



Case Study

INTEGRATIVE AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY ASSOCIATED WITH PCOS

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ABSTRACT

Women who have never conceived are categorized under primary infertility, whereas inability to conceive after a previous pregnancy is termed secondary infertility. In recent years, Polycystic Ovarian Syndrome (PCOS) has emerged as one of the most frequently encountered gynecological disorders in reproductive-aged women and is a major cause of anovulatory infertility. The condition affects nearly 20–30% of women in the reproductive age group. Clinical manifestations commonly include menstrual irregularities, hyperandrogenism, insulin resistance, anovulation, and difficulty in conception. From the Ayurvedic perspective, features resembling PCOS can be correlated with conditions such as *Pushpaghni Jataharini* and *Nashtartava*, where improper follicular development and failure of ovulation are observed. The pathology involves vitiation of *Dosha*, *Dhatu*, *Agni*, and *Upadhatu*. A 21-year-old female patient, a known case of PCOS, attended the OPD of Stree Roga and Prasuti Tantra at NIA, Jaipur, with complaints of infertility for 1.5 years along with scanty menstruation persisting for the past five years. The patient was managed with *Stanayashodhak Mahakashaya Kwatha*, *Madhumehari Churna*, and *Phalasarpi* for a duration of one and a half months. Following the treatment, conception was achieved.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a complex endocrine and metabolic disorder commonly observed among women of reproductive age. Clinically, it is characterized by menstrual disturbances, acne, hirsutism, obesity, and enlarged polycystic ovaries.^[1] The condition is associated with excessive ovarian androgen production and is considered a multifactorial and polygenic disorder. PCOS may present with biochemical abnormalities such as hyperandrogenemia as well as morphological changes involving multiple ovarian cysts.

Hyperandrogenism is one of the major pathological features of PCOS and contributes to impaired follicular maturation, anovulation, menstrual irregularities, and infertility.

The prevalence of PCOS is reported to be approximately 20–30% among women in the reproductive age group.^[2] Common clinical manifestations include abdominal obesity, irregular menstruation, and difficulty in conception. According to the Rotterdam Criteria (2003) proposed by the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE),^[3] diagnosis of PCOS is confirmed when any two of the following features are present: oligomenorrhea and/or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovaries detected on ultrasonography.

PCOS is considered one of the leading causes of anovulatory infertility and contributes significantly to reproductive dysfunction in women. A large proportion of affected women also exhibit insulin resistance, particularly those who are overweight or obese. In the absence of ovulation, corpus luteum formation does not occur, leading to progesterone deficiency and lack of secretory changes in the

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endometrium. Consequently, menstrual irregularities and infertility may develop.

Ayurveda describes several essential prerequisites for successful conception, namely *Ritu* (appropriate fertile period), *Kshetra* (healthy reproductive organs), *Ambu* (adequate nourishment and *Rasa dhatu*), *Bija* (healthy ovum and sperm), proper mental and emotional state, and normal functioning of *Vata Dosha*^[4]. Disturbance in any of these factors may result in infertility. In Ayurvedic literature, infertility is described under conditions such as *Vandhyatva*, *Yonivyapad*, *Beeja Dosha*,^[5] and *Jataharini*.^[6] Acharya Harita classified infertility into different types including *Anapatya* (primary infertility), *Kakavandhya* (secondary infertility), *Garbhasravi* (recurrent abortions), and *Mrutavatsa* (stillbirths). Acharya Sushruta emphasized the role of vitiated *Vata Dosha* in the pathogenesis of infertility and disorders related to *Artava*.^[7]

Although PCOS is not directly mentioned in Ayurvedic classics, its clinical features can be correlated with conditions such as *Pushpaghni Jataharini*, *Nashtartava*, *Artava Dushti*, and various *Yonivyapadas*. The disease process mainly involves vitiation of *Vata* and *Kapha Dosha* along with impairment of *Rasa* and *Rakta Dhatu*, *Artava Upadhatu*, and *Dhatwagni*. *Apana Vata*, which governs the functions of the female reproductive system, plays an important role in ovulation, menstruation, and conception. Therefore, the Ayurvedic management of PCOS focuses on correction of *Agni*, *Ama Pachana*, *Vatanulomana*, and purification and nourishment of *Rasa-Rakta Dhatu*. Based on these principles, the present case was managed with therapies aimed at balancing *Vata-Kapha Dosha* and improving reproductive health.

