

SUCCESSFUL CONCEPTION IN ENDOMETRIOSIS THROUGH AYURVEDIC INTERVENTION- A CASE STUDY

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ABSTRACT

Endometriosis is characterized by the presence of endometrium-like tissue outside the uterine cavity, often resulting in inflammation, pelvic pain, menstrual abnormalities and formation of cysts such as endometriomas.^[1] While conventional management includes hormonal therapy and surgical interventions, these treatments do not treat the root cause and frequently result in side effects, recurrence, or incomplete resolution of systemic imbalances.^[2] Ayurveda offers a holistic approach to endometriosis by addressing the underlying *dosha* imbalances, particularly involving removal of obstruction of *Vata* dosha- in turn regulating retrograde flow of menstrual blood, improving the immunity and strength of the reproductive organs, and aiming to restore the function of the reproductive channels (*Artava vaha srotas*).^[3] This case study presents a 28-year-old female patient with a two-year history of primary infertility and three failed intrauterine insemination (IUI) attempts. She reported symptoms of vaginal dryness, loss of libido, and high stress. Laparoscopy confirmed the presence of an endometriotic cyst within the uterine cavity. The patient was administered a three-month Ayurvedic treatment regimen comprising proprietary formulations- *Poshini*, *Srujan* and *Vayu*. These formulations regulate retrograde blood flow, ensure hormonal balance, and improve fertility. Post-treatment, the patient showed significant symptomatic relief, improved sexual health, and conceived within 3 months. The absence of adverse effects and improvement in fertility indicators highlight the role of Ayurvedic treatment of infertility due to endometriosis.

KEYWORDS: Endometriosis, Female infertility, Endometriotic cyst, Hormonal imbalance, Ayurveda.

INTRODUCTION

Endometriosis is a chronic condition characterized by the presence of endometrium-like tissue outside the uterine cavity, commonly affecting the ovaries, fallopian tubes, myometrium, pelvic peritoneum, and other pelvic structures. A widely accepted theory behind its pathophysiology is retrograde menstruation, wherein menstrual blood flows backward through the pelvic cavity, allowing endometrial cells to implant and proliferate outside the uterus. This ectopic tissue responds to hormonal fluctuations, causing cyclical inflammation, pain, and the formation of adhesions and cysts—most notably endometriotic cysts or endometriomas, which are commonly found on the ovaries.^{[1],[2]}

Clinically, endometriosis presents with dysmenorrhea, dyspareunia, menorrhagia, and infertility. Despite its prevalence, diagnosis is often delayed due to non-specific symptoms and the need for invasive procedures like laparoscopy. Conventional medical approaches

include hormonal therapy (eg- Danazol), to suppress the menstrual cycle and surgical removal of lesions or cysts. However, these treatments do not treat the root cause (i.e. retrograde blood flow) and may have limitations, such as side effects, high recurrence rates, and failure to address systemic imbalances.^[4]

From an Ayurvedic perspective, endometriosis is viewed as a disorder caused due to obstruction in *Vata Dosha* (*Apan Vayu*) and *Artava vaha srotas* (the reproductive channels), associated with retrograde flow of the menstrual blood, and abnormal deposition of the menstrual blood (containing the endometrial tissue) outside of the uterine cavity. The development of endometrial tissue outside the uterus and the formation of cysts can be correlated with Ayurvedic conditions such as *Kaphaja Granthi* or *Gulma*.^{[5],[6]} Ayurvedic management primarily aims at balancing *Vata Dosha* and enhancing fertility.

This case study examines the impact of a holistic Ayurvedic treatment including *Poshini*, *Srujan*, *Vayu* on a patient diagnosed with endometriosis and endometriotic cysts. Over the course of three months, the treatment led to significant improvements in symptom relief, hormone balance and successful conception. This report outlines the treatment protocol, patient progress, and potential for exploring Ayurvedic interventions in managing endometriosis.

CASE REPORT

A 28-year-old female and 32 year old male presented to the clinic with a two-year history of primary infertility. They had undergone three intrauterine insemination (IUI) procedures, all of which were unsuccessful. The female patient reported symptoms of loss of libido and vaginal dryness, contributing to reduced sexual satisfaction and emotional distress. She had no significant past medical or surgical history.

Family History: No relevant familial or genetic conditions reported.

Past Medical History and Treatment: No significant past illnesses or treatments.

