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Successful pregnancy in unicornuate uterus through Ayurveda: A case report.

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ABSTRACT

In the present case study a 24 year old woman with complaints of unable to conceive and history of previous missed abortion visited OPD of prasuti tantra & stree roga department of MMM government Ayurveda College, Udaipur Rajasthan. On taking proper history she was found to be the rare case of a unicornuate right uterus with rudimentary non-communicating left horn. She had history of severe pain during menses and USG for which suggests a large right ovarian endometriotic cyst (64×44.1×50 mm & vol. 73.8cc) along with follicular retention cyst of size 27×21 mm. She had done with laparoscopic surgery for cystectomy. At the time of surgery she was accidentally diagnosed with unicornuate right uterus having rudimentary non-communicating left horn. Also endometriosis was found to be disseminated to right fallopian tube and ovary as they was adhered to right ovarian fossa and uterus was adhered with anterior and lateral wall. Adhesiolysis along with right ovarian cystectomy and removal of left rudimentary horn was done. Endometriotic spots at uterosacral ligament and posterior wall of uterus was also fulgurated. The right tube and both ovaries were preserved.

Following surgery she tried for conception by ovulation induction drugs of allopathic treatment. But pregnancy ends with missed abortion. After that she was continuously taking allopathic treatment but got no results.

Ayurvedic regime with the goal of achieving successful pregnancy in unicornuate uterus and curing endometriosis was followed. She was treated with Ayurvedic formulations including *Arka patra Swedana* (at lower abdomen specifically at right side considering intact fallopian tube) after local massage with oil, tablet aloes compound, kumaryasav, ashwagandha-shatavari ksheerpak, and Cap. Fertive F. Only Ayurvedic medicines were used during the course of treatment. After two months of treatment she got pregnant and USG findings were suggestive of single live intra uterine pregnancy of 6weeks and 1day. Her pregnancy was uneventful and she delivered full term healthy male child on 16 February 2023. Till date patient is healthy

without any complications regarding menses. Therefore this study was conducted to evaluate one of the treatment regimens for infertility in unicornuate uterus with endometriosis.

Keywords: endometriosis, female infertility, rudimentary horn, unicornuate uterus.

Introduction

A unicornuate uterus accounts for 2.4 to 13% of all Müllerian anomalies. The unicornuate uterus is caused by abnormal or failed development of one Mullerian duct. Unicornuate uterus with functioning non-communicating rudimentary horns are susceptible to many gynaecological and obstetrical complications such as hematometra, endometriosis, infertility, ectopic pregnancy, abortion and pre term deliveries. Endometriosis being the one leads to further poor pregnancy outcomes. Endometriosis is a presence of functioning endometrium at the parts other than uterine cavity.

The presence of it, can result in the formation of scar tissue, adhesions and an inflammatory reaction. It usually is a benign growth having direct impact on fertility.

Case presentation

A female patient, of 24 year old, came in OPD of prasuti tantra & stree roga department of MMM government Ayurveda college, Udaipur Rajasthan on 8 April 2022 with chief complaints of unable to conceive and history of previous missed abortion. When we have taken proper history of patient we found it to be a rare case of a unicornuate right uterus with rudimentary non-communicating left horn . She had history of severe pain during menses for which she was advised for investigations. Her USG reports were suggestive of large right ovarian endometriotic cyst (64×44.1×50 mm & vol. 73.8cc) along with follicular retention cyst of size 27×21 mm. She had done with laproscopic surgery for cystectomy. At the time of surgery, she was accidentally diagnosed with unicornuate right uterus with rudimentary non-communicating left horn. Her right fallopian tube and ovary was also adhered to right ovarian fossa and uterus was adhered with anterior and lateral wall. Adhesiolysis along with right ovarian cystectomy and removal of left rudimentary horn was done. Endometriotic spots at uterosacral ligament and posterior wall of uterus was also fulgurated. The right tube and both ovaries were preserved.

