



Case Study

AYURVEDIC MANAGEMENT OF OVULATORY DYSFUNCTION IN PCOS

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ABSTRACT

Polycystic ovarian syndrome, is a common endocrine disorder in women of reproductive age that can lead to anovulation. This disorder accounts for 30% of all infertility cases with 73% of them suffering from infertility due to anovulation. This is a case report of 31-year old female complaining of scanty and painful menstruation. As she had a history of missed abortion at 6th week of gestation she was advised for ultrasound scan and her scan revealed bilateral polycystic ovarian syndrome. She also had anovulatory cycles on her follicular study. The treatment given aimed at correcting *Vata kapha dushti*, *Agni mandya* and *Srotorodha*. In this condition, *Samana* and *Sodhana* therapies were given. *Samana chikitsa* helped in *Agni deepana* and for normalising *Vata kapha*. Whereas *Sodhana chikitsa* helped in removing *Srotorodha*. Following that, *Artava janaka dravyas* and *Rasayana chikitsa* were given, which helped in correcting the *Artava kshaya* and proper *Dhathu* formation. The whole treatment may have contributed to accelerated maturation of graafian follicles. Thus the follicle ruptured and ovulation was detected in follicular study which highlights the potential action of ayurvedic treatment modalities in anovulatory cycles due to polycystic ovarian syndrome.

INTRODUCTION

PCOS was originally described by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries^[1]. It is a common endocrine condition in women of reproductive age. Polycystic ovary syndrome (PCOS) affects an estimated 8–13% of reproductive-aged women. Up to 70% of affected women remain undiagnosed worldwide. This disorder accounts for 30% of all infertility cases with 73% of them suffering from infertility due to anovulation^[2]. First-line modern management for PCOS usually consists of an oral contraceptive to induce regular menstruation and then ovulation induction. Reluctance of patients to undergo prolonged hormonal therapy brings them to ayurveda or any alternative treatment of choice. According to ayurveda PCOS may be correlated to *Arthava kshaya*. Ayurveda has *Sodhana* and *Samana chikitsa* which help with anovulation and PCOS.

It helps regulating menstruation and ovulation. The result strengthens role of Ayurvedic medicine in management of the condition.

Case Report

A 31-year-old female patient came to OPD of Prasutitantra and Streeroga Government ayurveda college Thiruvananthapuram complaining of scanty menstruation for 4-5 months and painful menstruation since Menarche. She attained her Menarche at the age of 14 and her cycles were regular with normal duration and interval. She got married at the age of 24 to an NCM of 25. After 6 months of marriage, she got conceived but ended up as a missed abortion at 6th week of gestation. For which she consulted an allopathic physician and was diagnosed with bilateral PCOS on USG. On follicular study her cycles were found to be anovulatory. For the next 4 years she took hormonal therapy to correct her PCO pattern and was advised to try for normal conception. But as there were no results doctors suggested for IUI. After which ovulation induction and IUI was done thrice, but she didn't conceive. So, she came to our hospital for further consultation and ayurvedic treatment.

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History of Past Illness

No H/o DM, HTN, DLP, thyroid dysfunction

Menstrual History

Menarche	14 years
Interval	28 - 30 days
Duration	2 days
LMP	28/06/2023
PMP1	31/05/2023
PMP2	04/05/2023
PMP3	07/04/2023
Dysmenorrhea	+++ (D1 and D2 on painkillers)
Clots	Nil
Bleeding	Scanty
No. of pads/day	1/day
Night pad change	Nil
Vaginal discharge	WNL

Marital History

Married since 2016

Non-Consanguineous marriage

Obstetric HistoryPOLOA1 (A1- missed abortion at 6th week)

Nulliparous

Sexual History

Dyspareunia – Superficial (Occasionally)

Vaginismus – Nil

PCB- Nil

Personal History

Diet: Mixed

Bowel: regular

Appetite: Reduced (irregular food habits)

