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Ayurvedic management of Secondary Infertility associated with Polycystic Ovarian Syndrome - A Case Report

Juli Kotwani¹, Tejaswini Dhiraj Buchade²

¹Post Graduate Scholar, Dept. of Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi, India.

²Assistant Professor, Dept. of Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi, India.

ABSTRACT

PCOD is the main cause of infertility in the present generation among the reproductive age group due to undesirable lifestyle changes. In the case report an infertile couple who had not been able to conceive since 2 yrs. The wife was diagnosed with PCOS. The ovulatory factor that contributes to infertility is 30-40%. PCOD may be diagnosed if any 2 of the following criteria are present – clinical or biochemical hyperandrogenism, evidence of oligo- anovulation, polycystic appearing - ovarian morphology on USG. The objective of the present treatment included *Ayurvedic* management of PCOS, ensuring regular ovulation and thereby helping to develop healthy pregnancy and successful childbirth. **Case presentation:** A female patient, 32 years old, visited Prasuti Tantra and Stri- Roga OPD of All India Institute of Ayurveda, New Delhi on 7 march 2024 with secondary infertility associated with Irregular menses. Methodology: Detailed history with all clinical, physical examination, and laboratory investigations were carried out which were normal. Ultrasonography reveals bilateral PCOD. So the treatment was planned accordingly. Result: Patient got her menstruation of drug intake with improvement in menstrual pattern. She continued to take drugs during the second month and missed her period consequently after that. UPT was done and was found positive on 18 April.

Key words: PCOS, Artava dushti, Nashtartava, Artavakshaya, Vandhyatha

INTRODUCTION

According to WHO, Infertility is a condition in which failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. It can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy

has been achieved. It is a multifactorial condition and may be due to ovulatory dysfunction (30-40%), tubal factors (25-35%), uterine factors (10%), cervical and vaginal factors (5%) and the endometrial factors (1-10%).^[2] Among the ovulatory dysfunction,^[3] PCOS is the primary cause which is characterized by menstrual irregularities, manifestation of androgen excess and other endocrine dysfunction. Menstrual dysfunction (*Artava Dushti*) may range from amenorrhea (*Nashtartava*) to oligomenorrhea (*Artavakshaya*) to episodic menometrorrhagia (*Asrigdara*). Women with PCOS may have heavy and unpredictable bleeding and instability of thickened endometrium. All *Yonivyapads* (gynaecological disorders), if not treated properly can lead to infertility. *Artava Dushti* which includes abnormalities of ovum, ovarian hormones and menstrual irregularities also lead to *Vandhyatha* (infertility). *Bijotsarga* is one of the causes for ovulatory dysfunction. In this condition, there is inadequate growth and function of the corpus luteum.

Address for correspondence:

Dr. Juli Kotwani

Post Graduate Scholar, Dept. of Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi, India.

E-mail: julikotwani30101997@gmail.com

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There is inadequate progesterone secretion. The lifespan of corpus luteum is shortened. As a result, there are inadequate secretory changes in the endometrium which hinder implantation. In *Ayurveda* science, it can be correlated with *Sapraja*.^[4]

CASE PRESENTATION

Female patient, 32 years old, came to Prasuti Tantra and Stri Roga OPD of All India Institute of *Ayurveda*, New Delhi on 7 March 2024 with secondary infertility associated with Irregular menses for 2 years. She had one issue of spontaneous miscarriage in June 2023 followed by D & C. So, she came to AIIA for the treatment of same problem.

Menstrual History

The duration of her menstrual cycle was of 3 to 4 days with interval of 15 to 45 day, irregular, flow moderate pain mild, colour blackish, clots present. Her last menstrual period was on 23/01/2024.

Pad history - 2 pad soaked per day

Obstetric history - G1L0P0A1D0

A1 - spontaneous abortion, 1.5 month gestational age in June 2023 followed by D & C.

Family history - No relevant family history

Past surgical history - No history of surgery in the past was found.

Personal History -

- Appetite - poor
- Sleep - Normal
- Bladder - Burning micturition.
- Bowel habits - Normal

Clinical Findings

General examinations

Built - Normal

Weight - 62kg

Height - 153 cm

Pulse rate - 72/min

Blood Pressure - 120/80 mm of hg

Respiration rate - 18/min

Temperature - 98.6°F

Per abdomen - It was soft, nontender and no organomegaly was detected.

Physical examination

Ashtavidhpariksha

Nadi - Vatakapha

Mutra - *Samyak mutra pravriti*

Mala - *Sama*

Jihwa - *Sama*

Shabda - *Samyak*

Sparsha - *Ushna*

Drika - *Samanya*

Aakriti - *Madhyama*

Dashvidhpariksha

Prakriti (nature) - *Vatakapha*

Sara (purest body tissue) - *Madhyama* (medium)

Samhanana (body compact) - *Avara* (minimum)

Pramana (body proportion) - *Madhyam* (medium)

Satmya (homologation) - *Madhyam* (medium)

Satva (mental strength) - *Madhyam* (medium)

Vaya (age) - *Yuvati*

Vyayamshakti (to carry on physical activities) - *Madhyam* (medium)

Aharashakti (food intake and digestive power) - *Madhyam* (medium)

Abhyavaranashakti & *Jaranashakti* - *Madhyam* (medium)

Systemic Examination

CVS: Heart sounds (S1S2): normal, Respiratory system: normal bilateral air entry, no added sounds.

