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Case Report

Ayurveda Section

Intrauterine Enema (*Uttarbasti*) with Yoga Therapy in the Successful Management of Unilateral Fallopian Tube Blockage: A Case Report

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ABSTRACT

Infertility is one of the most common problems encountered by gynaecologists in daily practice. It significantly affects an individual's social, familial, physical, and psychological well-being. This is a case study of a 30-year-old female diagnosed with a unilateral (left) cornual end block of the fallopian tube. In addition to specific internal Ayurvedic medications and Yogic practices, an intrauterine enema (*Uttarbasti*) with *Apamargakshara Taila* (5 mL) was administered for five days each month for five months. The internal medications included Pushpadhanwa Rasa and *Laghumanjishthadi Kwatha*, and the Yogic therapy of *Kapalabhati*. Assessment was done using Hysterosalpingography (HSG) before and after the treatment. The pre-treatment HSG confirmed the presence of a left fallopian tube blockage, while the follow-up HSG after five treatment cycles indicated that both fallopian tubes were patent. This case suggests that Uttarbasti, in combination with internal Ayurvedic medications and Yogic therapy, may be effective in managing fallopian tube blockages.

Keywords: *Ayurveda*, Fallopian tube, Female reproductive health, Tubal blockage

CASE REPORT

A female patient of 30 years of age, a homemaker and married for two years, belonged to the middle socioeconomic class, presented with primary infertility and diagnosed with a unilateral (left) fallopian tube blockage through HSG and was suggested to undergo surgery for further management. But to avoid surgery, she sought *Ayurveda* treatment and further management. No remarkable family, personal, medical, or surgical history was elicited about the patient. Additionally, in the menstrual history, the patient noted regular cycles with moderate flow with no symptoms related to abnormal menstrual cycle.

Upon gynaecological examination, the vulva showed no signs of ulcers or irritation, and the distribution of pubic hair was normal. Per speculum, findings were that the cervix was downward, the vaginal walls were healthy, and there were no active discharges from the cervix. Per vaginal findings, the uterus was anteverted, normal in size, mobile, free of fornices, and sensitive. No other major medical and surgical history was noted by the patient.

Diagnostic assessment: The HSG reports were done before and after the treatment. The previous reports of HSG suggested non-visualisation of the left fallopian tube in its entirety without spillage of contrast, suggesting a left tubal block at the cornual end. Additionally, reports showed free spillage of contrast in the peritoneal cavity on the right side with a normal uterine cavity. The dye used in an HSG can sometimes open minor blockages in the fallopian tubes. While the primary purpose of an HSG is to diagnose blockages, the pressure from the injected dye can sometimes dislodge or clear out small obstructions like debris or mucus, effectively opening the tubes.

Therapeutic Intervention: *Ayurveda* treatment was planned for five months along with *Yoga* therapy. Treatment included an Intrauterine enema (*Uttarbasti*) [1] with internal medications. *Uttarbasti* was administered after cessation of menstruation i.e., from the 5th or 6th day of the menstrual cycle, with *Apamarga kshara taila* [2] 5 mL for five days for five consecutive months, given in the morning time with the consent of the patient. The details of *Uttarbasti* treatment are given in [Table/Fig-1] [1-4] and prescribed internal medications are mentioned in [Table/Fig-2] [5,6].

S. No	Method	Details
1.	Pre-procedure	Vaginal douching done with Panchavalkala decoction [3,4], maintaining aseptic care.
2.	Main procedure	Intrauterine enema (Uttarbasti) of Apamarga Kshara Taila [2], administered with 5 mL medicated oil, inserted with the help of Uttarbasti Cannula, already attached with a 5 mL syringe filled with Apamarga Kshara Taila and the patient kept in a low position. The drug slowly injected above the level of the internal os and as per the Uttarbasti procedure [1]
3.	Post-procedure	The patient kept in a head low position for at least 2 hours for better absorption of the drug from the vagina [1]

[Table/Fig-1]: *Uttarbasti* treatment plan [1-4].

S. No.	Name of medication	Dose	Time	Anupana	Duration
1.	Tab Pushpa Dhanwa Ras [5]	2 tablets	BD, after meal	Water	For 1 month
2.	Laghu-manjishthadi Kwath [6]	15 mL	BD, after meal	Lukewarm water	For 3 months

[Table/Fig-2]: Internal/Oral medications treatment plan [5,6].

Yoga therapy: *Kapalbhati* [7] Pranayam was advised throughout five months daily in the morning for 10-15 minutes, regularly.

Follow-up and outcome: The patient completed five months of *Uttarbasti* cycle, and the HSG was done after treatment in January 2025, showing free spillage of contrast bilaterally in the peritoneal cavity, with both fallopian tubes, along with the uterine cavity, noted to be normal.

