



Review Article

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AYURVEDIC MANAGEMENT OF SECONDARY INFERTILITY ASSOCIATED WITH PCOD

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ABSTRACT

Secondary infertility associated with PCOD is an important reproductive concern in women who have conceived previously but later face difficulty in achieving pregnancy. PCOD means polycystic ovarian morphology, which is mainly an ultrasonographic finding showing increased follicle number and/or increased ovarian volume. In adults, follicle number per ovary is considered an important ultrasound marker for PCOD, and ovarian volume or follicle excess may also be used for assessment. From an *Ayurvedic* point of view, secondary infertility associated with PCOD can be understood through disturbed *Artava*, *Beeja*, *Garbhashaya*, *Agni*, *Apana Vayu*, *Kapha Avarana*, and *Artavavaha Srotodushti*. The main treatment principle includes correction of *Agni*, removal of *Ama*, regulation of *Apana Vayu*, reduction of *Kapha* and *Meda*, promotion of healthy *Artava*, and strengthening of *Garbhashaya* for successful conception.

Keywords: PCOD, Secondary infertility, *Vandhyatva*, *Artava Dushti*, *Apana Vayu*, *Artavavaha Srotas*

INTRODUCTION

Secondary infertility is the inability to conceive again after a previous conception. In many women, difficulty in conception may develop after childbirth, abortion, menstrual irregularity, weight gain, stress, poor lifestyle, or reproductive system imbalance. PCOD is one of the common ultrasound findings seen during infertility evaluation. It shows multiple small follicles in the ovary and/or increased ovarian volume, which may disturb normal follicular maturation and ovulation in some women.¹

PCOD should be understood as ovarian morphology, not as a complete endocrine syndrome by itself. It is mainly diagnosed through ultrasound findings. According to current recommendations, follicle number per ovary, follicle number per section, and ovarian volume are useful ultrasound markers for PCOD in adults. In secondary infertility, PCOD becomes clinically important when it is associated with irregular cycles, delayed ovulation, poor follicular growth, or failure of ovum release.²

In *Ayurveda*, conception depends on proper condition of *Ritu*, *Kshetra*, *Ambu*, and *Beeja*. In PCOD-associated secondary infertility, *Ritu* may be disturbed due to irregular ovulation, *Beeja* may be affected due to poor follicular development, and *Kshetra* may become less favorable for conception. This condition can be understood mainly as *Artava Dushti*, *Beeja Dushti*, *Agnimandya*, *Kapha Avarana*, *Medodushti*, and *Apana Vayu Vaigunya*.³

AIM AND OBJECTIVES

Aim

To review the *Ayurvedic* management of secondary infertility associated with PCOD.

Objectives

- To understand PCOD as a cause or associated factor of secondary infertility.
- To correlate PCOD with *Artava Dushti*, *Beeja Dushti*, and *Apana Vayu Vaigunya*.
- To explain the probable *Samprapti* of secondary infertility associated with PCOD.
- To review the role of *Ayurvedic* treatment, diet, lifestyle, and *Shodhana* therapy.
- To present a practical *Ayurvedic* approach for improving fertility in PCOD-associated secondary infertility.

MATERIAL AND METHODS

This review article was prepared by studying classical *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and relevant *Ayurvedic* commentaries. Concepts related to *Vandhyatva*, *Artava Dushti*, *Nashtartava*, *Beeja Dushti*, *Garbhashaya*, *Apana*

Vayu, Agnimandya, Medodushti, and Artavavaha Srotodushti were reviewed. Modern literature related to PCOD, ultrasound-based ovarian morphology, follicular development, ovulation, and secondary infertility was also reviewed for clinical correlation.

