

UTTARBASTI IN THE MANAGEMENT OF FEMALE INFERTILITY IN AYURVEDIC ASPECTS - A REVIEW ARTICLE

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ABSTRACT

The term "infertility" refers to the inability to conceive within one or more years of regular, unprotected coitus; 25–35% of cases are tubal factor infertility, which affects women's mental and physical health and disrupts their social and familial lives; primary infertility refers to women who have never conceived, while secondary infertility indicates a previous pregnancy but failure to conceive later. The term "infertility" refers to the inability to conceive within one or more years of regular, unprotected coitus; 25–35% of cases are tubal factor infertility, which affects women's mental and physical health and disrupts their social and familial lives; primary infertility refers to women who have never conceived, while secondary infertility indicates a previous pregnancy but failure to conceive later. In Ayurveda, infertility is referred to as *Vandhyatva*. Acharya Sushruta has extensively described the fundamental factors necessary for

conception, collectively known as *Garbha Sambhavasamagri*. These factors include *Ritu* (the fertile period), *Kshetra* (the reproductive system, particularly the *Artavavaha Srotas*), *Ambu* (adequate nourishment), and *Bija* (the quality of ovum and sperm), all of which play a crucial role in successful reproduction. Infertility often arises due to defects in *Kshetra*, specifically derangements in *Artavavaha Srotas*, which can result in tubal blockages leading to *Vandhyatva*. Ayurvedic texts describe various formulations of medicated oils and *Ghrita* for *Uttarbasti* (intrauterine therapy), which have shown significant efficacy in managing female infertility. **Aim:** To study the Ayurvedic perspective on female infertility and its management

through *Uttarbasti*. **Objectives:** To study female infertility from an Ayurvedic perspective. To explore the role of *Uttarbasti* in the management of female infertility. **Methodology:** A search was conducted on *Uttarbasti* in female infertility, using databases like Google Scholar and PubMed. A total of 33 articles were screened, and 21 relevant articles were selected for review. The collected data was extracted and analyzed. **Results:** *Uttarbasti* has proven to be highly effective in managing female infertility. Formulations such as *Apamarga Kshara Taila*, *Yava Kshara Taila*, *Narayana Taila*, *Kumari Taila*, *Bala Ghrita*, *Sheetkalyanaka Ghrita*, *Brahmi Ghrita*, and *Panchagavya Ghrita* are commonly employed for *Uttarbasti* in cases of female infertility. **Discussion:** According to Ayurveda, *Vata Dosha* is a primary causative factor for female infertility, and *Basti* is the most effective *Panchakarma* therapy for managing *Vatavyadhi* (disorders caused by *Vata*). In cases of tubal blockage, which are primarily associated with *Kapha* and *Vata Dosha*, *Uttarbasti* plays a crucial role by restoring the balance of these *doshas* and improving reproductive health.

KEYWORDS: *Vandhyatva*, Tubal Factor, *Uttarbasti*, Medicated Oils, *Ghrita*.

INTRODUCTION

Infertility is defined as the inability to conceive after one or more years of regular, unprotected intercourse. It is classified into two types: primary infertility, where conception has never occurred, and secondary infertility, where a woman has previously conceived but is unable to do so again. Infertility is a growing concern, impacting not only a woman's physical and mental health but also her family and social well-being. Among the various causes, tubal factors account for approximately 25-35% of infertility cases.^[1]

In Ayurveda, infertility is referred to as *Vandhyatva*. Acharya Sushruta has elaborated on the essential factors for conception, emphasizing the role of *Ritu* (fertile period), *Kshetra* (healthy reproductive system), *Ambu* (proper nourishment), and *Bija* (quality of ovum and sperm) in successful reproduction.

