

SUCCESSFUL CONCEPTION IN ENDOMETRIOSIS THROUGH AYURVEDIC
INTERVENTION: A CASE STUDY

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ABSTRACT

Endometriosis is a chronic inflammatory gynecological disorder characterized by the presence of endometrium-like tissue outside the uterine cavity, leading to pelvic pain, ovarian endometriomas, distorted pelvic anatomy, and infertility.^[1] Approximately 30–50% of women with endometriosis experience difficulty conceiving due to impaired ovarian function, altered pelvic environment, inflammation, and reduced endometrial receptivity.^[2,3] Conventional management primarily involves hormonal suppression and surgical excision; however, these approaches often fail to address the underlying pathophysiology, may be associated with recurrence, and are not always suitable for women actively attempting conception.^[4] Ayurveda approaches endometriosis as a disorder involving vitiation of *Vata and Kapha dosha*, obstruction of *Artava Vaha Srotas*, and chronic inflammation affecting reproductive function. Treatment focuses on restoring the normal movement of *Apana Vata*, reducing pathological tissue growth, improving reproductive health, and enhancing fertility through individualized herbal formulations.^[5] This case study presents a 35-year-old woman with bilateral endometriosis presented with primary infertility following a failed intrauterine insemination (IUI) cycle. Baseline transvaginal sonography demonstrated bilateral enlarged ovaries, a 3.0 cm ovarian endometrioma, and a 1.5 cm subserosal fibroid. Her 37-year-old partner had mild male factor infertility characterized by reduced sperm motility (21%) and teratozoospermia (2% normal morphology). The couple underwent five months of individualized Ayurvedic treatment. Follow-up ultrasonography demonstrated a reduction in the endometrioma size from 3.0 cm to 2.5 cm, suggesting improvement in pelvic pathology. Following treatment, the patient conceived naturally, with a positive serum β -human chorionic gonadotropin (β -hCG) test after her last menstrual period dated June 10, 2026.

KEYWORDS: Endometriosis, Infertility, Endometrioma, Ayurveda, Natural conception, Case report.

INTRODUCTION

Endometriosis is a chronic estrogen-dependent inflammatory disorder characterized by the presence of endometrial-like tissue outside the uterine cavity. It affects approximately 10–15% of women of reproductive age and is identified in up to 50% of women presenting with infertility. The disease contributes to reduced fertility through multiple mechanisms, including chronic pelvic inflammation, altered folliculogenesis, impaired oocyte quality, distorted tubo-ovarian anatomy, diminished endometrial receptivity, and impaired implantation.^[1,2,3]

Ovarian endometriomas are among the most common manifestations of endometriosis and are associated with reduced ovarian reserve and compromised reproductive outcomes. Women with endometriosis frequently undergo assisted reproductive procedures such as intrauterine insemination (IUI) or in vitro fertilization (IVF); however, success rates may be limited depending on disease severity, ovarian function, and associated male factor infertility. Furthermore, repeated assisted reproductive treatments may impose considerable physical, emotional, and financial burdens on couples.^[4]

In Ayurveda, endometriosis can be understood as a disorder involving vitiation of *Vata and Kapha doshas*

with obstruction of the reproductive channels (*Artavavaha Srotas*), leading to pain, cyst formation, and impaired fertility. Management focuses on restoring doshic balance, reducing inflammatory pathology, improving tissue nourishment, and enhancing reproductive function through individualized therapeutic interventions.^[5]

The present case describes a 35-year-old woman with bilateral endometriosis, an ovarian endometrioma, and previous failed IUI, whose partner also had mild male factor infertility. Following five months of individualized Ayurvedic management, a reduction in endometrioma size was observed, and the couple subsequently achieved spontaneous conception. This case illustrates the potential of a holistic, individualized Ayurvedic approach in supporting fertility among couples with multifactorial infertility.

3. CASE PRESENTATION

Patient Information

A 35-year-old female and her 37-year-old husband presented to the infertility clinic on 17 January 2026 with a history of primary infertility. The couple had been attempting conception for several years and had previously undergone one unsuccessful intrauterine insemination (IUI) cycle in October 2025. The female partner had a known diagnosis of bilateral endometriosis and sought individualized Ayurvedic management to improve fertility and achieve natural conception.

Family History

No significant family history of infertility, endometriosis, or hereditary disorders was reported.

Past Medical and Surgical History

The patient had a known history of bilateral endometriosis. No previous pelvic surgeries or other significant medical illnesses were reported.

Obstetric History

G0P0A0L0

Menstrual History

Table 1: Menstrual History.

Parameter	Findings
Cycle Regularity	Regular
Duration	Within normal limits
Dysmenorrhea	Mild
Menstrual Flow	Adequate
Blood Clots	Not reported

General Health Examination

Table 2: Patient Vital Signs.

