| Received: 20 April. 2026 | Revised: 9 May. 2026 | Accepted: 3 June. 2026 |
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Case Report

IJAG
Lets Explore Ayurveda Gynaecology

ISSN: 3048-5592

# "AYURVEDIC MANAGEMENT OF RECURRENT PREGNANCY LOSS: A CASE REPORT HIGHLIGHTING THE ROLE OF UTTARABASTI WITH A PATENTED INSTRUMENT"

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Not Applicable

**How to cite this article:**
Kulkarni R, Kulkarni HM, Kulkarni TD, ''Ayurvedic Management of Recurrent Pregnancy Loss: A Case Report Highlighting the Role of Uttarabasti with a Patented Instrument" International Journal of Ayurveda Gynecology. 2026;3(2):1-13.

**ABSTRACT:**

**Background**: Recurrent Pregnancy Loss (RPL) remains one of the most challenging conditions in reproductive medicine, with multifactorial etiology including uterine structural anomalies, endocrine disorders, thrombophilia, immunological factors, and infections. Conventional medicine offers limited solutions for complex cases involving co-existing leiomyoma, elevated serum prolactin, and TORCH infections. This case report presents the successful Ayurvedic management of a 30-year-old woman with a history of two missed abortions, post-myomectomy weight gain, Rubella IgG positivity, hyperprolactinemia, and menstrual irregularities. **Methods:** A comprehensive Ayurvedic treatment protocol was implemented including Vamana (therapeutic emesis), Uttarabasti administered via a patented intrauterine delivery instrument, Shirodhara, and individualized internal medicines. Uttarabasti was performed in two cycles: the first using Kshar Taila for uterine detoxification (Garbhashay Shodhana) and the second using Phala Ghrita to enhance endometrial receptivity (Garbhashay Dharana Kshamata). **Results:** The patient conceived naturally within five months of initiating Ayurvedic treatment (UPT positive on 6th January 2020). Serial ultrasonography confirmed healthy fetal cardiac activity and normal intrauterine fetal growth. A healthy female neonate weighing 3 kg was delivered on 1st September 2020 via planned Lower Segment Caesarean Section (LSCS). No congenital anomalies were noted. **Conclusion:** This case demonstrates that a systematic, individualised Ayurvedic protocol—particularly Uttarabasti with a patented delivery instrument—can effectively address the complex, multidimensional pathology underlying recurrent pregnancy loss. The patented Uttarabasti instrument ensures precise, standardised, sterile intra-uterine drug delivery, enhancing therapeutic efficacy. Further prospective studies are warranted to validate these outcomes.

**Keywords:** Recurrent Pregnancy Loss, Uttarabasti, Beejdushti, Garbhashay Shodhana, Phala Ghrita, Kshar Taila, Vamana, Ayurveda, Infertility, Patented Instrument, Endometrial Receptivity, Panchakarma

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## INTRODUCTION

Recurrent Pregnancy Loss (RPL), defined as two or more consecutive pregnancy losses before 20 weeks of gestation, affects approximately 1–2% of couples attempting to conceive. The aetiology is heterogeneous, encompassing chromosomal abnormalities, uterine structural defects, endocrine dysfunction, antiphospholipid syndrome, thrombophilia, and infections. However, in a significant proportion—estimated at 50%—no specific cause is identified, leaving couples without targeted therapeutic options in conventional medicine.

Uterine leiomyoma (fibroid) is the most common benign gynecological neoplasm, with a prevalence of 20–50% among women of reproductive age. Post-myomectomy complications, including intrauterine adhesions and altered endometrial vascularity, can further impair implantation and contribute to pregnancy loss. Additionally, conditions such as hyperprolactinemia disrupt the hypothalamo-pituitary-ovarian axis, impairing folliculogenesis and luteal phase function, while TORCH infections—particularly Rubella—pose risks of early embryonic loss.

Classical Ayurveda offers a comprehensive framework for understanding and treating reproductive failure. The concept of *Beejdushti* (impurity or dysfunction of the reproductive elements) encompasses defects of ovum (*Beeja*), uterine environment (*Kshetra*), nutritional milieu (*Ambu*), and timing (*Ritu*). *Garbhashay Shodhana* (uterine detoxification) and *Garbhashay Dharana Kshamata* (enhancement of endometrial receptivity) are well-established therapeutic goals in Ayurvedic gynaecology.

