



Case Report

www.ijrap.net (ISSN:2229-3566)



MANAGEMENT OF INFERTILITY DUE TO PCOS BY AYURVEDIC REGIME: A CASE REPORT

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Received on: 15/07/20 Accepted on: 15/09/20

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DOI: 10.7897/2277-4343.1105137

ABSTRACT

Polycystic ovarian Syndrome (PCOS) otherwise known as Stein Leventhal Syndrome is known to be the most common endocrine disorder in a woman of reproductive age and leading cause of infertility nowadays. World Health Organization (WHO) has estimated that there are one out of forty newly reported cases of PCOS worldwide. Here is case study of a 27 years old female patient residing in Jaipur who consulted in OPD of National Institute of Ayurveda (NIA) Jaipur on 10.05.2019 with the chief complaints of unable to conceive since 2 years, delayed and scanty menstruation since 1^{1/2} year. The patient was having history of depression and had antidepressants for 1 year. Her Ultrasonography findings were suggestive of PCOS. Patient was treated with Brahmi Ghrita orally with milk for 3 cycles. Go Ghrita Matra Basti for 2 cycles with proper counselling before and during the treatment as patient was a K/C/O depression. Patient missed her periods on 20.09.2019 and did her UPT which was found to be positive. Adequate antenatal care with all necessary examinations and advises was given to her and she delivered a full-term female baby on 18.06.2020. From this case study it is concluded that Brahmi ghrita and Go Ghrita Matra Basti are effective in treating Infertility due to PCOS.

Keywords: PCOS, Infertility, Go ghrita, Brahmi Ghrita

INTRODUCTION

PCOS is known to be the fastest growing health hazard, most prevalent in young reproductive age group (20-30%). It is the most common cause of oligo ovulation and anovulation - both in the general population and among women presenting with infertility¹. It is a heterogeneous, multifactorial, polygenic condition with poorly understood etiology. Its clinical features range from menstrual irregularities, hirsutism, acne, anovulation and infertility. Current incidence of PCOS (5-6%) is fast increasing lately due to change in lifestyle and stress². Diagnosis is based upon the presence of any two of the following three criteria (ASRM/ESHRE, 2003)³:

- i. Oligo ovulation or anovulation
- ii. Hyperandrogenism (may be clinical or biological)
- iii. Polycystic ovaries

Incidences of clinical features are: Acanthosis nigricans (5%), Acne (30%), Obesity (50%), Infertility (20%), Hirsutism (80%), Amenorrhoea (26%) and Oligomenorrhoea (87%).

PCOS has not particularly been described as such in our Ayurvedic classics but clinical features associated with PCOS can closely be co related with some of the Yonivyapdas and other gynecological conditions explained by Acharyas like Artava dushti, Artava kshaya. Ayurveda suggests that its main etiology is vitiation of Vata (Apana Vata) as Acharya Charaka mentioned that no gynecological disorder takes place without the vitiation of Vata⁴, though there can be vitiation of another dosha also along with Vata leading to Agni dushti mainly dhatwaagnimandhya and thus hampering the Rasa Dhatu Pushti. As Artava is Upadhatu of Rasa so it will lead to Artava dushti hence causing Vandhyatawa because Artava has been mentioned as one of important factor

needed for conception by Acharya Sushruta⁵. On the basis of this principle treatment for Infertility associated with PCOS should be targeted on Vata anuloma or Vata shamana, Agni deepana and Rasa prasadana.

Case Report

A female patient of age 27 years visited NIA OPD on 10.05.2019 with the chief complaint of unable to conceive since 2 years. Patient had associated complaint of delayed and scanty menses since 1^{1/2} years, acidity since 8 years and constipated bowel. The study was carried out after the informed consent from the patient. Study was carried out after following the Good clinical practice guidelines.

Menstrual History

She attained her menarche at 12 years of age. Presently her menstrual cycle of 1-2 days of duration (decreased) and 60 -90 days of interval (delayed).

Marriage History

She was married since 5 years.

