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EFFECT OF AYURVEDIC MANAGEMENT IN INFERTILITY ASSOCIATED WITH PCOD-A CASE REPORT

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is one of the most common metabolic and endocrine disorder seen in female nowadays. It is the commonest cause of anovulatory infertility in women, the basic reason behind it is infrequent or absent ovulation. Present case report is of an infertile couple who had not able to conceive since last 3 year. The female partner was diagnosed with PCOD (by Ultra Sonography) having complaint of scanty and irregular menses. Couple has no history of medical treatment. The main objective of the present treatment included ayurvedic management of PCOS, ensuring regular ovulation. **Introduction:** A direct description of PCOS is not available in classical text of Ayurveda, but this clinical entity can be diagnosed and understood in different ways depending upon its causes (*hetu*), sign and symptoms (*lakshana*), contributing factors like *pitta kshay* and *vat kapha vrudhhi* in the body (*dosh-dushya*). **Material and method:** The present case study was carried out in OPD of prasutitantra – streeroga department, Government Ayurved Hospital, Nanded. Treatment plan includes *deepan – pachan – shaman* drugs, *Yogabastikrama*. **Observation:** The given treatment helped her for development of dominant follicle and later on ovulation. Eventually the case got conception in the same cycle without use of any modern drug therapy. In this case total two month regular *ayurved* treatment resulted into regularisation of her cycle, ovulation and conception successfully. **Discussion and conclusion:** Though PCOD is not described in ayurved texts but *Hetu* responsible for condition, *lakshanas* shown by patient, *dosha dushya*, therapeutic aids like oral medication for *deepan- pachan*, *Yogabastikrama* have shown their effects on existing pathology and results obtained in the case justified according to *ayurved* concepts. **Conclusion and result:** Will be explained in detail paper.

Keywords - *Ayurveda, Hetu, Lakshana, Deepan Pachan, Yogbasti, Aartavkshay.*

Introduction

PCOD (Polycystic Ovarian Disorder) is a most common metabolic and endocrine disorder^[1] in which the woman ovaries produce immature or partially mature eggs in multiple numbers and over the time that appears like cysts masses in the ovaries, causing enlarged ovaries with increased volume more than 10 cc. Women with PCOD is characterised by arrest of antral follicle development before the mature preovulatory stage. Being a lifestyle disorder the exact cause of polycystic ovary syndrome isn't well understood, but may involve a combination of dietary, habitual, environmental factors and endocrine causes. The treatment of modern science based on costly hormonal supplements which may leads to serious side effects and medicine dependency. PCOD affects approximately 2 8-13% women of reproductive – age. Up to 70% of affected women remain undiagnosed worldwide. It is associated with a variety of long -term health issues that affects physical and emotional wellbeing. It usually begins during adolescence, but symptoms may fluctuate over time. It is a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. according to *ayurveda*, these symptoms are presented in various condition of vitiation of *vata* and *kapha*. It can be correlated to many conditions like *Rajodushti*, *Rasapradoshaja-Medopradoshaja vyadhi*, *Yonivyapada* , *kaphavruta apana*

.Which leads to conditions named as *Aartavkshaya*, *viphal Aartav* which further leads to *Aartavanasha* or *Nashtartava*, leading *lakshana* of *Vandhyatva*. So Based on the parameters of ayurvedic science, this case was diagnosed and treated as a *Vandhyatva*. On basis of these *ayurved* principles, cases can be treated with non hormonal cost effective therapies

Case History and Report:

A 22 years old female patient visited to OPD of *Prasutitantra & Striroga* Department, Government Ayurved hospital, Nanded with chief complaint of willing for child with history of three year marital life with inability to conceive even after three year of regular unprotected coitus which was sign of primary infertility. She has pelvic ultrasonography suggestive of PCOD. The Semen analysis of her husband found to be within normal limits. For this medical condition patient had no history of any previous treatment for her condition.

Menstrual History:

Case taken for study has history onset of menarche at 14th year of age, of irregular cycle, oligomenorrhea with 35 to 45 days interval and painful moderate flow for 1-2 days.

General History:

Case was married for three year and had regular unprotected intercourse for same

period. No medical history of cardiovascular, respiratory or any major systemic illness found. No specific family history like diabetes, obesity or any endocrine disease found. Case had no history of specific allergic sensitivity to known medicines. No any major surgical history found.

