

INDIVIDUALIZED AYURVEDIC MANAGEMENT RESULTING IN NATURAL CONCEPTION AFTER REPEATED FAILED ASSISTED REPRODUCTIVE TECHNOLOGY CYCLES: A CASE REPORT

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ABSTRACT

Background: Infertility is a multifactorial condition that can significantly affect the emotional, psychological, and social well-being of couples. Repeated failures of assisted reproductive techniques such as intrauterine insemination (IUI) and in vitro fertilization (IVF) often leave couples seeking alternative approaches to improve reproductive health and achieve conception. **Case Presentation:** A 40-year-old woman with a 15-year history of primary infertility presented in July 2025. Prior to consultation, she had undergone five IUI cycles and five IVF cycles at various fertility centers without achieving pregnancy. The patient sought Ayurvedic management with the desire to conceive naturally. Her husband simultaneously commenced treatment to optimize overall reproductive health. A comprehensive Ayurvedic treatment

protocol was initiated, focusing on restoring reproductive balance, improving menstrual health, and enhancing fertility potential. **Intervention and Outcome:** Over the course of seven months, the patient demonstrated gradual improvement in menstrual cycle regularity and overall well-being. Both partners remained compliant with the prescribed treatment regimen and lifestyle recommendations. Following seven months of Ayurvedic treatment, the patient achieved spontaneous natural conception without the use of assisted reproductive technologies. Pregnancy was confirmed through standard clinical evaluation. **Conclusion:** This case highlights the potential role of individualized Ayurvedic management in supporting fertility and facilitating natural conception in couples with a prolonged history of infertility

and multiple unsuccessful ART attempts. While the outcome is encouraging, further systematic clinical research is warranted to evaluate the effectiveness of Ayurvedic interventions in similar infertility populations.

KEYWORDS: Infertility; Ayurveda; Natural conception; Assisted reproductive technology; In vitro fertilization.

INTRODUCTION

Infertility affects millions of couples worldwide and is recognized as a significant reproductive health challenge. It is defined as the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. The prevalence of infertility has increased globally due to factors such as delayed childbearing, lifestyle changes, environmental influences, and underlying reproductive disorders. Beyond its physical implications, infertility often exerts profound psychological, emotional, and social burdens on affected couples.^[1]

Assisted reproductive technologies (ART), including intrauterine insemination (IUI) and in vitro fertilization (IVF), have revolutionized infertility management and improved pregnancy outcomes for many couples. However, despite advances in reproductive medicine, a substantial proportion of patients experience repeated implantation failure or unsuccessful treatment cycles. Multiple failed ART attempts can be associated with considerable emotional distress, pathological financial burden, and reduced quality of life, prompting couples to seek complementary and alternative therapeutic approaches.^{[2][3]}

Ayurveda, the traditional system of medicine practiced in India, offers a holistic approach to reproductive health by addressing systemic imbalances, optimizing physiological function, and promoting overall well-being. Ayurvedic management of infertility focuses on improving reproductive tissue health (*Shukra and Artava Dhātu*), enhancing metabolic balance, supporting hormonal regulation, and correcting lifestyle factors that may adversely affect fertility. Individualized treatment protocols often combine herbal formulations, dietary modifications, and lifestyle interventions tailored to the patient's constitution and clinical presentation.^[4]

The present case report describes the successful natural conception of a 40-year-old woman with a 15-year history of primary infertility and multiple failed ART attempts, including five

IUI cycles and five IVF cycles, following seven months of individualized Ayurvedic management undertaken by both partners. This case highlights the potential role of a holistic fertility-focused Ayurvedic approach in supporting reproductive health and achieving favorable pregnancy outcomes in complex infertility cases.

CASE PRESENTATION

Patient Information

A 40-year-old female presented with a chief complaint of primary infertility of 15 years' duration. The patient had been married for 15 years and had been actively attempting conception without success. Prior to presenting for Ayurvedic treatment, she had undergone extensive fertility evaluation and management at multiple centers.

Despite multiple assisted reproductive interventions, including five cycles of intrauterine insemination (IUI) and five cycles of in vitro fertilization (IVF), conception had not been achieved. The repeated treatment failures resulted in significant emotional distress and concern regarding her fertility prognosis.

The patient's husband was also evaluated and enrolled in treatment simultaneously to optimize reproductive health outcomes for the couple.

Table 1: Baseline Demographic and Clinical Characteristics.

Parameter	Details
Age	40 years
Gender	Female
Marital Duration	15 years
Chief Complaint	Primary infertility
Duration of Infertility	15 years
Previous IUI Cycles	5
Previous IVF Cycles	5
Date of First Consultation	July 2025

Clinical History

The patient reported a prolonged history of infertility despite undergoing multiple conventional fertility treatments. Previous investigations and treatment records indicated repeated unsuccessful ART attempts. At the presentation, she sought Ayurvedic management with the goal of improving reproductive health and achieving natural conception.

Detailed gynecological, menstrual, obstetric, medical, surgical, and family histories were recorded during the initial assessment.

Table 2: Relevant Medical and Reproductive History.