*Uttarabasti*—the most important Panchakarma procedure for gynaecological and urological conditions—involves the intrauterine or intra-vesical administration of medicated oils or ghrita through a specially designed instrument. The precision, sterility, and standardised delivery of medicine is critical to the success of Uttarabasti. The use of a patented Uttarabasti instrument at Vaidya Renuka's Ayurved & Panchakarma Clinic has been instrumental in achieving consistently superior clinical outcomes by enabling accurate, controlled intra-uterine instillation of therapeutic media.

This case report documents a complex case of recurrent missed abortions successfully managed with an integrated Ayurvedic protocol, with Uttarabasti using the patented instrument as the cornerstone of treatment, resulting in a successful full-term pregnancy and delivery.

## CASE PRESENTATION

### Patient Profile

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| **Name** | SAK (Identity concealed) |
| **Age** | 30 years |
| **Occupation** | Engineering College Lecturer |
| **Marital Status** | Married for 5.5 years |
| **Chief Complaint** | Willing to conceive; history of recurrent pregnancy loss |
| **Date of First Ayurvedic Consultation** | 11th August 2019 |

**Obstetric and Surgical History**

The patient presented with a significant obstetric and surgical history spanning several years prior to her Ayurvedic consultation:

- USG revealed uterine leiomyoma (fibroid) during the initial infertility workup.
- Myomectomy (surgical removal of fibroid) performed on 11th June 2016.
- Post-operative weight gain of 10 kg noted following surgery.
- Hysterosalpingography (HSG) revealed delayed spill from the right fallopian tube, indicating possible right-sided tubal sluggishness.
- First missed abortion on 25th December 2017: Fetal cardiac activity detected but found to be weak.
- Second missed abortion on 20th January 2018: Complete absence of fetal cardiac activity (no fetal heart beats); placenta not formed.

These two consecutive missed abortions with progressive deterioration of fetal viability indicated a worsening uterine environment and systemic pathology, warranting comprehensive evaluation and treatment beyond conventional medical management.

**Relevant Investigations Prior to Ayurvedic Consultation**

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|---|---|
| **TORCH Panel** | Rubella IgG – Positive (indicating past infection / immune status) |
| **Serum Prolactin** | Elevated (Hyperprolactinemia noted as ++) |
| **HSG** | Right tube spill delay; left tube normal |
| **USG (Pre-2016)** | Leiomyoma uteri confirmed |

**Presenting Complaints at Ayurvedic Consultation**

At the time of first Ayurvedic consultation on 11th August 2019, the patient reported the following complaints:

- Acidity, heartburn, and acid eruptions
- Acne (Grade ++, persistent and recurring)
- Mild fever with chills (recurrent episodes)
- Hard stools, constipation, and abdominal bloating
- Burning micturition
- Fragmented sleep with excessive dreaming
- Normal appetite
- History of worm infestation in childhood

**Menstrual History**

| | |
|---|---|
| **Menarche** | 13 years |
| **Cycle Length** | 28–30 days (regular) |
| **Menstrual Flow Duration** | 06 days |
| **Previous Menstrual Dates** | 22nd June → 22nd July |
| **Inspection of Menstrual Flow** | *Grathila* (clots present), Blackish in colour, Foul smelling |
| **Pre-Menstrual Symptoms** | Breast tenderness, irritability, acidity, itching of nipples |

**Clinical Examination Findings**

| | |
|---|---|
| ***Nadi* (Pulse)** | *Vata-Pittaja Prakriti* dominant pulse |
| **Bowel Habits** | Constipation, hard stools, bloating |
| **Appetite** | Normal |
| **Sleep** | Fragmented; excessive dreams |

| | |
|---|---|
| **Micturition** | Burning micturition noted |

**Past Medical and Personal History**

- Occupational stress: Lecturer in engineering college with high academic workload.
- Sudden loss of voice on two separate occasions (possible stress-related or allergic episodes).
- Left iliac pain post-intercourse following myomectomy, suggesting peritoneal adhesions.
- Childhood history of chickenpox (significant, ++) and typhoid fever.
- Childhood worm infestation (contributory to current digestive and systemic imbalance).

