



Ayurvedic Management of Infertility due to Anovulation- A Case Study

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ABSTRACT:

Background: Infertility is the failure to conceive even after one or more years of regular unprotected sexual intercourse. Due to improper life style ,incidence of infertility increases .PCOS is a life style disorder and very common among reproductive age group . *Acharya Sushrut* explained about *Bandhya Yonivya pada* where *Nashtartava* is mentioned as the one and only symptom. In Ayurveda text word *Aartava* has been used extensively in different contexts; menstrual blood, ovum and ovarian hormones. Therefore Amenorrhea, anovulation, hormonal dysfunction can be considered as visible manifestations of *Nashtartava*.

Material and method: Following is a case report of a female who was anxious to conceive after 3 years of active married life, she had irregular menses. Her USG reports showed polycystic appearance of ovaries .The treatment adopted were to balance *vata* and *kapha* . Result: the treatment patient was a known case of infertility due to PCOS and after treatment her PCOS was cured and she conceived . **Discussion:** Line of treatment was to enhance potency of ovum for ovulation and regularize vitiated *Vata Dosha*, *Shrotoshuddhi* and *Aartava janan*.

Conclusion: *Ayurveda* therapy can be used in patients of infertility due to PCOS for better outcome and no adverse drug effect was noticed.

Keywords: Infertility, *Vata Dosha*, Polycystic ovary syndrome

INTRODUCTION

Polycystic ovary syndrome (PCOS) is an endocrine and reproductive disorder with a prevalence ranging from 5%¹ to 13%² in women of reproductive age. PCOS is the primary cause of hyperandrogenism and oligo-anovulation at the reproductive age and is often associated with infertility³ and clinical and metabolic disorders.⁴ The prevalence of infertility in women with PCOS varies between 70 and 80%. According to the American Society for Reproductive Medicine, the evaluation of infertility in women with PCOS or other causes of subfertility should

start after six months of attempting pregnancy without success if the couple has regular sexual intercourse (2 to 3 times/week) without using contraceptive methods.⁵ 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.⁶ 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.⁷ Diagnosis of PCOS is based on anovulation,



elevated androgen levels and presence of multiple ovarian cysts on USG finding.⁸ Most of the time these conditions are presented with signs and symptoms such as obesity, amenorrhea and hirsutism.⁹ A direct description of Polycystic Ovarian Syndrome in classical **Ayurveda** Texts is not available. According to *Ayurveda* the four main factors involved in the proper conception¹⁰ are described as *Garbh sambhav samagri*; *Ritu* (Fertile period), *Kshetra* (Fertile uterus), *Ambu* (nutrition) and *Beeja* (viable Ovum and Sperm). Absence or abnormality of any of the above factors can lead to infertility. Here *Beeja* can be referred as healthy ovum and sperm. Speaking of female infertility, *Beeja dushti* can be considered as ovulatory dysfunction; anovulation. Thus, anovulation is found to be an important factor causing infertility according to *Ayurveda*. Acharya *Sushruta* mentioned *Nashtartavaas* a cardinal symptom of *Bandhya Yonivyapada*. After discussing about of *Asthaartva-dushthi*, *Nashtartava* has been explained separately. In which *Artava* is not destroyed completely but it is not evident due to obstruction of its channels, as the passage is enclosed by *Vata* and *Kapha* and ultimately it results in amenorrhoea. In this particular case if we hypothesize *Aartava* as ovum then we can consider *Nastartarva* as anovulation which is an important cause of infertility.

CASE REPORT

Female patient of age 26 yrs came to OPD of *Prasuti tantra evam strirog* MMM Govt *Ayurved* college & hospital, Udaipur with complaints of irregular menses from 5 year, wanting to conceive from 3 year of active married life and bloating from 1 months.

History of present illness : K/C/O PCOS for 5 years, was treated by different treatment modalities; Allopathy and *Ayurveda* as well management for irregular menses. After active married life for 3 years her USG report was suggestive of polycystic appearance of ovaries and in follicular study anovulation was noticed. Now she came to our OPD of *Prasuti tantra evam strirog* at MMM Govt *Ayurved* college & hospital, Udaipur

Past History: No history of DM/HTN/hypothyroidism or any major medical or surgical history

Family History: No history of same illness in any of the family members

Occupation: Housewife

Menstrual History/Obstetric History:

Menarche at: 13 years of age

LMP: 03/03/2022

Menstrual Cycle: 1-2 days/irregular menses, moderate flow sometimes with clots, painless.

