

ROLE OF AYURVEDIC MANAGEMENT IN INFERTILITY DUE TO ANOVULATION AND UNILATERAL CORNUAL BLOCK- A CASE STUDY

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ABSTRACT

Infertility is the inability of a person to reproduce by natural means. *Achararyas* have explained four important factors as *Garbha Sambhava Samagri* that is *Rutu*, *Kshetra*, *Ambu*, and *Beej*. These are important for conception. Infertility occurs if there is any abnormality in these four factors. Anovulation is one of the major factors contributing to infertility in women. Cornual block can be corelated with *Sang Strotodushti* in *Artavavaha Strotas*. These issues worsens due to changing lifestyle, poor eating habits, stressfull employment and environmental factors. Ayurvedic formulations having properties like *Yonidoshahara*, *Tridosha shamana*, anti-oxidant, *Prajasthapan*, *Balya*, *Rasayana* shows improvement in infertility due to these factors. The present case study is of a 22 years old female diagnosed as primary infertility visited OPD of GAC Dharashiv with complaint of willing for issue since last 3 years. On assessment of all reports,

unovulation, unilateral cornual block was found to be the etiology. Treatment opted was *Shodhana Chikitsa* in the form of *Yogbasti*, *Uttarbasti* and *Shaman Chikitsa*. The patient got conceived after 6 months of regular ayurvedic treatment and *Uttarbasti*.

KEYWORDS: *Garbha Sambhava Samagri*, *Strotodushti*, *Artavavaha strotas*, *Uttarbasti*, *Prajasthapan*.

INTRODUCTION

Infertility is the inability of a person, animal or plant to reproduce by natural means.^[1] There are two types of infertility- primary and secondary. Primary infertility means the couple has never been conceived and the secondary infertility means the couple has experienced a pregnancy before but fail to conceive later.^[2]

Infertility is the disease of reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.^[3] The main factors responsible for infertility are pathologic spermatogenesis, anovulation, tubal disease, endometriosis, cervical factors and unexplained.

According to *Ayurveda* four factors responsible for conception that is *Rutu*, *Kshetra*, *Ambu* and *Beej* called as *Garbhasambhav Samagri*^[4] should be properly functioning. Any defect in these factors leads to infertility.

CASE STUDY

Patient information

A 23 year old married woman resident of Bhoom Dist. Dharashiv came to Prasutitantra evam Striroga OPD of GACH Dharashiv with the chief complaint of willing for issue and anxious for conception since last 2 years. By looking at her previous reports it was found that the patient has right side cornual block and her follicular study was showing unovulation. Her husband aged 27 years with the normal semen analysis report. The investigations of female like hematology, urology and biochemistry analysis were within normal limit. Likewise, every report including TFTs and Prolactin level of the patient were normal. The patient was treated by allopathic treatment modalities for the last two years. The couple was adviced (ART) Artificial Reproductive Technique but they were not willing for that so the couple came for ayurvedic treatment.

The female patient had no any previous medical or surgical illness. Her all systemic examinations were normal. Her menstrual history was regular with duration of 3 to 4 days and interval of 28 to 30 days and amount of 2-3 pads/ day with mild to moderate pain. On her past medicine history she has taken ovulation induction drugs for 2 cycles that is Tab. Clomiphene citrate, Tab. Letrozole and Inj. HMG.

Patient's personal history

- Occupation – female – housewife and male- worker
- Appetite- Good
- Sleep- Disturbed sometimes
- Bowel- Constipated sometimes
- Bladder- Clear
- Psychological status – stressed and anxious
- Addiction- No smoking and alcohol

Sexual history

- No any sexual dysfunction or dyspareunia
- No any contraceptive use
- Coital frequency was normal

Clinical findings-General examination

- PR- 80/ min
- BP- 120/80 mm of hg
- No evidence of – Pallor, icterus, lymphadenopathy
- BMI- 17 and Nutrition- Average.

