

AYURVEDA MANGEMENT OF PRIMARY INFERTILITY ASSOCIATED WITH LOW AMH- A CASE REPORT

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Article Received on 28 Nov. 2025,
Article Revised on 18 Dec. 2025,
Article Published on 01 Jan. 2026,

<https://doi.org/10.5281/zenodo.18094367>

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How to cite this Article: *1Dr. Anitha M. Swamy, 2Dr. Lachita C. V. (2026) AYURVEDA MANGEMENT OF PRIMARY INFERTILITY ASSOCIATED WITH LOW AMH- A CASE REPORT. "World Journal of Pharmaceutical Research, 15(1), 659–668.

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ABSTRACT

A 28-year female visited with complaints of inability to conceive with a marital life of 3.5 years. Reports and hormonal Assays suggestive of low Anti mullerian hormone and Pelvic scan reveals Endometrial cyst. In classics, Low AMH can be correlated to *beeja kshaya*.^[1] one of the four pillars of fertility in Ayurveda, explained in the context of vandhyatva. Infertility affects an estimated 10–15% of Indian couples, impacting around 27.5 million couples nationwide, with rates higher in urban areas compared to rural ones.^[2] The present patient was treated with *shodhana* followed by *shamana aushadi*'s including a polyherbal combination named *santati bindu*- to improve AMH and restore fertility. There was a marked improvement in AMH levels after completion of treatments from 0.61ng/ml to 2.51ng/ml. Patient could naturally conceive

and approached with secondary amenorrhoea confirmed with Positive Urine pregnancy test, USG and Beta HCG Levels and delivered a full term male baby.

KEYWORDS: *Beeja kshaya*, **Low AMH**, *Santati bindu*.

INTRODUCTION

Infertility is defined by the World Health Organization (WHO) as the failure to achieve a pregnancy after **12 months or more** of regular unprotected sexual intercourse.^[4] *Primary infertility* refers to couples who have **never been able** to conceive a pregnancy despite this duration of exposure.^[5]

Primary infertility is multifactorial. Causes can involve the female partner, male partner, both, or unexplained factors. **Ovulatory disorders**, especially polycystic ovarian syndrome (PCOS), are among the leading causes. Male related factors include semen abnormalities and hormonal dysfunction.

AMH is a glycoprotein produced by granulosa cells of small growing ovarian follicles and is used as a marker of the *functional ovarian reserve* (the pool of small antral follicles). AMH declines with age and shows large inter-individual variation; low AMH therefore indicates fewer recruitable follicles but is not a direct measure of oocyte quality.^[6] Common causes or associations include chronological ovarian ageing, endometriosis, genetic conditions, and some metabolic/endocrine disorders.

Vandhyatva

In the *Ayurvedic classics*, the term *Vandhyatva* refers to **infertility** or the inability to conceive after adequate cohabitation, despite the couple being healthy and of reproductive age. Ancient texts describe it as the failure of **Garbha** (embryo) formation due to defects in any of the essential factors needed for conception. **Charaka Samhita** defines Vandhyatva as the incapacity to produce progeny even after proper union during fertile period.^[7] It is often explained as the absence of *Garbha* formation because of impairment in one or more of the *Garbha-sambhava samagri* (factors necessary for conception)- “Rutu, Kshetra, Ambu, Beeja – these are four factors essential for conception. If anyone is defective, conception does not take place.^[8] The term **Beejakshaya** (बीजक्षय) literally means *depletion, damage, or impairment of the seed (Beeja)* and is used to describe qualitative or quantitative defects of the reproductive elements which can be correlated to low AMH levels.

CASE STUDY

A 28-year-old female, married for 3.5 years, presented with primary infertility. She reported regular menstrual cycles of 2–3 days every 30 days, with her last menstrual period on 21/07/2025. Her husband’s semen analysis was normal. Laboratory investigations revealed a low Anti-Müllerian Hormone (AMH) level of 0.6 ng/mL, indicating diminished ovarian reserve. Other urology, haematology and biochemistry reports were normal. General, abdominal, systemic, and per speculum examinations were unremarkable. Prakriti was identified as Pitta-Vata. She had been advised assisted reproductive techniques (ART) but was not interested in pursuing them and sought Ayurvedic management instead.

Treatment Plan

A classical virechana was planned with Deepana paachana for 3 days with CARMIN Tablet (Ayurvedic Proprietary medicine with combination of Chitrakadi & Agnitundi Vati).

