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SUCCESSFUL NATURAL CONCEPTION IN LOW AMH INFERTILITY THROUGH SIDDHA MEDICINE AND VARMA THERAPY: A CASE REPORT

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ABSTRACT

Background: Low anti-Müllerian hormone (AMH) levels indicate diminished ovarian reserve and are commonly managed in modern medicine with assisted reproductive technologies such as in vitro fertilization (IVF). This case highlights the successful use of Siddha medicine and varma therapy as an alternative management strategy. Case Presentation: A 37-year-old female with primary infertility for 1.5 years had persistently low AMH levels (1.63 ng/ml) despite one year of allopathic treatment. She declined IVF and underwent Siddha medical management, including Sathavary (Asparagus racemosus), Amukkira (Withania somnifera) with Ayakantha Senthuram, and Asoka (Saraca asoca), along with targeted varma therapy (Kuduvarmam and Mundal varmam). After three months of treatment, conception was confirmed by ultrasound and urine HCG testing.nThis case suggests that Siddha herbal formulations and varma therapy may enhance ovarian function and fertility potential in women with low AMH, offering a non-invasive alternative to IVF. Further controlled studies are recommended to validate these results.

Key Words: anti-Müllerian hormone, Siddha medical management, Sathavary

INTRODUCTION

Female infertility is a multifactorial condition affecting psychological, physical, mental, spiritual, and medical well-being (Hang et.al.2002). Understanding normal fecundability is essential for counseling and education. Ovulatory disorders are among the most common causes of infertility, affecting approximately 30–35% of women. Anti-Müllerian Hormone (AMH) is a key biomarker that reflects the continuous, non-cyclic growth of small follicles and indicates the size of the resting primordial follicle pool. This makes AMH a reliable measure of ovarian reserve. After production, AMH is secreted into the circulation by granulosa cells, allowing its measurement as an indicator of fertility potential and ovarian aging(Hull.et.2001). A notable advantage is that AMH levels can be measured at any time during the menstrual cycle, unlike other hormonal markers that require cycle-specific timing. AMH testing is particularly important because many women assume that regular menstruation equates to good egg quality, which is not always the case. A diminished ovarian reserve significantly reduces the chances of pregnancy; without adequate eggs in the ovarian reserve, the probability of natural conception becomes minimal or nonexistent.

In the Siddha medical system, the clinical features observed in the present case resemble Karpa Rogam (Pen Maladu) as described in Para Sekaram Garparoga Nithanam, Agathiyar Karpakol, and Gnanavettiyan–1500. This case highlights the role of a structured Siddha treatment protocol in improving AMH levels to a range favorable for ovarian stimulation. The patient in this case achieved natural conception without assisted reproductive techniques, with pregnancy confirmed by a blood test measuring serum hCG levels.

Fecundability & ASRM Guidelines

• Fecundability rates:

o First 3 months: 25%

o Following 9 months: 15%

o 85% of women conceive within 12 months (largest cohortstudy)(Adashiet.al.1991).

• ASRM recommendations:

o Women <35 years: Evaluate after 12 months of unprotected intercourse.

o Women ≥35 years: Evaluate after 6 months.

Role of Anti-Müllerian Hormone (AMH)

• Produced by granulosa cells of ovarian follicles.

• Reflects resting primordial follicle pool → marker for ovarian reserve.

• Measured at any point in the menstrual cycle.

• Low AMH → reduced egg quantity and lower pregnancy potential.

• Regular menstruation does not guarantee good egg quality.

• AMH is especially relevant in cases of ovulatory disorders (cause of ~30% of female infertility).

Siddha Medicine Perspective

In Siddha literature, female infertility is termed Karpa Rogam (Pen Maladu), described in classical works such as Pararaja Sekaram Garparoga Nithanam, Agathiyar Karpakkol, and Gnavetiyan 1500.

