

MANAGEMENT OF SUBFERTILITY WITH PCOS THROUGH AYURVEDA TREATMENT REGIMEN - A CASE STUDY

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ABSTRACT

Infertility is a worldwide problem which has profound social and emotional implications among the couples concerned. Polycystic ovarian syndrome (PCOS) is a hyperandrogenic disorder that results in adverse effect on multiple organ systems and may result in alteration in serum lipids, anovulation, insulin resistance and in turn causing infertility. Here the study was done to evaluate the efficacy of some *Ayurvedic* formulations in the management of PCOS induced subfertility. The study was conducted in a single patient. Patient with features of PCOD along with sub fertility was selected and treated with

Vidanga 3gm and *Tankan* 500mg for 4 months. According to *Ayurveda*, in PCOS main vitiated *Doshas* are *Vata* and *Kapha*, *Strotas* involved are *Rasavaha*, *Raktavaha*, *Medovaha* and *Artavavaha*. Therefore, in this case study *vidanga* was taken for regularising the *apana vayu* by *Vataanulomana*, *Kapha Medohara Chikitsa*, *Agnideepana* at *Jatharagni* and *Dhatvagni* level and *Tankan* was taken aiming at proper formation of *Artava* or *Beeja* and ovulation through *Srotosodhana* and *Aartav Pravartan*. The result of trial drugs showed that patient conceived. Thus, sub fertility due to PCOS was treated successfully.

KEYWORDS: Poly Cystic Ovarian Syndrome, Sub fertility, *Tankan*, *Vidanga*.

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is one of the most common reproductive endocrinological disorders with a broad spectrum of clinical manifestations affecting about 6-8% of women of reproductive years.^[1] Infertility in women has been attributed to several causes. Poly cystic ovarian syndrome (PCOS) is a common endocrine disorder which causes

anovulatory infertility.^[2] Polycystic ovary syndrome is the most common cause of oligo ovulation and anovulation.^[3] In PCOS increased ovarian androgen production leads to premature adrenarche, menstrual irregularity, acne, hirsutism and infertility by means of elevated luteinizing hormone to follicle stimulating hormone production and hyperinsulinemia.^[4] Current incidence of PCOS is fast increasing and is also becoming a common problem amongst adolescents, developing soon after puberty. The underlying defects in PCOS are still unclear; however, insulin resistance and the metabolic syndrome are common in both obese and non-obese. In this case study we have approached for the management of PCOS induced sub fertility by selecting the trial drugs keeping in mind the pathogenesis of disease according to *Ayurveda*.

CASE REPORT

In the present study we report a young female patient of primary infertility aged 28 years from Jaipur Rajasthan, presented in the OPD of *Prasuti Tantra* and *Stree Roga*, NIA with complaints of wants issue for 3 years. Her menses were irregular occurring in every 2-3 months with normal flow since 7 years and had her last menstruation a week ago. Her active married life was of 4 years with no any contraceptive history. She also had noticed increased body weight, facial and body hair and acne over face.

On Examination

- Darkening of the skin (acanthosis nigricans) on the back of the neck, axilla (under the arms) and groin area was noted. Central obesity was present with BMI 28 (overweight). Presence of mild hirsutism.
- On P/V & P/S no any abnormality was detected.

INVESTIGATIONS

All the routine investigation like Complete blood count, Random blood sugar, Liver function test, Renal function test, thyroid function test were done which was within normal limit. HBsAg, HIV (Human Immunodeficiency Virus), VDRL (Venereal Disease Research Laboratory), were also done which were negative. Urine Routine and microscopic was normal. USG for uterus and adnexa was done which revealed bulky B/L ovaries showing multiple small follicles predominantly distributed peripherally with relatively echogenic stroma; findings may be consistent with polycystic ovarian disease. Her serum FSH level was 6.10 mIU/ml and Serum LH level was 20.02 mIU/ml.

