

# “INSIGHTS INTO INFERTILITY DUE TO TUBAL BLOCK- A COMPREHENSIVE CLINICAL CASE STUDY”

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## ABSTRACT

Pregnancy is a pivotal aspects of many women's lives, symbolizing hope, joy and new beginnings. However infertility has become increasingly prevalent, affecting a significant portion of population. In India on an average 10-15% of couple having infertility issues. There are lost of reasons causing infertility fallopian tubal block is one among them. The fallopian tube play a significant role in reproduction, allowing sperm to fertilize the egg and transfer conceptus from ampullary part to uterine cavity. One or both fallopian tubes are blocked preventing the egg fertilization and transfer the embryo for implantation are consider under Tubal blockage. Uttar basti is an Ayurvedic procedure that involves introducing medicated oil into uterine cavity to potentially clear tubal blockages. It is minimally invasive approach offer a valuable alternative to conventional treatments for tubal blockage related infertility.

**Key words-** Infertility, Tubal blockage, Uttar Basti

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## INTRODUCTION

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.<sup>1</sup> The primary infertility is declined in past decades but secondary infertility is increased form 19.5% to 28.6 %.<sup>2</sup> The trend of delayed marriage has led to family planning at a later stage in life . Dietary and life style changes in recent times has contributed to various health concern including infertility .Overall in India the prevalence rate of infertility is 10-15%.<sup>3</sup> Infertility may be because of many reasons in which tubal factors account for approximately 30-40% .<sup>4</sup> Fallopian is a part of female internal reproductive structure which is connection between ovaries and uterus and help in transfer of ovum or fertilized ovum in uterine cavity. Because of May reasons there is obstruction in fallopian tube which hamper tubal function and leads to infertility. In ayurveda Acharya explained “Bandhayatawa” which we can correlate with infertility. In Ayurvedic classic Bhandhayatawa is not a standalone disease but rather a symptom of various underlying conditions. The concept of failed conception or inability to achieve pregnancy is addressed under different conditions in classical literature.<sup>5</sup> Acharya Kashaya explained that the couples blessed with children who thrive due to the interplay of natural factors or their own efforts. Conversely, those who face challenges in conceiving or nurturing their offspring seeks treatment and solutions. <sup>6</sup> Uttarbasti is a therapeutic procedure where medicated oil or ghrutha is carefully inserted into the uterine cavity through cervix, potentially reaching the fallopian tubes to clear blockages through the Lekhan (scraping or cleansing) action of the medicine. According to Acharya Chakrapani, Uttarbasti is considered “shrestham sresthanam” indicating it yields optimal results in treating this type of condition.

## CASE PRESENTATION-

**Case history** – A patient with age 33yrs K/C/O Infertility with marital life of 8yrs. She was anxious to conceive since 7yrs underwent many blood investigations and ultrasonography. She underwent

hysteroscopy with chromotubation and diagnosed with tubal blockage and patient was advised for IVF. As the patient did not want IVF so visited SGT Ayurveda hospital, Gurugram.

**Past history** – Underwent infertility treatment for 6 months.

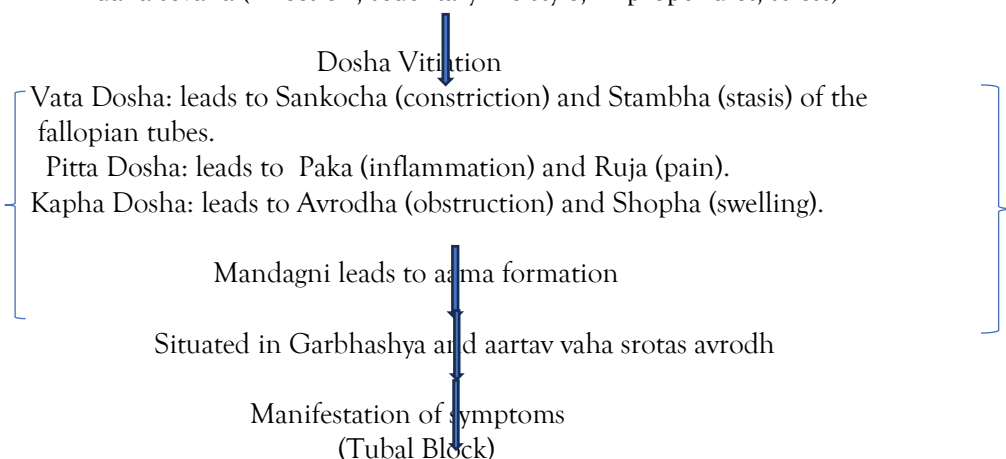
**Menstrual history**- LMP-27/03/2025 ,  
2-3days/ 30-32 days  
1-2pads/day  
Pain (+) 1st day  
Clots (+)

