



Successful Conception In A 38-Year-Old Primary Infertility Patient Through Ayurvedic Management: A Case Study

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Abstract

Infertility is a growing reproductive health issue affecting many couples worldwide. In *Ayurveda*, infertility is correlated with *Vandhyatva*, which occurs due to imbalance of *Dosha*, *Dhatu* and *Artava*. The present case study highlights the successful management of a 38-year-old female with primary infertility through Ayurvedic treatment. The patient had been trying to conceive for several years without success. After detailed Ayurvedic assessment, treatment including *Shodhana* and *Shamana chikitsa* along with lifestyle and dietary modifications was administered. Within three months of Ayurvedic treatment, the patient conceived naturally. This case demonstrates the potential effectiveness of *Ayurvedic* management in improving fertility outcomes.

Keywords: Primary infertility, *Vandhyatva*, *Ayurveda*, *Artava Dushti*, *Ayurvedic* management.

Introduction

Infertility is defined as the inability to conceive after one year of regular unprotected intercourse ⁽¹⁾. The prevalence of infertility is increasing due to delayed marriage, lifestyle factors, hormonal imbalance and stress. *Vandhyatwa* is one of the *Vataj Nanatmaja Vikaras* that is mentioned ⁽²⁾. In *Ayurveda*, *Acharya Sushrut* mentioned the *Garbh Sambhav Samagri* i.e., the fertile period for conception (*Ritu*), healthy reproductive organs (*Kshetra*), adequate nutrition after conception (*Ambu*), and healthy sperm and ovum (*Beeja*). These are considered as key elements for conception ⁽³⁾. Disturbance in any of these factors may lead to *Vandhyatva*. *Ayurveda* offers holistic management including *Shodhana* (purification), *Shamana* (pacification), *Rasayana* therapy and lifestyle correction, which help restore reproductive health. According to *Acharya Charaka Soumansya*, or a calm psychological state in spouses, is one of the key elements for conception ⁽⁴⁾. In *Vandhyatwa*, important role is played by the *Apana Vayu*, which controls reproductive processes. According to *Acharya Kashyap*, involuntary factor is considered as *Pushpaghni Jatharini* ⁽⁵⁾. Ayurvedic treatment for Infertility include a combination of lifestyle changes, stress reduction, and use of *shaman* (Pacification) and *Shodhan* (purification). Through pacification and purification techniques enhancing the activities of “reproductive tissues” in both males and females so *Ayurveda* offers the finest remedies for infertility ⁽⁶⁾.

Case Presentation

Patient Information

Age: 38 years

Marital history: Married since 3 years

Chief complaint: Inability to conceive since marriage

Type: Primary infertility

P/M/H: No H/O DM, HTN, TB, Epilepsy, Jaundice or any other medical illness.

H/O: Hypothyroidism

P/S/H: NO

Allergy: No any drug or food allergy known till now.

Family History: No H/O any illness in any of the family members.

Menstrual History: Frequency: Regular

Quantity: Moderate, Painless

Duration: 3 days

Interval: 26-28 days.

Contraceptive History: Not practicing any of the contraceptive methods by both partners since 3 years.

Obstetric history: G0 P0 L0 A0 D0

General Examination:

P: 84/min

BP: 120/70 mm of Hg.

T: Afebrile

RR: 20/min

Height: 156 cms

Weight: 58 Kgs

Built: Moderate.

No pallor, icterus, edema, lymphadenopathy,

Systemic Examination:

RS: AEBE Clear

CVS: S1 S2 Normal.

CNS: Conscious and Oriented.

Per Abdomen: Soft, Non tender.

P/S: Cervix: Healthy, No any white discharge, No foul smell

P/V: Uterus AV, AF. Normal in size, No tenderness in fornices.

Ashtavidh Pariksha:

Nadi: 84/min

Mala: Once a day

Mutra: Prakrut

Jivha: Niram

Shabda: Avishesh

Sparsh: Anushnashit

Druk: Avishesh

Akriti: Madhyam

Prakriti: Vata-Kapha predominant

Ayurvedic Diagnosis

Based on clinical assessment the condition was diagnosed as *Vandhyatva* due to *Artava Dushti* and *Vata* imbalance.

