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## Effect of Shodhana Chikitsa in Infertility W.S.R to Vandhyatwa Associated with Poly Cystic Ovarian Syndrome - A Case Report



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### ABSTRACT

Due to unfavorable lifestyle changes, infertility related to Poly Cystic Ovarian Syndrome (PCOS) is a prominent cause of concern in the current generation among reproductive age groups. This is a case report of an infertile couple who had not been able to conceive for 3 yrs. The female partner was diagnosed with polycystic ovarian syndrome whereas the male partner was having a normal profile. She was prescribed oral hormonal therapy to induce ovulation but not got any relief. The current treatment's goal was to provide *Ayurvedic* management of PCOS, maintaining normal ovulation and thereby assisting in the development of a healthy progeny and successful childbirth. *Vandhyatva* (infertility) in *Ayurveda* is a condition in which the *Beejamsha* becomes defective as a result of circumstances such as *Sukra Dosh*, *Ativyayama*, loss of *Bala*, and inappropriate *Ahara* and *Vihara*, among others. This case was diagnosed as *Vandhyatva* (infertility) due to PCOS using *Ayurvedic* principles. *Shodhana* and *Shamana* therapies were incorporated into the treatment regimen. The outcome of the *Ayurvedic* intervention was the conception of the patient within 3 months of treatment.



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## INTRODUCTION

Infertility is a reproductive system disorder characterized by the failure to obtain a clinical pregnancy following a period of 12 months or more of regular unprotected sexual contact. <sup>(1)</sup> About 10-15% of couples are estimated to face fertility issues during their reproductive age. Fertility is a relative issue that affects both partners, with the male factor affecting 30-35% of infertile couples and the female factor influencing 40% with both factors accounting for around 10-15% of overall infertile couples. <sup>(2)</sup> The reason for growing infertility among today's women is primarily due to changing lifestyles, dietary habits, lack of exercise, obesity, and increased anxiety and stress. Ovulation factor, cervical factor, tubal factor, and uterine factor are some of the contributing factors to female infertility, among which polycystic ovarian disease is the most common cause of anovulatory infertility, generally found in 75% of cases.

Ovulation disorders appear to be the most common cause of infertility in women. Due to this H-P-O axis is disturbed and the menstrual cycle becomes anovulatory. <sup>(3)</sup> In *Ayurveda* infertility is explained as *Vandhyatva*. The main causative factor for *Vandhyatva* is *Vata Dosha*, imbalance in *Artavahasrotas* and it is also mentioned in *Rasa Dhatu Pradoshaja Vikara*. So according to the *Ayurvedic* perspective, the line of treating is to treat provoked *Vata Dosha*, vitiated *Rasa Dhatu*, and imbalance in *Artavahasrotas*. Here, we put forward a known case of PCOD diagnosed through follicular study during evaluation done for primary infertility. The couple was successfully treated with *Ayurvedic* Protocol *Shodhana* followed by *Shamana* treatment.

## PRESENTING CONCERNS

A 28-year-old female patient, with a known case of PCOD and complaints of no issues for 3 years, approached the OPD of *Prasuti Tantra* and *Stree Roga* at KLE Ayurveda Hospital, Belagavi, and Karnataka, India.

The patient was healthy, approached with 3 years of marital life with a satisfactory sexual life and no H/O of contraception or consanguineous marriage. She had no previous medical or surgical illness. Initially, she had regular menstruation but after 1 year of marriage, she started facing irregular cycles. For these complaints, she consulted an allopathic gynecologist and was prescribed oral medication for the same. She was further advised for ultrasonography which revealed PCOD and was prescribed oral hormonal therapy to induce ovulation. She

was not satisfied with the given treatment later she approached KLE Ayurveda Hospital with the above complaints.

### **CLINICAL FINDINGS:**

#### **Menstrual history**

LMP – 12/8/2020

Menstrual history – 4-5 days/60 days, no history of clots, abnormal discharge

#### **General examination**

On general examination BP was 110/76 mmHg, pulse rate was 76 bpm, weight was 56 kg, and height 154 cm.

#### **Systemic examination**

On systemic examination, per speculum showed no abnormality, per vaginal examination, she revealed anteverted uterus and no tenderness in the cervix, P/S examination cervix showed healthily, no erosions present, no discharge.

#### **Diagnostic focus and assessment**

#### **Investigations**

- Hematological tests were within normal range.
- Thyroid profile was within normal range.
- Ultrasonography on 26 November 2020 featured both ovaries suggestive of PCOD (polycystic ovarian disease).
- Follicular study: January 2021, on the 14<sup>th</sup> day of the cycle revealed an anovulatory cycle with no dominant follicle in B/L ovaries.
- The semen analysis of the partner was normal.

