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INTEGRATED AYURVEDIC APPROACH IN THE MANAGEMENT OF PCOS-INDUCED INFERTILITY: A CASE REPORT DEMONSTRATING SUCCESSFUL CONCEPTION AND FULL-TERM DELIVERY

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ABSTRACT

Polycystic ovary syndrome is one of the most common endocrine and metabolic disorders affecting women of reproductive age and is frequently associated with menstrual irregularities, hyperandrogenism, anovulation, infertility, and psychological disturbances. In Ayurveda, the clinical presentation of PCOS can be correlated with *Aniyamita Artava* involving predominance of *Kapha-Vata Dosha*, *Agnimandya*, and *Artavavaha Srotodushti*. The present case report aims to evaluate the effectiveness of a comprehensive Ayurvedic management protocol in a patient of Aniyamita Artava associated with PCOS and infertility. A 29-year-old female presented with irregular menstrual cycles since 2016, oligomenorrhea, acne, facial hair, dandruff, hair fall, mood swings, and inability to conceive for two years. Ultrasonography revealed bilateral polycystic ovaries with peripherally arranged follicles. The patient was treated with a stage-wise Ayurvedic therapeutic regimen including Varanadi Kashayam, Chandraprabha Vati, Rajapravartini Vati, Shatapushpa Churna, Kumaryasava, Abhayarishtam, Tila Kashayam, Chitraka Granthyadi Kashayam Dhanwantaram Gulika, and supportive antenatal and postnatal care measures along with dietary and lifestyle modifications. Progressive improvement was observed in menstrual cyclicity, associated hyperandrogenic symptoms, and reproductive health, ultimately resulting in spontaneous conception. Pregnancy progressed uneventfully under Ayurvedic antenatal care including Garbhadhana, Pumsavana Karma and Garbhini Paricharya, culminating in full-term normal delivery of a healthy female baby weighing 2.5 kg with immediate cry after birth. Postnatal recovery was satisfactory following Sutika Paricharya. This case highlights the potential role of individualized Ayurvedic management in restoring reproductive function, achieving natural conception, and ensuring favorable maternal and fetal outcomes in PCOS-associated infertility.

INTRODUCTION

Polycystic Ovarian Syndrome is one of the most prevalent endocrine and metabolic disorders affecting women of reproductive age worldwide. It is characterized by chronic anovulation, menstrual irregularities, hyperandrogenism, polycystic ovarian morphology, obesity, insulin resistance, and infertility. The prevalence of PCOS has increased significantly due to changing lifestyle patterns, stress, sedentary habits, and unhealthy dietary practices. The disorder not only affects reproductive health but also has metabolic, psychological, and social implications, thereby adversely affecting the quality of life of women.

Infertility is one of the major complications associated with PCOS, primarily due to ovulatory dysfunction and disturbed folliculogenesis. Women commonly present with oligomenorrhea, amenorrhea, acne, hirsutism, obesity, and subfertility. Conventional management includes hormonal therapy, insulin sensitizers, ovulation

induction agents, and assisted reproductive techniques. Although these therapies provide symptomatic relief, recurrence and long-term dependence on medications are frequently observed. Hence, there is growing interest in holistic and individualized treatment modalities that can restore reproductive physiology naturally and improve overall wellbeing.

In Ayurveda, PCOS can be understood under the broad spectrum of *Aniyamita Artava*, *Artavakshaya*, *Nashtartava*, *Pushpaghni Jathaharini*, and *Vandhyatva*. The pathology mainly involves vitiation of *Kapha* and *Vata Dosha*, impairment of *Agni*, formation of *Ama*, *Meda Dushti*, and obstruction of *Artavavaha Srotas*. These pathological changes lead to irregular menstruation, anovulation, and infertility. Ayurvedic management focuses on correcting the root pathology through *Deepana*, *Pachana*, *Srotoshodhana*, *Vatanulomana*, *Kapha-Medohara*, and *Artavajanana* therapies, thereby restoring normal reproductive function.

Ayurveda also emphasizes comprehensive antenatal care through *Garbhini Paricharya*, *Pumsavana Karma*, and *Sutika Paricharya*, which support healthy conception, fetal development, safe delivery, and postpartum recovery. The present case report highlights the successful Ayurvedic management of a patient diagnosed with PCOS-associated infertility who achieved spontaneous conception and delivered a healthy full-term baby following systematic Ayurvedic treatment and antenatal care.

