Case Study

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(ISSN Online: 2229–3566, ISSN Print: 2277–4343)

ROLE OF AYURVEDA IN MANAGING TUBAL FACTOR INFERTILITY: A CASE OF SUCCESSFUL CONCEPTION

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Received on: 16/9/25 Accepted on: 21/11/25

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DOI: 10.7897/2277-4343.166205

ABSTRACT

Introduction: Infertility, defined as the inability to conceive after 12 months of regular unprotected intercourse, is termed Vandhyatva in Ayurveda. Acharya Sushruta describes conception as dependent on four factors: Rutu (fertile period), Kshetra (reproductive organs), Ambu (nutritional fluids), and Beeja (sperm/ovum). Tubal blockage, a major cause of female infertility, can be understood as Kshetradushti and corresponds to Sanga type of Srotodushti (obstruction of body channels). Objective: To assess the clinical effectiveness of an Ayurvedic treatment protocol in infertility associated with tubal blockage. Method: A 32-year-old female with a 1.5-year history of secondary infertility was diagnosed with right-sided tubal blockage. She sought Ayurvedic management at the National Institute of Ayurveda, Jaipur. An integrative protocol combining Shodhana (purificatory) and Shamana (palliative) therapies was adopted. The patient underwent Yogabasti followed by Uttarabasti for three consecutive menstrual cycles, along with oral Ayurvedic medications. Results: Following three months of treatment, the patient tested positive on urine pregnancy test, confirming conception. Conclusion: This case suggests the effectiveness of Ayurvedic interventions in infertility associated with tubal blockage. The combined approach of Shodhana and Shamana therapies enabled natural conception, indicating Ayurveda as a promising, non-invasive alternative for selected infertility cases. Further controlled studies are recommended to validate these outcomes.

Keywords: Tubal blockage, Uttarabasti, Yogabasti, Srotorodha, Vandhyatva

INTRODUCTION

Infertility is a global health concern that affects approximately 5–15% of couples of reproductive ages. It is clinically defined as the inability to conceive after at least 12 months of regular, unprotected intercourse[1]. The risk of infertility increases significantly after the age of 30 years, reflecting both physiological decline in ovarian reserve and a higher prevalence of reproductive tract disorders. Among the multiple etiological factors, tubal pathology remains one of the leading contributors, accounting for nearly 25–35% of female infertility cases. The prevalence of tubal blockage in women of reproductive age is estimated to be around 19%, making it the second most common cause after ovulatory dysfunction.

In Ayurveda, infertility in women is broadly described under the term Vandhyatva, classified among the eighty Vataja Nanatmaja Vyadhi [2] (diseases caused predominantly by aggravated Vata). The significance of infertility is highlighted by Acharya Charaka, who compares an infertile couple to a fruitless and branchless tree or a painted lamp incapable of producing light. From this perspective, tubal blockage may be understood as a manifestation of Kshetradushti (impairment of the reproductive field), which prevents the union of ovum and sperm despite favourable conditions.

Pathologically, tube-related infertility can be categorized into two types. Structural abnormalities arise from anatomical obstruction, often associated with the vitiation of Vata-Kapha or Pitta-Kapha doshas. Functional abnormalities, on the other hand, are linked to impaired ciliary activity within the tubes, primarily attributed to aggravated Vata. Although direct references to the fallopian tubes are not available in classical Ayurvedic texts, this condition can be correlated with Artava-Beeja-Vaha Srotorodha (obstruction in the channels responsible for transporting ovum and menstrual fluid).

In most cases, the predominance of Vata-Kapha dosha is evident in tubal blockage. Thus, treatment strategies in Ayurveda emphasize the restoration of normal Srotas function by pacifying the vitiated doshas and eliminating obstruction. Such an approach aims not only to correct tubal pathology but also to optimize the reproductive environment for successful conception.

CASE PRESENTATION

A 32-year-old parous woman, married for eight years, presented to the Outpatient Department of Prasuti Tantra Evam Stree Roga, National Institute of Ayurveda, Jaipur, with complaints of inability to conceive for the past 1.5 years. She had a prior diagnosis of secondary infertility, attributed to right-sided fallopian tube blockage confirmed by hysterosalpingography.

