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An Integrated Ayurvedic Perspective on Secondary Female Infertility: A Case Report

Dr. Veena A. Patil[1] , Dr. Mohini Kishor Magar [2] , Dr. Ashwini S. Patil[3] ,

Dr. Anjali A. Harishchandre[4]

1 Professor and HOD , Prasutitantra Evum Striroga Department, Government Ayurvedic College, Dharashiv, Maharashtra ,India.

2 Post Graduate Scholar Department of Prasuti Tantra evum striroga, Government Ayurved College Dharashiv, Maharashtra India.

3 Assistant Professor , Prasutitantra Evum Striroga Department, Government Ayurvedic College, Dharashiv, Maharashtra ,India.

4 Post Graduate Scholar Department of Prasuti Tantra evum striroga, Government Ayurved College Dharashiv, Maharashtra India.

Abstract

Secondary female subfertility poses a significant challenge in reproductive health, often requiring a multidisciplinary approach for effective management. This case study highlights the successful conception and pregnancy of a 32-year-old woman (Gravida 4, Para 1, Abortions 3, Living 0,Death 1) with a history of pregnancy induced hypertension (PIH) and a subseptate uterus. The patient underwent an integrated treatment regimen comprising *Ayurvedic* oral medications, one cycle of *Uttarbasti* and *Yogabasti*, and timely modern medical support, including preventive measures for PIH. Antenatal care (ANC) was managed through a combination of *Ayurvedic* and modern medical practices, ensuring optimal maternal and fetal outcomes. Due to the patient's obstetric history, an elective lower segment cesarean section (LSCS) was performed to prevent complications, resulting in a healthy delivery. This case underscores the efficacy of an integrated approach in managing secondary subfertility and maintaining a safe pregnancy.

Keywords

Secondary female subfertility, Ayurveda, *Uttarbasti*, *Yogabasti*, Pregnancy-induced hypertension (PIH), Subseptate uterus, *Panchakarma*, Integrated medicine, Antenatal care (ANC), Holistic reproductive health, Elective LSCS

Introduction

Secondary female subfertility, defined as the inability to conceive after a previous successful pregnancy, affects a significant proportion of women of reproductive age. Its causes include anatomical abnormalities like uterine

septa, hormonal imbalances, and complications from prior pregnancies, such as pregnancy-induced hypertension (PIH). From an *Ayurvedic* perspective, secondary subfertility is often linked to *Dosha* imbalances, particularly *Vata*, and impaired functioning of *Shukra Dhatu* and *Artava* (reproductive tissues).

This case study describes the management of a 32-year-old woman with a history of PIH, recurrent miscarriages, and a subseptate uterus. The patient successfully conceived after undergoing *Ayurvedic* treatments, including oral medications, *Uttarbasti* (intrauterine oil instillation), and *Yogabasti* (therapeutic enema for Vata balance). *Panchakarma* therapies, particularly *Uttarbasti*, are traditionally indicated for improving uterine health and tubal patency, while *Yogabasti* enhances overall reproductive health.

The pregnancy was managed with an integrated approach, incorporating modern medical interventions, such as preventive treatments for PIH, and continuous monitoring to ensure maternal and fetal safety. Given the patient's history of fetal demise associated with PIH, a proactive decision was made to perform an elective lower segment cesarean section (LSCS) to ensure a favorable outcome. This case highlights the synergy between Ayurveda and modern medicine in addressing complex reproductive health challenges and achieving successful pregnancy outcomes.

Methodology Case Presentation

A 32-year-old female (Gravida 4, Para 1, Abortions 3, Living 0, Death 1) presented with secondary subfertility, a history of pregnancy-induced hypertension (PIH), and a

subseptate uterus. The patient reported difficulty in conceiving for the past 4 years after her last pregnancy, which ended in a stillbirth due to complications of uncontrolled PIH. She exhibited symptoms of irregular menstrual cycles and generalized fatigue.

Diagnosis

Modern Evaluation:

The patient underwent a diagnostic hysteroscopy, revealing a subseptate uterus. Hormonal profiling was within normal limits.

Ayurvedic Diagnosis:

Imbalances in *Vata* and Pitta *Doshas* were identified, contributing to poor reproductive health and uterine dysfunction.

SAMPRAPTI GHATAK:

1]Nidan:

A]Aharaj*-Rukhsh,laghu,ushna,tikshna ahar*

B]Viharaj: *Atichankraman,Aatapsevan*

C]Manas*:Krodh,Shok*

2]Samprapti:

Nidana sevana

↓

Vata Kapha pradhana tridosha dusti

↓

Agni dushti and kshetra dushti

↓ ↓

Rasadhatvagni dushti ***strotosang***

↓ ↓

Artava kshaya ***Strotorodh***

Vandhyatva

Hetu: , avyayam, ruksha ahar vihar, abhishyandi ahar vihar.

