



Integrated Ayurvedic and Modern Management of PCOD with Primary Infertility - A Case Report

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Polycystic Ovarian Disease (PCOD) is one of the most common causes of menstrual irregularities and infertility in women of reproductive age. It is a Kapha-Vata predominant disorder in Ayurveda, with pathogenesis involving Agnimandya, Srotorodha, and Artavakshaya. This case report highlights the successful integration of Ayurvedic and modern medicines in the management of PCOD with primary infertility in a 25-year-old woman. A combination of insulin sensitizers, Rasayana, Artavavaha Srotoshodhana, and Vatanulomana therapies was administered. After four months of consistent treatment, the patient experienced regular menstruation, significant weight loss, and conceived naturally without assisted reproductive techniques.

Keywords: PCOD, Primary Infertility, Ayurveda, Artavakshaya, Myo-Inositol, Metformin, Kapha-Vata Dushti, Rasayana

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Introduction

PCOD is complex hormonal condition characterized by ovulatory dysfunction, hyperandrogenism, & polycystic ovaries. From an *Ayurvedic* perspective, it corresponds to *Artavakshaya*, *Srotorodha*, *Medovridhhi*, & *Kapha-Vata Dushti*.^[1] Due to sedentary lifestyle, stress, & poor dietary habits, incidence of PCOD has been increasing. *Ayurvedic* classics emphasize role of *Agnimandya*, *Medodhatvagni Dushti*, & *Apana Vata Vaigunya* in pathogenesis:

अर्तवनाशस्तु यो योनौ नष्ट रक्तस्य जायते।

सकृत्प्रवृत्तिर्वा योऽसौ तं अर्तव क्षयं विदुः॥ (अ.ह.निदान १४/४)^[2]

This case report documents an integrative treatment approach using *Ayurvedic* formulations along with modern insulin-sensitizing agents to restore normal ovulatory cycles and fertility.

Case Report

A 25-year-old female presented with complaints of Primary infertility, irregular menses, hirsutism, acne, weight gain, & fatigue. She had history of PCOD for 2.5 years & was on allopathic medications including Tab. Folic Plus & My Pill. She had tried various treatment but experienced no substantial improvement.

On Examination

- General condition: Stable
- Pallor: Present
- BMI: Elevated
- Pulse: 82/min
- BP: 122/80 mmHg
- Hair growth: Hirsutism present
- Acne: Face and upper back
- Acanthosis nigricans: Neck folds
- Menstrual history: Irregular cycles, LMP: 10/04/2024
- Weight before treatment: 78 kg

Investigations

- Hb: 10.2 gm/dL
- USG pelvis: Polycystic ovaries

Samprapti Ghataka

- **Dosha:** *Kapha-Vata*
- **Dushya:** *Rasa, Rakta, Meda, Artava*

- **Srotas:** *Artavavaha, Medovaha, Rasavaha*
- **Srotodushti:** *Sanga, Margavarodha*
- **Agni:** *Mandagni*
- **Aama:** *Present*
- **Udbhavasthana:** *Amashaya*
- **Adhithana:** *Garbhashaya*
- **Vyadhi Swabhava:** *Chirakari*

Diagnosis:

- **Modern:** PCOD with primary infertility
- **Ayurveda:** *Artavakshaya* with *Medovridhhi* and *Agnimandya*

Treatment Protocol

Modern Medicine:

Myo-Inositol & Metformin HCL (Ositate-M)
600+500 mg – 1 tab BID before food for 30 days.
^[3]

Ayurvedic Medicines:

1. PCO Care Gutika (500 mg)^{[4][5][6]}

- Contents: *Pushpadhanwa, Vrukshamla, Navak Guggulu, Neem, Jambhul, Haridra, Kalmegh, Gudmar, Karle, Latakaranj*
- Dose: 1 tab BID after food for 30 days

2. Stribeej Capsule (500 mg)^{[4][5][7]}

- Contents: *Pushpadhanwa Ras, Kalmegh, Haridra, Jambhul Beej, Gudmar, Karle, Latakaranj, Nagarmotha*
- Dose: 1 capsule BID after food for 30 days

