



AYURVEDIC MANAGEMENT OF INFERTILITY ASSOCIATED WITH POLYCYSTIC OVARIAN SYNDROME.

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Abstract

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§Introduction -

One of the most common health problems that married couples deals with is infertility. Infertility is defined as the inability of couple to achieve conception after 1 year of unprotected coitus. In India, According to World Health Organization. The overall prevalance of infertility lies in between 3.9% and 16.8% . A critical evaluation shows ,female is directly responsible in 40 -50%cases of infertility. According to FIGO,Ovulatory dysfunction contributes to 30-40% in female Infertility.

Among anovulatory causes of infertility. Poly Cystic Ovarian Syndrome (PCOS) plays major role. Diagnosis of PCOS is based on anovulation, elevated androgen levels and presence of multiple ovarian cysts on USG findings. Most of the time these conditions are presented with signs and symptoms such as obesity ,amenorrhoea, hirsutism, menstrual irregularities are oligomenorrhoea, sometimes menorrhagia. Women with PCOS are more likely to suffer from depression,anxiety,strain relationship, decrease quality of life, disordered eating and pschychosexual dysfunctions.

In morden science treatment recommeded is harmonal therapy and other drugs which cause adverse effect in course of life. Rising in prevalance of PCOS has become great cause of health concern as it is increasing incidences of infertility and metabolic syndrome that insulin resistance Diabetes and Dislipidaemia at yonger age.

According to *Ayurveda* the PCOS involves *Kapha* and *Vata Dosha*. *Meda, Mansa, Rakta Dhatu*. In general it is considered as *Bahudoshavastha*, for which *Ayurveda* can play important role. Especially *Panchakarma* can have better result which includes *Vaman, Virechan, Anuvasan, Niruh, Nasya*, along with *Shaman* drugs can give better result.

òAim and objectives

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To evaluate the efficacy of *Shodhan* and *Shaman Chikitsa* in Infertility associated with PCOS.

Objective

To propose *Ayurvedic* treatment for infertility associated with PCOS .

Material and methods-

For all the procedures various *Ayurvedic* texts are referred.

Literary information about study has completed from *Ayurvedic* texts.

Case history-

A 32 year old female patient came in to the OPD Prasuti- Tantra at YMT Ayurvedic medical college and hospital on dated 20 feb 2022 .

She is willing for child from 3 years,

Increase in weight by 12 kg in last 6 months ,

History of scanty menses (spotting for 3 days)in last 2-3 cycles .

History of prolonged menses for 10 days 6 months back.

Acanthosis nigricans on neck since 6 months.

Acne on face.

With these complaints patient came in PTSR -OPD for consultation and further management .

Family History -

No relevant family history.

Menstrual History-

Menarche - At age of 12 years .

Past Menstrual History- Regular ,Moderate (2-3 pads fully soaked per day), Painless

Present Menstrual History- Irregular , Scanty, Spotting , Painless.

LMP -4/2/2022

LLMP- 12/12/2021

Present Medical Illness - Increased weight gain by 12 kg in 6 months.

H/O Scanty menses (spotting for 3 days) in last 2-3 cycles .

Past Medical Illness - No History Of DM , Thyroid ,Asthama, Koch's Any Other Major Illness.

Past Surgical History- No Any Past Surgical history.

Marital Status - Married since 4 years .

Coital History- 2 times in week.

Contraceptive History - Not practising any of contraceptive methods by both the partners.

O/H - G0 P0 A0 L0 D0

Physical Examination -

General Examination -

Build- Average,

Nutritional status - Satisfactory

Pallor - Absent

BP- 120-70 mmHg

Pulse -78/min

Height - 160cm

Weight - 73.4kg

Temperature- Afebrile

Respiration Rate- 20/min

Systemic Examination -

CVS -Chest sounds (S1S2) - Normal

RS: Chest - B/L Clear , air entry adequate , no added sound.

Per Abdomen - soft , Non tender.

Genitourinary Examination -

Inspection - Vulva - Normal, Healthy.

Per speculum- No Erosion, No discharges.

Palpitations- Uterus retroverted, b/l fornices clear.

Investigations-

USG (pelvis) done on 2/1/2022 Suggestive of -Uterus is normal in size, shape and echotexture.

The uterus measures 8.2 x 4.0 x 3.2 cm in size and ET 6.7mm.

Both ovaries are enlarged with multiple small peripheral follicles and central echogenic stroma.

