



Case Study

EFFECT OF *PUTRAJEEVAKADI YOGA* ON *DHATHUKSHAYAJANYA BANDHYA* (SECONDARY INFERTILITY) DUE TO LOW AMH

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ABSTRACT

Secondary infertility associated with diminished Anti-Mullerian Hormone (AMH) levels is predominantly linked to endocrine dysfunction. Elevated Follicle Stimulating Hormone (FSH), reduced AMH, and a low Antral Follicle Count (AFC) collectively compromise ovarian reserve, resulting in pregnancy rates below 5% and miscarriage rates exceeding 75%. AMH, secreted by granulosa cells of preantral and antral follicles, is a well-established biomarker for evaluating ovarian reserve and predicting response to controlled ovarian stimulation due to its strong correlation with follicular quantity and recruitment. Women undergoing in vitro fertilization (IVF) with low AMH levels often experience poor outcomes, making donor egg IVF the predominant option. Ayurveda offers a comprehensive and individualized approach to managing *Vandhyatva* (infertility), focusing on restoring systemic equilibrium, enhancing oocyte quality, and activating the body's intrinsic healing mechanisms. This case study presents a 35-year-old woman with secondary infertility and markedly low AMH levels who was successfully treated with *Putrajeevakadi Yoga Ksheerpaka*. The intervention resulted in natural conception, highlighting the therapeutic potential of Ayurvedic protocols in addressing complex reproductive disorders and improving ovarian function.

INTRODUCTION

Infertility, though not physically incapacitating, exerts profound psychological and social impacts on affected individuals and couples. Among its causes, diminished ovarian reserve- often indicated by low Anti-Mullerian Hormone (AMH) levels- has emerged as a major contributor to female infertility. The success of assisted reproductive techniques such as in vitro fertilization (IVF) is closely related to ovarian response during oocyte retrieval, which reflects the functional capacity of the ovaries.

AMH, secreted by granulosa cells of preantral and antral follicles, is a reliable biomarker for assessing ovarian reserve. Its strong correlation with follicular quantity and recruitment makes it a valuable tool for predicting ovarian response to stimulation.

Clinical evidence suggests that women with severely reduced AMH levels have poor IVF outcomes, often leaving donor egg IVF as the only feasible option.

From an Ayurvedic perspective, such clinical features align with *Dhatukshayajanya Vandhyatva*-infertility arising from depletion of essential body tissues, particularly *Rasa Dhatu* and its *Upadhatu*, *Artava*. Depletion of *Artava*, both in quantity and quality, is a key factor contributing to female infertility. Ayurveda emphasizes restoring systemic balance, enhancing tissue nourishment (*Dhatu Pushti*), and stimulating the body's innate regenerative mechanisms.

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This case report explores the therapeutic potential of a targeted Ayurvedic intervention using *Putrajeevakadi Yoga Ksheerpaka* in a woman with secondary infertility and critically low AMH levels. The treatment aimed to correct underlying *Agni* dysfunction, pacify *Vata Dosha*, and rejuvenate *Artava Dhatu*. The successful natural conception following therapy underscores the relevance and efficacy of Ayurvedic protocols in managing complex reproductive challenges.

Case Report

A 35-year-old female patient visited the NIA OPD on 07-04-2025 with the chief complaint of inability to conceive for 1 year. She had a married life of 8 years and an active marital life of 8 years. She previously delivered a female child 6 years ago. The study was registered in CTRI (CTRI/2024/06/069412). Informed written consent was obtained prior to starting the intervention.

Menstrual History

She attained menarche at 14 years of age. Her current menstrual cycle is regular, lasting 3 days with an interval of 28–30 days. She experiences mild lower abdominal pain during menstruation.

Marriage History

Married for 8 years.

Obstetric History

G1 P1 A0 L1 D1

G1: Full-term normal delivery, female child born in 2018.

Clinical Findings

Her sonography done on 08-11-2024 was suggestive of a normal pelvic scan, and her hysterosalpingography also revealed a normal study. Past medical records indicated low AMH

Treatment plan

levels (0.23 ng/ml on 08-11-2024). The semen analysis of the husband was normal. Her personal history revealed normal appetite, satisfactory bowel clearance, and sound sleep.

Physical Examination

- Weight: 67 kg
- Height: 156 cm
- BMI: 27.5 kg/m²
- Blood Pressure: 110/70 mmHg
- Pulse Rate: 76/min

Past Medical History: Not significant

Past Surgical History: Not significant

Nidan Panchak

- *Ahara:* *Katu, Rooksha Ahara sevan*
- *Vihara:* Nothing specific
- *Roopa:* *Vandhyatwa*
- *Upashaya:* *Mansik prasannata* by meditation
- *Anupashaya:* *Mansik avsada, Mithya ahara-vihara*

Samprapti

Nidana → *Jatharagni mandya* → *Ama* formation → *Dhatvagni mandya* → Improper *Rasa dhatu* formation → *Dhatu kshaya* → *Artava dushti/Kshaya* → *Vandhyatva*

Samprapti Ghataka

- *Dosha:* *Vata pradhana tridosha*
- *Dushya:* *Dhatu – Rasa*
- *Upadhatu:* *Artava*
- *Srotas:* *Artavavaha, Rasavaha*
- *Srotodushti:* *Sanga*
- *Ama:* *Jatharagni, Dhatvagni janya*
- *Udbhava Sthana:* *Amashaya*
- *Sanchara Sthana:* *Garbhashaya*

