



Ayurvedic Management of Infertility due to Polycystic Ovarian Syndrome – A Case Study

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ABSTRACT:

Motherhood is a beautiful feeling in a woman's life. Inability to give birth to a baby is a very pathetic condition for a woman. Infertility is the failure to conceive even after one or more years of regular unprotected coitus. Even though both male and female factors contribute to infertility, female are little more affected. Incidence of infertility is rising globally due to improper life styles. PCOS is a life style disorder that is very common among women of reproductive age group. In this case a 27 year old woman approached the OPD of Prasuthi tantra and Streeroga of Govt. Ayurveda Collage Hospital for Woman and Children Poojappura with a complaint of inability to conceive even after 5 years of unprotected sexual life and intense desire to get pregnant. She had irregular menstrual cycles and was diagnosed with bilateral PCOS. Based on Ayurvedic classics the features of *pushpagani jathaharini* is found very similar to this condition. The treatment adopted were to alleviate *kapha* and *vata*. The treatments were given to regularise the menstrual cycle, to produce healthy ovum and to improve the qualities of *garbhasambhava samagri*. Both *sodhana* as well as *samana chikitsa* were given. *Uttaravasti* as a *sthanika chikitsa* also contributed much in this case. After 6 months the patient got conceived and delivered a healthy female baby.

Keywords – Polycystic ovarian syndrome, infertility, case report

INTRODUCTION

Infertility is defined as a failure to conceive after one or more years of regular unprotected coitus¹. WHO defines it as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse². Eighty percentage of couples achieve conception, within

one year of having regular intercourse with adequate frequency. Another 10% will achieve the objective by the end of second year. But 10% remain infertile by the end of second year. Conception depends on the fertility potential of both partners. Male is responsible for about 30-40%, the female in about 40-55% and both are responsible in about 10% cases³ Polycystic ovarian



syndrome is the most common endocrine disorder in women. It is a hormonal disorder common among women of reproductive age and is manifested by irregularities in menstrual cycle, excessive hair growth and obesity associated with enlarged polycystic ovaries⁴. PCOS adversely affect the fertility and reproductive health of the woman. It is one of the most common cause which leads to infertility by causing anovulation. In Ayurveda, infertility can be correlated to *vandhyatwa*. *Yoni pradasha* (abnormalities of female genital tract), *manaso abhigata* (psychological illness), *sukra-asrik dosha* (abnormalities of sperm and ovum) and *ahara-vihara dosha* (improper *ahara* and *vihara*) are said to be the factors responsible for *vandhyatwa*⁵. While analysing clinical features and manifestations of PCOS the disease *Pushpagni jathaharini* can be clearly visualised in this case. It is a condition mentioned by *acharya Kashyapa* ; *vridhe pushpe tu ya nari..*⁶ the women may have regular cycles but will be fruitless. *Sthoulya* (obesity) and *lomasa ganda* (hirsutism) are mentioned as clinical manifestations of *pushpagni jathaharini*. *Vata* and *kapha* are the major doshas vitiated here. The *nidan*s like *sukra*, *asrik*, *ahara*, *manas* are vitiated here. The couple were treated based on the basic *chikitsa sidhanthas* mentioned in Ayurvedic classics.

CASE REPORT

A 27 years old married woman approached the OPD of Govt. Ayurveda College, Thiruvananthapuram, with complaints of inability to conceive even after 5 years of unprotected sexual life. She also had complaints of per vaginal spotting up to 20th day of periods since one year. Her menstrual cycles were irregular. On USG she was detected to have bilateral PCOS.

1-Treatment history

She had irregular menstrual cycles since 12 years. She took allopathic treatment for that and detected to have bilateral PCOD. At 22 years she married a nonconsanguineous man of 27 years and they were having regular unprotected sexual life. There after her periods become more irregular and hence they consulted an allopathic doctor. Again bilateral PCOD was confirmed. She took allopathic medication for several times and menstruation induction was done. They tried to get conceived naturally but that was not fruitful. They again went to an allopathic hospital and on USG female partner was detected to have low AFC. They did ovulation induction for several times and were advised for

IUI. But the couple were not ready for that and came here for better management.

