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Case Study

SUCCESSFUL CONCEPTION FOLLOWING AYURVEDIC MANAGEMENT IN A CASE OF PRIMARY INFERTILITY WITH LEFT OVARIAN CYST

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ABSTRACT

Ovarian cysts may impair follicular development and ovulation, thereby reducing fertility. In Ayurveda, primary infertility can be correlated with *Vandhyatva*, resulting from vitiation of *Dosha*, *Dhatu*, and *Artavavaha Srotas*. Predominant *Vata* and *Kapha* vitiation with *Srotorodha* disrupts normal reproductive function. *Virechana Karma*, a principal *Shodhana* therapy, helps eliminate vitiated *Doshas*, restore *Artavavaha Srotas*, improve ovarian function, and support conception. **Objective:** To evaluate the efficacy of *Virechana Karma* followed by Ayurvedic oral medications in the management of primary infertility associated with a left ovarian cyst. **Method:** A 27-year-old female with primary infertility, irregular menstrual cycles, and a left ovarian cyst was managed according to Ayurvedic principles. She underwent *Virechana Karma* after appropriate *Purvakarma* (*Deepana-Pachana*, *Snehapana*, and *Swedana*), followed by oral Ayurvedic medications. Clinical outcomes were assessed based on menstrual regularity, ultrasonographic findings, and achievement of conception during follow-up. **Result:** The patient conceived spontaneously during the follow-up period. Ultrasonography confirmed a viable intrauterine pregnancy with normal fetal well-being, and she subsequently delivered a healthy full-term baby without complications. **Conclusion:** *Virechana Karma* followed by Ayurvedic oral medications was effective in the management of primary infertility associated with a left ovarian cyst, resulting in successful conception and a favourable pregnancy outcome. This approach may serve as a safe and effective Ayurvedic treatment option for selected cases of infertility.

INTRODUCTION

Primary infertility is defined as the inability to achieve pregnancy after one year of regular unprotected sexual intercourse and represents a significant reproductive health concern worldwide. Ovarian cysts, particularly functional ovarian cysts, may interfere with normal follicular development, ovulation, and fertility, thereby reducing the likelihood of conception.[1]

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From the Ayurvedic perspective, primary infertility can be correlated with *Vandhyatva*, which develops due to the vitiation of *Dosha*, *Dhatu*, and *Artavavaha Srotas*, resulting in impaired *Artava* formation, defective ovulation, and failure of conception. Predominant vitiation of *Kapha Dosha* and *Vata Dosha*, associated with *Srotorodha*, contributes to the formation of ovarian cysts and disturbance of the reproductive system.[2]

Virechana Karma, one of the principal *Shodhana* therapies, is indicated for eliminating vitiated *Pitta* and *Kapha Dosha*, removing *Srotorodha*, restoring the normal physiology of *Artavavaha Srotas*, improving ovarian function, and facilitating conception.[3] Administration of appropriate Ayurvedic formulations following *Virechana Karma* further supports hormonal balance, promotes regression of

ovarian cysts, restores menstrual regularity, and enhances fertility potential.[4]

OBJECTIVE

To evaluate the clinical efficacy of *Virechana Karma* followed by Ayurvedic oral medications in the management of primary infertility associated with a left ovarian cyst, with special reference to the achievement of spontaneous conception.

Before Treatment

- Primary infertility for 6 years despite regular unprotected coitus.
- Ultrasonography revealed a left ovarian cyst.
- Failure to conceive despite previous conventional treatment.

Treatment Timeline

- 21/05/2025–23/05/2025: *Deepana–Pachana* with *Panchkola Churna* 5gm twice daily before food with water.
- 24/05/2025–30/05/2025: *Snehapana* with Go Ghrita in an escalating dose until attainment of *Samyaka Snigdha Lakshana*.
- 31/05/2025–02/06/2025: *Sarvanga Abhyanga* with *Dashamula Taila* followed by *Swedana*.
- 03/06/2025: *Virechana Karma* was performed using *Trivrit Avaleha* 80gm.
- 04/06/2025–10/06/2025: *Samsarjana Krama* with gradual dietary progression according to the degree of purification achieved.
- From 11/06/2025 onwards: *Phalaghrita* 5ml twice daily with milk was prescribed as oral medication and continued during follow-up until spontaneous conception was achieved.
- 30/07/2025: Ultrasonography confirmed a single live intrauterine pregnancy with normal fetal well-being (FWB).
- 26/08/2025: Nuchal Translucency and Nasal Bone (NTNB) scan was performed and found to be within normal limits.
- 11/03/2026: The patient delivered a healthy full-term live baby without maternal or neonatal complications.