CONCEPTUAL STUDY

Concept of Secondary Infertility

Secondary infertility refers to failure to conceive after a previous conception. The previous conception may have ended as live birth, abortion, stillbirth, or ectopic pregnancy. In such cases, fertility was present earlier, but later some disturbance develops in ovulation, uterus, tubes, hormones, male factor, or general health.⁴

Concept of PCOD

PCOD means polycystic ovarian morphology. It is not a disease name by itself, but an ultrasound finding. It indicates the presence of multiple small follicles and/or increased ovarian volume. PCOD may be seen in women with regular or irregular cycles, but in infertility patients it becomes important when follicular growth and ovulation are affected.⁵

PCOD and Secondary Infertility

PCOD may contribute to secondary infertility through:

- Delayed follicular maturation
- Failure of dominant follicle formation
- Irregular ovulation
- Anovulatory cycles in some patients
- Poor quality ovulation
- Menstrual irregularity
- Altered endometrial preparation
- Delay in natural conception

In *Ayurveda*, PCOD-associated secondary infertility may be understood as a condition where *Kapha* and *Meda* cause obstruction in reproductive channels, leading to disturbance of *Apana Vayu*. As *Apana Vayu* controls menstruation, ovulation, conception, and implantation, its derangement may result in irregular *Artava Pravritti*, poor follicular release, and difficulty in conception.⁶

AYURVEDIC REVIEW

Vandhyatva

Vandhyatva means inability to conceive. Secondary infertility may be considered as acquired *Vandhyatva*, where the woman had previous fertility but later developed reproductive disturbance. PCOD may act as one of the contributing factors by affecting ovulation and *Artava* function.⁷

Artava Dushti

Artava represents menstrual and ovulatory function. In PCOD, irregular menstruation, delayed cycle, scanty flow, or delayed ovulation may indicate *Artava Dushti*. When *Artava* is not properly formed or released, conception becomes difficult.⁸

Beeja Dushti

Beeja refers to the reproductive seed. In female infertility, it may be understood as ovum quality and ovulatory capacity. In PCOD, follicles may remain immature or fail to rupture properly. This may be correlated with *Beeja Dushti*.⁹

Nashtartava

Nashtartava can be understood as loss, obstruction, or improper expression of *Artava*. In PCOD, follicles are present but ovulation may not occur properly in some patients. This condition may be interpreted as functional obstruction of *Artava*.

Apana Vayu Vaigunya

Apana Vayu governs menstruation, ovulation, conception, implantation, pregnancy, and delivery. When *Apana Vayu* is obstructed by *Kapha* or disturbed due to faulty lifestyle, the reproductive cycle becomes irregular. This is one of the key factors in PCOD-associated infertility.

Agnimandya

Weak digestive and metabolic fire leads to *Ama* formation. *Ama* blocks channels and disturbs tissue nourishment. In PCOD, sluggish metabolism, heaviness, weight gain, and irregular cycles can be understood through *Agnimandya* and *Ama*.¹⁰

