

Management of Infertility w.s.r. to PCOS through Ayurvedic Medicines & Therapy - A Case Study

Priyadarsini J¹, Samal PK², Lagna SP^{3*}

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¹ Jasmita Priyadarsini, Assistant Professor, PG Dept of Prasuti Tantra and Stree Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India.

² Prativa Kumari Samal, Ex-HOD and Professor, Dept of Rachana Sharira, KATS Ayurvedic College and Hospital, Ankushpur, Berhampur, Odisha, India.

^{3*} Swati Preeti Lagna, Post Graduate Scholar, PG Dept of Prasuti Tantra and Stree Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India.


Introduction: People of present era are habituated to sedentary way of life due to which they are prone to different types of metabolic ailments. Polycystic ovarian syndrome is one among them affecting the females of active reproductive age group and infertility is one among the complications of PCOS. Infertility is a condition which is defined as the inability to conceive after 1 year of unprotected intercourse of reasonable frequency. In Ayurveda this is considered as Vandhyatwa which is managed with multiple concepts of correcting the states of Doshas and dhatus. Hence in this case following the principles of Ayurveda Shamana Chikitsa and Uttar Basti was given in the management of infertility with polycystic ovarian syndrome.

Methodology: A case of 26-year-old woman diagnosed with infertility due to PCOS complaining of irregular menstruation and weight gain. She was given Ayurvedic treatment, Shamana Chikitsa and Uttarbasti, including dietary and lifestyle advice and Yoga therapy.

Result: Size of cyst decreased remarkably and patient conceived after completion of treatment.

Discussion: By analyzing the causes of PCOS, it can be stated that obesity is one of the main causes of the disease. Formation of Rasa Dhatu and Updhatu Artava is affected in women who is having obesity which results in irregular menstruation and which leads to Vandhyatwa. Hence treatment in PCOS should aim at Agniideepana, Kaphahara, Medohara, Artavajanaka and Granthiviliana. The drugs and procedures which possess properties like Deepana, Pachana, Shothahara, Artavajnana, Medohara and Lekhaniya should be used.

Keywords: Vandhyatwa, Infertility, PCOS, Uttarbasti

Corresponding Author	How to Cite this Article	To Browse
Swati Preeti Lagna, Post Graduate Scholar, PG Dept of Prasuti Tantra and Stree Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India. Email: preetilagna30@gmail.com	Priyadarsini J, Samal PK, Lagna SP, Management of Infertility w.s.r. to PCOS through Ayurvedic Medicines & Therapy - A Case Study. J Ayu Int Med Sci. 2025;10(3):373-377. Available From https://jaims.in/jaims/article/view/4097/	

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Introduction

Woman's health is the primary factor to be considered for wellbeing of family, society and culture. Physiological changes and development occur right from birth but markedly during the reproductive period. Change in life-style of woman, increases physical and emotional stress, Irregular dietary habits, leads to many gynaecological problems. PCOS is one of the diseases caused due to hormonal imbalance which in turn causes infertility. Polycystic ovarian disease is androgen excess and chronic anovulation disorders that affect about 20% reproductive women in world wide. Most women give importance to it only when it affects her fertility or to an extent physical appearance. The polycystic ovary should be considered as a sign, rather than a disease. Etiology of PCOD is multi factorial. Mainly lifestyle of woman is very affected for hormonal imbalance. According to modern science hormonal therapy are given to regulate menses but it might have some side effects which might not be tolerable by some patients. So, there is a need of alternate management of infertility related to PCOS in *Ayurveda*. According to *Ayurveda*, PCOS is a condition that can be correlated with *Granthibhuta Aartva*.^[1] *Anartava*, *Vandhya*^[2] or *Puspaghni Jathaharini*^[3] as mentioned by *Acharya Kashyapa*. All disorders or imbalances are viewed as result of *Doshas'* interaction and imbalance. When *Vata* imbalance occurs, reproductive channel, *Artavavaha Srotas*, is disrupted, pushing *Kapha* and *Pitta* out of balance. This is how sickness starts. Menstrual irregularities are a sign of vitiated *Vata* in *Artavavaha Srotas*. Acne, hirsutism, and hormonal imbalances are results of *Pitta* vitiation. Cyst-related symptoms and weight gain are caused by *kapha* vitiation.^[4] In present case of PCOD associated Infertility, *Uttarabasti* with *Phalakalyan Ghrita* was adopted along with other oral medications to treat condition.

Materials and Methods

Case Report

A 26 Years old married female patient came to OPD of Dept. of P.T.S.R, G.A.M, Puri with complaints of inability to conceive despite having regular unprotected coitus in the last 2 years. Additionally, the patient mentioned of having irregular menstrual cycles along gaining of weight since last 1 year.

