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RESEARCH ARTICLE

A CASE STUDY ON POLYCYSTIC OVARIAN SYNDROME THROUGH THE LENS OF GARBHA SAMBHAVASAMAGRI: UNLOCKING NATURAL CONCEPTION

Bhagavathy Ammal, Anjana Vivek, Uma Pukkuzhi Purushothaman and Athira K

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Abstract

Polycystic Ovarian Syndrome (PCOS) is a leading cause of infertility in women, commonly managed in modern medicine through ovulation-inducing drugs. However, such treatments often come with limitations and side effects. Ayurveda offers a holistic approach, addressing imbalances in the Garbha Sambhava Samagri—the four essential elements of conception: Ritu (timing), Kshetra (uterus), Ambu (nourishment), and Beeja (gametes). This case study documents the successful Ayurvedic treatment of a 24-year-old woman presenting with PCOS, irregular menstruation, hirsutism, and infertility who had previously conceived with conventional medical intervention but experienced early pregnancy loss. Dissatisfied with the outcome, she opted for Ayurvedic care. An individualized treatment protocol was designed, involving Deepana (appetite stimulation), Pachana (metabolic correction), Srotoshodhana (channel purification), and Doṣa-pratyanika Chikitsā (dosha specific treatment), administered over a one year period. Significant improvements were observed in menstrual irregularity, reduction in PCOS symptoms, hormonal balance, and emotional well-being. The treatment culminated in natural conception and the delivery of a healthy baby. This case highlights the potential of Ayurvedic principles in addressing the root causes of PCOS and supporting natural fertility through comprehensive and personalized care.

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Introduction:-

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders affecting women of reproductive age, with a prevalence estimated between 6% and 10% based on the NIH criteria and up to 15% using the Rotterdam criteria (Azziz et al., 2016).¹ The primary clinical concern in women with PCOS seeking fertility is anovulation or oligo-ovulation, which significantly contributes to infertility.²

Pharmacological ovulation induction is the first-line treatment for anovulatory women with PCOS, with clomiphene citrate (CC) being the preferred initial agent. As a selective estrogen receptor modulator, CC stimulates ovulation by enhancing gonadotropin release through hypothalamic estrogen receptor blockade. While effective for inducing ovulation, its anti-estrogenic effects may impact endometrial receptivity.³

For CC-resistant patients, alternatives include letrozole, which is increasingly preferred due to favorable outcomes, and gonadotropins, which are effective but require intensive monitoring.^{4,5} Laparoscopic ovarian drilling is another option in selected CC-resistant cases, though it carries surgical risks.⁶ Treatment approaches vary, and further research is needed to refine protocols and improve outcomes.

According to Ayurveda, conception is not merely a biological event but a sacred union of two individuals, each with distinct Prakriti (constitutional nature) and preferences. This union creates a new being with a unique Prakriti, shaped by the fusion of parental constitutions and influenced by time, diet, lifestyle, and consciousness during the time of conception. As described in the Charaka Samhita and Sushruta Samhita, the process of conception is likened to the harmonious blending of the four essential factors (Ritu – optimal timing, Kshetra – healthy womb, Ambu – nourishing fluids, and Beeja – healthy seed), resulting in a new, balanced life form. These elements form the foundation for a fertile reproductive system.^{7,8}

In conditions like PCOD (Polycystic Ovarian Disease), which affects nearly 1 in 5 women of reproductive age in India according to AIIMS, these elements become severely imbalanced.⁹ PCOD leads to hormonal disturbances, irregular ovulation (Ritu), poor egg quality (Beeja), and a suboptimal uterine environment (Kshetra), all of which directly hinder conception.¹⁰ Ayurveda addresses these imbalances through holistic strategies focused on restoring the harmony of all four factors.