DISCUSSION

Infertility is a global problem in the field of reproductive health. In India, about 40% of women are suffering from infertility due to anovulation and tubal blockage [8], out of which tubal blockage is

the second most common factor responsible for female infertility, with a prevalence of 25-35% [9].

According to Acharya Sushrut-*Ritu* (ideal period for conception), *Kshetra* (female reproductive system), *Ambu* (essential nutrition), and *Beeja* (ovum and sperm) are the prime factors for a successful pregnancy. Abnormalities present in any of these factors may lead to a couple's infertility [10].

When it comes to infertility caused by tubal blockage, not many treatments are accessible, such as In-Vitro Fertilisation (IVF) operations, which are the gold standard of care. Nevertheless, they remain costly and inaccessible in many countries; in certain situations, a cultural or religious barrier may need to be removed and overcome [11].

In *Ayurveda*, *Sthanika chikitsa* (in situ therapy) is significant in the management of gynaecological problems. In situ therapy can be used to treat reproductive tract illnesses, even though systemic therapeutic approaches can be used to treat diseases of the internal organs. They are beneficial in the management of a wide range of gynaecological diseases [12]. Thus, in this case, *Uttarbasti* (~intraurethral enema) was chosen to administer the medicine in situ.

Uttarbasti: The intrauterine enema (*Uttarbasti*) of *Apamargakshara Taila* helps remove the tubal blockage by relieving vitiated *Dosha* (bodily humour). So, it can be said that the drug given by the intrauterine route may stimulate the receptors by which the ovaries receive the hormone and correct its function. Hence, intrauterine enema (*Uttarbasti*) with predominantly pacifying *vata-dosha* (bodily humour) and drugs not only helps to get the patency of the tubal lumen but also restores normal physiological functions of the ovary (ovulation). *Uttarbasti* or Intrauterine (IU) administration of *Taila* stimulates the endometrial receptors and enters the minute channels [2,13].

Recent case studies demonstrate that *Uttarbasti* is an effective Ayurvedic treatment for tubal blockages leading to infertility. Gajabe G et al., and Sharma C and Mishra P reported restored tubal patency with improved ovulation and menstrual regularity [14,15]. Bayas AS and Sanjay BM noted symptom relief and partial or full unblockage, especially in early-stage cases [16]. Ghanekar A and Mujawar G observed enhanced follicular response, while Chouhan P and Garg AK documented successful conception using *Kshar Taila* [17,18]. Overall, *Uttarbasti* showed non-invasive, safe, and cost-effective outcomes with added reproductive health benefits. [Table/Fig-3] presents details for easier understanding.

S. No.	Author	Results	Improvements	Benefits
1	Gajabe G et al., 2023 [14]	Bilateral cornual blockage resolved post-treatment	Regular ovulation, normalised menstrual cycle	Safe, non-invasive, showed improvement within 2-3 cycles
2	Sharma C and Mishra P 2023 [15]	Tubal patency achieved after treatment	Menstrual regularity and hormonal balance restored	Ayurveda-based treatment without surgical intervention
3	Bayas AS and Sanjay BM, 2023 [16]	Unilateral tubal patency achieved	Decreased lower abdominal pain, regular menstruation	Economical and effective in early-stage tubal block
4	Ghanekar A and Mujawar G 2024 [17]	Tubal blockage cleared in 1 case	Improved follicular response and ovulation	Holistic approach with no adverse effects reported
5	Chouhan P and Garg AK, 2024 [18]	Tubal block reversed, successful conception noted	Relief in pelvic congestion, better reproductive health	Use of Kshar Taila showed faster action; highlighted customisation

[Table/Fig-3]: Recent studies related to case and comparative analysis of it [14-18].

Panchvalkal Kwath: Vaginal douching with *Panchavalkala* maintains the hostility and proper environment in the uterus by maintaining vaginal pH [3,4]. So, it is used as a pre-procedure before performing *Uttarbasti*.

Pushpa Dhanwa Ras: It induces ovulation. The content of *Ashoka* (*Saraca asoca*) renders the puissant rejuvenating actions on the uterus, hence aptly called as *Garbhasaya rasayana* (uterine tonic) [5].

Laghumanjoshthadi Kadha: It has *Rakta Shodhaka* (blood purifying), and *Krimighna* (antimicrobial) properties as well as antimicrobial, antifungal, anti-inflammatory, and antiproliferative actions [6].

Kapalbhati Yoga therapy: Making of *pranayama* practice is a part of our daily life. *Kapalbhati pranayama* offers several health benefits for women, including improved respiratory function, enhanced digestion, weight management, stress reduction, and better blood circulation [7,19].