Acharya Sushruta has described *Garbha Sambhavasamagri* as the essential factors for conception, which include *Ritu* (fertile period), *Kshetra* (reproductive system, specifically *Artavavaha Srotas*), *Ambu* (adequate nourishment), and *Bija* (healthy ovum and sperm). Any imbalance or defect in these factors, particularly in *Kshetra* (the reproductive system), can lead to infertility. Dysfunction of *Artavavaha Srotas* often results in tubal blockages, leading to *Vandhyatva* (infertility).

In India, common causes of tubal blockage include genital tuberculosis, pelvic inflammatory disease (PID) such as salpingitis and endometritis, peritubal adhesions, endosalpingeal damage, hydrosalpinx, previous tubal surgeries or sterilization, polyps, mucus debris within the lumen, and endometriosis. Diagnostic methods for confirming tubal blockage include hysterosalpingography (HSG), sonohysterography (SIS), and laparoscopy, which is considered the gold standard. The blockage may occur at various locations, including the cornual, fimbrial, mid-tubal regions, or multiple sites, and can be unilateral or bilateral.

In modern medical practice, surgical interventions are commonly recommended for tubal blockages. However, Ayurvedic texts describe the use of medicated oils and *Ghruta* for *Uttarbasti* (intravaginal and intrauterine administration), which has been found to be highly effective in the management of female infertility.

AIM

- To study Ayurveda view on Female Infertility and its management *uttarbasti*.

OBJECTIVE

1. To study the Female infertility in ayurvedic aspect.
2. To study the role of *Uttarbasti* in female infertility.

METHODOLOGY

Data was collected by searching the literature in the form of articles and scientific journals on databases like Google Scholar and PubMed. Keywords used in searching the literature are Female infertility, *Uttarbasti*, *Ayurveda*, *Vadhyatva*.

OBSERVATIONS

After reviewing these 21 articles on Role of *Uttarbasti* in management of female infertility, data collected is analyzed and presented below in the form of table which gives the summary of the study.

RESULT

Sr.No	Title	Auther name	Result
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1.	Identification of main risk factors for tubal infertility. ^[2]	Luis Bahamondes, M.D., Ph.D.	This study demonstrated that alcohol use and a history of pelvic and abdominal surgery were linked to an increased incidence of tubal infertility. Women who had several lifetime sexual partners and engaged in regular anal intercourse were found to be at a moderate risk. Additionally, barrier, oral, or MPA contraceptive techniques can protect women against tubal infertility.
2.	Uttara Basti and Ayurved protocol in the management of primary infertility-A Case Report. ^[3]	Dr. Vidya Rani.s	Local vaginal douching was used to treat a patient with primary infertility in this case study. <i>Panchakarma [Yoga Basti, Anuvasana Basti, Nirooha Basti]</i> stimulates the central nervous system, which in turn regulates hormones. It also maintains the hostility and the ideal environment for sperm movement into the uterus by maintaining vaginal pH. <i>Narayana Taila's Uttara Basti</i> helps to clear the tubal obstruction by balancing the <i>Pitta</i> and <i>Vata doshas</i> . For 30 days, <i>Pushpa Dhanwa Ras</i> , <i>Phala Kalyana Ghrita</i> , and <i>Dashamoolarista</i> were administered orally. After three cycles, the patient became pregnant.
3.	Ayurveda View on Infertility and its management w.s.r. to role of Uttar Basti. ^[4]	Harkiran Nehra	<i>Uttarbasti</i> aids in the cleansing of the fallopian tube and uterus. <i>Uttarbasti</i> aids in maintaining <i>Garbha</i> by balancing <i>Vata Dosha</i> . <i>Lekhaniya</i> medications are administered intrauterine via <i>Uttarbasti</i> , which clears the tube blockage and promotes the growth of tubal cilia in the fallopian tubes.
4	Fertility with Ayurveda - A Single Case Study on Treatment of Primary Infertility due to Tubal Blockage with Polycystic Ovarian Syndrome. ^[5]	Basanti Guru, Payal Sindel	A case study of a patient with a history of tubal obstruction and polycystic ovarian syndrome (PCOS) was given in this research work. Primary infertility was successfully treated with an Ayurvedic treatment called <i>Uttarbasti</i> with <i>Kasisadi Tail</i> and oral medications, specifically <i>Pushpadhanva Ras</i> and <i>Kanchnar Guggulu</i> .

