EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Coden USA: EJBPBO
Volume: 13
Issue: 8
Year: 2026

SUCCESSFUL PREGNANCY FOLLOWING INTEGRATIVE AYURVEDIC MANAGEMENT IN A WOMAN WITH UNILATERAL TUBAL BLOCKAGE, HYPERTHYROIDISM, POOR OVARIAN RESERVE, AND PREVIOUS ECTOPIC PREGNANCY: A CASE REPORT

Dr. Anupma Sharma*[1]

[1]Director, Divy Ayurveda Noida, Uttar Pradesh, India.

***Corresponding Author: Dr. Anupma Sharma**

Director, Divy Ayurveda Noida, Uttar Pradesh, India.

DOI: https://doi.org/10.5281/zenodo.21703260

How to cite this Article: Dr. Anupma Sharma*. (2026). Successful Pregnancy Following Integrative Ayurvedic Management In A Woman with Unilateral Tubal Blockage, Hyperthyroidism, Poor Ovarian Reserve, and Previous Ectopic Pregnancy: A Case Report. European Journal of Biomedical and Pharmaceutical Sciences, 13(8), 228–232.

Article Received on 05/07/2026 **Article Revised on 26/07/2026** **Article Published on 01/08/2026**

ABSTRACT

Background: Tubal factor infertility accounts for approximately 25–35% of female infertility. Women with unilateral salpingectomy following ectopic pregnancy and contralateral tubal blockage have limited options for natural conception and are frequently advised assisted reproductive techniques. Ayurveda describes female infertility under *Vandhyatva*, where *Artavavaha Srotodushti*, *Vata-Kapha Dosha*, and *Ama* are considered important pathological factors. **Case Presentation:** A 32-year-old woman presented with secondary infertility of seven years' duration. She had a history of left salpingectomy following ectopic pregnancy, hyperthyroidism, poor ovarian reserve, and right-sided tubal blockage confirmed on hysterosalpingography (HSG). IVF had been suggested but was considered to have a low probability of success because of diminished ovarian reserve. The patient underwent an Ayurvedic treatment protocol comprising Deepana–Pachana, Snehapana, Vamana Karma, Sansarjana Krama, three cycles of Uttar Basti, internal medicines, and Rasayana therapy. Follow-up HSG demonstrated patency of the previously blocked right fallopian tube. Natural conception did not occur during the following four months; therefore, Ayurvedic intrauterine insemination (IUI) was performed. Pregnancy was achieved in the first IUI cycle. She subsequently received Ayurvedic antenatal care and delivered a healthy female infant at term. **Conclusion:** This case describes successful conception after integrative Ayurvedic management in a woman with complex tubal factor infertility. Although tubal patency and pregnancy occurred following treatment, causal inference cannot be established from a single case. Carefully designed prospective studies are required to evaluate the potential role of Panchakarma and Uttar Basti in selected infertility patients.

KEYWORDS: Secondary infertility, Tubal blockage, Uttar Basti, Panchakarma, Hyperthyroidism, Ectopic pregnancy, Ayurveda.

INTRODUCTION

Infertility is a significant global public health concern affecting reproductive-aged couples and has profound medical, psychological, social, and economic consequences. According to the World Health Organization (WHO), approximately 10–15% of couples worldwide experience infertility during their reproductive years, with female factors accounting for nearly half of all cases.[1] Among the various causes of female infertility, tubal factor infertility contributes to approximately 25–35% of cases and remains one of the most challenging conditions encountered in reproductive medicine.[2] Tubal obstruction may result from pelvic inflammatory disease, endometriosis, previous pelvic or abdominal surgery, genital tuberculosis, postoperative adhesions, or ectopic pregnancy, all of which impair the transport of gametes and embryos, thereby reducing the likelihood of spontaneous conception.[2,3]

Women who have undergone unilateral salpingectomy following an ectopic pregnancy and subsequently develop obstruction of the remaining fallopian tube have a markedly diminished probability of natural conception. In such situations, assisted reproductive technologies (ART), particularly in vitro fertilization (IVF), are generally considered the standard treatment because IVF

bypasses tubal pathology.[3] However, the success of IVF is influenced by several factors, including maternal age, ovarian reserve, endocrine disorders, embryo quality, and financial accessibility. Conditions such as hyperthyroidism and diminished ovarian reserve may adversely affect ovarian function, oocyte quality, implantation, and pregnancy outcomes, thereby limiting the overall success of ART.[4,5]

