



Clinical Application of *Kshar Tail Uttar Basti* in Infertility Due to Fallopian Tube Blockage: A Case Report

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ABSTRACT: Infertility affects approximately one in six couples globally, with female factors accounting for nearly 40% of cases. Fallopian tube blockage contributes to 25–35% of female infertility and is often linked to pelvic infections, endometriosis, or past surgeries. In Ayurveda, this condition is seen as a *Vata*-predominant *Tridoshaja Vyadhi*, with *Kapha* involvement leading to obstruction.

A 32-year-old woman with primary infertility of three years was diagnosed with bilateral tubal blockage on Hysterosalpingography (HSG). *Kshar tail* has *Vata Kapha Shamak* and *Lekhaniya* properties, was administered as *Uttar Basti* in a dose of 5 ml for 3 days of three consecutive cycles, followed by oral *Ayurvedic* medications.

Following completion of the treatment protocol, a repeat HSG showed normal bilateral spillage of dye, indicating successful restoration of tubal patency and after 1 year patient had conceived.

This case report demonstrates the potential of *Kshar Taila Uttara Basti* as an effective, non-invasive treatment for infertility related to fallopian tube blockage. The case supports the viability of *Ayurvedic* interventions in reproductive health, particularly for patients seeking alternatives to IVF.

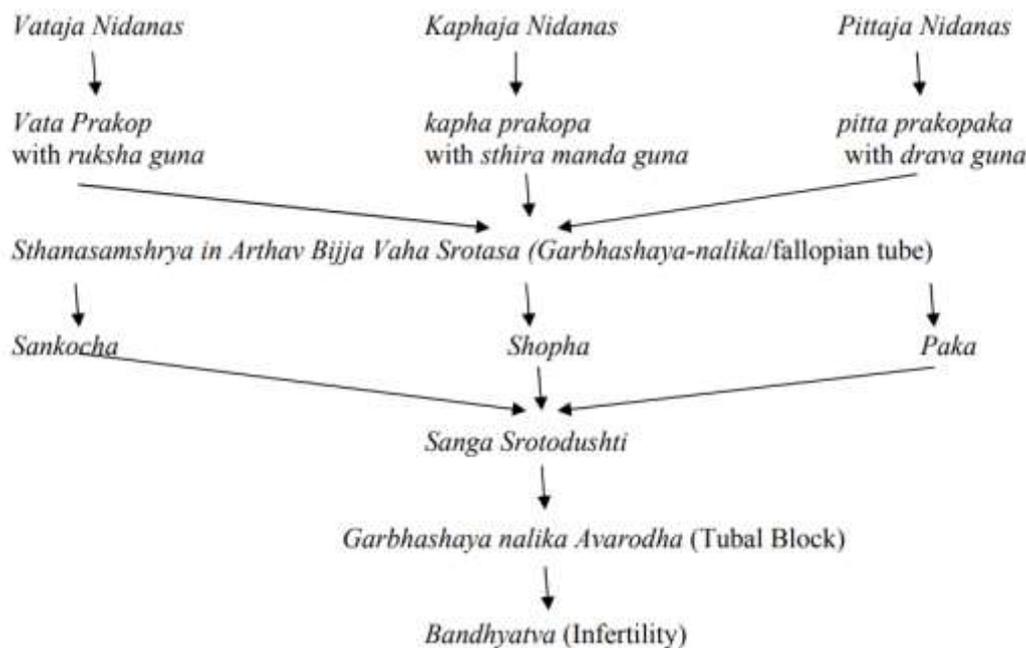
KEYWORDS: Infertility, Tubal blockage, *Uttar Basti*, *Kshar Tail*, Hysterosalpingography (HSG).

INTRODUCTION

Infertility is the failure of a couple of reproductive age to conceive after at least 1 year of regular coitus without contraception. Tubal blockage is the most common cause of infertility, contributing to 25-35% cases. The fallopian tube has a vital role in the procreates the process of fertilization takes place here. If there is an obstruction to the meeting of spermatocyte, the fertilization does not take place.¹

Infections, abdominal surgery, and diseases such as endometriosis can cause scarring at the inner linings of fallopian tubes. STDS, past ectopic pregnancy and any previous abdominal surgeries may also lead to tubal blockage.²

For conception of a healthy foetus, *Ayurveda* explains four necessary elements: *Rutu* (fertile period), *Kshetra* (Seat for conception- uterus), *Ambu* (Nourishment for conceived foetus), *Beej* (male sperm & female ovum).³ Any disturbance in these leads to infertility.



While allopathic management of tubal blockage encompasses a spectrum of interventions—ranging from diagnostic laparoscopy and reconstructive tubal surgeries to advanced assisted reproductive technologies (ART) such as in vitro fertilization (IVF)—which are often associated with significant financial cost, emotional stress, and potential procedural risks. In contrast, Ayurveda offers a holistic and non-invasive therapeutic approach that may pose fewer emotional and financial burdens on the patient.

