

AYURVEDIC MANAGEMENT OF PCOD: A CASE REPORT**Veena Jawale¹ and Ratnamala Mahajan^{*2}**¹HOD and Professor of Prasutitantra Evum Streerog Department, SGRA, Solapur.²Post Graduate Scholar, Prasutitantra Evum Streerog Department, SGRA, Solapur.Article Received on
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Solapur.**ABSTRACT**

Motherhood is a beautiful phase in women's life. Failure to conceive even after 1 or more years of regular unprotected coitus is called infertility.^[1] Infertility is a global problem in the field of reproductive health and PCOD is one of the most emerging cause of infertility. The prevalence rate for PCOD is about 8-10%. In this case, A 27 year old women approached to the OPD of Prasutitantra and streeroga department of Seth Sakham Nemchand Jain Ayurved Hospital, Solapur with complaints of inability to conceive even after unprotected sexual life and intense desire to get pregnant. She had irregular menstrual cycles and was diagnosed with bilateral PCOD. In Ayurveda, the clinical condition of female infertility is known as strivandhyatva.^[2] There are some factors described for garbhdharana are Kshetra (garbhashya and yoni), Ritu, Beej (sperm and ovum), Ambu along with normal functioning of vayu. Any abnormality in

these factors leads to infertility. Here kshetra and beeja (sperm and ovum) dushti happened. So the treatment approach was to regularising the menstrual cycle and inducing ovulation by improving the quality of garbhasambhava samagri. According to ayurvedic classics, features found similar to pushpaghni jatharini yonivyapad. The treatment was given to balance the vitiated kapha and vata dosha and to regularise the menstrual cycle with production of healthy ovum. Shodhana^[3] and shaman chikitsa were given. After 5 months of treatment, patient got conceived and delivered a healthy male child.

INTRODUCTION

PCOD^[4] is the most common endocrinopathy in women of reproductive age causing infertility and including symptoms like amenorrhoea or infrequent menstruation, excess facial and body hair growth, obesity, acne and small multiple cystic ovaries on USG.

Infertility can be correlated to vandhyatwa in Ayurveda. Yonipradosha, mansaabhighat, shukra- asruk dosha, and ahar dosha - vihar dosha are considered as causes of vandhyatwa in ayurvedic classics. In ayurvedic classics, PCOD is not directly mentioned but the refernces of symptoms found under various diseases i,e menstrual irregularities can be correlated as ashtoartavdushti. PCOD can also be correlated to jatharini pushpagni^[5] – mentioned by kashyapacharya. It includes features like ‘vridhe pushpe tu ya nari ‘means the women may have regular cycles but will be fruitless. Literature review also states that the shodhan and shaman chikitsa is effective in gynaecological disorder as it regularize the vitiated doshas. In this case, vata and kapha are the main doshas vitiated here, patient was treated with basic chikitsa siddhanta.

CASE REPORT

A 27 years old married women approached the OPD of Seth Sakharam Nemchand Jain Ayurved Hospital, Solapur with complaints of secondary infertility with irregular menstrual cycles. On USG – she was detected to have B/L PCOD. She took allopathic consultation for same complaints. Menstrual induction was given several time. She had also given ovulation induction, but failed to conceive. After several unsuccessful attempts, the couple came to our hospital with faith on ayurvedic treatment.

Menstrual history

Age of menarche - 13 yr

Duration of bleeding - 7 days

Interval between cycles - 45-60 days

Dysmenorrhea - mild

Number of pads - 2-3 pads /day

LMP- 26/7/2022

PLMP-23/6/2022

Vaginal discharge – nil

Marital and sexual history

Marital status : 7 years

Non-consanguinous marriage

Dyspareunia : absent

Post coital bleeding : absent

The couples were aware of fertility period

Frequency of coitus : 3-4 times /week

Male partner

Age : 33 yr

No H/O DM, HTN, Thyroid dysfunction

No H/O smoking and alcohol

Obstetric history

G1 - 4 months abortion – spontaneous in 2015

G2 - 5 months abortion of twins –spontaneous in 2018

Family history - nothing relevant

Personal history – Her appetite, bowel, sleep pattern was found to be normal.

Blood investigations –3/7/2021

Hb-12.1

TSH – 4.18

Serum prolactin – 9.65 ng/ml

USG on 14/6/2022

Bulky mildly enlarged both ovaries with likely changes of PCOD. Uterus – normal in size, ET- 6.8 mm, few very small follicles seen in both ovaries.

Semen analysis- 28/2/2022

Normozoospermia.

Per vaginal examination on 7/5/2022

Inspection: External genitalia appears to be normal, No discharge

No e/o cystocele / rectocele /polyp/prolapse

p/v - Uterus – Anteverted, normal in size, fornices – free, no tenderness felt

Per speculum – cervix : pinkish, healthy, no discharge /erosion /polyp seen.

Treatment

She was planned for virechan from 12/5/2022

Name of the procedure	Medicines used	Duration
1. Aampachan	By adding each of ingredient about 500 mg for 1 day 1. Ativisha 2.Shunthi	1 gm BD for 5 days

	3. Musta 4. Haritaki 2. Gandharva haritaki churna	1 gm HS for 5 days
2. Abhyanga ushna sweda	Murchita tila taila	3 days
3. Snehapana	Dadimadi Ghruta in increasing order from 30ml, 60 ml 90 ml, 120 ml respectively	4 days
4. Virechana	Trivruttavaleha - 30 gm	1 day

Samyak virchana lakshana seen. She was advised for sansarjan krama and follow up on next menstrual cycle.

