



Navigating Infertility Caused by PCOD: Myths, Facts, Clinical Solutions, and the Ayurvedic Perspective

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Abstract

Polycystic ovarian syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age and represents a major cause of anovulatory infertility worldwide. The disorder is characterized by menstrual irregularities, hyperandrogenism, insulin resistance, obesity, chronic anovulation, and infertility. Contemporary management focuses primarily on hormonal regulation, insulin sensitizers, and ovulation induction, which often provide symptomatic relief but are associated with recurrence and adverse effects. In Ayurveda, PCOD is treated as Rasa Medo Dhatu Vikara and must be controlled. This ailment and a few others in Ayurveda, including Yoni Vyapad, Puspghani Jataharini, Nashtartav, and Aartavadushti, share several characteristics. In Ayurveda, the specific or precise illness is not explained. It involves a Dosha, Dhatu, and Updhatu imbalance, which means that various variables operating at various levels are implicated. Therefore, following Dincharya & Ritucharya, Nidaan-Parivarjana, Samshodhana Aaganeya, & Artavajanana Dravyas is a potential course of treatment. With the use of different Ayurvedic herbal and mineral formulations, Panchakarma, together with dietary and lifestyle changes, we can design Ayurvedic treatment.

Keywords: PCOD, PCOS, Infertility, Vandhyatva, Artava Dushti, Ayurveda, Agni, Vata-Kapha Artavakshaya, Vandhya, Yonivyapada, Nidaan Parivarjan, Dincharya & Ritucharya.

1. Introduction

The WHO defines infertility as the inability to conceive after 12 months or more of consistent, unprotected sexual activity. It may be secondary or primary. A person is considered primary infertile if they have never conceived, and secondary infertile if they have conceived at least once.

Ovulatory dysfunction (30–40%), tubal factors (25–35%), uterine factors (10%), cervical and vaginal factors (5%), and endometrial factors (1–10%) can all contribute to this complex disorder. Menstrual irregularities, signs of androgen excess, and other endocrine dysfunction are the hallmarks of PCOS, the main cause of ovulatory failure. [1-2]

PCOS, or polycystic ovarian syndrome, is another name for Stein-Leventhal syndrome. PCOS is a complicated condition whose pathophysiology is influenced by a wide range of hereditary and environmental factors. PCOS is becoming quite frequent due to sedentary lifestyles and bad eating habits. The most prevalent endocrinopathy in women who are fertile is PCOS. Oligo/anovulation, increased androgen production, and numerous tiny ovarian cysts are the major characteristics of PCOS. Because PCOS is a heterogeneous, complex, and polygenic disorder, the presence of hyperandrogenism may differ among ethnic groups. These symptoms can vary greatly and can impact a woman's metabolism, reproductive health, psychological well-being, and social interactions. Menstrual dysfunction, infertility, hyperandrogenism, which is usually characterized by hirsutism, and endocrine dysfunction such as insulin resistance, acanthosis nigricans, dyslipidemia, acne, alopecia, metabolic syndrome, cardiovascular disease, obstructive sleep apnoea, obesity, etc. are examples of reproductive system disorders. [3] According to Ayurveda, PCOS symptoms mimic Pushpaghani Jataharini, Artavkshaya, and Bandhayatva because Tridosha, together with Rasa, Rakta, and Meda Dhatu, are involved. As a result, Rasavaha, Raktavaha, and Artav-Vaahi Srotas are affected, which leads to the aforesaid Lakshana. [4]

PCOS is thought to affect 9% to 20% of people worldwide. According to WHO figures, PCOS affects over 116 million women worldwide, or 3.4% of all women. [5]

The most prevalent endocrine condition affecting women in this age range is polycystic ovarian syndrome (PCOS), which affects 5–10% of women of reproductive age. Amenorrhea, hirsutism, and infertility are its main characteristics. It mostly results from the intricate interplay of gonadotropin, androgen, and estrogen imbalances. Its pathogenesis is significantly influenced by insulin resistance and hyperinsulinemia. Even though PCOS is linked to early-life hyperandrogenism and infertility, it is a sign of a chronic illness that can cause major side effects like ovarian or endometrial malignancy, diabetes mellitus, and coronary artery disease. Therefore, early diagnosis of PCOS is crucial for both identifying and preventing its metabolic aftereffects. The Rotterdam Criteria are mostly used to diagnose PCOS. [6]

