Reviving Fertility in Anovulatory Female Infertility with Hyperprolactinemia through Ayurveda: A Case Report

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Abstract

Background: Childbearing is considered an essential role in life and a yardstick by which women's worth is measured. But, due to various causes, there is failure to conceived issue and infertility arises. As high as 9 to 17% women are suffering with Hyperprolactinemia most common endocrine disorder of the H-P-O axis affecting the reproductive functions. **Case Presentation:** A 29-year-old woman with primary infertility, irregular menstruation, and dyspareunia was evaluated and diagnosed with anovulation and elevated S. Prolactin levels. **Intervention:** A female with primary infertility with hyperprolactenemia was treated with *Ardhamatrika Basti* and *Baladi Choorna.* The duration of therapy was 2 month in which *Ardhamatrika Basti* was given after cessation of menses for 16 days or till ovulation occurs and after ovulation *Baladi Choorna* was administered. **Outcome:** After completion of 2nd course, significant improvement was found on her menstrual cycle, ovulation and S. Prolactin level became normal. Patient has ovulated naturally after the 2 courses of *Ardhamatrika Basti*. After months of follow up, patient got conceived. **Conclusion:** This case indicates a potential therapeutic role of Ayurvedic management in hyperprolactinemia-associated infertility.

Keywords: *Ardhamatrika Basti*, Anovulation, Female Infertility, Hyperprolactenemia

Introduction

Infertility is defined as the inability to achieve pregnancy after 12 months of regular unprotected intercourse. Official report from World Health Organization says that around 17.5% of the adult population – roughly 1 in 6 worldwide – experience infertility, showing the urgent need to increase access to affordable, high-quality fertility care for those in need.[1] Female infertility arises from multiple etiological factors, including ovulatory dysfunction, tubal pathology, pelvic adhesions, endometriosis, and cases where no definite cause is identified. The causes of female infertility are multifactorial, but one of the main reasons is anovulation and hormonal imbalance.[2] Increased levels of prolactin can be the reason for infertility by elevating hypothalamic dopamine release, which in turn inhibits gonadotropin-releasing hormone (GnRH) and prevents gonadal steroidogenesis, impairing follicular development, ovulation and ultimately infertility.[3]

In Ayurveda, hyperprolactinemia can be understood as a condition involving *Vata Dosha*. Role of *Vata Dosha* and its all types on the Menstrual Cycle must be understood. *Vata Dosha* plays important character for transfer of hormones from pituitary to ovary, folliculogenesis, proper ovulation and maintaining the fertility. Disturbance of *Vata Dosha* may leads to anovulation and infertility. The symptoms and mechanisms such as menstrual irregularities, galactorrhoea, and infertility closely correlate with *Vāta* and *Kapha Duṣṭi*, particularly affecting the *Manovaha* and *Artavavaha Srotas*.

Therapeutic modalities such as *Ardhamatrika Basti* are indicated to restore systemic balance and reproductive function Anovulatory Female Infertility Associated with Hyperprolactinemia, which is explained here.

Aim and objective: The aim and objective of this study are to evaluate the efficacy of Ayurveda protocol in the management of Anovulatory Female Infertility Associated with Hyperprolactinemia.

Patient Information: In May 2019, a 29-year-old young female patient who was a college student visited the Prasuti Tantra and Stree Roga outpatient department of tertiary Ayurveda Hospital, Gujarat, India. Her main complaint was Inability to conceive for 4 years, Irregular and scanty menstruation for 2 years and Dyspareunia for 1 year. Her Married life was 5 Year. She has a 37–40 day cycle interval and 1-2 day cycle duration with one pad used each day that is half-soaked. For the same, she has taken contemporary medication. The individual does not still gain relief. She therefore sought Ayurvedic treatment. There was no relevant Medical, family or surgical history found.

Clinical Findings: The patient was afebrile. She is frequently consumed foods especially heavy, stale food along with having history of overeating and *Viruddhahara*. She has persisted in worrying about her Pregnancy and is constantly under too much stress. She complained of constipation. The pulse rate was 90 bpm. She had a blood pressure of 110/70 mm Hg. Her body mass index (BMI) was 22.6 kg/m+. During Brest examination Bilateral milk secretion observed upon expression, suggestive of hyperprolactinemia. On examination of respiratory and cardiovascular systems, there was no abnormality detected. The patient was assessed before, during, and after the course of the study, as well as during the follow-up period.

Timeline: It is presented in Figure 1.

Diagnostic Assessment: Before treatment (on 6th May 2019), her haemoglobin was 12.8% g, ESR was 30 mm/h, and other blood parameters were normal. S. Prolactin level was 42.86 ng/ml. The urine routine examination was normal. Transabdominal sonography for Follicular study over two consecutive cycles showed absence of ovulation. Hence, the progress of the case study was evaluated primarily based on the reduction of S. Prolactin level regulation of menstrual cycle and conception.