Traditional Ayurvedic interventions, such as Uttara Basti, a localized intrauterine therapy, is used for gynaecological disorders, is considered highly beneficial in treating blocked Fallopian tubes. The drug having Vata-Kapha shamak, Tridoshaghna, Lekhaniya, Sukshma properties help to remove tubal blockage and restore tubal function, Kshar Taila—which possess Vata-Kapha Shamak, Lekhaniya, and Srotoshodhana properties⁴ may aid in restoring tubal patency.

CASE PRESENTATION

A 32 years old married woman, married for 3 years, visited the PTSR OPD of Patanjali ayurveda hospital, Haridwar on 25/01/2023, with complain of anxious to conceive since 3 years. Patient had regular menstrual cycles of 3-4 days with interval of 21 days without any associated complaints. The patient consulted a gynaecologist, and after undergoing the necessary investigations, she was diagnosed with bilateral tubal blockage and was advised to undergo IVF treatment. As the patient did not want to undergo IVF, she visited our PTSR OPD of Patanjali hospital, Haridwar.

Past medical history

Not a known case of DM, HTN, Thyroid Dysfunction, Tuberculosis, Epilepsy, Asthma.

Menstrual History

- Nature: Regular
- Bleeding duration: 3-4 days
- Interval: 21 days
- LMP: 8 Jan 2023
- Clots: Absent
- Dysmenorrhea: Absent

Family History- No significant history was found

Past medical history- No significant history was found

Past surgical history- No significant history was found.

Personal history

- Diet- Mix
- Appetite- Normal
- Bladder-Normal frequency
- Bowel- Once daily
- Sleep- Sound

CLINICAL FINDINGS

General Examination

- Height - 155 cm
- Weight - 52 kg
- BMI - 21.6 kg/m²
- Pulse Rate - 76 beats/minute
- BP - 120/80 mm Hg
- Respiratory Rate - 20 cycles/minute
- Temperature - 98°F
- Tongue - pink, clear

Ashtavidha Pariksha:

- *Nadi* (Pulse): *Vata, Pitta* dominant
- *Mala* (Stool): *Nirama, Alpa*
- *Mutra* (Urine): *Samanya*
- *Jihva* (Tongue): *Alipta* (clear)
- *Sparsha* (Touch/Skin): *Mridu/Ushna*
- *Akruti* (Appearance): *Madhyama*

Dashvidha pariksha

- *Prakriti* (Constitution): *Vata-Pitta* dominant
- *Vikriti* (Pathology): *Vata* dominant *Tridosha*
- *Sara* (Tissue essence): *Rakta*
- *Samhanana* (Body build): *Madhyama*
- *Pramana* (Body proportion): *Sama*
- *Satmya* (Adaptability): *Madhyama*
- *Satva* (Mental strength): *Avar*
- *Vyayama Shakti* (Exercise tolerance): *Madhyama*
- *Ahara Shakti* (Appetite): *Madhyama*
- *Jarana Shakti* (Digestive power): *Madhyama*

Gynaecological Examination (Jan 2023)

Per Speculum- Healthy cervix

Per Vaginal- Uterus anteverted, normal in size, no fornix tenderness

TIMELINE

Date	Events
Nov 2022	HSG revealed Right partial tubal blockage, left fimbrial blockage
Jan 2023	Visited Patanjali PTSR OPD, Ayurvedic assessment and treatment started (LMP- 08/01/2023)

Jan- April 2023	Uttar Basti with Oral medication continued
18 May 2023	HSG revealed open bilateral fallopian tube
May 2023- June 2024	Oral medication continued
28 July 2024	Positive urine pregnancy test

DIAGNOSTIC ASSESSMENT

Modern Investigations

- AMH – 2.48ng/ml
- TB-PCR – Negative
- Hysterosalpingography (HSG)– Right partial blockage, left fimbrial blockage

Ayurvedic Diagnosis (Vyadhi Ghataka)

- *Dosha - Vata Kapha Pradhana Tridosha*
- *Dushya - Rasa, Rakta, Artava*
- *Agnidushti - Jatharagni Manda and Dhatvagni Manda*
- *Srotas - Rasavaha, Raktavaha and Artavaha Srotas*
- *Srotodushti - Sanga*
- *Adhithana - Garbhashaya*
- *Vyadhimarga - Abhyantara*
- *Sadhyasadhyata – Sadhya*

TREATMENT

The patient was advised for *Uttara Basti* of *Kshar tail* in a dose of 5 ml for consecutive 3 cycle with an interval of 3 days after immediate cessation of menstrual bleeding.

