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**THERAPEUTIC POTENTIAL OF AYURVEDA IN THE MANAGEMENT OF  
PCOS INDUCED INFERTILITY: A CASE REPORT**

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Received 6<sup>th</sup> May 2025; Revised 7<sup>th</sup> June 2025; Accepted 20<sup>th</sup> Aug. 2025; Available online 1<sup>st</sup> June 2026

<https://doi.org/10.31032/IJBPAS/2026/15.6.10252>

**ABSTRACT**

**Introduction:** In present era, infertility is becoming a big issue because of the diminishing rates of fecundability and fertility. Infertility a multifactorial disorder is a major contributor to emotional disturbances and reduced quality of life. Vandhyatwa is failure to achieve pregnancy. Four key components of Garbha are identified in Ayurveda: Ritu, Kshetra, Ambu, and Beeja. Abeejatava, the reduction in both the quantity and quality of ovum, can be considered as anovulation. Anovulation is the cause of infertility in about a third of couples attending infertility clinics and polycystic ovary syndrome accounts for 90 % of such cases. Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder affecting reproductive-aged women, characterized by hormonal imbalance, irregular menstrual cycles, and often, the presence of cysts on the ovaries. It is a significant cause of infertility due to multiple factors. Worldwide interest in Ayurveda is growing due to its potential in treating anovulation and PCOS related infertility.

**Material & Methods:** Here we report a case of female patient aged 30 years c/o anxious to conceive since 3 years of marital life and irregular menstruation since 4 years visited OPD of Prasuti tantra and Striroga at Sri Dharmasthala Manjunatheshwara college of Ayurveda and hospital Hassan. Patient was diagnosed with PCOD since 4 years. Her ultrasonography finding revealed bilateral polycystic ovaries, anovulation in the follicular study. Considering chikitsa sutra of vandhyatwa, Shodhana karma and Uttara Basti was done followed by oral medication.

**Result:** Significant improvement was found in menstrual cycle just after Vamana and ovulation occurred from Left ovary after course of Uttar Basti. Patient got conception after 7 months of treatment that prove effect of Ayurveda treatment protocol for management of infertility

**Discussion:** Timely ovulation is important factors for successful fertilization and conception. Hence, Shodhana karma and oral medications are effective in correcting PCOS and Anovulation.

**Keywords:** Vandhyatwa; infertility; anovulation; PCOD; Vamana; Uttara Basti

## INTRODUCTION:

Female infertility is a major issue that affects the suffering women as well as whole family members. According to world health organization (WHO) infertility can be described as the implies apparent failure of a couple to conceive after 1 year of unprotected and regular intercourse, maintain a pregnancy, or carry a pregnancy to live birth [1]. Conception depends upon combined excellence for fertility in both male and female partner in which female is directly responsible in about 40-55% of infertility [2]. A major global health concern, infertility affects 8% to 10% of couple's globally [3]. Approximately 15 to 20 million (or 25%) of the 60–80 million infertile couples that experience infertility each year are likely located in India alone. A World Health Organization (WHO) research states that infertility affects one in four couples in underdeveloped nations [4]. In Ayurveda infertility is described under vandhyatwa. Acharya Sushruta described four essential elements plays in conception i.e. Ritu, Kshetra, Ambu, and Beeja. Beeja is most essential part among the four, has been considered as antahpushpa i.e. ovum

[5]. Thus, anovulation can be included under beeja dushti. Tridoshas have an impact over all the process involved in ovulation. Vata stands for proliferation and division of cells (granulosa and theca cells), rupture of the follicle etc. Pitta is associated with its conversion power, like conversion of androgens to oestrogen in Graafian follicle maturity of follicle by its function of paka karma. Kapha stands as a building and nutritive factor. It binds all the cells together and gives nutrition for growth and development of cells. Ovulatory cause is an important factor in infertility among women accounting about 40% of cases. Anovulation is the cause of infertility in about a third of couples attending infertility clinics and polycystic ovary syndrome accounts for 90 % of such cases. Ovulation is the result of the coordinated action of the endocrine, paracrine, and autocrine systems. Any disruption in the delicately coordinated interaction between the components of the hypothalamic –pituitary-ovarian axis may lead to ovulatory dysfunction. Infertility by itself does not threaten psychological and

social well-being of the couples. Infertility can result in severe emotional stress [5].