Followed by 4 days of snehapana with Phala sarpi. Trivrut lehya was given for virechana. Patient was then advised the following shamaaushadhi for 3 months:

Date	Medication	Anupana	Dosage	Duration
6/7/2024	ALOES COMPUND	Warm water	2 BD	3 months
6/7/2024	LEPTADIN	Warm water	2 BD	3 months
6/7/2024	SAPTASARA KASHAYAM	Water	20 ml BD	3 months
6/7/2024	SUKUMARA KASHAYAM	Water	20 ml BD	3 months
6/7/2024	HINGUVACHADI GUTIKA	Warm water	2 BD	3 months
6/7/2024	SANTATI BINDU	Phalarsarpi + Warm water	2 TID – 5 days of menstrual cycles	3 months

After 3 months of medication, patient visited for follow up with AMH Reports. The AMH levels showed marked improvement from 0.61ng/ml to 2.51ng/ml.

Patient was advised to continue medications. With above medications, patient re-visited with history of secondary amenorrhea. Urine pregnancy test was advised and was found to be positive. After which normal antenatal care, line of treatment in first trimester of pregnancy was given to the patient and advised bed rest and follow up. After 15 days, ultrasonography revealed single obstetric intrauterine gestation corresponding to a gestational age. BHCG was 5154 mIU/ML. And the patient delivered a full term, healthy male baby showcasing another miracle of Ayurveda treatment. Ayurveda works wonders once again – helping a patient achieve the joy of conception naturally.

DISCUSSION

Infertility has a deep and multidimensional impact on couples, affecting not just their ability to conceive but also their emotional, social, and even financial well-being. Considering the Artificial Reproductive techniques, couples may experience emotional highs during treatment and devastating lows after failures. Multiple treatment cycles can drain financial resources, leading to further stress. Addressing Infertility requires not only medical support but also counseling, emotional support, and societal awareness.

AMH reflects the **quantity of ovarian reserve**, not the *quality* of eggs. A low AMH suggests

fewer eggs remain, but women can and do conceive naturally, especially if other fertility factors are favourable (normal tubes, healthy endometrium, good sperm parameters). – Correcting lifestyle, managing stress, optimizing nutrition, and treating underlying conditions (thyroid, PCOS, endometriosis) can improve outcomes. Hence, the present study was conducted to justify the Ayurveda line of treatment in Low AMH.

The **Garbhotpattikara Bhāvas** (essential factors for conception) are described in Ayurveda as the fundamental requirements for successful fertilization and healthy progeny. Infertility in Ayurveda is not viewed as a single-factor disorder but as a disturbance in one or more of these bhāvas that can hinder conception.

In the present case, Shodhana followed by shamanaushadhi's played a significant role in conception. Santati bindu- a polyherbal formulation was advised for a period of 3 months. A few major ingredients of it are-

Sl No	Sanskrit Name	Botanical Name
1	Jeeraka	<i>Cuminum cyminum</i>
2	Shathavari	<i>Asparagus racemosus</i>
3	Putranjivaka	<i>Drepetes roxburghii</i>
4	Shivlingi beeja	<i>Bryonia laciniosa</i>

Probable mode of action

Jeeraka helps in Cleansing & detoxifying uterus aiding in estrogenic activity. Shatavari Enhances folliculogenesis & ovulation. Putranjivaka Restores fertility & creates an ideal platform for healthy progeny. Phyto constituents like shatavarin, & letrozole impact ovulation, fertility & fecundity. Shivlingi beeja is the main ingredient known to exhibit Rasayan action which helps to synthesize purest Rasa dhatu subsequently, Upadhatu Artava is formed having required quality for fertilization. Hypothetically the Rasayan karma in this regard may act through androgenic effect via DHEA.^[9]

Radial Diagnostics

NAME : Ms. KAVITHA S P	REG/LAB NO. : 24055865 / 327817
AGE/SEX : 26 Yrs / Female	BILLED TIME : 28-05-2024 at 05:41 PM
REFERRED BY :	RECEIVED TIME : 28-05-2024 at 05:54 PM
REF CENTER : AIMS	DISPATCHED TIME : 28-05-2024 at 06:41 PM
REG TYPE : OP / 676621	COLLECTION TIME : 28-05-2024 at 05:54 PM

TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

HORMONE ASSAYS

ANTI MULLERIAN HORMONE (AMH) 0.61 ng/mL Women

Fluorescence immunoassay

18-24 yrs: 1.52 - 9.95 ng/mL

25-29 yrs: 0.89 - 9.85 ng/mL

30-34 yrs: 0.711 - 7.59 ng/mL

35-39 yrs: 0.14 - 7.49 ng/mL

40-44 yrs: 0.059 - 4.44 ng/mL

45-50 yrs: 0.010 - 1.79 ng/mL

PCOS: 2.41-17.1 ng/mL

Male: 1.43 - 11.6 ng/mL

AMH BEFORE TREATMENT

Dr. Jyothi's Health Care Pvt. Ltd.,

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2B, Opp. Varadivasa Hospital, K.R. Road, Bangalore-02 Ph. 080-26708400 Mob. 9945540000

Lab Id : C88990	Sample Type: Out Side	Reg. Date : 23/09/2024 23:51
Name : MRS. KAVITHA	OP / IP No : OP	Corp. Doctor :
Ref. by :	Age / Sex : 26 Year(s) / Female	Location : Channarayana
Corporate : Punya Hospital		

Test Parameter	ENDOCRINOLOGY	Biological Reference Interval	Units
	Result(s)		
MULLERIAN INHIBITING SUBSTANCE-AMH(CLIA)	2.51	Women :	ng/mL
Chemiluminescence Immunoassay		20 - 24 yrs : 1.22 - 11.7	
		25 - 29 yrs : 0.89 - 9.85	
		30 - 34 yrs : 0.57 - 8.13	
		35 - 39 yrs : 0.14 - 7.49	
		40 - 44 yrs : 0.027 - 5.47	
		45 - 50 yrs : 0.01 - 2.70	
		PCOS Women : 1.86 - 18.9	
		Men : 0.77 - 14.5	

End Of Report

Sample Collected Datetime
Serum 24/09/2024 00:57

Verified By
SAKTHIVEL

DR. VASEEM AHMED
PATHOLOGIST
Reported On: 24/09/2024 07:41

AMH AFTER TREATMENT

Adichunchanagiri Hospital And Research Center
BG Nagar, Bellur Cross, Nagamangala Taluk,
Karnataka, 571 448 Phone: 08234-287575
Department Of Radiodiagnosis

Patient Name & UHID:	KAVITHA P	1001018	Report Date:	29/11/2024
Age/Sex:	27 Yrs F	Bill No:	716284	Ref by: OBG

LMP	22/09/2024
EDD by LMP	29/06/2025
Gest. age by LMP	9 Wk 5 D

EARLY OBSTETRIC SCAN

Uterus is increased in size, normal in shape and position. Echoes returning from the myometrium are normal.

Shows a single intrauterine gestational sac.

Yolk sac seen.

Fetal pole noted; CRL measuring 3.13 cms corresponding to 10 weeks 0 days maturity.

Primitive cardiac activity seen and measures 184/Min

Expected date of delivery by scan: 27/06/2025.

No evidence of sac separation.

Cervix is normal in length. Internal os is closed.

ADNEXA:
Right Ovary: normal.
Left Ovary: normal.

Pouch of Douglas is clear.

Impression:
EARLY LIVE INTRAUTERINE GESTATION OF 10 WEEKS 0 DAYS MATURITY.
SUGGESTED NT & NB SCAN AFTER 2 WEEKS.

I, declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Reporting Time	Post Graduate	Entered By	Radiologist
12:17:57 PM	DR. CHIRANTH	CHANDRAKALA	Dr. SHASHIKUMAR

ನೋಂದಣಿ: ಸರ್ಕಾರದ ಆದೇಶದಂತೆ ಗರ್ಭಿಣಿಯರ ಕಡ್ಡಾಯವಾಗಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಸ್ವಾಗತಿ, ಬಂದಾಗ "ಆಯು ಕಾರ್ಡ್"ನ ಒಂದು ಪ್ರತಿ ಪ್ರತಿಯನ್ನು ಪ್ರತೀಕಲ ಕಡ್ಡಾಯವಾಗಿ ನೀಡಬೇಕು. ಆಯು ಕಾರ್ಡ್ ಪ್ರತಿ ಪ್ರತಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಯಾವುದೇ ರೀತಿಯಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಪ್ರಕಟವಾಗಬಾರದು.

