

Ayurveda Management of Female Infertility associated with PCOS -A Case Report

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ABSTRACT:

Polycystic Ovarian Syndrome or PCOS is a hormonal condition which affects the females from Menarche to Menopause. *Stree* being the root cause of progeny utmost care should be done; PCOS is one of the conditions affecting this unique condition and as the name suggests PCOS, collection of ovarian dysfunction. A female patient aged 35yrs, married since 10 years known case of Hypothyroidism since 6years and was on regular treatment with Tab. Thyroxine 50mg, came to OPD with complaints of Primary infertility and Irregular periods was treated with the protocol *Maharasnaadi qwatha*, *Pushpadhanwarasa* and *Hingu* with lukewarm water from 4th day of period for 10 days and advised for Follicle study on 10th day which revealed the presence of follicles measuring 6-8mm and was advised to follow the *pathya*, follow up was done after 2 months by repeating follicular study which revealed and successful ovulation was seen, which brought the happiness on the patient face. The objective of the present treatment included the Ayurvedic management of PCOS ensuring regular ovulation and thereby making to develop healthy pregnancy and for successful childbirth. Patient conceived after continuous treatment of 4 months and delivered healthy baby boy. This case report boosts the Ayurveda practitioners to practice such complicated cases with confidence.

KEY WORDS: Ayurveda, PCOS, Primary Infertility.

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INTRODUCTION:

"*Stree*" being the root cause of progeny, utmost care should be given to protect her from any type of ailments that affects her motherhood. [1] PCOS is the condition which affects the motherhood. This is common hormonal

abnormality in Women of reproductive age. It was originally described by Stein and Leventhal in 1935, so called as "Stein - Leventhal syndrome". [2]. It is a heterogenous disorder characterized by menstrual irregularities, clinical or hyperandrogenism and hyperinsulinemia,

which ultimately leads to infertility. PCOS is a common cause of infrequent & irregular periods affecting as much as 10% of woman in their reproductive age. [2] Most of the women get worried when she suffers from infertility. Moreover PCOS is a sign rather than a disease. There is no direct reference to PCOS in Ayurveda but described under *Artava-dusti*, [4-5] while the description of infertility due to anovulation is scattered. *Pushpagni*, *Jataharini* mentioned in *Kashayap samhita*, *Revati Kalpadhyaya* bears similitude to the symptom of hyperandrogenism. But features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

PCOS in view of Ayurveda

Acharya Charaka had described as there are innumerable number of *vyadhis*. [10]. If nomenclature of *vyadhi* is not possible then we can treat accordingly *sampraptighatakas*. [11]

Sampraptighatakas in PCOS:

Dosha:

In PCOS, indirectly symptoms points towards involvement of *kapha* and *Vata*. *kapha* is the main *dosha* which gets vitiated causing *Srotorodha* and eventually leads to *Vatavaigunya*. [12] So *kapha* and *vata* both are the main factors responsible for the manifestation of PCOS. [13]

Dhatu: Here in PCOD, *Rasa* and *Medodhatu* are involved.

Agni: *Agni* also plays important role in the manifestation of PCOS.

Srotas: *Agni dusti* or *mandya* of the cells that compose the *srotas* leading to *Srotovaigunya* or functional disturbance of the *srotas* which may be followed by structural changes in them, this may lead to *srotorodha* which in turn brings interaction between the vitiated *dosha* and *dooshya*.

Nidan: Coming to the aetiological factors, as *Rasadhatu* should get firstly nourished by *Ahararasa* with *agni*, this vitiated *agni* vitiates *Rasa* along with *Kaphadosha*. Shortly vitiation of *agni* leads vitiation of

Rasa and *Kapha* leading to formation of *Ama*.

CASE DESCRIPTION:

A Female patient aged 35 yrs with H/O irregular periods, Hypothyroidism, Moderate built up consulted with complaints of inability to conceive even after 10 years of married life. The parameters of Semen analysis of her husband were in normal limits. The wife aged 35yrs having irregular periods since last 10yrs with 2-3 months of interval of 5-6 days bleeding. She was treated by different allopathic doctors in and around Vijayapur city. First OPD visit was in the month of July 2021. She was totally depressed because of no issues.

