional and financial burdens on patients. Ayurvedic management focuses on correcting the underlying imbalance of *Doshas* and restoring normal physiological function.

Among the traditional Ayurvedic interventions, *Uttara Basti* is considered particularly beneficial in the management of gynecological disorders, including blocked fallopian tubes. It is a localized intrauterine

therapy aimed at delivering medicated substances directly to the reproductive organs. The therapeutic efficacy of this procedure is attributed to the properties of the drugs used, which commonly exhibit *Vata-Kapha Shamak, Tridoshaghna, Lekhaniya*, and *Sukshma* actions. These properties help in removing obstructions, reducing pathological accumulations, and restoring normal tubal function.[7]

Kshar Taila is another important Ayurvedic formulation used in such conditions. It possesses *Vata-Kapha Shamak, Lekhaniya, and Srotoshodhana* properties, which aid in clearing the channels and improving tubal patency.[8]

Case Presentation

A 30 years old married woman, married for 3 years, visited the PTSR OPD of Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital Farukkhabad on 28/07/2025, with complain of anxious to conceive since 3 years. Patient had regular menstrual cycles of 3-4 days with the interval of 28 days without any associated complaints. She had taken treatment from several place but not got relief. So, she visited our PTSR OPD of Shri Babu Singh Jay Singh Hospital, Farrukhabad.

Past medical history

Not a known case of DM, HTN, thyroid dysfunction, tuberculosis, epilepsy, asthma.

Menstrual History

- Nature: Regular
- Bleeding duration: 3-4 days
- Interval: 28 days
- LMP: 10/10/2025
- Clots: Absent
- Dysmenorrhea: Absent

Family History- No significant history was found

Past medical history- No significant history was found

Past surgical history- No significant history was found.

Personal history

- Diet- Mix
- Appetite- Normal
- Bladder-Normal frequency
- Bowel- Once daily
- Sleep- Sound

Clinical Findings

General Examination

- Height 155 cm
- Weight - 52 kg
- BMI-21.6 kg/m^2
- Pulse Rate-76 beats/minute
- BP-120/80 mm Hg
- Respiratory Rate - 20 cycles/minute
- Temperature - 98°F
- Tongue- pink, clear

Ashtavidha Pariksha

- *Nadi: Vata, Pitta* dominant
- *Mala: Nirama, Alpa*
- *Mutra: Samanya*
- *Jihva: Alipta*
- *Shabda: Spashta*
- *Sparsha: Mridu/Ushna*
- *Druka: Madhyam*
- *Akruti: Madhyama Dashvidha Pariksha*:
- *Prakriti: Vata-Pitta* dominant
- *Vikriti: Vata* dominant *Tridosha*
- *Sara: Rakta*
- *Samhanana: Madhyama*
- *Pramana: Sama*
- *Satmya: Madhyama*
- *Satva: Avar*
- *Vyayama Shakti: Madhyama*
- *Ahara Shakti: Madhyama*
- *Jarana Shakti: Madhyama*

Gynaecological Examination (28/07/2025) Per Speculum- Healthy cervix

Per Vaginal- Uterus anteverted, normal in size, no fornix tenderness Investigation: (28/07/2025)

- Hemoglobin: 12.2%
- Blood Group: B Rh type: Positive
- Urine Routine: Normal
- RBS: 87mg/dl
- 3H: Negative
- VDRL: Negative
- USG: Normal uterus and Ovaries
- HSG (30/9/2025): Left side tubal blockage

Ayurvedic Diagnosis *(Vyadhi Ghataka)*

- *Dosha - Vata Kapha Pradhana Tridosha*
- *Dushya - Rasa, Rakta, Artava*
- *Agnidushti - Jatharagni Manda and Dhatvagni Manda*
- *Srotas - Rasavaha, Raktavaha and Artavaha Srotas*
- *Srotodushti- Sanga*
- *Adhisthana- Garbhashaya*
- *Vyadhimarga - Abhyantara*
- *Sadhyasadhyata – Sadhya*

Treatment

The patient was advised for *Uttar Basti* with *Kshar taila* in a dose of 5 ml for 3 consecutive cycles with an interval of 3 days after cessation of menstrual bleeding.[8]

