

Clinical Case Study

Ayurvedic Management of *Anapatya Vandhyatwa* due to *Suchivaktra Yonivyapat* – A Case Report

Papiya Jana*1 Malini Ganiger2

1*Professor, Prasuti Tantra Evum Stri Roga Department, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar, Bengaluru, Karnataka, India-560104.

2PG Scholar, Prasuti Tantra Evum Stri Roga Department, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar, Bengaluru, Karnataka, India-560104.

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ABSTRACT:

Background:

Anapatya Vandhyatwa caused due to cervical factors such as a pin-hole external os, where a constricted opening obstructs the passage of sperm into the uterine cavity. The pathology of *Garbhashaya-mukha* (cervix) is a result of *srotorodha*, *rukṣata* and *kapha dushti*, hence the conception fails despite normal ovulation and uterine receptivity. *Suchivaktra Yonivyapat* is a congenital disorder characterized by pin hole cervix, attributed to *Vata pradhana Tridosha dushti*. Primary narrowing of the *Garbhashaya Mukha* can be traced back to the embryonic period, triggered by the mother's intake of incompatible food and lifestyle choices. Pin hole cervix may be a cause of mechanical impediment to sperm passage and when associated with cervicitis, adds as the contributing factor to female infertility.

Methods:

This study presents a case of a 28-year-old woman with primary infertility of 2.5 years' duration with a history of regular menstrual cycles, normal hormonal and ultrasonographic findings. A pin hole cervical os (*Suchivaktra/Suchimukhi*) was the finding during routine examination and she was diagnosed as *Anapatya Vandya*.

Results and Discussion :

Following *Uttarabasti*, the *srotorodha* of *Artavavaha srotas* was cleared. *Uttarabasti* helped alleviate *Vata Pradhana tridoshas prakopa* and improved local tissue flexibility and patency of the *garbhashaya mukha*.

Keywords: *Suchivaktra*, *Suchimukhi*, *Yonivyapat*, *Anapatya Vandhyatwa*, pin hole cervical os, *Uttarabasti*.

INTRODUCTION:

Ayurvedic classics describe twenty types of *Yonivyapads* (gynecological disorders) and *Vandhyatva* (infertility) is recognized as a significant secondary consequence of these conditions. *Anapathya vandyatwa* [1] as described by *Harita* is one of the 6 types of *vandyatwa* characterizes a patient who has never achieved conception regardless of therapeutic efforts. Primary infertility can be due to cervical factors and one such factor being *Suchimukhi* explained by Acharya Charaka. It is described as a disorder arising from prenatal derangement of Vata Dosha leading to pin-hole cervical os [2]. This condition has favourable prognosis and is managed with *Vatahara Chikitsa*.

गर्भस्थायाःस्त्रिया रोष्याद्वायुयौनि प्रदूषयन् ॥

मातृदोषादणुद्वारां कुर्यात् सूचीमुखी तु सा ॥ C.Ci
30/31,32

.....सूचिवक्त्राऽति संवृता ॥ १९ ॥

चतसृष्वपि चाद्यासु सर्वलिङ्गोच्छितिर्भवेत् ॥

(Su. U. 38/20)

वातलाहारसेविन्यां जनन्यां कृपितोऽनिलः।

स्त्रिया योनिमणुद्वारा कुर्यात् सूचीमुखीति सा
॥(A.S. U.38/39; A.H.U. 33/36,37)

Sushruta described *Suchivaktra Yonivyapad* as a condition arising from the vitiation of *Tridosha*, attributable to faulty dietary habits and lifestyle practices, resulting in constriction of the cervical os [3]. Vagbhata

explains that excessive consumption of *Vātakara āhāra* leads to aggravation of *Vāta*, resulting in narrowing of the cervical os and giving rise to a condition resembling *Suchimukhi* [4].

