



ROLE OF *GARBHASHAYAGATA UTTARBASTI* IN FEMALE INFERTILITY DUE TO TUBAL BLOCKAGE: A CASE STUDY

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ABSTRACT

Infertility is a significant challenge for most couples, leading to profound emotional and social impacts for both partners. Among women, Tubal blockage is one of the primary causes of infertility. Although this condition is not explicitly mentioned in Ayurvedic texts, efforts have been made to understand it through Ayurvedic principles, where tubal blockage is likened to *Margavrodhjanya Vataprakopa* (obstruction-induced *vata* imbalance).

Modern medical treatments for tubal infertility, such as tubal surgery, IVF, or embryo transfer, primarily address structural issues but often fail to restore the natural functioning of the fallopian tubes. This study evaluates the effectiveness of *Garbhashayagata Uttarbasti* and *Yogbasti Karma* as Ayurvedic interventions for infertility caused by tubal blockage. A case study demonstrates the potential of these therapies in managing primary infertility associated with fallopian tube blockage.

KEY WORDS

Tubal blockage, *Gabhashayagata uttarbasti*, Infertility, *Vandhytva*

INTRODUCTION –

In *Kashyapa Samhita*, *Aacharya kashyapa* said that treatment should be given if the pregnancy not occurs naturally.^[1] Infertility is defined as inability of a couple to conceive after one year of regular unprotected sexual intercourse^[2]

Among the important factors for conception, *Acharya sushruta* have included *rutu* i.e. fertile age & *Kshetra* i.e. *rutukala*, healthy body with stable mental status, *ambu* i.e. *prakruta rasa dhatu*, *beeja* i.e. healthy sperm and ovum. ^[3]

Any abnormality in *shadabhwawas* i.e. *matruja*, *pitruja*, *aatmaja*, *satmyaja*, *rajaja*, *satvaja* can causes infertility^[4]

In Ayurveda, *vata* is considered a fundamental physiological force that governs the normal functioning of the body. Infertility often involves complex and challenging-to-identify pathologies. However, Ayurveda provides a variety of treatment approaches for infertility, including *shodhana* (cellular detoxification) and *uttarbasti* (a uterovaginal intra-mucosal drug delivery method).

The uterine mucosa's rich blood supply allows medications administered via *uttarbasti* to be easily absorbed, enhancing ovulation, nourishing the endometrium, and improving endometrial receptivity for optimal reproductive system function. *Uttarbasti* offers a comprehensive approach to treating female infertility, exerting both local and systemic effects on the reproductive system.

The *Charak Samhita* emphasizes that all diseases stem from an imbalance in *Agni* (digestive fire), which plays a crucial role in preventing the buildup of *Ama* (toxins formed from undigested food). Therefore, treating *Agni* is essential for effectively addressing *Ama* and restoring balance.

CAUSES OF STREE VANDHYATVA ACCORDING TO DIFFERENT ACHARYAS IN AYURVEDA –

1	Deformity in rutu, kshetra, ambu, beeja
2	Aatmajadi shadabhawa dushti
3	Aahara dosha, viharan dosha, akala yoga sevana, bala kshaya
4	Anya vyadhi parinam Swarup
5	Stanapana
6	Sutikawastha
7	Aartavavaha strotasa viddha
8	Yoni arsha updrava Swarupa
9	Yonivyapada updrava Swarupa

CAUSES OF FEMALE INFERTILITY ^[5]

1.	Uterine factors- 10 %	Failure of implantation, Chronic endometritis, Fibroid , Synechiae, Congenital malformations
2.	Pelvic factors	Tubal and peritoneal adhesions, Endometriosis
3.	Ovarian – 30%- 40%	Disovulation - pcos, anovulation, corpus luteum insufficiency ,premature ovarian failure, Resistant ovarian syndrome
4.	Cervical factors – 5%	Insufficient sperm penetration, Chronic cervicitis Immunological i.e. antisperm antibodies
5.	Tubal factors – 25%- 35%	Tubal infections Adhesions and endometriosis.

UNDERSTANDING OF TUBAL BLOCKAGE IN AYURVEDA

Infertility is a widespread issue affecting both developed and developing countries. Tubal blockage is a significant cause of female infertility, responsible for 25-35% of cases. Around 20% of women face infertility due to problems with the fallopian tubes, with 10-25% involving blockages in the proximal section of the tubes. While this condition is not directly outlined in Ayurvedic texts, it can be associated with the concept of *sanga* (obstruction) and *strotodushti* (impairment of channels). This case study examines the use of *uttarbasti* and other Ayurvedic treatments to address infertility caused by tubal blockage, aiming to restore reproductive health. Accurate diagnosis and proper treatment are crucial in managing infertility.