EARLY OBSTETRIC SCAN

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Karnataka, 571 448 Phone: 08234-287575
Department Of Radiodiagnosis

Patient Name	KAVITHA P	81018	Date:	16/12/2024
Age/Sex	27 Yrs/ F	Bill No:	24-752900	Ref by: OBG

Dating Ultrasound Scan done	29/11/2024
EDD by Dating scan:	27/06/2025
Gestational age by dating scan	12 WK 1 d

LMP:	22/09/2024
EDD by LMP:	29/06/2025
Gest. Age by	12 WK 1 d

OBSTETRIC ULTRASONOGRAPHY

BIOMETRY:	Week	Days	Number of fetus
Crown-Rump Length: 6.19 cm	12	4	Single
Fetal Heart Rate (/min)	184		Cardiac Activity Present
Average Maturity	12	1	Body Movement Present
EDD by this scan	26/06/2025		Amniotic Fluid Normal
			Placental Site Posterior
			Grade 1
			Cervix Normal
			Nasal Bone Seen
			Nuchal 1.4 mm
			Translucency
			Mean Uterine artery PI: 1.8

Impression:

- SINGLE LIVE INTRAUTERINE GESTATION OF 12 WEEKS 1 DAYS MATURITY.
- SUGGESTED ANOMALY SCAN AT 18-20 WEEKS.

I, declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Reporting Time	Post Graduate	Entered By	Radiologist
12:14 PM	Dr. Dhyananjay	Mrs. Komala	Dr. Chiranth N

ನೋಂದಣಿ: ಸರ್ಕಾರದ ಆದೇಶದಂತೆ ಗರ್ಭಿಣಿಯರ ಕಡ್ಡಾಯವಾಗಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಸ್ವಾಗತಿ, ಬಂದಾಗ "ಆಯು ಕಾರ್ಡ್"ನ ಒಂದು ಪ್ರತಿ ಪ್ರತಿಯನ್ನು ಪ್ರತೀಕಲ ಕಡ್ಡಾಯವಾಗಿ ನೀಡಬೇಕು. ಆಯು ಕಾರ್ಡ್ ಪ್ರತಿ ಪ್ರತಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಯಾವುದೇ ರೀತಿಯಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಪ್ರಕಟವಾಗಬಾರದು.

Adichunchanagiri Hospital And Research Center
BG Nagar, Bellur Cross, Nagamangala Taluk,
Karnataka, 571 448 Phone: 08234-287575
Department Of Radiodiagnosis

UHID:	81018	Bill No.:	25-125360	Date:	24/02/2025
Patient Name:	KAVITHA P	Age/Sex:	28 Yrs/ F		

Dating Ultrasound Scan done on:	29/11/2024	LMP:	22/09/2024
EDD by Dating scan:	27/06/2025	EDD by LMP:	29/06/2025
Gestational Age by Dating scan EDD:	22 Wk 3 d	Gestational Age by LMP:	22 Wk 1 d

OBSTETRIC ULTRASONOGRAPHY

BIOMETRY:	Weeks	Days	percentile	Number of fetus
Bi-Parietal Diameter	22	3	58.3	Single
Head Circumference	22	6	70.9	Presentation Unstable
Abdominal Circumference	22	2	47.6	Cardiac Activity Present
Femur Length	22	3	53.6	Body Movement Present
Fetal Heart Rate (/min)			158	Amniotic Fluid Normal
Est. Fetal Weight (gm)	592 +/- 74		57.1	Cord Three Vessel
Average Maturity	22	4		Placental Site Posterior, it stops 1.26 cm above the level of int os
EDD by this scan	26/06/2025			Grade 1
				Cervix 3.2 cm, Normal
				Mean uterine artery PI 0.85

A choroidal cyst measuring 10.7 x 4.5 mm noted in right lateral ventricle.

A tiny echogenic foci noted in left ventricle.

The following structures were examined and appear normal:
CRANIUM: Midline, Septum, Pelliculum, Lateral Ventricle diameter, Posterior cranial fossa, Spine.
FACE: Upper lip, Orbits, Profile.
Lungs, Diaphragm, Stomach, Anterior abdominal wall, Urinary bladder, Kidneys, Cord insertion, Upper limbs, Lower limbs
CARDIA: Situs, Size, Axis, 4 Chamber View of Heart, Left Ventricle outflow, Right Ventricle outflow.

Impression:

- SINGLE LIVE INTRAUTERINE GESTATION SHOWING A GROWTH OF 22 WEEKS 4 DAYS.
- RIGHT CHOROIDAL PLEXUS CYST.

I, declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Reporting Time	Post Graduate	Entered By	Radiologist
9:31:09 PM	Dr.	Mrs. Komala	Dr. Shashikumar M R

ನೋಂದಣಿ: ಸರ್ಕಾರದ ಆದೇಶದಂತೆ ಗರ್ಭಿಣಿಯರ ಕಡ್ಡಾಯವಾಗಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಸ್ವಾಗತಿ, ಬಂದಾಗ "ಆಯು ಕಾರ್ಡ್"ನ ಒಂದು ಪ್ರತಿ ಪ್ರತಿಯನ್ನು ಪ್ರತೀಕಲ ಕಡ್ಡಾಯವಾಗಿ ನೀಡಬೇಕು. ಆಯು ಕಾರ್ಡ್ ಪ್ರತಿ ಪ್ರತಿ ಮುಂದಿನ ಚಾರಿಯಿಂದ ಯಾವುದೇ ರೀತಿಯಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಪ್ರಕಟವಾಗಬಾರದು.

Dr. SHASHIKUMAR M R
PROFESSOR & HOD
DEPARTMENT OF RADIOLOGY
KMC Reg. No. 24171

Adichunchanagiri Hospital And Research Center
BG Nagara, Bellur Cross, Nagamangala Taluk,
Karnataka, 571 448 Phone: 08234-287575
Department Of Radiodiagnosis

UHID: 81018	Bill No.: 25-227917	Date: 10/04/2025
Patient Name: KAVITHA P	Age/Sex: 28 YRS/F	Ref By Dr.: OBG

OBSTETRIC ULTRASONOGRAPHY (GROWTH SCAN)

Dating ultrasound scan done on: 29/11/2024	LMP: 22/09/2024
EDD by dating scan: 29/06/2025	EDD by LMP: 29-Jun-2025
Gestational age by dating scan: 28 w 4 d	Gest. Age by LMP: 28 w 4 d
CORRECTED EDD	

BIOMETRY:	cm	WKS	DAY
BPD	7.24	29	0
HC	26.64	29	0
AC	24.82	29	0
FL	5.48	28	6
FHR (/min)	157		
EFW (gm)	1321		
Avg. maturity	28	6	
EDD by this scan	27/06/2025		

Presentation	CEPHALIC
AFI (cm)	17
Placental site	POSTERIOR
Grade	II

DOPPLER:	PI	RI
Umbilical artery	0.9	0.6
Middle cerebral artery	2.3	0.9
Right uterine artery	0.6	0.4
Left uterine artery	0.9	0.6
Mean uterine artery	0.75	

Right choroid plexus cyst measuring 7 x 5 mm.
Number of fetus- Single
Cardiac activity & body movements - present
Fetal head, cardia, stomach, kidneys, bladder,
limbs and spine are normal to the extent
visualized (technical limitations in 3rd
trimester - Acoustic shadow artifact).

Normal uteroplacental & foetoplacental
microvascular resistance.

Impression:

- SINGLE LIVE INTRAUTERINE GESTATION OF 28 WEEKS 4 DAYS MATURITY (CALCULATED FROM PREVIOUS SCAN DATED 29/11/2024) SHOWING A GROWTH OF 28 WEEKS 6 DAYS.

I, declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her foetus anybody in any manner.