In Ayurveda, infertility is described under the broad concept of **Vandhyatva**, in which successful conception depends upon the normal functioning of **Ritu** (appropriate fertile period), **Kshetra** (healthy reproductive organs), **Ambu** (adequate nourishment), and **Beeja** (healthy ovum and sperm).[6] Tubal obstruction may be correlated with **Artavavaha Srotodushti (Sanga)**, predominantly caused by vitiation of **Vata** and **Kapha Dosha**, along with **Mandagni** and **Ama**, leading to obstruction of the reproductive channels.[7] Ayurvedic management aims to restore physiological balance through **Deepana-Pachana**, elimination of vitiated Doshas by **Panchakarma**, administration of **Rasayana** therapy, and improvement of reproductive health. Among Panchakarma procedures, **Uttar Basti** is classically indicated for disorders of the female reproductive tract and has traditionally been employed in the management of infertility.[7,8]

The present case describes the integrative Ayurvedic management of a 32-year-old woman with secondary infertility associated with previous ectopic pregnancy, left salpingectomy, contralateral tubal blockage, hyperthyroidism, and poor ovarian reserve. Following sequential Panchakarma therapy, including Vamana and three cycles of Uttar Basti, repeat hysterosalpingography demonstrated tubal patency. Subsequently, pregnancy was achieved following Ayurvedic intrauterine insemination (IUI), and the patient delivered a healthy full-term female infant after receiving comprehensive Ayurvedic antenatal care.[9,10]

CASE PRESENTATION

A 32-year-old married woman presented with inability to conceive despite seven years of married life.

She had experienced an ectopic pregnancy soon after marriage that required left salpingectomy. Later investigations revealed complete obstruction of the right fallopian tube. Hyperthyroidism and diminished ovarian reserve were also diagnosed. IVF had been advised elsewhere but was considered to have a poor prognosis because of ovarian reserve and egg quality concerns.

She sought Ayurvedic management.

PATIENT INFORMATION

Age: 32 years
Marital duration: 7 years
Occupation: IT Profession

Known illness

- Hyperthyroidism

Past history

- Left ectopic pregnancy
- Left salpingectomy

Present diagnosis

- Secondary infertility
- Right tubal blockage

CLINICAL FINDINGS

Blood pressure: 110/70 mmHg
Weight: 60 kg

Menstrual cycle

- Regular
- Interval: 28 days
- Duration: 2–3 days

Obstetric score

P0 A1 L0

AYURVEDIC ASSESSMENT

Dosha : Vata-Kapha predominance

Dushya

- Rasa
- Rakta
- Artava

Srotas : Artavavaha Srotas
Srotodushti : Sanga
Agni : Mandagni
Ama : Present

TIMELINE OF TREATMENT

Time	Intervention
First visit	Deepana-Pachana, internal medicines
7 days	Snehapana
After Snehapana	Vamana Karma
Post Vamana	Sansarjana Krama
After menstruation	Uttar Basti Cycle 1
Following month	Uttar Basti Cycle 2
Third month	Uttar Basti Cycle 3
Follow-up	HSG showed patent right tube
Four months later	IUI performed
First IUI cycle	Pregnancy confirmed

Pregnancy	Ayurvedic antenatal care
Term	Healthy female baby delivered

Therapeutic Intervention
The treatment protocol consisted of:

Panchakarma
- Deepana–Pachana
- Snehapana
- Vamana Karma
- Sansarjana Krama
- Three cycles of Uttar Basti

Internal Medicines
- Arogyavardhini Vati
- Bhumi Amla Juice
- Chirbilwadi Vati
- Paripathadi Kwatha
- Pushpadhanwa Rasa
- Sanshamani Vati
- Ashoka preparations
- Avipattikara Churna
- Trikatu Churna
- Punarnava Churna
- Phala Sarpi
- Lakshmana Churna
- Putrajeevak Churna
- Leptaden tablets
- Laghu Malini Vasant
- Shatavari juice
- Bala Moola powder

Medicines were selected according to Ayurvedic principles of Deepana, Pachana, Rasayana, Vata-Kapha Shamana, and reproductive support.

