RESEARCH PAPER

Role of Virechana and Sahacharadi Niruha Basti in the Management of Kakvandhya (Secondary Infertility): A Case Report

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ABSTRACT
Background: Secondary infertility is defined as the inability to conceive following a previous conception and remains a significant reproductive health challenge. Chronic infections such as TORCH complex are recognized contributors to adverse pregnancy outcomes, including spontaneous abortion, premature rupture of membranes (PROM), and impaired subsequent fertility. In Ayurveda, such conditions are broadly correlated with Kakvandhya, wherein derangement of Apana Vata, Artava, and tissue nourishment adversely affects conception.
Case Presentation: A 27-year-old married woman presented with secondary infertility of three years' duration following a spontaneous abortion at five months of gestation due to PROM. Previous investigations revealed history of TORCH seropositivity. Despite regular unprotected cohabitation and conventional medical management, conception could not be achieved. Based on Ayurveda principles, the condition was diagnosed as Kakvandhya associated with Apana Vata Vaigunya and Artava Dushti.
Intervention: A sequential Ayurveda treatment protocol was planned. The patient initially underwent Virechana karma followed by Yoga Basti. Supportive oral medications were continued during follow-up.
Outcome: The patient completed the entire treatment protocol without adverse events. Clinical improvement was observed during follow-up. The patient conceived naturally without assisted reproductive techniques. The pregnancy progressed uneventfully, culminating in the delivery of a healthy live-born child.
Conclusion: This case highlights the potential role of a Ayurveda approach comprising Virechana Karma, internal medications, and Yoga Basti in the management of secondary infertility. Although based on a single case, the favorable clinical outcome is indicative that this treatment strategy may be helpful for further such clinical cases.
Keywords: Secondary infertility; Kakvandhya; Virechana Karma; Yoga Basti.
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1.INTRODUCTION

Infertility is a major reproductive health concern affecting millions of couples worldwide and has become an important public health issue because of its profound medical, psychological, social, and economic implications. According to the World Health Organization (WHO), infertility is defined as the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Based on reproductive history, infertility is broadly classified into primary and secondary infertility. Secondary infertility refers to the inability to conceive or carry a subsequent pregnancy to viability following a previous conception, irrespective of the pregnancy outcome.[2] Female infertility is a multifactorial condition resulting from ovulatory disorders, tubal pathology, uterine abnormalities, endocrine dysfunction, immunological disturbances, infections, environmental influences, or unexplained causes. Among these, chronic infectious conditions involving the reproductive tract have gained increasing attention because of their potential to impair fertility, implantation, and pregnancy maintenance.
The TORCH complex, comprising Toxoplasma gondii, Rubella virus, Cytomegalovirus, and Herpes simplex virus, represents a group of pathogens capable of adversely affecting maternal and fetal health.[3] TORCH infections are well recognized for their association with spontaneous

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abortion, premature rupture of membranes (PROM), intrauterine fetal demise, congenital anomalies, and other adverse obstetric outcomes. Persistent seropositivity or chronic inflammatory changes associated with these infections may compromise endometrial receptivity, placental development, and fetal growth, thereby reducing the likelihood of a successful pregnancy.[4] Consequently, appropriate evaluation and management of women with TORCH positivity are of paramount importance, particularly in those with a history of pregnancy loss or secondary infertility.

In Ayurveda, infertility is described under Kakvandhya (female infertility), a condition that develops due to impairment of the essential factors required for successful conception.[5] Classical Ayurveda literature emphasizes four indispensable prerequisites for conception: Ritu (appropriate fertile period), Kshetra (healthy reproductive organs and uterine environment), Ambu (adequate nutritional support), and Beeja (healthy ovum and sperm).[6] Disturbance in any of these factors may hinder normal conception and pregnancy. Functional derangement of Apana Vata, impairment of Agni (digestive and metabolic functions), vitiation of Artava (female reproductive tissue and menstrual function), and involvement of Rasa Dhatu (primary nutritive tissue) and Rakta Dhatu (blood tissue) collectively contribute to defective reproductive physiology, ultimately leading to Kakvandhya.[7] Restoration of these physiological components forms the fundamental principle of Ayurveda management.

