

Spontaneous Conception following Integrative Ayurvedic Panchakarma in Primary Infertility with Bilateral Polycystic Ovaries: A Case Report

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This case report presents the successful conception following comprehensive Ayurvedic management of primary infertility associated with polycystic ovarian disease (PCOD) in a 27-year-old woman. The patient exhibited hyperprolactinemia, normal tubal patency, and bilateral polycystic ovaries. She underwent a structured program of Deepana–Pachana, Snehapana, Swedana, and Virechana, followed by individualized internal medications and lifestyle modifications. Three months post-treatment, follicular studies indicated ovulation, and within six months, natural conception occurred. Ultrasound confirmed a viable intrauterine gestation progressing to a healthy 20-week foetus. This report highlights the clinical efficacy of Ayurveda in managing PCOD-related infertility by restoring Artava Vaha Srotas and hormonal balance through Panchakarma and Rasayana therapy. This case underscores the role of individualized Ayurvedic detoxification and Rasayana protocols in restoring ovulation and natural conception in PCOD-induced infertility, suggesting potential for integrative fertility care.

Keywords: Ayurveda, Panchakarma, Polycystic ovarian disease, Primary infertility, Rajapravartini Vati, Phala Ghrita, Sukumara Kashayam

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Introduction

Infertility is a multifactorial condition increasingly affecting women of reproductive age, with polycystic ovarian disease (PCOD) being one of its primary causes.[1]

PCOD manifests as anovulation, menstrual irregularity, and hormonal imbalance, resulting in difficulties with conception. In modern medicine, management typically involves ovulation-inducing drugs or invasive reproductive interventions. However, these treatments are not devoid of side effects or recurrence.[2]

From an *Ayurvedic* standpoint, infertility (*Vandhyatva*) is caused by derangement of *Doshas*—particularly *Vata* and *Kapha*—leading to *Artava-Vaha Srotodushti* (obstruction in channels responsible for menstruation and ovulation).[3]

Classical Ayurvedic therapies aim at restoring balance through *Shodhana* (cleansing), *Samshamana* (pacification), and *Rasayana* (rejuvenation). *Panchakarma* detoxification, especially *Virechana* (purgation therapy), plays a cornerstone role in hormonal regulation and follicular rejuvenation.[4]

This case details the integrative use of Panchakarma and internal medications in a 27-year-old woman with documented PCOD and hyperprolactinemia. The approach not only normalized physiological cycles but also culminated in spontaneous, healthy conception verified by modern diagnostic imaging.

Case Report

A 27-year-old married female, of Jhankarpali, Balangir District (Odisha), on May 13, 2024, with a chief complaint of inability to conceive for six years. She reported regular menstrual cycles (28–30 days, lasting 4–5 days) with moderate flow and occasional abdominal discomfort. There was no past history of pelvic infection, tuberculosis, thyroid disease, or diabetes. She had visited hospital for allopathy treatment under gynaecology department. Informed written consent was obtained from the patient for publication of this case report and accompanying data. Institutional ethical clearance was followed as per standard protocol.

Diagnostic Workup

Initial evaluation was performed through both allopathic and Ayurvedic perspectives:

Allopathic Investigations:

- Hormonal Profile (10 August 2023):
 - Prolactin: 62.45 ng/mL (elevated; normal 2.8–29.2 ng/mL)
 - TSH: 3.6 μ IU/mL (within normal range)
- Hystero-laparoscopy (3 August 2023): Normal uterus and bilateral fallopian tubes; both ovaries polycystic; free peritoneal dye spillage, suggesting tubal patency.
- Semen analysis (husband): Normozoospermic.
- Ultrasound (April–October 2024): Bilateral polycystic ovaries noted; multiple small non-dominant follicles.

Ayurvedic Assessment:

- *Prakriti*: *Vata–Kapha* dominant
- *Agni Bala*: Mildly impaired (*Vishamagni*)
- *Srotodushti*: *Artava-Vaha Srotas* obstruction
- *Nidana* (Causative factors): Sedentary routine, irregular food habits, and mental stress.

