NATUROPATHY, YOGA AND OZONE THERAPY

An Integrative Naturopathy, Yoga and Ozone Therapy Based Approach to the Management of Primary Infertility in a 30-Year-Old Female: A Case Report

R. Malathi, D R. Lakshmeesha, Jamuna Jayaraj

Excel Medical College for Naturopathy and Yoga, Komarapalayam, India

Published November 2026

Abstract

Background: Infertility is a significant reproductive health concern affecting the physical and psychological well-being of couples. Primary infertility refers to the inability to achieve pregnancy in an individual who has never previously conceived.

Objective: To describe the supportive management of primary infertility in a 30-year-old female through an integrated ozone therapy, naturopathic and yoga-based approach.

Case Presentation: A 30-year-old female presented to a Nature Cure and Yoga Hospital in southern part of India with primary infertility. A detailed reproductive history, menstrual assessment and relevant clinical investigations were considered to identify possible contributing factors.

Intervention: An individualized programme incorporating ozone therapy, dietary modification, naturopathic supportive therapies, yoga, pranayama, meditation and lifestyle modification was administered.

Outcome: Clinical progress was monitored through menstrual history, follicular assessment, ultrasonography, hormonal assessment and pregnancy test kit.

Conclusion: Integrative ozone therapy, naturopathic and yoga-based interventions may support general health, lifestyle regulation and psychological well-being in women experiencing infertility. Their direct effectiveness in improving pregnancy outcomes requires further scientific investigation and long-term studies.

Keywords: primary infertility; ozone therapy; naturopathy; yoga therapy; female infertility; lifestyle modification; stress management

1 Introduction

Infertility is defined as the inability to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse. According to the World Health Organization (WHO), approximately one in six individuals of reproductive age experiences infertility during their lifetime [1, 3].

Primary infertility refers to the inability to achieve a pregnancy in an individual who has never previously conceived. Female infertility may be associated with ovulatory disorders, polycystic ovary syndrome (PCOS), endometriosis, tubal abnormalities, uterine disorders and endocrine disturbances. Male-factor infertility may also contribute to the condition; therefore, both partners require appropriate evaluation [2, 3].

Infertility may cause considerable psychological stress, anxiety and emotional disturbances. Yoga, meditation, dietary regulation and lifestyle modification have been investigated as supportive approaches to improve psychological well-being among infertile women [4, 5, 7].

The present case report describes an integrative ozone therapy, naturopathic and yoga-based approach to the supportive management of primary infertility in a 30-year-old female.

2 Case presentation

A 30-year-old female presented to Excel Medical College for Naturopathy and Yoga Hospital, Komarapalayam, Tamil Nadu, with a history of primary infertility for 4 years. She had never conceived previously. A detailed history was obtained regarding menstrual regularity, cycle duration, menstrual flow, dysmenorrhea, previous fertility treatment, dietary habits, physical activity, sleep pattern and psychological stress. General physical and gynecological examinations were performed as clinically indicated.

3 Diagnostic investigations

Table 1. Ultrasound imaging report before the treatment

Date	Day of cycle	Endometrial thickness	Right ovary F1 (Largest follicle)	Left ovary F1 (Largest follicle)
03.02.2026	9th day	8.5 mm	F1: 14.4 × 8.3 mm	F1: 13.4 × 8.7 mm
06.02.2026	12th day	13 mm	F1: 18.7 × 12.1 mm	F1: 17.7 × 12.5 mm
08.02.2026	14th day	14.2 mm	F1: Ruptured dominant follicle with corpus luteum formation Mild free fluid in pelvis	F1: 14.8 × 14.2 mm

Treatments given at our hospital for 3 months were:

- **Ozone therapy:** RI (20 sessions), IM (6 sessions), VI (2 sessions), BOTO (9 sessions), EI (1 session)
- **Naturopathy treatments:** enema (8 sessions), reflexology (18 sessions), NHB (35 sessions)
- **Acupuncture** (18 sessions), MP (AP + EP) (26 sessions), yoga (33 sessions)
- NIB (2 sessions), FBM (2 sessions) + SB (4 sessions), NSB (7 sessions), CSB (1 session), GHP (2 sessions), COP (2 sessions), MT (35 sessions), LD (8 sessions), KP (1 session), PLM (3 sessions), BSMM (3 sessions), MFMM (1 session), UWM (1 session)

4 Treatment description

4.1 Ozone therapy

RI - rectal insufflation, IM - intramuscular injection, VI - vaginal insufflation, BOTO - breathing ozone through oil, EI - ear insufflation.

4.2 Naturopathic treatments

Enema, reflexology, NHB – neutral hip bath, acupuncture, MP (AP + EP) – mud pack (abdomen pack + eye pack), yoga, NIB – neutral immersion bath, FBM – full body massage, SB – steam bath, NSB – neutral spinal bath, CSB – cold spinal bath, GHP – gastric hepatic pack, COP – castor oil pack, MT – magneto therapy, LD – lymphatic drainage, KP – kidney pack, PLM – partial leg massage, BSMM – back shu meridian massage, MFMM – mu front meridian massage, UWM – under water massage.

