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DOI: [10.63247/3048-7390.vol.1.issue6.3](https://doi.org/10.63247/3048-7390.vol.1.issue6.3)**Ayurveda Therapeutic Approach for Infertility Associated with PCOS: A Case Study**Mangal P.¹, Jain A.², Pushpalatha B. P.³, Choudhary P.⁴, Bharathi K.⁵

1. Dr. Pooja Mangal, Final Year PG Scholar, Dept. of Prasutitantra and Streeroga, National Institute of Ayurveda (DU), Jaipur, <https://orcid.org/0009-0000-0582-2773>
2. Dr. Anjali Jain, Ph.D Scholar, Dept. of Prasutitantra and Streeroga, National Institute of Ayurveda (DU), Jaipur, <https://orcid.org/0000-0003-1186-6865>
3. Prof. (Dr.) B. Pushpalatha, Professor, Dept. of Prasutitantra and Streeroga, National Institute of Ayurveda (DU), Jaipur.
4. Dr. Poonam Choudhary, Senior Assistant Professor, Dept. of Prasutitantra and Streeroga, National Institute of Ayurveda (DU), Jaipur.
5. Prof. (Dr.) K. Bharathi, Professor & Head, Dept. of Prasutitantra and Streeroga, National Institute of Ayurveda (DU), Jaipur.

ABSTRACT**Introduction:**

Sedentary lifestyles have contributed to a rising prevalence of metabolic disorders such as polycystic ovarian syndrome (PCOS), particularly among women of reproductive age. PCOS is a leading cause of anovulation and infertility. In Ayurvedic terms, infertility associated with PCOS can be correlated with *Vandhyatva* due to *Nashtartava*, involving vitiated *Vata* and *Kapha* obstructing the *Artavavaha Srotas*.

Method:

This case report presents a 20-year-old female patient with delayed menstruation and primary infertility for two years. Transabdominal ultrasound confirmed an anovulatory cycle associated with PCOS. The treatment plan included two cycles of *Yoga Basti*, followed by one cycle of *Madhutailika Basti*, along with *Shamana Chikitsa*. Additional attention was given to *Nidana Parivarjana* (elimination of causative factors), lifestyle modification, and *yoga* therapy, based on Ayurvedic principles.

Results:

After completion of *Shodhana* and *Shamana* therapies, the patient's menstrual cycle normalized, and she successfully conceived. This indicates a favorable outcome in restoring ovulation and fertility in PCOS through Ayurvedic management.

Discussion:

This case highlights the potential effectiveness of a comprehensive Ayurvedic approach—

including *Basti* therapies and *Shamana Chikitsa*—in managing PCOS-related infertility. The integrative plan may have contributed to hormonal regulation, improved menstrual regularity, and enhanced fertility.

Keywords: Case report, Infertility, *Madhutailika Basti*, PCOS, *Vandhyatva*, *Yoga Basti*

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Introduction

Infertility is defined as the failure to conceive after one or more years of regular, unprotected coitus [1]. It affects multiple dimensions of a woman's life, including her physical, emotional, and social well-being [2]. Globally, the World Health Organization (WHO) estimates that 60 to 80 million couples face infertility [3], with prevalence varying by region—affecting approximately 8% to 12% of couples worldwide [4]. Among the various causes, ovulatory dysfunction contributes to nearly 25% of female infertility cases, with polycystic ovarian syndrome (PCOS) being a predominant endocrine disorder and a major cause of anovulation.

In Ayurveda, infertility is described as *Vandhyatva*, classified under *Rasa Pradoshaja Vikara*, with *Vata* being the primary causative *Dosha*. *Acharya Sushruta* enumerated the four essential components (*Garbha Sambhava Samagri*) necessary for conception—*Ritu* (fertile period), *Kshetra* (healthy reproductive organs), *Ambu* (adequate nourishment), and *Beeja* (healthy ovum and sperm) [5]. Disruption in any of these components can result in infertility. *Ambu*, in particular, corresponds to the post-fertilization nourishment provided by the corpus luteum and, later, the placenta. In addition to physical health, *Acharya Charaka* emphasized the importance of

Soumanasya (mental calmness) for conception, recognizing the role of psychological well-being [6]. *Acharya Vagbhata* further highlighted the necessity of *Shuddha Artava* and *Shuddha Shukra*, as well as proper functioning of *Garbhashaya*, *Hridaya*, and *Anila* [7].

