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Ayurvedic management of infertility with PCOS: A case report

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Abstract

Introduction: People of present era are habituated to sedentary way of life due to which they are prone to different types of metabolic ailments. Polycystic ovarian syndrome is one among them affecting the females of active reproductive age group and infertility is one among the complications of PCOS. Infertility is a condition which is defined as the inability to conceive after 1 year of unprotected intercourse of reasonable frequency. In ayurveda, infertility by anovulation in females with PCOS is considered as *Vandhyatva* due to *nashtartava* where the vitiated *vata* along with *kapha* does the occlusion of *Artavaha srotas*. Hence in this case following the principles of ayurveda *shamana* and *shodhana chikitsa* was given in the management of infertility with polycystic ovarian syndrome.

Methodology: A case of 23-year-old woman diagnosed with infertility with PCOS complaining of irregular menstruation and weight gain. She was given Ayurvedic treatment, *shamana* and *shodhana chikitsa* (*Vamana* and *Basti*) and including dietary and lifestyle advice and yoga therapy.

Result: Size of cyst decreased remarkably and patient conceived after completion of treatment.

Discussion: By analyzing the causes of PCOS, it can be stated that obesity is one of the main causes of the disease. Formation of *rasa dhatu* and *upadhatu Artava* is affected in obese which due to *jatharagni* and *Medodhatwagni mandyata* resulting in *sroto rodha*. In such condition since *Kha vaigunyata* will be in *artava vaha srotas* menstrual irregularity and chronic cases anovulation may result. Hence treatment in PCOS should aim at *agnideepana*, *kaphahara*, *medohara*, *artavajanaka* and *granthiviliana*. The drugs and procedures which possess properties like *deepana*, *pachana*, *shothahara*, *artavajnana*, *medohara* and *lekhaniya* should be used.

Keywords: Infertility, PCOS, *shodhana*, *granthivilayana*

Introduction

In present era people are habituated to sedentary way of life due to which they are prone to different metabolic ailments. Polycystic ovarian syndrome is one among them affecting the females of active reproductive age group and infertility is one among the complications of PCOS. Infertility is a condition which is defined as the inability to conceive after 1 year of unprotected intercourse of reasonable frequency. In ayurveda this is considered as *Vandhyatva* due to *nashtartava* where the vitiated *vata* along with *kapha* does the occlusion of *Artavaha srotas*.

The prevalence of the condition as defined by the 1990 National Institutes of Health (NIH) criteria, in unselected populations of women of reproductive age is between 6.5 and 8%. The importance of establishing a clear evidence-based diagnosis and management of PCOS appears to have clinical implications^[1].

It was Stein and Leventhal who first described the association of anovulation, hirsutism and enlarged polycystic Ovaries as a syndrome, which was later named after them. Over the years there have been many changes in the definition, pathophysiology as well as management of this syndrome. The possible long-term problems of this syndrome have also gained importance recently. It is presently understood that the condition is one of chronic anovulation with a spectrum of manifestations. The presenting symptoms can be Menstrual irregularities and infertility². Features of hyperandrogenism^[3]. Metabolic symptoms.

Infertility is observed in approximately 10-15% of couples of reproductive age. Ovulation disorders account for about 30-40% of female infertility and about 20% of infertility couple. Anovulation is caused due to the defect in the function of hypothalamus -pituitary- ovarian axis^[2]. In Ayurveda, *Arthava* is considered as ovum, and it is formed as a *Upadhatu* after the proper digestion of *Ahara Rasa* by *Prakrutha Agni*. If *Agni* is disturbed by *Ahita Ahara vihara* formation of *Rasadi dhatu* there by *Arthava* is also affected causing *Nashtartva* which can be considered as anovulation.

In classical ayurveda texts, a direct description of polycystic ovarian disease is not available but the symptoms of PCOD can be correlated with *Vandhyatva* due to *nashtartava* where the vitiated *vata* along with *kapha* does the occlusion of *artavaha srotas*. This condition can be managed by *deepana pachana* and *Arthava Janaka* which is the line of management to correct the *samprapti* and to restore fertility.