FOLLOW-UP AND OUTCOMES

After completion of three Uttar Basti cycles, repeat HSG demonstrated patency of the right fallopian tube.

The patient was advised to attempt spontaneous conception for four months.

As conception did not occur, IUI was undertaken.
Pregnancy was confirmed during the first IUI cycle.

Ultrasonography demonstrated a single live intrauterine pregnancy at approximately seven weeks' gestation.

The patient continued Ayurvedic antenatal care throughout pregnancy and delivered a healthy female infant at term.

DISCUSSION

Tubal factor infertility (TFI) accounts for approximately 25–35% of female infertility worldwide and remains a significant challenge in reproductive medicine because tubal damage often compromises the transport of both gametes and embryos. Common etiological factors include pelvic inflammatory disease, endometriosis, previous pelvic surgery, genital tuberculosis, and ectopic pregnancy. Women with a history of unilateral salpingectomy and obstruction of the remaining fallopian tube have a markedly reduced likelihood of spontaneous conception, making assisted reproductive technologies (ART), particularly in vitro fertilization (IVF), the preferred treatment in many clinical settings.

The patient described in the present case had multiple adverse prognostic factors, including previous ectopic pregnancy requiring left salpingectomy, complete obstruction of the remaining fallopian tube, hyperthyroidism, and poor ovarian reserve. Thyroid dysfunction is known to adversely affect female reproductive physiology by altering hypothalamic–pituitary–ovarian function, impairing ovulation, reducing endometrial receptivity, and increasing the risk of infertility and pregnancy loss. Current clinical guidelines recommend optimization of thyroid function before conception to improve reproductive outcomes.Therefore, management of endocrine abnormalities formed an important component of the overall treatment strategy.

According to Ayurveda, successful conception depends upon the integrity of **Ritu**, **Kshetra**, **Ambu**, and **Beeja**. Disturbance of these factors results in **Vandhyatva** (infertility). Tubal obstruction may be correlated with **Artavavaha Srotodushti (Sanga)** caused predominantly by vitiated **Vata** and **Kapha Dosha**, associated with **Mandagni** and **Ama**, leading to obstruction of the reproductive channels and impaired movement of the ovum. Consequently, treatment aims at restoring digestive and metabolic balance, eliminating vitiated Doshas, removing Srotorodha (obstruction), and promoting normal reproductive physiology through Panchakarma and Rasayana therapies.

The present treatment protocol included **Deepana-Pachana**, **Snehapana**, **Vamana Karma**, **Sansarjana Krama**, and three cycles of **Uttar Basti**, followed by internal Ayurvedic medications. Deepana-Pachana are traditionally administered to improve Agni and facilitate the digestion of Ama before purification procedures. Vamana Karma is indicated primarily for Kapha-predominant disorders and is believed to eliminate accumulated Doshas, thereby improving systemic physiological balance. Uttar Basti is considered one of the principal Panchakarma procedures for gynecological disorders and has been described in classical Ayurvedic texts for conditions affecting the uterus and reproductive tract.

From a contemporary biomedical perspective, the exact mechanism by which Uttar Basti may influence tubal function has not yet been established. It has been hypothesized that intrauterine administration of medicated oil or ghee preparations may exert local anti-

inflammatory, antioxidant, immunomodulatory, or lubricating effects that could improve the reproductive environment. In addition, the procedure itself may facilitate passage of the medicated preparation through the uterine cavity and fallopian tubes, although robust experimental evidence supporting these mechanisms remains limited.Therefore, these proposed mechanisms should be regarded as theoretical and require validation through laboratory and clinical research.

Following completion of three cycles of Uttar Basti, repeat hysterosalpingography (HSG) demonstrated patency of the previously blocked right fallopian tube. Although this temporal association is noteworthy, it should be interpreted with caution. HSG is both a diagnostic and, in some instances, a therapeutic procedure, as tubal flushing during contrast injection has been associated with improved fertility in selected women with unexplained infertility or minor tubal obstruction.[13] Furthermore, spontaneous variation in tubal patency, technical differences in HSG interpretation, and transient tubal spasm may influence radiological findings. Consequently, it cannot be concluded that the observed improvement resulted exclusively from Ayurvedic treatment.