Diagnosis: The condition was diagnosed as *Vandhyatva* associated with *Aartava Kshaya* and *Kapha-Medo Dushti* corresponding to PCOD with infertility.[5]

Intervention

1. Poorva Karma (Preparatory Therapy)

To initiate detoxification, *Deepana–Pachana* was administered for five days using *Chitrakadi Vati* (250 mg thrice daily) to enhance digestive power and eliminate *Ama*. *Sneha-Pana* (internal oleation) followed with escalating doses of *Phala Ghrita* from 30 ml to 150 ml over five days. External oleation (*Abhyanga*) with *Tila Taila* and sudation (*Bashpa Sweda*) were given for three consecutive days to liquefy and mobilize *Doshas* from peripheral tissues to the gut.

2. Pradhana Karma (Main Therapy)

Virechana karma (therapeutic purgation) was performed on 7 July 2024 after adequate oleation. The patient received *Trivrit Lehyam* under supervision, leading to 12 optimal bowel evacuations within six hours. The purification was classified as *Samyak Virechana*[6] as per classical standards. This bio purification aimed to expel *Kapha–Meda* accumulation responsible for follicular arrest and hormonal stagnation.

3. Paschat Karma (Post-Procedure Care)

Post-procedure diet *Samsarjana Krama* with *Peya*, *Vilepi*, and *Yusha* was followed for seven days, gradually increasing digestive capacity.

Following recovery, individualized oral medications were prescribed:

Formulation	Dosage & Schedule	Primary Indication
Rajapravartini Vati[7]	2 tabs thrice daily after meals	Induces ovulation, regulates menstruation
Sukumara Kashaya[8]	20 ml twice daily before food	Corrects Vata–Kapha imbalance
Phala Ghrita[9]	10 ml twice daily before food	Enhances fertility and uterine tone
Ashokarishta[10]	20 ml twice daily after food	Balances female hormones, reduces prolactin
Nasta Pushpantaka Rasa[11]	1 tab twice daily	Rejuvenate effect on reproductive organs

4. Supportive Regimen

Lifestyle corrections included stress avoidance, regular sleep, and dietary guidelines (*Pathya-Apathya*). The patient was instructed to practice *Paschimottanasana*, *Baddha Konasana*, and Butterfly pose to improve blood circulation and strengthen pelvic muscles.

Foods promoting *Artava Janana* (ovulation) such as milk, ghee, sesame, black gram, and leafy vegetables were encouraged.

Results

Clinical Progress

Within the first month, the patient reported improved appetite, better digestion, and sense of vitality—a sign of *Agni Shuddhi*.

Menstrual cycles remained regular, but from the second cycle onward, the discharge became timelier and more moderate, indicating hormonal stabilization.

By October 2024, ultrasound-based follicular studies revealed maturing follicles and confirmed ovulation. Findings were as follows:

- Right ovary: Dominant follicle 13.1×9.9 mm
- Follow-up scan (6–9 October 2024): Rupture of dominant follicle observed with small corpus luteum formation
- Left ovary: Small non-dominant follicles 7–8 mm

Conception and Follow-Up

A natural missed period occurred in November 2024, confirmed later by urine pregnancy test and ultrasound.

- Ultrasound (15 January 2025): Single live intrauterine embryo measuring 1.37 cm (7 weeks 6 days), with fetal heart rate 162 bpm.
- Anomaly scan (April 2025): Normal 20-week fetus, cephalic presentation, posterior placenta, normal liquor, and biometric parameters consistent with gestational age (BPD 4.86 cm, FL 3.47 cm).

No structural or congenital abnormalities were detected. At five months of gestation, the patient presented for antenatal care at Government Ayurvedic College Hospital, Balangir, with no complications.

Discussion

Infertility in Polycystic Ovarian Disease (PCOD) is classically understood in *Ayurveda* as a manifestation of *Kapha-Medo Dushti*, wherein the accumulation and vitiation of *Kapha* and *Meda* obstruct the *Artava-Vaha Srotas* (channels of reproductive tissue). This pathogenesis leads to *Artava-Dushti*, impaired follicular maturation, and anovulation—clinical hallmarks of PCOD.[12]

The *Ayurvedic* therapeutic approach, therefore, emphasizes *Shodhana* (purification), *Agni-Deepana* (metabolic correction), and *Rasayana* (tissue rejuvenation) to restore systemic and reproductive balance.