Oral medication-

<i>Santati Sudha</i>	550mg 2 tablets twice daily with water after meal
<i>Phal ghrít</i>	1teaspoon twice daily with milk

Rationale for Treatment:

Kshar Taila is known for its properties of *Vata-Kapha Shamak*, *Lekhaniya* (clearing obstructions), and *Srotoshodhana* (cleansing the channels), making it suitable for restoring tubal patency. The oral medicines were prescribed to enhance overall reproductive health. *Acharya Sharangadhar* has described *Phal ghrít for Bandhya*⁵.

OBSERVATION & RESULT

Following completion of the treatment protocol, a repeat HSG conducted on 18 may 2023 showed normal bilateral spillage of dye, indicating successful restoration of tubal patency. After 1 year patient successfully conceived without the need for IVF.. The patient tolerated the treatment well, with no adverse reactions reported.

FOLLOW-UP

1st follow-up- 24 January 2023

2nd follow- up- 25 March 2023

3rd follow-up- 18 April 2023

HSG dated- 18 may 2023, revealed bilateral tubal patency

Urine pregnancy test- Positive on 28 July 2024

Mamta DIAGNOSTIC CENTRE
• ABUS, MRA, CT, Sonography & Ultrasound
• Computerized Pathology Lab
• X-RAY Laboratory • Digital X-Ray
• Colour Doppler
Opp. MNJ Inter College, B2, New Road, Durgam - 242001
+91-8249998311, E-mail: mamtadiagnostic27@gmail.com

Dr. Rahul Garg
MBBS, DNB (Radiology)
Formerly at:
• Mahatma Gandhi Hospital, Durgam
• L.M Hospital, Nagpur
• GMC, Thane

Patient Name	[REDACTED]	Sex	Female
Age	31 Yrs	Referred By	Dr. Anil Luthra
Date	13.11.22		

Investigation performed: HISTEROSALPINGOGRAPHY

Done by injecting dilute contrast per vagina.

Uterine cavity is well opacified and shows normal lumen.

Right fallopian tubes is opacified upto the fimbrial end with mild spillage of the contrast.

Left fallopian tubes is Opacified upto the fimbrial end. No peritoneal spillage is seen.

IMPRESSION: f/s/o Left tubal blockage at the fimbrial end.

Adv- clinical correlation / further evaluation.

[Signature]
Dr. Rahul Garg,
Consultant Radiologist
UMC Reg. No. 2903

Note- Every diagnostic test / procedure has its own limitations. The science of radiology is based upon interpretation of shadows of normal and abnormal tissues. This is neither complete nor accurate. Adv- further evaluation if clinically indicated.

(Home Collection Facility Available)

This Report is not for Medico Legal Purposes. Please take prior appointment to avoid inconvenience.

यहाँ जन्म से पहले बच्चे का लिंग पता नहीं किया जाता है | यह एक दंडनीय अपराध है |
Prenatal Determination of Foetal Sex is Prohibited under Law and is not undertaken here.

