



Research Article

Role of Panchakarma in Pregnancy

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Abstract

Panchakarma, a principal detoxification and rejuvenation therapy in Ayurveda, exhibits considerable potential in enhancing maternal well-being when meticulously tailored for pregnancy. This study investigates the role, safety, and efficacy of Panchakarma interventions during pregnancy utilizing a secondary research methodology, referencing classical Ayurvedic literature, peer-reviewed journals, and contemporary scientific findings. Traditional Panchakarma therapies, including Vamana (emesis), Virechana (purgation), and Raktamokshana (bloodletting), are contraindicated during gestation due to potential risks to maternal and fetal health, particularly in the first trimester. However, modified and gentle Panchakarma methods, like medicated oil enemas (Basti), nasal therapies (Nasya), oil massages (Abhyanga), and forehead oil treatments (Shirodhara), may be helpful when done with the help of a trained professional. These actions are in line with Ayurvedic ideas about balancing doshas, lowering stress in pregnant women, improving circulation, and boosting the immune and digestive systems. Moreover, they may facilitate fetal development by promoting a stable intrauterine environment, particularly when administered in a trimester-specific and personalized manner. Even though these benefits are possible, there isn't much clinical evidence to back up Panchakarma during pregnancy. Most of the evidence comes from case reports, anecdotal evidence, and practitioner insights. The research emphasizes the necessity for additional clinical trials and standardized protocols to authenticate the incorporation of Panchakarma into modern antenatal care. Until that time, a careful and tailored implementation of Panchakarma may function as a supportive, non-pharmacological complement to maternal health initiatives.

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1. INTRODUCTION

One of the most important therapeutic procedures in Ayurveda is panchakarma, which is well-known for its holistic approach to cleansing the body and mind from the inside out. "Panchakarma" means "five actions" in Sanskrit, and it refers to the five main cleaning operations in the tradition: therapeutic emesis (Vamana), purgation (Virechana), medicated enema (Basti), nasal therapy (Nasya), and bloodletting (Raktamokshana). Each patient's specific health issues, constitution (prakriti), and the relative strengths of the three doshas (Vata, Pitta, and Kapha) are carefully considered in the development of individualized treatment plans. (Sanjeevan & Malhotra, 2024) [17], (Ayurveda, 2021) [3],

In Panchakarma, there are three stages: Purva Karma, which involves getting the body ready with practices like deepana, pachana, snehana, and swedana; Pradhana Karma, which consists of the five primary cleansing therapies; and Paschat Karma, which involves taking care of yourself after the procedure, including following a special diet and engaging in rejuvenation therapies. Shodhana, also known as bio-purification, is the main goal. It entails ridding the body of built-up poisons (ama) and unbalanced doshas to restore physiological equilibrium and avoid illness recurrence.

Panchakarma is thought to do more than just cleanse the body; it also strengthens the immune system, increases energy and clarity of thought, and reignites the digestive fire (agni). Highlighting its preventative and curative effects, it is suggested for both the maintenance of health in the healthy and the treatment of illness in the unwell. Traditional Ayurvedic medicine (Panchakarma) has been around for a long time and is still an important tool for obtaining overall health and harmony. (Ayurvedagram, 2025) [4], (Sanjeevan & Malhotra, 2024) [17], (Marglin, 2019) [14].

The health of women during pregnancy is fundamental to the well-being of both mother and child. Pregnancy is a critical period, often lasting 40 weeks, during which the mother's physical and mental condition directly influences fetal growth and the delivery outcome. Good mother health lowers the risk of pregnancy problems including hypertension, diabetes, and preeclampsia, as well as their effects on mental health. (Aires *et al.*, 2024) [1], (Yapanto *et al.*, 2023) [23].

Moderate physical exercise is particularly beneficial, especially when practiced consistently, since it helps avoid obstetric diseases, reduces risks associated with depressive symptoms, and promotes cardiovascular and metabolic health. In turn, proper resistance training may assist with common problems like exhaustion and back pain, help control blood sugar levels in gestational diabetes, and make it more likely that a woman will give birth vaginally, which is good for both the mother and the kid. The nutritional status would also be significant; micronutrients comprising vitamin D, folic acid, and L-arginine should be consumed appropriately to avoid complications like preeclampsia and promote the favorable growth of the placenta. (Aires *et al.*, 2024) [1], (Duchette *et al.*, 2024) [8], (Yapanto *et al.*, 2023) [23].