2-Menstrual history

Age of menarche-13yr

Duration of bleeding :9 days bleeding and 20 days spotting

Interval between cycles :35-45 days

Dysmenorrhea : mild Clots : ++

Number of pads :3-4/day

LMP-25/1/2021

PMP-10/12/2021

Vaginal discharge –nil

3-Obstetric history

H/O a Biochemical pregnancy

4-Marital and sexual history

Age of marriage - 22

Dyspareunia: Absent ,Vaginismus: Absent

Post coital bleeding :Absent

The couples were aware of fertility period.

Frequency of coitus : 3-4 times /week Male partner

Age :33

No H/O DM ,HTN ,DLP ,Thyroid dysfunction

No H/O smoking and alcohol

5-Family history : Nothing relevant

6- Personal history

Bowel, Appetite and Micturition was found to be normal

Sleep was disturbed due to stress

Blood investigations (29/12/2020)

Hb – 11.4 gm% ESR – 10 mm/hr

T3 - 107ng/dl

T4 - 7.9 n µg/dl

TSH – 1.80 µIU/ml

S. Prolactin – 5.25ng/ml AMH- 8.96 ng/ml

USG on 04/12/2020

Bilateral PCOS with bulky ovaries

On Follicular study, on 27th day of cycle dominant follicle in left ovary but not ruptured

No dominant follicle in right ovary

Semen analysis on 20/11/2020

Normozoospermia

Per vaginal Examination Done On 1/4/2021

Inspection : External genitalia appears to be normal ,No discharge visible externally, No E/O Vulvitis, Polyp, Growth visible externally

No E/O Cystocele, Rectocele, Prolapse

Per speculum : Cervix : Pinkish, deep, deviated to left side

Thick curdy white discharge from fornices

Vagina : No discharge from vaginal walls No E/O vaginitis.

Per vaginal : Uterus AV, Normal ,Mobile

CMT :Negative ,No iliac fossa tenderness,
Fornices :Free Adnexa :Not palpable

Treatment

Internal medications were given from 16/11/2020
(Table 1)

Medicines were revised from 2/12/2020 :Table 2

After 1 month following medicines were also added
in Table 3

External Procedures followed Table 4

The patient attained her next menstrual cycle and was
discharged on 31/3/2021. She was given discharge
medicines as below. Table 4,5

She had regular follow up and continued Ayurvedic
internal medicines. 6 months later she got conceived
naturally with LMP : 27/08/2021. She was taking
Ayurveda Antenatal care throughout pregnancy and she
delivered a female baby of weight 3.3kg through FTND on
25/5/2022

DISCUSSION

Incidence of infertility is increasing worldwide in the present scenario. Due to the advancement of technology various diagnostic and managing techniques are available in the modern science. Assisted reproductive techniques are now widely accepted and many are approaching that with an intense desire to get progeny. Those procedures are very costly and unaffordable to common people. Here lies the importance of Ayurvedic science which can contribute greatly to this field. Ayurveda consider all the disorders in the terms of three biological energies viz; *vata*, *pitta* and *kapha*⁷. In this case *vata* and *kapha* doshas are mainly vitiated along with *pitta* which leads to development of PCOD. According to Ayurveda for the formation and development of *Garbha* (*foetus*), some factors called *garbhasambhava samagris* (factors required for conception) are essential. That includes *ritu*, *kshetra*, *ambu* and *beeja*⁸. Here *kshetra* and *beeja* (sperm and ovum) *dushti* happened. Both *artava* (menstruation) and *beejarooopa artava* (subtile form of artava) are affected here. So the treatment approach was to regularising the menstrual cycle and inducing ovulation by improving the quality of *garbhasambhava samagri*. *Sukumaram kasaya* is highly effective in the management of *vandhyatwa* (*infertility*). It is indicated in *yonisoola* (*pain in vagina*), *anilaroga* (*disorders due to vata*) and *gulma* (*tumors*)⁹. *Asokarishta* initially given for *raktastambhana* (*to arrest bleeding*) as the women had continues spotting for 20 days as it is indicated in *asrigdhara*¹⁰. *Sapthasaram kasayam* is very much