On examination patient was known case of Hypothyroidism and taking 50mg of Tab. Thyroxine and USG report impression was PCOS. [Fig.-1] Patient was lethargic to do routine work. The findings obtained on Per Vaginal examination and per speculum examinations were vaginal discharge. USG reports showed both ovaries with polycystic morphology and 18cc volume of each ovary. Uterus measured 75x35x49mm and anteverted.

Subjective and objective parameters of the patient revealed that it was a case of primary infertility associated with PCOS. According to Ayurveda this condition can be considered as *Vandhyatva* associated with *Nashtarva* where *Avarana* of *Artavavaha srotas kapha Medodusti* and *Srotorodha* became the causative factors. [6-7] Detailed analysis of her signs and symptoms showed the increase of *vata* and reduction of *pitta*. *Medohara* treatment was adopted.

THERAPEUTIC INTERVENTION:

Patient was given treatment with *Maharasnadi qwatha* 20 ml twice a day after meals with same amount of normal water.

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Pushpadhanwarasa 500mg each tablet with dose of 2 tablets thrice a day after breakfast and meals with Luke warm water. *Suddha Hingu* powder 1ratti(125mg) with lukewarm water daily in morning (Table-1). This treatment schedule continued for 3months aimed to gradually restore metabolism by harmonizing state of

jathragni and *dhatwagni*. [8-9] Patient was given a diet plan comprising of morning breakfast and two meals and snacks. [Table-2] Low calorie diet was suggested along with *Bhujangasan* daily two times in a day and brisk walk for 30 minutes daily with a diet plan that included.

Table-1: Prescribed medication:

Aushadhi	Dose	Anupana	Duration
<i>Maharasnadi qwatha</i>	20 ml BD	Normal water	3 months
<i>Pushpadhanwarasa</i> (each tablet 500mg)	2 Tablet(1gm) TID	Luke warm water	3 months
<i>SuddhaHingu</i> powder	1 ratti(125mg) OD	luke warm water	3 months

Table-2: Diet Pattern:

Time	Type of Meals	Items
08:00-09:00 AM	Breakfast	Daliya/ Upama/Poha
12:00-01:00PM	Lunch	Rice+ Dal- 1 Cup, Vegetable+ Multigrain roti-2, Takra-1 glass
05:00-06:00PM	Snack	Seasonal fruit salad /Diet Chiwada
08:30-09:30PM	Dinner	Vegetable+ Multigrain roti-2, Veg. Salad-1 plate

REF : DR. SEETA BIRADAR

FOLLICULAR STUDY (TAS)

BLADDER: Partially distended. No vesicle calculus

UTERUS: Measures: 7.0X4.3X5.2 cms, Antiverted
Normal in size and no focal lesion
Endometrial thickness appears normal and No endometrial cyst / No Polyp

OVARIES:
Evidence of peripherally arranged follicles noted in right ovary largest measuring~ 12x6mm
No adnexal lesions
No free fluid in Pouch of Douglass - indicated not ruptured follicle.

Date	MC-Day	RO-DF	LO-DF	ET (mm)	Fluid in POD	Remarks
18 th		Polycystic ovaries largest measuring~ 12x6mm	Few small follicles noted	7 mm-trileminar	No	*****

IMPRESSION:

- Evidence of peripherally arranged follicles noted in right ovary largest measuring~ 12x6mm - S/O POLYCYSTIC OVARIES.
- Endometrial thickness appears normal and appears to be trileminar

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Fig-1: Follicular Study (TAS) Reports of the patient before treatment:

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FOLLICULAR STUDY (TAS)

BLADDER: Partially distended. No vesicle calculus

UTERUS: Measures: 7.2X3.6X5.0 cms, Antiverted
Normal in size and no focal lesion
Endometrial thickness appears normal and No endometrial cyst / No Polyp

OVARIES:
Right ovarian dominant follicle measuring~ 13X6mm
No adnexal lesions
No free fluid in Pouch of Douglass - indicated not ruptured follicle.