5.	An Ayurvedic Management of Multi-factor infertility: A Case Report. ^[6]	-Ekta Vaddoriya. -Ankit Garg -L.P.Dei	During the seventh to twelfth days of the menstrual cycle, <i>Uttar Basti</i> was performed nonstop for six days. The following three days were spent with <i>Phalakalyana Ghrita</i> after the first three days with <i>Apamarg Kshara Taila</i> . For seven days, <i>Ashwagandha churna</i> (10gm) with 250ml milk was administered every morning on an empty stomach along with <i>Uttarabasti</i> . By working directly on the obstruction, <i>Uttar-Basti</i> clears the tubal lumen and returns the endometrium to its natural state. It stimulates cilia, restoring their normal functions. According to a number of studies, hysterosalpingography using an oil-based dye aids in the dissolution of tubo-peritoneal adhesions. By calming <i>Vata</i> , it restores the tonic phasic contraction of muscles to normal. It aids in removing the damaged and fibrosed tubal lining and scraping away obstructive material.
6.	Infertility related to tubal factor and its management in Ayurveda. ^[7]	Piyusha Pandey, Shikha Sharma	The ability of medicinal oil to scrape and regenerate helps to restore normal tubal processes. The fallopian tubes are strengthened by <i>Uttar Basti</i> .
7.	Effect of Kumari Tail Uttarbasti on Fallopian tube blockage. ^[8]	Ayodhya Sakharamsing Bayas, Bhalgat Madhuri Sanjay	<i>Snehana</i> (oleation) of <i>Bala Taila</i> and Nadi Sveda were performed in these case studies. Yoni Prakshalana with Panchavalkala Kvatha was used to sterilize the peri vaginal area. Following two consecutive cycles of menstruation cessation, five milliliters of Uttarbasti of Kumari Taila were administered for six days, with a three-day break between treatments. With an impressive rate of conception, Kumari Taila's intrauterine Uttar Basti is removing the tubal blockage.
8.	Infertility caused by tubal blockage: An ayurvedic appraisal. ^[9]	Kamayani Shukla (Upadhyaya), Kaumadi Karunagoda, L. P. Dei	They concluded that, Vata dominated Tridoshaja Vyadhi, where Kapha is another dominant Dosha for tubal block. Hence, by Intrauterine Uttar Basti are Vata Kaphashamaka and Tridoshaghna medications with Sukshma, Sara, Katu, Ushna, and Pramathi qualities is beneficial to clear the blockage and to restore the tubal functioning.
9.	Management of tubal blockage through Ayurvedic interventions: A	Sudha Dansana	In this case study, the following therapies were administered: Uttarbasti with Apamargakshara oil for three cycles; yogbasti with sahachar taila and Dashmool