Past history

No H/O DM/HTN/ Hyperthyroidism. No H/O of any previous major illness and surgery.

Menstrual History

Her menstrual history revealed irregular cycles lasting for 5-6 days. LMP was 21 Jan 2024, menstrual flow was moderate, without pain and included clots.

Obstetrics History

Married in the last 2 years

Score - G0

General Examination

- Built - Obese
- Blood Pressure - 110/70 mmHg
- Pulse - 78/min
- Respiratory rate - 15/min
- Height - 152 cm
- Weight - 64 kg
- BMI - 27.7

Systemic Examination

- CNS - Conscious, well-oriented
- CVS - S1S2 heard, NAD
- P/A - soft, non-tender

Gynecological Examination

P/S examination

Vagina - discharge (mild)
Cervix - healthy, Os - Nulliparous

P/V examination

Uterus - AV, AF, Mobile
Cervix - firm, mobile, non-tender
Fornix - clear

Investigation

- Blood parameters were under normal limits.
- TSH - 3.4mIu/ml
- FBS - 89mg/dl
- USG - Polycystic ovarian morphology on left side (largest measuring 5mm in diameter)
- Semenogram of Husband - Normal

Treatment Protocol

SN	Name of medicine	Dose	Kala	Frequency and Anupana	Duration
1.	Kanchanar Guggulu	500mg	After food	Twice a day with lukewarm water	90 days
2.	Varunadi Kasaya	15 ml	After food	Twice a day with equal amount of water	90 days
3.	Kankayana Gutika	500 mg	After food	Twice a day with lukewarm water	90 days
4.	Aswagandha Ksheerapaka	100ml	Before food	Twice a day	90 days
5.	Arogyavardhini Vati	500mg	Before food	Twice a day	30 days

Uttarbasti: with *Phalakalyan Ghrita* (5ml continuous for 3 days after cessation of menses for 3 consecutive cycles)

Advice

- Yogasana like *Bhujangasana*, *Halasan*, *Paschimottanasana*, *Padahastanasana*
- Avoidance of oily, fatty, sugary foods, junk foods

Result

Bapuji Educational Association (Regd.)
DEPARTMENT OF RADIO-DIAGNOSIS
 J.J.M. Medical College-Bapuji Hospital, Davangere-577 004.
 Ph : 08192-253850-58 E-mail : jmmcradiodiagnosisdvg@gmail.com

NAME	OP NO	24058040
AGE/SEX	DATE	16/02/2024
REF BY	WARD	OPD

ABDOMINO-PELVIC SCAN

Liver: Normal in size (11.6cm) shape and echogenicity. Intrahepatic and extra hepatic biliary radicals are normal. Portal and hepatic veins are normal.

Gall bladder: Well distended. No calculi/ sludge seen. No mass noted. Pericholecystic space appears normal. CBD is normal.

Pancreas: Visualized pancreas appears normal in size, shape and echopattern. Pancreatic duct is normal.

Spleen: Normal in size (8.9cm), shape and echopattern. Splenic vein is normal.

Kidneys:
 Right - Normal in size 10.1x3.3cm, shape and echo pattern. Pelvicalyceal system is normal. No calculi. Corticomedullary differentiation is maintained.
 Left - Normal in size 11.5x4.0cm, shape and echo pattern. Pelvicalyceal system is normal. No calculi. Corticomedullary differentiation is maintained.

Urinary bladder: Moderately distended. No calculi. No wall thickening. No irregularity. No mass noted.

Uterus: Anteverted. Normal in size 6.3x3.1x4.0cm (CC x AP x TR), shape and echo pattern.
Endometrium: Measures 12.5mm and central.
B/L Ovaries:
Right ovary: appear normal in size (2.7x1.9x1.8cm, approx. vol 5cc), shape and morphology
Left ovary: Appears (4.4x2.9x2.1cm, approx. vol 15cc) bulky with multiple tiny follicles largest measuring 5mm in diameter and hyperechoic stroma.
Bowel: Visualized bowel loops are normal in caliber and peristalsis. No ascites.

