



MANAGEMENT OF INFERTILITY DUE TO PCOS THROUGH AYURVEDA – CASE SERIES

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ABSTRACT

INTRODUCTION-Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Poly cystic ovarian syndrome is a metabolic disorder affecting the females of active reproductive age group. The syndrome has been much debated in present day due to its complicity .This condition has key features like menstrual disturbances mainly oligomenorrhea and amenorrhea, hyperandrogenism, obesity and infertility and in long term even leads to endometrial carcinoma. The well accepted ovulation induction drugs have side effects and have limited use. Metabolic disturbances and menstrual disorders specifically anovulation is the result of kapha predominant diseases condition. Vamana one among the shodhana adopted to normalise the aggravated kapha there by stimulating ovulation hence in these cases vamana and Kanchnara Guggulu as samana aushdhi considered in the management of infertility due to anovulation with PCOS.

METHODOLOGY-Three female who were anxious to conceive and diagnosed with PCOS were selected and all the three subjects were having menstrual irregularities and follicular study revealed anovulation. Depana pachana was given with Panchkola phanta 50ml TID before food for 3 days. From 4th day snehpana was given with Varunadi ghrutha started with 30ml (hrisva dose) in aarohana karma till samyaksnehana lakshana achieved. Vamana was done after a day of vishrama kala followed by kaphoutkleshkara aahara. All three had Pravara vega hence 5 days samshrana karma was advised and after noral diet was started kanchnara guggulu 250mg in BD dose for consecutive 2 cycles.

RESULT- The size of the cysts decreased remarkably in all cases and they conceived after 1-2 months of completion of the treatment

DISCUSSION -Anovulation is considered as Nastartva which is the main feature of PCOS. Kaphavruta Apanavata is the main pathology in Nastartva. Kapha aavarana was relieved by vamana so that function of Vata and Pitta was regularised. Kanchnara guggulu helps in granthi vilyana and help in regularise the menstruation.

KEY WORDS – PCOS, Infertility, Avarana, Granthi vilyana , Artavkshaya, Nasthartava .

INTRODUCTION

People of present era are habituated to sedentary way of life due to which they are prone to get different types of metabolic ailments. Poly cystic ovarian syndrome is one among them affecting the females of active reproductive age group. The syndrome has been much debated in present day due to its complicity. Poly cystic ovarian syndrome is a common endocrine disorder of hypothalamic pituitary ovarian (HPO) axis causing oligovulation or anovulation leading to androgen excess in the cortex of ovaries¹ microscopically small multiple ovarian cysts or visible cysts which looks like string of pearl². This PCOS has

become challenge for the management due to its complicity. The long term consequences of PCOS include obesity, infertility as well as endometrial carcinoma and insulin resistance.

Infertility is one of complication of PCOS. PCOS patients having complains of increased obesity (50%) , menstrual abnormalities(70%) in the form of oligomenorrhoea ,amenorrhoea, DUB, andinfertility.³ Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Infertility is of two types primary infertility and secondary infertility. Primary infertility denotes those patients who have never conceived.



Second infertility indicates previous pregnancy but failure to conceive subsequently.⁴

Both male and female factors are responsible for conception. The cause for female infertility are Ovulatory factor (30-40%) , Tubal and peritoneal factor(25-35%) and Endometriosis (1-10%). The ovarian factors are because of anovulation or oligo ovulation , decreased ovarian reserve , luteal phase defect and luteinised unruptured follicle.⁵

According to Rotterdam, the Netherlands a consensus meeting between the European Society of Human Reproduction and Embryology and the American Society for Reproductive medicine (ESHRE/ASRM)- The Rotterdam ESHRE/ASRM sponsored PCOS consensus workshop group, 2004 redefined PCOS that women should have two of the following three criteria⁶.

- 1) Oligo and/or anovulation
- 2) Hyperandrogenism(clinical and/or biochemical)

3) Polycystic ovaries identified sonographically.

