



AYURVEDIC MANAGEMENT OF INFERTILITY ASSOCIATED WITH PCOD - A CASE REPORT

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ABSTRACT:

Infertility associated with Poly Cystic Ovarian Disease (PCOD) is a major cause of concern in the present generation among the reproductive age groups due to undesirable lifestyle changes. This is a case report of an infertile couple who had not been able to conceive since 3 yrs. The wife was diagnosed with PCOD. They had no history of medical treatment. The objective of the present treatment included Ayurvedic management of PCOD, ensuring regular ovulation and thereby helping to develop healthy pregnancy and successful childbirth. Based on the parameters of Ayurvedic science this case was diagnosed as Vandhyatva (Infertility) due to irregular menstruation. Treatment plan included both Nasya and Shamana (mitigation) therapies. This intervention helps in maintaining the regular menstruation cycle thus helps in the conception. The treatment planned was successful in correcting menstrual cycle and enabling the patient to conceive within 2 months of treatment.

Keywords: Infertility, PCOD, Ayurveda, Nasya, Anutaila.

INTRODUCTION

Infertility is one of the predominant health issues faced by the married couple nowadays. As per WHO, Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse ^[1]. It is common in 10–15% of couples ^[2]. 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 ^[3]. Conception depends on fertility potential of both male and female partner. A critical evaluation on female infertility shows that Ovulatory factors, Endocrinal disturbances, Tubal damage, Anamolies of uterus, also Immunological factors and various other factors are causes for infertility. Among anovulatory causes of infertility, Poly Cystic Ovarian Disease (PCOD) plays a major role. Diagnosis of PCOD 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, Irregular menstruation, Anovulation. A direct description of Poly Cystic Ovarian Disease in classical *Ayurveda* Texts is not available. But the symptoms of PCOD can be correlated to many conditions in *Ayurveda* like

Yonivyapath, *Vandhyatva* etc After considering clinical features, *Dosha* involvement this condition can be diagnosed as *Vandhyatva* due to *Nashtartava* where the deranged *vata* along with *kapha* does the occlusion of *artavavaha srotas*. So, management principles of *Vandhyatva* and *Nashtartava* are employed here.

CASE DESCRIPTION

A 22 years women with a history of 3 years married life failed to conceive. She is presented with complaint of inability to conceive even after 3 years of regular unprotected sexual life. The semen parameters of husband were found to be within normal limits. She had menstrual irregularities. They had no history of medical treatment.

Clinical Findings

USG Abdomen reveals features of PCOD in bilateral ovaries (VOI Rt 10cc, Lt 13cc). Uterus is anteverted and measures 8.0 × 3.8 cms ET 8 mm.

Diagnostic assessment

On detailed evaluation patient was diagnosed as primary infertility associated with PCOD. From Ayurvedic perspective this condition may be considered as *Vandhyatva* associated with *Nashtartava*, where *Avarana* (enclosure) of *Artavavaha srotas* (channel transporting Artava), *Kaphaduṣhti* and *Srotorodha* became the causative factors. Detailed analysis of her

signs and symptoms showed the increase principles of *Vandhyatva* and of *Vata Kapha* and reduction of *Pitta* ^[4]. *Nashtartava* were followed in this case. Considering all those factors treatment

Table 1: Therapeutic intervention

Therapeutic approach	Medicines with dosage	Duration
Deepana and Pachana	Agnitundi vati, 1 TID with luke warm water	3 days
Koshta shuddi	Gandharvahastadi Taila- 15 ml – OD (Night)	1 day
Nasya karma ^[5] (In Luteal Phase)	With Anutaila ^[6] , 8 drops in each nostril	8 days
Shamana chikitsa	Phala Ghrita, 1tsp BID with milk Tab. Chandraprabha vati, 2 TID	60 days

FOLLOW-UP AND OUTCOMES

After the treatment PCOD got resolved and her Menstrual cycle rectified and she conceived. After 2 months of treatment, USG report showed single live intrauterine

pregnancy of gestational age 8 weeks 5 days and a small right ovarian simple cyst. In 4th month report, USG showed single live intrauterine fetus of gestational age 18 weeks with no ovarian cyst.