Nidana Parivarjana

Acharya Sushruta emphasizes *Nidana. Parivarjana* (elimination of causative factors) as the primary principle in the management of any disease. Accordingly, a detailed history was obtained to identify the factors contributing to primary infertility and the development of the left ovarian cyst. The patient was advised to avoid irregular dietary habits, excessive intake of *Kapha*-provoking foods, psychological stress, sleep deprivation, and sedentary lifestyle, all of which may contribute to *Dosha Vaishamya* and *Artavavaha Srotodushti*. She was also counselled regarding regular coitus during the fertile period, adequate nutrition, and maintenance of a healthy lifestyle to optimize reproductive health.

Shodhana Chikitsa (Virechana Karma)

Considering the predominance of *Kapha* and *Pitta Dosha* associated with *Srotorodha*, *Virechana Karma* was selected as the principal *Shodhana* therapy to eliminate vitiated *Doshas*, restore the patency of the *Artavavaha Srotas*, and improve reproductive function.

The patient initially underwent *Purvakarma* according to classical Ayurvedic principles. *Deepana-Pachana* was performed using *Panchkola Churna,* administered at a dose of 5gm twice daily before food with lukewarm water, to enhance *Agni*, digest *Ama*, and prepare the body for *Snehapana*. This was followed by *Snehapana* with *Go Ghrita* in an increasing dose schedule until the attainment of *Samyaka Snigdha Lakshana*. Subsequently, *Sarvanga Abhyanga* was carried out using *Dashamula Taila*, followed by *Swedana* to facilitate the liquefaction and mobilization of vitiated *Doshas* from the peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*).

After completion of the preparatory procedures and assessment of adequate *Purvakarma Siddhi*, *Virechana Karma* was administered using *Trivrit Avaleha* at a dose of 80gm as the *Virechana Yoga*. The procedure was performed following classical Ayurvedic guidelines, and the patient was monitored throughout the process for the attainment of *Samyaka Virechana Lakshana*. Post-procedure, *Samsarjana Krama* was advised according to the degree of purification achieved to restore digestive capacity and facilitate gradual return to a normal diet.

The therapeutic objective of *Virechana Karma* was to expel vitiated *Pitta* and *Kapha Dosha*, improve *Agni*, eliminate *Ama*, relieve *Srotorodha*, normalize the function of the *Artavavaha Srotas*, promote healthy follicular development and ovulation, and thereby enhance the probability of conception.

Shamana Chikitsa

Following *Virechana Karma*, the patient was prescribed *Phalaghrita* 5ml twice daily with milk as *Shamana Chikitsa*. The formulation was administered to improve *Artava*, support follicular development, enhance endometrial receptivity, and promote conception. The patient was advised to continue the medication regularly during the follow-up period.

In addition to pharmacological therapy, she was counselled regarding *Pathya-Apathya*, including a balanced and nutritious diet, adequate sleep, stress reduction through a healthy lifestyle, and moderate physical activity. These measures were recommended to maintain *Dosha Samyata*, support reproductive

health, and optimize fertility outcomes by promoting the normal function of the *Artavavaha Srotas*.

Follow-up and Outcome

The patient was followed up at regular intervals after completion of *Virechana Karma* and *Shamana Chikitsa*. She achieved spontaneous conception during the follow-up period. Ultrasonography performed on 28/07/2025 confirmed a single live intrauterine pregnancy with normal foetal well-being (FWB). A Nuchal Translucency and Nasal Bone (NTNB) scan conducted on 26/08/2025 was within normal limits, indicating appropriate first-trimester foetal growth and the absence of detectable major chromosomal anomaly markers.

