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AYURVEDIC MANAGEMENT OF INFERTILITY (*Vandhyatva*) SECONDARY TO POLYCYSTIC OVARIAN SYNDROME (PCOD) AND TYPE 2 DIABETES MELLITUS: A COMPREHENSIVE CASE REPORT AND THERAPEUTIC ANALYSIS

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ABSTRACT

Introduction

Infertility is a growing reproductive health concern worldwide, and Polycystic Ovarian Disease (PCOD) is one of the leading causes of anovulatory infertility among women of reproductive age[1]. Most commonly presenting with chronic anovulation, menstrual irregularities, hyperandrogenism, obesity and insulin resistance[2]. In Ayurveda, PCOD can be correlated with conditions such as Artava Kshaya, Aartava Dushti, Nashtartava, *and* Vandhyatva. *Primarily arising from vitiation* Kapha *and* Vata dosha *along with* Agnimandya leading Medo dhatu *impairment[3]. Disturbed metabolism leads to* Srotorodha *(obstruction of channels), affecting Rasavaha srotas and* Artavavaha srotas *and resulting in Artava dusti (irregular menstruation, anovulation, and infertility).*

Material And Method

A case study of 30 years old female, came with complaints of irregular menstrual cycle and K/C/O PCOD since 10 years and anxious to conceive since 1.5 years. Patient was treated with Panchakama therapy- Vamana karma and also Uttara basti. Along with Shamana oushadhis.

Discussion

Ayurvedic management of infertility due to PCOD with type 2 DM focuses on Samprapti vighatana *through* Nidana parivarjana, Agnideepana, Amapachana, Kapha-Vata shamana, *and* Medohara chikitsa. *Panchakarma* therapies (Shodhana *karma)* -Vamana *along with* Uttara basti, *play a vital role in restoring regular menstrual cycle and ovulatory function which helps in ovulation and fertility.* Shamana oushadhis *like* rajapravartini vati and chitrakadi vati ect *are commonly used to regularise agnimandya and menstrual cycle. Lifestyle modification, dietary regulation, and yoga further enhance treatment outcomes.*

Results

Patient got regular menstrual cycle after panchakarma and got conceived after Uttara basti chikitsa. Thus, Ayurveda offers a holistic, safe, and effective approach in the management of infertility associated with PCOD and type 2 DM.

KEYWORDS: *PCOD, Infertility, Insulin Resistance, Artava dusti, vandhyatva, type 2 DM*

INTRODUCTION

PCOD is arguably one of the most common endocrine disorders in women of reproductive age, affecting 5% to 10% of women worldwide[4]. This disorder also shows evidence of complex genetic inheritance within families. In 1935, Stein and Leventhal first reported the association of amenorrhea with bilateral polycystic ovaries and obesity[5]. The main components of PCOD include hyperandrogenism, polycystic ovaries, ovulatory disfunction leading to anovulation and infertility. Mild elevation of androgen >70 but <200 ng/dl leads to hirsutism, acne, alopecia[6]. Women with impaired metabolism develop decreased glucose tolerance levels. Increase in DHEAS level and decrease in SHBG level[9]. Insulin Resistance further stimulates the theca cells to produce more Androgen and add to Dyslipidaemia, clinical manifestation of Acanthosis Nigricans[7].

Ayurveda perceives PCOS through the lens of *Srotodushti* (channel vitiation) involving multiple *Dhatus* (tissues). The classical texts do not describe PCOS as a singular disease entity. Instead, its symptomatology—ranging from *Anartava* (amenorrhea) and *Sthaulya* (obesity) to *Vandhyatva* (infertility)—is scattered across descriptions of *Yonivyapad*[13] (vaginal/uterine disorders) and *Artava Dushti* (menstrual vitiation). The condition is best understood as a *Santarpana Janya Vyadhi*[8] (disease arising from over nourishment and accumulation), where the intricate balance between *Agni* (metabolic fire) and *Dosha* is disrupted. The female reproductive physiology, termed *Rutuchakra*[9], is governed by the harmonious interplay of *Vata*, *Pitta*, and *Kapha*. *Kapha* provides the nutritional substrate (*Rasa*) for the follicle; *Pitta* provides the thermal energy for transformation and hormonal maturation; and *Vata* (specifically *Apana Vayu*) governs the

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movement—follicular rupture and menstrual expulsion. In PCOS, this axis is obstructed. The *Kapha-Medas* complex (adipose-phlegm interaction) creates an *Avarana* (blockage) over the *Vata*, leading to *Sanga* (obstruction) in the *Artavavaha Srotas*. This report explores a clinical journey where these ancient pathophysiological concepts were applied to reverse a chronic, complex case of infertility complicated by diabetes.