All the symptoms of PCOS may not be seen in one woman. Different symptom can be seen in different women. The increased prevalence of PCOS is day by day due to faulty diet habits and sedentary life style in reproductive age group of women. The incidence of poly cystic ovarian syndrome is increasing day by day with prevalence ranging from 2.2 % to 26% in the age of between 18 yrs to 45 yrs. In India its prevalence has been estimated as 4- 25% and in Indian adolescent is 9.13%⁶.

MATERIAL AND METHODS

Here is a case series of 3 patients presented in the in patient department of Prasooti Tantra and Stree Roga of Sri Dharamsthala Manjunatheswara hospital , Hassan.

Case 1	Case 2	Case 3
<p>Age- 28yrs C/O- anxious to conceive since 3yrs Irregular menstruation since 4yrs K/C PCOS since 3and half year. MH- irregular 2-3days/45-60days 1 pad/day (not fully soaked) Pain+ Clots+ Systemic examination- P/A- soft, non tender P/S- Cervix healthy , No white discharge P/V- AV/NS/FF</p> <p>Investigation – Blood Routine- within normal limit</p> <p>USG(14/12/2020)</p> <p>Imp- polycystic ovarian syndrome(more than 20 atretic follicles of less than 10mm size are seen in both the ovaries . No dominant follicles seen in B/L ovaries.</p>	<p>Age- 25yrs C/O- anxious to conceive since 2yrs Irregular menstruation since 2 and half years K/C PCOS since 1yr MH- irregular 1-2days/40-50days 1pad/day Pain + Clots+ Systemic examination- P/A- soft, non tender P/S- Cervix healthy , No white discharge P/V- AV/NS/FF</p> <p>Investigation – Blood Routine- within normal limit</p> <p>USG(2/1/21)</p> <p>Imp- B/L polycystic ovaries No free fluid in pouch of douglas. Multiple small peripheral follicles seen in both ovaries.</p>	<p>Age-26yrs C/O- anxious to conceive since 2 and half years Irregular menstruation since 3years K/C PCOS since 1year MH- irregular 2-3days/40-60days 1pad/day Pain ++ Clots+ Systemic examination- P/A- soft, non tender P/S- Cervix healthy , No white discharge P/V- AV/NS/FF</p> <p>Investigation – Blood Routine- within normal limit</p> <p>USG (23/11/20)</p> <p>Imp- B/L polycystic ovaries Multiple small peripheral follicles with thick ovaries stroma.</p>



TREATMENT PROTOCOL

Shodhana chikitsa

Deepana pachana with	Panchkola phnata 50ml TID (A/F)
Snehpana with	Varunadi ghrutha (in aarohana karma till samyaka snighdha lakshans appeared)
Kaphoutklesha aahara	For one day
Vamana	
Samsrajana karma	According to no of vega

Samsana chikitsa

Kanchnara Guggulu 2 tb(250gm) BD (B/F) for consecutive 2 cycle

Follow up every month

Assessment by USG after 3 months.

TREATMENT DETAILS

	Case 1	Case 2	Case 3
Date of admission (treatment started on)	02/01/2021 3 rd day of cycle	01/01/2021 4 th day of cycle	01/01/2021 3 rd day of cycle
Deepana pachana	For 3 days	For 3 days	For 3 days
Snehpana	For 4 days	For 4days	For 5 days
Vishrama kala	For one day	For one day	For one day
Vamana done on and no of vegas	10/01/2021 No of vega-08	09/01/2021 No of vega -09	10/01/2021 No of vega-06
Samrajana karma	For 5 days	For 5 days	For 3 days
Samsana chikitsa started on	15/01/2021	14/01/2021	13/01/2021)
Duration of complete study	3 months (jan-april)	3 months (jan-april)	3 months (jan-april)