While classical Ayurvedic texts do not explicitly mention PCOS, its features align with *Nashtartava*, a condition involving *Vata-Kapha* vitiation and obstruction of *Artavavaha Srotas*. Accordingly, treatment should focus on *Vata-Kapha-hara*, *Agni Deepana*, *Vata Anulomana*, and *Rasa Pradoshaja Chikitsa*.

Case Report

A 20-year-old married female visited the Prasuti Tantra and Stri Roga OPD of NIA, Jaipur, in May 2023, with complaints of infertility for two years and irregular menstrual cycles for the same duration. Her cycles occurred every 40–60 days, with normal flow and mild lower abdominal pain. She was diagnosed with PCOS and an anovulatory cycle based on ultrasound. Previous allopathic treatment for six months yielded unsatisfactory results, prompting her to seek Ayurvedic management.

Demographic Data (Table 1)

Parameter	Detail
Name of Patient	XYZ
Age	20 years

Religion	Hindu
Occupation	Housewife
Education	B.Sc. graduate
Date of First Visit	14/05/2023
Husband's Occupation	Government job (Air Force)

- AMH: 6.47 ng/mL
- LH: 21.08 mIU/mL
- FSH: 8.62 mIU/mL
- RBS: 82 mg/dL
- LFT, RFT: Within normal limits
- Blood Group: O+ve

Menstrual and Marital History

(Table 2)

Parameter	Detail
Menarche	14 years
Last Menstrual Period	04/05/2023
Cycle Interval	40–60 days
Duration of Menses	5–6 days
Regularity	Irregular
Clots	Present
Color	Dark red
Foul Smell	Absent
Pain	Mild (lower abdomen)

Ultrasonography (29/03/2022):

- Polycystic ovarian morphology
- Normal-sized uterus (7.65 × 3.51 × 4.62 cm)
- Enlarged ovaries with multiple peripheral cysts (2–9 mm)
- Right ovary: 13.46 mL
- Left ovary: 12.00 mL

Therapeutic Intervention

1. Nidan Parivarjana:

As emphasized by *Acharya Sushruta*, eliminating causative factors (*Nidana Parivarjana*) is the first step in treatment [8]. This included dietary modifications, avoiding *Viruddha Ahara* (incompatible foods), stress reduction, correcting irregular sleep patterns, and lifestyle improvements such as yoga and physical activity.

She was **nulligravida**, with no history of contraception use or prior surgery. Her husband's semen analysis was normal.

Investigations

- CBC (19/08/2023): Hb 12.4 g/dL
- TSH: 1.14 µIU/mL
- Prolactin: 10.85 ng/mL

1. Nidanaparivarjana (Do's & Don'ts)

5:00 am – wake up
 6:10 am – go to toilet for potty
 6:20 am – brush
 8:00 – 9:00 am – household work
 9:30 am – soaked *moong dal*, almonds taken
 10:00 am – breakfast, lunch (3 chapatis, green vegetables like gheeya, turai, karela, tinda ,
 ,
patato ✗, kadhi ✗, chhach ✗, dahi ✗, bhindi etc.)
 10:30 am – 12:00pm – household work , medicine taken
 12:20 pm – go to bath ✗
 12:45 pm – tea & biscuits ✗
 1:00 pm – 2:00 pm – phone use ✗
 2:00 – 4:00 pm – *diwaswapana* ✗
 4:15 pm – tea ✗
 4:30 – 8:00 pm - household work
 8:00 pm – dinner (3 chapatis, green vegetables like gheeya, turai, karela, tinda , kaddu, gobhi
 ✗, baingan ✗, patato ✗, kadhi ✗, chhach ✗, dahi ✗, bhindi etc.)
 8:30 – 10:30 pm – family time
 10:30 pm – 5:00 am – sleep
Rajaswalacharya –
 ✓ Jau ki roti/ jau ka daliya with apply lots of ghee.
 ✓ Shali rice ki kheer/ shali rice with ghee and milk, ghrit
 ✓ Avoid namak, mircha, spices

2. **Shodhan and shaman Chikitsa:** The treatment plan for the patient included two cycles of *Yoga Basti*, followed by one cycle of *Madhutailika Basti*. These therapies were administered alongside *Shaman Chikitsa*.

