



## AN AYURVEDIC APPROACH TO TUBAL BLOCKAGE WITH *SHODHANA* AND *UTTARABASTI*: A CASE REPORT

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### ABSTRACT

**Introduction:** Infertility is a multifactorial condition that affects the physical, emotional, and social well-being of women. Tubal factor infertility contributes to nearly 25–30% of infertility cases. In Ayurveda, this condition may be correlated with *Vata–Kapha dosha dushti* (vitiation of *Vata* and *Kapha*) involving the *Artavavaha Srotas* (channels responsible for menstrual and reproductive functions). Classical Ayurvedic texts describe *Shodhana* (purification therapy) and *Uttarabasti* (intrauterine administration of medicated oil or ghee) as therapeutic measures in *Vandhyatva* (infertility) due to tubal factors.

**Objective:** To document the clinical outcome of Ayurvedic *Shodhana* therapy followed by *Uttarabasti* in a case of tubal factor infertility.

**Case Report:** A 28-year-old woman (OPD No. L31203) with primary infertility was diagnosed with left-sided tubal blockage with a slow spill in the right tube based on hysterosalpingography. The patient underwent *Virechana* (purgation therapy) as *Shodhana*, followed by *Anuvasana Basti* and *Uttarabasti* using *Phala Ghrita* (medicated ghee) and *Kasisadi Taila* (herbal medicated oil) administered for three consecutive days per cycle. The procedure was repeated for three treatment cycles along with *Mustadi Yapana Basti* (medicated enema). Post-intervention hysterosalpingography demonstrated bilateral tubal patency.

**Conclusion:** This case suggests that Ayurvedic interventions, including *Shodhana* therapy and *Uttarabasti* with *Phala Ghrita* and *Kasisadi Taila*, may have a role in improving tubal patency in tubal factor infertility. The conception outcome remained under follow-up at the time of reporting.

**Keywords:** *Uttarabasti*, *Phala Ghrita*, *Kasisadi Taila*, Fallopian Tube block, Infertility

**INTRODUCTION:** Infertility is a common reproductive disorder affecting women worldwide and is associated with significant physical and psychological distress. <sup>(1)</sup> It is defined as the inability to conceive after one year of regular, unprotected sexual intercourse. <sup>(2)</sup> Tubal factor infertil-

ity accounts for nearly 25–30% of female infertility cases. Tubal blockage disrupts the normal transport of gametes, thereby impairing fertilization. <sup>(3)</sup> Common causes of tubal infertility include pelvic inflammatory disease, previous pelvic surgeries, endometriosis, genital tuberculosis, and infec-

tions such as TORCH, which can lead to inflammation and tubal obstruction.

Although conception is possible with a single patent fallopian tube, functional impairment of the contralateral tube may significantly reduce fertility. In the present case, the patient had left-sided tubal blockage with a slow spill in the right tube on HSG, indicating that the right tube was not completely patent. Further, infertility persisted despite regular unprotected sexual intercourse, suggesting that tubal factors played a significant role in the failure of conception.

In Ayurveda, infertility is described as *Vandhyatva*. Tubal blockage may be understood as a disorder of *Artavavaha Srotas*, predominantly involving *Vata* and *Kapha pradhana Tridosha*. Vitiated *Kapha* causes obstruction (*srotorodha*) due to its *guru* and *picchila* properties, while aggravated *Vata* leads to constriction (*sankocha*) and impaired tubal motility. Infective conditions such as TORCH can be correlated with *Pitta* involvement, resulting in inflammatory changes. Thus, *Vata–Kapha pradhana Tridosha Dushti* plays a crucial role in the pathogenesis of tubal factor infertility.<sup>(4)</sup>

Hysterosalpingography (HSG) is commonly used to assess tubal patency. Modern management options include surgical interventions and assisted reproductive techniques such as in vitro fertilization (IVF), which are often invasive, expensive, and not easily accessible. Ayurveda offers a holistic approach through *Shodhana* and *Shamana* therapies. *Uttarabasti*, a localized therapeutic procedure administered via the *yonimarga*, is indicated in gynecological disorders involving *Artavavaha Srotodushti*. Drugs with *Vata–Kapha shamana* and *srotoshodhana* properties, such as

*Kasisadi Taila* and *Phala Ghrita*, are beneficial in tubal obstruction. This case report highlights the role of Ayurvedic *Shodhana* followed by *Uttarabasti* in the management of tubal factor infertility.

