INTRODUCTION:
Infertility is defined as the inability to conceive after 1 year of unprotected intercourse of reasonable frequency. It’s a common condition seen among 10-15% of couples in the reproductive age group. As per the current statistics male is directly responsible in about 30–40 percent, the female in about 40–45 percent and both are responsible in about 10 percent cases. The remaining 10 percent, is unexplained, in spite of thorough investigations with modern technical knowhow. A critical evaluation of causes of female infertility shows that ovulatory factors - which includes anovulation or oligo ovulation, decreased ovarian reserve, luteal phase defect and luteinized unruptured follicle – contributes almost 30-40 % of the cases. Among the anovulatory/oligo ovulatory causes of infertility Polycystic Ovarian Syndrome (PCOS) plays a major role. Polycystic ovarian syndrome (PCOS) is a common endocrinopathy typified by oligo-ovulation or anovulation, signs of androgen excess, and multiple small ovarian cysts. The etiology of the disease still remain unclear though some have suggested an autosomal dominant inheritance pattern. In women with PCOS, symptoms may include menstrual irregularities, infertility, manifestations of androgen excess, or other endocrine dysfunction.

A direct description of the Polycystic Ovarian Syndrome in classical textbooks remains elusive. For the same reason, the diagnosis and management of the condition should be based on the principles of Roga – Rogi pareeksha explained in classics. After considering the clinical features management principles of Yonirogas like Vandhya and Artava Vyapads (Arthavakshaya, Nashtartava, Asrughdara) can be considered for menstrual irregularities such as oligo menorrhoea, amenorrhoea etc. Treatment of Obesity and other clinical features like acne, hirsutism, acanthosis nigricans, baldness etc can be done by adopting the management principles of sthoulya and other santharpana janya rogas like prameha, kusta etc along with the management principles of ksudra rogas like Mukhadoshika, Khaliath etc.

CASE REPORT:
A non-consanguineous married couple presented with complaint of inability to conceive even after 2 years of regular unprotected sexual life. Male partner was apparently normal then and the female partner was having menstrual irregularities which started a year before marriage. They had consulted a gynaecologist for infertility management after one year of marriage during which a detailed evaluation of the case was done and the female partner was diagnosed with PCOS. Seminal parameters of the male were normal and the lady was advised with tablets Siphene, Gynovit and folic acid supplement for 3 months. On failure to conceive after three months of medication the couple decided to go for ayurvedic management.

PERSONAL HISTORY OF FEMALE PARTNER:
a) Age : 28 years
b) Occupation : House wife.
c) Diet : Non veg

Menstrual History
a) Age of menarche : 12 years
b) Characteristics of menstrual bleeding:
- Duration: < 3 days
- Interval: 2 – 3 months
- Amount – moderate. (No. Of pads changed/ day – 2)
- Colour – blackish red
- Odour - non specific
- Clots – absent
- Pain – absent

Physical Examination:
Face : Prominent facial hairs (esp. upper lip)
Neck : Acanthosis Nigricans (Grade 1)

On detailed evaluation of all the signs and symptoms of the patient, it was considered as a vata kapha predominant condition with involvement of rasa, rakta, mamsa, medas, and sukha dhatu and their respective srotas. The treatment was decided as follows:

Treatment Phase 1: Advised To Follow For Three Cycles Starting From Last Menstrual Period (28/03/2017)

Medicines:
- Sapthasaram Kashayam : 15ml with 45ml Luke warm water twice before food
- Kanchanara guggulu : 2 tabs twice daily after food
- Kumaryasavam : 30 ml twice daily after food

Diet:
- Advised minimal use of sweet, spicy, oily and non-vegetarian diet.
- Advised inclusion of tila taila in daily cooking
- Sunti and dhanyaka water for drinking.

Activities:
- Advised walking for atleast half an hour a day

A follow up scan around her next expected cycle revealed (20/04/2017) no follicular growth and she got her next cycle at the end of May 2017, two months after taking medicines. The treatment was to ensure proper dhatu parinama and to reduce the existing kapha and medo vridhi thereby bringing the doshas to invariably affects the quality of all the four factors leading to either infertility or an unhealthy conception. While modern medicine aims at hormonal management to improve conception rates ayurveda gives a holistic approach to improve the general health and conception with the excellence of all the four factors. This case report represents ayurvedic management of infertility due to PCOS after the patient failed to conceive with the conventional modern therapy. Patient started getting regular cycles with 3 months of treatment and conceived normally thereafter. Main aim of the treatment was to ensure proper dhatu parinama and to reduce the existing kapha and medo vridhi thereby bringing the doshas to prakriti avastha and to try for conception thereafter.

