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Management of infertility associated with Poly cystic ovarian syndrome: a case report

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ABSTRACT

In the present generation of reproductive age group, unwanted lifestyle changes has caused a major concern leading to Infertility which is usually associated with Poly Cystic Ovarian Syndrome (PCOS). A couple who had not been able to conceive since 11 years was taken for the present study. Female subject had been diagnosed with PCOS. They had undergone treatments of primary infertility which included hormone therapy and Intra Uterine Insemination, but were unsuccessful. This case was diagnosed as *Vandhyatva* (Infertility) due to *Nashtartava* (Amenorrhea) based on the parameters as mentioned in Ayurveda classics. Ensuring regular ovulation and establishing healthy pregnancy and successful childbirth was the primary objective of the study. Treatment plan consisted of Ayurvedic management of PCOS which included both *Shodhana* (Purification) and *Shamana* (Internal medicines) therapies. During the treatment period the female subject lost 10 kg of weight and regained regular menstruation. Patient conceived within 8 months of treatment and had a full-term healthy female child.

Keywords: *Vandyatva*, *Nashtartava*, Ayurveda, *Panchakarma*

INTRODUCTION

Infertility is one of the primary health issues faced by the married couple in the current era. Inability to conceive after 1 year of uninterrupted intercourse of reasonable frequency can be defined as Infertility. As per the current statistics, prevalence of causative factors due to male population constitutes 30–40% and Female constitutes 40–55% and both together constitute 10% of the cases, rest 10% of the cases are due to unexplained causes[1]. A critical analysis on female infertility shows that ovulatory factors contribute almost 30–40% of the

case. Among an ovulatory causes of infertility, Poly Cystic Ovarian Syndrome (PCOS) plays a major role. Diagnosis of PCOS is based on anovulation, elevated androgen levels and presence of multiple ovarian cysts in USG findings. Most of the time these conditions are presented with signs and symptoms such as obesity, amenorrhea and hirsutism . A direct description of Poly Cystic Ovarian Syndrome in classical Ayurveda Texts is not available. After considering clinical features, *Dosha* involvement, *Nashtartava*, *Sthaulya* (~obesity), management principles of *Vandhya* can be adopted.

MATERIALS AND METHODS:

PATIENT INFORMATION:

A Married couple, came to *Panchakarma* OPD of Dr. N A Magadum Ayurvedic Medical College and Hospital, Ankali with the complaint of inability to conceive even after 16 years of regular unprotected sexual life. The semen parameters of Male partner were found to be within normal limits. The Female partner, aged 34, had menstrual irregularities since past 9yrs. The menstrual history of the patient showed 3 days duration with an interval of 2-3 months between the next cycles. They underwent 5 years of hormonal treatment, Intra-Uterine Insemination and In-vitro Fertilization, thrice. Rapid weight gain was observed during this time period. At their first OPD visit her LMP (Last Menstrual Period) was 22/4/2019 which might be due to hormone induced withdrawal, bleeding was for a duration of 3 days. Patient complained itching in vagina along with abnormal vaginal discharge. She also complained of Painful intercourse. Timeline of the treatment the patient underwent and the result observed is as follows:

Date	Observation/remarks	Treatment
2-10-2013	Delayed cycle. B/L PCOS AMH (Anti Mullerian Hormone) 8.24ng/ml	Treatment initiated as per Modern medicinal protocol
15/3/2017	Induced folliculogenesis	IUI failed. Ceased treatment after 2½ years
6/7/2019	Irregular cycle, LMP:22/4/2019, body weight:96 kg, on USG both ovaries appeared polycystic, Endometrial thickness 8.5 mm	Ayurveda treatment initiated
14/02/2020	Menstruation on 30/12/2018	Panchakarma started
22/02/2020	Weight reduced:86kg	*Basti* (enema), *Uttara basti*
17/05/2020	Weight reduced to 84 kg	Internal medicine given
12/06/2020	Dominant follicle Right ovaty:18∗16 mm Endometrial thickness:11 mm	Advised *Phalasarpis*, *Kṣheerabala*
17/08/2020	UPT: Positive	Patient conceived.
4/04/2021	Female baby: 3.15 kg	Patient delivered on LSCS

CLINICAL FINDINGS: The patient was obese with a body weight of 96 kg, height 161.5 cm and BMI of 36.8. There was a clear sign of hirsutism with prominent hair growth on chin and upper lip during physical examination. USG reports showed both

ovaries with polycystic morphology, and 10 cc volume of each ovary. Uterus measured 78 × 47 × 35 mm and ante-verted.