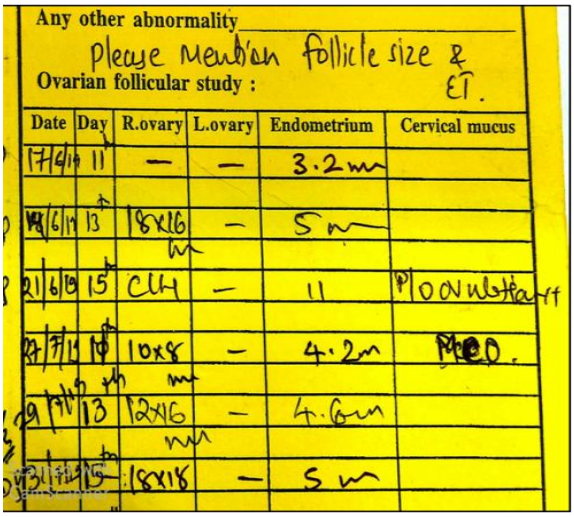

Figure 2. Before and after Investigations and USG report

Therapeutic Intervention: The patient was managed using a structured Ayurvedic protocol focusing on correction of *Vata* imbalance, improvement of *Agni*, and restoration of reproductive function. Treatment schedule is described on Table 1. Table 2 suggests the composition of *Ardhamatrika Basti*.[4]

Results: After giving *Ardhamatrika Basti* along with Internal Medicine for 2 months, Menstruation was attained with an interval of 32-35 days. Also, anovulation was cured and achieved normal ovulation. S. Prolactine values came to normal limits. She conceived on September 2019 [Urine Pregnancy Test (UPT) positive] with last menstrual period of august 11, 2019.

Discussion

In contemporary medicine, hyperprolactinemia is mainly understood as a neuroendocrine condition associated with pituitary adenomas, dopamine suppression, and systemic or pharmaceutical causes. Anovulatory infertility associated with Hyperprolactinemia is

primarily attributed to disruption in the hypothalamic–pituitary–ovarian axis. Elevated prolactin levels suppress gonadotropin-releasing hormone (GnRH), resulting in reduced secretion of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), ultimately impairing follicular maturation and ovulation. Conventional treatment relies on dopamine agonists such as Cabergoline, which act by inhibiting prolactin secretion. However, these therapies may be associated with adverse effects and do not always address underlying metabolic or lifestyle factors.

Ayurveda, however, provides a distinct and diverse perspective. hyperprolactinemia, especially of stress-induced origin, is a manifestation of *Vata* aggra-vation in the *Manovaha* and *Artavavaha Srotas*, resulting in disturbances of hormonal regulation and reproductive health.[5]

Vata Dosha controls the balance of the Hypothalamus-Pituitary-Ovarian (H-P-O) axis. *Vata*'s inherent physiological functions are affected when it is altered or *Dushti*. Vitiation of *Vata* leads to disturbance in *Agni*, particularly *Vishama Agni* (irregular digestive fire). Beyond digestion, *Artava Agni*—the metabolic fire that forms and controls female reproductive tissue and hormones—is impacted by this deviation. The delicate hormonal balance required for a healthy menstrual cycle is upset when *Artava Agni* is compromised because it controls the transformation and nutrition of *Artava Dhatu* (reproductive tissue). Due to insufficient *Artava* production, this dysfunction may eventually result in *Vandhyatva* (infertility) in addition to monthly irregularities including scanty or delayed periods. [6]

Basti is the best treatment for *Vata Dosha Dhushti*. *Ardhamatrika Basti* is found very effective on anovulation in female infertility in one clinical trial.[7] Taking *Ardhamatrika Basti* through rectal route for consecutive 16 days helps to generation of follicle and ultimate ovulation. One Research study also cited that *Ardhamatrika Basti* may affect endogenous opioids in the ENS, specifically endorphins (β-endorphin. In order to regularize the HPO axis and regulate appropriate folliculogenesis and ovulation, they are stimulated to have an impact on GnRH release and decrease the release of follicle-stimulating hormone (FSH) and luteinizing hormone (LH).[8] According to the findings of another study, by administering medications directly to the colon, where *Vata* resides, *Basti* therapy influences the enteric nervous system, lowers inflammation, and supports brain function through the gut–brain neural and biochemical pathways. [9] Therefore, *Ardhamatrika Basti* has all of the essential qualities and may help with anovulation with Female infertility due to hyperprolatenemia cases.

