



MANAGEMENT OF INFERTILITY ASSOCIATED WITH PCOD THROUGH AYURVEDA - A CASE REPORT

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ABSTRACT

Infertility has been a long standing problem since ancient period. Though numbers of pathologies are responsible, lifestyle and stress factor of today's era may be affecting their fertility rate. One among the various causes of infertility is Polycystic ovarian disease (PCOD), characterised by menstrual irregularities, hyperandrogenism, anovulation and hyperinsulinemia. In Ayurvedic literature the features of Polycystic ovarian morphology can be understood as Granthibhuta artavadushti, associated with clots, dysmenorrhoea, irregular cycles and even the symptoms mentioned under the diseases like Pushpagni, Jataharini in Kashyapa samhita resembling conditions like irregular menses, hirsutism etc. Here an attempt is made to present a case with complex disease, which is successfully managed by employing Ayurveda knowledge.

KEYWORDS : PCOD, Irregular menses, Infertility, Ayurveda treatment

INTRODUCTION

Motherhood is the greatest boon given by the Almighty to women, but infertility has become a major issue of concern and a great challenge which needs to be handled very sensitively [1]. Prevalence of Infertility ranging from 2.2%-26%, most reports have stated that adult women with age ranged between 18-45 years are more likely to have Infertility [2]. Most women of reproductive age who seriously try for conception face one or the other health related issues, Polycystic ovarian disorder (PCOD) being one among them suggests ovarian dysfunction because of multiple cysts. This disorder was first described by Stien and Levanthal in 1935, so called as "Stein-Levantahl Syndrome" [3]. It is a heterogeneous disease featuring menstrual irregularity, hyperandrogenism and hyperinsulinemia leading to infertility. On Sonological evaluation presence of 12 or more follicles peripherally arranged with increased ovarian stromal volume cases are diagnosed as PCOD [4]. In Kashyapa Samhita the symptoms mentioned under the diseases like Pushpagni and Jataharini are irregular menstrual cycle, anovulation, hirsutism etc. [5] and features like dysmenorrhoea associated with heavy clots, mentioned in Granthibhuta artavadusti [3] are similar to that of Polycystic ovarian morphology. Ayurveda emphasises on treatment depending on the state and stage of the disease and there by correcting the metabolic dysfunction. In this article we are presenting a case of PCOD which was successfully treated by following Ayurvedic therapeutic measures.

Case Report

A 27 yrs old, married female patient, visited Gynaecology and Obstetrics (Prasooti and Stiroga) Out Patient department of KLE Ayurveda Hospital and Medical Research Centre, Belagavi, Karnataka on February 2017. The main concern of the patient for visiting our hospital was Primary infertility with irregular menstruation, scanty flow, loss of appetite and mood fluctuations due to stress. Patient was more worried because even after having unprotected sex with a satisfactory marital life since past 3 years she was not able to achieve pregnancy. She presented with reports of previous investigations undergone at other centres, showing her as a case of Polycystic Ovarian Disorder with no specific family history and subsequently she was treated for PCOD with hormonal therapy for 3 months and her menstrual cycles were stimulated for ovulation induction by Clomiphene citrate, she was even on Metformin for 3 months. Accepting the failure of treatments she was further advised for ovarian drilling and in vitro fertilization. Hence she discontinued and consulted our hospital for further management. We considered this as a case of challenge because patient was already treated with

all possible line of treatment at other hospitals.

On general examination we observed that she was well nourished with weight being 56kgs and all her vitals (BP, PR, RR, T) were stable, she had no history of Acne, Hirsutism or Galactorrhoea. On systemic examination her Cardiovascular System - S1 and S2 was normal with no any added sounds. Respiratory system was showing symmetrical chest with no palpable mass and normal chest expansion and AEBE on auscultation. Central Nervous System examination revealed that patient was well oriented to time, place and person. On Palpation Gastrointestinal system was soft, non tender, with bowel sounds on auscultation. Gynaecological examination on inspection showed Per/Vagina- External genitalia were normal, Per/Speculum - Vagina healthy, Cervix Healthy and on palpation Per/Vagina - Uterus was Anteverted / Normal Size/ Mobile/ Fornices Free. Ultra Sonography of abdomen and pelvis showed bilateral polycystic ovaries. Hormonal assay showed normal range of (FSH, LH, TSH and serum testosterone).

After considering all these the patient was diagnosed to be suffering from Granthibhuta artava dushti and the following treatment protocol was adopted.

On first visit, 1) Capsules-Gomutraharitaki-1 BD/After food 2) Asanadi kashaya-15ml/TID/AF 3) Chandraprabhavati-2BD/Before food were advised for 15 days. On Second visit patient was further advised to take 1) Tablet M 2- Tone (Charak pharmacy, Mumbai, India) /1 TID/After food along with previous medication. During follow-ups Phala ghrita-10ml on empty stomach, in the morning once in a day and Tablet-Leptaden (Alarsin company, Mumbai, India) was prescribed. Along with this patient was advised for modification of life style and diet for 3 months as shown in chart below.