Clinical Breast Examination- Normal**Per Abdominal Examination**

- Soft and non tender

PS and PV Examination

- Uterus- AVAF
- No any abnormal discharge seen
- No any fornices tenderness
- Cervix- Apparently healthy
- No any abnormal mass, cytocele, rectocele seen.

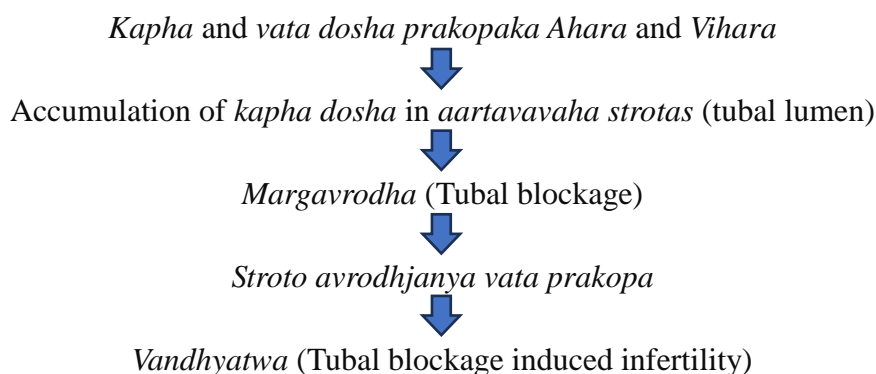
Ashtvidha Parikshan

- *Nadi- Vatpradhan kaph*
- *Mal- Kwachit Malavshambh*

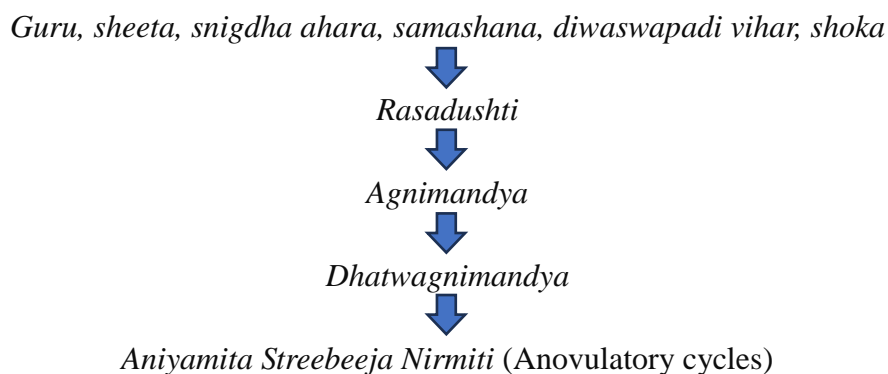
- *Mutr- Samyak pravartan*
- *Jivha- Ishat sam*
- *Druk- Prakrut*
- *Sparsh- Prakrut*
- *Akruti-Madhyam*
- *Shabd- Spasht*

Diagnostic Assessment

Probable Pathogenesis of tubal blockage in the case



Probable pathogenesis of anovulatory cycle in the case



Therapeutic intervention

1. Oral medication (*Deepan pachan*)

Medicine	Quantity	Time	Duration
1. <i>Rasapachak vati</i>	250 mg 2 BD	Before meal	15 days
2. <i>Lashunadi vati</i>	250 mg BD	After meal	15 days

2. *Sanshaman chikitsa*

Medicine	Quantity	Time	Duration
1. <i>Maharasnadi kashay</i>	25 ml BD	Before meal	3 months
2. <i>Phalghrut</i>	10 ml BD	Before meal	3 months
3. <i>Latakaranj vati</i>	250 mg BD	After meal	3 months

3. Sanshodhan karma

Yogbasti along with Uttarbasti^[5] was opted after analysing the condition like *Kshetra* and *Beej dushti*.