Surgical History: None reported.

Menstrual History

Table 1: Menstrual History of Patient.

Parameter	Details
Cycle Regularity	28-30 days
Duration	4-5 days
Dysmenorrhea	Moderate to severe
No. of pads per cycle	12 pads
Breakthrough Bleeding	Absent
Presence of Blood Clots	Present (occasionally)

Fertility Treatment History: Three failed IUIs in the past 18 months.

Treatment and Management

Table 6: Ayurvedic Proprietary Medicines, Ingredients, and Dosage for Treatment.

Medicine given	Ingredients/Contents	Dosage
1. Tablet Srujan (600 mg)	<i>Bang Bhasma, Lauha Bhasma, Shuddha Hingul, Trikatu, Yashtimadhu, Taj, Guduchi, Punarnava, Gokshur</i>	2 pills after breakfast and 2 pills after dinner
2. Tablet Vayu (500 mg)	<i>Haritaki, Triphala, Rasna, Shunthi, Ashwagandha, Gokshur</i>	2 pills at Night
3. Tablet Poshini (600 mg)	<i>Shuddha Hingul, Bang Bhasma, Shivlingi, Shatavari, Ashwagandha, Jivanti, Putranjivak</i>	2 pills after breakfast and 2 pills after dinner

Advice

The patient was advised to follow a balanced diet and adopt a healthy lifestyle to support overall well-being and enhance fertility. Key recommendations included maintaining a regular sleep routine, avoiding late nights, and engaging in daily physical activity for at least 30 minutes to support both physical and mental health. Emphasis was placed on effective stress management

General Health Examination

Table 2: Patient Vital Signs.

Vitals	Values
Pulse	76/min
BP (Blood Pressure)	118/78 mmHg
Respiratory Rate (RR)	16/min
SPO2 (Oxygen Saturation)	99%

Other Examinations

Table 3: Other Examinations.

Parameter	Observation
Naadi Pariksha	Vata
Appetite	Normal
Bowel	Normal
Sleep	Normal
Energy Levels	Normal

Personal History

Table 4: Personal History of Patient.

Alcohol Consumption	No
Smoking	No
Junk Food Intake	Frequently (3-4 times a week)
Spicy Food Intake	Regularly
Sleep Schedule	Irregular; frequent late nights
Physical Activity	Sedentary Lifestyle
Stress Levels	High (family and work stress)

Sexual History

Table 5: Sexual History of Patient.

Vaginal Dryness	Yes
Dyspareunia	No
Loss of Libido	Yes

Diagnostic Evaluation

Laparoscopic examination revealed the presence of an endometriotic cyst.

techniques and minimizing the intake of processed and junk foods.

Additionally, the patient was guided to practice ovulation tracking to better understand her fertile window and optimize the chances of conception. The patient adhered consistently to the treatment protocol, including dietary and lifestyle modifications, stress management, daily

exercise, and ovulation monitoring. After three months of holistic treatment, the patient and her partner successfully conceived, demonstrating the effectiveness of the integrative approach in restoring fertility.

DISCUSSION

Endometriosis is a multifactorial condition that affects approximately reproductive-aged women and is a well-established cause of infertility.^[1] Conventional treatments like hormonal therapy and surgery often provide temporary relief, with recurrence being common. Furthermore, these interventions may not address the root systemic imbalances contributing to the disease. Ayurveda provides a holistic and personalized approach, offering therapeutic options that restore *dosha* balance, strengthen reproductive tissues, and promote systemic detoxification and rejuvenation.

In the present case, the patient had previously undergone three failed IUI cycles, and presented with symptoms of vaginal dryness, loss of libido, and high emotional stress—elements often overlooked in conventional infertility treatments but considered significant in Ayurveda. Diagnostic laparoscopy confirmed the presence of an endometriotic cyst. An integrative Ayurvedic protocol was initiated, involving carefully selected formulations—Ayurvedic Proprietary formulations- *Poshini*, *Srujan*, *Vayu*—were selected based on a deep understanding of the patient's presenting symptoms and *dosha* imbalances. These formulations aim to regulate the direction of menstrual blood flow, improve hormonal harmony, and reduce cystic growths by eliminating accumulated *Kapha* and *Ama* while stabilizing aggravated *Apana Vata*.

