

**EXPLORING UNEXPLAINED INFERTILITY THROUGH AYURVEDIC ETIOLOGICAL
AND TREATMENT FRAMEWORK- A CASE REPORT****Dr. Neha Verma, Sonam Baghel***

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ABSTRACT

Introduction: Unexplained infertility is a condition in which a couple fails to conceive despite normal clinical, hormonal, and imaging findings. Modern diagnostics often cannot identify the underlying cause. According to Ayurveda, conception depends on the balanced state of *doshas* (*Vata*, *Pitta*, *Kapha*), proper function of *dhatus* (body tissues), healthy *agni* (digestive fire), and a stable mental state. **Methods:** A 35-year-old female patient with six years of primary infertility and a history of one failed IVF and four failed IUI cycles was treated using Ayurvedic principles. The treatment included *Shamana chikitsa* (oral medications), dietary modifications, *yoga*, relaxation techniques, and *pranayama*. Internal medications included *Phala Ghrita*, *Shatavari*, *Santati Sudha*, *Immunogrit*, and *Narikanti*. Lifestyle and dietary counseling were also provided. **Results:** After two months of Ayurvedic treatment, the patient tested positive on a urine pregnancy test, which was later confirmed via ultrasonography. The scan revealed a single live intrauterine gestation of approximately 5 weeks and 4 days. Follow-up treatment was continued with appropriate prenatal care according to *Ayurvedic Garbhini Paricharya*. **Discussion:** This case highlights the potential of Ayurvedic management in unexplained infertility by focusing on holistic well-being and dosha balance, especially *Vata anulomana*. Ayurveda may help address subtle functional imbalances that are not identifiable through modern diagnostic methods.

KEYWORDS: Unexplained infertility, *Vandhyatva*, *Garbha Sambhava Samagri*.**INTRODUCTION**

According to the World Health Organization (WHO), infertility^[1] is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.” Infertility is a growing global health issue, affecting approximately 8%–10% of couples worldwide. In developing countries, one in every four couples is affected.

Among the causes -Male factor 30–40%, Female factor 40–55%, Combined: ~10%, Unexplained ~10%. In unexplained infertility, all standard investigations appear normal, but conception still fails. Modern medicine often cannot identify the exact cause. Ayurveda, however, offers a more holistic approach, identifying subtle imbalances beyond structural abnormalities.

According to *Sushruta*^[2], essential factors for conception include.

- *Ritu* (appropriate timing in reproductive cycle),
- *Kshetra* (healthy uterus and reproductive organs),
- *Ambu* (nutritional status), and
- *Beeja* (healthy ovum and sperm).

This case is unique as it **validates the potential of Ayurveda** in managing **reproductive challenges without biomedical intervention**, especially when conventional methods fail. It reflects **Ayurveda's depth in understanding physiology beyond structure**—addressing function, balance, and environment as essential for fertility. Holistic Ayurvedic treatment can offer effective, non-invasive solutions for unexplained infertility—even after multiple failed assisted reproductive techniques—by addressing subtle imbalances in body, mind, and reproductive physiology.

CASE REPORT

PATIENT DETAILS:- A 35-year-old married female presented to the OPD with complaints of inability to conceive after six years of unprotected intercourse. She had regular menstrual cycles with scanty bleeding (2–3 days) and a complaint of urinary incontinence. All fertility investigations for her and her husband were normal. She had previously undergone 4 IUIs – all unsuccessful and 1 IVF – failed. She was considering a second round of IVF but opted to try Ayurvedic treatment at Patanjali Hospital.

Past Medical History:- No history of diabetes, hypertension, thyroid disorders, or any major illness.