Ayurvedic Perspective of PCOS

Acharya Sushruta has explained that vitiated *Vata Dosha* plays a major role in the development of *Vandhyatva* (infertility), where impairment or loss of *Artava* (menstrual function) may occur. Although a direct description of Polycystic Ovarian Syndrome (PCOS) is not available in Ayurvedic classics, several gynecological conditions described in Ayurveda closely resemble its clinical manifestations. PCOS can be correlated with disorders such as *Yonivyapada*, including *Vataja Yonivyapada*, *Arajaska*, *Lohitakshaya*, and *Vandhya Yonivyapada*, as well as *Artava Vyapada* like *Vataja Artava Dushti* and *Ksheena Artava*.

From an Ayurvedic viewpoint, the pathology involves vitiation of *Vata* and *Kapha Dosha* along with disturbances in *Rasa* and *Rakta Dhatu*, impairment of *Artava Upadhatu*, and *Dhatvagni Mandya*. Acharyas have emphasized the importance of *Apana Vayu*, which resides in the pelvic region and regulates physiological

activities such as menstruation, ovulation, excretion, and childbirth. Therefore, treatment principles in PCOS should focus on *Agni Deepana* (enhancing digestive and metabolic fire), *Ama Pachana* (removal of metabolic toxins), *Vatanulomana* (normalization of *Vata*), and *Rasa-Rakta Prasadana* (improvement of tissue nutrition and purification). Based on these principles, the present case was managed to pacify aggravated *Vata-Kapha Dosha* and correct vitiation of *Rasadhatu*.

OBJECTIVE

To evaluate the therapeutic efficacy of *Stanayashodhak Mahakashaya Kwatha*, *Madhumehari Churna*, and *Phalasarpri* in the management of PCOS-associated infertility.

Study Details

Name of Patient: XYZ

Date of First Visit: 20/06/2024

Age: 24 years

Religion: Hindu

Occupation: Housewife

Chief Complaints with Duration

Scanty menstrual flow for the past 5 years.

Inability to conceive for 1.5 years

History of Present Illness

The patient was apparently healthy five years earlier. Gradually, she developed complaints of reduced menstrual flow. Ultrasonographic evaluation later confirmed features suggestive of PCOS. Following marriage, she attempted conception through regular unprotected intercourse but was unable to conceive for approximately one and a half years. She subsequently attended the OPD of Prasuti Tantra and Stree Roga Jeevan Jyoti Ayurvedic MEDICAL COLLEge and Hospital, Aligarh, for detailed evaluation and Ayurvedic management.

Personal History

Diet: Vegetarian

Appetite: Normal

Bowel Habits: Regular and satisfactory

Bladder Habits: Normal

Sleep: Adequate and sound

Medication History: No regular medication

Addiction: None

Past Medical/Surgical History: No significant history

Family History

No significant family history reported

Menstrual and Marital History

Age at menarche: 13 years

Last Menstrual Period (LMP): 02/06/2024

Menstrual History**Table 1**

Parameters	Findings
Duration of menstrual flow	1–2 days
Intermenstrual interval	30 days
Duration of menstrual flow Cycle regularity	Regular
Number of pads used/day	1–2 pads/day (not fully soaked)
Presence of clots	Few clots present
Colour of menstrual blood	Dark red
Foul smell	Absent
Associated complaints	None

Marital History

Duration of married life: 2 years

Active marital life: 2 years

Obstetric History

G1P0A1L0

Previous spontaneous abortion at 1.5 months gestation in the year 2024.

Ashtavidha Pariksha (Eightfold Ayurvedic Examination)

- *Nadi* (pulse): 82/min, regular
- *Mala* (stool): *Nirama*
- *Mutra* (urine): 5–7 times/day, pale yellow
- *Jivha* (tongue): *Nirama*
- *Shabda* (voice): Clear and normal
- *Sparsha* (touch): *Sama Shitoshna*
- *Drika* (eyes/vision): Normal
- *Aakruti* (body build): *Madhyama*

Physical Examination**General Examination**

- Height: 155 cm
- Weight: 51 kg
- BMI: 21.2 kg/m²
- Blood Pressure: 110/70 mmHg
- Build: Moderately and nourished
- Pallor: Absent
- Secondary sexual characteristics normal for age
- Nails, tongue, and conjunctiva appeared pink
- No lymphadenopathy or icterus observed

Systemic Examination**Respiratory System**

Bilateral air entry clear

Cardiovascular System

S1 and S2 audible

Central Nervous System

Conscious and oriented

Investigations

Ultrasonography (USG) – 02/06/2024

Both ovaries appeared mildly enlarged with multiple small peripheral follicles and increased central stromal echogenicity

