

## Ayurvedic Perspective on the Management of Polycystic Ovarian Syndrome–Related Infertility: A Comprehensive Review

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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.

Ayurveda, through its holistic understanding of reproductive physiology, offers a comprehensive approach to PCOS-related infertility by addressing disturbances in *Dosha*, *Dhatu*, *Agni*, *Upadhatu*, and *Srotas*. Although PCOS is not described as a single disease entity in classical Ayurvedic texts, its clinical features closely resemble conditions such as *Vandhyatva*, *Artava Dushti*, *Yonivyapad*, and *Pushpaghni Jataharini*.

This review critically analyzes the Ayurvedic conceptualization of PCOS-related infertility, including its *Nidana*, *Samprapti*, *Dosha–Dushya Sammurchana*, and principles of management. The role of *Agni Deepana*, *Ama Pachana*, *Vatanulomana*, *Rasaprasadana*, *Artava Janana*, and *Garbhadharana* is discussed in detail, supported by classical references. The review aims to highlight Ayurveda as a rational, safe, and integrative therapeutic system for managing PCOS-related infertility.

**Keywords:** PCOS, Infertility, Vandhyatva, Artava Dushti, Ayurveda, Agni, Vata-Kapha

### INTRODUCTION

Infertility is defined as the failure to achieve conception despite regular, unprotected sexual intercourse for a period of one year or more<sup>1</sup>. It is a growing global health concern with significant psychological, social, and economic implications. Female factors contribute to nearly 40–55% of infertility cases, male factors account for approximately 30–40%, combined factors for 10%, and the remaining cases remain unexplained<sup>1</sup>. Among female causes, ovulatory dysfunction is responsible for nearly 30–40% of infertility cases<sup>1</sup>.

Polycystic ovarian syndrome (PCOS) is the most common endocrine disorder among women of reproductive age and is recognized as the leading cause of anovulatory infertility<sup>2</sup>. The condition affects approximately 20–30% of young women and may also be detected in nearly 20% of apparently healthy women<sup>2</sup>. Clinically, PCOS presents with menstrual

irregularities, hirsutism, acne, obesity, insulin resistance, anovulation, and infertility<sup>3</sup>.

Despite extensive research, the etiopathogenesis of PCOS remains complex and multifactorial. Modern medical management primarily focuses on hormonal therapy, insulin sensitizers, and ovulation induction agents. However, these interventions often fail to address the underlying metabolic and systemic imbalance, leading to recurrence once treatment is withdrawn.

Ayurveda offers a holistic framework for understanding female reproductive disorders by emphasizing the role of *Agni*, *Dosha*, *Dhatu*, *Upadhatu*, *Srotas*, and mental factors. Classical Ayurvedic texts provide detailed insights into conception, fertility, and disorders affecting female reproductive health<sup>4–8</sup>. This review explores PCOS-related infertility through the Ayurvedic lens and discusses classical management principles supported by textual references.

### **POLYCYSTIC OVARIAN SYNDROME: MODERN OVERVIEW**

PCOS is a heterogeneous disorder characterized by endocrine, metabolic, and reproductive dysfunctions<sup>3</sup>. The Rotterdam criteria (2003), formulated by the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE), define PCOS based on the presence of any two of the following features<sup>3</sup>:

- Oligo- or anovulation
- Clinical or biochemical hyperandrogenism
- Polycystic ovarian morphology on ultrasonography

Pathophysiologically, PCOS is associated with excessive ovarian androgen production, insulin resistance, altered gonadotropin secretion, and impaired follicular maturation<sup>2–4</sup>. Insulin resistance is observed in nearly 50–80% of PCOS patients, especially among overweight women<sup>4</sup>. Chronic anovulation leads to infertility due to the absence of corpus luteum formation and progesterone deficiency, resulting in endometrial dysfunction and menstrual irregularities.

### **AYURVEDIC CONCEPT OF FERTILITY AND INFERTILITY**

#### **Essential Factors for Conception**

Ayurveda describes conception as a complex physiological process requiring the integrity of several essential factors. According to classical texts, successful conception depends upon<sup>4,5</sup>:

- **Ritu** – Appropriate fertile period
- **Kshetra** – Healthy reproductive organs
- **Ambu** – Proper nourishment (Rasa Dhatu)
- **Bija** – Healthy ovum and sperm
- **Hridaya/Sattva** – Mental and emotional balance
- **Vata Dosha** – Normal functioning, especially *Apana Vata*

Any abnormality in these factors can lead to *Vandhyatva* (infertility).

#### **Vandhyatva in Ayurveda**

*Vandhyatva* is described as the inability to conceive, repeated abortions (*Garbhasrava*), or stillbirths (*Mrutvatsa*)<sup>6</sup>. Ayurvedic texts classify infertility under various conditions such as *Beejadushtijanya Vikara*, *Yonivyapad*, and *Jataharini*<sup>6,7</sup>. Acharya Harita has described six types of *Vandhya*, including *Kakavandhya* (secondary infertility)<sup>7</sup>.

Acharya Sushruta emphasizes the pivotal role of *Vata Dosha* in female infertility, stating that vitiated *Vata* leads to depletion or dysfunction of *Artava* (menstrual blood and ovum), resulting in infertility<sup>8</sup>.

