

Successful Conception Following Ayurvedic Management of Tubal Blockage with *Uttara Basti*: A Case Report

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ABSTRACT

A 29-year-old female patient presented with complaints of infertility for the past 3 years regular unprotected intercourse and also complained of painful menstruation (dysmenorrhea) and expressed a strong desire to conceive. Ultrasonography (USG) revealed the presence of hydrosalpinx, Hysterosalpingography (HSG) confirmed a right cornual tubal blockage.

The patient was treated holistically to address dysmenorrhea, hydrosalpinx, tubal blockage. Oral Ayurvedic medications included *Pushpadhanva Rasa*, *Laxmana Loha*, *Nashta Pushpantak Rasa*, *Syrup kumari asava*. Additionally, 5 cycles of *Uttara Basti* (intrauterine administration) were carried out using *Shatavari Ghrita* with *Kshar taila*. Local therapy was administered using *Kshara Taila* and *Shatavari Ghrit* yoni pichu. After seven months of treatment, the patient successfully conceived.

KEYWORDS: Infertility, Tubal Factor, *Uttara-Basti*, *Pushpadhanva Rasa*, *Laxmana Loha*, *Nashta pushpantak Rasa*, *Chitrakadi Vati*, *Kshar Taila*, *Shatavari ghrit*.

INTRODUCTION

Infertility is a global health issue affecting 10%–15% of couples of reproductive eages.^[i] Infertility is defined as the failure of a couple to conceive after 1 year of regular unprotected coitus. Estimates suggest that 48 million couples and 186 million individuals live with infertility globally. However, 25%–30% of infertile females are reported to have tubal pathology.^[ii] Often tubal factor infertility is caused by pelvic infections, such as pelvic inflammatory disease or endometriosis, recurrent reproductive tract infections, scar tissues that form after pelvic surgery, or a history of tuberculosis.^[iii]

According to *Acharya Sushruta-Ritu* (ideal period for conception), *Kshetra* (female reproductive system), *Ambu* (essential nutrition), and *Beeja* (ovum and sperm) are considered to be the prime factors for the achievement of pregnancy. Abnormalities present in any of the above factors singly or combined may lead to a couple's infertility. Infertility is a symptom due to damage to *Artavavaha Srotasa*.^[iv] which may be

compared to the fallopian tube in the present context. Infertility due to tubal blockage can be understood under *Kshetra Vikriti* (deformity in female reproductive system) and *Sanga Srotodushti* (blockage of microchannel) of *Artavavaha Srotasa*.

In tubal blockage, the drugs with sharp, hot and scraping properties that pacify *Vata-Kapha Dosha* can be considered for therapy and administered for purgation, and *Uttar basti*. *Uttar basti* is an effective local therapy for most gynecological diseases, including infertility. The present case study highlights the role of Ayurvedic therapeutic procedures such as *Uttar basti* in treating tubal blockage.

The tubal blockage is one of the most important factors for female infertility. This condition is not described in Ayurvedic classics, as the fallopian tube itself is not mentioned directly there. It may be correlated to *stree vandhyatva* due to *Artavavaha srotorodha*.^[vi] vitiation of *Kapha* and *Vata dosha*

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responsible for *srotorodha* (obstruction) in the fallopian tube results in tubal blockage. Through proper *Ayurvedic* management, we can normalize the vitiated *Vata- kapha dosha* restoring the proper tubal function that Favors conception. This research article presents the case of long-standing infertility due to fallopian tube blockage that reverted to *Ayurveda* after taking allopathic treatment and was successfully managed with *Kshar Taila* and *Shatawari Ghrit* *Uttara Basti* (UB) and *Ayurvedic* oral medications.

Case Report

A 29-year-old female patient visited the Outpatient Department (OPD) of Prasuti Tantra Evum Stree Roga, Pandit khushilal Sharma Govt. Ayurveda Institute Bhopal, on 26/ 07/2024, with the complaint of being unable to conceive for the last 3 years and painful menstruation last 1 year.

- OPD No.: 68645246
- Age/sex: 29 years/female
- Marital status-Married for 5 years (nonconsanguineous marriage).

Personal history

- Occupation: Housewife
- Bowel: constipation
- Sleep: Disturbed
- Appetite: Normal
- Built: Medium
- Addiction-None.