A CASE STUDY: A 30 Years old female, came to SDM College of Ayurveda and Hospital, Hassan, Department of *Prasuti Tantra* and *Stri Roga*. The patient reported a strong desire for progeny but had been unable to conceive for the past 1.5 years despite regular unprotected coitus (*Vandhyatva*). The marital life of 2 years, non-consanguineous marriage. The patient was complaints of irregular menstrual cycle and K/C/O PCOD for the past decade. The diagnosis of Diabetes Mellitus added a layer of metabolic complexity.

- **Menstrual History:**
  - Menarche: 13 years (Regular onset).
  - Current Cycle: Irregular. Interval of 2.5 to 3 months.
  - Duration: Bleeding lasts 2-3 days.
  - Flow Character: Scanty.
  - Associated Features:No history of heavy clots or white discharge (*Shweta Pradara*).
- Obstetric History: Nulligravida

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GENERAL EXAMINATION

- **Vitals:**
  - **BP:** 110/70 mmHg.
  - **Pulse:** 78 bpm.
  - **Temperature:** Afebrile.

- **Systemic Examination:**
  - **CNS:** Conscious, well-oriented.
  - **CVS:** S1 S2 heard, no murmurs.
  - **RS:** NVBS (Normal Vesicular Breath Sounds).
  - **P/A:** Soft, non-tender, NAD (No Abnormality Detected).

- **Gynaecological Examination** Per speculum examination Cervix healthy, no white discharge. Per vaginal examination- anteverted, normal size, free fornix.

- ***Ashtavidha Pariksha***
  - **Nadi (Pulse):** kapha vata,
  - **Mala (Stool):** Prakrutha
  - **Mutra (Urine):** Regular frequency
  - **Jihva (Tongue):** *Lipta* (coated)
  - **Sparsha (Touch):** *Anushna-sheeta*
  - **Drik (Vision):** Prakrutha
  - **Akriti (Form):** Madhyama

- **Diagnostic Investigations USG Abdomen and Pelvis**
  Uterus- Anteverted, Measures normal size 5.2*4.7*3.6cms. No fibroids. Endometrium thickness: 8mm. Bilateral polycystic ovaries.

Detailed evaluation of patient done including USG abdomen and pelvis, thyroid function test, CBC, urine test. Based on complaints, clinical features, examinations and investigations it was diagnosed as Primary infertility due to ovulatory dysfunction – PCOD with type 2 DM, *Vandhyatva* with *Artava kshaya with Prameha*.

THERAPEATIC INTERVENTION

After the menstrual cycle patient was advised for *Panchakarma Chikitsa – Shodhana karma*.

Deepana pachana	*Chitrakadi vati 2 TID + Phanchakola phanta 50ml TID b/f for 5 days*
Snehapana	*Phala gritha for 4 days (30ml, 70ml, 110ml, 130ml)*
Sarvanga abhyanga	*ksheera bala taila F/B bashpa sweda for 2 days*
Vamana karma	*Total number vegas – 8* *Type of Suddhi – Pravara*

TABLE 1: TREATMENT PLANNED

Shaman aushadhi's were advised on discharge of patient *Rajapravartini vati, Shaddharana yoga vati, Dashamoola Kashaya, Shiva gutika, Nishamalaki, Asanadighana kashaya*. In the next follow up *Uttara basti with Yoga basti* was planned. *Niruha basti with Dashamoola kashaya 300ml*. *Anuvasana basti with Pippalyadi taila 80ml*. *Uttara basti with Mahanarayana Taila 5ml*.

FOLLOW UP AND OUTCOME

After *shodhana karma*, menstruation is attained with regular interval. And after *Uttara basti* follicular study was done showing Right Ovary: 4-5 follicles and Left Ovary: 1 dominant follicle (15*15mm) with 2-3 small follicles. Endometrium 8mm trilaminar.

DISCUSSION

The success of this case—conception after 1.5 years of infertility and 10 years of PCOS—can be attributed to the multi-modal Ayurvedic approach. Increased production of androgens by ovaries (not adrenals) leads to Theca cell hypertrophy, follicular toxic effect develops multiple small follicles with arrested growth; there won't be dominant follicle, no ovulation and infertility[10]. Due to anovulation, there is no formation of corpus luteum thus decrease in Progesterone levels leads to Amenorrhea or Oligomenorrhea. Infertility is a major concern due to anovulation (decreased levels of progesterone) and poor endometrial receptivity in PCOS, even if women conceive there are high chances of Abortions.