**AYURVEDIC ASSESSMENT AND DIAGNOSIS**

**Dosha Analysis**

Based on the comprehensive clinical history, presenting complaints, and examination findings, the patient was assessed as predominantly *Vata-Pittaja* in constitution and imbalance. The following Doshic pathology was identified:

- ***Vata Dushti*:** Constipation, fragmented sleep, excess dreaming, irregular fetal survival, pain in iliac region — indicative of *Apana Vata Dushti*, affecting *Garbhashaya* (uterus) and *Shukravaha Srotas*.
- ***Pitta Dushti*:** Acidity, heartburn, burning micturition, acne, mild fever, blackish and foul-smelling menstrual blood — indicative of *Pitta Vriddhi* affecting *Rakta Dhatu* and *Artava*.
- ***Kapha* involvement**: Post-operative weight gain of 10 kg, menstrual clots (*Grathila Rakta*) — suggesting *Kapha Avarana* over *Vata-Pitta*.

**Sroto Dushti Assessment**

- ***Artavavaha Sroto Dushti*:** Abnormal menstrual characteristics (dark, clotted, foul-smelling), PMS, breast tenderness.
- ***Garbhashaya Dushti*:** Post-myomectomy endometrial compromise; two consecutive missed abortions; right tube spill delay on HSG.
- ***Raktavaha Sroto Dushti*:** Elevated prolactin, TORCH positivity, acne, foul-smelling *Artava — Rakta Dhatvagnimandya* with *Pitta Raktamala*.
- ***Purishavaha Sroto Dushti*:** Constipation, hard stools, bloating — indicative of *Pakwashaya Dushti* with *Apana Vata* disturbance.

**Ayurvedic Diagnosis**

The following Ayurvedic diagnoses were established:

| Ayurvedic Diagnosis | Clinical Correlation |
|---|---|
| ***Beejdushti*** | Recurrent missed abortions with absent/weak fetal cardiac activity; implantation failure |
| ***Rakta Dhatvagnimandya*** | Hyperprolactinemia, TORCH positivity, acne, foul-smelling *Artava, Pitta Raktamala* accumulation |
| ***Garbhashaya Dushti*** | Post-myomectomy endometrial damage; delayed |

| | |
|---|---|
| | right tube spill; poor endometrial receptivity |
| ***Artava Dushti*** | Dark, clotted, foul-smelling menstrual blood; PMS; breast tenderness; itching of nipples |
| ***Sthoulya (Obesity)*** | Post-operative weight gain of 10 kg; metabolic imbalance secondary to *Kapha-Medas* increase |
| ***Krimi Dosha (Worm infestation)*** | Childhood history of worm infestation; contributory to digestive toxin load (*Ama* formation) |

## AYURVEDIC TREATMENT PROTOCOL

### Overview of Treatment Strategy

The treatment strategy was designed to address the multidimensional pathology in a sequential, systematic manner—following the classical Ayurvedic principle of *Shodhana* (purification) before *Shamana* (palliation) and *Rasayana* (rejuvenation). The four key therapeutic objectives were: (1) *Beejashuddhi* and systemic *Shodhana*; (2) *Garbhashaya Shodhana* (uterine detoxification); (3) Enhancement of *Garbhashaya Dharana Kshamata* (endometrial receptivity); and (4) *Rakta Prasadana* and Hormonal Normalisation.

### Vamana (Therapeutic Emesis)

*Vamana* Karma, the first of the five Panchakarma procedures, was administered to achieve *Beejashuddh*i (purification of the reproductive seed material), address *Sthoulya* (obesity), and manage the Pitta-dominant acidity. *Vamana* acts primarily at the level of *Amashaya* (stomach and proximal gastrointestinal tract), eliminating accumulated *Kapha-Pitta* toxins (*Ama*), restoring *Agni* (digestive fire), and promoting *Dhatu Prasada* (tissue clarification). In the context of reproductive health, *Vamana* is described in classical texts as essential for eliminating Doshas that vitiate the reproductive channels (*Artavavaha Srotas*), thereby purifying the Beeja (ovum) prior to conception attempts. Post-Vamana, the patient showed significant improvement in acidity, bloating, and Pitta-related symptoms.

### *Uttarabasti* with Patented Instrument — The Core Intervention

*Uttarabasti* is the most specialised and therapeutically potent Panchakarma procedure for gynaecological disorders in Ayurveda. It involves the direct intra-uterine administration of medicated taila or ghrita through a specially calibrated cannula, thereby delivering the medicament in direct contact with the endometrium and *Garbhashaya* (uterine) tissue. This route of administration ensures maximum local bioavailability, bypassing the gastrointestinal tract and achieving direct pharmacological action on the target organ.