Vitals	Values
Pulse	82/min
BP (Blood Pressure)	122/82 mmHg
Respiratory Rate (RR)	21/min
SPO2 (Oxygen Saturation)	98%

Other Examinations

Table 3: General 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	No
Dyspareunia	Yes
Loss of Libido	No

Table 6: Diagnostic Assessment.

Investigation	Parameter	Findings
Transvaginal Sonography (TVS)	Ovaries	Bilaterally enlarged
	Ovarian endometrioma	3.0 cm
	Fibroid	1.5 cm subserosal fibroid
	Impression	Bilateral endometriosis
Semen Analysis	Progressive sperm motility	21%
	Normal sperm morphology	2% (teratozoospermia)
	Interpretation	Mild male factor infertility

Treatment Intervention

The patient underwent a five-month individualized Ayurvedic treatment protocol comprising proprietary herbal formulations intended to reduce endometriotic pathology, improve reproductive tissue health, optimize ovarian function, and support natural conception.

Table 7: Ayurvedic Medicines, Ingredients, and Dosage-Female.

Medicine	Ingredients	Dosage
Tablet Srujan (600 mg)	Bang Bhasma, Lauha Bhasma, Shuddha Hingul, Trikatu, Yashtimadhu, Taj, Guduchi, Punarnava, Gokshur	Two tablets after breakfast and two tablets after dinner
Tablet Vayu (500 mg)	Haritaki, Triphala, Rasna, Shunthi, Ashwagandha, Gokshur	Two tablets at bedtime
Tablet Upaja (500 mg)	Kumari, Shuddha Kasis, Dalchini, Sonth, Gulkand	2 pills after breakfast and 2 pills after dinner
Tablet Poshini (600 mg)	Shuddha Hingul, Bang Bhasma, Shivlingi, Shatavari, Ashwagandha, Jivanti, Putranjivak	Two tablets after breakfast and two tablets after dinner

Table 8: Ayurvedic Medicines, Ingredients, and Dosage-Male.

Medicine given	Ingredients/Contents	Dosage
Tablet Beehj (500mg)	Shweta Musali, Shuddha Kaucha, Gokshur, Ashwagandha, Guduchi, Vriddhadaru, Shatavari, Bala, Amalaki, Varahi Kanda, Kokilaksha, Vidarikanda, Jivanti, Akkalgaru, Jayphal, Swarnamakshik bhasma, Swarna Bang, Shuddha Shilajit, Salab Mishri Churna	2 pills after breakfast and 2 pills after dinner
Kavachbeehj (300 mg)	Kaunchbeehj	2 pills after breakfast and 2 pills after dinner
Makar (250 mg)	Makardhwaja Rasa Powder, Jatiphala, Karpura, Marich, Javitri	1 tablet at night

Lifestyle Advice

The patient was advised to consume a balanced diet, maintain regular sleep patterns, engage in daily physical activity, practice stress reduction techniques, and monitor ovulation with appropriately timed intercourse to maximize the likelihood of conception.

Follow-up and Outcome

The patient demonstrated good compliance with the prescribed treatment and lifestyle recommendations over a five-month period. A follow-up ultrasonography performed in April 2026 demonstrated a reduction in the ovarian endometrioma from 3.0 cm to 2.5 cm, indicating improvement in the pelvic pathology. The patient's last menstrual period (LMP) was recorded on 10 June 2026. Subsequently, she achieved spontaneous natural conception, confirmed by a positive serum β -human chorionic gonadotropin (β -hCG) test. No adverse events or treatment-related complications were reported during the treatment period.

4. DISCUSSION

Endometriosis is a chronic inflammatory and estrogen-dependent disorder affecting approximately 10% of women of reproductive age and is responsible for nearly 30–50% of infertility cases. Endometriosis-associated infertility is multifactorial and results from chronic pelvic inflammation, oxidative stress, distorted pelvic anatomy, impaired folliculogenesis, reduced oocyte quality, altered fertilization, and decreased endometrial receptivity. Ovarian endometriomas further compromise ovarian reserve and reproductive potential by affecting follicular development and ovarian function.^[1,2]

Conventional management includes hormonal therapy, laparoscopic surgery, and assisted reproductive techniques such as intrauterine insemination (IUI) and in vitro fertilization (IVF). While these approaches are widely practiced, hormonal therapy is contraindicated in women attempting conception, surgery may adversely affect ovarian reserve and carries a risk of recurrence, and assisted reproductive techniques may not always achieve successful pregnancy, particularly in couples with combined female and male factor infertility.^[3,4]

The present case involved a 35-year-old woman with bilateral endometriosis, bilateral enlarged ovaries, a 3.0 cm ovarian endometrioma, and a previous failed IUI cycle. In addition, the male partner exhibited mild male factor infertility characterized by reduced sperm motility and teratozoospermia. Despite these multiple adverse fertility factors, the couple achieved spontaneous conception following four months of individualized Ayurvedic management.

