

## RESTORATION OF TUBAL PATENCY FOLLOWING AYURVEDIC INTERVENTION IN PRIMARY INFERTILITY: A CASE STUDY

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### ABSTRACT

**Introduction:** Infertility is defined as failure to conceive after one year of regular unprotected intercourse and can adversely affect a woman's physical, psychological and social well-being. Tubal factor infertility accounts for approximately 25–30% of infertility cases, where blockage of the fallopian tubes prevents natural fertilization. Conventional treatment options such as surgery and in vitro fertilization (IVF) may not always be accessible or affordable. In Ayurveda, tubal blockage can be correlated with Vandhyatva due to Artavavaha Srotorodha, involving predominantly Vata and Kapha Dosha. Ayurvedic management aims to restore normal reproductive function by balancing doshas and removing obstruction. **Materials And Methods:** A 36-year-old married female with primary infertility due to bilateral tubal blockage and inability to conceive for three years was treated with Ayurvedic

interventions including Virechana, Basti, Uttarbasti and internal medications. Treatment outcomes were assessed using hysterosalpingography (HSG) before and after therapy.

**Result:** Post-treatment HSG showed free bilateral dye spillage, indicating restoration of tubal patency. **Conclusion:** Ayurvedic management with Panchakarma procedures demonstrated beneficial outcomes in improving tubal blockage and may support fertility restoration.

**KEYWORDS:** Vandhyatva, Infertility, Tubal Blockage, Panchakarma, Uttarbasti, HSG.

## INTRODUCTION

Infertility is a major concern in reproductive health and affects nearly 10–15% of couples attempting conception worldwide.<sup>[1]</sup> Among the various causes of female infertility, tubal factor infertility contributes approximately 25–35% of cases. Tubal blockage is considered one of the most difficult forms of infertility to manage and may result from peri-tubal adhesions, previous tubal surgeries, pelvic inflammatory conditions or salpingitis.<sup>[2]</sup>

The fallopian tubes are essential structures in the female reproductive system as they facilitate the transport of both ovum and sperm and provide the site for fertilization. Contemporary treatment approaches mainly include surgical correction and assisted reproductive techniques such as In Vitro Fertilization (IVF). However, these interventions are often costly and may not be feasible or acceptable for all families.

Ayurveda emphasizes four fundamental factors necessary for conception as described by Acharya Sushruta: Ritu (appropriate fertile period), Kshetra (healthy reproductive organs including Artavavaha Srotas), Ambu (adequate nourishment), and Bija (healthy ovum and sperm). Disturbance in any of these factors, especially impairment of the Artavavaha Srotas, may lead to infertility.<sup>[3]</sup>

Although tubal blockage is not directly described in Ayurvedic classics, it can be interpreted under Stree Vandhyatva resulting from Artavavaha Srotorodha. This pathological state may be understood as Kshetradushti, representing dysfunction or obstruction of the reproductive pathway. The underlying pathogenesis can be correlated with Avrodhatmaka Samprapti, involving predominance of Vata and Kapha Dosha. The *Ruksha* (dry) and *Khara* (rough) qualities of Vata contribute to constriction (*Sankocha*), while the *Guru* (heavy), *Manda* (slow) and *Sthira* (stable) properties of Kapha promote obstruction (*Sanga*), ultimately resulting in tubal blockage.<sup>[4]</sup> Therefore, treatment is aimed at pacifying Vata–Kapha Dosha and correcting Kshetradushti.

Acharya Charaka has not explicitly classified Vandhyatva; however, descriptions in the classical texts indicate three broad categories: Vandhya, referring to absolute infertility due to congenital absence or severe defects of reproductive structures; Apraja, comparable to primary infertility where conception becomes possible after treatment; and Sapraja, corresponding to secondary infertility in women who fail to conceive after previous

childbirth. Tubal factors, particularly those resulting from postpartum infections, may play an important role in the development of secondary infertility.

Harita has described six varieties of Vandhyatva: Kakabandhya, Anapatya, Garbhasravi, Mritavatsa, Dhatukshaya, and infertility associated with Garbhasamkocha. Among these, Garbhasravi and Mritavatsa are less likely to be associated with tubal pathology, whereas tubal blockage may contribute to the remaining categories along with other etiological factors.

Acharya Charaka and Vagbhata also recognized infertility as a possible complication of various Yonivyapadas. Accordingly, tubal blockage may be considered a secondary consequence of Yonivyapadas that resemble pelvic inflammatory conditions, such as Paittika (Pittala), Tridoshaja (Sannipatiki), Aticharana, Paripluta, and Upapluta.

As infertility is a multidimensional condition with physical, emotional, and social consequences, there is a growing need for safe, economical, and patient-centered treatment approaches. Ayurvedic management may offer a cost-effective therapeutic alternative and provide reassurance and support to affected couples.

