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PRIMARY INFERTILITY DUE TO THIN ENDOMETRIUM TREATED WITH UTTARBASTI – A CASE STUDY

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ABSTRACT

Primary infertility associated with a persistently thin endometrium presents a significant challenge in reproductive medicine. In modern science, inadequate endometrial thickness is linked with implantation failure. In Ayurveda, this condition can be viewed through the lens of Artava Kshaya and Apana Vata Dushti. This case study demonstrates successful conception in a patient with long-standing infertility and consistently thin endometrium, following treatment with intrauterine Uttarbasti using classical Ayurvedic formulations.

INTRODUCTION

The endometrium is a dynamic, hormonally responsive tissue that plays a crucial role in embryo implantation. Normal endometrial thickness during the mid-luteal phase (D13–D16) is generally ≥7 mm, with an ideal triple-line pattern. Persistent thin endometrium (<6 mm) despite ovulation leads to poor receptivity and implantation failure.

In Ayurveda, uterine inadequacy (Garbhashaya Kshaya) is often the result of Dhatukshaya, Agni Mandya, and Vata Dushti, especially Apana Vata. Uttarbasti is mentioned as the prime treatment in classical texts for Yonivyapad, Vandhyatva, and Artava Kshaya. It nourishes the uterus directly, improves local circulation, pacifies Vata, and rejuvenates the reproductive tissues (Artavavaha Srotas).

CASE PRESENTATION

Patient Profile

- Name: Mrs. XYZ (identity withheld for privacy)
- Age: 29 years

- Marital Status: Married for 4 years
- Gravida/Para: G0P0
- Occupation: Teacher
- Lifestyle: Vegetarian, moderately active

Chief Complaints

- Inability to conceive despite regular unprotected intercourse
- Scanty menstrual bleeding (1–1.5 days)
- Mild anxiety regarding fertility

Menstrual History

- Cycle: Regular (28 days)
- Duration: 1–1.5 days
- Flow: Scanty, no clots
- Associated symptoms: Mild lower abdominal cramps

Past Treatments

- 3 cycles of Clomiphene (ovulation confirmed)
- One attempt of Letrozole with hCG trigger – no success
- No prior IUI or IVF
- Advised IVF due to endometrial non-responsiveness

Investigations

Parameter	Result	Normal Range
Hormonal Profile (FSH, LH, AMH, TSH, Prolactin)	Within normal limits	–
HSG (6 months ago)	Bilateral tubes patent	–
Transvaginal USG	Endometrial thickness: 5.2 mm on Day 13	≥7 mm ideal
Semen Analysis (Husband)	Normal morphology, count, motility	Normal

Ayurvedic Assessment

Nidana (Etiology)

- Dhatukshaya due to chronic Vata aggravation
- Rasa and Artava dhatu undernourishment
- Apana Vata dushti leading to uterine inadequacy

Diagnosis

- Artava Kshaya
- Apana Vata Dushti
- Yonivyapad (Garbhāshraya ksheenata)

Treatment Plan

Phase 1: Agni Deepana & Ama Pachana

- Trikatu churna 2g twice daily before meals
- Hingvashtaka churna 2g with warm water after meals
- Duration: 5 days

Phase 2: Snehapana (Internal Oleation)

- Phala Ghrita starting from 20 ml to 50 ml over 5 days
- Followed by mild Virechana using Triphala Kwatha

Phase 3: Abhyanga & Swedana

- Local Abhyanga with Bala Taila
- Nadi Swedana over lower abdomen and pelvic region
- Duration: 3 days

Phase 4: Uttarbasti

- Duration: Day 7 to Day 12 of menstrual cycle for 3 cycles
- Medicine: Equal mix of Shatavari Taila and Phala Ghrita
- Dose: 5 ml per sitting
- Route: Intrauterine (through sterilized Uttarbasti metal catheter)
- Sterilization protocol: Betadine cleansing, sterile drapes, single-use gloves
- Patient position: Lithotomy; advised 15 min rest post-procedure

Follow-Up and Results

Cycle	Day	Endometrial Thickness (TVS)	Ovulation	Remarks
1st	D13	5.2 mm → 6.1 mm (D16)	Yes	Minimal gain
2nd	D13	6.4 mm → 7.2 mm	Yes	Improved pattern
3rd	D13	7.8 mm → 8.5 mm (triple-line)	Yes	Optimal thickness, conception confirmed

Serum β-hCG positive after third cycle

- TVS at 6 weeks: Intrauterine gestational sac with yolk sac
- 10 weeks: Healthy fetus with cardiac activity

- No adverse events reported throughout the treatment

DISCUSSION

Uttarbasti is one of the most potent and direct approaches to treat female infertility in Ayurveda. In this case, the uterine lining was persistently thin despite ovulation and normal hormonal status. By nourishing the uterine tissues through local administration, Uttarbasti provided direct therapeutic benefits that oral medications could not achieve alone.

Shatavari Taila is estrogenic, Brimhana (nourishing), and Vata-shamaka. Phala Ghrita is a potent rasayana and Garbhasthapaka (implantation supporter). The combination worked synergistically to enhance Artava dhatu and restore uterine receptivity.

Ayurvedic understanding of Apana Vata regulation through Uttarbasti aligns with the modern view of improving uterine blood flow and endometrial perfusion.

CONCLUSION

This case study supports the effectiveness of Uttarbasti in improving endometrial thickness and fertility outcomes in primary infertility associated with thin endometrium. When administered under sterile conditions and proper clinical protocol, it offers a safe, natural, and minimally invasive solution to complex gynecological challenges.

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