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Clinical Efficacy of Ayurveda Treatment in Managing Infertility Associated with Polycystic Ovary Syndrome (PCOS) and Hypothyroidism: A Case Study

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Abstract

Background:

Infertility is a common issue, affecting approximately one in six couples attempting to conceive. In Ayurveda, infertility is termed *Vandyatva* and is discussed extensively in classical texts, including the *Caraka Samhita*. Factors contributing to *Vandyatva* include *Yonidosha* (gynecological disorders), *Mansika-Abhitapa* (mental stress), *Shukra-Artava Dosha* (sperm and ovum abnormalities), *Ahara-Vihara Dosha* (dietary and lifestyle irregularities), *Akalyoga* (improper timing of intercourse), and *Bala-Kshaya* (reduced physical strength).

Objective:

To evaluate the clinical efficacy of an Ayurvedic treatment regimen on infertility associated with *Polycystic Ovarian Syndrome* (PCOS) and hypothyroidism in a case study.

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Methods:

A 30-year-old female patient presented with a 1.5-year history of infertility, delayed menstruation (occurring every 40-50 days for the past two years), and was diagnosed with PCOS and hypothyroidism. The intervention included an Ayurvedic regimen of oral medications, including *Leptaden*, *Phalaghrita*, and *Balabeeja Churna*, administered at different stages of the menstrual cycle for a duration of four months.

Results:

After four months of treatment, the patient experienced a missed period and a positive urine pregnancy test.

Conclusion:

The Ayurvedic treatment effectively regulated the patient's menstrual cycle, improved reproductive health, and contributed to a successful pregnancy. This case underscores the potential role of holistic Ayurvedic interventions in managing infertility related to PCOS and hypothyroidism, supporting the restoration of hormonal balance and fertility.

Keywords: Infertility, *Phalaghrita*, *Balabeej Churna*, *Polycystic Ovaries*, Hypothyroidism.

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ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Introduction

Infertility is defined as the inability to conceive after one year or more of regular, unprotected sexual intercourse **[1]**. It has a significant impact on a woman's physical, mental, emotional, and social well-being **[2]**. It is estimated that approximately 15% to 30% of infertile couples undergo a standard fertility evaluation with no identifiable abnormalities **[3]**. According to the World Health Organization (WHO), around 60 to 80 million couples globally are affected by infertility **[4]** with the prevalence varying across different regions, impacting an estimated 8% to 12% of couples worldwide **[5]**

Ovulatory dysfunction is one of the leading causes of female infertility, accounting for approximately 25% of all cases. Polycystic Ovary Syndrome (PCOS) is a primary factor contributing to ovarian dysfunction in such cases.

Acharya Caraka, in *Chikitsa Sthana* 15, emphasizes the vital role of *Agni* (digestive and metabolic fire) in maintaining overall health **[6]**. Hypothyroidism can be correlated with *Dhatvagni Mandya,* particularly *Meda Dhatvagni Mandya*, which leads to disturbances in bodily tissues, particularly in the *Maja Dhatu* (bone marrow). This can impair the functions of the hypothalamus and pituitary gland, while *Shukra Dhatu Vikriti* contributes to anovulation.

Although hypothyroidism and PCOS have distinct etiologies, they share several overlapping features. Primary hypothyroidism has been linked to increased ovarian volume and the development of cystic changes in the ovaries **[7]**. Conversely, thyroid dysfunction is more frequently observed in women with PCOS compared to the general population. In primary hypothyroidism, elevated thyroid-stimulating hormone (TSH) levels trigger an increase in prolactin secretion, which in turn inhibits ovulation, resulting in an increased LH:FSH ratio. Elevated prolactin also promotes the secretion of dehydroepiandrosterone (DHEA) from the adrenal glands **[8]**, contributing to the hormonal imbalance characteristic of PCOS.

Case Report

A 30-year-old female patient from Jaipur, Rajasthan, presented to the *OPD of Prasuti Tantra and Stri Roga*, NIA, with a primary complaint of infertility, having been unable to conceive for 1.5 years. Her menstrual cycles were irregular, occurring every 40-50 days with normal flow for the past two years. The patient had been married for two years and had no history of contraceptive use. She underwent investigations and was diagnosed with hypothyroidism and PCOS. She had been prescribed *Thyroxin* 25 mcg for two months but experienced no significant improvements. She had also received allopathic treatment for 1.5 years but was dissatisfied with the results. Consequently, she approached the OPD of *Prasuti Tantra and Stri Roga*, NIA, Jaipur for Ayurvedic management.