Materials and Methods

Case Report

A female patient aged 23 years with a marital life of 2 years complaining of anxious to conceive and irregular menstruation since 1 year associated with weight gain and hair fall visited the OPD of Sri Dharmasthala Manjunatheswara College of Ayurveda and hospital, Hassan for management and treatment.

History of past illness -Poorva Vyadhi Vrittanta- Not a K/C/O HTN, DM or thyroid dysfunction.

Surgical history - Nothing significant

Family history - No H/O delayed conception in maternal family

Menstrual history (Rajo vrittanta)

Prathama Rajo Darshana - trayodasha varsha

2-3/50-60 days,

Irregular cycle,

Scanty flow

Sometimes with clots

Pain + (1st and 2nd day of cycle)

Vyatika vrittanta

Aahara - abhishyandi ahara and Madhura rasa.

Vihaara - avayamma, Nidra- diva Swapna

Manasika - chinta, shoka

Vyavasana - nothing specific

Ashta viddha pariksha

Nadi- hamsa gati (72/min)

Mutra - prakruta (Pandura, raktha varna, phenayuktha absent)

Mala - prakruta (na ati baddha/ na ati srsta)

Jihwa - alipta

Shabda - prakruta

Sparsha - prakruta

Druk - prakruta

Akriti - prakruta

Dashavidhha Pariksha

Prakrit- kapha pitta

Vikruti -dosha- vata kapha, duhsya- rasa, rakta,mamsa

Sara - madhyama sara

Samhanana - madhyama

Pramana -madhyama

Satsatvamiya - katu and Madhura rasa satmya

Clinical examination

Patient -well conscious, oriented

O/E: P -76/min, BP -100/60, Ht.-152cm, Wt.-54.5 kg,

Bowel - sometimes constipation, urine-,

Systemic examination- No any abnormality was detected in gastro-intestinal, cardiovascular, nervous and respiratory system examination

P/A - soft, non -tender,

P/V- uterus-AV/NS/FF, cervical motion non tender.

P/S -Cervix healthy

Samprapti Ghatak

- Dosh- Kapha, vata

- Dhatu- Rasa, rakta, mamasa, meda
- Updhatu- raja
- Srotas - rasa vaha, artavaha, medovaha, sukra vaha
- Agni- jatargni and dhatvagni mandya
- Sroto dusti - sanga, granthi
- Udhhava sthana - ama pakvashaya
- Vyaktha sthana - garbhashaya
- Adhithana - garbhashaya
- Roga marga - madhyama

Laboratory Investigations

- Hb% - 11 gm/dl
- Anti- mullerian hormone (AMH)- 9.92 ng/ml
- TSH - 3.14 UIU/ml

Diagnosis - The diagnosis was confirmed as primary infertility associated with PCOS. According to Ayurveda, this disease is *Vandyatva* due to *Nashtartava* where *Avarana* of *Artavavaha srotasa* becomes the chief causative.

Treatment plan

Nidan parivarjana

Shamana chikitsa

Rajahpravarthini vati- 2 bd (b/f) for 7 days

Sukumara kshaya - 10 ml bd (b/f)

Agni tundi vati - 2 bd for 7 days

Shodhana karma

Deepana Pachana with Chitrakadi vati³ 2 tid

with Panchakola Phanta ⁴100ml tid b/f

Sarvanga Udwartana f/b bashpa sweda for 3 days

Snehapana with varunadi ghritha for 4 days - 120 ml

Vamana - No. of Vegas - 5

Type of shuddhi- Madhyamma

After samajarana karma

Treatment given -Palasarpi 5 gm B/f

Pushpadhanva rasa 2 bd b/f

Yoga basti -anuvasana basti with mahanaryana taila 80 ml

Niruha basti with erandamooladi kwatha - 300 ml

Kalka dravya- yashnimadhu +bala + shatpushpa churna- 15 gms

Sneha - Mahanaryana taila 80 ml

Honey- 80 gms

Saindhav- 5 gms

Result

Size of cyst decreased remarkably and patient conceived after completion of treatment.