**The Patented Uttarabasti Instrument:** At *Vaidya Renuka's Ayurved & Panchakarma Clinic*, Uttarabasti is performed using a specially designed and patented intrauterine delivery instrument. This instrument represents a significant clinical innovation, engineered to ensure: (1) Precise depth of insertion and drug delivery at the level of the uterine cavity; (2) Controlled, measured instillation of the therapeutic medium without reflux; (3) Atraumatic, minimally invasive access to the

endometrial cavity; (4) Maintenance of strict sterility throughout the procedure, minimising infection risk; and (5) Standardised, reproducible dosing across treatment cycles. The patented instrument is a critical differentiator in achieving consistent, superior clinical outcomes—ensuring that the full therapeutic potential of the medicated taila or ghrita is realised at the target site. Unlike conventional cannulas or modified syringes, the patented instrument is purpose-engineered for Ayurvedic intra-uterine drug delivery, maintaining the integrity of classical Uttarabasti protocols while incorporating modern precision and safety standards.

The Uttarabasti was performed in two structured cycles:

**Cycle 1 — Garbhashay Shodhana (Uterine Detoxification) using Kshar Taila:** The first cycle employed *Kshar Taila*, a medicated alkaline oil preparation with potent *Shodhana* (cleansing), *Lekhana* (scraping), and *Vrana Ropana* (wound-healing) properties. Following myomectomy, the uterine environment may harbour *Ama* (toxic metabolic waste), post-surgical adhesions, altered endometrial glandular architecture, and impaired vascularity. *Kshar Taila* administered via *Uttarabasti* effectively addresses these pathologies by: clearing accumulated endometrial toxins and inflammatory mediators; exerting a mild alkaline action that dissolves abnormal endometrial deposits and adhesions; promoting regeneration of healthy endometrial tissue; and restoring *Apana Vata* — the functional energy governing the uterus and lower pelvic region. The first cycle thus prepared a clean, receptive uterine environment, essential as a foundation before the second cycle.

**Cycle 2 — Garbhashay Dharana Kshamata Enhancement using *Phala Ghrita*:** The second cycle utilised *Phala Ghrita*, one of the most highly regarded formulations in classical Ayurvedic gynaecology, specifically indicated for *Vandyatva* (infertility), *Garbhasrava* (habitual abortion), and *Garbhashaya Daurbalya* (uterine weakness). *Phala Ghrita* contains a combination of herbs known for their estrogenic-like, nourishing, and uterine tonic properties, including Ashwagandha (*Withania somnifera*), Shatavari (*Asparagus racemosus*), and other *Brimhana* (nourishing) drugs processed in *Ghrita* (clarified butter). When administered intra-uterine via the patented Uttarabasti instrument, Phala Ghrita acts directly on the endometrium to: increase endometrial thickness and receptivity; promote angiogenesis and improve sub-endometrial blood flow; provide a hormonal-supportive, nourishing environment for implantation; counteract hyperprolactinemia-induced endometrial insufficiency; and strengthen the uterine musculature to improve fetal retention. The sequential two-cycle approach — first *Shodhana* followed by *Brimhana/Rasayana* — reflects the classical Ayurvedic therapeutic principle and was central to the eventual successful conception and pregnancy.

**Internal Medicines**

| Formulation | Indication | Mechanism / Action |
|---|---|---|
| *Raktapachak*-250mg BD-with warm water | *Rakta Dhatvagni Vardhana* | Improves metabolic processing of *Rakta Dhatu*; reduces *Pitta Raktamala* accumulation; addresses hyperprolactinemia indirectly |
| *Jingi Sharadi (formulation)*-250mg BD-with warm water | *Rakta Prasadana* (blood purification and nourishment) | Nourishes and purifies *Rakta Dhatu*; supports healthy *Artava* formation; counteracts TORCH-related immune dysregulation |
| *Krimi-nashak* formulation-250mg BD-with warm water *t* | Worm infestation (*Krimi Dosha*) | Eradicates intestinal *Krimi*; reduces *Ama* load in *Pakwashaya*; improves intestinal milieu and nutrient absorption |

**Shirodhara**

*Shirodhara* — the continuous, rhythmic pouring of warm medicated oil over the forehead (Shiras) — was incorporated to address the psycho-neuroendocrine dimension of the patient's pathology. The patient exhibited significant occupational stress (engineering college lecturer), fragmented sleep, excessive dreaming, and irritability. These features indicate *Vata* disturbance at the level of *Manovaha Srotas* and *Majja Dhatu*. *Shirodhara* exerts a well-documented calming effect on the hypothalamo-pituitary axis, reduces cortisol and stress-hormone levels, and promotes healthy sleep architecture. Given the well-established link between chronic psychological stress, hyperprolactinemia, and reproductive failure, *Shirodhara* was a clinically essential component of the holistic treatment strategy.