Stress is known to impact women's health specifically through hypothalamic – pituitary-gonadal (HPG) axis dysfunction. Such dysfunction may manifest in menstrual irregularities and /or infertility due to hypothalamic hypogonadism. Stress induced anovulation often termed functional hypothalamic amenorrhea results when behavioural challenges and energetic imbalance reduce hypothalamic gonadotropin –releasing hormone drive and cause anovulation. The relationship between dietary, behavioural, environmental factors and anovulation represent modifiable factors to improve fertility and chronic health conditions. Age related decline in female infertility can be attributed largely to progressive follicular depletion and high incidence of abnormality in aging oocyte. This patient was found to be under psychological stress which has a direct impact over fertility. Catecholamine's, prolactin, adrenal steroids endorphins and serotonin all affect ovulation and in turn are all affected by stress. In conventional medicine many options for primary infertility are available starting from

medication to IVF with their own limitations. While Ayurveda has explained horizons of treatment modalities for infertility which work as quick heal for multifactorial infertility problem includes shodhana karma, Yoga Basti, Uttara Basti. The present case study deals with a success story of infertile female patient with anovulation; got conception and delivered a healthy baby.

**AIMS AND OBJECTIVE:** The case study has been done to assess the effect of Vamana karma and Yoga Basti with Uttara Basti on beeja dushti janya vandhyatwa (Anovulation).

#### **MATERIAL & METHODS:**

##### **Patient Information**

A female subject of 30 years old, housewife by occupation, Hindu by religion visited the Prasuti Tantra & Striroga OPD of Sri Dharmasthala Manjunatheswara college of Ayurveda and hospital Hassan on 30/01/23 with the complaint of unable to conceive since 3 years, irregular menstruation since 4 years. Pt was a diagnosed case of PCOS since 4 years. On investigation, she was found to have elevated blood sugar levels.

##### **Menstrual History**

##### **Present Menstrual History**

<b>LMP</b>	4/9/2022
<b>Duration</b>	3-4 days
<b>Interval</b>	60-90 days
<b>Amount</b>	2-3 pads/day
<b>Cycles</b>	Irregular, Pain +, Clots+, foul smell-absent

**Past Menstrual History**

Menarche	12 Years
Duration	3-4 days
Interval	60-90 days
Amount	2-3 pads/day
Cycles	Irregular, Pain +, Clots+, foul smell-absent

**Obstetric history:** Nulli Gravida

**Family history:** No medical history

**Past treatment history:** No medical and surgical history

**Clinical Findings:**

**General Examination**

General condition	Fair
Nourishment	Moderate
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Oedema	Present
Acanthosis Nigricans	Absent
Acne	Absent
Hirsutism	Absent
BP	120/80 mmhg
Pulse	84 bpm
RR	18cpm
Height	162 cm
Weight	77 kg
BMI	29.3 kg/m <sup>2</sup>

**Systemic examination**

Respiratory System	NVBS Heard
Cardio Vascular System	S1S2 heard, no murmurs
Central Nervous System	Conscious, well oriented
P/A	Soft, non-tender, No Organomegaly

**Vayathika Vruthanta**

Ahara	Mixed,Ati madhura,guru ahara sevana
Agni	Vishamagni
Bowel	Regular
Micturition	4-6 times/day
Sleep	Sound
Habit	Tea-2 times /day
Manasikabhava	Chinta/Shoka

**Rogi pareeksha****Astasthana Pareeksha**

Nadi	Vata-Kaphaja
Mala	Prakruta
Mutra	Prakruta
Jihva	Lipta
Shabda	Prakruta
Sparsha	Anushnasheeta
Druk	Prakruta
Aakriti	Sthola

**Dashavidha Pareeksha**

Prakruti	Vata Kaphaja
Vikruti	Vatakaphapradhan Tridosha
Sara	Rasasara
Samhanana	Madhyamma
Satva	Madhyamma
Satmya	Katurasapradhan Sarvarasa
Ahara Shakti	Vishama
Vyayama Shakti	Madhyamma
Vaya	Madhyamma
Pramana	Sthola

