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Case Study

SUCCESSFUL CONCEPTION IN UNEXPLAINED PRIMARY INFERTILITY THROUGH AYURVEDA

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ABSTRACT

Primary infertility is defined as the inability to conceive after one year of unprotected intercourse, without any prior pregnancies. Unexplained infertility accounts for nearly 15–30% of cases, where no identifiable cause can be detected despite standard investigations. The current case study explores the Ayurvedic approach to manage unexplained primary infertility. **Case Presentation:** A 24-year-old nulligravida female presented with a 4-year history of primary infertility and scanty menstruation, despite normal findings in ovulation and her husband's semen analysis. Clinically, she had a BMI of 18.4 and exhibited signs of *Artava Kshaya* and *Dhatu Kshaya*, indicating *Vata* aggravation and nutritional insufficiency. **Intervention and Management:** A comprehensive Ayurvedic treatment protocol was initiated, including *Samana* and *Shodhana* therapies. *Yoga Basti* using *Dashmoola* was administered to pacify *Vata* and restore reproductive balance. *Shatapushpa* was used for its *Artavajanana* properties, along with nourishing *Rasayana* herbs like *Ashwagandha*, *Shatavari*, *Vidarikanda*, and *Bala*. *Phala Ghrita* was prescribed to stabilize the uterus and enhance fertility. Nutritional correction and *Nidana Parivarjana* were emphasized, alongside *Beeja Sanskara* and lifestyle guidance. **Outcome:** After the course of treatment, the patient's menstrual flow normalized, BMI improved and hormonal balance was restored. A follicular study confirmed timely ovulation. Ultimately, the patient conceived, confirmed by a positive urine pregnancy test. **Conclusion:** This case demonstrates the effectiveness of individualized Ayurvedic management in addressing unexplained primary infertility. The approach, focusing on *Vata Shamana*, *Dhatu Poshana* led to successful conception. Ayurveda offers a promising alternative in cases where conventional diagnostics fail to identify a cause.

INTRODUCTION

Primary infertility refers to the inability to conceive after 12 months or more of regular unprotected sexual intercourse, without any prior pregnancies, regardless of the outcome[1]. It is a growing global concern, affecting approximately 10–15% of couples of reproductive age. In India, the prevalence of infertility ranges between 3.9% to 16.8%, with notable regional and socio-economic variations. Among various types, primary infertility is reported to be more common than secondary infertility in several regions[2].

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While around 80% of couples conceive within the first year of active marital life, another 10% may conceive by the second year. However, the remaining 10% often require medical or alternative interventions to achieve conception[3].

In Ayurveda, infertility is extensively described as *Vandhyatva* in classical texts. The Ayurvedic view of conception is based on the harmonious functioning of four essential factors: *Ritu* (timing), *Kshetra* (uterus), *Ambu* (nourishment), and *Beeja* (ovum/sperm). Along with these, age, the condition of the *Dhatus*, the balance of *Doshas*, mental wellbeing, and even karmic factors from past and present life are considered important contributors. Ayurveda emphasizes a holistic and individualized approach, particularly valuable in unexplained infertility cases. Management includes *Shodhana*, *Samana*, *Beeja Sanskara* (rejuvenation of reproductive elements), and *Nidana*

Parivarjana (removal of causative factors). In the present case, *Samana Chikitsa* and *Yoga Basti* were administered, highlighting the effective application of Ayurvedic principles in managing primary infertility with unexplained etiology.

Patient Information

A 24-year-old nulligravida female and her 26-year-old husband presented to the outpatient department with complaints of primary infertility, having been unable to conceive despite four years of regular unprotected coitus. The couple has a history of consanguineous marriage. On detailed history, the female reported having regular but scanty menstrual cycles, with a duration of 1–2 days and using only half a pad per day, occurring at intervals of 28–30 days. She has a thin build with a weight of 50 kg and a height of 5 feet 5 inches, and her vital signs were stable. There is no history of past medical or surgical illness, nor any use of contraceptive methods. Investigations revealed no abnormalities in the female reproductive system, and her husband's semen analysis was within normal limits. Despite the absence of detectable pathology in either partner, conception has not occurred. This case suggests unexplained infertility, warranting further evaluation of subtle or functional factors that may be contributing to the inability to conceive.

Clinical Findings

On general physical examination, the patient appeared thin with a BMI of 18.4. Her vital signs were within normal limits, showing a temperature of 96°F, pulse rate of 78 beats per minute, and blood pressure of 100/70mmHg. Patient seemed to be mild pale indicating anaemic and no clinical signs of jaundice, lymph node enlargement, cyanosis, clubbing, or thyroid swelling were observed.