Dates	***Uttar Basti***
29/10/2025-31/10/2025	*Kshar taila Uttar Basti*
30/11/2025-2/12/2025	*Kshar taila Uttar Basti*
30/12/2025-1/01/2026	*Kshar taila Uttar Basti*

Oral Medication: After every *Uttar Basti* Cycle[9,10]

Triphala Guggulu Vati	500mg 2 tablets twice daily with water after meal for 10 days
Gandhaka Rasayana Vati	250mg 2 tablets twice daily with water after meal for 10 days

Rationale For Treatment [8,9,10]

Formulation	**Ingredients**	**Properties**
Apamarga Kshara Taila	*Apamarga Kshara + Tila Taila*	*Lekhaniya, Srotoshodhana, Tridoshaghna*
Triphala Guggulu Vati	*Haritaki + Vibhitaki + Amalaki+ Pippali + Guggulu*	*Vrana Shodhana, Ropana, Lekhana, Shothahara Deepana, Pachana, Medhohar*
Gandhaka Rasayana Vati	*Shuddha Gandhaka +* (process it with all *Guduchi Kwatha, Haritaki Kwatha, Bibhitaki Kwath, Amlaki Kwatha, Sunthi Kwatha, Bhringaraja Swarasa, Ela Kwatha, Twak Kwatha, Patra Kwatha, Nagkesar Kwath) + Sharkara*	*Rasayan, Kushtaghna, Kandughna, Krimighna, Raktashodhaka, Balya, Vrishya*

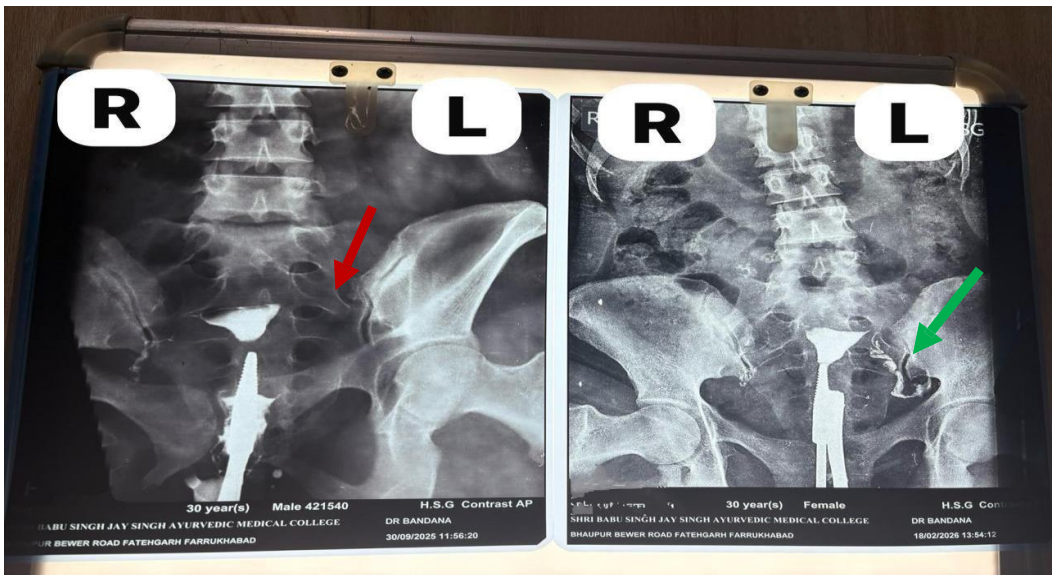
Lifestyle Care

- *Ahara*: *Satvik, Snigdha Ahara, Munga Dal*
- *Vihara: Dincharya, Yoga, Pranayama, Nidra*

Outcome and Follow-Up

A repeat HSG after three months showed restoration of left side tubal patency with spillage of contrast on both sides, indicating resolution of obstruction in both tubes.

The patient was advised to continue Ayurvedic care for another cycle, and natural conception was encouraged.