#### **Diagnosis**

K/C/O PCOD leading to Primary Infertility

Treatment protocol Following treatment was carried out (Table 1) for up to 3 months. During this period, she was advised to take *Laghu, Supachya Aahara* (which is easy to digest), and to avoid *Divaswapna* (sleeping during day time).

**Table 1: Therapeutic intervention**

PROCEDURE	MEDICINE WITH DOSE
<i>Deepana pachana</i>	<i>Chitrakadi vati</i> 1 TID for 5 days
<i>Snehapana</i>	<i>Varunadi ghrita</i> for 7 days Starting dose 30ml upto 180ml
<i>Sarvanga abhyanga followed by bashpa sweda</i>	<i>Murchie tila taila</i>
<i>Vamana</i>	<i>Madanphala yoga</i>
<i>Virechana</i>	<i>Trivrut leha</i> 30gm
<i>Uttar basti</i>	<i>Phala ghrita</i>

**Shaman medicines**

MEDICINE	DOSE WITH DURATION
1. <i>Phala ghrita</i>	2 TSF OD empty stomach for 3 months
2. <i>Pushpadhanava rasa</i>	1 BD for 3 months
3. <i>Tab. leptaden</i>	1 BD for 3 months

**After treatment:**

Follicular study: March 2021, on the 12<sup>th</sup> day of the cycle revealed one dominant follicle in the left ovary of size 16.0 x 13.0 mm with an endometrium thickness of 8.8mm.

**Treatment outcome:**

In April 2021 ultrasonography revealed a single live intrauterine pregnancy with a gestational age of 6 weeks, 1 day.

**DISCUSSION**

Diagnosis of the above case was confirmed as primary infertility associated with PCOS. In *Ayurveda*, this disease is referred to as *Vandyatwa* due to *Nashtartava* where an *average* of *artavaha sorta* becomes the chief causative factor. The main causative factor contributing

could be *avyayama* and intake of excess *abhishyandi ahara* which leads to *kapha meda dushti* and *sroto avarodha*. The increased *Kapha* inhibited the natural functioning of *Arthava*, which in turn obstructed the movement of *Vata*, particularly *Apana vata*.<sup>(5)</sup> The treatment of any disease, according to *Ayurveda*, is the disintegration of *Samprapti*. In this case, *Kapha* and *Vata* are *Doshas*, while *Rasa*, *Rakta*, *Mamsa*, and *Medas* are *Dooshya*. *Rasavaha*, *Rakthavaha*, *Mamsavaha*, *Medovaha*, and *Arthava vaha* all play a role in the disease's etiopathogenesis. Their *Dushti karana* might be regarded *Samga* and *Granthi*. The disease's root is in *Koshta*, and its specific manifestation is in *Garbhashaya*. The ultimate goal of the treatment was to unblock the obstructed *Vata* and allow it to function normally in the *Koshta*, particularly in *Garbhasaya*. The blockage was caused by accumulating *Kapha*. *Vata* channels, particularly in the *Arthavavavaha Srotas*.

The fundamental principle of *dosha dhatu viruddha chikitsa* is to oppose the qualities of pathological body constituents. Thus, for this purpose of obtaining *Deha-shuddhi*, *vaman* and *virechana karma*<sup>(6)</sup> opted. Later, *Uttar Basti*<sup>(7)</sup> with *Phala ghrita* opted for obtaining *kshetra-shuddhi*.

*Phala ghrita* is helpful in *yoni shukra dosha*, *pumsavana*, *Grah roga*, and *garbhini*. *Phalaghrita* is proved to have *Garbhasthapaka* property.<sup>(8)</sup> *Varunadi ghrita snehapana* is indicated in *Kapha meda*, *manage*, *gulma* and *Acharya Vagbhata* mentioned this *Gana* under *Shodhana*.

*Shamana aushadi* such as *pushpadhanwa rasa*<sup>(9,10)</sup> and *Tab. Leptadin* is *vata* and *pitta dosha hara* and proved to have *garbhasthapaka* property.

## CONCLUSION

Infertility is a condition in which the reproductive hormones are disrupted, resulting in symptoms like anovulatory cycles and PCOD as seen in the above-presented case. Infertility is a condition in which the reproductive hormones are disrupted, resulting in symptoms like anovulatory cycles and PCOD. Ayurvedic therapies, which are effective in achieving *deha* and *kshetra shuddhi* and balancing hormones to build a healthy pregnancy, can help to avoid this. As a result, *Ayurvedic* medicine might be considered an effective approach for treating the various causes that contribute to infertility.

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