

AYURVEDIC MANAGEMENT OF TUBAL BLOCKAGE: A CASE STUDY

Dr. Bharti*, Prof. Shashi Sharma

¹M.S. Final Year, Post Graduate Department of Prasuti Tantra Eevam Stri Roga, State Ayurvedic College and Hospital, Lucknow.

²Professor and H.O.D., Post Graduate Department of Prasuti Tantra Eevam Stri Roga, State Ayurvedic College and Hospital, Lucknow.

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***Corresponding Author**

Dr. Bharti

M.S. Final Year, Post Graduate Department of Prasuti Tantra Eevam Stri Roga, State Ayurvedic College and Hospital, Lucknow.



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ABSTRACT

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Tubal blockage is One of the causes that leads to female infertility. Prevalence of fallopian tube obstruction is 19.1% in the fertile age Group. 15% of couples in the world suffer from infertility, and tubal obstruction caused by inflammatory is one of the main causes. The incidence rate of this infertility has increased year by year, corresponding diagnosis and treatment methods also have a rapidly development. The fallopian tube is the Kshetra for Garbhadhan, as it carries the gamete before and zygote after fertilization. Going through various signs and symptoms we can understand that it is a Vata dominated Tridosha Vyadhi, where Kapha Dosha also contributes to the formation of block. Uttara Basti is emerging as a boon in treating blocked fallopian tubes. The drugs having Vata Kapha Shamaka, Tridoshagna

properties, and drugs with Sukshma, Sara, Katu, Ushna, and Pramathi properties helps to remove the blockage and restore tubal functions. In the present case study, both Shodhana and Samana Chikitsa were adopted. The combination of Mahanarayana taila, Kumari Taila, Kshara Taila and Phala Gritha having Lekhaniya and Vata Kapha Shamaka property is proven beneficial in treating tubal blockage.

KEYWORDS: Artava Vaha Srotas, Tubal Blockage, Uttar basti.

INTRODUCTION

Fallopian tubes are an important site for the Sperm-egg binding, and their normal functioning serves as a prerequisite for natural conception. Obstruction of fallopian tubes, a kind of Common disease, is also one of the main Causes of infertility. It is urgently hoped by such Patients to unblock the obstructed fallopian Tubes and restore the reproductive functions. Obstruction of fallopian tubes is mostly caused By inflammation. With increasing infection in Reproductive system, especially in the “items” Of infection sources, the patients troubled with Obstruction of fallopian tubes also grow day by Day. The infertile women caused by obstructed Fallopian tubes and hydrosalpinx account for 30-40% of all the infertile population.

CASE REPORT

Patient Information: A 30 year old married woman came to department of prasuti tantra evam stree rog OPD at State Ayurvedic College, Lucknow on 10/02/2024 for the treatment of failure to conceive since 3 years of active marital life. As they did not conceive during the initial 2 years of marriage they went for treatment. As a part of routine investigations in 2021, the female partner investigations were normal and Prior to donor sperm insemination, hormonal assay and HSG was done for female partner and she was diagnosed with bilateral tubal blockage. Then they were advised hysteroscopic tubal cannulation, but they were reluctant for the procedure. So the couples tried to adopt ayurvedic management for tubal blockage and approached State Ayurvedic College, Lucknow. Based on her condition, Snehan and baluka Swedan followed by Matra basti and uttara basti was planned along with internal medicine.

No significant past medical history (Not a known case of DM, HTN, Thyroid Dysfunction, Asthma, Epilepsy, Tuberculosis) was seen.

Menstrual History

- Nature: Regular
- Bleeding duration: 2days
- Interval: 28-30days D1– 1pad,fully soaked D2- 1pad,half soaked
- Clots: Absent
- Dysmenorrhea: Absent
- Foul smell:Absent
- Itching: Absent

No Surgical History Vyavaya Vruttanta

- Frequency 3 to 4 times/week
- No Dyspareunia
- No History of any contraception.