Clinical Findings

The patient attained menarche at 14 years, with regular 28–30-day cycles lasting 3–4 days, moderate flow, and no history of clots, dysmenorrhea, or foul discharge; her last menstrual period was on 30/12/2024. She had been married for eight years, with active marital life, non-consanguineous union, and coital frequency of twice weekly. Obstetric history revealed G2P1A1L1D0, with a spontaneous abortion at 12 weeks (G1) and a full-term normal delivery with live birth 4.5 years ago (G2).

There was no relevant past medical, surgical, or family history, and no contraceptive use. Appetite, sleep, bowel, and bladder functions were normal. On general examination, she was of medium build (height 150 cm, weight 55 kg, BMI 22.9 kg/m²), with normal vital signs (BP 118/82 mmHg, pulse 70/min, respiratory rate 18/min, temperature 97.3°F). No pallor, edema, lymphadenopathy, icterus, or clubbing was noted, and systemic examination showed no abnormalities. On systemic examination, the patient was conscious, well-oriented, with normal cardiovascular sounds (S_1, S_2, no murmurs) and normal vesicular breath sounds without added sounds; no abnormalities were noted in other systems. Pelvic examination revealed healthy vulva with normal pubic hair distribution. Per speculum, the vaginal walls were healthy without discharge, and the cervix appeared healthy with no erosion, congestion, or hypertrophy; external os was multiparous. Per vaginal examination showed an anteverted, anteflexed uterus of normal size; the cervix was firm and non-tender, fornices were clear and non-tender, and cervical motion tenderness was absent.

Diagnostic Assessment

Routine hematological and biochemical investigations (06/01/2025) were within normal limits, with hemoglobin 12.7 g/dl, RBS 90.5 mg/dl, liver and renal function tests normal, and serological markers for HIV, HBsAg, and VDRL negative. Blood group was O positive. Ultrasonography (09/05/2024) revealed an anteverted uterus of normal size and shape with endometrial thickness of 9 mm, and both ovaries were normal. Hysterosalpingography (28/06/2024) demonstrated right-sided tubal blockage. Husband's semen analysis (2024) showed a total sperm count of 60 million/ml with 60% actively motile, 20% sluggishly motile, and 20% non-motile sperm; abnormal forms were minimal (1%) and no pus cells were observed, thereby ruling out male factor infertility.

Therapeutic Intervention

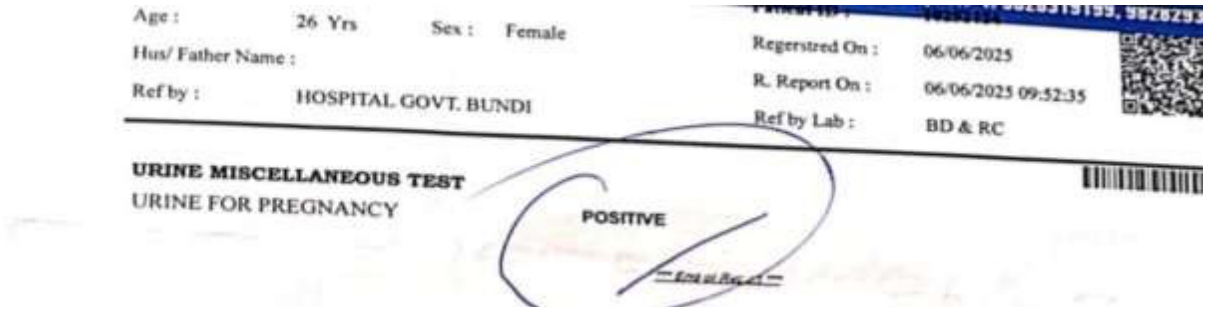
The patient was administered Yogabasti comprising Asthapana Basti with Dashamoola Kwatha and Anuvasana Basti with Dashamoola Taila. In addition, Uttarabasti was given on the day of Asthapana Basti for three consecutive days. In first and third cycle, Uttarabasti of Phalaghrita was given and in between these two cycles Uttarabasti was done with Jatyadi taila. Jatyadi taila was used for Uttarabasti due to its lekhana effect on fibrous tissue, promotion of healthy granulation, tissue softening (mardavata), and balancing action on Vata and Kapha doshas. This treatment protocol was followed for three consecutive menstrual cycles.