## METHODS

A 28-year-old married female with primary infertility presented to the OPD of Sri Kalabyraveswara Swamy Ayurvedic Hospital and Research Centre Bangalore Karnataka. Detailed history taking included *Pradhana Vedana*, *Vyaktika Vrittanta*, *Rajo Vrittanta*, along with general and systemic examination. Diagnosis was made based on clinical evaluation, *Samprapti* analysis, *Samprapti Ghatakas*, and relevant investigations, including HSG.

The patient was treated with Ayurvedic interventions comprising *Shodhana*, *Shamana*, and *Sthanika Chikitsa*. The therapeutic procedures adopted and their probable mode of action were analyzed to assess their effectiveness in restoring tubal patency.

## CASE REPORT

### *Pradhana Vedana*

The patient expressed anxiety regarding inability to conceive despite two and a half years of married life.

### *Adyatana Vyadhi Vrittanta*

A 28-year-old married, nulliparous female of moderate build presented to the Outpatient Department of Sri Kalabyraveswara Swamy Ayurvedic Medical College in August 2024 with complaints of primary infertility. She had been attempting to conceive for the past two and a half years.

Menstrual history revealed regular cycles with menarche at 13 years of age, a cycle duration of 28–30 days, and a scanty flow lasting 2–4 days, without dysmenorrhea or other associated complaints. Personal his-

tory showed a mixed diet, moderate appetite, regular bowel habits, normal micturition, and sound sleep. There was no significant contributory family history.

Past medical history included surgical excision of breast fibroadenoma in 2013 and myomectomy performed in 2023. After consulting multiple physicians, she was diagnosed with left-sided tubal blockage. Assisted reproductive technology in the form of in vitro fertilization (IVF) was advised; however, the patient declined the procedure and opted for Ayurvedic management, following which she reported to our Institution for further evaluation and treatment.

### Clinical Findings

#### General Examination

Vital parameters were within normal limits.

#### Systemic Examination

No abnormality detected.

#### Gynaecological Examination

**Inspection:** External genitalia appeared normal.

**Per Speculum Examination (P/S):** Cervix was normal in size with no evidence of erosion. Mild white discharge was noted.

**Per Vaginal Examination (P/V):** Cervix was posterior in position with a nulliparous OS. No cervical motion tenderness was present. The uterus was anteverted, and fornices were free and non-tender.

#### Ayurvedic Assessment

#### Ashtavidha Pariksha

Nadi – 74/min

Shabda - Prakruta

Mala – Once/day

Sparsha - Prakruta

Mutra – 5-6 times/day

Drik - Prakruta

Jihwa - Aliptha

Aakruti - Prakruta

#### Dashavidha Pariksha

Prakruti – Vata–Kapha predominant

Satmya - Madhyama

Vikruti - Vata-Kapha pradhana Tridoshaja

Satva – Madhyama

Sara – Madhyama

Ahara shakti – Madhyama

Samhanana – Madhyama

Vyayama Shakti –Madhyama

Pramana - Madhyama

Vaya – Yuva Awastha

#### Investigations (Pre-treatment)

##### Sonohysterosalpingogram (27/03/2023):

- Uterine cavity: Normal
- Right fallopian tube: Slow spill
- Left fallopian tube: Blockage

##### TORCH Profile (22/08/2024):

- Toxoplasma IgM: 4.13 AU/mL
- Rubella IgG: 206 IU/mL
- Rubella IgM: <10.0 AU/mL
- Cytomegalovirus IgM: 11.0 U/mL
- Herpes Simplex Virus: 24.50

**Consent Details:** Written informed consent for publication of the patient's clinical details was obtained prior to initiation of treatment.

*[Shweta V. Dattawadkar, Papiya Jana : An Ayurvedic Approach to Tubal Blockage with Shodhana and Uttarabasti: A Case Report]*



Image 1: Pre-Treatment Sonohysterosalpingogram  
TIMELINE

Image 2: TORCH profile

Table 1: Timeline of Clinical Events and Therapeutic Interventions

| Date        | Event                         | Findings/Interventions  |
|-------------|-------------------------------|---|
| 2013        | Surgical History              | Excision of Breast fibroadenoma   |
| 2023        | Surgical History              | Laparoscopic Myomectomy performed   |
| 27/03/2023  | Diagnostic Investigation      | Sonohysterography: <b>Left tubal blockage</b> , slow spill in the right tube, normal uterine cavity |
| August 2024 | OPD Consultation at SKAMCH&RC | Presented with infertility concerns after 2.5 years of trying to conceive                           |
| 02/09/2024  | Shodhana Therapy              | Virechana administered  |
| 13/09/24    | Sthanika Chikitsa             | Anuvasana, Uttarabasti  |
| 27/09/2024  | Sthanika Chikitsa             | Viddha Karma, Anuvasana Basti, and Uttarabasti (3 days)   |
| 29/10/2024  | Rasayana Therapy              | Yoga Basti and Uttarabasti  |
| 30/10/2024  | Follow-up Investigation       | Hysterosalpingography (HSG): Normal uterine morphology, bilateral tubal patency restored            |