Obstetric History

G₁A₁

A₁: Induced abortion (by MT pills) 4 years ago.

Clinical Findings

Her Ultrasonography done 5 months ago on 20.12.2018 was suggestive of PCOS. Past medical reports were suggestive of normal Prolactin and Thyroid levels. Husband's semen analysis was also normal. She had undergone allopathic treatment (ovulation induction drugs) for 2 months, approximately 1 year ago for infertility. Her personal history revealed normal appetite,

unsatisfactory bowel clearance and sound sleep. She was having allergy to Tila Taila.

Physical Examination

Wt. – 58 kg
 Ht. - 5'5"
 BMI – 21.3 kg/m²
 BP – 110 /70 mm Hg
 PR – 74 / min

Past Medical History

- History of taking antidepressants for 1 year, which were presently stopped since 3 months.
- History of intake of medicines for abnormal breast milk discharge from B/L breasts 2^{1/2} year ago
- History of fissure in ano since 3 years
- History of taking anta acids on and off since 7-8 years.

Past Surgical History

Appendectomy done 14 years ago

Nidana panchaka

1. Nidana

Various nidanas related to Patient’s Ahara, Vihara and Mansika avastha were ruled out which are as follows:

- i) Mithya Ahara
 - Oily food Samosa Kachori etc.: once or twice weekly
 - Fast food like Pizza, Burger etc. once in a month
 - Usually cold drink
 - Snacks like namkeen, biscuits etc. during teatime.

- ii) Mithya Vihara
 - Sedentary Lifestyle
 - Very less physical activity
 - No Yoga, Pranayama or exercise
 - Staying awake till late nights
 - Sleeping during daytime
- ii) Mansika Bhava
 - Patient was stressed because she was working as a model before marriage and she had to leave her modeling carrier after marriage due to some reasons.
 - Also, she was finding it difficult to adjust in middle class family as she belonged to a family with high socio-economic status before marriage.

2. Poorva roopa: Alpa Artava (delayed as well as scanty menses)

3. Roopa: Vandhyatawa (Infertility)

4. Upashaya: Rajaswala paricharya

Mansika prasannta by Meditation or self-motivation etc.

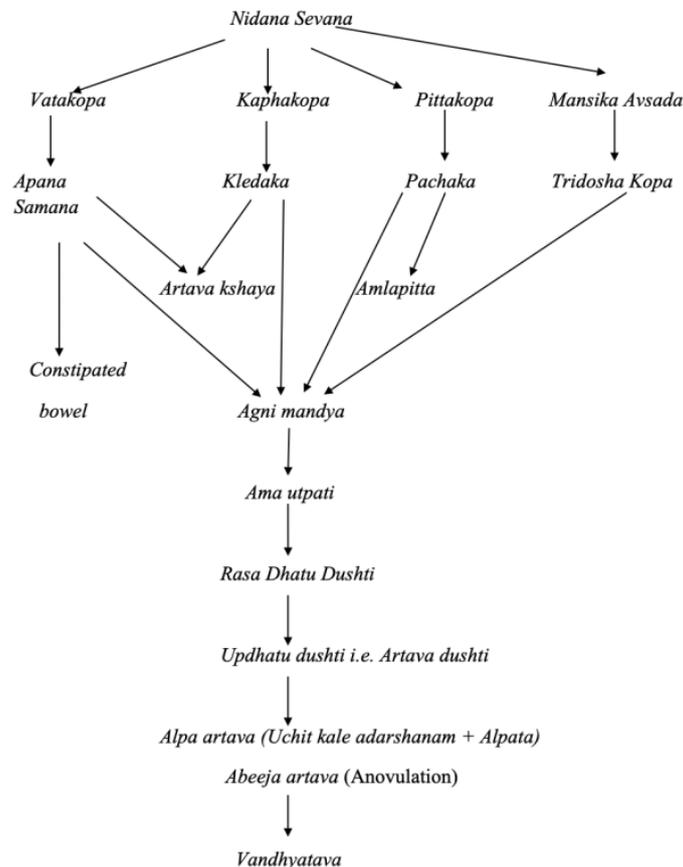
Anupshaya: Mansika avsada

Mithya ahara vihara

5. Samprapti: Vata (Apana vata) impelling other doshas aggravated by various nidana sevana

Vyadhi vinishchaya: Vandhyatva

Probable samprapti



Treatment plan

She was treated by administering:

