

SUCCESSFUL NATURAL CONCEPTION FOLLOWING AYURVEDIC MANAGEMENT IN SEVERE DIMINISHED OVARIAN RESERVE AND EARLY MENOPAUSAL TRANSITION: A CASE REPORT

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ABSTRACT

Early menopausal transition and diminished ovarian reserve (DOR) are significant contributors to female infertility, particularly when occurring at a young age. These conditions are characterized by reduced ovarian follicular activity, hormonal imbalance, and impaired ovulation, leading to decreased chances of conception. This case study presents a 26-year-old female with a history of delayed menstruation, severe ovarian reserve depletion (AMH 0.01 ng/mL), along with a male partner diagnosed with normospermia. Conventional management options in such cases often include hormone replacement therapy or assisted reproductive techniques such as IVF, which may have limited success in cases of extremely low ovarian reserve. The couple opted for an Ayurvedic treatment approach, which included proprietary formulations—*Poshini*,

Tulha, *Vardhini*—aimed at restoring hormonal balance, improving ovarian function, reducing inflammation, and enhancing ovulation. The male partner was treated with *Beehj*, *Kavachbeej*, *Makar* to address semen quality and infection. Following treatment, natural menstruation resumed without hormonal support, ovulation was successfully induced, and follicular development improved. The couple achieved natural conception in the same ovulatory cycle. This case highlights the potential of Ayurvedic interventions in managing complex infertility cases involving early menopausal transition and severe ovarian reserve depletion.

KEYWORDS: Female infertility, Diminished ovarian reserve, Early menopause, AMH,

Pyospermia, Ayurveda, Ovulation induction.

INTRODUCTION

Infertility due to diminished ovarian reserve (DOR) and early menopausal transition presents a major clinical challenge, especially in younger women. AMH levels below 0.5 ng/mL are considered indicative of severely compromised ovarian reserve, often associated with poor response to ovulation induction and assisted reproductive techniques. Elevated gonadotropins such as FSH and LH further reflect ovarian insufficiency and dysregulation of the hypothalamic-pituitary-ovarian (HPO) axis.^{[1],[2]}

Conventional management strategies include hormonal therapies, ovulation induction agents, and assisted reproductive techniques such as IVF. However, these approaches may be invasive, costly, and often yield limited success in cases with extremely low ovarian reserve.^[3]

In Ayurveda, such conditions can be correlated with *Artava Kshaya* (depletion of reproductive tissue), *Agnimandya* (metabolic dysfunction), Vata-Pitta imbalance, and Srotorodha (obstruction in channels). Management focuses on restoring *Dhatu Poshana* (tissue nourishment), regulating *Artava Vaha Srotas*, correcting hormonal balance, and improving reproductive ability.^[4]

This case study evaluates the effectiveness of a structured Ayurvedic protocol in restoring ovulation and achieving conception in a patient with severe ovarian reserve depletion and associated infertility factors.

CASE REPORT

Patient Information

A 26-year-old female, along with her 28-year-old male partner, presented in December 2025 with a history of primary infertility for one year. The couple had been married for two years and had been attempting conception without success.

Female Patient Clinical Presentation Chief Complaints

Female patient has irregular/absent menstruation (requiring hormonal induction for 3–4 cycles), hot flashes, generalized fatigue and recurrent headaches.

Investigations Menstrual History**Table 1: Menstrual History of Patient.**

Parameter	Details
Cycle Regularity	Delayed/Absent- (Induced periods)
Duration	4-5 days
Dysmenorrhea	Moderate
No. of pads per cycle	12 pads
Breakthrough Bleeding	Absent
Presence of Blood Clots	Present (occasionally)

Table 2: Sexual History of Patient.

Vaginal Dryness	No
Dyspareunia	Yes
Loss of Libido	Yes

Other Examinations**Table 3- Other Examinations.**

Parameter	Observation
Naadi Pariksha	Vata
Appetite	Normal
Bowel	Normal
Sleep	Normal
Energy Levels	Normal

Diagnostic Investigations**1. AMH Levels**

0.04 ng/mL (September 2024)

0.01 g/mL (December 2025)

2. Hormonal Profile: FSH: 20.71 IU/L (elevated) LH: 45.68 IU/L (elevated)

3. Ultrasonography

Shrunken Ovaries Dimensions- Left- Ovary- 2 cm * 1.5 cm * 0.8 cm

Right Ovary- 1.5 cm* 1 cm * 0.5 cm

Diagnosis (Female)

Early menopausal transition Severe diminished ovarian reserve.

Diagnosis (Male)

Normospermia.