Investigations

USG Pelvis (TAS) (06/04/2023)	Uterus-RV, 7.2 x 3.4 x 4cm Endometrial thickness – 5mm Right ovary - 4 x 2 x 2.3cm (Volume: 12 cc) Left ovary – 3.1 x 2.5 x 1.9cm (Volume: 13.5 cc) Bilateral ovaries show multiple (>12) peripherally arranged follicles (ranging in size 2-9 mm) seen with central echogenic stroma. Impression: Bilateral PCOD
Blood RE	NAD
Urine RE (18/05/2023)	Albumin – Traces Sugar – Nil Pus cells – 12-14 HPF Epithelial cells – Plenty Bacteria – Present

General Examination

Built - Moderate

Nutrition - Moderate

Height – 153 cm

Weight – 52 kg

BMI – 22.21 kg/m²

Micturition: WNL

Sleep: Disturbed

Addictions: Nil

Allergy: Nil

Vegadharana: *Mutra vegadharana, Ratrijagarana*Taste of food preferred: *Madhura, Amla, Katu*

Psychological status: Anxiety, Stress

Surgical History

Nothing relevant

Past Medical and Treatment History

H/O Infertility treatment (2017-2021)		
IUI	Thrice (2022)	Failed

Gynaecological Examination**Pelvic Examination on 24/05/2023 at 10.32 am****Inspection**

External genitalia appear normal

Normal hair pattern

No discharge seen externally

No cystocele, rectocele, urethrocele

Per speculum

Cervix- healthy, nulliparous os

Mucoid discharge from os and curdy white discharge seen in fornices.

Bimanual examination

Uterus – Retroverted

CMT – Negative

Fornices – Free, no tenderness elicited

Ashtavidha Pareeksha

Nadi: Sadharanam

Mutram: Anavilam

Malam: Sadharanam

Jihwa: Anupaliptham

Sabdham: Spashtam

Sparsham: Anushna seetham

Drik: Prakrutham

Akrithi: Madhyamam

Treatment

Samana chikitsa

S.No	Internal Medications	Dose
1	Gandarvahastadi Kashayam	90ml BD
2	Punarnavadi Kashayam	
3	Chiruvilvadi kashyam	90ml BD
4	Astachurnam	5gm with hot water B/F
5	Asokarishtam	25 ml BD
6	Abhayaristam	
7	Dhanwantaram gulika	2-2-2
8	Chandraprabha gulika	1-0-1
9	Black sesame seeds with jaggery	1 tsp Bd

Sodhana chikitsa

S.No	Procedures Done	Duration
1	Udvarthanam with Vara churna	5 days
2	CPS with Vara churnam	7 days
3	Virechanam with Gandharveranda tailam 5 ml	1 day
4	Accha snehapanam with Sukumara ghrita and Indukantha ghrita	7 days
5	Abhyanga + Ushma sweda with Mahanarayana tailam	3 days
6	Virechana with Gandharveranda taila 5ml	1 day
7	Patrapotali swedam with Mahanarayana tailam	5 days
8	Matravasti with Pippalyadi anuvasana tailam – 60 ml	7 days
9	Nasyam with Jeevaniya gana ghrita	7 days

Rasayana chikitsa

S.No	Rasayana Chikitsa	Duration
1	Satapushpa rasayana	Started on 11/07/2023 at a dose of 2.5gm with plain ghee, followed by milk porridge. Dose was increased by 0.5gm per day.

Discharge medicines

S.No	Discharge Medicines	Dose
1	Satapushpa rasayana	On the day of discharge dose was 5.5gm. Patient was asked to increase the dose by 0.5gm per day till next period.

Dasavidha Pareeksha

Dooshyam: Rasa Raktha Arthava

Desham: Deham-Garbhasaya; Bhumi-Sadharanam

Balam: Madhyamam

Kalam: Kshanadi-Sarvarithu; Vyadhyavastha-Purana

Analam: Vishamam

Prakruthi: Vata pitta

Vaya: Youvanam

Sathwam: Madhyamam

Sathmyam: Sarvarasa sathmyam

Aharam: Abhyavaharana sakthi - Madhyamam

Jaranasakthi -Vishamam

Male Factor

Male partner aged 32 years has history of smoking (3-4 packets/day) and did not have any relevant medical or surgical history. Baseline investigation showed husband had normal blood, urine and semen analysis.