The pregnancy progressed uneventfully under regular antenatal care without any maternal or foetal complications. On 11/03/2026, the patient delivered a healthy full-term live baby with a favourable maternal and neonatal outcome. The successful spontaneous conception, normal antenatal course, and term delivery following *Virechana Karma* and *Shamana Chikitsa* suggest a positive therapeutic outcome in the management of primary infertility associated with a left ovarian cyst.

DISCUSSION

Primary infertility is a complex reproductive disorder with multifactorial aetiologies involving ovulatory dysfunction, endocrine imbalance, impaired folliculogenesis, altered endometrial receptivity, and tubal or uterine factors. Functional ovarian cysts may interfere with normal follicular recruitment, maturation, and ovulation by disrupting normal ovarian physiology, thereby reducing the probability of spontaneous conception.[5] In the present case, ultrasonography demonstrated a left ovarian cyst associated with long-standing primary infertility and irregular menstrual cycles, suggesting impaired ovarian function as a probable contributing factor.

From the Ayurvedic perspective, the condition can be correlated with *Vandhyatva*, wherein vitiation of *Vata* and *Kapha Dosha*, associated with *Agnimandya*, *Ama* formation, *Artava Dushti*, and *Artavavaha Srotodushti*, results in *Srotorodha* and impaired reproductive function. *Kapha* predominance contributes to cystic changes and obstruction within the reproductive channels, whereas aggravated *Vata* disturbs the normal processes of follicular maturation, ovulation, fertilization, and implantation. [6]

Virechana Karma, a principal *Shodhana* therapy, was selected to eliminate vitiated *Pitta* and *Kapha Dosha*, correct *Agni*, remove *Ama*, and restore the physiological integrity of the *Artavavaha Srotas*. The preparatory procedures (*Deepana-Pachana*, *Snehapana*, *Abhyanga*, and *Swedana*) facilitated mobilization of vitiated *Doshas* toward the *Koshtha*, thereby enhancing the efficacy of *Virechana*.[7] Restoration of *Agni* and *Dhatu* metabolism following *Shodhana* is considered essential for maintaining normal reproductive physiology and promoting healthy *Artava*.[8]

Following *Virechana Karma*, *Shamana Chikitsa* with *Phalaghrita* was administered to nourish the reproductive tissues, improve *Artava*, support follicular development, and enhance endometrial receptivity, thereby facilitating conception.[9]

From a modern biomedical perspective, the favourable outcome observed in this case may be attributed to restoration of normal ovarian physiology and improvement in reproductive homeostasis. Correction of metabolic disturbances, reduction of chronic inflammation, and optimization of neuroendocrine regulation may improve hypothalamic–pituitary–ovarian axis function, facilitate follicular maturation, promote ovulation, and enhance endometrial receptivity, thereby increasing the likelihood of spontaneous conception.[10]

The patient achieved spontaneous conception during follow-up without assisted reproductive techniques. Ultrasonography confirmed a viable single intrauterine pregnancy with normal foetal well-being, the Nuchal Translucency and Nasal Bone (NTNB) scan was within normal limits, and the pregnancy progressed uneventfully to the delivery of a healthy full-term live baby. Although conclusions cannot be generalized from a single case, this favourable clinical outcome suggests that *Virechana Karma* followed by appropriate *Shamana Chikitsa* may offer a promising Ayurvedic therapeutic approach for selected women with primary infertility associated with functional ovarian cysts. Further well-designed clinical studies with larger sample sizes are warranted to validate these findings.

Probable Mode of Action of *Virechana Karma*

Virechana Karma is one of the principal *Shodhana* therapies in Ayurveda, primarily indicated for the elimination of vitiated *Pitta* and *Kapha Dosha*. In the present case, where *Kapha*-dominant *Srotorodha* associated with *Vata* vitiation was considered the principal pathogenic mechanism, *Virechana Karma* was employed to restore *Dosha Samyata*, improve *Agni*, eliminate *Ama*, and re-establish the physiological integrity of the *Artavavaha Srotas*. By facilitating proper *Dhatu Poshana* and normalizing *Artava* formation, *Virechana* creates a favorable internal environment for follicular maturation, ovulation, fertilization, and implantation.[11]

