

AYURVEDIC MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE ASSOCIATED TO INFERTILITY RESULTING IN NATURAL CONCEPTION: A CARE-GUIDELINE CASE REPORT

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ABSTRACT

Background: Polycystic ovarian disease (PCOD) is a common endocrine and metabolic disorder affecting women of reproductive age and is a leading cause of anovulatory infertility worldwide. The prevalence of PCOD ranges from 6–20% depending on diagnostic criteria and population studied.^[1] The condition is characterized by ovarian dysfunction, hyperandrogenism, and polycystic ovarian morphology. In Ayurveda, disorders similar to PCOD can be understood through the concepts of *Artava-dushti*, *Vandhyatva*, and *Kapha-Meda dushti*, which obstruct the normal functioning of the *Artavavaha Srotas*.^[2] Ayurvedic management focuses on restoring metabolic balance, regulating menstrual function, and improving fertility. **Case Presentation** A 20-year-old married female presented with lower abdominal pain, back pain, burning micturition, and inability to conceive despite one year of married life. Ultrasonography revealed polycystic ovarian

morphology with the right ovary measuring 37 × 22 mm (volume 15 cc) and the left ovary measuring 12 cc in volume. An incidental finding of 5 mm renal calculus with mild cystitis was also reported. The patient also experienced dysmenorrhea and lower abdominal discomfort before menstruation. **Intervention:** The patient received Ayurvedic treatment including *Ashmaghatu*, *Rasapachaka Kwatha*, *Avipattikar Churna*, *Gokshura Guggulu*, and

Madhava Rasayana, along with procedures such as *Nasya* with *Goghrita*, *Viddha Karma*, and *Swedana*. **Results:** Progressive improvement was observed in urinary symptoms, abdominal pain, and menstrual health during follow-ups. After approximately three months of Ayurvedic treatment, the patient conceived naturally as confirmed by a weakly positive urine pregnancy test. **Conclusion:** This case highlights the potential role of Ayurvedic therapy in addressing PCOD-associated infertility by correcting metabolic and reproductive dysfunctions, ultimately resulting in natural conception.

KEYWORDS: Polycystic Ovarian Disease; Infertility; Ayurveda; *Artava-dushti*; *Tribulus terrestris*; Case Report.

INTRODUCTION

Polycystic ovarian disease (PCOD) is one of the most common endocrine disorders affecting women of reproductive age and represents a major cause of infertility due to ovulatory dysfunction.^[1] It is characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology detected by ultrasonography. The prevalence of PCOD varies from 6% to 20% depending on the diagnostic criteria and population studied.^[1] PCOD contributes significantly to female infertility worldwide. Infertility itself affects approximately 10–15% of couples globally, and anovulation due to PCOD is responsible for nearly 70–80% of such cases.^[3] Women with PCOD often present with menstrual irregularities, dysmenorrhea, metabolic disturbances, and difficulties in conception. In modern medicine, PCOD is considered a complex endocrine-metabolic disorder involving insulin resistance, hormonal imbalance, and chronic inflammation.^[4] Conventional treatment strategies typically include hormonal therapy, ovulation induction, and lifestyle modifications. However, these approaches may not always address the underlying metabolic dysfunction and may have limitations or adverse effects. In Ayurveda, disorders related to infertility and menstrual dysfunction are described under various conditions such as *Vandhyatva*, *Artava-dushti*, and *Yoni Vyapad*.^[5] According to Ayurvedic principles, normal reproductive function depends on the proper functioning of *Artavavaha Srotas*, balanced *Doshas*, healthy *Dhatus*, and adequate *Agni* (digestive and metabolic fire).^[6] The pathogenesis of conditions similar to PCOD in Ayurveda is often attributed to *Kapha* and *Meda* accumulation, leading to obstruction (*Srotorodha*) in the reproductive channels. This obstruction interferes with normal follicular development and ovulation. Aggravated *Vata Dosha* further disrupts the physiological processes responsible for menstruation and conception.^[7] Ayurvedic management aims to

restore metabolic balance, remove channel obstruction, regulate hormonal function, and enhance reproductive health. This includes the use of herbal medicines with *Deepana* (digestive), *Pachana* (metabolic), *Srotoshodhana* (channel-clearing), and *Rasayana* (rejuvenating) properties.^[8] The present case report describes the successful Ayurvedic management of PCOD-associated infertility resulting in natural conception, with improvement in associated urinary symptoms.

