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Case Study

AYURVEDIC MANAGEMENT OF FEMALE INFERTILITY ASSOCIATED WITH PCOD AND TUBAL OBSTRUCTION

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ABSTRACT

Experience of infertility can place significant emotional and psychological burdens on those going through it. It generally refers to the inability to conceive after a year of regular, unprotected intercourse, or the inability to carry a pregnancy to term. According to the World Health Organization (WHO), approximately 17.5% of the adult population worldwide equivalent to one in six individuals experience infertility during their lifetime and there are various reasons behind the infertility. In Ayurveda an umbrella term *Vandhyatwa* is used to denote any kind of infertility and four factors such as *Ritu, Ambu, Kshetra, Beeja* are responsible for the reproduction. Any defect on the single factor hinders the fertility. In this case study a 26 year old female, married for three years, presented with infertility attributed to PCOD with left para ovarian cyst (*Beeja dusti*) and bilateral tubal obstruction (*Kshertaj dusti*), provide with *Shodana* and *Shaman Chikitsa* including *Anuvasana Basti* with *Dashmool Taila* and *Asthapana* with *Dashmool kwatha* in the form of *Yoga Basti* and *Uttar Basti* with *Ksheerbala taila*. Following two months of this Ayurvedic treatment regimen, the patient successfully conceived, demonstrating a significant improvement in reproductive health. This case underscores the potential of Ayurvedic treatments, particularly through the application of *Sodhana* and *Shamana Chikitsa*, in managing infertility related to PCOD and tubal obstruction.

INTRODUCTION

Infertility is a growing global health issue that significantly affects the physical, emotional, and psychological well-being of individuals and couples. Clinically defined as the inability to conceive after one year of regular, unprotected sexual intercourse,[1] it affects approximately 17.5% of the adult population nearly one in six individuals, according to the World Health Organization (WHO). The causes of infertility are multifactorial, involving anatomical defects, hormonal imbalances, metabolic disorders, genetic abnormalities, and unexplained factors.

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In Ayurveda, infertility is broadly categorized under *Vandhyatva*, which is attributed to imbalances in four critical factors of reproduction: *Ritu*, *Kshetra, Ambu*, and *Beeja*.[2] Any disturbance in one or more of these elements can lead to infertility. Conditions such as *Aartav dusti*, *Artavavaha Srotodushti*, and *Kshetraj Dushti* are frequently cited causes in Ayurvedic texts.

This article holds particular importance as it presents a successful case of Ayurvedic management of female infertility caused by PCOD with paraovarian cyst and bilateral tubal blockage. Through the use of *Shodhana* (purificatory) and *Shamana* (palliative) therapies, specifically *Yoga Basti* and *Uttaar Basti*, this case highlights the potential of traditional Ayurvedic protocols in restoring fertility and achieving conception. It provides valuable clinical insight in the application of Ayurvedic principles in the management of complex reproductive disorders.

CASE STUDY

Patient's Information

This case study presents a 26-year-old nulligravida female from Jaipur, Rajasthan, who attended the OPD of the Department of Prasuti Tantra and Stree Roga (PTSR), with the chief complaint of inability to conceive for the past three years and scanty and delayed menstrual cycles for the last two years. The patient attained menarche at the age of 12. She had irregular menstrual cycles, with a frequency ranging from 28 to 45 days and a duration of 2 to 3 days. Menstrual flow is scanty in amount, requiring 1 or 2 pads per day, with clots present on the first two days and mild dysmenorrhea. After 2nd year of active married life, she could not conceive so she went through various investigation and treatment in the private hospital. Her medical history revealed a diagnosis of Polycystic Ovarian Disease (PCOD) with left para-ovarian cyst, and radiological investigations (HSG) confirmed bilateral tubal blockage a common structural cause of female infertility and gone through hormonal therapy in different cycle. She didn't have any history of diabetes, hypertension, hyper prolactinemia, thyroid disorders and also there is no any history for surgical intervention. After treatment of 6 months patient didn't get any result so she visited OPD for Ayurvedic management.

Clinical findings

General physical examination revealed moderately built female with a BMI of 23.6. Vital signs are stable with a temperature of 97.8°F, pulse of 78/min, and blood pressure of 120/70 mmHg at the time of examination. There are no any signs of anemia, icterus, lymphadenopathy, cyanosis, clubbing or any swelling of thyroid gland.

PS PV Examination: External genitalia and perineum appear normal, with no abnormal discharge. Per speculum examination exposed healthy vaginal mucosa and wall, with mild, non-foul-smelling, whitish watery discharge. The cervix is normal in size with a nulliparous external os and no signs of erosion or growth. Per vaginal examination showed a normal sized, freely mobile uterus in AV AF position, with no cervical motion tenderness and non-tender fornices.

