

Treating PCOS-Induced Infertility with Ayurvedic Interventions- A Case Report

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Introduction: Infertility is emerging as a significant global issue, affecting approximately one-sixth of the reproductive-age population worldwide. In Ayurveda, this condition is termed Vandhyatva encompassing not only the inability to conceive but also repeated miscarriages and stillbirths. Ayurvedic texts identify four essential factors for conception, collectively known as Garbhasambhava Samagri, Ritu - the appropriate time or fertile period for conception, Kshetra - the healthy reproductive organs Ambu - the nourishing fluids or proper hormonal environment, Beeja - the seeds, i.e., sperm and ovum. Impairment in the formation or release (Nishakramana) of the ovum leads to anovulation, a primary cause of infertility. Ayurveda emphasizes the balance of Doshas -Vata, Pitta and Kapha - in maintaining reproductive health. By addressing these foundational factors, Ayurveda offers a holistic approach to managing infertility, aiming to restore the body's natural fertility processes.

Objective: To evaluate the clinical efficacy of an Ayurvedic treatment regimen in infertility associated with Polycystic Ovarian Syndrome (PCOS) - A Case Study

Method: A 34-year-old woman with a 1.5-year history of primary infertility, regular menstrual cycles (every 26–28 days) with scanty menses since one year, and a diagnosis of polycystic ovary syndrome (PCOS) underwent a one and half month of Ayurvedic treatment regimen. The intervention involved Shamana Aoushadhi administered at different stages of the menstrual cycle.

Result: The patient's urine pregnancy test yielded a positive outcome after 49 days of treatment.

Conclusion: The Ayurvedic intervention effectively regulated ovulation, enhanced reproductive health, and facilitated a successful pregnancy. This case highlights the potential of holistic Ayurvedic approaches in managing infertility associated with PCOS, aiding in the restoration of hormonal balance, regularization of ovulation, and subsequent enhancement of fertility.

Keywords: Vandhyatva, Infertility, Shamana Aoushadhi, PCOS, Case report

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Introduction

Infertility is defined as inability to conceive within one or more year of regular unprotected coitus.[1] Ovulatory dysfunction accounts for 30-40% among causes of female infertility.[2] Poly cystic ovarian syndrome is most common cause for anovulation causing female infertility. In Ayurveda *Artava* is considered as *Upadhatu* of *Rasa Dhatu*,[3] with predominance of *Agni Mahabhuta*. [4] Any derangement in *Rasa Dhatu* are in *Agni* leads to derangement in *Artava*, which is considered as one among essential factor for formation of *Garbha* leading to *Vandiyatva*. In this case study treatment is planned to eliminate causative factors, restoring *Agni* and promoting proper formation of *Rasa Dhatu* which in turn leads to proper formation of *Artava* yielding in achieving conception as a result.

Case Report

A 35 -year-old female patient from Jaipur, Rajasthan, attended to OPD of Prasuti Tantra & Stri Roga, NIA, with primary complaint of infertility, having been unable to conceive since 1.5 years of regular unprotected coitus. Her menstrual cycles were regular, occurring every 26-28 days with scanty menses for past one year. The patient had been married for one & half years & had no history of contraceptive use. She underwent investigations & was diagnosed with PCOS. Consequently, she approached OPD of Prasuti Tantra & Stri Roga, NIA, Jaipur for Ayurvedic management.

Menstrual and Marital history

Age of Menarche: 13 years

Last Menstrual Period (LMP): 19/10/2024

Marital life: 1.5 years

Active Married Life: 1.5 years

Consanguineous marriage: No

Menstrual History

Table 1: Showing details of Menstrual History

Parameter	Details
Duration of menstrual flow	2 days
Intermenstrual Period (Days)	26-28 days
Regular/Irregular	Regular
Pad History	Day 1 and 2 2 pads not completely soaked
Clots	Absent
Colour	Red
Foul Smell	Absent
Association of Pain	Mild

Contraceptive history: Nothing specific

Coital history: Once a week

History of Past Illness: Patient does not have history of major illness.

Past Medical History: No relevant history was present.

Past Surgical History: No surgical illness

Family History: Nil

Personal History

Appetite - good

Sleep - sound

Bowel and bladder - clear

Clinical findings

General physical examination

Built- Normal, Weight- 49kg, Height- 152 cm, Pulse rate- 78/min, B.P.- 110/68mm of HG, Respiration rate- 18/min, Temp- 98.6°F