AIM

To evaluate the efficacy of Ayurvedic management in a case of *Aniyamita Artava* associated with Polycystic Ovary Syndrome and infertility, resulting in successful conception and healthy pregnancy outcome.

OBJECTIVES

1. To regulate menstrual cycle in PCOS.
2. To improve ovulatory function and fertility.
3. To achieve natural conception through Ayurvedic management.
4. To evaluate pregnancy and postpartum outcome after Ayurvedic care.

CASE REPORT

CASE PRESENTATION

A 29-year-old married female presented with irregular menstrual cycles since 2016 associated with acne, facial hair growth, dandruff, hair fall, and infertility for 2 years. She was a known case of Polycystic Ovary Syndrome diagnosed in 2016 and had taken intermittent treatment previously. The patient had menstrual cycles occurring once in 2–3 months with 3–5 days of bleeding. She was anxious to conceive and, for the above complaints, approached the OPD of the Department of Stree Roga and Prasuti Tantra (SRPT), SJSACH, for further treatment.

PAST HISTORY

She was not a known case of diabetes mellitus, hypertension, thyroid disorders, tuberculosis, bronchial asthma, or any major surgical illness.

PAST TRETMENT HISTORY

Nothing Significant.

PAST SURGICAL HISTORY

The patient had no history of any previous surgical interventions.

FAMILY HISTORY

Nothing Significant.

MENSTRUAL HISTORY

Menarche - 14 years of age
LMP – 7/11/2019
Nature - Ireegular menstrual cycle 3-5 days /90 days

PERSONAL HISTORY

Appetite – normal
Bowel – regular
Micturition – normal
Sleep – disturbed due to stress and anxiety related to infertility.

GENERAL EXAMINATION

- Pulse rate**:** 83 beats/min, regular
- Blood pressure: 110/70 mmHg
- Respiratory rate: 16 breaths/min
- Temperature: Afebrile
- Weight**:** 66–69 kg (varied during follow-up)

ASHTAVIDH PARIKSHA

Nadi	Kapha vata
Mutra	Prakruta
Mala	Prakruta
Jivha	Alpa lipta
Shabda	Prakruta
Sparsha	Anuushnasheeta
Drik	Prakruta
Akriti	Madhyam

DASHAVIDH PARIKSHA

Prakruti	**Kapha vata**
Vikruti	Kapha vata Dushti
Sara	Madhyama
Samhana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Satva	Madhyama
Aahara shakti	Madhyam
Vyayama shakti	Madhyama
Vaya	Yuva avastha

SAMPRAPTI GHATAKA

Dosa	**Kapha vata**
Dusya	Rasa rakta meda artava
Agni	Jatharagni evam dhatvagni mandya
Srotas	Artavavaha rasavaha medovaha
Srotodushti	Sanga evam avarna
Roga marga	Abhyantara
Adhishthana	Artavavaha Srotas

1. LABORATORY INVESTIGATIONS BEFORE TRETMENT

Date	**Investigation**	**Findings**
17/11/2022	Fasting Blood Sugar (FBS)	90 mg/Dl
17/11/2022	Postprandial Blood Sugar (PPBS)	102 mg/dL
17/11/2022	TSH	3.32 µIU/mL
17/11/2022	FSH	3.59 mIU/mL
17/11/2022	LH	5.20 mIU/mL
16/11/2022	UPT	Negative

2. USG REPORT BEFORE TRETMENT

Date	**Investigation**	**Findings**	**Impression**
25/11/2019	USG Abdomen & Pelvis	Uterus: 6.6 × 3.5 cm; Endometrium: 10 mm; Cervix: Normal; Right ovary: 3.2 × 2.3 × 2.8 cm (Volume: 11.3 cc); Left ovary: 3.7 × 2.0 × 2.9 cm (Volume: 11.7 cc); Bilateral ovaries enlarged with multiple peripherally arranged follicles	Suggestive of Polycystic Ovary Syndrome
17/11/2022	USG Pelvis	Uterus: 8 × 4.1 cm; Endometrium: 16 mm; Right ovary: 2.3 × 1.8 cm; Left ovary: not significantly enlarged	Thickened endometrium with polycystic ovarian morphology, clinical correlation advised