### **AIM**

To establish a cost-effective and clinically effective Ayurvedic management approach for infertility due to tubal blockage.

### **MATERIALS AND METHODS**

#### **Case Report**

A 36-year-old married nulligravida female presented to the Outpatient Department (OPD) of Prasuti Tantra and Stree Roga at Seth R. V. Ayurvedic Hospital, APM's Ayurved Mahavidyalaya, Sion, Mumbai, seeking evaluation and management for infertility. The patient reported inability to conceive despite three years of regular unprotected marital life. She also complained of passage of blood clots per vaginum during the initial two days of menstruation. Further diagnostic evaluation using Hysterosalpingography (HSG) revealed bilateral fallopian tube blockage.

#### **Menstrual History (Rajo Vrittanta)**

The patient attained menarche at the age of 12 years. Her last menstrual period (LMP) was on 06/06/2025. Menstrual cycles were regular, occurring at intervals of 28–30 days with a

bleeding duration of 2–3 days and an average flow of approximately 2 pads per day. The menstrual blood was light red in color with the presence of clots. There was no history of dysmenorrhea or offensive odour.

**Obstetric History:** Nulligravida.

**Marital and Sexual History.**

Age of marriage	33 Years
Dyspareunia	Absent
Vaginismus	Absent
Post-coital bleeding	Absent
Frequency	2-3 times/week

**K/C/O:** No H/O DM, HTN, TB, Thyroid Dysfunction. No H/O smoking and alcohol.

**Family History:** H/O DM and HTN to both mother and father.

**Vayaktika Vrittanta**

Aahara - Abhishyandi Ahara And Madhura Rasa, Fastfood

Vihaara – Avyayama, Nidra- Diva Swapa

Manasika - Chinta, Shoka

**Ashta Viddha Pariksha**

Nadi- Hansa Gati (80/Min)

Mutra - Prakruta (Pandura, Raktha Varna, Phenayuktha- Absent)

Mala - Prakruta

Jihwa - Nirama

Shabda - Prakruta

Sparsha – Prakruta

Druk - Prakruta

Akriti – Madhyama

**Clinical examination**

Patient - Conscious, Oriented

**O/E:** P -80/min

BP -110/70,

Ht.-152cm,

Wt.-55 kg,

BMI – 23.8 kg/m<sup>2</sup>

**Systemic examination-** No any abnormality was detected in cardiovascular, nervous and respiratory system examination

P/A - soft, non -tender

Inspection– External genitalia appears to be normal

P/S – Cervix-Pinkish, thin mucoid discharge is present .Vaginal wall pinkish in color, healthy

P/V- Cervix –Normal in size, regular, firm, mobile, no motion tenderness. Uterus –Av, Ns, mobile, non-tender Fornices –B/L clear, non-tender.

### Investigations

Hb	11.4gm%
TSH	1.80 m IU/ml
Sr. Prolactin	5.25ng/ml
AMH	3.02ng/ml
HIV, HBsAg	NEGATIVE
USG(ABD+PELVIS)	Uterus-6.8x3.3x3.5cm ET-6mm Rt. ovary -2.9x2.2cm 15 mm follicle seen in Rt. ovary Lt. ovary-2.3x1.6cm No free fluid in abdomen & pelvis. Bilateral kidney mild hydronephrosis and upper hydro ureter. Grade I fatty infiltration of liver.
HSG (24/01/2025)	Uterus normal in size, shape &outline. Bilateral fallopian tubes appear opacified. No free peritoneal spill is noted on both sides. Suggestive of bilateral Tubal block.
Follicular study	Normal
Semen Analysis of husband	Total sperm count-53.54 mill/ml Motile sperm count- 42%

### Treatment protocol

#### SHODHAN CHIKITSA

#### 1st Month (LMP-06/06/2025)

#### Virechana karma

Procedure and drug used	Days	Dosage
Pachana (11/06/2025) with Aampachaka vati	For 3 days	250 mg TDS with lukewarm water
Snehapana (14/06/2025) with Mahatiktakaghrita	For 4 days	Starting with 30ml and gradually increasing upto 120ml till appearance of Samyak Snigdha lakshana
Sarvang Abhyanga(18/06/2025) with Tila taila followed by Sarvanga Swedana	For 3 days	
Virechana (20/06/2025)by Eranda Taila	For 1 day	As per koshta of patient
Sansarjan Karma	For 7 days	

**2nd Month (LMP-8/07/25)**

Yog Basti was administered for 8 consecutive days from Day 10 to Day 17 of the menstrual cycle (17/07/2025–24/07/2025). The regimen included alternate administration of Anuvasana Basti and Niruha Basti. Anuvasana Basti was given using *Tila Taila* (120 mL) on Days 1, 2, 4, 6 and 8th while Niruha Basti was administered with *Dashmoola Kwatha* (480 mL) on Days 3, 5, and 7. The therapy was planned according to the classical Yog Basti schedule to achieve therapeutic benefits.

