Case Report

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AYURVEDIC INTERVENTION IN PCOS RELATED INFERTILITY: A CASE RESOLVED WITH SUCCESSFUL CONCEPTION

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ABSTRACT

Background: Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder and a leading cause of infertility among women of reproductive age. Lifestyle changes and conventional hormonal therapies often fail to provide sustainable results, necessitating alternative approaches. Ayurveda offers holistic management strategies for restoring reproductive health. Objective: To evaluate the effectiveness of Ayurvedic intervention in the management of PCOS-related infertility and its role in achieving successful conception. Case Presentation: A couple presented with primary infertility for 2 years. The female partner had a history of PCOS and amenorrhea. Previous conventional treatments, including hormonal therapy, were unsuccessful in restoring ovulation and achieving conception. Diagnosis (Ayurvedic Perspective): The condition was identified as Vandhyatva (infertility) associated with Artavkshaya (amenorrhea) due to PCOD, based on Ayurvedic principles. Intervention: A comprehensive Ayurvedic protocol was implemented, which included Shodhana (purificatory therapy) and Shamana (palliative therapy) with specific herbal formulations and dietary/lifestyle modifications Outcome: Regular menstrual cycles were re-established within the course of treatment. The patient successfully conceived within 4 months of initiation of therapy. Conclusion: This case highlights the potential of Ayurvedic interventions in managing PCOS-related infertility. Restoration of menstrual regularity and successful conception suggest that individualized Ayurvedic treatment can be an effective alternative or complementary approach in infertility management.

Keywords: Shodhana, Shamana, PCOS, Artavkshaya, Infertility, Vandhyatva

INTRODUCTION

Infertility is a major health concern among married couples today and is clinically defined as the inability to achieve conception after one year of regular, unprotected intercourse [1]. It is common in 10 -15% of couples [2]. “Stree hi mulampatyanam, stree hi rakshati rakshita” signifies that woman is the fundamental source of progeny, and when nurtured and safeguarded, she in turn protects future generations. As the very foundation of reproduction, it is essential to provide women with utmost care and protection from any ailments that may hinder their motherhood.[3] A critical assessment of female infertility indicates that ovulatory dysfunction accounts for nearly 30–40% of cases, with anovulation being one of the major contributing factors, Poly Cystic Ovarian Syndrome (PCOS) plays a major role [4].The diagnosis of PCOS is established on the basis of anovulation, hyperandrogenism, and the presence of multiple ovarian cysts on ultrasonography.[5] Common clinical manifestations include obesity, amenorrhea, and hirsutism.[6] Although a direct reference to Polycystic Ovarian Syndrome is not found in classical Ayurvedic texts, its clinical features and Dosha involvement align with conditions such as Vandhyatva (infertility), Artavkshaya (oligomenorrhea), and Sthaulya (obesity), for which corresponding management principles were applied. From an Ayurvedic perspective, Acharya Charaka has stated that innumerable Vyadhis exist.[7] When a specific nomenclature for a disorder is not available, management should be carried out on the basis of the identified Samprapti Ghatakas (pathogenetic factors).[8]

Case Presentation

A 27-year-old nulliparous woman, married for 3 years, presented to the Outpatient Department of Prasuti Tantra Evam Stree Roga, National Institute of Ayurveda, Jaipur, with complaints of inability to conceive for the past 2 years. The patient presented with a past history of delayed and scanty menstrual cycles and was subsequently diagnosed with polycystic ovarian syndrome (PCOS) based on ultrasonographic findings.

Clinical Findings

The patient attained menarche at 13 years of age, with menstrual cycles occurring every 45–50 days, lasting 3–4 days, characterized by scanty flow and no history of clots, dysmenorrhea, or foul-smelling discharge. Her last menstrual period was on 21/08/2024. She had been married in a non-consanguineous union, with an active marital life of 2 years and a coital frequency of twice weekly. Obstetric history revealed Nulligravida. There was no significant past medical, surgical, or family history, and she had not used any contraceptive methods. Appetite, sleep, bowel, and bladder functions were reported as normal.

