

MANAGEMENT OF UNICORNUATE UTERUS INFERTILITY THROUGH AYURVEDA  
- A CASE STUDYDr. Radha Anil Dabhade<sup>\*1</sup>, Dr. Vipul Kanani<sup>2</sup> and Dr Manisha Deokate<sup>3</sup><sup>1</sup>Final Year P.G. Scholar, Rog Nidan Dept., R.T. Ayurved Mahavidyalaya, Akola.<sup>2</sup>Professor, and H.O.D Rog Nidan Dept., R.T. Ayurved Mahavidyalaya, Akola.<sup>3</sup>Professor and H.O.D., Prasuti Tantra and Strirog Dept., R.T. Ayurved Mahavidyalaya, Akola.**\*Corresponding Author: Dr. Radha Anil Dabhade**

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**ABSTRACT**

Ayurved emphasizes four main essential factors for fertility: Rutu (fertile period), Kshetra (uterus and reproductive organs), Ambu (proper nutrient food), Beej (healthy sperm and ovum) along with normalcy of Hridaya (psychology). Abnormality in any one of these factors causes infertility. Patients with uterus unicornis are generally associated with poor obstetric history and infertility.<sup>[1]</sup> According to ayurved, it may correlate with Apraja Vandhya.<sup>[2]</sup> The causes may be uterine malformations, fibroids, cervical anatomical defects, defects of umbilical cord or placenta.<sup>[3]</sup> In this case study, a 28-year-old patient who was anxious to conceive after two years of regular and satisfactory marital relations sought ayurvedic management for dysmenorrhoea and infertility. All necessary investigations were conducted. According to the investigations, the patient has a unicornuate uterus with dimensions 5.5\*2.3\*3.3 cm, a thin endometrium 7.6 mm, a left rudimentary ovary, a right bulky polycystic ovary and an absent left fallopian tube. After proper oral treatment like yashti kashmari kalp with falghrita and sahacharadi Tail Uttarbasti, the patient conceived.

**KEYWORDS:** Infertility, Unicornuate uterus, Apraja, Follicular Study, Uttarbasti.**INTRODUCTION**

In Ayurveda normal uterus is described as of face of Rohit named fish - यथा रोहित मत्स्यस्य मुखं भवति रूपतः / तत्संस्थानां तथा रूपां गर्भशय्याम विदुः बुद्धाः सु. शा.5/44.<sup>[4]</sup>

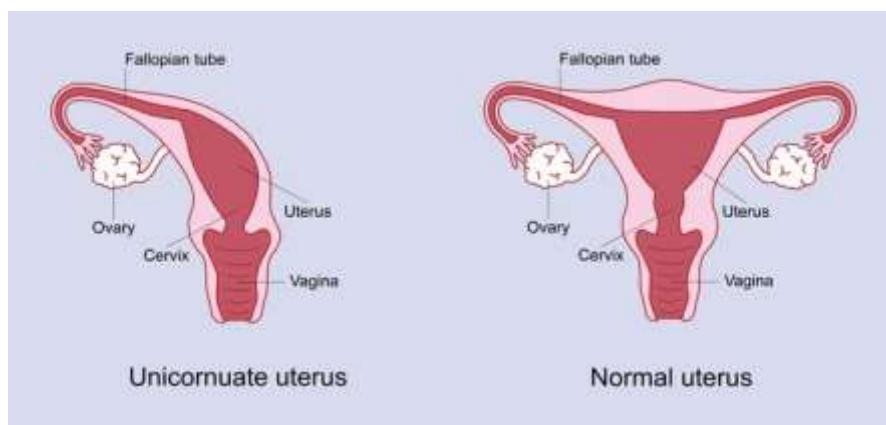
Deviation from this anatomical structure occurs in various anomalies. The prevalence of Müllerian duct anomalies (MDAs) is estimated to be 4.3% in the general population<sup>[5]</sup> while the incidence is 3.5% in infertile women and 13% in cases with recurrent pregnancy loss.<sup>[6]</sup> The patients with uterus unicornis constitute 5–20% of congenital uterine anomalies.<sup>[7,8]</sup> The presence of a rudimentary horn accompanying the uterus unicornis is a rare Mullerian anomaly with a rate of 1/100,000.<sup>[9]</sup> In the r-ASRM classification system, the uterus unicornis is evaluated according to the presence of a rudimentary horn (cavity-related or unrelated).

