

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

Dr. Umesh K. Agawane

Assistant Professor, Prasutitantra and Stri Rog Dept., GAC Dharashiv.

Dr. Shruti Subrao Sapate

PG Scholar, Prasutitantra and Stri Rog Dept., GAC Dharashiv.

### Ayurvedic Management of Female Infertility Due To Tubal Blockage - A Case Study

#### Abstract

Motherhood is a transformative experience that cannot be fully expressed in words. Infertility is a major issue affecting many couples, leading to emotional, familial, and social challenges. Tubal factors are the second leading cause of female infertility. Modern management includes tubal surgery, in vitro fertilization (IVF), or embryo transfer (ET), which primarily address anatomical issues but may not restore functional capacity.

This case report highlights the effect of *Virechana* and *Uttarbasti Karma* in a diagnosed case of secondary infertility due to fallopian tube blockage. *Virechana* is indicated in the management of *Vandhyatva* and *Yonivyapada*, while *Uttarbasti* is a unique Ayurvedic procedure used for treating genitourinary disorders. The treatment resulted in successful conception.

**Keywords:** Ayurveda, Infertility, Vandhyatva, Fallopian Tube Blockage, Virechana, Uttarbasti

#### I. INTRODUCTION

*Vandhyatva* is not a disease in itself but a manifestation of an underlying condition. In Ayurveda, it is defined as the inability to conceive or produce a viable offspring. Progeny is highly valued

as it contributes to happiness, strength, and social fulfillment.

Infertility is clinically defined as the inability to conceive after one year of regular, unprotected intercourse. Tubal factors account for approximately 25–35% of female infertility cases. Modern treatments include surgical interventions such as salpingo-ovariolysis, tubal cannulation, fimbrioplasty, and IVF-ET procedures. However, these approaches often focus only on structural correction and may not restore physiological function.

Ayurveda offers a holistic and cost-effective approach, emphasizing functional restoration. Therefore, there is a need to explore safe Ayurvedic interventions for managing such conditions.

#### Case Report

A 30-year-old female presented to the OPD of the PTSR Department, GAC Dharashiv, with complaints of secondary infertility for two years. She had been married for three years and had a history of ectopic pregnancy, for which right-sided salpingectomy was performed.

Despite attempts to conceive post-surgery, the patient was unsuccessful. Ultrasonography (USG) findings were normal. Hysterosalpingography (HSG) revealed no free spill from either fallopian tube, indicating blockage. The patient was advised Ayurvedic management.

#### Month of Treatment Protocol:

##### 1. *Virechan Karma*:

Following menstruation (beginning on the fifth day of menstruation)

No.	Drug & doses	Duration
1.	Trikatu churna 2 gm/3 times with warm water	3 days
2.	Gogarita (as per Koshta and Agni) 30 ml-150 ml (Increasing 30	5 days

	ml each day)	
3.	Bala Taila ( <i>Sida cordifolia</i> ) 1 time in a day, for abhyang & Bashpa Swedan	3 days
4.	Karma Trivrutta Avuleh-80 gm for Virechan	1 day
5.	Follow sanshrjan Kram	5 day

## 2. Uttarbasti Karm

No.	Drug	Dose	Duration	Total duration of therapy
1.	Apamarag Kshar tail	After menstruation, 3 to 5 ml. Apamarga Kshara Taila was administered in form intra uterine Uttarbasti (UUB) once in a day	3 days	For two consecutive cycle
2.	Phalakatyana Ghrita	After menstruation, 3 to 5 ml Phalakabana Ghrita was administered in form of intra uterine Uttarbasti(IUUB) once in a day after 3 days of complaining apamarag Kshar uttarbasti	3 days	

Yoga poses like *Paschimottanasana* and *Bhujangasana* are examples of **Pathya-Apathya** (Do & Don'ts). *Pra-nayama*, meditation, abstaining from sexual activity throughout the Utta rahasti method, avoiding foods that are spicy, fried, fast, or fermented, eating too much, suppressing natural cravings, sleeping during the day, and waking up during the night.