IMPRESSION:

➤ Polycystic ovarian morphology on left side
 (Suggest clinical and biochemical correlation)

DR FAISAL
 DR SHASHANK
 PG RESIDENT

DR DIWAKAR D
 ASSOCIATE PROFESSOR

Figure 1: Before Treatment

Bapuji Educational Association (Regd.)
DEPARTMENT OF RADIO-DIAGNOSIS
 J.J.M. Medical College-Bapuji Hospital, Davangere-577 004.
 Ph : 08192-253850-58 E-mail : jmmcradiodiagnosisdvg@gmail.com

NAME	OP NO	24171630	AGE / SEX	27Y/F
			DATE	23/05/2024

LMP:	09/04/2024	GA	06Wks 02Days	EDD	14/01/2025
		USG GA	06Wks 02Days	USG EDD	14/01/2025

DATING SCAN

➤ Single live intrauterine gestation noted with good cardiac activity (FHR:120bpm)
 ➤ CRL: 5.1mm
 ➤ Yolk sac noted.
 ➤ Good decidual reaction noted.
 ➤ Internal os is closed. Cervical length:3.3cm
 ➤ EDD by USG: 14/01/2025
 ➤ B/L ovaries appear normal
 ➤ Adnexa appears free.

IMPRESSION:

Single Live Intrauterine Gestation corresponding to 06Wks 02Days by USG
 Assigned gestational age- 06Wks 02Days (As per LMP)
 Assigned EDD- 14/01/2025 (As per LMP)

[Suggested NT scan at 11-13weeks]
 [Suggested anomaly scan at 20-22 weeks]

Declaration of doctor: I Dr. Shilali declare that while conducting ultrasonography on [redacted] have neither declared/disclosed the sex of her unborn fetus to her/anybody in any manner.

DR SHILALI
 DR RASHMI
 PG RD

DR AVINASH M KATUR
 ASSISTANT PROFESSOR

Figure 2: USG on 23/05/24

HEALTH CARE & REPRODUCTIVE MEDICINE
ADHUBAN (1ST LANE) PUNE-2 (06762) 22897, 4084
 (C.T.Regd. No. 468/2005 PC & PMOT Regd. 13/2007)
 (ONLY IN TRASONOGRAPHY REPORT)

Date: 31-12-24

IN NAME OF GOD
 A-FETUS Subcutaneous and intrauterine fluids is seen.
 Uterus: Cardiac activity is [redacted] FHR: [redacted] min. four chamber view [redacted]
 Gestation: [redacted] weeks
 Stomach: [redacted] mm
 B-FETAL BIOMETRY: Neuro Card Translucency [redacted] mm
 GSD: [redacted] mm
 BPD: [redacted] mm
 FL: [redacted] mm
 PLAC: [redacted] mm
 EFV: [redacted] mm
 C-PLACENTA: Position: [redacted] grade: [redacted] thickness: [redacted] cm away from OS.
 D-LIQUOR: Amnion: [redacted] mm
 E-UTERUS: Size: [redacted] cm, Cervix Length: [redacted] mm
 F-OVARIES: [redacted] mm
 G-COMMENT: [redacted]

DECLARATION OF DOCTOR

I, Dr. Arjun Charan Dash / Dr. Ivani Dash declare that while conducting USG Exam. On [redacted] have neither detected nor disclosed sex of the fetus to any body in any manner.

Signature: Dr. Ivani Dash RN 20346
 Signature: Dr. Arjun Charan Dash RN 10157

DECLARATION OF PATIENT

I, Mrs. [redacted] declare that by undergoing ultrasonography examination I do not want to know the sex of the fetus. The Doctor has not disclosed the sex of fetus to me.

Signature of the Patient: [redacted]

DISCLAIMER:
 Not all fetal anatomical abnormalities can be detected on ultrasound examination. Visualization of fetal parts depends on the fetal position, fetal movements and adequacy of the examination. Defects may not be visualized during the 2nd trimester. A follow up scan in the 3rd trimester is advisable. The present study cannot exclude fetal chromosomal abnormalities because the ultrasound markers for these may not always be evident. Defects such as complex cardiac anomalies (like PAPVD), small VSDs, ASDs, evolving conditions etc. lower extremity abnormalities, abnormalities involving hands, feet, ears, soft tissues etc. may not be detected on ultrasound examination.

Figure 3: USG on 31/12/24

After three sittings of *Uttarbasti* along with *Samana Chikitsa*, the patient gradually had her menses under regular interval of 28-30 days along with normal amount of bleeding (3 pads/day for 3 days).

Later on, the patient reported amenorrhea and found Urine pregnancy test positive on 25 April 2024.

USG findings:

USG on 23/05/2024 EDD is 14.01.2024.	CRL: 5.1mm Fetal Cardiac activity- 120bpm	Reveals single live intrauterine fetus of 6W2D
USG on 31/12/2024 EDD is 11/01/2024	Cephalic presentation, Placenta- Fundal FHR- 138/min	Single active fetus with 34.6 Wks

Discussion

Polycystic Ovary Syndrome (PCOS) is a significant factor contributing to infertility in females. According to Ayurveda, the pathophysiology of PCOS involves an imbalance of *Vata* and *Kapha* *Doshas*, which disrupts the normal functioning of the reproductive system. The condition primarily affects the *Rasa*, *Rakta* and *Medas Dhatu* and *Artava Upadhatu*. The pathology in PCOS is characterized by *Sanga* (obstruction) within the pelvic cavity, leading to impaired ovarian function and hormonal dysregulation.