Following surgery she tried for conception by ovulation induction drugs of allopathic treatment. But pregnancy ends with missed abortion. After that she was continuously taking allopathic treatment but got no results. So she came here for the proper management of her complaints specially infertility.

Menstrual history

Patient told that her duration of menstrual cycle was of 4-5 days with regular interval of 28 to 30 days with normal menstrual flow.

Obstetrics history- (G1P0L0A1)

A1=June 2021, missed abortion with sub chorionic haemorrhage

Family history- No relevant family history

Past surgical history – H/O right ovarian cystectomy along with removal of left rudimentary horn and adhesiolysis done.

Personal history– She had slight complaint of constipation and her appetite, sleep, micturition were all normal.

Clinical findings:

General examinations: Built - Normal, Weight- 54.3kg, height-152 cm, pulse rate- 74/min, B.P. -110/70 mm of hg, respiration rate- 16/min, temp.- 98.5 °F

Per abdomen-it was soft, non-tender and no organomegaly was detected.

Physical examination – -

Ashtavidhpariksha

Nadi– VK

Mutra – Samyakmutrapravriti

Mala– vibandh

Jihwa- Sama

Shabda– Samyak

Sparsha- Ushna

Drika– Samanya

Aakriti– Krisha

Dashvidhpariksha Prakriti(nature)-Vatapittaja,

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(moderate capability)

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.

No abnormality found on other system.

TREATMENT SCHEDULE

The treatment was carried out with the following medicines for two months

S. N.	Medicine	Dose
1	Kumaryasava	20 ml BID after meal
2	Ashwagandha Shatavari Ksheer pak	2 tab BID after meal
3	Cap. Fertive F	1tab OD HS
4	Arka patra swedan	Local application over lower abdomen at right side

MediCentre
SONOGRAPHY & CLINICAL LAB

Sample ID : 34205495	Permanent Patient ID : P10101133
NAME : Mrs. KUGUJAN SAMBHA	Reg. Date and Time : 25/08/2020 16:29:04
Age & Sex : 22 Yrs Female	Sample Collection Date :
Fat Name :	Report Date & Time : 25/08/2020 17:36:18
Mobile No : 8769636313	Report Print Date : 25/08/2020 17:36:46
Ref. By : D. [REDACTED]	Report Status : Final
Company :	

USG PELVIS

Urinary bladder is smoothly outlined and well distended.
 Uterus is normal in size (measures 7.2 x 2.9 x 4.2 cms), shape and echotexture.
 Endometrial thickness is 7.2 mm.
 No focal lesion is seen in it.
 Cervix appears normal in echotexture.
There is evidence of endometriotic cyst in right ovary (measures 64.0 x 44.1 x 50.0 mm, Vol. 73.8 cc) & extending in pouch of douglas.
Right ovary shows a follicular retention cyst of size 27 x 21 mm
 Left ovary is normal in size and echogenicity measures 21.5 x 19.5 mm.
 Both adnexal regions are clear.
 Minimal free fluid is seen in pouch of douglas.

Impression: Findings are suggestive of -

- Endometriotic cyst in right ovary.
- Right ovarian follicular retention cyst.
- Minimal free fluid in pouch of douglas.

Adv. Clinical correlation.

Thanks for reference.
 *** End of Report ***

Dr. M. [REDACTED]
 M.D. (Radiologist)
 RMC Reg. No.-16523

Dr. M. [REDACTED]
 M.D. Radio-Diagnosis
 Reg. No. - RMC 16523

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राजकीय आयुर्वेद चिकित्सालय, मोती चौहट्टा-उदयपुर

मदन मोहन मालवीय राजकीय आयुर्वेद महाविद्यालयीय सम्बद्ध चिकित्सालय

बहिरंग रोगी व्यवस्था पत्रक

केन्द्रीय पंजीयन : 20747 विभागीय पंजीयन : 7560 दिनांक 31/5/22

नाम : Mrs. [Redacted] आयु : 23 वर्ष / पुरुष / स्त्री / बालक

पता : [Redacted]

