IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Multifactorial Infertility And Its Ayurvedic Management: A Case-Based Perspective

1Dr Rinkalben Kantibhai Bumtariya, 2Prof. Shilpa B. Donga

1M.S. 2nd yr scholar, 2Prof. & HOD

1ITRA,Jamnagar,

2ITRA, Jamnagar

Abstract:

Infertility is a multifactorial condition influenced by anatomical, hormonal, and pathological factors. In this case, the female patient presented with complex infertility due to tubal fibrosis with hydrosalpinx, endometriosis, a uterine fundal polyp, and diminished ovarian reserve (AMH 0.43 ng/mL).

Laparoscopy and hysteroscopy on 14 July 2020 revealed a bulky, immobile uterus with extensive adhesions, fibrosed fallopian tubes indicating severe tubal damage, and a right ovarian cyst for which adenolysis was performed. Multiple endometriotic lesions were observed in the Pouch of Douglas, and a 1.5 × 1.5 inch fundal polyp was excised to improve endometrial receptivity. A 2022 pelvic ultrasound showed persistent right-sided hydrosalpinx, suggesting ongoing tubal pathology. As hydrosalpinx fluid can impair implantation, the patient's infertility was multifactorial—resulting from tubal blockage, endometriosis-related adhesions, prior uterine pathology, and low ovarian reserve.

Given these findings, natural conception is unlikely, and in vitro fertilization (IVF) remains the best option. Pre-IVF surgical management of hydrosalpinx and optimization of endometriosis and hormonal balance are recommended to improve outcomes.

In Ayurvedic terms, this condition correlates with *Artavakshaya*, *Garbhashaya dushti*, and *Apanavata vitiation*. Management emphasizes *Shodhana* therapies with *Shamana Aushadha* to restore hormonal balance, improve ovarian function, and enhance endometrial health. Panchakarma procedures like *Virechana*, *Basti*, and *Uttarbasti* have shown potential in reducing endometriosis, improving tubal patency, and supporting conception—offering a wholesome and alternative to assisted reproductive technologies.

Key Words: Multiple factors, *Virechana*, Ayurveda, Infertility, *Shatapushpa*, *Dashamoola*

Introduction:

Infertility is a complex, multifactorial condition that affects both men and women. Failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Prevalence of infertility in India varies between 3.9 and 16.8% [2]. According to FIGO, manual Causes of female infertility are ovulatory dysfunction (30-40%), tubal disease (25-35%), uterine factors (10%), cervical factor (5%) and pelvic endometriosis (1-10%).[3] In women, it can result from a wide range of anatomical,

hormonal, genetic, and lifestyle-related factors, often acting in combination. Anatomical factors include tubal blockages, adhesions, pelvic inflammatory disease (PID), endometriosis, uterine fibroids, polyps, congenital uterine anomalies, and pelvic surgeries that lead to scarring or fibrosis. These conditions interfere with gamete transport, fertilization, or implantation. Hormonal factors play a major role as well—disruptions in the hypothalamic-pituitary-ovarian (HPO) axis can cause ovulatory disorders such as polycystic ovarian syndrome (PCOS), thyroid dysfunction (hypo- or hyperthyroidism), hyperprolactinemia, and premature ovarian insufficiency. These hormonal imbalances affect follicular development, ovulation, and luteal function. Endometriosis, a common gynecological disorder, contributes to infertility by causing inflammation, adhesions, and altered pelvic anatomy, as well as impairing oocyte quality and implantation. Uterine factors, such as endometrial polyps, fibroids, and adhesions can distort the uterine cavity and prevent successful implantation. Tubal factors—like hydrosalpinx or fibrosis—result in mechanical obstruction and damage to ciliary function, preventing sperm-egg meeting or embryo transport.