In women with a Uterus unicornis, approximately 1 out of every 76,000 pregnancies is accompanied by a rudimentary horn, while 83% of these cases were reported to be ectopic pregnancies.<sup>[10,11]</sup> Other reported obstetric complications related to the uterus unicornis are rupture of the uterine horn, cervical insufficiency.

The prevalence of tubal factors (Kshetra) in infertile couples varies from 20-30%. The tubes play an important role in sperm transportation, oocyte capture, fertilization, embryo transfer & its growth.

While pregnancy complications such as ectopic pregnancies and rudimentary horn pregnancies are mainly evaluated with case reports on patients with uterus unicornis.<sup>[12]</sup>

**Aim:** To evaluate the pregnancy outcome of patient with uterus unicornis with the help of Ayurveda treatment.



### Case summery

In the present case study, a 28-year-old patient who had been anxious to conceive after two years of a regular & satisfactory marital relationship sought Ayurvedic treatment for dysmenorrhea and infertility. She had previously undergone treatment from various Allopathic Gynecologists for a long time. Under their supervision all necessary investigations were conducted, including U.S.G., follicular study, H.S.G. According to the investigations, the patient has a unicornuate uterus with size 5.5 x 2.3 x 3.3 cm; a thin endometrium 7.6 mm, a left rudimentary ovary, a right bulky polycystic ovary & absent left fallopian tube.

She came to OPD for Ayurvedic treatment for infertility and dysmenorrhea, We started Ayurvedic medicines from March 2023. Ovulation studies were done on alternate months starting in June. After completing Ayurveda treatment along with Uttarbasti the U.P.T. came positive on January 8, 2024.

**Menstrual History** – Dysmenorrhoea, regular interval of 28-30 days, 3 days scanty flow.

**Obstetrics History** – G0P0L0A0

**Family History** – No relevant family history

**Personal History** – She had complaint of mild abdominal Distension

### Clinical Findings

**General Examinations** – Built – Normal, Weight – 52 kg, Height- 153 cm, Pulse Rate 76/min, B.P. 110/80 mmhg, R/R -16/min, temp. – 98.7 f.

**P/A**- soft, non-tender, No Organomegaly.

### Physical Examination

**Ashtavidh Pariksha** - 1) Nadi - Pitta - vataj 2) Mala - Samyak 3) Mutra - Samyak 4) Jiwha - alpa saam 5) Shabda - Spashta 6) Sparsha - Ushna 7) Druk - Samyak 8) Akrti - Madhyam

Dashvidhpariksha Prakriti (nature) – Pitta - Vataja  
Sara (Purest body tissue) – Madhyama (medium)

Samhanana (Body compact) - Madhyam (medium)

Pramana (Body proportion) – Madhyam (medium)

Satmya (homologation) – Madhyam (medium)

Satva (mental strength) - Madhyam (medium)

Vaya (age) - Yuvati

Vyayamshakti (to carry on physical activities) - madhyam

Aharashakti (food intake and digestive power) - madhyam

Abhyavaranashakti & Jaranashakti - Madhyam

Systemic Examination: CVS: Heart sounds (S1S2): normal

Respiratory system: normal bilateral air entry, no added sounds.

### Treatment Schedule

Treatment given with the Following medicines for given duration shown in the table.