Chief complaints

The patient wanted to conceive for the last 3 years and severe lower abdominal pain during menstruation. She took allopathic consultation and was diagnosed with primary infertility due to tubal blockage with hydrosalpinx and advised *in vitro* fertilization (IVF). Hence, she approached the OPD of Prasuti Tantra Evum Stree Roga, Pandit Khushilal Sharma Govt. Ayurveda Institute Bhopal.

History of past illness

Drug history-The patient was on allopathic treatment for 2 years. The patient has gone through many cycles of ovulation induction drugs irrespective of follicular studies and was finally referred to the IVF center.

Family history - Not significant

Surgical history – Adhesiolysis with cystectomy
Tubal patency (Laparoscopy)
Endometrial biopsy

Menstrual history

- LMP-15/7/2024
- Menstrual cycle-4 -5 days/28–30 days/regular cycle
- Characteristics of menstrual blood-painful bleeding, normal in amount, clots present
- Active married life-6 years.

Obstetric history

- Nulligravida (G0P0+0)

Gynaecological examination

- P/S (Per Speculum)-cervix-healthy,bulky.
- P/V (Per Vaginum)-uterus-anteverted, slightly bulky uterus, both fornix- nontender, adnexal mass felt.

Investigations

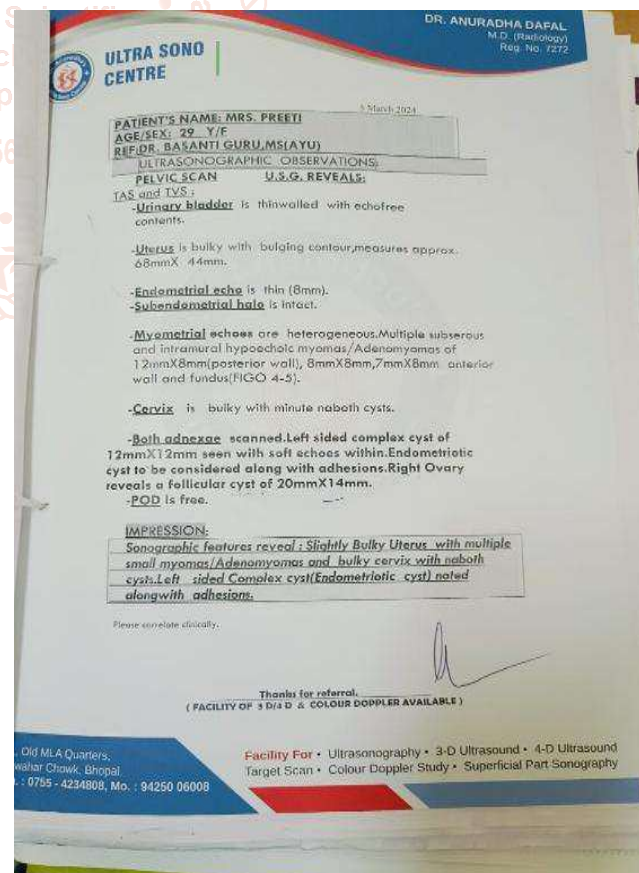
- RBS-141.7 mg/dl (26/7/2023)
- S. Prolactin-24.2 ng/ml (5/9/2024)
- Thyroid profile (26/7/2023)-

