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AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY ASSOCIATED WITH INTRAMURAL SUBSEROUSAL FIBROID AND THYROID DYSFUNCTION: A CASE REPORT

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Abstract

Introduction: Secondary infertility, defined as the inability to conceive following a previous successful conception, presents complex diagnostic and therapeutic challenges. Common etiological factors include uterine fibroids, particularly intramural subserosal fibroid types, which may distort the endometrial cavity and impair implantation, and thyroid dysfunction, which affects endocrine regulation and ovulatory cycles. Ayurvedic medicine provides a holistic and individualized approach, targeting both structural and systemic dysfunctions. This case report presents the Ayurvedic management of secondary infertility associated with intramural subserosal fibroid and subclinical hypothyroidism.

Methodology: A 32-year-old female presented with secondary infertility persisting for 5 years, accompanied by scanty, irregular menstruation and a history of one spontaneous abortion.

Radiological evaluation confirmed a posterior intramural-subserosal fibroid of size $\sim 10 \times 10 \times 6$ mm and two right lateral intramural fibroids of sizes $24 \times 23 \times 21$ mm and $27 \times 24 \times 24$ mm. Thyroid function tests revealed subclinical hypothyroidism with elevated TSH ($8.76 \mu\text{IU/mL}$). The condition was diagnosed as Vandhyatva associated with Granthi (fibroid) and Agnimandya (metabolic dysfunction) according to Ayurvedic principles. Management began with Deepana and Pachana to stimulate digestion and metabolism, followed by Shodhana Chikitsa involving Yoga Vasti (Asthapana Vasti with Arbudhara Kwatha and Dashamula Kwatha, and Anuvastana Vasti with Prasarini Taila and Dashamula Taila). This was succeeded by Uttara Vasti using Kashishadi Taila and Apamarga Kshara Taila. Samana Chikitsa was administered to resolve fibroid pathology and support endocrine balance. The patient was also advised on lifestyle modifications and dietary regulations consistent with Ayurvedic guidelines.

Results: The patient showed clinical improvement with normalization of menstruation; there was no reduction in fibroid size, but thyroid function improved (TSH reduced to $6.20 \mu\text{IU/mL}$). She conceived spontaneously within six months of treatment and continued regular follow-ups.

Conclusion: This case highlights the potential effectiveness of Ayurvedic therapies in managing secondary infertility associated with uterine fibroids and thyroid dysfunction. The integrative, non-invasive approach warrants further clinical investigation and validation through larger studies.

Keywords: Vandhyatva, Yoga Vasti, Agnimandya, Uttara Vasti.

Introduction

Primary infertility is one of the major health concerns affecting 10–15% of married couples¹ and is defined as the inability to conceive after one year of regular, unprotected sexual intercourse. Secondary infertility is a failure to achieve conception after a previous pregnancy.² According to Ayurveda, four essential factors contribute to conception—Ritu (fertile period), Kshetra (healthy reproductive organs), Ambu (nutritional support), and Bija (healthy gametes).³ Any disturbance in these can result in infertility. Acharya Charaka describes Vata Dosha as the controller of all physiological activities in the body, including the reproductive system.⁴ Uterine abnormalities such as fibroids, polyps, congenital anomalies, and endometrial infections can hinder implantation and embryo growth. Surgical interventions may lead to adhesions or uterine synechiae, causing irregular endometrial healing, abnormal uterine bleeding, and infertility. These changes often result in anovulatory cycles, leading to proliferative or hyperplastic endometrium with insufficient stromal support, making implantation difficult.⁵

Thyroid disorders, including hypothyroidism and hyperthyroidism, disrupt ovulation, menstrual regularity, and endometrial receptivity, leading to infertility. They alter gonadotropin and prolactin levels, affecting oocyte quality and implantation.⁶ However, Ayurvedic Shamana therapy includes medications to suppress the vitiated Vata and Kapha Dosha, and Shodhana therapies to improve the Strotoshuddhi and encourage the formation of adequate endometrium,

as well as regularizing irregular menstrual cycles. It also helps initiate ovulation for natural conception. In cases where multiple factors are present, treating infertility necessitates an integrative strategy. This case study involves several of these factors, which hampered conception.

