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Case Study

AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY ASSOCIATED WITH CHRONIC PELVIC INFLAMMATORY DISEASE

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ABSTRACT

Secondary infertility is defined as the inability to conceive following at least one prior conception. Pelvic inflammatory disease (PID), a spectrum of ascending infection and inflammation of the upper genital tract, is a significant cause of tubal pathology and subsequent infertility. This case report describes a 34-year-old female presenting with secondary infertility of four years' duration, associated with recurrent vaginal discharge, pruritus, dysmenorrhea, dyspareunia, lower abdominal pain, and low backache. Gynaecological examination revealed cervical erosion, cervical motion tenderness, and adnexal tenderness suggestive of PID. Laboratory investigations showed elevated Antistreptolysin O (ASO) titer and inflammatory markers, indicating a chronic inflammatory state. According to Ayurvedic principles, the condition was diagnosed as *Paripluta Yonivyapad* leading to *Kaka Vandhyata*, resulting from *Vata–Pitta* vitiation, *Ama* formation, and *Srotorodha* involving *Artavavaha Srotas*. Management included *Samana Chikitsa* with drugs possessing *Pitta–Rakta shamana*, *Ama–Shotha hara*, and *Vatanulomana* properties, along with *Shodhana* procedures such as *Virechana* and *Vasti*. *Sthanika chikitsa* including *Yoni Prakshalana* and *Yoni Pichu* was administered to address local pathology. The patient showed marked symptomatic relief, normalization of inflammatory markers, and subsequently conceived naturally, delivering a full-term healthy male baby. This case underscores the potential role of Ayurvedic interventions in the effective management of PID-associated secondary infertility.

INTRODUCTION

Secondary infertility is defined as the inability to conceive following at least one prior conception.[1] In India, infertility affects nearly 8% of currently married women, with 5.8% accounting for secondary infertility. Among the contributing factors, pelvic inflammatory disease (PID) plays a significant role. PID is an ascending infection and inflammation of the upper female genital tract involving the endometrium, fallopian tubes, ovaries, and surrounding pelvic structures. The estimated prevalence of PID among sexually active women aged 18–44 years is approximately 4.4%.

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Chronic inflammation, tubal damage, and pelvic adhesions resulting from PID are well-recognized causes of infertility.[2]

According to Ayurveda, infertility (*Vandhyatva*) may occur as a complication of *Yonivyapad* due to *Dosha* vitiation, *Agni* impairment, *Ama* formation, and *Srotodushti*.[3] The clinical features of PID closely resemble *Paripluta Yonivyapad*, and the secondary infertility arising from these conditions can be correlated with *Kaka Vandhyata*. This case report highlights an Ayurvedic clinical approach in the management of secondary infertility associated with chronic systemic and pelvic inflammatory states, emphasizing the role of *Sodhana* (purificatory therapy) and *Samana* (palliative therapy) and appropriate *Sthanika chikitsa* (local therapeutic intervention) in addressing the underlying pathology and restoring reproductive function.

Case Report

A 34-year-old married female patient presented to the Outpatient Department of Prasuti Tantra and Stree Roga, Government Ayurveda college, Thiruvananthapuram, in May 2022 with complaints of inability to conceive a second child despite three years of unprotected sexual life. She attained menarche at the age of 12 years and had regular menstrual cycles until 19 years of age. Thereafter, her cycles became irregular with prolonged intervals of more than 35 days. She was diagnosed with hypothyroidism at 19 years and was on treatment, following which her menstrual cycles became regular with an interval of 30–35 days. She was married at the age of 26 years to a non-consanguineous partner and conceived within two months of marriage. She delivered a healthy male baby through lower segment caesarean section (LSCS). Barrier contraception was practiced for three years postpartum. Six months after delivery, she developed excessive curdy white vaginal discharge, which was managed with allopathic medications. Over time, she gradually developed symptoms suggestive of pelvic inflammatory disease. At the time of presentation, her chief complaints included inability to conceive, yellowish vaginal discharge associated with itching for the past four months, painful menstruation predominantly during the first two days of the cycle, lower abdominal pain, low backache, and deep dyspareunia persisting for approximately three years.