Cervical factors have been reported to contribute to infertility in 5–40% of affected women, often remaining undiagnosed during routine infertility workup [5-8]. The structural abnormalities of the cervix can be diagnosed while performing clinical examination of the genital tract but the extent can be understood only while introducing instruments while negotiating the cervical canal. This highlights the need for focused cervical assessment and the implementation of appropriate therapeutic interventions aimed at improving cervical patency, particularly in women undergoing infertility evaluation and treatment.

Case Details

Patient Information

A 28-year-old female, moderately built, well-nourished woman presented with primary infertility, despite 2.5 years of regular, unprotected sexual intercourse.

History of present illness

The patient has a married life of 2 and ½ years and she was anxious to conceive and had a history of regular menstrual cycles with moderate menstrual flow, no associated dysmenorrhea; however, reported having dyspareunia

She had previously sought consultations from several gynaecologists at local hospitals where she was prescribed medicaments which was followed for limited duration. Despite these therapeutic interventions, the patient failed to achieve conception. Despite being advised to proceed with IVF, the patient opted Ayurvedic therapeutic approach instead.

Medical, Family, and Psychosocial History

The patient's medical, surgical, and family histories were not significant, and there were no relevant psychosocial factors affecting her health.

Lifestyle and Personal History

The patient followed a vegetarian diet with normal appetite. Bowel and bladder functions within normal limits. The patient reports normal sleep pattern and denies any history of substance use, including tea, coffee, alcohol, or tobacco.

Menstrual History

The patient attained menarche at age 12, followed by a regular menstrual cycle with a periodicity of 26–30 days and a duration of 3–4 days. Menstrual flow was characterized as moderate and consistent, with no reported dysmenorrhea. The LMP was on September 7, 2025 as reported.

Gynaecological and Reproductive History

There was no significant history of contraceptive use. The patient reported regular coital frequency (3–4 times per week). Obstetric history revealed that she was nulliparous.

Clinical Examination

On general physical examination, the patient was conscious, cooperative, and oriented, with stable vital parameters. Anthropometric and vital findings were as follows:

- Height: 161 cm
- Weight: 51 kg
- Pulse rate: 76 beats per minute
- Body mass index (BMI): 19.7 kg/m²
- Blood pressure: 110/80 mmHg
- Body temperature: Within normal limits

No abnormal findings were noted on general examination.

Ayurvedic Clinical Examination (*Ashta Sthana Pariksha*)

- Pulse (*Nadi*): 76 beats per minute
- Bowel Habits (*Mala*): Normal; once daily
- Urination (*Mutra*): Normal
- Tongue (*Jihva*): uncoated (*Alipta*)
- Speech/Voice (*Shabda*): Normal (*Prakruta*)
- Skin/Touch (*Sparsha*): Normal (*Prakruta*)
- Eyes/Vision (*Drik*): Normal (*Prakruta*)
- Body Build (*Akruti*): Medium (*Madhyama*)

Ayurvedic Clinical Assessment

(Dashavidha Pariksha)

- *Prakruti*): Vata–Kapha
- *Vikruti*:
 - *Dosha*: Vata pradhana Tridosha
 - *Dushya*: Rasa, rakta, mamsa, Artava
- *Desha*: Sadharana
- *Bala*: Madhyama
- *Sara*: Madhyama
- *Samhanana*: Madhyama
- *Pramana*: Madhyama
- *Satmya*: Vyamishra
- *Satva*: Madhyama
- *Ahara Shakti*:
 - *Abhyavarana Shakti*: Madhyama
 - *Jarana Shakti*: Madhyama
- *Vyayama Shakti*: Madhyama
- *Vaya*: Yuvana

Systemic Examination

Systemic and abdominal examinations were unremarkable.

GYNAECOLOGICAL EXAMINATION:

• Examination of Vulva:

Discharge – Mild white discharge present.

Other findings within normal limits

• Per Speculum Examination

A) Vagina:

- Discharge – Present
- Colour of Discharge – White colour
- Consistency of Discharge- Thin
- Amount of Discharge – Mild

- Other findings within normal limits.