Table 3: Treatment Progress and Visits

Date	Observations/remarks	Shaman Chikitsa.	Shodhan Chikitsa.
14/05/2023 (1 st visit)	1. Anxious to conceive since 2 years 2. Delayed menstruation since 2 years	1) <i>Phalaghrita</i> 10 gm BD with cow's milk	Yoga basti- <i>Asthapana</i> with <i>Dasmool Kwath</i> <i>Anuvasana</i> with <i>Dashmool Tail</i>

04/07/2023 (2 nd visit)	Same as above	2) <i>Leptaden Tablet</i> 2 BD with lukewarm water 3) <i>Jatipjala Churna+mishri</i> upto 10 th day of menses	Yoga basti- <i>Asthapana with Dasmool Kwath</i> <i>Anuvasana with Dashmool Tail</i>
17/08/2023 (3 rd visit)	Same as above		Madhutailika basti (7day) with <i>Dashmool Kwath, Eranda Tail</i> as <i>Sneha Dravya</i>
September 2023 to February 2023	Menstrual cycle is regular now	same as above	-
24/04/2024	Amenorrhea since 2 months UPT done, which was positive on 17/03/2024 LMP-16/02/24 EDD-22/11/24	1) <i>Phalaghrita</i> 10 gm BD with cow's milk 2) <i>Bala Beeja churna</i> 4 gm BD with cow's milk	-