Discussion

By analyzing the causes of PCOS, it can be stated that obesity is one of the main cause of the disease. *Sthoulya* caused due to intake of *madhura, guru, abhishyandi aahara kapha dosha* will be vitiated which create *snigdhta* and cause *srotorodhaka* which obstructs the normal function of *vata dosha* and this *kapha* leads to *agnimandyta* by which proper *rasa dhatu* formation will be not there and manifests *staulayta*. *Animandyata* leads to formation of *aama dhatu* which results into *uttrotaraama dhatu formation*. *Kapha* as mala of *medo dhatu* and *snigdhta* increased which result into *medovruddhi*. This *Medovruddhi* adds to the pathogenesis of the disease by vitiating all *Srotasas* except that of *Meda* and result into *Vatavaigunya* [5]. So here we can conclude that formation of *Rasa Dhatu* and its *Upadhatu Artava* is affected in women who is having obesity which results into irregular

menstruation and which leads to *vandhyatwa* (infertility) due to *nashtartava*.

The ultimate aim of the treatment was to release the obstructed *Vata* and to enable its normal functioning in the *Koshha* especially in *Garbhasaya*. The obstruction was because of the accumulated *Kapha* in the channels of *Vata* especially in *Arthavavavaha Srotas*.

▪ **Various drugs that are used in the case are discussed below-**

- **Agni tundi vati:** improves the *mandagni* and provide relief in pain because of its main ingredient i.e. *kuchila* (*Strychnos nuxvomica* Linn) which have property of *Deepana*, *pachana* and *vedanasthapana* [6].
- **Mahanaryana taila:** *Sarvanga abhyanaga* and *anuvāsana basti* was done with *mahanaryana taila*. *Mahanaryana taila* with its *katu*, *tikta rasa*, *laghu*, *ruksha guna*, *ushna veerya*, and *katu vipaka* and *vata shamaka doshghata* ultimately leads to *karmas* such as *Deepana*, *pachana*, *vilayana*, *anulomana*, *sodhana* which result in *amapachan* and *vatakaphashamana* that removes *sanga* and *avarana* leading to proper function of *vayu* regulating *beejagranthi karma* resulting in *beejotsarga* [7].
- **Erandamooladi niruha basti:** *Erandamooladi kshaya* has the properties of *Deepana* and *lekhana* and acts as *maruta nigarha* (controls *vata*). *Erandamooladi* is *agrya vatahara dravya* and *eranda* is the main content of it. *Erandamooladi kshaya* drugs have *ushna veerya* and are *vatakaphahara* in nature. The drugs also possess *ushna*, *teekshna* and *Sukshma guna* which helps eliminate obstruction of *srotas* which helps in formation of *prakrita dhatu* and also removes *kapha avarana* and pacifies the *kapha dosha* [8].
- **Varunadi ghruta:** Used for *snehapana*. The main ingredient is *varuna* which has *ushna veerya* and *lagghu ruksha guna* which helps in removing *kapha dosha*. Most of the ingredients have *ushna veerya* and *katu vipaka* which acts as *kaphamedohara* and *laghu*, *tikshna usna guna* which helps as *artava vardhaka*.
- **Vamana:** In the disease manifestation of PCOS, there is *kapha avarana* which obstructs the normal function of *apanavata* so the viated *kapha* is expelled out through the mechanism of *vamana* and hence the *kapha avarana* will be removed so that *vata* can be revert back to its normal function [9].
- **Shatpushpa churna:** *Satpushpa (Foeniculum vulgare Mill)* seeds are rich source of phytoestrogens and helps in reducing insulin resistance and in bringing down the inflammation in PCOS and helps to reduce the cellular imbalance which leads to metabolic disturbances in PCOS [10].

Conclusion

Hence treatment in PCOS should aim at *agnideepana*, *kaphahara*, *medohara*, *artavajanaka* and *granthiviliana*. The drugs and procedures which possess properties like *deepana*, *pachana*, *shothahara*, *artavajana*, *medohara* and *lekhaniya* should be used

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