

## An Ayurvedic Approach to Primary Infertility Associated with Bicornuate Uterus, Adenomyosis, PCOS, and Oligozoospermia: A Case Report

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### ABSTRACT:

Infertility is a multifactorial condition involving female, male, or combined factors. Congenital uterine anomalies such as bicornuate uterus, uterine pathologies like adenomyosis, endocrine disorders including polycystic ovarian syndrome (PCOS), and male factor abnormalities can independently or collectively impair conception. Ayurveda offers a holistic framework for managing infertility by addressing systemic, structural, and functional derangements. A 30-year-old woman with 8 years of primary infertility was diagnosed with a bicornuate uterus, adenomyosis, and mild polycystic ovarian syndrome (PCOS). She also had a history of severe anemia, hypothyroidism, and low body mass index. Two previous intrauterine insemination (IUI) attempts were unsuccessful, and in vitro fertilization (IVF) was advised. Her spouse was diagnosed with Oligozoospermia, had undergone varicocele surgery, and presented with a history of chronic alcohol consumption. The couple subsequently opted for Ayurvedic management. The case was diagnosed as *Anapatyatha* in Ayurveda. The female partner was managed with a systematically planned *Panchakarma* protocol, including *Deepana-Pachana*, *Snehapana*, *Virechana*, and *Yoga Basti*, followed by appropriate *Shamana* therapy. The male partner underwent *Paithika Madatyaya Chikitsa* along with *Shukra-vardhaka* interventions aimed at correcting *dosha* imbalance and improving semen parameters. Natural conception occurred within one menstrual cycle following completion of therapy. Pregnancy was confirmed on 10/07/2024. The antenatal period was uneventful, and a healthy male baby was delivered on 26/02/2025. This case demonstrates that individualized Ayurvedic management addressing both female and male factors can restore fertility even in complex infertility scenarios involving anatomical, endocrine, uterine, and semen abnormalities.

**KEYWORDS:** Adenomyosis, Bicornuate uterus, Female infertility, Oligozoospermia, PCOS.

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## INTRODUCTION:

Infertility, defined as the inability to conceive after 12 months of unprotected intercourse is a rising global health concern, affecting an estimated 17.5% of adults worldwide (approximately 1 in 6 individuals). This prevalence remains similar across high, middle and low income countries, underscoring its universal impact and emphasizing the need for broader access to fertility care.<sup>1</sup>

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In Ayurvedic medicine, infertility corresponds to the classical conditions known as *Vandhyatha*, or *Anapatyatha*. Which is caused by deranged *vatha dosha*, *shukra datu* (reproductive tissue) *kshaya* and *srothorodha* (obstruction in reproductive channels). The classical concept of *Garbhasambhava Samagri* outlines four essential factors for conception: *Rtu* (timely ovulation/fertile period), *Kshetra* (healthy uterus), *Ambu* (adequate nourishment and *rasa dhatu*), and *Beeja* (viable sperm and ovum).

Proper functioning of all these factors is crucial for fertility. Ayurvedic management of infertility is therefore holistically designed to restore balance across all four dimensions ensuring timely ovulation (*Rtu*), optimizing uterine health (*Kshetra*), improving nutritional status (*Ambu*), and enhancing gamete quality (*Beeja*).

Among structural uterine anomalies, a bicornuate uterus results from incomplete fusion of the Mullerian ducts, with a reported prevalence of about 0.4% in women<sup>2</sup>. This anomaly is often associated with adverse

reproductive outcomes such as miscarriage, malpresentation or preterm birth though many women with this condition can still carry pregnancies to term with attentive management<sup>2</sup>.

Adenomyosis, marked by ectopic endometrial glands in the myometrium, hampers fertility by altering uterine peristalsis and impairing implantation, and is associated with lower pregnancy rates in IVF cycles<sup>3</sup>.

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Polycystic ovarian syndrome (PCOS), characterised by anovulation, cystic ovaries, and hormonal imbalance, is one of the leading causes of anovulatory infertility<sup>4</sup>. Research supports Ayurvedic management of PCOS with *Shodhana* and *Rasayana* therapies, yielding positive outcomes in ovulation and conception<sup>5</sup>.

Male factor infertility, either independently or in combination with female factors, accounts for a substantial proportion of infertility cases and significantly influences treatment outcomes.

Conventional therapies like IUI and IVF may provide limited efficacy and fail to address underlying systemic imbalances<sup>6</sup>. Ayurveda offers an integrative protocol that includes *Panchakarma* (e.g., *Virechana*, *Yoga*

*Basti*) to cleanse *Apana Vata* and clear *srotorodha*, along with *Rasayana* therapies to rejuvenate *Shukra Dhatu* and restore reproductive vitality.