Follow-Up and Results

After completing three cycles of Yogabasti and Uttarabasti along with Shamana Oushadhi, the same oral medications were continued for two months. On 06/06/2025, the patient performed a urine pregnancy test, which yielded a positive result.

Timeline

Date	LMP	Procedure	Oral Medication	Remarks
02/02/2025	30/12/2024	Yogabasti and Uttarabasti advised	Balabeeja churna + shatavari churna + ashwagandha churna 2gm each BD BF with milk Phalaghrita 5ml BD BF with milk	Had HSG report (28/06/24) revealed Right sided tubal blockage
04/01/2025 to 11/01/2025	30/12/2024	Yogabasti and Uttarabasti with phalaghrita	Continued same oral medication	-
05/02/2025 to 12/02/2025	31/01/2025	Yogabasti and Uttarabasti with Jatyadi taila	Continued same oral medication	-
09/03/2025 to 16/03/2025	03/03/2025	Yogabasti and Uttarabasti with phalaghrita	Continued same oral medication	-
06/06/2025	02/05/2025	-	-	Menstruation skipped UPT – Positive



DISCUSSION

Infertility due to tubal blockage is a significant but potentially reversible cause of female infertility. While classical Ayurvedic texts do not directly describe the fallopian tubes, such conditions can be understood under Artavavaha Srotas Dushti as described by Acharya Sushruta[3]. Vata and Kapha are the primary Doshas implicated in tubal narrowing and obstruction. Hence, drugs and procedures with Tikshna and Ushna properties, as well as Sukshma and Vyavayi qualities with Katu Vipaka, are therapeutically useful in clearing tubal blockages. Local administration through Uttarabasti ensures targeted action, as it clears the blockage while Yogabasti helps pacify Vata, the predominant factor in Yonivyapad.

Balabeeja Churna regulates Vata, pacifies Pitta, and promotes ovulation. Mentioned in Prajasthapana Mahakashaya by Charaka, Bala's antioxidant properties protect reproductive tissues from oxidative stress.

According to Bhavaprakasha Nighantu, Shatavari (*Asparagus racemosus*) is highly beneficial for the female reproductive system and is indicated in various gynaecological disorders [4]. It contains phytoestrogens that act as a uterine tonic, with anti-inflammatory and anti-stress properties, thereby correcting hormonal imbalances, supporting reproductive health, and preparing the endometrium for implantation [5]. Shatavari also promotes folliculogenesis, with its root extract shown to increase serum FSH levels. It is useful in conditions such as dysmenorrhea without major pelvic pathology. Additionally, Shatavari root

extract provides protection against infections, while its methanolic extract exhibits significant antioxidant activity [6].

Ashwagandha (*Withania somnifera*), cited in Bhavaprakasha and Yogaratnakara, is a tonic, adaptogen, and aphrodisiac. It regulates the hypothalamic-pituitary axis, enhances GnRH pulsatility, and supports FSH secretion, thereby aiding follicular development. Its immunomodulatory and anxiolytic properties further optimize reproductive outcomes.

Phalaghrita has been traditionally recommended for the management of Vandhyatva (infertility) by Acharyas such as Sharangadhara, Vagbhata, Yogaratnakara, and Bhavaprakasha. Vandhyatva is described as a Vata-dominant Tridoshaja disorder. Phala Ghrita, with its Tikta, Madhura, and Katu Rasa, along with Laghu and Snigdha qualities, helps restore doshic balance. Its dual Vipaka (Katu and Madhura) and combined Ushna–Sheeta potency contributes to its broad therapeutic action. It is specifically recognized for its Prajasthapana (promoting conception) and Yoni Pradoshanashaka (reproductive tract cleansing) effects [7].

Jatyadi Taila is described to possess Ushna, Tikshna, Sukshma, Sara, Vikasi, Mridu, and Lekhana properties, along with Vata-Kapha Prashamana, Krimighna, and Vranaropaka actions [8]. It softens tissues, enhances flexibility, penetrates deeply, and promotes healing and regeneration. Its Lekhana property aids in removing fibrotic tissue while simultaneously promoting healthy granulation [9]. In addition, it provides Snehana (unctuousness), leading to Mardavata (softening of tissues), and helps restore balance of Vata and Kapha Doshas.