Dosha: kapha, vata.

Dushya: Rasa, meda.

Strotasa: Rasavaha, medovaha, artav vaha strotasa.

Strotodushti: Strotosang, vimargamana.

Ayurvedic nidan: vandhyatva.

Pratyatma lakshanas:subinfertility, atarvkshaya, sthaulya.

Treatment

Preconceptional Treatment:

Pre-Treatment Details

Initial *Ayurvedic* Treatment Plan (Started on 21/12/2023):

Oral medicine –

- *Dashmulkatutraykashay vati 250mg bd*
- *Avipattikar churnam 6gm HS*

Treatment Protocol Ayurvedic intervention

1. Oral Medications:

Oral Medications: Management from 21/12/2023 to 21/03/2024

1 *Chandraprabha Vati* 250mg BD with warm water before meal

2 *Shatavari Churna* 5 gm with warm water after meal

3 *Ashwagandha Churna* 5 gm with warm water after meal

4 *Phal Ghrita* 20 ml *Rasayankale*

5 *Mahamanjishthadi Kwath* 20 ml BD with warm water after meal

Medicine	Quantity	Time	Duration
1)Mahamanjishthadi kashaya	10ml BID	After Meal	For 3 months
2) Phalghrit	10ml BID	*Rasayankale* (morning before meal)	For 3 months
3)Chandraprabha Vati	250mg BD	Before meal	For 3 months
4) Shatavari Churna	5 gm	After meal	For 3 months
5) Ashwagandha Churn	5gm	After Meal	For 3 months

3 ***Panchakarma*** **Procedures:**

1]First cycle of ***Yogabasti*** [(1)](Therapeutic Enema): to balance *Vata Dosha* and enhance systemic health.

- *Niruh Basti* with *Erandmuladi Kashayam (*550ml) + Shatpushpa churna 5gm
- *Anuvasan Basti w*ith *Narayana Tail* 60 ml

Duration 8 days cycle completed from

2] ***Uttarbasti*** [(2)](Intrauterine Oil Instillation)- with Phalghrit 5ml

3] ***Followed by insertion of Yonipichu*** [(4)]***with phalghrit***

After *shodhan* of women, *uttar bast*i should be given during *ritukala* (follicular phase or just after menses) as orifices of uterus remain open in this period. Acharaya Charaka told *rutukala* is the most suitable time for the administration of *uttar basti.*

Follow up and outcome –

Diagnostic evaluation-

UPT (08/02/2024) - POSITIVE

1. 09/02/2024: First Ultrasound (USG) done.

Impression:

Single live intrauterine gestation of approximately 7 weeks and 2 days (+/- 2 weeks) of gestational age with adequate liquor amnii + Large subchoronic haemorrhage noted measuring 4.7x2.8 mm inferior to gestational sac

2.13/02/2024 : Early USG

Impression: Early single live intrauterine pregnancy of average maturity 7 weeks 6 days with large peri-G sac hematoma

3.29/02/2024: Regular antenatal care continued, including follow-up USG.

Interpretation

➤ SINGLE LIVE INTRA-UTERINE GESTATAION WHOSE SIZE BY ULTRASOUND IS10 WK

➤ MODERATE SUBCHORIONIC COLLECTION NOTED (APPROX. 20.CG)

4. 13/03/2024: USG performed—findings documented.

Impression

A single, live, intrauterine pregnancy of average sonographic gestational age about 12 weeks & 2 days (+/-7 days).

MINIMAL SUBCHORIONIC COLLECTION NOTED.

5. 27/04/2024: Follow-up USG. Anamoly Scan IMPRESSION

SINGLE LIVE INTRAUTERINE FOETUS OF 19 weeks 2 days NO FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.

6. **17/06/2024: USG follow-up with detailed analysis.**

IMPRESSION:-

GRAVID UTERUS WITH SINGLE LIVE INTRAUTERINE

PREGNANCY OF 26 weeks 2 days +/- 2 WK

7. **25/08/2024: Final USG before delivery.**

IMPRESSSION:

Single loop of umbilical cord noted around foetal neck.

SINGLE LIVE INTRA-UTERINE PREGNANCY OF 36 WKS 01 DAYS WITH VERTEX PRESENTATION.

