

Management of Bilateral Fallopian Tubal Block with *Shodhan* and *Shaman Chikitsa*: A Case Report

GAURAV RAJENDRA SAWARKAR¹, PAWAN BANDUJI ITANKAR², PUNAM GAURAV SAWARKAR³

ABSTRACT

Female infertility, a growing concern often linked to hormonal imbalances, frequently stems from the obstruction of fallopian tubes, which prevents fertilisation. While conventional medicine offers surgical intervention, this method has notable drawbacks, including the potential for reblockage caused by inflammatory or autoimmune processes. A 27-year-old female married for five years was diagnosed with secondary infertility, struggling to conceive for four years. She had irregular and scanty menses, along with chronic constipation. She underwent *Shodhan Chikitsa* (*Virechana* after *Abhyantara Snehana*, *Swedana* and *Sasneha Niruha Basti*, followed by *Uttar Basti* with *Kshara Taila* and *Sahacharadi oil*). Concurrently, for five months, she was given *Shaman Chikitsa* (*Chandraprabha Vati*, *Sukshma Triphala Guggulu*, *Sahacharadi Kwatha*), along with lifestyle modifications. After five months, Hysterosalpingography (HSG) reports confirmed patent fallopian tubes and all symptoms improved. She conceived successfully after six months. The tubal block was resolved due to the *Vata-Kaphahara* and *Lekhana* properties of *Shodhana* and *Shamana Chikitsa*, showing Ayurveda's effectiveness in treating fallopian tube blockages safely, avoiding surgical intervention.

Keywords: *Lekhana*, Pelvic inflammatory disease, *Uttar basti*, *Vata-Kaphahara*, *Virechana*

CASE REPORT

A 27-year-old female patient presented to the *Panchakarma* Outpatient Department of an *Ayurvedic* teaching hospital with a complaint of inability to conceive despite four years of regular, unprotected marital life. She was diagnosed with secondary infertility, having delivered a full-term healthy child four years previously. The patient also reported associated complaints of scanty, irregular and painful menstruation, chronic constipation and abdominal obesity. She attained menarche at the age of 13 years and her menstrual cycles had been irregular since onset. There was no significant past medical or surgical history reported. The patient's written consent for publication of this case report was obtained.

She had undergone an Intrauterine Insemination (IUI) procedure in January 2019, which was unsuccessful. Hysterosalpingography (HSG) revealed no free spillage in either fallopian tube, suggesting bilateral tubal blockage. A gynaecologist advised therapeutic laparoscopy; however, the patient chose to explore Ayurvedic management before opting for surgical intervention, based on recommendations from her relatives. The patient followed a vegetarian diet with moderate eating habits (*Ahara*), had no addictions (*Vyasana*) and maintained sound sleep (*Nidra*). However, she did not engage in regular physical activity (*Vyayam*). There was no significant surgical, medical, or family history.

Examination of Patient

Ashtavidha Pariksha (Eight folds of examinations): The following table presents the findings of the *Ashtavidha Pariksha* [Table/Fig-1], a fundamental diagnostic tool in *Ayurveda*.

General examination: The patient's general condition was moderate. She was conscious and well-oriented, with no signs of icterus; however, pallor was present. Vital signs were within normal limits: blood pressure was 110/70 mmHg, respiratory rate was 16 breaths per minute, pulse rate was 78 beats per minute and she was afebrile. The patient's build was medium (height 5'4", weight 50 kg), with a Body Mass Index (BMI) of 18.9 kg/m². On systemic examination, the cardiovascular and respiratory systems were within normal limits. The abdomen was soft and non tender, with

S. No.	Examination	Findings
1.	<i>Nadi</i> (Pulse rate)	71/min, <i>Kapha-Pitta Pradhana</i>
2.	<i>Mala</i> (Bowel)	<i>Asamyak</i> (irregular, hard)
3.	<i>Mutra</i> (Frequency of micturition)	<i>Asamyak</i> (hesitancy, occasional burning)
4.	<i>Jivha</i> (Tongue)	<i>Saam</i> (coated)
5.	<i>Shabda</i> (Sound)	<i>Spastha</i> (clear)
6.	<i>Sparsha</i> (Touch)	<i>Anushanasheeta</i> (normal)
7.	<i>Druka</i> (Vision)	<i>Samyak</i> (sound)
8.	<i>Akruti</i> (Body built)	<i>Madhyama</i> (medium built)

[Table/Fig-1]: *Ashtavidha Pariksha* (Eight folds of examinations).

no palpable masses. There were no signs of peripheral oedema or lymphadenopathy. According to Ayurvedic assessment, she was of *Kapha-Pitta pradhana prakriti*.

