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"Successful Resolution On Tubal Block With Uttara Basthi: A Single Case Study"

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Abstract:

Introduction: Tubal blockage is a significant factor contributing to female infertility, accounting for approximately 25% of all female infertility cases globally. It is characterized by the partial or complete obstruction of one or both fallopian tubes, which prevents the sperm and egg from meeting or stops a fertilized embryo from reaching the uterus. The tubal block occurs due to PID, Endometriosis, previous history of abdominal surgeries and Sexually transmitted diseases. In *Ayurveda*, Tubal block considered as *Artava vaha Sroto dusti* due to vitiation of *vata* and *kapha doshas*. *Vata* imbalance can lead to constriction and spasm, while *kapha* accumulation can cause obstruction within the *Artava vaha Srotas*. These imbalances impair the free flow of *artava* and hinder conception.

Methodology: A female Aged 26 years came to OPD with the complaints of anxious to conceive with irregular menstruation since 6 years. HSG was done on 08/10/2024, shows patency of left fallopian tube and block in right fallopian tube. *Samshodhana* was done followed by administration of *Uttara Basthi* with *phala ghritha*.

Result: After *shodhana karma* and *Uttara basthi* for three cycles, menstrual cycle became regular and HSG was done on 14/6/25, shows bilateral patent fallopian tubes.

Discussion: *Uttara basthi* nourishes and lubricates the reproductive channels, reducing spasms and enhances the vitality and function of the fallopian tubes and surrounding tissues. The ingredients in *Phala ghritha* having the property of antioxidant, *rasayana*, balances *vata* and *kapha* and helps in attainment of progeny.

Keywords: Tubal block, *Phala ghritha, Uttara basthi, Artava vaha srotodusti*

Introduction

Infertility is defined as a failure to conceive within 1 or more years of regular and unprotected coitus[1]. If a couple not conceived after one year of normal or unprotected coital act, this states that couple need to be evaluated. It has been discovered that tubal damage results in tubal blockage in 12 % of cases. The incidence will increase to 23% due to pelvic inflammatory disease

The fallopian tube is a muscular structure that connects the ovary to the uterus and is essential for natural conception. It is divided into four main regions: the interstitial segment, isthmus, ampulla, and fimbrial end. The fallopian tube plays a critical role in the processes of sperm transport, fertilization, and early embryo movement toward the uterus[2]. Blockage of the fallopian tubes is a common reproductive disorder and a leading cause of female infertility. Inflammation is often due to infections of the reproductive tract is the primary cause of tubal obstruction[3]. Among infertile women, 30% to 40% are affected by blocked fallopian tubes and hydrosalpinx. The peristaltic action of fallopian tubes are the under effect of estrogen, progesterone and prostaglandins and synchronized movements allow the propulsion of sperm and fertilized eggs in both directions.

Case report:

A female patient aged 26 years came to Prasuthi Tantra and Stree Roga OPD with history of Anxious to conceive since 6 years. Associated with irregular menstruation since 6 years.

Poorva vyadhi Vrittanta: There is no H/O Diabetes mellitus, Tuberculosis, Thyroid Dysfunction, surgical intervention.

Kula Vrittanta: No H/O consagenous marriage, No H/O delayed conception, No H/O Chromosomal deformities in the family.

Vayaktika Vrittanta:

Diet: Mixed diet, *Sarva Rasa Satmya*

Appetite: Moderate

Bowel: Regular 1 times/day, No H/O constipation

Micturation: Regular 4-5 times/ day

Sleep: Sound (8-10 hours), *Divaswapna* (1-2 hours)

Habits: Tea 2-3 times in a day

Rajo vrittanta:

Menarche: 13 years

Past menstrual history: regular, 3-5 days/ 28-30 days. Not associated with dysmenorrhea, clots, foul smell, vomiting and headache.

Present menstruation history (from 6 years): Irregular, 3-4 days / 40-60days. There is no history of dysmenorrhea, clots, foul smell, vomiting and head ache

Asta vidha pariksha:

Nadi: kapha

Mala: Prakrutha

Mutra: Prakrutha

Druk: Prakrutha

Akrithi: Prakrutha

Shabda: prakrutha

Dashavidha pariksha:

Prakruthi: Vatapitta

Vikruthi: Dosha – kapha , Dhatu - Artava

Sara: Madhyama

Samhanana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Aharashakthi: Madhyama

Vyayama shakthi: Avara

Vaya: Madhyama

Systemic examination:

Cardiovascular system: S1, S2 Heard, no Presence of murmer

Respiratory system: Normal vesicular breathing sound heard.

Per Abdomen examination: Soft, No scar marks, No prominence veins, No palpable mass, No tenderness.

Pelvic examination:

Per Speculum examination: Cervix and vagina healthy, No discharge/ growth.

Bimanual examination: Uterus was normal in size, Anteverted, fornices no tenderness.