	case study. ^[10]		kwath; snehapan with varunadighrita; virechan with castor oil; and depan pachan. Following the conclusion of four months of treatment, HSG was performed. According to HSG results, both fallopian tubes spilled normally.
10.	Multi-Modality ayurveda Regime in the management of tubal blockage: A case report. ^[11]	Priyanka Sharma	Tubal obstruction is primarily caused by Vata and Kapha. Virechana cleanses the microchannels, aids in the elimination of dosha, and is good for artava roga. After entering the Guda, dashmool oil Anuvasan basti, Kwath Aasthapan basti, and Apamarg Kshara Taila basti have an effect on the entire body. By normalizing the Apana Vayu and repairing the Raja Pravriti, Beeja Nirmana, and Aartvavaha Strotas, it has a greater impact. After giving Uttarbasti with Apamargakshara taila, an HSG revealed a typical spill from the right fallopian tube. Tubal obstruction can be effectively removed by local administration of any medication that contains Sukshma, Laghu, Sara, Vyavayi, Vikasi Guna, Katu Vipaka, and Ushna Virya.
11.	MANAGEMENT OF INFERTILITY IN AYURVEDA PERSPECTIVE: A SINGLE CASE REPORT. ^[12]	Dr. Varsha Singh	Oral medications Pushpadhanva Rasa, Syrup Ashokarista, Tab. Liv-52, and Phalaghrita were used to treat the patient. For six months, Uttara Basti (intrauterine) with Panchagavya Ghrita was administered. The drug's principal properties, Ushna and Tikshna, help it act on tubal block and vitiated Pitta while also regulating Kapha and Vata at the same time. resulted in the patient becoming pregnant after three months and both the left and right fallopian tubes being patent.
12.	Ayurvedic management of Tubal Blockage: A Case Study. ^[13]	Lavanya S, Anupama V	For one cycle, Kshara Taila (which possesses Ksharana property as well as Vata and Kaphahara properties, which likely aid in clearing the block in the tubes) is given together with Udwarthana, Vaman, Yoni Prakshalan, Yoni Puran, Matrabasti, Yogbasti, and Uttarbasti. After a hysteroscopy to check for tubal patency, both tubes were found to be patent.
13.	Ayurvedic Management of Secondary Infertility with Bilateral Tubal	Meenakshi Pandey, Poonam Pandurang Goud	Through a combination of ayurvedic protocols, they resolve kshetradushti, rectify the strotovaigunya, tridosha shaman, and rasa-rakta prasadana. Given for three consecutive days in each menstrual cycle

	Block. ^[14]		following the end of her menses, Punarnavadi Mandoor + Pahalasarpī Uttara basti for three cycles (first: Apamarga kshara taila, second: Bala taila, and third: Phala ghrita) was found to be beneficial in treating secondary infertility brought on by bilateral tubal block.
14.	Prevention of infertility through diet and Lifestyle management. ^[15]	Dr. Kalpana B. Kachare	Vata causes Sankoch through Ruksha, Daruna, and Khara. According to Gunas, Rukshatva can be thought of as the cause of improper tube function and its stenosis, which results in tubal block, whereas Darunatva is responsible for Kathinya and consequently causes tube sclerosis. Another Dosha that is in charge of the tubal block's Avarodhaka and Shophajanaka qualities is Kapha. Moreover, Uttarbasti is useful.
15.	Effect of uttarbasti in management of tubal block. ^[16]	Ashwini Ghanekar, Gous Mujawar	The vitiation of Apana Vata and Kapha Dosha causes blockage. Arthava vaha srotas creates tubal block, which is caused by sanga-srotodushiti, or obstruction brought on by stagnation. For two cycles, Kshar Taila uttarbasti eliminates blockage with its scraping ability and mechanical force. It then stimulates the endometrium and tubal cilia to return to normal.
16.	Understanding the role of Vata in treatment of Female Infertility - A Literary Review. ^[17]	Dr. Deepthi G.B., Dr. Gayathri Bhat N.V.	The Vatahara treatment method of basti is necessary to conceive.
17.	Analysis of vandhya rog chikitsa from yogaratnakar on the basis of modern and ayurvedic text: A review. ^[18]	Swati Mohite Prachi Konde	Garbha Samgraha Samagris encompasses all causes. In Ayurveda, maintaining garbha samgraha samagris is the cure for infertility. It is possible to employ Phala Ghrita in tubal block.
18.	Efficacy of Yavakshara Taila Uttarabasti in the management of fallopian tube blockage. ^[19]	Hetal P. Baria, Shilpa B. Donga	68.75% of patients had tubal patency, while 6.25% of patients were able to conceive. An inflammatory condition, secondary to an ascending STD, puerperal infection, or septic abortion, is the primary cause of proximal tubal (common) blockage. Additionally, it might be linked to tubal polyposis, endometriosis, salpingitis isthmica nodosa, or other uncommon forms of endosalpingitis. According to the findings, Yavakshara Taila Uttarabasti is a safe and effective treatment

