

CASE STUDY: SUCCESSFUL AYURVEDIC MANAGEMENT OF FEMALE INFERTILITY DUE TO BILATERAL TUBAL BLOCKAGE

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Article Received on
31 Jan. 2025,

Revised on 21 Feb. 2025,
Accepted on 14 March 2025

DOI: 10.20959/wjpr20257-35904



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ABSTRACT

Bilateral tubal block (BTB) is a leading cause of female infertility, characterized by obstruction of both fallopian tubes, preventing the passage of the egg to the uterus.^[1] A common cause of BTB is pelvic inflammatory disease (PID), which leads to inflammation, scarring, and adhesions in the fallopian tubes. This case study focuses on a 30-year-old female patient diagnosed with bilateral tubal block who presented with a history of difficulty conceiving for over two years. After undergoing diagnostic procedures, including hysterosalpingography (HSG), the patient was confirmed to have bilateral tubal obstruction.^[2] The conventional approach to managing BTB often includes surgical intervention such as tubal cannulation or in vitro fertilization (IVF).^[1] However, the patient opted for a

Ayurvedic treatment plan, which included prescribed formulations of *Gynoveda- Somha*, *Jeehy*, and *Iron Folic Acid* aimed at improving tubal patency, providing anti-inflammatory, and hormonal-balancing properties. After three months of Ayurvedic treatment, a follow-up HSG demonstrated a significant improvement in tubal patency, with unblocking of one fallopian tube. Subsequently, the patient successfully conceived and delivered a healthy baby. This case illustrates the potential of Ayurvedic medicine as a promising alternative to conventional fertility interventions in treating infertility due to bilateral tubal blocks.

KEYWORDS: Female infertility, Bilateral tubal block, Pelvic inflammatory disease, Somha, Jeehy, Iron Folic Acid.

INTRODUCTION

Tubal block is a leading cause of female infertility, characterized by the obstruction of the fallopian tubes, preventing the fertilization process and hindering the passage of the embryo to the uterus.^[1] Bilateral tubal block (BTB) significantly impacts fertility, further reducing reproductive potential. Among the various causes of BTB, pelvic inflammatory disease (PID) is one of the primary causes, contributing to tubal scarring and obstruction. Other common causes include endometriosis, post-surgical adhesions, and congenital abnormalities. Lifestyle factors such as poor diet, smoking, and exposure to environmental toxins also exacerbate the risk of tubal blockages.^[2]

Despite its prevalence, tubal block often goes undiagnosed until fertility is impacted, as the condition is typically asymptomatic until conception becomes difficult. Conventional treatment options for BTB include surgical interventions like tubal cannulation or in vitro fertilization (IVF); however, these treatments can be invasive, costly, and have varying success rates.^[3]

In Ayurveda, tubal block is understood through the concept of dosha imbalances, specifically attributed to *Srotorodha* (obstruction in channels), *shotha* (inflammation) and disruptions in the *Artava Vaha Srotas* (reproductive pathways). Ayurvedic interventions focus on restoring balance, clearing obstructions, and addressing the root causes of infertility.^[4] This case study examines the efficacy of Ayurvedic treatment in addressing tubal block due to PID and improving fertility outcomes. Through a three-month therapeutic protocol, the patient experienced a resolution of the obstruction and successful conception. The therapeutic approach, patient outcomes, and potential implications for broader clinical practice are discussed in detail.

CASE REPORT

Patient Information

A 30-year-old female, accompanied by her 34-year-old male partner, visited the clinic with a history of primary infertility in September 2024. The couple had been trying to conceive for two years without success. The female patient was a homemaker and reported symptoms of thick, creamy, yellowish-white discharge, lower back pain, general weakness, along with itching, burning sensation, and dyspareunia (pain during sexual intercourse). The male partner reported no significant medical complaints.

Female Patient's General Health

- **Vitals**

Table 1: Patient Vital Signs.

Vitals	Values
Pulse	75/min
BP (Blood Pressure)	124/82
RR (Respiratory Rate)	18/min
SPO2 (Oxygen Saturation)	98%

Table 2: Other Examinations.

Parameter	Observation
Naadi Pariksha	Pitta
Appetite	Normal
Bowel	Normal
Sleep	Normal
Energy Levels	Normal

- **Personal History**

Table 3: Personal History of Patient.

