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INTERNATIONAL JOURNAL OF DIAGNOSTICS AND RESEARCH**Management of Secondary Infertility with Bilateral Tubal Block Using
Uttarabasti - A CARE-Compliant Case Report**Dr. Archana Pandey Jumle ¹, Dr. Shital Gajbhiye ², Dr. Prerna Ilamkar ³¹ Associate Professor, Department of Striroga & Prasutitantra, Datta Meghe Ayurved College, hospital & research centre, Nagpur, Maharashtra, India² Associate professor, Department of Prasuti & Striroga, SMAC, Bhandara, M.S. India³ Assistant Professor, Department of Samhita Sidhant, C.S Ayurvedic Medical College and Hospital, Maharashtra, India

Corresponding author: Dr. Archana Pandey Jumle

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Abstract**Background**

Infertility due to tubal obstruction remains a significant challenge. In Ayurveda, *Vandhyatva* may result from dysfunction of *Kshetra* (Reproductive organs). and deranged *Apana Vata* (Reproductive neurophysiology). *Uttarabasti*, an Intravaginal/ intrauterine instillation therapy, is indicated for *Yonivyapada* (Reproductive disorders) and *Srotosanga* (Obstructed channels) in the reproductive tract.

Brief Case Report

A 35-year-old woman presented with five years of secondary infertility with documented bilateral tubal block on hysterosalpingography. Semen analysis was normal. An Ayurvedic protocol including *Uttarabasti* with *Sahachara Taila* followed by *Phala Ghrita*, oral medicines and *Yoni Picchu* (Medicated vaginal tampons) were administered for three months.

Conclusion

Conception occurred in the fifth month of treatment initiation and patient delivered a healthy term infant vaginally. This case suggests therapeutic potential of *Uttarabasti* in selected cases of tubal-factor infertility.

Keywords – *Apana Vata*, *Artavavaha Srotas*, *Phala Ghrita*, *Sahachara Taila*, *Srotoshodhana*, *Yoni Picchu*

Introduction :

Infertility is a rising reproductive health concern globally and tubal-factor infertility accounts for a major proportion of female infertility^[1]. Standard management including tubal recanalization, laparoscopy and assisted reproductive techniques may be costly, invasive, and not universally accessible^[2]. Ayurveda describes fertility as dependent on equilibrium of *Ritu* (ovulatory timing), *Kshetra* (reproductive system), *Ambu* (nutritive fluid), and *Bija* (gametes), and derangement in any of these may lead to *Vandhyatva*^[3] (Infertility). Tubal blockage can be correlated to *Sanga* (obstruction) in *Artavavaha Srotas* (Reproductive tract) governed by *Apana Vata*^[4], resulting in impaired gamete transport and fertilization. Classical Ayurvedic texts recommend *Uttarabasti* as a prime therapeutic modality for disorders of the female reproductive tract including *Yonivyapada* and uterine-tubal dysfunction.

Recent studies and clinical reports indicate favorable outcomes with *Uttarabasti*-based treatment in infertility related to tubal obstruction, including restoration of tubal patency and successful conception. However, standardization of protocols, clarity regarding mechanism of action, and comprehensive safety data remain insufficient. Therefore, documentation of well-observed clinical cases is crucial to strengthen the existing evidence base. The present case report describes the Ayurvedic management of secondary infertility associated with documented bilateral tubal block, administered through a structured *Uttarabasti* protocol and the successful reproductive outcome that followed.

Patient Information :

A 35-year-old married female presented with inability to conceive for five years after full-term delivery seven years earlier. Menstrual cycles were regular with mild dysmenorrhea. Past Cu-T usage for two years. No history of PID, abdominal surgery or substance use. Partner semen parameters were normal.

No significant medical, family or psychosocial history. No addictions.

Clinical Findings :

- General examination normal.
 - Gynecological USG normal.
 - HSG showed bilateral fallopian tube blockage.
 - Routine blood and endocrine profiles normal.
- Main medical problem- Secondary infertility due to bilateral tubal obstruction.
- Primary objective- Restoration of tubal functionality and conception.

