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Case Study

AYURVEDIC MANAGEMENT OF ANOVULATION IN POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a complex endocrine and metabolic disorder, typically characterized by anovulation, menstrual irregularities, obesity, infertility, insulin resistance and polycystic ovaries. Conventional management relies on hormonal therapy, insulin sensitizers, ovulation-inducing agents and surgical options include laparoscopic ovarian drilling and cyst aspiration. From an Ayurvedic perspective, PCOS is understood as *Kapha-Medo dushti* with vitiation of *Vata* and *Pitta*, resulting in *Agnimandya,* Formation of *Ama*, and *Srotorodha* in *Artavavaha Srotas*, leading to impaired folliculogenesis. A 26-year-old female with chronic anovulatory cycles was treated using a comprehensive Ayurvedic protocol involving *Shodhana*, *Samana* and *Rasayana chikitsa*. The treatment aimed at restoring metabolic balance, clearing *Srotorodha* and normalizing ovarian function. Post-treatment follicular monitoring demonstrated ovulation, signifying restoration of physiological *Ritu Chakra*. This case underscores the potential of Ayurvedic management in re-establishing ovulatory function and menstrual regularity in PCOS without the complications of hormonal therapy.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a prevalent endocrine and metabolic disorder affecting women of reproductive age, characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology[1]. PCOS is a leading cause of anovulatory infertility and significantly impacts both the physical and psychological well-being of affected women. In the modern era, sedentary lifestyle, stress, and dietary habits further aggravate the condition. The global incidence of PCOS has been rising annually, with long-term complications that escalate the age. These include infertility, adverse pregnancy outcomes, type 2 diabetes, cardiovascular diseases, endometrial cancer, dyslipidaemia, and metabolic syndromes underscoring the need for comprehensive management strategies.

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The contemporary medical approach to PCOS primarily aims at symptomatic management. Hormonal contraceptives are prescribed to regulate menstruation, anti-androgens to reduce hirsutism and acne, and insulin sensitizers to address insulin resistance[1]. While these treatments may adversely affect glucose and lipid metabolism and increase the risk of Ovarian Hyperstimulation syndrome (OHSS). Long-term dependence, adverse effects like nausea, weight gain, and mood fluctuations, along with recurrence of symptoms upon discontinuation, limit the efficacy of modern pharmacological management[2].

Ayurveda provides a holistic framework for understanding and managing PCOS by identifying it as a manifestation of *Kapha-Medo-dushti* with vitiation of *Vata* and *Pitta.* The imbalance of *Agni* (digestive fire) and accumulation of *Ama* (metabolic toxins) lead to obstruction in *Artavavaha Srotas* (channels related to menstruation and ovulation), resulting in irregular ovulation and menstrual irregularities. *Arthava kshaya, Nashtartava, Vandhyatwa* and *Pushpagni* which shares symptomatic similarities with PCOS. *Arthava kshaya* has been described as *Yathochithakala adarsanam*

(does not appears in time or is delayed), Alpatha (scanty), and *Yoni vedhana* (pain in vagina)[3]. *Nashtarthava* is explained as *Arthava* is destroyed because of *Avarana* or obstruction[4]. Concept of *Vandhyatwa* in Ayurveda can be correlated with Infertility. *Pushpagni jathaharini* described by *Acharya Kasyapa* is having *Vrtha pushpam* (anovulation), *Yathakalam prapasyathi* (i.e., menstruation occurs at regular interval), *Sthula ganda* (a feature of obesity), *Lomasa ganda* (hair present on face; hyperandrogenism) as the main symptoms[5]. The Ayurvedic management of PCOS focuses on the correction of *Agni*, elimination of *Ama*, normalization of hormonal balance, and restoration of ovulatory function through *Shodhana* (purificatory procedures) and *Samana* (pacifying treatments). Ayurvedic approach not only targets symptom alleviation but also promotes overall reproductive and metabolic health without the adverse effects commonly seen in conventional therapy.

Case Report

A 26-year-old married woman attended the OPD of Prasutitantra and Streeroga, Government Ayurveda College, Thiruvananthapuram, with the main complaint of irregular menstrual cycles since menarche. She attained menarche at 13 years of age, after which her cycles remained irregular, lasting around 4 days with intervals of 45–60 days. At 18 years, she sought medical advice from an Allopathic physician and was advised to adopt dietary regulation and lifestyle modification. However, even with adherence to these measures, the irregularity persisted. Two years later, she consulted another physician, underwent an ultrasound scan, and was diagnosed with Polycystic Ovarian Syndrome (PCOS). She was treated with medication for about 1 year but discontinued it thereafter. She was married at 24 years of age to a 29-year-old man. As her husband was residing abroad, cohabitation was limited to about 2 months annually. Following marriage, there was no improvement in her menstrual pattern. After 1 year of marriage, her cycle length further increased to 70–80 days. A follicular study was done, which revealed anovulation. She subsequently underwent hormonal therapy for induction of menstruation in 3 cycles but was unwilling to continue with further hormonal management. In November 2024, she came the hospital for consultation and was later admitted for further Ayurvedic management.