In addition, the mother's health practices throughout pregnancy may impact birth outcomes, perhaps reducing the children's susceptibility to metabolic disorders and chronic illnesses in the future. Prenatal care, including consistent physical activity, nutritious meals, and psychological support, is essential for safeguarding the well-being of the unborn child, maintaining stability in mother and newborn mortality rates, and fostering the development of optimal health throughout generations. (Aires *et al.*, 2024) [1], (Mulyaningsih *et al.*, 2024) [15], (Yapanto *et al.*, 2023) [23], (Chen *et al.*, 2025) [5].

Panchakarma is an Ayurvedic purification and regeneration technique that is getting a lot of interest as a possible addition to prenatal care. The rationale for contemplating Panchakarma during pregnancy stems from its holistic approach, which encompasses the body, mind, and spirit, aligning with the diverse needs of mother health during this transitional phase.

Pregnancy involves significant physiological, hormonal, and psychological changes that expose women to several health challenges, including metabolic issues, stress, and toxin buildup. Ayurveda considers toxins (ama), digestion (agni), and immunity to be particularly essential during pregnancy, hence Panchakarma is used to help with these things.

The findings of the recent study urge individuals to focus more on non-pharmacological interventions such as physical activity and dietary consumption to avert difficulties during pregnancy and improve outcomes for both the mother and infant (Aires *et al.*, 2024) [1], (Yapanto *et al.*, 2023) [23], (Chen *et al.*, 2025) [5]. When altered and rendered safe during pregnancy, there exists a potential for Panchakarma to yield additional advantages when it:

- Helping with metabolic health, fighting inflammation, and perhaps lowering the risk of gestational diabetes and preeclampsia. (Yapanto *et al.*, 2023) [23], (Chen *et al.*, 2025) [5].
- Aid in mental health Lessening stress as a barrier to fetal health and mother well-being. (Aires *et al.*, 2024) [1], (Duchette *et al.*, 2024) [8].
- Enhancing the health of the stomach and immune system, prioritizing the prevention of recurrent pregnancy issues and an elevation in vitality.

Panchakarma may also help fill in the gaps that orthodox prenatal care doesn't cover well enough, especially when it comes to stress management, detoxification, and holistic nutrition. However, the Panchakarma procedures need to be changed so that they are safe for pregnant women. There should be no stressful steps; instead, the focus should be on gentler therapies that will work with the changes in the body.

Aim

The aim of this study is to evaluate the safety and efficacy of Panchakarma procedures during pregnancy, to understand their role in the management of pregnancy-related complications, and to assess their impact on maternal and fetal outcomes.

2. OBJECTIVES

- To evaluate the safety and efficacy of Panchakarma procedures during pregnancy.
- To understand the role of Panchakarma in managing pregnancy-related complications.
- To assess maternal and fetal outcomes associated with Panchakarma interventions.

3. RESEARCH METHOD

In the research paper, we are using secondary research methodology, in which we have referred to secondary literature, published journals, research-based articles, and textbooks on Ayurveda to read about the use of Panchakarma during pregnancy. Literature search was conducted by using peer-reviewed journals, online libraries like PubMed, Google Scholar, and AYUSH research databases to provide in-depth information related to safety, efficacy and outcomes of Panchakarma procedures used in the antenatal care. Giving a preference to research that was conducted in recent 15 years to have modern relevance, classical Ayurvedic literature was checked to have some background. Thematic analysis of data was applied to outline similarity in patterns, reported benefits, limitations, and inconsistencies of findings. Such an approach allowed a wide overview of what has already been determined by the world of research, contributing to the contextualization of findings and developing gaps in the field that needs to be filled in the future by avoiding the process of conducting original clinical research. There was no need of ethical clearance since the methodology of the study was not deal directly with human or animal subjects.

The safety and efficacy of Panchakarma procedures during pregnancy.

