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AYURVEDIC MANAGEMENT OF SAPRAJA VANDHYATWA W.S.R TO SECONDARY INFERTILITY: A CASE REPORT

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ABSTRACT

Secondary infertility is a significant reproductive health concern affecting several women of reproductive age. In Ayurveda, *Vandhyatva* (infertility) refers to the condition in which a woman does not conceive and *Sapraja Vandhyatwa* is the condition correlated with secondary infertility where woman having one or more child fails to conceive subsequently. There are various casuses that includes Pelvic inflammatory disease (PID) and chronic cervical erosion. These conditions alter the cervical intrinsic environment thereby impairing sperm transport. A 28-year-old female_with OH P2L2A1D0 presented with inability to conceive for nine months, also complains of scanty menstruation and white vaginal discharge. Clinical examination and related investigations revealed PID with cervical erosion. The symptoms of PID and cervical erosion are correlated with the lakshanas of *Paripluta Yonivyapada* as mentioned in Ayurvedic literature. This case report evaluates the efficacy of Ayurvedic treatment modality that includes shodhana and shamana chikitsa that shows a systemic benefit. Shodhana expels the vitiated doshas which are in bahudoshaawastha and thereby facilitates the action of shamanaaushadhi which is given after shodhana. Apart from this, the complimentary sthanika chikitsa adopted in this case proved in treating the local vitiated doshas thereby curing the disease and providing the exact result as required. After completion of treatment, the patient showed improvement in increasing the

amount of menstrual flow. She was also relieved of white discharge subsequent to the healing of cervical erosion. Natural conception was achieved in the following month. This case highlights the potential role of Ayurvedic therapies in restoring reproductive health and improving fertility outcomes in secondary infertility.

KEYWORDS: Secondary Infertility, *SaprajaVandhyatwa*, Pelvic Inflammatory Disease (PID), Cervical Erosion, *PariplutaYonivyapada*, Sthanika Chikitsa.

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.[1] Ayurvedic texts provide a detailed description of Vandhyatva (infertility) and Acharya Charaka classified vandhyatwa into 3 categories namelyApraja (woman who has never conceived), Sapraja (who has one or more child but currently unable to conceive) and Vandhyatva (absolute sterility). Among these, SaprajaVandhyatva refers to a condition in which a woman, despite having conceived and delivered a live child previously, subsequently becomes unable to conceive again, corresponding to the modern concept of secondary infertility. In India, the overall pooled prevalence of female infertility has been estimated at approximately 8%, with primary infertility accounting for about 5% and secondary infertility for approximately 2%.[2]

Female infertility is multifactorial, involving ovulatory, tubal, uterine, cervical, age-related factors. Among the contributing factors, pelvic inflammatory disease (PID) plays a significant role. Pelvic inflammatory disease is an ascending infection and inflammation of the female upper genital tract, potentially involving the endometrium, fallopian tubes, ovaries, and adjacent pelvic structures. Globally and nationally, PID (an infection of the upper reproductive tract) is estimated to account for roughly 10% to 15% of female factor infertility cases due to tubal scarring, adhesions, and tubal factor infertility. Persistent or recurrent genital tract infections may be associated with chronic cervicitis and cervical epithelial changes, including cervical ectropion, commonly referred to as cervical erosion. Cervical inflammation may contribute to altered cervical secretions and local tissue changes. Furthermore, PID can cause tubal inflammation, fibrosis, and adhesions, leading to impaired tubal patency and function. These pathological changes may interfere with sperm transport, fertilization, and embryo implantation, thereby contributing to secondary infertility. The clinical features of PID closely resemble Paripluta Yonivyapad as described in Ayurvedic texts.Acharya Charaka also explained that vandhyatwa is the result of complications of

yonivyapad due to Dosha vitiation, Agni impairment, Ama formation, and Srotodushti.[3] These factors leads to kshetradushti that refers to as the unhealthy reproductive tract which do not facilitates conception. Acharya Bhela has mentioned that a women will remain infertile due to Vata vitiation and also due to Yoni Dosha.[4]

This case report presents an Ayurvedic approach to manage secondary infertility associated with chronic systemic and pelvic inflammation, highlighting the application of Shodhana (purificatory), Shamana (palliative), and Sthanika Chikitsa (local therapies) to address the underlying pathology, promote tissue healing, and support the restoration of reproductive function.

