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Case Study

HOLISTIC MANAGEMENT OF PCOS-INDUCED PRIMARY INFERTILITY THROUGH AYURVEDIC INTERVENTIONS

Shivani Jaiswal[1]*, Narendra Kumar Meena[2], Rajesh Kumar Gupta[1]
*[1]PG Scholar, [2]Professor & HOD, PG Department of PTSR, M.M.M. Govt. Ayurveda College & Hospital, Udaipur, Rajasthan, India.

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ABSTRACT
Driven by modern lifestyle changes, poor dietary habits, and elevated stress levels, infertility has become a critical global health challenge. To understand conception, classical Ayurveda-specifically the teachings of Sushruta-highlights four fundamental prerequisites (Garbha Sambhava Samagri), placing primary importance on the ovum. Vitiation of *Vata Dosha* is linked with ovulatory dysfunction. Polycystic Ovarian Syndrome (PCOS) is a multifactorial endocrinopathy responsible for infertility in 70–80% of affected women, presenting with menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. A 34-year-old female with irregular menstruation, rapid weight gain, and hair fall underwent ultrasonography, which revealed a bilateral PCOS pattern. Based on Ayurvedic principles, treatment included *Aamapachana* (detoxification), *Vata anulomana* (*Vata* regulation), *Kaphapittahara* measures, and *Arthava janana* (ovulation induction), along with *Pathya ahara* (dietary regulation). After three months of internal medications, the patient experienced significant symptom reduction, including normalisation of menstruation. Continued adherence to therapy resulted in natural conception. This case demonstrates the potential of Ayurvedic management in PCOS-related infertility by correcting *Dosha* imbalance, restoring reproductive function, and improving overall health. The outcome suggests Ayurveda as a safe and effective alternative or complementary approach in managing infertility associated with PCOS.

INTRODUCTION
Infertility is a major health concern in the modern era, influenced by stress, poor diet, and lifestyle modifications. Ayurveda, as described by Sushruta, identifies four essential factors (*Garbha Sambhava Samagri*) for conception, with the ovum being central.[1] Infertility is a significant clinical problem affecting 8–12% of couples worldwide, with 10–15% of couples in India experiencing fertility issues[2]. Among the causes of female infertility, ovulatory dysfunction contributes to nearly 30–40%, with Polycystic Ovarian Syndrome (PCOS) being a leading factor.

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PCOS is defined by the Rotterdam criteria (2003) as the presence of at least two of three features: hyperandrogenism, oligo-/anovulation, and polycystic ovaries[3]. Its prevalence ranges from 5–15% and is rising due to sedentary lifestyles, poor diet, and stress, with onset often occurring soon after puberty. Nearly 15–20% of infertile women are diagnosed with PCOS, and 50–70% of them are obese, leading to insulin resistance, hyperinsulinemia, and disrupted oocyte maturation. Infertility, recurrent miscarriage, and metabolic disorders are common consequences.

From an Ayurvedic perspective, infertility (*Vandhyatva*) is explained under *Rasa pradoshaja vikara*, with *Vata Dosha* playing a primary role. Sushruta describes four essential factors for conception (*Garbha Sambhava Samagri*): *Ritu* (fertile period), *Kshetra* (healthy reproductive organs), *Ambu* (nutritional support), and *Beeja* (healthy ovum and sperm). Disturbance in any of these leads to infertility.

Lifestyle irregularities, mental stress, and improper diet vitiate *Dhatus*- especially *Meda* and *Rakta*- contributing to PCOS- like conditions. Though PCOS is not directly mentioned in the classics, it shares features with *Nashtartava*, a condition involving the vitiation of *Vata* and *Kapha*.

Ayurveda has great potential for the management of various infertility-causing factors, including Polycystic Ovarian Syndrome. This study was carried out to evaluate the efficacy of the Ayurveda treatment regimen in this particular case of primary infertility due to Polycystic Ovarian Syndrome. Ayurveda emphasises holistic management through *Vata-Kapha hara* measures, *Agni deepana*, *Vata anulomana*, *Rasa pradoshaja chikitsa*, and *Pathya ahara*, aiming to restore balance and enhance fertility.