Before Treatment-A **After Treatment-B**

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

DISCUSSION

Ayurveda emphasizes four essential factors for successful conception: *Rutu* (appropriate timing and menstruation), *Kshetra* (healthy and functional reproductive organs), *Ambu* (adequate nourishment), and *Bija* (healthy sperm and ovum). Any abnormality in these factors can lead to infertility.[5]

In the present case, the left tubal blockage observed on HSG can be considered a defect in *Kshetra*, as it reflects obstruction in the *Artavaha Srotas* (reproductive channels responsible for the transport of ovum). According to Ayurvedic principles, such obstruction is primarily caused by the vitiation of *Apana Vata* and *Kapha Dosha*, and can be understood as *Artavaha Srotoavrodha*.[11]

Vitiated *Vata Dosha*, owing to its properties such as *Ruksha* (dryness*), Khara* (roughness), and *Darana* (tearing nature), leads to constriction (*Sankoch*) of the channels. Simultaneously, aggravated *Kapha Dosha,* characterized *by Sthira* (stability) and *Manda* (slowness), results in *Sanga* (stagnation) and subsequent obstruction (*Srotodushit*i) in the *Artava Vaha Srotas*. Thus, the combined vitiation of *Vata and Kapha Doshas* leads to blockage of the reproductive pathways, which acts as a barrier between sperm and ovum, ultimately resulting in infertility. The main objective of treatment is to eliminate *Srotorodha* (channel obstruction) in *the Artavaha Srotas* and restore the normal physiological functioning of the *Doshas.*[12]

Tubal blockage can be understood in Ayurveda as a *Tridoshaja* condition with predominance of *Vata* and *Kapha Doshas*. Classical texts provide therapeutic guidance for such conditions. In *Bhaishajya Ratnakara,*[12] *Kshara Taila* is described under *Stree Roga Adhikara*, while in *Chakradutta, Apamarga* is mentioned for its *Vata-Kapha shamaka, Tridoshaghna*, *Tikshna* (penetrating), *Ushna* (hot), and *Sukshma* (subtle) properties.[13]

Due to these *Guna* as, *Kshara Taila* is believed to help in removing obstruction (*Srotorodha)* through *its Lekhana* (scraping) property and mild mechanical action. It facilitates the clearance of blocked channels, thereby aiding in the restoration of normal endometrial environment and promoting proper functioning of the fallopian tubes, including ciliary activity. After performing *Uttar Basti*, *Triphala Guggulu Vati* and *Gandhaka Rasayana* were advised as preventive therapy due to *Vrana Shodhana - Ropana Guna* of *Triphala Guggulu and Krimighna Guna* of *Gandhaka Rasayana*.

Uttar Basti is a specialized and important therapeutic procedure in *Stree Roga*, which acts directly on the female reproductive system. It is indicated in a wide range of gynaecological conditions, including *Yoni Roga*, *Vandhyatva* (infertility), *Yoni Vibhransha* (uterine prolapse), *Garbhashaya Roga* (uterine disorders), *Asrugdara* (abnormal uterine bleeding), *Yoni Shula* (genital pain), *Artava Vikara* (menstrual disorders), *Mutraghata* (urinary retention), and *Mutrakruccha* (dysuria).[7]

Uttar Basti has been widely recognized as an effective therapeutic modality in the management of tubal blockage-related infertility, and several clinical studies have demonstrated significant improvement with the use of different medicated preparations.

CONCLUSION

This case highlights the successful management of tubal obstruction through Ayurvedic interventions, specifically *Apamarga Kshara Taila Uttarbasti*. The observed restoration of tubal patency without the need for surgical procedures indicates that such therapies may offer a cost-effective and minimally invasive alternative for carefully selected patients.

Uttarabasti is a safe and effective modality in treating infertility associated with tubal blockage. When appropriate aseptic and antiseptic precautions are maintained throughout the procedure, the risk of complications remains minimal.

However, larger-scale clinical trials and comparative studies are essential to validate these results and establish broader clinical applicability. Based on current observations, *Uttarabasti* shows promising potential and may emerge as a viable alternative to microsurgical approaches in the management of tubal infertility in the future.

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