Following confirmation of tubal patency, the patient attempted spontaneous conception for several months but did not conceive naturally. Subsequently, Ayurvedic intrauterine insemination (IUI) was performed, resulting in pregnancy during the first treatment cycle. Therefore, successful conception in this patient was likely multifactorial and may have been influenced by restoration of tubal patency, optimization of thyroid function, supportive Ayurvedic therapy, IUI, and inherent biological variability. The contribution of each individual intervention cannot be determined from a single case report.

Although individual case reports provide valuable clinical observations and generate hypotheses for future research, they represent the lowest level of clinical evidence and cannot establish treatment efficacy or causality. Nevertheless, this case highlights the potential role of an integrative approach for carefully selected patients with complex tubal factor infertility who are unwilling or unsuitable for immediate IVF. Future well-designed prospective cohort studies and randomized controlled trials incorporating objective outcome measures such as HSG, laparoscopy, pregnancy rate, and live birth rate are required to determine the effectiveness, safety, and mechanism of Panchakarma procedures, particularly Uttar Basti, in the management of tubal factor infertility.

CONCLUSION

This case describes successful pregnancy in a woman with previous ectopic pregnancy, unilateral salpingectomy, contralateral tubal blockage, hyperthyroidism, and poor ovarian reserve following integrative Ayurvedic management and subsequent IUI.Repeat HSG demonstrated tubal patency after treatment, and pregnancy occurred during the first IUI cycle. Although encouraging, these findings should be interpreted cautiously because a single case report cannot establish efficacy or causality. Controlled clinical studies are required to determine the effectiveness and safety of Panchakarma and Uttar Basti in tubal factor infertility.

LEARNING POINTS

- Tubal factor infertility is a common cause of female infertility.
- Previous ectopic pregnancy and salpingectomy significantly reduce fertility potential.
- Ayurveda considers such conditions under *Artavavaha Srotodushti* with predominant *Vata-Kapha* involvement.
- Panchakarma and Uttar Basti may be considered as part of an integrative management approach in carefully selected patients.
- Objective evaluation such as HSG should be performed before and after treatment.
- Larger prospective studies are necessary before recommending these interventions routinely.

PATIENT PERSPECTIVE

The patient expressed satisfaction with the integrative treatment approach after previously being advised IVF. She reported good treatment tolerance and was pleased with the successful pregnancy and delivery of a healthy child.

Declaration of Patient Consent

Appropriate written informed consent should be obtained from the patient for publication of clinical details and radiological images. Efforts should be made to conceal patient identity.

Conflict of Interest

None.

Funding

None.

REFERENCES

1. World Health Organization. Infertility prevalence estimates, 1990–2021. Geneva: WHO, 2023.
2. Practice Committee of the American Society for Reproductive Medicine. Role of tubal surgery in the era of assisted reproductive technology. Fertil Steril, 2021; 115(5): 1143–50.
3. ESHRE Guideline Group. Recurrent implantation failure and infertility management. Hum Reprod Open, 2023; 2023(2): hoad023.
4. Sharma RK, Dash B. *Charaka Samhita*. Vol. II. Varanasi: Chowkhamba Sanskrit Series; Sutrasthana and Chikitsasthana sections on infertility.
5. Shastri AD. *Sushruta Samhita*. Varanasi: Chaukhambha Sanskrit Sansthan; Uttara Tantra, Yonivyapad Adhyaya.

6. Tiwari PV. *Ayurvediya Prasuti Tantra Evam Stri Roga*. Varanasi: Chaukhambha Orientalia, 2019.
7. Chaudhary A, Singh N. Ayurvedic management of female infertility: A review. J Ayurveda Integr Med., 2011; 2(3): 123–31.
8. Zegers-Hochschild F, Adamson GD, Dyer S, et al. The International Glossary on Infertility and Fertility Care, 2017. Hum Reprod, 2017; 32(9): 1786–801.
9. National Institute for Health and Care Excellence. Fertility problems: assessment and treatment (NG223). London: NICE, 2024.
10. Fritz MA, Speroff L. *Clinical Gynecologic Endocrinology and Infertility.* 9th ed. Philadelphia: Wolters Kluwer, 2020.