METHODS

A 28-year-old homemaker presented to the Prasuti Tantra Evum StriRoga Outpatient Department of Sri Kalabyraveshwara Swamy Ayurvedic Hospital, Bengaluru**,** in November 2025**,** who was anxious to conceive since a year**.** She also reported scanty menstrual bleeding for the past one year and per-vaginal white discharge for one month**.** A detailed clinical evaluation was performed, along with the necessary investigations, to assess the underlying cause and establish the diagnosis.

CASE REPORT

Pradhana Vedana (Chief Complaint)

A 28-year-old female with OH - P2L2A1D0 was anxious to concieve since 9 months and complains of scanty menstrual flow since a year along with per vaginal white discharge since a month.

AdhyatanaVyadhiVruttanta (History of Present Illness)

A 28-year-old female with a marital history of 7 years presented with inability to conceive for the past 9 months, associated with scanty menstrual flow since a year and per-vaginal white discharge for 1 month. She had conceived for the first time 1 year after her marriage and subsequently conceived for the second time 1 year after the delivery of her first child. Following the delivery of her second child, a Cu-T was inserted for the purpose of contraception, which was removed 1 year prior to her presenting to this hospital as she was willing to conceive. Despite removal of contraceptive device, she had been unable to achieve conception, prompting her to seek further evaluation and management.

Purva vyadhivruttanta (History of past illness)

Hypothyrodism since 3 months (on medication thyronorm 50mcg OD)

Rajo vruttantha (Menstrual History)

Age of menarche: 14yrs Previous Cycles: Regular Interval: 28-30 days

Duration: 4-5 days

Amount of bleeding: Moderate flow previously No. of pads/day:2 pads/day

Intermenstrual symptoms: nil

Past one year: scanty menstrual flow Duration: 2-3days

Clots: (-), Dysmenorrhea: (+) on first day of the cycle LMP: 3/10/2025

Marital History

Married life: 7 yrs

Non-consanguineous marriage

Sexual History Dyspareunia: Deep (+) Post coital bleeding: Nil

Coital frequency: Approximately two per week.

Contraceptive History

Used Cu – T contraceptive methods for spacing after second child for 2 years. Removed a year back.

Prasara Vruttanta (Obstetric History)

P2L2A1D0

P1L1 - A male baby through FTND, 6 Years back P2L2 – A female baby through FTND, 5 Years back **Surgical History -** No history of previous surgical procedures.

Personal History Bowel: regular Appetite: good

Micturition: Regular (5 - 6 times /day) Sleep: sound

Diet: Mixed

Clinical Findings

General examination

Built: Moderately built

Nutritional status: Moderately nourished Height: 155 cm

Weight: 60 kg

BMI: 25 kg/m^2

Systemic Examination: No abnormality detected.

Gynecological examination

Inspection: External genitalia appeared normal.



Per Speculum Examination (P/S)

On per speculum examination, it was found that lower lip of the cervix was eroded and a bright red inflamed cervix was seen along with white discharge. Bleed to touch was absent during speculum examination.

Per Vaginal Examination (P/V)

Cervix was posterior in position with a multiparous OS. No cervical motion tenderness was present. The uterus was anteverted, and fornices were free and non-tender.