Past Treatment History

The patient had taken previous treatments without successful conception and 1 IUI Failed.

Investigations:

The Semen analysis of her husband is within normal limit.

All the routine investigation including Haematological, Biochemical reports were normal.

Diagnosis: Primary infertility.

Treatment Plan

Shamana Chikitsa

Artava-janana and *Garbhasthapaka* medicines

Rasayana therapy to improve reproductive tissue health

Diet & Lifestyle Advice

Balanced *satvik* diet

Stress reduction

Proper sleep and exercise

Avoid excessive processed food and caffeine.

Treatment Given:

1. Tab. Prophala 2BD
2. Tab. Folvite 1 OD
3. Tab. Pramas 2BD
4. Syrup. M2 Tone 10ml BD
5. Tab. Aloes compound 2BD (1st to 14th day of menses)
6. Tab. Leptaden 2 BD (15th to 30th day of menses)

It's Mode of Action:

- Tab. Prophala acts as *Rasayan*, *Garbhashayabalya* and gives benefits of *Phalagrita*. It is useful in pregnancy related problems.
- Tab. Pramas is indicated in 1st month of pregnancy. Implantation is the very important event in the 1st month of pregnancy. These drugs help in *Sandhan karm* of *Garbh* with endometrium.
- Tab. Aloes compound stimulates and establishes normal ovulatory cycles.
- Tab. Leptaden normalizes environmental factors for proper implantation of fertilized ovum.
- Syrup M2 Tone improves health of endometrium. It contains potent oestrogenic drugs which corrects hormonal imbalance and hence restores emotional balance by relieving anxiety and tension with its tranquilizing agents.

Outcome

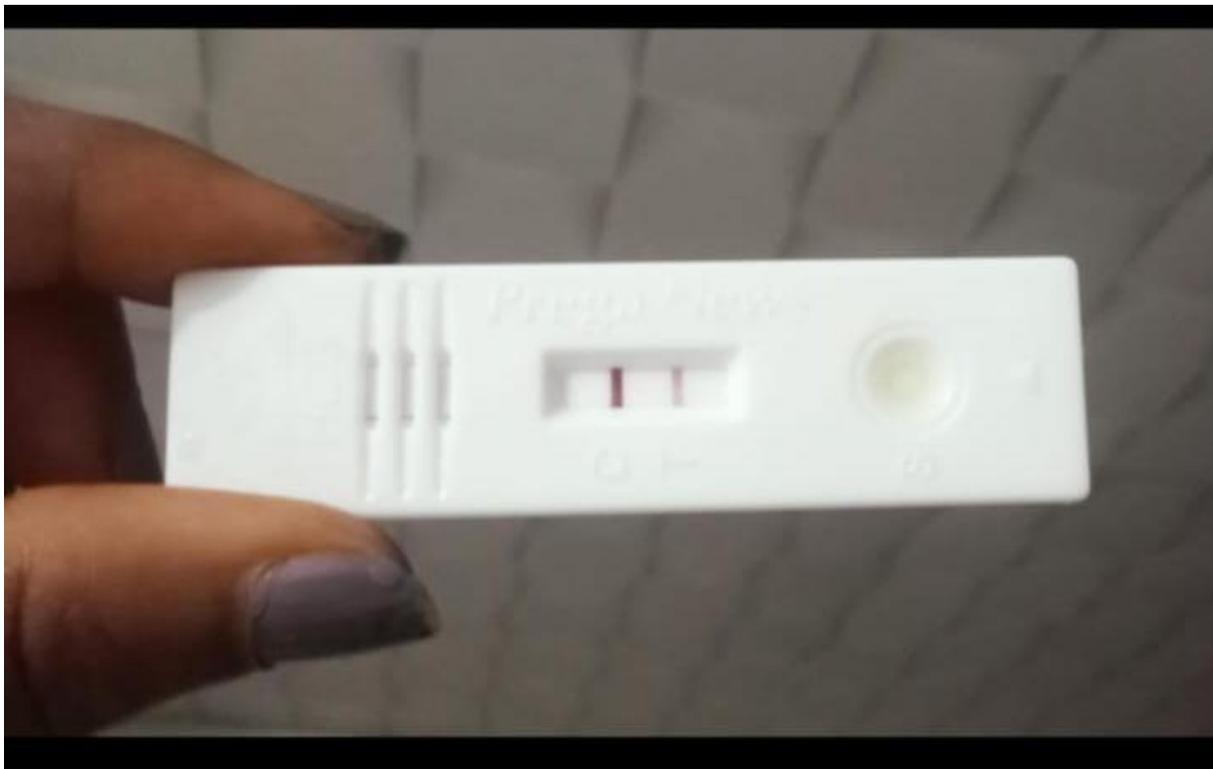
After three months of continuous Ayurvedic treatment and lifestyle modifications, the patient missed her menstrual cycle. Pregnancy was confirmed by positive urine pregnancy test and beta-hCG levels. The patient conceived naturally without assisted reproductive techniques.