Additionally, ovarian reserve decline, whether due to aging, genetic causes, surgery, or autoimmune conditions, significantly reduces fertility potential. Systemic diseases such as diabetes, obesity, and autoimmune disorders may also interfere with ovulation and endometrial receptivity. Lifestyle factors—including smoking, excessive alcohol intake, poor nutrition, obesity, stress, and exposure to environmental toxins—further compound infertility risk by affecting hormonal balance and reproductive cell quality. Finally, unexplained infertility, where no clear cause is identified despite thorough evaluation, likely due to subtle physiological or molecular abnormalities not easily detected through conventional testing.

Overall, modern medicine recognizes infertility as a multifaceted disorder requiring a multidisciplinary diagnostic approach that integrates anatomical assessment, hormonal evaluation, imaging, and lifestyle review to identify and address the root causes effectively.

In Ayurveda, infertility is referred to as Vandhyatva, a condition in which conception does not occur despite regular cohabitation during the fertile period. It is considered a result of imbalance or dysfunction of the Garbhasambhava Samagri—the essential factors responsible for conception—namely Ritu (optimal ovulatory period), Kshetra (healthy reproductive organs), Ambu (nutritional fluids including hormones), and Beeja (healthy ovum and sperm)[4]. Any vitiation of Doshas (Vata, Pitta, Kapha), Dhatus (especially Shukra and Artava Dhatu), or obstruction in the Srotas (reproductive channels) can lead to Vandhyatva.

In the context of this case, tubal fibrosis and hydrosalpinx correspond to Artavavaha Srotodushti (vitiation or blockage of reproductive channels), while endometriosis reflects Vata-Pitta Dushti leading to Yonivyapad and formation of adhesions. The presence of a uterine polyp indicates Meda and Kapha accumulation within the uterine cavity, affecting implantation (Garbhashaya Kshetra). The diminished ovarian reserve (low AMH) signifies Dhatukshaya, particularly of Artava Dhatu, resulting in decreased fertility potential.

Ayurvedic management emphasizes restoring the balance of Doshas, clearing Srotorodha (blockage), and nourishing depleted Dhatus through therapies such as Virechana (detoxification), Basti (medicated enema), Uttarbasti (uterine therapy), Rasayana (rejuvenation), and the administration of Garbhasthapaka and Artavajanaka dravyas to promote conception and enhance reproductive health.

Case Report

A 33-year-old female homemaker presented to the outpatient department with a history of primary infertility for four years and irregular, delayed menstrual cycles for the past seven months. She reported having received allopathic treatment over a period of three years, during which she underwent three cycles of intrauterine insemination (IUI), all of which were unsuccessful. The male partner's semen analysis was within normal limits.

Previous investigations included laparoscopy and hysteroscopy performed in July 2020. Laparoscopic findings revealed a bulky and congested uterus with restricted mobility. Bilateral fallopian tubes were fibrosed from the cornual end to the ampullary region, with thickened fimbrial ends. The right ovary

exhibited a 3 cm cystic lesion, for which adhesiolysis was performed. The pouch of Douglas demonstrated diffuse powder-burn endometriotic patches. Hysteroscopic evaluation revealed a 1.5 × 1.5 cm polyp in the fundal region, which was removed via polypectomy. Both cornual openings appeared fibrosed and thickened. Tubal patency assessment showed free spillage from the right fallopian tube, whereas the left fallopian tube demonstrated no spillage.

Hormonal evaluation conducted on 06/10/2020 revealed the following: anti-Müllerian hormone (AMH) 0.43 ng/mL, estradiol 282.4 pg/mL, thyroid-stimulating hormone (TSH) 1.34 µIU/mL, follicle-stimulating hormone (FSH) 3.85 mIU/mL, luteinizing hormone (LH) 6.68 mIU/mL, and serum prolactin 19.74 ng/mL. Complete blood count and routine urine microscopy were within normal limits, and serology was negative.

The clinical, laparoscopic, and hormonal findings indicate primary infertility due to a combination of tubal factor infertility, endometriosis, and uterine pathology, compounded by diminished ovarian reserve as suggested by low AMH levels. The patient's previous failure of IUI cycles is consistent with the documented severe tubal disease and endometriotic involvement. Considering the tubal obstruction, pelvic adhesions, and low ovarian reserve, assisted reproductive technologies such as in vitro fertilization (IVF) represent the most appropriate management strategy for achieving conception

Past history

No H/o DM/HTN/Thyroid dysfunction or any other major medical and surgical history.