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Demographic Data (Table 1)

Parameter	Details
Name of Patient	XXX
Age	30 years
Religion	Hindu
Occupation	Pharmacist
Education	Nursing
Date of First Visit	23/08/2024

1 Menstrual and Marital History

- Menarche: 14 years
- Last Menstrual Period (LMP): 22/08/2024
- Marital Life: 2 years
- Active Married Life: 2 years
- Contraceptive History: None

Menstrual History (Table 2)

Parameter	Details
Duration of Menses (Days)	4 days
Intermenstrual Period (Days)	40-50 days
Regular/Irregular	Irregular
Pad History	Day 1: Fully soaked Day 2: Fully soaked Day 3: Fully soaked Day 4: ½ soaked
Clots	Present
Colour	Red
Foul Smell	Absent
Pain	Mild (Lower abdomen)

2 Investigation Results

- CBC: Hb 10.9 gm%
- LFT, RFT: Within Normal Limits (WNL)
- RBS: 85.0 mg/dl
- TSH: 3.57 mcg/ml
- USG: Bilateral PCOS, uterus normal, ovaries enlarged with multiple small follicles and echogenic stroma.

Treatment Schedule For The Present Study

1. **Nidan Parivarjana (Elimination of Causes):**

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

In the first chapter of *Sushruta's Uttartantra*, *Nidan Parivarjana***[9]** is emphasized as the primary approach to treatment. This involves a thorough assessment of the patient's history to identify and eliminate potential causes of the disease. Factors such as improper dietary habits, consumption of fast food, irregular sleep patterns, excessive worrying, incompatible food combinations (*Viruddha Aahara*), and suppression of natural urges (*Vegvidharan*) are identified and avoided. This holistic approach promotes overall well-being by restoring balance to the body.

2. **Aahar Vyavastha (Dietary Changes):**

As per Ayurvedic principles, diet plays a crucial role in managing health conditions. The patient was advised to include green leafy vegetables, barley, bitter gourd, green gram, rice, cow milk, and ghee in her diet, along with seasonal fruits and plenty of water. This dietary regimen is designed to restore the balance of *Doshas* and support the body's natural healing process. Food is considered a powerful form of medicine in Ayurveda.

Table 3: Ayurvedic Medications and Dosage

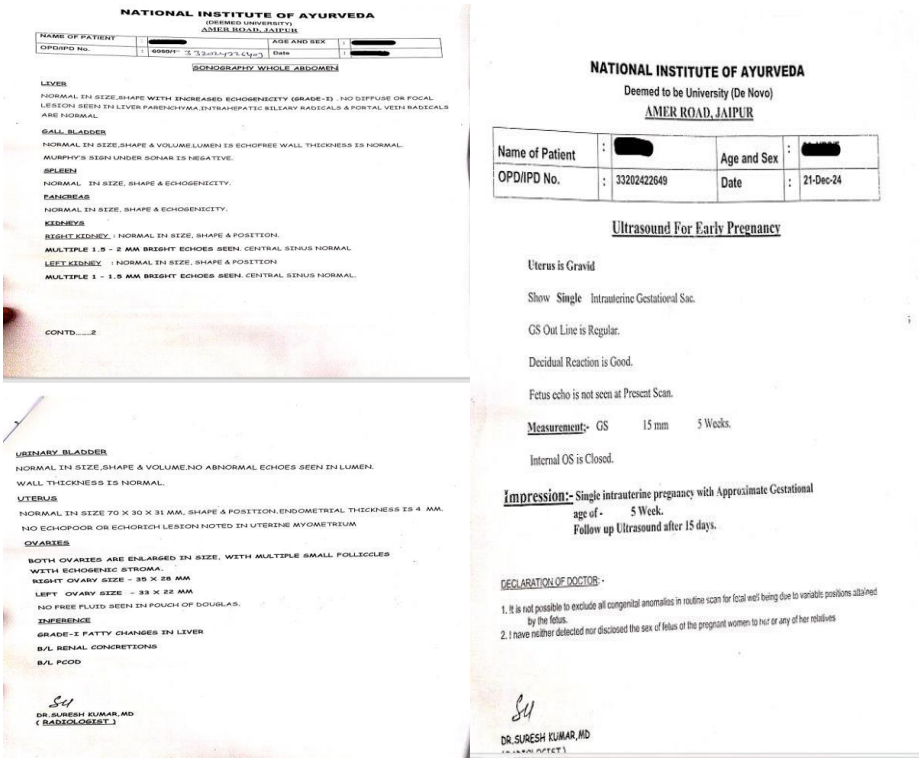
Sr. No.	Medicine	Dose	Anupana (Vehicle)
1	*Bala Beeja Churna*	3 gm BD	Cow's Milk
2	*Phalaghrita*	10 ml BD	Cow's Milk
3	*Leptaden Tablet*	2 tablets BD	Lukewarm Water

