



## 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 oligovulation/anovulation, Hyperandrogenism, menstrual irregularities, infertility, insulin resistance, obesity. In Ayurveda symptoms of PCOS are often met in *nashartava*, *artavakshaya*, *anapatyata*, *shoulya*, *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, Thiruvananthapuram. 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 12months or more of regular unprotected sexual intercourse<sup>1</sup>. Ovulatory 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<sup>2</sup>. Polycystic ovarian syndrome represents 80% of anovulatory infertility cases<sup>3</sup>. 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 *ritu*, *kshetra*, *ambu*, and *bija*<sup>4</sup> 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 10-13days 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/m<sup>2</sup>

#### **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) *Chandraprabha 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 kashayam*- 90ml twice daily before food
2. *Nishakatakadi kashayam*- 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 hyperandrogenism 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 unctous food . This *agnimandya* cause *Rasadhatu dushti* and affect *utharothara dhatu parinama*. *Agnimandya* leads to *Ama* formation. Lakshanas of *Ama* in body like debility (*Sadanam*), foul smell (*durgandha*) are seen in this patient. Due to this *agnimandya* there is *Rasadhatu 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 *utharothara dhatu parinama*. *Shodana* procedure is needed to eliminate already vitiated *dosa*. Internally patients was given *Amrutotharam kasayam*<sup>5</sup> and *shadharanam*<sup>6</sup> for *Ama pachana* and *agnideepana*. *Musalikhadiradi kasayam*<sup>7</sup> and *pushyanuga churna*<sup>8</sup> are indicated in *pradaram*. It helps in preventing excessive bleeding during menstruation seen in this patient. *Chandraprabha gulika*<sup>9</sup> is indicated in *prameha*, which has action over *basthi pradesha* and is effective in *artava ruja*.

*Acchasnehapana* was given with *Gugguluthiktaka Ghrita*<sup>10</sup> and *Mahathiktakaghrita*<sup>11</sup> in equal quantity. medicine was selected by considering prolonged duration of menstruation in patient, obesity, anovulation and insulin resistance. *Gugguluthikakam ghritam* has Indication in *Gulma*, *Meha*, *Shopha*. *Mahathiktaka ghrita* has its indication in *Asrigdara*, *Gulma*. After *Sneha Sweda* procedures *virechana* was opted as *shodhana* procedure. *Virechana* is directly indicated in *yonidosha*. *Virechana* helps in *Agnideepana* there by correcting *Datwagnimandya* which leads to proper formation of *Rasa dhatu* and thereby correcting *Raktadushti*. Considering *vatakapha* prakruti of patient *Gandarva eranda* was selected. *Virechana* yoga selected include a combination of nirgundi swarasa, 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 swarasa* combination. *Yogavasthi* is selected with 3 days *Vaitharana vasthi* and 5 days *Snehavasthi* with *Murivenna*. *Vasthi* is a best treatment choice in *vathadosha*. Since the *Apana vayu* is responsible for the menstrual irregularities, *vasthi* can be adopted. *Yonikshalana* with *Triphalakashaya* was done for 7 days. *Shanika chikitsa* was advised after *shodhana* procedures in our classics<sup>12</sup>. *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*, *raktadhatu*, and *artavavahasrotas*. *Panchakarma anusara shodana chikitsa* helped in making her cycle ovulatory and thereby correcting her bleeding pattern and bringing about conception.

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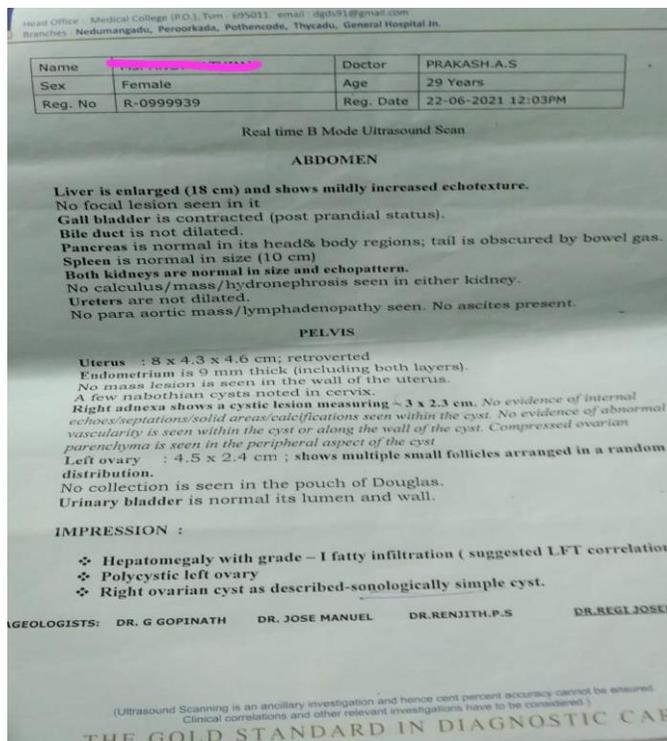
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**Table 1 Shows Procedures done**

Procedure	Medicine	Dose and Duration
<i>Snehapanam</i>	<i>Gugguluthikthakaghritam</i> <i>Mahathiktaka ghritam</i>	Achasnehapana done with starting dose 12ml each. Maximum dose 100ml given on 4th day
<i>Abyanga oshmaswedam</i>	<i>Murivenna</i>	3 days
<i>Virechanam</i>	<i>Gandharva eranda 25ml</i>	1 day
<i>Patrapotala Sweda</i>	<i>Murivenna</i>	7 days
<i>Virechanam</i>	<i>Gandharva eranda 25ml</i>	1day
<i>Yoga vasthi</i>	<i>Vaitharana vasthi with Dhanyamlam,</i> <i>Murivenna</i>	8days
<i>Yoni Kshalana</i>	<i>Snehavasthi with murivenna 100ml</i> <i>Triphala kasaya</i>	7days

**USG report before treatment**



**USG report After treatment**