रोग निदान : Badr 2° खन् व्यग्रत्व


प्रमुख वेदना :-

- wants issue.
 - ML 2018 पय.
 K/C/O - unicornuate ut.
 S/M - left salpigelectomy.
 O/M - P1P0 LoAI done 13/12/21.
 A1 - missed abortion + subchorionic haem (June 2021)
 P/M/M 4-5 flex RNF
 28 den LMP
 परीक्षण :- Pair ⊙ 10/4/22
 ↓
 B.P. /mmhg 5/5/22
 PULSE /m 33/5/22
 TEMP F°
 BODY WEIGHT Kg.
 HEIGHT cm.
 प्रयोगशाला परीक्षण :-
 USG on 24/7/22 -
 irreg. G sac to enlarge
 y. sge. CW 10.
 subchorionic haem. - Early Prey
 फथ्य व्यवस्था :-
 Bowel - Constipation
 Bladder - clear
 Appetite (N)
 Sleep (N)


औषध व्यवस्था Day 1.

- Ry
 (1) अश्वगन्धा-चूर्ण-3gms
 शतावरी-चूर्ण-2gms
 1x2
 दूध में उबाल कर सुबह-शाम
 (2) पत्रादि कवाचजन वरी (2) शत को.
 (3) Cap. Festive (Trio).
 खाने के पदन. 1-1
 (4) अर्क पत्र खैरन on Right side only.
 X 15 days
 Shikha

9:30 am



GBH
AMERICAN
HOSPITAL
ISO 9001 : 2015
CIN of AIHML: U85110RJ1997PLC013965



A UNIT OF AMERICAN INTERNATIONAL HEALTH MANAGEMENT LTD. UDAIPUR

DEPARTMENT OF RADIOLOGY

Patient's Name	Mrs. [REDACTED]	Date	12.7.2022
Age	25 Yrs	Sex	Female
Refd. By	Dr. [REDACTED]	GBH No	372227/OPD

OBSTETRIC ULTRASOUND (TVS)

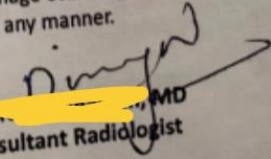
Findings:

- The sonogram shows single live intrauterine fetus.
- The fetal CRL is 5.5 mm corresponding to gestational age of 6 weeks 01 day.
- The fetal heart rate is 127 BPM.
- Bilateral maternal adnexa appear normal.
- Internal Os appears closed at the time of examination.
- LMP- 31.5.2022 ; EDD by LMP -7.3.2023
- EDD by USG -6.3.2023

Impression:

- Single live intrauterine fetus of gestational age of 6 weeks 01 day ± 1 week.

I, Dr. Divya Nijhawan, declare that while conducting ultrasonography/ image scanning on Mrs. Kusum , I have neither detected nor disclosed the sex of her fetus to any body in any manner.


 Dr. [REDACTED] MD
 Consultant Radiologist

Result

After a consecutive treatment of three months patient got pregnant with positive UPT on 3 July 2022 with LMP 31 May 2022. USG findings on 12 Jul. 2022, was suggestive of single live intra uterine pregnancy with gestational age 6 weeks 1 day. Her pregnancy gone smooth without any complications and she gave birth to a full term healthy baby boy on 16 february 2023. On follow up after delivery her pain during menses also get completely resolved and she becomes completely cured with Ayurvedic treatment. There is no recurrence of any symptoms and signs until now.

Patient consent:

Written consent for publication of this case study in your journal was obtained from the patient.

Pathya-Apathya:

To avoid Physical strenuous activity, lying in prone position To avoid psychological stress. To avoid spicy and excessive foods, fast foods (pasta, peaches, pizzas), baked goods, fermented foods and cold drinks. To consume more green leafy vegetables (spinach, cabbage, capsicum, broccoli), sesame seeds, flax seeds, sunflower seeds, pumpkin seeds, fruits (orange, apple, papaya), and jiggery in diet.