Then She was planned for yoga basti

Internal medications were given from 24/6/2022 to 28/6/2022

TB. Ampachak vati - 2 tablets BD

TB. Gandharva haritaki - 1 tablet HS

After this, yoga basti was started from 29/6/2022 to 6/7/2022

Name of the procedure	Medicine Used	Duration
Abhyanga and ushna sweda	Murchit tila tailam	3 days
Yoga basti	20 gm triphala churna + 500 ml = 250 ml kwath Tila taila – 40 ml Yavakshar and saindhav - 2.5 g each Bilva, ajmoda, madanphal, kushtha, vacha, musta, pippali, shatapushpachoorna – 1 gm each Kasis bhasma- 125mg Shilajeet - 125 mg Gomutra - 80 ml	3 days
1. Lekhan basti (kashaya basti) ^[3] - 2. Sneha basti	Sahacharadi taila (50 ml)	5 days

DISCUSSION

PCOD being one of the cause in female infertility. In Ayurveda, it is co-related with artavavaha srotorodusti. Virechana was done with trivruttavaleha, since it was found to be, pittahara, vata – kapha shamak, sukshma gami, vatanulomak properties.

Vata – kapha doshas are the causative factor for srotorodha. vitiated vata dosha causes sankocha due to its ruksha, khara guna and vitiated kapha causes avrodha due to its sthir, manda guna, together it results in sanga – srotodusti, which ultimately leads to infertility. Virechana normalizes the function of pitta and agni. Thus virechana helps to remove the srotodusti at the level of rasa, rakta, mansa, meda and correcting the functioning of tridosha especially the normal functioning of apan vayu in normalising menstrual cycle and ovulation.^[9]

Lekhan basti is Vataghna, Shleshma- Medohar, Ruksha-ushna-tikshna Basti. On the basis of this, Triphala is used as Kashaya in the preparation of Lekhana Basti. Most of these drugs having Tikshana, Ushna properties and consists of Katu, Tikta. Kashayarasa. It acts on Kapha-Vata by virtue of its Ushnavirya.

Lekhana Basti breaks the Srotosanga. So the active principle can reach to the cellular level. As the drugs having Tikta, Katu and Kashaya Rasa, they cause Shoshana, Lekhana, Amahara Karma. Madhu is having Yogavahi, Srotoshodhak properties. It also having Kaphanashaka and Chedana properties. Saindhava, by virtue of Sukshma, Vyavayi Guna helps Bastidravya to spread and act fast.^[8] Saindhava is having Ushna, Teekshnaguna which are helpful in absorption of Bastidravya.

CONCLUSION

As the PCOD is a most common problem consisting endocrine, metabolic and reproductive dysfunction. in contemporary medicine, The treatment for PCOD is focusing on the correction reproductive organ dysfunction and hormone regulation, but the complications arising due to hormonal therapy are more common. And found expensive in terms of cost.

On the other hand, The Ayurvedic approach to infertility due to PCOD was very effective. The treatment protocols mainly aimed to correct her menstrual abnormalities and hormonal imbalance due to PCOD, and producing a healthy ovum. The ayurvedic principles in managing PCOD are found Effective, safe, less expensive.

We can conclude that The virechana and yoga basti treatment is effective in the patients of infertility due to PCOD.

REFERENCES

1. Text book of Gynaecology Dutta D.C 7th edition. Culcutta: jaypee brothers medical publishers LTD., 187.
2. Ayurveda Prasuti Tantra Evam Stri Roga, Stri Roga, Tewari P.V. Chaukambha Orientale. Varanasi: revised 2nd edition, 2008; II: 273.
3. Sushrutasamhita of sushruta, edited by YKT Acharya, Chikitsa sthana-38/82, chaukambhaorientalia, 2008.
4. Text book of Gynaecology Dutta D.C 7th edition. Culcutta: jaypee brothers medical publishers LTD., 378,379.

5. Ayurveda Prasuti Tantra Evam Stri Roga, Stri Roga, Tewari P.V. Chaukambha Orientale. Varanasi: revised 2nd edition, 2008; II: 42.
6. Dravya guna vigyana part 2 Acharya Priyavat Sharma, Choukhambha Orientalia Publication; Varanasi, 2013; 758,239.
7. Role of Lekhana Basti in Manegment of PCOS -A Case Study. Jour. of Ayurveda & HolisticMedicine, March, 2023; XI(III): 23614.
8. Charak Samhita of Charaka, Siddhi Sthana. 1/31, Chaukhamba Prakashana, Varanasi, 2011.
9. Charak Samhita of Charaka, Siddhi Sthana. 1/44-45, Chaukhamba Prakashana, Varanasi, 2011.
10. Jha K Dahal A, shah B, Tripathi P, Managementt of polysystic ovarian syndrome (PCOS) withAyurveda – A single case report, journal of Ayurveda campus, 2021; 2(1): 133-138.