**Obstetric History**- Nulliparous

**General Examination**- Height-154cm  
Weight -66kg  
Pulse rate- 82bpm  
BP-110/72mm of hg  
Temp-98.2F

**Systemic Examination** – CNS-well oriented to time , person and place  
CVS-S1S2+ , No added sound heard  
RS- Normal vasicular breathing +  
P/A- soft , Non tender  
P/V- AV/NS/FF (antverted uterus, normal size, free fornices)  
P/S- B/L cervix lips healthy

**Samprapti** Nidana sevana (Infection, sedentary life style, Improper diet, stress)



**Investigations –**

Blood investigation

Hb1AC-5.10%

FBS-93.1 mg/dl

Sr LDH- 203.00U/l

CRP-2.26mg/dl

LFT-within normal limit

KFT-within normal limit

URM-within normal limit

Hb-12.7% , TLC-6.3 , RBC-4.40 . MPV-8.7

FSH-7.98miu/ml , LH-10.130miu/ml

Ferritin-21.11

IgE total-127.0

CEA-<0.5

Thyroid Profile- within normal limits

Hep B and C – non reactive

Follicular Study Scan Report –(18/01/2025) Left tubo ovarian lesion. Uterine fibroid

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<b>Patient name</b>	Mrs. SURBHI KHANDELWAL	<b>Age/Sex</b>	32 Years / Female
<b>Patient ID</b>	13281	<b>Visit no</b>	9
<b>Referred by</b>	Dr. Jyoti	<b>Visit date</b>	18/01/2025 11:46:49 AM

**Follicular Study Scan Report**

**Indication(s)**  
Follicular study

Transvaginal sonography of the pelvis done.

**Pelvis**  
A well defined fibroid is noted along the right lateral wall fundal region measuring approx 36.2 x 24.0 mm, volume 10.9 cc (previously 29.6 x 25.7 mm, volume approx 10.2 cc) ( FIGO 7 ).  
Left adnexa shows a well defined heteroechoic lesion encasing / surrounding the ovary forming a tubo ovarian lesion measuring approx 29.9 x 22 x 14 mm, volume 3.09 cc showing heterogeneous echopattern with increased vascularity. Minimal free fluid is seen in POD.

**Follicular study**  
LMP date : 06/01/2025  
Cycle Type : Irregular  
Stimulation Type : No Stimulation

Study Date	Day of cycle	Endomet. thickness(mm) / Texture	Right ovarian follicle (mm)	Left ovarian follicle (mm)	Comments
18/01/2025	13	6.6 Bilaminar	MSF 9.9 x 7.8 mm, volume 0.32 cc.	MSF 8.5 x 6.3 mm, volume 0.19 cc.	No free fluid is seen in POD.

**Impression**  
On going Follicular Study.  
Left tuboovarian lesion.  
Minimal free fluid in POD.  
Uterine fibroid.  
Advice: Clinical correlation.