On general examination, she was of medium build (height: 146 cm, weight: 48 kg, BMI: 22.5 kg/m²) with stable vital signs (BP 110/70 mmHg, pulse 76/min, respiratory rate 16/min, temperature 98.1°F). No pallor, edema, lymphadenopathy, icterus, or clubbing was observed. Systemic examination revealed that she was conscious, well-oriented, with normal cardiovascular sounds (S_1, S_2, no murmurs) and vesicular breath sounds without added sounds; no abnormalities were noted in other systems.

Pelvic examination showed a healthy vulva with normal pubic hair distribution. Per speculum examination revealed healthy vaginal walls with no discharge, and a healthy cervix without erosion, congestion, or hypertrophy; the external os was multiparous. On bimanual examination, the uterus was anteverted and anteflexed, of normal size; the cervix was firm and non-tender, fornices were clear and non-tender, and cervical motion tenderness was absent.

Diagnostic Assessment

Routine hematological and biochemical investigations (19/08/2024) were within normal limits, with hemoglobin at 11.8 g/dl, random blood sugar 88 mg/dl, normal liver and renal function tests, and negative serological markers for HIV, HBsAg, and VDRL. S. Prolactin was 0.95 ng /ml. Sr AMH 3.23 ng/ml (normal) S. T3, S. T4, S. TSH was 0.91ng/dl, 7.19 ug/dl, 0.27uIU/ml respectively. The patient's blood group was B positive. Ultrasonography (18/08/2024) revealed a normal-sized anteverted uterus with an endometrial thickness of 8 mm; both ovaries appeared bulky with multiple small follicles, impression given bilateral PCOD. Follicular studies also revealed no any dominant follicle in any ovary. Semen analysis of the husband (19/08/2024) was within normal parameters, thereby excluding male factor infertility.

The diagnosis of PCOD/PCOS, based on the Rotterdam criteria (2003) and 2023 guidelines, requires any two of three features—oligo/anovulation, clinical/biochemical hyperandrogenism, or polycystic ovarian morphology on ultrasound—after excluding other endocrine disorders. In this case, the patient shows polycystic ovarian morphology on ultrasound and anovulatory cycle while clinical/biochemical hyperandrogenism need evaluation; filling PCOD diagnostic criteria.

Therapeutic Intervention

In this case, Shodhana therapy (biopurification) was implemented in a stepwise manner for the management of PCOS. The treatment protocol began with first month of preparatory phase that is Deepana-Pachana and Snehapana, followed by Virechana therapy. Thereafter next month, Ksheerabasti was administered in monthly cycles for three successive months, along with supportive oral medications. This integrated approach was designed to correct the underlying dosha–dushya imbalance, regulate ovulatory function, and improve fertility potential.

Timeline

Monthly cycles	Date and number of days	Treatment
1st Menstrual Cycle (LMP-21/08/2024)	26/08/2024 to 30/08/2024 Total 5 days	Deepana pachana with panchakola churna 5gm BD BF
	31/08/2024 to 06/09/2024 Total 7days	Snehpana with Murchhita Goghrita + 2gm Saindhava Lavana 31/08/2024- 30ml 01/09/2024-60ml 02/09/2024-90ml 03/09/2024-120ml 04/09/2024-150ml 05/09/2024-180ml 06/09/2024-210ml
	07/09/2024 to 09/09/2024 Total 3 days	Sarvanga Abhyanga with Dhanwantaram Taila and Swedana with Bashpa Swedana
	10/09/2024	Virechana with Trivruta Avaleha 80gms Total vega- 15 (madhyam Shuddhi)
	11/09/2024 to 15/09/2024 Total 5 days	Samsarjana krama
2nd Menstrual Cycle (LMP-05/11/2024)	12/11/2024 Total 8 days	**Procedure**- Ksheerabasti with ashwagandha, bala, shatavari, yastimadhu, gokshura each 2gm with goghrita sneha and shatpushpa 6gm+ madanphala 2gm, kalka **Oral medicine-** 1. Shatpushpa churna 6gm with ghrita OD BF 2.Balabeeja churna 5gm BD BF with milk 3.Phalaghrita 1 TSF BD with milk
3rd Menstrual Cycle (LMP-18/12/2024)	23/12/2024 Total 8 days	**Procedure**- Ksheerabasti with ashwagandha, bala, shatavari, yastimadhu, gokshura each 2gm with goghrita sneha and shatpushpa 6gm+ madanphala 2gm, kalka **Oral medicine-** 1. Shatpushpa churn 6gm with ghrita OD BF 2.Balabeeja churna 5gm BD BF with milk 3.Phalaghrita 1 TSF BD with milk
4th Menstrual Cycle (LMP-21/01/2025)	28/01/2025 Total 8 days	**Procedure**- Ksheerabasti with ashwagandha, bala, shatavari, yastimadhu, gokshura each 2gm with goghrita sneha and shatpushpa 6gm+ madanphala 2gm, kalka **Oral medicine-** 1. Shatpushpa churna 6gm with ghrita OD BF 2.Balabeeja churna 5gm BD BF with milk 3.Phalaghrita 1 TSF BD with milk

