Management of PCOS Infertility then implementation of Garbhini Parichaya till Full Term by Ayurveda - Case Study

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ABSTRACT

Primary Infertility associated with recurrent pregnancy loss because of Viral infections like TORCH and Polycystic Ovarian Syndrome (PCOS) is a worrisome issue nowadays. In modern medicine, antiviral drugs are the main treatment for TORCH, causing various side effects. Ayurveda being preventive and curative medicinal branch, has good positive outcome in the treatment of TORCH induced BOH and infertility. The Garbhini Paricharya refers to the care given to pregnant lady. It has to be started as soon as the signs and symptoms of pregnancy are seen. The rate of abortions can be prevented by following proper antenatal care detailed in Ayurveda. Presenting a case report of 32-year-old female came to Govt. Ayurvedic college and hospital, Varanasi with 11 years of married life and history of two consecutive spontaneous abortions and wasn’t able to conceive since then. She was detected with PCOS and Positive TORCH infection. Her last USG findings dated 17/01/2023 was right ovarian- PCOS morphology & left ovarian- hemorrhagic cyst 54x60mm + subserosal uterine fibroid 20x27mm in fundal region with complaints of inability to conceive with complaints of delayed menses at interval of 2-6 months with prolonged bleeding with clots for 10-15 days for 7 years (after last abortion). Treatment protocol was based upon Samprapti Vighatan & focused on Prakriti of patient, Dosh Pradhanya Lakshana & Dosh Dushya Sammurchana. She was treated with Jalkumbhi Kshar with Varunadi Kwath for her fibroid and Pushpadhanva Rasa, Kanchanar Guggulu, Ashokarishta etc along with Nasya, Matra Basti and Uttar Basti. After 4 months of treatment, patient was treated successfully with Ayurvedic intervention and Garbhini paricharya with conception and delivery of a full-term healthy baby boy.

Key words: Infertility, TORCH, PCOS, Garbhini Paricharya, abortions.

INTRODUCTION

‘Stree Hi Mulampatyanamstree Hi Rakshatirakshita’ Women indeed is the source of human progeny. When protected, she protects the progeny. “Stree” being the root cause of progeny, utmost care should be given to protect her from any type of ailments that affects her motherhood.[1] PCOS is the condition which affects the motherhood. This is common hormonal abnormality in Women of reproductive age. It was originally described by Stein and Leventhal in 1935, so called as “Stein - Leventhal syndrome”.[2] It is a heterogenous disorder characterized by menstrual irregularities, clinical or hyperandrogenism and hyperinsulinemia, which ultimately leads to infertility. PCOS is a common cause of infrequent & irregular periods affecting as much as 10% of woman in their reproductive age.[3] Moreover, PCOS is a sign rather than a disease. There is no direct reference to PCOS in Ayurveda but described under Artava-Dusti,[4-5] while the description of infertility due to anovulation is scattered. Pushpagni, Jataharini mentioned in Kashyap Samhita, Revati Kalpadhyaya
bears similitude to the symptom of hyperandrogenism. But features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

Infertility is one of the predominant health issues faced by the married couple nowadays. Infertility is defined as the inability to conceive after 1 year of uninterrupted intercourse of reasonable frequency.[6] It is common in 10-15% of couples.[6] As per the current statistics male infertility problems constitutes 30-40% and Female infertility problems constitutes 40-55% and both are responsible in about 10% cases. Remaining 10% unexplained.[7] A critical evaluation on female infertility shows that ovulatory factors contribute almost 30-40% of the case. Among anovulatory causes of infertility, Poly Cystic Ovarian Syndrome (PCOS) plays a major role.[8] Diagnosis of PCOS is based on anovulation, elevated androgen levels and presence of multiple ovarian cysts on USG findings.[9] Most of the time these conditions are presented with signs and symptoms such as obesity, amenorrhea and hirsutism.[10]

PCOS in view of Ayurveda Acharya Charaka had described as there is innumerable number of Vyadhis.[11] If nomenclature of Vyadhi is not possible then we can treat according to Samprapti Ghatakas.[12]

