

**Case Study****AYURVEDIC PERSPECTIVE ON PCOD AND INFERTILITY- A CASE STUDY****Nikitha Sirigere^{1*}, Laxmi Kirana P²**¹Associate Professor, Dept. of Prasuti Tantra & Stree Roga, Govt. Ayurveda Medical College and Hospital, Bengaluru, Karnataka, India.²Internee, Dept. of Prasuti Tantra & Stree Roga, Govt. Ayurveda Medical College and Hospital, Bengaluru, Karnataka, India.**KEYWORDS:** *Kalyanaka Ghrita, Nasya, PCOD, Sukumara kashayam.***ABSTRACT**

Polycystic ovarian syndrome is a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. It is the most common endocrine disorder in a woman of reproductive age. Furthermore it presents with infertility, abnormal bleeding, increased incidences of pregnancy loss and pregnancy related complications. Most patients present with elevated levels of androgens, Luteinizing hormone (LH), Oestrogen and Prolactin. The aetiology is multifactorial with the combination of genetic and environmental factors. Certain hypothesis related to etio-pathogenesis still remains unknown. Pelvic ultrasound is a major diagnostic tool determines the presence of multiple ovarian cysts ranging between 2mm and 9mm. Hormonal therapy and LOD (Laparoscopic Ovarian Drilling) are the only line of treatment in modern science whereas, Ayurvedic management offers lifestyle changes and medications having *Tridoshahara, Srotoshodhaka & Anulomaka* properties with its holistic approach. So, in the present study – *Agnitundi vati, Sukumara kashayam* and *Nasya with Kalyanaka Ghrita*, were administered in a patient complaining of irregular cycles due to PCOD and infertility. As a result of the treatment, patient not only regularised her cycles but even conceived. *Nasya* is the most effective method of restoring normal ovulation/ menstruation and thus maintains equilibrium of endocrine functions. The above said line of treatment was found to be cost effective and easily accessible. Further clinical trials can be conducted to assess the efficacy of the drugs.

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INTRODUCTION

Polycystic ovarian disease (PCOD) is a heterogenous disorder characterized by elevated androgen levels, menstrual irregularities and small cysts on one or both ovaries. Research suggests that it affects approximately 20-30% of women in India of age group between 18 to 45 years [1].

The diagnosis of PCOD should be considered, when the following criterias are fulfilled:

- Infrequent or absent ovulation
- Clinical or biochemical features of hyperandrogenism, such as excessive hair growth, acne raised LH, and raised androgen levels.

- Morphological changes- Bilateral enlargement of ovaries, multiple follicular cysts (usually ranging between 2 mm to 9 mm in diameter).

Features of polycystic ovarian disorder on ultrasound scan are as follows:

- “String of pearls” pattern (nearly 12 follicles between 2 mm and 9 mm in size) located peripherally are observed.
- Increased echogenity of ovarian stroma and/or ovarian volume greater than 10ml [2].

Chronic anovulation is the common cause of infertility. Ovarian dysfunction is often linked with disturbed Hypothalamo-Pituitary-Ovarian axis secondary to thyroid or adrenal dysfunction.

Improvement of metabolic syndrome is essential in such cases [2].

Primary goals of management in PCOS may be considered as,

- Restoration of fertility
- Cure for hirsutism or acne
- Restoration of Endocrine function

In Ayurveda, all the gynaecological disorders are classified under *Yonivyapat & Artava dushti*. Here, PCOD can be correlated with *Artavakshaya*. In spite of many years of research, the pathophysiology of PCOD has not been completely understood by the modern science. Classical reference describes the *Nidanasa - Mithyachara, Pradushta artava, Beeja dosha* and *Daiva* being the root causes for the *Yonivyapat* [3]. In addition, it also explains the *Samshodhana* (Purificatory therapies), *Samshamana* (Oral medication) and *Agneya dravya prayoga (Masha, Dadhi, Matsya, etc.)* as *Chikitsa* [4]. Ayurveda being a holistic approach towards the line of treatment gives the complete satisfactory results without any complications, in parallel to modern science, where Hormonal therapy and LOD are the only remedy. Hence to find a long lasting solution for PCOD with no much adverse effects is the need of the hour. Considering the above facts, this ailment has been selected to pursue its perfect cure through Ayurveda.

MATERIALS AND METHODS

Place of study- Department of Prasuti Tantra & Stree Roga, OPD of SJIM hospital, Bangalore, Karnataka.

CASE REPORT

The present case study is about the Ayurvedic management of PCOD with Primary Infertility.

A 22 year old female patient came to OPD of SJIM hospital with chief complaints of Irregularity in the cycles since 8 years and no issues since married life of 4 years.

Associated complaints: Hair fall, Dandruff, Generalised weakness

History of Present illness: Patient was apparently normal since menarche for 2 years. Then she gradually developed with irregularity of cycles with increased length of cycle once in 3 months.