Figure 2 showing the USG reports before treatment

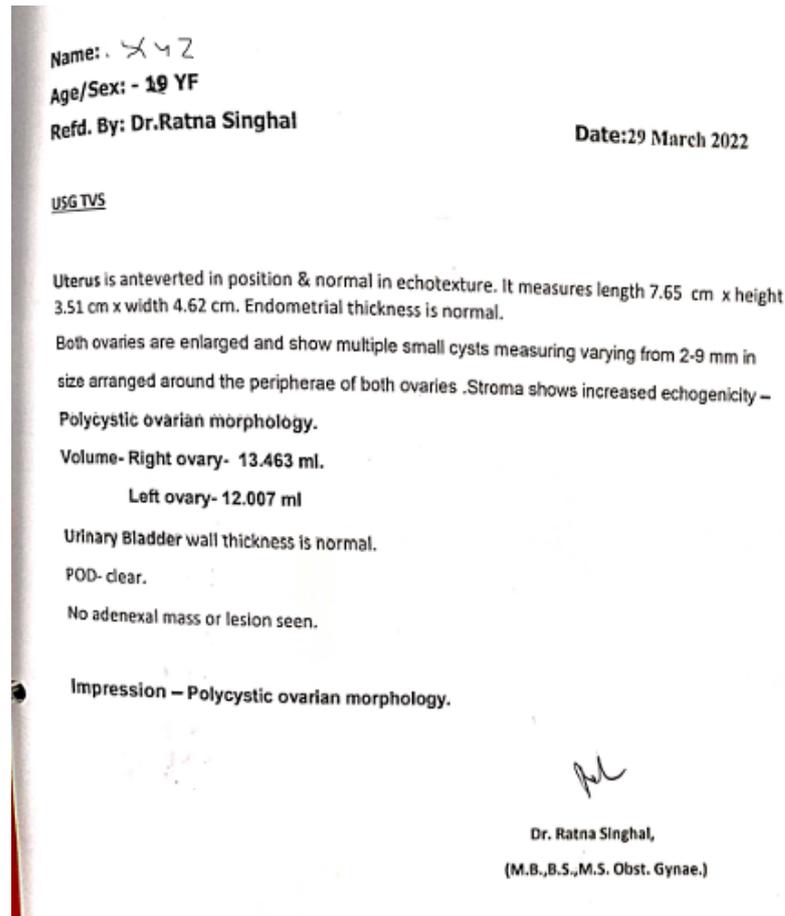
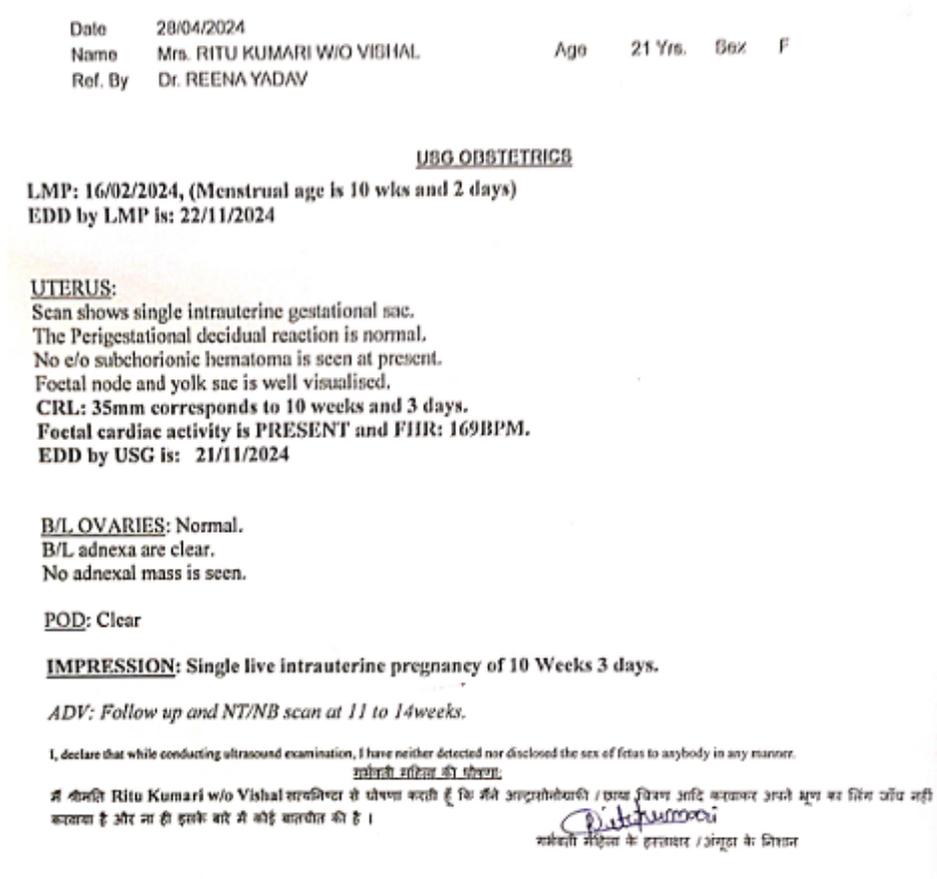


Figure 3 showing the USG reports before & after treatment



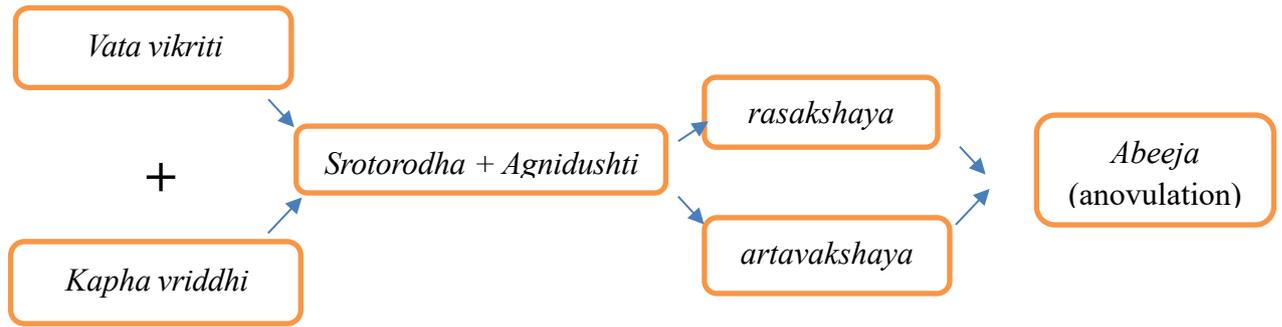
Follow-Up and Outcome

Following Ayurvedic *Shodhana* and *Shamana* Chikitsa, the patient's menstrual cycles became regular. She subsequently conceived naturally and delivered a healthy male infant weighing 2.7 kg at 5:59 AM on 09/11/2024. This positive clinical outcome demonstrates the potential efficacy of Ayurvedic therapeutic approaches in the management of infertility associated with PCOS and highlights the promise of integrative medicine in reproductive health care.

