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AYURVEDIC MANAGEMENT OF PRIMARY INFERTILITY ASSOCIATED WITH OVARIAN CYST THROUGH PANCHAKARMA THERAPY: A CASE REPORT

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ABSTRACT

*Infertility is a prevalent reproductive health concern affecting approximately 10–15% of couples globally and is associated with significant psychosocial stress and reduced quality of life [1]. Female factors such as ovulatory dysfunction and ovarian cysts constitute a major proportion of infertility cases [2]. Ayurveda describes infertility under the concept of **Vandhyatva**, attributed to vitiation of Doshas affecting **Artava** and **Artavavaha Srotas** [3].*

*This case report presents a 21-year-old female with primary infertility and ovarian cyst managed successfully with **Panchakarma therapy**, including **Virechana** and **Yogabasti**, followed by **Shamana Chikitsa**. Restoration of ovulation was confirmed by follicular study, and natural conception was achieved within three months. The case demonstrates the clinical utility of classical Ayurvedic management in infertility associated with ovarian pathology.*

KEYWORDS: *Primary infertility; Vandhyatva; Ovarian cyst; Panchakarma; Yogabasti; Virechana*

INTRODUCTION

Infertility is defined as the inability to conceive after one year of regular unprotected intercourse [1]. Female infertility accounts for nearly half of infertility cases, with ovulatory disorders being the most common etiological factor [2]. Functional ovarian cysts may interfere with follicular maturation and ovulation, thereby impairing fertility [4].Modern medical management includes ovulation induction, hormonal therapy, and assisted reproductive techniques. Although effective, these modalities are associated with adverse effects, high cost, and limited accessibility in resource-constrained settings [5].

Ayurveda conceptualizes conception as dependent on the integrity of **Ritu, Kshetra, Ambu, and Beeja** [3]. Any imbalance in these factors may result in **Vandhyatva**. Vitiation of **Apana Vata**, often associated with **Kapha obstruction**, leads to **Artavavaha Srotorodha**, resulting in anovulation or defective ovulation [6]. Panchakarma therapies aim to eliminate morbid Doshas and restore physiological balance, thereby improving reproductive function [7].

- **Case Presentation**

A 21-year-old married female presented with primary infertility of one-year duration. Menstrual cycles were regular with mild dysmenorrhea. There was no history of systemic illness or pelvic surgery. Psychological stress related to infertility was evident. Her spouse's semen analysis revealed oligo-asthenozoospermia, which was considered a contributory factor.

On examination, vitals were normal. **Ashta-Vidha Pariksha** findings were within normal limits except for mild **Mandagni**. Gynecological examination was unremarkable.

Investigations

Table 1: Investigations and Findings

Investigation	Findings	Clinical Significance
USG Pelvis(12/11/25)	Ovarian cyst (2.64 cm)	Ovulatory dysfunction
Semen analysis(15/11/25)	Oligo-asthenozoospermia	Contributory male factor
Follicular study (8/12/25 to 15/12/25)	Follicle rupture, ET 11.5 mm	Ovulation restored
UPT(3/2/25)	Positive	Conception achived
USG (OBST)(3/3/2025)	Intrauterine gestational sac 4 wks 5 days	

Diagnosis

- **Modern diagnosis:** Primary infertility with ovarian cyst

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- **Ayurvedic diagnosis: Vandhyatva** due to **Vata-Kapha Dosha Dushti** with **Artavavaha Srotorodha** [3,6]

Therapeutic Intervention

Table 2: Treatment Protocol

Phase	Therapy	Dose/Details	Duration	Rationale
Purvakarma	Deepana–Pachana,Ghritpan, Snehana, Swedana	As per classical guidelines	5 days	Dosha Utkleshana, Srotoshodhana
Pradhana Karma	Virechana	1–2 Purgative doses	1 day	Pitta–Kapha Shodhana, Ovulatory facilitation
Paschat Karma	Yogabasti	8 medicated enemas	8 days	Apana Vata Anulomana, Artava support
Shamana	Shatavari, Chandraprabha Vati, Sanshamani Vati	Classical dosage	2 month	Artava Janana, reproductive support

For Husband--- Tab Addyzova 2 BD Shatavari +Ashwagandha churna 2g each with milk twice a day

Samprapti (Ayurvedic Pathogenesis)

Samprapti Formation

Hetu such as stress and lifestyle imbalance result in Vata-Kapha Prakopa, leading to obstruction of Artavavaha Srotas and impaired Artava formation, culminating in Vandhyatva [6,8].

Pathogenesis Flow

Hetu: Stress, Dosha imbalance
↓
Vata–Kapha Prakopa
↓
Artavavaha Srotorodha
↓
Artavakshaya / Anovulation
↓
Vandhyatva

Samprapti Vighatana

Virechana eliminates vitiated **Pitta and Kapha**, while Yogabasti corrects **Apana Vata**, facilitating ovulation and conception [7,9].

Therapeutic Flow (Samprapti Vighatana)

Panchakarma Intervention
- Virechana
- Yogabasti
↓
Dosha Shodhana → Srotoshodhana
↓
Apana Vata Prasada
↓
Ovulation Achieved
↓
Garbhadharana (Conception)

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Follow-up and Outcome

Follicular studies after therapy demonstrated rupture of dominant follicle, indicating restoration of ovulation. Urine pregnancy test at follow-up confirmed conception. No adverse effects were reported during or after Panchakarma and Shamana therapy. Psychological wellbeing improved alongside physiological recovery.

DISCUSSION

.Virechana is indicated in disorders involving **Pitta-Kapha Dushti** and has a regulatory effect on endocrine and metabolic pathways [7]. Yogabasti is considered the most effective therapy for **Vata disorders**, particularly Apan vayu,those affecting the reproductive system [9].

Shatavari is documented for its phyto-estrogenic and folliculogenic properties, supporting ovarian function [10]. Chandraprabha Vati improves pelvic circulation and corrects metabolic disturbances [11]. This combined approach not only restored normal ovulatory cycles but also enabled natural conception in a short time frame, highlighting the integrative potential of classical Ayurvedic therapies. The case aligns with literature indicating Panchakarma's efficacy in selected cases of infertility due to ovarian dysfunction [12].

CONCLUSION

This case demonstrates that Panchakarma, followed by Shamana therapy, may serve as a safe, effective, and holistic approach in managing primary infertility associated with ovarian cysts. A carefully tailored protocol focusing on **Dosha balance**, **Srotoshodhana**, and **Apana Vata regulation** can facilitate ovulation and conception.

Patient Consent

Written informed consent was obtained.

Conflict of Interest

None declared.

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