Case Report

A 34-year-old female subject residing in Udaipur approached the OPD of the Department of Prasutitantra and Streeroga of MMM Government Ayurveda College and Hospital, Udaipur, complaining of inability to conceive a viable child even after 2 years of active married life. Associated with complaints of heavy menstrual bleeding for 3 months, with burning micturition and mild constipation. Her USG findings reveal bilateral PCOS. An apparently healthy woman attained her menarche at the age of 13 years. PCOS is characterized by hormonal imbalances, multiple small cysts on the ovaries, and can lead to irregular menstruation, anovulation (lack of ovulation), and difficulties in achieving pregnancy. Then the Ayurvedic treatment approach began and continued for 1 month. The basic treatment protocol includes *Vata Kapha Shamak* medicines in order to treat primary infertility due to polycystic ovarian syndrome, as we found at primary infertility was related with *Anapatya Vandhyatva*.

Clinical Findings

Menstrual History

Menarche: 13 years

Irregular cycle with a 28-30-day interval

LMP: 24/10/2025

Interval: 28-35 days

Duration: 5-6days

Amount: Moderate bleeding

No. of pads:

D1 – 3 pads/day

D2 – 4 pads/day

D4, D5 – 2/3 pads/day

Clots: D1, D2

Dysmenorrhea: Present, mild

Obstetrical History

G0

Family History: There is no relevant family history

Past History: take OCP'S for 10 yrs for PCOS

Personal History

Bowel: Constipated

Appetite: Reduced

Bladder: Burning micturition

Sleep: Disturbed

Allergy: Nil

Food Habits: Fond of junk foods like fried food.

Marital History- Since 2023

Married age: 32 years female, 34 years male

NCM

Sexual History

Dyspareunia: Nil

PCB: Nil

Vaginal dryness: Nil

Aware of the fertile period

General Examination

Fair general condition, vitals normal (BP: 110/70 mmHg, Pulse: 78/min)

Per abdomen: Soft, non-tender, no organomegaly.

Gynaecological Examination

Inspection- Vulva examination reveals a healthy condition.

Vulvitis - Absent

Labia- Normal

Slight mucoid discharge present externally

Cystocele - Absent

Rectocele - Absent

Urethrocele – Absent

P/S Examination

Speculum examination shows a healthy cervix without abnormal discharge, and the vaginal wall appears healthy and pinkish.

Vagina- Normal

Cervix –Mid position, healthy

P/V Examination

Per vaginal examination indicates an anteverted, anteflexed uterus with a normal shape and size.

The cervix is mobile, firm, and smooth, with the absence of cervical motion tenderness.

Anti-verted uterus

Cervix- Mid-position

CMT- Negative

On the basis of clinical history, physical examination, and USG reports, the patient was diagnosed with PCOS.

Physical examination

Ashtavidhapariksha

Nadi –Vat-pittaj
Mutra –Mutradaha
Mala–Vibandha
Jihwa-Nirama
Shabda–Samyak
Sparsha-Samanya
Drika–Samanya
Aakriti–Madhyam

Dashvidhapariksha

Prakriti (nature)- *Vatapittaja*
Sara (purest body tissue)- *Mamsasar*
Samhanana (body compact)- *Madhyam*
Pramana (body proportion)- *Madhyam*
Satmya (homologation) - *Sarvaras*
Satva (mental strength) - *Madhyam*
Vaya (age)- *Yuvavastha*
Vyayamshakti (to carry on physical activities)– *Avara* (least capability)
Aharashakti- (food intake and digestive power) *Madhyam*
Jaranashakti – Madhyam

Systemic Examination

Cardiovascular System: Heart sounds (S1S2): Normal
Respiratory system: Normal bilateral aeration, no added sounds.
Gastrointestinal System - Mild constipation
Genitourinary system – Burning micturition

***Samprapti Ghataka* (Pathogenic factor)**

Dosha -Vata, Pitta
Dushya–Ras dhatu
Agni (digestive fire) - *Mandagni*
Srotas (channel) *Rasvah srotas, Artavahasrotas*
Srotodushti-Siragranthi (cyst), *Beejdushti –*
Vyaktisthana - Beejashaya Granthi

Investigations

SerumFSH, LH, and prolactin were measured.
On 27/10/25
FSH-5.3mIU/ml
LH-3 mIU/ml
Prolactin -18.8ng/ml
TSH -1.2uIU/m.