Table 2: USG report

Sl.No.	Date	BT Report	AT Report
1	2/09/2021	Bilateral ovaries shows features of PCOD.	-
2	10/11/2021	-	Single Live Intrauterine Pregnancy of Gestational Age 8 weeks 5 days. Small Right Ovarian simple cyst.
3	25/1/2022	-	Single Live Intrauterine Pregnancy of Gestational Age 18 weeks 1 day.

DISCUSSION

The diagnosis was confirmed as primary infertility associated with PCOD. The symptoms of PCOD as per modern descriptions are Menstrual irregularities, Anovulation, Obesity, Acne, Hyperinsulinemia

etc. In *Ayurveda* similar symptoms have been described not under one entity but many diseases or conditions like *Yonivyapath*, *Vandhyatwa*, *Sthoulya*, *Mukhadooshika*, *Prameha*. This condition is *Vandhyatwa* due to *Nashtartava* where *Avarana* of

Artavavaha srotas is the major causative factor. Here the movement of *Vata* especially *Apana vata* gets obstructed by the increased *Kapha* which in turn obstructs the natural functioning of *Arthava* also.

Here, deranged *Vata* along with *Kapha* vitiates the *Mamsa*, *Shonita* and *Meda dhatu* and produces circular, raised and inflammatory swelling called *Granthi*. This type of glandular swelling has been compared with the modern term 'cyst'. In PCOS, development of follicles may be arrested at any level and remains as it is. The cysts are follicles at varying stages of maturation and atresia. So, these cysts are not destined to ovum. Thus, this pathology is compared with *granthibhuta artava dushti* i.e. cyst, as in PCOS, the follicles becomes cysts instead of developing up to mature ovum.

In modern we can understand this with the help of Hypothalamic Pituitary Ovarian Axis. When Pituitary Gland fails to release hormones due to altered Pituitary Ovarian Axis, it will obstruct the ovulation and the women fails to conceive due to irregular menstruation cycle. So, The treatment protocol adopted to rectify *Apana vata* is *Deepana*, *Pachana*, *Koshta shuddi* and *Nasya karma* and followed by *Shamanoushadis*.

A clear description regarding the mode of action of *Nasya Karma* is not available in Ayurvedic classics. Acharya Charaka has

described that *Nasa* is the only gateway to *Shirah* (Ch. Si. 9/88) ^[7]. So, the medicine administered through *Nasa* can easily spread to *Shirah* and get absorbed. Acharya Vagbhata has also described that *Nares* of the Nose are the gateway to the *Shira Pradesha*. So, the medicines administered through this path will help clear diseases of head (A.Hr.Su.20/1) ^[8].

Acharya Vagbhata has given some more details about the mode of action (As.S.Su.29/2). It is explained that *Nasa* being gate way to *Shirah*, the drug administered through nostrils reaches *Shringataka*, a *Siramarma* by *Nasa Srota* and spreads in the *Murdha* (Brain), taking routes of *Netra* (Eyes), *Shrotra* (Ears), *Kantha* (Throat) and stretches the morbid *Doshas* from *Urdhwajatru* and expels them from *Uttamanga*.

The drug administered through *Nasya* enters *Shiras* through *Cribriform* plate of *Ethmoid* bone which is then absorbed by *Pituitary Gland*. Then *Pituitary Gland* gets activated and releases hormones which rectifies *Pituitary Ovarian Axis* and relieves *PCOD*. Regular *Menstrual Cycle* is maintained and the patient conceives.

CONCLUSION

This case report shows that through Ayurveda treatment modality, we can manage primary infertility associated with *PCOD* effectively. In this case the planned treatment was successful in relieving the symptoms of *PCOD*

and clearing cyst thus establishing the normal menstruation cycle. This eventually helped the patient to conceive within 2 months of treatment.

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