Impression: Features suggestive of PCOS

Laboratory Investigations

- Haemoglobin: 9.9 gm%
- Liver Function Test (LFT): Within normal limits
- Renal Function Test (RFT): Within normal limits
- Lipid Profile: Within normal limits
- Thyroid Profile: Within normal limits

Treatment Protocol**Principle of Treatment**

The therapeutic approach was aimed at:

- *Agni Deepana* (improving digestion and metabolism)
- *Ama Pachana* (elimination of metabolic toxins)
- *Vata Shamaka* therapy
- *Rakta Shodhana* (purification of blood and tissues)

Nidana Parivarjana (Avoidance of Causative Factors)

Detailed history was obtained and possible etiological factors were identified and avoided, including:

- Improper dietary habits
- Consumption of fast food
- Late-night sleeping
- Mental stress and overthinking
- *Viruddha Ahara* (incompatible diet)
- *Vegavidharana* (suppression of natural urges such as urination and defecation)

Nidana Parivarjana is considered the primary line of treatment in Ayurveda and is emphasized in *Sushruta Uttaratantra*.

Ahara Vyavastha (Dietary Regulation)

The patient was advised to consume:

- Green leafy vegetables
- Barley (Yava/Jau)
- Bitter gourd
- Green gram (Mudga)
- Aged Shali rice
- Cow's milk and ghee
- Seasonal fruits
- Adequate water intake

As mentioned by Acharya Kashyapa, *Ahara* is considered *Mahabhaishajya* (supreme medicine). The

patient was also advised to follow *Rajaswala Charya*^[8] during the first three days of menstruation.

Diet During Menstruation

- Old *Shali* rice cooked with cow's milk and *Mishri*.
- Barley porridge prepared with cow's milk and *Mishri*.
- Chapati made from barley flour with cow's ghee.
- Sweet seasonal fruits.

Foods Avoided

- Wheat chapati
- Excess salt and spices
- Mustard/refined oil

Ayurvedic Pharmacological Attributes and Therapeutic Actions of the Drugs

Stanyashodhaka Mahakashaya Gana Kwatha^[9]

- Sour fruits and incompatible foods

Drug Administration

The following oral medications were prescribed for a duration of 1.5 months:

- *Stanyashodhak Mahakashaya Kwatha*– 15ml twice daily on an empty stomach (morning and evening).
- *Madhumehari Churna*– 3gm twice daily after meals with water.
- *Phalasarpī*– 5ml twice daily on an empty stomach with lukewarm cow's milk.

Table 2

Dravya	Rasa	Guna	Veerya	Vipaka	Therapeutic Actions
<i>Patha</i>	<i>Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	Helps balance all three doshas, improves digestion and metabolism, and purifies blood.
<i>Mahaushadha</i>	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	Pacifies <i>Vata</i> and <i>Kapha</i> , promotes downward movement of <i>Vata</i> , enhances digestion, removes <i>Ama</i> , purifies blood, and acts as a rejuvenative and aphrodisiac.
<i>Musta</i>	<i>Tikta, Katu, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Reduces <i>Kapha</i> , stimulates digestive fire, improves digestion, purifies blood, supports lactation, and regulates menstruation.
<i>Guduchi / Murva</i>	<i>Tikta, Kashaya</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosha</i> -balancing drugs that aid digestion, improve metabolism, support proper bowel movement, purify and nourish blood, and are beneficial in metabolic disorders.
<i>Vatsaka Phala</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Alleviates <i>Kapha</i> and <i>Vata</i> , stimulates appetite and digestion, and assists in blood purification.
<i>Kiratatikta</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	Pacifies <i>Kapha</i> and <i>Vata</i> , enhances digestive activity, digests <i>Ama</i> , supports bowel regulation, and acts as a blood purifier.
<i>Katurohini</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Useful in balancing <i>Kapha</i> and <i>Pitta</i> , improving digestion, cleansing blood, and managing metabolic disturbances.
<i>Sariva</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	Balances all <i>Doshas</i> , improves digestion and metabolism, supports bowel function, purifies blood, and helps maintain pregnancy.