Sr. no	Name of the kalpa	Dose and Anupan	Duration
1	Pushpadhanwa Ras	250 mg BD, with water	3 months
2	NavayasLoha Vati	250 mg BD, with water	3 months
3	Tab. Profala (Vidyanand Lab)	250 mg OD, with milk	3 months
4	Syp. M2Tone Charaka Pharma	10 ml BD, with water	3 months
5	Yashti Kashmari Kalp	10-gram BD, with warm milk	1 Year
6	Fala Ghrit	10 ml BD, with warm water	6 months
7	Uttarbasti (fala-Ghrit plus Sahachara oil)	3 Cycles	Alternate months

### RESULTS

After a consecutive treatment of six-month patient got pregnant with positive UPT on 08/01/2024 with LMP 06/12/2023 with USG findings on 23/04/2024, which

was suggestive of Single live Intrauterine pregnancy. She was in consultation with us for next seven months until she got transferred in another city. Her pregnancy gone

smooth without any complications up to the period she was under our treatment.

## DISCUSSIONS

- 1) **Pushpadhanwa ras** - It is given to increase the sexual vitality & fertility, it also stimulates blood flow by acting on blood vessels, it helps in strengthening the muscles.
- 2) **Navayas loh vati** - It is a natural hematinic, helps in liver disorders which in turn helps indigestion.
- 3) **Profala tablet** - It contains vanshalochan, haridra, aamalaki, yashtimadhu, vidarikand, manjishtha etc. hence it helps in increasing blood circulation to uterus, which helps in fertilization and better nourishment of the foetus.
- 4) **M2 tone Syrup** - Charak M2-Tone Syrup is a comprehensive formulation containing herbs that help to maintain hormonal, nutritional and emotional balance and also improve overall health in women. Herbs like Ashok, Lodhra and Shatavari and more, help to maintain hormonal harmony. The female reproductive health is regulated by the complex interaction of female hormones that control the start of menstruation during puberty and maintain the rhythm and duration of the menstrual cycle.

## 5) Yashti Kashmari kalpa

गर्भ शुष्के तु वातेन बालानां चापि शुष्यताम्

सिताकाशमर्यमधुकैर्हितमुत्थापने पयः Cha.chi.28/95<sup>[13]</sup>

Yashti kashmari kalpa is selected from the reference of Charaka Chikitsasthan adhyay 28, i.e. Vata vyadhi Chikitsa adhyay, to treat Garbhashayata Vata.

Yashti - Shonitasthapana and raktapittaghna - Being shonitasthapana, it is useful in anaemia and raktapitta caused by vitiation of rakta. It pacifies raktagata pitta due to its madhura rasa and sheetaveerya and increases strength of the muscle fibers residing in the walls of blood vessels of uterus.

Kashmari- effect on Shukrartavavaha strotas - The fruit being madhura vipaki, sheeta, guru and snigdha acts as garbhashthapana, stanyajanana and vrishya. It should be used in shukradaurbalya and to prevent garbhasrava [abortion] also.<sup>[14]</sup>

- 6) **Fala Ghrit** - This medicated Ghrit is effective in all issues related to female and male reproductive health. Women who are unable to conceive and undergoing infertility treatment are known to immensely benefit from fala ghrit.<sup>[15]</sup>

## 7) Uttar Basti

स्त्रीणामार्तवकाले तु प्रतिकर्म तदाचरेत्। गर्भासना सुखं स्नेहै तदाऽऽदत्ते ह्यपावृता ॥62॥ गर्भं योनिस्तदा शीघ्रं जिते गृह्णाति मारुते / बस्तिजेषु विकारेषु बस्तिं यथास्वौषधसंस्कृतम् ॥63॥<sup>[16]</sup>

For conception (Garbham yonihata) to pacify vata (Jite Vayuh)

Urinary bladder disease (Bastijeshu Vikareshu)

Diseases caused by prolapse (Yonivibhramshajeshu)

Severe Pelvic pain (Yonishuleshu Tivreshu)

Gynecological disorders (Yonivyapad, Yonivyadhim)