Yogbasti	Uttarbasti	Duration
1. Anuvasana basti with Sahacharadi taila (60ml) Niruh basti with Erandmuladi kashay (650ml)	1 st cycle of Uttarbasti with Bala tail ^[6] (4 to 5 ml)	22/05/23 to 29/05/23
2. Same cycle of yogbasti repeated	2 nd cycle of Uttarbasti with Kshar taila ^[7] 2ml + Kasisadi taila ^[8] 2ml + Bala taila 2ml	21/06/23 to 28/06/23
3. Same cycle of yogbasti repeated	3 rd cycle of Uttarbasti with Bala taila 4 to 5 ml	29/07/23 to 05/08/23

Follow up and outcomes

After 3 to 4 months of regular *ayurvedic* treatment and Uttarbasti for three consecutive cycles the patient was advised hysteroscopy after menses. But patient missed her menses. Urine pregnancy test was advised and it came out positive on 05/09/23. Her LMP was 21/07/23 and EDD by date was 26/04/24. USG obstetrics was advised and the impression was A single intrauterine gestational sac is noted corresponds to 5 weeks 5 days. Fetal pole was not yet seen. Rescan was advised to look for fetal pole and cardiac activity. Proper antenatal care was carried out throughout the ANC period. At 38+6 weeks because of cephalopelvic disproportion the patient was delivered by C- Section on 17/04/24 at GAC Dharashiv. The patient delivered FCH of 2.8 kg.

ALL NECESSARY INVESTIGATIONS –
Routine and Serological investigations - WNL
Follicular & Ovulation study -

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Gynaecologist, Laparoscopic Surgeon &
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Patient Name: [REDACTED] Date: 22/03/2022

13/03/2022 Drugs

FOLLICULAR STUDY

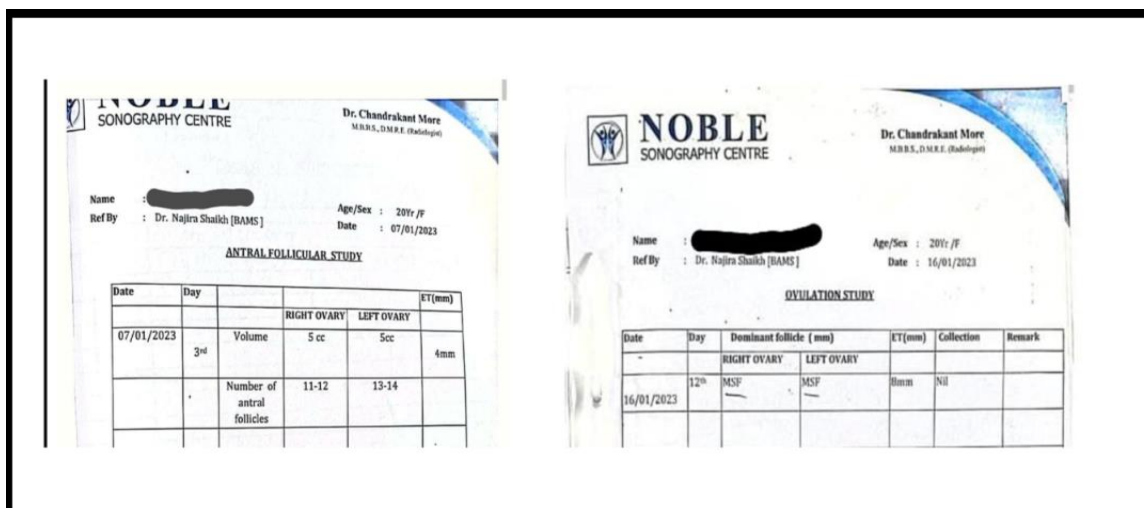
Date	Day	Rt. Ovary Follicle mm	Lt. Ovary Follicle mm	Endo. Thickness mm	Remarks
21/3/2022	10	20, 20, 18	18, 17	8.5	1st cycle complete, 1st cycle started

Dr. Hajare Hospital & Maternity Home
Nagar Road, Jamkhed, Dist. A.nagar.
Dr. Sunil Hajare M.B.B.S., D.G.O.

