Ayurvedic Management of Secondary Infertility Due to Polycystic Ovarian Syndrome - A Case Report

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ABSTRACT:
Polycystic Ovarian Syndrome is an endocrinological disorder which is common among women of reproductive age. It is the main cause of anovulatory infertility. The main features of PCOS are oligoovulation/anovulation, Hyperandrogenism, menstrual irregularities, infertility, insulin resistance, obesity. In Ayurveda symptoms of PCOS are often met in nashtartava, artavakshaya, anapatyata, sihoulya, prameha. Here we report a case of secondary infertility due to PCOS. She was obese and her cycles were anovulatory with heavy bleeding. The patient underwent Panchakarmanusara shodana chikitsa in Govt Ayurveda college hospital, Thiruvanathapuram. The treatment aimed to correct agnimandya, control heavy bleeding, and regularize menstrual cycle. She conceived after treatment and delivered a healthy baby through LSCS.

Keywords – Polycystic ovarian syndrome, anapatyata, case report

INTRODUCTION
Infertility is a disease of male or female reproductive system defined by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. Ovarian disorders make up 25% of the known causes of female infertility. Oligo-ovulation or anovulation results in infertility because no oocyte will be released monthly. Polycystic ovarian syndrome represents 80% of anovulatory infertility cases. Polycystic ovarian syndrome is an endocrine disorder characterized by oligoovulation, hyper androgenism, menstrual irregularities, insulin resistance, obesity etc. PCOS accounts for as many as 30% of cases of amenorrhoea. In PCOS Amenorrhoea is associated with chronic anovulation. If ovulation doesn’t occur, endometrium doesn’t uniformly shed and regrow as in a normal menstrual cycle. So, the endometrium becomes thicker and may shed irregularly, which can result in heavy and or prolonged bleeding. In Ayurveda for a healthy conception to happen proper tītu, kshetra, ambi, and bija are necessary. PCOS cannot be directly correlated to an Ayurvedic disease. Its symptoms are often met in conditions like Nastartava, Artavakshaya, Sihoulya, Prameha and Pushpagni jataharini. Here we report a case of secondary infertility due to polycystic ovarian syndrome who came for Ayurvedic management. In this case patient had complaints of irregular menstrual cycle with prolonged bleeding. She was admitted and treated in Govt Ayurveda College hospital for women and children, Poojappura.

MATERIALS AND METHODS
Patient information
29-year-old women presented with secondary infertility. Her previous pregnancy was 9 yrs back and delivered a
female baby through LSCS. Since then, she had irregular cycles with 2-3 months interval and 10-13 days duration. Also, she started to gain weight. A trans abdominal ultrasound revealed polycystic ovaries. Semen analysis of husband was found normal. Patient was treated with 3 cycles of IUI, but did not result in pregnancy. Thereafter she came for IP management at Govt Ayurveda college, Thiruvananthapuram.

**Menstrual history**
- Menarche- 11 yrs
- LMP-06/06/2021
- Duration- 13 days
- Interval between cycles- 2-3 months
- Dysmenorrhea- nil
- Clots- nil
- Vaginal discharge-nil

**Obstetric history**
- G1P1L1A0
- LCB- 10yrs
- Mode of delivery - LSCS (failed induction)

**Sexual history**
- Aware of fertile period
- No post coital bleed dyspareunia - nil
- Frequency of intercourse- 3-4 times/week

**Family history**
- Mother and father - DM, HTN

**Physical examination**
- Height- 155
- Weight-107 Kg
- BMI- 44.5kg/m²

**Local examination**
- Inspection - No abnormalities in external genitalia
- P/S Examination- yellowish white discharge from vaginal wall
- Cervix- mid position
- External os - erosion present
- P/V Examination- Uterus - retroverted
- Fornices- free
- No iliac fossa tenderness
- CMT - Negative

**Investigations**
- Blood on 7/7/2021
  - FBS-137mg%
  - PPBS- 228mg%
  - ESR- 56mm/hr
- USS on 22-06-2021
  - Uterus normal
  - Left ovary contains multiple cysts.

b/l PCO pattern.

**Internal medicines**
1. *Amrutotharam kasayam* - 45ml-0-45ml, before food
2. *Musalikhadiradi kasayam* - 45ml-0-45ml, before food
3. *Chandraprasabha gulika*- 1-0-1, with kashaya
4. *Pushyanugam churnam* - 5gm twice daily after food with honey
5. *Shadharanam choornam* - 5gm twice daily after food for 3 days

**Procedures done Table 1** - She got her periods on 8/8/2021 with 7 days duration and moderate bleeding. She was discharged on 18.8.2021.

**Discharge medicines**
1. *Panchathiktakam kasayam + Musalikhadiradi kasayam* - 90ml twice daily before food
2. *Nishakatakadi kasayam* - 90ml at noon before food.
3. *Pushyanuga churnam* - 5gm twice daily with honey
4. *Nagaradi lepa churnam* - external application

**RESULT**
She got her next periods on 14/09/2021 with moderate bleeding and 5 days duration. She was advised to continue medicines till next cycle. Next period didn't come on expected date and on check up, her UPT was found positive. EDD by LMP was 21/06/2022. She delivered a female baby on 23/05/2022 through LSCS.