Personal History: Patient was house wife and had history of routine vegetarian diet of middle class family. She has history of regular *diwaswap* (day sleep).She has *vishamagni* and *madhyam koshta*.

General Examination:

GC - fair

On examination - No pallor ,icterus, cynosis , clubbing , edema or any other abnormality noted.

BP - 110/70 mm Hg

P - 78/min, regular

T - afebrile 98⁰ F

Wt – 55 kg

Height – 5`2``

Ashtavidha Parikshana :

Nadi - *Vata kapha*

Mutra - *Samyak pravrutti*

Mala - *Kwachit malavashtabha*

Jihwa – *Sama*

Shabda – *No*

Sparsha – *Ruksha*

Drik – *Prakrut*

Aakruti – *Madhyam*

Srotas parikshan :

Annavaha srotas – *Arochakta* (anorexia)

Rasavaha srotas – *Tandra* (Drowsiness)

Purishvaha srotas – *Intermittent malavashtambha* (constipation sometimes)

Artav vaha srotas – *Artavkshaya* (irrerular menses , scanty menses)

Physical examination:

Unremarkable, Built – Moderate, no obesity. *Prakruti Vat pradhan kapha*

Systemic Examination:

All vital parameters were within normal limits.

Laboratory Investigations:

Hb- 10.4gm%.

BSL – F – 90 mg/dl

BSL – PP- 128mg/dl

HbA1C – 4.2 %

Blood Group – A positive

Serology – HIV /HbsAg/ VDRL -All Non-reactive

BT – 2.1 min ,CT – 3.8 min

Hormonal Assay –

LH – 6.8 mIU/ml

FSH – 4.2 mIU/ml

TSH – 3.8 mIU/ml

Prolactin – 10 ng/ml

USG REPORT :

Uterus – size 7.6×3.9×3.3 cm, Eco texture appears normal, No e/o – focal lesion. No e/o – endometrial collection.

RT. Ovary volume – 16 cc, Lt ovary volume -17cc, Endometrial Thickness – 5.2 mm

Impression: Both ovaries mild bulky with echogenic stroma and multiple peripherally arranged small follicles , S/o – PCOD

Local Examination:

Acne and hirsutism - absent

Galactorrhoea – absent

Primary consideration and possible etiopathology: Case is treated as *Vandhyatva* due to *aartav kshay* ie anovulatory cause.

Possible Etiopathology: *Diwaswap* i.e. day sleep habit adopted by case became responsible for her *kapha vrudhi* and *agnimandya*.which further lead to *aahar ras dushti*.later on which became responsible for *vikrut ras dhatu* production.Hence no good quality *artav* has been formed.*Rasvaha strodushti* and *sanga* leads to *stroto awrodh* and became responsible for *vata prakop*.This *vata prakop* and *kapha vrudhi* resulted into *pitta kshaya* and further process of *artava janana*(ovulation)has been hampered showing no ovulation on ultrasonography and also *vikruta aartva* formation has shown delayed menstruation and scanty flow.

Differential Dignosis:

Aartavkhsya [3]: It is a symptom with irregular cycle and pain.

Vandhyatva [4]: is a vague term with no issue for more than one year period with regular physical Relations without use of contraceptions.

Arajaska [5]: Is caused due to *vata* and *pitta kshaya* and patient shows severe weight loss with loss of skin luster.

Provisional Diagnosis: *Vandhyatva* due to *aartav kshaya*.

Treatment principles: Considering lack of ovulation in the present case decision was taken to correct the process of normal *Rasa dhatu* production by breaking the etiopathogenesis. *Koshta shodhan* by use of *anulomak* drug like *haritaki* and *deepan pachan* with help of *aarogyawardhini*. *Yog bastikrama* is planned for *sarvdehik shodhan* and *stroto vishuddhi*. *Laghu malini vasant* is started in view of its *rasayana* and *shaman* properties.

Materials-

Nidan parivarjan [6]: Avoid day sleep.

-*Deepan, pachan, shaman* and *koshthashudhikar(anulomak)* drug [7]

- *Yogabastikrama* [8] – glycerine syringe, catheter no. 12, *dashmul bharad*, *sahacharadi tailam*, *saindhav*, *madhu*, *shatapushpa kalka*, *tila tail*.

Methodology-

Dravya – Kalpa prayog & Yogabastikrama for 2 consecutive cycle after menstruation.