**Srotas Pareeksha**

Annava Srotas	Avipaka, Arochaka
Rasava Srotas	Srotorodha
Artava Srotas	Artavanasha (anovulation)
Rest all other Srotas	Prakruta

**Yoni pareeksha**

P/S Examination

Vulva-No Anatomical Abnormality, No Inflammation, No Discharge, and No Cyst was noticed

Vagina-No Redness, No Congestion was noticed

Cervix-Healthy, Normal Size

P/V Examination-Uterus AV/NS/FF, No tenderness

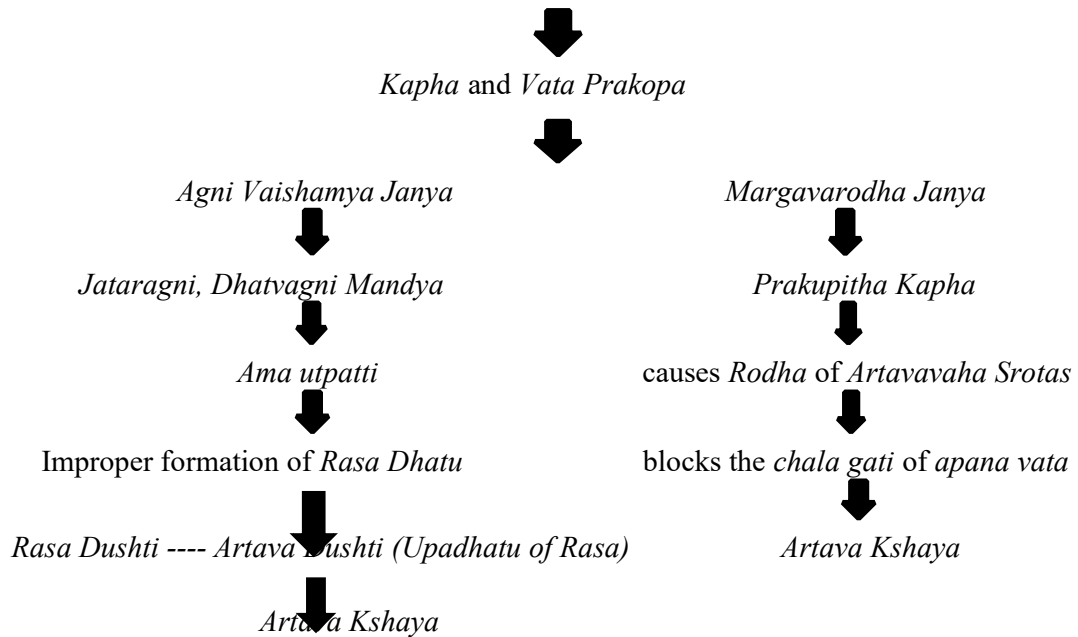
**Samprapti**

Nidana- Ati-madhura, Guru Ahara sevana,

Diwaswapna, Vega Dharana

Rupa-Abeejatava

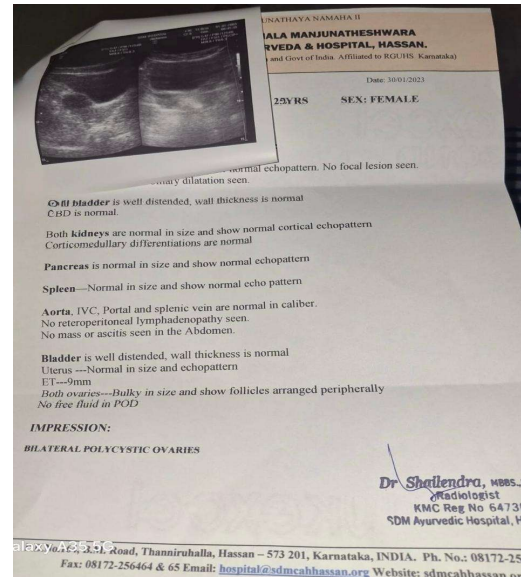
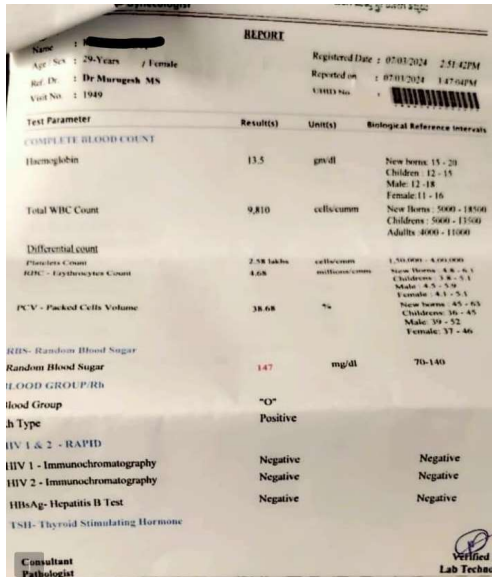
Nidana (Ati-madhura, Guru Ahara sevana, Diwaswapna, Vega Dharana)



