



Case Study

A CASE STUDY ON AYURVEDIC MANAGEMENT OF PCOS-INDUCED INFERTILITY WITH SUCCESSFUL CONCEPTION

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Article info

Article History:

Received: 20-08-2025

Accepted: 18-09-2025

Published: 30-09-2025

KEYWORDS:

Polycystic Ovarian Syndrome, Secondary infertility, Ovulatory dysfunction, Ayurvedic management, Hormonal imbalance.

ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a major cause of infertility in women of reproductive age, often linked to lifestyle and metabolic disturbances. Ovulatory dysfunction accounts for nearly 30–40% of infertility cases. Diagnosis is typically based on at least two of the following: clinical/biochemical hyperandrogenism, oligo/anovulation, and polycystic ovarian morphology on ultrasonography (USG). **Objective:** To assess the effectiveness of Ayurvedic management in a case of secondary infertility associated with PCOS, focusing on restoration of ovulatory function and achievement of natural conception. **Case Description:** A 27-year-old female presented to the Prasuti Tantra and Stri-Roga Outpatient Department, National Institute of Ayurveda, Jaipur, on 11 June 2024, with secondary infertility of 1.5 years. Routine clinical, physical, and laboratory findings were within normal limits, except for USG evidence of bilateral polycystic ovaries. **Intervention:** A personalized Ayurvedic regimen was initiated, aimed at correcting hormonal imbalance, promoting ovulation, and enhancing reproductive health. The treatment plan included dietary regulation, lifestyle modification, and classical Ayurvedic formulations tailored to the patient's condition. **Outcome:** After ten months of therapy, the patient reported a missed menstrual cycle. A urine pregnancy test on 7 March 2025 confirmed conception. **Conclusion:** This case highlights the potential role of Ayurvedic interventions in managing PCOS-related infertility. The observed outcome suggests that integrative, individualized treatment approaches may effectively restore ovulatory function and support natural conception, offering a promising alternative for women with reproductive disorders linked to ovulatory dysfunction.

INTRODUCTION

Infertility is defined by the World Health Organization (WHO) as the inability to achieve conception after at least 12 months of regular, unprotected sexual intercourse,^[1] and it affects an estimated 8–12% of couples globally. Among the various etiologies, ovulatory disorders- particularly anovulation- are responsible for approximately one-quarter of female infertility cases. Polycystic Ovarian Syndrome (PCOS) is the most common endocrine disorder associated with anovulatory infertility,^[2] contributing to nearly 80% of such cases.

PCOS is a multifactorial, heterogeneous condition characterized by a combination of clinical or biochemical hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology on ultrasonography. The Rotterdam Criteria (2003) remain the most widely adopted diagnostic guidelines, requiring at least two of the following: oligo/anovulation, hyperandrogenism, and ultrasonographic evidence of polycystic ovaries. Clinical features may include menstrual irregularities, infertility, hirsutism, obesity, and metabolic disturbances such as insulin resistance.

In Ayurvedic literature, PCOS is not described as a discrete disease entity but is comparable to several conditions, including *Artavakshaya* (scanty or irregular menstruation), *Pushpaghni Jataharini* (ovulatory disorders), *Sthoulya* (obesity), and *Prameha* (metabolic syndrome). The pathophysiology aligns

Access this article online

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<https://doi.org/10.47070/ayushdhara.v12i4.2243>

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closely with the concept of *Artava Dushti*, denoting vitiation of the menstrual and reproductive systems. Ayurveda emphasizes that successful conception requires the harmonious functioning of *Ritu* (timely ovulation), *Kshetra* (healthy reproductive organs), *Ambu* (adequate nourishment), and *Bija* (healthy gametes)^[3]. Disruption of any of these factors can lead to *Vandhyatva* (infertility). Additionally, the imbalance of *Kapha* and *Vata doshas* is considered pivotal in the manifestation of gynecological disorders such as PCOS.

MATERIALS AND METHODS

Case Presentation

A 27-year-old female presented to the Prasuti Tantra and Stri Roga OPD of the National Institute of Ayurveda (NIA), Jaipur, on 11th June 2024, with complaints of secondary infertility for one and a half years. She had a past obstetric history of a spontaneous abortion at two months of gestation two years ago, managed by dilation and curettage (D&C). No significant family history or past surgical history was reported.

