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Ayurveda Approach to Managing Infertility in Polycystic Ovarian Syndrome and Hypothyroidism: A Case Study

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Abstract

Introduction:

Infertility due to Polycystic Ovarian Syndrome (PCOS) is a significant concern among women of reproductive age, exacerbated by modern lifestyles. PCOS, a prevalent endocrine disorder, often leads to irregular menstruation and anovulatory cycles, hindering conception. *Ayurveda* medicine offers holistic approaches to address underlying imbalances and enhance reproductive health through personalized treatments.

Materials & Methodology:

This case study focuses on a couple struggling with infertility linked to the wife's bilateral PCOS and hypothyroidism. Methodology involved thorough medical history assessment, *Ayurveda* diagnostic principles (including *Dosha* evaluation), and detailed examination of reproductive symptoms. Treatment included *Shamana* (~pacifying therapies) and *Shodhana* (~purificatory therapies) to rebalance *dosha*, improve metabolic function, and support follicle development and ovulation. Individualized herbal

formulations, dietary adjustments, and lifestyle modifications tailored to the patient's constitution were also implemented.

Result:

Ayurveda treatment resulted in successful conception, overcoming irregular cycles and anovulation challenges. The pregnancy progressed smoothly to full term without complications, demonstrating *Ayurveda's* efficacy in managing PCOS and hypothyroidism-related infertility.

Discussion & Conclusion:

This case underscores *Ayurveda's* potential in treating infertility associated with PCOS and hypothyroidism. Personalized *Ayurveda* therapies aim to restore physiological balance and optimize reproductive health, contrasting with Western medicine's symptom-focused approach. By addressing root causes holistically, *Ayurveda* not only promotes fertility but also enhances overall well-being. Further research is needed to validate these findings and explore integrative approaches in reproductive health.

Keywords: Infertility, PCOS, *Shodhana*, Holistic Medicine, *Nashtartava*

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Introduction

Infertility, defined as the inability to conceive after one year of regular unprotected intercourse, is influenced by various factors. Ovulatory disorders contribute significantly to female infertility, accounting for 25% of cases. Despite differing causes, hypothyroidism and Polycystic Ovarian Syndrome (PCOS) share common features [1]. Primary hypothyroidism, for instance, can lead to increased ovarian volume and structural changes in the ovaries. Conversely, women with PCOS exhibit a higher prevalence of thyroid abnormalities compared to the general population.

Ayurveda texts provide insights into the understanding of PCOS, though specific classical explanations may not be readily accessible. In this case, *Ayurveda* management strategies focused on concepts related to infertility (*Vandhya*) and absent menstruation (*Nashtartava*), tailored to individual clinical presentations.

Case History

A 27-year-old woman presented to our outpatient department reporting infertility despite three years of unprotected sexual activity. She experienced menarche at the age of 12, with regular 3–4 day

menstrual cycles occurring every 28–30 days, characterized by mild bleeding and occasional clots. Following marriage at age 25 to a non-consanguineous partner, her menstrual cycles became irregular, extending to 45–50 days with dark brown, clotted bleeding and dysmenorrhea. Diagnostic tests revealed a diagnosis of both PCOS and hypothyroidism, while her husband's semen analysis was normal. On physical examination, she appeared moderately built with normal external genitalia and a healthy cervix without erosion. She had a history of hypothyroidism for six years, managed with daily 75 mg of Eltroxin, and a past medical history of intestinal tuberculosis. Pelvic ultrasound on October 12, 2022, confirmed a bilateral PCOD pattern. Her last menstrual period was on October 1, 2022, noted during her initial outpatient visit.

Diagnostic Assessment

Following a comprehensive evaluation encompassing both subjective and objective assessments, the patient's infertility was attributed to PCOS and hypothyroidism. According to *Ayurveda*, this condition aligns with *Vandhyatva* related to *Nashtartava*, *Srotorodha*, and *Avarana* (obstruction) of *Artavavaha srotas*

(channels conveying menstrual flow). Detailed examination of signs and symptoms indicated a decrease in *Pitta* and an increase in *Vata-Kapha dosha*. The treatment principles of *Vandhya* and *Nashtartava* were applied accordingly, considering these factors.