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ABSTRACT
The diagnosis and management of the condition should be based on the principles of Roga – Rogi pareeksha explained in classics. After considering the clinical features management principles of Yonirogas like Vandhya and Artava Vyapads (Arthavakshaya, Nashtartava, Asrughdara) can be considered for menstrual irregularities such as oligo menorrhoea, amenorrhoea etc. Treatment of Obesity and other clinical features like acne, hirsutism, acanthosis nigricans, baldness etc can be done by adopting the management principles of sthoulya and other santharpana janya rogas like prameha, kusta etc along with the management principles of ksudra rogas like Mukhadoshika, Khaliath etc.

Ayurveda

KEY WORDS: PCOS; Infertility; Vandhya; Yoniroga; Pumsavana
further two cycles appeared at normal intervals and the patient was reviewed after 3 months of treatment. There was reduction in her body weight from 63kgs to 58 kg and her cycle interval was around 28 – 32 days. Patient was advised to stop the present medications and was advised with new medicines.

**Treatment Phase 2: Advised To Follow Till Conception (from July 2017 Till Conception)**

**Medicines:**

- **Sukumara Ghrutha**: 15g daily before breakfast (from 5” to 20” day of cycle)
- **Phalasarpi**: 15g at bed time (from 21” day till periods)
- **Leaf bud of F. bengalensis**: 8 nos daily with milk (early morning)

**Diet:**

- Advised minimal use of sweet, spicy, oily and non-vegetarian diet.
- Advised inclusion of tila taila in daily cooking
- **Sunti and dhanyaka** water for drinking.

**Activities:**

- Advised walking for atleast half an hour a day
- Advised regular intercourse between 10” and 20” day of cycle

As the lady failed to conceive after 2 normal cycles the she was advised to perform an Ultrasound to assess follicular growth, after her cycles in August 2017, which revealed a normal study with proper follicular growth and rupture. She was advised to continue the same treatment again and was advised for UPT test on missing her periods in October 2017 which turned out to be positive. Intra-uterine pregnancy was confirmed by the doubling of two beta- HCG values taken 48 hours apart. Early obstetrical scan in November 2017 confirmed pregnancy and fetal cardiac activity was noted. The pregnancy period was uneventful and the couple was blessed with a baby boy of birth weight 3.2kgs through normal labour in June 2018.

**Clinical Reports:**

Phase 1 of the treatment was aimed at reducing the vata kapha medo dominance of the patient and to promote **Agni deepana** to ensure proper dhatu parinama and to bring anuloma gati of vata. Saptasaram Kashayam mentioned in Sahasrayogam is an ideal preparation that cause vata kapsha shama along with Apana anulomana which is very much essential for proper artava formation and expulsion. The combination with its deepana property also ensures proper dhatu parinama which again leads to proper artava formation. Considering the cystic appearance of ovaries as Granthi, a granthihara medicine like Kanchanara guggulu (KGO) was selected. Kapha – medohara property of KG along with proper diet and exercise also helped in reducing the weight. Kumaryasava which is considered to be bal Varna Agni deepana, vrshya, prameha nashana etc. as per the reference, was advised to ensure proper metabolism at the level of dhatu. She was advised to drink shunti and dhanyaka water to prevent development of agnimandhya.

Phase 2 of the treatment was aimed at bringing about a viable conception. Sukumara ghrutha was chosen in the follicular phase of the cycle to ensure proper follicle development and endometrial formation. The preparation is baliya, Rasayana, deepana and vata anulomana, so considering the kaphaja nature of the follicular phase it was presumed to support the function of the body in formation of follicle and endometrium and was advised to the patient. Phala sarpi which is traditionally used for infertility treatment, as per the reference ’miyamanam cha prajanam‘ was selected in the luteal phase to ensure proper conception and development if fertilization occurred. Palasarpi, with mostly usna swabhara ingredients, ensures proper formation of secretory endometrium and helps in implantation if conception occurred. Leaf buds of Ficus benagalensis with milk is one among the Pumsavana drugs mentioned invariably by all the acharyas either as nasya or oral medication. Dalhana, commentator of Sushruta Samhita, has explained that pumsavana is done with three objectives, Pre-conceptually for achievement of conception, immediately after conception for its proper implantation and post conception, within 3 months, for having male progeny. The concept of using pumasan drugs prior to conception was leveraged in this case to aid conception. As the patient had easy availability of leaf buds she was advised to have it regularly with milk.

**CONCLUSION:**

Though PCOS, as a single entity is unexplained in ayurveda, it can be considered as a condition with impairment of dosha, dhatu and Agni at various levels leading to various clinical presentations leading to infertility. So aim of ayurvedic management should be to correct Agni at dhatu level and to ensure proper vata anuloma for the proper formation of artava. Most of the clinical cases presenting with oligo/amenorrhoea is usually associated with agnimandhya at dhatu level with kapha medo viridi and associated vata vaigunya as discussed in the case above. Hence it can be considered that combination of medicines given initially helped in the proper formation of artava and the second phase of treatment helped in the achieving conception.

**REFERENCES:**