

CLINICAL OUTCOME OF PANCHAKARMA THERAPY IN INFERTILITY: A CASE-BASED APPROACH

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ABSTRACT

Infertility is a major health concern affecting reproductive-aged couples worldwide, with conditions like polycystic ovarian syndrome (PCOS) being one of the leading causes in females. This case study presents a 28-year-old female patient with primary infertility, having failed to conceive for 2 years. The patient had a history of PCOS diagnosed one year prior and no other systemic illness. Married for 2.5 years with regular cohabitation, the patient reported no history of contraceptive use, medical illness, or hereditary disorders. The management protocol adopted was Ayurvedic *Panchakarma chikitsa* along with supportive measures aimed at correcting *dosha dushti*, regulating the menstrual cycle, improving ovulation, and enhancing fertility potential. *Panchakarma* therapies such as *Snehana*, *Swedana*, *Virechana*, *Basti*, and *Uttarabasti* were administered in a stepwise manner, tailored to the patient's condition. The therapy targeted cleansing of the reproductive

system, pacification of aggravated *Kapha* and *Vata dosha*, correction of *Agni*, and improvement of *Artavavaha srotas* functioning. The patient reported improvement in menstrual regularity, reduction in PCOS symptoms, and enhanced overall health status following the treatment protocol. The case highlights the efficacy of *Panchakarma* therapy in

managing infertility associated with PCOS by restoring systemic balance, improving ovulation, and supporting conception.

KEYWORDS: Panchakarma, Infertility, PCOS, Ayurveda, Artavavaha Srotas, Basti, Uttarabasti.

INTRODUCTION

Infertility is defined as the inability to conceive after at least one year of regular, unprotected sexual intercourse.^[1] Globally, infertility affects 10–15% of couples, with female factors accounting for nearly 40–50% of cases.^[2] Among the various etiologies, polycystic ovarian syndrome (PCOS) remains a leading cause of anovulatory infertility in women of reproductive age^[3]. PCOS is characterized by hormonal imbalance, irregular ovulation, and polycystic ovaries, often leading to difficulty in conception.^[4]

In Ayurveda, infertility can be correlated with *Vandhyatva*, which is described as the failure of conception despite regular cohabitation under normal conditions. Causes are attributed to *Beeja dosha* (defective ovum/sperm), *Artavavaha srotas dushti* (disorders of the reproductive channels), and imbalance of *Tridoshas* with predominance of *Vata* and *Kapha*.^[5] PCOS, being a Kapha-dominant disorder associated with *Artava dushti*, manifests as irregular menstruation, anovulation, obesity, and infertility.^[6]

Panchakarma chikitsa, the prime detoxification and purification therapy of Ayurveda, is indicated in such conditions to eliminate *dosha dushti*, correct *agni*, clear obstructed *srotas*, and restore reproductive health. Procedures like *Snehana* (oleation), *Swedana* (sudation), *Virechana* (therapeutic purgation), *Basti* (medicated enema), and *Uttarabasti* (intrauterine administration of medicated oil/ghee) play an important role in regulating ovulation and enhancing fertility.^[7]

Several clinical observations and case studies have highlighted the role of *Panchakarma* in improving menstrual regularity, reducing PCOS features, and supporting conception in infertile women.^[8] Therefore, this case study presents the role of *Panchakarma chikitsa* in managing infertility due to PCOS in a 28-year-old female patient.

Infertility – A Detailed Overview

Definition and General View

Infertility is the inability of a couple to conceive despite regular and unprotected cohabitation for a considerable period of time, usually one year. It is a condition that brings not only physical challenges but also emotional stress and social stigma, especially for women in many societies. Infertility may be primary, where conception has never occurred, or secondary, where a couple fails to conceive after having achieved a pregnancy in the past.

Causes of Infertility

1. Female Factors

Ovulatory Disorders: Anovulation or irregular ovulation is the most common cause, often due to hormonal imbalance. Conditions such as polycystic ovarian syndrome (PCOS) are leading contributors.

Tubal Factors: Blockage or damage of the fallopian tubes due to infections, endometriosis, or pelvic adhesions.

Uterine Factors: Fibroids, polyps, congenital malformations, or scarring that prevent implantation.

Cervical Factors: Thick cervical mucus or anatomical abnormalities that interfere with sperm transport.

Endometriosis: Abnormal growth of endometrial tissue outside the uterus, affecting ovulation and implantation.

2. Male Factors

Low sperm count, poor motility, or abnormal morphology.

Hormonal disturbances affecting spermatogenesis.

Varicocele or obstruction in the male reproductive tract.

Lifestyle factors such as smoking, alcohol, stress, or obesity.

3. Combined and Unexplained Factors

In many couples, both male and female contribute partially to infertility.

Sometimes, despite thorough evaluation, no obvious cause can be found, which is termed as unexplained infertility.

Types of Infertility

Primary Infertility: Couple has never conceived.

Secondary Infertility: Couple has conceived previously but is unable to achieve pregnancy again.