Parameter	Findings
Menstrual History	Regular
Obstetric History	Nulligravida
Previous Fertility Treatments	5 IUI cycles, 5 IVF cycles
Medical History	NA
Surgical History	NA
Family History	NA
Male diagnosis	Teratospermia; delayed liquefaction time 60 min

Clinical Assessment

A comprehensive assessment was performed using both contemporary clinical parameters and Ayurvedic principles. The treatment plan was individualized according to the patient's presenting complaints, reproductive history, constitutional assessment, and fertility-related concerns.

Table 3: Baseline Investigations.

Investigation	Baseline Value
AMH	0.2
FSH	20
TSH	4.5
Prolactin	7
Ultrasound Findings	Normal
Endometrial Thickness	8 mm
Other Relevant Parameters	Normal
Semen analysis	Morphology - Abnormal (teratospermia) Liquefaction time - 60 minutes (delayed)

Therapeutic Intervention

Ayurvedic treatment was initiated in July 2025. The treatment aimed to support reproductive health, optimize menstrual function, improve systemic balance, and enhance the likelihood of natural conception.

The husband simultaneously underwent treatment directed toward improving overall reproductive wellness.

Table 5: Medication given for female.

Medicine Name	Ingredients	Dose
1. Tablet Poshini (600 mg)	Shuddha Hingul, Bang Bhasma, Shivlingi, Shatavari, Ashwagandha, Jivanti, Putranjivak	2 pills after breakfast and 2 pills after dinner
2. Tablet Upaja (500 mg)	Kumari, Shuddha Kasis, Dalchini, Sonth, Gulkand	2 pills after breakfast and 2 pills after dinner
3. Tablet Vardhani (600 mg)	Shuddha Hingul, Haritaki, Amalaki, Bibhitak, Shatawari, Shatapushpa, Bala	2 pills after breakfast and 2 pills after dinner
4. Tablet Jivani (750 mg)	Shuddha Hingul, Bang Bhasma, Karanja, Khadir, Asvattha, Shirish, Shalmali	2 pills after breakfast and 2 pills after dinner

Table 6: Medication given for male.

Medicine given	Ingredients/Contents	Dosage
Tablet Beehj (500mg)	Shweta Musali, Shuddha Kaucha, Gokshur, Ashwagandha, Guduchi, Vriddhadaru, Shatavari, Bala, Amalaki, Varahi Kanda, Kokilaksha, Vidarikanda, Jivanti, Akkalgaru, Jayphal, Swarnamakshik bhasma, Swarna Bang, Shuddha Shilajit, Salab Mishri Churna	2 pills after breakfast and 2 pills after dinner
Kavachbeehj (300 mg)	Kaunchbeehj	2 pills after breakfast and 2 pills after dinner
Makar (250 mg)	Makardhwaja Rasa Powder, Jatiphala, Karpura, Marich, Javitri	1 tablet at night
Tablet Jivani (750 mg)	Shuddha Hingul, Bang Bhasma, Karanja, Khadir, Asvattha, Shirish, Shalmali	2 pills after breakfast and 2 pills after dinner

Table 4: Treatment Timeline.

Month	Clinical Status	Intervention
July 2025	Initial consultation	Ayurvedic treatment initiated for both partners.
August 2025	Follow-up: Improved digestion; ovulation tracking initiated.	Continued Ayurvedic treatment.
September 2025	Follow-up: Ovulation tracking and planned intercourse for conception continued.	Continued Ayurvedic treatment.
October 2025	Follow-up: Regular ovulation monitoring and planned intercourse continued.	Continued Ayurvedic treatment.
November 2025	Follow-up: Ongoing ovulation monitoring and planned intercourse.	Continued Ayurvedic treatment.

December 2025	Follow-up: Continued ovulation tracking and fertility management.	Continued Ayurvedic treatment.
January 2026	Follow-up: Ongoing fertility monitoring.	Continued Ayurvedic treatment; investigations performed.
February 2026	Pregnancy confirmed.	Natural conception achieved.

Follow-Up and Outcomes

The patient demonstrated gradual improvement in overall reproductive health during the treatment period. Compliance with prescribed medications, dietary guidance, and lifestyle recommendations was satisfactory.

Following seven months of treatment, spontaneous conception was achieved without the use of assisted reproductive technologies. Pregnancy was subsequently confirmed through standard clinical evaluation.