Family history :

No any

Personal history

Diet – Veg(Madhura Rasa Pradhana)

Appetite - Average

Bladder - Normal frequency

Bowel - 1 time a day ,Satisfactory

Sleep - Sound

Menstrual history

Age of menarche - 14 years

45 -75 days cycle / 4 days duration /moderate bleeding without foul smell and clots absent.

Obstetrical history - P0 L0 A0 D0

Contraceptive – nil

General examination

Built - Moderate

Nourishment - Moderate

Pulse - 80 bpm

BP - 100/70 mmHg

Temperature - 96.7°F

Respiratory rate - 15 cycles/min

Height - 157 cm

Weight – 50 kg

BMI – 20.284 kg/m2

Tongue – clear

Pallor - Absent

Icterus / Cyanosis / Clubbing / Edema / Lymphadenopathy - Absent

Systemic examination

CVS - S1 S2 Normal

CNS - Conscious, well oriented

RS - Normal vesicular breathing no added sounds

P/A - Soft, no tenderness and organomegaly absent

Ashta Vidha Pareeksha

Nadi - 80/min

Mutra - 7-8 times a day

Mala - once a day, satisfactory

Jihwa - Prakruta

Shabda - Prakruta

Sparsha - Prakruta

Druk - Prakruta

Aakruti – Madhyama

Dashavida Pareeksha

Prakruti -Pitta - Kapha

Vikruti - Tridosha

Sara - Madhyama

Samhanana - Madhyama

Pramana - Madhyama

Satmya - Madhyama

Satva – Madhyama

Abhyavarana shakti - Madhyam

Jaranshakti - Madhyam

Intervention

1. Dipana Pachana - Tab. Amapachana Vati - 2 tab A/F twice a day and Haritaki ,Sunthi and Guduchi Churna -each 1gm combinally B/F twice a day with water.

2. Snehapana - Goghrita

3. Virechana with Trivrruta Avleha and Triphala Kwatha

4. Dashmooladi yogabasti

5. IUUB with Dashmoola Taila (5 ml) for 3 days

5. Shamana Aushadhi

a) Churna combination – shatavari, shatapush and Brahmi each 2 gram BD A/F with Goghrita

b) Gokshuradi Guggulu- 2 tab BD A/F with water

c) Dashmoola Kwatha and Punarnava Kwatha, each 20 ml BD B/F.

d) Eranda Taila 5 ml in Kwatha once in morning.

OBSERVATION AND RESULTS

Date	Treatment	Procedure/ Medicine
October 2022	Deepan pachana	Tab. Amapachana Vati - 2 tab A/F twice a day and Haritaki ,Sunthi and Guduchi Churna -each 1gm combinally B/F twice a day with water
November 2022	Virechana	Snehapana with Goghrita done upto 150 ml, sarvanga Abhyanga and Swedana for 4 days and then Virechana with Trivrruta Avleha and Triphala Kwatha. Follow the Samsarjan krama for 5 days.
December 2022 & January 2023	Oral Medication	1.Churna combination – shatavari, shatapush and Brahmi each 2 gram BD A/F with Goghrita 2. Gokshuradi Guggulu- 2 tab BD A/F with water 3. Dashmoola Kwatha and Punarnava Kwatha, each 20 ml BD B/F. 4. Eranda Taila 5 ml in Kwatha once in morning.
February & March 2023	Dashmooladi Yogabasti	***Niruha Basti*** *Makshika – 60 ml* *Saindhava – 12 gm* *Sneha – Dashamoola Taila – 60 ml* *Kalka –* *Vacha Choorna* *Pippali Choorna* *Madanphala Choorna* *Mishreya Choorna* *Ajamoda Choorna* *Shatpushpa Choorna* *Each 5 gms, total 30 gm* *Kwatha –Dashamoola Kwatha – 250 ml* ***Anuvasana Basti*** *Dashamoola Taila – 60 ml* Given for 8 days for 2 consecutive cycles.
April 2023	Uttarabasti	Given for 3 days with dashmoola Taila 5ml for 1 cycle