Diagnostic assessment

As per clinical examination it is a case of primary infertility where the ultrasonography revealed bilateral PCOD with right para-ovarian cyst and HSG showed bilateral tubal block. The investigation is listed in table below and picture in the figure 1 and 2.

Investigations

S.No.	Investigations	Date	Findings
1.	HSG	4/4/2021	Bilateral tubal block
2.	USG	4/1/2023	Size (63*48*33mm). Mild collection in endometrial cavity. ET-4mm Adnexa Both ovaries show thick stroma with multiple small cysts. A small cyst of 16mm is seen medial to left ovary. Right ovary measures about 38*21mm and left ovary 40*17mm in size approximately.

Therapeutic intervention

Patient visited OPD on 7/11/2022 for the first time. While seeing the investigation and clinical findings, as per Ayurveda the condition is caused by the vitiation of *Vata-Kapha Pradhan Tridosa* where the *Dusyas* are *Rasa, Rakta* and *Artava* leading to *Sanga* and *Granthi Srotodusti* and shows *Vyakta lakshana* in *Beejasaya* and *Beejavaha Srotas* leading to both *Beeja dusti* and *Kshetraj dusti* which finally cause *Vandhyatwa* (infertility). Also the scanty menses provides the hint of *Vata-Kapha* imbalance as while dealing with *Nastaartava* commetator of Sushurut Samhita explains that increase in *Vata-kapha dosha* leads to amenorrhea or scanty menses.[3] So the treatment protocol listed below is emphasized for pacification of *Vata-Kapha* along with the maintenance of *Agni* as without disturbance in *Agni, Vata-kapha* imbalance is impossible.

Sodhana Chikitsa

Here *Yoga basti* and *Uttara basti* was selected as per clinical findings and *Doshas* involvement.

1. In *Yoga basti, Anuvasana* was given with *Dashmoola taila* and *Asthapana* was done with

Dashmoola kwatha after ceastion of menses for 8 days and repeated for 3 cycles.

2. In *Uttara basti* intra-uterine administration of 5ml *Ksheerbala taila* done. It was started from the day of *Asthapana* for 3 days and for 3 cycles.

Saman Chikitsa

S.No.	Medicine	Dose and *Anupana*	Duration
1.	*Chandraprabha vati*	500mg, BD, after food with water	3 months
2.	*Ashokaarista*	15ml, BD, after food with equal amount of water	3 months
3.	*Kanchanaar gugulu*	500mg, BD, After food with water	3 months

Treatment Outcome

Following the above mentioned Ayurvedic treatment protocol, the patient's previously irregular menstrual cycles got normalized, achieving a consistent 28–30-day pattern. After three months of the treatment regimen comprising both *Shodhana* and *Shamana Chikitsaa*, patient visited OPD with complaint of missed period a urine pregnancy test confirmed a positive result shown in figure 3. This case shows the potential efficacy of Ayurvedic therapeutic interventions in the management of multifactorial infertility, particularly in conditions involving polycystic ovarian disease (PCOD) and tubal obstruction.

DISCUSSION

Infertility can be a challenging and emotional journey for many individuals and couples. It is not always caused by single factor. Here in this case, there is tubal block along with the PCOD with para-ovarian cyst with clinical symptom of scanty menses. Primary infertility is increasing on daily basis with the modernization of world. Though world had changed a lot But Ayurveda principle always tackle the pathological condition on the basis of *Dosha*, *Dushyas*, *Dhatus*. As per Ayurveda, term *Artavavaha Srotasa* covers the entire female reproductive tract and encompasses it as a structural and functional unit. Term *Artava* is used for *Raja*, *Beeja* both in various places in text of Ayurveda. Here, fallopian tubes can be termed as *Artava Bija Vaha Srotasaas* as they carry *Beeja Rupi Artava* and here in this case we got both *Artava dusti* along *Artava Beeja vaha srotodusti* leading to *Vandhyatwa.*

Here *Vata-Kapha Doshas* are the causative factor in *Artava dusti* leading to PCOD whereas *Vata kapha* dominated *Tridoshaja Vyadhi* leads to blockage of tube. [4] Scanty menses with irregular cycle also shows vitiation of *Vata* and *Kapha*. *Ruksha, Khara guna* of *Vata* leads constriction of tubes and improper functioning of hormones. Whereas, *Manda, Sthira guna* of *Kapha* leads to proper movement of cilia and defect in transportation of *Beeja* to targeted site also delays in the formation of *Beeja*. Eventually, these disruptions contribute to *Vandhyatwa* (infertility). So, here the treatment protocol is chosen to pacify *Vata - Kapha Dosa*.