This case report discusses a 30-year-old woman with primary infertility spanning 8 years, diagnosed with a bicornuate uterus, adenomyosis, mild PCOS, and hypothyroidism, who experienced two unsuccessful IUIs. Following classical Ayurvedic intervention, she achieved a full-term pregnancy and delivered a healthy male infant. This report underscores the potential of Ayurveda to manage complex infertility by addressing structural, functional, and metabolic factors.

#### **PATIENT INFORMATION:**

A 30-year-old married woman, housewife by occupation, presented on 5th March 2024 with an inability to conceive despite 8 years of unprotected intercourse. She was previously diagnosed with a bicornuate uterus, adenomyotic foci, and mild polycystic ovarian changes in the right ovary. Her BMI was 15.8 kg/m<sup>2</sup>. She was a known case of hypothyroidism, on Thyronorm 50 µg OD. Her husband was diagnosed with Oligozoospermia and underwent varicocele surgery. He was addicted to alcohol.

#### **CLINICAL FINDINGS:**

Female partner

- Regular menstrual cycles: 24–28 days, lasting 4 days, moderate flow

- One missed period post-marriage, with Hb: 4 g/dL (treated via transfusion)
- Per speculum: Healthy cervix with mucoid discharge
- Per vaginal: AV uterus, non-tender, bimanually normal
- No significant family history or systemic illness
- Sound sleep, good appetite, regular bowel movements

Male partner

- History of chronic alcohol addiction
- Semen analysis prior to treatment was suggestive of Oligozoospermia with poor sperm motility

#### **DIAGNOSTIC ASSESSMENT**

FEMALE PARTNER

Hb: 10.9 g/dL (6/3/24)

AMH: 5.27 ng/mL (3/4/24)

**USG (1/3/2024):**

- Two endometrial cavities (suggestive of bicornuate uterus)
- Adenomyotic vascular foci
- Mild PCOS in right ovary

MALE PARTNER: Semen analysis report is shown in table-1

#### **THERAPEUTIC INTERVENTION:**

FEMALE PARTNER

Management was based on principles of *Anapatyatha Chikitsa*. *Panchakarma* procedures including *Snehapana*, *Abhyanga*, *Virechana*, and *Yoga Vasti* were used. *Vathapradana thridoshahara* alongwith *rasa raktha prasadana* herbs were administered to nourish *Shukra Dhatu* and improve fertility.

**Table 1: Semen analysis of spouse**

Parameters	Before Treatment (8/2/23)	After Treatment (17.6.24)
Volume	5.5 ml	2.5 ml
Viscosity	Normal	normal
pH	8	7.5
Sperm conc. (million/ml)	5.6	16
Total sperm count(million/ejaculate)	13.3	40
Total motility	43	35
Active motile	0	25
Sluggish motile	43	10
Non motile	57	65
Normal forms	10	30
Abnormal forms	90	70
Liquefaction time	30 mnts	30 mnts
Pus cells	15-20/hpf	5-7/hpf

**Table 2: Time line of interventions and observation -Female partner**

Date	Procedure	Medicine	Duration	Remarks
6/3/24-8/3/24 (IP Admission)	<i>Deepana&amp; Pachana</i>	<i>Gandarvahasthadi kashayam</i> 90 ml, two times before food <i>Vaiswanara choornam</i> 1 tsp with <i>Kashaya</i>	3 days	<i>Deepna pachana</i> attained
9/3/24 10/3/24 11/3/24 12/3/24 13/3/24 14/3/24 15/3/24	<i>Achasnehapana</i>	<i>Phalasarpi + ksheerabala thailam</i> 15 ml+15ml 30ml+30ml 45ml+45ml 55ml+55ml 65ml+65ml 80ml+80ml 95ml+95ml	7 days	Feeling of tiredness, <i>Samyak snigdhatta</i> attained
16/3/24-18/3/24	<i>Abhyanga&amp; swedam</i>	<i>Sathahwadi taila +Sahacharadi taila</i>	3 days	
19/3/24	<i>Virechanam</i>	<i>Gandarvaerandam</i> 15 ml with warm water	1 day	4 vegas

20/3/24- 22/3/24	<i>Snehavasthi</i>  Internal medicine	<i>Dhanwatharam taila mezhukupaka Guluchyadi kashayam 90 ml, two times before food Lohasavam+ Draksharishtam 30ml bd, af Phalasarpi 10g bd, af</i>	3 days	
23/3/24- 29/3/24	Internal medicines	<i>Guluchyadi kashayam 90ml,two times before food Lohasavam+draksharishtam 30ml, two times after food Phalasarpi 10 g bd af Dhanwantharam tab 2 bd with arishta for 3 days</i>	7 days	Patient got menstruation. mild lower abdominal pain on day 1
30/3/24 31/3/24 1/4/24 2/4/24 3/4/24 4/4/24 5/4/24 6/4/24	<i>Yoga vasthi</i>  <i>Sneha vasthi</i> D1 <i>Sneha vasthi</i> D2 <i>Kashaya vasthi</i> D1 <i>Sneha vasthi</i> D3 <i>Kashaya vasthi</i> D2 <i>Sneha vasthi</i> D4	<i>Snehavasthi- Dhanwantharam taila mezhukupaka Kashaya vasthi- Madhuthailika Madhu-200ml, Dhanwantharam taila mezhukupaka-200ml, Saindava-15g, Sathapushpa kalka-30g, Erandamooladi kashayam-400ml  <i>Guluchyadi kashayam 90 ml,</i></i>	8 days	Productive cough and running nose on day 1

