



INTEGRATIVE MANAGEMENT OF SECONDARY INFERTILITY(VANDHYATVA) WITH BAD OBSTETRIC HISTORY: A CASE REPORT

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ABSTRACT

Secondary infertility associated with a history of adverse obstetric outcomes, known as bad obstetric history (BOH), poses a significant clinical challenge globally¹². Despite normal hormonal, anatomical, and genetic assessments, many women fail to conceive. Ayurveda describes such conditions under Vandhyatva, emphasizing the role of Apana Vata in implantation and maintenance of pregnancy². This case report presents a 30-year-old woman with secondary infertility and BOH, including two prior pregnancy losses – a missed abortion and a termination due to anencephaly. Investigations were within normal limits. She received an integrated Ayurvedic management protocol comprising Virechana Karma, Yoga Basti, and Uttarabasti with Phala Ghrita. Concurrent folic acid supplementation (Tab Folvite) was provided to prevent neural tube defects³. Following conception, micronized progesterone (Cap Susten) was administered for 12 weeks, and Ayurvedic uterine support (Cap Sujat) continued until 37 weeks of gestation^{4 5}. The patient conceived naturally and delivered a full-term healthy baby. This case demonstrates that a combined Ayurvedic and modern approach may effectively manage Vandhyatva with BOH.

KEYWORDS: Vandhyatva; Secondary infertility; Bad obstetric history; Panchakarma; Uttarabasti;

INTRODUCTION

Infertility affects approximately 10–15% of couples worldwide¹. Secondary infertility refers to failure to conceive after a previous pregnancy, regardless of its outcome². Bad obstetric history (BOH) is characterized by recurrent pregnancy loss, congenital anomalies, or adverse fetal outcomes, contributing significantly to secondary infertility³. A large proportion of women with BOH demonstrate normal anatomical, hormonal, and genetic profiles, making diagnosis and management challenging in modern medicine⁴.

Ayurveda describes infertility under the concept of Vandhyatva, where the functional integrity of Apana Vata is essential for conception and successful maintenance of pregnancy². Factors such as repeated pregnancy loss, uterine interventions, and psychological stress can aggravate Apana Vata, leading to defective implantation and failed pregnancies⁵. Panchakarma therapies, including Virechana, Basti, and Uttarabasti, aim to correct doshic imbalance, improve uterine receptivity, and restore reproductive function⁶. Integrating modern supportive measures, such as folic acid and progesterone supplementation, enhances safety and pregnancy outcomes⁷.

Case Presentation

A 30-year-old married woman presented with an inability to conceive for two years despite regular unprotected intercourse. She had been married for four years and had two prior pregnancy losses. The first pregnancy ended in a missed abortion, and the second pregnancy was terminated due to detection of

anencephaly. The patient reported mild psychological stress following her previous pregnancy losses⁶.

Her menstrual cycles were regular, occurring every 28–30 days, with moderate flow and mild dysmenorrhea. General, systemic, and gynecological examinations were normal. Investigations including ultrasonography, hysterosalpingography, hormonal profile, and semen analysis of her husband were within normal limits. There was no history of diabetes, hypertension, thyroid disorders, tuberculosis, pelvic inflammatory disease, or prior surgeries apart from MTPs. Family history was unremarkable.

Diagnosis

Based on clinical findings and investigations, the patient was diagnosed with secondary infertility associated with BOH (unexplained infertility) from a modern perspective. Ayurveda diagnosis was Vandhyatva due to vitiation of Apana Vata².

Ayurvedic Pathogenesis (Samprapti)

Repeated pregnancy losses and uterine interventions can lead to vitiation of Apana Vata, which in turn disrupts the normal functioning of Garbhashaya and Artavavaha Srotas, resulting in defective implantation and inability to sustain pregnancy²³. Psychological stress may further aggravate Vata imbalance, contributing to functional infertility. Although structural and hormonal parameters may appear normal, subtle functional impairments at the level of srotas are central to Vandhyatva.