Menstrual History

The patient's menstrual cycle was regular, occurring every 30 to 35 days, lasting 4 to 5 days, with moderate flow, absence of pain, red-colored blood, and no clots. She used approximately two pads per day. Her last menstrual period was on 29th January 2025.

Pad history -2 -3 pad soaked per day.

Obstetric History: G1P0L0A1D0- A1- spontaneous abortion at two months gestational age in 2022 followed by D&C.

Family history – Nil

Past medical history- Nil

Past surgical history -Nil

Personal History: Appetite normal, sleep sound, bladder and bowel habits clear.

Clinical Findings

General Examination: Built: normal, weight: 70kg, height: 153 cm, pulse: 72/min, blood pressure: 120/80mm Hg, respiratory rate: 18/min, temperature: 98.6°F, per abdomen: soft, non-tender, no organomegaly detected.

Ashtavidha Pariksha

- *Nadi* (Pulse): *Vata-Kapha*
- *Mutra* (Urine): *Samyak*
- *Mala* (Stool): *Sama*
- *Jihwa* (Tongue): *Sama*
- *Shabda* (Speech): *Samyak*
- *Sparsha* (Touch): *Ushna*
- *Drik* (Vision): *Samanya*
- *Aakriti* (Body Build): *Madhyama*

Dashavidha Pariksha

- *Prakriti*: *Vata-Kapha*
- *Sara*: *Madhyama*
- *Samhanana*: *Avara*
- *Pramana*: *Madhyama*
- *Satmya*: *Madhyama*
- *Satva*: *Madhyama*
- *Vaya*: *Yuvati*
- *Vyayamashakti*: *Madhyama*
- *Aharashakti*: *Madhyama*
- *Abhyavaranashakti & Jaranashakti*: *Madhyama*

Systemic Examination

Cardiovascular system: heart sounds S1 and S2 normal; respiratory system: bilateral normal air entry with no added sounds; no abnormalities detected in other systems.

Diagnostic Assessment

Laboratory Investigations

CBC (04/10/2023): Haemoglobin was 11.3gm/dL and all parameters were within normal limit

Thyroid Function Tests (03/11/2024): TSH: 2.100µIU/ml.

Hormonal Assays: FSH– 6.20mIU/ml, Prolactin– 6.69ng/ml, LH -4.40mIU/ml, AMH -5.77ng/ml.

Pelvic Ultrasonography (12/02/2024) revealed a heterogeneous uterus measuring 7.2×3.0×4.2cm, with an endometrial thickness of 20.7mm. The right ovary measured 3.6×2.4×3.1cm (volume 14.3 cc) and the left ovary measured 3.4×2.3×3.2cm (volume 13.6 cc). Impression: findings suggestive of polycystic ovarian disease (PCOD) with pelvic inflammatory disease (PID) and a heterogeneous uterus.

Dosha	<i>Vata (Apana, Vyana, Samana), Kapha (Kledaka), Pitta (Pachaka, Ranjaka)</i>
Dushya	<i>Rasa, Rakta, Artava</i>
Agni	<i>Jatharagni Mandya (impaired digestive fire), Dhatwagni Mandya (impaired tissue metabolism)</i>
Srotas	<i>Artavavaha Srotas (channels carrying menstrual blood)</i>
Srotodushti	<i>Sanga (obstruction)</i>
Vyaktisthana	<i>Artava (menstrual blood), Beejashaya Granthi (ovaries)</i>

Fig 1: Samprapti Ghataka (Ayurvedic Pathogenesis)**Treatment Schedule**

In this case, the primary *Doshas* involved were identified as *Vata* and *Kapha*, along with *Rakta Dushti* (Fig 1). Accordingly, the treatment plan was formulated by considering the dominance of these *Doshas*, while strictly following the principle of *Nidana Parivarjana* (elimination of causative factors). The overall therapeutic approach aimed to:

- Balance *Vata* and *Kapha Doshas*
- Correct *Rakta Dushti*
- Enhance *Agni* (digestive fire).
- Remove *Srotorodha* (obstruction in body channels).
- Normalize the function of *Artava Vaha Srotas* (reproductive channels).

The ultimate goal was to regulate ovulation and promote natural conception. The timeline of scheduled treatment is mentioned in Table 1.