Personal History

Diet- Mixed
Appetite - Normal
Bladder - Normal frequency
Bowel - Once daily, not satisfactory
Sleep – Normal

Menstrual History

Menarche: 14 years
Cycle: 30-day cycle, 2–3 days of scanty, odorless bleeding
LMP: 27 January 2023
Obstetric History: P0 L0 A0 D0
Contraceptive Use: Natural method

AYURVEDIC ASSESSMENT**ASHTAVIDHA PARIKSHA**

Nadi:- 74/min
Mootra:- Prakrit
Mala:- -Prakrit
Jihva:- -Saam (coated)
Shabda:- -Spashta (clear)
Sparsh:- -Anushnashit (normal temperature)

Drik:- Prakrit

Aakriti:- Madhyam (moderate build)

DASHAVIDHA PARIKSHA

Prakriti:- Vata-Pitta
Vikruti:- Kapha
Sara:- Rasa
Samhanana:- Madhyama
Pramana:- Sama
Satmya:- Madhyama
Satva:- Avara (low mental strength)
Vyayama Shakti:- Madhyama
Ahara Shakti:- Madhyama
Jarana Shakti:- Madhyama

GENERAL EXAMINATION

Built: Moderate
Pulse: 78 bpm
BP: 110/70 mmHg
Temperature: 98.4°F
Respiratory Rate: 18/min
Height: 152 cm
Weight: 48 kg
BMI: 19.4
Tongue: Coated
Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

Systemic Examination

CVS: S1, S2 Normal
CNS: Conscious and oriented
Respiratory System: Normal vesicular breath sounds
Abdomen: Soft, no tenderness, no organomegaly

Gynecological Examination (February 2023)

Per Speculum: Healthy cervix
Per Vaginum: Uterus anteverted, normal in size, no fornix tenderness

TIMELINE

Date	Event
Feb 2023	Ayurvedic assessment and treatment started (LMP: 17/02/2023)
Feb–May 2023	Ayurvedic treatment continued
19 May 2023	Positive urine pregnancy test
24 May 2023	USG confirmed single live intrauterine gestation (~5 weeks 4 days)
May–Oct 2023	Ayurvedic prenatal care (<i>Garbhini Paricharya</i>) continued

TREATMENT PROTOCOL (Started 17/02/2023)**Internal Medicines**

- Immunogrit Kwath** – 2 tsp boiled in 400 ml water, reduced to 100 ml; taken twice daily before meals.
- Santati Sudha** – 2 tablets/capsules, 30 min before breakfast/lunch/dinner with lukewarm water or milk.
- Narikanti** – 2 tablets/capsules, 30 min after meals with lukewarm water or milk.
- Immunogrit Tablet** – 2 tablets/capsules, 30 min after meals with lukewarm water or milk.
- Shatavari Churna** – ½ tsp after meals with lukewarm water or milk.

- Phala Ghrita** – 1 tsp, 20 min after meals with lukewarm water.

Diet

Avoid (*Apathya*): Excess salt, oil, sour/spicy food, pickles, rice, urad dal, rajma, processed food, jackfruit, potatoes, yam, gram flour, refined flour.

Recommended (*Pathya*)^[5]

Main diet: Grapes, dates, bottle gourd preparations.

Alternatives: Patanjali Pushti Aahar, roasted chana, jaggery.

Fruits: Roasted apple, guava, pomegranate with black pepper and rock salt, papaya.^[5,6]

Vegetables: Seasonal boiled vegetables.

Medicated Water Therapy

Divya Peya

Mulethi Peya

YOGA & PRANAYAMA

- **Asanas:** Pavanmuktasana, Uttanpadasana, Shashkasana, Yogamudrasana, Ardha Matsyendrasana, Vakrasana, Gomukhasana, Naukasana, Setubandhasana, Markatasana, Sarvangasana, Halasana, Shavasana.

- **Pranayama:** Bhastrika, Kapalbhati, Anulom-Vilom, Bahya, Bhramari, Udgith, Ujjayi.

RESULT

The patient's LMP was 17/02/2023. She tested positive on a urine pregnancy test on 19/05/2023. The first scan showed a single live intrauterine gestation, approximately 5 weeks and 4 days. In the following months, **Phala Ghrita, Punarnavadi Mandoor, Nutrela Iron Complex (Natural)** etc. with appropriate **Garbhini Paricharya** was suggested for the patient.^[6]

DEPARTMENT OF RADIOLOGY & IMAGING INVESTIGATION REPORT			
UHD / IP NO	201242461 (119183)	RIS No./Status/SRF ID :	8220700 /
Patient Name :	Mrs. SHILPA SINGH	Age/Gender :	33 Y/F
Referred By :	GYN I PR	Ward/Bed No :	OPD
Bill Date/No :	03/05/2023 8:56AM/ SOPC2324/28208	Scan Date :	03/05/2023
Report Date :	03/05/2023 3:03PM	Company Name:	CGHS 201 (CASH)