Table 4: Treatment Progress and Visits

Date	Medicine with Dose	Remarks
23/08/2024 (1st visit)	1) *Phalaghrita* 10 gm BD with cow's milk 2) *Bala Beeja* granules 4 gm BD with cow's milk	First visit - Initiation of treatment
03/09/2024 (2nd visit)	Same as above	Follow-up with no significant changes
10/12/2024 (3rd visit)	1) *Phalaghrita* 10 gm BD with cow's milk 2) *Bala Beeja* granules 4 gm BD with cow's milk 3) *Leptaden Tablet* 2 BD with lukewarm water	LMP: 16/11/2024
20/12/2024 (4th visit)	Same as above	C/O - Delayed menses for 4 days. UPT done, which was positive on 20/12/2024

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Figure 1 showing the laboratory changes before & after treatment



NATIONAL INSTITUTE OF AYURVEDA
(DEEMED UNIVERSITY)
AMER ROAD, JAIPUR

NAME OF PATIENT : [redacted] AGE AND SEX : [redacted]
OPD/IPD No. : 69597 Date : [redacted]

SONOGRAPHY WHOLE ABDOMEN

LIVER
NORMAL IN SIZE,SHAPE WITH INCREASED ECHOGENICITY (GRADE-I) . NO DIFFUSE OR FOCAL LESION SEEN IN LIVER PARENCHYMA,INTRAHEPATIC BILLIARY RADICALS & PORTAL VEIN RADICALS ARE NORMAL.

GALL BLADDER
NORMAL IN SIZE,SHAPE & VOLUME,LUMEN IS ECHOFREE WALL THICKNESS IS NORMAL.
MURPHY'S SIGN UNDER SONAR IS NEGATEVE.

SPLEEN
NORMAL IN SIZE, SHAPE & ECHOGENICITY.

PANCREAS
NORMAL IN SIZE, SHAPE & ECHOGENICITY.

KIDNEYS
RIGHT KIDNEY : NORMAL IN SIZE, SHAPE & POSITION.
MULTIPLE 1.5 - 2 MM BRIGHT ECHOES SEEN. CENTRAL SINUS NORMAL
LEFT KIDNEY : NORMAL IN SIZE, SHAPE & POSITION
MULTIPLE 1 - 1.5 MM BRIGHT ECHOES SEEN. CENTRAL SINUS NORMAL.

CONTD.....2

URINARY BLADDER
NORMAL IN SIZE,SHAPE & VOLUME.NO ABNORMAL ECHOES SEEN IN LUMEN.
WALL THICKNESS IS NORMAL.

UTERUS
NORMAL IN SIZE 70 X 30 X 31 MM, SHAPE & POSITION.ENDOMETRIAL THICKNESS IS 4 MM.
NO ECHOPOOR OR ECHORICH LESION NOTED IN UTERINE MYOMETREUM

OVARIES
BOTH OVARIES ARE ENLARGED IN SIZE, WITH MULTIPLE SMALL FOLLICCLES WITH ECHOGENIC STROMA.
RIGHT OVARY SIZE - 35 X 28 MM
LEFT OVARY SIZE - 33 X 22 MM
NO FREE FLUID SEEN IN POUCH OF DOUGLAS.

INFERENCE
GRADE-I FATTY CHANGES IN LIVER
B/L RENAL CONCRETIONS
B/L PCOD

DR.SURESH KUMAR,MD
(RADIOLOGIST)

NATIONAL INSTITUTE OF AYURVEDA
Deemed to be University (De Novo)
AMER ROAD, JAIPUR

Name of Patient	:	[redacted]	Age and Sex	:	[redacted]
OPD/IPD No.	:	33202422649	Date	:	21-Dec-24

Ultrasound For Early Pregnancy

Uterus is Gravid

Show Single Intrauterine Gestational Sac.

GS Out Line is Regular.

Decidual Reaction is Good.

Fetus echo is not seen at Present Scan.

Measurement:- GS 15 mm 5 Weeks.

Internal OS is Closed.

Impression:- Single intrauterine pregnancy with Approximate Gestational age of - 5 Week.
Follow up Ultrasound after 15 days.

DECLARATION OF DOCTOR :-

1. It is not possible to exclude all congenital anomalies in routine scan for fetal well being due to variable positions attained by the fetus.
2. I have neither detected nor disclosed the sex of fetus of the pregnant women to her or any of her relatives

DR.SURESH KUMAR,MD

BEFORE TREATMENT | **AFTER TREATMENT**

Follow-Up and Outcome

After four months of Ayurvedic treatment, the patient conceived naturally and is currently at 17 weeks of gestation. The successful outcome demonstrates the efficacy of the Ayurvedic treatment regimen in addressing infertility associated with polycystic ovary syndrome (PCOS) and hypothyroidism.