Treatment Schedule

Table 4: Treatment Progress and Visits

Date	Oral Medication with dose	Remark
13/11/2024	1. Bala Beeja Churna 5gm bd with milk before food 2. Phala Ghrita 10 gm bd with milk before food	Patient got menses on 17/11/2024
27/11/2024	Same medicine	
09/12/2024	1. Sitopaladi Churna 3gm + 2. Lakshmi Vilasa Rasa 250 mg tds after food with Madhu 3. Jwarahara Kashaya 20 ml bd before food with equal amount of water 4. Arogyavardhini Vati 500 mg bd after food 5. Ojaswini Churna 5 gm bd after food with water	Medicine changed due to complains of cold cough associated with fever and headache
18/12/2024	1. Bala Beeja Churna 5 gm bd with milk before food	Patient had delayed menses
24/12/2024	1. Bala Beeja Churna 5 gm bd with milk before food 2. Phala Ghrita 10 gm bd with milk before food 3. Tab Leptaden 1 tab bd after food	Patient had delayed menses UPT weekly positive
31/12/2024	Continue with same treatment	Patient had delayed menses UPT strongly positive Advised USG for confirmation of Intra uterine Pregnancy

Systemic Examination

CVS: Heart sounds (S1S2): Normal

Respiratory system: normal bilateral air entry, no added sounds. No any abnormality found on other system.

Lab Investigation:

- CBC: Hb 2gm/dl
- LFT, RFT: Within Normal Limits (WNL)
- BLOOD GROUP: O+ve
- TSH: 140 µIU/ml
- PROLACTIN: 85 ng/ml
- AMH: 47 ng/ml
- LH: 08 mIU/ml
- FSH: 9.62 mIU/ml
- RBS: 86.0 mg/dl
- Husband's semen analysis- normal study

Figure 1: USG reports Before & After Treatment

USG TVS

Uterus is anteverted in position & normal in echotexture. It measures length 7.65 cm x height 3.51 cm x width 4.62 cm. Endometrial thickness is normal.

Both ovaries are enlarged and show multiple small cysts measuring varying from 2-9 mm in size arranged around the peripherae of both ovaries. Stroma shows increased echogenicity – Polycystic ovarian morphology.

Volume- Right ovary- 13.463 ml.

Left ovary- 12.007 ml

Urinary Bladder wall thickness is normal.

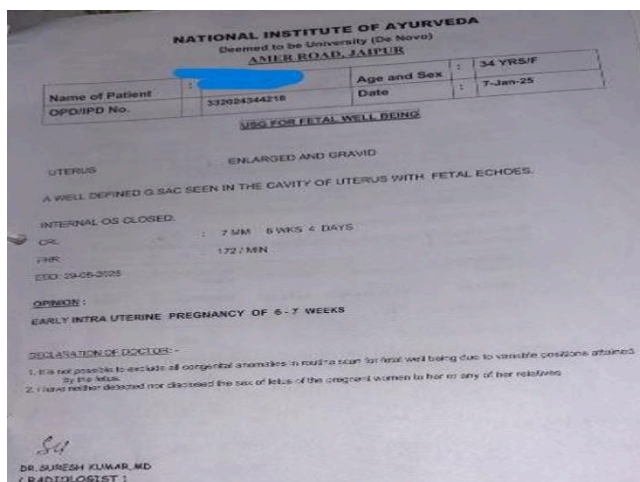
POD- clear.

No adnexal mass or lesion seen.

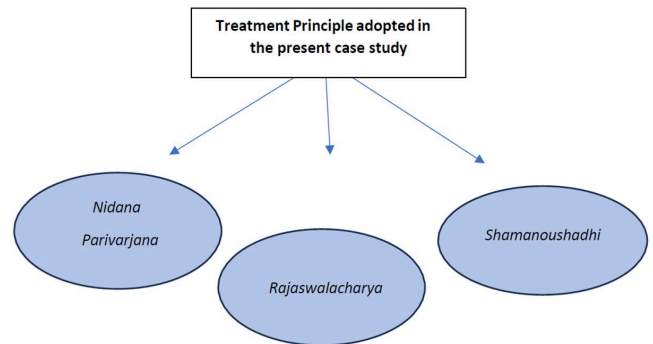
Impression – Polycystic ovarian morphology.

Dr. Ratna Singhal,
(M.B.,B.S.,M.S. Obst. Gynae.)

Before Treatment



After Treatment



Nidana Parivarjana

Acharya Sushruta emphasizes that eliminating the causes of a disease is essential to halt its progression and serves as the primary approach to treatment in all ailments.[5] This process requires a detailed evaluation of the patient's history to determine and eliminate possible causes of the disease. It involves recognizing and avoiding factors such as unhealthy eating habits, frequent consumption of fast food, disrupted sleep cycles, chronic stress and the suppression of natural bodily urges (*Vegvidharana*).