**Samprapti Ghatakas in PCOS**

**Dosha:** In PCOS, indirectly symptoms points towards involvement of Kapha and Vata. Kapha is the main Dosha which gets vitiated causing Srotorodha and eventually leads to Vatavai gunya.[13] So Kapha and Vata both are the main factors responsible for the manifestation of PCOS.[14]

**Dhatu:** Here in PCOD, Rasa and Medodhatu are involved.

**Agni:** Agni also plays important role in the manifestation of PCOS.

**Srotas:** Agni Dusti or Mandya of the cells that compose the Srotas leading to Srotovaigunya or functional disturbance of the Srotas which may be followed by structural changes in them, this may lead to Srotorodha which in turn brings interaction between the vitiated dosha and Dooshya.

**Nidana:** Coming to the etiological factors, as Rasadhatu should get firstly nourished by Ahararasa with Agni, this vitiated Agni vitiates Rasa along with Kaphadosha.

Shortly vitiation of Agni leads vitiation of Rasa and Kapha leading to formation of Ama.

**Recurrent pregnancy loss**

It is defined as a sequence of two or more consecutive spontaneous abortion before 20 weeks. This distressing problem is affecting approximately 1% of all women of reproductive age.vat Modern treatment for underlying causes & ‘tender loving care’ approach for unexplained cases is suggested.[13] However, with the influx of Ayurvedic treatment in all countries, women are now beginning to realize that there are many natural alternatives in treatment of recurrent abortion.[16]

In Ayurvedic literature, recurrent abortion may be correlated as Putraghni Yonivyapad mentioned in Charak Samhita, Sushruta Samhita and Ashtanga Hridaya. According to Ashtanga Hridaya (one of the Brihattrayi), Uttarbasti (mode of administration of drug by urethral or genital route) is indicated in treatment of all types of Yoni Vyapad (female reproductive system disorders). A Garbha is Panchabhatuika hence Panchamahahoota Sammyatva is necessary; all equally important and their continued balance needed. Vandhya is caused by various factors as a condition resulting from Beejadosha, Artavadushti, Daiva, Mithyaaharavihara, Yonivyapats.[17] Atimaithuna in Baalaavastha, Jatahaarinis etc. failures of any one of essential factors Ritu, Kshetra, Ambu, Beeja results in non-formation of Garbha.

The first and foremost objective of Chikitsa (therapy) in Ayurveda is Dhatusamya (homeostasis) and is the most important element of preventive medicine.[18] Garbha and Garbhnii Raksha are the vital components explained in Ayurveda. As Yoniyapada leads to infertility because of Vikrit Vata, ultimately the
treatment of *Vata* i.e., *Bastichikitsa* is seen very beneficial in the treatment of infertility.

Such a case study has been conducted here with regards to treating causes of long-standing infertility of 32yrs female with chronic infections and PCOS, establishing normal physiology enhancing normal fertility. The intention of this case study is to enlighten distressed couples on how to restore full term pregnancy avoiding recurrent abortion with optimistic approach along with ayurvedic remedies.

**CASE HISTORY**

A Female patient aged 32 yrs., Moderate built up consulted with complaints of inability to conceive with complaints of delayed menses at interval of 2-6 months with prolonged bleeding with clots for 10-15 days for 7 years. Her married life is of 11 years and had two spontaneous abortion histories and she is diagnosed with TORCH infection. Her menstrual irregularities had started after abortions. Her follicular study was done and polycystic ovarian morphology was found. HSG was normal. The parameters of Semen analysis of her husband were in normal limits. She was treated by different allopathic doctors in and around Varanasi city. First OPD visit was in the month of November 2022. After 4 months of regular Ayurvedic treatment with shaman (oral medicines) and *Shodhan* (*Matrabasti* and *Uttarbasti*) *Chikitsa* patient conceived and gave birth to a healthy male child.