Date	MC-Day	RO-DF	LO-DF	ET (mm)	Fluid in POD	Remarks
10 th		Dominant follicle measuring~ 13x6mm	Few small follicles noted	8 mm-trileminar	No	*****

IMPRESSION:

- Right ovarian dominant follicle measuring~13x10mm however few small follicles are also noted.
- Endometrial thickness appears normal and appears to be trileminar

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Fig-2: Follicular Study (TAS) Reports of the patient After Treatment:



Fig-3: Patient got pregnancy positive (UPT) on 13th Jan 2022



Fig-4: Delivered Healthy Baby on 20th Aug. 2022

Follow up:

After one month of treatment period was regular, in second month there was correction in size of follicles i.e. correction of PCOS. [Fig.-2]

Result:

Later after 2 months there was reduction in weight along with signs of ovulation. Patient was advised to continue the treatment and it was noticed that her pregnancy was positive. [Fig.-3] She delivered healthy baby on 20th August 2022.[Fig.-4]

DISCUSSION:

Polycystic Ovarian Syndrome (PCOS) is relatively common endocrine disorder that affects women of reproductive age group. Although it is quite commonly encountered in clinical practice, its prevalence varies considerably depending on how its diagnosis is made, because of the heterogeneity in its presentation. The disorder is associated with a wide spectrum of presenting features including menstrual irregularities, Anovulation, Infertility, Obesity, Hirsutism and May with insulin resistance. A fairly frequent finding on USG is enlargement of the ovaries, with more than 10 sonolucent cystic structures, 2-8 in diameter scattered around a

hyperechogenic thickened central stroma. Even though this finding has been chosen by many to be synonymous with PCOS, it should be noted that polycystic ovaries on USG may be seen in women with normal reproductive function.

The etiology and pathology remains controversial, Patho-physiological mechanisms remains multi-factorial. Our Ayurveda classics fails to correlate the PCOS but still based on clinical features we can analyse through *dosha*, *dushya*, *agni*, *srotas* etc. Hence PCOS can be described as the vitiation of *Kaphadosha* leading to vitiation of *Artavavaha* srotas later *vaigunata* of *Vatadosha*.

Mode of Action of Maharasnadi Qwatha, Pushpadanvarasa & Hingu: As *Maharasnadi qwatha* is discussed in *Shasrayoga*, also described for *Vandyatva* it helps to stabilize *vata* and also for *pachana* of *Ama* thus helping in reducing weight. *Pushpadanvarasa* is also indicated in *Vandyatva* having property of stabilising *vata* so this drug is administered which helps for ovulation. Whereas *Hingu* is also best in obesity due to its *Amapachaka* property, as PCOS is considered as one of disorder related to metabolism so *Hingu* plays better result.

The Metabolic factors include excessive or *viruddha ahara-viharas*. There is direct relation between *mithya ahara-vihara*. All these metabolic factors create *mandagni* and then produce *ama*. This *ama* causes *sanga* or *srotorodha* in *srotasas* and thus plays an important role in origin of the disease. *Satva* or the mental state of a person is the factor to which much more importance is given in Ayurvedic classics¹⁴. Psychological factors i.e. *chinta*, *bhaya*, *krodha*, *shoka*, *lajja*, *dwesha*, *dainya* etc. plays an important role in the onset of PCOS. The Genetic factors mainly include the *beeja-dushti*, explained by *Charaka* in the context of etiology of *Yonivyapadas* and also in *nidanas* for *atisthoulya*.

CONCLUSION:

On the basis of this case study it proved that PCOS can be treated with less economy and easily, making them happy. Hence steps should be taken to treat patient economically and feel them comfortable in this regards.

INFORMED CONSENT:

Patient was informed for the details and written consent taken.

LIMITATION OF STUDY:

Present study was undertaken and it should done in large sample of PCOS.

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