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SUCCESSFUL REVERSAL OF ENDOMETRIAL HYPOPLASIA THROUGH AYURVEDA – A CASE REPORT

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ABSTRACT

Thin endometrium is a challenging factor in subfertility management, often associated with implantation failure and poor reproductive outcomes. From an Ayurvedic perspective, this condition aligns with *Artava Kṣhaya*, a state characterized by deficient endometrial nourishment due to *Vata* predominance and *Rasa–Rakta Dhatu Kshaya*. This case study describes the clinical management of a 29-year-old woman presenting with infertility and persistently thin endometrium despite multiple modern interventions. The objective of the intervention was to improve endometrial receptivity using classical Ayurvedic principles, particularly *Rasayana*, *Santarpana*, and *Artava-janana* therapies.

The patient received an individualized protocol consisting of *Phala Ghrita*, *Shatavari Kalpa*, *Lajjalu-Bala Kashaya*, and intrauterine instillation (*Uttarabasti*) of *Kumari Taila*. Dietary regulation emphasizing warm, unctuous, and nourishing foods, along with lifestyle modifications aimed at reducing *Vata*, were incorporated. Over two menstrual cycles, her endometrial thickness improved from 4.2 mm to 8.1 mm, with better triple-line pattern and

relief in associated dryness and abdominal discomfort. She subsequently achieved spontaneous conception in the third cycle.

This case highlights the potential of classical Ayurvedic modalities in restoring endometrial nourishment and receptivity, especially in women not responding adequately to conventional therapies. The integrative rationale, probable mode of action, and classical references are discussed. Further clinical studies are warranted to explore standardized protocols for thin endometrium in reproductive medicine.

KEYWORDS: Thin endometrium, *Artava Kshaya*, *Uttarabasti*, *Kumari Taila*, Ayurvedic infertility management, endometrial receptivity.

INTRODUCTION

A receptive endometrium is essential for successful implantation. Thin endometrium typically defined as <7 mm during the peri-ovulatory phase oses a substantial barrier in both natural and assisted conception. Modern management includes estrogen therapy, vasodilators, and adjuvant measures like G-CSF and platelet-rich plasma; however, many women do not respond satisfactorily.

Ayurveda describes reproductive potential through the integrity of *Rasa* and *Rakta Dhatu*, proper functioning of *Artavavaha Srotas*, and balanced *Vata*. *Artava Kṣhaya* is characterized by scanty or delayed menstruation, infertility, pelvic pain, and debility (*A.H. U. 38/9*). The concept highlights inadequate nourishment of the uterine lining due to depletion of *Dhatus* and vitiation of *Vata*. Strengthening these physiological pathways forms the basis of Ayurvedic therapy.

The present case documents a woman with long-standing thin endometrium resistant to standard treatments, who responded favorably to an Ayurvedic regimen. The uniqueness lies in the combined use of *Rasayana*, *Artava-janana dravya*, and *Uttarabasti* using a gentle, classical oil, tailored specifically for thin endometrium rather than general infertility.

CASE PRESENTATION

Patient Profile

- **Name/ID:** Mrs.xyz, Reg No:2462117, Date: 13/12/24
- **Age:** 29 years
- **Marital Duration:** 4 years

- **Gravida/Para:** G0P0
- **Chief Complaints:** Infertility, scanty menses, cycle irregularity (32–40 days), persistent thin endometrium
- **Duration of Complaints:** 3.5 years

History of Present Illness

The patient reported delayed and scanty menstrual flow for nearly three years. Flow lasted only 1–1.5 days, often requiring minimal pads. She had undergone ovulation induction six times and estrogen supplementation (6 mg/day) for endometrial growth without significant improvement.

Past and Family History

No history of tuberculosis, thyroid disorder, diabetes, or coagulation abnormalities. No family history of infertility.

Menstrual & Obstetric History

- Menarche at 13 years
- Cycles irregular (32–40 days)
- Dysmenorrhea mild
- No previous conception or miscarriage.

Physical Examination

- Pulse: 78/min
- BP: 108/70 mmHg
- BMI: 21.4
- General examination: Mild dryness of skin, cold extremities
- No pelvic tenderness.