OVULATION STUDY REPORT

Name of the patient: [REDACTED]

Date	Day	Rt. Ovary	Lt. ovary	Endo.	Comments
14/12/22	13th	17.5f	17.5f	08 mm	



HYSTEROSALPINGOGRAM- [08/01/22]

Complete non opacification of right fallopian tube representing Right Cornual block.

Age/Sex: 19yr / F
Date: 8/1/22
Ref. by: Dr. Adinath S. Rajguru (MBBS, DGO)

DIGITAL HYSTEROSALPINGOGRAM:

Skilograms have been taken after introducing contrast in the uterine cavity. Uterus appears normal sized and shows smooth outline. Free peritoneal spill is seen on left side, indicating that left tube is patent. Right fallopian tube is not completely opacified.

CONCLUSION:

- Normal sized uterus
- Free peritoneal spill seen on left side
- Complete nonopacification of right fallopian tube noted representing right cornual block

Suggested: Clinical correlation/follow up / further evaluation

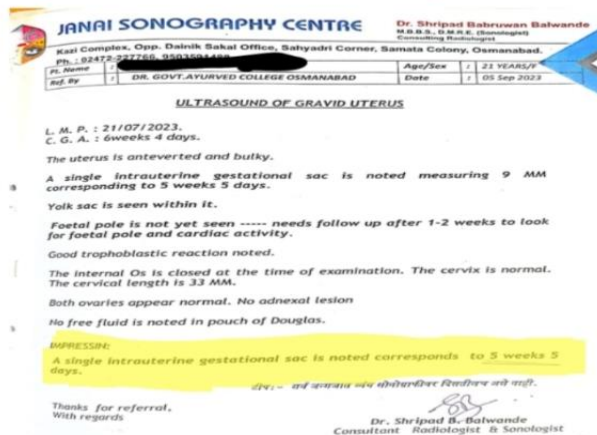
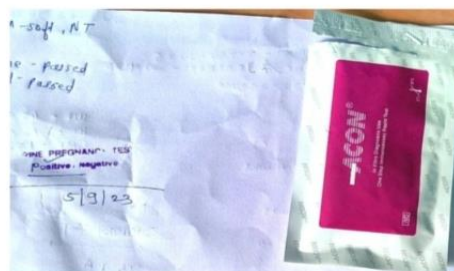
Thanks for reference

Dr. Yashwantrao Chavan
1st Levoflox 500 mg OD x 5 days
1st Metronidazole 400 mg BID x 5 days
1st Mefenamic acid 500 mg BID x 2 days
1st Rantak 300 mg BID x 2 days



After 6 months of regular ayurvedic treatment & Uttarbasti for three consecutive cycles along with Shaman chikitsa patient missed her menses.

UPT was positive on 05/sept/2023
LMP-21/july/2023
EDD -26/april/2024



DISCUSSION

Infertility is a relatively common reproductive health concern which affects the psychological state of the couple. Although tubal blockage, unovulation like conditions are not mentioned in ayurvedic literature the conditions are correlated with

- *Kshetra dushti- Marga avrodhjanya vata prakopa in Artavavaha strotas*
- *Beej dushti- Aniyamita beeja nirmiti*

To treat these conditions *Shodhana karma* such as *Yogbasti* and *Garbhashayagata Uttarbasti* was planned along with *shaman chikitsa*. Using treatment modalities like intrauterine *uttarbasti* with oral medication having properties such as *Sukshma*, *Sara*, *Tikshna*, *Ushna* and *Pramathi* helps to clear blockages and restore the functional integrity of fallopian tubes. These treatment modalities are effective for restoring vitiated doshas and stabilize the *agni* which will ultimately leads to the normal ovulation and normal endometrium formation. Here is this case after 4-5 months of regular ayurvedic treatment patient got conceived. Proper antenatal care was done and the patient delivered a healthy child in our institute.

Patient perspective

The couple was very happy after diagnosis of pregnancy. The female partner has taken different modern treatment modality but with failure she came to our institute and was very happy.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and associated clinical data.

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