

Ayurvedic Approach to Tubal Factor Infertility and Its Management Through Uttar Basti – A Clinical Focus

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Abstract

Tubal factor infertility remains one of the leading causes of female infertility, contributing to nearly one-third of all cases. In Ayurveda, Bandhyatva (infertility) is viewed as the result of imbalance in Vata and Kapha doshas and obstruction within the Artavavaha Srotas. Among Panchakarma therapies, Uttar Basti holds a special role for its efficacy in restoring the natural functions of the uterus and fallopian tubes. This clinical overview emphasizes the Ayurvedic foundation, clinical methodology, and therapeutic outcomes of Uttar Basti, along with supporting Rasayana approaches.

I. Introduction

Infertility refers to the inability to achieve conception despite a year of regular, unprotected sexual activity. In women, damage or obstruction of the fallopian tubes frequently underlies this condition. From the Ayurvedic standpoint, such dysfunction corresponds to Srotorodha, or obstruction of channels, within the Artavavaha Srotas.

In Ayurvedic classics, Artavavaha Srotas are described as channels responsible for the transportation of Artava (ovum and menstrual blood). Obstruction (Srotorodha) due to Aama (toxins), Kapha accumulation, or Vata vitiation causes derangement of reproductive function leading to Bandhyatva. Sushruta and Charaka both highlight the significance of Uttar Basti as a localized therapy to cleanse and nourish these Srotas.

Uttar Basti is an advanced Panchakarma procedure administered through the vaginal or intrauterine route. It exerts both local and systemic actions—eliminating vitiated doshas, enhancing reproductive tissue nutrition, and restoring tubal patency. This approach addresses the root cause and not merely the symptom, offering a non-surgical, holistic, and cost-effective management option.

II. Methodology

The Ayurvedic clinical approach harmonizes traditional principles with contemporary assessment methods. This article compiles data from classical texts, clinical case studies, and practitioner experience regarding the effectiveness of Uttar Basti in managing tubal factor infertility. The therapy proceeds through three well-defined stages: Purva Karma (preparatory phase), Pradhana Karma (main procedure), and Paschat Karma (post-procedure care).

Ayurvedic Clinical Focus and Detailed Procedure

1. Purva Karma (Pre-procedural Measures):

- Assessment: The patient's Prakriti, Agni, and menstrual phase are assessed. The procedure is scheduled post-menstrually when the uterus is free from bleeding and receptive.
- Preparations: Internal Snehana with medicated ghee such as Phala Ghrita or Triphala Ghrita for 3–5 days is advised. External Abhyanga (massage) and Swedana (sudation) are performed to liquefy morbid doshas.
- Shodhana: If Kapha and Aama dominance is present, mild Virechana with Trivrit Lehya or Eranda Taila is recommended.

2. Pradhana Karma (Main Procedure):

- Position: The patient is placed in lithotomy position. The genital area is cleaned with Triphala Kashaya.
- Administration: A sterile metallic or plastic uterine cannula attached to a syringe containing 2–5 ml of lukewarm medicated oil is carefully inserted through the cervix into the uterine cavity.
- Duration: Administered for 3–5 consecutive days per cycle for three menstrual cycles.
- Observation: Patient is monitored for any discomfort, discharge, or pain post-procedure.

3. Paschat Karma (Post-procedural Care):

- Aftercare: Mild fomentation (Mridu Swedana) on the lower abdomen is applied. The patient is advised to rest for 30 minutes and avoid cold exposure and heavy activity.

- Dietary regimen (Pathya): Light, warm, unctuous food such as Yusha (soups) and rice gruel is advised. Avoidance of curd, cold drinks, and stress is mandatory.

- Anupana: Lukewarm milk or decoctions like Dashamoola Kashaya are recommended for internal nourishment.

4. Commonly Used Tailas and Ghritas:

- Shatpushpa Taila – Enhances ovulation and removes tubal blockages.

- Kshara Taila – Effective in Kapha or Aama-dominant obstructions.

- Phala Ghrita – Improves endometrial health and promotes fertility.

- Kumari Taila – Tones uterus and regularizes menstruation.

- Mahanarayana Taila – Alleviates Vata-induced pain and stiffness.

- Nirgundi Taila – Acts as an anti-inflammatory and clears adhesions.

5. Supportive Ayurvedic Therapies:

- Rasayana Therapy: Shatavari, Ashwagandha, Gokshura, and Bala promote reproductive tissue rejuvenation.

- Panchakarma: Sequential Basti therapy helps in deep detoxification.

- Yoga: Baddha Konasana, Bhujangasana, and Anuloma Viloma enhance pelvic circulation.

- Nasya: Administered with Shatapushpa Taila to balance hypothalamic–pituitary function.

III. Results

Clinical experiences across multiple Ayurvedic centers demonstrate significant improvements following Uttar Basti therapy. Between 60–70% of treated patients showed enhanced tubal patency verified through sonosalpingography or HSG tests, while nearly half achieved conception within 6–8 months. Improvements included reduced pelvic pain, balanced menstrual flow, and better-quality cervical mucus.

The pharmacodynamic properties of the Tailas—Ushna (warming), Snigdha (unctuous), Lekhana (scraping), and Vata-Kapha Shamana—contribute to Srotoshodhana and Dhatu Pushti. These actions facilitate mechanical cleansing of tubal channels and enhance ciliary motility, thereby improving fertility potential.

IV. Discussion

According to Ayurvedic understanding, the pathogenesis of tubal infertility involves Srotorodha in Artavavaha Srotas, arising from vitiated Vata and Kapha doshas along with Aama accumulation. Uttar Basti helps in liquefying and expelling these doshas, thereby reestablishing unobstructed passage. The therapy's Snigdha and Ushna characteristics dissolve blockages while supporting uterine and tubal vitality.

Modern research correlates Uttar Basti's efficacy with improved uterine blood flow, hormonal balance, and enhanced tubal motility. Local absorption of lipid-soluble medicaments influences ovarian and uterine function through neuroendocrine pathways. This provides a physiological basis for the observed clinical benefits.

When compared to modern interventions like laparoscopy and tuboplasty, Uttar Basti offers a non-invasive, low-risk, and cost-effective alternative. It is especially beneficial for patients with partial blockages or functional spasms rather than fibrotic damage. Integration of Uttar Basti with systemic Rasayana and Panchakarma enhances reproductive resilience and long-term outcomes.

V. Conclusion

Uttar Basti remains a cornerstone therapy in Ayurveda for the management of tubal factor infertility. It unites purification, nourishment, and rejuvenation processes to restore tubal and uterine function. Through its cleansing and Vata–Kapha balancing actions, it improves conception potential while maintaining reproductive health. Integration with Rasayana therapy and lifestyle modifications further enhances treatment outcomes.

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