Married Life: 4 years

O/H- G0P0L0A0

Contraceptive History – Nil

General Examination

Built: moderate,

Nourishment: Moderate

Pulse: 73 per min,

Temperature: 97F Weight: 68kg

Pallor - Absent,

Icterus – Absent

Cyanosis – Absent,

Clubbing – Absent,

Oedema - Absent,

Lymphadenopathy- Absent

On Examination – P/A- soft no palpable mass, no tenderness

P/V Examination –

Uterus – anteverted anteflexed.

Cervix- bulky with cervical motion non tender.

P/S Examination-

Healthy Cervix

Investigation

Male partner - Semen analysis :vol-1.5ml

Count- 91.5 million/ml, motility -59.5 million/ml, normal morphology

Female partner –

USG (17/2/2019)- B/L PCO

Hormonal assay –

LH- 8.94 mIU/ml

FSH-4.08 mIU/ml

Ashtavidhapariksha

Nadi (pulse)– VP,

Mutra (urine) – *Samyakmutrapravriti*,

Mala(stool)– *Sama*,

Jihwa (tongue)- *Sama*,

Shabda– *Samyak*,

Sparsha(touch)- *Ushna*,

Drika(eye)– *Samanya*,

Aakriti(physical appearance)– *Samanya*

Dashvidhapariksha –

Prakriti(nature)-*Vatapittaj*,

Sara (Purest body tissue) - *Madhyama*(medium),

Samhanana(Body compact) – *Madhyam* (medium),

Pramana (Body proportion)- *Madhyam* (medium),

Satmya (homologation) -*Madhyam*(medium) ,

Satva (mental strength) – *Madhyam* (medium),

Vaya(age)- 26years

Plan of treatment;

For 3 months ,

In shaman chikitsa we give:

1. *panchkol churna*- 1gm

Punarnawa mandur – 250mg

Baalsudha - 250mg

½ TSF BD

2. *kankayan vati* 2bd

3. *dashmool kwath* 30ml bd (empty stomach)

4. *erandmuladi taila anuwashana basti* -60ml for 5 alternate days after menses .

ADVICE :

Green leafy vegetable

High fiber rich food

Regular exercise and yoga

Avoid processed and high calorie food

Result :

after taking this treatment along with healthy diet and regular exercise her periods become regular . follow up USG reveal normal uterus and ovaries .

After one month when she missed her period and her UPT was positive .

USG – single live intra uterine fetus, EDD- 8/12/2022.

DISCUSSION

In this case report, according to history and clinical examination considered as a case of infertility due anovulation(*nashtartava*), *Aratavaha-shrotorodha* and *apan vata vaiguniya*. Hence main line of treatment could be *vata kapha shamak*, *agnidipana*, *pachaka*, *vatanulomaka* and *artavajanak* . As per *ayurveda* classics *basti* is the best treatment in *vatarogas* and here we gave *basti* in follicular phase for the normal *beeja nirmana* and *beejo utsarga* (ovulation).

Panchkol churna : *katu*, *tikshna* , *ushna* , *pachak*, *agni dipan*, *kapha-vata nashak* , *pitavardhaka* (*bhawprakash* , 72-73)

Punrnava mandur - many ingredients of *punarnava mandoor* have *Aampachak*, *Vata Kapha Dosh Nashak*, *Ushna*, and *Teekshna* properties and *Punarnava* have anti-inflammatory property, improves appetite, corrects digestive system, removes excess *Kapha*, balances *Kapha* and *Vata*, and corrects anemia.¹¹

Baalsudha : *katu rasa*, *ushna*, *kaphaghna*, *vatahara*, *pittakrut*, *artvajanan*, *vishghana*, it improves digestion power ,relieves bloating.¹²