Patient Information / Case Report

A 32-year-old female presented with secondary infertility persisting for 5 years, accompanied by scanty and irregular menstruation and a history of one spontaneous abortion (5 weeks). Radiological evaluation confirmed a posterior intramural-subserosal fibroid (a type of uterine fibroid that starts within the uterine muscle wall but grows outward towards the outer surface) of size $\sim 1.0 \times 0.9 \times 0.5$ cm, and right lateral intramural fibroids of sizes $3.6 \times 3.4 \times 3.3$ cm. Thyroid function tests revealed subclinical hypothyroidism with elevated TSH (8.76 μ IU/mL). The condition was diagnosed as Vandhyatva associated with Granthi (fibroid) and Agnimandya (metabolic dysfunction) according to Ayurvedic principles.

Menstrual History

Menarche – at the age of 13 years. LMP – 03/07/2024. Cycle – irregular, interval 20–23 days, duration of bleeding – 2 days. Flow – Day 1–2: 3–4 pads, only spotting; clots – absent. Left breast pain since 7 days. Dysmenorrhea – absent. Tiredness – absent. Sleep disturbances – absent. Loss of appetite – absent.

Obstetric History

G1 P0 A1 L0 D0.

Coital history – 1–2 times/week; no dyspareunia; satisfactory.

Family History

No associated family history.

Past History

The patient had undergone allopathic treatment for subclinical hypothyroidism, taking Tab. Thyroxine 25 mcg once daily for 6 months.

Clinical Examination

On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy were absent. Height – 154 cm, weight – 56 kg, BMI – 23.6 kg/m^2 . BP – 110/70 mmHg, pulse – 88/min. The patient had no addictions. No abnormality was noted on detailed systemic examination.

Ashtavidha Pariksha

Nadi – Pitta Pradhana Vataja. Mootra Pravriti – 4–5 times/day, 1–2 times/night. Mala Pravriti – 1 time/day, satisfactory. Jihva – Sama (whitish-coated). Shabda – Prakruta. Sparsha – Anushna Sheeta. Drik – Samanya. Aakriti (general body built) – Samanya.

Local Examination

The vulva was healthy with no local lesion or growth. On per speculum examination, the vagina was normal, cervix healthy and normal in size, and no white discharge was present. On bimanual examination, the cervix was found to be firm, with no cervical motion tenderness. Uterus was anteverted; bilateral adnexa were clear with no tenderness.

Investigations

The patient was negative for the TORCH profile, immunological profile, HIV and VDRL. Renal function test, hepatic profile and husband's semen analysis were normal, and HSG examination revealed patent fallopian tubes. Hb was 12.2 gm%. All blood reports were within normal limits except the thyroid profile (TSH – 8.76 μ IU/mL).

Diagnostic Assessment

On detailed evaluation of subjective and objective parameters, the patient was diagnosed with secondary infertility associated with intramural-subserosal fibroid and thyroid dysfunction. From an Ayurvedic perspective, this was considered as Vandhyatva.

Therapeutic Intervention

1. Nidana Parivarjana
2. Ama Pachana
3. Yoga Vasti
4. Uttara Vasti

Nidana Parivarjana

Avoidance of causative dietary and lifestyle factors aggravating Kapha and Ama. Advised a light, warm, easily digestible diet and regular routine to enhance Agni.

Management

Table 1: Treatment protocol

Month	Karma	Medicine	Duration	Remarks
First visit LMP – 03/07/2024	Ama Pachana	Ama-pachaka Kwatha 10 ml BD and Yakrita Plihahar Kwatha 40 ml BD	For 15 days	—
Continued for three months – July, August, September	Yoga Vasti	Asthapana Vasti (Arbudhara Kwatha + Dashamula Kwatha); Anuvasana Vasti (Prasarini Taila + Dashamula Taila)	8 days (Yoga Vasti) for 3 cycles from	Pacifies Vata Dosha and corrects Artava-vaha

			the 5th day of menstruation	Srotas dysfunction
Continued for the next three months – October, November, December	Intrauterine Uttara Vasti	Kashishadi Taila 5 ml for 3 days (7th, 8th, 9th day of menstruation), then Apamarga Taila 5 ml for 2 days (11th and 12th day of menstruation), for 3 cycles	5 days per cycle for 3 cycles	Acts directly on the uterine fibroid and reproductive channels

Along with treatment, an ovulation study was conducted and the patient was advised to have coitus after ovulation. All procedures were performed under aseptic precautions and expert supervision.

