



AN EFFECTIVE MANAGEMENT OF INFERTILITY DUE TO POLYCYSTIC OVARIAN SYNDROME WITH AYURVEDA: A CASE STUDY

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS), a leading cause of female infertility, is characterised by anovulation, hyperandrogenism, and polycystic ovarian morphology. With a prevalence of 13% globally and 70–80% among infertile women, **to manage** PCOS remains a significant challenge. This case study highlights the successful Ayurvedic management of primary infertility due to lean PCOS in a 24-year-old female presenting with irregular menses and scanty menstrual flow.

Diagnosis, based on Rotterdam criteria and clinical findings, revealed hyperandrogenism, oligomenorrhea, and polycystic ovarian morphology on ultrasound. The treatment protocol included Matrabasti (enema therapy) with Lashuna Taila, Pushpadhanva Rasa, and Rasayana herbs like Ashwagandha and Shatavari. Lashuna Taila, with its Ushna (hot) and Kapha-Vatahara properties, addressed Srotorodha (channel blockage) and enhanced ovulation, while Pushpadhanva Rasa rejuvenated uterine health. Complementary lifestyle modifications and dietary corrections were also implemented.

The patient showed significant improvement, achieving natural conception post-treatment. This case study emphasizes the potential of Ayurveda as a holistic approach to managing infertility due to PCOS, focusing on individualized therapies targeting root causes. Ayurvedic interventions, rooted in channel cleansing, hormonal balance, and tissue rejuvenation, offer promising results in treating complex reproductive disorders like PCOS.

Keywords: PCOS (polycystic ovarian syndrome), Infertility, Ayurvedic Management, Matrabasti, Pushpadhanva Rasa, Lashuna taila

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder characterized by excessive androgen production by the ovaries. It is one of the leading causes of female infertility, with a global prevalence of 13% among women of reproductive age. The prevalence of infertility among women with PCOS is estimated to be between 70% and 80%. Diagnosed by criteria such as anovulation, hyperandrogenism, and polycystic ovarian morphology, PCOS presents significant challenges in conception.

Although PCOS is not directly mentioned in Ayurvedic texts, it can be correlated with *Artava Dushti*, *Pushpaghni Jataharini*, and related conditions described in Ayurvedic Samhitas. This case study highlights the effective management of primary infertility in a patient diagnosed with lean PCOS through Ayurvedic interventions.

AIM

- To study the effect of *Lashuna Taila Matra basti* on infertility due to PCOS.

MATERIALS AND METHODS

- **Patient Name:** XYZ
- **Age:** 24 years
- **Chief Complaint:** Primary infertility
- **Presenting Complaints:**
 - Irregular menses for the past 2 years
 - Scanty bleeding during menstruation
- **Menstrual History:**
 - Menarche at 15 years
 - Irregular cycle: 1–1.5 months apart, lasting 4–5 days with one pad per day
- **Marital History:** Married for 3 years; nulligravida
- **Personal and Family History:** Non-specific
- **Clinical Examination:**
 - Built: Lean; BMI: 17.2 kg/m²
 - Height: 160 cm; Weight: 44 kg
 - Pulse: 76/min; Blood Pressure: 110/70 mmHg
- **Diagnosis:**
Based on the Rotterdam Criteria:

1. Hyperandrogenism
2. Oligomenorrhoea
3. Polycystic ovary morphology on ultrasonography (USG)

INVESTIGATIONS

Findings from Examination and Reports:

1. **P/S (Per Speculum Examination):**
 - Mild cervical anterior lip erosion observed.
 - Mild watery discharge present; no smell.
 - Vagina appears healthy.
2. **P/V (Per Vaginal Examination):**
 - Uterus anteverted and freely mobile.
 - Bilateral fornices free and non-tender.
3. **USG (Ultrasound) Reports [27/12/23]:**
 - Bilaterally bulky ovaries with polycystic morphology:
 - Right ovary volume: 18 cc
 - Left ovary volume: 12 cc
 - Endometrial Thickness (ET): 6.5 mm
4. **Haemogram [27/12/23]:**
 - Hemoglobin (Hb): 12.6 g/dL
 - RBC count: 4.5 million/cu mm
 - WBC count: 6000/cu mm
 - Blood group: B negative
5. **Urine Routine and Microscopic (R/M) Examination [27/12/23]:**
 - Findings within normal limits.
6. **Thyroid Profile:**
 - T3: 83.31 ng/dL
 - T4: 8.81 g/dL
 - TSH: 1.81 μ IU/mL
7. **Semen Analysis (Husband):**
 - Volume: 3.0 mL
 - Color: Creamy white
 - Liquefaction time: 15 minutes
 - Total count: 75 million/mL
 - Activity motile: 35%
 - Sluggishly motile: 35%
 - Non-motile: 10%