Rajaswalacharya

In Ayurveda, *Rajaswala Paricharya* is a dedicated regimen that prescribes essential lifestyle and dietary practices to be observed during menstruation. It emphasizes adjustments in daily habits and nutrition to support overall well-being during this period. In this study, the *Aaharaja Bhava* aspect was highlighted as a therapeutic approach. The patient was instructed to follow a structured dietary regimen during menstruation. The recommended diet included *Yavaka*, a barley-and-milk preparation, and *Havishyam*, a meal consisting of ghee, Shali rice, and milk.[6]

These Ayurvedic foods are valued for their nourishing and calming effects, particularly in balancing *Vata* and *Pitta dosha*, which are crucial for menstrual and ovulation regulation. Additionally, the patient was advised to refrain from consuming *Tikshna* (pungent), *Katu* (spicy), and *Lavana* (salty) foods, as they can aggravate *Vata* and interfere with the ovulation and menstrual process.

Shamanoushadhi

Shamana therapy works to balance the *Doshas* at their specific points of disturbance within the body, providing a soothing and restorative approach to achieving harmony.

In this case study, *Bala Beeja Churna*, *Phala Ghrita*, and Tablet Leptaden were primarily used to regulate ovulation. However, as the treatment progressed, adjustments were made to the medications when the patient experienced symptoms such as cold, cough, fever, and headache, ensuring a tailored approach to their evolving health needs.

Follow-Up and Outcome

Following a one-and-a-half-month course of Ayurvedic treatment, the patient successfully conceived naturally. This positive result highlights the effectiveness of the Ayurvedic approach in treating infertility linked to polycystic ovary syndrome (PCOS).

Discussion

In Ayurveda, ovarian factor-related infertility (*Vandhyatva*) is primarily understood as a condition influenced by an imbalance of *Vata* and *Kapha*, often accompanied by *Dhatvagni Mandya* and disturbances in *Apana Vayu*. These disruptions interfere with the optimal functioning of *Rasa* and *Rakta Dhatu*, which are responsible for nutrient circulation and blood flow, thereby affecting reproductive health. The core approach to treatment focuses on harmonizing *Vata* and *Kapha*, strengthening *Agni* (digestive fire), facilitating balanced *Vata* movement (*Vatanulomana*), nourishing the body (*Brimhana*), and purifying the blood (*Rakta Shodhana*) to restore reproductive function effectively.

Acharya Sushruta highlights the role of *Shukra Dushti* and *Aartava Dushti* in infertility, emphasizing how their vitiation disrupts reproductive health. *Aartava*, being an *Upadhatu* (secondary product) of *Rasa Dhatu*, is affected when *Rasa Dhatu* is impaired due to *Jataragni Mandya* (weak digestive fire). This leads to the accumulation of *Ama* (toxins), which obstructs the *Aartavavaha Srotas* (reproductive channels), thereby interfering with normal reproductive functions. Therefore, the primary step in managing ovarian factor infertility is addressing *Aartava Dushti* (impairment of menstrual blood) to restore reproductive balance.

Probable Mode of action of drugs

Phalaghrita is mentioned in the treatment of *Vandhyatva* by *Sharangadhara*, *Vagbhata*, *Yogarajnakara* and *Bhavaprakasha*. [7-10]

Ghrita is *Tridoshaghna* due to its properties and milk is also *Vata-Pitta Shamaka*, *Jivaniya* and *Rasayana*. So, *Phala-Ghrita* has the properties of *Ghrita*, milk and other ingredients. *Phala-Ghrita* contains mainly *Tikta*, *Madhura* and *Katu Rasa*, *Laghu*, *Snigdha Guna*, both *Katu* and *Madhura Vipaka* and also *Ushna* and *Sheeta Virya*. It also has *Dipana*, *Pachana*, *Lekhana*, *Anulomana*, *Shothahara*, *Krimighna*, *Balya*, *Prajasthapana* and *Yoni Pradoshanashaka* actions. [11] There by regulates the ovulation by pacifying the *Doshas*.

Vata Dosha is inevitably involved in the pathogenesis of all the *Yonirogas* hence pacification of *Vata Dosha* is considered as primary line of management in almost all the *Yonirogas*. [12] Acharya Charaka categorizes *Bala* (*Sida cordifolia*) under *Balya*, *Bruhmaniya* and *Prajasthapana Mahakashaya*. [13]

Bala is also considered as *Agrya* for *Vrishya* and *Vatahara* action. [14] *Bala* by its properties helps in proper *Dhatu* formation which is necessary for proper formation of *Artava* also. *Bala* pacifies *Vata Dosha* in turn leads to enhanced function of *Hypothalamus-Pituitary-Ovarian (HPO) axis* there by promotes regular ovulation.