Panchakarma Safety in Pregnancy

Panchakarma is the classical Ayurveda process of detoxification that entails strenuous cleaning practices that are aimed at detoxifying the body by getting rid of built-up toxins (Ama). Nevertheless, its use is not quite safe during pregnancy and is considered contra-indicated in the classical ayurvedic scriptures (Garbhveda, 2024) ^[10], (Athul, 2024) ^[2]. The main issue is the bio-purification (Shodhana) process of Panchakarma, which imbalances the physiological conditions required in the growth of the baby (Dansana & Kadam, 2019) ^[6], (Athul, 2024) ^[2]. The introduction of the detoxification therapies during pregnancy, particularly when this process reaches its height, i.e., during the first trimester (formation of organs, also called organogenesis), poses the risk of unintentionally discharging some of the stored toxins into the blood, which in turn is dangerous to the baby in the womb. Certain procedures like Vamana (therapeutic vomiting) and Virechana (purgation) may induce contraction of uterus or result in dehydration, which increases chances of miscarriage or pre-mature childbirth. Although Basti (medicated enema) is sometimes referred to in association with that of prenatal care it is necessary that the process be treated with utmost caution

since it may effectually stimulate the pelvic area moving up to the uterus (Dansana & Kadam, 2019) ^[6], (Athul, 2024) ^[2].

Efficacy Considerations in Pregnancy Context

Although caution is traditionally applied to Panchakarma during pregnancy as its application may not be considered safe, some classical Ayurvedic sources recognize the effectiveness of the adjusted and mild treatments when done with the help of competent professionals. Such treatments are not meant to be detoxification but to look after the physical and mental health of the pregnant woman in accordance with Garbhini Paricharya (Ayurvedic guidelines of pregnancy care). An example would be Basti-therapy that normally takes the form of medicated enemas would often be modified into mild and nutritious oils such as Ksheerabala taila in the latter days of pregnancy. It is assumed that this altered state preserves the elasticity of the pelvic tissues, sustains the nervous system and thus it may facilitate the birthing process. Likewise, Nasya, or the nasal application of medicated oils, when conducted by using mollifying, non-causative ingredients, would produce by its means various kinds of popular unease such as headache or congestion of nostrils, without running systemic dangers. Such external therapies as Abhyanga (therapeutic oil massage) and Shirodhara (continuous flow of the oil on the forehead) are generally accepted to be safe provided they are applied in soft gentle and calm strokes and proper oils are used. Such treatments may help deal with anxiety, better the pattern of sleep and eliminate tension in the muscles that is also prevalent during pregnancy. Notably, the procedures do not cause internal cleansing or physiological stress, hence very compatible with the philosophy of nurturing and supporting maternal health in pregnancy. Accordingly, some of the therapies using Panchakarma can be practically used without endangering the safety of the pregnant woman so long as they are used judiciously and modified to respond to the special demands of the pregnant woman. (Dansana & Kadam, 2019) ^[6], (Garbhveda, 2024) ^[10], (Solution, 2024) ^[21], (Krishna Meher *et al.*, 2025) ^[12].

Psychotherapy Claims and Research Critical Evaluation

The advocates of panchakarma also tend to market it on the basis that it can increase fertility when done before conception. It is said to balance the doshas, purify the reproductive system and aid to enhance the quality of Shukra Dhatu (reproductive tissue), thus providing a more favorable environment in conception. Such kinds of therapies as Basti have often been indicated to feed the uterus and contribute to reproductive functionality. But on direct application in pregnancy, these claims are taken with a great pinch of salt. The scientific body of literature to support the usage of Panchakarma in pregnancy is a poor lot and as such most of the suggestions are indicative of being anecdotal or traditional in nature as opposed to being supported by sound scientific evidence. (R. Singh, 2024), (Solution, 2024) ^[21], (Lakshmi, 2024) ^[13].

Contemporary medical and clinical recommendations are very cautious in relation to the application of Panchakarma when a

person is pregnant. This stance is made up of several physiological reasons. Pregnancy may cause changes in pharmacokinetics, which may change the metabolism and effects of herbs and oils that come under Ayurvedic preparations. The unborn child, especially at early stages of development, is extremely susceptible to the effect of teratogens and any vigorous treatment can interfere with the hormone and endocrine balance that are so important to pregnancy sustenance. Furthermore, the clinical indication of Panchakarma treatment during each trimester is beyond affirmative high-quality clinical researches. (Dansana & Kadam, 2019) ^[6], (Krishna Meher *et al.*, 2025) ^[12], (Athul, 2024) ^[2], (Varsha & Himanshu Chouhan, 2024) ^[22].