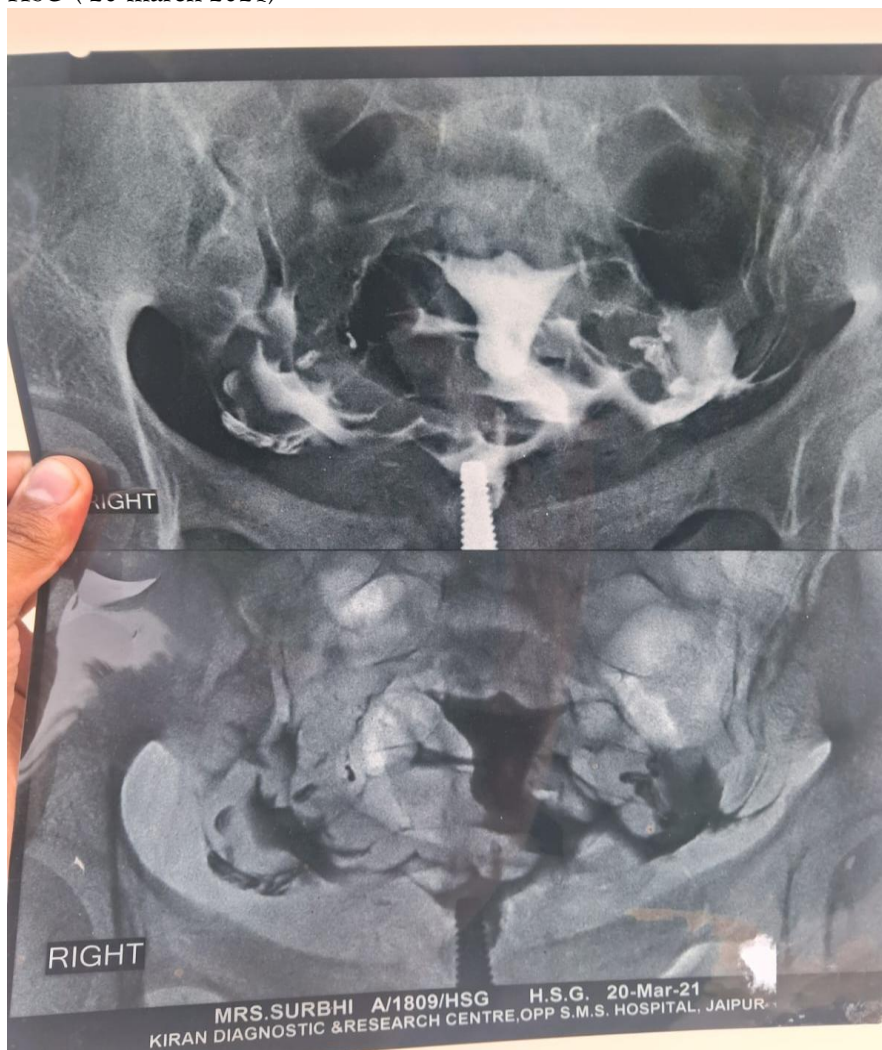
*Dr. DHRUV TANEJA*  
Dr.DHRUV TANEJA MBBS.,MD.,  
HMC 9975 Consultant Radiologist

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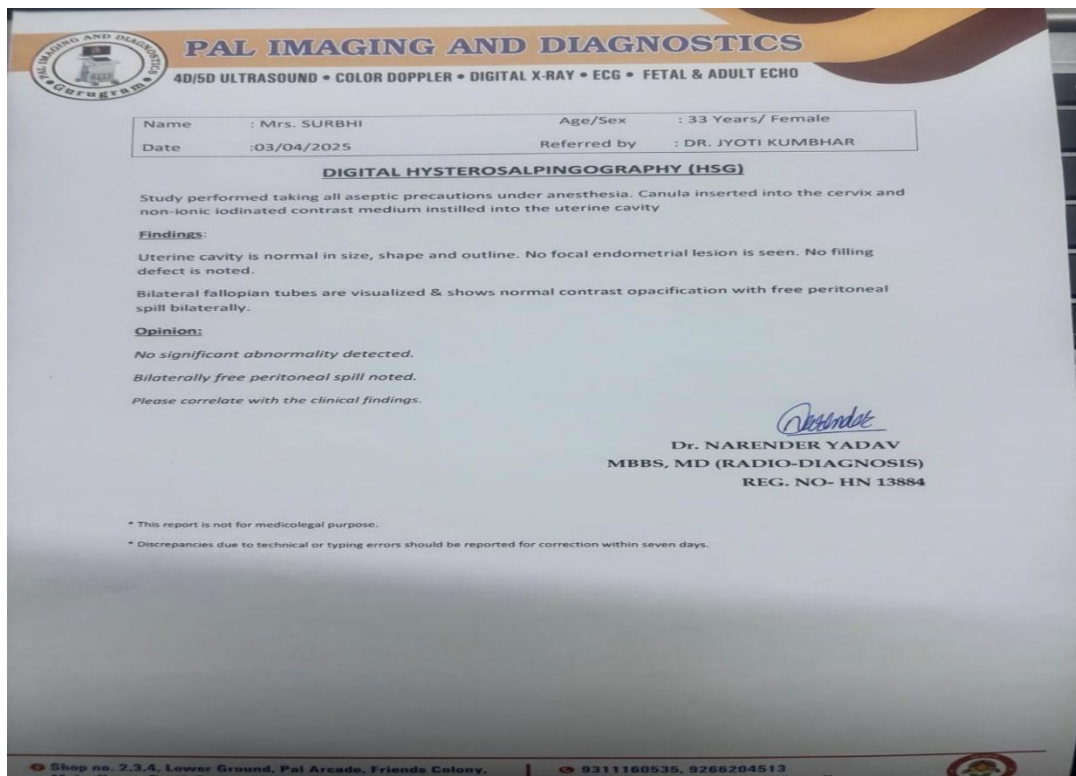
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HSG ( 20 march 2021)