As per Ayurveda, *Basti* is renowned as *Ardha chikitsa*[5] and it has *Vata Anulomana* property. Here *Yogabasti* was selected, and here the medication used for *Basti* is *Dashmool taila* and *Dashmool kwatha*. *Dashmool* is known as great *Vata* pacifier and anti-inflammatory[6] and also help in the removal of *Kaphadi avarana* which helps to clear the *Strotas.* Anti -inflammatory effect of it acts on whole body mainly focusing on pelvic region to solve out the symptoms of PCOD and *Artavvaha srotodusti*. Proper functioning of *Vata* helps in transportation of hormones through different channels due to its *"Sara"* property. This can help in proper functioning of HPO axis resulting in regular menstrual cycle.

Here the origin of condition is *Garbhasaya* so intra uterine administration of *Ksheerbala taila* as *Uttara basti* was selected. It helps to strengthen uterus as *Bala* and *Ksheer* (cow milk) are *Vrushya* and *Vata Shamaka* along with that *Tila taila* which is prime ingredient of *Ksheerbala taila* is of *Ushna veerya* and *Lekhana, Vrushya, Balya, Garbhashaya Shodhaka, Ropaka, Vrana-Nashaka*[7] properties so it helps to clear the *Vrana vastu* in the *Beejabaha srotas* with its *Lekhana* property and does healing simultaneously leading to proper movement of cilia and well-nourished *Kshetra* for proper implantation.

Chandraprabha Vati is an oral Ayurvedic formulation with *Ushna Veerya* (hot potency) and qualities such as *Laghu*, *Ushna*, *Tikshna*, and *Ruksha*, which help balance *Vata* and *Kapha doshas*. According to the *Bhaisajya Ratnavali*, it is beneficial in conditions like *Mandaagni*, *Yoniroga* (gynecological disorders), including *Granthi* (cystic conditions like PCOD), and *Arbuda* (tumors). It supports healthy metabolism (maintenance of *Agni*), and due to its *Apana Vata Anulomana* property, it promotes optimal functioning of the female

reproductive system. Its anti-inflammatory properties also aid in managing infertility by acting on the genital tract. [8]

Ashokarishta, renown as uterine tonic, possesses *Deepana* and *Pachana* properties that help correct *Agnimandhya* (weak digestion).[9] By supporting proper digestive function (*Agni*), it aids in nourishing body tissues (*Dhatu Pushti*) and helps regulate menstrual irregularities by balancing hormones through subtle channels (*Srotas*). The ethanolic extract of *Saraca asoca*, the main ingredient in *Ashokarishta*, is widely recognized for its effectiveness in managing PCOD. It helps alleviate PCOS symptoms by improving body weight, hormonal balance, liver function, and enhancing antioxidant enzyme activity in a dose-dependent manner. [10]

Kanchanara gugulu has *Deepan, Pachan, Lekhana Bhedina, Tridoshahara* properties and renowned drug for *Granthi chikitsa* so it is very useful in PCOD as it corrects the pathophysiology of PCOS with *Deepana, Pachana, Lekhana* actions.[11] Also the *Lekhana* property of it helps in clearing the *Srotorodha* so it is also useful in tubal block as well.

During the course of Ayurvedic treatment, the patient experienced regular menstrual cycles for three consecutive months, suggesting a positive therapeutic response and normalization of reproductive function. In the fourth month, a delay in menstruation by five days prompted the recommendation for a urine pregnancy test (UPT), which was found to be positive on 6th February 2023. Following confirmation of conception, the patient was administered *Phala Ghrita* which is traditionally indicated for supporting early pregnancy and promoting fetal development. However, a key limitation of this case study is that it is single case and also there is lack of post-conception follow-up, as the patient did not return for subsequent visits, making it difficult to monitor pregnancy progression and outcomes. Despite this, the successful conception highlights the potential efficacy of well-indicated Ayurvedic interventions and medication in restoring fertility, particularly when appropriately selected based on individualized patient assessment.

CONCLUSION

This case study underscores the potential of individualized Ayurvedic treatment in the management of female infertility arising from multifactorial causes such as PCOD and tubal obstruction. The strategic use of *Shodhana* and *Shamana Chikitsa*, including *Yogabasti, Uttarabasti*, and appropriate oral medications like *Kanchanara Guggulu*, *Chandraprabha Vati*, and *Ashokarishta*, effectively targeted the underlying *Vata-Kapha* vitiation and *Srotorodha* responsible for reproductive dysfunction. The restoration of a regular menstrual cycle and subsequent conception within a relatively short treatment window illustrates the therapeutic relevance of classical Ayurvedic formulations in modern infertility contexts. Although the absence of post-conception follow-up limits the long-term outcome assessment, the successful conception validates the clinical value of Ayurvedic approaches and highlights the importance of tailoring treatment to the unique constitution and pathology of each patient.

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