Urine Examination

S.G. - 1.105
Ph -7.5
Cocci - +2
RBC - 80-100 /hpf
Pus cells – 1-2 /hpf
Epithelial cells – 1-2 /hpf

USG (TVS) on 22/08/24

- A whole abdomen ultrasound (USG) following findings
- Bilateral ovaries are large in size.
- Right ovary – 10.7cc
- Left ovary – 19.7cc
- and shows multiple peripheral follicles, i.e. Bilateral PCOM.
- Normal liver, gall bladder, pancreas, spleen, b/l kidneys, urinary bladder and uterus.
- This analysis of the husband revealed results within normal limits.

Diagnosis

The clinical features, along with the ultrasound scan reports, suggest that it is a case of primary infertility with PCOS and was diagnosed as *Vandhyatwa* with *Artavadushti*.

Provisional diagnosis: *Vandhytwaa* with *Artavakshaya* (oligomenorrhea), PCOS

Differential diagnosis: *Artavakshaya*, *Vatik artavadushti*, *Ksheena artavadushti*

Therapeutic interventions

- Based on Ayurvedic line of management of anovulation and we formulated the line of treatment.
- The patient was advised the following medicines initially for 2 months to observe changes on ultrasonography.
- The treatment was initially scheduled for 1 month, with follow-up every 15 days.
- Timeline
- The treatment was carried out with the following medicines for 1 month.

Chikitsa

Table 1: Treatment plan

Drug	Dosage
Tab. *Pathadi ghana vati*	2 BD after a food with warm water
Syp*. Urikal*	2Tsf twice a day with water
Varunadi and *Dashmool kwath*	20ml twice a day with lukewarm water
Erand bhrishta haritaki	1 tab HS
Lasun Taila Matra basti	30ml for 7 days after last menses

- Abdominal Sonography dated on 16/12/25.
- A single live intrauterine embryo is seen with FHR 148 bpm.
- CRL – 1.16cm
- Total average gestational age – 7 weeks 2 days

RESULTS

Table 2: Subjective Criteria

S.no	Symptoms	Before Treatment	After Treatment
1.	Alpartav	Present	Absent
2.	Indigestion	Present	Absent
3.	Constipation	Present	Absent

Table 3: Objective Criteria

U.S.G.	Before Treatment	After Treatment
Whole abdomen sonography	Multiple small cysts in B/L ovaries	Abdominal Sonography dated on 16/12/25. ▪ Single live intrauterine embryo is seen with FHR 148 bpm. ▪ Total average gestational age – 7 weeks 2 days

RESULT

The study reported a successful outcome with the patient achieving conception. Furthermore, notable improvements were observed in the patient's menstrual cycle, including the resolution of symptoms related to scanty and delayed menses. This case study highlights the potential efficacy of this integrated Ayurvedic treatment protocol in addressing PCOS-related primary infertility and associated menstrual irregularities. Abdominal Sonography reveals the presence of a 7-week, 2-day-old embryo, indicating successful conception achieved through a holistic treatment approach.

DISCUSSION

In this case, the patient presented with Polycystic Ovarian Syndrome (PCOS) leading to *Vandhyatha* (infertility) and *Nashtarthava*[4]. The habitual intake of *Abhishyandi ahar*, such as pastries, ice cream, and junk food, combined with a sedentary lifestyle and stress, resulted in *Kapha vriddhi*, *Agnimandya*, and *Aama* formation in *Rasadhatu*, causing *Artava upadhatu dushti*[5]. Obstruction of *Apana Vata* aggravated *Kapha*, further impaired *Artava pravritti*, while stress-induced *Vata vaigunya* contributed to dysfunction. As per the classical dictum *"Doshairavritha margatwath arthavam nashyathi streeya"*[6], vitiated *Vata* and *Kapha* caused *Artavavaha srothorodha* leading to *Beejaroopa artava dushti* and anovulation. Thus, the pathology involved *Vata-Kapha dosha*, *Rasa-Rakta-Artava dushti*, and *Sanga* type *Srothodushti*[7]. Management was planned on the principles of *Kaphahara, Vata anulomana, Agni deepana, Pachana,* and *Srothoshodhana*, with *Deepana-Pachana* drugs administered first to correct *Agni*, followed by *Vata anulomana* medicines to restore normal *Artava* function.