Table 1

Time	Diet
7-8am(workout)	Juice-bitter gourd/spinach
9am-breakfast	Upma / juice
11am	Sprouts/salads-1 bowl
1pm	Lunch-2 phulka/vegetable other than tubers/fish/1 cup rice-optional
3pm	Fruits /nuts
4-5pm	Snacks-50-100 gms very light-Juice 50-100ml
5-7pm	Brisk walking of 60-100minutes
7-9pm	Dinner-1 chapati/salads/1 cup rice Weekly twice-non veg meals(dry burji type)

RESULTS

After four months of treatment with medicines, diet and lifestyle modification patient attained regular menstruation with 3 kgs weight reduction. Ultrasound revealed normalcy with presence of no cysts. The very next month she missed her menstrual period and her urine pregnancy test was positive. Pregnancy was further confirmed by ultrasonography which showed single live intrauterine gestational sac of 8 weeks and 4 days.

DISCUSSION

According to Ayurveda this condition is caused by vitiated vata and kapha dosha and dhatus involved are rasa-rakta-mamsa-meda. When the abnormal vata vitiates the mamsa, rakta and meda involving kapha dosha it leads to the formation of circular, raised and knotted inflammatory swelling called granthi, which can be compared with modern terminology as cyst. Vishama ahara and vihara (improper diet and activities) lead to reduced jataragni and dhatwagni and result in production of ama causing srotorodha. Vitiated rasa dhatu which is formed causes further impairment of other dhatus too leading to incomplete metabolism and hormonal imbalance. This dhatwagni vikriti if not treated properly at this level can reach upto shukra dhatu, which may give an idea of hyperandrogenism [6] and hyperinsulinemia leading to anovulation, amenorrhea/ oligomenorrhoea and ovarian abnormalities like polycystic ovaries. Hence the main objective of treatment is 1) Correction of agnimandya at jatharagni and dhatwagni level by giving deepana and pachana dravyas 2) Correction of apana vayu at artavavaha srotas (Hypothalamus pituitary ovarian and endometrial axis) to regularise the cycle 3) Metabolic correction to reduce weight and bringing back hormonal imbalance by lekhana and pathya- ahara vihara 4) Generation of follicles and 5) Ovulation induction.

1) & 2) Correction of Agnimandya and Apana vayu- During the first visit patient was advised Gomutraharitaki in capsular form, which contains gomutra and haritaki and bears the properties of ushna and are predominant in agni and vayu mahabhoota, hence useful in vata kaphaja disorders. As vata is the prime cause in this disease so care was taken to correct sroto avarodha by doing vatanulomana and agni deepana by correcting vitiated and abnormal medo dhatu. Haritaki has the properties of sroto vibandha nashana (relieving the pathological obstructions in the body channels) which was necessary to clear the pathology.

3) Metabolic correction-Asanadi kashaya[7] and Chandraprabhavati were prescribed for metabolic correction. Asanadi kashaya has srothoshodhana and kledahara properties which helps in reducing the weight and mitigates kapha. Chandraprabha vati[8] is a classical Ayurvedic formulation containing 37 ingredients of plant and mineral origin indicated mainly in Metabolic disorders like Diabetes, obesity etc. and exhibits anti-hyperglycaemic effect thus is effective in PCOD. Overall action of the drug is kapha harana and insulin reducing properties of the combination of drugs have helped in relieving the symptoms of polycystic ovarian disease. Tab M2-tone (Charak pharmacy, Mumbai, India) is a proprietary medicine having oestrogenic activity containing ashwagandha, kasisa bhasma, jatamansi, shatavari, lodhra as active ingredients which help through decreasing the stress level, endometrial defects and irregular menstruation.

4) & 5) Generation of follicles and ovulation induction- Ovulation is absent in case of PCOD as vrushyadi prajasthapana drugs are helpful in correcting anovulation hence Phalaghrita [7] was selected which has properties like- shothahara (manjishta, vibheetaki, haridra), sukrala (madhuka, kushta, ashwagandha), vrishya, rasayana, Prajasthapana (sarkara, bala, shatavari, ghrita, ksheeram), deepana (ajamoda, vibheetaki) bhedana (priyangu,

katurohini) etc. The combined effect of all these is helpful in producing ovulatory cycles. Tab Leptadin (Alarsin Company, Mumbai, India) which has active ingredients like kamboji and Leptadeniareticulate which function as an antioxidant, vasodilator and scavenging free radicals. In Conclusion we were able to induce ovulation followed by pregnancy in a well-established case of polycystic ovarian disease.

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