1. Brahmi ghrita; Dose: 1 tsf BD with milk for 3 cycles,
2. Go Ghrita Matra Basti (done after proper Purva karma) for 2 cycles
Dose: 20 ml for continuously 7 days just after the cessation of menses
3. Avipatikara churna; Dose: 3 gm BD (before meal)

Counseling

As the patient was anxious for issues and was psychologically upset with history of depression previously so proper counseling was need of hour, as importance of stable and happy mind has been mentioned in Garbha Dharana by:

- Acharya Charaka as “Soma nasya Garbha Dharnanam” in Agryadravya prakrana⁶.
- Acharya Vagbhata has also mentioned the importance of psychological condition of partners while elaborating essential factors for conception⁷.

RESULT

- Patient missed her period on 20.9.2019 and did her UPT on 9.11.2019 (as her menstrual interval was 2-3 months) and it was found positive.
- Viability scan was done on 20.11.2019. SLIU pregnancy of 8 weeks 1 day was found with normal fetal cardiac activity.
- She was given proper Antenatal care with all the compulsory examinations, investigations and advises.
- Elective LSCS was done under S.A because patient herself was willing for LSCS.
- LSCS under S.A was performed; an alive female child of weight 3 Kg was extracted as vertex presentation on 18 June 2020.

DISCUSSION

It has been mentioned by Acharya Charaka that Yoni of female never gets spoilt without Vata which means Vata is responsible for all the physiological function of female reproductive organs and any vitiation in Vata may lead to Yoni Vikara. Considering above Vandhyatva is also a Yonigata Vikara and can be cured by pacifying vata. Best treatment for pacifying Vata is Sneha and Basti⁸.

Brahmi Ghrita

Brahmi ghrita mentioned in Ashtanga Hridya⁹ has been indicated useful for Vandhya stri, Unmada, Apsamara, Kushtha. Contents

of Brahmi ghrita are Brahmi, Shankhapushpi, Saptala, Aragwadha, Danti, Trivrit, Pippali, Maricha, Shunthi, Goghrita.

As Brahmi and Sankhpushpi¹⁰ are Medhya and are used as nervine tonic so in patients suffering from infertility it might help in regulating Vata (Apana Vata) i.e. autonomic system, regulating the function of pelvic organs mainly reproductive organs and thus helping in conception. Brahmi has also been mentioned by Acharya Charaka in Prajasthapana Mahakashaya¹¹. Being Medhya they were helpful to relieve stress and thus helping in proper functioning of HPOU axis.

Pippali¹² is said to have Vrishya, Rasayana and Deepana. It has Vatahara properties thus helping in pacifying vata and regulating its proper functioning.

Saptala, Aragwadha, Trivrit and Danti these drugs are known to possess Virechaka properties thus helping in regulation of Dosha by their Samshodhan Karma.

Go Ghrita

Goghrita is known to be Madhura in Rasa as well as in Vipaka, Sheeta in Virya, Vatapitta shamaka, Deepana, Rasayana, Shukrala, Oja vardhaka¹³.

It has been said to be supreme among other ghrilas. It is Yogvahi also i.e. it has the capacity to carry itself or active principles of drug to increase the potency of drug. Digestion, absorption and delivery to a target organ system are crucial in obtaining the maximum benefits from any drug. This is facilitated by Ghrita. Because of Lipophilic action of Ghrita, it facilitates its transportation to a target organ and final delivery inside the cell, because cell membrane also contains lipid.