In PCOD, the ovulatory cycle is often disrupted, which makes Ritu — the timing of conception — difficult to determine. Furthermore, Beeja or gamete quality is often compromised due to insulin resistance and oxidative stress seen in PCOD.¹¹ Studies show that around 70% of women with PCOD have elevated androgen levels, which impact egg development.¹²

Nourishment (Ambu) and healthy uterine lining (Kshetra) are also critical in PCOD management. Women with PCOD often face metabolic issues like obesity or nutrient deficiencies that impact uterine health and implantation.¹³ Clinical studies have shown that integrated Ayurvedic therapy can restore regular cycles, improve ovulatory patterns, and enhance fertility outcomes in PCOD patients. Thus, by correcting the imbalances in Garbha Sambhava Samagri, Ayurveda offers a natural and sustainable path to managing PCOD and supporting fertility.

In Ayurveda, Garbha (Embryo) is considered the first stage in the development of the human body (sharira). Its formation results from the proper union of four essential factors- Ritu, kshetra, ambu and beeja. When these components align effectively, Ankura (embryo) is formed. Ayurveda views conception as a planned and holistic process, from pre-conception to deliver, aiming for the birth of a healthy child through proper care at every stage.^{7,8}

Patient History:

A 24-year-old female presented to the outpatient department of Sitaram Ayurveda Multispecialty Hospital with chief complaints of irregular menses with scanty bleeding, mood swings related to Premenstrual Syndrome (PMS), excessive facial hair growth (hirsutism), hair thinning and hair fall, and hyperpigmentation around the neck region. She reported difficulty conceiving since her marriage in 2018.

In 2019, she sought medical consultation and was advised to undergo pelvic ultrasound scanning, following which she was diagnosed with polycystic ovarian syndrome (PCOS). She was initiated on ovulation-inducing injections and subsequently conceived. However, during pregnancy, fetal heart rate (FHR) monitoring indicated suboptimal values, leading to a medically advised abortion. Due to dissatisfaction with the previous treatment outcomes, she has now approached the hospital for further evaluation and management.

Timeline:

Date	Event	Findings (If any)
2010	History of PCOS	-
2018	Married	-
2019	Has not achieved pregnancy despite one year of regular,	-

	unprotected sexual activity.	
2019	Patient was advised for scan	USG- June 2019 Uterus: 70*34*30 Endometrial Thickness: 6mm Right Ovary: 36*18 Left Ovary: 34*16 Findings: Bilateral 4mm-6mm peripheral follicles Impression: PCO
2019	PCO diagnosed Ovulation Inducing Injections taken and she conceived	-
2019	Abortion at 7 weeks	Due to low FHR
July 2020	Presented in OP for consultation Weight: 56 kg	-
September 2020	Whitish discharge for 5 days	-
February 2021	Weight 51 kg	-
March 2021	Symptoms of white discharge have resolved completely	-
June 2021	Patient was advised for scan Medicines were continued	USG- June 2021 Uterus: 64*43*28 Endometrial thickness: 6mm Right ovary: 36*19 Left ovary: 37*21 Findings- No Dominant follicle seen Impression- PCOD like appearance
September 2021	UPT- positive LMP- 8/7/2021	-

Therapeutic interventions:

1 st Visit: 17/07/2020	<ol style="list-style-type: none"> 1. GandharvahasthadiKashayam20 ml- 6 am 2. ChiruvilwadiKashayam20 ml+ HinguvachadiChoornam1 tsp- 6 pm 3. Abhayarishtam+ Kumaryasavam+ Lodhrasavam(mixed and taken 25 ml) + Dooshivisharitablet 2nos- After food BD 4. Ashtachoornam- 1tsp BD in between the meals 5. GuduchyadiThoyam- 30 gms boil in 2 litres of water and strain and drink the whole day in frequent intervals 6. ChandraprabhaTab 2-0-2 After Food 7. Rajapravartini 2-2-2 After Food
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	8. DasamoolaHareetaki 1tbsp + Avipatthichoornam 10 gms- At Bedtime 9. Gandharwahasthadi Eranda Thailam- Avagaham (Lower abdomen and Pelvic region) - 2 months
2 nd Visit: 23/10/2020	Repeat Medicines (17/07/2020) - 2 months
3 rd Visit: 08/12/2020	1. ChitrakagranthikadiKashayam (20 ml) + Vidangathanduladichoornam (1 tbsp)- 6 am 2. ChitrakagranthikadiKashayam (20 ml) + KanchanaraGuggulu 2 tab- 6 pm 3. Abhayarishtam+ Kumaryasavam+ Lodhrasavam (mixed and taken 25 ml) + KalyanakaKshara ¼ tsp BD After Food 4. Ashtachoornam- 1tsp BD in between the meals 5. Chandraprabha Tab 2-0-2 After Food 6. Rajapravartini 2-2-2 After Food 7. SapthasaramKashyam Tablet 2 BD Before Food 8. Kalyana gulam- 1 tbsp at bedtime
4 th Visit- 15/02/2021	Kudampuliwas given for 21 days. Menstrual Cycle begun after 21 days
5 th Visit- 25/03/2021	1. KarimbirumbadiKashayam (20 ml) + MandooraVatakam 2 nos- 6 am and 6 pm 2. Kumaryasavam + Guggulvasavam + Ayaskriti(mixed and taken 25 ml) + Palasha Kshara ¼ tsp
6 th Visit- 02/06/2021	1. GandharwahasthadiKashayam (20 ml) +Vilangathanduladichoornam (1 tbsp)- 6 am 2. KarimbirumbadiKashayam + MandooraVatakam 2 nos 3. Kumaryasavam + Lodhrasavam + Devadarvarishtam (mixed and taken 25 ml) + Palasha Kshara ¼ tsp- 2 BD After Food 4. Chandraprabha Vati 2 BD 5. Rajapravartini Vati 2 BD 6. DasamoolaHareetaki 1 tbsp + AvipatthiChoornam 10 gms- At Bedtime - 2 months

Follow-up and Outcomes:

During Ayurvedic treatment, there was significant improvement in her overall condition. Her menstrual cycles became regular and consistent with healthy flow, mood swings were notably reduced, facial hair growth diminished, hair fall decreased, and the hyperpigmentation around her neck visibly lightened. After one year of consistent treatment and holistic care, she successfully conceived and delivered a healthy baby, marking a complete and joyful transformation in her reproductive and overall health.

Discussion:-

The allopathic management of PCOD (Polycystic Ovarian Disease) often focuses primarily on ovulation induction using synthetic hormones,¹⁴ while Ayurveda offers a more holistic and individualized approach. Ayurvedic treatment emphasizes cleansing and balancing the entire body—removing āvaraṇa (obstructions) and srotorodha (blockages in bodily channels). This process helps restore the natural functioning of the hormonal system, supporting rutucharya (the cyclical rhythm of menstruation), beejaotpatti (ovum formation), and the health of the uterus (kshetra)—all crucial for natural conception (garbhadhāraṇa). Unlike hormone-based therapies that may suppress the body's intrinsic balance, Ayurveda aims to rejuvenate and re-establish the body's own capacity for reproductive health and overall well-being because conception is viewed as a deeply holistic process involving the balanced integration of physical, mental, and emotional health.¹⁵

In Ayurvedic understanding, the management of PCOD goes far beyond simply inducing ovulation—it embraces a profound, holistic restoration of the body's natural rhythm and reproductive intelligence. At the root of the condition lies āvaraṇa, the obstruction of normal functioning of doshas, reflecting disrupted hormonal and metabolic balance often due to poor lifestyle and dietary habits. Alongside this, srotorodha—blockage of the body's subtle channels (srotas)—particularly affects the artavavahasrotas, impeding the smooth flow of reproductive functions such as ovulation and menstruation. Ayurvedic treatment aims to gently clear these obstructions, restoring flow and harmony. A central focus is re-establishing rutucharya, the body's natural menstrual rhythm, which is considered vital not just for reproductive health but for systemic wellbeing. Integral to this process is supporting beejaotpatti, the formation of a healthy ovum, by nourishing shukra dhatu, the reproductive tissue. Simultaneously, Ayurveda pays close attention to the kshetra—the uterus—regarded as the sacred "field" of conception. Its tone, lining, and vitality are enhanced through herbal tonics and therapies that cleanse, strengthen, and prepare it for garbhadhāraṇa—conception. Unlike approaches that impose hormonal regulation from the outside, Ayurveda nurtures the body from within, enabling it to reclaim its innate ability to cycle, conceive, and flourish—naturally and sustainably. While much emphasis is placed on the health of the reproductive tissues (shukra and artava), the role of the mind (manas) is equally vital. A calm, stable, and contented mind—referred to as soumanasya—is believed to facilitate the natural functioning of the reproductive system. Emotional stress, anxiety, grief, or agitation can disturb the delicate hormonal interplay required for ovulation, implantation, and successful pregnancy. Therefore, mental harmony is not just beneficial, but essential in the Ayurvedic view of fertility.