**SAMPRAPTI Hetu:** Aharaja- Guru Abhishyandi ahara, Oily Deep-fried items, Irregular Meal timings

Viharaja- Vegadharana, Divaswapna, Ratrijagarana

**Roopa:** Scanty Flow (Artava Kshaya), Tubal Block (Sroto sanga), Agni Vaishamyā

**Flow Chart 1: SAMPRAPTI**

Vataja Kapha Pradhana Tridoshaja Nidana and H/O TORCH infection



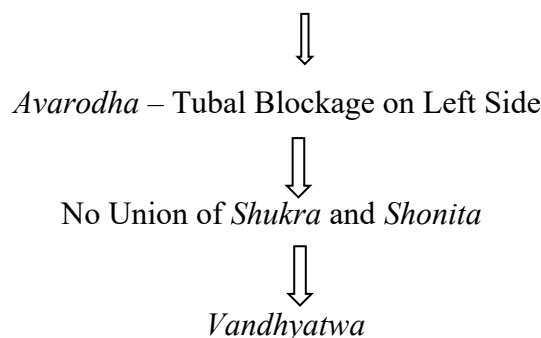
Agni Vaishamyā - Vataja Kapha Pradhana Tridosha Prakopa



Sthanasamshraya in Artavavaha Srotas (Fallopian tubes)



Srotosangha



- *Dosha*–*VataKapha pradhana Tridosha*
- *Dushya* – *Rasa, Rakta, Artava*
- *Agni* – *Jatharagi Vaishamya, Dhatvagni Dushti*
- *Srotas* – *Artavavaha srotas*
- *Srotodushti- Sanga*
- *Adhistana* – *Garbhashaya* (Fallopian tubes)
- *Vyakta Sthana*– *Garbhashaya* (Fallopian tubes)
- *Vyadhi Vinischaya* –*Vandhyatwa* due to Tubal Factors
- *Sadhyasadhya* – *Sadhya*

### **THERAPEUTIC INTERVENTION**

The patient was managed with a phase-wise Ayurvedic treatment protocol comprising *Purvakarma*, *Shodhana*, *Shamana*, and *Sthanika Chikitsa* <sup>(6)</sup>

#### **Phase I: *Purvakarma* and *Shodhana* Therapy**

**(28/08/2024 onwards)**

Initially, *Dipana*–*Pachana* was administered for five days using *Chitrakadi Vati* 375mg (1-1-1 after food with water) and *Agnitundi Vati* 300mg (1-1-1 before food with water) to improve *Agni*(digestive fire) and prepare the body for *Shodhana*. This was followed by *Snehapana* with *Murcchita Ghrita* for five days Dose being 30ml,60ml,90ml,120ml,200ml. *Sarvanga Abhyanga* for 45 mins with *Murcchita Tila Taila* followed by *Bashpa Sweda* for 20 mins was performed for 3 days.

*Virechana* was administered using *Trivrit Lehya* 95 grams. Total 18 *vegās* noted with *Kaphanta* after which *Samsarjana Krama* was advised for five days to restore digestive strength.

#### **Phase II: *Basti* and *Uttarabasti* Therapy (13/09/2024 to 21/09/2024)**

Following *Shodhana*, *Anuvasana Basti* with *Mahanarayana Taila* 75ml was administered for eight consecutive days. Prior to *Uttarabasti*, *Sthanika Abhyanga* and *Svedana* for 15 mins were performed as *Purvakarma* to support local preparation and *Vata* pacification. All instruments were sterilized by autoclaving, and the medicated *ghrita* was sterilized prior to the procedure to prevent infection.