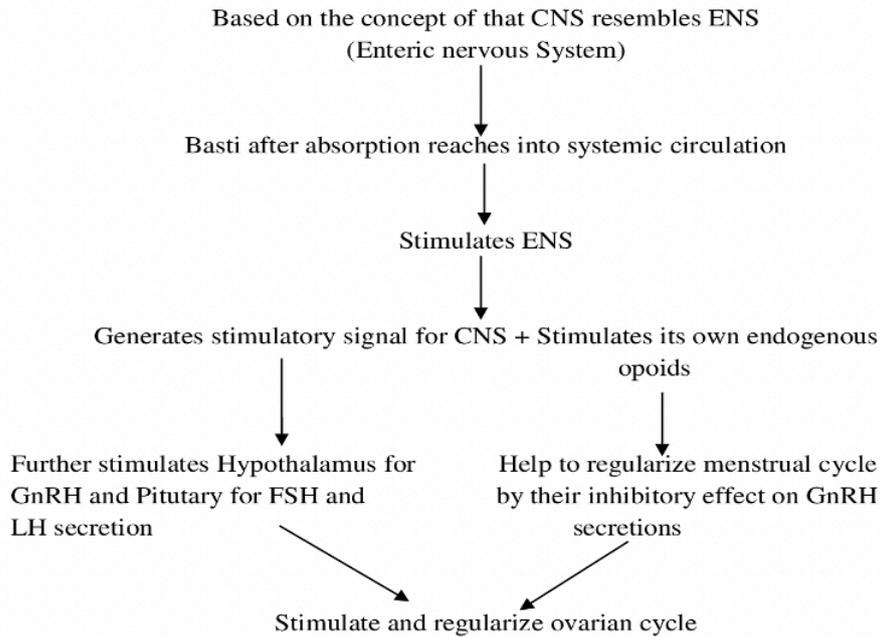
This lipophilic nature of ghrita facilitates entry of the formulation into the cell and its delivery to the mitochondria, microsome and nuclear membrane. Thus, this lipophilic and other properties of Go ghrita are useful in delivering it to targeted organ i.e. pelvic organs mainly reproductive organs and thus helping in Samprapti vighatana of Vandhyatva and thus helping in conception

Matra Basti

Basti has been mentioned as best Vatahara. Basti has been considered to be supreme for women who are unable to conceive by Acharya Charaka¹⁴. Acharya Kashyapa mentioned Anuvasana basti for Alpa Pushpa or Nashtartava Matra Basti is a mentioned as Sarvkala Niratyaya that is it can be given at any time without any complications. It is mentioned to have Balya, Brimhana and Vata roganuta properties¹⁵.

Due to its above properties of Basti it is helpful in pacifying Vata which may help.

PROBABALE MODE OF ACTION OF BASTI :



Avipatikara churna

Avipatikara Churna mentioned in Bhaishajya Ratnavali¹⁶, Amlapitta Chikitsa Prakarana, has been indicated in Amlapitta, Mala Mutra Vibandha, Agnimandya janya Roga, 20 types of prameha, Arshas.

The contents of the Churna are Trikatu, Triphala, Musta, Vida Lavana, Vidanga, Ela, Tejapatra, Lavanga, Nishotha and Sharkara with Nishotha being in maximum quantity.

As in this patient acidity (Amlapitta) and unsatisfactory bowel clearance with constipation on and off (Mala Vibandha) was an associated complaint so Avipatikara Churna was given to the patient to relieve amlapitta and mala Vibandha as per its indications.

CONCLUSION

Infertility due to PCOS is leading disorder in women nowadays. Infertility not only causes marital disharmony, Social rejection but it also causes psychological sufferings like stress, anxiety etc. From above study it is concluded that Brahmi Ghrita orally and Go ghrita Matra Basti are effective in women suffering from infertility due to PCOS.

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Cite this article as:

Poonam Kumari *et al.* Management of infertility due to PCOS by Ayurvedic regime: A Case Report. *Int. J. Res. Ayurveda Pharm.* 2020;11(5):31-35 <http://dx.doi.org/10.7897/2277-4343.1105137>

Source of support: Nil, Conflict of interest: None Declared

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