The American Society for Reproductive Medicine's and the European Society of Human Reproduction and Embryology's 2003 Rotterdam criteria are currently used to make the diagnosis. 3 The patient must meet two of

the following three criteria: I, oligo/anovulation; II, biochemical signs of hyperandrogenism (higher serum testosterone levels) or clinical signs (hirsutism, acne, male pattern alopecia); III, polycystic ovaries, which include 12 or more follicles with a diameter of 2 to 9 mm or an increased ovarian volume of more than 10 cm³ on transvaginal ultrasound examination. It is necessary to rule out alternative causes of hyperandrogenism and irregular menstruation. [7]

PCOS is thought to be caused by a vicious cycle of androgen excess that favors the deposition of visceral and abdominal adipose tissue, which causes insulin resistance (IR) and compensatory hyperinsulinemia, which in turn encourages the ovaries and adrenal glands to secrete more androgens.⁴ In addition to hypothalamic-pituitary failure, this cyclical pathogenetic connection between IR, hyperinsulinemia, and hyperandrogenism causes additional ovarian dysfunction, which can lead to anovulation and infertility. [8]

Improvement of metabolic syndrome is essential in such cases [9].

Primary goals of management in PCOS may be considered as,

- Restoration of fertility
- Cure for hirsutism or acne
- Restoration of Endocrine function

All gynecological conditions are categorized under Yonivyapat & Artava dushti in Ayurveda. In this case, Artavakshaya and PCOD are connected. Despite years of investigation, modern science still does not fully understand the pathophysiology of PCOD. The Nidanas—Mithyachara, Pradushta artava, Beeja dosha, and Daiva—are described in classical references as the primary causes of Yonivyapat [10]. Furthermore, it describes the Agneya dravya prayoga (Masha, Dadhi, Matsya, etc.), Samshodhana (Purificatory therapies), and Samshamana (Oral medication) as Chikitsa [11]. In contrast to Western science, where hormonal therapy and LOD are the only treatments, Ayurveda, being a comprehensive approach to the line of treatment, provides total satisfied outcomes without any consequences. Therefore, it is imperative to identify a long-term PCOD treatment with little side effects. In light of the aforementioned information, this illness has been chosen to seek its ideal remedy through Ayurveda.

Many PCOS individuals can conceive spontaneously after controlling their condition with lifestyle modifications or fertility treatments, with the help of obstetricians, gynecologists (OBGYNs), and fertility specialists. Finding the ideal combination of therapies suited to each patient's particular needs demands close collaboration with a healthcare provider because therapy frequently necessitates a customized strategy. [12–13]

Medication: Menstrual cycle regulation may be aided by contraceptive tablets. Additionally, PCOS patients may occasionally be offered reproductive medications such clomiphene citrate, aromatase inhibitors, or gonadotropins to stimulate the ovaries in order to address ovulation problems.

In vitro fertilization (IVF): For women with PCOS who have been struggling to conceive, IVF is frequently advised. Because it gives more control over the ovulation process and the timing of fertilization, this treatment increases the chances of becoming pregnant and offers a more customized approach to managing fertility issues. Ovarian hyperstimulation syndrome (OHSS), a possible side effect of assisted reproductive technologies (ART) that results in ovarian enlargement, may be more common in women with PCOS receiving fertility treatments.