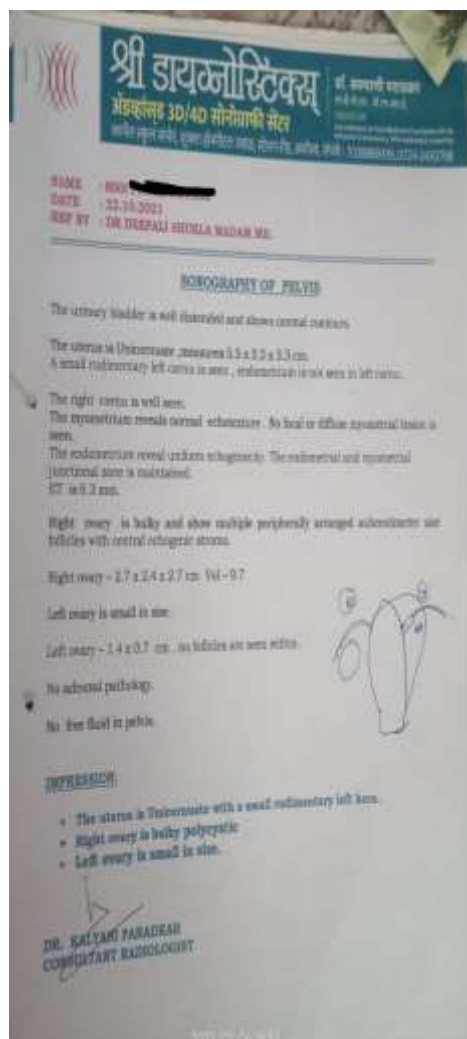
Menometrorrhagia (Asrigdara)

Retention of urine (Aprasravati Mutre, Mutraghata)

Incontinence of urine (BindumBindumSravatyapi)

## CONCLUSION

In case of female infertility having Unicornuate Uterus administration of Falghrut and Sahacharadi oil by means of Uttarbasti and the drugs like yashti kashmari kalpa used in treating infertility gave successes. There is a urgent need for further research studies on different conditions of female infertility like Unicornuate Uterus.



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16/12/20123

### OVULATION STUDY

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Amir

2023/12/20 10:04



**Insight**  
Center for Fetal Medicine & Gynaec Imaging

**Dr. Geeta Bhusari**  
Reg. No. 2000/01/0504  
M.D., DNB (OBGY), Fetal Medicine Consultant.  
Fetal Medicine Foundation, UK Accreditation for :  
• NT Scan • Pre-eclampsia Screening  
• Anomaly Scan • Obstetric Doppler

Bhankaroti Kidney Care, Datta Mandir Road, Ramdas Peth, Akola - 5, Mob. : 8379965079 • Time : 10 am. to 7 pm.

Patient name	Mrs. [REDACTED]	Age/Sex	29 Years / Female
Patient ID	I24030412	Visit No.	2
Referred by	Dr. Mukesh R. Rathil MD, DNB, MNAMS, DGO,	Visit Date	23/04/2024
LMP Date	06/12/2023	LMP EDD	11/09/2024

**OB - 2/3 Trimester Scan Report**

**Indication(s)**  
17. Evaluation of foetal growth parameters, foetal weight & foetal well being.

**GA acc to LMP & Today's Scan - 19w 6d. EDD - 13/09/2024.**

**Survey**  
Single live intrauterine gestation.

**Presentation - Breech.**

**Placenta - Posterior, not low lying no retroplacental hematoma.**

**Liquor - Adequate.**

**Umbilical cord - Two arteries and one vein**

**Fetal activity & cardiac activity present.**

**Fetal heart rate - regular 152 bpm.**

**(TVS) Cervical length 3cms.**

**Internal & external os open, membranes seen reaching upto the level of external os.**

**Biometry**

BPD 46 mm	HC 175 mm	AC 150 mm	FL-Rt 34 mm
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Humerus 33 mm  
TCD : 20 mm

**Fetal Anatomy**  
Intracranial structures appeared normal  
Neck appeared normal.  
Spine appeared normal. No evidence of significant open neural tube defect.  
Both orbits, nose and lips appeared normal.  
Both lungs appeared normal. Heart appeared four chambered.  
Abdominal situs appeared normal.  
Both kidneys and bladder appeared normal.  
All four limbs present.

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