History of Past Illness

K/C/O Thyroid dysfunction from 19yrs of age
H/O Covid 19 infection January 2022
H/O Dengue fever June 2023
H/O recurrent UTI

Menstrual History

Age of menarche: 12yrs
Cycles: Regular
Interval: 30-35 days
Duration: 6-7 days
Amount of bleeding: Moderate
No. of pads/day: 4 pads/day
Night pad change: Nil
Clots: (+) on D1 and D2
Pain: (++) on D1 and D2
Intermenstrual symptoms: nil
LMP: 01/05/2022
PMP: 01/04/2022

Marital History

Married since: 9 yrs (2015)
Non-consanguineous marriage

Sexual History

Dyspareunia: Deep (++)
Vaginismus: Nil
Post coital bleeding: Nil
Aware of fertile period
Coital frequency: Approximately two to three times per month, reduced due to persistent deep dyspareunia.

Contraceptive History

Used barrier contraceptive methods for spacing after first child for 3 years.

Obstetric History

P1L1A0
Last child birth: 7yrs
Nature of labor: LSCS
Puerperium: Uneventful

Surgical History

LSCS – 7yrs back

Family History

Family history revealed diabetes mellitus in the mother, with no family history of infertility and gynaecological disorders.

Medical History

- Known case of hypothyroidism on regular levothyroxine therapy (88µg and 75µg on alternate days), with thyroid function tests within normal limits.
- History of occasional analgesic use for dysmenorrhea.
- History of prior conventional medical treatment, including vaginal suppositories, for vaginal discharge.

Personal History

Bowel: Constipated
Appetite: Reduced
Micturition: H/O recurrent UTI
Sleep: Day sleep (+) about 2 hours
Reduced sleep at night
Occupation: Teacher
Allergy: Dust allergy (++)
Diet: Mixed, daily intake of fish, prefers spicy, hot and sweet taste.

Taste of food preferred: *Madhura, Amla, Katu*
Vegadharana: Mutra vegadharana, Ratrijagarana
Psychological status: Anxiety, stress

Table 1: Investigations

Blood Investigations 09/05/2022	Hb- 12.4 g% TRBC – 4.5millions/cmm TWBC- 9800 cells/cmm Polymorphs- 44% Lymphocytes- 50% Eosinophils- 06% Monocytes- 0% Basophils- 0% ESR -24mm/hr ASO Titer: 760 IU/ml TSH: 1.75 microIU/ml
Urine routine examination 09/05/2022	Albumin – Nil Sugar – Nil Pus cells- 2-3 /HPF Epithelial cells – 2-3 /HPF RBC- Nil Bacteria – Nil
USG Pelvis (TAS) 18/04/2022	Uterus- AV, 7.1×3.6×4.7 cm ET-12.4 mm Right Ovary – 3.7×2.2 cm Left Ovary – 2.8×2.9 cm Normal study
19/06/2023	CRP: 9.69 mg/L
23/062023	SGOT: 246 U/L SGPT: 302 U/L

General examination

Built: Moderately built
Nutritional status: Moderately nourished
Height: 165 cm
Weight: 70 kg
BMI: 25.7 kg/m^2

Gynecological examination (16/04/2022)

Local examination

Inspection

Vulva: Excoriations seen, vulvitis (+)
Labia: Normal
Normal hair pattern
No discharge present externally
Cystocele: Absent
Rectocele: Absent
Urethrocele: Absent

Per speculum examination

Vagina

Vaginitis: Present
Discharge – Discharge from all fornices
Colour- Yellowish
Consistency – Thin
Odour – Not specific
Amount– Moderate
Abnormal growth – Absent

Cervix

Size – Hypertrophied
Mid position
Cervicitis – Present
Erosion – ++ Present, all around
Polyp – Absent
Abnormal growth – Absent
Ectropion – Absent
Discharge – Present, yellowish
Presence of Nabothian cyst

P/V Examination

Uterus

Size – Normal
Direction – AV
Mobility – Mobile
CMT – Positive
Consistency – Normal

Adnexa

Fornices – Free
Tenderness - + over Lt lateral fornix

Ashtasthana Pareeksha

Nadi: Sadharanam
Mutram: Anavilam
Malam: Badham
Jihwa: Anupaliptam
Sabdam: Spashtam

Sparsam: Anushnaseetam
Drik: Prakrutham
Akriti: Madhyamam

Dasavidha Pareeksha

Dooshyam: Rasa, Rakta, Arthava
Desam: Deham- Garbhasayam,yoni Bhoomi-Sadharana
Balam: Madhyamam
Kalam: Kshanadi- Sarvaritu Vyadhyavastha-Purana
Analam: Mandam
Prakruthi: Vatapitta
Vaya: Madhyamam
Satvam: Madhyamam
Satmyam: Sarvarasa satmyam
Aharam: Abhyavaharana sakti- Madhyamam
Jarana sakti- Vishamam

Male Factor

Male partner aged 44 years had no relevant personal, medical or surgical history. Baseline investigations showed normal blood, urine and semen analysis.