**Clinical findings**

On detailed evaluation of subjective and objective parameters patient was diagnosed as primary infertility associated with PCOS and torch infection. From Ayurvedic perspective this condition could be considered as *Vandhyatva* associated with *Nashtartava* where *Avarana* (enclosure) of *Artavavaha Srotas* (channel transporting *Artava*) *Kapha Medodushi* and *Srotorodha* became the causative factors. Detailed analysis of her signs and symptoms showed the increase of *Vata Kapha* and reduction of *Pitta*. Considering all those factors principles of *Vandhya, Nashtartava* and *Medohara* treatment were followed in this case

**Diagnostic assessment**

- Blood investigations for Routine workup i.e., CBC, ESR, LFT, RFT, FBS was done and found in normal range.
- The patient had normal body weight of 50 kg and BMI of 21.5. There were clear evidences of acanthosis nigricans on neck and mild hirsutism with hair growth on chin and upper lip during physical examination.
- Viral markers (HIV, HBsAg, HCV, VDRL) - non reactive
- USG dated 3/11/2022 showed bulky uterus (9.8x6.5x4.7) with E. T= 6.6mm and both ovaries with polycystic morphology (right more than left).
- USG findings dated 17/01/2023- R.O.- PCOS morphology & L.O.- hemorrhagic cyst 54x60mm + subserosal uterine fibroid 20x27mm in fundal region.
- Follicular study showed msf in b/l ovaries.
- S. Prolactin was 0.95 ng /ml.
- Sr AMH- 3.23 ng/ml (normal)
- S. T3, S. T4, S. TSH was 0.91ng/dl, 7.19 ug/dl, 0.27uIU/ml respectively.
- HSG findings showed bilateral tubal patency.
- TORCH profile IgG- Rubella, CMV, Herpes Simplex-1 = positive

From Ayurvedic perspective this condition can be better compared with as *Vandhyatva* associated with *Nashtartava* where *Avarana* (enclosure) of *Artavavaha Srotas* (channel transporting *Artava*) *Kapha Medodushi* and *Srotorodha* became the causative factors.

**Therapeutic intervention**

- Ayurvedic treatment was started with seven days *Dipan Pachan* therapy with *Aam Pachak* medicines.
- *Snehan* and *Swedan* (*Adho Udar Bhag*)
- *Mridu Sanshodhan* (*Nitya Virechan, Matrabasti and Uttarbasti*) and *Shaman* therapy.
▪ Uttarbasti done from 7th day of menstrual cycle for 3 days.
▪ This is followed by Balya, Jiwaniya Aushadhis for 3 months aimed to achieve proper follicular growth, ovulation, implantation, fetal development, immune modulation.
▪ Patient’s UPT came positive in the 4th month of treatment which was assured by USG

Treatment given to the Patient
Satwavajaya Chikitsa
Daiva Vyapashraya Chikitsa
Shodhana - Virechana
Shamana Aushadhi

<table>
<thead>
<tr>
<th>Chikitsa advised</th>
<th>Chikitsa</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satwavajaya Chikitsa</td>
<td>Counselling and relaxation therapy</td>
<td>For 5 days</td>
</tr>
<tr>
<td>Daiva Vyapashraya</td>
<td>Yoga, Pranayama, Vishnu Sahasranama Japa and meditation</td>
<td>Everyday</td>
</tr>
</tbody>
</table>

Shodhan Chikitsa

<table>
<thead>
<tr>
<th>SN</th>
<th>Therapy</th>
<th>Medicine</th>
<th>Dose</th>
<th>Timings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nasya</td>
<td>Shatavari Ghrut</td>
<td>8-8 drops each nostril</td>
<td>Early morning</td>
</tr>
<tr>
<td>2.</td>
<td>Snehan then Swedan (Adha Udar region)</td>
<td>Shatavari Taila</td>
<td>-</td>
<td>Twice daily</td>
</tr>
<tr>
<td>3.</td>
<td>Nitya Virechan</td>
<td>Panchatikta Ghruta + Aragvadha Churna</td>
<td>5ml + 5gm</td>
<td>For 5 days Empty stomach</td>
</tr>
<tr>
<td>4.</td>
<td>Matra Basti</td>
<td>Ksheerbala Tail Bhunimbadi Kwatha</td>
<td>30ml+30ml+20ml</td>
<td>Morning after food For 8 days</td>
</tr>
</tbody>
</table>