DIAGNOSTIC ASSESSMENT

On detailed evaluation, patient was diagnosed as primary infertility associated with PCOS. From Ayurvedic perspective this condition could be considered as *Vandhyatva* associated with *Nashtartava* where *Avarana* (enclosure) of *Artavavavaha srotas* (channel transporting *Artava*) *Kapha Medoduṣhti* 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 treatment principles of *Vandhya*, *Nashtartava* and *Medoroga* was adopted.

THERAPEUTIC INTERVENTION:

Therapeutic approach	**Medicines with dose**	**Specific advises**
Deepana (carminative) *Pachana* (Digestive) *Anulomana* *Lekhana* (scraping) *Rajapravartaka* (Induces menstruation)	Tab *Arogyavardhini vati* 2 b.i.d with warm water Tab .*Rasapachaka vati* 2 b.i.d with warm water *Hingvasthaka churna* 1tsf b.i.d with warm water	Less oily, less spicy, pure vegetarian diet. Absolute restriction for deep fried food articles. Regular exercise for a period of 30 min Regular walking for a period of 45 min.

Above medicines were continued for a period of 3 weeks. After ascertaining signs and symptoms of *Agni deepana* and *Aama pachana*, *Shodhana* therapies were planned, sequence of the same are as under:

Procedure	**Medicines used**	**Duration**	**Remarks**
Udvarthana, Takrapana	*Kolakulathadi churna*	9 days	*Rukshana* attained
Snehapanam	*Phala Ghrita*	6 days	Vomiting and loose bowel noticed.
Abhyangam	*Dhanvantara taila*	1 day	
Utkleśana	Cooked masha,curd,sweets	1 day	
Vamana	*Madanaphala yog* and *Yashimadhu phaṇṭa*	1 day	*Pitta-anta*
Virechana	*Gandharva hasthadi eranda taila*	1 day	After 15 days of *Vamana*
Anuvasana	*Pipalyaditaila*	5 days	
Lekhana basti	*Erandamoola kwatha ,Dhanyamla, Pipalyadi tailam* with *Satapushpa* as *kalkam* and *Sanidhava*.	3 days	
Uttarabasti	*Sahacharadi taila*	3 days	

FOLLOW-UP AND OUTCOMES

After the treatment body weight of the patient was reduced to 75 kg and BMI was found to be 27.43. Her menstrual cycle frequency improved substantially. On per speculum examination it was observed that abnormal vaginal discharge and other visible changes due to cervicitis reduced considerably.

DISCUSSION

In present case the diagnosis was confirmed as primary infertility associated with PCOS. According to Ayurveda it can be co-related to *Vandyatwa* due to *Nashtartava*[2], where *Avarana* of *Artavavaha srotas* becomes the chief causative factor .The *Nidana* (causative factors) attributed could be *Avyayama* (sedentary) and intake of excess *Abhishyandi Ahara* leading to *Kapha Medo Dushti* and *Srotorodha*. Here the movement of *Vata* especially *Apana vata* got obstructed by the increased *Kapha* which in turn obstructed the natural functioning of *Arthava*. According to Ayurveda *Samprapti* (pathogenesis) *Vighatana chikitsa* (disintegration) is the way to treat any disease. In this case we can consider *Kapha* and *Vata* as *Dosha*, *Rasa*, *Rakta, Mamsa,* and *Medas* as *Dooshya. Rasavaha, Rakthavaha, Mamsavaha, Medovaha* and *Arthava* vaha are involved in the Etio-pathogenesis of the disease. *Sanga* (blockage) and *Granthi* (cyst) can be considered as their *Dushti karana* (vitiating factor). Site of origin of the disease is *Koshta* and the specific site of manifestation is *Garbhashaya* (uterus).