3. Setmense Syrup (300 ml)^{[8][9][10]}

- Contents: *Ashoka, Lodhra, Shatavari, Ashwagandha, Anantmool, Ulatkambal, Gokshura, Gulvel, Dashmool*
- Dose: 5 ml BID after food for 30 days

4. PCOfur Cream^{[11][12]}

- Contents: *Latakaranj, Nutmeg, Coconut oil, Castor oil, Sesame oil*
- Dose: Local application over abdomen at bedtime for 30 days

Pathya Advised

- Avoid curd, bakery, fried food
- Avoid excessive day sleep
- Take freshly cooked warm food

- Practice regular yoga (*Baddhakonasana, Bhujangasana, Surya Namaskar*)

Discussion

This case presented as a classical *Kapha-Vataja* disorder with features of *Agnimandya*, *Artavakshaya* and *Medoroga*. Treatment was focused on *Agnideepana*, *Srotoshodhana*, *Medohara*, *Rasayana*, and *Artavajanana*.

- Pushpadhanwa Ras* is mentioned in *Ayurvedic* texts for improving reproductive health.
- Herbs like *Gudmar*, *Karle*, and *Latakaranj* aid in insulin sensitization and hormonal modulation.
- Ashoka*, *Lodhra*, and *Shatavari* are *Stree Roga Nivaraka* and *Artavajanana Dravyas*. [8][9]
- External application of *Latakaranj* - based PCOfer cream may have improved subcutaneous fat metabolism and local circulation.

After 4 months, the patient achieved spontaneous conception, 12 kg weight reduction, and complete menstrual regularity.

Conclusion

The integrative approach combining *Ayurvedic* and modern therapies proved effective in managing PCOD with infertility. Emphasis on correcting the root *Dosha*, improving *Agnibala*, and restoring *Artavavaha Srotas* functions was pivotal.

References

- Acharya YT, editor. Charaka Samhita, Chikitsa Sthana 30/26. Varanasi: Chaukhambha Publications; 2011. . [Crossref][PubMed][Google Scholar]
- Vagbhata. Ashtanga Hridayam, Nidana Sthana, Chapter 14, Verse 4. Varanasi: Chaukhambha Orientalia; 2014. . [Crossref][PubMed][Google Scholar]
- Nestler JE. Insulin regulation of human ovarian androgens. Hum Reprod. 1997;12(Suppl 1):53–62. [Crossref][PubMed][Google Scholar]
- Sharma PV. Dravyaguna Vijnana. Varanasi: Chaukhambha Bharati Academy; 2010. . [Crossref][PubMed][Google Scholar]
- Ministry of AYUSH. The Ayurvedic Pharmacopoeia of India. New Delhi: Government of India; [multiple volumes]. Available from: Pharmacopoeia Commission for Indian Medicine & Homoeopathy. [Crossref][PubMed][Google Scholar]
- Nadkarni KM. Indian Materia Medica. Mumbai: Bombay Popular Prakashan; 1908. Available from: Archive. org – Indian Materia Medica Vol. I [Crossref][PubMed][Google Scholar]
- Dash VB. Materia Medica of Ayurveda. New Delhi: B Jain Publishers; 1987. . [Crossref][PubMed][Google Scholar]
- Kamat SD. Clinical evaluation of Ashokarishta and Lodhrasava in menstrual disorders. AYU. 1986;7(2):38–42. [Crossref][PubMed][Google Scholar]
- Jain S, Jain R. Role of Dashmool in gynecological disorders: a review. Int J Herb Med. 2019;7(2):19–23. [Crossref][PubMed][Google Scholar]
- Sengupta S. Tinospora cordifolia: pharmacological review. Pharmacogn Rev. 2011;5(9):137–42. [Crossref][PubMed][Google Scholar]
- Rao V. Anti-inflammatory and antioxidant activity of Caesalpinia bonducella. Indian J Pharmacol. 2007;39(5):234–8. [Crossref][PubMed][Google Scholar]
- Kokate CK. Pharmacognosy. Pune: Nirali Prakashan; 2009. . [Crossref][PubMed][Google Scholar]

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