TREATMENT PROTOCOL

आयुष्यम दीपनं वृष्यम धन्यमारोग्यमग्रीमम् ।

स्मृतीमेधाबलवयोवर्णचक्षुप्रसादनं ।

.....शुक्रशोणीतगर्भाणाम जननं...।

सौकुमार्यकरम के वयसः स्थापनंपरम ॥ १५-१७

क्लीबवन्ध्यातिवृद्धनामापी वीर्यप्रजापद । १६

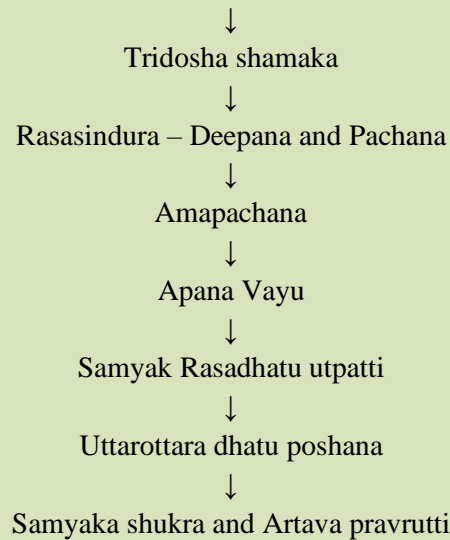
1. **Nidana Parivarjana** (Avoidance of causative factors such as sedentary lifestyle and junk food).
2. **Matra basti with Lashuna Taila:**
 - *Sarvanga Snehana* and *Swedana* followed by administration of 60 ml *Lashuna Taila* for 7 days up to 3 Menstrual Cycle
3. **Oral Medications: for first 15 days**
 - *Pushpadhanva Rasa*: 125 mg BD first 15 days
 - *Ashwagandha* and *Shatavari Churna*: 5 g BD with a cup of milk
4. *Lashuna Taila* was prepared as per the *Taila Nirmana Vidhi*.

SAMPRAPTI GHATAKA (Pathogenesis)

- **Hetu (Causative Factors):** Sedentary lifestyle, unhealthy dietary habits
- **Dosha:** Kapha-Vata
- **Dushya:** Rasa Dhatu

Mode of Action of pushpadhnva rasa-

All bhasma of pushpadhnva rasa



All bhasma of Pushpadhanva rasa



- **Strotas:** Rasavaha and Artavavaha Strotas
- **Strotodushti:** Srotosanga (blockage), Vimargagamana (abnormal flow)
- **Pratyatma Lakshana:** Artava Kshaya (deficiency in menstrual flow)

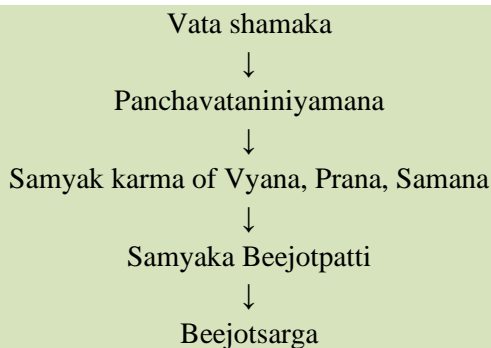
Pharmacological and Therapeutic Analysis

1. Lashuna (Garlic)

- Properties: *Madhura Rasatmaka, Guru, Snigdha, Brumhana* (nourishing).
- Referenced by Kashyapa Acharya for reproductive health.
- Contains bioactive compounds such as alliin, alliin, and sulphur derivatives with anti-inflammatory, antioxidant, and hormonal-balancing properties.

2. Pushpadhanva Rasa

- Ingredients like *Rasasindura, Vanga Bhasma, and Abhraka Bhasma* exhibit properties such as *Deepana* (digestive stimulant), *Vajikarana* (aphrodisiac), and *Rasayana* (rejuvenative).
- Beneficial in uterine health and fertility enhancement.



RESULT

- The patient conceived naturally following the Ayurvedic treatment protocol.

DISCUSSION

PCOS is a multifactorial disorder involving anovulation, hyperandrogenism, and polycystic ovaries, leading to infertility. Ayurveda views this condition as a result of Kapha-Vata imbalance and Rasadhatu Dushti.

Pathogenesis:

- A sedentary lifestyle and unhealthy eating cause Dhatvagni Mandya (metabolic impairment), to form Ama (toxins).
- *Srotorodha* (blockage in channels) and *Apana Vayu Dushti* disrupt ovulation and menstrual regularity.