History of past illness

No H/o DM/HTN/Thyroid dysfunction or any other surgical history.

H/O ovulation induction

Family history - Nothing relevant

Menstrual history

Menarche	13 years
Interval	70-90 days
Duration	4 days
LMP	29/11/24 (Induced)
PMP1	24/10/24 (Induced)
PMP2	17/09/24 (Induced)
Dysmenorrhea	Nil
Clots	Nil
Bleeding	Moderate
No. of pads/day	2-3/day
Night pad change	Nil
Vaginal discharge	WNL

Marital History

Married at the age of 24 with an NCM of 29 years.
Married since 2022

Sexual History

Infrequent coitus

No dyspareunia, no vaginismus, No PCB

Obstetric History

Nulligravida

Personal History

Bowel – Regular

Appetite – Good

Micturition – WNL

Sleep- Sound

Diet – Mixed, use of pickles regularly, excessive intake of bakery foods, junk foods, untimely eating habits.

Habits- Sleeps on improper time, day sleep, suppression of natural urges.

General Examination

Built – Moderately built

Nutritional status – Moderately nourished

Height – 160 cm

Weight – 60 kg

BMI – 23.4 kg/m^2

Gynecological Examination

Pelvic examination on 30/01/25

Inspection

Normal hair pattern

Normal external genitalia

No cystocele, No rectocele, no urethrocele

Per speculum examination

Cervix – Healthy, nulliparous os

Mucoid discharge seen in fornices

Bimanual examination

Uterus – anteverted
Fornices - free
CMT- Negative

Investigation

Hormonal Assay (08/11/2024)

S. Prolactin – 37.90 ng/mL (High)
Fasting S. Insulin – 7.85 uIU/ml
TSH – 1.66 mIU/L

USG Pelvis (TAS) (10/10/2024)	Uterus – AV, 7x3.4x4.5 cm Endometrial thickness – 6.2 mm Right Ovary – 3.2x2.1 cm (?) Left Ovary – 3.1x2.5 cm (?) Multiple small follicles in both ovaries. Impression – Bilateral PCO pattern.

Follicular Study

Before Treatment

Date	Day	RO	LO	ET	POD
2/11/24	10	14x8mm	11*10mm	3.5mm	Nil
5/11/24	13	14x12mm	11x10 mm	6.3mm	Nil
11/11/24	19	PCO	PCO	7.3mm	Nil

After Treatment

Date	Day	Right Ovarian DF	Left Ovarian DF	ET	POD
28.03.2025	12	12.4x7.7 mm	11x5.7 mm	7.4 mm	Nil
29.03.2025	13	12.4x7.7 mm	11x5.7 mm	7.5 mm	Nil
01.04.2025	16	11.3x7.5 mm	11.3x5.8 mm	8.6 mm	Nil
05.04.2025	20	11.1x8.5 mm	15.2x13 mm	8.9 mm	Nil
07.04.2025	22	11.1x8.5 mm	19.4x13.8 mm	10.5 mm	Nil
08.04.2025	23	-	Ruptured (Ovulation has occurred)	10.7 mm	++

Date	Day	Right Ovarian DF	Left Ovarian DF	ET	POD
08.05.2025	13	Nil	12.4x10.3 mm	6.7 mm	Nil
10.05.2025	15	Nil	14.3x11.1 mm	8.1 mm	Nil
13.05.2025	18	Nil	18.4x14.3 mm	9.2 mm	Nil
14.05.2025	19	Nil	Ruptured (Ovulation has occurred)	10 mm	++

Ashtasthana Pareeksha

Nadi – Sadharanam
Mutram – Anavilam
Malam – Sadharanam
Jihwa – Anupaliptam
Sabdam – Spashtam
Sparsam – Anushna seetham
Drik – Prakrutham
Akriti – Madhyamam

Dasavidha Pareeksha

Dooshyam: Rasa Rakta Medas Arthava
Desham: Deham – Garbhasaya; Bhumi - Sadaranam
Balam: Madhyamam
Kalam: Kshanadi – Sarvarithu; Vyadhyavastha - Purana
Analam: Vishamam
Prakruti: Vata Pitta
Vaya: Youvanam
Sathwam: Madhyamam

Sathmyam: Sarvarasa sathmyam
Aharam: Abhyavaharana sakthi – Madhyamam
Jaranasakthi – Vishamam

Male Factor

Male partner aged 31 years, did not have any relevant medical or surgical history. Baseline investigation showed husband had normal blood, urine and semen analysis.

Treatment

Samana Chikitsa

S.No	Internal medicines	Dose
1	*Saptasaram kashayam*	90ml BD before food
2	*Punarnavasavam*	30ml BD after food

Sodhana chikitsa

S.No	Procedure done	Duration
1	*Udwarthanam* with *Kolakulathadi churnam*	5 days
2	*Choorna pinda sweda (Rooksha)*	7 days
3	*Vicharana snehapana* with *Murchita tilataila* (20ml twice daily)	7 days
4	*Abhyangam* and *Ushma sweda* with *Karpooradi taila*	3 days
5	*Virechana* with *Avipathy Choornam* (15gm)	1 day

Rasayana chikitsa

S.No	Medicine	Duration
1	*Satapushpa churnam* with milk	Started on 10/3/2025 at a dose of 15gm with milk and increased by 5gm each day for a total duration of 10 days.