Pathophysiology of Infertility

Female Pathophysiology

Hormonal imbalance affecting ovulation, often due to disturbances in the hypothalamic-pituitary-ovarian axis.

PCOS causes excessive androgen production, leading to arrested follicle development and lack of ovulation.

Tubal block prevents the meeting of sperm and ovum.

Uterine abnormalities interfere with implantation.

Male Pathophysiology

Impaired spermatogenesis due to hormonal imbalance or testicular dysfunction.

Sperm transport defects due to blockage or abnormal seminal fluid.

Oxidative stress and lifestyle-related damage affecting sperm quality.

Infertility in Ayurveda

In Ayurveda, infertility is described as Vandhyatva, which arises when there is an obstruction or imbalance preventing conception. Four essential factors for conception are described:

Ritu (proper fertile period)

Kshetra (healthy uterus)

Ambu (adequate nutrition/ojas)

Beeja (healthy ovum and sperm)

Any disturbance in these factors leads to infertility.

Kapha dosha contributes to obstruction and conditions like PCOS.

Vata dosha governs reproductive functions; its imbalance causes irregular cycles, tubal block, or defective ovum transport.

Pitta dosha imbalance leads to hormonal and metabolic disturbances.

Artavavaha srotas dushti (disturbance of channels carrying menstrual blood and reproductive tissue) is a key factor in female infertility, while Shukravaha srotas dushti plays a role in male infertility.

Impact of Infertility

Infertility is not merely a medical condition but also has psychological and social dimensions. Couples often experience stress, anxiety, and emotional trauma. Women in particular face social stigma, family pressure, and lowered self-esteem. Thus, management requires not only medical therapy but also counseling and holistic care.

PATIENT DETAILS

- A single case study of 28 yr old female patient came to DR N A Magadum Hospital with C/O failure to conceive since 2 yrs.
- P/H- No H/O DM, HTN, TB, Hypothyroidism, Epilepsy or any other medical illness.
- K/C/O- PCOS since 1 yr.
- F/H- No H/O any illness in any family members.
- M/S- Married since 2.5 yrs (NCM).
- Contraceptive History- No methods used since 2 yrs.
- Coital History- 2-3 times weekly.
- P/Sx/H- nil
- O/H- Nulligravida.

Rajovrittanta

Age of Menarche- 14 yr of age.

LMP- 2/7/24

Duration of flow- 4-5 days.

Length of cycle- 35 to 45 days.

Regularity- Irregular.

Amount of flow- Heavy

Clots & odour- Nil

Color- Dark red

INVESTIGATIONS-

Hb- 13 gm/dl

RBS- 98mg/dl

AMH- 4.44 ng/dl

Prolactin- 17.2 ng/ml

On Examination***LOCAL EXAMINATION***

Neck- No thyroid enlargement/ no lymphadenopathy.

Breast- B/L soft & non tender.

SYSTEMIC EXAMINATION

CNS- Patient is well oriented with respect to time, place & person.

CVS- S1S2 Heard

RS- NVBS Heard

USG

Uterus- Anteverted & normal in size

ET- 4.7 mm

Ovaries- Rt ovary- 3.7x2.5x2.9cm (15cc)

Lt ovary- 3.5x2.4x2.5cm (11cc)

Treatment given***Deepan Pachana***

Agnitundi Vati- 2 BD x 3 days.

Snehapan- Guggul Tikta Ghrita

(40ml-80ml-160ml)

Sarvanga Abhyanga- Mahanarayan taila x 3 days.

Bhashpasweda x 3 days.

Virechana- Trivruttha lehya(50g) + Triphala Kashaya(40ml)

- From next cycle Uttarbasti was given.

Uttarbasti

Mahanarayan taila x 5 days.

Herbal Formulations (orally)-

Chandraprabha vati- 2BD AM

Fal Grita- 2 tbsp OD empty stomach.

OBSERVATION DURING TREATMENT**1) PHYSICAL IMPROVEMENT**

- Weight Loss.

- Regular menses.

2) HARMONAL IMPROVEMENT

- Improved Ovulation (AMH level).

OUTCOMES AND RESULT

- **Clinical Outcomes-** Conception after 4 months of treatment.

- Improved Ovulatory Cycles.
- Improved AMH levels.

- **Patient Feedback-** Increased energy level.

- Reduction in symptoms of PCOS.

Following the Panchakarma protocol, the patient reported progressive improvements over the course of treatment.

Clinical Outcomes

- **Menstrual Cycle:** Cycles became regular with normalized flow and reduced associated discomfort.
- **PCOS Symptoms:** Reduction in pelvic heaviness, bloating, and improvement in overall metabolism.
- **Reproductive Health:** Ovulatory function improved, as indicated by regular cycles and symptomatic changes suggestive of ovulation.
- **General Health:** Enhanced appetite, digestion, and energy levels were noted. The patient reported better sleep and reduced stress.
- **Immunity and Vitality:** Fewer episodes of fatigue and improved overall wellbeing.