The aggravated *Kapha Dosha* leads to the accumulation of metabolic waste and the formation of ovarian cysts, while the aggravated *Vata Dosha* contributes to irregularities in the reproductive cycle and hormonal imbalances. Such a multifaceted disruption requires a holistic approach to restore balance, focusing on detoxification, dietary regulation, lifestyle modification, and targeted *Ayurvedic* therapies to address both the root cause and associated symptoms of PCOS. *Kanchanara Guggulu* is a classical *Ayurvedic* formulation with significant therapeutic properties, particularly in conditions involving cystic growths such as Polycystic Ovary Syndrome (PCOS).

It possesses *Tikta* (bitter), *Katu* (pungent), and *Kashaya* (astringent) *Rasa*, along with *Ushna Virya*. The formulation exhibits *Lekhana* (scraping) action on the *Mamsa Dhatu* and *Medo Dhatu*. Additionally, *Kanchanara Guggulu* supports metabolic regulation, improves circulation in the pelvic region, and promotes the healthy functioning of the reproductive system, thus addressing both the underlying causes and symptoms of ovarian cysts. [5] Contents of *Varunadi Kwatha*[6] and *Kankayana Gutika*[7] are mainly having *Kapha-Vata Samaka* properties like *Katu*, *Tikta Rasa*, *Ushna Virya* and *Katu Vipaka*.

With these properties they exert actions like *Deepana*, *Ama Pachana*, *Lekhana*, *Vilayana* & *Sroto Sodhana*. Due to this action, *Sanga* in *Artavavaha Srotas* has been removed and at the same time correction of *Agni Dushti* take place. As *Artavavaha Srotas* become free from *Avarodha* or *Avarana* of vitiated *Kapha*, vitiated *Vata* comes to normal state. Thus, normalize *Apana Vata* then functions normally causing regular *Artava Pravritti* (menstruation) and normal *Beeja Nirmana* (ovulation).

The herb *Ashwagandha* possess *Ushna Virya*, *Balya*, *Brihaniya*, *Rasayana*, *Sukrala*[8] which may help in the proper growth & development of a Graafian follicle & helps in ovulation due to its above said properties. It is a boon for the people as it contains various alkaloids such as isopelletierine, anaferine, cuseohygrine, an hygrine, steroidal lactones (withnolides, withnaferins) and saponins & also sitoindosides, acylterylglucosides which are having Anti-stress, ani-anxiety, Antidepressant and antioxidants properties that manages stress and balances the Hypothalamo- Pituitary-ovarian axis which may help in regularization of hormones and hence results in ovulation.[9]

Uttarabasti having a major role in the treatment of genito-urinary diseases. *Phalakalyan Ghrita* is a nutritious tonic which is endocrine stimulant. It gives strength to uterus, cures internal dryness prevents abortion and promote fertility. *Uttarabasti* stimulates certain receptors in endometrium leading to correction of all physiological processes of reproductive system. It may also help in rejuvenation of the endometrium. So *Uttarabasti* is a best boon of *Ayurveda* for those who are suffering from Infertility. *Yogasanas* advised help in increasing the circulation of pelvic region, reduction of body fat and correction of menstrual irregularities.

Conclusion

The reproductive system is an essential to maintain the lineage of a person, as well as evolution of a species. But inappropriate balance between hormones responsible for reproduction, leads to decreased chance of fertility. Polycystic ovary Syndrome (PCOS) is the most prevalent endocrinopathy in females of reproductive age. It is recognized by hyperandrogenism, polycystic ovaries, and prolonged anovulation along with insulin resistance, hyperinsulinemia, obesity etc.

Cases of PCOS are rising fast due to changing lifestyle, dietary habits and stress. A balanced diet and way of living are essential for PCOS control. *Ayurveda* focuses on the treatment of infertility holistically with an aim of improving the overall health and quality of life of the individual. The right combination of drugs such as *Kanchanar Guggulu*, *Varunadi Kasaya*, *Kankayana Vati*, *Arogyavardhini Vati*, *Ashwagandha Ksheerapaka* etc. helps in regulating menstrual cycles, enhancing general health and wellness, revitalizing sperm and ovum, reducing stress and anxiety, increasing energy level, balancing the endocrine system and improving blood flow in pelvic cavity, thereby promoting fertility.

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