Table 1. Myths and Facts Regarding PCOD Infertility [14-17]

Myth	Fact
Women with PCOD cannot conceive.	Most women conceive successfully with proper treatment.
Weight loss alone cures PCOD.	Weight reduction improves fertility but does not cure the disorder.
PCOD affects only overweight women.	Lean women may also develop PCOD.
Irregular periods always indicate infertility.	Ovulation may still occur intermittently.
IVF is the only treatment.	Many women conceive through lifestyle changes and ovulation induction before IVF becomes necessary.
PCOD disappears after pregnancy.	Symptoms often persist after childbirth.
Ayurveda alone permanently cures PCOD.	Ayurveda may improve symptoms and quality of life, but robust evidence for a permanent cure is limited.

PCOD is totally controllable, thus there is nothing to be afraid of. Rather than the illness itself, the beliefs around it might cause anxiety among women. Women's long-term health stays stable and their symptoms improve when they understand the facts and adhere to individualized advice.

Clinical Solution:

Each person may experience PCOS symptoms in a different way. While some women may become aware of these symptoms around the time of their first menstrual cycle, others may only learn they have PCOS when they have difficulties like weight gain or infertility. [18]

Symptoms:

- **Irregular Periods:** PCOS often leads to irregular menstrual cycles. The lack of ovulation prevents the uterine lining from shedding each month, resulting in women with PCOS having fewer than eight periods a year or sometimes none.
- **Heavy Bleeding:** Due to the prolonged build-up of the uterine lining, when menstruation does occur, it can be heavier than normal.
- **Excessive Hair Growth:** More than 70 per cent of women with PCOS experience increased hair growth on

their face and body, a condition known as hirsutism. This excess hair can appear on the back, belly, and chest.

- **Acne:** Elevated levels of male hormones in PCOS can lead to oilier skin and frequent breakouts, typically affecting areas like the face, chest, and upper back.
- **Male Pattern Baldness:** Hair may thin and even fall out on the scalp due to the hormonal imbalances associated with PCOS.
- **Skin Changes:** Dark patches of skin can develop in body creases, such as the neck, groyne, and under the breasts.

Diagnosing PCOS [19]

Diagnosing Polycystic Ovary Syndrome (PCOS) involves a series of assessments.

Initial Evaluation

- **Symptoms:** The patient will be asked about the symptoms they've been experiencing, such as irregular menstrual periods, excess hair growth, acne, and any recent weight changes.
- **Medications and Medical History:** The healthcare provider will inquire about the patient's medications and any pre-existing medical conditions.
- **Menstrual History:** A detailed history is crucial, as irregular periods are a common symptom of PCOS.
- **Physical Examination:** During a physical examination, the healthcare provider will look for signs of excess hair growth, insulin resistance, and acne, which are frequently associated with PCOS.

Transvaginal or Abdominal Ultrasound

To evaluate the ovaries, transvaginal and abdominal ultrasound imaging are frequently utilized. It can show whether the ovaries have follicles or cysts, which are a sign of PCOS. However, some women with PCOS do not have visible cysts, therefore this is not the only diagnostic requirement.

Blood Tests

- **Hormone Levels:** Blood tests are performed to measure hormone levels, including:
 - Follicle-Stimulating Hormone (FSH)
 - Luteinizing Hormone (LH)
 - Testosterone
 - Sex Hormone-Binding Globulin (SHBG)
 - Prolactin
 - Thyroid hormones (TSH, T3, T4)
 - Anti-Müllerian Hormone (AMH)
- **Glucose and Insulin Levels:** Measuring fasting glucose and insulin levels can help identify insulin resistance, which is common in PCOS.
- **Lipid Profile:** Assessing cholesterol and triglyceride levels can determine the risk of cardiovascular complications associated with PCOS.

PCOS Infertility Treatment [20]

Lifestyle Modifications

- **Weight management:** Women with PCOS can greatly increase their fertility by reaching and maintaining a healthy weight. Menstrual regularity can be restored and the likelihood of ovulation increased by losing weight through diet and regular exercise.
- **Dietary Modifications:** Insulin levels, which are frequently increased in PCOS, can be managed with a low-glycemic index diet. To support hormonal balance and enhance ovulatory function, the doctor may occasionally suggest particular dietary supplements, such as inositol.
- **Stress Management and Relaxation:** Reducing stress and maintaining a healthy lifestyle can improve fertility outcomes. Stress-reduction techniques, such as yoga, meditation, and acupuncture, can be beneficial.