Samprapti Ghataka

Dosha	Vatakaphapradhana Trisoaha dushti
Dushya	Rasa Dhatu-Artava(Beeja)
Agni	Jataragni,Dhatvagni
Ama	Sama
Srotas	Rasavaha,Artavaha
Srotodushti	Sanga
Udbhavasthana	Amashaya,Pakvashya
Vyaktasthana	Dimba,Garbhashya
Roga Marga	Abhyantara
Sadhyaasadhyata	Sadhya

Investigation



On Routine investigation, blood sugar levels were elevated. Rest all other investigations were in within normal limit.

**Treatment plan:** Patient was advised for admission and she got admitted in our hospital on 30/01/2023 after menstruation.

On analysing her complaints, Vamana Karma followed by Yoga Basti along with Uttarakbasti was planned and subsequently, the oral medications were also prescribed.

**Methodology:**

Table 1: Showing intervention plan on first month

Date	Treatment
30/1/23 -03/2/23	<ul style="list-style-type: none"> <li>• Deepana pachana with Chitrakadi Vati 2TID B/F + Panchakola phanta 50ml TID B/F</li> <li>• Sarvanga udwarthana followed by Bashpa sweda – 5 days</li> </ul>
04/02/23-07/02/23	<ul style="list-style-type: none"> <li>• Snehapana with Phalagritha - 4 days in arohana mathra (30ml,70ml,100ml,130ml)</li> </ul>
08/02/23	<p>Vishrama kala-</p> <ul style="list-style-type: none"> <li>• Kaphotkleshakara Ahara (Dahi Vada, Milk, Milk peda , Sugarcane juice, Curd rice, Milk rice)</li> <li>• Sarvanga Abhyanga with Ksheerbala Taila followed by Bashpa sweda</li> </ul>
09/02/23	<ul style="list-style-type: none"> <li>• Sarvanga Abhyanga with Ksheerbala Taila followed by Bashpa sweda</li> </ul>

	<ul style="list-style-type: none"> <li>Vamana karma (Madanaphala , Yestimadhu churna, Saidhava, Honey)</li> </ul> <p>Total no of Vegas – 08, pravara shudhi</p>																														
09/02/23	<p>Medicine advised on discharge</p> <table border="1"> <thead> <tr> <th>Name of Drug</th> <th>Dose</th> <th>Duration</th> <th>Oushadha kala</th> <th>No.of Days</th> </tr> </thead> <tbody> <tr> <td>1.Rajapravartini Vati</td> <td>2 tablet</td> <td>Twice a day</td> <td>B/F</td> <td>10</td> </tr> <tr> <td>2.Dashmoola Kashaya</td> <td>15ml</td> <td>Twice a day</td> <td>B/F</td> <td>10</td> </tr> <tr> <td>3.Shaddharana Yoga Vati</td> <td>2 tablet</td> <td>Twice a day</td> <td>A/F</td> <td>10</td> </tr> <tr> <td>4.Nishamalaki</td> <td>2 tablet</td> <td>Twice a day</td> <td>B/F</td> <td>20</td> </tr> <tr> <td>5.AsanadiKashaya</td> <td>15ml</td> <td>Twice a day</td> <td>B/F</td> <td>20</td> </tr> </tbody> </table>	Name of Drug	Dose	Duration	Oushadha kala	No.of Days	1.Rajapravartini Vati	2 tablet	Twice a day	B/F	10	2.Dashmoola Kashaya	15ml	Twice a day	B/F	10	3.Shaddharana Yoga Vati	2 tablet	Twice a day	A/F	10	4.Nishamalaki	2 tablet	Twice a day	B/F	20	5.AsanadiKashaya	15ml	Twice a day	B/F	20
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After undergoing Vamana therapy, the patient attained her menstrual period on 12/02/2023. She discontinued her medication for 1.5 months and was subsequently admitted to our hospital on 15/04/2023 for Yoga Basti therapy, followed by Uttara Basti.