AYURVEDIC MANAGEMENT

Female Treatment Protocol

Medicine given	Ingredients/Contents	Dosage
1. <i>Tablet Poshini (600 mg)</i>	<i>Shuddha Hingul, Bang Bhasma, Shivlingi, Shatavari, Ashwagandha, Jivanti, Putranjivak</i>	2 pills after breakfast and 2 pills after dinner
2. <i>Tablet Vardhani (600 mg)</i>	<i>Shuddha Hingul, Haritaki, Amalaki, Bibhitak, Shatawari, Shatapushpa, Bala</i>	2 pills after breakfast and 2 pills after dinner
3. <i>Tab. Tulha (600 mg)</i>	<i>Kumari, Shatavari, Dashmool, Devdaru, Kulattha, Ulatkambal, Manjistha, Eranda, Pippali, Shatapushpa, Haritaki, Krishna Jeeraka, Gajar Beeja, Karpas Beeja, Rason, Jyotishmati, Sunthi, Tankan Bhasma, Hingula Rasa, and Kasis Bhasma.</i>	2 pills after breakfast and 2 pills after dinner

Male Treatment Protocol

Medicine given	Ingredients/Contents	Dosage
<i>Tablet Beehj (500mg)</i>	<i>Shweta Musali, Shuddha Kaucha, Gokshur, Ashwagandha, Guduchi, Vriddhadaru, Shatavari, Bala, Amalaki, Varahi</i>	2 pills after breakfast and 2 pills after dinner
	<i>Kanda, Kokilaksha, Vidarikanda, Jivanti, Akkalgaru, Jayphal, Swarnamakshik bhasma, Swarna Bang, Shuddha Shilajit, Salab Mishri Churna</i>	
2. <i>Kavachbeej (300 mg)</i>	<i>Kaunchbeejh</i>	2 pills after breakfast and 2 pills after dinner
3. <i>Makar (250 mg)</i>	<i>Makardhwaja Rasa Powder, Jatiphala, Karpura, Marich, Javitri</i>	1 tablet at night

The couple was advised to follow a balanced diet, maintain proper sleep hygiene, reduce stress, and avoid processed foods. Emphasis was placed on improving metabolic health and supporting reproductive function through lifestyle regulation.

FOLLOW-UP AND OUTCOME

Treatment started on 13th December 2025

Date / Cycle	Clinical Event	Findings / Intervention	Outcome
30 December 2025	Menstrual status	Natural menstruation resumed without hormonal support	—
February 2026	Cycle	Anovulatory cycle with 26 mm	No ovulation

Cycle	assessment	follicular cyst observed	
Subsequent Cycle	Follicular monitoring	Dominant follicle measured at 17.5 mm Timed intercourse advised and successful natural conception achieved	Ovulation on Day 15 (confirmed rupture)

DISCUSSION

This case represents a clinically significant outcome in a patient with extremely low ovarian reserve (AMH 0.01 ng/mL), a condition typically associated with minimal chances of conception. Elevated FSH and LH levels further indicated ovarian insufficiency and disrupted HPO axis function, while symptoms such as hot flashes suggested early menopausal transition.

The modern management of diminished ovarian reserve (DOR) and early menopausal transition includes lifestyle modification, nutritional support, hormonal regulation, ovulation induction, and assisted reproductive techniques such as IVF. Hormone replacement therapy (HRT) may be used to manage menopausal symptoms. However, patients with extremely low AMH often show poor ovarian response and limited success with conventional fertility treatments.

From an Ayurvedic perspective, this condition can be understood as *Artava Kshaya* associated with *Vata-Pitta* vitiation, leading to depletion of reproductive tissue and impaired ovarian function.

The treatment approach appears to have acted through multiple mechanisms: *Poshini* was administered as a broad-spectrum fertility-enhancing and rejuvenative formulation, aimed at restoring overall reproductive health in the context of severe ovarian reserve depletion. Its composition reflects a synergy of *Rasayana* (rejuvenative), *Balya* (strengthening), and *Garbhashthapaka* (fertility-supportive) actions. *Shatavari*, a key phytoestrogenic herb, likely contributed to improved follicular dynamics and endometrial receptivity through modulation of estrogen pathways. *Ashwagandha*, as an adaptogen, may have supported hypothalamic–pituitary–ovarian (HPO) axis regulation by reducing stress-induced neuroendocrine disruption. Classical fertility herbs such as *Shivlingi* and *Putranjivak* are traditionally indicated for enhancing ovulation and supporting implantation. *Jivanti* further contributes to *Dhatu Poshana*, improving reproductive vitality. The inclusion of *Bang Bhasma* and *Shuddha Hingul* may act as catalytic agents, enhancing cellular metabolism and