Shaman Chikitsa

<table>
<thead>
<tr>
<th>SN</th>
<th>Medicine</th>
<th>Dose</th>
<th>Aushadhaaal (Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chitrakadi Vati</td>
<td>250mg x TDS</td>
<td>Pragbhakta (Empty stomach)</td>
</tr>
<tr>
<td>2.</td>
<td>Jalkumbhi Kshar</td>
<td>250mg xBD</td>
<td>Pragbhakta with Varunadi Kashay a/f</td>
</tr>
<tr>
<td>3.</td>
<td>Trikatu Churna + Nagkesar Churna</td>
<td>500mg+500mg</td>
<td>Paschchatbhakta (BD a/f)</td>
</tr>
<tr>
<td>4.</td>
<td>Pushpadhanwa Ras</td>
<td>125mg x BD</td>
<td>Paschchatbhakta (BD a/f)</td>
</tr>
<tr>
<td>5.</td>
<td>Arogyavardhani Vati</td>
<td>250mg x BD</td>
<td>Pragbhakta (BD b/f)</td>
</tr>
<tr>
<td>6.</td>
<td>Raja Pravartanivati</td>
<td>250 mg x BD</td>
<td>Paschchatbhakta (BD a/f)</td>
</tr>
<tr>
<td>7.</td>
<td>Kanchanaraguggulu</td>
<td>250mg x BD</td>
<td>Paschchatbhakta (BD a/f)</td>
</tr>
<tr>
<td>8.</td>
<td>Ashokarishta</td>
<td>30 ml</td>
<td>Paschchatbhakta with Sambhag Jal (BD a/f with equal water)</td>
</tr>
<tr>
<td>9.</td>
<td>Phalghruta</td>
<td>10gm</td>
<td>Pragbhakta (Empty stomach)</td>
</tr>
</tbody>
</table>

Treatment outcome
After 4 months of treatment, patient was conceived. Her UPT came positive on 28/03/2023. While she conceived, her date of LMP was 25/02/2023. With restoration of pregnancy till full term without any obvious complication, she delivered healthy baby boy.
through LSCS due to breech presentation of fetus on 10/11/2023.

Before Treatment

Garbhini Paricharya done throughout pregnancy

The prevention starts from the pregnancy itself. Ayurveda explains a specific antenatal care, special regimen which is a special care during pregnancy entitled under “Garbhini Paricharya”. The newborn baby should be born healthy, with a proper body weight. Mother’s antenatal management plays an important role. For example, if a mother is suffering from GDM (Gestational Diabetes Mellitus) the newborn baby is at risk since then, and they should be given more attention in their weight and other developments. Garbhini Paricharya in Ayurveda explains a special nine monthly diet during pregnancy as the food is the best source of nourishment as well as medication for the pregnant woman. Also, there are some simple readily available herbs advised for a couple planning a pregnancy and also to the would be mother during pregnancy. This all is unique specialty of the Indian health science of Ayurved and it should be followed for the best outcome for healthy and normal baby.

▪ She was advised Nidana Parivarjana and medicine prescribed was having Garbhashapaka action and Raktastambhaka action which helped her continuing her pregnancy successfully. Counselling was done for her husband too.

▪ Dietetic regimen as mentioned in classical texts is so scientific and applied as during first trimester most women experience nausea and vomiting, thus can’t take proper diet.

▪ Garbhashapak medicine such as Shatavari and Ashwagandha were used

▪ Use of Parushaka, Yashtimadhu, Sharkara, Krishna and milk, use of cold and sweet liquid diet and milk prevent dehydration and supply required amount of nourishment, besides the drugs of Madhur group being anabolic will help in maintenance of proper health of mother and fetus.

▪ Fourth month onwards muscular tissues of fetus grow sufficiently requiring more proteins which is fulfilled by Sanskrut Odana as Acharya Harita mentioned in 4th month of pregnancy.

▪ Milk, ghee and drugs of Madhur group have been advised for entire pregnancy period.

▪ By the end of second trimester majority of woman suffers from edema of feet and other
complications of accumulation of water. Gokshur a known diuretic is used in sixth month helps to release water retention.