Table 2: Oral medication

Medicine	Dose	Anupana
Kanchanar Guggulu	500 mg BD	Water
Kanchanar Kashaya	10 gm	Water
Prajasthapaka Gana Kwatha (10 gm) + Shatavari Churna (2 gm) + Sagwan Beej (2 gm) + Ashwagandha Churna (2 gm)	5 gm BD	Ksheera Paka
Phala Ghrita	1 tsf BD	Milk

Observation and Results

Improvement in menstrual regularity with reduction in pain and bleeding. Normalization of thyroid function tests: TSH = 8.76 μ IU/mL (27/05/2024) to TSH = 6.20 μ IU/mL (15/01/2025). Restoration of the ovulatory cycle; the patient conceived spontaneously within six months of treatment and continued regular follow-ups. USG (17/01/2025) – single live intrauterine pregnancy corresponding to 5 weeks 2 days by Gsac. Well-defined hypoechoic fibroids were noted in the following locations:

1. Two right lateral intramural fibroids of size $\sim 3.8 \times 2.7$ cm and $\sim 3.8 \times 3.0$ cm.
2. A posterior intramural-subserosal fibroid of size 11×8 mm.

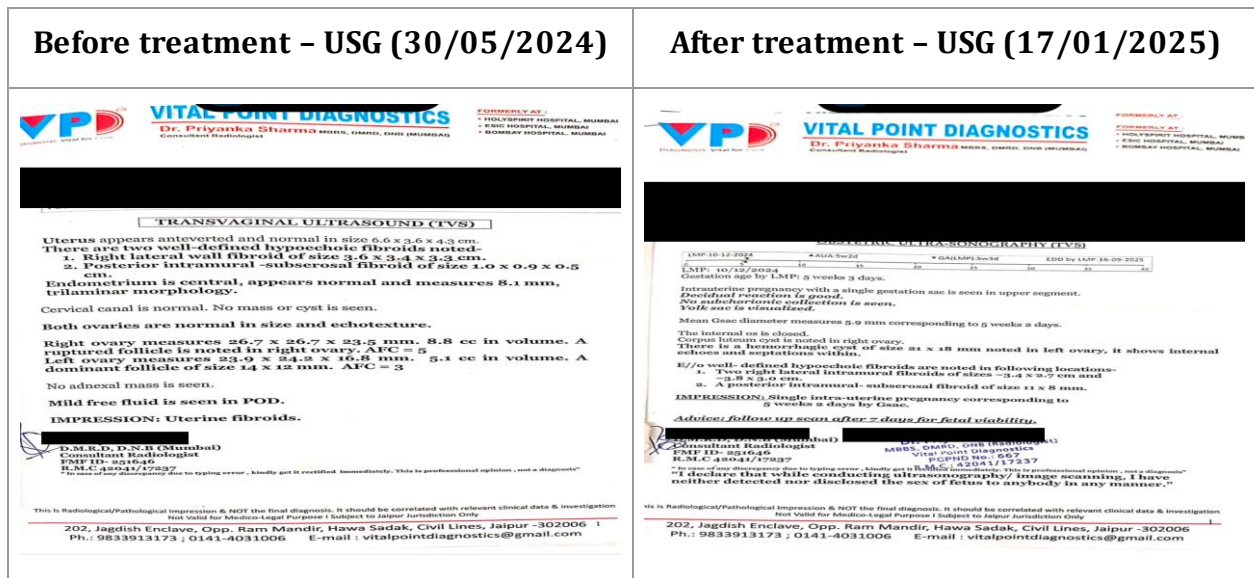


Fig. 1: USG report before treatment (30/05/2024)

Fig. 2: USG report after treatment (17/01/2025)

Note: patient-identifying details (name, patient ID, age, contact number and referring-clinician name) have been redacted from the reproduced reports to protect patient confidentiality; all clinical findings are reproduced unaltered.