B) Cervix

Position: Mid posterior

- Size- Normal
- Redness - Absent
- External os – pin hole os
- Cervix lip – Healthy

• Per Vaginal Examination

Cervix

- Texture- Soft
- Mobility- Mobile
- Movement - Painless
- Bleed on touch – Absent
- Fornices-free and non-tender.

Uterus (Bimanual Examination)

- Position – Anteverted
- Direction – Anteflexed
- Size- Normal
- Consistency- Firm
- Mobility – Mobile
- Tenderness- Absent

NIDANA:

Aharaja: Viruddha ahara; Vata prakopakara ahara like laghu, ruksha, katu sevana; pitta prakopakara ahara like tikshna, spices, chillies; kaphaparakopakara ahara like abhishyandi dadhi sevana.

Vishesha nidana: Matruja dosha prakopakara ahara and asatmya bhojana during Intra uterine life

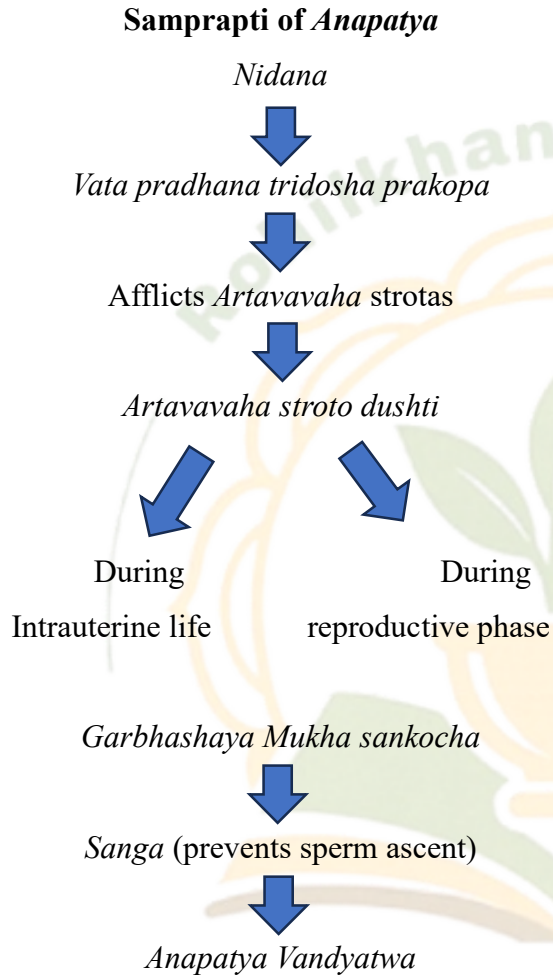
Viharaja : Adho egadharana

Manasika : Chinta, bhaya

ROOPA:

Yoni srava (abnormal vaginal discharge),
gramya dharma ruja (dyspareunia)

SAMPRAPTI:



SAMPRAPTI GHATAKA:

- *Dosha* – *Vata pradhana tridosha*
- *Dushya* – *Rasa, Rakta, Mamsa, Artava*
- *Srotas* – *Rasavaha, Raktavaha, Mamsavaha, Artavavaha*
- *Srotodushti* – *Sanga*

- *Udbhava sthana* – *Amashaya* and *Pakvashaya*
- *Sanchara sthana* – *Artavavaha strotas*
- *Vyaktha sthana* – *Garbhashaya mukha*
- *Adhisthana* – *Garbhashaya mukha* (cervix)
- *Vyadhimarga* – *Abhyantara*
- *Sadyasadhyata* – *Sadhyata*

INVESTIGATIONS

Routine hematological and hormonal investigations were within normal limits. Ultrasonography of abdomen and pelvis showed normal uterine and ovarian morphology. Follicular monitoring confirmed ovulation. (Table No 1)

DIAGNOSIS:

Anapatya vandyatwa due to *Suchivaktra yonivyapad*.