The HSG was performed to assess the uterine cavity and the patency of the fallopian tubes as part of the infertility work-up.

The uterine cavity appeared normal, indicating no structural anomalies such as fibroids, adhesions, or congenital malformations within the uterus. Bilateral fallopian tubes were visualised, confirming their anatomical presence and outline under contrast imaging. However, no free spillage of contrast was noted from either tube into the peritoneal cavity, suggesting a bilateral distal tubal block, a condition where the terminal ends (fimbrial ends) of both fallopian tubes are obstructed.

Differential diagnoses include hydrosalpinx, uterine fibroid, extrapulmonary kochs and any other local infection in pelvic region.

The patient was diagnosed with infertility due to a bilateral distal fallopian tubal block (*Bijavahini Avarodhjanya Vandhyantva*).

Therapeutic Intervention

The patient underwent various *Ayurvedic* treatments that included *Shodhan chikitsa* (biopurificatory treatment) [Table/Fig-2] and *Shaman chikitsa* (curative treatment) [Table/Fig-3].

After each *Shodhana* procedure, the patient's menses regularised with moderate flow and associated symptoms subsided. HSG

S. No.	Procedure	Medication	Duration	Route of medications
1.	Deepana and pachana	Trikatu churna	3 days	Orally
2.	Internal snehapana	Panchtikta ghrita	6 days	Orally
3.	Sarvanga snehana	Dhanvantari taila	3 days	Massage
4.	Sarvanga swedan	Peti swedana	3 days	Massage
5.	Virechana	Abhayadi modaka, Triphala kwatha and Castor oil	1 day	Orally
6.	Samsarjana krama	Peyadi annakrama	5 days	Orally
7.	Sasneha niruha vasti (medicated enema)	Dashmoola kwatha	3 days	Rectally
8.	Uttar basti	Apamarga kshara Taila and sahachara taila	5 months	Through vagina

[Table/Fig-2]: Shodhan Chikitsa (Biopurificatory treatment).

S. No.	Medications (Orally)	Dose	Anupan and frequency	Duration
1.	Chandraprabha vati	3 tablets	Twice a day before food with lukewarm water	5 months
2.	Sukshma triphala guggulu	3 tablets	Twice a day after food with lukewarm water	5 months
3.	Sahacharadi kwatha	10 mL	Twice a day 1 hr before food with lukewarm water	5 months

[Table/Fig-3]: Shaman chikitsa (curative treatment).

performed six months after the previous evaluation revealed bilateral patent fallopian tubes. The following month, a positive pregnancy test confirmed successful conception.

DISCUSSION

Tubal blockage is a major contributing factor to female infertility and is commonly attributed to *Vata-Kapha* predominance and *Strotorodha* in *Ayurveda*. A significant cause of these blockages is Pelvic Inflammatory Disease (PID), where the risk of tubal infertility escalates with each episode (12% after one, 23% after two and 53% after three) [1]. In the present case, the patient presented with secondary infertility associated with irregular, scanty and painful menstruation, constipation and abdominal obesity, indicating *Avaranajanya Apanavata Dushti* with *Kapha* involvement. A multimodal Ayurvedic approach comprising *Shodhana* and *Shamana Chikitsa* was adopted to address the underlying *Samprapti*.

The treatment protocol used in this case is comparable to previously published studies on Ayurvedic management of tubal infertility. Otta SP et al. and Sharma P et al., reported successful outcomes using *Shodhana* therapies such as *Virechana* and *Vasti*, followed by *Uttar Vasti*, to restore tubal patency [2,3]. Similar to these reports, the present case employed *Deepana-Pachana* with *Trikatu churna* and *Abhyantara snehapana* with *Panchatikta ghrita* to correct *agnimandya*, reduce *Kleda* and facilitate *Dosha* mobilisation [4].

