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Restoration of Tubal Patency in Bilateral Cornual Blockage Through Ayurvedic Uttar Basti Therapy: A Case Report

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Abstract

Tubal blockage is a significant cause of female infertility, often resulting from infections, inflammation, adhesions, or conditions like endometriosis and prior surgeries. It accounts for nearly 25–30% of infertility cases and disrupts the normal transport of gametes through the fallopian tubes. Conventional management typically involves surgical correction or assisted reproductive techniques, which may not always be accessible or successful.

In Ayurveda, tubal blockage is associated with *Artavavaha Strotas Dushti*, where obstruction of reproductive channels occurs due to the accumulation of *Ama* (toxins) and imbalance of *Vata* and *Kapha* doshas. It is considered a Vata-predominant Tridoshaja disorder, with Kapha contributing to the blockage.

Management focuses on restoring balance through *Shodhana* (purification) and *Shamana* (pacification) therapies. Panchakarma procedures such as *Virechana* (therapeutic purgation) and *Basti* (medicated enema) help detoxify the body and regulate doshas. *Uttara Basti*, a specialized intrauterine therapy using medicated oils or decoctions, is regarded as particularly beneficial for clearing tubal obstruction and improving reproductive function.

Therapies incorporating formulations like Mahanarayana Taila, Kshara Taila, and Phala Ghrita—known for their Vata-Kapha balancing and channel-clearing properties—have shown encouraging clinical outcomes. While preliminary observations suggest improvements in tubal patency and fertility, further well-designed clinical studies are needed to establish efficacy.

Keywords: Infertility, Tubal blockage, *Uttara Basti*, Phala-Ghrita, *Kshara Taila*, *Shodhana*, *Shamana*

Introduction

Infertility is defined as the failure to conceive after one year of regular unprotected intercourse.¹ Primary infertility refers to women who have never conceived, while secondary infertility indicates inability to conceive following a previous pregnancy. Tubal blockage is the second most common cause of female infertility, accounting for approximately 25–35% of cases, and remains difficult to manage.

The causes of tubal obstruction include pelvic inflammatory disease, prior tubal surgery, salpingitis isthmica nodosa, mucous plugs, and tubal spasm. Conventional treatment options such as tubal reconstructive surgery and *in vitro* fertilization are often expensive, less accessible in developing regions, and associated with complications like ectopic pregnancy.

In Ayurveda, tubal blockage can be correlated with *Artavavaha Srotodushti*. As described in *Sushruta Samhita*, the *Artavavaha Srotas* originate from the Garbhashaya and *Artavavahi Dhamanis*, and their vitiation leads to conditions such as *Vandhyatva* (infertility),

Maithunasahishnuta (dyspareunia), and Artavanasha (amenorrhea/anovulation). Fallopian tubes may be considered as Artava Beeja Vaha Srotas responsible for the transport of the ovum.

Samprapti ⁵



Case Presentation

30 years old married woman with the obstetrical history of P0L0A1 approached the OPD of Shri Babu Singh Jay Singh Ayurvedic Medical Collage and Hospital Bhaupur, Farrukhabad with complaints of inability to conceive even after 6 years of unprotected sexual life. On HSG, she was detected to have bilateral fallopian tube cornual blockage.

Treatment History

At 23years she married a non-consanguineous man of 26 years and they were having regular unprotected sexual life. Then after, she conceived spontaneously the pregnancy was not continued due to abortion 6 ½ yrs back. Now patient had regular menstrual cycles. For the same, patient visited a nearby private hospital and took allopathic treatment but not conceive. So she visited our OPD of SBSJSAMC&H BHAUPUR, FARRUKHABAD.

Past Medical History

H/O- Rajyakshma (Tuberculosis)and Jalodara (Ascites) – 2021, Underwent treatment. The patient is not a known case of Diabetes mellitus, Hypertension, Thyroid dysfunction, Epilepsy, or Asthma.

Menstrual History

Age of Menarche	13 years
Duration of Bleeding	4-5 days
Interval of Bleeding	28-30 days
Amount of Bleeding	2-3 pads/ day
Dysmenorrhea	No
Offensive odour	No
Colour	Light red
Clots	Present

Obstetric History

P0 L0 A1 (2 ½ month pregnancy miscarriage 6 ½ years back)

Marital and Sexual History

Age of Marriage	Female -23 years Male -26 years
Dyspareunia	Not present
Vaginismus	Not present
Post-coital bleeding	Not present
Frequency of coitus	1-2 times / week

Family History : - Nothing relevant.

Past Medical and Surgical History

No significant past medical or surgical history.