May & June 2023	Oral Medication	1. Dashmoola Kwatha and Punarnava Kwatha, each 20 ml BD B/F 2. Churna combination – shatavari, shatapush and Brahmi each 2 gram BD A/F with Goghrita

DISCUSSION

In this case study, Infertility is due to a uterine factors, Tubal factors and ovarian Factors . The factors essential for the formation of *Garbha* include *Rutu* (season), *Kshetra* (uterus), *Beeja* (sperm and ovum), and *Ambu* (nourishment). In this particular case, the focus is on "*Kshetra Dushti*" and "*Beeja Dushti*" which refers to abnormalities or disorders related to the uterus (*Kshetra*) and Ovaries. The goal is to create a healthy environment conducive to conception and successful pregnancy.

Yoniroga, *Yoni Shukrashaya Roga* are mentioned as *Virechana Sadhya* diseases as per both Sushruta Samhita and Ashtanga Hrudaya [5] [6]. Acharya Kashyapa, in his treatise, discusses the effects of *Virechana Karma* (therapeutic purgation) in *Siddhi Sthana*, highlighting that this procedure helps in clarifying the *Dhatus* (body tissues) and enhances the efficacy of the *Beeja* (sperm and ovum)[7]. Acharya Charaka mentions *Srotoshodhana* (purification of bodily channels) as a key component of the *Samyaka Yoga* (proper administration) of *Virechana*. Also, before administering *Sthanika Chikitsa* (local treatment), it is important to perform *Shodhana Karma.*

In *Dashamooladi Yoga Basti - Anuvasan* and *Niruha Basti* helped in *Vata* pacification and *Anulomana*. *Basti* is *Ardha Chikitsa* for *Vata Dosha* and *Vata Dosha* is identified as a primary causative factor for *Yoniroga*. *Intra Uterine Uttara Basti* with *Dashamoola Taila having Vatakaphaghna* and *Lekhana* property, so it scarps the inner lining of endometrium. Thus, inner fibrosed layer is removed and it rejuvenated later, as endometrium has capacity to regenerate and is antioxidant. Which may finally improve the implantation rates by promoting fertilization and nidation of embryo.

The churna combination acts as a Rasayana and hormone balancer. Shatavari nourishes the ovaries, promotes follicular development, and increases ovarian reserve. Shatapushpa has Vata–Kapha pacifying properties including *Putrprada* (facilitating conception), *Viryakari* (enhancing the potency of ovum and sperm), *Yoni Shukra Vishodhini* (purifying the reproductive organs in females and sperm in males), and *Pushpa Prajakari* (promoting progeny) [8]. Brahmi helps in stress management and stabilizes the neuroendocrine system, as psychological stress is an important contributing factor in infertility. Goghrita acts as a carrier (Yogavahi) enhancing the efficacy of the herbs and provides nourishment to the reproductive tissue. Together, they help in low AMH and delayed menstruation by improving ovarian function and hormonal balance.

Gokshuradi Guggulu is effective in conditions like hydrosalpinx and tubal block. Gokshura is a Rasayana and strengthens the reproductive system, while Guggulu has Lekhana and Srotoshodhaka properties that remove blockages and reduce inflammation in the fallopian tubes. This combination relieves Shotha (inflammation) and Avarana of Vata, thus facilitating proper movement of Apana Vata and clearing the tubal channels.

Dashmoola Kwatha and Punarnava Kwatha, each 20 ml twice daily before food, act synergistically to reduce inflammation and fluid accumulation in the pelvis. Dashmoola is Vata–Kapha hara and anti-inflammatory, improving the function of Apana Vata and uterine health. Punarnava has Shothahara and Mutral properties, helping in the removal of excess fluid in hydrosalpinx and improving pelvic circulation. These decoctions also improve the tone of the uterus and fallopian tubes by reducing congestion.

