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AYURVEDIC MANAGEMENT OF UNEXPLAINED INFERTILITY: A CASE STUDY

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ABSTRACT

Background: Infertility is a multifactorial reproductive health condition influenced by female age, ovarian reserve, ovulatory function, tubal patency, uterine factors, male-factor infertility, and other clinical determinants. In Ayurveda, infertility is described under Vandhyatva and is assessed in relation to reproductive factors, Doṣa, Agni, and the patient's overall health. **Case presentation:** A 41-year-old female with a married life of 10 years presented with a desire to conceive. She had undergone two in vitro fertilization (IVF) cycles. The first cycle, conducted in 2024, was associated with an initially positive pregnancy test followed by declining human chorionic gonadotropin (hCG) levels at approximately eight weeks. The second cycle, conducted in February 2025, did not result in a positive pregnancy test. Ultrasonography, anti-Mullerian hormone (AMH), follicle-stimulating hormone (FSH), thyroid function tests (TFT), complete blood count (CBC), and TORCH investigations were reported as normal. Associated complaints included irregular appetite, frequent abdominal bloating, sour belching, intermittent loose stools, menstrual pain, and occupational sleep disturbances. **Intervention:** The treatment protocol included Virechana Karma followed by oral Ayurvedic medications, Matra Basti with the prescribed oil, a subsequent course of Snehapana with Phala Ghṛta followed by Vamana Karma, and Kala

Basti comprising Anuvasana Basti with Phala Ghṛta and Niruha Basti using the recorded multi-ingredient formulation. **Conclusion:** This case documents an individualized sequence of Ayurvedic interventions administered in a woman with prolonged infertility and previous unsuccessful IVF cycles.

KEYWORDS: Vandhyatva, female infertility, IVF, Virechana Karma, Vamana Karma, Matra Basti, Kala Basti, Ayurveda.

INTRODUCTION

Infertility is a reproductive health condition characterized by failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Its etiology may involve female reproductive factors, male-factor infertility, combined factors, or unexplained causes. Female age is an important determinant of reproductive potential because ovarian reserve and oocyte quality decline with advancing age.

In Ayurveda, infertility is described under the concept of Vandhyatva. Successful conception is discussed in relation to Ṛtu, Kṣetra, Ambu, and Bija, together with the appropriate functioning of the reproductive system and overall health. Artava, Artavavaha Srotas, and Apana Vata are relevant concepts in the Ayurvedic assessment of female reproductive health. Ayurvedic management can be individualized according to the clinical examination and including dietary and lifestyle measures, Samana therapy, and selected Sodhana procedures where clinically appropriate. However, the use of these interventions in infertility should not be interpreted as established evidence of improved conception or live-birth rates.

The present case describes a 41-year-old woman with a 10-year history of marriage, two previous unsuccessful IVF cycles, associated gastrointestinal symptoms, menstrual pain, and sleep disturbances who underwent sequential Ayurvedic treatment comprising Virechana Karma, Matra Basti, Vamana Karma, and Kala Basti.

CASE PRESENTATION

A 41-year-old female presented with a desire to conceive after 10 years of married life. She was employed as a staff nurse and reported sleep disturbances associated with her occupational schedule.

She was not a known case of diabetes mellitus, hypertension, or thyroid dysfunction. No previous surgical history was reported.

Present medical history

The principal complaint was difficulty conceiving. The patient had previously undergone two IVF cycles. The first IVF cycle was conducted in 2024 and was associated with an initially positive pregnancy test followed by declining hCG levels at approximately eight weeks. A second IVF cycle in February 2025 did not result in a positive pregnancy test.

She reported frequent abdominal bloating, sour belching, irregular appetite, and intermittent episodes of loose stools. Menstrual cycles were reported to occur regularly every 28–30 days, with bleeding lasting approximately three days. Menstrual pain during a preceding cycle was reported at the consultation on 23 March 2026.

Past medical and procedural history

The patient was not known to have hypertension, diabetes mellitus, or thyroid dysfunction. No previous surgical history was reported.

Hysteroscopy was reportedly performed in 2024 in the context of tubal blockage before IVF.