Partner's Details

- Name- XYZ
- Age- 39years/ Male
- Occupation- Business
- N/K/C/O DM,HTN
- Habit- Coffee twice a day
- Semen analysis- Normal study

Obstetric History

P0L0A0D0

General Examination

- Height- 155cm
- Weight- 60kg
- BMI- 25 kg/m²
- Pulse Rate- 74beats/minute
- BP- 124/80mmHg
- Respiratory Rate- 24cycles/minute
- Temperature- 98°F
- Tongue- pink,clear. **Gynaecological Examination** Examination of vulva

Inspection

Pubic Hair- Normal clitoris- Normal Labia- Normal Redness- Absent Swelling- Absent

Palpation

No palpable mass observed

Vagina

- Redness- Absent
- Tenderness- Absent
- Local lesion- Absent

- Discharge- Absent

Cervix (per Speculum examination)

- Inflammation- Absent
- Size - Normal
- Redness - Absent
- External OS – Nulliparous os Cervix(per vaginal examination)
- Texture -Soft
- Mobility -Mobile
- Movement -no pain
- Bleed on touch - Absent Fornices
- Lateral - Free, no tenderness
- Posterior- Free, no tenderness

Uterus (Bimanual Examination)

- Position - Anteverted
- Direction- Anteflexed
- Size-Normal
- Consistency - Firm
- Mobility - Mobile
- Tenderness - Absent

Nidana

Ahara - Akala Bhojana, Pishta Ahara (junk food regularly), Madhura Ahara Viharaja - Stressful work, Anidra Roopa- Infertility

Samprapti Ghataka

Dosha – Vata Kapha Pradhana Tridosha Dushya – Rasa, Rakta, Artava

Agni – Jatharagni, Dathvagni

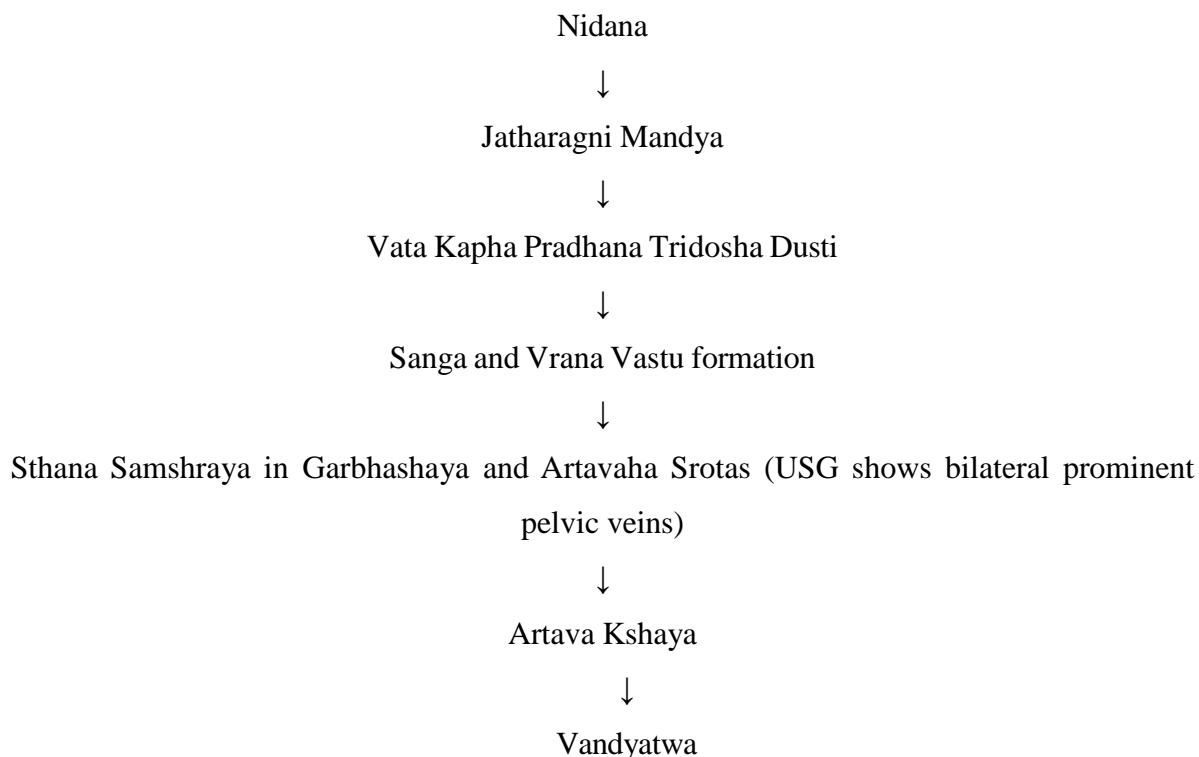
Agnidushti – Jataragni Mandya and Dathvagni Mandya Srotas – Rasavaha, Raktavaha and Artavaha Srotas Srotodushti – Sangha