OBSERVATION AND RESULT

	Before Treatment	After Treatment
Ovulation	On Induction	Normal ovulation occurred

DISCUSSION

Condition of the patient may be correlated to *Arthava kshaya* and *Pushpagani* based on clinical history, examination and investigations.

Nidana samprapti

Due to *Anashana* (often skips food), *Virudha ahara*, *Vishama asana* (untimely food intake), *Katu rasa pradhana ahara*, *Atichintana* (mental stress and anxiety++), *Vata prakopa* happens. Along with this *Kapha dusti* also happens due to excessive intake of *Guru abhisyanthi madhura amla ahara* and *Paryushitha ahara* and thereby leading to *Aama* formation. This can cause vitiation of *Rasavaha srotas* and affects *Uttarottara dhatu* formation, leading to improper formation of *Arthava dhatu* manifesting as *Arthava kshaya* (*Alpatha*, *Yoni vedana*). Here patient presented with anovulation, this may be due to *Beeja rupa arthava dusti*.

Chikitsa

Polycystic ovarian syndrome is a heterogenous, multifactorial and polygenic condition.^[1] According to the Rotterdam criteria a patient is said to have PCOS if she presents with any two or more symptoms among the following: oligo-anovulation, hyperandrogenism and polycystic ovaries (≥ 12 follicles measuring 2-9mm in diameter and/or an ovarian volume > 10 ml in at least one ovary)^[2]. Patient complaints of scanty menstruation which is one of the main features of PCOS that may be correlated to *Arthava kshaya* and her investigation revealed anovulation, which is yet another important feature that may be correlated to *Pushpagani*. Pathogenesis of both these conditions is mainly due to *Vata kapha dushti*, *Agni mandya* and *Srotorodha*. In this condition, *Samana* and *Sodhana* therapies were given. *Samana chikitsa* helped in *Agni deepana* and for normalising *Vata kapha*. Whereas *Sodhana chikitsa* helped in removing *Srotorodha*. Following that, *Artava janaka dravyas* and *Rasayana chikitsa* were given, which helped in correcting the *Artava ksaya* and proper *Dhatu* formation.

Samana chikitsa

As it is a *Santarpanotha vyadhi*, *Apatarpana* was done. *Apatarpana* or *Langhana* includes both *Pancha sodhana* and *Sapta samana*. *Pachana*, *Deepana*, *Kshut*, *Trit*, *Vyayama*, *Atapa*, *Marutha* comes under *Samana chikitsa*. Internal medications such as *gandharvahastadi kashayam* and *Punarnavadi kashaya* along with *Ashtachurna* was given at first. As *Gandharvahastadi kashaya* is *Vahnerbalaaya* (*Agni deepanam*), *Pavanasya saanthai* (*Apana vatanulomana*), *Ruchaye malasodhanaaya* (helpful in

dysmenorrhea and constipation), this was given. This *Kashaya* is *Tikta rasa pradhana*, which helped in reducing *Srotorodha* caused by *Kapha dosha*. Hence *Srotosodhana* occurred. Here *Vata* and *Kapha* are the main cause for scanty menstruation and anovulation. Because of its *Deepana pachana* and *Vatanulomana* property, it helped in normalising *Apana vayu* and hence normalising duration of menstruation (*Artava nishkramana*).^[3] There was slight increase in ovarian volume, for which *Punarnavadi kashaya* which is *sophahara* was given along with *Gandharvahastadi kashaya*. *Ashta churnam* was also given due to *Deepana pachana* and *Vatakaphahara* property. It also helped in normalising body metabolism leading to proper *Dhatu* nourishment^[4]. *Chirivilwadi kashaya* is *Jataragni vivardhanam* and was helpful in this condition. *Dhanwantharam gulika* was given in this condition because of its *Vataanulomana* (*Apana vata*) property. *Asokarishtam* act as a uterine tonic. *Abhayarishtam* is *Varcha mootra vibandhaharam* (*Vatanulomana*). *Chandraprabha gulika* is *Rasayanam*, *Vrushyam*, *Sthreenam arthavarujapaham*, *Tridosaharam* hence useful in this condition.