Investigations:

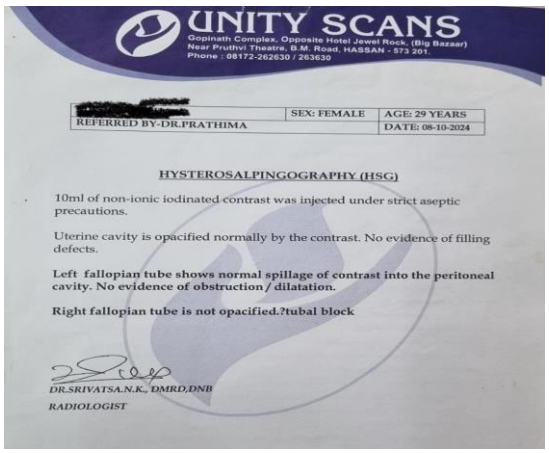
BLOOD ROUTINE		
Haemoglobin	8.2	gm%
Total W.B.C. Count	5,300	Cells/CMM
E.S.R.	42	mm/hour
Fbs	95.2	mg/dl
Blood Urea	15.3	mg/dl
Serum Creatinine	0.6	mg/dl
Human Immunodeficiency Virus	NEGATIVE	
HbsAg	NEGATIVE	
VDRL	NON REACTIVE	
URINE ROUTINE		
Leucocytes	NEGATIVE	
Glucose	NEGATIVE	
Protein	NEGATIVE	
PH	6.0	
Specific Gravity	1.005	
Blood	NEGATIVE	
Bilirubin	NEGATIVE	
Ketones	NEGATIVE	
Urobilinogen	NEGATIVE	
Nitrites	NEGATIVE	
HSG(BEFORE TREATMENT- 08.10.2024)		
Right fallopian tube is not opacified. ? Right tubal block		

Treatment plan

Treatment	Medicine	Duration
Deepana pachana	Chitrakadi Vati 2 TID before food Panchakola Phanta 50 ml TID before food	3 days
Snehapana	Kalyanaka Ghritha (40ml, 80ml, 110 ml, 140ml)	4 days
Abhyanga & Swedana	Ksheerabala taila & Nadi sweda	2 days
Virechana	Trivrutt lehya & Draksha Kashaya	
Uttara Basthi	Erandamooladi kashaya niruha basthi Niruha basthi with Kalyanaka Ghrita	For 3 menstrual cycle

Result: After *shodhana karma, Uttara basthi*, and *Shamana chikitsa*, an HSG confirmed that both fallopian tubes were patent.

Before Treatment



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[redacted]	SEX: FEMALE	AGE: 29 YEARS
REFERRED BY-DR.PRATHIMA		DATE: 08-10-2024

HYSTEROSALPINGOGRAPHY (HSG)

10ml of non-ionic iodinated contrast was injected under strict aseptic precautions.

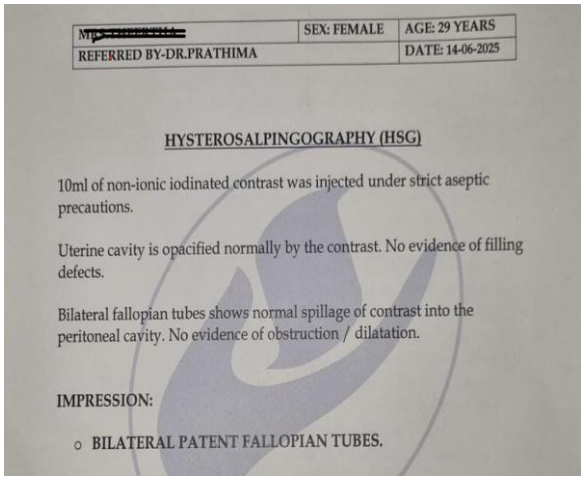
Uterine cavity is opacified normally by the contrast. No evidence of filling defects.

Left fallopian tube shows normal spillage of contrast into the peritoneal cavity. No evidence of obstruction / dilatation.

Right fallopian tube is not opacified.?tubal block

DR.SRIVATSA.N.K, DMRD,DNB
RADIOLOGIST

After Treatment



MR [redacted]	SEX: FEMALE	AGE: 29 YEARS
REFERRED BY-DR.PRATHIMA		DATE: 14-06-2025

HYSTEROSALPINGOGRAPHY (HSG)

10ml of non-ionic iodinated contrast was injected under strict aseptic precautions.

Uterine cavity is opacified normally by the contrast. No evidence of filling defects.

Bilateral fallopian tubes shows normal spillage of contrast into the peritoneal cavity. No evidence of obstruction / dilatation.

IMPRESSION:

- BILATERAL PATENT FALLOPIAN TUBES.

Discussion:

Vandhytwa caused by vitiation of *pitta* and *kapha dosha* , due to *dhatwagnimandhya* leads to formation of *ama* leads to *srotorodha* of *artavavaha srotas*. Because of obstruction of *Arthava vaha srotas*, there is presence of irregular menstruation, difficulty in coital act and unable to get progeny. The treatment principle includes *nidana parivarjana, snehanadi karma,* and *uttara basthi* and *nasya karma*[4]. Identification of specific causative factor along with accurate investigation helps in achievement of conception.

Virechana karma acts on *pitta dosha* and pacifies the vitiated *kapha* and *vata dosha* , helps in elimination of *ama* and clearance of *agni,* this does growth and maturation of follicle[5].

Phala ghritha contains ingredients like *Shatavari, Ashwagandha, Jeevaka, Rishabaka*. The properties are *tridoshagna* and *tikta, madhura, katu rasa, laghu, snigdha guna, katu* and *madhura vipaka, ushna and sheeta veerya*[6]. It acts as ovarian stimulant, antioxidant, uterine tonic helps in improvement of quality of ovum and endometrial receptor activity.

Uttara basthi[7] removes obstruction in the fallopian tube and development of tubal cilia in fallopian tube. It helps in rejuvenating the endometrial lining and balances the process of ovulation.

Conclusion:

Tubal block remains a significant cause of infertility worldwide, often necessitating invasive procedures or assisted reproductive technologies. When treatment modalities administered following proper Ayurvedic principles and patient selection criteria, can effectively restore tubal patency and improve reproductive outcomes. *Uttara basthi* emerges as a promising, cost effective and minimally invasive therapeutic modality for the management of tubal block, offering hope to women seeking alternative or complementary approaches to infertility treatment.

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