The studies carried out so far have mainly focused on the functions of Panchakarma in pre-conception care in which dose harmonization, detoxification and the aid of stress have been promising. There is however a definite lack of substantiated studies on its safety and effectiveness in real situations in pregnancy. It is pertinent to note that Ayurveda practitioners and research institutions such as Adyant Ayurveda warn against Panchakarma being applied in the gestation period due to possible harm on the mother and the unborn child. The existing opinion in clinical circles, therefore, brands Sanshamaana (palliative and supportive care) to be more important than Shodhana (purification) of pregnancy. (R. Singh, 2024), (Solution, 2024) ^[21], (Lakshmi, 2024) ^[13], (Garbhveda, 2024) ^[10].

The role of Panchakarma in managing pregnancy-related complications.

Panchakarma is one of the foundations of the Ayurvedic medicine which provides specific managing conditions during pregnancy through the maintenance of dosha balance, purification, and the governance of physiological coherence. Although pregnancy is a condition that needs careful intervention, certain Panchakarma procedures when customised to different periods of pregnancy and combined with the supervision of experts, can reduce risk and lead to a healthy maternal-fetal condition.

According to the Ayurveda philosophy, expectant pregnancy is a natural condition that is Kapha dominant and is described as a state of increase, nourishment and steadiness. But also known is that disparity in Vata dosha which is dosha involved in movements and communications throughout the body could create numerous obstetric inconveniences. These could be preterm contractions, intrauterine growth restriction (IUGR) and recurrent abortion. The focus of Ayurveda however is mainly on balancing Vata in pregnancy in order to achieve appropriate structure of the fetus and also to avoid interference with the pregnancy process.

According to the tradition, the Ayurvedic system of detoxification and internal cleansing, known as Panchakarma, is viewed to help balance this disproportion of the doshic balance when effectively used. One of its philosophical foundations is stabilization of Vata particularly at the late stages of pregnancy where Vata usually tries to dominate. This is because by

calming and stabilizing this dosha Panchakarma treatments theoretically help to ease and stabilize the pregnancy.

The other core objective is to decrease Ama or metabolic toxins, which are believed to disrupt normal functioning of Shukra Dhatu (reproductive tissue) and slow down the wellbeing of the mother. Panchakarma strives to rid the human body of these impurities through soft detoxification and regulation of the digestive system.

Also, the main focus of Ayurvedic prenatal care is the boosting of Agni (digestive fire). Healthy Agni prevents bad digestion, inadequate assimilation of nutrients and nutrition of the fetus and mother. Consequently, Panchakarma with close modifications and individualization of the technique conforms these fundamental Ayurvedic principles, seeking to enhance the internal balance, enhance maternal strength and promote fetal health in the context of the larger Ayurvedic philosophy. (Dansana & Kadam, 2019) ^[6], (Pal, 2020) ^[16], (Sharma, 2025) ^[18].

Important Panchakarma Treatment during Pregnancy

Despite the fact that most of the procedures offered by Panchakarma in particular and Ayurveda in general during intense detoxification protocols are highly contraindicated in a pregnant period, some of the milder and supporting procedures can be selectively used (under professional supervision), as a means to support a pregnant mother and fetal well-being. Such adjusted treatments are aimed at stabilizing Vata dosha, improving foods, and eliminating the usual discomforts of pregnancy.

Basti (Medicated Enema): Pacifying Vata dosha is the important role in the maintenance of the pregnancy and Basti is regarded as the most useful medicine based on this process. It is normally only applicable in the second and the third trimesters, beyond the fourth month, where the development of the fetus is more permanent. There are two kinds of Basti that are used namely Anuvasana Basti (based on using oil) to nourish and Niruha Basti (based on using decoction) to have a mild cleansing effect. This treatment assists in constipation, lessening in the edema developing in the lower limbs, fostering intrauterine development, and possibly avoiding premature breakage of a membrane (PROM) by making pelvic muscles stronger. (Dansana & Kadam, 2019) ^[6], (Pal, 2020) ^[16].

Nasal Administration Nasya: Nasya is a process of putting medicinal oils into the nose in order to clean the Prana Vaha Srotas (pathways of respiration and nervous system). Mild oils such as Anu Taila could also be administered early in pregnancy to help relieve migraines, stress and harmonize the workings of hormones. Also, it is believed that such treatment helps the neurodevelopment of the fine and prepares the mother to experience emotional stability. (Dansana & Kadam, 2019) ^[6], (Pal, 2020) ^[16].