RESULT AND DISCUSSION

After undergoing Virechana Karma followed by three cycles of Ksheerabasti, the patient reported missing her menstrual period. A urine pregnancy test (UPT) performed on 03/03/2025, which was positive, and ultrasonography further confirmed the conception. This outcome highlights the effectiveness of the Ayurvedic treatment protocol in restoring ovulatory function, regularizing the menstrual cycle, and ultimately achieving successful conception in a patient with PCOS-induced infertility.

The diagnosis in this case was established as primary infertility associated with PCOS, which in Ayurveda corresponds to Vandhyatva due to Artavkshaya (anovulation), primarily caused by Avarana of the Artavavaha Srotas. The probable Nidanas (etiological factors) include Avyayama (sedentary lifestyle) and excessive intake of Abhishyandi Ahara, leading to Kapha-Medo Dushti and Srotorodha. This obstruction of Vata, particularly Apana Vata, by aggravated Kapha further impedes the natural function of Artava. According to Ayurvedic principles, the

disintegration of Samprapti (pathogenesis) is the fundamental approach to treatment.

In this case, Kapha and Vata were identified as the vitiated Doshas, while Rasa, Rakta, Mamsa, and Medas served as the Dushyas. The Rasavaha, Raktavaha, Medovaha, and Artavavaha Srotas were involved in the etiopathogenesis, with Samga (obstruction) and Granthi (cyst formation) being the main Dushti Karanas. The site of origin was traced to the Koshta, with specific manifestation in the Garbhashaya (uterus).

The primary therapeutic goal was to relieve the obstruction of Vata and restore its normal functioning in the Koshta, particularly within the Garbhashaya. The obstruction was attributed to accumulated Kapha within the channels of Vata, especially the Artavavaha Srotas.

Virechana Karma, the purificatory purgation therapy of Ayurveda, is increasingly being recognized as an effective intervention in the management of Polycystic Ovary Syndrome (PCOS). This procedure eliminates accumulated Doshas from the Pakwashaya downward through the Guda (anus), thereby detoxifying the body. Through its structured protocol involving dietary regulation, ayurvedic formulations, and therapeutic purgation, Virechana helps in restoring hormonal balance, cleansing bodily channels, and improving reproductive health [9].it removes Aavarana, Vata Anulomana and catering the normal functioning of Dosha, increases the bio availability of drugs by opening channels and improve the assimilation of drug[10]. After Shamana Chikitsa Dosha may be aggravate again but in Shodhana chikitsa all dosha are eliminated by root so they can never be reoccurred.[11]

In the context of Ayurveda, PCOS can be understood as a disorder arising from vitiation of Vāta and Kapha Doṣa, causing Margavarodha in the Artavavaha Srotas, leading to impaired Artava Pravrtti (menstrual flow). The condition may be interpreted as a Sannipataja presentation, wherein Rasa Dusti, Medo Dusti, Avaraṇa of Vata, and Artava Dusti along with Bijopaghata play a central role in the Samprapti (pathogenesis). While Shamana Chikitsa provides temporary relief, there remains a risk of recurrence due to residual Dosas. In contrast, Shodhana Chikitsa such as Virechana eradicates the vitiated Dosas from the root, thereby preventing relapse and ensuring sustained therapeutic benefit [12].