Medications

- **Ovulation-inducing Drugs:** Letrozole or clomiphene citrate are frequently used to induce ovulation. These drugs aid in inducing the ovaries to release eggs. To track ovulation, hormone testing and ultrasound monitoring are crucial.
- **Gonadotropins:** In some cases, injectable hormones called gonadotropins may be used to induce ovulation when oral medications are ineffective.
- **Metformin:** Women with PCOS are frequently prescribed this drug to increase their insulin sensitivity. In cases when insulin resistance is a contributing issue, it may help control menstrual periods and encourage ovulation.
- **Injections of luteinizing hormone (LH):** LH injections can be used in conjunction with follicle-stimulating hormone (FSH) to induce ovulation in women who do not react to conventional ovulation-inducing drugs.
- **Ovarian Drilling:** In a surgical procedure called laparoscopic ovarian drilling, small holes are made in the ovaries using a heated needle or laser. This can restore ovulation in some cases.

Research Methodology

Classical Ayurvedic texts, contemporary medical textbooks, as well as relevant online articles and journal publications were reviewed to gather comprehensive information on the subject. The collected data were then critically analysed to derive the following observations.

Observations

It is not possible to precisely correlate Polycystic Ovary Syndrome (PCOS) with a single Ayurvedic disease category because PCOS has a complex aetiology. Its clinical manifestations, however, can be broadly classified and associated with a number of illnesses that have been documented in Ayurvedic literature. Sthoulya and Prameha may be linked to metabolic characteristics including obesity and insulin resistance. Mukhadoshika and Khalitya are associated with hyperandrogenic symptoms, such as acne and hair loss. According to Acharya Kashyapa, diseases like Vandhya and Pushpaghni Jathaharini may be linked to anovulation that results in amenorrhea or irregular menstrual cycles. Raktagulma can also cause symptoms like irregular menstruation and distension in the abdomen.

The Ayurvedic Perspective

The traditional Ayurvedic scriptures do not identify a clinical category that directly corresponds to Polycystic Ovary Syndrome (PCOS). As a result, PCOS could be regarded as an Anukta Vyadhi (an undescribed sickness). Instead of using a predetermined disease classification, Ayurvedic treatment for such disorders is based on the evaluation of the patient's clinical manifestations. The presenting signs and symptoms are used to analyze the underlying Samprapti (pathogenesis). Understanding the disease process allows for the formulation of appropriate therapeutic principles to produce Samprapti Vighatana (disruption of the diseased process), which restores health and physiological equilibrium.

The clinical features of disease PCOS can be correlated as below:

Table 2: Correlation of PCOS Clinical Features with Ayurvedic Conditions [21-36]

PCOS Clinical Feature	Ayurvedic Correlation
Anovulation	Anovulation Shukra dushti, Shukra kshaya
Oligomenorrhoea /Amenorrhoea	Arajaska Yonivyapad ; Lohitakshaya, Yonivyapad]; Vandhya Yonivyapad; Artava Kshaya]; Ksheenartava ; Anartava/ Nashtartava
Hirsutism	Pushpaghni Jataharini
Acne	Mukha Dooshika
Acanthosis Nigricans	Insulin resistance with Prameha lakshanas
Obesity	Sthoulya / Medo roga lakshanas
Baldness	Khalitya
Polycystic Ovaries	Granthi Gulma

Prognosis

Ayurvedic principles classify diseases that originate in the Abhyantara Rogamarga as Sukhasadhya (easily curable), diseases that affect the Madhyama Rogamarga as Asadhya (difficult to cure), and diseases that affect the Bahya Rogamarga as Krichrasadhya (difficult to manage). Given that Polycystic Ovary Syndrome (PCOS) is a complex syndrome including disruptions across all three Rogamargas, it may be classified as a Krichrasadhya disorder based on the pathophysiology and clinical symptoms. The intricate interactions between metabolic, endocrine, and reproductive disorders that define PCOS make a full recovery challenging.