3. USG REPORT AFTER TRETMENT

Date	**Gestational Age**	**Findings**	**Impression**
10/01/2025	7 weeks 3 days	CRL: 1.24 cm, Yolk sac seen, Fetal pole seen, Cardiac activity present, FHR: 152 bpm, OS closed, Cervix normal	Single live intrauterine pregnancy (early viable gestation)
20/02/2025	13–14 weeks	CRL: 66.3 mm, NT: 1.4 mm, NB present (ossified), DV flow normal, TR absent, Placenta posterior, Liquor normal, FHR: 155 bpm	Single live intrauterine pregnancy with normal fetal growth and development
20/02/2025	Prenatal Screening Report	Trisomy 21 risk: 1:100000, NT normal, NB present, no soft markers of aneuploidy	Negative screening for chromosomal abnormalities
15/03/2025	16 weeks	CRL, BPD, HC, AC, FL consistent with gestational age, fetal movements present	Normal fetal growth and development

4. LABORATORY REPORTS DURING ANC

Date	**Investigation**	**Findings**
10/01/2025	HbA1c	5.5%
10/01/2025	Estimated Average Glucose	111.5 mg/Dl
10/01/2025	Hemoglobin	12.0 g/Dl
10/01/2025	RBC Count	4.19 million/cumm
10/01/2025	PCV	36.9%
10/01/2025	MCV	88.1 fL
10/01/2025	MCH	28.6 pg
10/01/2025	MCHC	32.5 g/dL
10/01/2025	RDW	16.0%
10/01/2025	TSH	2.080 µIU/mL

10/01/2025	Free T3	2.72 pg/mL
10/01/2025	Free T4	1.43 ng/dL
10/01/2025	HBsAg	Non-reactive
10/01/2025	HCV	Non-reactive
10/01/2025	HIV Duo	Non-reactive
10/01/2025	VDRL	Non-reactive

5. FOLLOW-UP ANC INVESTIGATIONS

Date	Investigation	Findings
12/03/2025	WBC Count	10.8 ×10³/µL
12/03/2025	RBC Count	3.61 million/cumm
12/03/2025	Hemoglobin	9.9 g/dL
12/03/2025	PCV	28.2%
12/03/2025	MCV	78.1 fL
12/03/2025	MCH	27.4 pg
12/03/2025	MCHC	35.1 g/dL

TRETMENT PROTOCOL

1. OPD INITIAL MANAGEMENT PHASE

Date	Medicine	Dose	Duration	Remarks
25/01/2020	Varnadi Kashayam	10 ml + 40 ml warm water BD	1 month	Kapha–Medohara, Srotoshodhana
25/01/2020	Chandraprabha Vati	1-0-1	1 month	Metabolic & hormonal balance
25/01/2020	Rajapravartini Vati	2-0-2	15 days	Artava Pravartana
25/01/2020	Abhayarishtam	30 ml BD	1 month	Vatanulomana
25/01/2020	4Blood Syrup	10 ml BD	1 month	Rakta poshana

2. OVULATION IMPROVEMENT PHASE

Date	Medicine	Dose	Duration	Remarks
16/11/2022	Shatapushpa Churna	6 g BD	1–2 months	Ovulation support
18/11/2022	Gandharva Hastadi Kashaya	20 ml BD	1 month	Agni Deepana
18/11/2022	Chitraka Granthyadi Kashaya	20 ml BD	1 month	Kapha reduction
18/11/2022	Chandraprabha Vati	1-0-1	2 months	Endocrine regulation

3. PRE-CONCEPTION PHASE

Date	Medicine	Dose	Duration	Remarks
25/08/2023	Kumaryasava	20 ml BD	2–3 months	Artava regulation
25/08/2023	Dhanwantaram Gulika	1-0-1	2–3 months	Pain management
25/08/2023	Nilibhringadi Taila	External	Continuous	Stress & hair fall control

4. CONCEPTIONAL OUTCOME

Date	Event	Remarks
25/01/2025	**PCOS resolved and spontaneous conception achieved**	After Ayurvedic management of *Aniyamita Artava*, menstrual regularity and ovulatory function restored leading to natural conception

Garbhini Paricharya (Week-wise Antenatal Management)

Date	Gestational Age	Treatment	Dose & Anupana	Duration	Ayurvedic Rationale
10/01/2025	**7 weeks**	Yashtimadhu	1 tablet BD with milk/water	Up till 12 weeks	Garbhasthapana, Pitta Shamana, Rasayana, nourishes maternal and fetal tissues and supports fetal development.
10/01/2025	**7 weeks**	Mahadhanwantaram Gulika	1 tablet BD with Jeeraka Kashaya	Up till 12 weeks	Vata Shamana, strengthens the reproductive system and supports healthy pregnancy.
10/01/2025	**7 weeks (SOS)**	Mathiphala Rasayana	SOS	As required	Relieves nausea and vomiting, improves appetite, provides nourishment and mental calmness.
10/01/2025	**7 weeks**	Pumsavana Karma	Single	One day	Garbhasthapana, promotes healthy