Among the therapeutic modalities described in Ayurveda, Shodhana Chikitsa (bio-purificatory therapy) plays a pivotal role in correcting systemic Dosha imbalance.[8] Virechana Karma (therapeutic purgation) is primarily indicated for the elimination of vitiated Pitta Dosha and purification of Rakta Dhatu, thereby improving metabolic homeostasis and tissue function. Following systemic purification, administration of appropriate internal Ayurveda medications helps restore tissue nourishment, normalize reproductive physiology, and prepare the body for subsequent therapies. Thereafter, Yoga Basti (a specialized therapeutic enema regimen) serves as the principal treatment for correcting Vata Dosha, particularly Apana Vata, which governs ovulation, fertilization, implantation, and maintenance of pregnancy. This sequential therapeutic approach aims to establish Dosha Samyata (physiological equilibrium), improve Artava, promote Kshetra Shuddhi (optimization of the uterine environment), and facilitate successful conception.

The present case report describes the successful Ayurveda management of a woman with secondary infertility following a previous conception that ended in second-trimester abortion at five months of gestation due to premature rupture of membranes (PROM) associated with history of TORCH positivity. The patient was managed with a planned sequential therapeutic protocol comprising Virechana Karma, followed by internal Ayurveda medications and subsequently Yoga Basti. The favorable clinical outcome observed in this case highlights the potential role of an integrative Ayurveda approach in restoring reproductive health and supporting successful conception in women with secondary infertility associated with adverse obstetric history.

2.CASE INFORMATION

2.1 Patient Information

A 27-year-old married Hindu female, homemaker by occupation and belonging to the middle socioeconomic class, presented to the Department of Prasuti Tantra Evum Stree Roga with the chief complaint of inability to conceive despite three years of regular unprotected cohabitation. She had been married for four years and had a history of one previous spontaneous conception. However, the pregnancy was complicated by premature rupture of membranes (PROM) at five months of gestation, which subsequently resulted in spontaneous abortion. During the evaluation of the previous pregnancy, the TORCH profile was found to be seropositive, antiviral therapy has been taken 3 years back. Following the pregnancy loss, she failed to conceive despite regular marital life without contraception. She had previously undergone gynecological evaluation and treatment but did not conceive, after which she sought Ayurveda treatment.

2.2 Chief Complaints

Inability to conceive since the last 3 years following spontaneous abortion
History of spontaneous abortion at 5 months of gestation due to premature rupture of membranes (PROM)
Irregular menstrual cycles since the last 2 years
Generalized weakness
Occasional white vaginal discharge

2.3 History of Present Illness

The patient was apparently healthy until approximately four years before presentation, when she conceived naturally within one year of marriage. The pregnancy progressed uneventfully until the fifth month of gestation, when she developed premature rupture of membranes (PROM), ultimately resulting in spontaneous abortion. For the next 3 years, she underwent infertility evaluation at various gynaecological centres and received conventional medical management, including supportive pharmacological therapy, hormonal therapy including ovulation induction methods but failed to achieve conception. As no satisfactory clinical improvement was observed, she opted for Ayurveda treatment for the management of secondary infertility.

2.4 Menstrual History

Table no. 1 Menstrual History

Parameter	Findings
Age at Menarche	14 years
Menstrual Cycle	30–32 days
Duration of Flow	4–5 days
Quantity	Moderate
Colour	Bright red
Clots	Absent
Dysmenorrhea	Mild

2.5 Obstetric and Marital History

The patient was G1P0A1L0, with a history of one spontaneous conception that ended in abortion at five months of gestation following premature rupture of membranes (PROM). She had no history of ectopic pregnancy or live birth. She had been married for four years in a non-consanguineous marriage and reported regular marital relations approximately two to three times per week without the use of any contraceptive methods. There was no significant history suggestive of infertility or major systemic illness in her spouse.

2.6 Past History and Family History

No any personal history of systemic illness except TORCH positivity 3 years back.
No any family history.
2.7 Personal History
Appetite: Good
Sleep: Adequate
Urine: Satisfactory
Stool: Regular

2.7 General Examination

Table no. 2 General Examination

Parameter	Findings
Height	158 cm
Weight	59 kg
BMI	23.6 kg/m²
Pulse Rate	78/min
Blood Pressure	118/76 mmHg
Respiratory Rate	18/min
Temperature	Afebrile
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Edema	Absent
Lymphadenopathy	Absent

2.8 Systemic Examination

No any abnormality detected. The patient was conscious, well-oriented to time, place, and person, and exhibited no neurological deficits on central nervous system examination. Per abdominal examination revealed a soft, non-tender abdomen with no evidence of organomegaly or any palpable mass.