CASE PRESENTATION

Patient Information

Parameter	Details
Age	20 years
Gender	Female
Marital Status	Married (1 year)
Weight	56 kg
Date of first consultation	15 October 2024

Chief Complaints

1. Lower abdominal pain (*Udara Shoola*) for 2–3 months
2. Pricking and throbbing back pain (*Kati Shoola*)
3. Burning micturition (*Mutra Daha*)
4. Inability to conceive for one year of marriage.

History of Present Illness

The patient reported lower abdominal pain for approximately three months. The pain was dull and aching in nature with intermittent pricking sensation. It was present throughout the day and was associated with back pain.

The patient also experienced burning sensation during urination. In addition, she complained of dysmenorrhea characterized by lower abdominal pain and back pain occurring before menstruation.

Despite one year of married life, the patient had not conceived, which prompted further clinical evaluation.

Past History: The patient had no history of chronic illnesses such as diabetes mellitus, hypertension, or thyroid disorders. There was no history of previous abdominal surgery.

Family History: No family history of infertility, endocrine disorders, or renal calculi was reported.

Personal History

Parameter	Observation
Appetite	Normal
Bowel	Regular
Micturition	Burning sensation present
Sleep	Normal
Addictions	None

Menstrual History

Parameter	Observation
Cycle	Regular
Associated symptoms	Lower abdominal pain before menstruation
Bleeding duration	Approximately 2 days

Last menstrual periods

- 05 August 2024
- 12 September 2024.

General Examination

Parameter	Observation
Weight	56 kg
Blood Pressure	130/70 mmHg
General condition	Moderately built

Ayurvedic Assessment

Parameter	Finding
<i>Jivha</i>	<i>Agra-Raktabh</i>
<i>Agni</i>	<i>Madhyama</i>
<i>Mala</i>	<i>Samyak</i>
<i>Mutra</i>	<i>Ushna</i>

Probable *Dosha* involvement:

- *Kapha- pitta – Vata dushti* Affected *Srotas*:
- *Artavavaha Srotas*
- *Mutravaha Srotas*.

Diagnostic Assessment

Ultrasonography Findings

Ultrasonography performed on 31 July 2024 revealed:

Right ovary

- Size: 37 × 22 mm
- Volume: 15 cc

Left ovary

- Volume: 12 cc

These findings were suggestive of polycystic ovarian morphology.

Additional findings included

- Right kidney calculus measuring 5 mm
- Mild cystitis.

Clinical Diagnosis

Primary Diagnosis

- Polycystic Ovarian Disease (PCOD) with infertility
- Secondary findings:
 - Renal calculus (*Mutrashmari*)
 - Mild cystitis
 - Dysmenorrhea.

Therapeutic Intervention

The treatment strategy primarily focused on restoring reproductive health and improving fertility by correcting metabolic imbalance and removing obstruction in the reproductive channels.

Internal Medicines

Medicine	Dose	Purpose
<i>Ashmajatu</i>	1 BD	Lithotriptic effect
<i>Rasapachaka Kwatha</i>	Morning with honey empty stomach	Improves digestion
<i>Avipattikar Churna + Suta Shekhar + sankha</i>	SOS if pain	For Abdominal pain
<i>Avipattikar Churna + Gokshur + sankha</i>	HS with hot water	For pittashamana
<i>Changeri ghrita</i>	1 tsf BD	
Tab. Cystone	1 tablet BD	Diuretic and anti-uro lithiatic

Panchakarma Procedures**Viddha Karma**

Performed at

- *Dakshina Kukshi*
- *Vama Kukshi*
- *Nabhi*

Nasya Therapy

Nasya with *Goghrita*, two drops in each nostril twice daily.