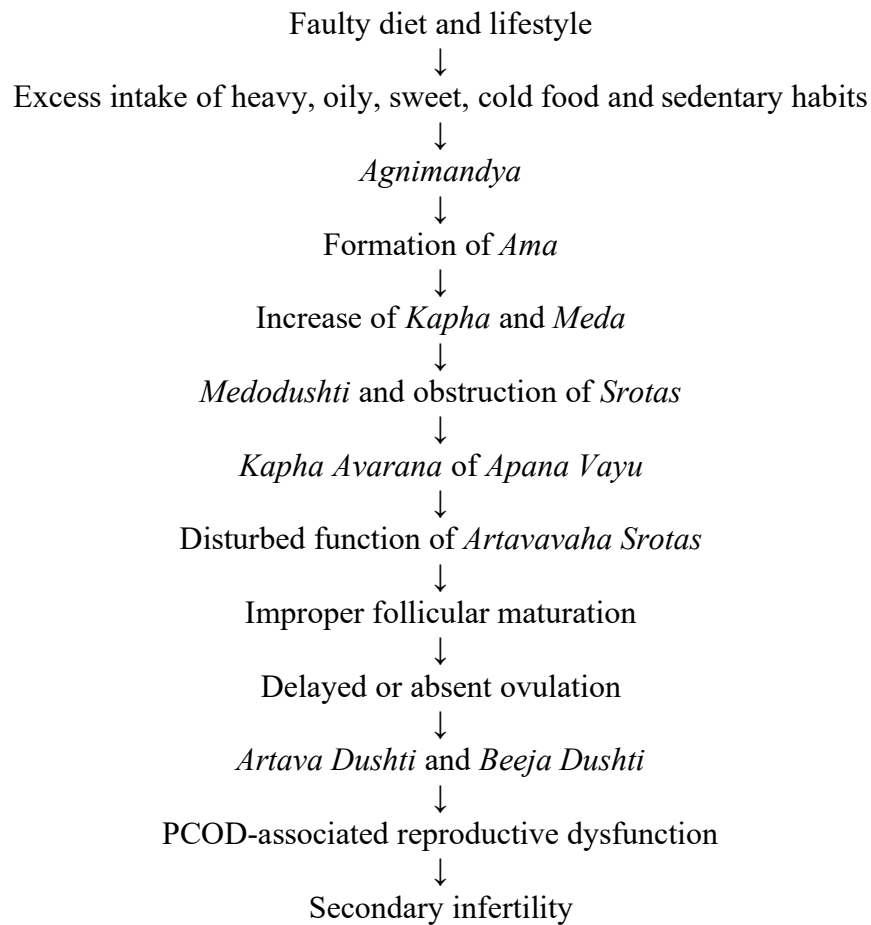
Medodushti

In many PCOD patients, increased body weight or disturbed fat metabolism may be present. *Medodushti* increases *Kapha* and creates obstruction in *Srotas*. This may affect ovarian function and ovulation.

Artavavaha Srotodushti

Artavavaha Srotas is responsible for normal reproductive function. Obstruction or vitiation of this channel may lead to menstrual irregularity, delayed ovulation, and infertility. PCOD may be understood as a functional disturbance of *Artavavaha Srotas*.¹¹

SAMPRAPTI OF DISEASE



AYURVEDIC MANAGEMENT¹²

Nidana Parivarjana

Avoidance of causative factors is the first step. The patient should avoid heavy, oily, sweet, cold, processed food, excessive dairy products, day sleep, late-night waking, physical inactivity, stress, and irregular food timing.

Agnideepana and Ama Pachana

Correction of *Agni* is important before starting fertility-promoting treatment. *Deepana* and *Pachana* drugs help in reducing *Ama* and improving metabolism.

Useful drugs may include:

- *Trikatu*
- *Shunthi*
- *Pippali*
- *Chitraka*
- *Jeeraka*
- *Ajwain*

- *Musta*

Kapha-Medohara Chikitsa

In PCOD with heaviness, weight gain, delayed cycle, and sluggish metabolism, *Kapha-Medohara* treatment is useful.

Commonly used formulations may include:

- *Kanchanara Guggulu*
- *Triphala Churna*
- *Trikatu Churna*
- *Varunadi Kashaya*
- *Guggulu* preparations

***Vatanulomana*¹⁵**

Normal movement of *Apana Vayu* is essential for ovulation and conception. Constipation, suppression of natural urges, stress, and irregular routine should be corrected.

Useful measures include:

- Warm water intake
- Regular bowel habits
- Mild *Anulomana*
- Proper sleep
- Avoidance of urge suppression

Shodhana Chikitsa

Shodhana may be selected according to patient condition.

- *Vamana* may be useful in dominant *Kapha* condition.
- *Virechana* may be useful for metabolic correction and *Pitta-Kapha* involvement.
- *Basti* is useful for regulation of *Vata*, especially *Apana Vayu*.
- *Uttara Basti* may be considered in selected gynecological cases under expert supervision only.

Basti Chikitsa

Basti is one of the most important therapies for *Vata* disorders. Since *Apana Vayu* is directly related to menstruation, ovulation, and conception, *Basti* may be beneficial in PCOD-associated secondary infertility. It should be planned according to *Dosha*, strength, bowel habit, menstrual pattern, and reproductive status.

Artavajanana Chikitsa

The aim of *Artavajanana* treatment is to support healthy menstrual and ovulatory function.

Useful drugs may include:

- *Kumari*
- *Shatavari*
- *Ashoka*
- *Lodhra*
- *Dashamoola*
- *Musta*
- *Guduchi*

Garbhashaya Balya Chikitsa

Strengthening of *Garbhashaya* is important for conception and implantation. After correction of *Agni*, *Kapha*, and *Vata*, *Garbhashaya Balya* medicines may be used.

Useful formulations may include:

- *Phala Ghrita*
- *Shatavari Kalpa*
- *Sukumara Ghrita*
- *Kalyanaka Ghrita*
- *Ashoka* preparations
- *Lodhra* preparations

Rasayana Chikitsa

Rasayana therapy improves tissue nourishment, reproductive strength, immunity, and general health.