effective in menstrual abnormalities which was given for normalising the menstruation¹¹. *Ashta choorna* is *deepana pachana* (*improves digestion*) and with its *ushna theekshna guna* it helps in removing *srothorodha* (*clears channels*) and improves *agni* (*digestive fire*). *Phalasarpi* is a very effective medicine in the management of infertility as its use will not become fruitless as *Acharya* says that ‘*pushpe peetham phalaya*’¹². As this disorder is a *kapha* predominant condition for correcting that and for initial *rookshana udwarthana* (*powder massage*) was the first treatment choice. Then after *snehapana* (*ghee/taila intake*) was started with *pippalyadi anuvasana taila* and *phalasarpi* in the ratio 1:3. *Taila* (*oil*) itself is *yonivisodhana* (*purifies yonidosha*) and with its *ushna guna* it helps in improving the qualities of *artava*. *Pippalyadi anuvasana taila* is *moodavatanulomana* and *vata samana* (*pacifies vata*)¹³. After all kind of *ushna-theekshana-upacharas* some kind of *brimhana* (*stoutening*) is essential for development and maturation of follicle to the stage of ovum. So here *phalasarpi* was selected for proper follicular growth and ovulation. After 7 days of *snehapana* patient was given *snehana* (*oleation*) and *swedana* (*sudation*) which are prerequisite of *shodhana* therapy. *Virechana* (*purgation*) was given with *avipathi choorna* for one day. *Virechana* is a *shodhana* procedure which clear the disease from its root and it won't reappear¹⁴. *Patrapotali sweda* was given for the purpose of *srothosodhana* which is followed by one more *virechana*. Then *yogavasti* was started, *Kashaya vasti* with *chiravilvadi Kashaya*, *madhuyashtyadi tailam*, *satapuspha kalka* and *saindhava*. *Sneha vasti* was given with *madhuyashtyadi tailam*. *Vasti* (*enema*) is an unavoidable treatment in treating *vandhyatwam* as it pacifies *vata dosha* from its root by acting directly on *vatasthaana- pakvasaya*. After the *sodhana* procedures *sthanika chikitsa* (*local treatments*) as per the rule were adopted¹⁵. *Yonikshalana* (*douche*) with *Panchatiktakam kasayam* was done first as she had vaginal discharge. Then she was given *uttaravasti* with *phalasarpi* and *pippalyadi anuvasana tailam*. *Sthanika chikitsa* have very much importance in gynaecological disorders as it has direct action on reproductive system. The patient was discharged after 1 month. Discharged medicines were given and advised to follow strict *pathya* (*wholesome diet*) and mild exercise. Female partner got conceived after 6 months from discharge, her LMP was: 27/08/2021. She was taking Ayurveda Antenatal care throughout pregnancy and she delivered a female baby of weight 3.3kg through FTND on 25/5/2022.

CONCLUSION

The Ayurvedic approach to infertility due to PCOS was very effective. The treatment protocols mainly aimed to correct menstrual abnormality, correcting hormonal imbalances and producing a healthy ovum. The ayurvedic management was found to be very effective in infertility due to PCOS and the patient got conceived and gave birth to a healthy progeny.

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Table 1 Internal medications were given from 16/11/2020

Medicines	Dose
<i>Sukumaram kasayam</i>	90ml bd B/F
<i>Asokarishtam</i>	25ml bd A/F
<i>Avipathi choornam</i>	20 gm for virechana once in every 2 weeks

Table 2 Medicines were revised from 2/12/2020 :

Medicines	Dose
<i>Sapthasaram kasayam</i>	90ml bd B/F
<i>Pippalyadi anuvasana tailam</i>	5ml bd with kasaya
<i>Kumaryasavam + Asokarishtam</i>	20ml bd A/F
<i>Kadaleekalpa rasayanam</i>	10gm bd A/F

Table 3 After 1 month following medicines were also added

Medicines	Dose
<i>Phalasarpi</i>	10gm bd B/F
<i>Ashta choornam</i>	10gm with hot water bd