Dashmool kwath : contains *Brihat Panchmoola* and *Laghu Panchmool*. The combination of these ten roots is used widely in *Ayurveda* which acts on *Vata doshas*. It has *Vata Kapha shaman*, and *Medo nashak* properties. Its anti-inflammatory and analgesic property is all potent it's also reduced back pain.¹³

Kankayan vati : PCOS is represented by menstrual irregularities mainly, which is also included in *ashtoartava dushiti*, It is caused by mainly *vata* and *kapha*. In *kaankayan vati*, all these drugs are having mainly *katu-tikta rasa*, *ruksha*, *ushna*, *tikshna gunaas*, *ushna virya* and *vata kaphagna doshaghna*

Erandmuladi taila : (*anuvasha basti*):

According to *Charaka Erand* have *Bhedniya* properties (used for purgation), *vrishya* and *vataharanam*, *Shushurat* have included *Erand* in *Adhobhaghara varg*(removes doshas from lower part of body) and in *Vata Sanshaman* (pacifying *vata*), *Eranda* has been attributed with *madhura-katu-kashaya rasa*, *madhura vipaka* and *ushna virya*; has *guru*, *snigdha*, *tikshana* and *sukshma gunas*. It pacifies *kapha-vata doshas*.

CONCLUSION :

The *Ayurvedic* approach to infertility due to PCOS was very effective. The treatment protocols mainly aimed to correct menstrual abnormality, correcting hormonal imbalances and producing a healthy ovum. The *ayurvedic* management was found to be very effective in infertility due to PCOS and the patient got conceived and gave birth to a healthy progeny.

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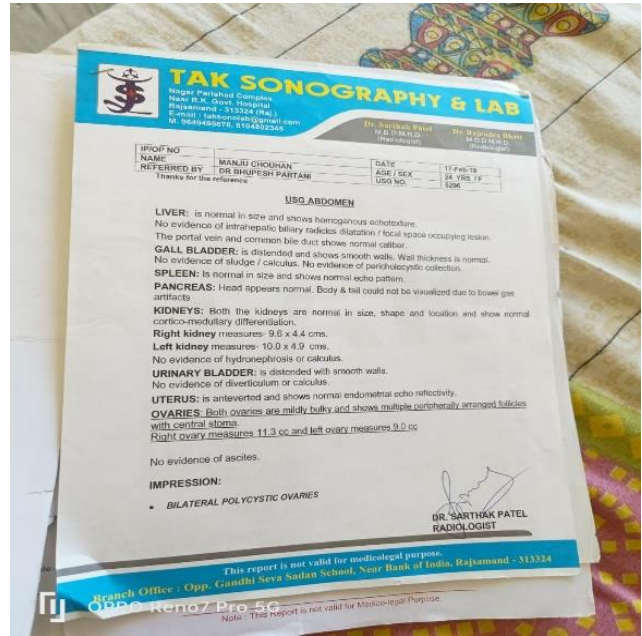
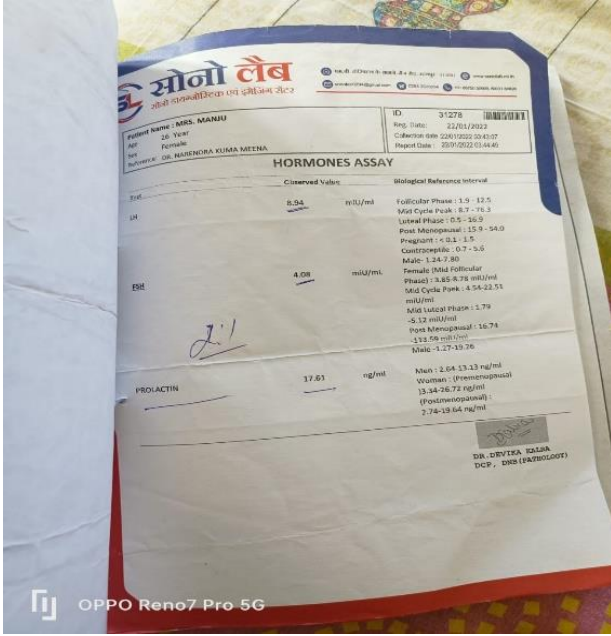
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BEFORE TREATMENT