Ayurvedic Pharmacodynamic Properties and Actions of *Madhumehari Churna*^[10]

Table 3

Dravya	Rasa	Guna	Veerya	Vipaka	Therapeutic Actions
<i>Jambu Beeja (Syzygium cumini)</i>	<i>Kashaya, Madhura, Amla</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Pacifies <i>Kapha</i> and <i>Pitta</i> , enhances digestion and metabolism, useful in <i>Madhumeha</i> due to its antidiabetic action.
<i>Aamrasthi Majja (Mangifera indica)</i>	<i>Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Acts as <i>Deepana</i> and <i>Pachana</i> , alleviates <i>Kapha</i> - <i>Pitta</i> , reduces uterine inflammation

					and helps in <i>Prameha</i> .
<i>Karvellaka</i> (<i>Momordica charantia</i>)	<i>Tikta</i> , <i>Katu</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	Balances <i>Kapha</i> and <i>Vata</i> , improves digestion, purifies blood, supports menstrual function, and exhibits antihyperglycemic activity by enhancing insulin levels.
<i>Meshashrangi</i> (<i>Gymnema sylvestre</i>)	<i>Kashaya</i> , <i>Tikta</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-Vata shamaka</i> , stimulates digestive fire, promotes insulin secretion, and helps in relieving menstrual obstruction.
<i>Methika</i> (<i>Trigonella foenum-graecum</i>)	<i>Katu</i>	<i>Laghu</i> , <i>Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vatahara</i> , <i>Deepana</i> , <i>Pachana</i> , <i>Anulomana</i> and galactagogue properties.
<i>Bilva Patra</i> (<i>Aegle marmelos</i>)	<i>Kashaya</i> , <i>Tikta</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	Reduces <i>Kapha-Vata</i> , improves digestion, beneficial in <i>Prameha</i> and uterine inflammatory conditions.
<i>Nimba Beeja</i> (<i>Azadirachta indica</i>)	<i>Kashaya</i> , <i>Tikta</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha-Pitta shamaka</i> , blood purifier, digestive stimulant and useful in <i>Madhumeha</i> .
<i>Shunthi</i> (<i>Zingiber officinale</i>)	<i>Katu</i>	<i>Laghu</i> , <i>Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	Pacifies <i>Vata</i> and <i>Kapha</i> , promotes digestion, improves circulation, acts as <i>Vatanulomana</i> and <i>Rasayana</i> .
<i>Mishreya</i> (<i>Foeniculum vulgare</i>)	<i>Katu</i> , <i>Tikta</i> , <i>Madhura</i>	<i>Laghu</i> , <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata shamaka</i> , <i>Deepana</i> , <i>Pachana</i> , relieves inflammation, promotes lactation and improves blood quality.
<i>Bala Beeja</i> (<i>Sida cordifolia</i>)	<i>Madhura</i>	<i>Laghu</i> , <i>Snigdha</i> , <i>Picchila</i>	<i>Sheeta</i>	<i>Madhura</i>	Strengthening herb with <i>Vatahara</i> and <i>Prajasthapana</i> properties.
<i>Babul Phala</i> (<i>Acacia arabica</i>)	<i>Kashaya</i>	<i>Guru</i> , <i>Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha-Pitta shamaka</i> and useful in reducing uterine inflammation.
<i>Swarnapatri</i> (<i>Cassia angustifolia</i>)	<i>Katu</i> , <i>Tikta</i> , <i>Madhura</i> , <i>Kashaya</i>	<i>Laghu</i> , <i>Ruksha</i> , <i>Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	Acts as <i>Vatanulomana</i> , <i>Kapha-Vata shamaka</i> and blood purifier.

Phala Sarpi^[11]

Phala Sarpi is a medicated ghee preparation composed of herbs such as *Manjistha*, *Kushta*, *Tagara*, *Triphala*, *Vacha*, *Madhuka*, *Meda*, *Dipyaka*, *Katurohini*, *Payasa*, *Kakoli*, *Shatavari*, and *Hingu*. The formulation is traditionally indicated for promoting reproductive health, balancing *Doshas*, and improving metabolic and gynecological functions.

Table 4

Dravya	Rasa	Guna	Veerya	Vipaka	Therapeutic Actions
<i>Manjistha</i> , <i>Kushta</i> , <i>Tagara</i> , <i>Vacha</i> , <i>Dipyaka</i> , <i>Katurohini</i> , <i>Hingu</i> , <i>Haritaki</i> , <i>Bibhitaki</i>	Predominantly <i>Tikta</i> , <i>Kashaya</i> and <i>Katu</i>	<i>Guru</i> , <i>Ruksha</i>	Mostly <i>Ushna</i> (<i>Katurohini</i> is <i>Sheeta</i> <i>Veerya</i>)	<i>Katu</i> (<i>Haritaki</i> and <i>Bibhitaki</i> possess <i>Madhura</i> <i>Vipaka</i>)	Helps in pacifying <i>Kapha</i> and <i>Vata</i> , stimulates <i>Agni</i> , promotes digestion and metabolism, purifies blood, cleanses breast milk, and supports normal menstruation.
<i>Madhuka</i> , <i>Meda</i> , <i>Payasa</i> , <i>Kakoli</i> and <i>Shatavari</i>	<i>Madhura</i> , <i>Kashaya</i>	<i>Guru</i> , <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	Mainly acts as <i>Vata shamaka</i> , nourishes body tissues, promotes lactation, and provides rejuvenating and strengthening effects.