**3<sup>rd</sup> Month (LMP-06/08/25)****Uttarbasti**

Day	Drug and Dose	Duration
Day 6-Day 8 of menses	Kshar Taila 5 ml	3 days
Day 9-Day 10 of menses	Bala Taila 5ml	2 Days

**4<sup>th</sup> Month (LMP-10/09/25)****Uttarbasti**

Day	Drug and Dose	Duration
Day 6-Day 10 of menses	Bala Taila 5 ml	5 days

**5<sup>th</sup> Month (LMP-11/10/25)****Uttarbasti**

Day	Drug and Dose	Duration
Day 6-Day 7 of menses	Kshar Taila 5 ml	2 days
Day 8-Day 10 of menses	Phalaghrita 5 ml	3 days

**SHAMAN CHIKITSA**

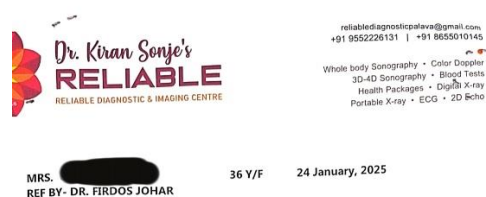
Sr No.	Drug	Dose	Duration
1	Arogyavardhini vati	250 mg TDS after meal	2 months
2	Chandrarabha vati	250 mg TDS after meal	2 months
3	Hingvasthak churna	3gm BD before meal	2 months
4	Phalaghrita	20ml on empty stomach in the morning	4 Months

**Follow up and outcome:** A follow-up study for tubal patency was carried out after completion of the treatment. Tubal block is cleared and both the tubes are patent. Patient was advised to try for natural conception.

### OBSERVATION AND RESULT

After completion of treatment (Samshodhan-virechan, yogbasti, 3 cycles of Uttar Bast along with Shaman Chikitsa were given to the patient) bilateral tubes were patent in HSG was done on 29/10/2025.

#### BEFORE



**Dr. Kiran Sonje's**  
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MRS. [REDACTED] 36 Y/F 24 January, 2025  
REF BY- DR. FIRDOS JOHAR

**H.S.G (Hystero-Salpingo-Graphy) X-ray Procedure**

Procedure done under all aseptic precautions. About 10-15 ml of Non-Ionic Contrast was injected, & serial X-ray films were taken. Procedure went uneventful. Antibiotics prescribed to patient. SOS Follow up suggested.

Uterine cavity appears Normal in shape & outline at present.  
**Few small filling defects (non-consistent) noted**  
Otherwise No gross mass lesion seen in uterine cavity.

**Bilateral fallopian tubes appear opacified.**  
**No Peritoneal free spill noted on either side.**

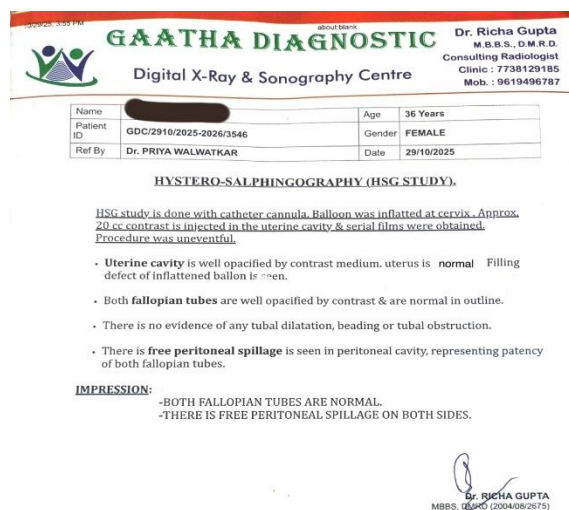
**IMPRESSION:**

- Findings s/o Bilateral fimbrial block .
- No Peritoneal free spill noted on either side.

ADV: Clinical Corelation

DR. KIRAN SONJE  
CONSULTING RADIOLOGIST  
Reg. No. 2007/10/3630

#### AFTER



**GAATHA DIAGNOSTIC**  
Digital X-Ray & Sonography Centre

Dr. Richa Gupta  
M.B.B.S., D.M.R.D.  
Consulting Radiologist  
Clinic : 7738129185  
Mob. : 9619496787

Name	[REDACTED]	Age	36 Years
Patient ID	GDC/2910/2025-2926/3546	Gender	FEMALE
Ref By	Dr. PRIYA WALWATKAR	Date	29/10/2025

**HYSTERO-SALPHINGOGRAPHY (HSG STUDY).**

HSG study is done with catheter cannula. Balloon was inflated at cervix. Approx. 20 cc contrast is injected in the uterine cavity & serial films were obtained. Procedure was uneventful.