Research indicates that yoga, particularly Kapalbhati, is beneficial to female reproductive health by enhancing pelvic floor muscle strength, balancing hormones, lowering stress levels, and controlling conditions such as Polycystic Ovary Syndrome (PCOS). Case studies and trials also indicate the efficacy of using yoga in conjunction with Ayurveda to improve fertility and treat conditions such as anovulation and tubal blockage. In general, yoga is a useful complementary therapy for women's reproductive health. [Table/Fig-4] shows recent studies showing the Health Benefits of yoga in the female reproduction system [20-24].

S. No.	Yoga technique	Health benefits	Author (s)
1	Kapalbhati	Improves pelvic floor muscle strength, enhances support to pelvic organs in menopausal women	Rathi M et al., [20]
2	Kapalbhati and specific pranayama of Anuloma Viloma and Bhramari Pranayama	Improves psychophysiological parameters such as stress, hormonal balance, and vitality in middle-aged sedentary women	Pradhan K [21]
3	Kapalabhati	Improved menstrual regularity, reduced ovarian cysts and other symptoms in PCOS	Rashmitha AP et al., [22]
4	Yoga module (with Ayurveda and Letrozole)	Enhances fertility outcomes in unexplained and anovulatory infertility, supports hormonal balance, and stress reduction	Chandla A et al., [23]
5	Yoga and Ayurveda (Case Study)	Helps resolve tubal blockage and support ovulation in PCOS-related infertility, which has led to successful conception	Guru B and Sindel P [24]

[Table/Fig-4]: Recent studies showing health benefits of yoga in the female reproductive system [20-24].

Additional to this article the comparative analysis of this case study with previously published articles was drawn in [Table/Fig 5] [14,15,20,24]. Among all studies the Pradhan K has made a study on Psycho-physiological Characteristics of Middle-Aged Sedentary Women, where the trait and state anxiety was measured by State and Trait Anxiety Inventory (STAI) Questionnaires [21].

S. No.	Author and Year of Publication	Case Presentation	Treatment	Outcome
1	Gajabe G et al., 2023 [14]	Female with bilateral cornual blockage in the fallopian tubes (infertility)	Kumari Taila Uttar Basti	Successful recanalisation of fallopian tubes and a positive fertility outcome
2	Sharma C and Mishra P. 2023 [15]	Female with tubal blockage leading to infertility	Ayurvedic protocol including Uttar Basti and other therapies	Tubal patency restored; improved fertility markers
3	Rathi M et al., 2019 [20]	Menopausal females with pelvic floor muscle weakness	Kapalbhati (yogic kriya) intervention	Improvement in pelvic floor muscle strength
4	Guru B and Sindel P. 2024 [24]	Female with primary infertility due to tubal blockage and PCOS	Ayurvedic treatment tailored for tubal blockage and PCOS	Positive fertility outcome; successful conception achieved

5	Current study	A female with primary infertility due to a unilateral tubal block	Ayurveda treatment of Uttarbasti and internal medications, along with yoga	Successfully treated and removed the tubal block

[Table/Fig-5]: Comparative table: current vs. past literature on ayurvedic management of tubal blockage [14,15,20,24].

Also, further studies are needed for a better understanding of the efficacy of Ayurveda treatment along with yoga in the management of tubal blocks in female patients.

Apamargakshara Taila: The drug *Apamargakshara Taila* is significant in fallopian tube blockage. As *Apamargakshara Taila* has *Ushna-Tikshna* (Hot) properties used to remove blockage from the tube [2]. Also, Rajput Shivshankar A et al., [2] have mentioned details about the dosage and use in fallopian tube blockage, while the standardisation studies were conducted previously by Vij A et al., [2,25].

CONCLUSION(S)

The study concluded that the combined *Ayurvedic* protocol of *Uttarbasti*, oral medications and *Yoga* therapy helped to remove the tubal blockage. Still, further studies to evaluate the removal of tubal blockage are needed to establish it as a reliable therapeutic measure.