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SHAD KRIYA KALA	EXPLAINATION	CLINICAL FEATURES
Sanchaya	*Kapha sanchaya in amashaya leading to agnimandya.*	Lethargy, Heaviness, Decreased appetite.
Prakopa	Due to continued *nidana* further *Kapha prakopa along vitiation of pitta. Ama and kapha avruta vata causes srotorodha*	Hormonal imbalance leading to Acne, mood swings, indigestion.
Prasara	*Kapha prakopa and Ama* spreads due to *Vata anubandha. Rasavaha and Medovaha dusti* further leading to *Artavaha srotorodha.*	fatigue
Sthanasamsrya	Vitiated doshas localize where *Kha- vaigunya* exists. That is *Garbhashya and Andashaya.*	*Artava kshaya, Anartava,* (Oligomenorrhea, Amenorrhea, irregular menstrual cycle).
Vyakta	Manifestation of disease	Hirsutism, Insulin Resistance, Anovulation, PCOD, Infertility. *Vandhyatva, Artava dusti, Yoni Vyapath.*
Bheda	*Chira kala anubandha of Kapha- Meda dusti and Vata avarana.* Complications.	Type 2DM

TABLE 2: PCOD Explained through *Shad Kriya kala.*

The patient in this case presented with Type 2 Diabetes Mellitus (*Madhumeha*). In Ayurveda, *Prameha* is a classic *Kapha-Medo* disorder[11]. The presence of *Prameha* indicates a profound state of *Dhatvagnimandya* (low tissue metabolism). This duality—PCOS and Diabetes—creates a synergistic negative loop, termed *Avarana*, where *Kapha* blocks the path of *Vata*, leading to *Vandhyatva*.

Systemic Purification and Metabolic Reset- initial *Vamana Karma* was critical[12]. In PCOS, the "false" accumulation of tissue (cysts, obesity) is due to *Kapha* and *Ama*. By physically expelling this through emesis, we lowered the systemic insulin resistance. The snippet data reinforces that *Vamana* clears *Srotorodha* (channel obstruction), effectively hitting the "reset" button on the endocrine system. *Uttara Basti* is the Ayurvedic analogue but with a therapeutic, rather than just reproductive, aim[13]. The instillation of *Mahanarayana Taila* serves to, Lysis of Adhesions-The oil pressure and properties may help clear minor tubal blockages. Endometrial Receptivity, the nutritive enema improves the thickness and vascularity of the endometrium. *Vata Shamana*, it calms the *Apana Vayu*, reducing the "anxiety" or spasticity of the uterus, facilitating sperm transport and implantation. The patient's recent diagnosis of Diabetes was a complicating factor. High blood glucose can impair egg quality and implantation. The use of *Chitrakadi Vati*, *Shiva Gutika*, *Nishamalaki and asanadi ghana Kashaya* addressed to this insulin resistance. *Shilajit* (in *Shiva Gutika*) is a renowned anti-hyperglycemic agent in Ayurveda. By managing the sugar levels without aggressive synthetic hypoglycemics, the treatment created a favourable environment for conception. The mention of *Nidana Parivarjana* implies a strict regimen. Ahara: Focus on *Yava* (Barley), *Kulattha* (Horse gram), *Tila - pitta vardhaka ahara* helps to *artavajana* also to scrape fat (*Lekhana*). Avoidance of *Abhishyandi* foods like curd and sweets. Vihara: Regular *Vyayama* (Exercise) to combat *Divaswapna* (day sleep) and reduce *Kapha*.

RESULT

Patient attained regular menstrual cycle after *Shodhana karma* and her blood sugar levels were also normalised with *Shamana oushadis*. After *Uttara basti* patient missed her periods and UPT confirmed her pregnancy.

CONCLUSION

This case report serves as a validation of the classical Ayurvedic protocol for *Vandhyatva* due to PCOD. It demonstrates that PCOD is not merely a hormonal imbalance but a systemic metabolic disorder (*Santarpana Vyadhi*) requiring deep cellular cleansing. The combination of *Shodhana- Vamana karma* (to reduce *Kapha/Ama*) and *Uttara Basti* (to restore uterine receptivity) offers a robust alternative to hormonal treatments. By addressing the root cause—the *Dosha* vitiation and *Srotorodha*—Ayurveda restores fertility naturally, even in the presence of comorbidities like Diabetes Mellitus. Strictly adhering to Ayurvedic therapeutics represents the gold standard for future gynaecological practice.

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