Sodhana chikitsa

At first *Rooksha Udvarthanam* with *Vara churna* was given. The procedure is *Kapha*, *Vata*, *Medho hara*. *Vara churna* possessing *Katu tikta kashaya rasa* acted as *Kapha vata hara* and *Kandughna*^[4]. *Ushna virya* and *Ruksha guna* (with predominance of *Vayu* and *Agni mahabhutha*) of the drug helped in *Srotosodhana*. *Churna pinda sweda* with *Vara churna* was the next procedure hence had same effect as *Udwarthana*.

Virechana purifies the body and is considered to be the best treatment for menstrual disorders. Here *Virechana* was done with *Gandharveranda tailam*. Due to its *Sukshma*, *Tikta* and *Ushna* properties it enters into minute channels and pacified *Vata kapha* and *Avarana* hence clearing the *Srotorodha* thereby achieving *Apana vata anulomana*. Acharya Kashyapa opines that “*Virechanaat beejam bhavathi karmukham*” which implies that it can enhance the quality of ovum^[5]. After purgation *Achasnehapana* with *Sukumara ghrita* and *Indukantha ghrita* was done. *Sukumara ghrita* is one of the examples for *Yamaka* type of *Sneha* which contain *Ghrita* and *Eranda taila* as ingredients. It consists of *Dasamula* as *Kashaya dravya* which is best for *Vata samana*. *Eranda taila* having *Madhura katu kashaya rasa*, *Ushna veerya*, *Srotovisodhaka*, *Vatakapha hara*, *Yoni-sukra visodhaka* and facilitates *Vatanulomana*. After *Acchasnehapana*,

as a *Poorvakarma* of the *Sodana abhyanga ushma sweda* was adopted for *Utklesha* and *Vilayana* of Doshas. In this course, *Mahanarayana tailam* was selected which is *Brimhana*, *Vatasamaka* with an added indication in *Vandhyatwa* was selected here. When *Abhyanga* was done with *Mahanarayana taila*, the bioactive compounds of the medicine were easily absorbed through skin pores as the *Taila* is a form of lipid. From there it gets transported to the blood vessels and exhibit target specific action^[6]. Later *Swedana* was adopted, which is '*Sthambha gaurava seethagnam swedanam swedhakarakam*' and hence helped clearing *Srodhorodha*. After this *Virechana* was done with *Gandarveranda Taila*. After *Sudhi* with *Virechana*, *Patrapotali sweda* was done, which was *Srotosuddhikara*, *Agnideepaka* and *Kapha-vatasamana*. *Ushnatwa* of the procedure increases the local blood circulation and thereby increase the *Sneha* absorption through skin. *Matra vasti* was employed with *Pippalyadi anuvasana tailam*. *Vasti* being considered as the *Pradhana chikitsa* of *Vata* it was adopted here. Rectum and intestine being highly vascular increases the absorption of *Vasti dravya* through the capillaries and lymphatics of the intestine into the systemic circulation. The biomolecules of the *Basti dravya* acts on CNS through ENS and helps in normalising the function of HPO axis and bring back the hormonal balance thereby regularizing menstruation and ovulation.^[7] *Nasya* with *Jeevaniya gana ghrita* was done. *Nasya* stimulate hypothalamus and normalize the GnRH pulatile secretion from the gland bringing back the hormonal balance. This then results in normal menstrual cycle and ovulation. The whole treatment may have contributed in accelerated maturation of graafian follicles. Thus, the follicle ruptured and ovulation was detected in Follicular study dated 01/10/2023.

CONCLUSION

In the current scenario PCOS is increasing in a alarming rate among females of reproductive age significantly impacting their quality of life, fertility and mental health. In the current case patient presents with anovulatory cycles which is one among the Rotterdam criteria that diagnoses PCOS. This case

study reveals the efficacy of Ayurvedic treatment modalities like *Deepana pachana*, *Srodho sodhana*, *Vatakapha samana* and *Rasayana chikitsa* in correcting the hormonal imbalance and improving overall reproductive health thereby inducing ovulation and regulating menstrual flow.

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