

AN AYURVEDIC MANAGEMENT OF INFERTILITY ASSOCIATED WITH PCOS: A CASE REPORT

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ABSTRACT

As per *Ayurveda* *Bandhyatva* is mainly due to vitiation of *Vata dosha*. Description of *Bandhyatva* is available in most of the Ayurvedic classics including *nidana*, *lakshna*, *bheda* and *chikitsa*. In the current scenario, PCOS is designated as the most common cause of infertility due to anovulation or oligo-ovulation. Ovulation is under the control of *Vata* as per *Ayurveda*. *Vatshamak Chikitsa* i.e., *Basti* is said to be the best treatment for vitiated *vata dosha*, it detoxifies the reproductive system, regulates the *Apana Vayu* results in normal menstruation, ovulation and helps in conception. In this case report importance of *Basti Chikitsa* along with *shaman Aushadha* in case of infertility due to PCOS has been emphasized.

Keywords: *Basti*, *Bandhyatva*, ovulation, polycystic ovarian syndrome (PCOS)

INTRODUCTION

According to *Ayurveda* Infertility primarily refers to the biological inability of a woman of reproductive age to contribute to the conception and also the state

of a woman who is unable to carry a pregnancy to full term. Infertility is also defined as a failure to conceive a pregnancy after 1 year or more than 1 year

of regular unprotected sexual intercourse without contraception according to modern science. Infertility may be due to male factor is about (30-40%), female factors about 40-55% and unexplained about 10%. Causes of infertility in a woman include ovarian factors, age-related factors, uterine problems, PCOS, endometriosis etc. Ovulation disorder like polycystic ovarian syndrome has been the most common cause of infertility in women. It is characterised by hyperandrogenism, anovulation and polycystic ovaries which clinically manifests as amenorrhoea or oligomenorrhoea, hirsutism, acne and infertility. This particular disease is not described word to word in *Ayurveda*. Associated features of PCOS closely resemble *Bandhya Yoni Vyapad*, *Artavavaha strotas Vidha Lakshan*, *Nashtartava* and *Ksheenartava* described by *Acharya Sushruta* and *PushpghaniJatharini* and *VikutaJataharini* mentioned, by *Acharya Kashyap*. In *Ayurveda*, gynaecological problems can be incorporated within *Yonivyapd* and *Artvadushti*. *Yonivyapdas* are mainly due to aggravated *Vata* which causes expulsion of sperm and *Artvakshay*. *Kashyap* has included *bandhytava* in eighty types of *VataRoga* and vitiation

of *Vata* causes *Beejopghat* (unmaturation of sperm and anovulation of ovum) and *Pushpoghat* (stop to menstruate). Based on these principles, Infertility and PCOS can be considered as predominantly due to *Vatadushti*. As PCOS advances it associates with *Agnimandya* and obesity. *Apana vayu* plays an important role to govern the physiological functions of reproductive organs, so the management of Infertility due to PCOS should be targeted by *Vatashamaka*, *Vatanulomana*, *Balya* and *deepana pachna chikitsa*.

Material and Methods

Description of Patient: A female patient of age 23 years presented to OPD with complaints of irregular, scanty menses and wants to conceive for 3 years. She was married for the last 4 years and living with her husband regularly. The patient gave a detailed history that she had irregular and scanty menses i.e., the interval was 42-45 days and duration was 1-2 days with the inability to conceive since 3 years after having unprotected sex with her husband. With these complaints, a patient came to the PTSR department and basic investigations were done.

Before Treatment investigations have done revealed:

ULTRA SOUND PELVIS

UTERUS: - The Uterus is anteverted. Uterus is normal in size, outline & shows homogenous echo texture .No focal SOL seen. No intrauterine/extra uterine gestational sac is seen.

Uterus measures 4.3x3.4x2.3 cm in size.
Endometrial thickness measures 6 mm & is central.

OVARIES:- Both ovaries are normal in size, shape and echotexture. Multiple small follicles are seen in both ovaries(>12 in number) showing predominant peripheral pattern of distribution and measuring up to 6mm.

Right ovarian volume=5.9cc

Left ovarian volume=3.7cc

Both adnexa are normal. No mass lesion seen. Cul-de-sac is clear.

URINARY BLADDER: - Urinary bladder is well distended & smoothly outlined. No mass lesion /calculus visualized.

