



SUCCESSFUL NATURAL CONCEPTION FOLLOWING AYURVEDIC MANAGEMENT IN REFRACTORY INFERTILITY: A CASE SERIES

**Dr. Borate
Narendra
Nandkishor***

BAMS (Ayurvedacharya) *Corresponding Author

KEYWORDS :

BACKGROUND

Infertility affects a significant proportion of couples worldwide. Infertility is a multifactorial condition with rising prevalence. Polycystic Ovarian Syndrome (PCOS) remains one of the most common endocrine causes of female infertility. Diminished ovarian reserve is also one of the important factors in females. Male factor infertility is also major contributors to treatment failure. Even with assisted reproductive technologies such as IUI and IVF, conception is not always achieved, prompting the need for alternative and complementary treatment approaches.

Here we present two challenging cases which highlight the need for effective alternative and complementary therapeutic approaches such as Ayurveda.

CASE REPORT 1

Patient Information

A couple married for 15 years presented to our clinic with complaints of long-standing primary infertility and a strong desire to conceive. The wife had a previous obstetric history of one missed abortion five years earlier at approximately 2.5 months of gestation, which was attributed to arrested fetal growth. Following this event, the couple was unable to achieve a successful pregnancy.

Previous Medical History and Interventions

The couple had sought infertility treatment at multiple private hospitals in Pune. As part of conventional management, the wife underwent seven cycles of intrauterine insemination (IUI); however, none resulted in conception. The repeated treatment failures contributed to considerable emotional and psychological stress.

Clinical Findings and Diagnosis

On detailed evaluation, the wife was diagnosed with Polycystic Ovarian Syndrome (PCOS). Ultrasonography of the abdomen and pelvis revealed polycystic ovarian morphology (PCOS). Based on clinical findings and investigations, the condition was diagnosed as infertility associated with PCOS-related ovarian dysfunction.

Therapeutic Intervention

The couple approached our center after being referred by a previously treated patient with a successful outcome. Following comprehensive assessment, individualized Ayurvedic treatment was initiated in March 2025. The therapeutic approach focused on correcting hormonal imbalance, improving ovarian function, and restoring reproductive health through appropriate Ayurvedic interventions. The patient was monitored regularly throughout the treatment period.

Outcome and Follow-Up

After consistent Ayurvedic management, the patient achieved spontaneous (natural) conception in October 2025, without the use of assisted reproductive techniques. The pregnancy was confirmed clinically, indicating a successful outcome after prolonged infertility.

DISCUSSION

This case illustrates the potential effectiveness of Ayurvedic treatment in managing infertility associated with PCOS, particularly in patients who have not responded to conventional interventions such as IUI. Ayurvedic therapies aim to address the root cause of disease by correcting metabolic and hormonal disturbances, which may contribute to improved ovulatory function and fertility outcomes.

CONCLUSION

The present case suggests that individualized Ayurvedic management may be a valuable therapeutic option for couples with long-standing infertility and PCOS, even after repeated failures of assisted reproductive technologies.

CASE REPORT 2

Patient Information

A couple residing in Singapore presented to our clinic with a history of primary infertility of five years' duration. The couple learned about our center through social media and approached us seeking alternative management after repeated treatment failures.

Previous Medical History and Interventions

The couple had previously undergone infertility treatment at a private hospital, where they completed two cycles of intrauterine insemination (IUI) followed by two cycles of in vitro fertilization (IVF). Despite these interventions, conception was not achieved.

Clinical Findings and Diagnosis

On evaluation, the wife was diagnosed with diminished ovarian reserve, with Anti-Müllerian Hormone (AMH) levels reported at 0.21 ng/mL, indicating significantly reduced ovarian reserve. Semen analysis of the husband revealed oligoasthenospermia, with a total sperm count of 10 million/mL and progressive motility (PRM) of 10%. Based on these findings, the couple was diagnosed with combined female and male factor infertility.

Therapeutic Intervention

After taking a detailed medical and reproductive history, individualized Ayurvedic treatment was initiated in March 2025. The treatment plan was aimed at improving ovarian function, enhancing sperm count and motility, and restoring overall reproductive health through appropriate Ayurvedic interventions. The couple adhered strictly to the prescribed treatment and lifestyle recommendations for a period of two months.

Outcome and Follow-Up

Following two months of Ayurvedic management, the couple achieved spontaneous (natural) conception in May 2025, without the use of assisted reproductive techniques. The pregnancy progressed uneventfully, and the wife delivered a healthy baby in December 2025.

DISCUSSION

This case demonstrates the potential role of Ayurvedic

management in treating complex infertility cases involving both diminished ovarian reserve and male factor infertility. Despite extremely low AMH levels and poor semen parameters—conditions often associated with poor prognosis in assisted reproductive technology—the couple achieved natural conception. Ayurvedic therapy may help improve reproductive potential by correcting underlying functional imbalances and enhancing systemic health.

CONCLUSION

This case series highlights the effectiveness of individualized Ayurvedic treatment in managing infertility associated with PCOS, low ovarian reserve and oligoasthenospermia, even after repeated failures of IUI and IVF. These outcomes suggest that Ayurveda can serve as a valuable approach in challenging infertility cases.