Female infertility is complex, with factors such as ovarian, cervical, tubal, and endometrial issues contributing to it. Tubal factors account for about 25-35% of cases. Many women delay conception due to career or financial reasons, regardless of age. Modern lifestyle changes, professional demands, and societal pressures have increased infertility rates. Ayurvedic texts refer to issues in female fertility as *kshetra dushti* (disorders in the reproductive system anatomy) which can be correlated with tubal blockages.

Modern science relies heavily on direct observation (*pratyaksha pramana*) to identify issues like tubal blockage. Ayurveda, while also valuing direct observation, incorporates reasoning (*anumana*) and traditional knowledge (*aaptopdesha pramana*) as part of its diagnostic framework. In Ayurvedic texts, organs such as the fallopian tubes are understood more through their functions than their structures. The concept of *strotovigyana* describes the structural and functional pathways that transport materials and impulses throughout the body. In this context, the fallopian tubes are compared to the *aartavavaha srotasa*, as described by Sushruta, which are responsible for carrying *aartava* (the ovum). These tubes, present in pairs, connect the *garbhashaya* (uterus) to the *aartavavaha dhamanis*. Any damage to these pathways can lead to *vandhyatva* (infertility), *maithunashashishuta* (pain during intercourse), or *gartavanasha* (disruption in menstruation or ovulation).

The *aartavavaha srotasa* are similar to the fallopian tubes as both transport *aartava*. Abnormalities in these pathways can obstruct fertilization, leading to infertility. According to *Ayurveda*, the pathogenesis of tubal blockage differs from the understanding in modern science. Some blockages are associated with *Vata* dominance, causing narrowing (stenosis), while others are linked to *Kapha*, leading to structural obstruction. When infections are involved, *Pitta* may dominate. Tubal infertility

often results from an interplay of these *doshas*, rather than the influence of a single one. In this case, the blockage (*vandhyatva*) is attributed to a combination of *Kapha* and *Vata doshas*, which is understood by analyzing specific causative factors (*nidana*) and mechanisms (*samprapti*).

SAMPRAPTI OF TUBAL BLOCKAGE -

Kapha and vataprakopaka aahara & vihara Aahara – Snigdha , Abhishandi, Shita Vihara – Diwaswapa, Vyayama

↓
Accumulation of *kapha dosha* in *aartavavaha strotasa*
[tubal blockage]

↓
Stroto avrodhjanya vata prakopa

↓
No fertilization

↓
VANDYATVA [TUBAL BLOCKAGE INDUCED PRIMARY FEMALE INFERTILITY]

AIMS AND OBJECTIVES –

- To study the infertility case.
- To study the tubal blockage induced female infertility.
- To evaluate the efficacy of *garbhashayagata uttarbasti* in tubal blockage induced female infertility.

MATERIAL AND METHOD – CASE STUDY-

CHIEF COMPLAINT-

A female of 22 years came to *Streeroga* and *Prasutitantra* OPD (reg. no. 24159/2773) with primary infertility and anxious for conception.

MENSTRUAL HISTORY- LMP-05/01/2023

for 3- 4 days / 28-30 days cycle, 2 pads /day, with moderate flow with mild pain.

H/O OF PRESENT ILLNESS –

After active married life of 3 years, her HSG report was suggestive of Right side cornual block, was treated by different treatment modalities but with the failure she finally came to OPD of *Streeroga* and *Prasutitantra* at GAC, Dharashiv.

PERSONAL HISTORY OF FEMALE PATIENT-

Occupation	Housewife, Husband- occupation- worker
Appetite	Good
Sleep	Disturbed
Bowel	Constipated
Bladder	Clear
Psychological status	Stressed and Anxious

O/E-

BP-120/80 mmhg, PR- 78 / min

ht-157 cm, wt-65 kg

P/A-

Soft, No any tenderness, No any palpable mass seen.

P/S-

Healthy cervix, No any abnormal discharge.