Personal history

- **Marital history:** Married life of 10 years.
- **Occupation:** Staff nurse.
- **Diet:** Mixed diet, predominantly rotis, kuboos (flatbread), and grilled chicken, with comparatively low vegetable intake.
- **Appetite:** Irregular.
- **Bowel:** Irregular, with intermittent loose stools and frequent bloating.
- **Sleep:** Disturbed, associated with occupational routine.
- **Micturition:** 4-5 times/day.

Menstrual history

- **Menstrual cycle:** Regular.
- **Cycle interval:** 28–30 days.
- **Duration of bleeding:** Approximately three days.
- **Menstrual pain:** Reported during the preceding cycle in March 2026.
- **Quantity of menstrual flow:** 2-3 pads per day.
- **Last menstrual period:** 9/12/2025

Obstetric and fertility history

The patient had undergone two IVF cycles:

1. **2024:** Initially positive pregnancy test followed by declining hCG levels at approximately eight weeks.
2. **February 2025:** No positive pregnancy test reported.

The number of embryos transferred, embryo quality, exact hCG values, ultrasound findings, and final outcome of the first IVF cycle were not provided.

Dasavidha Parikṣa

Prakruti – Pitta Pradhan vata	Satmya - Madhyama
Vikruti - Vata	Satva - Avara
Sara – Madhyama	Ahara shakti – Avara
Samhanana – Madhyama	Vyayam Shakti –Avara
Pramana - Madhyama	Vaya – madyma Awastha

General and systemic examination

BP – 110/80 mm hg	**RS - AEBE**
PR - 78/min	CVS - S1 S2 Heard
RR – 22/min	CNS – Conscious, Oriented
Weight – 47 Kg	P/A -Soft Non tender
Nourishment - Poor	P/V – Cx Healthy, Nulliparous OS No Erosion noted White discharge + CMT +

INVESTIGATIONS

The following investigations were reported as normal.

Investigation	**Reported finding**
Ultrasonography	No significant abnormality reported
AMH	Reported as normal
FSH	Reported as normal Thyroid function tests
Normal	Complete blood count
Normal	TORCH investigations Reported as normal

INTERVENTION

The patient received sequential Ayurvedic treatment between January and June 2026. The following treatment description is based on the supplied clinical notes. Exact dates, dose details, and procedure records require verification before publication.

Chronological Treatment Details and Follow-up

Case: Ayurvedic management of Vandhyatva with subsequent conception

Table 1: Chronological clinical assessment, treatment and outcome.

Visit Date	LMP	Clinical findings,	treatment	Outcomes
31/12/25	25/12/2025	Anxious to conceive, occupational sleep disturbances, sore belching, bloating, frequent loose stools, acidity with severe regurgitation since 2 years. patient was under allopathic medication	Planned for virechana Sarvanga Udvartana using Kottamchukkadi Curṇa,triphala choorna and yashti madhu choorna followed by Baṣpa Sveda. for 10 days Snehapana was administered with Dadimādi Ghṛta in arohana krama for 5 days. Sarvanga Abhyaṅga was performed using Murchita Tila Taila, followed by bashpa sweda for 3 days. Virechana Karma	sore belching, bloating, frequent loose stools, acidity with severe regurgitation was reduced 80% after virechana.
		but only symptomatic relife	using Trivṛt Lehya 75 gms. was done on 22/2/26. Followed by 5 days of samsarjanakala. Specific diet chart was given for 5 days.	
16/03/2026	03/03/2026	Anxious to conceive, occupational sleep disturbances,	Medications for 1 week: Amṛtottara Kaṣāya 2 tsp TID with 2 tsp water; Jīrakādyariṣṭa 2 tsp plus Abhayāriṣṭa 2 tsp BD with 4 tsp water; Saraswatarishta 2 tsp BD with 2 tsp water.	
23/03/2026	08/03/2026	Low backache, white vaginal discharge, dyspareunia and dysmenorrhoea during previous cycles. PS/PV examination: Healthy cervix, no tenderness in the fornices, no erosion and white discharge present.	Yoni Prakṣālana with Pañcavalkala Kaṣāya; Yoni Picu with Śallakyādi Taila; Mātrā Basti with Sahacarādi Taila, 75 mL for 9 days. Oral medications for 15 days: Triphalā Guggulu 1 BD; Gandhaka Rasāyana 1 BD; Sārivādyāsava 2 tsp plus Saraswatarishta 2 tsp BD with 2 tsp water	No more gastric irritation and bloating.sleep disturbance reduced
09/04/2026	02/04/2026	No fresh complaints	planned treatment: Sarvāṅga Udvartana with Kolakulathādi Cūrṇa and Triphalā Cūrṇa for 10 days; Snehapāna with Phala Sarpi for 4 days in escalating doses of 30, 60, 90 and 120 mL; Sarvāṅga Abhyaṅga with Mahānārāyaṇa Taila for 2 days. Vamana Karma	No white discharge, dyspareunia and dysmenorrhoea
			performed, followed by 5 days of Saṃsarjana Kāla.	