Ahwagandha Shatavari Ksheer paak

Ashwagandha:

Helps in the treatment of menstrual disorders by balancing female hormones. Several studiesⁱ highlight the benefits of ashwagandha supplements in **decreasing stress** and **anxiety levels** by lowering the cortisol level.

This maintaining HPO axis, it works great in maintaining hormonal imbalance thus menstrual cycle. Moreover, its roots have therapeutic properties that improve the endocrine system, regulating adrenal and thyroid glands. These glands play a vital role in **balancing the reproductive hormones**. Further, hormonal balance plays an **active role in treating female fertility**.

Studiesⁱⁱ have showed that Ashwagandha contains traces of WA or Withanolide Phytochemicals that play a vital role in reducing inflammation. The withaferin compound in ashwagandha induces apoptosis (death of unwanted cells). Thus helps in prevention of recurrence of endometriosis and its inflammatory response

Shatavari:

Shatavari is known to regulate estrogen and support the production of luteinizing hormone, which is responsible for triggering ovulation. Shatavari thus helps in regulating menstrual cycles, which can be important for conceiving. Along with being a rejuvenating herb, it aids in treating female infertility by increasing libido, curing sexual organs' inflammation and enhancing folliculogenesis and ovulation, preparing the uterus for conception, preventing miscarriages, and acting as a postpartum tonic by increasing lactation.ⁱⁱⁱ

Ksheerpaka kalpna

The preparation media (milk) in ashwagandha shatavari ksheerpaak^{iv} helps to reduce tikshnatva/toxicity of tikshna dravyas, such as ashwagandha and to increase efficacy of both drugs.

Fertive F capsules^v

It is a natural herbal remedy for female infertility also a wonderful herb used for the sterility treatment.

Supports normal functioning of female organs and help to balance female hormones for Normal growth of Foetus, Habitual Abortion, Regulating Hormones, Boosting Libido, Aiding Fertility

Arka patra sweda^{vi}

Circular motion massage on right side of lower abdomen with any oil followed by swedan with arka patra was done. Massage increases blood flow and metabolism, relieves local stiffness and congestion.

Properties of arka patra such as katu rasa, laghu teekshna guna, ushna veerya balances vata kapha and has anti-inflammatory action. Swedan prevents water retention, improves blood circulation in the body, soothes the nerves and offers relief from neuralgic pain caused by nerve disorders. It also helps to eliminate toxins from the body through sweating. It released pain, relaxed the muscles, activated the local metabolic process, increased local blood flow, and thus increased the absorption of Sneha through the skin.

Kumaryasava

Endowed with prominent hepatoprotective and hepatostimulative properties, this perfected aloe-rich formulation offers a magical remedy for treating liver abnormalities. Kumaryasava not only decreases the bilirubin levels in the blood but also detoxifies the liver and boosts overall liver functions. Liver plays a chief role in metabolism of sex steroid hormones thus supporting healthy functioning of menstrual cycle and thus fertility. Additionally, the Ushna or hot potency of the herbs in use also helps in managing menstrual abnormalities like dysmenorrhea and pain of endometriosis. *Kumaryasava* is recommended as it increases blood flow and regulates the menstrual cycle.

Conclusion

In the modern system of medicine, hormonal and surgical interventions are the only options available for endometriosis and infertility. However complications after treatment of endometriosis including relapse of disease, infertility, increase risk of abortion are common. Similarly having unicornuate uterus increases risk of recurrent abortion and premature delivery. Failure of ovulation induction drugs with other complications of ovarian hyperstimulating syndrome (OHS) and multiple pregnancy also known. Proper line of Ayurvedic

management not only help in successful conception but also uncomplicated pregnancy till term without recurrence of disease in future. '*Beeja shuddhi*', '*kshetra nirmana*' and '*garbha sthapana like property of Ayurvedic drugs play significant role in achieving pregnancy and positive outcomes of term delivery*'. From this case study, we can conclude that Ayurvedic medicines are effective in treating infertility in Unicornuate uterus with endometriosis with success. In addition, there is a further need for studies over longer periods and on a large sample.

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