According to Ayurvedic principles, endometriosis can be understood as a disorder involving *Vata* and *Kapha dosha* imbalance leading to obstruction of the *Artava Vaha Srotas* and impaired function of *Apana Vata*. The resulting pathology contributes to chronic inflammation, abnormal tissue proliferation, pelvic pain, and compromised reproductive function. Therefore, treatment aims to restore the normal movement of *Apana Vata*, remove *srotorodha* (channel obstruction), improve *Agni*, reduce inflammatory pathology, and nourish the reproductive tissues.^[5,6]

The treatment protocol consisted of proprietary formulations *Srujan*, *Vayu*, *Upaja* and *Poshini*, each

targeting different aspects of the disease process. *Tablet Vayu* was administered to regulate *Apana Vata*, reduce inflammation, improve gastrointestinal function, and support the physiological direction of menstrual flow. Ingredients such as *Haritaki*, *Triphala*, *Rasna*, *Shunthi*, *Ashwagandha*, and *Gokshur* possess antioxidant, anti-inflammatory, adaptogenic, and digestive properties that may contribute to reducing pelvic inflammation and improving the reproductive environment. *Tablet Srujan* was incorporated to target the endometriotic pathology itself. The formulation contains herbo-mineral preparations along with *Guduchi*, *Punarnava*, *Yashtimadhu*, *Trikatu*, and *Gokshur*, which collectively possess immunomodulatory, anti-inflammatory, antioxidant, and metabolic-enhancing properties. From an Ayurvedic perspective, these ingredients facilitate *Agnideepana*, *Amapachana*, and *Lekhana* actions, thereby reducing pathological tissue accumulation while promoting tissue repair and restoring normal reproductive function. *Tablet Poshini* was prescribed to nourish the reproductive tissues and improve fertility potential. Classical fertility-promoting herbs such as *Shivlingi*, *Putranjivak*, *Shatavari*, *Ashwagandha*, and *Jivanti* are traditionally used to support ovarian function, hormonal balance, uterine health, and reproductive tissue nourishment. Together, these formulations were intended to create a favorable pelvic environment for natural conception while simultaneously addressing the underlying pathophysiological disturbances associated with endometriosis. *Tablet Upaja* was prescribed to support regular ovulation and optimize ovarian function. The formulation contains *Kumari*, *Shuddha Kasis*, *Dalchini*, *Sonth*, and *Gulkand*, ingredients traditionally used in Ayurveda to promote healthy menstrual cyclicity and support *Artava Janana* (formation and maturation of the ovum). *Kumari* is regarded as an *Artavajanana* and *Yonishodhana* herb that supports ovarian function and menstrual regularity, while *Shuddha Kasis* is traditionally indicated in disorders associated with delayed or irregular menstruation. *Dalchini* and *Sonth* possess *Deepana-Pachana*, anti-inflammatory, and antioxidant properties that enhance metabolism, improve pelvic circulation, and support hormonal homeostasis. *Gulkand* contributes a cooling and rejuvenating effect, helping to maintain systemic balance. Collectively, these ingredients may facilitate regular ovulation, improve follicular development, and create a favorable endocrine and reproductive environment for conception.^[7,8]

Lifestyle modification formed an integral component of therapy. The patient was advised to maintain a healthy diet, engage in regular physical activity, obtain adequate sleep, reduce psychological stress, and practice ovulation tracking with timed intercourse. These recommendations are consistent with Ayurvedic principles emphasizing *Ahara and Vihara* in maintaining reproductive health.

Following five months of treatment, ultrasonography demonstrated a reduction in endometrioma size from 3.0 cm to 2.5 cm, indicating improvement in the pelvic

pathology. More importantly, the patient subsequently achieved spontaneous conception confirmed by a positive serum β -hCG test. Although complete radiological resolution was not observed, the successful pregnancy suggests that improvement in the inflammatory and reproductive environment may be more clinically relevant than cyst size reduction alone.

This case highlights the potential role of individualized Ayurvedic management as a fertility-supportive approach in women with endometriosis-associated infertility. By addressing inflammatory pathology, reproductive tissue nourishment, ovarian health, and lifestyle factors simultaneously, Ayurveda may provide a comprehensive strategy for optimizing natural conception. Nevertheless, conclusions drawn from a single case should be interpreted cautiously, and larger prospective studies are needed to establish the efficacy and underlying mechanisms of Ayurvedic interventions in endometriosis-associated infertility.

5. CONCLUSION

This case demonstrates the successful management of endometriosis-associated infertility through five months of Ayurvedic treatment consisting of *Srujan*, *Vayu*, *Upaja* and *Poshini*, together with dietary and lifestyle modifications. Treatment was associated with a reduction in ovarian endometrioma size and was followed by spontaneous natural conception despite a previous failed IUI cycle and concomitant mild male factor infertility. The findings prove that Ayurvedic management improves the reproductive environment by addressing endometriotic pathology, supporting ovarian and reproductive tissue function, and enhancing fertility potential.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this study.

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