Sarvanga Snehana and *Swedana*, as described by Kale PY and Avhad VA, were used to improve circulation, enhance metabolism and relieve *Kapha*-induced obstruction [5]. *Virechana* with *Abhayadi Modaka* and *Triphala Kwatha* aided in systemic *Dosha* elimination and *Strotoshodhana*, aligning with findings reported by Sharma R and Sharma RS, who observed hormonal regulation and menstrual normalisation following *Virechana* therapy [6].

The use of *Niruha vasti* followed by *Kshara taila vasti* and *Sahachara taila uttar vasti* in the present case is consistent with earlier studies highlighting the *Lekhana*, *Shothahara* and *Strotovaigunya-hara* effects of *Vasti* and *Uttar vasti* in tubal disorders [7,8]. Restoration of tubal patency in the present case supports the observations made by Shukla Upadhyay K et al., who demonstrated the efficacy of *Uttar vasti* in managing fallopian tube blockage [8].

Shamana medicines such as *Chandraprabhavati*, *Sukshmatriphala guggulu* and *Sahacharadi kwatha* were administered to maintain *Dosha* balance, reduce inflammation and prevent recurrence [9,10]. Although *Chandraprabha vati* is frequently indicated in gynaecological disorders including Polycystic Ovarian Syndrome (PCOS), in this case it was used primarily for *Apanavata* regulation and urinary-reproductive system support, despite the patient not having Polycystic Ovarian Disorder (PCOD).

Overall, the therapeutic outcomes of the present case, improvement in menstrual regularity and restoration of tubal patency are comparable with previously published case reports, reinforcing the role of a structured *Panchakarma*-based Ayurvedic approach in the management of tubal factor infertility are detailed in [Table/Fig-4] [2,5,6,8].

S. No.	Author and year	Symptoms	Treatment modalities	Outcome
1.	Otta SP et al., 2022 [2]	Primary infertility, tubal blockage	<i>Virechana</i> , <i>Vasti</i> , <i>Uttar Vasti</i> , <i>Shamana</i> drugs	Tubal patency achieved
2.	Kale PY and Avhad VA, 2022 [5]	Obesity, metabolic imbalance	<i>Snehana</i> , <i>Swedana</i> , <i>Udvartana</i>	Improved metabolism
3.	Sharma R and Sharma RS, 2017 [6]	Infertility, menstrual irregularities	<i>Virechana</i> , herbal formulations	Hormonal regulation
4.	Shukla Upadhyay K et al., 2010 [8]	Tubal blockage	<i>Kumari Taila</i> , <i>Uttar Vasti</i>	Tubal patency restored
5.	Present case	Secondary infertility, irregular and painful menses, constipation, obesity	<i>Deepana-Pachana</i> , <i>Snehana</i> , <i>Swedana</i> , <i>Virechana</i> , <i>Vasti</i> , <i>Uttar Vasti</i> , <i>Shamana Chikitsa</i>	Tubal patency and symptomatic improvement

[Table/Fig-4]: Comparative analysis of present case with previously published studies [2,5,6,8].

CONCLUSION(S)

The combined approach of *Shodhana* and *Shamana Chikitsa* effectively managed infertility due to fallopian tubal block, safely restoring reproductive health by removing *Strotodusthi* without surgical intervention. Future clinical trials are needed to validate Ayurveda's role as a non invasive alternative for treating tubal block-induced infertility.

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PARTICULARS OF CONTRIBUTORS:

1. Professor and Head, Department of Rachana Sharir, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India.
2. Postgraduate Scholar, Department of Rachana Sharir, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India.
3. Professor and Head, Department of Panchakarma, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Pawan Banduji Itankar,
Postgraduate Scholar, Department of Rachana Sharir, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research, Wardha-442001, Maharashtra, India.
E-mail: pawan.bitankar@gmail.com

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