Alcohol Consumption	No
Smoking	No
Junk Food	Occasional intake
Non-veg	4-5 times a week
Stress	Primarily related to fertility concerns

- **Menstrual History**

Table 4: Menstrual History of Patient.

Cycle Duration	28-30 days, regular cycles
Menstrual Flow	2-5 days
Pain	No pain
Clots	No clots

Past Medical History and Investigations

- **HSG Report:** Bilateral tubal block.
- **Follicular Study:** Shows response to medication with injection of HCG (10000 IU) for egg growth and rupture.
- **Hormonal Tests:** AMH level of 2.86 ng/ml, normal TSH, and prolactin levels.
- **Ultrasound:** Free fluid seen in POD, both ovaries were normal with no cysts or fibroids, normal endometrial thickness, normal uterine size
- **Diagnosis:** Bilateral tubal block due to PID.

Fertility Treatment History

- IVF was suggested as the next step due to the bilateral tubal block. The patient was also advised to continue regular cycles of hormone injections (Inj. HCG) for egg rupture.

Male Partner's General Health: The male partner, aged 34, is a teacher with no significant medical history. A semen analysis was performed, which showed normal sperm count, motility, and morphology. No treatment history for male infertility was reported.

Family History: No relevant findings.

Past Medical History and Treatment: No significant findings

Surgical History: None reported.

Fertility Treatment History: Follicular study done, Inj HCG

Ayurvedic Management: Following consultation, an Ayurvedic approach was adopted to treat PID in order to reverse tubal blocks and improve chances of natural conception. The female patient was prescribed a combination of proprietary formulations of Gynoveda- *Somha*, *Jeehv*, and *Iron Folic Acid* tablets, which aimed at reducing inflammation, improving tubal patency, and inducing natural ovulation. The patient was also advised to adopt Ayurvedic lifestyle modifications, including a balanced diet, regular physical activity, stress management, and healthy sleep habits.

Table 5: Ayurvedic Medicines, Ingredients, and Dosage for Treatment.

Medicine given	Ingredients/Contents	Dosage
Tablet Somha (1 g)	<i>Ashok Churna, Kukkutand Twak Bhasma, Bang Bhasma, Triphala Churna, Vasa Churna, Godanti Bhasma, Jiru Churna-Frt., Shuddha Shilajit, Shuuddha Sphatika, Chopchini Churna, Hirabol Churna, Lauha Bhasma, Nagkeshar Churna Extracts: Lodhra, Shatavari-Rt., Daruharidra, Udumber, Palasha, Gokshur, Guduchi-St, Varuna, Devdaru, Ashwagandha, Asvattha Bk., Shirish, Khadir, Shalmali, Ghrit Kumari, Karanj</i>	2 pills after breakfast and 2 pills after dinner
2. Tablet Jeehv (500 mg)	<i>Kumari, Ashoka, Lodhra, Putranjiva, Shivlingi, Shatavari, Ashwagandha, Devadaru, Kutki, Punarnava, Jivanti, Hareetaki, Kasis, Vanga, Hingu, Shilajit, Tankana</i>	2 pills after breakfast and 2 pills after dinner
3. Tablet Iron-Folic Acid (250 mg)	<i>Amla, Yashtimadhu, Giloy, Lauha bhasma</i>	2 pills before breakfast

Advice- The patient was advised to adopt a balanced diet and a healthy lifestyle to enhance overall well-being and support fertility. Key recommendations included reducing intake of non-vegetarian food, dairy products, maintaining a consistent sleep schedule, and engaging in

at least 45 minutes of daily exercise to improve physical and mental health. Stress management strategies were emphasized, along with reducing the intake of junk and processed foods. The patient was also encouraged to incorporate nutrient-rich foods to support vitality and reproductive health.

Follow-Up: The couple continued with the prescribed treatments, following the lifestyle modifications. They were monitored with regular ovulation tracking.

Outcome: On starting treatment, ovulation was found to be positive from the second month onwards. Additionally, from the first month onwards, the female patient experienced a reduction in symptoms associated with PID, including thick, creamy, yellowish-white discharge, lower back pain, general weakness, itching, burning sensation, and dyspareunia (pain during sexual intercourse). After three months of Ayurvedic treatment, the patient underwent a follow-up HSG, which revealed significant improvement in the condition. The right fallopian tube was found to be patent. In the subsequent month (January 2025), the couple successfully conceived. This case underscores the potential benefits of Ayurvedic treatment in treating PID which causes tubal blocks and makes conception difficult.

