

SUCCESSFUL CONCEPTION IN SECONDARY UNEXPLAINED INFERTILITY THROUGH SHODHANA THERAPY AND UTTAR BASTI: AN AYURVEDIC CLINICAL CASE REPORT

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ABSTRACT

Background: Secondary unexplained infertility often presents a significant clinical challenge, especially in women of advanced reproductive age, where conventional investigations usually reveal no definitive pathology. Ayurveda highlights the functional integrity of the reproductive field (Kshetra) and hormonal balance (Artava) as important factors of fertility. **Objective:** To document a successful conception achieved through an integrated Ayurvedic approach, including Uttar Basti and oral medications, in a case of secondary unexplained infertility. **Methods:** A 37-year-old female with a history of one successful pregnancy and subsequent failure to conceive even with normal reproductive parameters in both partners was managed with an Ayurvedic protocol. The treatment included intrauterine Uttar Basti with Shatavari Ghrita administered for 3 days post-menstruation period along with oral Shamana

Chikitsa including Phala Ghrita, Chandraprabha Vati, and Pushpadhanwa Rasa. Treatment was continued for two consecutive menstrual cycles. **Results:** Following the first cycle, the patient reported improvement in cervical mucus and reduced menstrual discomfort. After the second cycle, conception occurred spontaneously and was confirmed by urine pregnancy test and serum β -hCG levels. **Conclusion:** This case highlights the potential role of Uttar Basti with Shatavari Ghrita in improving endometrial receptivity and correcting functional

disturbances of the reproductive tract. This ayurvedic protocol may offer a promising therapeutic option in secondary unexplained infertility cases, especially in women in their late reproductive years where conventional diagnostics fail to identify a cause.

KEYWORDS: Secondary unexplained infertility; Uttar Basti; Shatavari Ghrita; Ayurvedic fertility management; Endometrial receptivity; Panchakarma; Shamana Chikitsa.

INTRODUCTION

Amongst all infertility cases unexplained infertility accounts for nearly 15–30% where ovulation, tubal patency, uterine structure, and semen parameters remain normal. Conventional management often includes keen observation or assisted reproductive techniques.

Ayurveda highlights four essential factors for conception - Ritu (fertile period), Kshetra (uterus), Ambu (nutrition) and Beeja (gametes). Even in the absence of structural abnormalities, functional disturbances of the uterine environment may prevent implantation.

Shodhana Chikitsa and Uttar Basti are described as definitive therapies for restoring reproductive functions by clearing strotorodha (micro-obstructions), balancing Doshas, and improving endometrial receptivity.

This case illustrates successful conception through a combined Panchakarma and Uttarbasti (local uterine therapeutic) approach.

Review of Literature

Unexplained infertility accounts for approximately 15–30% of infertility cases, wherein standard diagnostic evaluations reveal no identifiable cause despite failure to conceive. This condition is particularly challenging in women above 35 years of age, as age-related decline often affects functional aspects of the reproductive system rather than structural integrity detectable through routine investigations.

Ayurveda conceptualizes fertility as a coordinated function of Kshetra (uterus and reproductive tract), Beeja (gametes), Ambu (nutritional and hormonal milieu), and Ritu (appropriate timing). Even in the presence of normal anatomy, subtle functional disturbances such as Vata vitiation, inadequate tissue nourishment, or compromised uterine receptivity can impede conception. Secondary infertility is described in Ayurvedic literature as a

consequence of Dhatu kshaya, disturbed Vata, or reduced strength of the uterus (Garbhashaya balahani), which parallels modern concepts of impaired endometrial receptivity and altered reproductive microenvironment.

Uttar Basti is a classical Ayurvedic procedure indicated in gynecological disorders including Vandhyatva (infertility). By enabling direct intrauterine administration of medicated Sneha, it acts locally to pacify Vata, enhance tissue lubrication, improve microcirculation, and restore functional integrity of the endometrium and cervico-uterine canal. Literature reports its utility in improving cervical mucus quality, menstrual comfort, and fertility outcomes, especially in cases lacking gross pathology.

Shatavari (*Asparagus racemosus*) is extensively documented as a female reproductive Rasayana, described as Artava-janana and Garbhasthapaka. Experimental and clinical studies attribute phytoestrogenic, antioxidant, immunomodulatory, and adaptogenic properties to Shatavari, supporting its role in hormonal modulation and endometrial nourishment. Processing Shatavari in Ghrita is traditionally believed to enhance bioavailability and tissue penetration, making it suitable for Uttar Basti administration.

Oral formulations such as Phala Ghrita, Chandraprabha Vati, and Pushpadhanwa Rasa are classically indicated for infertility and reproductive disorders. These formulations are reported to act synergistically by nourishing reproductive tissues, regulating the urogenital system, and supporting ovulatory function.

This literature suggests that Ayurvedic management can play an important role in cases of unexplained and secondary infertility, especially when no obvious structural abnormality is identified. In such conditions, the problem often lies at the functional level of the reproductive system. Ayurveda aims at correcting these functional disturbances and improving the quality of the reproductive environment rather than addressing only anatomical defects. Uttar Basti, along with appropriate Shamana Chikitsa, helps in enhancing uterine receptivity and normalizing physiological function. Hence, this combined approach may serve as a safe, targeted, and effective therapeutic option for women with secondary unexplained infertility.