Timeline :

Bilateral tubal block was diagnosed at Month 0. In Month 1, Local *Snehan* and *Svedan* were performed along with *Uttarabasti* using *Sahachara Taila* for 3 days, with daily *Yoni Picchu* and oral medicines. In Month 2, *Uttarabasti* with *Phala Ghrita* for 3 days was given, while *Yoni Picchu* and oral medicines were continued. The same protocol was repeated in Month 3. In Month 4, timed natural coitus was advised along with oral medicines. Pregnancy was confirmed in Month 5. From Month 5 to 14, antenatal follow-up was uneventful. Full-term normal vaginal delivery of a healthy baby was achieved at delivery.

Diagnostic Focus and Assessment :

Diagnosis based on ,HSG confirming bilateral obstruction, absence of male or ovulatory factor.

Ayurvedic diagnosis- *Srotosanga* in *Artavavaha Srotas* associated with vitiated *Vata*. No diagnostic challenges encountered.

Therapeutic Focus and Assessment :

Uttarabasti Month 1 included *Sahachara Taila* 5 ml sterile intrauterine slowly for 3 consecutive days. *Sahachara Taila* is based on *Sahachara* (*Barleria prionitis* Linn.). Month 2 &3 included *Phala Ghrita* 5 ml intrauterine slowly for 3 days, with a sterile vaginal tampon (*Yoni Picchu*) inserted for retention. Oral medicines used were *Pushpadhanva Rasa* 125 mg BD for 7 days each cycle, *Haritaki Churna* (*Terminalia chebula* Retz.) 3 gm HS with lukewarm water for 1 cycle and *Phala Ghrita* 5 ml orally with milk for 1 month. Supportive therapy included Local *Snehan* and *Svedan* before procedure, and *Ashwasan* Counselling. Technique ensured all aseptic precautions maintained.

No adverse effects reported.

Follow-up and Outcomes :

Pregnancy was confirmed in the fifth month from therapy initiation. The antenatal course remained uneventful throughout the follow-up period. The patient delivered a full-term healthy baby through normal vaginal delivery, with no postpartum complications. Overall, the patient experienced significant emotional relief and improved confidence following successful conception and childbirth.

Discussion :

This case demonstrates successful conception in a woman with confirmed bilateral tubal obstruction following Ayurvedic intervention centered on *Uttarabasti*. Tubal blockage is interpreted as *Sanga* of *Artavavaha Srotas* resulting from vitiated *Vata* according to Ayurvedic pathology. The therapy aims at *Vata-shamana*, tissue nourishment, and *Srotoshodhana* using *Sahachara Taila* and *Phala Ghrita*, which are traditionally indicated in *Yonivyapada* and fertility-related disorders^[5,6,7]. Local *Snehana* and *Swedana* may soften channels and improve circulation, while direct intrauterine instillation potentially enhances endometrial receptivity and tubal functionality.

Clinical outcomes from previous Ayurvedic studies corroborate the present observation. *Yavakshara Taila Uttarabasti* was reported to be effective in tubal-factor infertility with favorable conception rates^[8]. Similar improvement in tubal patency after *Kumari Taila Uttarabasti* has also been documented^[9]. Compiled institutional research highlights *Uttarabasti* as a promising fertility treatment requiring further robust scientific validation^[10]. Thus, the therapeutic success in this case aligns with classical principles as well as emerging clinical data.

However, certain limitations exist. Post-therapy hysterosalpingography was not performed to objectively document tubal patency and as a single patient report, these findings cannot be generalized. Larger controlled clinical studies and long-term follow-up are required to comprehensively validate the role of *Uttarabasti* in tubal block infertility.

Conclusion :

Traditional Ayurvedic management including *Uttarabasti* and supportive therapy enabled successful conception and healthy delivery in a patient with bilateral tubal block. This suggests a therapeutic role in similar cases.

Patient Perspective :

The patient expressed satisfaction and emotional relief after years of infertility and consented for anonymized publication.

Ethical Statement:

Written informed consent was obtained. Confidentiality preserved.

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Declaration :

Conflict of Interest : None

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Dr. Archana Pandey Jumle Inter. J.Digno. and Research

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