



AYURVEDIC APPROACH IN INFERTILITY DUE TO PCOS (ANOVULATORY CYCLE)-A SINGLE CASE STUDY

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ABSTRACT:

Introduction: Infertility is failure to conceive after 1 year of regular unprotected coitus. Female infertility is responsible for 45% of all etiology. As per WHO infertility may be primary or secondary. Primary infertility where patients have not gotten pregnant after having coitus for at least a year without using contraceptives. Secondary infertility is where couples who have been able to conceive at least once but currently fail to do so. *Vandhayatwa* is a term used in *ayurveda* to explain infertility. According to *ayurveda* causes of *vandhyatva*, it is the abnormality of *Kshetra*, *Ambu*, *Ritu*, *Beeja* & *Mana*. Any abnormality in these factors leads to *vandhyatva*. PCOS is a common reproductive endocrine condition that affects around 5% of women. In this, ovaries produce excessive levels of androgens which causes infertility, irregular menstruation, hirsutism etc. In the present study a female aged 30 yr diagnosed as *vandhayatwa* due to PCO with a marital life of 2yr, tried with OI (Ovulation induction) six times but failed, came to Government *ayurveda* hospital for the further management. **Aims and objectives:** The goal of this study is to determine the role of *yoga vasti* in PCOS as well as to establish it as a safer and inexpensive *ayurvedic* therapeutic option. **Methodology:** A single case of infertility due to PCOS is selected from the OPD of *Prasuti & stree roga* department (government ayurveda hospital, Hyderabad). **Results:** Patient conceived after 3 cycles of ayurvedic medications and procedures. **Discussion:** The role of *ayurvedic* therapies and medication showed a great result in management of infertility along the subsidence of menstrual irregularities and growth of healthy follicles and its rupture leading to pregnancy.

Keywords: Infertility, PCOS, *vandhyatva*

INTRODUCTION:

Infertility can be defined as a failure to conceive within one or more years of regular unprotected coitus. Female infertility responsible for 45% of all etiology.^[1] Infertility is not an independent disease, rather a cardinal feature of so many diseases among which anovulation due to PCOS is found out to be a major cause.^[2] PCOS is a common reproductive endocrine condition that affects around 5% of women. In this, ovaries produce excessive levels of androgens which disturb the H.P.O axis leading to infertility due to anovulation. *Vandhayatwa* is a term used in *ayurveda* to explain infertility. *Ayurveda* emphasized on 4 main essential factors (*Garbha-sambhava samagri*) for fertility i.e *Ritu* (ovulatory period), *Kshetra* (reproductive organs), *Ambu* (uterine fluid along with *rasa dhatu*), *Beeja* (healthy sperm and ovum) along with healthy psychological status & normal functioning of *vata* (one of the governing factors of body according to *ayurveda*).^[3] Abnormality in any of this factor leads to infertility. *Stree beeja* & *Beejotsarga* mentioned in *ayurveda* text can be correlated with ovum & ovulation respectively. *Acharya Susruta* defined *Nashtartawa* as the main cause of *Vandhya*.^[4] Here *Nashtartawa* can be

considered as anovulation which occurs mainly due to vitiated *vata*. *Basti karma* is considered as the best line of treatment for *vata*. In present case study combined effect of *yoga vasti* (*Dashmoola kashayam* & *sahacharadi taila*), *yonipoorana* (*balashwagandhadi tailam*) & *granthihara dravya* (*kanchanara guggulu, mundi churna*) was found effective in the management of *vandhyatva* due to anovulation (PCOS).

CASE REPORT:

A female aged 30 years old, Hindu patient, house wife by occupation visited the OPD of Dr.B.R.K.R government ayurvedic college, Hyderabad, Department of *Prasuti & stree roga* on 20/8/22 with chief complaints of anxious to conceive after 2 years of marriage even after unprotected coitus from 2 years with normal menstrual cycle length of 26-30 days. After 1 year of marriage, she consulted a gynecologist of modern medicine which after investigation diagnosed an anovulatory cycle leading to infertility for which she was treated with ovulation induction (6 cycles regularly) but failed, after that they advised for IVF as a final treatment. After that she came to our hospital; for seeking the management of this condition by natural method.

Menstrual history:

Menarche: 13 years

Days of bleeding: 3-4 days Cycle length: 26-30 days

No of pads/day: 1-2 pads/day Dysmenorrhea: No

Clots: No

Obstetric history: Nulligravida

Contraceptive history: Not used.

Sexual history: 2-3 times/week

Past history: Known case of hypothyroidism from 7 months under medication (Tab Thyronorm:25mcg). Beside this no H/O HTN, DM, tuberculosis etc.