According to Ayurveda, PCOS is a reflection of imbalances in your body's inherent energies, particularly the Vata and Kapha doshas, rather than merely a diagnosis. According to Ayurveda, PCOS is Santarpanajanya vyadhi, an illness caused by overnutrition that can interfere with menstrual health (Artava dushti) and result in circumstances like the absence of menstruation (Anartava), which makes conception difficult. [37]

According to Ayurveda, PCOS is related to various body kinds and symptoms. It is frequently linked to Manodoshaja vyadhi, which deals with psychological and emotional aspects, and Santarpana vyadhi, which describes an overnourishment condition. Generally speaking, there are two primary forms of PCOS: lean and obese. Each kind is linked to unique imbalances in the three Doshas—Pitta, Kapha, and Vata—that have varying effects on psychological health and metabolism. Let's investigate these conditions further.

Obese PCOS (Kapha Dominance)

Obese PCOS is often connected to the dominance of Kapha Dosha. This condition falls under the category known as Santarpana vyadhi, which essentially means it typically arises from overeating Kapha-aggravating foods and leading a sedentary lifestyle.

Lean PCOS (Vata and Pitta Dominance)

On the other hand, Pitta has some influence on lean PCOS, but Vata seems to have a greater affect. In contrast to the obese version, lean PCOS does not fit into the Santarpana category; instead, it may have characteristics of Manodoshaja vyadhi, where stress and mental health are important factors, or Apatarpana vyadhi, which is linked to malnutrition.

Ayurveda Pathogenesis (Samprapti)

Polycystic Ovary Syndrome, or PCOS, is closely tied to a concept known as Avarana. This refers to the blockage of functional channels of the body interrupting your normal bodily functions caused by imbalances in the Doshas.

Ayurveda as a Solution to Overcome PCOS

Ayurvedic therapy, which considers the woman's total health state rather than just the symptoms, can cure PCOS-related infertility in a fairly straightforward, safe, and effective manner. Because it is based on natural therapies and targets the underlying causes of the illness, this successful natural treatment has no negative side effects.

PCOS is frequently seen in Ayurveda as a disruption of the srotas (channels) and doshas (Vata, Pitta, and Kapha). Artava Dushti (menstrual problems) and, eventually, Vandhyatva (infertility) are caused by the imbalance. Through food, lifestyle modifications, medication formulations, and detoxification procedures, Ayurvedic practitioners concentrate on reestablishing equilibrium.

Ayurveda's View on Infertility and PCOS

From an Ayurveda perspective, infertility due to PCOS is primarily attributed to Nashtartava (loss of menstrual function) caused by vitiated Vata and Kapha doshas obstructing the Artavaha Srotas (channels carrying menstrual blood).

This obstruction can pave the way to irregular ovulation and hormonal imbalances.

Ayurveda places a strong emphasis on customized treatment programs that take into account each woman's particular constitution (Prakriti) and existing imbalances (Vikriti). Ayurveda seeks to improve general reproductive health and restore normal menstrual periods by addressing these variables holistically.

Ayurvedic Management of PCOS/PCOD

Ayurveda treats PCOD holistically by addressing its underlying cause and guaranteeing a personalized treatment plan by carefully examining the patient's medical history. The female reproductive system is strengthened by the Ayurvedic method of body purification, which corrects doshas and hormonal imbalances. Ayurvedic treatments aid in detoxifying the uterus, ovaries, fallopian tubes, and vagina by eliminating toxins from the reproductive system. Therefore, without using any chemical composition, Ayurvedic management of PCOS/PCOD can readily reduce the symptoms of the condition.

Ayurveda therapies to cure PCOD works well with lifestyle correction and diet regulation. Ayurveda follows a multi-pronged strategy, and the treatment method is curated not only for a single disease entity. Treatment methods for insulin resistance, obesity, and hormonal imbalance are done to correct complications related to PCOS. [38]

PCOS/PCOD Treatment in Ayurveda

Panchakarma treatments are regarded as a first-line method of treating hormonal problems by revitalizing the female reproductive system. For the complete regeneration of the body, panchakarma treatment procedures frequently incorporate Virechana (therapeutic purgation), Uttar vasti (uterovaginal enema), and vasti (colonic enema).

