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AYURVEDIC INTERVENTION IN BILATERAL TUBAL BLOCKAGE LEADING TO FEMALE INFERTILITY (*VANDHYATVA*): A CASE STUDY

Dr. Shriram Dwivedi*[1], Dr. Vikas Khare[2], Sonali Sachan[3]

[1]Associate Professor, Department of Stree Rog and Prasuti Tantra, Government Autonomous Ayurved College and Hospital, Rewa, M.P.

[2]Associate Professor, Department of Shalya Tantra, Government Autonomous Ayurved College and Hospital, Rewa, M.P.

[3]Intern, Government Autonomous Ayurved College and Hospital, Rewa, M.P.

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***Corresponding Author**

Dr. Shriram Dwivedi

Associate Professor, Department of Stree Rog and Prasuti Tantra, Government Autonomous Ayurved College and Hospital, Rewa, M.P.

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ABSTRACT

Bilateral tubal blockage is a significant cause of female infertility, preventing the meeting of sperm and ovum and thereby hindering natural conception. Conventional management includes surgical correction and assisted reproductive techniques such as IVF.[1] *Ayurveda* correlates tubal blockage with conditions involving obstruction of the reproductive channels (*Artavavaha Srotodushti*). This case study presents a patient with primary infertility due to bilateral tubal blockage who underwent *Ayurvedic* treatment alongside modern diagnostic monitoring.

KEYWORDS: *Artava Diushti*[2], *Asrigdara*, *Bilateral tubal blockage*, *Vandhyatva*[3], *Uttar basti*, Infertility.

INTRODUCTION

Infertility affects a considerable proportion of reproductive-age couples, with tubal factors accounting for approximately 25-35% of female infertility cases.[4] Bilateral tubal blockage can result from pelvic inflammatory disease, endometriosis, pelvic surgery, or genital infections. *Ayurveda* describes infertility (*Vandhyatva*) as a consequence of disturbances in factors essential for conception, including *Ritu*, *Kshetra*, *Ambu*, and

Beeja.[5] Obstruction[6] of the reproductive channels due to *Kapha* and *Vata dosha* imbalance may contribute to tubal pathology.

CASE PRESENTATION

Patient Information

Age: 27 years

Occupation: Housewife

Marital Duration: 3 years

Chief Complaint: Unable to conceive despite regular unprotected intercourse for two and a half years.

Medical History

Menstrual cycles: Regular (28-30 days)

Duration: 4-5 days

Flow: Moderate

No history of pelvic surgery and no significant systemic illness.

Husband's semen analysis: Normal

Clinical Findings

General examination was within normal limits. Gynecological examination revealed no significant abnormalities.

Modern Diagnostic Assessment

Hormonal profile

Parameter	Value
T3	136.7 ng/dL
T4	10.42 µg/dL
Thyroid Stimulating Hormone	1.58 mIU/L
Follicular Hormone	5.38 mIU/ml
Prolactin	17.39 mIU/ml
Anti-Mullerian Hormone	2.546 ng/ml
Uterus Size	8.3 × 2.5 × 4.7 cm

Investigation	Finding
Transvaginal Ultrasonography	Normal uterus and ovaries
Hysterosalpingography (HSG)	Bilateral tubal blockage noted

Diagnostic laparoscopy: Confirmed bilateral tubal obstruction without significant pelvic adhesions.

Ayurvedic Assessment

Prakriti	**Vata-Kapha**
Agni	*Mandagni*
Srotodushti	*Artavavaha Srotorodha* (obstruction of reproductive channels)

Dosha involvement: Predominantly *Vata* and *Kapha.*

Ayurvedic Management

Deepana-Pachana therapy to improve digestion and metabolism.

Therapeutic Intervention

Internal Medications

Medicine	**Dose**	**Route**	**Kaal**
Pradaranta Lauh	125 mg	Oral	After meal
Punarnva Mandoor	250 mg	Oral	After meal
Kukkutandtvak Bhasam	250 mg	Oral	After meal
Kaanchnaar Guggul	2 tab	Oral	After meal
Syr Gynospas	10 ml BD	Oral	After meal
Ashokarishta	20 ml BD	Oral	After meal
Cap Femme	1 tab BD	Oral	After meal
Pushpdhanva Ras	2 tab BD (after 10th day of menstruation)	Oral	After meal

Panchakarma Procedures

Uttar Basti with *Kshar Taila* under clinical supervision. *Matra Basti* with *Sahachar Taila*.

Dietary and Lifestyle Modifications

Light, easily digestible diet.

Regular exercise and stress reduction practices.

Outcome and Follow Up

The patient was diagnosed with bilateral tubal blockage causing primary infertility. Since both fallopian tubes were blocked, *Uttar Basti* was advised. The patient successfully conceived after the third cycle of *Uttar Basti* with *Kshar Taila* and had a healthy pregnancy. Pregnancy was confirmed by urine pregnancy test and ultrasonography. Antenatal follow-up was uneventful, and the patient continued routine prenatal care.

DISCUSSION

Ayurveda aims to address the root cause of infertility by correcting *Dosha* imbalance, improving digestion and metabolism, removing channel obstruction, and promoting reproductive health. Therapies such as *Uttar Basti*, *Matra Basti*, and herbal medications are

traditionally used in the management of tubal factor infertility. However, treatment outcomes vary depending on the severity, duration, and blocked length of fallopian tubal. Integrating *Ayurvedic* care with modern diagnostic monitoring may provide a comprehensive approach to patient management.

CONCLUSION

This case demonstrates the *Ayurvedic* management of bilateral tubal blockage associated with infertility depending upon the severity and blocking length of the tube. A comprehensive treatment approach including *Shodhana*, *Shamana*, dietary modifications, and lifestyle management contributed to improved reproductive health and successful conception. However, treatment outcomes may vary according to the severity of tubal damage, and assisted reproductive techniques may be required in advanced cases.

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