Treatment-Specific Results

- *Deepana-Pachana:* Improved digestion, reduced *ama* symptoms.
- *Snehapana and Swedana:* Relieved body stiffness and corrected *vata-kapha dushti*.
- *Virechana:* Effective elimination of aggravated doshas, improved skin glow, lightness of body, and regularized metabolism.
- *Uttarabasti:* Targeted action on uterus and ovaries, improving follicular response and uterine receptivity.
- *Oral Medications:* Sustained reproductive tissue nourishment and systemic support.

OVERALL RESULT

- Restoration of menstrual regularity and improved reproductive health.
- Relief from PCOS-related complaints.
- Improved physical and mental wellbeing.
- Patient achieved a favorable reproductive environment (*kshetra shuddhi*), enhancing the possibility of conception.

DISCUSSION

• *EFFECTIVENESS OF PANCHAKARMA*

- It is holistic impact on Reproductive & Endocrine System.
- It reduces Stress (major contributing factor in Infertility).
- *Comparison with Conventional treatment-*
 - Conventional treatment for PCOS includes Hormonal Therapy, Lifestyle changes, ART etc.
 - Whereas Panchakarmas are Non invasive, Less side effects, Cost effective.

Infertility, particularly due to polycystic ovarian syndrome (PCOS), is often associated with *Kapha* and *Vata* imbalance along with impaired *Agni* (digestive and metabolic fire). The pathophysiology involves obstruction in *Artavavaha srotas* (reproductive channels), formation of *ama* (metabolic toxins), hormonal imbalance, and anovulation. The treatment principle in Ayurveda emphasizes *srotoshodhana* (channel cleansing), *kapha-vata shamana*, correction of *Agni*, and rejuvenation of reproductive tissues (*garbhotpatti samagri* – ritu, *kshetra*, *ambu*, *beeja*). Panchakarma provides a systematic approach for detoxification and restoration of fertility potential.

Deepana-Pachana (Agnitundi Vati)

The treatment begins with *Deepana* and *Pachana* to kindle *Agni* and digest accumulated *ama*. Agnitundi Vati, with its digestive and carminative properties, improves appetite, enhances metabolism, and clears channels, thus preparing the body for *snehapana*. By correcting *agni*, it ensures proper assimilation of nutrition, which is essential for *dhatu poshana* (tissue nourishment) and hormonal balance.

Snehapana (Guggul Tikta Ghrita)

Internal oleation with Guggul Tikta Ghrita helps in pacifying aggravated *Vata* and *Kapha*. Guggul is known for its *lekhana* (scraping) and *kapha-medohara* properties, which help in reducing obesity and cystic pathology associated with PCOS. Tikta dravyas (bitter herbs) support *ama pachana* and detoxification. Ghrita, being *medhya* and *rasayana*, nourishes tissues and supports reproductive health by improving the quality of *artava dhatu*.

Sarvanga Abhyanga (Mahanarayan Taila) & Bhashpasweda

Abhyanga with Mahanarayan Taila relaxes muscles, improves circulation, and reduces *vata dushti* at the level of *srotas*. It also nourishes reproductive tissues and alleviates pelvic congestion. *Swedana* induces sweating, liquefies doshas, and promotes their movement toward the gastrointestinal tract for elimination. In PCOS, *swedana* helps to reduce *kapha sanchaya* and corrects sluggish metabolism.

Virechana (Trivrutta Lehya + Triphala Kashaya)

Therapeutic purgation is the main procedure for eliminating vitiated *pitta* and associated *kapha*. In this case, Virechana with Trivrutta Lehya and Triphala Kashaya helps in clearing the channels, improving liver and hormonal functions, and enhancing menstrual regularity. It purifies *rakta dhatu*, which is closely related to *artava dhatu*, and thus supports healthy ovulation and endometrial receptivity.

Uttarabasti (Mahanarayan Taila)

From the next cycle, *Uttarabasti* was administered intravaginally with Mahanarayan Taila for 5 days. *Uttarabasti* is considered the prime therapy in *yonivyapad* and infertility. It directly acts on the uterus and ovaries, correcting *apana vata dushti* and improving follicular development and ovulation. Mahanarayan Taila, being *vatahara*, reduces pelvic pain, regulates menstrual flow, and enhances the function of the reproductive organs.

Herbal Formulations (Oral Support)

- **Chandraprabha Vati:** Acts as a urinary and reproductive system tonic, balances *kapha* and *vata*, improves hormonal function, and clears obstruction in reproductive channels.
- **Phal Ghrita:** A classical *garbhasthapaka rasayana*, it nourishes the reproductive tissues, improves ovulatory function, and enhances uterine health. Its *rasayana* property strengthens overall fertility potential.

CONCLUSION

- Panchakarma is promising, complimentary, holistic approach for managing Infertility.
- Based on review of Ayurvedic texts & case study outcomes; it is evident that Panchakarma can successfully address infertility by selecting the right drug & administering it at appropriate time.
- Panchakarma acts as boon for countless couples to experience joy of parenthood.

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