Discussion

Although PCOS is not explicitly mentioned in classical Ayurvedic texts, its symptomatology closely aligns with conditions such as *Nashtartava*, which involves vitiation of *Vata* and *Kapha* doshas and obstruction of the *Artavavaha Srotas*. A thorough understanding of *Dosha*, *Dushya*, *Srotas*, and *Prakriti* is essential for diagnosis and treatment. The Ayurvedic therapeutic goal lies in *Samprapti Vighatana*—disrupting the pathogenesis that leads to disease.

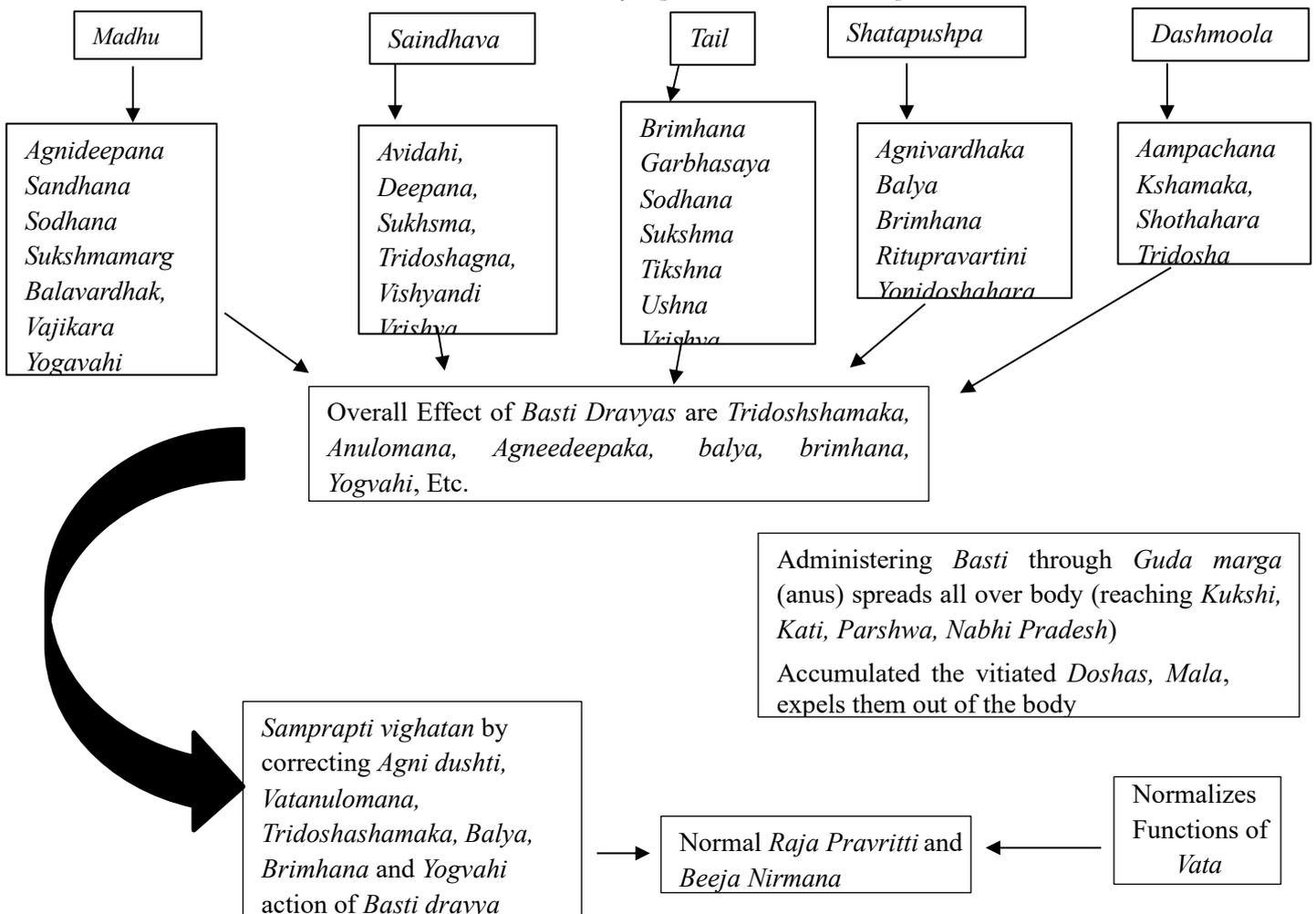
Probable *Samprapti* of PCOS- *Santarpanajanya* PCOS