Discussion on Pushpadhanva Rasa's Mode of Action on Infertility and Ovulation

Pushpadhanva Rasa, an Ayurvedic formulation, plays a prominent role in managing infertility, primarily through its action on ovulation and reproductive health. The formulation includes metals and minerals processed to ensure safety and therapeutic efficacy. According to Ayurvedic principles, it exerts its effects by balancing Vata and Pitta doshas, which are often implicated in ovulatory dysfunction and infertility.

The key ingredients in Pushpadhanva Rasa are believed to act as Rasayana (rejuvenators), improving the vitality of reproductive tissues (Shukra Dhatu). This enhances ovarian function, regulates menstrual cycles, and supports follicular development. Additionally, its properties of Balya (strengthening) and Vrushya (aphrodisiac) aid in improving hormonal balance and uterine receptivity.

Role of Matrabasti:

- *Basti* is considered *Ardha Chikitsa* (half of all treatments) in Ayurveda, specifically targeting Vata disorders.
- *Lashuna Taila* is *Ushna* (hot), *Kapha-Vatahara* (pacifying Kapha and Vata), and promotes *Srotoshodhana* (channel cleansing), aiding ovulation and conception.

Lashuna Taila Matra basti mode of action

Garlic (*Lashuna*) is a well-known medicinal herb with a rich chemical profile and diverse therapeutic applications. It contains essential nutrients such as water, proteins, carbohydrates, calcium, phosphorus, iron, and vitamin B complex. Additionally, its volatile oils contain sulphur compounds, including alliin, allicin, and diallyl disulfide, contributing to its antimicrobial and antifungal properties. In Ayurveda, *Lashuna Taila Matra basti* is utilised for infertility management, particularly in PCOS. Its Vata-Kapha pacifying properties aid digestion, enhance systemic circulation, and regulate *Apana Vayu*, promoting follicular maturation and ovulation. The *ushna* and *tikshna* qualities help remove blockages, improve uterine health, and support natural conception.

Oral Medications:

- *Pushpadhanva Rasa* rejuvenates reproductive health and enhances uterine function.
- *Ashwagandha* and *Shatavari* strengthen Rasadhatu, improving hormonal balance and overall fertility.

When combined with **Ashwagandha and Shatavari Churna**, the synergistic effects amplify its benefits. *Ashwagandha* helps reduce stress, a significant

contributor to hormonal imbalances, by modulating cortisol levels. Shatavari supports estrogen regulation and improves the quality of ova, promoting successful ovulation.

CONCLUSION

Ayurvedic management, including *Lashuna Taila Matrabasti* and *Pushpadhanva Rasa*, proved effective in addressing infertility associated with lean PCOS. This case study highlights the potential of Ayurveda in managing complex conditions like PCOS and its associated infertility, emphasising a holistic approach to treatment.

REFERENCES

1. **Artava Dushti (Disorders of Menstrual Blood)**
Point: Correlation between PCOS and Vata-Kaphaja Artava Dushti (menstrual irregularities and hormonal imbalances).
Reference: Artava Dushti is described in Ayurveda as a vitiation of menstrual blood due to imbalanced Doshas. It can be found in **Charaka Samhita, Chikitsa Sthana, 30/26.**
Explanation: PCOS features, such as irregular menstruation and hormonal imbalance, align with Vata-Kaphaja Artava Dushti.
2. **Pushpaghni Jataharini**
Point: PCOS and its symptoms, including

anovulation and infertility, resemble Pushpaghni Jataharini.

Reference: **Kashyapa Samhita, Khilasthana, Pushpaghni Jataharini Adhyaya 2/22-24.**

Explanation: Pushpaghni refers to suppressed or absent menstruation (anovulation), leading to infertility, which aligns with features of PCOS.

3. **Artava Kshaya (Diminished Menstrual Blood)**

Point: Correlation of oligomenorrhea (scanty or delayed menstruation) in PCOS with Artava Kshaya.

Reference: **Sushruta Samhita, Sharira Sthana, 2/32.**

Explanation: Artava Kshaya, caused by Vata and Pitta Dosha vitiation, presents as scanty menstrual flow, a hallmark of oligomenorrhea in PCOS.

4. **Granthibhuta Artava Dushti**

Point: The Formation of cyst-like structures in PCOS aligns with Granthibhuta Artava Dushti.

Reference: **Charaka Samhita, Chikitsa Sthana, 30/26.**

Explanation: Granthibhuta (cyst formation) arises due to Kapha and Vata Dosha vitiation, which reflects the polycystic morphology seen in PCOS.

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Conflict of Interest: None

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