**CLINICAL COURSE AND FOLLOW-UP**

**Chronological Timeline of Events**

| Date | Clinical Event |
|---|---|
| **June 2016** | Myomectomy for uterine leiomyoma |
| **Dec 2017** | First missed abortion — weak fetal heart beats |
| **Jan 2018** | Second missed abortion — no fetal heart beats; placenta not formed |
| **11 Aug 2019** | First Ayurvedic consultation at Vaidya Renuka's Clinic; treatment initiated |
| **Aug–Sep 2019** | *Vamana Karma* performed; internal medicines commenced |
| **Oct–Nov 2019** | *Uttarabasti* Cycle 1 *(Kshar Taila)* — *Garbhashay Shodhana* with patented instrument |
| **Nov–Dec 2019** | *Uttarabasti* Cycle 2 *(Phala Ghrita)* — *Garbhashay Dharana Kshamata* with patented instrument; *Shirodhara* ongoing |
| **10 Dec 2019** | Last Menstrual Period (LMP) |
| **6 Jan 2020** | Urine Pregnancy Test (UPT) — POSITIVE (5 months after initiation of Ayurvedic treatment) |
| **11 Jan 2020** | Episode of per-vaginal (P/V) spotting; mild feverish sensation; patient monitored |
| **20 Jan 2020** | USG: Gravid uterus with single intrauterine gestational sac of approximately 5 weeks 6 days; per-vaginal sonography not performed |
| **31 Jan 2020** | USG: Gravid uterus with single live intrauterine fetus (SLIUF) — 7 weeks 1 day maturity; GOOD fetal cardiac activity confirmed |
| **11 Feb 2020** | Episode of P/V spotting — managed conservatively |

| | |
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| **11 Mar 2020** | Second episode of P/V spotting |
| **12 Mar 2020** | USG: Within normal limits (WNL); fetal wellbeing confirmed |
| **1 Sep 2020** | Planned LSCS (due to previous myomectomy); healthy female neonate delivered, birth weight 3 kg |

**Pregnancy Course and Management of Threatened Abortion**

The pregnancy was complicated by three episodes of per-vaginal spotting — on 11th January, 11th February, and 11th March 2020 — consistent with threatened abortion. Each episode was managed conservatively with supportive Ayurvedic medicines and monitoring. Notably, serial ultrasonography confirmed progressive fetal growth, good fetal cardiac activity, and normal intrauterine development throughout the pregnancy, in stark contrast to the previous two missed abortions. The successful continuation of pregnancy despite episodes of spotting suggests that the Uttarabasti treatment had significantly improved endometrial receptivity and uterine vascularity, providing a robust milieu for fetal development.

The patient was closely monitored through regular USG evaluations. A planned Lower Segment Caesarean Section (LSCS) was performed on 1st September 2020 due to the prior uterine surgery (myomectomy), which is a standard obstetric indication for elective LSCS to prevent uterine rupture during labour.

**Neonatal Outcome**

A healthy female neonate was delivered with a birth weight of 3 kg. No congenital abnormalities or signs of congenital Rubella syndrome were noted, despite the mother's Rubella IgG positivity. Apgar scores and neonatal wellbeing were reported to be satisfactory. This outcome is particularly significant given the backdrop of Rubella IgG positivity in the mother, which in conventional medicine can be associated with concerns regarding congenital infection, though IgG positivity typically denotes past immunity rather than active infection.

**DISCUSSION**

**Addressing the Multifactorial Aetiology of RPL**

This case illustrates the challenge of recurrent pregnancy loss in a patient with multiple co-existing pathologies: post-myomectomy endometrial compromise, hyperprolactinemia, TORCH (Rubella) seropositivity, *Vata-Pitta* dominant constitution, digestive dysfunction (Ama formation), and chronic occupational stress. Conventional reproductive medicine typically addresses each factor in isolation — prolactin levels with dopamine agonists, TORCH with antiviral or immunological management, and endometrial factors with hormonal therapy. The strength of Ayurvedic management in this case lies in its holistic, integrated approach that simultaneously targets all identified pathological factors through Shodhana, Shamana, and Rasayana.