- Uterine cavity is well opacified by contrast medium, uterus is normal. Filling defect of inflated balloon is seen.
- Both fallopian tubes are well opacified by contrast & are normal in outline.
- There is no evidence of any tubal dilatation, beading or tubal obstruction.
- There is free peritoneal spillage is seen in peritoneal cavity, representing patency of both fallopian tubes.

**IMPRESSION:**

- BOTH FALLOPIAN TUBES ARE NORMAL.
- THERE IS FREE PERITONEAL SPILLAGE ON BOTH SIDES.

DR. RICH GUPTA  
MBBS, DMRD (2004/08/2675)

#### Timetable

Date	Treatment
08/06/2025	Patient visited OPD with complaints of unable to conceive since past 3 years. HSG dated 24/01/2025 revealed bilateral tubal block
08/06/2025	Virechan planned
20/06/2025	Virechan done
24/07/205	Yogbasti done
15/08/2025	1st cycle of Uttarabasti completed
19/09/2025	2nd cycle of Uttarabasti completed
20/10/2025	3rd cycle of Uttarabasti completed
29/10/2025	HSG reported normal study with bilateral peritoneal spillage seen

#### DISCUSSION

While classical Ayurvedic literature does not explicitly mention the fallopian tubes, infertility caused by tubal blockage aligns closely with the impairment of the Artavavaha Srotasa (the female reproductive channels) as described by Acharya Sushruta.<sup>[5]</sup>

Pathologically, stenosis and luminal obstruction in these channels are primarily driven by a vitiation of Vata and Kapha doshas. To counter this, a multi-pronged therapeutic strategy utilizing drugs with Vata-Kapha pacifying, Tikshna (sharp), Ushna (hot), Sukshma (subtle),

and Katu Vipaka (pungent post-digestive) properties is required to clear the channels and restore normal tubal function.

### Shodhana Chikitsa (Purificatory Therapies)

- **Virechana (Therapeutic Purgation):** Virechana drugs circulate throughout the body via systemic channels. Due to their Agneya (fiery) and Tikshna (sharp) qualities, they liquefy and detach deep-seated, morbid doshas from the microchannels. The dominance of Prithvi (earth) and Jala (water) elements in these formulations induces a downward movement (Prabhava), successfully expelling the toxins through the gastrointestinal tract.<sup>[6]</sup>
- **Basti (Enema Therapy):** Because infertility is fundamentally classified as a Vataja disorder, Acharya Charaka designates Basti as the primary line of treatment.<sup>[7]</sup> In this case, a decoction enema of Dashmoola and an oil enema of Tila Taila were administered. Absorbed rapidly through the rectal mucosa into systemic circulation, this combination normalizes Apana Vayu, thereby regulating ovulation, menstruation, and the broader functions of the Artavavaha Srotasa.

### Localized & Rejuvenating Interventions

- **Uttarbasti<sup>[8]</sup> (Intrauterine Instillation):** This localized procedure delivers medicated oil directly into the uterine cavity.
- **Apamargakshara Taila;** Apamargakshara oil was utilized for its potent Lekhana (scraping), Ushna, and Tikshna properties. It penetrates microchannels to scrape away fibrous tissues, remove obstructions, and promote the rejuvenation of the damaged tubal lining.<sup>[9]</sup>
- **Bala Taila:** Administered to facilitate Ropana (healing) of the scraped mucous membranes. As a Mamsa dhatuposhaka (muscle-tissue nourisher), it provides Brimhana (bulk-promoting/nourishing) benefits, limits abnormal discharge, encourages healthy epithelialization, and prevents hypertrophic scarring while boosting local blood flow.
- **Phala Ghrita:** Prescribed for its Prajasthapana (pregnancy-sustaining) properties. It enhances endometrial thickness and uterine blood flow. The presence of phytoestrogens helps potentiate endometrial receptors to improve implantation success, while its Vata-pacifying nature improves the ciliary motility of the fallopian tubes.<sup>[10]</sup>

### Oral Formulations

- **Arogyavardhini Vati:** Exhibits Deepana (appetizer) and Pachana (digestive) actions. By clearing metabolic wastes (Malashudhhikari) and balancing Kapha and Pitta, it purifies the Rasa and Rakta dhatus, ultimately supporting optimal follicular development (Prasadabhuta raja nirmitee).
- **Chandraprabha Vati:** Rich in Laghu, Ruksha, Tikshna, and Ushna properties, this formulation directly targets Vata-Kapha imbalances. It provides anti-inflammatory (Shothahara), antimicrobial (Krimighna), blood-purifying (Rakta Prasadana), and rejuvenating (Rasayana) benefits.
- **Hingwashtak Churna:** Aids in Deepana-Pachana and ensures Vata Anulomana (the regular, downward movement of Vata), optimizing overall metabolic and digestive health.

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