The ultimate aim of the treatment was to release the obstructed *Vata* and to enable its normal functioning in the *Koshṭa* especially in *Garbhasaya*. The obstruction was because of the accumulated *Kapha* in the channels of *Vata* especially in *Arthavavaha Srotas.* The combination of *Arogyavardhini Rasa*[3] and *Hinguvastaka Churna*[4] had *Vata-kapha Shamana* and *Kriminashana* action along with added benefits of kindling the *Agni* and alleviating *Moodhavata. Rasapachak vati*[5] acted on *Rasavaha Strotas* there-by doing *Rasadhatu pachana* which in-turn led to formation of its *updhatu Arthava*. As a result, *Kapha* might have been pacified and thus the pruritus and abnormal vaginal discharge diminished.

Once the expected outcome from *Purva karma* is obtained, it was decided to move to the next phase- *Shodhana* therapies. As *Kapha* and *Meda* became the key factors in the development of disease, it was decided to opt *Ruksana* procedure as a preliminary step. *Udvarthana* with *Kolakulattadi churna*[6] along with *Takrapana* had *Kaphamedonasana* action. *Samyak Rukṣaṇa Lakshanas* could be seen after 9 days. In the next step *Snehapana* was done with *Phala Ghrita*[7] as it is ideal in the conditions where there is predominance of *Vata* .It was decided to go for *Accha Snehapana* and the initial dose given was 30 ml. It took total 6 days of *snehapaana* to observe Samyak *Snigdha lakshanas*. In this case *Vamana* was the selected *Shodhana* therapy after *Abhyanga*, *Swedana* and *Utklesana Aahara*, because of the involvement of *Kapha doṣa*. The standard operative procedure of *Vamana* was carried out and the symptoms of *Samyak yoga* including *Pittadarsana* was observed. After 15 days of *Vamana*, *Virechana* was administed using *Gandharva hastadi eraṇḍa taila*[8].

It was decided to administer *Basti* as a next step because of the involvement of *Vata doṣa*. Specific indications including *Rajonasa* also pointed to the necessity of *Basti*. *Anuvasana basti* was given with *Pipalyadi Anuvasana* taila[9] which is *Vata*

Anulomana and *Kapha Shamana* in nature, For achieving the complete relief from *Kaphamedovruddhi*, *Lekhana Basti* which is a modified form of *Eraṇḍa moola kvatha basti* was selected, After *Yoga basti*, *Uttarabasti* was administered which forms the prime treatment in *Garbhasaya roga*. *Sahacharadi taila*[10] which is, specifically indicated in *Vandhyatva* and had *Vata-kapha Shamana* action was selected for *Uttara Basti*. *Uttara Basti* was repeated on 12th, 13th and 14th day of patients menstrual cycle. *Shodhana* treatment may have contributed in reduction of fat deposits and acceleration of the maturation of graffian follicles. Thus, the follicles ruptured and ovulation might have occurred which was detected in USG done on 8/07/2019. She was given *Phalasarpi* as *shamana sneha* to improve quality of endometrium and achieving *Garbhasthapana*. Urine pregnancy test was suggested after a week of absence of menses and the result found to be positive

She delivered a female baby on 8/3/2020 through LSCS. Every phase of the management were monitored and recorded carefully. Through the Ayurvedic interventions it took a total of 8 months to get the positive result (as the initial visit of the patient in OPD was on 11/10/2018). While she conceived, her date of LMP was 22/06/2019. The successful outcome in the present case signifies the relevance of logical selection of medicines according to the stage, judicious combination of internal medicines, procedures, diet and regimen.

CONCLUSION

From the present study, it can be concluded that management of *Vandyatva* (infertility) can be done by selecting right combination of Ayurveda Medicines and adopting appropriate *Shodhana* procedures which will help in regulating menstrual cycle. Components involved in affecting fertility was corrected by modifying the lifestyle of patient by advicing her to follow strict *Pathya* (wholesome) and avoid *Apthya*(unwholesome) *Aahara* (Diet) and *Vihara* (Regimen). Anxiety, stress and any other such noticeable causes was avoided. Since it was a single case study, there is a further scope to conduct the study with larger sample size. Thus, it is a promising intervention for future practices of Ayurvedic gynaecologists for managing *Vandyatwa* due to *Nashtartava*.

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