Ayurvedic Assessment

Ashtavidha Pariksha

Nadi – 78/min Mala – Once/day

Mutra – 5-6 times/day Shabda - Prakruta Sparsha - Prakruta Jihwa – Aliptha

Drik – Prakruta Aakruti - Prakruta

Dashavidha Pariksha

Prakruti – Vata–pitta predominant Satmya - Madhyama

Vikruti - Vata-pitta pradhanaTridoshaja Satva – Madhyama

Sara – Madhyama

Ahara shakti – Madhyama Samhanana – Madhyama Vyayama Shakti –Madhyama Pramana -

Madhyama

Vaya – Madhyam Awastha **Investigations (Pre treatment):** Ultrasonography

Uterus measures 7.1×3.1×3.8cm

Normal in size

Rt ovary - 3× 2.8cm Lt ovary - 2.8×2.6cms

POD - Minimal free fluid seen



HARISH
Clinical Laboratory
DIAGNOSTIC CENTRE

- ECG
- 2D ECHO
- LABORATORY
- DIGITAL X-RAY
- COLOUR DOPPLER
- ULTRASOUND SCANNING

Name : [redacted]
Age :
Sex : Female

Reg. No : A10160
Date : 03-06-25
Ref.By : Dr.ABDUL HASEEB.M

RADIOLOGY

ABDOMINO PELVIC ULTRASONOGRAPHY REPORT

LIVER : NORMAL IN SIZE AND ECHOTEXTURE.NO FOCAL/DIFFUSE LESIONS.
NO INTRA/EXTRA HEPATIC BILIARY DUCT DILATATION.
P.V. :NORMAL. CBD :NORMAL.
GALL BLADDER : NO INTRALUMINAL CALCULI. NO PERICHOLECYSTIC OEDEMA.
PANCREAS : NORMAL IN SIZE AND ECHOTEXTURE.
SPLEEN :3.3cms NORMAL IN SIZE AND ECHOTEXTURE.

KIDNEYS	Bipolar Length	A.P	Parenchymal Thickness
RIGHT KIDNEY :	9.3cms.	3.0cms.	1.5cms.
LEFT KIDNEY :	10.3cms	4.8cms	1.5cms.

BOTH KIDNEYS ARE NORMAL IN SIZE,SHAPE,POSITION AND ECHOPATERN
NO CALCULI / HYDRONEPHROSIS NOTED.

URINARY BLADDER :WELL DISTENDED NORMAL IN WALL THICKNESS.
UTERUS : MEASURES Long : 7.1cms, A.P : 3.1cms, Trans : 3.8cms.
NORMAL IN SIZE. RETROVERTED.ENDOMETRIAL ECHOES ARE NORMAL.
ET : 6mm.
OVARIES : RIGHT OVARY : 3.0 x 2.8Cms. LEFT OVARY : 2.8 x 2.6Cms.
BOTH OVARIES ARE NORMAL IN SIZE AND ECHOTEXTURE.
POD : MINIMAL FREE FLUID SEEN IN POD-PID.
R.I.F : NO MASS / COLLECTION
* NO ASCITIES / PLEURAL EFFUSION.

IMPRESSION :MINIMAL FREE FLUID SEEN IN POD-PID.

End Of Report

DR.SANJAY MD,RD,
C.RADIOLOGIST

NIDANA PANCHAKA

Hetu

Aharaja- Katu, Amla, Ruksha, Guru Abhishyandi ahara, Oily Deep-fried items, Irregular Meal timings.

Viharaja – Atimaithuna, Vegadharana (mala and mutra), Divaswapna, Ratrijagarana. Manasika- Atichintha, shoka

Roopa

1. Gramyadharme Rujabhrisham (dyspareunia)
2. Yonigata Strava (vaginal discharge)
3. Arthavakshaya (Scanty flow)
4. AgniVaishamya