OBSERVATION AND RESULT

	Before Treatment	After Treatment
Ovulation	On Induction	Normal ovulation occurred

DISCUSSION

Anovulation in PCOS arises from a disturbance in the hypothalamo-pituitary-ovarian axis. Elevated levels of biologically active estradiol modify GnRH pulsatility, leading to persistently increased LH and relatively low FSH secretion. The excess LH stimulates theca cells to produce more androgens, while the reduced FSH limits granulosa cell proliferation and aromatization of androgens to estrogens. As a result, the follicular microenvironment becomes predominantly androgenic rather than estrogenic, impairing normal follicular maturation. This hormonal imbalance ultimately prevents the selection and rupture of a dominant follicle, resulting in chronic anovulation[1].

In the present case Irregular diet, day sleep, sedentary habits, and suppression of natural urges lead to *Agni mandya* and formation of *Ama*, which obstruct the *Artavavaha srotas* (channels of menstrual flow and ovulation)[4]. This obstruction *(Srotorodha)* hampers the normal process of *Ritu chakra*, resulting in delayed or absent ovulation (*Nashtartava* or *Artavakshaya)*. The condition corresponds to *Avarana*, where *Kapha* and *Medas* envelop the normal functions of *Vata*, particularly *Apana Vata*, disturbing follicular rupture and release of *Beeja*[6]. Consequently, the menstrual cycle becomes irregular and anovulation ensues. The management in such cases aims to restore *Agni*, eliminate *Ama*, clear *Srotorodha*, and normalize *Vata* functions through *Shodhana* (purificatory procedures), *Samana* and *Rasayana* therapy.

Udwarthana with *Kolakulathadi churnam* served as an initial *Rukshana* therapy, promoting fat metabolism and improving lymphatic circulation through its *Lekhana* and *Kapha-Medohara* properties[7]. *Churna pinda sweda* (*CPS)* is a type of *Ruksha Sankara sweda* in which various medicated herbal powders having *Ruksha, Ushna, Tikshna* properties are used[8]. Due to these properties CPS kindled *Agni* and helps in *Ama pachana* in tissue level. *Vicharana snehapana* is done with *Murchita tila taila*. *Tila tailam* is *Vathakaphahara* (alleviates *Vata* and *kapha*) and *Pittala* (increases *Pitta*) in nature and is directly indicated in the *Kaphavrutha vata chikitsa* (treatment in obstruction of *Vata* by *Kapha*) [9]. *Tailam* is *Yoni visodhana* (clarifies the female reproductive system) and it is *Pathya* in *Yoniyogas*[10]. *Virechana* with *Avipathy churna* eliminate vitiated *Pitta* and *Kapha doshas*, thereby correcting *Agni* and *Srotorodha*. It aids in detoxification, hormonal balance and regulation of the menstrual cycle. Following purification, *Satapushpa Churna* with milk was administered as *Rasayana* for rejuvenating the

reproductive system and restoring *Arthava Pravritti* through its *Vataprasamana* (pacifies *Vata*), *Agneyatwa* (properties similar to *Agni*), *Rtupravartini* (initiates menstruation or ovulation) and *Yonisukra visodhini* (clarifies female reproductive organs) properties[11].

Sapthasaram kashayam acts primarily through the correction of *Agni* and regulation of *Apana vata*. Its *Ushna veerya* and *Katu – Tikta rasa* help pacify *Kapha* and *Medo dosha*, the main pathological factors in PCOS[12]. *Punarnavasavam* helps reduce *Srothorodha* and oedematous changes in the ovarian and uterine tissues through its *Sothahara*, *Lekhana* and *Medohara* actions. Its *Deepana-pachana* properties enhance metabolism, promote elimination of *Ama* and improve hepatic and renal functions, thereby supporting hormonal regulation[13]. The use of *Saptasaram Kashayam* and *Punarnavasavam* acted synergistically in correcting *Vata-Kapha* imbalance and promoting *Artava Pravritti* by improving ovarian function and metabolism.

The combined effect of these interventions resulted in normalization of the menstrual cycle, improved follicular development, enhanced overall health and restoration of *Artavavaha Srotas* patency, ultimately bringing about ovulation.

CONCLUSION

This case demonstrates the effectiveness of an individualized Ayurvedic treatment protocol in the management of PCOS with anovulation. Administration of *Saptasaram Kashayam* and *Punarnavasavam* along with appropriate *Shodhana* and *Rasayana* therapies effectively corrected the underlying *Kapha-Meda dushti* and *Srotorodha*, leading to restoration of Agni and normalization of *Apana Vata* functions. The treatment resulted in the resumption of ovulation, reflecting the potential of Ayurvedic management in re-establishing reproductive rhythm without the adverse effects of hormonal therapy. This case highlights Ayurveda's holistic approach as a safe and promising modality for improving ovulatory function and fertility outcomes in PCOS.

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