Jivanti and *Kamboji* are the contents of Leptaden Tablet. *Jivanti* is mentioned in *Jeevaniya Mahakashaya Varga* by Charaka. [15] It possess *Madhura Rasa*, *Madhura Vipaka* and *Snigdha Rasayana* properties [16] there by helps in proper implantation and development of zygote. *Jivanti* and *Kamboji* exhibit beneficial properties including *Garbhasayashodhana*, *Garbhastapana* and *Shothaghna*. These qualities contribute to a healthy reproductive environment, enhance neuroglandular function, and aid in successful zygote implantation. [17]

Conclusion

This case study demonstrates the therapeutic potential of Ayurvedic formulations in the management of primary infertility associated with PCOS. The synergistic action of *Phala Ghrita*, *Leptaden*, and *Bala Beeja Churna* contributed to the regulation of endocrine function, enhancement of ovarian activity, and optimization of uterine receptivity. By modulating hormonal pathways and improving follicular maturation, these interventions facilitated successful conception.

Achievement of pregnancy at end of treatment underscores clinical relevance of Ayurveda in reproductive medicine, offering complementary approach to conventional infertility management. Further research & controlled studies are warranted to elucidate underlying mechanisms & validate these findings for broader clinical applications.

Patient Perspective

After 1.5 years of struggling with infertility due to PCOS, I turned to Ayurveda. The *Shamana Aushadhi* treatment felt natural and personalized. Just 49 days in, I was overjoyed to see a positive pregnancy test. I'm deeply grateful and believe this holistic approach truly restored balance to my body.

Patient Consent

The written consent of the patient has been obtained for treatment and publication, ensuring that her identity remains confidential.

References

1. Dutta DC. Textbook of Gynaecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. ; Chapter 17. p. 188 [Crossref][PubMed][Google Scholar]
2. Dutta DC. Textbook of Gynaecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd. ; Chapter 17. p. 190 [Crossref][PubMed][Google Scholar]
3. Charaka. Charaka Samhita. Chikitsasthana, Grahanidosha Chikitsa Adhyaya, 15/17. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
4. Sushruta. Sushruta Samhita. Sutrasthana, Shonitavarniya Adhyaya, 14/7. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
5. Acharya YT. Susruta Samhita by Susruta with Nibandhasangraha Teeka of Dalhanacharya. Varanasi: Chowkhamba Orientalia; Reprint 2013. p. 597 [Crossref][PubMed][Google Scholar]
6. Sushruta. Sushruta Samhita. Shareerasthana, Shukrashonitashuddhi Shaareera Adhyaya, 2/25. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
7. Sharangdhara. Sharangdhara Samhita by Pandit Sarangdharacharya with Commentary Adhamalla's Dipika and Kasirama's Gudharthadipika. Edited by Pandit Parasurama Sastri. Varanasi: Chaukhambha Orientalia; 2008. p. 221 [Crossref][PubMed][Google Scholar]
8. Vrddha Vagbhata. Astanga Sangraha with Sasilekha Sanskrit Commentary by Indu. Edited by Dr. Shivprasad Sharma. Varanasi: Chowkhambha Sanskrit Series Office; 2008. p. 841 [Crossref][PubMed][Google Scholar]
9. Yogaratnakara with Vidyotini Hindi Commentary by Vaidya Laksmipati Sastri. Edited by Bhisagratna Brahmasankar Sastri. Varanasi: Chaukhambha Prakashan; 2010. p. 408 [Crossref][PubMed][Google Scholar]
10. Bhavamisra. Bhavaprakasa. Vol. 2. Commentary by Dr. Bulusu Sitaram. Varanasi: Chaukhambha Orientalia; 2010. p. 696 [Crossref][PubMed][Google Scholar]
11. Biala S, Tiwari R. Efficacy of Phala-Ghrita on Female Infertility. AYUSHDHARA. 2015;2(2):84–88. [Crossref][PubMed][Google Scholar]
12. Charaka. Charaka Samhita. Sutrasthana, Shadvirechana Shatashriteeya Adhyaya, 4/7, 4/8, 4/16. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
13. Charaka. Charaka Samhita. Chikitsasthana, Yonivyapad Chikitsita Adhyaya, 30/115. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
14. Charaka. Charaka Samhita. Sutrasthana, Yajjapurusheeya Adhyaya, 25/40. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
15. Charaka. Charaka Samhita. Sutrasthana, Shadvirechana Shatashriteeya Adhyaya, 4/7. Available from: e-Samhita – National Institute of Indian Medical Heritage [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]
16. Bhavamishra. Bhavaprakasha Nighantu. Poorvakhandha, Mishraprakarana, Guduchyadi Varga, 4/50. Available from: bhAvaprakAshanighaNTu [Accessed 2025 May 21]. [Crossref][PubMed][Google Scholar]

17. Dadhich P, Jain A, Gupta MK, Pushpalatha B, Bharathi K. Clinical Efficacy of Ayurveda Treatment in Managing Infertility Associated with Polycystic Ovary Syndrome (PCOS) and Hypothyroidism: A Case Study. *Int J Ayurveda* 360. 2025;1(5):404–11. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

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