*Uttarabasti* was carried out as per SOP under strict aseptic conditions after ensuring bladder evacuation. The patient was placed in dorsal lithotomy position, after visualization of the cervix and assessment of uterine direction, warm medicated *ghrita* was gently administered into the uterine cavity using an IUI cannula. The patient was advised to rest following the procedure. *Uttarabasti* was performed for three consecutive days using *Phala Ghrita* (5 ml) mixed with *Kasisadi Taila* (5–6 drops).

#### **Phase III: Supportive *Basti* and *Uttarabasti* (27/09/2024 to 30/09/2024)**

*Viddha Karma* was carried out for three days under aseptic precautions at *Upana-*

sika and *Angushta Mula* using sterile disposable needle. After adequate blood oozing, the sites were cleaned and patient was advised rest. This was followed by *Anuvasana Basti* with *Mahanarayana Taila* and *Sahacharadi Taila* for three days. *Uttarabasti* with *Phala Ghrita* (5 ml) mixed with *Kasisadi Taila* (5–6 drops) was repeated for three consecutive days.

At discharge, oral medications were prescribed for one month, including *Dr Palep's Torchnil Capsule* (1-1-1 after food), *Tab. Folvite* 5mg (0-1-0 before food), and *Phala Ghrita* (1 teaspoon morning and night with milk).

#### Phase IV: *Yoga Basti* and *Rasayana Therapy* (29/10/2024 to 09/11/2024)

*Yoga Basti* was administered for eight days, consisting of *Mustadi Yapana Basti*. The formulation included *Madhu* (12 g), *Saindhava* (12 g), *Sneha (Phala Sarpi)* and *Prajasthapana Taila* – 100 ml), *Shata-*

*pushpa Kalka* (50 g), and *Mustadi Yapana Kwatha* (150 ml). *Anuvasana Basti* was given using *Mahanarayana Taila* (125 ml). *Uttarabasti* with *Phala Ghrita* (5 ml) and *Kasisadi Taila* (5–6 drops) was again administered for three consecutive days.

At final discharge, oral medications included *Cap. Torchnil* (1-1-1 after food), *Tab. Folvite* (0-1-0 before food), *Phala Ghrita* (1 teaspoon morning and night with milk), *Brahmi Ghrita* (1 teaspoon twice daily before food for two months), *Svarna Malini Vasanta Rasa* (1-0-1 for one month), and *Rejvon-F Tablet* (1-0-1 for three months).

#### Follow-up Investigation (Post-treatment)

#### X-ray Hysterosalpingography (30/10/2024)

#### Impression:

- Normal uterine morphology
- Bilateral tubal patency

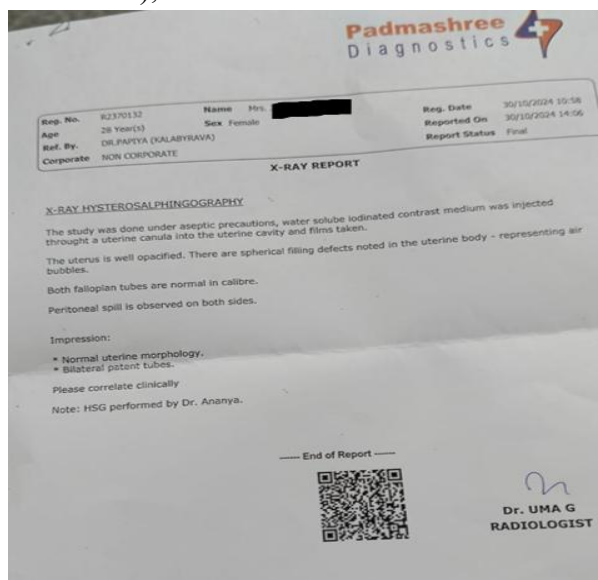


Image 3: Post Treatment HSG

**RESULT:** Post-treatment hysterosalpingography confirmed bilateral tubal patency. This finding indicates successful restoration of tubal function following Ayurvedic management, particularly *Uttar-*

*rabasti* with *Kasisadi Taila* and *Phala Ghrita*.

**DISCUSSION:** Fallopian tube occlusion can significantly impair fertility even when the opposite tube is patent. The combined

presence of unilateral obstruction and delayed contralateral tubal spill reflects reduced overall tubal competence, which likely contributed to the prolonged infertility observed in this case.