Past history: Patient is a known case of hyperthyroidism since 7 years and on medication, and PCOD since 3 years.

Treatment history: She was under allopathic treatment for infertility since 8 months but no satisfactory results observed.

Personal History

Name- XX	<i>Bala- Madhyama</i>
Age- 22 years	Sleep- Sound
Sex- Female	Addiction- None
Marital status- Married	Bowel habit- Regular
Occupation – Housewife	Appetite- Good

Menstrual History

Age of Menarche	13 years
L.M.P	01/01/2018
Duration of flow	3 to 5 days
Length of the cycle	45- 90 days.
Regularity of the cycle	Irregular
Amount of flow	3 to 4 pads per day

Ashtavidha Pariksha

<i>Nadi- 79/ min</i>	<i>Shabda- Normal</i>
<i>Mala- Regular</i>	<i>Sparsha- Normal</i>
<i>Mutra- Regular</i>	<i>Drik- Normal</i>
<i>Jihva- Not coated</i>	<i>Akriti- Madhyama</i>

Weight- 53 kgs

Blood pressure – 115/ 80 mm of Hg.

Systemic Examination

CVS: S1 S2 heard. No added sounds.

Respiratory system: Lungs clear.

Digestive system: No abnormality detected.

Pelvic examination- P/S Cx- nulliparous os.

Thick curdy white discharge seen through external os and lateral vaginal walls.

P/V Uterus- AVNS, FF

Cervix- Soft

Treatment plan: Patient was treated on OPD basis.

- 1) *Agnitundi vati* 1 tablet B.D. Before food
- 2) *Sukumara Kashaya* 2tsp TID with equal quantity of water after food Follow up after 1 month.
- 3) *Marsha Nasya* with *Kalyanaka Ghrita* for 12 days

Pathya

Ahara- Protein rich diet (Split Green gram, Soya bean), Sesame, Black gram, Horse gram, Intake of egg, Plenty of fluids, Seasonal fruits and vegetables.

Vihara- Walking, Physical exercise, Meditation.

Apathya

Ahara- Oily fried food, Spicy food, Non-vegetarian, Potato and Brinjal, Junk foods.

Vihara- Day sleep, Night awakening.

Diagnostic criteria: Patient with classical signs and symptoms of PCOD with USG reports.

Investigations: USG- Abdomen & Pelvic scan with Thyroid profile

Thyroid profile		USG report – Abdomen pelvic scan	
Before treatment	After treatment	Before treatment	After treatment
TSH – 7.64 μ Iu/ml	TSH- 5.27 μ Iu/ml	Uterus- Anteverted, Normal in shape, size and echo texture. ET- 4 mm. Size- 71 x 35 mm	Multiple small cysts arranged peripherally decreased in size.
T3 – 0.68 ng/ml	T3- 1.0 ng/ml	Ovaries- RO- 36 x 21 mm LO- 38x 22 mm, Both sides multiple small cysts of 4 x 6mm.	Patient conceived.
T4- 6 μ g/dl	T4- 7.8 μ g/dl	Impression- Polycystic ovaries	

Observation and Results

The cycle regularised and patient conceived after 2 months of treatment. The above said management was found to be more effective and satisfactory without many complications.

DISCUSSION

Patient was advised to take the medicines as per the treatment protocol. The prescribed medicine *Agnitundi vati* with its contents – *Triphala, Ajamoda churna, Chitrakamula churna, Shuddha parada, Shuddha Gandhaka, Shweta Jeeraka, Shuddha Tankana* possessing the *Deepana, Pachana* and *Amadoshahara* properties regulates *Jatharagni* thereby corrects metabolism at cellular level [5].

Sukumara kashaya mainly contains *Punarnava, Yashti Madhu, Ashwagandha, Shatavari, Dashamula, Draksha, Eranda, Ikshumula, Dwidarbha* etc. provides best result in menstrual and vaginal disorders (*Yonirogahara*) [6]. In addition, it is found to be excellent *Vrishya, Vajikara, Pushtidayaka* and *Sarvakalopayogi*. Several gynaecological disorders can be treated including diseases pertaining to uterus, ovaries and reproductive system. It is an excellent remedy for infertility and menstrual problems which rectifies the imbalanced hormonal function. The drugs possessing Anti-bacterial, Anti-inflammatory activity, Immunomodulator, Anti-stress and Estrogenic properties are found to be very effective in the present condition, and if taken regularly, promotes conception [7].