		(Nasya with Vatankura + Shweta Sharshapa + Ksheera)	sitting		fetal growth and enhances fetal nourishment.
11/02/2025	**12 weeks**	Mahadhanwantaram Gulika	1 tablet BD with Jeeraka kashaya	Throughout pregnancy	Vata Shamana, improves maternal strength and supports fetal development.
15/03/2025	**16 weeks**	Dadimadi Ghritam	½ teaspoon BD with hot water	Throughout pregnancy	Improves Agni, enhances maternal nourishment, for maintaining healthy hemoglobin and meeting physiological iron requirements during pregnancy and for supports fetal growth.
15/03/2025	**16 weeks**	Bala Kashaya	30 ml BD	1 month	Balya and Brimhana action, improves maternal strength and promotes fetal nourishment.
23/04/2025	**21 weeks**	Dadimadi Ghritam	½ teaspoon BD	1 month	Maintains maternal nutrition and supports fetal growth.
23/04/2025	**21 weeks**	Bala Kashaya	30 ml BD	1 month	Balya and Brimhana, enhances maternal health and fetal nourishment.
23/04/2025	**21 weeks**	Pravala Bhasma	1 dose OD	1 month	Supports Asthi Dhatu, provides calcium supplementation, and prevents muscle cramps.
26/05/2025	**28 weeks**	Gokshura Kashaya	30 ml BD with lukewarm ghee	1 month	Mutrala action, relieves urinary discomfort, maintains fluid balance, and supports maternal well-being.
21/07/2025	**36 weeks**	Dhanvantara Taila Matra Basti	Once daily	6 days	Vata Shamana, regulates Apana Vata, nourishes pelvic tissues, and facilitates smooth labour.
21/07/2025	**36 weeks**	Yoni Pichu with Dhanvantara Taila	Local application	6 days	Provides Yoni Snehana, softens the cervix and vaginal tissues, and promotes normal vaginal delivery.

5. Delivery outcome

Date	Event	Outcome
28/08/2025	FTND	Female baby, 2.5 kg, healthy

6. SUTIKA PARICHARYA (POSTNATAL PHASE)

Date	Medicine	Dose	Duration	Remarks
16/09/2025	Dhanwantaram Gulika	1-0-1	1 month	Postpartum Vata balance
16/09/2025	Pravala Bhasma	1 dose OD	1 month	Mineral support
16/09/2025	Indukantha Ghritam	½ tsp BD	1 month	Agni deepana & recovery
16/09/2025	Sowbhagya Shunti Lehyam	1 tsp BD/TDS	1 month	Strength & uterine recovery
16/09/2025	Stanyajanana Rasayana	TDS	1 month	Lactation enhancement
08/11/2025	Amalaki Rasayana	1 tsp OD	Follow-up	Immunity & hair fall control
08/11/2025	Narsimha Rasayana	HS	Follow-up	Psychological & strength support
08/11/2025	Bhringaraja Taila	External	Continuous	Hair regrowth

DISCUSSION

Polycystic Ovarian Syndrome is a multifactorial endocrine and metabolic disorder characterized by anovulation, menstrual irregularity, hyperandrogenism, and infertility. In Ayurveda, the condition can be correlated with *Aniyamita Artava* caused predominantly by *Kapha–Vata dushti*, *Agnimandya*, *Meda vriddhi*, and obstruction of *Artavavaha srotas*. Impairment of *Apana Vata* results in defective follicular maturation and irregular ovulation leading to infertility.

The treatment protocol in the present case was designed according to the stage of disease progression and aimed at correcting the root pathology rather than providing only symptomatic relief. The initial line of management focused on *Deepana*, *Pachana*, *Kapha-Meda hara*, and *Srotoshodhana* therapies.

- *Varnadi Kashaya*[1] was selected because of its *Lekhana* and *Kapha shamana* properties, which help reduce metabolic sluggishness and improve tissue metabolism. This may help in reducing ovarian dysfunction associated with PCOS.