On detailed evaluation patient was diagnosed as *vandhyatva* due to *aartvakshya* (primary infertility associated with PCOD). Anovulation or inability to produce the fertile ovum is growing

problem due to change in life-style, faulty food habits, environments, stress, etc. The *artavakshaya* treated by the use of purifying measures and *agneya* substances. In this case, On examination, her signs and symptoms shows *kapha vrudhi*, *vat vrudhi* and *pitta kshaya lakshana*.

Considering this, treatment given as follows –

-*Aarogyavardhini Vati* 250 mg 1 TDS after food with warm water, from 6th day onwards for five days (for *Deepan* and *Pachan*)

-*Haritaki churna* 3 gram HS with warm water from 6th day onwards for 3 days (*koshthashudhi*)

-*Laghumalini vasant* 2 tablet OD in morning (*Alpa Dosha Shamanarth* and *Rasayan*) continue after menses for 3 month.

-*Yogabastikrama* [9,10,11] In which,

Anuvasan Basti – of *sahacharadi tail* (60 ml) [12], *Saindhav* (1gm), *Shatapushpa* (2 gm)

for 5 days (On Day 1,2,4,6,8)

Niruha Basti – *Madhu* (15 ml) *Saindhav* (2gm), *Til tail* (60 ml), *Shatapushpa kalka* (20gm)

Dashmul kwath (350 ml) [13]

Follow up and outcomes: Treatment mentioned above given for 2 consecutive cycle.

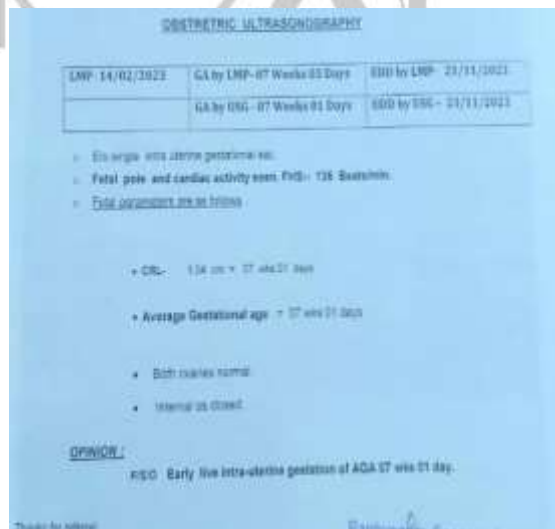
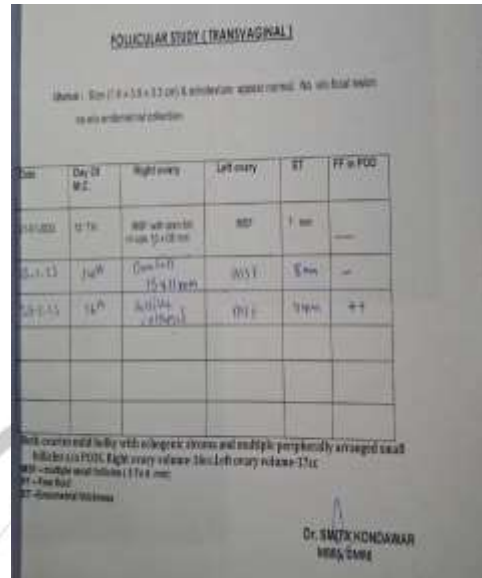
It positively affects on her menstrual irregularities and abdominal pain i.e. symptoms associated with PCOS. On second follow up her follicular study shows, dominant follicle formation on 14th day and Ovulation on 16th day.

Assessment criteria:

On subjective parameter symptoms like Oligomenorrhea and hypomenorrhea is observed and by objective criteria her sonography and follicular study was done and observed

Observations: After the completion of prescribed treatment for two months with healthy lifestyle, clinical symptoms improved, length of cycle decreased and after 2 cycle ovulation occurred. She conceived after 2 months of completion of treatment.

Before treatment :



a. USG report of (16/11/ 22) – s/o - Bilateral ovaries shows PCOD (Image 1)

After treatment :

- a. USG report (21/01/2023) – ovulation occurred (Image 2)
- b. Usg report (7/04/2023) – Early live intra uterine gestation sac of GA – 7wk 1 day (Image 3)

Discussion:

PCOD is a metabolic disease and need reversal of pathology with help of dietary, habitual and lifestyle changes. Symptoms of this condition are co related with description of ayurved references and treated with ayurved principles. In the present case study *aartva* (ovulation) was absent due to vitiated *ras dhatu* which was affected by increased *kapaha* and *vata*. The essential factor for *aartva* production called *pitta* was reduced. The treatment given to her was having properties to improve metabolism (*deepan,pachan*), acceleration of reproductive functions by correction of *apan vayu*(*anulomaktva* properties of *prakrut vata*).