Therapeutic Intervention:

For the correction of *doshadushti*, *deepana*, *pachana*, *rajapravartaka* and *anulomaka* medicines mentioned in table 1 were used for six months step by step. The aforementioned class of medications maintains *agni's* functionality and bring about *doshasamy*.

Table 1: Medication Chart

Name of Medicine	Dose and Anupana	Duration of administration
<i>Vaishnavarchurna</i> [3]	5 gm BD with lukewarm water	For first one month upto <i>agnipradipana</i>
<i>Chandraprabhavati</i> [4]	1000 mg BD with water	Throughout the treatment
<i>Kumaryasava</i> [5]	15ml BD with equal amount of water	Throughout the treatment
<i>Kanchanaraguggulu</i> [6]	1000 mg BD with lukewarm water	Throughout the treatment

Follow-Up & Outcome:

Following treatment, the patient demonstrated notable improvements in her menstrual cycle parameters. There was a marked regularization of cycle duration and increased menstrual flow, characterized by fresh red color without clots and absence of dysmenorrhea. A follow-up ultrasound on February 15, 2023, indicated no evidence of PCOS, confirming the efficacy of the treatment. Subsequently, during the sixth follow-up on March 5, 2023, the patient

tested positive for pregnancy. An ultrasound on June 13, 2023, revealed a single live intrauterine fetus at 12 weeks and 2 days gestation. To support the pregnancy, the patient was prescribed *Masanumasik* tablets until full term. She successfully delivered a healthy female child at 39 weeks on December 9, 2023. This case highlights the successful management of infertility due to PCOS and hypothyroidism using integrative *Ayurveda* treatments, leading to restored

reproductive health and a successful pregnancy outcome.

Discussion:

The patient's primary infertility due to PCOS and hypothyroidism was successfully managed using *Ayurveda* principles. According to *Ayurveda*, the root cause of this condition involves *Avarana* (~obstruction) of *Artavavahasrotas* (~channels conveying menstrual flow), primarily caused by *Nashtartava* (absence of menstruation). Elevated *Kaphadosha* obstructs the mobility of *Vata*, particularly *Apanavata*, thereby hindering the natural function of *Arthava* (ovum).

Ayurveda treatment focused on disrupting the *Samprapti* (pathogenesis) of the disease. *Kapha* and *Vata* were considered as *Dosha*, while *Rasa* (~plasma), *Meda* (~adipose tissue), *Rakta* (blood), and *Mamsa* (~muscle) were identified as *Dooshya* (~affected parts) involved in the pathogenesis. The vitiated factors (*Dushti karana*) affecting *Rasavaha* (~plasma channels), *Raktavaha* (~blood channels), *Mamsavaha* (~muscle channels), *Medovaha* (~fat channels), and *Arthavavaha* (~reproductive channels) were addressed through therapies aimed at resolving *Sanga* (~blockage) and *Granthi* (~cysts).

Treatment interventions included

Vaishvanarachurna to correct *agni* (digestive fire) in the *koshta* (gastrointestinal tract), crucial for restoring metabolic balance. *Kumaryasava* was administered for its properties in promoting *Arthava* (ovum) quality and quantity, while *Kanchanara Guggulu*, known for its *Granthihara* (cyst-dissolving) properties, aided in breaking down *Kaphaja Granthi* (cysts) and regulating reproductive health.

Chandraprabha Vati, prescribed for its hormone-regulating and menstrual cycle-normalizing effects due to *Pippali* (long pepper) and *Loha Bhasma* (iron), complemented the treatment regimen. Its *Kaphahara* (~reducing *Kapha*), *Lekhana* (~scraping), *Chedana* (~breaking down), and *Granthihara* properties contributed to eliminating blockages and reducing the size of ovarian cysts associated with PCOS.

After successful conception, *Masanumasika* tablets were prescribed to support a healthy pregnancy for nine months. Patient education on lifestyle modifications and dietary recommendations further contributed to a positive outcome.

Conclusion:

This case study exemplifies a systematic approach in managing primary infertility associated with PCOS and hypothyroidism using *Ayurveda* therapies.

The favorable outcome achieved in this single-case study warrants consideration for larger-scale studies to validate its efficacy across broader populations. The holistic principles of *Ayurveda* offer promising

avenues for integrative management of reproductive health disorders, emphasizing personalized treatment approaches tailored to individual constitution and pathology.

Informed Consent: Taken

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Conflicts of Interest: Nil

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