MANAGEMENT

Management was planned in accordance with Ayurvedic principles following preconception counselling. The therapeutic protocol comprised *Sodhana, Basti, Uttarabasti*, and *Shamana Aushadhi*. Serial *Uttarabasti* procedures demonstrated a progressive improvement in cervical patency. While instrumentation initially faced resistance in the cervical canal, successful patency was achieved by the third day, allowing the uterine sound to pass smoothly for successful

intrauterine instillation of *Phala Ghrita*.
(Table No.2).

OBSERVATION AND RESULTS:

Successful patency of the cervical canal was achieved following specific Ayurvedic procedures. The patient conceived spontaneously.

Image No.1: Follicular scan on Day 13th

Patient Name		Age/Sex	28y/Female
Patient ID		LMP Date	10.11.2025
Referred by	Dr. Papiya	Visit Date	22.11.2025

Follicular Scan Report

Indication (S)
Follicular study

Transvaginal sonography of the pelvis done

Follicular study
Stimulation Type: Induced

Study Date	Day of Cycle	Endometrial thickness(mm)/ Texture	Right Ovary	Left Ovary	Comments
22.11.2025	D13	6.8mm Triple line	DF:13.4x9.2mm(11.3)	All small follicles Largest follicle:11.4x6.1mm(8.8)	NO FREE FLUID IN POD

IMPRESSION: DOMINANT FOLLICLE IN RIGHT OVARY.

Image No 2: Follicular scan on Day 19th

Patient Name		Age/Sex	28y/Female
Patient ID		LMP Date	10.11.2025
Referred by	Dr. Papiya	Visit Date	28.11.2025

Follicular Scan Report

Indication (S)
Follicular study

Transvaginal sonography of the pelvis done

Follicular study
Stimulation Type: Induced

Study Date	Day of Cycle	Endometrial thickness(mm)/ Texture	Right Ovary	Left Ovary	Comments
28.11.2025	D19	8.9mm Echogenic	Corpus Luteum:16x18mm	All small follicles	FREE FLUID IN POD

IMPRESSION: OVULATED.

Image No 3: Early pregnancy scan

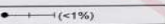
Patient name	Ms. MEENAKSHI	Age/Sex	28 Years / Female
Patient Id		Visit no	1
Referred by	Dr. MEENAKSHI	Visit date	24/12/2025
LMP date	10/11/2025, LMP EDD: 17/08/2026(6W 2D)		

EARLY PREGNANCY SCAN

Indication(s)
Early Pregnancy scan, Period of gestation (by LMP): 6 Weeks 2 Days
Real time B-mode ultrasonography of gravid uterus done.
Route: Transvaginal
Intrauterine gestation

Maternal
Gravid uterus with homogeneous myometrial echoes
Internal os closed
Right ovary appeared normal.
Left ovary appeared normal
Right adnexa appeared normal
Left adnexa appeared normal

Fetus
Survey
Gestational Sac seen. Sac margins appeared regular
Yolk sac seen
Embryo seen
Feeble heart beat seen.

Biometry (mm)
CRL 1.9  (<1%)

Impression
* SINGLE LIVE INTRAUTERINE GESTATION.
* CRL CORRESPONDS TO 5 Weeks 0 Days +/- 4 Days

Table No 1: The laboratory investigation results of the patients

DATE	INVESTIGATION	RESULT
04/04/25	TOTAL VITAMIN D [25(OH)D]	44.30 ng/ml
	CBC	Within Normal Limits
	Hb	12.5 gm/dl
11/06/25	TSH	1.97 mIU/L
	PROLACTIN	26.16 ng/ml
	FSH	4.16 mIU/mL
	LH	3.70 mIU/mL
	AMH	7.65 ng/mL
18/10/25	USG Abdomen & Pelvis	No significant abnormality. Uterus-7.8x3.2x4.7 cm Endometrial thickness-7 mm
22/11/25	FOLLICULAR SCAN REPORT Day 13	LMP-10/11/25 Endometrial thickness-6.8 mm , Triple line Right ovary-DF-13.4x9.2 mm (11.3) Left ovary-All small follicles Largest follicle-11.4x6.1mm (8.8) No free fluid in POD
28/11/25	FOLLICULAR SCAN REPORT Day 19	LMP-10/11/25 Endometrial thickness-8.9 mm , Echogenic Right ovary- Corpus luteum-16x18 mm Left ovary-All small follicles Free fluid in POD

Table No 2: The course of treatments and outcome.