IMPRESSION: -

-Findings are likely s/o B/L polycystic ovarian disease
Please correlate clinically & various hormonal levels/ other relevant investigations



Husband Semen Analysis	WNL
LH	15.3mIU/ml
FSH	2.8mIU/ml
T3	1.45ng/ml
T4	10.3mg/dl
TSH	1.37mIU/ml
AMH	5.41ng/ml
Hb	11.2 gm%
Urine: Routine/Microscopic examination	NAD
HIV	Negative
VDRL	Non-Reactive
HBsAg	Non-Reactive

By reviewing all the case scenarios patient has been motivated for *Ayurvedic Shodhan Chikitsa* with oral medication to achieve the normal menstrual cycle and ultimately conception.

Menstrual history

- Age of menarche:13 years
- Duration:1-2 days

- Interval: 42-45 days
- Amount: Scanty
- Associated symptoms: Pain, smell and clots during menstruation does not present

Contraceptive History: Nil

Family History: No history of DM, HTN, PTB and Thyroid dysfunction.

Examination of Patient

Examination	Results
Weight	58 Kg
Height	160cm
BMI	22.65
BP	110/68 mm of Hg
Pulse Rate	86 per minute
Breast examination	NAD
P/S	Cervix: Normal size, regular, no abnormal discharge present
P/V	Cervix: Normal size, regular, firm, mobile, no motion tenderness Uterus: N.S., A.V., mobile, non-tender

AshtavidhaPariksha

Parameters	Results
Nadi	86 bpm
Mala	Once a day, consistency is semisolid
Mutra	3-4 times/day, PeetabhShwetrana
Jivha	Anavritta
Shabda	Spashta
Sparsha	Anushan sheet
Druk	Nirmal
Akriti	Madhyam

Obstetric History: Nulligravida

Treatment planned for the patient

The patient was planned for *Yoga Basti* along with *Ayurvedic* oral medications for consecutive 3 months

to normalize the menstrual cycle and for appropriate ovulation.

Treatment protocol for *yoga basti*: (Route of administration-Per rectal)

Mode of administration:

1 st day	<i>Anuvasana basti</i> with <i>Narayana Taila</i>
2 nd day	<i>Asthapna basti</i> with <i>Palashadi Kwath</i>
3 rd day	<i>Anuvasana basti</i> with <i>Narayana Taila</i>
4 th day	<i>Asthapna basti</i> with <i>Palashadi Kwath</i>
5 th day	<i>Anuvasana basti</i> with <i>Narayana Taila</i>
6 th day	<i>Asthapna basti</i> with <i>Palashadi Kwath</i>
7 th day	<i>Anuvasana basti</i> with <i>Narayana Taila</i>
8 th day	<i>Anuvasana basti</i> with <i>Narayana Taila</i>

Basti Procedure

Purva Karma-*Sarvang snehana* and *svedana*

Pradhana Karma- Patient should lie in left lateral position with semiflexed right leg. *Basti Dravya*

should be given slowly with constant pressure by using *Basti Netra*.

Paschat Karma-Basti Dravya should be returned within 45 minutes. After that *Laghu* and *supachya Aahar* should be taken.

Shamana Chikitsa X 3 months

Cap. Berberis (Berberis Aristata Extract, Milk thistle Extract) 1BD

Stree Vyadhi Har Ras (*Sootikabharan Ras:10mg, LatakaranjbeejGhan:180mg, Shatahva Beeja Choorna:60mg, Karpasmoola Choorna:50mg, Shunthi:16.666mg, Marich, Pippali, LashunSwaras: q.s., Asana Kwath: q.s.*) 1BD

Kumaryasava 20ml with an equal amount of water BD

Dashmoolarishta 20 ml with an equal amount of water BD

The result after Treatment: After 3 months of treatment Menstrual History was as follows.

Duration: 4-5 days

- Interval: 28-32 days
- Amount: Moderate

- Associated symptoms: Pain, smell and clots during menstruation were not present

The patient was advised in the following cycle for Graffian follicular study along with *Ayurvedic* medication for ovulation induction and proper development of the endometrium.

follicular study

Uterus

The Uterus is anteverted. Uterus is normal in size, outline & shows homogenous echo texture. No focal SOL seen. Uterus measures 4.6x4.0x2.8 cm in size.