Right ovary 4.0X3.2x 1.9 cm (Vol 12.5CC)

Left ovary- 3.7 x 3.5 x 2.3 cm (Vol - 15cc)

Semen Analysis of her husband was normal.

PS PV done findings was normal.

In HSG -B/L fallopian tube,Uterus is normal.

Treatment-

Medohar Guggula 250mg - 2TDS before food with water - Anti obesity herb, it stimulates fat metabolism and burns excess fat in body .

Aarogyavardhini Vati 250 mg- 2 TDS before food with water- improves body metabolism

Chandraprabha vati 250mg-2TDS before food with water -Stimulates ovary and reproductive organ. Eliminates toxins from body and help to loose weight .

Kanchanar guggul 250mg -2 TDS before food with water-It reduces swellings and lumps by drying the excess Kapha and fluid in the body. It contains ingredients which show anti-inflammatory, anti-tumor, diuretic properties that help to promote healthy function of the body.

Kuberaksha vati 250 mg- 2 TDS before food with water-Effective against colic pain, polycystic syndrome (PCOD) , stomach pain, indigestion, ovarian cyst and other uterine pains and disorders.

Rasapachak vati 250 mg- 2 TDS before food with water- Reduces *Paanduta* (anemia), *Strotorodha* (clears out body channels).It is *Malanulomaka* (clears stagnant Mala), *Dipana-Pachana* (improves digestive fire), normalizes vitiated *Kapaha-Pitta Dosha*.

Above drugs are given for 3 months. Patient enrolled for *Panchakarama Chikitsa* which include *Sthanik Snehan* ,*Swedan* and *Yogbasti* .

Sthanika Snehana with *Tila Taila* and *Sthanika Swedana* by *Dashmula Kwatha*.

Anuvasan Basti was given 120ml *Sahachara Tail* After food by anal route on 1st ,3rd,5th,7th,8th day.

Niruha Basti was given by 650 ml *Dashmul Kwatha* empty stomach on 2nd,4 th , 6th day

3 cycles of *Uttarbasti* are also given after *Yogbasti* for 5 days after stoppage of menses.

First 2 days with *Kshar Taila* and last 3 days with *Phalghruta*.

Observations & results -

Symptoms like weight gain, irregular menses are relived. Menstrual flow comes to normal .Menstrual cycle is restored again to 25-30 days per month .She can do her routine work without any stress a Hair loss was reduced.

Patient's UPT came positive on 19/11/22.

Discussion -

Diagnosis was confirmed as Primary Infertility with PCOS. The *Nidana* (causative factors) attributed could be *Ayayama* (sedentary Lifestyle) & intake of excess and *Abhishyandi Ahara* leading to *Kapha Medo Dushti* and *Srotorodha*. Here movement of *Vata* especially *Apana Vata* got obstructed by increased *Kapha Dosha* which in turn obstructed natural functioning of *Artava*. According to *Ayurveda* disintegration of *Samprapti* is the way to treat any disease.In this case we can consider *Kapha* and *Vata* as *Dosha* and *Rasa, Rakta, Mansa, Meda As Dooshya* .*Rasvaha, Raktavaha, Mansavaha, Medovaha and Artavaha Strotas* are involved in pathogenesis. *Sanga* (blockage) & *Granthi* (cyst) can considered as their *Dushti Karan*. Site of origin of disease *Koshta* and specific site of manifestation is *Travartya Yoni*(Uterus) .

The obstructed *Vata* accumulates *Kapha* in channels of *Vata* especially in *Artavavaha Strotas*. The combination of medicines *Mehohar Guggula, Kanchanar Guggula, Kuberaksha Vati* restores fat metabolism and *Kaphahara* properties. Along with *Raspachaka vati* which relives *Strotorodha*.

Once expected outcome from Above medicines is obtained next phase *Shodhan Chikitsa* that is *Panchakarma* which includes *Yogabasti* after *Uttarbasti* . Results there in acceleration and maturation of Graffian follicles and ovulation.yoga and exercise will help in reduction of fat deposition.She was given *Phalasaripisa* to improve quality of endometrium and achieving *Garbhadhana*.

Urine pregnancy test was suggested after a week on absence of meness and result found to be positive.Usge done on 25/12/2022 suggestive of single intrauterine gestation sac with 6 weeks 5 days.

Conclusion-

This case report shows, how to manage primary Infertility associated with PCOS effectively *Ayurvedic* treatment .The result obtained in this single case study is encouraging and protocol followed here may be subjected for trial in larger samples.

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