Figure 1: HSG report before treatment

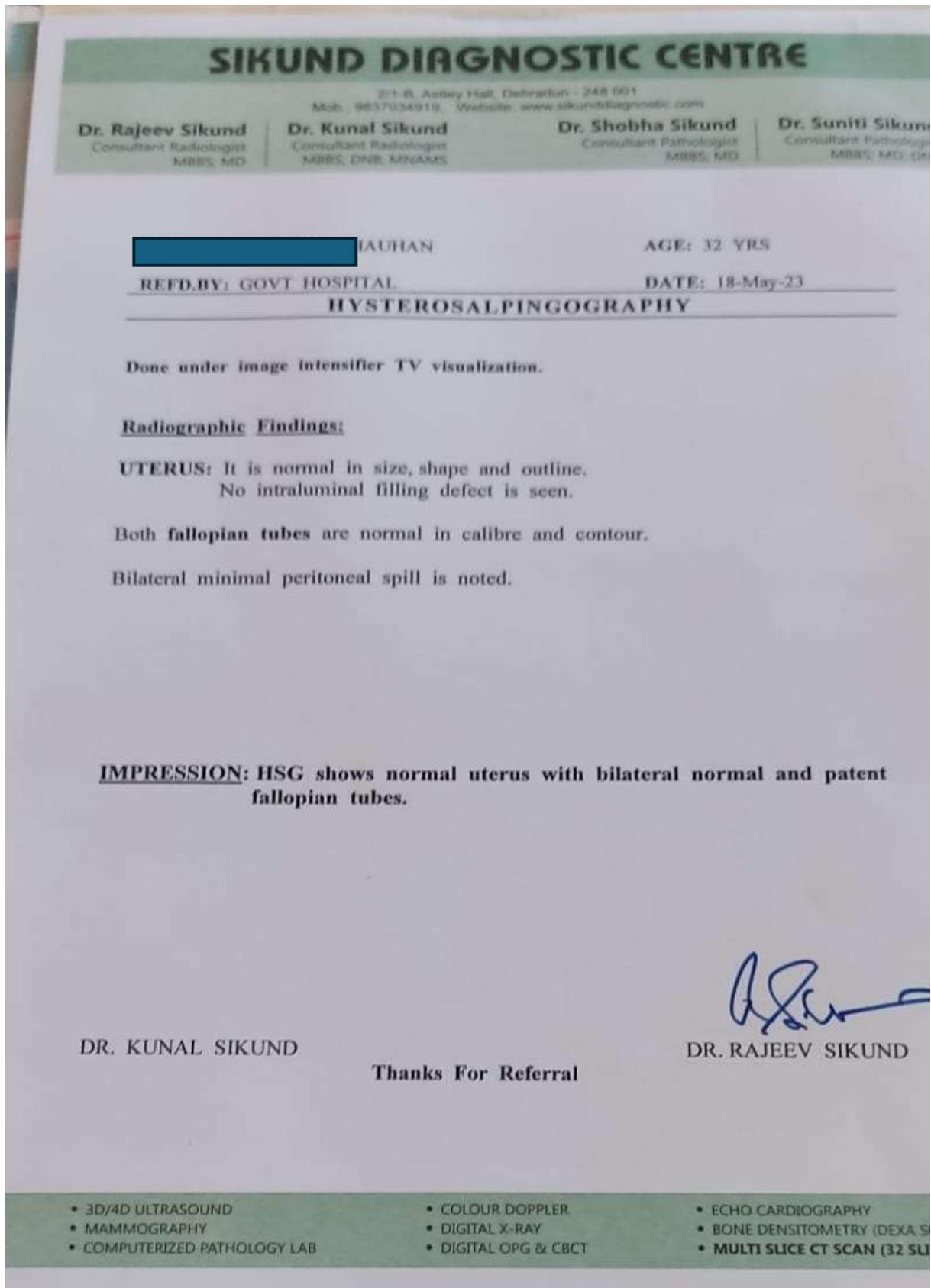


Figure 2: HSG report after treatment

DUN NURSING HOME

4:20 4G+ 100% 100% 100% RDWAR ROAD, D. DUN - 248001 42

DISCHARGE CARD

Name . [REDACTED]

Age..... 33 / f R.No (233)

D.O.A. 10/3/2025 (11:10 AM) D.O.D. 12/3/2025

Consultant Doctor..... Dr. Kamal Nawani

Diagnosis P.g. at 36 WK Pog
 = SRM = Cardo fetal
 Neck = oligohydramnios

Dr. (Mrs.) Kamal Nawani
 Consultant Gynaecologist

DR. J. P. NAWANI
 M.B.B.S. M.S. (Ortho)
 F.A.O. (Switzerland)
 Orthopaedic Surgeon

DR. (MRS.) KAMAL NAWANI
 B.Sc., M.B.B.S., D.G.O. (Ireland)
 Consultant Obstetrician
 and Gynaecologist

Procedure: SVD + Episiotomy
 Delivered a male
 1:13 AM a good AM
 Baby wt - 2.5 kgs.
 Card normal the Neck

- given to
 Baby on
 11/2/25

Tab Enzafem 1/BD
 Tab Zofar 500mg 1/BD
 Tab Ranidom 1BD
 Syp azofar - XT 2HS 1BD
 Syp Duphalac 20ml (Bos)

checkup after

Figure 3: Discharge summary after delivery

DISCUSSION

This case demonstrates the potential of *Kshar Taila Uttara Basti* as an effective Ayurvedic treatment for infertility due to fallopian tube blockage. The mechanism of action of *Kshar Taila*, with its *Vata-Kapha*

Shamak, Lekhaniya, and Srotoshodhana properties⁴, likely facilitated the removal of the obstruction, improved the function of the fallopian tubes, and restored fertility. The patient's successful conception, confirmed one year after treatment, suggests the efficacy of this approach in cases of tubal infertility.

Phal Ghrit, a classical medicated ghee preparation, is rich in bioactive compounds known for their anti-inflammatory, antioxidant, and antimicrobial properties. These attributes may help modulate immune responses, improve endometrial receptivity, and protect against subclinical infections, thereby supporting conception and implantation.⁶

Patanjali *Divya Santati Sudha* is a herbal *Ayurvedic* blend featuring *Shudhha Konch, Satavari, Putrajivak, and Shivlingi*. These ingredients are traditionally known to support fertility, balance hormones, enhance reproductive health, and boost vitality, particularly in women.⁷

This case supports *Ayurvedic* interventions as viable, cost-effective alternatives for managing tubal factor infertility, particularly for patients seeking options other than IVF.

The patient expressed relief and happiness after conceiving naturally without the financial and emotional strain of IVF.

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