REFERENCES

[1] Shukla K, Karunagoda K, Sata N, Dei LP. Evaluation of the Yava-Kshara Taila Uttar Basti in the management of tubal blockage. SLJIM. 1:29-33.
[2] Rajput Shivshankar A, Shweta M, Dei LP, Donga SB, Nilofar S. Effect of Apamarga Kshara Taila Uttarbasti in the management of infertility wsr tubal-blockage. Int J Ayurveda Med. 2015;6(1):51-58.
[3] Meena RK, Dudhamal T, Gupta SK, Mahanta V. Wound healing potential of Pañcavalkala formulations in a postfistulectomy wound. Ancient Sci of Life. 2015;35(2):118-21.
[4] Bhat KS, Vishwesh BN, Sahu M, Shukla VK. A clinical study on the efficacy of Panchavalkala cream in Vrana Shodhana wsr to its action on microbial load and wound infection. AYU. 2014;35(2):135-40.
[5] Shastry JLN. Illustrated Dravyaguna Vignana. 2nd ed. Vol. II. Varanasi: Chaukambha Orientalia; 2005. p. 145.
[6] Gwala BR, Bhakuni H, Padhar BC. Laghumanjishthadi Kwatha and Somraji Taila in Dadru Kushtha (Fungal Dermatophytosis): An exploratory review study. AYUHOM. 2020;7(1):09-14.
[7] Vaid M, Verma S. Kapalabhati: A physiological healer in human physiological system. Yoga Mimamsa. 2021;53(1):69-74.
[8] Dutta DC. Textbook of Gynaecology. 5th ed. Calcutta: New Central Book Agency; 2009. p. 216.
[9] Padubidri VG, Daftary SN, editors. Shaw's Textbook of Gynaecology. New Delhi: Reed Elsevier India Private Limited; 2004. p. 223.
[10] Sushruta. Sushruta Samhita. Shastri A, editor. Sharirasthana, 2/35. Varanasi: Chaukhambha Samskrita Sansthana; 2018. p. 19.
[11] Inhorn MC, Patrizio P. Infertility around the globe: New thinking on gender, reproductive technologies and global movements in the 21st century. Hum Reprod Update. 2015;21(4):411-26.
[12] Shukla K, Karunagoda K, Sata N, Dei LP. Effect of Kumari Taila Uttar Basti on fallopian tube blockage. AYU. 2010;31(4):424-29.
[13] Gurjar K, Choudhary P, Bharathi K, Pushpalatha B. Effect of Apamarga Ksartail Uttarbasti and Phalaghrita in bilateral tubal blockage-a case study. Int J Ayurveda Pharma Res. 2020;8(12):77-81. Available from: https://ijapr.in/index.php/ijapr/article/download/1706/1287/.
[14] Gajabe G, More A, Dutta S, Chaudhari N. Case report: The effect of kumari taila uttar basti treatment on a patient diagnosed with bilateral cornual blockage in the fallopian tube. F1000Research. 2023;12:873.
[15] Sharma C, Mishra P. An ayurvedic approach in infertility wsr to tubal blockage-a case report. Int J Ayurveda Pharma Res. 2023:84-86.
[16] Bayas AS, Sanjay BM. Effect of Kumari Tail Uttarbasti on Fallopian tube blockage. J Ayurveda Integr Med Sci. 2023;8(5):241-44.
[17] Ghanekar A, Mujawar G. Effect of Uttar Basti in management of tubal block. Int J Ayurveda Pharma Res. 2024;12(2):86-89.
[18] Chouhan P, Garg AK. Ayurvedic Management of infertility WSR to tubal blockage by Kshar Taila Uttar Basti: A case study. J Ayurveda. 2024;18(3):240-44.
[19] Gokhale V, Lakshmeesha DR, Shetty V, Rani V, Naresh Kumar M. Influence of kapalabhati pranayama on oxygen saturation and blood pressure. Int J Med Health Res. 2018;4(9):113-17.
[20] Rathi M, Wani C, Palekar TJ. Effect of Kapalbhati on pelvic floor muscle strength in menopausal females. Int J Basic Appl Res. 2019;9:323-31.
[21] Pradhan K. Effect of Kapalbhati and specific pranayama techniques on psycho-physiological characteristics of middle aged sedentary women. Anudhyan Int Soc Sci. 2018;3(1):72-83.
[22] Rashmitha AP, Kumar KD, Rani PS, Pooja G. Effect of Kapalabhati in a patient with polycystic ovarian syndrome-A case report. J Clin Diagn Res. 2021;15(3):YD04-YD05.
[23] Chandla A, Sharma N, Vyas K, Mahajan H, Dutt V, Bhavsar A, et al. Comparative efficacy of ayurveda treatment regimen and Letrozole along with yoga module in the management of unexplained and anovulatory female infertility. Complement Med Res. 2025;32(1):84-93.
[24] Guru B, Sindel P. Fertility with ayurveda-a single case study on treatment of primary infertility due to tubal blockage with polycystic ovarian syndrome. J Ayurveda Integr Med Sci. 2024;9(1):249-55.
[25] Vij A, Sharma M, Bhat P, Kumar SN. Standardization of Apamargakshara taila. Int J Res Ayurveda Pharm. 2016;3:40-45. Doi: 10.7879/2277-4343.073109. Available from: https://ijrap.net/admin/php/uploads/1543_pdf.pdf.

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