DATE: 04/12/2025

FOLLICULAR STUDY

LMP- 25/11/2025
Hemorrhagic cyst of approximate size 2.3 x 1.7 cm is seen involving the left ovary.

DATE	DAY	RT OVARY	LT OVARY	ET	FF IN POD
04/12/2025	10 th	No DF	No DF	3.6 mm	No
LMP = 08/12/2025					
16/12/2025	09 th	22x20mm 17x14mm	No DF	5.4 mm	NO
18/12/2025	11 th	26x22mm 19x16mm	No DF	6.5 mm	NO
19/12/2025	12 th	Ruptured both the follicles	NO DF	7.5 mm	mild FF in POD



Beta HCG			
Investigation	Result	Unit	Bio. Ref. Interval
BETA HUMAN CHORIONIC GONADOTROPIN HORMONE (BETA HCG)			
Beta Human Chorionic Gonadotropin Hormone	10225.59	mIU/ml	Upto 2.6 (Men) Upto 5.3 (Non Pregnant Women) Upto 8.3 (postmenopausal)
Men <2.0 Cyclic Women < 5 Menopausal Women < 10			
PREGNANT WOMEN			
Gestational Age	ExpectedhCGValues(mIU/mL)		
3-7 days	5 - 50		
1-2 weeks	10 - 472		
2-3 weeks	90 - 4590		
3-4 weeks	462 - 10940		
4-5 weeks	1065 - 68248		
5-6 weeks	7458 - 118515		
6-7 weeks	14423 - 175638		
7-8 weeks	31510 - 184628		
8-12 weeks	28639 - 224919		
12-16 weeks	9870 - 106917		
16- 18 weeks	7924 - 56552		
Interpretation : Quantitative hCG (human chorionic gonadotropin) testing, often called beta hCG (β-hCG), measures the amount of hCG present in the blood. It may be used to confirm a pregnancy. After delivery, miscarriage, or pregnancy termination, human chorionic gonadotropin (hCG) falls with a half-life of 24 to 36 hours, until prepregnancy levels are reached. An absent or significantly slower decline is seen in patients with retained products of conception.			
Comment : Please correlate with clinical condition Technology : C.L.I.A Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.			