Husband history: NAD

Family History: NAD

Examination of patient:

General condition-Fair, Afebrile

General body built- Moderate

Weight- 52kg

Height- 5 feet 3 inch

BMI- 18.6

Pulse rate- 76/bpm

BP- 120/70 mm of hg

Breast examination- Not any defect

Per abdomen- Soft, non-tender, no-organomegaly

Per vaginal- Uterus- anteverted, normal size, free fornices

Per speculum-Cervix: healthy, No discharges

Asthavidha pariksha:

Nadi- Vata-kaphaja

Mala- Once a day

Mutra- Normal, 4 -5 times/day

Jivha- Niraam

Shabda- Prakrita

Sparsha- Anushna sheeta

Drika- Prakrita

Akruti- Madhyam

Dashvidha pariksha:

Prakruti- Vata kaphaja

Vikruti- Madhyam vata kaphaja

Sara- Medasara

Samhanan- Madhyam

Praman- Madhyam

Satmaya- Madhyam

Satva- Madhyam

Ahara shakti- Madhyam

Vyayam shakti- Madhyam

Vaya- Madhyam

Investigations:

Husband semen analysis- Normal

Investigations of patient-

TSH (thyroid stimulating hormone, on 29/01/22) -1.54 mIU/L.

Ultrasound TVS (on 5/9/22) - Imp: B/L PCO.

Hysterosalpingogram (on 12/3/22)- Normal study

Follicular study (24/9/22) Imp: Anovulatory cycle.

Treatment:

Table no 1. Shows the different medications used along with duration

Therapeutic approach	Medicines with dosage	Duration
<i>Vasti karma (yoga vasti)</i>	<i>Anuvasana vasti</i> with <i>Sahacharadi tailam</i> ^[5] (70ml) & <i>Kashaya vasti</i> with <i>Dashmoola kashayam</i> ^[6] (700ml)	8 days for 2 consecutive cycles after cessation of periods
<i>Yoni poorana</i>	<i>Balaswagandhadi tailam</i> ^[7]	7 days after 2 month of yoga vasti
<i>Abhyantara ausadha</i> (Internal oral medications)	<i>Kanchanara guggulu</i> ^[8] (500gm*twice daily) <i>Mundi churna</i> ^[9] (5gm* twice daily) <i>Phala ghritam</i> ^[10] (5gm* twice daily)	Oral medicines continuously for 3 months.

Result:

The patient got conceived with 3 months of treatment and is under regular ante-natal checkup.

Table no: 2 shows before and after treatment results

Sl no:	Date	BT Report	AT report
1.	22/09/2022	Follicular study: Imp: anovulatory cycle	-
2.	24/03/2023	-	Ultrasound scan: Imp: single live intrauterine gestation of 9 weeks 0 days.

DISCUSSION:

The main treatment protocol focused on treatment of anovulatory cycle & *vandhyatva* at the same time.

Acharya susruta mentioned *vandhya yonivyapad* in the *vataja* type of *yonivyapada*. [For pacifying *vata basti* is the *shrestha chikitsa* as per *ayurveda*.

Sahacharadi tailam mentioned in *asthanghridya chikitsa sthana*, used in all type of *vata* disorders along with *yonirogas*, *Dasamoola kashayam dravyas* is considered best among *vatahara dravyas*, *balya*, *rasayana* etc. which helps in maintaining the HPO axis by controlling the *apana vayu* which is responsible for the proper excretion,

movement of all lower abdomen physiology including ovulation.

Balaswagandhadi tailam having *rasayana*, *balya*, *vata pitta shamaka* property helps in maintaining the normal vaginal flora (which helps in easy passage of the sperm through the cervix) along with maintaining the endometrial thickness which is essential for the implantation & nourishment of the zygote.

Kanchanara guggulu & *Mundi Churna* having *vata kapha hara*, *granthihara*, *rasayana* property helps in correcting the HPO axis by clearing the cyst(*granthi*) that is formed in the ovary

Phala ghritam mentioned in *bhaishajya Kalpana* has *tridosha shamak*, *garbhasthapak*, *rasayana* etc. property which helps in nourishing the developing follicle to grow as a dominant follicle which lacks in case of anovulatory cycle. Beside this it also helps in proper development of the endometrium which is required for the implantation and nourishment of the zygote.

CONCLUSION:

With proper diagnosis and treatment protocol of *ayurveda*, infertility due to anovulatory cycle can be curable which is failed by allopathic therapy like ovulation induction. Further, a large group study is required for the establishment of this

ayurvedic treatment protocol for the above condition.

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