Pathogenesis in Siddha Terms

• Mukkutram:

o Vatham: Maturation, movement, and release of ovum.

o Pitham: Hormonal transformation, follicular rupture.

o Kapham: Nourishment of endometrium and reproductive system.

• Derangements:

o Vaayu & Piththam imbalance → hormonal irregularities.

o Excess Kapham → obstructed Abanan Vaayu → hypomenorrhea.

Causes (Agathiyar Karpakkol)

1. Hormonal imbalances (Vaayu–Piththam derangement).

2. Dysmenorrhea (lower abdominal pain).

3. Pelvic inflammatory disease (Karuppai Alarchi, Puzhukkul).

4. Horoscope incompatibility (Natchathiram, Yoni, Virutcham).

5. PCOS, fibroids, poor physical/mental health.

6. Sexually transmitted diseases (Vaisoori).

7. Improper sexual practices (Thusanketa Kalavi).

Symptoms

• Irregular menstrual bleeding.

• Yellowish-black clots, pus-like discharge.

• Short/irregular cycles.

• Dyspareunia, dysmenorrhea.

Classification

1. Kaga Maladu – infertility after two deliveries.

2. Kathali Maladu – infertility after one delivery.

3. Kanma Maladu – karmic infertility.

4. Niranthara Maladu – permanent infertility.

Objective

This case report aims to present the therapeutic approach, outcome, and possible implications of Siddha medicine in managing female infertility associated with low AMH levels.

Case Report

A 37-year-old married female patient presented with primary infertility for 1.5 years of married life. Previous specialized evaluations included hormonal assays such as follicle-stimulating hormone, luteinizing hormone, estradiol, thyroid function test, and anti-Müllerian hormone (AMH). Ultrasound imaging and investigations into male factor infertility revealed normal assessment reports. The

patient had been undergoing allopathic treatment for one year.

Clinical Findings

The patient got married in 2020 at the age of 35 years. Investigations conducted on both partners after two years of married life revealed a low AMH level of 1.63 ng/ml on March 16, 2024, while the male partner's reports were normal. She continued allopathic treatment. Her family history was negative for premature ovarian failure. After August 7, 2024, the AMH level remained very low at 0.81 ng/ml. A consultant in obstetrics and gynecology advised her to undergo in vitro fertilization (IVF), but she was unwilling to proceed with the IVF procedure. Seeking a natural conception method, she visited the Herbal Health Care Centre in Kokuvil, Sri Lanka, on October 23, 2024, to improve her AMH value through Siddha Maruthuva treatment.

Table -1 - 1st visit & after Modern treatment in the AMH Level

Visit and date	AMH levels
1st 16.03.2024	1.63ng/ml
2nd 07.08.2024	0.81ng/ml

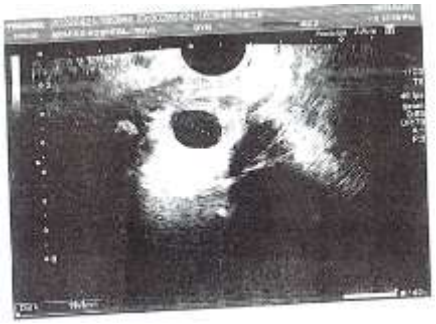

Fig -1 scan report

Her personal history revealed a regular bowel habit and sound sleep. Her appetite was normal. She attained menarche at the age of 12 years, with a 2-3 day duration in a 28-29 day cycle. Her vital signs included blood pressure of 120/75 mmHg, a pulse rate of 71/min, and a body mass index (BMI) of 20 kg/m². She was identified as having a Vatha-Kapha Prakriti..

Diagnostic Focus and Assessment

According to Siddha medicine, Vatham is responsible for the maturation and movement of the follicle, its rupture, and the release of the ovum in the ovarian cycle. Pitham represents the energy of transformation, influencing hormonal regulation and assisting in follicular rupture. Kapham, characterized by heavy and cool qualities, nourishes the endometrial tissue and the entire reproductive system. In this case, Kapham derangement was observed, clinically presenting as obstruction of Abanan Vaayu, leading to symptoms of hypomenorrhea. The patient was diagnosed with Karpa Rogam (Pen Maladu), or infertility due to depletion of body tissues.