Table 2: Timeline of Events

Date / Period	Observation / Remarks
19 years of age	Irregular menstrual cycles, diagnosed with hypothyroidism; started Levothyroxine therapy, following which menstrual cycles regularized.
26 years (2015)	Marriage to non-consanguineous partner.
Within 2 months of marriage	Conceived naturally
Nature of Delivery	Delivered healthy male baby by LSCS
6 months postpartum	Developed excessive curdy white vaginal discharge; treated with allopathic medications.
2019–2022	Gradual onset of pelvic pain, dysmenorrhea, low backache, deep dyspareunia.
April 2022	First OPD visit for secondary infertility with symptoms suggestive of PID.
May–June 2022	Admitted for Ayurvedic in-patient management.
2022–2023	Regular OPD follow-up; pelvic inflammatory symptoms reduced.
September 2023	Episode of dengue fever with transient elevation of liver enzymes and inflammatory markers; Persistently raised ASO titre and CRP also noted.
Post-dengue period	Laboratory parameters normalized with conservative Ayurvedic management.
20/12/2023	Urine pregnancy test positive.
19/08/2024	Delivered healthy male baby (3.22 kg) by LSCS.

Table 3: Therapeutic Interventions

Phase	Intervention	
In-patient phase (May–June 2022)	***Samana Chikitsa***	
	Internal medications	**Dose**
	(1) *Gandharvahasthadi kashayam + Rasnaerandadi kashayam*	60 ml twice daily before food
	(2) *Guggulupanchapala choornam*	5gm with honey twice daily after food
	(3) *Yogaraja choornam*	5 gm with hot water twice daily after food
	(4) *Valiyamadhusnuhi rasayanam*	5 gm at bed time
	Shodhana Chikitsa	
	Procedures done	**Duration**
	(1) *Choornapinda swedam* with *Kolakulathadi choornam + Rasnajambeeram thalam*	7 days
	(2) *Abhyanga* and *Ooshma swedam* with *Karpooradi taila + Murivenna*	7 days
	(3) *Vicharana snehapana* with *Guggulutiktaka ghritha* (15ml) + *Mahatiktaka ghritha* (10ml)	5 days

	(4) *Virechana* with *Gandharva eranda taila*	1 day
	(5) *Patrapottala swedam* with *Murivenna*	7 days
	(6) *Virechana* with *Gandharva eranda taila*	1 day
	(7) *Vaitarana Vasthi* given as *Yoga vasthi* pattern; *Matravasthi* with *Sahacharadi mezhupakam* (50ml) + *Murivenna* (50 ml)	8 days
	Sthanika Chikitsa	
	Procedure	**Duration**
	(1) *Yonidhawana* with *Panchatiktaka Kashayam*	7 days
	(2) *Yonipichu* with *Murivenna*	7 days
	Discharge Medicines	
	Medicine	**Dose**
	(1) *Vaiswanara Choorna*	5 gm with hot water at 7 am
	(2) *Chiruvilvadi kashayam*	90 ml twice daily before food
	(3) Tab. *Triphala Guggulu*	1 tab thrice daily after food
	(4) *Nagaradi lepa choorna*	External application over low back region
OPD follow-up phase (2022-2023)	**Medicine**	**Dose**
	(1) *Amrutotharam Kashayam + Punarnavadi Kashayam*	60 ml at morning before food
	(2) *Saptasaram Kashayam*	60 ml at evening before food
	(3) *Suryaprabha Gulika*	1-.0-1 after food
Post Dengue Phase (September 2023: Medicines given for 2 weeks)	**Medicine**	**Dose**
	(1) *Pathyashadangam Kashayam*	60 ml twice daily before food
	(2) *Vilwadi Gulika*	1-0-1 before food
	(3) *Dhanwantharam Gulika*	1-0-1 after food
	(4) *Guduchyadi Kashayam*	As *Toya pakam*

OBSERVATIONS AND RESULTS

Table 4: Symptom Assessment and Follow-up (VAS and Clinical Findings)