Panchakarma treatments combined with Ayurvedic herbal remedies clear the reproductive channel, shrink the cyst, and stop it from growing. Menstrual irregularities, hirsutism, obesity, and other associated symptoms are therefore corrected by a customized Ayurvedic treatment plan for PCOS/PCOD. [39–40]

PCOS management focuses on:

- Augmentation of digestive fire (Agni Deepana)
- Detoxification of retained toxins (Ama Pachana)
- Reduction of excess Kapha and removal of obstructions (Rukshana)
- Gut cleansing (Koshta Shodhana)
- Restoration of normal Vata movement (Vatanulomana)
- Removal of obstructions in body channels (Srotoshodhana)
- Repair of tissue-level metabolic dysfunction (Dhatvagni Deepana)

Panchakarma Therapies for PCOS

- **Sarvanga Abhyanga** – Full-body oil massage therapy to promote dosha equilibrium.
- **Sarvanga Udwarthana** – Dry powder massage used to reduce excess Kapha and improve metabolism.
- **Bhashpa Sweda** – Steam therapy to liquefy and eliminate Ama (metabolic toxins).
- **Nasya** – Nasal administration of medicated oil to support regulation of the neuro-hormonal axis.
- **Vamana** – Therapeutic emesis performed to eliminate excess Kapha and enhance metabolism.
- **Virechana** – Therapeutic purgation to balance Pitta, improve Agni (digestive fire), and support hormonal and lipid metabolism through the liver.
- **Vasti (Basti)** – Medicated enema therapy aimed at normalizing the hypothalamic–pituitary–ovarian (HPO) axis and coordinating hormonal function.
- **Rasayana** – Rejuvenative therapies intended to nourish the body, enhance overall well-being, and support fertility.

Lifestyle Changes [41–42]

One of the main pillars of Ayurvedic management of PCOS is lifestyle modification. This includes the following:

- **Dietary Changes:** Steer clear of refined sugars, dairy products, alcohol, caffeine, carbonated drinks, and fried foods in favor of whole grains, high-fiber foods, lean proteins, and healthy fats. Consuming bitter veggies and avoiding high-glycemic-index foods are two specific dietary advice.

- **Exercise and Yoga:** To lower stress, support weight control, enhance metabolism, improve blood flow to the reproductive organs, and assist control the menstrual cycle, regular exercise and yoga are highly advised. Additionally, yoga enhances sleep quality, lowers stress, and promotes emotional wellbeing.
- **Stress Management:** Chronic stress and emotional imbalance are considered important contributors to PCOS. Meditation and Pranayama (breathing exercises) are recommended to calm the mind, reduce cortisol levels, and promote hormonal balance.
- **Sleep Regulation:** Maintaining regular and adequate sleep is essential for optimal hormonal regulation and overall reproductive health.

Conclusion

A hormonal condition called Polycystic Ovary Syndrome (PCOS) can make it difficult for women to conceive. Although there is no cure for Polycystic Ovary Syndrome (PCOS), its symptoms can be successfully controlled with the right drugs and lifestyle changes. The old Ayurvedic writings do not directly describe PCOS; nonetheless, the clinical signs of various illnesses, including Gulma, Prameha, and Sthoulya, are similar to those of PCOS. According to Ayurveda, this ailment is frequently associated with imbalances in the body's doshas, particularly Vata and Kapha. Women may have irregular periods, missed ovulation, and poorer egg quality when these doshas are out of balance, all of which can affect fertility. The Kasyapa Samhita's description of Pushpagini Jataharini is similar to how PCOS is presented. Additionally, the Sushruta Samhita mentions ailments like Nashtartava, Artavakshaya, and Vandhya Yonivyapad that may be pertinent to comprehending the illness.

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