Udbhava Sthana – Amashaya Sanchara Sthana – Garbhashaya

Vyaktha Sthana – Garbhashaya (Fallopian Tube) Adhisthana – Garbhashaya

Vyadhimarga – Abhyantara

Sadyasadhyata – Sadhya

Samprapti

Investigations AMH – 1.31 mg/dl FBS – 85mg/dl

TSH – 1.520mIU /ml HBA1C – 5.5

WBC – 5500 /ml

ESR - 18 mm/hr

HSG Report - Bilateral Tubal Block

Follicular study shows bilateral prominent follicles

Treatment Given: Snehan with panchguna taila followed by hot water bag fomentation is given, after Snehan and swedan the next consecutive cycle the patient improved with her menstrual flow (from 2 days to 4 days. And no. of pads 1-2 pads per day).

Matra Basti was given with Dashmool taila.

Uttara Basti is given with the 5ml Kumari Taila for 3 consecutive cycle and planned for HSG for tubal patency.

Orally,

1. Chandraprabha vati 2-2 after food
2. Phala ghrita 10ml with 1 glass of milk
3. Sanjeevani vati 2-2 After food

4. Aaryogavardhini vati 2-2 After food
5. Pusphadhanwarasa 1-0-1 After food

Hysterosalpingography for tubal patency was done - Both the tubes were patent.

Treatment Outcome

- Bleeding during menstruation is increased from 1-2 days to 4-5 days with the 2-3 pads per
- Tubal block is cleared and both the tubes are patent.
- Patient was advised to try for natural conception.

DISCUSSION

Tubal blockage is one of the leading causes in female infertility.

In Ayurveda, it can be better correlated with Artava-bijavaha Srotorodha (obstruction in fallopian tube). Vata-Kapha Doshas are the causative factor in tubal blockage. Sankocha produced by vitiated Vata Dosa due to its Ruksha, Khara and Darana Guna. Sthira, Mantha property of vitiated Kapha Dosa results in Sanga-Srotodushiti of Arthava Vaha Srotas. This ultimately leads to Vandhyatwa. Hence, the treatment principle should be to pacify Vata – Kapha Dosa, Vata Anulomana, Deepana Pachana line of management. Udwartana which is Vatahara as well as Kapha Medovilayana, thereby helps to clear the Srotorodha to some extent.

Basti has multidimensional effect, as it has Lekhana, Rasayana, Sroto Sanganasaka, Vata Anulomana which leads to purification of body. Hence Matrabasti and Uttaravasti were selected.

Kumari Taila having lekhan property also has Vata and Kaphahara property which can be seen in this case and this probably helps to clear the block in the tubes.

Phala Ghritha is indicated directly in Yoni and Shukra Dosha which also it helps in increasing the fertility rate.

CONCLUSION

Though there are no direct references for Tubal blockage one can understand the Dosha, Dushya and Srotho Dushti Lakshana and the right type of treatment protocol can be advised. In contemporary medicine, management includes hormonal correction, ovulation induction and ART (Artificial Reproductive Techniques). Most of the patients with infertility due to tubal blockage end up with IVF (In vitro Fertilization) management.

The aim is to enhance the proper functioning of reproductive system by providing natural and effective medicines. Srothorodha in the Artava Vaha Srotas were eliminated by proper Shaman and Sodhana therapy which results in the clearance of the tubal block is seen in the patient just after treatment as in this case.

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