Upadrava – Vandhyatva

Samprapti ghataka

Dosha – Vata pittaja pradhana tridosha Dushya – Rasa, Raktha, Mamsa

Agni – Jataraagni, Rasa, Raktha and Mamsa dhatwagni

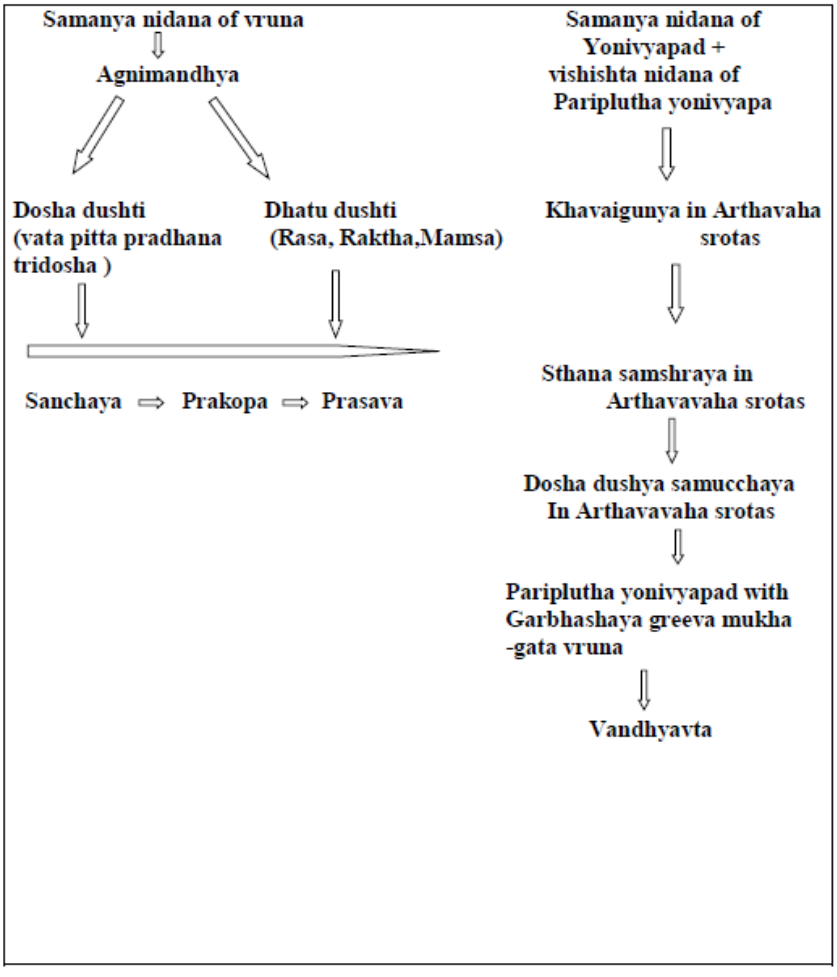
Srotas – Rasavaha, Rakthavaha, Mamsavaha, Arthavavaha srotas Srotodushtiprakara – Sanga

Udbhavasthana – Amashaya

Sanchara sthana – Arthavavaha srotas

Vyaktasthana – Garbhashaya, Garbhashaya greeva mukha

SAMPRAPTI



Sadyasadhyata – Sadhya Vyavachedaka Nidana

- Paripluta yonivyapad
- Garbhashaya greevamukha gata vrana
- Sapraja vandhyatva

Vyadhi Nirnaya

- Sapraja vandhyatva

Treatment protocol

FIRST LINE OF TREATMENT(first 7 days)	
1.Sarvanga udvartana	With triphalachurna
2. *Yoni Kshara Karma*	With Apamarga kshara
3.Yoni pichu karma	With Balaguduchyaditaila
4.*Gardharvahastadi Taila*	Orally 20 ml with milk before food (morning) for 5 days

SECOND LINE OF TREATMENT (after 7 days)	
1. Phala ghritha	1tsp BD before food for 1 month

RESULTS

After seven days of treatment, the previously observed cervical erosion and inflammatory condition showed resolution, accompanied by marked reduction in per-vaginal white discharge. The patient additionally reported improved appetite and a subjective feeling of lightness. On per-speculum examination, the cervix appeared healthy with minimal vaginal discharge.

After completion of the 7 days of treatment, the patient was advised to take Phala Ghritaorally for one month. The patient reportedof conception in the following month. Thus Sapraja yonivyapad due to paripluta yonivyapad was treated along with the resolution of cervical erosion.



DISCUSSION

Women with Sapraja Vandhyatwa should be diagnosed with appropriate cause and the management should be planned accordingly. From a contemporary perspective, this condition resembles secondary infertility where there are various etiological factors and among them tubal diseases following pelvic inflammatory disease being an important acquired cause. PID can be associated with other conditions like cervical erosion which can make the prognosis even bad. Hence these issues need immediate attention so as to treat such conditions timely or else the complications can make the patient suffer more. Ayurvedic treatment modality is safe and effective in managing such diseases which assures successful outcome. In the present case the following treatment showed improvement in the symptoms.