P/V-

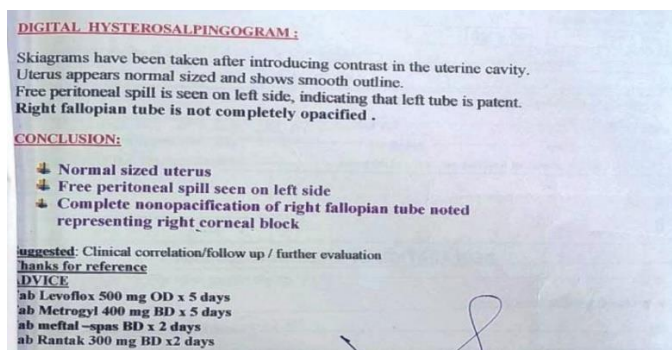
Uterus- anteverted and antiflexed, Cervical motion tenderness- absent, No tenderness at vaginal fornices.

INVESTIGATIONS-

- FEMALE PARTNER**

CBC-Hb-12 g/dl, Rbcs- 4.29×10^6 /ul, Wbcs- 4.6 /ul, Plt- 295×10^3 /ul BSL-101 mg %

Ovulation study [16/01/2023] Day- 12th-Rt ovary- MSF, Lt ovary-MSF, ET- 8mm, collection- Nil HSG- [Date- 08/01/2022] -Complete non opacification of right fallopian tube noted representing right corneal block.





HSG REPORT OF PATIENT



USG ABDO PELVIS OF PATIENT

MALE PARTNER - [Date-06/12/2023]

Semen analysis- count- 60 mil/ml, 75% motile, no pus cells no Rbcs in this particular case, semen analysis of male partner was absolutely normal so after excluding that factors we focused on female partner.

It was observed that, female partner was having right corneal block and her other reports are normal.

LINE OF TREATMENT -

	SANSHODHANA KARMA		SANSHAMANA CHIKITSA
1.	YOGBASTI -	1	<i>Rasapachaka Vati -2 -bid -before meal</i>
	<i>Niruha – Erandmuladi kashay – 450 ml</i>	2	<i>Latakaranja Vati -2 -bid -after meal</i>
	<i>Anuwasana – Sahacharadi Tail – 60 ml</i>	3	<i>Lashunadi Vati -2- bid -after meal</i>
2.	UTTARBASTI -	4	<i>Maharasnadi Kwatha -25 ml- bid - before meal</i>
	<i>Bala Tail – 30ml + Apamargkshara Tail- 30 ml After menstruration [9]</i>		

ROLE OF AYURVEDIC INTERVENTIONS IN CASE

UTTARBASTI – BALA TAIL - 3 ML APAMARGKSHRA TAIL-3 ML

- *Apamargkshara Tail -Strotoshodhka* Due to *ushna, tikshna* properties help to remove the fibrosis of tube.
- *Bala tail -Balya, bruhaniya* thus, helps in nourishment of Reproductive organs and baby later. Helps in proper development of endometrium and follicles, results in healthy progeny.
- Benefits of *uttarabasti* -Due to suppression and normalization of *vayu* by the use of *Uttarabasti* the *yoni* retains *garbha* quickly or the woman conceives immediately.⁸

YOGBASTI –

- *Niruha basti - Erandmuladi basti [Erandamula, Bilva, Shatava, Musta, Pippali]*
- *Anuwasana basti - sahacharadi tail*

Action - Asthapana (cleansing) and Anuwasana (nutritive) enema in consecutive order. With the use of these the woman conceives positively and delivers normally. Use of enema in infertility due to diseases of *vata* is highly beneficial. *Niruhbasti* is like a nectar to an infertile woman. The woman having infertility due to abnormality of either of the partner conceives after *anuwasana basti*.^[7]

OTHER ORAL MEDICATIONS -

- 1] *Rasapachaka vati* – Useful in *Ashradhha-Aruchi* (tastelessness), *Hrillas* (nausea), *Gaurav* (heaviness), *Tandra* (lassitude). Reduces *Panduta* (anemia), *Strotorodha* (clears out body channels). It is *Malanulomak* (clears stagnant *Mala*), *Dipan- Pachan* (improves digestive fire), normalizes vitiated *Kapaha-Pitta dosha*.
- 2] *Lashunadi vati* – It improves appetite and stimulate the secretion of digestives enzymes thus improving digestion^{[11][12]}
- 3] *Maharasnadi kwatha* – In *ayurvedic* classic, It is useful for *vandhtya* which regulate the three *doshas* specially *vat dosh* which is responsible for regulation of womens menstrual cycle and ovulation.^[11] *Vataghna*, indicated in infertility
- 4] *Latakaranja vati* – It has straight effect on *shula* which is spasmodic in nature as mentioned in our classics *Bhavprakash Nighantu* in *Guduchyadi Varga* and *Raja Nighantu*. It has *Tikta*, *Katu ras*, *Tikshn*, *Laghu*, *Ruksh guna*, *katu vipak*, *ushn virya*, *Agnideepaka*.^[14]