From a modern biomedical perspective, ovarian dysfunction is frequently associated with endocrine dysregulation, oxidative stress, chronic low-grade inflammation, and impaired ovarian microcirculation. Ayurvedic purification procedures have been reported to improve systemic metabolic homeostasis, reduce oxidative stress and inflammatory burden, and enhance overall physiological regulation. These effects may indirectly optimize hypothalamic–pituitary–ovarian axis function, improve folliculogenesis and ovulation, enhance endometrial receptivity, and thereby increase the likelihood of spontaneous conception. Although the precise molecular mechanisms of *Virechana Karma* require further scientific validation, the favourable reproductive outcome observed in the present case is consistent with these proposed therapeutic effects.[12]

Probable Mode of Action of Oral Ayurvedic Medications

Following *Virechana Karma*, *Phalaghrita* was administered as *Shamana Chikitsa* to sustain the therapeutic benefits of *Shodhana* and restore reproductive health. Classical Ayurvedic texts describe *Phalaghrita* as a *Rasayana*, *Balya*, *Vrishya*, *Garbhasthapaka*, and *Artava-Janaka* formulation that nourishes *Rasa Dhatu* and *Artava Dhatu*, promotes normal reproductive physiology, and enhances fertility. By maintaining the equilibrium of *Vata*, alleviating *Kapha*-induced *Srotorodha*, improving *Agni* and *Dhatu Poshana*, and enhancing the quality of *Artava*, *Phalaghrita* provides a favorable environment for follicular maturation, ovulation, fertilization, implantation, and maintenance of pregnancy.[13]

Pharmacognostical and phytochemical investigations have demonstrated that *Phalaghrita* contains a diverse range of biologically active phytoconstituents, including flavonoids, phenolic compounds, alkaloids, glycosides, saponins, tannins, terpenoids, phytosterols, and essential fatty acids. These bioactive compounds exhibit antioxidant, anti-inflammatory, adaptogenic, immunomodulatory, and endocrine-regulating activities, which may reduce oxidative stress, improve ovarian microcirculation, preserve granulosa cell integrity, enhance folliculogenesis, support steroidogenesis, improve endometrial receptivity, and facilitate successful implantation.[14]

Experimental and clinical studies have further demonstrated that *Phalaghrita* improves ovarian follicular development, ovulatory function, and fertility outcomes. The formulation contains several medicinal plants, including *Shatavari* (*Asparagus racemosus*), *Ashwagandha* (*Withania somnifera*), *Guduchi* (*Tinospora cordifolia*), and *Yashtimadhu* (*Glycyrrhiza glabra*), which possess phytoestrogenic, antioxidant, anti-inflammatory, adaptogenic, and reproductive-supportive properties. These pharmacological activities may synergistically optimize ovarian physiology, improve oocyte quality, enhance endometrial receptivity, and increase the likelihood of successful conception and continuation of pregnancy.[15]

Thus, the sequential administration of *Virechana Karma* followed by *Phalaghrita* may have produced a synergistic therapeutic effect by correcting the underlying *Dosha* imbalance, restoring the physiological function of the *Artavavaha Srotas*, improving ovarian physiology, enhancing endometrial receptivity, and supporting successful conception and continuation of pregnancy.

CONCLUSION

The present case demonstrates the successful Ayurvedic management of primary infertility associated with a left ovarian cyst through *Virechana Karma* followed by oral Ayurvedic medications. The treatment restored normal reproductive function and resulted in spontaneous conception, followed by a normal antenatal course and the delivery of a healthy full-term baby. This case highlights the potential role of *Virechana* as an effective *Shodhana* therapy in improving fertility by correcting *Dosha* imbalance and restoring the function of the *Artavavaha Srotas.* Further well-designed clinical studies with larger sample sizes are required to establish its efficacy and safety.

Patient Perspective

"I had been trying to conceive for three years without success and was diagnosed with a left ovarian cyst. This caused me significant emotional stress and anxiety. After undergoing *Virechana Karma* and taking the prescribed Ayurvedic medicines, I conceived naturally within a few months. My pregnancy progressed normally, and I delivered a healthy baby. I am grateful for the Ayurvedic treatment and satisfied with the care I received."

Patient Consent

Written informed consent was obtained from the patient for treatment and publication of this case report. The patient provided consent for the use of her clinical information while maintaining complete confidentiality and anonymity.

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