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

Haripriya S¹, Asha Sreedhar²

¹ PG scholar, Department of Prasuti Tantra and Streeroga Government Ayurveda College Thiruvananthapuram
² Professor and HOD Department of Prasuti Tantra and Streeroga Government Ayurveda College, Thiruvananthapuram

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 Prasuti 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 pushpagni 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 coitus.¹ 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 intercourse.² 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% cases.³ 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 ovaries. 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 pradosh* (abnormalities of female genital tract), *manaso abhidhata* (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*. 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.* the women may have regular cycles but will be fruitless. *Shthoulya* (obesity) and *lomasa ganda* (hirsuitism) are mentioned as clinical manifestations of *pushpagni jathaharani*. *Vata* and *kapha* are the major doshas vitiated here. The *nidanas* 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 thatand 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
- 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 – 5.25 ng/ml
- AMH – 8.96 ng/ml

**USG on 04/12/2020**

- Bilateral PCOS with bulky ovaries

**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 kapha⁷. 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 beeja⁸. Here kshetra and beeja (sperm and  
ovum) dushiti happened. Both artava (menstruation) and  
bejaroopa artava (subtle 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). Its indicated in yonisoolat(pain in  
vagina), anilaroga(disorders due to vata) and  
gulna(tumors)⁹. Asokarishta initially given for  
rakasthambhana(to arrest bleeding) as the women had  
continues spotting for 20 days as it is indicated in  
asrigdhara¹⁰. 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 ushnaha  
theekshna guna it helps in removing srothorodha(clears  
channels) and improves agni(digestive fire). Phalasarpis  
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 anuvasa taila and  
phalasarpis in the ratio 1:3. Taila(oil) itself is  
yonivishodhana(purities yonidosha) and with its ushnaha  
guna it helps in improving the qualities of artava.  
Pippalyadi anuvasa taila is moodavatanulomana and  
vata samana(pacifies vata)¹³. After all kind of ushna-  
theekshana-upacharas some kind of  
brinhana(stoutening) is essential for development and  
maturination of folicle to the stage of ovum. So here  
phalasarpis 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 sindhava. 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  
vastthaana- pakvasaya. After the sodhana procedures  
shanika chikitsa (local treatments) as per the rule were  
adopted¹⁵. Yonikshalana(douche) with Panchatikttakam  
casayam was done first as she had vaginaldischarge. Then  
she was given uttaravasti with phalasarpis and  
pippalyadi anuvasa tailam. Shanika 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.

Acknowledgements - Nil
Conflict of interest - None
Source of finance & support – Nil

ORCID
Haripriya S, https://orcid.org/0000-0003-1174-2934

REFERENCE
6. Tewari KV, Kasyapa Samhita, Choukhamba viswabharati, Varanasi-2016, p-357-358

How to cite this article: Haripriya S, Sreedhar A “Ayurvedic Management Of Infertility Due To Polycystic Ovarian Syndrome- A Case Study” IRJAY.[online]2022;5(9); 41—46
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.5907
Table 1 Internal medications were given from 16/11/2020

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sukumaram kasayam</td>
<td>90ml bd B/F</td>
</tr>
<tr>
<td>Asokarishtam</td>
<td>25ml bd A/F</td>
</tr>
<tr>
<td>Avipathi choornam</td>
<td>20 gm for virechana once in every 2 weeks</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sapthasaram kasayam</td>
<td>90ml bd B/F</td>
</tr>
<tr>
<td>Pippalyadi anuvasana tailam</td>
<td>5ml bd with kasaya</td>
</tr>
<tr>
<td>Kumaryasavam + Asokarishtam</td>
<td>20ml bd A/F</td>
</tr>
<tr>
<td>Kadaleekalpa rasayanam</td>
<td>10gm bd A/F</td>
</tr>
</tbody>
</table>

Table 3 After 1 month following medicines were also added

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalasarpis</td>
<td>10gm bd B/F</td>
</tr>
<tr>
<td>Ashta choornam</td>
<td>10gm with hot water bd</td>
</tr>
</tbody>
</table>

Table 4 External Procedures followed

<table>
<thead>
<tr>
<th>Name of the procedure</th>
<th>Medicine used</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Udwarthanam</td>
<td>Kolakulathadi choornam</td>
<td>7 days</td>
</tr>
<tr>
<td>Snehapam (Achapanam)</td>
<td>Phalasarpis + Pippalyadi anuvasana tailam (3:1)</td>
<td>7 days</td>
</tr>
<tr>
<td>Abhyanga and ushma sweda</td>
<td>Pinda tailam</td>
<td>3 days</td>
</tr>
<tr>
<td>Virechanam</td>
<td>Avipathi choornam (25gm)</td>
<td>1 day</td>
</tr>
<tr>
<td>Patrapinda swedam</td>
<td>Pinda tailam</td>
<td>7 days</td>
</tr>
<tr>
<td>Virechanam</td>
<td>Avipathi choornam (25gm)</td>
<td>1 day</td>
</tr>
</tbody>
</table>

Yogavasthi

a) Kashaya vasti

*Kashaya: Chiravilwadi Kashaya
*Sneham : Madhuyastyadi tailam
*Makshika
*Kalka : Satapushpa
*Saindava
*Madhuyashtyadi tailam (100ml)

b) Sneha vasti

Yoni kshalnam

Panchatiktakam kasayam

5 days

Uttaravasti

Phalasarpi + Pippalyadi anuvasana tailam

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

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalasarpis</td>
<td>10gm bd B/F</td>
</tr>
<tr>
<td>Ashta choornam</td>
<td>10gm with hot water bd</td>
</tr>
<tr>
<td>Saphasaram kasayam</td>
<td>90ml bd B/F</td>
</tr>
<tr>
<td>Pippalyadi anuvanasana tailam</td>
<td>5ml bd with kasaya</td>
</tr>
<tr>
<td>Asokarishtam</td>
<td>20ml bd A/F</td>
</tr>
</tbody>
</table>