Excessive indulgence in heavy, oily, sweet foods and sedentary lifestyle (*Santarpana*) leads to *Kapha* and *Medo-dushti*, which obstructs *Artavavaha Srotas*. This results in *Agnimandya*, *Avarana of Vata*, and ultimately leads to the manifestation of PCOS features such as delayed menstruation, anovulation, and infertility.

Therapeutic Mechanisms

Mechanism of action of *Basti* and *Basti Dravya* [9, 10, 11, 12, 13, 14]



Shodhana & Shamana Chikitsa

The treatment protocol was planned in two phases:

1. Shodhana (Purification Therapy):

- *Basti* was administered to balance *Vata dosha*, especially *Apana Vata*, which governs menstruation and ovulation [15]. According to *Acharya Charaka*, *Basti* is considered to be half of the treatment (*Ardha Chikitsa*) [16].
- *Basti* improves ovarian function by regulating the hypothalamic-pituitary-ovarian (HPO) axis, promoting follicular development and ovulation. Administered rectally, *Basti* may stimulate the parasympathetic nervous system and support hormonal balance [17].

2. Shamana (Palliative Treatment):

A combination of classical formulations was used:

Mechanism of Action of Formulations

Phalaghrita:

Described by *Acharya Vagbhata*, *Phalaghrita* possesses *Balya*, *Vatahara*,

Brihaniya, *Garbha-dharana*, *Punsavanam*, and *Rasayana* properties [18]. It strengthens reproductive tissues and supports ovulation. A comparative study on its efficacy with Clomiphene Citrate has demonstrated its role in stimulating follicular development [19].

Tablet Leptaden:

Composed of *Jeevanti* and *Kamboji*, this modern herbomineral formulation enhances endometrial receptivity and sustains the luteal phase. It inhibits the synthesis of prostaglandin F_{2α} (PGF_{2α}), thereby reducing the risk of miscarriage [20]. Its actions include *Garbhasthapana*, *Shothagna*, and *Garbhashaya Shodhana* [21].

Jatiphala Churna:

Jatiphala (nutmeg) is used for its *Vata-Kapha hara*, *Agnideepana*, *Srotoshodhana*, and *Anulomana* effects. It aids in *Ama pachana*, restores *Apana Vata*, and removes *Avarana*, thus supporting ovulation (*Beejotsarga*). Its *Ushna* and *Teekshna* nature makes it ideal for correcting menstrual irregularities due to *Vata-Kapha* imbalance [22].

Conclusion

Ayurvedic management through an integrative protocol involving *Shodhana* and *Shamana Chikitsa* effectively addressed PCOS-related infertility, culminating in successful conception and childbirth. This case reinforces the clinical

relevance of Ayurvedic therapies in managing complex reproductive disorders.

By restoring *Dosha* balance, enhancing *Agni*, and strengthening *Garbhashaya* and *Beeja*, Ayurvedic treatment supports reproductive health. Individualized management based on *Prakriti*, combined with dietary and lifestyle modifications, offers a holistic, non-invasive, and sustainable approach to fertility care.

Continued research and systematic documentation of such integrative

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interventions are essential to expand the evidence base and promote their inclusion in mainstream reproductive medicine.

Conflicts of Interest

None declared.

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Informed Consent

Informed written consent was obtained from the patient for publication of this case and associated clinical data.

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