**Protocol followed for Basti procedure:**

Table 2: Showing intervention plan on second month

Time	15/04/23	16/04/23	17/04/23	18/04/23	19/03/24	20/04/23	21/04/23	22/04/23
Morning	Anuvasana Basti	Niruha Basti	Anuvasana Basti	Niruha Basti	Anuvasana Basti	Niruha Basti	Anuvasana Basti	Anuvasana Basti
Evening		Uttara Basti		Uttara Basti		Uttara Basti		

**Therapeutic intervention:**

Table 3: Description of treatment plan

Anuvasana Basti	Pippalyadi Taila Dose-80ml, Route-Anal
Niruha basti	<ul style="list-style-type: none"> <li>Makshika:80ml</li> <li>Saindhava:5 grams</li> <li>Sneha: Mahanarayana Taila -80ml</li> <li>Kalka:Yashtimadhu choorna + Bala choorna + Shatapushpa choorna (15 grams each)</li> <li>Dashmoola Kashaya -300ml</li> </ul>
Uttara Basti	Mahanarayana Taila Dose: 5ml, Route: intra uterine

Table 4: Medicine advised on discharge

Name of Drug	Dose	Duration	Oushadha kala	No. of Days
1.Rajapravartini Vati	2 tablet	Twice a day	B/F	20
2.Dashmoola Kashaya	15ml	Twice a day	B/F	20
3.Shaddharana Yoga Vati	2 tablet	Twice a day	A/F	20
4.Chitrakadi Vati	1 tablet	Thrice a day	B/F	20
5.Nishamalaki	2 tablet	Twice a day	B/F	20
6.AsanadiKashaya	15ml	Twice a day	B/F	20

**RESULT:**

**Follow up & Outcome:**

On follow-up, she attained menstruation on 14/05/2023, and medication was prescribed accordingly.

She followed the prescribed medication regimen for two months, then took a two-month break, and subsequently resumed the same treatment for another two months.

Name of Drug	Dose	Duration	Oushadha kala	No. of Days
1.Pushpadhanva Rasa	2 Bid	Twice a day	B/F	15
2.Chitrakadi Vati	1 tablet	Thrice a day	B/F	20
3.Phalaghrita	10ml	Twice a day	B/F	60

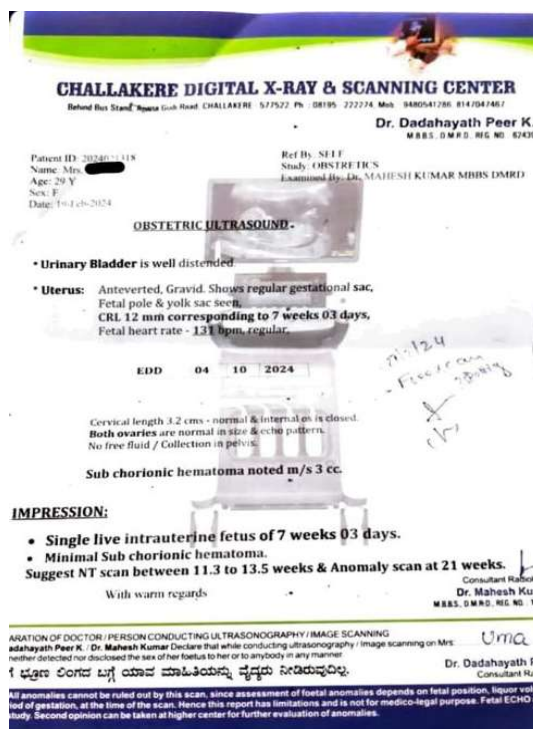


Figure 1: Showing follicular study and USG report after treatment (early pregnancy scan)

Following Vamana therapy, the patient experienced her menstrual period on 12/02/2023. The menstruation was uneventful, and the interval between cycles decreased from 60–90 days to 45 days. On the 18th day of the follicular study, a dominant follicle was observed in the left ovary.