DATE	TREATMENT	OUTCOME
29/9/25 LMP-7/9/25	For the patient- 1. <i>Phala Sarpi</i> - 2 tsp twice daily with milk before food. 2. <i>Jeevani</i> syrup 2tsp twice daily after food. Both the medicine for a month. For the male partner- 3. <i>Ashwagandha Lehya</i> 1 tsp twice daily followed by milk before food. 4. <i>Beejapushti Rasa</i> 1 tablet twice daily after food. Both the medicine for a month.	Nothing significant. Advised for an abdomen and pelvis scan.
23/10/25 LMP-8/10/25	The patient was asked to continue the above medicines with the addition of the following – <i>Ovarin</i> syrup 2 tsp thrice daily after food for a month. Male partner was asked to continue the same medicines as prescribed above.	18/10/25- Abdomen and pelvis scan report shows no significant abnormality Uterus-7.8x3.2x4.7 cm Endometrial thickness-7 mm
14/11/25 LMP-10/11/25	1. <i>Sarvanga Udwartana</i> with <i>Kolakulathadi Curna</i> and <i>Triphala curna</i> followed by <i>bashpa sweda</i> for 5 days 2. <i>Takra Dhara</i> with <i>Amalaki Musta Kashaya</i> for 5 days. 3. During the period of <i>udwartana</i> the patient was advised to consume <i>Gandharvahastadi thaila</i> 20 mL with milk (Empty Stomach) early morning for 5 days. The patient was advised to follow <i>satmya ahara</i> and <i>vihara</i> .	The patient tolerated the procedure well.
20/11/25	1. First day of Yoga basti- <i>Anuvasana Basti</i> with <i>Brahmi Ghruta</i> 50 mL and <i>Phala Ghruta</i> 40 mL. 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i> .	The patient tolerated the procedure well.
21/11/25	1. <i>Niruha basti</i> with <i>Dashamoola Kashaya</i> and <i>Niruha basti dravyas</i> total 450 mL. 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i> . 3. First day of <i>Uttara basti</i> with <i>Phala Ghruta</i> 5 mL followed by <i>Yoni pichu</i> with <i>phala ghruta</i> quantity sufficient.	The patient tolerated the procedure well. First day of <i>Uttara basti</i> initial resistance was encountered while instrumentation through the cervical canal. The