External Therapies: Use of non-invasive external Panchakarma therapies is usually safe and helpful during

pregnancy. Abhyanga (oil massage) enhances blood circulation, relieves muscular pain and brings down anxiety. Shirodhara which is the continual dripping of oil on the forehead soothes the nervous system and promotes the emotional balance. The musculoskeletal pain is eliminated by Avagahana (herbal tub baths) and decrease the swelling of the lower limbs. All these therapies are aimed to enhance the wellbeing of the mother and in Ayurvedic philosophy, support during pregnancy. (Dansana & Kadam, 2019)^[6], (Sharma, 2025)^[18].

Clinical Considerations and Trimester-specific Protocols to Panchakarma in Pregnancy

Panchakarma when followed selectively during the pregnancy, observes trimester-wise adaptations with sensitivity to both the mother as well as unborn child. All nutritional changes are associated with each trimester of pregnancy due to the peculiarities of physiological alterations, and therapy requires attention to modification.

During the first trimester, Snehana (internal and external oleation) and gentle Swedana (fomentation) is accomplished to treat the body tissues without causing storm contractions. These mild operations are to sustain the gestation of the embryo and keep the mother strong. Nasya with moderate medicated oils can be used safely to increase the Prana Vaha Srotas (vital life channels), making the fetus vigorous and not stimulate the uterus.

Basti turns into central therapy during the second trimester. Since Vata naturally tends to rise in this stage, Basti also contributes to controlling its flow and avoiding such conditions as intrauterine growth restriction (IUGR). Reproductive organs become stronger and fetal development is aided with the use of moistening enemas.

During the third trimester, the interest is on external Abhyanga, and Shirodhara therapies. The practices enhance blood flow, alleviates muscular strain and aids in the emotional balancing. They also readiness the area of the womb of delivering the baby by loosening tissue and creating relaxation. Specific Complications also require the administration of custom approaches. In case of recurrent miscarriage, individualized Basti and Nasya therapies enhance the Shukra Dhatu and balance the Apana Vayu or the downward-moving energy which plays an imperative role in the fetal maintenance. Basti with enriching Balya herbs such as Shatavari improves the uteroplacental circulation in the cases of IUGR and PROM. Hyperemesis gravidarum treatment is through Lepa (herbal pastes) on the stomach and navel Pichu (oil-soaked cloth) to alleviate the nausea without the use of Vamana, which is not recommended. (Dansana & Kadam, 2019)^[6], (Pal, 2020)^[16], (Pal, 2020)^[16], (Kanodje & Nawle, 2018)^[11].

Safety and limits are very important. Vamana, Virechana, and Raktamokshana are all aggressive detoxification methods that should never be done since they might cause miscarriage or an imbalance in the body. Therapies are administered with Mridu Aushadha (gentle herbs) such as Yashtimadhu, accompanied by low mechanical effort. Most essential, trained Ayurvedic practitioners need to carefully evaluate and keep an eye on all treatments to make sure that the benefits to the mother and the

safety of the fetus are balanced. (Dansana & Kadam, 2019)^[6], (Pal, 2020)^[16], (Pal, 2020)^[16].

Potential for Integration

A comprehensive paradigm is created by combining Panchakarma with current obstetric care:

- Before conception Panchakarma gets rid of impurities that might cause infertility. (Sharma, 2025)^[18].
- Postpartum basti speeds up the healing of the uterus and stops sadness. (Dansana & Kadam, 2019)^[6], (Krishna Meher *et al.*, 2025)^[12].
- Shirodhara and other stress-reducing treatments work well with prenatal yoga to improve mental wellbeing. (Krishna Meher *et al.*, 2025)^[12].

Panchakarma's strength is that it takes a tailored, dosha-specific approach to pregnancy problems, putting the health of the mother and fetus first via focused cleansing and regeneration. When used wisely with modern medicine, it can lead to safer pregnancies and better results. (Dansana & Kadam, 2019)^[6], (Pal, 2020)^[16], (Krishna Meher *et al.*, 2025)^[12], (Pal, 2020)^[16].

Maternal and fetal outcomes associated with Panchakarma interventions

Panchakarma, a fundamental Ayurvedic detoxification and rejuvenation therapy, has garnered increasing recognition for its potential advantages in maternal and fetal health, especially during preconception, pregnancy, and the postpartum period. Although comprehensive large-scale clinical data are scarce, emerging case studies, traditional knowledge, and certain clinical trials offer insights into the potential effects of Panchakarma interventions on maternal well-being and fetal development.