Personal History

Appetite	Normal
Micturition	Normal frequency
Bowel	Once daily
Sleep	Disturbed
Diet	Mixed

Blood Investigation

Haemoglobin	11.2 gm%
Blood Group	O +
Urine routine	Normal
BT	4.5 min
CT	3.4 min
RBS	87mg/dl
HIV/HCV/HbsAg (3H)	Non-reactive
VDRL	Non-reactive
USG	Normal uterus and Ovaries.
HSG (16/11/2025)	Both side tubal blockage

Clinical Findings

General Examination

Parameter	Value
Height	158 cm
Weight	65 kg
BMI	26.04 kg/m ²
Pulse Rate	86 beats/min
Blood Pressure (BP)	130/80 mmHg
Respiratory Rate	20 cycles/min
Temperature	98.2°F
Tongue	Pink, clear

Ashtavidha Pariksha

Nadi	Vata, Kapha dominant
Mala	Nirama, Alp
Mutra	Samanya
Jihva	Alipta
Shabda	Spashttha
Sparsha	Ushna
Druka	Madhyama
Akruti	Madhyama

Dashvidha Pariksha

Prakriti	Vata-kapha dominant
Vikriti	Vata dominant Tridosha
Sara	Rakta
Samhanana	Madhyama
Pramana	Sama
Satmya	Madhyama
Satva	Madhyama
Vyayama Shakti	Madhyama
Ahara Shakti	Madhyama
Jarana Shakti	Madhyama

Per Vaginal Examination

Inspection – External genitalia appear to be normal, no discharge visible externally. No E/o Cystocele, Rectocele, Prolapse.
Cervix – Nulliparous size, regular, firm, mobile, no motion tenderness.
Uterus – AV / NS/ Mobile / Non-tender.
Fornix – B/L clear, non-tender.

Per Speculum Examination

Cervix – Pinkish, deep, nulliparous size, thin mucoid discharge present.
Vagina – Vaginal wall pinkish in colour, healthy.

Treatment Plan

- The patient was prescribed *Uttar Basti* using Phala Ghrita combined with Kshara Taila, administered at a dose of 5 ml for three consecutive cycles, with a 3-day interval following the end of menstrual bleeding;

Before Uttar-basti -	
•	Snehana with Mahanarayana-taila for 3 days
•	Swedana with Dashmoola-kwath for 3 days

Date	Procedure	Medicine	Dose	Duration
17/01/2026 To 19/01/2026	Uttar-Basti	Phala-ghrita with Kshara- taila	5ml (3:2)	3 days
18/02/2026 To 20/02/2026	Uttar-Basti	Phala-ghrita with Kshara-taila	5ml (3:2)	3 days
19/03/2026 To 21/03/2026	Uttar-Basti	Phala-ghrita with Kshara-taila	5ml (3:2)	3 days

Oral Medication

After every Uttar Basti Cycle;

Triphala-Guggulu Vati	500mg 2 tablets twice daily with water after meal for 10 days
Gandhaka-Rasayana Vati	250mg 2 tablets twice daily with water after meal for 10 days

Mode of Action

1. Mahanarayan-Taila

Mahanarayana Taila is a traditional Ayurvedic medicated oil known for its Balya, Vatahara, and Rasayana effects. In the context of female infertility—especially conditions associated with aggravated Vata dosha, such as uterine weakness, anovulation, or painful menstruation—it is commonly used in therapies like Abhyanga and Uttar Basti. This oil helps nourish and strengthen the reproductive tissues, enhances uterine tone, and supports the proper functioning of Apana Vayu, which plays a key role in ovulation and menstrual regulation. Its herbal components, including Ashwagandha, Bala, and Dashamoola are known to improve blood flow to the pelvic region and reduce inflammation.

Mahanarayana Taila is particularly beneficial in conditions like Kshaya (tissue depletion) and Avaranajanya Vandhyatva (infertility due to obstruction), as it aids in improving uterine receptivity and supports the process of conception.

2. Dashmoola-Kwatha

Swedana with Dashamoola Kwatha was employed as a Purvakarma measure to facilitate the main procedure. Owing to the Vata-Kapha shamaka, Shothahara, Vedanasthapana, and Srotoshodhana properties of Dashamoola, local Swedana helps relieve stiffness, reduce obstruction, improve circulation, and promote channel patency. Through its Ushna and Sukshma qualities, it aids in Dosha vilayana, softening of tissues, reduction of spasm, and enhances receptivity of the genital tract before Uttaravasti. Thus, Dashamoola Kwatha Swedana supports removal of Srotorodha, facilitates proper drug delivery, and improves the therapeutic efficacy of Uttaravasti.