Trimester wise treatment

1) **FIRST Trimester**

Ayurvedic Treatment-

1. Madhumalini vasant vati 250mg bid

2.Masanumasik vati 250 mg bid

Allopathic Treatment-

Tab. folic acid 5mg od

Tab. Ecosprin 150 mg OD [5]

Inj. Maintain 500mg IM (ONCE A WEEK) upto 12 wk [6]

2) **SECOND Trimester**

Ayurvedic Treatment-

1. Laghumalini vasant vati 250mg bid

2.Masanumasik vati 250 mg bid

3. Garbhapaal ras vati 125 mg bid

4. Phalghrit 10 ml morning before meal

Allopathic Treatment-

Inj Maintain 500mg IM (ONCE A WEEK) upto 16 wk

1.Tab. argihope 1 OD

2.FERROUS SULPHATE WITH FOLLIC ACID 1OD

3.Tab Calcium forte 1OD

4.syp Iogen 2tsp 1OD

5.Tab ecosprin 150mg 1OD

3) THIRD Trimester

Ayurvedic Treatment-

1.Masanumasik vati 250 mg bid

2. Garbhapaal ras vati 125 mg bid

3. Phalghrit 10 ml morning before meal

Allopathic Treatment

1.Tab. FERROUS SULPHATE WITH FOLLIC ACID 1OD

2.Tab. Calcium forte 1OD

3.Tab. ecosprin 150mg 1OD

Delivery Details:

Type of Delivery: Elective LSCS

Date: 31/08/2024 Time: 9:41 AM

Outcome: Female child delivered, birth weight: 2.7 kg

Procedure well-tolerated; mother and baby in good condition.

MODE OF ACTION OF MEDICINE

1. *Erandmuladi kashaya Basti* have *vatahara* activity and along with *shatpushpa*. *Basti* works on whole body after entering into *pakvashaya* or *guda. Guda* is said as *sharira mul*a having *shiras* and *dhamanis*, which spreads all over the body[3]. It exerts local as well as systemic effect. *Basti dravyas* normalize *apana vata* making it to function normal. It also enhances the function of *purisha*. One of the function of *purisha is 'Anila Anala Dharana',* thus *basti* leads to correction of agni dushti. At the end, *Basti* normalize the function of *apana vata*

leading to normal *raja pravritti* and normal *beeja nirmana*. Here, *shatapushpa* was used for the basti and the gunas of *shatapushpa* are *balya*, deepan, pachan, *yonivishodhana*, *artavajanana* and *beejotsarga*[4 . *Shatpushpa* have special property of *yonishukravishodhan* activity.

2. *Narayan tail basti: Narayana Taila* with its *katu*, *tikta rasa, laghu, ruksha guna, ushna veerya and katu vipaka* and *vata kaphashamaka doshaghnata* ultimately leads to *karmas* such as *deepana*, *pachana*, *vilayana*, *anulomana*, and *srotoshodhana* resulting *amapachana* and *vatakaphashamana*, which may removes *sanga* and *avarana* leading to proper function of *vayu* regulating *beejagranthi karma* resulting in *beejotsarga* (ovulation).The drugs of *narayana taila* have *prajasthapana*, *rasayana*, *balya*, *brimhaniya* properties, which may correct the function HPO axis subsequently resulting in proper functioning of the *beejagranthi*. The drugs of *narayana taila* possess anti-oxidant, adaptogenic, immune- modulatory properties, which may help in relieving stress, age-decline.(causes of anovulation).

3. *Phalghrit*: *Uttarabasti* of *phalaghrita* is definitely an effective one in the treatment of infertility[10]. It has also a significant effect on other localize complaints like menstrual disorder, lower abdominal pain, tenderness and dyspareunia.

4. Infertility is one the major health problems today due to increased stress level in modern society. Today, approximately 60–80 million couples are suffering from infertility problems worldwide . Negative life events and stressful life increase infertility in women . *Shatavari* is beneficial in female infertility by enhancing folliculogenesis and ovulation, preparing womb for conception and preventing abortions . *Shatavari* is useful in case of threatened abortions due to its steroidal property

5. Hormonal Balance and Folliculogenesis

One of the primary ways *Ashwagandha* aids female fertility is by promoting hormonal balance. Studies have shown that *Ashwagandha* can improve the levels of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), which are crucial for folliculogenesis—the maturation of ovarian follicles necessary for ovulation1 2. In a clinical study comparing *Ashwagandha Kshirpaka* to Clomiphene citrate, a standard treatment for anovulation, *Ashwagandha* was found to be effective in enhancing follicle size and endometrial thickness, which are critical parameters for successful conception .Antioxidant Properties and Oxidative Stress Reduction

6. *Ashwagandha's* antioxidant properties play a significant role in mitigating oxidative stress, which is a known factor in infertility. Oxidative stress can damage ovarian and uterine tissues, leading to reproductive issues. Research involving rats demonstrated that *Ashwagandha*, along with Matcha tea, significantly reduced oxidative damage in utero-ovarian tissues, thereby improving reproductive health4. The bioactive compounds in *Ashwagandha*, such as flavonoids and polyphenols, contribute to its strong antioxidant activity, protecting cells from oxidative injury and enhancing fertility.