Table 1: Timeline

First Visit (11th June 2024)		
• LMP: 15th May 2024 • Medications prescribed		
Drug	Dose	Administration
<i>Kumaryasava</i>	20ml twice daily	After food with equal amount of water.
<i>Chandraprabha Vati</i>	2 tablets twice daily	After food with water.
Tablet Hyponidd	2 tablets twice daily	After food with water.
Second Visit (4th October 2024)		
• Complaints: No fresh complaints • Treatment: Continued as same regimen		
Third Visit (2nd November 2024)		
• Complaints: No fresh complaints • Treatment: Continued as same regimen		
Fourth Visit (31st January 2025)		
• Complaints: Brown discharge during menses • LMP: 29th January 2025 • Modified Treatment		

Drug	Dose	Administration
<i>Phalasarpi</i>	10ml twice daily	Before food for 1 month
<i>Balabeej Churna</i>	3gm twice daily	Before food with milk
<i>Shivalingi Beej + Putrajeevak Beej</i>	2gm each twice daily	With water for 10 days
Fifth Visit (18th February 2025) • Complaints: No fresh complaints • LMP: 29th January 2025 • Treatment: Continued as same regimen		
Sixth Visit (11th March 2025) • Complaints: Delayed menses • A Urine Pregnancy Test (UPT) was conducted, and the result was found positive.		

RESULTS

The personalized Ayurvedic intervention- designed to harmonize *Vata* and *Kapha doshas*, rectify *Rakta Dushti*, and re-establish physiological integrity of the *Artava Vaha Srotas*- was associated with gradual and sustained clinical improvement over the treatment duration.

During the initial treatment phase, the patient achieved restoration of a eumenorrheic pattern, characterized by cyclic, moderate-volume, painless menstruation without dysmenorrhea or clot expulsion. Parallel improvements were noted in systemic parameters, including normalized appetite, regular bowel evacuation, and optimal micturition.

Following approximately 10 months of uninterrupted therapy, the patient reported secondary amenorrhea during her sixth follow-up on 11 March 2025. A qualitative urine human chorionic gonadotropin (hCG) assay yielded a positive result, indicative of conception. Subsequent transabdominal sonographic evaluation on 29 March 2025 confirmed a single intrauterine gestational sac, morphometrically consistent with an early pregnancy of approximately 7 weeks' gestational age.

Patient Consent

Informed written consent was obtained from the patient for the publication of this case report, including relevant clinical information and any accompanying images, in accordance with ethical publication standards.

Pathya–Apathya (Therapeutic and Non-Therapeutic Regimen)

Lifestyle and Psychological Well-being

Given the established relationship between psychosocial stress and neuroendocrine imbalance, the patient was counselled to implement stress-reduction techniques such as *Yoga asanas*, *Pranayama*, meditation, and ensuring adequate sleep. These

measures were aimed at optimizing hypothalamic-pituitary-ovarian (HPO) axis function.

Observance of Rajaswala Paricharya

Traditional menstrual regimen (*Rajaswala Paricharya*) was advised to help maintain *Dosha* equilibrium and support physiological menstrual flow. This included rest, avoidance of strenuous activities, and adherence to prescribed dietary and behavioural norms during menstruation.

Dietary Restrictions (Apathya)

To prevent *Vata* and *Kapha* aggravation, the patient was instructed to avoid:

- Excessively spicy, oily, and heavy-to-digest meals
- Fermented and highly processed food items
- Refined flour-based and fast foods such as pizza, pasta, and commercially baked products

Recommended Dietary Inclusions (Pathya)

To nourish *Rasa* and *Rakta Dhatus* and support overall reproductive health, the following were incorporated into the patient's diet:

- Fresh green leafy vegetables: Spinach (*Spinacia oleracea*), cabbage (*Brassica oleracea*), capsicum (*Capsicum annuum*), broccoli (*Brassica oleracea* var. *italica*).
- Fresh fruits: Orange (*Citrus sinensis*), apple (*Malus domestica*), papaya (*Carica papaya*).
- Nutrient-dense seeds: Sesame (*Sesamum indicum*), flax (*Linum usitatissimum*).
- Natural sweeteners: Jaggery (*Saccharum officinarum*), for its hematinic and nutritive properties.

DISCUSSION

According to Ayurvedic principles, conception requires the harmonious presence of four essential factors collectively known as *Garbha Sambhav Samagri*: *Bija* (healthy ovum and sperm), *Ritu* (optimal fertile period), *Kshetra* (healthy and functional uterus),

and *Ambu* (adequate nutritional and hormonal support). The *Kshetra*, representing the uterus, plays a pivotal role in implantation and fetal sustenance. A structurally intact, functionally competent uterus with a receptive endometrium is crucial for embryo implantation and subsequent pregnancy maintenance.