RESULT

Following the prescribed Ayurvedic treatment regimen, the patient missed her subsequent menstrual cycle. A urine pregnancy test (UPT) performed at home on 08/08/2020 showed a positive result, indicating successful conception.

DISCUSSION

In Ayurveda, infertility associated with ovarian dysfunction can be understood as a predominantly *Vata-Kapha* dominant disorder. Impairment of *Dhatwagni*, vitiation of *Apana Vayu*, and disturbances in *Rasa* and *Rakta Dhatu* are considered major contributing factors. Therefore, the treatment protocol was planned with medicines possessing *Vata-Kapha shamaka*, *Agni-deepana*, *Pachana*, *Vatanulomana*, *Brimhana*, and *Rakta-shodhaka* properties.

Most of the selected formulations contain drugs having *Tikta* and *Katu Rasa*, *Laghu-Ruksha Guna*, *Katu Vipaka*, and predominantly *Ushna Veerya*. These pharmacological attributes help improve digestion and metabolism, remove metabolic toxins (*Ama*), and promote proper nourishment of the *Dhatus*. Since *Artava* is considered the *Upadhatu* of *Rasa Dhatu*, correction of *Rasa* formation ultimately supports healthy *Artava* production and ovulation.

The drugs used in the treatment are known for their actions such as *Agnideepana*, *Amapachana*, *Vatanulomana*, *Artavajanana*, and *Rakta-prasadana*. Through these effects, they facilitate *Srotoshodhana* (cleansing of microchannels), resulting in proper formation and functioning of *Dhatus* and *Upadhatu*. This may contribute to restoration of ovulatory function and normalization of menstrual cycles.

Ayurveda explains that digestion and metabolism occur sequentially through the action of *Jatharagni* followed by *Dhatwagni*. Disturbance in *Dhatwagni* can lead to defective tissue metabolism and improper nourishment of *Dhatus*, which may manifest as obesity, dyslipidemia, hormonal imbalance, menstrual irregularities, and anovulation- features commonly observed in PCOS. Impaired metabolic activity may also obstruct microcirculatory channels, further aggravating the pathology.

The formulations included in *Stanyashodhaka Gana* and *Phala Sarpi* contain ingredients such as *Kutki* (*Katurohini*), which is traditionally regarded as a potent stimulant for liver and metabolic functions. By enhancing *Dhatwagni*, these drugs may support healthy tissue metabolism and hormonal balance.

Phala Sarpi is widely recognized in Ayurveda for its beneficial role in female infertility. Classical texts describe it as having *Balya*, *Brihmana*, *Vatahara*, *Rasayana*, and *Garbhadharana* properties. It helps strengthen the reproductive system and improves the

possibility of conception. It may also help regulate the hypothalamic-pituitary-ovarian axis, thereby supporting gonadotropin secretion and ovarian steroidogenesis.

Although *Madhumehari Churna* is commonly prescribed in diabetes management, it was selected in this case because insulin resistance is a major pathological component shared by both diabetes mellitus and PCOS. By improving metabolic function and reducing insulin resistance, the formulation may assist in restoring ovulation and menstrual regularity.

After approximately one and a half months of consistent Ayurvedic treatment along with dietary and lifestyle modifications, the patient conceived successfully.

CONCLUSION

According to Ayurvedic principles, PCOS-related infertility involves vitiation of *Vata* and *Kapha Dosha*, dysfunction of *Rasa* and *Rakta Dhatu*, disturbance of *Artava Upadhatu*, and impairment of *Dhatwagni*. Hence, management should focus on balancing *Doshas*, improving metabolism, purifying channels, and promoting healthy *Artava* formation.

The combined use of *Stanyashodhaka Gana*, *Madhumehari Churna*, and *Phala Sarpi* appears beneficial in regulating menstruation, supporting ovulation, and improving fertility outcomes in PCOS-related infertility. *Phala Sarpi*, owing to its *Balya*, *Rasayana*, *Vatahara*, and *Garbhadharana* properties, plays an important role in strengthening female reproductive health.

Ayurvedic medicines, along with appropriate *Aahara* (dietary regimen) and *Vihara* (lifestyle modifications), may enhance the physiological processes involved in ovulation and fertility, thereby offering a promising holistic approach in the management of infertility associated with PCOS.

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