Maternal Outcomes Related to Panchakarma: Preconception and Fertility Enhancement

Ayurveda uses Panchakarma a lot to help with preconception care and fertility. The therapy aims to balance the doshas (Vata, Pitta, Kapha), cleanse the body, and improve physiological function, all of which are thought to be important for reproductive health. Some of the most important benefits for mothers in this situation are better digestion, better hormone balance, and less stress. Internal oleation (Snehana) and purgation (Virechana) enhance digestive fire (Agni), essential for nutrient absorption and the nourishment of reproductive tissues. Medicated enemas (Basti) are thought to make the reproductive organs younger, make the uterus a better place to grow, and make the reproductive tissues better. Stress reduction therapies like Abhyanga (oil massage) and Shirodhara (continuous oil stream on the forehead) are believed to help people relax and feel better emotionally, which can have a good effect on menstrual cycles and ovulation.

Clinical studies, albeit constrained by sample size, have evidenced statistically significant enhancements in menstrual parameters, cervical mucus, follicular development, alongside reductions in dysmenorrhea and dyspareunia subsequent to

Panchakarma interventions. These changes could make it more likely for someone to get pregnant and help the pregnancy go more smoothly. Panchakarma takes a holistic approach to treating infertility in women by looking at both physical and mental factors. This can lead to better reproductive outcomes. (Lakshmi, 2024) ^[13], (Garbhagudi, 2024) ^[9], (S. Singh *et al.*, 2022) ^[20].

Support during pregnancy and childbirth

Panchakarma therapies are generally used with caution during pregnancy; however, certain procedures, including Basti (therapeutic enema) and Nasya (nasal administration of herbal oils), are regarded as beneficial when properly adapted and supervised. The main goal is to balance Vata dosha, which is thought to be a major cause of problems during pregnancy, such as early pregnancy loss, preterm delivery, and intrauterine growth restriction (IUGR). Medicated enemas, especially Anuvasan Basti and Brihan Basti, are known for their ability to feed both the mother and the fetus, ease common pregnancy pains (like constipation and swelling), and help the fetus grow healthily. These treatments are suggested for later stages of pregnancy and are modified to guarantee safety for both the mother and the infant.

Ayurvedic texts and modern literature indicate that Panchakarma and associated therapies (Upakarmas), including Parisheka (pouring medicated liquids) and Avagahana (herbal tub bath), can support normal pregnancy, promote healthy fetal development, and avert minor ailments and complications during the intrapartum period. The focus is on gentle, nourishing treatments that help the body adapt to pregnancy and make the mother feel better. (Dansana & Kadam, 2019) ^[6], (Pal, 2020) ^[16].

Recovery and well-being after giving birth

Panchakarma and Ayurvedic treatments have shown promise in helping mothers recover after giving birth and dealing with specific health problems during this time. One case report showed that a combination of oral Ayurvedic medicines and Panchakarma therapies, such as medicated enemas (Basti), oil massage (Abhyanga), and sudation (Bashpa Sweda), could successfully treat postpartum rheumatoid arthritis (RA). Within the first two months of treatment, the patient saw big improvements in pain, swelling, morning stiffness, and joint mobility. After four months, the patient was completely free of symptoms. The therapy also lessened the need for oral painkillers and brought inflammatory markers back to normal, which let the mother fully participate in raising her child and enjoy being a mother.

People think that Panchakarma therapies after giving birth can help restore dosha balance, speed up detoxification, and improve both physical and emotional recovery. The holistic approach addresses not only physical symptoms but also psychological well-being, which is crucial for new mothers facing the demands of postpartum life. (Deshpande *et al.*, 2017) ^[7], (Dansana & Kadam, 2019) ^[6].

Fetal Outcomes Linked to Panchakarma: Preconception and Early Pregnancy

The advantages of Panchakarma for fetal outcomes are predominantly indirect, arising from enhanced maternal health and optimized reproductive function. Panchakarma may create a healthier environment for conception and early fetal development by improving fertility, balancing hormones, and lowering stress. It is thought that a mother's healthy digestion, nutrient absorption, and hormonal balance are important for the fetus's growth and development. (Garbhagudi, 2024) ^[9], (Lakshmi, 2024) ^[13].