Ayurveda classifies the mind under the influence of sattva, rajas, and tamas—the three gunas or qualities of consciousness. A sattvic state, marked by clarity, peace, and positivity, is considered most conducive to garbhadhāraṇa (conception). The goal is not merely to induce ovulation or regulate menstruation, but to prepare the body and mind in unison to welcome and sustain new life. The Ayurvedic line of treatment for PCOS focusses on correcting the root imbalances rather than merely addressing symptoms. Treatment begins with Deepana and Pachana to enhance digestion and eliminate āma (toxins), followed by Srotoshodhana to clear blockages in the bodily channels and AvaraṇaNivritti to remove obstructions affecting vata by kapha or meda (lipids). Doṣa-pratyanikachikitsa¹⁶ (Pacification of aggravated kapha and vata—often the dominant doshas in PCOS, and secondarily pitta if involved) is done. Lastly, Artavajanana – Restoration of regular menstruation and ovulation (rutuchakrasthapanam) and Shukra/artavadhatuposhanam – Nourishment and toning of the reproductive tissues is done.

In this case, digestive and bowel-regulating formulations (GandharvahasthadiKashayam, ChiruvilwadiKashayam, HinguvachadiChoornam, Ashtachoonam, DasamoolaHareetaki, AvipathiChoornam) relieved bloating, indigestion, constipation, and detoxified the body. Reproductive and menstrual tonics (Abhayarishtam, Kumaryasavam, Lodhrasavam, Rajapravartini Vati, Chandraprabha Vati) improved hormonal balance, uterine and ovarian health, and alleviated dysmenorrhea. Specific PCOS-targeted therapies (SapthasaramKashayam, Ksheeraguloochi, Kalyana Gulam, KalyanakaKsharam, Kudampuli, KarimbirumbadiKashayam with MandooraVatakam, Guggulvasavam, Ayaskrithi, Devadarvarishtam with Palasha Kshara) promoted ovulation, regulated menstrual cycles, reduced cysts, corrected anemia, and balanced Kapha and Vata to support fertility. KanchanaraGuggulu and GuduchyadiThoyam

aided thyroid, liver, urinary, and lymphatic health. These medicines were administered at different stages over the course of one year, with each intervention tailored after assessing the patient's Agni (digestive strength) and gut health, to achieve gradual and staged improvement.

Conclusion:-

Ayurveda offers a comprehensive and integrative approach to the management of PCOD, rooted in restoring the body's natural intelligence and systemic harmony rather than overriding it with external hormonal stimuli. By addressing the foundational causes—āvaraṇa (obstruction of doshas) and srotorodha (blockage of bodily channels)—treatment focuses on re-establishing rutucharya (cyclical menstrual rhythm), nourishing shukra dhatu (reproductive tissues), supporting beejautpatti (healthy ovum formation), and preparing the kshetra (uterus) for garbhadhāraṇa (conception).

Beyond the physical dimension, Ayurveda places equal emphasis on the role of the mind (manas) in reproductive health. Emotional well-being, or soumanasya, is considered indispensable, as mental disturbances can impair the subtle hormonal interplay critical for fertility. By cultivating a sattvic state of mind—marked by clarity, calmness, and positivity—through lifestyle correction, herbal support (medhyarasyanas), and practices like pranayama and meditation, Ayurveda promotes a fertile internal environment on all levels. Thus, the Ayurvedic management of PCOD is not limited to symptom suppression but is a deeply restorative process aimed at reviving the body's inherent capacity for self-regulation, hormonal balance, and natural conception. This holistic, individualized, and sustainable model of care stands as a compelling complement—or alternative—to conventional approaches, particularly for those seeking long-term wellness and fertility through natural means.

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