### **AYURVEDIC CORRELATION OF PCOS**

Although PCOS is not explicitly mentioned in Ayurvedic texts, its clinical features can be correlated with several Ayurvedic conditions<sup>6–8</sup>:

*Pushpaghni Jataharini* – Presence of menstruation without ovulation

*Nashtartava* – Absence or inadequacy of *Artava*

*Ksheena Artava* – Scanty menstruation

*Vataja Yonivyapad*

*Artava Dushti*

PCOS is primarily a *Vata-Kapha Pradhana Vyadhi* with involvement of *Rasa* and *Rakta Dhatu*, *Artava Upadhatu*, and *Dhatvagni Mandya*<sup>6–8</sup>.

### **NIDANA (ETIOLOGICAL FACTORS)**

Based on Ayurvedic principles, the probable *Nidana* for PCOS-related infertility include:

Guru, Snigdha, Abhishyandi Ahara

Excessive intake of sweet and fatty foods

Sedentary lifestyle (*Avyayama*)

Day sleep (*Divaswapna*)

Mental stress, anxiety, and emotional disturbances

Suppression of natural urges (*Vegavidharana*)

These factors lead to *Agni Mandya* and *Ama Utpatti*, initiating disease pathology<sup>6–8</sup>.

### **SAMPRAPTI (PATHOGENESIS)**

The *Samprapti* of PCOS-related infertility can be understood as follows:

- *Nidana Sevana* → *Agni Mandya*
- Formation of *Ama*
- Vitiating of *Kapha* and *Vata Dosha*
- Obstruction of *Artavavaha Srotas*
- Impaired *Rasa-Rakta Dhatu* formation
- Dysfunction of *Apana Vata*
- Anovulation and infertility

This *Dosha–Dushya Sammurchana* leads to clinical manifestations of PCOS such as irregular menstruation, anovulation, obesity, and infertility<sup>6–8</sup>.

### **ROLE OF AGNI AND DHATVAGNI**

Ayurveda emphasizes that food is initially digested by *Jatharagni* and subsequently metabolized by *Dhatvagni*. Impairment of *Dhatvagni* results in improper formation and nourishment of subsequent *Dhatu*, leading to systemic metabolic disturbances<sup>6</sup>.

In PCOS, *Dhatvagni Mandya* may be correlated with metabolic disorders such as obesity, insulin resistance, dyslipidemia, and hormonal imbalance, ultimately affecting ovulation and fertility<sup>4–6</sup>.

### **PRINCIPLES OF AYURVEDIC MANAGEMENT**

The management of PCOS-related infertility is based on *Samprapti Vighatana* and includes<sup>6–12</sup>:

- **Agni Deepana** – Enhancing digestive and metabolic fire
- **Ama Pachana** – Elimination of metabolic toxins
- **Vatanulomana** – Regulation of *Apana Vata*
- **Kapha Shamaka** – Reducing obstruction and metabolic sluggishness
- **Rasa-Rakta Prasadana** – Improving tissue nourishment

- **Artava Janana** – Induction of ovulation
- **Garbhadharana** – Supporting conception and pregnancy

## ROLE OF CLASSICAL FORMULATIONS

Classical formulations such as *Stanyashodhaka Mahakashaya*, *Madhumehari Churna*, and *Phalasarpi* have been described in Ayurvedic texts for their roles in metabolic regulation, hormonal balance, and fertility enhancement<sup>10–12</sup>.

- *Stanyashodhaka Mahakashaya* promotes *Agni Deepana*, *Rakta Shodhana*, and *Srotoshodhana*<sup>10</sup>.
- *Madhumehari Churna* addresses insulin resistance and metabolic imbalance, which are central to PCOS pathology<sup>11</sup>.
- *Phalasarpi* is described as *Balya*, *Vatahara*, *Rasayana*, and *Garbhadharana*, enhancing uterine strength and fertility<sup>12</sup>.

## DISCUSSION

PCOS represents a complex interplay of endocrine, metabolic, and reproductive dysfunctions. Modern therapeutic approaches often provide temporary relief without correcting the underlying systemic imbalance. Ayurveda addresses PCOS-related infertility at its root by correcting *Agni*, removing *Ama*, pacifying *Dosha*, and restoring *Dhatu Samya*.

By regulating *Apana Vata* and improving *Artava* formation, Ayurvedic interventions support natural ovulation and conception. The holistic integration of *Ahara*, *Vihara*, and *Aushadhi* makes Ayurveda a comprehensive and sustainable approach for managing PCOS-related infertility<sup>6–12</sup>.

## CONCLUSION

PCOS-related infertility is a multifactorial disorder involving *Vata-Kapha Dosha*, *Rasa-Rakta Dhatu*, *Artava Upadhatu*, and *Dhatvagni Mandya*. Ayurvedic principles provide a logical and systematic framework for understanding and managing this condition. Through *Agni Deepana*, *Ama Pachana*, *Vatanulomana*, and *Artava Janana*, Ayurveda offers a safe, effective, and holistic alternative for restoring fertility. Well-designed clinical studies are warranted to further validate these classical principles in contemporary practice.

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