The Ayurvedic formulations used in this case were selected for their targeted actions on *Vata* and *Kapha* dosha balance, hormonal regulation, and reproductive tissue rejuvenation.

- *Kumaryasava* possesses *Vata-Kapha Shamana*, *Deepana-Pachana* (digestive stimulation), and *Artava Pravartaka* (ovulation-inducing) properties. Aloe vera, its principal ingredient, has been shown in experimental studies to improve glycemic control, reduce hyperinsulinemia, and lower hepatic and plasma triglycerides- beneficial in PCOS-related metabolic dysfunction.^[4]
- *Chandraprabha Vati* contains herbs with *Katu*, *Tikta*, *Kashaya*, and *Madhura Rasa*; *Laghu*, *Ruksha*, *Tikshna*, and *Ushna Guna*; and *Ushna Virya* with *Katu Vipaka*. Its pharmacological actions- *Rakta Prasadana* (blood purification), *Shothahara* (anti-inflammatory), *Krimighna* (antimicrobial), and *Rasayana*- address *Vata-Kapha* imbalance and related symptoms such as weight gain and acne in PCOS.^[5]
- *Phalasarpī* is indicated for tubal blockage, ovum quality enhancement, and ovulatory regulation through balancing all three *Doshas* and optimizing reproductive tissue function.^[6]
- *Bala Beej Churna* (*Sida cordifolia*), classified under *Prajasthapana Mahakashaya*, is *Vata Shamana* and supports *Rasa* and *Rakta Dhatu* formation, essential for *Artava* production and *Apana Vayu* regulation. By modulating the hypothalamic-pituitary-ovarian (HPO) axis and providing antioxidant protection, it promotes healthy ovulation.^[7]
- *Shivlingi Churna* (*Bryonia laciniosa*) exerts *Rasayana* effects that promote *Shuddha Rasa Dhatu* formation, thereby supporting *Artava* quality and ovulatory function. Its androgen-modulating activity is particularly beneficial in PCOS-related anovulation.^[8]
- *Putrajeevaka* seeds possess *Balya*, *Bruhmana*, and *Garbhasthapana* properties, enhancing reproductive strength, improving endometrial receptivity, modulating ovarian function, and supporting hormonal balance. Their antioxidant and anti-inflammatory actions further aid reproductive health.^[9]
- Hyponidd Tablet, a polyherbal formulation, targets insulin resistance and hyperandrogenism in PCOS.

Ingredients such as *Vijaysaar*, *Haridra*, *Karela*, *Guduchi*, and *Amalaki* collectively improve glucose metabolism, reduce hyperlipidemia, regulate androgen activity, and support weight management-addressing both metabolic and endocrine aspects of PCOS.^[10]

The observed clinical improvement in menstrual regularity, systemic health, and eventual conception in this case suggests that an integrative Ayurvedic approach targeting *Dosha* balance, metabolic correction, and reproductive tissue nourishment can effectively address infertility secondary to PCOS. By addressing the underlying *Vata-Kapha* imbalance, correcting *Rakta Dushti*, enhancing *Agni*, and restoring the normal function of the *Artava Vaha Srotas*, the patient achieved natural conception.

CONCLUSION

In this case, Ayurvedic management focused on correcting *Vata-Kapha* imbalance, improving metabolic function, and nourishing reproductive tissues to address infertility secondary to PCOS. Formulations such as *Kumaryasava*, *Chandraprabha Vati*, *Phalasarpī*, *Shivlingi Churna*, and *Putrajeevaka* seeds were selected for their ovulation-inducing, hormonal-regulating, anti-inflammatory, and *Rasayana* properties. Hyponidd Tablets further supported metabolic correction by targeting insulin resistance and hyperandrogenism. The therapy led to improved menstrual regularity, systemic health, and natural conception after ten months, suggesting that an integrative Ayurvedic approach may be effective in managing PCOS-related infertility. Further clinical studies are warranted to substantiate these findings and explore their applicability on a larger scale.

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Cite this article as:

Kameshwari Panchal, Swati Malsariya, B. Pushpalatha. A Case Study on Ayurvedic Management of PCOS-Induced Infertility with Successful Conception. AYUSHDHARA, 2025;12(4):73-78.

<https://doi.org/10.47070/ayushdhara.v12i4.2243>

Source of support: Nil, Conflict of interest: None Declared

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