**Result:** After three months of treatment, repeat HSG showed patency of the left fallopian tube. The patient conceived in the following cycle and delivered a healthy female child weighing 2.8 kg via LSCS.

## II. DISCUSSION

*Artavavaha Srotasa* is a broad term that refers to both functional units (ic). *Artava Beeja Vaha* and *Artava Raja Vaha Srotasa*. The *Artava Beeja Vaha Srotasa* is the fallopian tube that transports the *Beeja Roopi Artava*, or ovum. All three Doshas are responsible for tubal obstruction and infertility. However, Fata's function stands apart from the other

two. In addition, the role of various *Doshas* in causing tubal obstruction cannot be disregarded. *Kapha* has the *Avarodhaka* property, which causes tubular lumen blockage. This clarifies the relationship between *Kapha* and tubal block, particularly when it is structural rather than functional. *Samshodhana* therapy is the most effective for treating vitiated *Dosha Nirhurana* and correcting *Agni.Virechana* can be beneficial in removing obstructions and restoring normal function to *Vata Adhobhagadosaharana*. *Uttarabasti* is a small operational *Ayurvedic* procedure that can be performed in a variety of methods depending on the desired outcome. Given all of the descriptions provided in the classics, it appears to be a local as well as systemic (parenteral) route of administration to deliver the medicine straight to the target organs. As previously indicated in the disease study, tubal obstruction has been identified as a *Tridoshaja* ailment dominated by *Vata-Kapha Dosha*. The medicine with the properties of *Vatakaphashamaka* and *Tridoshaghna* was considered to be efficient in opening the fallopian tube. Additionally, local

administration of drugs containing *Sukshma, Laghu Sara, Vyavayi, Vikasi, Pramathi, Lekhana*, etc. *Guna*, *Katu Vipaka & Ushna Virva* can be assumed to have some effective role in removing tubal blockage. *Apa-marga-Kshara* works in removal of blockage with its *Lekhana* properties. For *Ropana* and re-establish the function of fallopian tube there is need of medicated Ghee (Ghrita) like *Phalakalyana Ghrita*.

Chaukhamba Sanskrit Sansthan, Varanasi,  
Reprint 2016. Sthana Chikitsa 4/8, P.603

### III. Conclusion

Fallopian tubes can be correlated with *Artava Vaha Srotasa*, and their obstruction may result from *Srotodushti*. Conditions such as PID, tuberculosis, abortion, and surgical procedures are common causes.

*Virechana* helps in correcting systemic imbalances, while *Uttarbasti* using *Apamarga Kshara Taila* and *Phalakalyana Ghrita* aids in removing obstruction and restoring tubal function. This case demonstrates that Ayurvedic management can be a safe and effective approach for tubal infertility.

### REFERENCES

- [1]. DC Dutta, Textbook of Gynecology including contraception, Jaypee, the Health Science Publisher, 7 edition, Hiralal Konar, page n. 186
- [2]. DC Dutta, Textbook of Gynecology including contraception, Jaypee, the Health Science Publisher, 7 edition, Hiralal Konar, page no. 188
- [3]. DC Dutta, Gynecology Textbook with Contraception, 6th edition, Hiralal Konar, Jaypee, Health Science Publisher, Page 202
- [4]. Suneh Kumar, V. G. Padubidri, and Shirish N. Daftary, Emeritus editors, SHAW'S Textbook of Gynecology, Elsevier, 17th edition, p. 219
- [5]. Vaidya Yadavji Trikamji Acharya, editor-Charaka Samhita of Agnivesha with Ayurvedadeepikavyakhya by Chakrapanidatta, ed. Siddhi Sthana, Chaukhamba Surbharati Pra-kashan, Varanasi, 2019, page 720, 9/62
- [6]. Ayurveda Rahasya, Dr. D. B. Ghanekar, Dipika Vyakhya Su Shar, Meharchand Lakshman Das Publication, 13th edition, 1998, pp. 243-244
- [7]. Pt. Arundatta's commentary on Sarvangsundara in Hari Sadasiva Sastri Paradakara, Ashtangahrdaya of Vagbhata,