PATHYA-APATHYA (DO AND DON'TS)-

Yoga (*Paschimottanasana*, *Bhujangasana*, etc), *Pranayama*, meditation, avoid intercourse during *uttarbasti* procedure, avoid spicy fried food, fast food, fermented food overeating, suppression of natural urges, day sleep and night awaking.

OBSERVATIONS AND RESULTS -

After 5 months of regular treatment, after three sitting of *Uttarbasti* for three consecutive cycles, along with *Shaman* medicines patient missed her menses.

UPT was positive on 05/09/2023 Lmp-21/07/2023 Edd 26/04/2024 USG OBS [05/09/2023]

A single intrauterine gestational sac is noted corresponds to 5 weeks 5 days. Patient regular came for ANC Checkup.

Patient delivered FCH of 2.8 kg on 17/04/2024

CONCLUSIONS-

Ayurvedic medicine, a traditional holistic healing system, has garnered interest for its potential applications in modern healthcare, including In Vitro Fertilization (IVF). While *Ayurveda* offers a unique perspective on health and fertility, integrating it with contemporary medical practices remains a topic of debate. According to *Ayurveda*, the fallopian tube is regarded as the *Kshetra* of *Garbhadhana* (conception) and is associated with the *Artavavaha Strotasa*, responsible for transporting gametes before fertilization and the zygote afterward.

Although Ayurvedic texts do not explicitly identify fallopian tube blockages as a cause of infertility (*Vandhyatva*), related conditions are understood through their underlying mechanisms.

This condition is classified as a *Vata*-dominated *Tridoshaja Vyadhi*, with *Kapha* also playing a significant role. To address it, *Ayurveda* recommends balancing *Vata* and *Kapha* using treatments like intrauterine Uttar Basti with *Tridoshaghna* medications. These remedies, characterized by properties such as *Sukshma*, *Sara*, *Tikshna*, *Ushna*, and *Pramathi*, may help clear blockages and restore the functional integrity of the fallopian tubes.

DISCUSSION-

Motherhood is one of the most cherished aspirations for women. In *Ayurveda*, fertility depends on four critical factors: *Ritu* (timing), *Kshetra* (reproductive environment), *Ambu* (nutrition), and *Beeja* (seed). A defect in any of these can lead to *Vandhyatva* (infertility). This case report identifies *Kshetra Dushti*, specifically tubal blockage, as the primary cause of infertility, based on history and clinical examination.

Among the Doshas, *Vata* is regarded as the predominant factor in female infertility. Blockages in the *Artavavaha Strotasa* occur due to a combination of *Vata* and *Kapha*. To address these blockages, *Shodhana Karma* (purificatory therapies) such as *Yogabasti* and *Garbhashayagata ttarbasti* were planned. The *Artavavaha Strotasa* can be broadly categorized into *Artava Beeja Vaha Strotasa* (fallopian tubes, responsible for carrying the ovum) and *Artava Raja Vaha Strotasa*.

Tubal blockage and infertility are considered *Tridoshaja* conditions, with a dominant influence of *Vata* and *Kapha*. *Kapha* contributes to structural occlusion of the tubal lumen due to its *Avarodhaka* (obstructive) nature, while *Vata* plays a primary role in functional disruptions. However, the role of *Pitta* cannot be completely disregarded.

Samshodhana therapies are considered the most effective for eliminating vitiated Doshas and restoring *Agni* (digestive and metabolic fire). Drugs with *Vata-Kapha Shamana* and *Tridoshaghna* properties are assumed to effectively clear blockages. Local administration of medicines with *Sukshma*, *Laghu*, *Sara*, *Vyavayi*, *Vikasi*, *Pramathi*, *Lekhana* qualities, along with *Katu Vipaka* and *Ushna Virya*, are believed to assist in clearing tubal blockages. *Kshara* is particularly effective due to its *Lekhana* (scraping) action, while medicated oils like *Bala Taila* are used for healing (*Ropana*) and restoring the functional integrity of the fallopian tubes. But fortunately we did not do hsg after treatment as patient conceives after treatment soon.

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