Administration of Uttara Basti (medicated enema through the vaginal or intrauterine route) near the cervix stimulates cervical mucus secretion, thereby facilitating sperm transport. When Lekhaniya (scraping) medicines are delivered intrauterine via Uttara Basti, they aid in clearing tubal obstructions and support regeneration of the tubal cilia. Additionally, this therapy contributes to rejuvenation of the endometrial lining and regulation of key reproductive functions, including ovulation.

Acharya Charaka has described Dashamoola under Shothahara Mahakashaya due to its efficacy in reducing inflammation. In Ayurveda, Dashamoola primarily acts on Vata and Kapha Doshas, alleviating their aggravation. It is a formulation of ten roots—Bilva, Patala, Agnimantha, Shyonaka, Gambhari, Brihati, Gokshura, Kantakari, Prishniparni, and Shalaparni. Pharmacological studies suggest that Dashamoola possesses significant anti-inflammatory, analgesic, and antiplatelet activities, comparable to aspirin [10]. When administered in the form of Basti (medicated enema), Dashamoola effectively pacifies Vata and Kapha, thereby playing a vital role in reducing tubal obstruction and restoring normal reproductive function.

CONCLUSION

Tubal blockage remains a challenging cause of infertility, with limited options in conventional management. Ayurveda provides a holistic therapeutic approach targeting the underlying Dosha imbalance. Interventions such as Yogabasti, Uttarabasti with Phalaghrita and Jatyadi Taila, and oral administration of fertility-promoting herbs like Balabeeja, Shatavari, and Ashwagandha play a vital role in restoring tubal function, regulating hormonal balance, and improving endometrial receptivity. These measures can significantly enhance the chances of natural conception. However, systematic clinical studies and scientific validation are essential to establish efficacy and standardize treatment protocols.

Patient Perspective

The patient reported difficulty in conceiving her second child and opted for Ayurvedic management. She expressed that the use of natural medicines, dietary modifications, and lifestyle interventions helped restore balance and improve her overall well-being. Following the treatment, she successfully conceived and expressed gratitude for the support received through Ayurveda.

Patient Consent

Written informed consent was obtained from the patient for both treatment and publication of this case, with assurance of confidentiality regarding her identity.

REFERENCES

1. Monika C. Management of tubal blockage by Uttara basti – A case report. Int Ayurvedic Med J 2021;2869
2. Tewari P.V., Kashyapa Samhita, Vrddhajivkiya Tantra, Chaukhamba Vishvabharti, Varanasi, 2018, Sutra sthana chapter 27/ 29, p 33.
3. Sushruta, Sushruta Samhita, Ambikadatta Shastri (editor), Sharirasthana, chapter 9/11, Varanasi: Chaukhamba Samskrita Sansthana; 2018. p. 97.
4. K Niteshwar, Textbook of Dravyaguna, chap.-117 Shatavari, p 338, 2018 edition, Chaukhamba Surbharti, Varanasi India.
5. Shifali Thakur *et. al.* Shatavari (*Asparagus racemosus*) – the best female reproductive tonic. International Journal of Research and Review. 2021; 8 (5): 77.
6. Priyanka Teva, Minal Khode, Alka Chouhan. Ayurvedic Approach to Secondary Infertility. International Journal of Ayurveda and Pharma Research. 2023;11(10):65-67.
7. Premvati Tewari, Ayurvediya Prasuti Tantra Evam Striroga, part II, chapter 5, Chaukhamba Orientalia Varanasi; p. 297.
8. Rajendra Joshi, NB Mashetti, and Rakesh Kumar Gujar. Comparative Clinical study of Jatyadi Taila and Jatyadi Ghrita in the management of Dushta Vrana. Journal of Ayurveda and Integrated Medical Sciences, 2018; 3(03): 47-53.
9. Ranjana Urs KL, KM Sweta. Conceptual understanding of the Anti-inflammatory effects of Dashamoola with relevant Modern perspective: A critical study. J Ayurveda Integr Med Sci 2022;11:155-160.

Cite this article as:

Nandini Tirole, Bharathi Kumaramangalam, Swati Malsariya and Sindhu. Role of Ayurveda in managing Tubal Factor Infertility: A Case of successful conception. Int. J. Res. Ayurveda Pharm. 2025;16(6):21-23
DOI: http://dx.doi.org/10.7897/2277-4343.166205

Source of support: Nil, Conflict of interest: None Declared