		intrauterine instillation of the <i>Uttara Basti</i> was hindered by cervical resistance, preventing the medicine from entering the uterus
22/11/25	1. <i>Anuvasana basti</i> with <i>Brahmi Ghruta</i> 50 mL and <i>Phala Ghruta</i> 40 mL. 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i>. 3. Second day of <i>Uttara basti</i> with <i>Phala Ghruta</i> and <i>kasisadi thaila</i> in equal quantity, total of 5 mL, followed by administration of <i>yonipichu</i> with <i>Phala ghruta</i> and <i>kasisadi taila</i>- quantity sufficient.	Resistance through the cervix was still present while using uterine sound. The patient was suggested follicular scan. Report shows: Endometrial thickness-6.8 mm, Triple line Right ovary-DF-13.4x9.2 mm (11.3) Left ovary-All small follicles Largest follicle-11.4x6.1mm (8.8) No free fluid in POD
23/11/25	1. <i>Niruha basti</i> with <i>Dashamoola Kashaya</i> and <i>Niruha basti dravyas</i> total 450 mL 2. <i>Yoni prakshalana</i> with <i>panchavalkala Kashaya</i> 3. Third day of <i>Uttara basti</i> with <i>Phala Ghruta</i> and <i>kasisadi taila</i> in equal quantity total of 5 mL followed by administration of <i>yonipichu</i> with <i>Phala ghruta</i> and <i>kasisadi thaila</i> - quantity sufficient	The patient tolerated the procedure well. The uterine sound was passed through the cervical canal with initial resistance and the <i>Uttara basti dravya</i> was administered into the uterine cavity. The patient experienced mild lower abdominal pain after completion of the procedure and tolerated well.
24/11/25	1. <i>Anuvasana basti</i> with <i>Brahmi Ghruta</i> 50 mL and <i>Phala Ghruta</i> 40 mL 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i> followed by <i>Yoni purana</i>. 3. <i>Yoni purana</i> with <i>sphatika jala</i> was done.	The white discharge per vagina was reduced.
25/11/15	1. <i>Niruha basti</i> with <i>Dashamoola Kashaya</i> and <i>Niruha basti dravyas</i> total 450 mL 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i> 3. <i>Yoni purana</i> with <i>sphatika jala</i> was done	Nothing significant
26/11/25	1. <i>Anuvasana basti</i> with <i>Brahmi Ghruta</i> 50 mL and <i>Phala Ghruta</i> 40 mL 2. <i>Yoni prakshalana</i> with <i>Panchavalkala Kashaya</i>. 3. <i>Yoni purana</i> with <i>sphatika jala</i> was done	The patient was suggested follicular scan. Report shows: D17 Endometrial thickness 8.8 mm Triple line Right ovary: DF: 19.5x15.5mm(17.5)

		Left ovary: All small follicles. Comments: No free fluid in POD Impression: Dominant follicle in Right ovary.
27/11/25	1. Eight day of yoga basti- <i>Anuvāsana basti</i> with <i>Brahmi Ghruta</i> 50 mL and <i>Phala Ghruta</i> 40 mL. 2. <i>Yoni prakshalana</i> with <i>Panchavalka Kashaya</i> . 3. <i>Yoni purana</i> with <i>sphatika jala</i> was done	Nothing significant
28/11/25	The patient was advised <i>Phala Ghruta</i> orally, taking one teaspoonful twice daily on an empty stomach with milk..	The patient was suggested follicular scan. Report shows: D19 Endometrial thickness-8.9 mm Echogenic Right ovary: Corpus Luteum 16x18 mm Left Ovary: All small follicles Comments: Free fluid in POD Impression: Ovulated The patient was asked to try for conception and intercourse with her husband for 2 days starting from 28/11/25.
10/12/25	The patient complained of lower-limb cramps; however, menstruation had not yet commenced. She was advised to continue <i>Phala Ghruta</i> orally, 2 tsp twice daily on an empty stomach with milk.	
15/12/25 UPT-positive	Advised 1. <i>Phala Ghruta</i> 2 tsp twice daily with milk in empty stomach. 2. <i>Folvite tab</i> 5 mg daily 1 tab once a day.	The patient conceived in the same cycle following ovulation.

Note: LMP-last menstrual period

Tsp-tablespoon

Tab-tablet

UPT-urine pregnancy test

D-day

DF-dominant follicle

POD-pouch of Douglas

DISCUSSION:

The cervix plays a crucial role in sperm transport; however, a pin-hole cervical os acts as a mechanical barrier, severely restricting the entry of spermatozoa into the uterine cavity. Structural abnormalities such as congenital cervical stenosis or narrow cervix may impair fertility despite

normal ovulation and hormonal status [9]. Congenital cervical abnormalities account for approximately 10% of female infertility cases [10]. The congenital abnormalities of cervix can cause primary infertility. The diameter of the internal os is variable and may vary in the same patient during different phases of the menstrual cycle. Based on normal HSGs, the diameter of the internal os ranges from 1 to 10 mm [11].