T3 -0.69 ng/dl

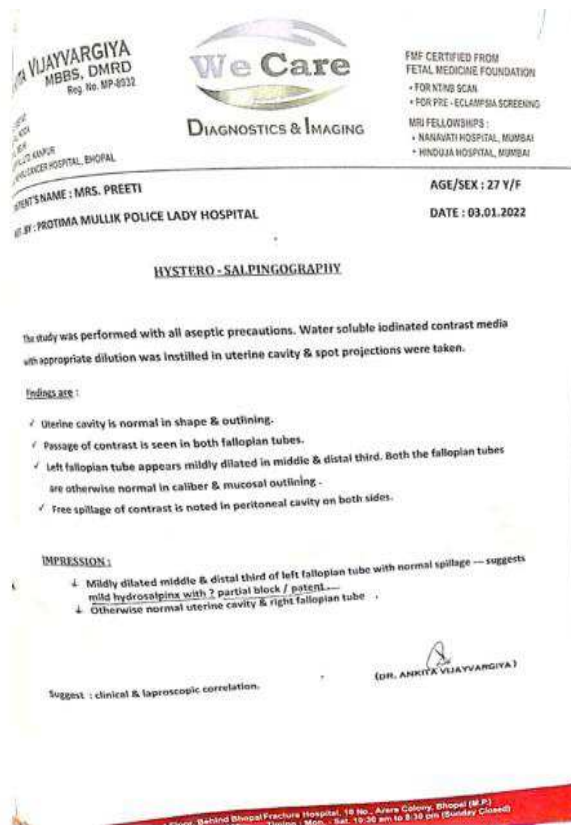
T4 - 13.1 micro gm/dl

TSH - 2.1 μ IU/ml

- T.B. Gold-negative (30/4/2019)
- VDRL-Nonreactive (10/11/2022)
- HIV-Negative (10/11/2022)
- HBsAg-Negative (10/11/2022)
- Anti-HCV-Negative (30/4/2021)
- USG (pelvis)- Slightly Bulky Uterus with multiple small myomas/Adenomyomas and bulky cervix with noboth cysts. Left sided Complex cyst (Endometriotic cyst) noted along with adhesions. (05/03/2024)



- Hysterosalpingography (HSG)-Partial tubal block (Right cornual block) with mild hydrosalpinx (03/01/2022)



LAPROSCOPY + HYSTEROSCOPY + CYCSTECTOMY WITH TUBAL PATENCY WITH HYDROSALPINX DRAINAGE

LAPAROSCOPY:

- UT DEVIATED TO LEFT TILTED
- RIGHT TUBE CONSTRICTED CORNUAL BLOCK + R OVARY NORMAL
- LEFT TUBE STRETCHED OVARY STUCK POST TO UTERUS
- EMDOMETRIOMA 4X4 CMS BADLY ADHERED TO POST UTERINE SURFACE FORMING TO MASS LEFT TUBE DELAYED SPILL++

HYSTEROSCOPY:

- CAVITY ROOMY, B/L OSITA DIPPING POSTERIOR
- ECC: NORMAL
- ENDOMETRIUM FLUFFY

2023

- TAB GOODOVAL P/O HS X 5 DAYS 0.125 (2.01-12)
- INU MENOSAR 75 IU (1.1, 2.1, 3.1)
- TAB BIFOLATE P/O OD X 30 DAYS 0.5
- TAB EVATRUST P/O OD X 30 DAYS 0.05
- TAB ECOSPRIN 150MG P/O OD X 30 DAYS 0.01
- SYP LYKOKING 2TSP BD X 30 DAYS

② UTEROTON PILL □ □ - - x 30 days

Len - 7/2

➤ Ovary-Normal in size, shape, echotexture

Semen analysis of husband – Normal
Pathya-Apathya (Do & Don'ts):

Yoga (*Paschimottanasana*, *Bhujangasana*, etc.), *pranayama*, and meditation. During the *Uttara Basti* procedure, avoid sexual intercourse, spicy or fried foods, fast food, fermented items, overeating, suppression of natural urges, daytime sleeping, and staying awake at night.

Treatment Protocol

➤ Oral medicines (wife) were started on dated 21/06/2024 for 7month.

Duration/Date	Medecins
21/06/2024 to 26/07/2024	<i>Lasunadi vati</i> -250 mg
	<i>Avipattikar churna</i> - 5gm
	<i>Pushpadhanwa Rasa</i> - 250mg
	<i>Laxmana louh</i> - 250mg
	<i>Syrup Ashokarishta</i> + <i>Kumariasava</i> – 20ml (equal water)
	<i>Pratimarsh Nasya</i> with <i>Satpushpa Oil</i>
01/08/2024 - 02/09/2024	<i>Chitrakadi vati</i> -250 mg
	<i>Nastapushpantak ras</i> – 250mg
	<i>Pushpadhanwa Rasa</i> - 250mg
	<i>Laxmana louh</i> - 250mg
	<i>Varunadi</i> + <i>Triphala Kwath</i> – 40ml
	<i>Pratimarsh Nasya</i> with <i>Anu Taila</i> + <i>Adrak swara</i> + <i>Goghrit</i>
	Plan for <i>Uttara basti</i> (<i>Kshar Taila</i> with <i>Shatavari ghrut</i>)
2/10/2024 - 27/11/2024	<i>Chitrakadi vati</i> -250 mg
	<i>Vasvanar churna</i> - 5gm
	<i>Nastapushpantak ras</i> – 250mg
	<i>Varunadi</i> + <i>Triphala Kwath</i> – 40ml
	<i>Syrup Ashokarishta</i> + <i>Saraswatarishta</i> – 20ml (equal water)
	Tab Ovarex