From an Ayurvedic perspective, this condition can be correlated with *Artavavaha srotodushti* involving *Vata--Kapha pradhana tridosha*.<sup>(5)</sup> Vitiated *Kapha*, with its *guru* (heavy) and *snigdha* (unctuous) qualities, causes *srotorodha* (obstruction of channels), while aggravated *Vata* leads to *sankocha* (constriction) and impaired movement within the fallopian tubes. While TORCH infection was considered as a differential factor due to its association with inflammatory changes correlated with *Pitta* involvement. However clinical history, laboratory findings, and normal uterine morphology in this case ruled out active infection and significant endometrial pathology. Hence, tubal dysfunction was identified as the principal cause of infertility.

The therapeutic strategy was designed to address this pathogenesis systematically. *Shodhana chikitsa*, particularly *Virechana*, was performed first to eliminate accumulated *doshas*, restore systemic balance, and achieve *srotoshodhana*.<sup>(6)</sup> This procedure also helps in correcting *Pitta* and associated inflammatory components, thereby improving metabolic and tissue-level functions and preparing the body for effective localized therapy.

Subsequently, *Anuvasana basti* with *Mahanarayana taila* was administered prior to *Uttarabasti* for *Vata shamana*, with a specific focus on regulating *Apana vayu*, which governs *artava pravritti* (menstrual flow) and *garbha dharana* (conception and sustenance of pregnancy).<sup>(7)</sup> Although clas-

sical texts mention *Niruha basti* before *Uttarabasti*, *Anuvasana basti* is indicated in *Vata pradhana vikara* of the pelvic region.

Its *snigdha* (unctuous) and *sukshma* (subtle) properties aid in *srotoshodhana*, *dhatu poshana* (tissue nourishment), *vata anulomana* (normalizing the downward movement of *Vata*), and improving local circulation, thereby enhancing the absorption and efficacy of intrauterine medicines.<sup>(8)</sup>

The cornerstone of the local therapy was *Uttarabasti*, a procedure that acts directly on the uterus and fallopian tubes and is specifically indicated in gynecological disorders involving the *Artavavaha srotas*.<sup>(9)</sup> The administration of *Phala ghrita* and *Kasisadi taila* was central to resolving obstruction and restoring tubal function. *Kasisadi taila*, with its *ushna* (hot), *tikshna* (sharp), *lekhana* (scraping), and *ksharana* (corrosive) properties, assists in removing *Kapha*-mediated obstruction and subtle adhesions.<sup>(10)</sup> Concurrently, *Phala ghrita*, known for its *vrishya* (aphrodisiac) and *rasayana* (rejuvenative) effects, nourishes reproductive tissues, supports follicular development, and enhances endometrial receptivity.<sup>(11)</sup>

*Viddhakarma* (Upanasika) was performed as an adjunct therapy to relieve localized stagnation and improve microcirculation. This para surgical procedure helps regulate *Vata*, reduce subtle obstruction (*sanga*), and promote functional restoration of reproductive channels.

*Mustadi yapana basti* was administered as a supportive therapy due to its *balya* (strengthening), *brimhana* (nourishing), and *ra-*

sayana (rejuvenative) properties.<sup>(12)</sup> It provides systemic nourishment, strengthens reproductive tissues, and supports hormonal and metabolic balance, thereby sustaining the effects of local therapy.

The *Shamana aushadhis* used after discharge further stabilized the therapeutic outcome.

Supportive *Shamana Aushadhis* helped in correcting residual *Dosha* imbalance, while *Rasayana* therapy contributed to the rejuvenation of the *Artavavaha Srotas*.<sup>(13)</sup> *Phala ghrita* supported *artava dhatu poshana* (nourishment of reproductive tissue), *Torchnil* aided in reducing inflammation and improving ovarian function, *Brahmi ghrita* helped regulate neuroendocrine function and stress, *Swarna malini vasant rasa* enhanced immunity and tissue vitality, and folic acid supplementation supported ovulatory health.

The successful restoration of bilateral tubal patency, confirmed by post-treatment HSG, indicates that the Ayurvedic treatment was effective in reversing tubal obstruction. This case highlights *Uttarabasti* as a safe, minimally-invasive alternative to surgical interventions and demonstrates the holistic approach of Ayurveda in the management of *Vandhyatva*.

## CONCLUSION

This case report shows that Ayurvedic treatment, including *Shodhana* therapy and *Uttarabasti* with *Phala Ghrita* and *Kasisadi Taila*, can improve tubal factor infertility, as seen by the restoration of bilateral tubal patency. While conception is yet to occur, the restored tubal function is promising for future pregnancy. These results suggest that *Uttarabasti* as a safe and effective option for managing *Vandhyatva*,

and further studies are needed to confirm its effectiveness.

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