			for infertility brought on by tubal obstruction.
19.	Effect of uttarbasti locally in fallopian tubal block - a case study. ^[20]	Mule Kavita, Deshmukh Jayashri	In about three months, Uttarbasti with Kshar tail and Phalghruta can effectively relieve right tube corneal block and left tube terminal block.
20.	Effect of apamarga-kshara tail uttarbasti and phalagrita in bilateral tubal blockage- A case study. ^[21]	Komal Gurjar, Poonam Choudhary	Uttar basti is appropriate local therapy is to be adopted in tubal block. Apamarga kshara tail has excellent Vata kaphashamak guna and Lekhan qualities. It can reach tiny channels and clear the B/L corneal block.
21.	Management of a case of Primary infertility with PCOD and tubal blockage with Apamarga Kshaar Tail Uttarbasti, Varunaadi Kashaya and Shatpushpa Churna: A Case Study. ^[22]	Garg Saloni, Kamble Archana, Mukhade Hanumant.	Varunaadi Kashaya, Apamarga kshar tail for uttarbasti for three consecutive cycles, and Shatpushpa churna taken orally for six months for PCOS and tubal block, respectively. After seven months of treatment, the patient became pregnant.

Details of Uttarbasti therapy

Author	Disease	Oil/ghee	Dose	Settings	Duration
Dr. Vidya Rani.s	Ovulatory factor (PCOD) + Right side tubal block	-Uttara Basti - Narayana Taila	5 ml	3	5 days
Harkiran Nehra	tubal blockage	Apamarga Kshara Taila & Kumari Taila,			
Basanti Guru, Payal Sindel	Anovulation+ Left tubal block	- Uttarbasti - kasisadi taila		3 (once)	3 days
-Ekta Vaddoriya. -Ankit Garg -L.P.Dei	Left tubal block	Apamarg kshara taila followed with next three day Phalakalyanak Ghrita	5ml	1	6 days
Piyusha Pandey, Shikha Sharma	Tubal block	Yavakshara Taila, Kumari Taila, Mahanarayan Taila, Shatpushpa Taila, Kshar Taila, and Palash Kshar Taila	2- 5 ml	3 cycles	3 or 5 days
Ayodhya Sakharamsing Bayas, Bhalgat	Tubal Block	Kumari taila	5ml	2 cycles	6 days (interval 3 days in

Madhuri Sanjay					between)
Sudha Dansana	Tubal Block	Apamargakshara Taila	3ml	3 cycles	5 days
Priyanka Sharma	Tubal Block	Apamarga Kshara Taila	5ml	3 cycles	3 alternative days
Dr. Varsha Singh	Tubal Block	Panchagavya Ghrita	5ml	3cycles	3 days
Lavanya S, Anupama V	Bilateral Tubal Block	Kshara Taila and Phala Ghritha	5ml	1 cycle	3 days
Meenakshi Pandey, Poonam Pandurang Goud	Bilateral Tubal Block	1st day– Apamarga kshara taila, 2nd day– Bala taila, and 3rd day– Phala ghrita	Each 5 ml	3 cycles	3 days
Ashwini Ghanekar, Gous Mujawar	Right fimbrial Block	Kshar tail (4ml) and Kasis Tail (1ml)	5 ml	2 cycles	3 days
Swati Mohite Prachi Konde	Tubal Block	Phalagrita			
Hetal P. Baria, Shilpa B. Donga	Tubal Block	Yavakshara Taila	5 ml	2 cycles	6 days (interval 3 days in between)
Mule Kavita , Deshmukh Jayashri	Right tube corneal block with left tube terminal block.	Kshartail Uttarbasti followed by phalaghrita Uttarbasti	3ml ,3ml	3 cycles	3 days, Next 4 days
Komal Gurjar, Poonam Choudhary	B/L corneal block	Apamarga Kshara tail Followed by Bala taila	5 ml	3 cycles	2 days(8th & 9th day)of cycle, Next 1 day(10th)
Garg Saloni, Kamble Archana, Mukhade Hanumant.	Tubal Block	apamargakshar tail	5ml	3 cycles	4 days