Parameter	Before Treatment	Post IP Treatment	During OPD follow-up	Post- dengue management
Dyspareunia (VAS)	8	4	2	0
Lower abdominal pain (VAS)	7	3	1	0
Low backache (VAS)	6	3	1	0
Dysmenorrhea (VAS)	6	3	2	1
Vaginal discharge	Moderate, yellowish, itchy	Mild	Minimal	Absent
Cervical motion tenderness (CMT)	Positive	Mildly positive	Negative	Negative
Fornix tenderness	Present (Lt> Rt)	Reduced	Absent	Absent

Table 5: Laboratory Parameters before and after treatment

Parameter	Before treatment	After treatment
ASO titre (IU/mL)	760	303
CRP mg/L	9.69	2.2
SGOT (U/L)	246	21
SGPT (U/L)	302	34
UPT	Negative	Positive (20/12/2023)

DISCUSSION

This case highlights the role of an integrative Ayurvedic approach in the management of secondary infertility associated with chronic pelvic and systemic inflammatory pathology. The chief complaint of the patient was inability to conceive a second child for three years despite regular unprotected sexual life, along with symptoms suggestive of chronic PID. Laboratory investigations revealed persistently elevated inflammatory markers, particularly ASO titre and CRP, while ultrasonography showed no structural abnormalities.

From an Ayurvedic perspective, the condition was diagnosed as *Kaka vandhyata* resulting from *Paripluta Yonivyapad*. On analysing the *Samprapti*, it reveals a background of *Mithya ahara vihara* and *Santarpanajanya nidanas*, leading to *Rasa dhatu dushti*, *Dhatvagni mandya* and *Maragavarana* at the level of *Rasa dhatu*. Improper *Paka* of *Annarasa* resulted in the formation of *ama rasa*, which propelled by *Vyana vayu*, reached pelvic region. The *Pratiloma gati* of *Apana Vayu* caused *Sanga* in the pelvic cavity, producing localized *Sotha,* inflammation of the reproductive tract. This localized inflammatory milieu impaired normal reproductive physiology, manifesting as chronic pelvic pain, dyspareunia and infertility.

Additionally, *Agantuka nidanas*, such as recurrent urinary tract infections and ascending genital infections, contributed to the disease progression. This pathogenesis closely resembles the classical descriptions of *Paripluta yonivapad*. Both *Vagbhatas* have clearly mentioned infertility, chronic pelvic pain and menstrual disturbances as complications of *Yonivyapad*.[3] In this case, the factors contributing to delayed conception in a *Sapraja* woman can be clearly understood in light of the causes described by *Acharya Charaka* as *Yonipradosha* (Chronic pelvic inflammation), *Manaso abhitapa* (chronic illness related stress), *Ahara vihara dosha* (improper diet and lifestyle leading to inflammatory and metabolic disturbances), *Akala yoga* (inadequate coital exposure secondary to dyspareunia) and *Bala Samkshaya* (Systemic inflammatory burden).[4]

The treatment strategy was planned in phases, focusing on correction of *Agni*, elimination of *Ama,* pacification of *Doshas*, resolution of inflammation and restoration of reproductive function. During the first phase of IPD management, *Deepana-Pachana* and *Amapachana* were prioritized. *Gandharvahasthadi Kashaya* was selected for its *Deepana, Pachana, Vatanulomana* and *Malashodhana* properties, while *Rasnaerandadi Kashaya* addressed *Sula* and *Sotha*. *Guggulupanchapala choorna* and *Yogaraja choorna* were included for their *Tridoshasamaka, Krimighna* and anti-inflammatory actions aiding in reducing pain, tenderness, itching and infection[5,6,7]. *Valiyamadhusnuhi Rasayana*, indicated in chronic inflammatory and granulomatous condition, was used to address the chronicity of disease.[8]

Ruksha sweda in the form of *Choorna Pinda Sweda* helped digest ama at the tissue level, improved microcirculation, reduced inflammation and alleviated pain. *Vicharana Snehapana* was done using *Guggulutiktaka Ghrita* and *Mahatiktaka Ghrita* owing to their anti-inflammatory, *Rakta prasadana* and *Srotoshodhana* actions. Subsequently, *Abhyanga* and *Ushma Sweda* with *Karpooradi taila* enhanced local circulation and facilitated drainage of inflammatory exudates. *Virechana* with *Gandharva Eranda Taila* was administered to correct the *Apana Vayu*, eliminate *Pitta* and *Kapha* and reduce systemic inflammation.[9] This was particularly relevant given the persistently raised ASO titre values during this phase. *Patra Pottala Sweda* was used to address the chronic low back ache and musculoskeletal discomfort. *Vaitarana vasthi* was employed considering its indication in *Vata Pradhana rogas*. The *Amahara, Deepana, Pachana, Avarana vatahara* and *Apana anulomana* actions contributed to the resolution of pelvic inflammation and pain.[10]

