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Successful Conception Following Integrative Ayurvedic Management with Ovulation Induction in a Woman with Primary Infertility: A CARE-Compliant Case Report

Integrative Ayurvedic Management in Primary Infertility

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Abstract: *Background: Primary infertility is a major reproductive health concern. Ayurveda describes Vandhyatva in relation to Ritu, Kshetra, Ambu and Beeja. This report describes integrative management using Ayurvedic therapy together with ovulation induction.*
Case: A 31-year-old woman with 7 years of primary infertility, previous ovarian cystectomy and prior unsuccessful treatment received Kanchanar Guggulu, M2 Tone, Phalaghrita, Uttarbasti with Phalaghrita, Anuloma DS, Gasex, Letrozole 2.5 mg (Day 2–7) and timed intercourse. She conceived in the same treatment cycle. Pregnancy was confirmed by urine pregnancy test, serum β-hCG (2900 mIU/mL), and ultrasound showing a single live intrauterine pregnancy with cardiac activity. A healthy male infant (3.5 kg) was delivered by LSCS at 38 weeks.
Conclusion: This single case supports further research into integrative management of primary infertility..

Keywords: Primary infertility; Vandhyatva; Ayurveda; Uttarbasti; Letrozole; Integrative medicine; Case report

I. INTRODUCTION

Primary infertility is defined as failure to conceive after 12 months of regular unprotected intercourse. Ayurveda attributes successful conception to proper Ritu, Kshetra, Ambu and Beeja. Integrative approaches may improve outcomes in selected patients.

Case Presentation

Patient: 31-year-old female; married since 2016; primary infertility for 7 years; previous ovarian cystectomy; AMH 2.4 ng/mL; TSH 3.4 mIU/L; Prolactin 19 ng/mL; regular menstrual cycles (33–34 days). Follicular monitoring showed a dominant follicle >18 mm, endometrial thickness 8.4 mm and ovulation on Day 14.

Therapeutic Intervention

Kanchanar Guggulu, M2 Tone Syrup, Phalaghrita, Uttarbasti with Phalaghrita, Anuloma DS, Gasex, Letrozole 2.5 mg from Day 2–7 and timed intercourse.

Outcome

Urine pregnancy test positive on 18 April 2024. Serum β-hCG 2900 mIU/mL on 19 April 2024. Ultrasound confirmed a single live intrauterine pregnancy with fetal cardiac activity. Live male baby (3.5 kg) delivered by LSCS at 38 weeks.

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Discussion

The successful outcome followed integrative management. Because Ayurveda and letrozole were used together, causality cannot be attributed to one intervention alone. Controlled studies are required.

II. CONCLUSION

Individualized integrative management was associated with successful conception and live birth in this patient.

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Declarations

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