17/05/2026	1/5/2026	No fresh complaints	Vamana Karma performed, followed by 5 days of Saṃsarjana Kāla.	
23/05/2026	1/5/2026	No fresh complaints	Medications for 1 week: Amṛtottara Kaṣāya 2 tsp BD with 3 tsp water before food; Abhayāriṣṭa 2 tsp and Saraswatarishta 2 tsp with 4 tsp water after food.	
29/05/2026	24/05/2026	. No fresh complaints	Follow-up; Kāla Basti planned through 13/06/2026	
30/05/2026–13/06/2026	24/05/2026,	No fresh complaints	Kāla Basti: Anuvāsana Basti with Phala Ghṛta (75 mL) and Nirūha Basti with the formulations detailed in Table 2. The recorded schedule included Anuvāsana during the first two days, alternating Anuvāsana and Nirūha during the intervening period, and Anuvāsana during the final four days.	
13/06/2026	24/05/2026	No fresh complaints	Follow-up medications: Santati Bindu 1 tablet BD after food for 5 days; Phala Ghṛta 1 tsp BD with warm water before food; Puṣpa Dhanwarasa 1 dose BD after food; Saraswatarishta 2 tsp BD for 15 days.	
27/06/2026	21/06/2026	No fresh complaints	Follow-up; Streevyādhihara Rasa 1 dose BD added, with other	Sleep was sound
			medications continued for 15 days.	excluding night shifts
25/07/2026	21/06/2026	One month of amenorrhoea		Urine pregnancy test (UPT) positive.

Table 2: Kāla Basti formulations.

Basti type	Ingredient	Dose
Anuvāsana Basti	Phala Ghṛta	75 mL
Nirūha Basti	Saindhava Lavaṇa	5 g
Nirūha Basti	Madhu	60 mL
Nirūha Basti	Mahānārāyaṇa Taila	80 mL
Nirūha Basti	Śatapuṣpā Kalka	10 g
Nirūha Basti	Śatāvarī	10 g
Nirūha Basti	Lodhra	10 g
Nirūha Basti	Aśvagandhā	10 g
Nirūha Basti	Eraṇḍamūla Kaṣāya	150 mL

Table 3: Summary of investigations and pregnancy outcome.

Date	Investigation / assessment	Findings
16/03/2026	USG abdomen and pelvis	No abnormality detected
16/03/2026	Haemoglobin	12 g/dL
16/03/2026	ESR	28 mm/hour
23/03/2026	PS/PV examination	Healthy cervix, no fornicial tenderness or erosion; white discharge present
25/07/2026	UPT	Positive

RESULTS

Patient came with 1 MOA on 25/7/25 LMP – 21/6/2026

DISCUSSION

Vandhyatva is a multifactorial condition that requires consideration of reproductive, systemic, psychological, and lifestyle-related factors. The present case describes a 41-year-old woman with a 10-year history of married life, difficulty conceiving, and two previous unsuccessful IVF cycles. Although the reported investigations, including ultrasonography, AMH, FSH, thyroid function tests, CBC, and TORCH investigations, were reported as normal, these findings do not exclude every possible cause of infertility. Advanced maternal age remains an important factor influencing reproductive potential and warrants appropriate fertility assessment.