In Ayurvedic literature, a pin hole cervical os is described as *Suchivaktra Yonivyapad*, which is attributed to *Tridosha prakopa*. *Vata* vitiation during embryogenesis can impair the structural development of the female reproductive system, serving as a primary congenital factor in *Vandhyatwa*. The treatment protocol commenced with *Udwartana* to alleviate *Sanga* and improve peripheral circulation. *Mridu* and *Nitya Virechana* ensured elimination of morbid *doshas*. By purifying the internal environment, these therapies created a receptive state for *Yoga Basti*, which acted as the primary intervention to normalize *Apana Vayu* and optimize the functions of *Artavavaha srotas*."

Basti and *Uttarabasti* are important *Vatahara Chikitsa* modalities that exert systemic and local therapeutic effects, respectively. *Basti therapy* maintains

equilibrium among *Dosha*, *Dhatu* and *Mala* within the body. The administration of *Dashamula Kashaya* as *Niruha Basti* possesses well-documented anti-inflammatory, antioxidant, analgesic, and *Vatahara* properties. Its application in pelvic disorders, particularly in conditions involving *Artavavaha Srotodushti*, has shown significant therapeutic efficacy. This can be attributed to the anatomical and functional location of the *Garbhashaya* that is considered the principal site of *Apana Vata*. According to *Acharya Sushruta*, *Vandhyatwa* is primarily caused by the vitiation of *Vata Dosha*. Therefore, the adoption of various forms of *Basti Chikitsa*—including *Niruha Basti*, *Anuvasana Basti*, and *Uttarabasti*—proves effective in pacifying *Vata dosha*.

Brahmi Ghrta, administered as *Anuvasana Basti*, was found effective in alleviating psychological factors such as stress and anxiety in the patient. *Charaka Samhita* specifically mentions the use of *Brahmi Ghrta* in the management of conditions such as *Unmada*, *Alakṣmi*, *Apasmara*, and *Papajanya Vikaras* (disorders attributed to sinful or unethical actions) [12]. As explained in *Sushruta Samhita*, *Brahmi Ghruta* is indicated in *kustha*, *vishamajvara*, *apasmara*, *unmada*, *visha*, *bhutagrahavesha* [13]. According to *Ashtanga Hridaya*, *Brahmi Ghruta* is

recommended for *unmada*, *kustha*, *apasmara* and *Vandhyatwa*. The formulation contains active ingredients known for their therapeutic properties, such as *Brahmi*, *Shankhapushpi*, and *Pippali*, each contributing to regulating hormonal levels, enhancing ovulatory functions, and improving overall reproductive health [14]. According to Acharya Vāgbhāṭa, *Phala Ghṛta* possesses *Yonidoṣahara* properties and is described as *Ayushya*, *Paushtikara*, *Medhya*, and *Dhanyakara*. It is further acclaimed as *Pumsavana Parama*, indicating its efficacy in promoting fertility and progeny [15]. *Kasisadi taila* [16] was also used in combination with *phalagṛitha* [17] as *uttarabasti dravya* attributed to *ushna*, *teekshna guna* helped in clearing adhesions by its *lekhana karma* and has *krimighna* property [18].

Sthanika Chikitsa, such as *Yoni Prakṣāḷana* with *Pañcavalka Kaṣāya* [19] and *Yoni Pūraṇa* with *Sphatika* [20] *Jala*, effectively addressed the localized *Dosha* imbalance in the genital tract, thereby facilitating the resolution of *Sthanika Dosha Dushti*.

Oral administration of Ovarin syrup was prescribed. It contains ingredients such as *Amalaki*, *Ashvagandha*, *Ashoka*, *Guduchi*, *Haritaki*, *Katuki*, *Lodhra*, *Putranjivaka*

and *Shatavari* that collectively enhanced the functional health of the female reproductive system through its *Vrsya* and *Rasayana* properties.

CONCLUSION

Ayurvedic management comprising mainly *Uttarabasti*, proved highly effective in resolving *Anapatya Vandhyatwa* associated with *Suchivaktra Yonivyapad*. Through targeted non-invasive procedures, anatomical patency of the external os of cervix was achieved, facilitating a corrective pathway for primary infertility.

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***Corresponding author: drpapiya@gmail.com**

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