Treatment Protocol

The integrated treatment aimed at correcting doshic imbalance, improving uterine receptivity, and supporting conception. The following regimen was administered:

1. **Virechana Karma** – performed to eliminate vitiated doshas and restore systemic balance².
2. **Yoga Basti** – administered to pacify Apana Vata and enhance pelvic organ function²⁴.
3. **Uttarabasti with Phala Ghrita** – given for four consecutive menstrual cycles to improve endometrial receptivity and facilitate implantation².
4. **Folic acid supplementation** – Tab Folvite 5 mg daily was provided throughout the preconception period to prevent neural tube defects³⁷.
5. **Post-conception support** – Cap Susten 300 mg twice daily for 12 weeks to support early gestation, and Cap Sujat twice daily continued until 37 weeks to ensure uterine stability and fetal nourishment.

Outcome and Follow-Up

Following completion of the therapy, the patient conceived naturally. The pregnancy progressed uneventfully under supportive management. Regular antenatal follow-up showed normal fetal growth and maternal well-being. She delivered a full-term healthy infant with no congenital anomalies. The integrated approach combining Panchakarma procedures, Uttarabasti, and modern supportive therapy was instrumental in achieving successful conception and safe delivery⁴⁵⁶.

DISCUSSION

Secondary infertility with BOH is often functional, requiring therapies that address underlying doshic imbalance rather than structural defects⁶. Ayurvedic management of Vandhyatva focuses on normalization of Apana Vata, restoration of uterine receptivity, and overall reproductive health²³. Panchakarma interventions, particularly Virechana, Basti, and Uttarabasti, are believed to enhance endometrial function, improve blood flow, and strengthen the reproductive tract⁴. Concurrent folic acid supplementation mitigates the risk of neural tube defects in subsequent pregnancies³⁷. Progesterone support ensures early gestational stability and complements Ayurvedic therapies in maintaining pregnancy⁵⁶.

Evidence suggests that integrated approaches combining Ayurveda and modern medicine can address unexplained infertility effectively, especially in cases with prior adverse obstetric outcomes²³⁷. This case demonstrates that Panchakarma therapies can be safely combined with essential modern supplementation, leading to successful conception and delivery in a patient with a history of recurrent pregnancy loss. The integrative strategy also addresses psychological stress, improves maternal confidence, and provides a holistic framework for fertility management⁶⁷.

CONCLUSION

This case report illustrates that an integrated Ayurvedic and modern management approach, including Panchakarma procedures, Uttarabasti, folic acid, and progesterone support, can be effective in secondary infertility associated with BOH. The combined approach resulted in successful conception, normal gestation, and delivery of a healthy infant. Integrative therapy may offer a promising, holistic option for managing unexplained secondary infertility, especially in patients with prior adverse pregnancy outcomes. Further studies with larger cohorts are recommended to validate this approach.

REFERENCES

1. World Health Organization. WHO Manual for the Standardized Investigation and Diagnosis of the Infertile Couple. Cambridge: Cambridge University Press; 2020.
2. Agnivesha. Charaka Samhita. Chakrapani commentary. Varanasi: Chaukhambha Orientalia; 2010.
3. Dutta DC. Textbook of Gynecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2017.
4. Sushruta. Sushruta Samhita. Dalhana commentary. Varanasi: Chaukhambha Surbharati Prakashan; 2010.
5. Vagbhata. Ashtanga Hridaya. Arundatta and Hemadri commentaries. Varanasi: Chaukhambha Sanskrit Series; 2010.
6. Kulkarni RR. Panchakarma Therapy in Gynecological Disorders. Varanasi: Chaukhambha Sanskrit Bhawan; 2012.
7. Shaw RW, Soutter WP, Stanton SL. Shaw's Textbook of Gynaecology. 16th ed. New Delhi: Elsevier; 2015.
8. Tripathi B. Ashtanga Hridaya with Nirmala Hindi Commentary. Varanasi: Chaukhambha Sanskrit Pratishthan; 2011.