- *Chandraprabha Vati*[2] possesses Rasayana, and *Tridosha shamana* actions and is widely used in endocrine and genitourinary disorders. Its action may improve metabolism, and hormonal imbalance.
- *Rajapravartini Vati*[3] was administered for correction of menstrual irregularity. It acts by stimulating *Apana Vata* and promoting proper menstrual flow (*Artava Pravartana*). The use of
- *Abhayarishtam*[4] supported bowel regularization and *Vatanulomana*, thereby helping in correction of pelvic *Vata dushti*. Proper functioning of *Apana Vata* is essential for ovulation and conception during the infertility management phase, medicines specifically acting on ovulation and reproductive function were selected.
- *Shatapushpa Churna*[5] is considered *Artavajanana* and *Garbhashaya balya*. Pharmacologically, it may support follicular development, regulate ovulation, and improve uterine receptivity.
- *Tila Kashaya* was used because sesame possesses *Snigdha*, *Ushna*, and *Vatahara* properties which help normalize reproductive physiology.
- *Chitraka Granthyadi Kashaya*[6] improved *Agni* and reduced *Kapha avarana*, thereby correcting metabolic dysfunction.
- *Kumaryasava*[7] contains *Kumari (Aloe vera)* which is traditionally indicated in menstrual disorders and acts as a uterine stimulant and hormonal regulator. Its *Artavajanana* property may have contributed to restoration of cyclic menstruation and ovulation. The gradual improvement in cycle regularity and reduction in symptoms such as acne, hair fall, and menstrual delay indicate correction of *Kapha-Meda dushti* and normalization of hormonal function. The successful spontaneous conception achieved after treatment suggests restoration of ovulatory cycles and reproductive competence.

  Following conception, treatment was modified according to the principles of *Garbhini Paricharya*.
- *Yashtimadhu*[8] was administered during early pregnancy for its *Madhura rasa*, *Sheeta virya*, and *Garbhasthapana* properties. It nourishes maternal tissues and helps maintain pregnancy.
- *Mahadhanwantaram Gulika*[9] acts as *Vata shamana* and strengthens the maternal reproductive system.
- *Mathiphala Rasayana*[10] was used for nausea relief and mental calmness.
- *Pumsavana Karma*[11] performed during the first trimester is described in Ayurvedic classics as a procedure promoting fetal growth and stability. The formulation used in *Nasya* may support fetal nourishment and healthy intrauterine development through systemic absorption.

  During the second trimester,
- *Dadimadi Ghritam*[12] was prescribed for improving *Agni*, appetite, and nourishment. Ghrita preparations also provide *Brimhana* and fetal nutrition.
- *Bala Kashaya* possesses *Balya* and *Brimhana* actions which support maternal strength and fetal growth. *Pravala Bhasma* served as a calcium supplement and helped reduce muscle cramps during pregnancy.
- *Matra Basti* with *Dhanvantara Taila*[13] was administered during late pregnancy. According to Ayurveda, Basti is the best treatment for *Vata dosha*. *Matra Basti* nourishes pelvic tissues, regulates *Apana Vata*, reduces pelvic stiffness, and facilitates smooth labour. *Yoni Pichu* provided local oleation and maintained softness and elasticity of the genital tract, supporting normal vaginal delivery.

The patient delivered a healthy full-term female baby with satisfactory maternal and fetal outcome.

Postnatal management included *Sowbhagya Shunti Lehyam*[14], *Stanyajanana Rasayana*, *Indukantha Ghritam*[15], and *Mahadhanwantaram Gulika*[9], which helped restore maternal strength, improve digestion, enhance lactation, and balance postpartum *Vata*.

This case highlights the holistic role of Ayurveda in managing PCOS-associated infertility through correction of metabolic dysfunction, restoration of ovulation, improvement of reproductive health, and comprehensive antenatal and postnatal care. The successful resolution of PCOS symptoms followed by spontaneous conception and healthy delivery indicates the therapeutic potential of individualized Ayurvedic management in reproductive disorders.

CONCLUSION

This case report demonstrates the successful Ayurvedic management of *Aniyamita Artava* correlated with Polycystic Ovary Syndrome associated infertility. A comprehensive stage-wise treatment approach including *Deepana-Pachana*, *Kapha–Vata shamana*, *Artavajanana*, *Basti Karma*, *Garbhini Paricharya*, and *Sutika Paricharya* resulted in restoration of menstrual regularity, improvement in ovulatory function, and spontaneous conception.

The patient subsequently achieved a healthy antenatal course and delivered a full-term healthy female baby with satisfactory postpartum recovery. The outcome suggests that Ayurvedic management may offer a safe, holistic, and effective therapeutic approach in PCOS-related infertility by addressing the root pathology through correction of *Dosha imbalance*, *Agnimandya*, and *Srotorodha*. Further clinical studies with larger sample size are recommended to scientifically validate the role of Ayurveda in the management of PCOS and infertility.

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