**DISCUSSION**
This is a case of Infertility due to PCOS. The patient is obese(class 3), insulin resistant, with clinical features of hyperdrogenism like acanthosis nigricans and hirsutism. Her menstrual cycles were irregular with prolonged bleeding and increased gap between cycles. Here we can apply the treatment principles of *Sthoulya, Nashtartava, Prameha,* and Asrigdara in Ayurveda. This is a case where there is agnimandya due to improper *ahara vihara* like sedentary life style, untimely food, excess intake of junk food, meat, curd, cold and unctuous food. This agnimandya cause Rasadhatu dushti and affect utharothara dhatu parinama. Agnimandya leads to Ama formation. Lakshanas of Ama in body like debility (*Sadannam*), foul smell (*durgandha*) are seen in this patient. Due to this agnimandya there is Rasadhatus dushti which intern cause Rakta dushti. Rakta dushti is manifested as increased bleeding (*Asrigdara*) during menstrual cycle in this patient. Here medodhatu dushti due to kapha medo vardhaka ahara vihara and Agnimandya is manifested as *sthoulya*. Agnimandya is contributing to kapha vitiation. This vitiated *Kapha dosha* cause avarana to artavavahasrotas and result in *artavanasha*. 
Treatment is aimed to correct Agni thereby causing proper utkarotheh dhatu parinama. Shodana procedure is needed to eliminate already vitiating dosa. Internally patients was given Amrutotharam kasaya⁵ and shadharanam⁶ for Ama pachana and agnideepana. Musalikhadiradi kasaya⁷ and pushyanuga churna⁸ are indicated in pradaram. It helps in preventing excessive bleeding during menstruation seen in this patient. Chandraprabha gulika⁹ is indicated in prameha, which has action over basthi pradesha and is effective in artava ruja. Acchasnehapana was given with Gugguluthiktaka Ghrita¹⁰ and Mahathikaghrata¹¹ in equal quantity. medicine was selected by considering prolonged duration of menstruation in patient, obesity, anovulation and insulin resistance. Gugguluthikakam ghrita has Indication in Gulma, Meha, Shopha. Mahathikaghrata has its indication in Asrigada, Gulma. After Sneha Sweda procedures virechana was opted as shodhana procedure. Virechana is directly indicated in yonidosa. Virechana helps in Agnideepana there by correcting Datwagnimandya which leads to proper formation of Rasa dhatu and thereby correcting Raktaadushita. Considering vatakapha prakruti of patient Gandarva eranda was selected. Virechana yoga selected include a combination of nirgundi swarasara, lemon juice, honey, ginger juice along with Gandarva eranda to improve action and palatability. Patrapotala sweda was done for 7 days with murivenna. It is a Sneha sweda procedure which brings dosas vitiated in shakas to koshta. These dosas are eliminated out of body by Virechana with same Gandarvaeranda, Nirgundi swarasara combination. Yogavasthi is selected with 3 days Vaitharana vasti and 5 days Snehavasthi with Murivenna. Vasti is a best treatment choice in vathadosha. Since the Apana vaya is responsible for the menstrual irregularities, vashi can be adopted. Yonikshalana with Triphalakashaya was done for 7 days. Sthanika chikitsa was advised after shodhana procedures in our classics¹². Triphala has proven anti-microbial property, anti-inflammatory property and antineoplastic property. So, it helped in reducing yellowish discharge and erosion of cervix.

Patient conceived after the IP management. Her antenatal period was uneventful and delivered a full-term female baby through LSCS on 23/05/2022.

CONCLUSION
Ayurvedic management has found to be effective in managing secondary infertility due to PCOS. The treatment procedures helped in correcting agnimandya thereby correcting rasadhatu, raktaadhatu, and artavavaharasrotas. Panchakarma anusara shodana chikitsa helped in making her cycle ovulatory and thereby correcting her bleeding pattern and bringing about conception.

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Table 1 Shows Procedures done

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medicine</th>
<th>Dose and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snehapanam</td>
<td>Gugguluthikthakaghritam</td>
<td>Achasnehapana done with starting dose 12ml each. Maximum dose 100ml given on 4th day</td>
</tr>
<tr>
<td>Abhyanga oshnaswedam</td>
<td>Murivenna</td>
<td>3 days</td>
</tr>
<tr>
<td>Virechanam</td>
<td>Gandharva eranda 25ml</td>
<td>1 day</td>
</tr>
<tr>
<td>Patrapotala Sweda</td>
<td>Murivenna</td>
<td>7 days</td>
</tr>
<tr>
<td>Virechanam</td>
<td>Gandharva eranda 25ml</td>
<td>1 day</td>
</tr>
<tr>
<td>Yoga vasthi</td>
<td>Vaiitharana vasthi with Dhanyamlam, Murivenna</td>
<td>8 days</td>
</tr>
<tr>
<td>Yoni Kshalana</td>
<td>Trihala kasaya</td>
<td>7days</td>
</tr>
</tbody>
</table>

USG report before treatment

USG report After treatment