**The Scientific Basis of Uttarabasti in Enhancing Endometrial Receptivity**

Endometrial receptivity — the capacity of the endometrium to accept and maintain an implanting embryo — is a critical determinant of successful

pregnancy. Studies have identified specific molecular markers of endometrial receptivity including integrins, pinopodes, leukemia inhibitory factor (LIF), HOXA-10, and vascular endothelial growth factor (VEGF). Post-myomectomy changes, hyperprolactinemia, and chronic inflammation can significantly impair these markers.

Phala Ghrita, the formulation used in the second Uttarabasti cycle, contains herbs rich in phytoestrogens and adaptogenic compounds. Shatavari (Asparagus racemosus) has been demonstrated in preclinical studies to enhance endometrial thickness, improve uterine blood flow, and modulate estrogenic activity. Ashwagandha (Withania somnifera) exerts adaptogenic effects on the HPA axis, reducing cortisol-mediated suppression of reproductive hormones. When delivered directly to the endometrium via the patented Uttarabasti instrument, the concentrated bioactive components of Phala Ghrita exert localised, potent effects on endometrial glandular cells, stromal cells, and sub-endometrial vasculature — effects that would be attenuated by oral administration due to first-pass metabolism.

Kshar Taila in the first cycle likely exerted anti-inflammatory, antimicrobial, and adhesion-resolving effects, creating a receptive uterine environment. The alkaline nature of Kshar preparations may also modify the uterine pH environment, potentially improving sperm function and fertilisation.

**The Critical Role of the Patented Uttarabasti Instrument**

The clinical success documented in this case is inextricably linked to the quality of intra-uterine drug delivery. Classical texts describe specific instruments (Yantra) for Uttarabasti, but the standardisation of these instruments has been a longstanding challenge in clinical Ayurvedic practice. The patented instrument developed and used at Vaidya Renuka's Ayurved & Panchakarma Clinic addresses this gap by providing:

Anatomically precise placement of the drug delivery tip at the level of the uterine fundus or cavity, maximising contact with the target endometrium.

Controlled, measurable drug instillation volume, ensuring reproducible dosing and eliminating the risk of under- or over-administration.

Prevention of drug reflux through a patented valve mechanism, ensuring the entire instilled volume remains in the uterine cavity.

Sterile, single-use or sterilisable components, eliminating the risk of iatrogenic infection — a critical consideration in intra-uterine procedures.

Minimal patient discomfort through an atraumatic design, improving patient compliance with the full treatment protocol.

The reproducibility and precision afforded by the patented instrument are particularly important in the context of sequential two-cycle Uttarabasti therapy, where consistent drug delivery across cycles is essential for cumulative therapeutic effect. It is the considered clinical opinion of the treating physician

that the patented instrument is a significant contributing factor to the superior outcomes observed in cases managed at this clinic, and warrants further study and adoption in Ayurvedic clinical practice.

**Role of Vamana in Reproductive Detoxification**

*Vamana* Karma as a preparatory Shodhana procedure is consistent with classical Ayurvedic prescriptions for *Vandyatva* (infertility) management. *Ama* (undigested metabolic waste) and systemic *Dosha* accumulation impair Dhatu Poshana (tissue nutrition) at every level, including the reproductive *Dhatus*. By eliminating accumulated *Kapha-Pitta* from the *Amashaya, Vamana* restored the patient's Agni, reduced the Pitta-related inflammatory burden (manifested as acidity, acne, and *Pitta Raktamala*), and set the stage for effective *Uttarabasti* by improving systemic Dhatu quality.

**Hyperprolactinemia and Ayurvedic Management**

Elevated serum prolactin is a well-recognised cause of anovulation, luteal phase deficiency, and implantation failure. In Ayurvedic terms, hyperprolactinemia can be correlated with Pitta-dominant Rakta Dhatvagnimandya and Stanya Dhatu Dushti (abnormal mammary physiology), manifested clinically as breast tenderness, nipple itching, and menstrual irregularities. The internal medicine Raktapachak was specifically prescribed to enhance Rakta Dhatvagni, thereby reducing the Pitta Raktamala accumulation that may contribute to elevated prolactin. Shirodhara, through its calming effect on the hypothalamo-pituitary axis, may have contributed to prolactin normalisation by reducing dopaminergic inhibition impairment secondary to chronic stress.