Clinical Case Timeline

Date	Complaints / Visit Details	Investigations	Treatment
07-04-2025 1 st Visit	Unable to conceive since 1 year.	Ultrasonography (08-11-2024): Normal pelvic scan. Hysterosalpingography: Normal study. Hormonal Profile: AMH– 0.23ng/ml Prolactin– 42.09ng/ml FSH– 9.72mIU/ml LH– 5.6mIU/ml Estradiol– 30pg/ml TSH – 3.21 uIU/ml	<i>Putrajeevakadi Yoga</i> (<i>Anubhut Yoga</i>) <i>Ksheerpaka</i> BD before food for 1 month. (<i>Putrajeevaka, Shivlingi, Ashwagandha, Bala, Shatavari</i> – each 2 g).
07-05-2025	Routine follow-	19-04-2025 – Follicular study (USG)	Continue same treatment

2 nd Visit	up	TVS): Right ovary: AFC 4–5, dominant follicle 11×10 mm Left ovary: AFC 10–12, ruptured follicle Endometrial thickness: 8 mm 15-05-2025 – Prolactin: 14.5 ng/ml	for 1 month.
12-07-2025 3 rd Visit	Follow-up	Hormonal Profile: AMH – 0.71 ng/ml LH – 3.50 mIU/ml FSH – 6.92 mIU/ml Estradiol – 54.83 pg/ml	—
13-09-2025	—	UPT at home: Positive (+)	—
01-10-2025	—	USG (FWB): Single live intrauterine fetus seen. Cardiac activity present (FHR – 172 bpm). CRL corresponds to 7 weeks 5 days gestation.	—

DISCUSSION

The pathological interplay of *Vata-Pitta Dushti* and *Kapha Kshaya* disrupts the proper formation of *Ahara Rasa*, leading to a decline in the quality and quantity of *Rasa Dhatu*. Since *Artava* is the *Upadhatu* of *Rasa Dhatu*, any compromise in *Rasa* inevitably affects *Artava*, resulting in its depletion and contributing to *Vandhyatva* (infertility). This clinical presentation closely mirrors the Ayurvedic concept of *Dhatu-Kshayajanya Vandhyatva*, particularly in cases marked by diminished Anti-Mullerian Hormone (AMH) levels, indicating a female factor in infertility.

In this case, the *Vikriti* (vitiation) of *Vata Dosha* advances toward *Rasa Dhatu Kshaya*, impairing the *Artava Upadhatu*. This is evidenced by classical signs of *Artava Kshaya*, encompassing both *Beejaroopa* and *Dhaturoopa* aspects of *Artava*. Addressing this condition requires a deeper understanding of *Garbha Sambhava Samagri*- the essential components for conception- thereby enabling more effective and integrative treatment strategies.

Despite growing recognition of Ayurvedic approaches in managing *Dhatu-Kshayajanya Vandhyatva*, especially in relation to low AMH levels, there remains a significant gap in research that bridges Ayurveda with modern medical paradigms. This condition, while primarily rooted in female reproductive pathology, often coexists with male factors, underscoring the need for a holistic diagnostic and therapeutic framework.

Therapeutically, the focus is on pacifying *Vata Dosha* and restoring *Agni* (digestive and metabolic fire), thereby re-establishing *Dosha* equilibrium in the *Madhyama Vaya* (middle age) stage. Enhancing *Dhatu Pushti* (nourishment of bodily tissues) is central to revitalizing *Artava* physiology.

Putrajeevakadi Yoga

In *Rajnighantu* *Putrajeevak* has *Vrushya*, *Guru*, *Hima*, *Kaphavataprada*, *Pittashamana*. *Putrajeevak* seeds are a uterine tonic used to strengthen the uterine muscles and improve the function of the ovaries, increasing the chances of conception. *Ashwagandha* is mentioned in the treatment of *Stree Vandhyatva*. Studies on *Ashwagandha* show significant increase in ovarian function and folliculogenesis.

Shivlingi is well known for its androgenic properties. It assists patients with ovulation issues, which are common in conditions like diminishing ovarian reserve. The *Rasayana* activity of *Shivlingi* helps form pure *Rasa Dhatu*, which then converts into *Upadhatu Artava*, essential for fertilization.

Bala is *Snigdha*, *Hima*, *Svadu*, *Vrushya* and *Balya- Tridoshanut* and *Raktapittahara*.

Shatavari has *Vrushya*, *Ayushya*, *Vaya Sthapani*, *Rasayanavara*, *Shukrala*, *Pushtida*, *Garbhaprada* properties- supporting regeneration of *Artava* as an *Upadhatu* of *Rasa Dhatu*. *Shatavari* is considered an adaptogen and helps balance

hormones, leading to a notable improvement in AMH levels.

Additionally, the formulation exhibits potent anti-proliferative and pro-apoptotic effects, reducing oxidative stress and promoting cellular rejuvenation. This dual action enhances reproductive tissue vitality and restores hormonal balance and fertility potential.

CONCLUSION

This case study highlights the promising role of Ayurvedic intervention in managing secondary infertility associated with low AMH levels. The clinical presentation aligned with the Ayurvedic diagnosis of *Dhatu-Kshayajanya Vandhyatva*, where depletion of *Rasa Dhatu* and its *Upadhatu- Artava* was evident.

Through a targeted therapeutic approach involving *Putrajeevakadi Yoga Ksheerpaka*, the treatment focused on pacifying *Vata Dosha*, enhancing *Agni*, and promoting *Dhatu Pushti*. These interventions collectively contributed to the rejuvenation of *Artava*, improvement in AMH levels, and ultimately, successful conception.

The outcome underscores the potential of Ayurveda in addressing complex reproductive challenges by restoring systemic balance and supporting the body's innate healing mechanisms. It also highlights the need for integrative research to strengthen Ayurvedic protocols in infertility management. With further clinical studies and interdisciplinary collaboration, Ayurveda can offer a holistic alternative for women facing diminished ovarian reserve and fertility concerns.

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