Baladi Yoga is has combination powder of *Shatavari*(*Asparagus racemosus* Willd), *Bhrahmi*(*Bacopa monnieri* L.) and *Bala*(*Sida cordifolia* Linn.) in equal quantity. *Baladi Yoga* is *Anukta Yoga* form Ayurveda Classics, but it is repeatedly used in female infertility cases. *Baladi* Choorna, administered during the luteal phase, acts as a *Garbhasthapaka* (supportive therapy for implantation and maintenance of pregnancy), thereby improving the chances of conception.

The clinical outcome in this case normalization of prolactin, restoration of ovulation, and eventual conception indicates a possible integrative effect of this treatment protocol on endocrine and reproductive functions.

Conclusion: This case report demonstrates that Ayurvedic management using *Ardhamatrika* Basti, along with supportive herbal medication, may be beneficial in the management of anovulatory infertility associated with hyperprolactinemia. The intervention not only improved menstrual regularity and ovulation but also resulted in normalization of serum prolactin levels and successful conception. The findings suggest that such therapies may offer a holistic and patient centered alternative or complementary approach to conventional treatment. However, larger, well-designed clinical studies are required to validate efficacy, establish mechanisms, and ensure reproducibility.

Declarations: The authors declare that they have all the necessary consent paperwork from the patient or her parents. The patient or her parents have declared on the form that they are permissible with their clinical information being published for publication

Authors' Contribution: Each author mentioned has significantly and directly contributed intellectually to the project and has given their approval for its publication.

Competing Interests: The authors declare no conflicts of interest.

Patient Perspective: The patient reported relief from symptoms, improved menstrual health, reduced stress, and satisfaction upon achieving conception.

Informed Consent: Written informed consent was obtained from the patient for publication.

Figure 1. Timeline

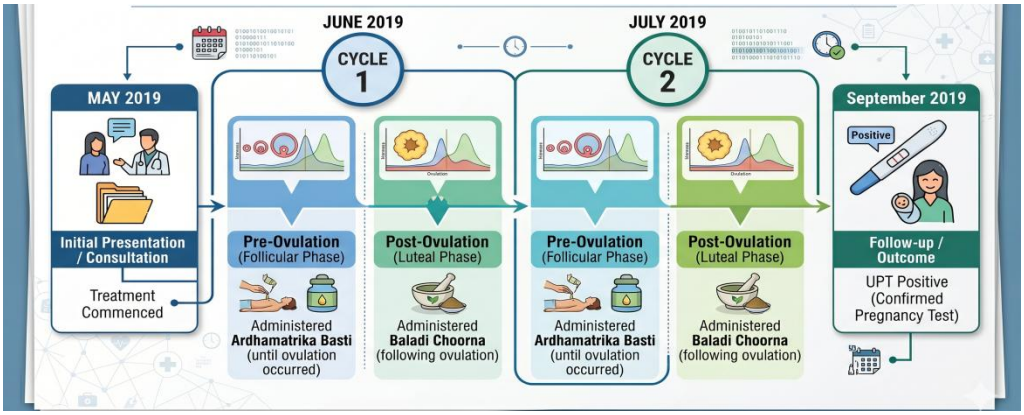

Table 1. Posology

Intervention	**Route**	**Duration**	**Time**	**Dose**
Ardhamatrika Basti	Rectal	After cessation of menstruation for 16 days or until ovulation	Morning	480 ml
Baladi Choorna	Oral	Post-ovulation phase	Before lunch and dinner	5 gm with milk

Table 2. Ingredients of *Ardhamatrika Basti*:

KwathaDravya				
No	**Drug (*Yavakuta*)**	**Latin Name**	**Part used**	**Quantity**
1.	*Bilva*	*Aegle marmelos* corr.	Stem bark	Total 192 ml
2.	*Shyonaka*	*Oroxylum indicum* vent.	Stem bark	
3.	*Patala*	*Stereospermum suaveolens* DC.	Stem bark	
4.	*Gambhari*	*Gmelina arborea* linn.	Stem bark	
5.	*Agnimantha*	*Premna mucronata* Roxb.	Stem bark	
6.	*Kantakari*	*Solanum surattense* Burm.f.	Whole plant	
7.	*Brihati*	*Solanum indicum* linn.	Whole plant	
8.	*Gokshura*	*Tribulus terrestris* linn.	Fruit	
9.	*Shalaparni*	*Desmodim gangeticum* DC.	Whole plant	
10.	*Prushniparni*	*Uraria picta* Desv.	Whole plant	
Kalka Dravyas				
11.	*Shatapushpa*	*Anethum sowa* linn.	Seed	12gm
12.	*Madanaphala*	*Randia dumetorum* lam.	Dry Fruit	1 dry fruit=10gm (Appr.)
13.	*Madhu*	Honey		48g
14.	*Saindhava*	Rock salt		12g
15.	*TilaTaila*	*Sesamum indicum* linn.		96ml
16.	*Purana Guda*	Jaggery		48g
17.	*Masha Yusha*	*Phaseolus mungo* Linn.		96 ml

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