Per Speculum and Per Vaginal Examination

External genitalia and perineum were normal. Speculum examination revealed healthy vaginal walls with mild, non-foul-smelling, whitish discharge. The cervix was normal with a nulliparous os and no lesions. On per vaginal examination, the uterus was normal-sized, anteverted, freely mobile, with no tenderness; fornices were also non-tender.

Timeline of events

Date	Observation and remarks	Treatment
26/9/2023	1st visit with the complaint of wants issue and scanty menses. USG of uterus and adnexa advised	***Samana chiktsa*** 1. *Arogya vardini vati* 500mg BD AF 2. *Chadrapraha vati* 500mg BD AF 3. *Satpushpa churna* 5gm with ghee and milk 4. *Ashwagandha churna* 2gm *Bala churna* 2gm *Shatavari churna* 2gm BD, BF *Vidarikanda churna* 2gm (mix and BD, BF with milk) ***Sodhana Chikitsa*** *Yoga Basti* *Anuvasana-Dashmool Taila* *Asthapana-dashmool Kwatha*
23/10/2023	21/10/2023– USG Showed normal study attached below as fig no. 1.	Same treatment as above continued for next cycle**.**
25/11/2023	Relief in the complaint of scanty menses flow days extended to 4 days with satisfactory flow of 2 pads per day in 1st 2 days and 1 pad in last 2 days.	***Saman Chikitsa*** 1. *Bala beej churna* 4gm BD, BF, with milk 2. *Phala ghrita* 5ml BDAF with milk 3. *Ashwagandha churna* 2gm *Shatavari churna 2gm* *Vidarikandha churna* 2gm (mix and BD, BF with milk) 4. *Chandra prabha vati* 500mg BD AF

22/12/2023-10/09/2024	Patient continued same medicine foe 2 month and discontinued treatment as she was out of the state for few months.	-------
10/09/2024	Hormonal analysis for wife and Semen Analysis for male was advised. *Beejsanskar* Advised along with *Nidana parivarjan* of both husband and wife.	As day of cycle was 25th no intervention was done and asked to review with reports after menses. Medication provided is 1.Syrup Ojaswini 10 ml BD AF
17/10/2024	Husband's semen analysis was Normal attached below fig no.2, but wife didn't do the tests. Tests was repeated for wife. (Sr. LH, Sr. FSH, Prolactin, Sr. Testetrone) and USG for follicular study.	***Samana Chiktisaa*** 1. Syp. *Ojaswini* 10 ml BD AF 2. *Erand bhrista haritaki* HS with lukewarm water 3. *Phala ghrita* 5 ml BDAF with milk 4. *Ashwagandha churna* 2gm *Shatavari churna* 2gm *Vidarikandha churna* 2gm (mix and BD, BF with milk)
9/12/2024	PRL-15.56mIU/L LH-5.36 mIU/L FSH-9.16mIU/ml Follicular study showed proper follicle and ruptured follicle in 16th day of cycle and reports are attached below fig no.3.	Same medication as above was continued.
3/2/2025	Pain in low abdomen since 2 month.	***Samana Chiktisaa*** 1. Syp. *Ojaswini* 10 ml BD AF 2. *Dadimastak* 3 gm BD AF 3. Syp. M.Liv 2tsf BD AF 4. *Phala ghrita* 5 ml BDAF with milk
5/4/2025	Came with complaint of delayed menses and UPT was done which was positive.	1. *Dadimastak* 3 gm BD AF 2. Syp. M.Liv 2tsf BD AF 3. *Phala ghrita* 5 ml BDAF with milk

Follow-Up and Outcome

Following the initiation of appropriate treatment, the patient showed notable clinical improvement. Her Body Mass Index (BMI) increased from 18.4 to 22, reflecting improved nutritional status. One of the key improvements observed was in her menstrual flow, indicating a positive hormonal and reproductive response to the therapy.

The most significant outcome was that the patient successfully conceived. A urine pregnancy test was found to be positive, confirming conception. She was subsequently advised to undergo routine antenatal investigations and a pelvic ultrasonography (USG) to confirm the period of gestation and assess fetal cardiac activity. This case highlights the importance of comprehensive evaluation and individualized management in cases of unexplained infertility, resulting in a successful conception outcome.

DISCUSSION

This case presents a 24-year-old female with a 4 years history of primary infertility, where standard investigations revealed no abnormalities in anatomy, tubal factor, ovulatory function, or partner semen analysis, leading to a diagnosis of unexplained infertility. Despite multiple attempts, she remained

unable to conceive. Unexplained infertility is reported in approximately 15–30% of infertile couples and poses a significant clinical challenge due to the absence of identifiable causes. The pathophysiology may involve subtle factors like poor endometrial receptivity, oxidative stress, or immune dysfunction that routine diagnostic tools fail to detect and poor nutritional supplies.