Discussion

In Ayurveda, ovarian factor-related infertility (*Vandyatva*) is primarily considered a *Vata-Kapha* predominant disorder, often accompanied by *Dhatvagni Mandya* (weakened tissue metabolism) and *Apana Vayu Vikruti* (vitiation of Apana Vayu). These imbalances impair the functions of *Rasa* and *Rakta Dhatu* (bodily tissues involved in nutrient transport and blood circulation), disrupting reproductive function. Therefore, the primary line of treatment for infertility involves the pacification of *Vata* and *Kapha*, alongside the enhancement of *Agni* (digestive fire), regulation of *Vata* movement (*Vatanulomana*), *Brimhana* (nourishing therapy), and *Rakta Shodhana* (blood purification).

Acharya Sushruta discusses the vitiation of *Shukra* (reproductive tissues) and *Artava* (menstrual blood) as key contributors to infertility. Since *Artava* is an *Upadhatu* (by-product) of *Rasa Dhatu*, any vitiation of *Rasa*

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Dhatu due to *Jatharagni Mandya* (weak digestive fire) leads to the formation of *Ama* (toxins). These *Ama* obstruct the *Artavavaha Srotas* (reproductive channels), thereby hindering normal reproductive processes. As such, the first step in treating ovarian factor infertility is the correction of *Artava Dushti* (vitiation of menstrual blood).

Phalaghrita is a traditional ghee-based formulation that plays a significant role in promoting conception and treating various disorders of the female reproductive system **[10]**. It contains *Kutki* (*Picrorhiza kurroa*), a potent liver stimulant that enhances *Dhatwagni* (tissue metabolism), which supports the formation of healthy tissues and improves ovum quality. *Phalaghrita* balances the vitiated *Vata*, *Pitta*, and *Kapha* doshas **[11],** enhancing ovarian function and regulating the menstrual cycle. Additionally, it stimulates the *Pituitary-Ovarian axis*, promoting gonadotropin secretion and regulating ovarian steroidogenesis **[12]**. According to *Acharya Vagbhata*, *Phalaghrita* is highly effective in treating female infertility due to its properties of *Balya* (strengthening), *Vatahara* (Vata-pacifying), *Brihaniya* (nourishing), *Garbhadharana* (facilitating conception), and *Rasayana* (rejuvenating) **[13]**.

The health of the female reproductive system (*Yoni*) is maintained unless disrupted by *Vata* imbalance. *Acharya Caraka* categorizes *Bala* (*Sida cordifolia*) under *Prajasthapana Mahakashaya* (fertility-promoting herbs), while *Acharya Sushruta* describes it as *Vata Shamana* (Vata-pacifying). *Bala* balances *Vata* and supports *Rasa* and *Rakta Dhatu* formation, which promotes *Artava* and enhances *Apana Vayu* function. This is essential for *Beeja Nirmana* (ovum formation) and *Beejotsarga* (ovulation). Additionally, *Bala Beeja Churna* regulates *Vata*, pacifies *Pitta*, and promotes healthy ovulation by enhancing the function of the *Hypothalamus-Pituitary-Ovarian (HPO) axis*. The antioxidant properties of *Bala* further protect reproductive tissues from oxidative stress.

Leptaden tablets were prescribed to support the progesterone phase of the menstrual cycle and were continued throughout pregnancy to enhance fetal outcomes. The formulation contains *Jivanti* and *Kamboji*, which inhibit the biosynthesis of prostaglandins, reducing the risk of abortion and preterm labor **[14]**. *Jivanti* and *Kamboji* possess properties such as *Garbhasayashodhana* (uterine cleansing), *Garbhastapana* (pregnancy-stabilizing), and *Shothaghna* (anti-inflammatory). These properties promote a favorable reproductive environment, stimulate the neuroglandular system, and support the implantation of the zygote **[15]**.

Conclusion

Ayurvedic treatments support ovulation and fertility by balancing the doshas

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and strengthening reproductive tissues. A holistic approach that includes dietary changes, lifestyle modifications, and individualized treatments based on *Prakriti* (constitutional type) helps regulate hormones and improve menstrual health. Formulations like *Phalaghrita*, *Bala Beeja Churna*, and *Leptaden* play a key role in infertility management, especially in cases of hypothyroidism and PCOS. These treatments enhance ovarian function, follicular development, and uterine health, ultimately increasing the chances of conception.

Patient Consent

The written consent of the patient has been obtained for treatment and publication, ensuring that her identity remains confidential.

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