TREATMENT

Patient was treated with *Vidanga*⁵ 3gm and *Tankan*⁶ 500mg twice a day for four consecutive months. Follow up was done every month. Along with this patient was instructed to avoid cold, salty, sour, fermented, heavy(*Guru, Abhisayndi*) and junk food items in diet and to avoid day sleeping by maintaining early wake up and early bed time and to incorporate active lifestyle.

On first follow up she presented with improvements in symptoms like feeling of heaviness and fatigue.

On second and third follow up she had her menstrual cycle with inter menstrual period of 42 and 35 days respectively along with increased energy level in the body.

On fourth follow up she came with complaint of amenorrhoea for 50 days for which UPT Test was done which was positive. An ultrasonography was also done to confirm the conception.

DISCUSSION

According to *Ayurveda*, *Vata* and *Kapha* are the prime cause for anovulation and the *Strotas* involved are *Rasavaha*, *Raktavaha*, *Medovaha* and *Artavavaha*. For *Avrita Apana Vayu* with *Kapha Dosha*, the treatment should be *Strotoshodhaka*, *Agnideepaka*, *Vatanulomaka* and *Pakvashaya Shuddhikara*. Therefore, *Vidanga* was taken for regularising the *apana vayu* by *Vataanulomana*, *Kapha Medohara Chikitsa*, *Agnideepana* at *Jatharagni & Dhatvagni* level and *Pakvashaya Shuddhikara* properties while *Tankan* was taken due to its *Srotosodhana* and *Aartavpravartan* properties for the management of subfertility with PCOS.

Vidanga

Vidanga has *laghu*, *ruksha* & *teekshna* guna, *katu* and *kasaya* rasa, *ushna* virya and *katu vipaka*. It has *kapha* and *vata shamak* properties. Therefore, results in *Vataanulomana*, *Kapha Medohara*, *Agnideepana* at *Jatharagni* and *Dhatvagni* level & *Pakvashaya Shuddhikara* properties which is responsible for the proper formation of *Aartav* or *Beeja* or ovulation.