No abnormality found on other system

Diagnostic Assessment

CBC with ESR (7/3/24)

HB - 12.3 gm/dl

Platelet count - 2.93lakh/cumm

ESR - 24mm

TFT (7/3/24)

T3 - 1.12ng/ml

T4 - 8.31 ug/dl

TSH - 2.56uIU/ml

Blood sugar (7/3/24)

Fasting - 103mg/dl

PP - 112mg/dl

Hormonal assay (25/02/24)

Sr. FSH - 5.62MIU/ML

Sr. LH - 8.55 MIU/ml

Sr. PRL - 9.56 ng/ml

HAS (09/03/24)

Total sperm count - 60milon/ml

Rapid progressive - 40%

Slow progressive - 20%

Non progressive - 10%

All progressive - 60%

Vitality - 70%

Normal forms - 70%

Abnormal forms - 30%

Pus cell - 2-3 /hpf

Fructose - present

USG report (27\02\2024)

Uterus - 6.1*3.1*4.7cm

Endometrial thickness - 8.7 cm

Right ovary - 5.3*1.3*4.7, volume - 19cc

Left ovary - 3.9*3.6*2.4 cm, volume - 10cc

Impression - bulky bilateral ovarian suggestive of polycystic ovarian morphology.

Samprapti Ghataka (Pathogenic factor)^[4-6]

Dosha - Vata (Apana, Vyana, Samana),

Kapha (Kledaka), Pitta (Pachaka, Ranjaka)

Dushya - Rasa, Rakta (blood), Artav

Agni (digestive fire) - Jatharagnimandya, Dhatwagnimandhya

Srotas (channel) - Artavahasrotas (channels carrying menstrual blood)

Srotodushti - Sanga (obstruction)

Vyaktisthana - Artava, Beejashaya Granthi

Treatment Schedule

In this particular case, main *Doshas* involved were *Vata kapha* and there was also *Raktha Dushti*. So, the *Chikitsa* adopted were according to the *Dosha* predominance along with *Nidana Parivarjana*. On the first visit (7 march 2023) - Her LMP was 23/01/2024.

Drug	Dose
<i>Raj Pravartini Vati</i>	2 Tds (stopped after menses) A/F
<i>Kumaryasava</i>	20 ml bd A/F with equal amount of water
<i>Ajmodadi Churna 2 gm + Tankana Bhasma 250 mg + Sphatika Bhasma 250 mg with honey</i>	
<i>Punarnavadi Mandoora</i>	2 Bd

Her second visit on 09/03/2024 with complaining of mild cough) she got menstruation on 9 march 2024.

<i>Kanchnar Guggulu</i>	2 Bd A/F
<i>Punarnavadi Mandoor</i>	2 Bd A/F
<i>Patoladi Kwatha</i>	20 ml Bd B/F

Sitopladi Churna	3gm Bd with honey
Phala Sarpi	5 ml Od with milk

Her third visit on 21 /03/2024 with complaining of disturbed sleep.

Chirabilwadi Kashya	20 ml Bd B/F
Kanchnar Gugglu	2 Bd A/F
Punarnavadi Mandoor	2 Bd A/F
Phalasarpi	5 ml Bd with milk

Her fourth visit on 18/04 /2024 with complain of delayed menses. UPT was suggested, her UPT was positive on 18/04/2024

RESULT

At the end of the second month of treatment, the patient was satisfied with the results. Patient had got menstruation after one month of medication. She continued to take treatment in the second month and UPT was done on 14 November 2023 which was found positive. Ultrasonography done on 13th December 2023 shows single intrauterine early pregnancy of 8 weeks 5 day.

Patient consent: Patient's written approval was taken before publishing this case study in your journal.

Pathya-Apathya^[6-8]

- Avoid psychological stress
- Follow *Rajaswala Paricharya* during menses.
- Avoid overly spicy, heavy, baked items, fermented foods, fast food (pasta, peaches, pizza), and cold beverages.
- Intake more green leafy vegetables (spinach, cabbage, capsicum, broccoli), sesame seeds, flax seeds, fruits (orange, apple, papaya), and jaggery.

DISCUSSION

4 basic elements are necessary such as seed, season, soil & water. Similarly, for *Suprajanan* i.e., for conception proper functioning of Female reproductive

system (uterus & ovary), Menstruation, healthy ovum & sperm are of prime importance. This is called as *Garbha Sambhav Samagri*. Out of these 4 basic elements *Kshetra* i.e., *Garbhashaya* (uterus) should be in good condition. This is very necessary for embedding fertilized zygote in the uterine wall, as well as it should have proper elasticity needed for the growth of the Foetus. The *Vatakapha* properties of *Kanchnar Guggulu*, *Kashaya* (decoction) & *Lekhana* (scrapping) all contribute to shrinking the cyst size & halting future growth. The regulation of menstruation cycle with use of *Kumaryasava*. The *Kumari* is also an ingredient of *Rajapravriti Vati*, which is indicated in *Kashtartva* (Dysmenorrhea) & *Rajorodha* (*Amenoorhea*).^[8] *Phalagrutha* helped to bring balance & strength to the menstrual system because it contains anabolic action, it increases more secretory units. This plan of treatment was selected according to principles of Ayurveda along with proper drug, duration, *Anupana*, *Pathya* & *Apathya*, the result were found meticulous.^[3-5]

CONCLUSION

Patients had conceived within the follow-up period of 3 months. No significant complication is evident during the study. The patient follow-up in AIIA ANC OPD with regular follow up.

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