Useful drugs may include:

- *Amalaki*
- *Guduchi*
- *Shatavari*
- *Ashwagandha*
- *Yashtimadhu*
- *Gokshura*

Diet and Lifestyle

Recommended:

- Warm and freshly prepared food
- Light and digestible diet
- Green vegetables
- Whole grains in moderation
- Adequate protein according to digestion
- Regular walking
- Weight control
- Proper sleep
- Stress reduction

Avoid:

- Excess sweets
- Junk food
- Bakery items
- Cold drinks
- Heavy oily food
- Day sleep
- Late-night waking
- Long sitting without activity

Yoga and Daily Regimen

Useful practices may include:

- *Surya Namaskara*
- *Baddha Konasana*
- *Bhujangasana*
- *Setu Bandhasana*
- *Anuloma Viloma*
- Meditation

- Regular walking

FINDINGS OF STUDY

- PCOD is mainly an ultrasound-based ovarian morphology finding.
- PCOD may be associated with secondary infertility when it affects follicular maturation and ovulation.
- PCOD should not be explained as a complete endocrine syndrome in every case.
- From an *Ayurvedic* view, PCOD-associated secondary infertility can be understood through *Artava Dushti*, *Beeja Dushti*, *Agnimandya*, *Medodushti*, *Kapha Avarana*, and *Apana Vayu Vaigunya*.
- *Kapha* and *Meda* create obstruction in reproductive channels.
- *Apana Vayu* disturbance affects ovulation, menstruation, and conception.
- *Agni* correction is essential before fertility-promoting treatment.
- *Basti* has an important role because of its action on *Vata* and *Apana Vayu*.
- *Artavajanana*, *Garbhashaya Balya*, and *Rasayana* therapies may support fertility.
- Diet, exercise, weight control, and stress management are important supportive measures.

DISCUSSION

Secondary infertility associated with PCOD should be understood carefully because PCOD is not always a complete systemic disorder. It is primarily an ovarian morphology finding observed on ultrasound. However, when PCOD is associated with irregular menstruation, delayed ovulation, or poor follicular maturation, it may become an important factor in infertility. In such cases, management should focus on improving ovulatory function, menstrual rhythm, metabolic health, and uterine receptivity.¹³

From an *Ayurvedic* perspective, PCOD-associated secondary infertility is not a single-organ disorder. It involves derangement of *Agni*, formation of *Ama*, increase of *Kapha* and *Meda*, obstruction of *Artavavaha Srotas*, and disturbance of *Apana Vayu*. This creates difficulty in proper maturation and release of *Artava*. Therefore, only symptomatic treatment for menstruation is not sufficient. The root pathology must be corrected through *Agni Deepana*, *Ama Pachana*, *Kapha-Medohara*, and *Vatanulomana* measures.¹⁴

The management should be individualized. In obese or *Kapha*-dominant patients, *Kapha-Medohara* and lifestyle correction are important. In patients with irregular menstruation and constipation, *Vatanulomana* and *Basti* may be more useful. After correction of *Dosha* and *Srotas*, *Artavajanana*, *Garbhashaya Balya*, and *Rasayana* treatment may help in improving reproductive

strength. Thus, *Ayurvedic* management provides a holistic approach for PCOD-associated secondary infertility.¹⁵

CONCLUSION

Secondary infertility associated with PCOD can be understood in *Ayurveda* through *Vandhyatva*, *Artava Dushti*, *Beeja Dushti*, *Agnimandya*, *Medodushti*, *Kapha Avarana*, *Artavavaha Srotodushti*, and *Apana Vayu Vaigunya*. PCOD is mainly an ultrasound-based ovarian morphology finding, but when associated with disturbed ovulation and irregular cycles, it may affect conception. *Ayurvedic* management should focus on correction of *Agni*, reduction of *Ama*, regulation of *Kapha* and *Meda*, normalization of *Apana Vayu*, and strengthening of *Artava*, *Beeja*, and *Garbhashaya*. A combined approach of *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Rasayana*, proper diet, exercise, and stress control may be useful in improving fertility potential.

CONFLICT OF INTEREST - Nil.

SOURCE OF SUPPORT- None.

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