In the present case, *Virechana Karma* was the cornerstone intervention. As a *Pitta-Virechana* modality, it is indicated for *Kapha-Meda vitiation* and is known to clear *Ama* and metabolic toxins from the gastrointestinal and hepatobiliary systems. This aligns with modern insights into the role of hepatic detoxification in regulating estrogen metabolism and improving insulin sensitivity - two critical factors in PCOD pathophysiology. Enhanced liver function post-*Virechana* may facilitate better clearance of excess estrogens and androgens, thereby improving the hypothalamic-pituitary-ovarian (HPO) axis.

Following purification, *Phala Ghrita* and *Sukumara Kashaya* were administered to support *Artava Dhatu* and normalize *Vata*.

Phala Ghrita, a classical *Rasayana* formulation, has been shown in clinical studies to promote follicular development and ovulation in women with ovarian factor infertility.

A comparative study demonstrated that *Phala Ghrita* improved ovulatory response and endometrial thickness on par with clomiphene citrate, but without adverse effects. Its *Snigdha*, *Balya*, and *Garbha-Sthapana* properties are particularly suited for enhancing uterine receptivity and hormonal balance.[13]

Rajapravartini Vati, composed of *Kasis*, *Hingu*, and *Trikatu*, was used to induce menstruation and regulate the cycle. Its *Ushna*, *Tikshna*, and *Vata-Anulomana* properties stimulate uterine contractility and correct *Artava-Vaha Srotodushti*. Pharmacologically, it acts as an emmenagogue, promoting ovulation and endometrial shedding without the suppressive effects of synthetic hormonal agents.

A notable outcome in this case was the reduction in hyperprolactinemia, a common endocrine disruptor in PCOD. Elevated prolactin inhibits GnRH and FSH secretion, impairing ovulation. Ayurvedic interventions—particularly *Shodhana* and *Medhya Rasayana* - have been shown to normalize prolactin levels by modulating pituitary function and improving *Agni* and *Manovaha Srotas*. [14] This likely enhanced FSH responsiveness, facilitating spontaneous ovulation.

The inclusion of *Rasayana* therapy ensured not only conception but also the vitality of pregnancy. *Rasayana* herbs such as *Shatavari*, *Guduchi*, and *Ashwagandha* are known to modulate oxidative stress, enhance estrogen receptor sensitivity, and support luteal function. These effects are crucial in sustaining early pregnancy and promoting fetal development.[15]

Unlike conventional ovulation induction therapies such as letrozole or clomiphene citrate, which act by pharmacologically manipulating estrogen feedback, the Ayurvedic approach adopted here followed a *Sharira–Manasa–Agni* correction model.

This holistic strategy addressed the root causes—metabolic stagnation, hormonal imbalance, and tissue dysfunction - rather than merely inducing ovulation. The sustainable, drug-free conception and normal antenatal progress confirmed that the therapy restored physiological fertility.

In conclusion, this case exemplifies the potential of classical Ayurvedic interventions in managing PCOD-related infertility. The integration of *Virechana*, *Rasayana*, and *Artavajanana* therapies not only aligns with Ayurvedic principles but also resonates with modern endocrinological insights, offering a sustainable and holistic alternative to conventional pharmacotherapy.

Conclusion

This case demonstrates the efficacy of a well-structured *Ayurvedic* regimen combining *Virechana Panchakarma* and classical formulations in the management of PCOD-induced infertility. The therapy corrected the underlying *Kapha-Meda* pathology, rebalanced hormonal axes, and resulted in spontaneous, healthy conception without side effects.

The successful follow-up until the second trimester validates the holistic strength of Ayurveda in infertility management when practiced within diagnostic precision and clinical monitoring. Further clinical trials integrating biochemical, hormonal, and imaging endpoints could strengthen evidence-based validation of such protocols in PCOD-associated infertility. Integrating classical Ayurvedic *Panchakarma* with modern diagnostic support offers a promising complementary pathway for managing endocrine-driven infertility like PCOD.

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