02/12/2024 – 15/01/2025	<i>Nastapushpantak ras</i> – 250mg
	<i>Arogyavardhani vati</i> – 500mg
	<i>Vasvanar churna</i> 3gm + <i>Shatpushpa churna</i> 3gm
	<i>Punarnavasav</i> + <i>Saraswatarista</i> + <i>Kumariasava</i> – 20ml each (equal water)
	<i>Sahachar</i> + <i>Rasanasaptak</i> + <i>Pathayadi Kwath</i> – 40ml
	Tab Ovorex

➤ Oral medicines(husband) were started on dated 02/10/2024 for 7month.

02/10/2024-27/11/2024	<i>Chitrakadi vati</i> - 250 mg <i>Aswagandha Churn</i> –2gm + <i>Kouchbeej Churna</i> –2gm + <i>Ajamodadi Churna</i> –2gm
05/12/2024 –01/01/2025	<i>Chitrakadi Vati</i> -500mg <i>Sukkratrika Vati</i> –500mg <i>Semento</i> – 250mg
06/01/2025 Befor concieving	<i>Sukkramantrika Vati</i> –500mg <i>Semento</i> – 250mg <i>Aswagandharista</i> + <i>Punarnavasava</i> –20mleach (equal water) <i>Kouchbeej Churna</i> – 3gm + <i>Vasvanarchurna</i> -3gm

Procedure of *Uttar Basti*

Purva karma

Abhyanga (oleation) was performed on the lower abdomen and back for 10 minutes using *Bala Taila*, followed by *Swedana* (fomentation) with a hot water bag on the same area for another 10 minutes. *Yoni Prakshalan* (vaginal douche) with *Panchvalkala Kwatha* was done to sterilize the pervaginal region before the *Uttara Basti* procedure.

Pradhana karma

Sim's vaginal speculum and an anterior vaginal wall retractor were used to visualize the cervix, and the upper lip of the cervix was gently held with a vulsellum. A uterine sound was introduced to determine the position and length of the uterine cavity. A 10 Fr NG tube was then inserted through the cervix into the uterine cavity, and 5 ml of autoclaved *Kshara Taila* mixed with *Shatavari Ghrit* was slowly instilled into the cavity.

Paschata karma

The patient was kept in a head-low-down position. After the procedure, the patient was carefully observed for pain, any bleeding, or any other discomfort.

FOLLOW UP

The patient was attended for follow-ups every 15th day and was under observation at the time of the *Basti* procedure.

Follicular study was advised on alternate days during the course of the *Uttara Basti* (UB) treatment. Ovulation was observed. The patient was discharged and given guidance about her fertile days. HSG was recommended before starting UB and again after five cycles. Therefore, the procedure was initiated. She was advised to return for the next cycle of UB and to continue taking the prescribed oral medications regularly.

The patient conceived during treatment (within a single cycle), so HSG was not performed and the tubal block of the patient was removed, evident by pregnancy. She followed her regular antenatal care.

Discussion

In the context of UB, *Acharya Charaka* has mentioned that once *Vata* is pacified through this procedure, conception occurs swiftly. *Uttara Basti* administered the medicated oil directly into the uterine cavity, thereby exerting a local effect on *Garbhashayagata Vikaras* (uterine disorders) and supporting the management of *Vandhyatva* (female infertility). One such formulation is *Kshara Taila*, as described in the *Sharangadhara Samhita* and the *Snehakalpna Adhyaya of Madhyama Khanda*. Although primarily indicated in *Karna Roga* (ear disorders), due to its *Srotoshodhana* (channel-cleansing) and *Vata-Kapha shamak* (*Vata* and *Kapha* pacifying) properties, it is considered effective in removing tubal obstructions. Based on this classical reference and its actions, *Kshara Taila* selected for this case study in combination with *Shatavari Ghrita*.

UB has many significant properties depending on the formulation used in the procedure, such as *Brimhana* (Bulkiness), *vatanulomaka* (moves *vata* in its normal direction), *sroto sanganasaka* (clear the obstruction of *srotas*), and *lekha* (scraping) and provide nourishment to the endometrium.