Mode of action of drugs

Pathadi ghana vati

Pathadi Ghana Vati is a classical Ayurvedic formulation that helps regulate menstrual cycles and improve ovarian function. It works by enhancing digestion, reducing *Kapha* accumulation, and supporting hormonal balance. The formulation also helps reduce cyst formation and improve overall uterine health.

Dashmool varunadi kwath

Dashmool Kwath acts as an anti-inflammatory and *Vata-shamaka,* helping to improve pelvic circulation and support normal ovarian function. *Varunadi Kwath* is known for its *Kapha*-reducing and channel-clearing properties, which may help reduce cyst formation and improve follicular development. Together, these formulations work synergistically to regulate menstrual cycles and promote ovulation. When combined with appropriate diet and lifestyle modifications, they can play a supportive role in managing infertility associated with PCOS.

Surup *Urikal*

Syrup *Urikal* is an Ayurvedic formulation known primarily for its diuretic and detoxifying properties, helping eliminate excess *Kleda* (fluid accumulation) and toxins from the body. It supports the proper functioning of the urinary and reproductive systems by reducing inflammation and improving pelvic health. By aiding detoxification and maintaining fluid balance, it may indirectly help reduce cyst formation and improve ovarian function. This

contributes to more regular menstrual cycles and supports ovulation. When used along with appropriate Ayurvedic medicines, diet, and lifestyle modifications, it can play a supportive role in managing infertility associated with PCOS.

Lasun taila matra basti

In Polycystic Ovary Syndrome (PCOS)–related primary infertility, *Vata dosha* imbalance and obstruction in *Artava vaha srotas* play a crucial role. In Ayurveda, *Lasun Taila Matra Basti* (medicated oil enema with garlic oil) is used to pacify *Vata* and regulate *Apana Vayu*, which governs ovulation and menstruation. It helps improve pelvic circulation and reduces stiffness or obstruction in reproductive channels. The *Ushna* (hot) and *Tikshna* properties of *Lasun* (garlic) help reduce *Kapha* accumulation and cyst formation. This therapy supports normalisation of the menstrual cycle and enhances the chances of ovulation. Thus, it plays an important supportive role in the management of primary infertility associated with PCOS when combined with holistic care.

CONCLUSION

This case demonstrates the effectiveness of Ayurvedic management in infertility associated with PCOS. By addressing Agni *mandya*, *Kapha vriddhi*, and Apana *Vata vaigunya* through *Deepana, Pachana, Vata anulomana,* and *Srothoshodhana* measures, menstrual regularity was restored, ovulation was facilitated, and conception was achieved. The patient successfully conceived within two and a half months of treatment and delivered a healthy male child. This outcome highlights the relevance of individualised Ayurvedic protocols in improving fertility and associated health concerns in PCOS, and further studies on larger samples may validate these findings.

Patient Perspective

After a positive UPT, the patient was initially in disbelief and requested USG confirmation. She reported satisfaction with the holistic treatment and lifestyle counselling.

Informed Consent

Written informed consent was obtained from the patient for publication of her clinical details.

Advice *(Pathya-Apathya)*

- Avoid: Spicy, excessively sweet, fried/fast foods, baked goods, fermented foods, cold drinks, and psychological stress.
- Consume: Green leafy vegetables, high-fibre foods (spinach, cabbage, broccoli, capsicum), sesame/flax seeds, fruits (orange, apple, papaya).
- Maintain: Regular exercise and yoga.

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***Address for correspondence**
Dr. Shivani Jaiswal
PG Scholar
PG Department of PTSR,
M.M.M. Govt. Ayurveda College & Hospital, Udaipur, India.
Email: jaiswalshivani0611@gmail.com

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