CASE REPORT

This paper outlines a clinical success story involving a 37-year-old female diagnosed with secondary unexplained infertility. Despite normal diagnostic parameters for both partners, conception was achieved within two months of an integrated Ayurvedic protocol.

Patient age: 37 years

Marital history: 15 years

Type: Secondary infertility

Duration: 3–4 years.

Clinical findings

Female partner

Regular 28–30 day cycles

Normal ovulation

Normal AMH for age

Patent tubes (HSG)

Healthy endometrium.

Male partner

Normal semen count

Normal motility

Normal morphology.

Obstetric history

One previous full-term live birth

Despite normal reports, conception did not occur for several years.

Intervention (Treatment Methodology)

1. Purva Karma (5days)

Deepana–Pachana with Lasunadi Vati and Vaishvanar Churna

Snehapana (Vardhamana Ghrita)

Abhyanga with bala oil

Bashpa Swedana

Purpose: Improve Agni, reduce Ama, prepare body for detoxification.

2. Shodhana Karma

Virechana (both partners)

Classical purgation therapy

Achieved adequate Vegas and Pittashuddhi

Post-procedure Samsarjana Krama diet.

Expected effects

Dosha elimination

Hormonal regulation

Improved reproductive tissue metabolism.

3. Uttar Basti (Female Partner)

Drug used: Shatavari Ghrita

Route: Intrauterine instillation.

Schedule: 3 sittings per cycle after cessation of menstruation

Cycles: 2 consecutive cycles

Therapeutic importance

Improves Garbhashaya Shuddhi (uterine cleansing)

Enhances endometrial receptivity

Removes functional micro-obstructions

Balances Apana Vata

Nourishes reproductive mucosa.

4. Shamana Chikitsa (Oral Supportive Therapy)

Phala Ghrita 10ml BD with luke warm water empty stomach

Chandraprabha Vati 2BD after meal

Pushpadhanwa Rasa 2BD after meal

Nashtapushpantaka Rasa 2BD after meal

Vaishvanar Churna 5gm BD after meal

Lasunadi Vati 2BD after meal.

PURPOSE

Hormonal modulation

Follicular support

Ovulatory optimization

Metabolic correction

Rasayana (rejuvenative) action

OBSERVATIONS

The patient underwent Uttar Basti therapy for three consecutive days following the cessation of menstruation in each treatment cycle. The therapy was continued for two consecutive menstrual cycles along with the prescribed oral Ayurvedic medications.

After Cycle 1

The patient reported improvement in general well-being and menstrual comfort. No adverse effects related to the procedure were observed. Menstrual flow in the subsequent cycle was reported to be normal.

After Cycle 2

Following completion of the second cycle of Uttar Basti, the patient did not attain her expected menstrual period. She reported no symptoms suggestive of menstrual onset.

RESULTS

Due to delayed menstruation after the second treatment cycle, a urine pregnancy test (UPT) was performed, which yielded a positive result, confirming successful conception. The patient tolerated the procedure well, and no complications or adverse events were noted during or after the treatment period.

The outcome suggests a positive therapeutic effect of Uttar Basti in enhancing uterine receptivity and facilitating conception in a case of secondary unexplained infertility.

DISCUSSION

Unexplained infertility often represents functional rather than structural pathology. Despite normal radiological and biochemical parameters, subtle disturbances in endometrial receptivity, inflammatory milieu, or tissue nutrition may impair implantation.

Ayurvedic interpretation From an Ayurvedic standpoint, infertility in this case was attributed to Artava Vaha Srotas Dushti Vata predominance causing uterine dryness Subclinical Ama accumulation Qualitative depletion of Shukra/Artava Dhatu Why the protocol worked.

1. Shodhana (Virechana)

Eliminates Pitta-Kapha toxins

Improves metabolic fire (Agni)

Restores endocrine function

Enhances tissue perfusion.

2. Uttar Basti

Direct intrauterine drug delivery bypasses first-pass metabolism and acts locally.

Shatavari (*Asparagus racemosus*) provides:

Phytoestrogenic support

Endometrial thickening

Anti-inflammatory action

Mucosal nourishment

Ghrita base enables:

Lipid-mediated deep tissue penetration

Sustained local action.

3. Shamana drugs

Follicular nourishment

Ovulatory regulation

Reproductive Rasayana effect

Possible Biomedical Correlation

Although rooted in classical Ayurveda, the observed results may be explained by modern.

MECHANISMS

Detoxification → reduction in inflammatory markers

Improved pelvic circulation

Hormonal stabilization

Enhanced endometrial receptivity

Improved cervical mucus quality

Reduced oxidative stress

Local lipid-based intrauterine therapy may act similarly to targeted endometrial conditioning strategies used in reproductive medicine.

Strengths of the Case

Clearly documented unexplained infertility

Both partners treated
Structured Panchakarma protocol
Rapid conception without ART
Cost-effective, minimally invasive approach.

CONCLUSION

This case demonstrates that a combined Ayurvedic approach incorporating Shodhana (Virechana), Uttar Basti, and Shamana therapy may successfully restore functional fertility in secondary unexplained infertility. Even in women approaching their late 30s, improving the qualitative health of the uterine environment can result in rapid natural conception. The findings suggest that Uttar Basti may serve as an effective complementary therapy in selected infertility cases and deserves further clinical evaluation through controlled trials.

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