RESULT

	Before treatment	After treatment	Conceived after
Case 1	USG(14/12/2020) B/L poly cystic ovarian syndrome. Thick hyperechoic stroma is seen.more than 20 atretic follicles of less than 10mm size are seen in both the ovaries.	USG(29/6/2021) Imp- SLIU gestational sac seen with single viable fetal pole of about 8wks 3days . Cardiac activity seen CRL-19.35mm	within one month after treatment treatment finished on 2/4/21 LMP- not known
Case 2	USG(2/1/21) Imp- B/L polycystic ovaries No free fluid in pouch of douglas. Multiple small peripheral follicles seen in both ovaries.	USG(14/4/2021) Imp- single live intrauterine gestation of 6wks 1 day +/-1wk Good cardiac activity seen CRL-3.9mm	Within one month after treatment Treatment finished on 1/4/2021 LMP- not known
Case 3	USG (23/11/20) Imp- B/L polycystic ovaries Multiple small peripheral follicles with thick ovaries stroma.	USG(9/7/21) Imp- single live intrauterine gestation of 6wks 1 day +/-1wk Good cardiac activity seen CRL-3.6mm	Within 2 months after treatment Treatment finished on 1/4/2021 LMP- 21/5/2021



DISCUSSION

By analyzing the causes of PCOS, it can be stated that obesity is one of the main cause for the disease. And for the causes for Sthoulya, by intake of madhura, guru a, abhishyandi aahara kapha dosha will be vitiated which create snigdha and cause srotorodhaka which obstructs the normal function of vata dosha and this kapha leads to agnimandya by which proper rasa dhatu formation will be not there and manifests staulayta. Animandyata leads to formation of aama dhatu which results into uttrotaraama dhatu formation. Kapha as mala of medo dhatu and snigdha increased which result into medovruddhi. This Medovruddhi adds to the pathogenesis of the disease by vitiating all Srotasas except that of Meda and result into Vatavaigunya⁸. So here we can conclude that formation of Rasa Dhatu and its Upadhatu Artava is affected in women who is having obesity which results into irregular menstruation and which leads to vandhyatwa (infertility).

Treatment in PCOS should mainly aim at

1. Agnideepana
2. Artavajanana
3. Granthivilyana

The drugs and procedure proposed for the treatment of PCOS should possess properties like deepana, pachana, shothahara, artavajanana, medohara and lekhanika properties.

Discussion on drug panchkola phanta⁹

Almost all the drug possesses hypoglycaemic and hypocholesterolaemia activity which brings down the hyperinsulinemia state found in PCOS, which is the root cause for the disease and prevents from complications.

Discussion on Varunadi ghrutha¹⁰

Most of the drugs in Varunadi ghrutha has ushna veerya and katu vipaka which acts as Kaphamedo hara and are having the gunas such as Laghu, Tikshna, ushna guna which helps Aartava vardhaka.

The main ingredients is Varuna (Crataeva) has ushna veerya and laghu ruksha guna which mainly helps in removing of kapha dosha

Discussion of vamana procedure¹¹

Due to vamana urdhvabhagahara Prabhava, Vamakadravya produces vamana. The site of action of vamakadravya is in koshta and in amashaya, where the vata sthana of kapha is present. The vitiated kapha is expelled out through the mechanism of vamana and severity of disease can be controlled up to maximum level.

In the disease manifestation of PCOS, there is Kapha avarana which obstructs the normal function of apanavata. By the procedure of Vamana, the Kapha

avarana will be removed so that vata can revert back to its normal function.

Vamana karma increases the blood supply in brain and tonic release of gonadotrophins which promotes follicles growth (Proper enzymatic activity and conversion) and decreases fat cell peripheral aromatization and counter the androgen level in body.

Discussion on kanchara Guggulu¹²

The majority ingredients of kanchana guggulu are having laghu and ruksha guna and ushna veerya which helps in stimulate the Agni and clear the sama guna and initiating proper function of aahara rasa and its upadhatu aartava.

The formulation is designed with a comprehensive approach to address the multiple factors of PCOS. Granthihara, vata kaphashamak and aartavajanka properties of kanchanaguggulu and breakdown the pathogenesis of kaphaja granthi.¹³

In these cases infertility were because of PCOS. So here PCOS gets corrected and menstrual irregularities comes normal

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