Ovaries

Both ovaries are normal in shape and show increased stromal echogenicity. Multiple small follicles are seen in both ovaries measuring upto 8mm showing predominant peripheral pattern in distribution. Right ovary measures 3.4x2.4x1.7cm with ovarian volume of 7.2cc Right ovary is prominent in size. Left ovary measures 2.9x2.2x1.3cm with ovarian volume of 4.3 cc. Left ovary is normal in size.

DAY	FOLLICLE	ENDOMETRIUM	POD	COMMENTS
9th	Right=14x10mm	5mm	clear	<i>[Signature]</i>
11 th	Right=16x16mm left=15x11mm	5mm	clear	<i>[Signature]</i>
14 th	Right=23x17mm left=17x15mm	8mm	clear	<i>[Signature]</i>
16 th	Dominant follicle Not seen S/O Post-Ovulation	12 mm	mild free fluid seen	<i>[Signature]</i>

IMPRESSION :-
-B/L PCOD

[Signature]

Treatment protocol planned for Next cycle: As the patient wants to conceive so further treatment was planned for ovulation induction and proper development of the endometrium.

Nagkeshar+TrikatuChurna (Shunthi, Marich, Pippali)	3gm BD starting from Its day of period X 12 days
Cap Konciv (Belgiri 50mg, Ashok Chhaal 50mg, Putra Jivak 50mg, Shivlingi Beej 25mg, Darhaldi 50mg, Pippali 25mg, Ela beej 25mg, Phaitkari Phoola 25mg, Tankhan 25mg, Shudh Hingul Bhasma 25mg, Loh Bhasma 25mg, Praval Pishti 25mg)	1 BD starting from Ist day of period X 12 days

As a perceiving patient for pregnancy following treatment was planned from 14th day of cycle to next 10 days for maintenance of pregnancy

Cap. Shatavari	1BD for the last 10 days
Cap. Gynaejoy (Vitus agnus castus extract)	1BD for the last 10 days
Tab Laptaden (Jeevanti 150 mg, Kambhoji 150 mg)	1BD for the last 10 days

Results after Treatment: The patient missed her next period then after two and half months got her UPT done, which was found positive. The patient was advised for Ultrasonography to confirmation of Pregnancy.

After Shodhan Chikitsa along with oral Ayurvedic drug patient got normal menstruation, ovulation occurred and ultimately resulted in conception.

USS after Treatment

ULTRASOUND EARLY PREGNANCY

The enlarged uterus shows evidence of a single gestational sac with fetal pole inside with CRL of 4.1 cm corresponding to gestation of 11wks0d. Decidual reaction is present.

Cardiac activity & fetal movements are positive.

Fetal nasal bone is normal.

G.A from LMP= 11wk0d

EDD from USG =08/06/2022

Foetal parameters: - CRL =11wk0d
GSD=10wk6d

FHR=170 beats/min

No cervical dilatation seen.

OS is closed.

Both adnexa are normal. No mass lesion or free fluid is seen

Urinary Bladder is well distended, normal in wall thickness.

IMPRESSION: -

-Single Live Intrauterine Pregnancy

-Note is made of maternal uterine fibroid measuring 8x5mm anteriorly in UUS

SLIUF with CRL of 4.1cm corresponding to the gestation of 11 weeks o days

GA from LMP: 11 weeks o days

EDD from USG: 8/06/2022

FHR 170bpm

GSD 10 weeks 6 days.

DISCUSSION

The basic treatment has been divided into two parts *shodhan Chikitsa* and *shaman Chikitsa* which is helpful in Infertility due to PCOS. As *Basti* is said the best treatment for *Vata* disorders, the patient was treated with *Shodhan* therapy by *Basti (Yoga Vasti)* i.e., *Palshadi Asthapna Basti* had been administered as *Palash* has anti-stress and aphrodisiac properties and *Narayan Taila Anuvasana Basti* provides strength to the reproductive system, act as a natural detoxifier, removes *Vataavrodh*, regulates *Apana Vayu*, so ultimately results in normal menstruation and ovulation. *Shaman Chikitsa* includes *vatshamak*, *Vatanulomak*, *Rajahpravartak* and *Balya Aushadh*. *Rajahpravartak yoga* has *Katu rasa*, *Ushana veerya*, *Sara*, *Teekshana guna* and *Pitta vardhaka*. these properties remove obstruction in the passage and do *Strotoshodhana*. By this, there is improvement in *Artva vaha strotas* and *Artva*. *Ushna guna* increases the secretion of glands thus improving the