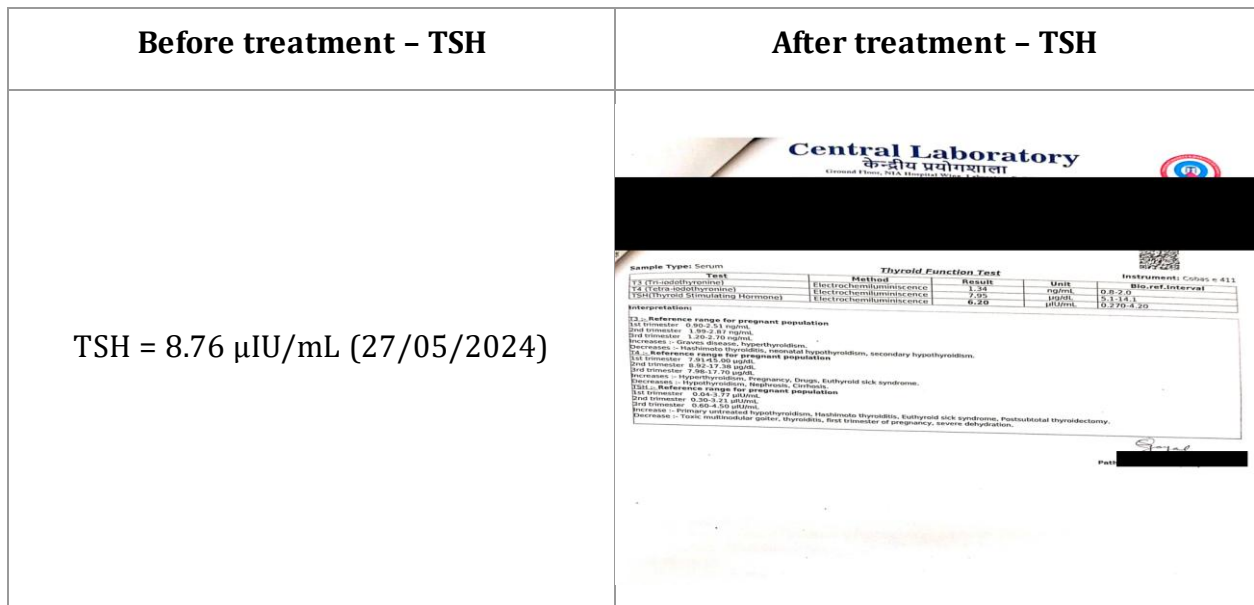


Fig. 3: Thyroid profile before treatment

Fig. 4: Thyroid profile after treatment (TSH = 6.20 µIU/mL)

Discussion

Ama-pachaka Kwatha (Jeeraka, Shunthi, Bhumyamalaki, Haritaki, Pippali, Ajwain) was given as Deepana-Pachana to digest Ama, improve Agni and clear Srotasa, thus reducing systemic inflammation and supporting hormonal and thyroid balance, creating a favourable milieu for conception. Yakrita Pliharhar Kwatha⁷ acted as a hepatoprotective Rakta-Pitta-Kapha-modulating decoction, improving liver function and estrogen-thyroid metabolism, thereby helping to check fibroid growth and endocrine imbalance in this case.

Arbudhara Kwatha⁸ (composition – Shigru, Varuna, Kanchanara, Haridra) supports fertility by reducing Kapha-Meda accumulation, clearing Ama, and resolving Granthi through the actions of Shigru, Varuna, Kanchanara, and Haridra. Its Agnideepana and Srotoshodhana properties enhance Artava-vaha Srotas and promote ovulation. Biomedically, its phytochemicals—such as quercetin, kaempferol, and curcumin—offer anti-fibrotic, anti-inflammatory, antioxidant, and hormone-modulating effects that help shrink fibroids and improve metabolic and thyroid balance.