Kalyanka Ghrita: Majority of the drugs have *Tridoshashamaka, Deepana, paCana, Vrishya, Sarvagraha nivarana, Yonidoshahara, Varnayurbala*

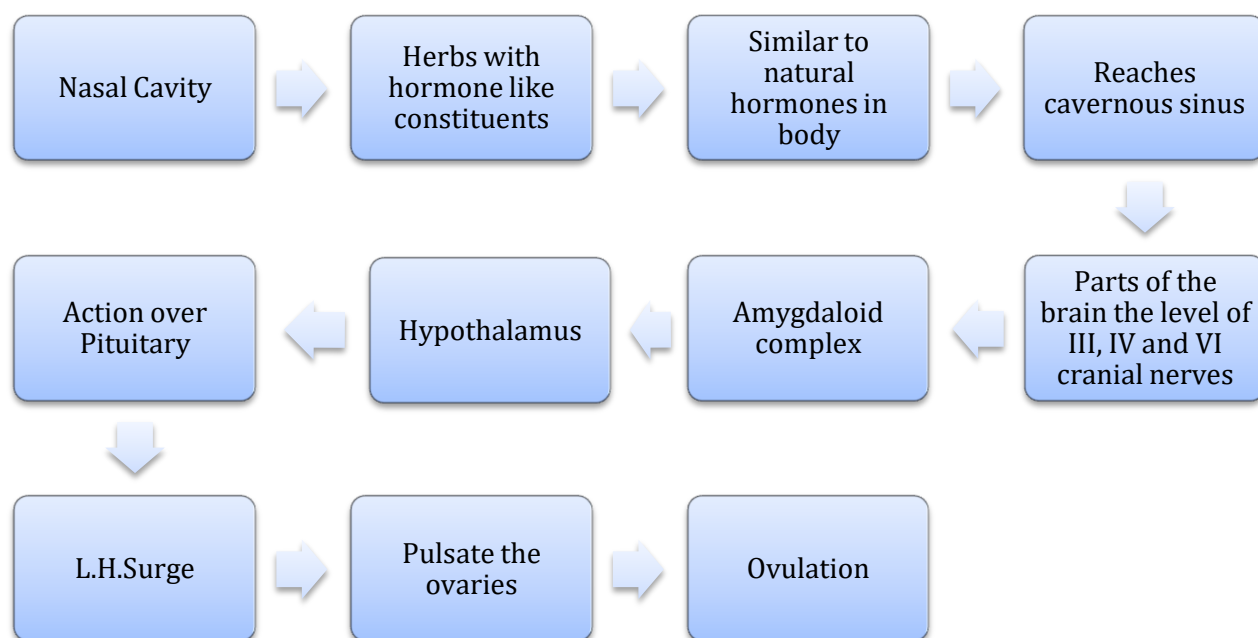
vardhana and *Garbha sthapaka* properties [8]. The drugs *Amalaki, Nirgundi, Devadaru, Ela*, possess *Deepana, Pacana* and *Amadoshahara* properties which regulates *Jatharagni* and corrects metabolism resulting in proper formation of *Dhatu's* by removing *Ama*.

Triphala, Haridra, Daru haridra, Manjishta, Priyangu having *Yonidoshahara* properties alleviates local inflammation and infection thus promotes conception in *Shuddha Yoni. Shaliparni, Prshniparni, Dadima* etc. drugs possessing *Madhura rasa* and *brihmana* properties acts as best uterine tonic. Hence, the *Kalyanaka ghrita* with its lipophilic nature, diffuses across the cell membrane rapidly when used in the form of *Nasya* (Herbs in various forms like oil, ghee etc. are instilled through nose to correct disorders). This method however, has been employed in Ayurvedic medicine for thousands of years.

“*Nasa hi shiraso dwaram*” [9]

Modern research supports the premise that a pathway does exist between the brain and external environment. That pathway is through the nose [10]. Rich vasculature and highly permeable structure of the nasal mucosa greatly enhances drug absorption.

Very simply, in Ayurveda, *Nasya* works by entering “*Shrungataka marma*”. This structure consists of four *Siras* (arteries/ veins) in connection with four sense organs. It spreads into various *Srotas* (channels) and brings out vitiated *Doshas*.



Even in Ayurveda the ‘pathway’ and ‘fate’ of drug are explained in the same way as that of modern science. But the explanation is very short and is in the form of sutra. Acharya Charaka says that the drugs administered in the form of *Nasya*, enters the *Uttamanga* (brain) extracts the *Doshas* and expels out forcefully.

Therefore, the administered medication was found to be more effective and satisfactory without much adverse effects in the condition PCOD. Modern science explains the only surgical approach, Laparoscopic Ovarian Drilling (LOD) in a patient with failed ovulation which is much invasive and unsatisfactory.

CONCLUSION

Science is advancing as the treatment modalities have also been changed. So, the treatment having maximum benefits with less side effects is well anticipated by Ayurvedic management. In the present study, PCOD with Infertility is well treated with *Sukumara kashaya*, *Agnitundi vati* and *Kalyanaka ghruta* which presents with satisfactory results. In addition, the treatment regulated the menstrual cycle, rectified the Endocrinal functions and thereby the Hormonal imbalance. Along with the medications, life style changes and increase in physical exercises can also help enhance the general health and immunity. Hence, the Ayurvedic management is found to be more reliable and acceptable in comparison with modern science where only hormonal therapy and invasive techniques are adopted.

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