**ULTRASOUND LOWER ABDOMEN# 10181/23
(EARLY PREGNANCY)**

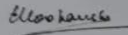
LMP: 16-03-23 (6 weeks 6 Days)
 EDD (LMP) 21-12-2023
 EDD (AUA) 30-12-2023
 Uterus a single intrauterine gestation sac in fundal region with healthy decidua reaction.
 MSD measures 9mm corresponding to 5 weeks + 4 days.
 Small embryonic pole present.
 Faint yolk sac present.
 No cardiac activity present on the current scan.
 CRL 1.95 mm.
 Corpus luteum seen in the left ovary.
 No free fluid seen in Pouch of Douglas.

Impression: Early intrauterine gestation of approx. 5 weeks + 4 days follow up scan for viability.

DECLARATION OF DOCTOR

Dr. Ellora Borthakur Kaushik declare that while conducting USG image of Shilpa Singh, I have neither detected nor disclosed the sex of her foetus to any manner.

---End of Report---


Dr. Ellora Borthakur Kaushik
 Sr. Consultant Radiologist
 DMC No: 32233

Steno: Rajinder Singh

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Sri Balaji
Action Medical Institute
Multi Speciality Hospital

DEPARTMENT OF RADIOLOGY & IMAGING INVESTIGATION REPORT

UHID / IP NO	201242461 (136329)	RIS No./Status/SRF ID	0235242 / Final
Patient Name	Mrs. SHILPA SINGH	Age/Gender	33 Y/F
Referred By	GYN I PR	Ward/Bed No	OPD
Bill Date/No	18/05/2023 10:55AM/ SOPC2324/42197	Scan Date	18/05/2023 11:03AM
Report Date	18/05/2023 6:48PM	Company Name	CGHS 2014 WORKING (CASH)

OBSTETRIC ULTRASOUND (# 11473)

Single, viable, intrauterine foetus of 8 wks 1 day old maturity is seen.

Cardiac activity present, FHR 169/bpm.

Trophoblast reaction is smooth.

Internal os is closed.

CRL measures 16.7 mm.

Dr. Pradeep Nehra
MD (Radiodiagnosis)
Sr. Consultant Radiologist
DMC No: 15769

DECLARATION OF DOCTOR

I, Dr. Pradeep nehra declare that while conducting ultrasonography/image scanning on Mrs. Shilpa singh, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

---End of Report---

Dr. Pradeep Nehra
MD (Radiodiagnosis)
Sr. Consultant Radiologist
DMC No: 15769

Steno: Mr. Rohit Nirwan

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Follow-up and Outcomes

- Urine pregnancy test: Positive on 19 May 2023
- Ultrasound: Dated ~24 May 2023 confirmed single intrauterine live gestation (5w 4d)
- Prenatal Care: Continued with *Phala Ghrita*, *Punarnavadi Mandoor*, *Nutrela Iron Complex*, as per *Garbhini Paricharya*
- No complications reported during the early months of pregnancy

DISCUSSION

Infertility is a common reproductive health issue. In this case, despite normal medical reports for both partners, conception was not achieved through assisted reproductive techniques.

Ayurveda emphasizes that healthy sperm, ovum, and uterus, along with mental well-being and proper timing, are essential for conception. According to *Charaka*,^[3] delayed conception in a woman with normal reproductive anatomy may be due to.

- *Yoni dushti* (uterine pathology),
- Psychological factors,

- *Shukra* and *Artava dushti* (reproductive fluid imbalance),
- Poor diet and lifestyle,
- Improper timing of coitus, and
- Loss of bodily strength.

This patient was treated with a focus on *Vata Anulomana* (balancing Apana Vata), essential for ovulation, fertilization, implantation, and overall reproductive functioning.

PATIENT PERSPECTIVE

The patient expressed relief and happiness after conceiving naturally without the financial and emotional strain of repeated IVF. She reported improvement in energy levels, digestion, and overall mental well-being during treatment.

INFORMED CONSENT

Written informed consent was obtained from the patient for publication of this case report and any accompanying images/information.

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