2.9 Gynaecological Examination

Gynaecological examination was performed under aseptic precautions. On per speculum examination, the cervix appeared healthy with no evidence of erosion, ulceration, congestion, or abnormal cervical or vaginal discharge. The vaginal mucosa was healthy, and no local pathological abnormalities were observed. On per vaginal examination, the uterus was found to be anteverted, normal in size, freely mobile, and non-tender. Bilateral fornixes were free, with no adnexal tenderness or palpable masses. Cervical motion tenderness was absent, and the overall gynaecological examination was within normal limits.

2.10 Ashtavidha Pariksha

Table no. 3 Ashtavidha Pariksha

Parameter	Findings	Parameter	Findings
Nadi	Vata-Pittaja (Vata–Pitta predominant pulse)	**Shabda**	Prakruta (Normal voice and speech)
Mutra	Prakruta (Normal urinary habits)	**Sparsha**	Anushna (Normal skin temperature; afebrile)
Mala	Prakruta (Normal bowel habits)	**Drik**	Prakruta (Normal vision)
Jihva	Alpa Lipta (Mildly coated tongue)	**Aakruti**	Madhyama (Moderate body build)

2.11 Investigations

Table no. 4 Hematological and Biochemical Investigations

Parameter	Findings
Hemoglobin (Hb)	14.20 g/dL
Total RBC Count	5.07 million/µL
Hematocrit (HCT)	47%
Mean Corpuscular Volume (MCV)	99 fL
Mean Corpuscular Hemoglobin (MCH)	30 pg
Mean Corpuscular Hemoglobin Concentration (MCHC)	30 g/dL
Red Cell Distribution Width (RDW-CV)	14.40%
Total WBC Count	10,400/µL
Neutrophils	70%
Lymphocytes	28%
Eosinophils	2%
Monocytes	0%
Basophils	0%
Platelet Count	4.68 lakh/µL (468,000/µL)
Mean Platelet Volume (MPV)	7.5 fL

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Platelet Distribution Width (PDW)	15.7 fL
Plateletcrit (PCT)	0.386%
Blood Urea	18.57 mg/dL
Serum Creatinine	0.64 mg/dL
Random Blood Sugar (RBS)	124 mg/dL
Urine Sugar	Nil
Urine Acetone	Nil
SGPT (ALT)	32.38 IU/L

2.12 TORCH Profile

The TORCH profile demonstrated seropositivity suggestive of previous exposure/infection. Detailed serological findings are presented in Table 5

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Table no. 5 TORCH Profile findings

Parameter	**Findings**
Toxoplasma IgG	2.6 IU/mL (Negative)
Toxoplasma IgM	3.0 IU/mL (Negative)
Rubella IgG	40.2 IU/mL (Positive)
Rubella IgM	4.1 IU/mL (Negative)
CMV IgG	>180 IU/mL (Positive)
CMV IgM	6.3 IU/mL (Negative)
Herpes (HSV) IgG	1.33 IU/mL (Positive)
Herpes (HSV) IgM	>3.5 IU/mL (Positive)

2.13 Ultrasonography (USG) Pelvis

The uterus was normal in size and echotexture with normal endometrial thickness. Both ovaries were visualized with preserved morphology. No adnexal pathology was detected.

2.14 Husband's Semen Analysis

Semen parameters were within normal limits according to WHO criteria.

2.15 Diagnostic Assessment

Based on the patient's obstetric history, clinical presentation, gynaecological examination, and laboratory investigations, a diagnosis of secondary infertility associated with history of TORCH positivity was established from the modern medical perspective. The patient had a history of one spontaneous conception, which resulted in a second-trimester abortion at five months of gestation following premature rupture of membranes (PROM). Following this adverse obstetric event, she failed to conceive despite regular unprotected cohabitation for three years.

From the Ayurveda perspective, the condition was diagnosed as Kakvandhya (female infertility), predominantly resulting from Apana Vata Vaigunya (derangement of the physiological functions of Apana Vata) associated with Artava Dushti (vitiation of the female reproductive system). The disturbance of Apana Vata, which governs ovulation, conception, and maintenance of pregnancy, along with impairment of Artava, was considered to be the principal pathogenic mechanism responsible for the patient's inability to achieve a successful subsequent conception. Based on these findings, a sequential treatment protocol comprising Virechana Karma (therapeutic purgation), followed by internal Ayurveda medications and subsequently Yoga Basti (therapeutic medicated enema regimen), was planned with the objective of restoring reproductive health and facilitating conception.