Siddha treatment

Table -2 Siddha management

Visit and date	Treatment
1st 23.10..2024	1Sathavary syrup 15ml bd/pc Herbal Iron syrup 15ml bd/pc Ashoka tab 2 tds Ammukirachurnam 5 g With
2nd 22.11.2024	ayakanthasenturam 100mg bd/pc
3rd 02.12.2024	Salmon fish oil 1 daily
4th 18.12.2024	Rept all Rept all Rept all

Mundal Varmam and Kuduvai varmam stimulation on patient visit time.

After Siddha management:

• February 2 2025 – On examination, ultrasound scan and urine hCG test confirmed pregnancy.

• AMH level : 2.63ng/ml

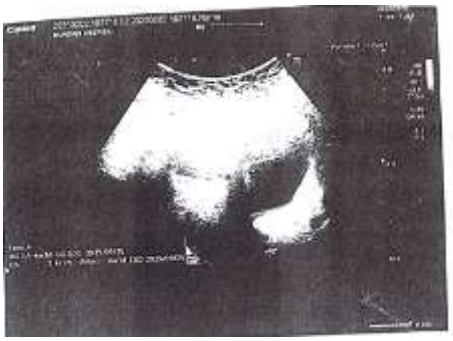

Fig-2 Scan report

• Patient was subsequently referred to the Antenatal Care (ANC) clinic for continued obstetric follow-up.

Outcome: Conception achieved naturally without assisted reproductive technology, despite persistently low AMH prior to Siddha therapy.

DISCUSSION

In modern medicine, anti-Müllerian hormone (AMH) deficiency is generally managed by assisted reproductive technologies such as in vitro fertilization (IVF). In this case, the gynecologist advised the patient to undergo IVF; however, she declined and opted for Siddha medical management, expressing strong belief in its treatment approach. The Siddha management plan included herbal formulations and varma therapy. Varma points such as Kuduvarmam and Mundal varmam were applied to stimulate reproductive energy and improve ovarian function. The herbal regimen was designed to enhance ovarian reserve and support the menstrual cycle:

• Sathavary (Asparagus racemosus) – a potent female reproductive tonic, supporting follicular development and hormonal balance.

• Amukkira (Withania somnifera) combined with Aya kantha Senthuram – for follicle stimulation and endocrine regulation.

• Asoka (Saraca asoca) – a uterine tonic that also supports AMH stimulation and overall reproductive health.

Following three months of Siddha and varma therapy, the patient successfully conceived naturally, despite previously documented low AMH levels (1.63 ng/ml). This case highlights that Siddha medicine, when integrated with targeted varma therapy, may offer a successful alternative for managing female infertility related to AMH deficiency. Given this encouraging result, further clinical studies with larger sample sizes are warranted to evaluate the broader applicability and efficacy of Siddha and varma-based interventions in female infertility.

CONCLUSION

This case demonstrates that Siddha medicine, in combination with targeted varma therapy, can be an effective non-invasive approach for managing female infertility associated with low AMH levels. Through the use of herbal formulations such as Sathavary (Asparagus racemosus), Amukkira (Withania somnifera) with Ayakantha Senthuram, and Asoka (Saraca asoca), alongside Kuduvarmam and Mundal varmam stimulation, the patient achieved natural conception within three months, despite a prior recommendation for IVF. The outcome suggests that Siddha-based protocols may help improve ovarian function, hormonal balance, and reproductive potential even in low ovarian reserve states. Larger, well-controlled studies are recommended to validate these findings and further explore the role of Siddha and varma therapy in infertility management.

Patient consent

The patient provided written permission for publication of this case report.

Conflicts of interest

There are no conflicts of interest.

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