Shatavari Ghrit

Shatavari Ghrita is a traditional *Ayurvedic* formulation, *Shatavari Ghrita* is *Rasayana*, due to its Replenishing body elements Property (*Brihana*) and Appetizing content (*Deepana*) in it., *Shatavari*, the key herb, has cooling, nourishing, and rejuvenating properties. These formulations target disorders related inflammation, and hormonal imbalances highlighting its versatile therapeutic potential in *Ayurveda*.

Kshar Taila

Kshar has corrosive properties due to its *Tikshna* (Sharp) and *Lekhan guna* (Scraping), which help to remove the obstruction or mucus debris, and also its rejuvenation properties help to heal the inner lining of the fallopian tube. The other drugs of *Kshar Taila* having *Vata Kapha Shamaka guna* help to remove chronic inflammation and fibrosis. Thus, *Kshar Taila* helps to remove the obstruction. UB with *Kshar Taila* was selected in this case of tubal blockage.

Taila has *Sukshma* (subtle) and *Vyavayi* (capacity to quickly spread in the body) properties. It can reach the *sukshma srotas* (minute channels). The *Taila* also helps to restore the normal movement of cilia. Hence, *Kshara Taila* is capable of removing *Srotorodha* in the tubal cavity and restoring its normal functions, also mentioned as *Garbhasaya shodhaka* (cleansing). Thus, UB helps to deliver the drug properly in the fallopian tube and enhances reproductive function.

Pushpadhanva Rasa

All the *Bhasmas* used in *Pushpadhanva Rasa* possess *Tridosha shamaka*, *Deepana*, and *Pachana* properties. These attributes help alleviate *Agnimandya*, which is the fundamental step in the *Samprapti* (pathogenesis) of various disorders. By correcting the function of *Dhatvagni*, proper formation of *Rasa Dhatu* occurs. This in turn ensures the healthy formation of *Upadhatu*, specifically *Artava*, which can be interpreted as hormones, menstrual blood, and ovum. All the *Bhasmas* exhibit *Vatashamaka* properties, which address *Vata Dushti*—the primary cause of *Artavavaha Srotasa Dushti*. Consequently, the natural *Karmas* (functions) of *Vata*—namely *Vyuhana* (structuring), *Sanghatakara* (aggregation), *Vibhajana* (division), *Rasa-Rakta Samvahana* (circulation of nutrients and blood), and *Utsarjana Karma* (elimination)—are restored, leading to proper *Beejotpatti* (formation of ovum) and *Beejotsarga* (release of ovum). *Naga Bhasma* and *Abhraka Bhasma*, with their *Madhura* (sweet) and *Snigdha* (unctuous) qualities, promote *Dhatu Poshana* (nourishment of tissues) and *Bala Vardhana* (enhancement of strength). These *Bhasmas* have a unique ability to act directly on the *Prajanana Sansthana* (reproductive system). Additionally, most of the *Bhavana Dravyas* used in the formulation possess *Tikta* (bitter) and *Katu Rasa* (pungent taste), aiding in *Kapha Shamana*. Due to their *Ushna Veerya* (hot potency), they also contribute to *Vata Shamana* and *Pitta Niyana*, thereby supporting the natural *Pitta Karmas* like *Pachana* (digestion) and *Parinamana* (transformation), along with the *Vata Karma* of *Utsarjana*.

Chitrakadi Vati

Chitrakadi Vati contains drugs with hot properties to balance *Kapha* and *Vata*, hence it is useful to improve *Agni* (digestive fire). This relieves indigestion and *Ama* conditions in the body. [viii]

Kumaryasava

Kumaryasava helps in *Kashtartava*. [ix] *Kumaryasava* mainly acts on *Vata* and has a great role in *Artava Dosha*. [x]

Nashta pushpantak ras

Nashta pushpantak ras help in amenorrhoea.

Dosha – This medicine is recommended for the treatment of *vata* and *kapha dosha* imbalance.

Dushya- useful in diseases affecting *rasa* and *rakta dhatus* – irregular bleeding, amenorrhoea.

Roga marga – Useful in diseases affecting *abhyanthara roga marga* – diseases affecting the reproductive system.