Among these, *Tablet Vayu* primarily targets correction of retrograde blood flow, pain management, inflammation, and gut health, which are critical concerns in endometriosis. *Haritaki* and *Triphala* are well-known for regulation of uterine contractions- relaxations and direction of flow of menstrual blood. Their detoxifying and antioxidant effects, gut health and regular elimination, thereby aiding in hormonal detox. *Rasna* and *Shunthi* (dry ginger) are potent anti-inflammatory herbs that help relieve pelvic and abdominal pain associated with endometriosis. *Ashwagandha*, an adaptogen, supports stress reduction, hormonal balance, and improved reproductive function. *Gokshur*, once again, supports the urinary and reproductive system by reducing inflammation and promoting hormonal harmony.^{[7][8]}

Tablet Srujan contains a blend of herbs and herbo-mineral preparations aimed at dissolving abnormal endometrial deposits and adhesions, reducing inflammation, improving hormonal balance, and detoxifying the body. In the context of endometriosis, particularly with endometriotic cysts (such as ovarian "chocolate cysts"), this formulation works by promoting metabolic activity (*Agnideepana*), breaking down

accumulated toxins (*Aam Pachana*), and regulating hormones. *Bang Bhasma* and *Shuddha Hingul* are traditionally used to support hormonal balance and cellular metabolism, which is crucial for resolving hormonally-driven growths like cysts. These ingredients are believed to have a *Lekhana* (scraping) and *Shodhana* (purifying) action, which may assist in gradually shrinking endometrial cysts and preventing their recurrence. *Lauha Bhasma* addresses anemia, a common symptom due to heavy bleeding associated with dysfunctional menstruation. *Trikatu* (a combination of ginger, black pepper, and long pepper) enhances digestive fire and the bioavailability of other herbal ingredients, facilitating deeper tissue action. *Yashtimadhu* acts as a natural anti-inflammatory and hormonal modulator, helping to reduce pain and hormonal imbalances. *Guduchi* and *Punarnava* are renowned for their immune-modulatory and anti-inflammatory effects, promoting detoxification and tissue repair. *Gokshur* supports the urinary and reproductive system, reducing pelvic inflammation and helping to clear cystic congestion in the ovaries and fallopian tubes.^{[7][8]}

Following this, Ayurvedic proprietary medicine- *Tablet Poshini* focuses on fertility enhancement and reproductive tissue nourishment, which are often concerns in women suffering from endometriosis. *Shuddha Hingul* and *Bang Bhasma* are used for hormonal regulation. *Shivlingi* and *Putranjivak* are classical Ayurvedic herbs known to promote ovulation and improve uterine health. *Shatavari* is a powerful uterine tonic that balances estrogen levels and soothes inflamed reproductive tissues. *Ashwagandha* enhances vitality, reduces cortisol (stress hormone), and promotes reproductive wellness. *Jivanti* supports overall vitality and nourishes reproductive tissues, assisting in maintaining a healthy menstrual cycle.^{[7][8]}

Alongside pharmacological intervention, dietary and lifestyle modifications were integral to this case. Recommendations such as maintaining a consistent sleep schedule, engaging in regular physical activity, and reducing processed food intake align with Ayurvedic principles of *Ahara* (diet) and *Vihara* (lifestyle). These behavioral changes aim to enhance digestive fire (*Agni*), minimize toxin buildup (*Ama*), and improve tissue nutrition and regeneration.

The patient demonstrated remarkable adherence to the therapeutic and lifestyle protocol. After three months of consistent treatment and behavioral modification, she reported symptomatic improvement (in period pain, libido and vaginal dryness) and successfully conceived, marking a significant turnaround in her fertility journey.

This case illustrates that a tailored Ayurvedic approach—focused not just on the symptomatic management of endometriosis but on restoring systemic balance—can be effective in enhancing fertility outcomes. It emphasizes

the importance of considering physical, emotional, and lifestyle factors as part of a comprehensive reproductive care plan. Integrating Ayurvedic principles with modern diagnostic tools may offer a sustainable and patient-centric pathway to managing complex gynecological conditions such as endometriosis.

CONCLUSION

Following a three-month regimen of *Srujan, Vayu, Poshini* treatment, along with dietary and lifestyle modifications, the medicine facilitated, led to a successful conception.

CONFLICT OF INTEREST

The authors declare no conflicts of interest relevant to this article.

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