- Sarvanga Udvartana with Triphala Churna was administered for seven days as part of the first-line treatment. From an Ayurvedic perspective, Vata aggravation, Kapha–Meda accumulation, Agni Dushti and obstruction of ArtavavahaSrotas may contribute to impaired Artava formation and flow. Udvartana, owing to its Ruksha, Laghu and Kapha-Medohara properties, may help reduce excessive Meda and Kleda and alleviate Srotorodha. By performing Udvartana, there occurrence of Gharshanadue towhich the Viviktatva of the Siramukha in the Srotas is caused. This in turn activates the Agni seated in the Twacha. Thus, causes the Pachana of the Dushita Doshas and excreted out in the form of Mala through Sweda.[5] By action of Pravilayana, it opens up the blocked channels (Srotavarodha), blood vessels and transport systems of the body. Enables free circulation of nutrients in the body. Along with udvartana, the patient was also advised to take Garndharvahastadithaila orally for 5 days with milk which ensured the elimination of doshas in slow and controlled manner without disturbing the internal environment of the body in a drastic manner. Gandharvahastadi Eranda Taila, administered as *Nitya Virechana*, possesses *Vata-Kapha shamana*, *Apana Vata anulomana*, and *Vrshya* properties. Its *Sookshma* and penetrating nature facilitates clearance of *srotorodha* and supports the normal functioning of *Apana Vata*, thereby promoting pelvic and reproductive health. Thus, an overall systemic effect produced a visible change in the alimentary canal and over the reproductive function as well.
- Yoni kshara with ApamargaKshara Counteracts Kapha (Picchila, Snigdha) and Kleda at the local site. Ayurvedic texts have emphasized the use of kshara in vranacikitsa in the context of shastiupakrama. Pratisaraniya Kshara prepared with medicinal drugs like Apamarga have Vrana Shodhana, Ropana and Prasadana properties which yield good results in healing the wound when applied locally over the affected tissues.[6] Lekhana

and Bhedana actions help break down granulation and chronic inflammatory tissue. Sthanika Shodhana facilitates the removal of local pathological accumulations and supports Srotoshodhana, thereby promoting local cleansing.

- Balaguduchyadi Taila[7] Yoni Pichu in PID may be attributed to its Shothahara, Vedanasthapana, Vatahara and Rasayana properties. Bala having Madhura rasa, Laghu, Snighdha , Pichila guna having vatashaman action contributes analgesic effects.[8] While Guduchi having Tikta, Kashaya rasa, Tridosha shamaka and rasayana action provides anti-inflammatory, antioxidant and immunomodulatory actions through its bioactive alkaloids, diterpenoid lactones and glycosides. Administration through Yoni Pichu provides prolonged local contact of the medicated oil with the vaginal and cervical mucosa, potentially facilitating local action of the phytoconstituents and providing a soothing effect. Collectively, these actions may reduce local inflammation, tissue irritation, pain and tenderness and support tissue recovery.
- Phala Ghrita[9] administered internally, it is having *Vata-Pitta shamaka, Brimhana, Balya, Rasayana* and *Prajasthapana* properties. It restores the physiological functions of Apana Vayu, improve Agni and facilitates Dhatu nourishment, and maintains the integrity of Ritu, Kshetra, Ambu and Beeja. The antioxidant, anti-inflammatory and reproductive-supportive properties of its constituent drugs like Amalaki, Haridra, Ashwagandha and Manjista contribute to ovarian function, follicular maturation and maintenance.[10]

Hence in the present study, the patient diagnosed with sapraja vandhyatwa with cervical erosion was treated successfully with judicious use of Ayurvedic procedures and formulations.

CONCLUSION

This case of Sapraja vandhyatwa highlights the potential of an Ayurvedic approach involving Shodhana, Shamana, Sthanika Chikitsa, and Rasayana therapies. The associated conditions like cervical erosion and Pelvic Inflammatory Disease were cured successfully. The vaginal discharge was reduced and subsequent spontaneous conception was achieved. Thus Ayurvedic approach supported the restoration of local genital health and reproductive function**.** Sapraja Vandhyatwa was treated as the patient conceived subsequently after the successful completion of the Ayurvedic procedure and oral medications.

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