3.THERAPEUTIC INTERVENTION

After a comprehensive clinical evaluation, a planned Ayurveda treatment regimen was initiated with the objective of addressing the underlying pathological factors responsible for secondary infertility and improving the patient's reproductive health. The treatment was administered in a sequential manner beginning with Deepana–Pachana to enhance digestive and metabolic functions and facilitate the elimination of Ama. This was followed by Snehapana with Kalyanaka Ghrita, after which Sarvanga Abhyanga and Bashpa Swedana were performed as preparatory procedures before Virechana Karma. Therapeutic purgation was subsequently carried out using Trivrit Avaleha with Triphala Kashaya, followed by a five-day Samsarjana Krama to gradually restore normal digestive capacity.

After completion of the purification procedures, internal Ayurveda medications were prescribed to support reproductive function and maintain the benefits achieved through Shodhana. Thereafter, Yoga Basti, comprising five Anuvasana Basti and three Niruha Basti, was administered according to the classical schedule with the intention of restoring the normal physiological function of Apana Vata. Following completion of Basti Chikitsa, supportive oral medications were continued during follow-up to promote reproductive health and facilitate conception. The complete treatment schedule administered to the patient is presented in Table 6.

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Table no. 6 Therapeutic Intervention

Phase	Treatment	Medication/Procedure	Dose/Duration
I. Deepana–Pachana (21/05/2025 – 24/05/2025)	Oral medication	Chitrakadi Vati (2 tab. Twice a day before food) + Amapachaka Vati (2 tab. Twice a day before food)	4 days
II. Snehapana (25/05/2025 – 30/05/2025)	Internal oleation	Kalyanaka Ghrita	Day 1 – 30 mL Day 2 – 60 mL Day 3 – 90 mL Day 4 – 110 mL Day 5 – 140 mL Day 6 – 170 mL
III. Poorvakarma (31/05/2025 – 01/06/2025)	External oleation & sudation	Sarvanga Abhyanga with Moorchita Tila Taila followed by Bashpa-Swedana	2 days
IV. Pradhana Karma (02/06/2025)	Therapeutic purgation	Trivrit Avaleha (60 gm) + Triphala Kashaya (100 ml)	1 day
V. Paschat Karma (03/06/2025 – 07/06/2025)	Dietary regimen	Samsarjana Krama	5 days
VI. Internal Medication (08/06/2025 – 16/06/2025)	Oral Ayurvedia medicines	1. Phala Ghrita	1 tsp at bed time with warm milk.
VII. Yoga Basti	Anuvasana and Niruha Basti	Anuvasana Basti – Sahacharadi Taila (80 ml)	8 days (5 Anuvasana + 3 Niruha)

(20/06/2025 – 27/06/2025)		Niruha Basti – Madhu + Saindhav + Shatapushpa Kalka + Dashmoola Kwatha + Shacharadi Taila	
VIII. Internal Medication (28/06/2025 – 30/07/2025)	Oral Ayurveda medicines	1. Phala Ghrita 2. Pushpadhanva Rasa	1 tsp at bed time with warm milk. 2 tab. Twice a day after food with water (from day 5th to day 14th of M. Cycle)

4.OUTCOME AND FOLLOW-UP

The patient completed the planned treatment protocol without any procedural complications and remained compliant throughout the treatment period. Following Virechana Karma, 18 Vegas were observed, indicating Madhyama Vegiki Shuddhi. Classical features of Samyaka Virechana Lakshana were attained, and the patient tolerated the procedure well. Subsequently, a five-day Samsarjana Krama was advised for gradual restoration of digestive function, following which a normal diet was resumed.

After completion of Samsarjana Krama, internal Ayurveda medications were continued until the onset of the next menstrual cycle. During this period, the patient reported improvement in appetite, bowel habits, and overall well-being. The subsequent menstrual cycle was regular, with no associated complaints or treatment-related adverse events.

Following menstruation, Yoga Basti, comprising five Anuvasana Basti and three Niruha Basti, was administered according to the classical schedule with the objective of normalizing the physiological function of Apana Vata and optimizing reproductive health. The patient completed the Basti regimen uneventfully, and supportive internal medications were continued thereafter.