**USG findings in follow up period:** Patient got conception after 7 months of follow up

i.e. December 2023 (LMP-28/12/23) and confirmation of pregnancy was done by UPT and USG findings and delivered a healthy male baby.

**DISCUSSION:**

Vamana Karma: A Key Therapeutic Approach for Kapha Dosha in PCOS Management. In Ayurveda, Vamana Karma is considered the most effective treatment for eliminating Kapha Dosha,

which plays a central role in the pathogenesis of polycystic ovarian syndrome (PCOS). From an Ayurvedic perspective, PCOS can be understood as an Agni Vaishmya janya Vikara. More specifically, it involves dysfunction at the level of Rasagni (metabolism of Rasa Dhatu) and Medodhatvagni (metabolism of Meda Dhatu), coupled with a Bahu Dosha Avastha (excessive and vitiated doshas) [6]. Pathologically, PCOS primarily reflects a Kapha-Vataja imbalance. Due to increased Kapha and Agnimandya (digestive and metabolic sluggishness), an excessive number of ovarian follicles are produced. However, these follicles fail to mature, leading to cyst formation. The accumulated Kapha obstructs the normal flow of Vata, particularly the Apana Vata, which is essential for proper ovulation and menstruation. This obstruction aggravates Vata, resulting in clinical manifestations like anovulation and Oligomenorrhoea.

According to Ayurveda, Prakrita Vata (balanced Vata Dosha) is vital for the regularity and health of the menstrual cycle. Therefore, treatment should focus on:

- Correcting Agni (digestive and metabolic fire)
- Eliminating vitiated Kapha Dosha
- Restoring the normal flow of Vata

To achieve these therapeutic goals, Samshodhana Chikitsa is highly recommended. Among the Panchakarma

therapies, Vamana Karma holds special importance in PCOS management due to its efficacy in expelling aggravated Kapha and restoring metabolic balance.

The primary outcome of therapy is regularization of menstrual cycle in relation to interval. Artava Kshaya (diminished or irregular menstruation) arises due to the vitiation of Rasa Dhatu (plasma and lymphatic tissues), along with the involvement of Kapha and Vata doshas. Vamana acts as a Srotoshodhaka (helps in cleansing and clearing the body's micro-channels (Srotas)), thereby removing blockages.

Rajapravartini Vati [7], with its Katu Rasa, Ushna Veerya, Sara, Teekshna Guna, and Pitta Vardhaka properties, further supports this process by enhancing the flow within reproductive channels. These attributes facilitate the removal of obstructions in the Artava Vaha Srotas (channels carrying menstrual flow) and promote Srotoshodhana (channel purification). Thus, the administration of Vamana followed by Rajapravartini Vati helps restore the normal flow of Vata, enhances the Artava Dhatu both qualitatively and quantitatively, and contributes significantly to the management of menstrual irregularities.

Pushpadhanva Rasa possesses Tridosha-shamaka, Deepana, and Pachana properties, due to which the basic step of Agnimandya involved in the Samprapti is relieved. This

leads to the correction of Dhatvagni, promoting the proper formation of Rasa Dhatu. This results in proper formation of Upadhatu, Artava which can be interpreted as hormones, menstrual blood as well as ovum.

### CONCLUSION

Infertility is increasingly prevalent in today's era, primarily due to lifestyle changes. It has become one of the leading causes of marital distress, personal dissatisfaction, and associated health issues. The present study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of anovulation. Procedures like *Vamana* and *Basti* aid in detoxifying the body, removing *Srotorodha* and pacifying the *Tridosha*, particularly *Vata*. The administration of *Uttarabasti* with *Mahanarayana Taila* is believed to stimulate endometrial receptors and penetrate minute channels, enhancing the receptivity of the uterus. Concurrently, oral medication helps regulate the hypothalamic-pituitary-ovarian (HPO) axis. In this case, the Ayurvedic line of management led to *Vata Shamana*, purification and proper formation of *Artava Upadhatu*, activation of *Beeja* (ovum), and *Srotoshodhana*. These combined actions facilitated successful conception. Notably, no adverse effects were observed during the course of Ayurvedic treatment.

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