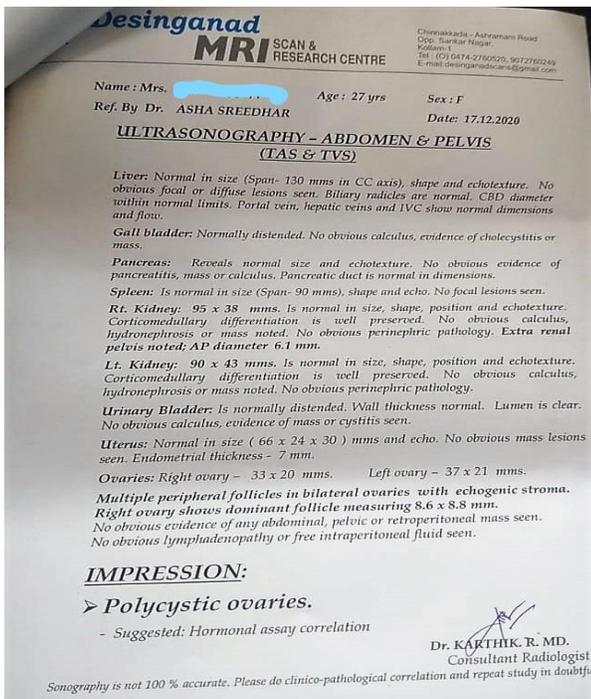
Table 4 External Procedures followed

Name of the procedure	Medicine used	Duration
<i>Udwarthanam</i>	<i>Kolakulathadi choornam</i>	7 days
<i>Snehapanam (Achapanam)</i>	<i>Phalasarpi + Pippalyadi anuvasana tailam (3:1)</i>	7 days
<i>Abhyanga and ushma sweda</i>	<i>Pinda tailam</i>	3 days
<i>Virechanam</i>	<i>Avipathi choornam (25gm)</i>	1 day
<i>Patrapinda swedam</i>	<i>Pinda tailam</i>	7 days
<i>Virechanam</i>	<i>Avipathi choornam (25gm)</i>	1 day

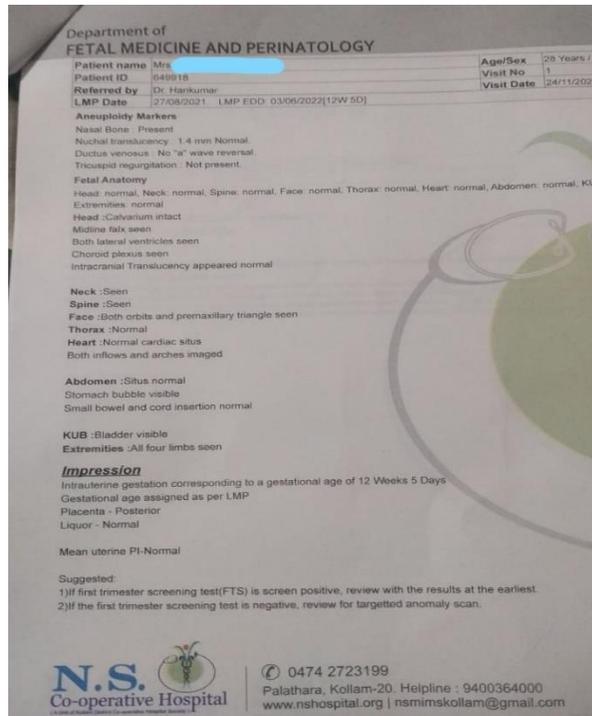
<i>Yogavasthi</i>	<i>*Kashaya: Chiravilwadi Kashaya</i>	3 days
a) <i>Kashaya vasti</i>	<i>*Sneham : Madhuyastyadi tailam</i>	
	<i>*Makshika</i>	
	<i>*Kalka : Satapushpa</i>	
	<i>*Saindava</i>	
b) <i>Sneha vasti</i>	<i>*Madhuyashtyadi tailam(100ml)</i>	5 days
<i>Yoni kshalnam</i>	<i>Panchatiktakam kasayam</i>	5 days
<i>Uttaravasti</i>	<i>Phalasarpi + Pippalyadi anuvasana tailam</i>	5 days

Table 5 The patient attained her next menstrual cycle and was discharged on 31/3/2021. She was given discharge medicines as below

Medicines	Dose
<i>Phalasarpi</i>	10gm bd B/F
<i>Ashta choornam</i>	10gm with hot water bd
<i>Sapthasaram kasayam</i>	90ml bd B/F
<i>Pippalyadi anuvasana tailam</i>	5ml bd with kasaya
<i>Asokarishtam</i>	20ml bd A/F



Before Treatment



After Treatment