Sthanika Chikitsa played a crucial role in local disease control. *Yoni Dhavana* with *Panchatiktaka Kashaya* helped pacify *Pitta*, reduce discharge and exert antimicrobial and anti-inflammatory effects, while *Yoni Pichu* with *Murivenna* possibly contributed in relieving pain, tenderness, epithelial healing and reduction of cervical erosion owing to its *Vranashodhana-ropana* and *Sothahara* properties.[11,12]

Despite significant improvement, persistently elevated ASO titres and transiently elevated CRP levels indicated an ongoing systemic inflammatory state. Hence, in the OPD follow-up phase, medications such as *Amrutotharam Kashaya*, *Punarnavadi Kashaya, Saptasaram Kashaya* were used to address systemic

inflammation, improve immunity and restore metabolic balance.[13] *Suryaprabha gulika* with its *Dipana-Pachana, Amashoshana, Srotoshodhana* and *Yogavahi* properties helps relieve the chronic *Ama*-dominant inflammatory state.[14] This approach aligns with contemporary evidence suggesting that chronic inflammation adversely affects fecundity even in eumenorrheic women.

The post dengue transient elevation of SGOT and SGPT likely reflected reversible hepatocellular stress, wherein *Pathyashadangam Kashaya* may have aided recovery through its *Ama-hara*, anti-inflammatory and antioxidant actions.[15] *Vilwadi Gulika* was selected for its anti-inflammatory, antitoxic, immunomodulatory, hepatoprotective and antioxidant actions, while its *Vata-Kaphasamaka* and *Vata-anulomana* effects aid in interrupting inflammatory samprapti.[16] *Guduchyadi gana* administered as *toyapaka* owing to its *Pitta-sleshmaghna*, *Jvaraghna, Dahaghna* and *Trishnaghna* properties also supported the systemic recovery by reducing the inflammatory manifestations.[17]

Following resolution of systemic and pelvic inflammation, the patient conceived spontaneously, highlighting the importance of addressing inflammatory pathology prior to conception. Systemic inflammation has a dual role in female reproduction, being essential for ovulation, implantation, and placentation, while excessive or chronic inflammation adversely affects fecundity. In this case, the patient had persistently elevated CRP and ASO titres despite having a normal BMI, suggesting a non-adiposity-related inflammatory burden, likely secondary to chronic pelvic inflammation and recurrent infections. This aligns with evidence that inflammatory markers like CRP may act as a risk marker of subfertility, reflecting underlying immune-endocrine dysregulation rather than being a direct causal factor. Chronic systemic inflammation is known to interfere with ovulatory function, endometrial receptivity, and implantation through altered cytokine signaling and hormonal responsiveness.[18] Ayurvedic interventions aimed at *Ama pachana, Doshasamana, Srotosodhana*, and *Rasayana* effectively reduced both pelvic and systemic inflammatory markers in this patient. The normalization of CRP levels following treatment, including after a post-dengue inflammatory phase, coincided with restoration of reproductive function and spontaneous conception.

CONCLUSION

This case demonstrates the effectiveness of a comprehensive Ayurvedic approach in the management of secondary infertility associated with chronic pelvic inflammatory disease and systemic inflammatory burden. The patient presented with features suggestive of *Paripluta Yonivyapad* leading to *Kaka vandhyata*, wherein long-standing *Dosha* vitiation, *Agnimandya, Ama* formation and *Srotorodha* at the level of *Artavavaha Srotas* contributed to impaired reproductive function. The staged therapeutic strategy emphasizing *Dipana-Pachana, Amahara, Sothahara, Vata anulomana, Pitta- kapha samana,* and *Srotoshodhana,* followed by *Sodhana* procedures such as *Virechana* and *Vasti*, effectively addressed both local pelvic pathology and systemic inflammation. *Sthanika Chikitsa* aided in resolving local pelvic pathology, while *Rasayana* and immune-modulatory interventions helped normalize persistently elevated inflammatory markers, including during the post-dengue phase characterized by transient hepatic stress. The subsequent spontaneous conception and delivery of a healthy full-term baby indicate restoration of reproductive competence following correction of the underlying inflammatory and metabolic milieu.

This case illustrates how an individualized Ayurvedic approach, directed toward correction of underlying inflammatory and metabolic disturbances, restore reproductive balance and support sustained reproductive health in PID-associated secondary infertility.

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