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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, *Dosha Pradhanya Lakshana* & *Dosha 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 Mulampatyamstree 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 *Kashayap Samhita*, *Revati Kalpadhyaya*

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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.^[2] 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 are 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 *Vatavaigunya*.^[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 *Doosha*.

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. Modern treatment for underlying causes & 'tender loving care' approach for unexplained cases is suggested.^[15] 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 *Brihatrayi*), *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 *Panchabhautika* hence *Panchamahabhoota 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 *Baalavastha*, *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 *Dhatu-samyak* (homeostasis) and is the most important element of preventive medicine.^[18] *Garbha* and *Garbhini 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 *Artavavavaha Srotas* (channel transporting *Artava*) *Kapha Medodushti* and *Srotorodha* became the causative factors. Detailed analysis of her signs and symptoms showed the increase of *Vata Kapha* and reduction of *Pitta*.^[19] 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 *Artavavavaha Srotas* (channel transporting *Artava*) *Kapha Medodushti* 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

Chikitsa advised	Chikitsa	Duration
Satwavajaya Chikitsa	Counselling and relaxation therapy	For 5 days
Daiva Vyapashraya	Yoga, Pranayama, Vishnu Sahasranama Japa and meditation	Everyday

Shodhan Chikitsa

SN	Therapy	Medicine	Dose	Timings
1.	Nasya	Shatavari Ghrut	8-8 drops each nostril	Early morning
2.	Snehan then Swedan (Adho Udar region)	Shatavari Taila Snehan then Valuka Swedan in pelvis region	-	Twice daily
3.	Nitya Virechan	Panchatikta Ghruta + Aragvadh Churna	5ml + 5gm	For 5 days Empty stomach
4.	Matra Basti	Ksheerbala Tail Bhunimbadi Kwatha	30ml+30ml+20ml	Morning after food For 8 days

		Erand Tail		
5.	Uttarbasti	Shatavari Ghrut	5ml	For 3 days
6.	Avagahan Sweda	Brihat Varunadi Kwatha	-	Twice daily

Shaman Chikitsa

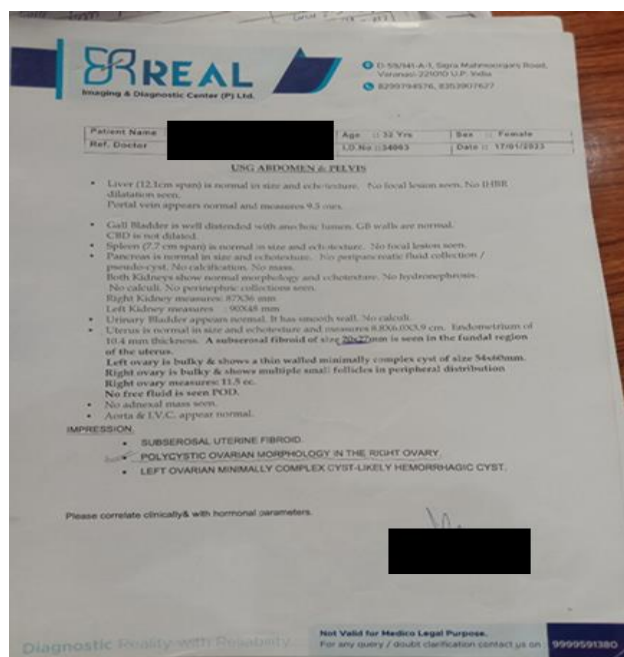
SN	Medicine	Dose	Aushadhkaal (Time)
1.	Chitrakadi Vati	250mg x TDS	Pragbhakta (Empty stomach)
2.	Jalkumbhi Kshar	250mg xBD	Pragbhakta with Varunadi Kashay a/f
3.	Trikatu Churna + Nagkesar Churna	500mg+500mg	Pashchatbhakta (BD a/f)
4.	Pushpadhanwa Ras	125mg x BD	Pashchatbhakta (BD a/f)
5.	Arogyavardhani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

Treatment outcome

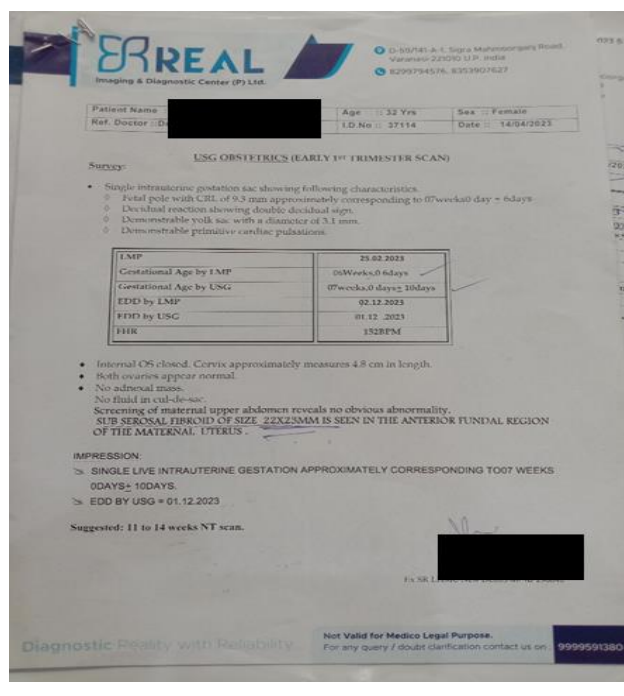
After 4 months of treatment, patient was conceived. Her UPT came positive on 28/03/2023. While she conceived, her date of LMP was 25/02/2023. With restoration of pregnancy till full term without any obvious complication, she delivered healthy baby boy

through LSCS due to breech presentation of fetus on 10/11/2023.

Before Treatment



After 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 *Garbhasthapaka* 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.
- Garbhasthapak* 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 *Sanskrit 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*
- *Rosha*
- *Shosha*
- *Chankramana*

Acharya Charaka and Vagbhata^[22] 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. *Garbhasthapak* 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 *Garbhini 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. Pre conception treatment as well as acquisition of *Garbhini 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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