bioavailability of the formulation. Overall, *Poshini* likely functioned to rebuild reproductive tissue quality, restore hormonal equilibrium, and improve the internal environment necessary for conception, even in the setting of markedly reduced AMH levels. *Tablet Vardhani* was primarily targeted toward improving oocyte quality and regulating the menstrual cycle, addressing the qualitative aspect of ovarian function. The formulation includes *Triphala* (*Haritaki*, *Amalaki*, *Bibhitak*), which exerts potent antioxidant and detoxifying effects, potentially reducing oxidative stress within the ovarian microenvironment—an important factor in poor oocyte quality. *Shatavari* continues to provide hormonal modulation and supports follicular maturation, while *Shatapushpa* (*Anethum sowa*) is traditionally known for its role in promoting ovulation and regulating menstrual cycles through its influence on estrogenic activity. *Bala* contributes *Balya* and tissue-strengthening effects, supporting overall reproductive resilience. The presence of *Shuddha Hingul* may enhance the pharmacodynamic action of the formulation. Through these combined actions, *Vardhani* likely contributed to improved follicular competence, better oocyte maturation, and more synchronized ovulatory cycles, which is critical in achieving successful fertilization, particularly in patients with diminished ovarian reserve. The ingredients in *Tab Tulha* may help support delayed or irregular periods by promoting hormonal balance, improving uterine function, enhancing blood circulation, and supporting healthy ovulation. Herbs such as *Kumari*, *Shatavari*, and *Shatapushpa* are traditionally used in Ayurveda to stimulate and regulate the menstrual cycle. *Karpas Beeja*, *Ulatkambal*, and *Kulattha* help support proper menstrual flow and uterine health, while *Dashmool*, *Sunthi*, and *Devdaru* help reduce inflammation and pelvic congestion. *Manjistha* and *Haritaki* support blood purification and circulation, which may help improve menstrual regularity. Together, these ingredients work holistically to support timely and healthy menstruation naturally.^{[6],[7]}

Additionally, the restoration of spontaneous menstruation without hormonal support within a short duration of treatment suggests improvement in endocrine and ovarian activity. The subsequent development of a dominant follicle measuring 17.5 mm with confirmed follicular rupture on Day 15 indicates successful ovulation, which is clinically significant in the context of severely diminished ovarian reserve and elevated gonadotropin levels.

The achievement of natural conception in the same ovulatory cycle further highlights the role of Ayurvedic management in improving reproductive outcomes in patients with compromised ovarian reserve. Although AMH is widely considered an important marker of

ovarian reserve, this case suggests that reproductive potential may also depend on factors such as follicular quality, hormonal synchronization, endometrial receptivity, and overall reproductive health.

The combined Ayurvedic treatment protocol may have contributed through multiple mechanisms, including support of hypothalamic–pituitary–ovarian axis regulation, enhancement of follicular maturation, reduction of oxidative stress, improvement in pelvic circulation, and optimization of the uterine environment. *Rasayana* and *Balya* therapies described in Ayurveda are traditionally believed to improve tissue nourishment, vitality, and reproductive strength, which may explain the restoration of menstrual cyclicity and ovulatory function observed in this patient.

The male partner was also administered supportive Ayurvedic formulations aimed at optimizing reproductive health and semen quality. Ingredients such as *Ashwagandha*, *Shweta Musali*, *Gokshur*, and *Kaunchbeejh* are traditionally recognized for their *Vajikarana* properties and may help support sperm vitality, motility, and reproductive function.

Simultaneous management of both partners may have contributed positively to the overall conception outcome.^{[6],[7]}

This case also emphasizes the importance of a holistic therapeutic approach incorporating dietary regulation, stress reduction, sleep optimization, and metabolic balance. Lifestyle regulation, along with targeted Ayurvedic interventions, may have synergistically supported reproductive recovery and improved fertility potential.

Overall, this case demonstrates a favorable reproductive outcome following Ayurvedic management in a patient with severe diminished ovarian reserve and early menopausal transition. The restoration of menstruation, successful ovulation, and achievement of natural conception indicate the potential role of Ayurvedic interventions as a supportive and holistic approach in complex infertility management.

CONCLUSION

This case demonstrates a successful natural conception in a patient with severe diminished ovarian reserve and early menopausal transition following Ayurvedic management. Treatment with *Tablet Poshini*, *Vardhani*, and *Tulha* led to restoration of natural menstruation, successful ovulation, and follicular development. Supportive treatment of the male partner

with *Tablets Beehj, Kavachbeej and Makar* may have further optimized chances of conception. The case highlights the potential role of focused Ayurvedic interventions in supporting fertility and reproductive function in complex infertility cases.

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