HSG (After treatment) 3/04/2025



## INTERVENTION

1. Ist 3 days Deepan pachana medicine was given ( Chitrakadi vati 2 tab BD with Panchkola phanta 50ml BD )
2. 8 yoga basti was given ( niruha and anuvasana basti)
3. Yoni Prakshalna was done with Panchvalkala quatha followed by Uttarbasti was given with all aseptic condition for consecutive 3 days for consecutive 3 cycles .
4. Pathya aahara and Vihara- Patient was advised to take light food , sprouts, Masha, fruits, green vegetables and plenty of oral fluid. Do Yoga and pranayama daily .
5. Apathya aahara vihara – Oily , spicy , fried food, Instant and packed food , diwa swapana, ratrijagrana

## Follow up and Outcomes-

HSG was done after 3 months of intervention on 3/4/2025 Revealed no significant abnormality detected. Bilaterally free peritoneal spill noted.

## DISCUSSION

In Ayurveda, conception is understood through the framework of four essential factors that is “Garbhasambhav Samagri” in which Ritu, Kshetra, Ambu, and Beeja are involved. These elements collectively determine the potential for successful conception and a healthy pregnancy. Ritu refers to the appropriate time for conception, encompassing both the individual's biological rhythm and external seasonal conditions. Kshetra denotes the uterus, the site where the fertilized ovum implants, develops and grow. Ambu refers to the nourishment provided to the developing fetus, a kin to water sustaining a plant. Beeja encompasses the male sperm and female ovum, which are the fundamental units of reproduction. In Ayurveda, the concept of Garbhashaya (also known as Kshetra) encompasses the entire female reproductive system, including the uterus, cervix, and fallopian tubes. While classical texts may not explicitly delineate these structures, the holistic approach considers any dysfunction within this system as a potential cause of infertility.

**Uttar basti** – Uttar basti is an ayurvedic therapeutic procedure involving the gentle instillation of medicated oil into the uterus. It's particularly effective in treating tubal blockages, a common cause of female infertility. By clearing obstruction in the fallopian tubes, Rejuvenating the uterine and tubal lining, and restoring normal reproductive function, Uttar basti offered a promising solution for women seeking natural fertility treatments.

## DRUG

In this present study 4ml Kshar taila and 2 ml Kumari taila is used. Kshar taila<sup>8</sup> a potent drug that harness the therapeutic properties of alkaline substance (Kshar) along with penetrating and nourishing properties making it an effective treatment for tubal blockage. Its lekhana (Scraping) and Tikshna (Sharp) guna which help in removing obstruction or mucus from the fallopian tube, therefore restoring tubal patency. The drug also aids in healing and rejuvenating the inner lining of the fallopian tube, promoting normal reproductive function. Kshar taila has vata kapha pacifying properties, reducing chronic inflammation and fibrosis common in tubal blockage. Its Sukshma and Vyavayi guna enable it to reach at cellular level. Kumari taila<sup>9</sup> is a potent ayurvedic drug that leverages the therapeutic properties of its key ingredient to promote reproductive health. Kumari is renowned for its anti inflammatory, ulcer healing and antibacterial properties, making it's an effective agent in rejuvenating the endometrial and healing the inner lining of tubes and uterus. The combined effect of these drugs are removed obstruction and restore the endometrial lining of uterus and form a healthier reproductive environment.

## CONCLUSION

This study has **shown** that Uttar Basti can be effective in treating tubal blockages, leading to restored fallopian tube patency and successful conception in previous infertile patient. To further establish the efficacy of this Ayurvedic intervention, a larger scale study with a more diverse population is needed to validate its potential as a viable alternative to conventional treatments for tubal infertility.

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