On observing the clinical presentation, scanty menses in the patient and inability to conceive showed signs of somehow hormonal imbalance and nutritional deficiency, which in Ayurvedic terms indicate *Artava kshaya* along with *Vandhyatwa* related to *Dhatu kshaya* as explained by *Harita*. The presence of *Artava kshaya* (irregular or scanty menstruation) further confirmed *Vata Vriddhi* and *Pitta Kshaya* condition which is characterized by delayed, scanty and painful menstruation[4]. Ayurveda states that no *Striroga* manifests without the involvement of aggravated *Vata. Apana Vata* governs menstruation, ovulation, and movement of reproductive fluids; hence, its vitiation plays a key role in the pathogenesis of infertility (*Vandhyatva*).

The initial line of treatment focused on pacifying *Vata* and restoring *Artava*. Nutritional correction and body mass improvement were also emphasized. The condition was indicative of *Dhatu kshaya*, particularly of *Rasa, Rakta,* and *Shukra Dhatus*, essential for reproductive health. As *Dhatus* support sustenance (*Dharana*), their proper nourishment is critical for conception. Therefore, *Vata-shamana*, therapy was aimed along with *Dhatu poshana* using *Rasayana, Brimhana* (nourishing), and *Garbha-sansthapana* (uterine stabilizing) approaches.

Garbhashaya and *Artava vahini dhamani* are the seats of *Apana vayu* and the *Mulasthana* of *Artavavaha srotas*.[5] *Basti* is best therapy for *Apana Vayu* balance so their *Yoga basti* was chosen for *Sodhnana chikitsaa* and for *Anuvasana Dashmool taila* whereas for *Asthapana Dasmool kwatha* was taken. *Usna* and *Singhda guna* of *Dashmool* help to pacify *Vata* and leads to proper functioning of hormones which had worked on scanty menses as *Vata* could be cause of *Artavkshya.*

Shatapushpa (Foeniculum vulgare), known for its *Artavajanana* (menstrual promoting) effect on the endometrium, was incorporated. Following *Acharya Sushruta*, treatment for *Artava Kshaya* includes *Vata pacification, Shodhana*, and the use of *Agneya* or *Ushna Dravyas*. *Shatapushpa,* known for its *Ushna Virya* and *Artava-janana* properties[6], was used accordingly.

Additionally, a *Ksheerpaka* formulation containing *Vidarikanda, Shatavari, Ashwagandha*, and *Bala Beeja* was administered. These herbs, being *Madhura* in *Rasa* and possessing *Rasayana* qualities, promote fertility and have been recommended by *Acharya Vagbhata* for *Shreshtha Praja* (healthy progeny)[7]. Moreover, milk (*Ksheera*) itself is considered *Rasayana*.

Phalaghrita, as described in the *Ashtanga Hridaya*, was prescribed for its *Garbhasthapaka* (uterine stabilizing), *Vrishya* (aphrodisiac), *Rasayana*, and *Prajavardhaka* (fertility-promoting) properties[8]. With *Snigdha* and *Balya* qualities, it supports uterine health and hormonal harmony.

Alongside these interventions, *Nidana Parivarjana* (elimination of causative factors) was enforced. The patient was also guided through a *Beeja Sanskara* protocol, which included *Rajaswala Charya* and *Ritumati Charya* and proper diet plan which includes *Yava Sattu, Munakka*, ghee, milk etc which acts as rejuvenating food.

During the course of Ayurvedic treatment, the patient began experiencing regular menstrual cycles with adequate flow, indicating a favorable therapeutic response and restoration of reproductive health and BMI reached 22 indicating *Dhatu Shamyata*. On 5th April 2025, the patient returned to the OPD reporting a delayed menstrual period, with her last menstrual period (LMP) dated 30th March 2025. A urine pregnancy test (UPT) was advised and yielded a positive result, confirming conception. Following this, supportive Ayurvedic medications such as *Phala Ghrita*, *Dadimastak Churna*, and Syp.M.Liv were prescribed to help sustain early pregnancy and promote healthy fetal development and to manage maternal symptoms respectively. However, a notable limitation of this case study is that it represents a single clinical instance, which restricts the generalizability of the findings

CONCLUSION

This case study highlights the potential of individualized Ayurvedic management in addressing unexplained primary infertility. Through a Ayurveda approach involving *Vata* pacification, *Dhatu* nourishment, uterine stabilization, and lifestyle modifications, the patient achieved regular menstrual cycles, improved overall health, and ultimately conceived naturally. The use of therapies such as *Yoga Basti*, *Rasayana Ausadha*, and supportive formulations post-conception demonstrates the holistic and sequential nature of Ayurvedic care. While the outcome is promising, the findings are limited to a single case. Therefore, further research with larger sample sizes and controlled clinical trials is essential to validate the efficacy and reproducibility of Ayurvedic interventions in the management of unexplained infertility.

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