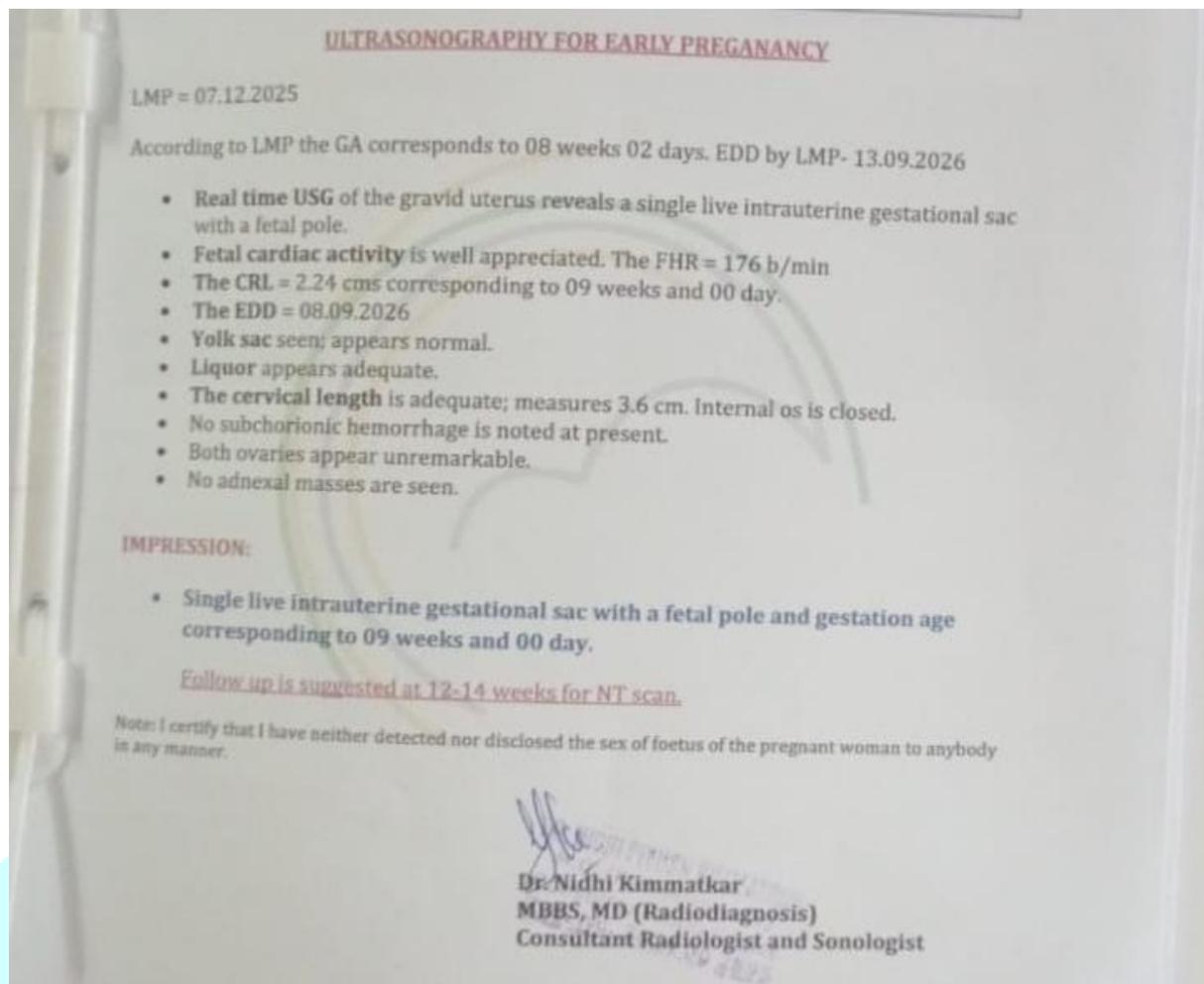
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Discussion

According to *Ayurveda*, infertility occurs due to impairment of *Artava*, *Dosha* imbalance and improper functioning of reproductive channels (*Artavavaha srotas*). The treatment aimed at correcting *Vata* imbalance, improving *Artava* quality and strengthening reproductive tissues. *Ayurvedic* medicines along with dietary and lifestyle regulation help in restoring physiological balance and enhancing fertility potential.

This case indicates that timely *Ayurvedic* intervention can be beneficial in managing infertility, especially in patients with hormonal and functional disturbances.

Conclusion

Ayurvedic management can play an important role in the treatment of infertility. The present case demonstrates successful conception in a 38-year-old primary infertility patient within three months of *Ayurvedic* therapy. Holistic treatment addressing *Dosha* balance, reproductive health and lifestyle modification can significantly improve fertility outcomes.

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