Ovulation has been achieved by two month regular therapy and in next month case got conception. So the Present case study concludes that the holistic approach of *Ayurvedic* system of medicine gives relief to the patient of Infertility associated with PCOD, which is caused due to ovarian factor. According to *lakshana* of patient, she was diagnosed and treated as a *Aartavkshaya*. Here, *Yogabasti* causes de-toxification of the body, removes *Stroto Sanga*, pacifies *Tridosha* especially *Vata*. It stimulates H-P-O Axis, with the help of Neurotransmitters. Parasympathetic activity is mainly

Responsible for the *Apana Vayu* activity.[15]

Conclusion : *Deepan, Pachan, Anulomak, and Shaman chikitsa* has potential to reverse PCOD changes *Basti* given through rectum has effect on parasympathetic nerve supply which in turn helped for the formation of dominant follicle and release of ovum from the follicle in the ovary.

Result: Ayurved treatment of PCOD related infertility has successfully shown outcome in terms of fertilization .

Scope of the study –Present study can be conducted on large scale with multi centric base to observe efficacy of conventional ayurved treatment for PCOD related infertility.

Reference:

1. Dutta D.C. Text book of Gyneacology including contraception, 7Th edition publication New Central Book Agency (P) Ltd, LONDON, 378-383.
2. **Anovulation and ovulation induction** | [Katsikis, M Kita, A Karkanaki, N Prapas,](#) and [D Panidis,](#) national library of medicine,2006 Jul-Sep; 10(3);page - 120-127.
3. Premvati Tewari, Ayuvediya Prasutu Tantra Evam Stri-roga Part 2, edition 2nd published by Chaukhamba Orientalia, Varanasi, 2000; 163-167.
4. Premvati Tewari, Ayuvediya Prasutu Tantra Evam Stri-roga Part 2, edition 2nd published by Chaukhamba Orientalia, Varanasi, 2000; 55.
5. Premvati Tewari, Ayuvediya Prasutu Tantra Evam Stri-roga Part 2, edition 2nd published by Chaukhamba Orientalia, Varanasi, 2000; 2
6. Charak samhita Viman sthan by Marathi translator vaidya Vijay Shankar kale, Chaukhambha sanskrut pratikshthan – Delhi, chapter7
7. Sushrut Samhita - Aacharya priyavat Sharma, hindi translator – dr anantram Sharma –published by Chaukhamba Surbhati Prakashan- sharir sthana – chapter 2. Shlok 22-23
8. Sushrut Samhita - Sushrut Samhita Aacharya priyavat Sharma , hindi translator – dr anantram Sharma published by Chaukhamba Surbhati Prakashan- sharir sthana – chapter 2. Shlok 22-23
9. Sushrut Samhita - Aacharya priyavat Sharma , hindi translator – dr anantram Sharma – published by Chaukhamba Surbhati Prakashan- chikitsa sthana – chapter 36 ,P.N. 450-455.
10. Sushrut Samhita - Aacharya priyavat Sharma , hindi translator – dr anantram Sharma – published by Chaukhamba Surbhati Prakashan- chikitsa sthana – chapter 37 ,P.N. 457-470.
11. Sushrut Samhita - Aacharya priyavat Sharma , hindi translator – dr anantram Sharma – published by Chaukhamba Surbhati Prakashan- chikitsa sthana – chapter 38 ,P.N. 471-483.
12. Ashtanga hridayam – Nirmala hindivyakhya by dr.bramhanand Tripathi published by chaukhamba pratishthan – delhi 2007 , shlok 67-69 , P.N. 812- 813.
13. Dravyagun vidnyan – by ,Dr.deshpande , Dr. Jawalgekar, Dr.ranade – published by profishant publishing House,pune .Page no. 269- 271,1034.
14. Sharangdhar Samhita purvakhanda by bramhananda Tripathi chapter 2-(aushadh sevan kal) shlok (1-12) p.n. (18-

19) published by chaukhamba surbharti prakashan – Varanasi.

15.

<https://ayushdhara.in/index.php/ayushdhara/article/view/1127/913> - review article regarding Basti in female infertility.