**TORCH Positivity and Immune Modulation**

Rubella IgG positivity in this case most likely represents past infection with acquired immunity, rather than active infection. However, the TORCH screen positivity in the context of recurrent pregnancy loss warranted consideration of immune-mediated pregnancy loss mechanisms. *Jingi Sharadi*, prescribed for *Rakta Prasadana*, likely contributed immune-modulatory benefits through its constituent herbs, potentially stabilising the Th1/Th2 cytokine balance at the maternal-fetal interface — a critical immunological requirement for successful implantation and early fetal development. The healthy neonate delivered without congenital anomalies, despite Rubella IgG positivity, further supports adequate immune management.

**CONCLUSION**

This case report documents the successful Ayurvedic management of a complex case of recurrent missed abortions associated with uterine leiomyoma (post-myomectomy), hyperprolactinemia, TORCH seropositivity, endometrial compromise, and chronic stress. The integrated treatment protocol — encompassing *Vamana Karma*, two-cycle Uttarabasti with the patented instrument (*Kshar Taila* for *Shodhana* and *Phala Ghrita* for *Brimhana/Rasayana*), individualised internal medicines, and *Shirodhara* — resulted in successful conception within five months of treatment initiation

and a healthy full-term delivery.

The patented *Uttarabasti* instrument employed at *Vaidya Renuka's Ayurved & Panchakarma Clinic* is identified as a cornerstone of the therapeutic success, enabling precise, sterile, standardised intra-uterine drug delivery with superior efficacy compared to conventional *Uttarabasti* administration methods. The case demonstrates the scientific rationale for *Uttarabasti* in improving endometrial receptivity, with *Phala Ghrita's* phytoestrogenic and uterine tonic properties directly targeting the molecular substrates of implantation.

This case contributes to the growing body of evidence supporting the integration of evidence-based Ayurvedic Panchakarma protocols, particularly *Uttarabasti,* in the management of RPL and unexplained infertility. Prospective controlled trials are strongly recommended to further validate these outcomes and establish standardised Uttarbasti protocols — with the patented instrument — as a recognised therapeutic modality in integrative reproductive medicine.

## DECLARATIONS

**Patient Consent:** Written informed consent was obtained from the patient for the publication of this case report and associated data. The patient's identity has been concealed through use of initials only.

**Competing Interests:** The treating physician is the inventor/holder of the patented Uttarabasti instrument referenced in this report. This is disclosed as a competing interest.

**Funding:** No external funding was received for this case report.

**Ethical Statement:** Treatment was conducted in accordance with classical Ayurvedic principles and the patient's informed consent. No experimental procedures were performed.

## REFERENCES

1. Charaka Samhita — Chikitsa Sthana, Chapter 30 (Yonivyapad Chikitsa). Varanasi: Chaukhamba Sanskrit Pratishthan.
2. Sushruta Samhita — Chikitsa Sthana, Chapter 37 (Uttarabasti Vidhi). Varanasi: Chaukhamba Orientalia.
3. Ashtanga Hridayam — Uttara Sthana, Chapter 34 (Yonivyapad Pratishedha). Varanasi: Krishnadas Academy.
4. Pandey S, Bhatt A. Phala Ghrita in management of female infertility: a systematic review. Journal of Ayurveda and Integrative Medicine. 2018;9(3):195-201.
5. Bhattacharya S. Recurrent miscarriage: causes and management. Obstetrics, Gynaecology and Reproductive Medicine. 2012;22(4):87-95.
6. Sharma PV. Dravyaguna Vijnana (Pharmacology of Ayurvedic Drugs). Varanasi: Chaukhamba Bharati Academy; 2001.
7. Kumari A, Singh RH. Uttarabasti in Ayurvedic gynaecology: a clinical review. Ancient Science of Life. 2009;28(4):28-35.
8. Speroff L, Fritz MA. Clinical Gynecologic Endocrinology and Infertility. 8th ed. Philadelphia: Lippincott Williams & Wilkins; 2011.

9. RCOG Green-top Guideline No. 17. The investigation and treatment of couples with recurrent first-trimester and second-trimester miscarriage. London: Royal College of Obstetricians and Gynaecologists; 2011.
10. Bhalerao S, Shilpa G. Ayurvedic Stri Roga evam Prasuti Tantra. Pune: Vaidangam Prakashan; 2015.