3. Phala-Ghrita

Phala Ghrita possesses the therapeutic properties of milk, ghee, and several medicinal ingredients such as Manjistha, Kustha, Tagara, Triphala, Madhuka, both Nishas, Dipyaka, Katurohini, Vacha, Meda, Kakoli, Wajigandha, Shatavari, Payasya, Hingu, and sugar. Owing to the predominance of Rasas such as Katu, Tikta, and Madhura; Gunas like Laghu and

Snigdha; along with Madhura and Katu Vipaka, and Ushna-Sheeta Virya, it exhibits actions like Anulomana, Dipana, Pachana, Lekhana, Balya, and Prajasthapana. Phala Ghrita is considered beneficial in all types of Yonidoshas and is described as Medhya, Dhanya, and Pumsavana, promoting nourishment, fertility, and reproductive well-being.

4. Kshara-Taila

According to Bhaishajya Ratnakara, Kshara Taila is described under Stree Roga Adhikara, while Chakradutta mentions Apamarga for its Vata-Kapha shamaka, Tridoshaghna, Tikshna, Ushna, and Sukshma properties. Owing to these attributes, Kshara Taila is considered useful in relieving Srotorodha (obstruction) through its Lekhana (scraping) action along with mild mechanical effects. It is believed to aid in clearing blocked channels, restoring a healthy endometrial environment, and supporting normal fallopian tube function, including ciliary activ

5. Triphala Guggulu Vati

Yoga	Haritaki, Vibhitaki, Amalaki, Pippali, Guggulu.
Rasa	Kashaya (predominant), Amla, Katu.
Guna	Laghu, Ruksha.
Virya	Ushna.
Vipaka	Katu.
Prabhava	Lekhana, Vrana Shodhana.
Karma	Vrana Shodhana, Vrana Ropana, Lekhana, Shothahara, Deepana, Pachana, Medohara.

6. Gandhaka Rasayana Vati

Yoga	Shuddha Gandhaka (Bhavita with Guduchi Kwatha, Haritaki Kwatha, Vibhitaki Kwatha, Amalaki Kwatha, Sunthi Kwatha, Bhringaraja Swarasa, Ela Kwatha, Twak Kwatha, Patra Kwatha, Nagakesara Kwatha) + Sharkara.
Rasa	Madhura, Tikta, Kashaya.
Guna	Snigdha, Sara.
Virya	Ushna.
Vipaka	Madhura.
Prabhava	Rasayana, Kushtaghna.
Karma	Rasayana, Kushtaghna, Kandughna, Krimighna, Raktashodhaka, Balya, Vrishya.

Lifestyle Care

- **Ahara:** Satvik, Snigdha Ahara, Munga Dal,
- **Vihara:** Dincharya, Yoga, Pranayama, Nidra

Outcome and Follow-up

- A repeat HSG performed after three months

demonstrated bilateral tubal patency, with contrast spillage observed from both fallopian tubes, indicating resolution of the previous obstruction.

- The patient was advised to continue Ayurvedic treatment for one more cycle, and natural conception was encouraged.

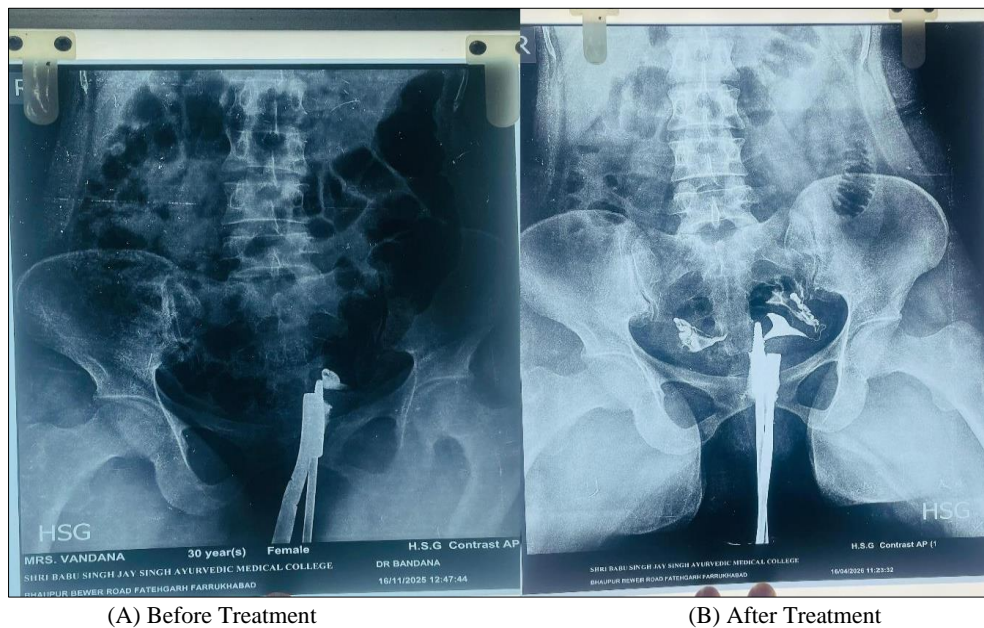


Fig 1: Comparison of HSG images before and after treatment showing restoration of bilateral tubal patency.