From an Ayurvedic perspective, Vandhyatva may be understood in relation to disturbances involving Ṛtu, Kṣetra, Ambu, and Bija, together with the physiological functions of Artava, Artavavaha Srotas, and Apāna Vāta.[2] Ayurveda emphasizes the principle of *"Swasthasya Swasthya Rakshanam,"* which highlights the importance of maintaining health as a fundamental aspect of disease prevention and management.[3] In the present case, the patient's long-standing gastrointestinal complaints, including sour belching, acidity, abdominal bloating, irregular appetite, and intermittent loose stools, were addressed as part of the initial management. This approach may be understood in the context of promoting digestive health and supporting overall well-being before conception. Subsequently, preconceptional care was planned considering the assessed *Doṣa-Dhatu Vaiṣamya* and the patient's clinical presentation. The patient also reported disturbed sleep due to occupational night shifts, which may contribute to lifestyle-related imbalance and aggravation of *Vata Doṣa* from an Ayurvedic perspective. Vamana and *Kala Basti* was incorporated into the treatment protocol as part of the individualized management. A positive urine pregnancy test was reported during follow-up; however, as this was a single case, the pregnancy outcome

cannot be attributed solely to any one intervention. This case highlights the relevance of addressing digestive complaints, lifestyle disturbances, and the assessed Ayurvedic factors as components of comprehensive preconceptional care.

Role of Dirghakala Roga and digestive disturbances

The Ayurvedic understanding of health emphasizes the proper functioning of Agni, the maintenance of Dhatu equilibrium, and the coordinated functioning of the Doṣas. While explaining the contraindications for coitus, Acarya Surutha have mentioned the following conditions where conception will not occur (or) if it occurs, it may lead to abortion or teratological abnormalities if patient suffering from chronic illness [Dirgha kalaroginya][4] The concept of Dirghakala Roga can therefore be discussed in relation to the patient's prolonged gastrointestinal complaints and their possible contribution to systemic disturbance.

The patient's irregular appetite, bloating, sour belching, and altered bowel habits may be considered in the context of Agni vaishmya and vata Doṣa involvement. perspective, Impaired Agni may be associated with inadequate digestion and metabolism. So the virechana given initially reduced the GIT related issues and restoring agni .These factors provide a rationale for considering the patient's general health alongside reproductive complaints during individualized management.

Role of Soumanasya (Mental Harmony) in Preconceptional Care and Garbhadhāna

Acharya Charaka's concept of "Soumanasya Garbhadhāraṇam" emphasizes the importance of mental harmony in conception. Soumanasya refers to a positive mental state characterized by emotional balance, contentment, and harmony between partners. The article 'View of Soumanasya in Women's Mental Health: A Narrative Review of Preconceptional Care[5] in Ayurveda also describes a bidirectional relationship between psychological distress and fertility challenges, wherein emotional distress may affect reproductive health, while difficulties in conceiving may further increase anxiety and psychological stress.

In the present case, the patient's prolonged difficulty in conceiving, previous unsuccessful IVF cycles, anxiety about conception, and occupational sleep disturbances highlight the relevance of psychological well-being in comprehensive infertility care. In accordance with the concept of Soumanasya, emotional support, adequate rest, and attention to mental health should be considered alongside the assessment and management of physical and reproductive factors. The review also discusses Sattvavajaya as an Ayurvedic approach to supporting

mental well-being. Thus, Soumanasya provides a relevant conceptual basis for incorporating mental harmony into preconceptional care, without assuming that psychological factors alone explain infertility or determine conception outcomes.

CONCLUSION

The present case report documents the Ayurvedic management of Vandhyatva in a 41-year-old woman with a 10-year history of married life and two previous unsuccessful IVF cycles. Sequential Ayurvedic interventions were administered as part of an individualized treatment protocol. During follow-up, improvement was reported in appetite, abdominal bloating, sour belching, bowel regularity, and menstrual pain. A positive urine pregnancy test was subsequently recorded on 25 July 2026.

This case highlights the importance of managing both associated symptomatic changes and reproductive outcomes during the management of infertility. However, as it represents a single case, the findings do not establish the efficacy of Ayurvedic treatment in achieving conception. Ayurvedic care should be integrated with appropriate fertility assessment and obstetric follow-up, particularly in women of advanced reproductive age.

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