	<i>Kashaya vasthi</i> D3  <i>Sneha vasthi</i> D5 Internal medicines	two times before food <i>Lohasavam+Draksharishtam</i> 30 ml, two times after food <i>Phalasarpi</i> 10 g, two times after food <i>Haridrakhandam</i> 1 tsp, two times		
7/4/24  29/4/24 (OPD)	Discharge medicines	<i>Lohasavam</i> + <i>Draksharishtam</i> 30 ml, two times after food <i>Gandarvahasthadi kashayam</i> 90 ml, two times before food <i>Dhathryadi ghrtham</i> 1 tsp, two times after food Same medicines repeated		
10/7/24				UPT +ve
First trimester	Local <i>pichu</i>  Internal medicines	<i>Dhanwantharam taila</i> (over lower abdomen)  <i>Thamarayalli</i> (one pinch) with milk <i>Phalasarpi</i>	3 months	

**Table 3: Intervention and observation-Male partner**

Date	Procedure	medicine	Action	Duration
04/03/2024 to 07/04/2024	<i>Kashaya dhara</i>	<i>Dashamoola kashaya</i>	<i>Rookshana</i>	5 days
	<i>snehapana</i>	<i>Kalyanaka grtham</i>	<i>Shodanapoorva</i>	7 days
	<i>Abyanga and Ooshma sweda</i>	<i>Sahacharadi thailam</i>	<i>Shodanapoorva</i>	3 days
	<i>virechanam</i>	<i>Avipathy choornam</i> 15 gm with hotwater	<i>Shodana</i>	1 day (5 vega)

	<i>Peyadi</i>			1 day
	<i>Shirodhara</i>	<i>Ksheerabala thaila</i>	<i>Vathasheethi vinashanam, rasayana</i>	6 days
	Internal medication	<i>Kamadeva choorna</i> 6g, two times before food with 24ml milk	Vajeekarana	From 08/04/24

**Table 4: Management of female partner**

Internal Medicines	Action
<i>Gandharvahasthadi kashayam</i>	<i>Vatha anulomana</i> , increase <i>agni</i> <sup>16</sup>
<i>Guluchyadi kashayam</i>	<i>Pithakapha hara, agnikrth</i> <sup>17</sup>
<i>Lohasavam</i>	<i>Vahnikaram param, raktha prasadana</i> <sup>18</sup>
<i>Draksharishtam</i>	<i>Balakrth, malashodana</i> <sup>19</sup>
<i>Phalasarpa</i>	<i>Yonishukrapradoshahara, tridosahara</i> <sup>20</sup>
<i>ksheerabala thaila</i>	<i>Vathasheethi vinashanam, rasayana</i> <sup>21</sup>
<i>Dhathryadi grtha</i>	<i>Vatha raktha shamana, pithahara, vandhya cha pithwa labhathe cha garbham</i> <sup>22</sup>
<i>Padma keshara</i> (Lotus stamen )	<i>Sheetha, grahi, vrshya.</i> <sup>23</sup>

### Follow-up and Outcomes

The patient reported with Urine Pregnancy Test (UPT) positive on 10/07/2024. No adverse effects were reported during or post-treatment. Patient delivered a healthy male baby on 26/2/25.

### DISCUSSION:

This case demonstrates the effectiveness of classical Ayurvedic interventions in addressing multifactorial infertility encompassing a bicornuate uterus, adenomyosis, and PCOS after two unsuccessful IUI attempts.

In this case, elements of *Garbha sambhava samagri* were impaired,

including *Kshetra* (due to bicornuate uterus and adenomyosis), *Beeja* (PCOS, *Shukla dushti*), and *Ambu* (low BMI and past anaemia). The treatment focused on correcting these derangements to facilitate natural conception.

### 1. Structural Anomaly & Ayurvedic Context

A bicornuate uterus, found in approximately 0.4 % of women, can impede implantation and raise risks of miscarriage or preterm birth. However, anatomical variants alone do not preclude full-term pregnancy if functional health is restored.<sup>7</sup> In Ayurveda, such conditions fall under *Artavavaha srotodushti* (channel obstruction) and *Dhatu kshaya* (tissue

depletion), with *Vata dosha* imbalance as a key underlying factor.