DISCUSSION

This case describes a 40-year-old woman with long-standing primary infertility of 15 years and multiple failed assisted reproductive technology (ART) cycles, who achieved spontaneous conception following seven months of individualized Ayurvedic management. Given the complexity of her infertility history—including five unsuccessful IUI and five IVF cycles—this outcome raises important considerations regarding the possible contributory role of holistic, system-based interventions in selected cases of reproductive dysfunction.^[1,2,3]

Primary infertility in advanced reproductive age is often multifactorial, commonly associated with diminished ovarian reserve, reduced oocyte quality, altered endocrine dynamics, and impaired endometrial receptivity. In this patient, baseline investigations indicated significantly reduced ovarian reserve (AMH 0.2 ng/mL) along with elevated FSH (20 mIU/mL), both of which are typically associated with a poor prognosis in conventional reproductive medicine. Despite these findings, spontaneous conception occurred after a structured period of intervention, suggesting a possible improvement in the overall reproductive milieu rather than isolated correction of a single parameter.^[5]

From an Ayurvedic perspective, infertility (*Vandhyatva*) is understood as a systemic disorder resulting from imbalance of *Doshas*, impaired *Agni*, and compromised quality of *Shukra* and *Artava Dhatu*. Accordingly, the therapeutic approach in this case was individualized and

aimed at restoring systemic equilibrium, improving tissue nourishment, and enhancing reproductive capacity rather than focusing solely on ovulation induction. The female patient received formulations selected according to her clinical presentation. *Poshini* was prescribed as a general fertility-supportive formulation intended to improve overall reproductive health and tissue nourishment. *Upaja* was administered to promote healthy ovulation and support regular follicular development, while *Vardhani* was specifically included considering the markedly diminished ovarian reserve, with the objective of supporting ovarian function in women with low AMH. In addition to these formulations, dietary regulation and lifestyle modifications were advised to optimize metabolic balance and reproductive physiology. Collectively, these interventions may have contributed to improvements in hormonal regulation, menstrual physiology, endometrial receptivity, and the overall reproductive environment.

The simultaneous management of the male partner is another noteworthy aspect of this case. Although the primary infertility evaluation focused predominantly on female factors, the male partner demonstrated delayed semen liquefaction, a finding that may indicate underlying genital tract inflammation or infection and is commonly associated with pyospermia. Recognizing this possibility, treatment was directed toward improving both seminal quality and addressing the suspected inflammatory component. *Jivani* was prescribed because of its therapeutic role in managing pyospermia and supporting reproductive tract health. In addition, *Beehj*, *Kavachbeej*, and *Makar* were administered with the aim of enhancing sperm quality, improving seminal parameters, and supporting male fertility. Contemporary infertility management increasingly recognizes that optimization of both partners can improve the overall probability of conception, even when significant female factors are present.^[6,7]

The psychological dimension of infertility should also be considered. Chronic infertility and repeated ART failures are associated with considerable emotional stress, which may adversely influence the hypothalamic-pituitary-ovarian axis and reproductive function. Holistic care models incorporating dietary regulation, lifestyle modification, stress reduction, and continuous clinical support may indirectly improve reproductive outcomes by promoting neuroendocrine balance and overall well-being.

CONCLUSION

This case demonstrates the successful natural conception of a 40-year-old woman with 15 years of primary infertility, markedly diminished ovarian reserve, elevated FSH levels, and a history of five failed IUI and five failed IVF cycles following seven months of individualized Ayurvedic management. The treatment included *Poshini* for overall fertility, *Upaja* for ovulation support, and *Vardhani* for diminished ovarian reserve, while the male partner received *Jivani* for delayed semen liquefaction suggestive of pyospermia, along with *Beehj*, *Kavachbeej*, and *Makar* to improve sperm quality. Although causality cannot be established from a single case, this favorable outcome suggests that individualized Ayurvedic management addressing both partners may have a supportive role in complex infertility and warrants further evaluation through well-designed clinical studies.

Conflict of Interest: The authors have no competing interests to declare.

REFERENCES

1. Adebisi OY, Singh M, Tobler KJ. Female infertility. 2025 [cited 2026 July 7]; Available from: <http://europepmc.org/books/NBK556033>
2. Manikpuri P, Bhardwaj C. International Advance Journal of Engineering, Science and Management (IAJESM) [Internet]. Iajesm.in. [cited 2026 July 7]. Available from: <https://iajesm.in/admin/papers/6994153f906e5.pdf>
3. Jain M, Fang E, Singh M. Assisted reproductive technology (ART) techniques. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2026.
4. Ayurvedacollege.com. [cited 2026 July 7]. Available from: <https://www.ayurvedacollege.com/wp-content/uploads/2017/06/Womens-Infertility-SirishaKaramchedu.pdf>
5. Madjunkov M, Madjunkova S, Librach C. The biology and clinical aspects of female infertility. Syst Biol Reprod Med [Internet], 2026; 72(1): 23–54. Available from: <http://dx.doi.org/10.1080/19396368.2025.2593345>
6. Deshpande Dr. Subhash Ranade, A. (n.d.). *Dravyagun vidnyan bhag 1 & 2 : Dr. Subhash Ranade, Dr A P Deshpande: Amazon.In: Books*. Amazon.In. Retrieved February 5, 2025, from <https://www.amazon.in/Dravyagun-Vidnyan-Bhag-1-2/dp/8190902628>
7. Gupta, A. (n.d.). *A Textbook of Rasashastra*. Chaukhambha. Retrieved February 5, 2025, from <https://www.chaukhambha.com/product/a-textbook-of->

rasashastra/?srsltid=AfmBOoonSoCBV2nOTKlbxmj0Gy3hwwv-
MyhylB4T9v85U7e7kuMZTI83