Subsequently, the patient conceived naturally without the need for assisted reproductive techniques. Pregnancy was confirmed by a positive urine pregnancy test and ultrasonographic evidence of a viable intrauterine gestation. The pregnancy progressed satisfactorily under regular antenatal care, and she ultimately delivered a healthy live-born child without any significant maternal or neonatal complications.

5.DISCUSSION

Secondary infertility is defined as the inability to conceive following a previous conception, irrespective of the outcome of the earlier pregnancy. In the present case, the patient had conceived spontaneously within one year of marriage; however, the pregnancy ended in spontaneous abortion at five months of gestation following premature rupture of membranes (PROM). Serological evaluation revealed history of TORCH positivity, suggesting an infectious aetiology that might have contributed to the adverse pregnancy outcome. Thereafter, despite regular unprotected cohabitation for three years, conception did not occur, fulfilling the diagnostic criteria for secondary infertility.

From an Ayurveda perspective, the present case may be understood as Kakvandhya, referring to difficulty in achieving conception after a previous pregnancy. Ayurveda considers Ritu (appropriate reproductive period), Kshetra (healthy reproductive tract), Ambu (adequate nourishment), and Beeja (healthy reproductive elements) essential for conception. Apana Vata, the subtype of Vata responsible for pelvic and reproductive functions, is also considered important for conception and pregnancy maintenance. Hence, treatment was aimed at correcting these functional factors rather than addressing infertility alone.

The treatment began with Deepana–Pachana using Chitrakadi Vati and Amapachaka Vati. Deepana improves digestive capacity, while Pachana promotes digestion and removal of Ama, described as incompletely processed metabolic material. Correction of impaired digestion and Ama was considered necessary before purification therapy to support proper tissue metabolism and nourishment.

After attaining Samyaka Snigdha Lakshana through graduated Snehapana with Kalyanaka Ghrita, Abhyanga (oil massage) and Bashpa Swedana (steam fomentation) were performed. These preparatory procedures are traditionally intended to mobilize vitiated Doshas from peripheral tissues towards the gastrointestinal tract. Virechana Karma, a therapeutic purgation procedure primarily used to eliminate aggravated Pitta Dosha, was then performed. The patient attained 18 Vegas, indicating Madhyama Shuddhi (moderate purification). Five days of Samsarjana Krama, a graduated dietary regimen following purification, were prescribed to gradually restore digestive capacity.

After Shodhana (purification therapy), Phala Ghrita was administered for reproductive nourishment and support. Its Ghrita base is traditionally considered beneficial for deeper tissue nourishment and reproductive function. Pushpadhanva Rasa was subsequently administered during the fertile period, traditionally with the aim of supporting reproductive function and conception.

Yoga Basti was then administered as a scheduled combination of five Anuvasana Basti and three Niruha Basti. Basti is traditionally regarded as an important therapy for Vata, particularly Apana Vata, because of its association with pelvic

functions. Anuvasana Basti containing Sahacharadi Taila was intended to provide an unctuous and nourishing effect, while Niruha Basti containing Dashamoola Kwatha, Shatapushpa Kalka, Saindhava, Madhu, and Taila was used for its cleansing and Vata-regulating properties. The combination was therefore selected to support both nourishment and regulation of Apana Vata.

The patient tolerated the complete treatment without adverse events. Improvement in general well-being and menstrual characteristics was observed during follow-up. Subsequent testing showed a negative TORCH profile; however, this finding alone cannot establish eradication of infection or attribute the change directly to Ayurveda treatment. The patient subsequently conceived naturally and delivered a healthy live-born child.

Although the favourable outcome suggests a possible role for this sequential approach in secondary infertility, a causal relationship cannot be established from a single case. Further well-designed clinical studies are required to evaluate its efficacy, safety, and reproducibility.

6.0 Conclusion

This case highlights the possible role of a sequential Ayurveda regimen consisting of Deepana–Pachana, Virechana Karma, internal medications, and Yoga Basti in managing secondary infertility in a woman with a history of TORCH positivity. The treatment was well tolerated and was followed by improvement in reproductive health, natural conception, and delivery of a healthy live-born child. Although the outcome of a single case cannot establish efficacy or causality, it indicates the potential utility of an individualized Ayurveda approach in selected cases of secondary infertility. Further well-designed clinical studies involving larger patient populations are needed to assess its effectiveness, safety, and applicability in infertility management

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