Pregnancy and the Growth of the Fetus

Certain Panchakarma therapies, especially those that focus on Vata dosha, are thought to help the fetus grow properly and avoid problems like IUGR during pregnancy. Brihan Basti, a nourishing enema therapy, is praised for its ability to fix nutritional deficiencies and help the fetus grow and develop properly. These treatments may help stop problems that come from poor fetal growth and development by giving the body deep nourishment and balancing its functions.

Ayurvedic treatments during pregnancy are also thought to help with normal labor and lower the chance of complications during labor. These therapies are thought to be good for both the mother and the baby because they are gentle and supportive, which helps the mother and baby get through pregnancy and childbirth more smoothly. (Dansana & Kadam, 2019) ^[6], (Pal, 2020) ^[16].

Results for the baby and mother after birth

Although direct effects of Panchakarma on fetal outcomes are less documented in the postpartum period, the enhanced maternal health and well-being resulting from these interventions can positively influence infant care and development. For instance, in a case of postpartum rheumatoid arthritis treated with Panchakarma and Ayurvedic medications, the infant met normal developmental milestones and continued to receive breast milk without any negative effects. This indicates that properly administered Panchakarma interventions do not adversely affect lactation or infant health and may facilitate maternal-infant bonding and caregiving. (Deshpande *et al.*, 2017) ^[7].

4. DISCUSSION

Panchakarma, a fundamental aspect of Ayurveda, is an extensive practice for detoxification, rejuvenation, and the equilibrium of the doshas. People have talked about both the good and bad things about using it during pregnancy. The secondary literature analysis conducted in this research project indicated that conventional Panchakarma practices such as Vamana, Virechana, and Raktamokshana are unsafe during pregnancy, as they may induce adverse effects, including uterine contractions and miscarriage. Nevertheless, minor and modified interventions can still be implemented with some beneficial effects alongside professional prenatal care.

Abhyanga, Shirodhara, Nasya, and some modified forms of Basti show promise as treatments for common pregnancy problems like stress, swelling, and digestive problems. Also, they fit with Ayurvedic teachings, like balancing Vata and boosting Agni, which is why they are especially good for the first three months of pregnancy. These treatments enhance maternal vitality and emotional well-being without inducing systemic stress, which is essential during a delicate physiological condition like pregnancy.

However, the lack of robust clinical evidence regarding the safety and efficacy of Panchakarma during pregnancy constitutes a significant limitation. The majority of the evidence derives from case reports, classical literature, and practitioner experience, rather than from randomized controlled trials. Moreover, the pharmacokinetic changes associated with pregnancy may be unpredictably affecting the efficacy of Ayurvedic formulations. So, even though Ayurveda practitioners have been working on making customized Panchakarma better for reproductive and prenatal care, it is important to include it in the most up-to-date standards of modern obstetric care.

Panchakarma is an important part of therapy at other times, even when a woman is pregnant. Panchakarma Preconceptual treatments have shown promise in enhancing pregnancy rates, while postpartum interventions may expedite recovery, reduce psychological stress, and improve maternal well-being. Therefore, it is reasonable to posit that a trimester-specific, dosha-sensitive, and practitioner-initiated Panchakarma system could enhance existing maternal healthcare frameworks.

5. CONCLUSION

This study sought to assess the safety, efficacy, and maternal-fetal outcomes related to Panchakarma interventions during pregnancy via an extensive secondary literature review. Classical Panchakarma is mostly not recommended during pregnancy. However, some modified and gentle therapies, when used carefully and in line with Ayurvedic guidelines, may be good for the health of the mother, the management of the pregnancy, and the development of the fetus. Abhyanga, Shirodhara, Nasya, and trimester-specific Basti are all mild treatments that may help with stress, circulation, discomfort, and overall health during pregnancy. They are valuable because they are holistic, non-invasive, and can be changed to fit your needs. But these benefits need to be weighed against the risks of therapies that are poorly timed or too aggressive, especially when there isn't enough scientific proof. Panchakarma should not be seen as a one-size-fits-all way to take care of yourself during pregnancy. Instead, it should be carefully incorporated into prenatal and postnatal care protocols, directed by experienced practitioners and in accordance with contemporary medical oversight. More empirical studies and clinical trials are required to corroborate conventional assertions and formulate standardized, evidence-based Panchakarma protocols appropriate for various stages of pregnancy. For now, the role of Panchakarma in pregnancy is cautiously positive. It offers a

complementary path that focuses on balance, nourishment, and the health of the mother.

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