DISCUSSION

Tubal Factor

The fallopian tubes are essential for the movement of the embryo and gametes. Infertility can result from any anomaly that compromises tubal patency, such as adhesions or blockages. The Artavavaha Srotas (Artava-Bija-Vaha Srotas) corresponds to the fallopian tubes in Ayurveda. Sanga Srotodushti is the term for blockage in these srotas. Since Vata controls all bodily movement, it is the main Dosha implicated in tubal obstruction.

Probable Mode of Action

Uttara Basti involves the administration of medicated drugs through the intrauterine route, ensuring high bioavailability and localized action. It is considered the most effective route of drug delivery for diseases related to the vagina, uterus, urethra, and associated structures.

Commonly used medicated oils (*Taila*) and clarified butter (*Ghrita*) include: *Mahanarayana Taila*, *Kumari Taila*, *Palasha Kshara Taila*, *Yavakshara Taila*, *Tila Taila*, *Apamarga Kshara Taila*, *Bala Taila*, *Phalakalayanaka Ghrita*, *Kasisadi Taila*, *Phala Ghrita*, *Panchagavya Ghrita*.

Key Properties of Medicated Formulations

1. Apamarga Kshara Taila

With properties such as *Sukshma* (subtle), *Laghu* (light), *Sara* (mobile), *Vyavayi* (quick-spreading), and *Vikasi* (spreading), it penetrates deeply into tissues. Its *Katu Vipaka* (pungent metabolic effect), *Ushna Virya* (hot potency), and actions like *Vrana Shodhana* (wound cleansing), *Vrana Pachana* (wound healing), *Vata-Kaphagna* (alleviating *Vata* and *Kapha*), and *Lekhana* (scraping) make it highly effective in removing blockages in the tubal cavity.

2. Tila Taila

Acts as an anti-inflammatory agent. Its *Vyavayi* and *Sukshma Guna* allow it to spread into minute channels and effectively address tubal blockages.

3. Yavakshara Taila

Known for its *Tikshna* (sharp), *Vata-Kapha Shamaka* (alleviating *Vata* and *Kapha*) properties, it scrapes away obstructions and clears the endometrial lining of the tubes and uterus.

4. Narayana Taila and Mahanarayana Taila

These are *Vata Shamaka* (alleviating *Vata*), aiding in the treatment of *Vandhyatva* (infertility). They help remove tubal blockages by alleviating *Vata* and *Pitta Dosha*.

Mechanism of Action

The oils and *Ghrita* used in *Uttara Basti* have scraping, penetrating, uterine-cleansing, wound-healing, and *Kapha-Vata* alleviating properties. They alleviate *Vata* locally, act on the tubes to remove obstructions in the tubal lumen, flush out adhesions, and restore normal ciliary function of the tubes through their rejuvenating and soothing effects.

Administration Considerations

High competence and a sterile atmosphere are necessary for performing Uttara Basti. The right dosage, medicine selection, delivery technique, timing, and suitable post-procedure care are all critical to the success of Uttara Basti.

CONCLUSION

This review highlights the significant role of *Uttara Basti* in managing female infertility, especially in cases of tubal blockage. *Uttara Basti* relieves obstructions, restores tubal patency, and re-establishes normal tubal function. Administering intrauterine *Uttara Basti* with appropriate drugs is an effective therapeutic approach to addressing tubal factors causing female infertility, making it a valuable contribution to the holistic management of infertility.

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