## **2. PCOS: Integrated Ayurvedic Approach**

PCOS remains a leading cause of anovulatory infertility. Ayurvedic treatments, especially combined *Shodhana* (like *Virechana* and *Yoga Basti*) and *Shamana* regimens have been shown to restore menstrual regularity, promote ovulation, support weight management, and lead to conception.<sup>8-10</sup>

## **3. Adenomyosis and Uterine Receptivity**

Adenomyosis adversely affects fertility by disturbing uterine peristalsis and diminishing receptivity<sup>11,12</sup>. *Panchakarma* therapies, particularly *Yoga Basti* targeting pelvic *Apana Vata*, may help normalize uterine tone and improve the environment for implantation<sup>11,13</sup>.

## **4. Panchakarma Protocol: Evidence and Application**

Clinical findings indicate that integrated *Panchakarma* protocols (*Virechana* followed by *Yoga Basti*) can improve fertility outcomes in women with reproductive disorders<sup>8,9</sup>. *Basti* is especially regarded as a potent intervention in female infertility balancing *Vata*, removing channel obstructions, and nourishing reproductive tissues. In this case, *snehapana* was performed using *Phalasarpi*, a *tridosha shamana* formulation especially indicated in infertility (*yonishukra pradoshahara*-alleviates disorders of reproductive system) along with *ksheerabala taila*, which strengthens and nourishes, helping to make the uterine

muscles stronger. For *abhyanga*, *Sahacharadi taila* and *Sathahwadi taila* were used; both are *vathahara*, and *sahacharadi taila* is especially indicated in *yoniroga*<sup>14</sup> (diseases of the female reproductive system). For *yoga basti*, *Sneha basthi* with *Dhanwantharam tailam mezhukupka*, which is *vatha shamana*,<sup>15</sup> and *Madhuthailika Kashaya basthi*, which has *rasayana* (rejuvenative) and *shodana* (purificatory) properties<sup>16</sup>. After conception, local *Pichu* over the lower abdomen with *Dhanwantaram Taila* was used, which helps strengthen the uterine musculature and improve its elasticity.

## **5. Internal medications and their therapeutic rationale.**

Internal medicines were used to reduce vitiated *vatha* predominant *tridosha* imbalance and to correct *rasa* and *rakta dhathu* vitiation. Formulations such as *Dhatryadi grtha*, *Phalasarpi*, *Guluchyadi Kashaya*, and *Lohasava* act by kindling digestion (*Agnivardhana*), support reproductive tissue (*Shukra dhathu*), and modulate endocrine balance. *Lohasava* and *Drakasharishta* support *rakthaprasadana* and *Gandarvahasthadi Kashaya* helps for *apana anulomana*. After conception, internal administration of *Phalasarpi* and lotus stamen along with milk was given, which helps in nourishing the reproductive tissues, and supporting fetal growth.

## **6. Male Partner Management and its Role in Conception**

Male factor infertility significantly contributed to this case, as the spouse

had Oligozoospermia and a history of alcohol consumption, indicative of *Paithika Madatyaya* and *Shukra Dushti*. Ayurvedic management was therefore undertaken simultaneously, emphasizing *Shodhana* and *Shukra-wardhana*.

Initially, the male partner was diagnosed with *Paithika Madatyaya*. Accordingly, *Shodhana* therapy was administered to correct the underlying *dosha* imbalance. Following detoxification and stabilization, *Shukra-wardhana* therapy was initiated, and Kamadeva Choorna<sup>24</sup> was prescribed to enhance semen quality and improve reproductive potential.

### 6. Outcome and Implications

The patient achieved spontaneous conception within one menstrual cycle post-treatment and gave birth to a healthy male infant on 26 February 2025. This case illustrates that an individualized, integrative Ayurvedic approach addressing both female and male factors can successfully overcome complex infertility involving structural, endocrine, uterine, and semen abnormalities

### CONCLUSION:

This case highlights that in complex infertility scenarios, especially when conventional ART (Assisted Reproductive Techniques) fail, a comprehensive Ayurvedic protocol integrating *Panchakarma* (*Virechana* followed by *Yoga Basti*) and *shamana* therapy can offer significant benefits. By aiming to restore channel patency, balance *Apana Vata*, and nourish reproductive tissues, such an approach

may correct underlying structural, endocrine, and uterine derangements.

The outcome of spontaneous conception within one menstrual cycle post-treatment and the live birth of a healthy infant underscores the potential of a personalized Ayurvedic regimen in managing challenging infertility cases.

**Limitation:** Single-case report with multiple factors and no control group, limiting generalizability and clear attribution of outcomes.

**Consent of patient:** Written informed consent was obtained from the patient for publication of this case report and accompanying clinical details without disclosing the identity of patients.

**Conflict of interest:** The author declares that there is no conflict of interest.

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