External Therapy

- *Gandharva Taila* local application on lower abdomen
- *Swedana* (fomentation) using hot bag.

Follow-Up and Outcomes

Timeline of Clinical Progress

Date	Observation	Outcome
15 Oct 2024	Initial consultation	Treatment initiated
30 Nov 2024	Pain reduced	Menstrual health improved
16 Dec 2024	Mild symptoms	Continued therapy
06 Jan 2025	No major complaints	General health improved
04 Feb 2025	Weakly positive UPT	Conception confirmed

RESULTS

Following Ayurvedic treatment

- Reduction in abdominal pain
- Relief from urinary burning
- Improvement in menstrual discomfort
- Improvement in general health
- Successful natural conception.

DISCUSSION

PCOD is a complex endocrine disorder involving hormonal imbalance, insulin resistance, and chronic inflammation. These factors contribute to impaired follicular development and anovulation, which ultimately lead to infertility.^[4] From the perspective of Ayurveda, the pathogenesis of conditions similar to PCOD may be understood through the involvement of *Kapha* and *Meda Dosha* leading to obstruction in the *Artavavaha Srotas*.^[7] This obstruction interferes with the normal maturation and release of ovarian follicles.

Ayurvedic Pathogenesis

The pathogenesis can be summarized as follows

1. Improper diet and lifestyle lead to *Agnimandya* (impaired metabolism).
2. This results in accumulation of *Ama* and vitiation of *Kapha* and *Meda*.
3. These factors obstruct the *Artavavaha Srotas*.
4. Obstruction results in impaired ovulation and menstrual dysfunction.

In addition, aggravated *Vata Dosha* disrupts the normal process of follicular rupture and menstrual flow.^[6]

Rationale of Ayurvedic Treatment

The treatment protocol in this case focused on

1. ***Deepana and Pachana*** – improving digestion and metabolism
2. ***Srotoshodhana*** – clearing obstruction in reproductive channels
3. ***Balya and Rasayana therapy*** – strengthening reproductive tissues.

Pharmacological Actions of Key Medicines

Gokshura (Tribulus terrestris) is described in Ayurvedic pharmacology as a *Mutrala* and *Balya* drug that supports urinary and reproductive systems.^[9] Modern research suggests that it may also possess hormonal-modulating and anti-inflammatory properties.

Avipattikar Churna is used to pacify aggravated *Pitta Dosha* and improve digestive metabolism, which is essential for maintaining hormonal balance.^[8]

Rasapachaka Kwatha acts as a metabolic corrective formulation that helps remove *Ama* and improve tissue metabolism.

Madhava Rasayana acts as a rejuvenative formulation supporting reproductive tissues and enhancing fertility.

Role of Panchakarma

Nasya therapy with *Goghrita* is traditionally used to balance *Vata* and improve neurological and hormonal regulation.^[6] *Viddha Karma* helps relieve localized pain and improve circulation in the pelvic region.

Comparison with Previous Studies

Previous studies have demonstrated that Ayurvedic therapies aimed at improving metabolism and regulating reproductive function may improve ovulatory cycles and fertility outcomes in

women with PCOD.^[10] Herbal drugs such as *Tribulus terrestris* have been reported to improve reproductive health and endocrine function.^[11]

Clinical Significance

This case demonstrates the holistic nature of Ayurvedic management in addressing both metabolic and reproductive aspects of PCOD. By correcting the underlying imbalance, the therapy resulted in improvement of symptoms and successful natural conception.

CONCLUSION

The present case report demonstrates that Ayurvedic management aimed at correcting *Artavavaha Srotas dysfunction* and metabolic imbalance may effectively treat PCOD-associated infertility. The therapeutic approach improved menstrual health, relieved associated symptoms, and ultimately resulted in successful natural conception. Further clinical studies involving larger patient populations are required to establish the efficacy of Ayurvedic treatment in the management of PCOD-related infertility.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report.

Conflict of Interest

The authors declare no conflict of interest.

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