7. Iron Chelation and Hormonal Regulation

8. *Ashwagandha's* ability to chelate iron and reduce iron-induced oxidative stress is another mechanism through which it enhances fertility. Excessive iron accumulation can disrupt the hypothalamic-pituitary-gonadal axis, leading to hormonal imbalances and infertility. *Ashwagandha's* ironchelating properties help restore hormonal balance and improve ovarian function, thereby enhancing fertility in women

9. Hormonal balance: *Chandraprabha Vati* may help regulate hormonal imbalances, which can contribute to infertility. Menstrual cycle regulation: It's believed to help normalize menstrual cycles, improving ovulation and fertility. Reproductive health: The herbs in *Chandraprabha Vati*, such as *Amla* and *Haritaki*, are thought to nourish and support the reproductive system.

10). *Basti* in Infertility- When the channels of the body are cleaned by *niruha basti* it provides complexion and strength. *Anuvasana Basti* destroys roughness, lightness and coldness of *vata. Basti* provides clarity of mind, energy, and strength to the body. All the dhatus gets nourished by *basti* enhancing the body's *dhatvagni* to

maintain *dhatusamya* (homeostasis) and increase the immunity of the body towards the invasion of the disease. As *vata dosha* is the cause for female infertility and *basti* is the best *panchakarma* for *vatavyadhi*. *Gudabasti* plays an important role in management of female *infertility*.Here we had given 1cycle of *yogbasti*

Modern Medical Interventions:

1. Preventive measures for PIH, including antihypertensive medications and low-dose aspirin, were initiated at conception.
2. Regular monitoring of blood pressure, fetal growth scans, and Doppler studies ensured early detection of complications.

Discussion

This case demonstrates the successful integration of *Ayurvedic* and modern medical approaches in the management of secondary female subfertility complicated by a subseptate uterus and a history of PIH.

Dietary Changes: A *Vata*-Pacifying diet rich in ghee, milk, and warm foods was recommended.

Daily practice of specific asanas (e.g., Baddha Konasana, Viparita Karani) and mindfulness meditation was encouraged to reduce stress.

Role of Ayurveda:

The combination of *Uttarbasti* and *Yogabasti* addressed uterine health and systemic *Vata* imbalances. Herbal medications like *Shatavari* and *Ashwagandha* supported hormonal balance and improved overall reproductive health. *Panchakarma* therapies are known to improve uterine receptivity and endometrial health, key factors in conception.

Outcome:

The patient successfully conceived within three months of completing the *Ayurvedic* regimen. The pregnancy was uneventful with the support of integrated antenatal care. An elective lower segment cesarean section (LSCS) was performed at 38 weeks to ensure maternal and fetal safety.

This case highlights the importance of an integrated approach, utilizing *Ayurvedic* therapies to address root causes and modern medicine for timely interventions and monitoring. Future research on similar cases can provide a robust framework for integrating traditional and contemporary practices in managing subfertility and high-risk pregnancies. **Conclusion**

The successful management of secondary female subfertility in this case demonstrates the efficacy of an integrated approach combining *Ayurvedic* therapies and modern medical interventions. *Ayurvedic* treatments, including oral medications, *Uttarbasti*, and *Yogabasti*, effectively addressed underlying uterine and systemic imbalances, while modern medicine provided critical preventive and supportive care for PIH and pregnancy monitoring.

The patients history of complications, including a subseptate uterus and PIH, was managed holistically, resulting in a successful conception and safe delivery via elective LSCS. This case underscores the potential of integrative medicine in addressing complex reproductive health challenges and ensuring favorable maternal and fetal

outcomes. Further research and case studies are warranted to establish protocols for integrating *Ayurvedic* and modern practices in managing subfertility and high-risk pregnancies.

INFORMED CONSENT

Informed consent was obtained from the patient for their treatment and for reporting this case.

Patient Consent Declaration

The authors confirm that they have received all necessary consent forms from the patient. In these forms, the patient has agreed to allow their Images and clinical information to be published in the journal. The patient understands that their name and initials will not be shared, and efforts will be made to protect their identity, although complete anonymity cannot be guaranteed.

Conflicts of Interest

There are no conflicts of interest.

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