DISCUSSION

Tubal blockages are a significant cause of female infertility, often resulting from conditions such as endometriosis, muscular spasms, or infections like pelvic inflammatory disease (PID). In this case, PID causes bacterial infection, leading to inflammation, scarring, and adhesions in the fallopian tubes. Therefore, managing these blockages requires a combination of anti-inflammatory, antimicrobial, and rejuvenating treatment aimed at restoring tubal patency by reducing inflammation in order to improve fertility. Ayurvedic formulations, such as *Somha*, *Jeelvy*, and *Iron-Folic Acid* tablets, address these concerns by eliminating infections, reducing inflammation, and restoring reproductive health to facilitate conception.

Somha, an Ayurvedic formulation with potent antimicrobial, astringent, and anti-inflammatory properties, plays a crucial role in treating infections and inflammation contributing to tubal obstructions. Ingredients like *Udumber* and *Aswattha* exhibit antibacterial activity against gram-positive and gram-negative bacteria, helping eliminate infections, while *Ashoka*, *Lodhra*, and *Khadira* possess astringent and haemostatic properties that aid in managing reproductive tract disorders.^{[5],[6]} *Daruharidra* and *Kumari* alleviate vaginal infections, reducing irritation and itching, while *Nagkesar* supports vaginal flora

balance and prevents infections that may lead to blockages.^[7] *Hirabola*, a uterine stimulant with antimicrobial and anti-inflammatory effects, promotes uterine health and prevents adhesions.^[8] *Shatavari* and *Ashwagandha* reduce inflammation in reproductive organs and support normal uterine function.^[9] Additionally, *Lauha Bhasma* and *Kukkutanda Twak Bhasma* provide essential iron and calcium, strengthening reproductive tissues.^[10] The combined effects of these ingredients work synergistically to relieve conditions like leucorrhoea and promote overall reproductive health, which is crucial for managing tubal blockages.

Following this, *Jeehv* focuses on regulating ovulation and menstrual cycles, making it beneficial for conditions like anovulation and irregular cycles. It supports ovarian health and nourishes the uterus, addressing the *Avarana (obstruction)* of *Artavavaha srotas*, as described in Ayurveda. The inclusion of *Shivlingi*, *Putrajeevak*, and *Kumari* in *Jeehv* promotes healthy ovarian function, reduces inflammation, and repairs the reproductive tract lining. These actions ensure smooth egg passage through the fallopian tubes, supporting fertility and improving the chances of conception.^[9]

The *Iron Folic Acid* tablet, containing *Lauha Bhasma*, *Amla*, *Yashtimadhu*, and *Giloy* complements this treatment by managing PID and preventing complications. *Amla*, rich in Vitamin C, acts as a powerful antioxidant, reducing oxidative stress and inflammation while supporting immune function. *Yashtimadhu*'s antimicrobial properties help reduce inflammation in the fallopian tubes and prevent tissue damage. *Giloy*, an immunomodulator, enhances immune defense, promotes tissue repair, and reduces fibrosis, ultimately restoring tubal function and improving fertility outcomes.^[9]

Thus, Ayurvedic treatment for tubal blockages caused by PID provides a holistic approach by reducing inflammation caused by infection, dissolving adhesions, and restoring tubal patency. Unlike Allopathic treatment, which primarily relies on antibiotics, anti-inflammatory drugs, and surgical interventions that often provide temporary relief and carry potential side effects, Ayurveda addresses the root causes, enhances natural ovulation, and improves endometrial quality and receptivity—thereby significantly increasing the chances of successful conception. By promoting long-term reproductive health without invasive procedures, Ayurveda emerges as a more effective, safer, and sustainable alternative to conventional Allopathic management.

CONCLUSION

Following a three-month Ayurvedic treatment regimen—including the administration of *Somha*, *Jeehv*, and *Iron-Folic Acid* tablets, along with dietary and lifestyle modifications—natural ovulation was observed. The female patient also showed significant improvement in tubal patency, as confirmed by a follow-up HSG, which revealed the opening of the right fallopian tube. This resulted in a successful conception in the subsequent month (January 2025). This case highlights the potential of Ayurvedic medicine in managing bilateral tubal block caused due to PID, offering a holistic and non-invasive alternative to conventional fertility treatments.

CONFLICT OF INTEREST

The authors declare no conflicts of interest relevant to this article.

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