Dashamula Kwatha⁹ used in Asthapana Vasti pacifies Vata, reduces pelvic congestion, and restores uterine function. Yoga Vasti's Kapha-Vata Samana and Srotoshodhana actions aid fibroid regression and support ovulation, while Anuvastana Vasti with Prasarini and Dashamula Taila nourishes tissues and enhances endometrial receptivity. Biomedically, these procedures may improve uterine blood flow, reduce inflammation, and help regulate hormones.

Uttara Vasti with Apamarga Kshara Taila¹⁰ exerts Lekhana, Srotoshodhana and Vatanulomana effects, helping to clear tubal and uterine channels and improve conception chances. Kashishadi Taila¹¹, being Rakta-shodhaka and fibroid-modulating, aids in reducing intramural-subserosal fibroid bulk and associated symptoms, thereby restoring normal Artava and endometrial receptivity.

Kanchanar Guggulu¹² is the principal formulation indicated in Granthi and Arbuda. Its Lekhana (scraping), Kapha-Vata Shamaka, and Medohara properties help reduce fibroid size and prevent further abnormal tissue proliferation. It also supports thyroid regulation, which was evident in the gradual reduction of TSH levels.

Kanchanar Kashaya¹³ enhances the action of Kanchanar Guggulu by improving lymphatic drainage and correcting Kapha dushti. It acts on Mamsa and Rakta Dhatu, supporting uterine health and reducing congestion around fibroids.

Prajasthapaka Gana Kwatha¹⁴ is classically indicated for fertility enhancement. It stabilizes implantation, supports luteal phase adequacy, and improves endometrial receptivity by nourishing Artava Dhatu.

Shatavari, Ashwagandha, and Sagwan Beej Churna together act as Rasayana and Balya. Shatavari improves follicular development and estrogenic balance, Ashwagandha corrects stress-related hormonal imbalance, and Sagwan Beej supports ovulation.

Phala Ghrita¹⁵ plays a crucial role in Garbhasthapana, enhancing uterine receptivity and sustaining early pregnancy.

Though no significant reduction in fibroid size was seen in this case, the patient felt symptomatically better and regained fertility.

Conclusion

This case demonstrates the effective role of an integrative Ayurvedic approach in the management of secondary infertility associated with uterine fibroids and subclinical hypothyroidism. Infertility in this patient was multifactorial, involving structural uterine pathology (Granthi), endocrine dysfunction (Agnimandya and thyroid imbalance), and disturbed Artava-vaha Srotas. Conventional management in such cases often focuses on hormonal correction or surgical intervention; however, Ayurveda offers a holistic alternative by addressing the root cause (Samprapti) rather than isolated symptoms.

The treatment protocol was systematically planned, beginning with Nidana Parivarjana and Ama Pachana to correct metabolic impairment and prepare the body for further therapies. Yoga Vasti played a pivotal role in pacifying vitiated Vata Dosha, considered the prime regulator of reproductive function. Uttara Vasti acted locally on the uterus, improving endometrial health and restoring uterine receptivity despite the presence of fibroids.

Oral medications such as Kanchanar Guggulu, Kanchanar Kashaya, Prajasthapaka Gana Kwatha, and Phala Ghrita contributed synergistically by reducing fibroid-related pathology, improving hormonal balance, enhancing ovulation, and supporting implantation. Rasayana drugs like Shatavari and Ashwagandha strengthened reproductive tissues and corrected stress-related endocrine disturbances. The gradual normalization of thyroid function further reflects systemic metabolic correction.

The patient achieved spontaneous conception within six months of treatment without surgical intervention, and the pregnancy continued with regular follow-up. This outcome highlights the potential of Ayurveda as a safe, cost-effective, and patient-centered approach for managing complex infertility cases. The case emphasizes the importance of individualized treatment and reinforces Ayurveda's relevance in modern reproductive healthcare.

Patient Consent

The authors certify that appropriate patient consent was obtained. The patient understood that her name and initials would not be published, and due efforts have been made to conceal her identity; identifying details in the reproduced reports have been redacted accordingly.

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