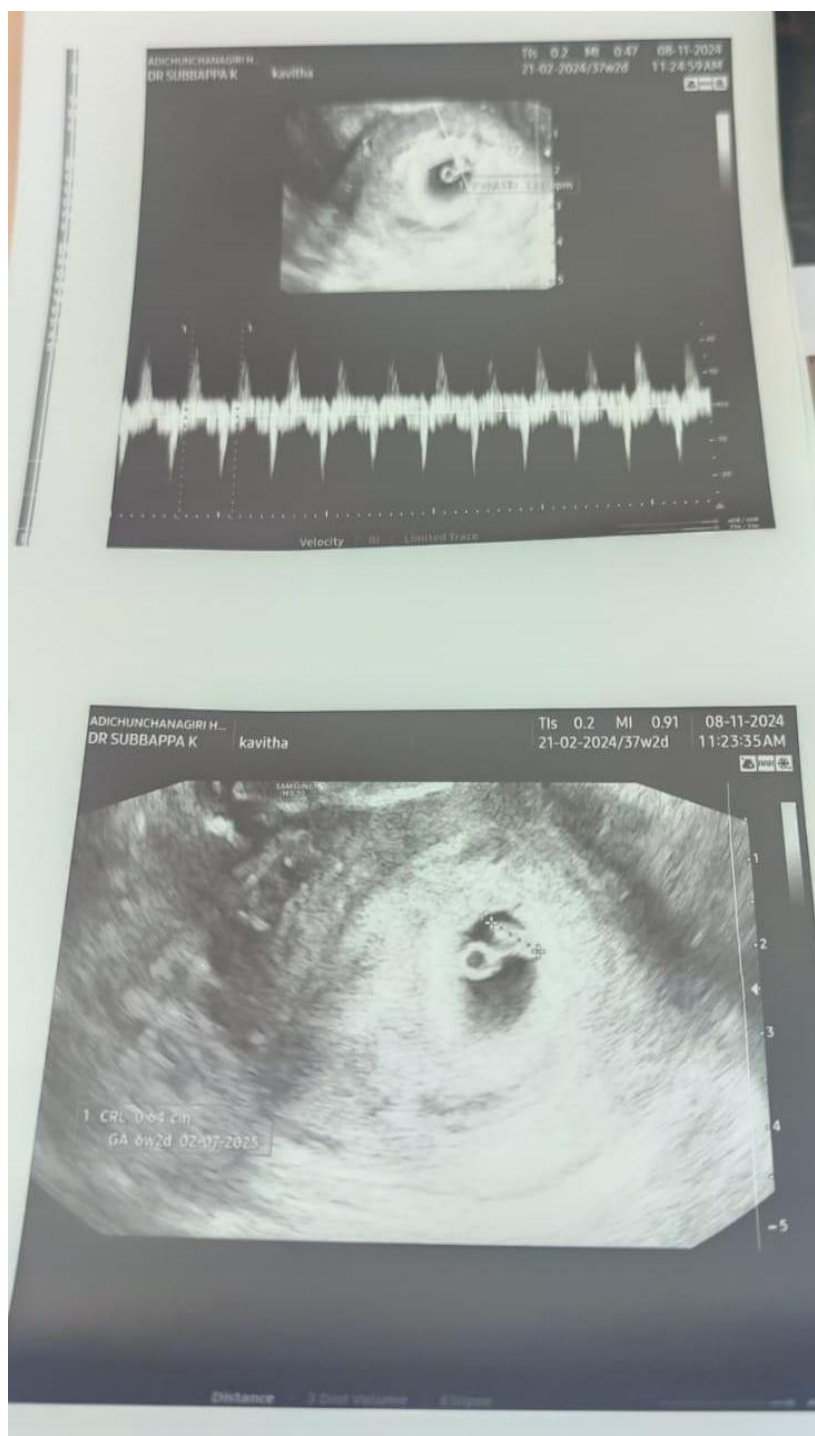
Reporting Time 10:57:40 AM	Post Graduate DR. CHIRANTH N A	Entered By SAHANA	Radiologist DR. SHASHIKUMAR M.F.
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ಸೂಚನೆ : ಸರ್ಕಾರದ ಅಧೀನದಲ್ಲಿರುವ ಈ ಹಾಸ್ಟಲ್‌ನಲ್ಲಿ ಮುಂದಿನ ಬಾರಿಯಿಂದ ಸ್ಥಾನಿಗ ಬಂದಾಗ 'ತಾಯಿ ಕಾರ್ಡ್'ನ ಒಂದು ಪ್ರತಿ ಮತ್ತು (One Xerox copy) ಪ್ರತಿಯನ್ನು ಸರ್ಕಾರದ ಅಧೀನದಲ್ಲಿರುವ ಈ ಹಾಸ್ಟಲ್‌ನಲ್ಲಿ ಮುಂದಿನ ಬಾರಿಯಿಂದ ಯಾವುದೇ ಕಾರಣಕ್ಕೂ ಸ್ಥಾನಿಗ ಮಾದಲಾಗುವುದಿಲ್ಲ.

Dr. SHASHI KUMAR M.F.
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GROWTH SCAN

666



CONCLUSION

While conventional medicine frequently recommends assisted reproductive techniques, Ayurveda provides a holistic, individualized approach targeting the root causes of reproductive dysfunction. Classical principles such as correcting *Rutu* (timely ovulation), *Kshetra* (uterine health), *Ambu* (nutritional support), and *Beeja* (ovum quality) guide therapeutic interventions. Herbal formulations, *panchakarma* procedures, lifestyle modifications, and *rasayana* therapy have shown promising roles in improving ovarian

function, enhancing oocyte quality, and restoring hormonal balance. Also, integrating Ayurvedic modalities with modern diagnostic tools may provide a comprehensive strategy for managing low AMH and infertility, offering hope for couples seeking natural and sustainable solutions. **Low AMH is not a final verdict.** It signals caution and urgency, but conception is possible through Ayurvedic treatments.

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