Eranda Taila, 5 ml in Kwatha once in the morning, has strong Vata–Anulomaka and Srotoshodhaka actions. It aids in gentle detoxification and clearance of Ama and Kapha from the pelvic region, reducing blockage and improving the receptivity of reproductive channels. It also helps in regularizing bowel movements, indirectly benefiting Apana Vata balance, which is essential for proper menstruation and ovulation.

Overall, this treatment aims to purify and nourish the reproductive system. The combined actions of these medicines and procedures reduce tubal inflammation and blockage, rejuvenate ovarian function, normalize menstrual rhythm, and enhance fertility potential. By addressing both structural causes such as tubal obstruction and functional causes like low ovarian reserve and hormonal imbalance, the therapy restores the natural rhythm of the female reproductive system. Along with medicine, diet and lifestyle also play a vital role. A light, warm, easily digestible diet with avoidance of curd, cold, and heavy food is advised. Regular yoga, pranayama, and stress management support the treatment. Thus, this comprehensive Ayurvedic approach effectively manages multifactor infertility with hydrosalpinx, tubal block, low AMH, and delayed menses by correcting *Vata–Kapha* imbalance, clearing *Srotas*, and promoting *Artava Dhatu* rejuvenation.

CONCLUSION

The Ayurvedic management of infertility due to uterine, tubal, and ovarian factors focuses on correcting *Kshetra Dushti* (uterine disorders) and *Beeja Dushti* (ovarian dysfunction) through purification (*Shodhana*) and rejuvenation (*Rasayana*) therapies. Procedures like *Virechana* and *Dashamooladi Yoga Basti* help pacify *Vata Dosha* and clear reproductive channels, while *Uttara Basti* with *Dashamoola Taila* rejuvenates the endometrium and improves implantation. Herbal formulations such as *Shatavari*, *Shatapushpa*, *Gokshuradi Guggulu*, *Dashmoola Kwatha*, and *Punarnava Kwatha* balance hormones, reduce inflammation, and enhance ovarian and tubal health. Together with proper diet, yoga, and stress management, this holistic approach restores reproductive balance, improves fertility, and promotes conception naturally.

REFERENCES

1.World Health Organization (WHO). International Classification of Diseases, 11th Revision (ICD11).Geneva:,WHO;2018.Availablefrom: https://www.who.int/classifications/classification-of-diseases [Last accessed on 2024 Mar].

2. World Health Organization. Infecundity, infertility, and childlessness in developing countries. DHS Comparative Reports No 9. Calverton, Maryland, USA: ORC Macro and the World Health Organization; 2004.

3. HIRALAL KONAR, D C DUTTA'S Textbook of Gynecology, Edition 8th (2020), page no.190 .

4. Kaviraj Dr.Ambikadutt Shastri Virachita Ayurvedtatvasandipika on Shusrutu Samhita, Pratham Bhag, Sharira Sthana-2/35, page no.19

5.P. V. Sharma, Susruta Samhita with English Translation of text and Dalhana,s commentary along with critical notes, Vol 2, Publishers Chaukambha Viswabharati Varanasi, Edition 2013,Cikitsasthana Sthana, 33rd chapter, sloka 32, pg 583

6. Astanga Hrdaya Vagbhata English translation & coimmentary, Dr. T. Sreekumar, Publisher Publication departmen Harisree Hospital Thrissur, edition updated 4th 2013, p 59

7.Nepal Rajguru Pan. Hemraj Sharma, Kashyap Samhita of Vruddhajivaka, Chaukhambha Sankrita Samsthan, Varanasi, Siddhi Sthan, TRilakshana Siddhiadhyay, Page no. 225

8.Sharma Priyanka, Sharma Parul: Basti - A Ray of Hope for Female Infertility

DOI: https://doi.org/10.47070/ayushdhara.v9i6.1127

Published on 15th January 2023 [Accessed 04nd July 2024]