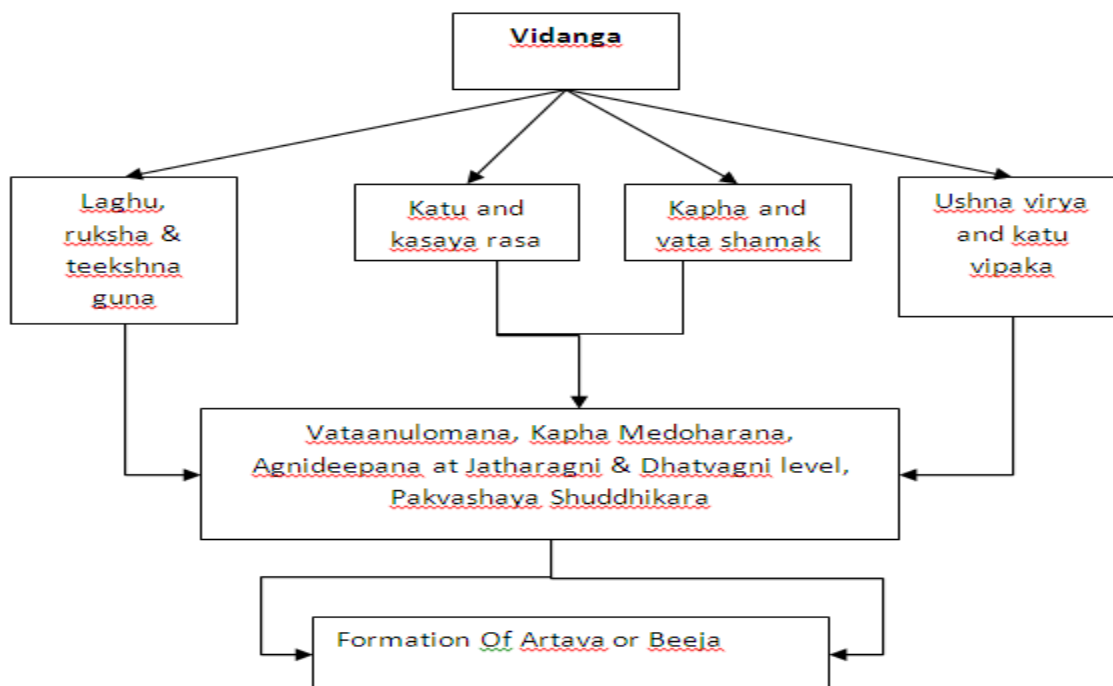


Fig.1 Probable mode of action of Vidanga

Tankan

Tankan has Laghu, Ruksha & Teekshna Guna; Katu and Lavana rasa; Ushna Virya and Katu Vipaka. It also has got Kapha and Vatashamak properties. Thus, these properties ultimately lead to Aartavpravartan (proper menstrual flow) and Srotosodhana (clear channels) action.

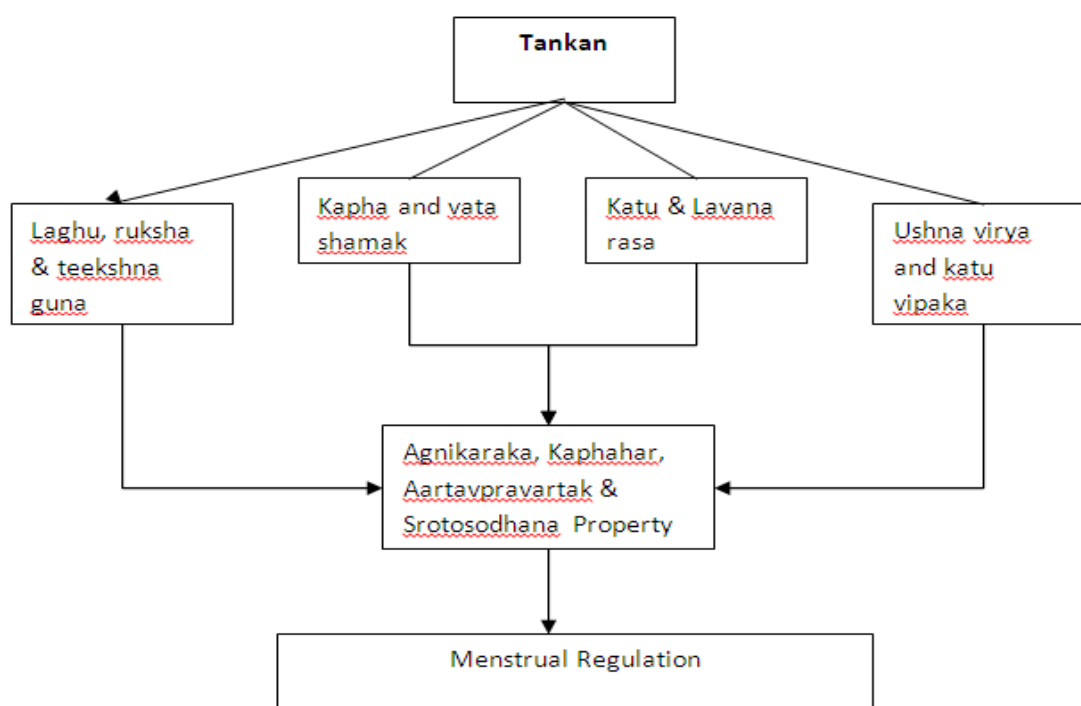


Fig.2- Probable mode of action of Tankan

CONCLUSION

Current incidence of PCOS is lately increasing due to change in lifestyle and stress which in turn is attributed to one of the major cause of anovulatory infertility. In this study through above mentioned *Ayurveda* treatment regimen subfertility due to PCOS was successfully treated. Hence, in the above discussed type of cases this regimen proves as a promising therapeutic strategy for conception.

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