Ksheerabasti In this case, the therapeutic principles of Karshya Chikitsa were adopted to address infertility associated with PCOS. Classical Ayurvedic texts recommend the use of medicated milk, Vrishya Dravyas, and Snigdha-Madhura Basti to promote nourishment[13], hormonal balance, and reproductive health. Accordingly, Ksheera Basti was planned with Gokshura, Yashtimadhu, Bala,Shatavari, and Ashwagandha in the 2nd, 3rd, 4th follow-up. These formulations, being Balya (strength promoting), Brimhana (nutritive), Rasayana (rejuvenating), and Vrishya (aphrodisiac), are believed to restore normal ovarian function, to support endometrial receptivity and enhance fertility.

From a modern biomedical perspective, these herbs are enriched with phytoestrogens and bioactive compounds that possess adaptogenic, anti-inflammatory, and antioxidant properties. Their lipophilic nature allows for optimal drug absorption in a milk-based medium, potentially contributing to improved estrogenic activity in the ovaries, regulation of hyperandrogenism, and correction of ovulatory dysfunction. Thus, the integrative approach of Ksheera Basti not only addresses the Ayurvedic concept of Avarana and Vata-Kapha Samprapti but also aligns with contemporary evidence of restoring endocrine balance and enhancing conception outcomes in PCOS-induced infertility.

Shatpushpa churna: By virtue of its Katu and Tikta Rasa, Ushna Veerya, Kapha-Vata Shamana and Agnivardhana properties, Shatapushpa aids in Amapachana and thereby promotes Rasadhatu Shuddhi, ensuring the proper formation of Artava as an Upadhatu of Rasa. In addition, its Vatanulomana action supports the unobstructed functioning of Apana Vata, thus regularizing Artava Nishkramana and maintaining normal cyclicity of menstruation.

Balabeej Churna has the capacity to regulate Vata, pacify Pitta, and thereby support the normal process of ovulation. Bala, enumerated by Acharya Charaka under Prajasthapana Mahakashaya, is renowned for its Rasayana and Vrisya qualities. By virtue of its Balya and Ojovardhaka properties, it safeguards the Garbhashaya and Artavavaha Srotas from Dhatu Kshaya and Dosha Prakopa. Its modern correlation as an antioxidant further suggests its role in protecting reproductive tissues from Ama and oxidative stress, thus preserving fertility and ensuring the proper sustenance of Beeja.

Phalaghrita has been advocated by Sharangadhara, Vagbhata, Yogaratnakara, and Bhavaprakasha in the management of Vandhyatva, which is considered a Vata-pradhana Sannipataja Vyadhi. Ghrita being Tridoshaghna, and Ksheera being Vata-Pitta Shamaka, Jivaniya, and Rasayana, contribute to restoring Doshic balance and reproductive vitality. The formulation carries Tikta, Madhura, and Katu Rasa; Laghu and Snigdha Guna; Katu and Madhura Vipaka; and Ushna-sita Virya. Its actions—Deepana, Pachana, Lekhana, Anulomana, Sothahara, Krimighna, Balya, Prajasthapana, and Yoni Pradosha Nasaka—make it especially suitable for infertility management.

From a biomedical perspective, Phalaghrita may enhance metabolic balance, improve uterine and endometrial receptivity, regulate hormonal functions, and reduce oxidative stress. These effects collectively help restore ovulatory cycles and support conception in PCOS-induced infertility.

Patient Perspective

The patient shared that she had been struggling with infertility due to PCOS and chose to undergo Ayurvedic management after unsuccessful conventional treatments. She expressed that the integration of natural medicines, dietary modifications, and lifestyle interventions not only improved her menstrual regularity but also enhanced her overall health and well-being. Following the treatment protocol, she successfully conceived and conveyed deep gratitude for the support and positive outcome achieved through Ayurveda.

CONCLUSION

This case highlights the successful management of PCOS-induced primary infertility through Ayurvedic interventions, specifically Virechana Karma followed by Ksheerabasti. The treatment not only restored normal menstrual rhythm and ovulatory function but also resulted in conception and a positive pregnancy outcome. These encouraging results suggest that such Ayurvedic protocols may serve as an effective supportive approach in managing infertility. Nevertheless, validation through larger clinical trials is essential to establish their broader applicability.

Patient Consent

Written informed consent was obtained from the patient for both treatment and publication of this case, with assurance of confidentiality regarding her identity.

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