proliferative phase of the menstrual cycle, it has also *Vata Anulomak* properties, so helps to regulate *Apana vayu* and results in normal menstruation. *Stree Vyadhihara Rasa (Sootikabharan Ras:10mg, LatakaranjbeejGhan:180mg, Shatahva Beeja Choorna:60mg, Karpasmoola Choorna:50mg, Shunthi:16.666mg, Marich, Pippali, LashunSwaras: q.s., Asana Kwath: q.s.)* correct ovarian functions, menstrual irregularities, nourishes and purifies uterus. *Cap. Berberis (Berberis Aristata Extract, Milk thistle Extract)* is effective in Insulin resistance as it has similar effects to Metformin. As in *samprapti* of Infertility due to PCOS *Vata* is predominantly vitiated and PCOS ultimately results in *Artvakshya* so by above-mentioned treatment *sampraptivighattan* was done and *Artava kshaya* had been improved then further treatment was planned for conception. *Nagkeshar* and *Trikatu* are given for ovulation and proper development of the endometrium, appeasing the *Vata dosha*. It aggravates and detoxifies *Pitta*. It is followed by *Shatavari*, *Leptadene* and *Gynaejoy* for maintenance of Pregnancy. *Shatavari* has *Madhur Tikta rasa*, *guru snigdha guna*, *Madhur vipaka* and *Rasayana*. In *Shatpushpa*, *Shatavari Kalpadhyaya* in *Kashyap Samhita* it has been mentioned that *Shatavari* acts as a vector for women with hypomenorrhoea, infertility, women with a history of

stillbirth or whose children are weak. *Shatavari* is rich in folic acid which is a critical nutrient required for the development of the fetus. It is critical for the neural development of the foetus and important for the formation of new cells and DNA in the body. *Gynaejoy (Vitus agnus castus extract)* helps to maintain the hormone levels i.e., *Prolactin, progesterone and estrogen* thus helpful in PCOS as well as infertility. *Leptadene (Jeevanti+Kamboji)* supports the proper implantation of the fertilized ovum.

So, it is required both before and during the pregnancy to have a healthy baby.

CONCLUSION

In case of infertility due to PCOS, we can have better results if we follow the guidelines mentioned in our classics. In this case, the patient had scanty menses and PCOS, so the patient was planning for *yoga Basti* along with *Ayurvedic* oral medications for consecutive 3 months to regulate the menstrual cycle. After achieving a regular menstrual cycle further treatment was planned for ovulation and proper development of the endometrium. As a perceiving patient for pregnancy *Jeevaniya* and *Prajasthapniya aushadh* had been started for the continuation of pregnancy. In this case by planning *Sanshodhan* as well as *Shamana chikitsa* accordingly patient finally conceived. So, by proper implication of *Shodhana* as well as *Shamana Chikitsa* we can achieve a better success rate.

REFERENCES

1. Shusruta, Shusruta Samhita, Sharira Sthana, 2/33. Reprint edition. Varanasi: Surabharati Prakashana; reprint 2003.
2. Kalidas Tripathi, Harita Samhita with Hindi Commentary by Ramvalamba Shastri, Tritiya Khand, 48/1-6. Varanasi, 1985.
3. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Chikitsa Sthana 30/5.

4. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Sutra Sthana 28/9-10.
5. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Sharira Sthana 2/30.
6. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Chikitsa Sthana 30/5.
7. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Chikitsa Sthana 2-1/50, 51.
8. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with Vidyotini Hindi commentary edited by Pt. Kashinath Shastri and Dr Gorakhanatha Chaturvedi, Chaukhambha Sanskrit Sansthana, Gopal Mandir Lane, Varanasi, reprint 2013 Sidhi Sthana 2/13.
9. Pandit Hemraja Sharma, Kashyapa Samhita, Vidyotini Hindi commentary, Chaukhambha Sanskrit Sansthana, Reprint 2018, Kalpa sthana 6/33 page no 390
10. Dr Inderdev Tripathi Chakradduta Svimarsh Vaidyaprabha Hindivyakhyopeta edited by Dr Ramanath Divedi chapter 62 Yonivyapd Chikitsa vurse 27-page no.382

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