Modern Investigations

- **USG**
  - *Before treatment:* Endometrial thickness 4.2 mm (Day 13), poor vascularity
  - *No fibroids, no adnexal pathology*
- **Hormonal Profile**
  - FSH, LH, TSH, Prolactin – within normal limits
  - AMH – 3.2 ng/mL

Ayurvedic Assessment

- ***Dosha*:** Predominant *Vata*, mild *Pitta*
- ***Dushya*:** *Rasa, Rakta, Artava*
- ***Srotas*:** *Artavavaha, Rasavaha, Raktavaha*
- ***Rogamarga*:** *Abhyantara*
- **Diagnosis:** *Artava Kṣhaya* with *Vata-vriddhi* leading to thin endometrium.

Treatment Protocol

A. Internal Medications

1. **Phala Ghrita** – 10 mL twice daily before food
   - Classical reference: *A.H. U. 36*
2. **Shatavari Kalpa** – 1 tsp twice daily
3. **Lajjalu-Bala Kashaya** – 50 mL twice daily
4. **Ashwagandha Churna** – 3 g at bedtime with warm milk.

B. Local Procedure: *Uttarabasti*

- **Medicine used:** *Kumari Taila*
- **Dose:** 3 mL
- **Schedule:** Alternate days × 6 sittings in follicular phase (day 5–15)
- Reference: *Sushruta Samhita, Chikitsa 37/10 — Uttarabasti* for gynaecological disorders involving *Vata* and *Artava-dushti.*

C. Diet and Lifestyle

- Warm, unctuous meals with ghee
- Avoid cold foods, fasting, late nights
- Daily gentle *abhyanga* with sesame oil
- Moderate physical activity, stress-reduction yoga.

Duration of Therapy

- 2 consecutive cycles + 1 monitoring cycle.

RESULTS

Endometrial Thickness Progression

Cycle	Day of Scan	Endometrium	Remarks
Before treatment	Day 13	4.2 mm	Thin, poor vascularity
After Cycle 1	Day 12	6.3 mm	Improved pattern

After Cycle 2	Day 13	8.1 mm	Triple-line pattern
Cycle 3	–	Conceived spontaneously	Confirmed by urine β-hCG

Subjective Improvements

- Menstrual flow improved from 1 day to 3 days
- Reduced dryness and fatigue
- Improved pelvic comfort

No adverse effects reported.

DISCUSSION

Thin endometrium corresponds closely with *Artava Kṣhaya*, where the primary pathology lies in insufficient *Rasa* and *Rakta Dhatu* leading to poor uterine nourishment. The predominance of *Vata* further reduces endometrial stability and receptivity. The therapeutic objectives in Ayurveda include:

1. enhancing *Dhatu poshana*,
2. improving uterine blood flow,
3. correcting *Vata*, and
4. stimulating physiological *Artava*.

Phala Ghrita works as a nutritive *Rasayana* supporting reproductive tissues. *Shatavari* is well-documented for estrogen-modulating and endometrium-building actions. *Lajjalu* and *Bala* provide soothing, stabilizing effects on the uterine lining.

Uttarabasti with *Kumari Taila* is the most significant contributor in this case. *Kumari* is described as *Artava-janana* and *Yoniprasadana*, improving local circulation and epithelial regeneration. The procedure helps deliver medicine directly to *Artavavaha Srotas*, enhancing receptivity.

Modern research also supports Aloe-based preparations for mucosal healing, angiogenesis, and epithelial growth, aligning well with the observed improvement in endometrial thickness. The outcome in this case—endometrium improving from 4.2 mm to 8.1 mm and subsequent conception—demonstrates the potential of an integrative Ayurvedic approach in thin endometrium unresponsive to routine therapy.

CONCLUSION

This case highlights the clinical usefulness of Ayurvedic management in thin endometrium, particularly when conventional options show limited benefit. A carefully designed combination of internal *Rasayana*, specific *Uttarabasti*, and supportive lifestyle measures restored endometrial receptivity and led to spontaneous conception. Further controlled studies may help develop standardized Ayurvedic protocols for reproductive medicine.

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