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AYURVEDIC MANAGEMENT OF INFERTILITY ASSOCIATED WITH HYPOTHYROIDISM: A CASE REPORT

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ABSTRACT

Introduction: Thyroid dysfunction can affect ovulation, menstrual regularity, implantation, and a woman's ability to become pregnant. In Ayurveda, infertility, or Vandhyatva, is often linked to a weak digestive fire (Agnimandya) and an imbalance in which Kapha dosha is dominant. **Case Presentation:** A 28-year-old married woman had not conceived for three years. She also experienced irregular periods, weight gain, constant fatigue, cold sensitivity, and hair loss. Her initial tests showed high TSH, borderline thyroid hormone levels, mild anemia, and an ultrasound indicating no ovulation. She was given Kanchanara Guggulu, Chandraprabha Vati, Ashokarishta and Phalaghrita, along with advice on diet and lifestyle changes. **Outcome:** Within three months, her thyroid function and hemoglobin levels improved, and her menstrual cycle became more regular. She conceived naturally within six months, which was confirmed by pregnancy testing and ultrasonography. **Conclusion:** This case suggests that a personalized Ayurvedic approach may help improve fertility in women with hypothyroidism. Of course, as this is just one case, we cannot definitively say that it caused the improvement. Further controlled studies are needed to confirm this.

KEYWORDS: Hypothyroidism, Infertility, Vandhyatva, Ayurvedic treatment, Case Report.

INTRODUCTION

Infertility is a widespread reproductive health issue, and thyroid problems are known contributing factors. Hypothyroidism can disrupt the intricate hormonal balance that controls ovulation, leading to irregular menstrual cycles and difficulty conceiving. Recent research continues to highlight the significant link between thyroid dysfunction and female infertility, underscoring the importance of individual assessment and careful treatment selection. Ayurveda describes infertility as Vandhyatva, stemming from disruptions in the essential elements for conception: Ritu (timely ovulation), Kshetra (healthy uterus), Ambu (adequate bodily fluids), and Beeja (healthy reproductive cells). Diminished digestive fire (Agni) and excess Kapha dosha can further impair the formation of menstrual blood (Artava) and overall reproductive function. This report details a case in which infertility associated with hypothyroidism was managed using an Ayurvedic treatment plan.

Patient Information

A 28-year-old married woman, who had been married for four years, sought help for her inability to conceive for the past three years. She also reported irregular menstrual cycles, typically occurring every 45–60 days, along with progressive weight gain, persistent fatigue, noticeable sensitivity to cold, and hair loss. Her medical history did not indicate any significant underlying systemic illnesses. Gynecological examinations, both abdominal and vaginal, were normal. General examination revealed a weight of 68 kg, blood pressure of 110/70 mmHg, and a pulse rate of 72 beats per minute. Mild pallor was also observed.

Clinical Findings

The patient's symptoms were consistent with reproductive dysfunction associated with hypothyroidism. These include irregular menstruation, fatigue, cold intolerance, weight gain, and ultrasound findings indicating anovulation. From an Ayurvedic perspective, the patient was assessed as having a Kapha-Vata constitution with a weakened digestive fire (Mandagni) and a Kapha-dominant imbalance affecting the menstrual blood (Artava) and reproductive channels.

Timeline

Time point	Event
Baseline	Presentation with three years of infertility, irregular cycles, hypothyroid symptoms, and abnormal investigations.
Day 0	Ayurvedic treatment was initiated.
3 months	Improvement in TSH, hemoglobin and menstrual regularity.
6 months	Natural conception was confirmed.

Diagnostic Assessment

Initial investigations showed a TSH level of 8.6 µIU/ml, with T3 and T4 levels in the low-normal range. Hemoglobin was 10.2 g/dl and pelvic ultrasonography and follicular study revealed an anovulatory pattern.

The working diagnosis was primary infertility associated with hypothyroidism.

In Ayurvedic terms, the condition was interpreted as Vandhyatva, linked to Agnimandya and Kapha-Vata imbalance.

Therapeutic Intervention - The patient underwent a three-month treatment regimen –

Medicine	Dose	Anupana	Duration
Kanchanara Guggulu	500 mg BD	Ushna Jala (luke warm water)	3 months
Chandraprabha Vati	500 mg BD	Ushna Jala (luke warm water)	3 months
Ashokarishta	20 ml BD	Equal water	3 months
Phalaghrita	10 ml BD	Warm milk	3 months

She was also advised to follow a light, warm diet and avoid heavy, oily, and cold foods. Daytime sleep was discouraged, and moderate physical activity and yoga were recommended. The rationale behind this treatment plan was to address the Kapha imbalance, enhance digestive fire, and support reproductive health.

Follow-up and Outcomes

After three months, her TSH level decreased from 8.6 µIU/ml to 3.2 µIU/ml. Hemoglobin increased from 10.2 g/dl to 11.4 g/dl and her menstrual cycles normalized, occurring every 30 to 32 days. The patient reported increased energy, reduced fatigue, and an overall improvement in her well-being. She conceived naturally in the sixth month of treatment, which was confirmed by a urine pregnancy test and ultrasonography. No adverse events were reported in the available data.

DISCUSSION

Thyroid disorders are well-known contributors to infertility in women. Hypothyroidism disrupts follicle development, ovulation, and implantation. Current reviews and clinical guidelines stress the need for personalized evaluations and proper management of thyroid disorders in infertile women. From an Ayurvedic perspective, this case may be viewed as a Kapha-dominant imbalance, involving a weakened digestive fire (Agnimandya) and disruption of the channels that carry menstrual flow (Artavavaha Srotas). The chosen treatment aimed to correct metabolic function and support reproductive well-being. The patient's improvement could stem from the treatment, changes in her lifestyle, or even natural variations in thyroid function. This study has some limitations. It is just one case, does not include a comprehensive infertility workup, and cannot definitively prove cause and effect. Following the CARE guidelines, we aimed for a balanced interpretation, transparency, and an honest acknowledgment of limitations, rather than making strong claims about efficacy. The real value of this study lies in documenting clinically observed improvements following Ayurvedic regimens. This might encourage more prospective research, but it should not be taken as proof of definitive effectiveness.

CONCLUSION

This patient's Ayurvedic treatment coincided with improved thyroid markers, more regular menstrual cycles, and ultimately, a natural pregnancy. While this case hints at a potential role for tailored Ayurvedic care in select patients with infertility and hypothyroidism, more controlled studies are necessary before firm conclusions can be drawn.

Patient Perspective

The patient reported improved energy, more regular menstruation, and better overall well-being during the treatment.

Informed Consent

Written informed consent was obtained from the patient for the publication of clinical details, and confidentiality was maintained.

Declarations

Conflict of interest

The authors declare no conflicts of interest.

Funding

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Ethical approval

Not required for a single case report.

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