



ORIGINAL RESEARCH PAPER

Ayurveda

CASE STUDY ON AYURVEDIC MANAGEMENT OF INFERTILITY DUE TO POLYCYSTIC OVARIAN SYNDROME

KEY WORDS: Infertility, Polycystic ovarian syndrome, vandyatwa, nashtartava

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ABSTRACT

Infertility is defined as failure to achieve pregnancy after 12 months of regular unprotected intercourse. Polycystic ovarian syndrome is an endocrine disorder affecting women of the reproductive age group. This syndrome leads to infertility, insulin resistance, obesity, and many other psychosomatic disorders. It is the main cause for anovulatory infertility. In Ayurveda vandyatwa (infertility) is a result of nashtartava. This is a case report of 26-year-old patient who presented with primary infertility and PCOS. She was obese, having features of insulin resistance and hyperandrogenism. She took OP management at govt Ayurveda College hospital for women and children, Thiruvananthapuram. Treatment aimed at correcting Agni (digestive fire), removing obstruction of srotas and thereby achieving normalcy to doshas and dhatus. She conceived during treatment.

INTRODUCTION

Polycystic ovarian syndrome is a common endocrine disorder, characterized by Oligo ovulation or anovulation, signs of androgen excess, and multiple ovarian cysts. It is a multifactorial and polygenic condition. The exact cause of PCOS is unknown. Pathophysiology of PCOS involves defects in the hypothalamic-pituitary axis, insulin secretion and action, and ovarian function. Short-term consequences of PCOS include menstrual irregularities, infertility, signs of androgen excess like acne and hirsutism, obesity, acanthosis nigricans, abnormal lipid levels. Long-term consequences include diabetes Mellitus, endometrial cancer, cardiovascular diseases.

Infertility in women with PCOS results from anovulatory cycles. Anovulation in PCOS may be due to altered GnRH pulsatility and inappropriate gonadotropin secretion. Low FSH levels cause follicular growth arrest and lead to low levels of estradiol and increased inhibin. Elevated LH causes the production of more androgens from theca cells or stroma. Low estrogenic follicular microenvironment causes anovulation which is a main cause of infertility.

In Ayurveda phases of the menstrual cycle are explained well with regimens that should be followed in each phase. Artava is formed every month and is capable of conception. It is having agneya property and is formed from rasa dhatu as a result of rasdhatwagni pakam. PCOS cannot be directly correlated but its symptoms like

- Menstrual irregularities can be correlated with vandyatwa (yoni vapat), artavakshaya, nashtartava (artava vyapat), and Anovulation with pushpagni jataharini, vandyatwa
- Obesity - sthoolya (santharpanajanya vikara)
- Hirsutism- athilomatha (ashtaninditha purusha), sthoolaloma (pushpagni jataharinini)

In this case, the patient is obese and was having irregular cycles, features of hyperandrogenism, acanthosis nigricans. Management was done by taking the condition as vandyatwa due to defects of artava and she conceived during treatment.

Case report

A 26-year-old married female patient came with complaints of irregular menstruation with an interval of 35-60 days and scanty bleeding for 6 months. She was trying to conceive for the last 2 yrs and was not fruitful. Transabdominal ultrasonography

revealed polycystic ovaries. Semen analysis of male partner was found to be normal. Now they consulted the OPD of Ayurveda college Thiruvananthapuram

family history

Mother - HTN, DM
Father - DM, HTN, CAD

Menstrual history

Menarche - 11 yrs
LMP - 24/8/2021
PMP - July
Duration - 4 days
Amount - scanty
Interval - 35-60 days
Dysmenorrhea - mild

Marital and sexual history

Married since - 2 yrs
No dyspareunia
Aware of the fertile period
No of intercourse - 3-4/week

Obstetric history - nil

Personal history

Appetite - normal
Bowel - normal
Bladder - normal
Diet - mixed
Tastes preferred - sweet
Sleep - sound
Allergic to red meat

Physical examination

Weight - 71 kg
Height - 156 cm

Investigations

- USS on 5/9/2021

ut - normal, ET - 6.5mm, bilateral ovaries show 10-15 peripherally arranged follicles of 3-6mm diameter with central echogenic stroma.

- Serum prolactin - 9.27
- TSH - 2.04

Treatment

By taking this condition as vandhyatwa as a result of nashtartava, treatment is aimed at correcting agnimandya, avarana and bringing dosha and dhatus to normalcy. Thereby ensuring proper formation of artava.

During the first visit on 11/9/2021

1. varanadi kashayam- 15ml kashaya+60ml lukewarm water, twice daily before food
2. kumaryasavam+punarnavasavam - 15ml each, twice daily after food
3. hinguvachadi choornam- 10gm with hot water

On 1/10/2021 patient came for next visit. she didn't got periods, so kashayam was changed to saptasaram kashayam.

1. saptasaram kashayam- 90ml twice daily, before food
2. kumaryasavam + punarnavasavam - 15ml each, twice daily after food
3. hinguvachadi choornam- 10gm with hot water

She continued this medicines for 4 weeks. She didn't got periods, but started developing fatigue so UPT was done and found positive.

USS on 15/11/2021

Single live intrauterine gestation of 5-6 weeks.

EDD by USG- 12/07/2022

On confirming pregnancy Ayurvedic medicines for antenatal care was given.

- 1) Tab leptaden 1-0-1
- 2) Phalasarpi 1 tsp at night.

USS on 17/02/2022

single live intrauterine fetus with oblique lie. Gestational age 19 weeks 3 days.No congenital anomalies visualised.

RESULTS AND DISCUSSION

In this case, the patient was having a sedentary lifestyle, also had an excessive intake of sweet, cold food items which would have led to vitiation of Vata and Kapha dosha. These doshas cause avarana (obstruction) to artavavaha srotas, because of which artava(ovum and menstrual blood) is not properly formed and expelled. These improper diets and lifestyle also cause agnimandya(reduced digestive fire), which affect Utharothara dhatu parinama (formation of tissues) as a result patient became obese with features of insulin resistance

In Ayurveda, factors Essential for conception include proper Ritu,(fertile period) kshetra(uterus), Ambu (nourishment), and beeja(healthy sperm and ovum)³. For a healthy progeny, all these factors should be in normalcy, and treatment adopted here is to correct unhealthy beeja(ovum) and make the uterus healthy to accept fertilized ovum.

On assessing samprapti ghatakas, dosha vitiated here is Kapha and vata. Dhatwagni Mandya is evident as almost all dhatus are affected. Treatment should be aimed at correcting agni and balancing dosas thereby inducing the proper formation of healthy artava(ovum). Varanadi kashaya⁴ has its indication in mandagni, gulma, have Kapha medohara action, and is lekhana.

Kumaryasava⁵ is having deepana property and has its indication in prameha. Hinguvachadichoorna⁶ is indicated for agnisada, diseases of the vasthi region is Vata anulomana and Vata Kapha samana. These medicines were given for 3 weeks and on the next visit, kashaya was changed to saptasaram kashayam. Saptasaram kasayam⁷ given along with gula, pippali and hingu as anupana acts as deepana, srotoshodana, vatakapha samana and pithakara. The first set of medicines corrected Kapha Vata vitiation and done srotoshodana so that properly formed artava and unvitiated sukradhatu can fuse to result in a healthy garbha. Saptasaram

kasayam which was added on the next visit helped in the proper formation and development of artava (ovum and endometrium). Correction of avarana and agnimandya resulted in the formation of healthy artava and dhatus. This helped in achieving conception. Ayurvedic management is found to be effective in cases of infertility due to Anovulation as Ayurveda aims in correcting the root cause by normalising doshas.

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