Conclusions

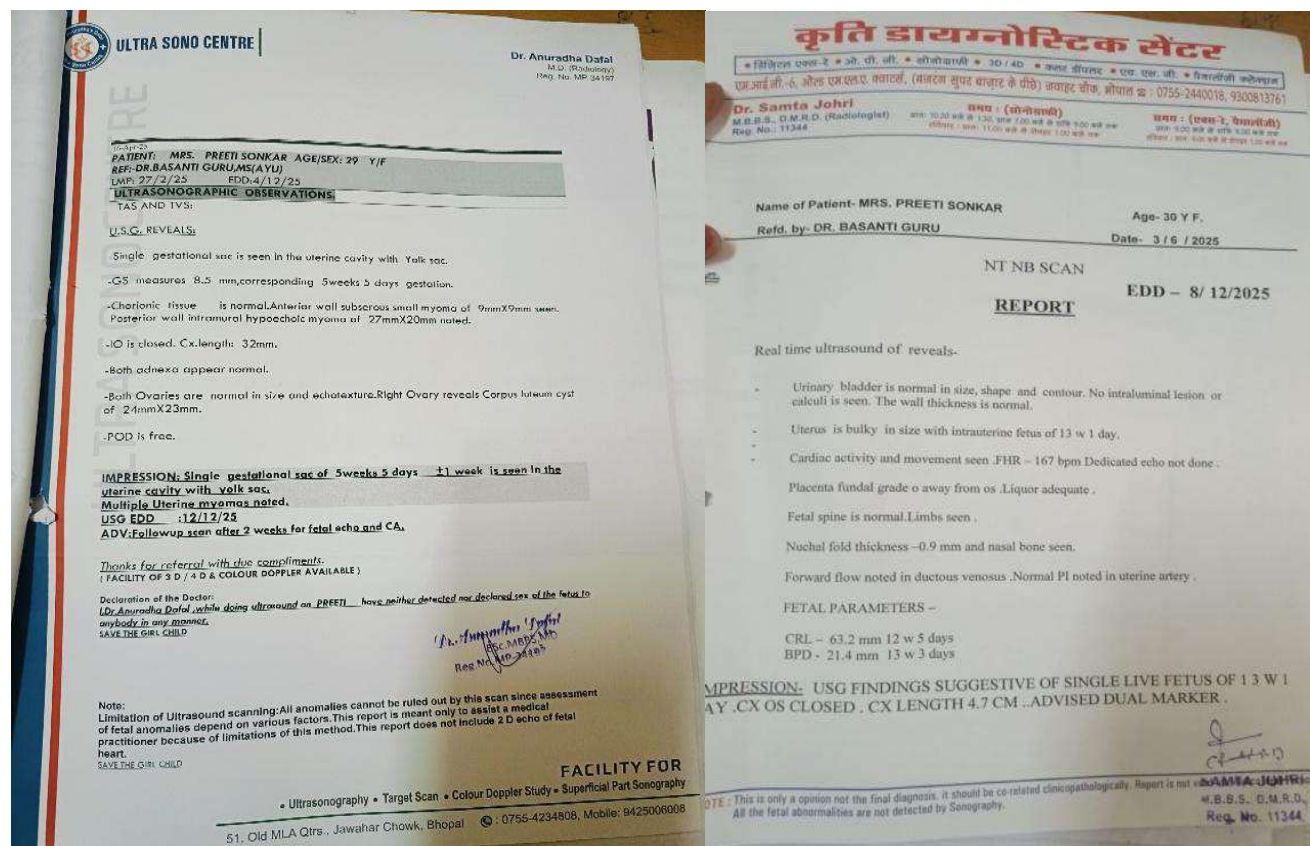
Infertility due to tubal obstruction ends up with surgery, IVF techniques, etc., which have a cost burden and limited success, etc. may take a longer time to get pregnant and have possible side effects. UB is a non-invasive

Ayurveda treatment modality with minimal pain and side effects. UB with oral medicines has proved to be very beneficial to removing tubal obstruction, thereby resulting in fruitful conception.

Result

She missed her periods and her urine pregnancy test was positive with LMP on february 27, 2025. The patient conceived during treatment. On April 16, 2025, obstetric sonography revealed single live intrauterine gestation corresponding to a gestational age of 5 weeks 5 days with an expected date of delivery of December 04, 2025.

Her level II ultrasound was done on June 03, 2025, and revealed 13 weeks of pregnancy without any congenital anomaly.



Uttar basti with kshar Taila and shatavari Ghrita is highly effective procedure in removing tubal block. The HSG report was available only prior to the initiation of treatment. As the patient conceived during the course of therapy, a post-treatment HSG could not be performed. However, the recent positive HCG report confirms conception, suggesting that the fallopian tube blockage was successfully resolved through the *Uttara Basti* procedure.

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