Acupuncture points: Sp 6, LI 4, LI 11, GV 20, K 3.

4.3 Yoga

Loosening exercises, Shakthi Bhandha Series, Surya Namaskara.

Pranayama: Nadishodhana, Chandra Anuloma, Sheetali, Sheetkari, Bhramari.

The patient was advised to maintain regular sleep, moderate physical activity, balanced nutrition and appropriate daily routines. Meditation, relaxation and counselling were incorporated to address infertility-related emotional stress. Previous studies have reported improvements in psychological well-being and infertility-related stress following yoga and mind-body interventions [4, 5, 7].

On the 4th menstrual cycle, missed menses was observed. The following investigations were done and showed a single live intrauterine gestation of 6 weeks gestational age with visible early embryonic cardiac flicker.

5 Investigations after the treatment

Table 2. USG pelvis (transabdominal and transvaginal) report after the treatment

Date	Day of cycle	Endometrial thickness	Right ovary	Left ovary
10.05.2026	14th day	12.1 mm	3.2 × 2.2 cm Ruptured dominant follicle with corpus luteum formation Minimal POD free fluid noted	2.9 × 2.2 cm

5.1 Blood test

Table 3. Blood test (hormone) results

No.	Name of the hormone	Result	Interpretation
1	TSH	1.87	Normal
2	LH	10.11	Normal
3	Prolactin	36.93	Increased
4	E2-Estradiol level	107.7	Normal
5	AMH	2.1	Normal

5.2 USG early pregnancy report

Single live intrauterine gestation of 6 weeks gestational age with visible early embryonic cardiac flicker.

6 Discussion

Infertility is a multifactorial condition requiring comprehensive evaluation of both reproductive partners. Ovulatory dysfunction, tubal abnormalities, uterine disorders and male-factor infertility are important contributing factors [2, 3].

Lifestyle modification and nutritional management may support reproductive health, particularly in women with overweight, obesity or associated metabolic disturbances. Hunter et al. reported that weight-loss lifestyle interventions may improve fertility outcomes in selected populations with overweight or obesity [6].

Yoga and mind-body interventions have demonstrated potential benefits in reducing stress, anxiety and depressive symptoms among women experiencing infertility. Kirca and Pasinlioglu reported a significant reduction in infertility-related stress following a structured yoga programme [5]. Similarly, systematic reviews by Yıldırım and Satılmış and Gaitzsch et al. highlighted the potential psychological benefits of yoga and mind-body interventions [4, 7].

The present approach combines ozone therapy, naturopathic supportive therapies, yoga and lifestyle modification. These interventions may contribute to overall well-being; however, their ability to independently improve conception and live-birth rates remains insufficiently established.

Naturopathic interventions should complement, rather than replace, appropriate gynecological evaluation and evidence-based fertility treatment.

7 Limitations

This is a single-patient case report. The findings cannot establish the effectiveness of the intervention or demonstrate a causal relationship between naturopathic therapies and conception. The absence of a control group and the possibility of other contributing factors should be considered.

8 Conclusion

An integrative ozone therapy, naturopathic and yoga-based approach may provide supportive care for women experiencing primary infertility through dietary regulation, lifestyle modification, physical activity and stress management. However, its direct effect on conception and live-birth outcomes requires further controlled clinical research. Comprehensive evaluation and appropriate fertility care for both partners remain essential.

References

[1] World Health Organization. *Infertility* [Internet]. Geneva: World Health Organization; 2025. https://www.who.int/news-room/fact-sheets/detail/infertility

[2] Practice Committee of the American Society for Reproductive Medicine. Fertility evaluation of infertile women: a committee opinion. *Fertil Steril*. 2021;116(5):1255–65. https://doi.org/10.1016/j.fertnstert.2021.08.038

[3] World Health Organization. *Guideline for the prevention, diagnosis and treatment of infertility*. Geneva: World Health Organization; 2025. https://doi.org/10.2471/B09599

[4] Yıldırım AD, Satılmış İG. The effects of yoga on pregnancy, stress, and anxiety in infertile individuals: a systematic review. *Holist Nurs Pract*. 2022;36(5):275–83. https://doi.org/10.1097/HNP.0000000000000543

[5] Kirca N, Pasinlioglu T. The effect of yoga on stress level in infertile women. *Perspect Psychiatr Care*. 2019;55(2):319–27. https://doi.org/10.1111/ppc.12352

[6] Hunter E, Avenell A, Maheshwari A, Stadler G, Best D. The effectiveness of weight-loss lifestyle interventions for improving fertility in women and men with overweight or obesity and infertility: a systematic review update of evidence from randomized controlled trials. *Obes Rev*. 2021;22(12):e13325. https://doi.org/10.1111/obr.13325

[7] Gaitzsch H, Benard J, Hugon-Rodin J, Benzakour L, Streuli I. The effect of mind-body interventions on psychological and pregnancy outcomes in infertile women: a systematic review. *Arch Womens Ment Health*. 2020;23(4):479–91. https://doi.org/10.1007/s00737-019-01009-8

[8] Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *J Med Case Rep*. 2013;7:223. https://doi.org/10.1186/1752-1947-7-223