Discussion

Tubal blockage remains one of the most challenging causes of female infertility, contributing to nearly one-third of cases worldwide. The fallopian tubes play a critical role in gamete transport, fertilization, and early embryonic development. Any structural or functional impairment—whether due to infection, inflammation, fibrosis, or spasm—can significantly reduce the chances of conception. In the present case, bilateral cornual blockage detected on HSG represented a severe form of tubal factor infertility, where natural conception is

typically difficult without intervention.

From a modern biomedical perspective, tubal obstruction may result from post-inflammatory adhesions, mucosal edema, or muscular spasm. The patient’s past history of tuberculosis (Rajyakshma) and ascites (Jalodara) could have contributed to subclinical pelvic inflammation and subsequent fibrosis, leading to obstruction at the cornual ends of the tubes. Conventional management options such as tubal surgery or assisted reproductive techniques like IVF are often associated with high costs, limited accessibility, and variable success rates, particularly

in resource-limited settings.

Ayurvedically, this condition can be correlated with Artavavaha Srotodushti, specifically Sanga in the Artava Beeja Vaha Srotas. The pathogenesis (Samprapti) in this case reflects a Vata-Kapha predominant Tridoshaja disorder, where:

- Vata contributes to Sankocha (constriction/spasm),
- Kapha leads to Srotorodha (blockage due to heaviness and stagnation),
- Pitta may be involved in inflammatory changes (Paka).

Thus, the line of management aimed at Srotoshodhana (channel cleansing), Vata-Kapha shamana, and restoration of normal reproductive physiology.

The therapeutic protocol adopted in this case was comprehensive and sequential:

1. Purvakarma (Preparatory Measures)

Snehana with Mahanarayana Taila followed by Swedana using Dashamoola Kwatha helped in pacifying aggravated Vata, reducing stiffness, improving local circulation, and facilitating the softening of obstructed channels. These steps are essential to prepare the body for the main intervention and enhance drug absorption.

2. Pradhana Karma (Main Therapy – Uttar Basti)

Uttar Basti is considered one of the most effective local therapies for gynecological disorders in Ayurveda. The intrauterine administration of Phala Ghrita and Kshara Taila provided a dual therapeutic action:

- Phala Ghrita acted as a nutritive, rejuvenative, and fertility-enhancing agent (Prajasthapana), improving the quality of reproductive tissues.
- Kshara Taila, due to its Tikshna (penetrating) and Lekhana (scraping) properties, likely helped in removing obstruction, breaking adhesions, and clearing the tubal lumen.

The combination of these two formulations ensured both cleansing (Shodhana-like effect locally) and nourishment (Brimhana), which is crucial in restoring tubal function.

3. Paschat Karma (Post-procedure Management)

Oral medications such as Triphala Guggulu and Gandhaka Rasayana supported systemic detoxification, reduced inflammation, and enhanced tissue healing. Their Deepana-Pachana and Rasayana properties may have contributed to improved metabolic function and reproductive health.

Clinical Outcome Interpretation:

The most significant finding in this case was the restoration of bilateral tubal patency on repeat HSG after three months. This suggests that the intervention may have:

- Reduced tubal spasm (functional obstruction),
- Cleared mucous plugs or minor adhesions,
- Improved ciliary activity and tubal motility,
- Reduced local inflammation and edema.

The success of this case supports the hypothesis that certain types of tubal blockages—particularly functional or mildly structural obstructions—can be effectively managed with Ayurvedic therapies.

Limitations

Despite the positive outcome, this is a single case study, which limits generalizability. Factors such as spontaneous resolution, tubal spasm during initial HSG, or placebo effect cannot be entirely ruled out. Additionally, the absence of long-term follow-up and pregnancy outcome data limits the assessment of ultimate fertility success.

Conclusion

This case highlights the potential role of Ayurvedic intervention in managing tubal factor infertility, particularly bilateral cornual tubal blockage. The use of Uttar Basti with Phala Ghrita and Kshara Taila, supported by appropriate Purvakarma (Snehana and Swedana) and systemic medications, was associated with restoration of bilateral tubal patency on follow-up HSG.

The observed outcome suggests that the therapeutic approach may act through multiple mechanisms such as Vata-Kapha shamana, Srotoshodhana, reduction of tubal spasm, resolution of minor adhesions, and improvement in local pelvic physiology. This indicates possible benefit in cases where obstruction is functional or mild structural in nature.

However, being a single case study, the findings are preliminary and cannot be generalized. Spontaneous resolution or diagnostic variability cannot be entirely excluded. Further well-designed clinical trials with larger sample sizes and long-term fertility outcomes are necessary to validate efficacy and establish standardized protocols for clinical application.

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