- *Vidarigandhadi* group of drugs are diuretic, anabolic, relieves emaciation and suppresses Pitta and Kapha, their use in seven months might help in maintenance of health in mother and fetus.

- As earlier said, milk is a wholesome diet throughout the life of human as it provides required amount of essential nutrients for the proper nourishment and growth of fetus and health of the mother too.

- The entire dietary, behavioural and medicinal regimen prescribed in Ayurvedic classics aim at the healthy progeny and avoiding complications during pregnancy.

- Dos and don’ts for the pregnant ladies show the vigilant observation and scrutiny of our Acharyas about the prevention of any adverse effects of food, activities and medicines, its interactions and incompatibility.

If prescribed regimen is followed sincerely will result in the yield of desirous healthy and happy entity

**Foods to Avoid**

- Dwidal Dhanya
- Vidahi Anna
- Garistha Anna
- Amala Bhojana
- Guru Anna
- Ushana Ksheerapana

**Activities to Avoid**

- Vyayama
- Maithuna
- Rsha
- Shosha
- Chankramana

*Acharya Charaka and Vagbhata* mention that by the use of this regimen from first to ninth month her Garbhdharini, Kukshi, sacral region, flanks, and back become soft. Women gain strength and complexion and she delivers easily at proper time a desired, excellent, healthy child possessing all the qualities and long life.

**DISCUSSION**

The slogan ‘Healthy Women, Healthy World’ symbolizes the fact that as guardians of family health; women play a pivotal role in maintaining the health and well-being of their communities. Motherhood is a physiological event which comes in the life of every woman. In today’s fast pace of life, this physiological event exhibits with multiple and variable glitches which resulted into termination of pregnancy. So, it is important to keep the fetus nourished and protected throughout pregnancy. *Putraghni Yonivyapad* i.e., recurrent abortion can be treated successfully with proper Ayurvedic intervention. *Vata Dosha, Pitta Dosha* vitiation Kshetra (uterus) and Beeja (ovum) *Dushti* are the major causes for *Putraghni Yonivyapad*. This repeated pregnancy loss is seen due to excessive intake of *Rooksha Ahara Vihara* leading to *Vata Prakopa, Artava Dushti* and *Garbhastrava*. Pre conception treatment such as *Snehan, Swedan, Matrabasti* and *Uttarbasti* pacifies *Vata Dosha*. *Uttarbasti* assisted into removal of *Strotorodha* and supported at the level of receptors in endometrium as well as ovary for hormonal balance. *Phalghrita* indicated mainly in *Garbhastrava* and its contents are useful in preventing abortion and maintaining pregnancy. *Pushpadhanva Ras* induces ovulation and cures loss of libido. *Garbhashathapak* medicine such as *Shatavari* and *Ashwagandha* were used which are *Madhura and Balya* by its virtue, which counteracts the vitiated *Vata*. *Ksheerpaka* pacified vitiated *Pitta dosha*, enhances medicinal effect and drug absorption with maintenance of *Garbha*. After 4 months of this treatment, patient was conceived and treated further with Ayurvedic *Garbhnī Paricharya*. She delivered healthy baby boy through normal delivery. Thus, the treatment given on the basis of Ayurvedic basic
principles have restored the pregnancy with positive outcome of the treatment was very encouraging.

CONCLUSION

Putraghni Yonivyapad i.e., recurrent abortion is one of the major health challenges of pregnancy. Preconception treatment as well as acquisition of Garbhhini Paricharya during pregnancy resolved imbalanced conditions. Uttarbasti with Shatavari Ghrut and other internal medicaments supported in removal of vitiated Doshas, Strotorodha and bring about stabilization of fetus. In the present case, pregnancy was restored successfully till full term on the basis of Ayurvedic basic principles and outcome of the treatment was very encouraging. Thus, combination of Uttarbasti, polyherbal formulations, counseling, dietary regimen and management of recurrent abortions due to TORCH infection in this woman was managed with Ayurvedic treatment. In present case, patient became pregnant and delivered full-term healthy baby.

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