



Case Study

AYURVEDA TREATMENT PROTOCOL IN FEMALE INFERTILITY DUE TO PCOS & HYPOTHYROIDISM

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ABSTRACT

Infertility is a global problem in one among six couples who wishes to conceive. In Ayurveda Infertility is termed as '*Vandyatwa*' and is explained in detail. Polycystic Ovarian Syndrome (PCOS) is becoming very common in females of reproductive age and Ovulatory Dysfunction due to PCOS is one of the main reasons for female infertility. The factor for a healthy conception, pregnancy and delivery is mentioned as "*Garbha Sambhava Samagri*" (factors essential for conception). *Acarya Susruta* explained it as *Rtu* (ovulation), *Ksetra* (healthy uterus and associated structures), *Ambu* (proper nourishment) and *Beeja* (healthy sperm & ovum). *Sukla* (sperm) & *Arthava* (ovum) are considered as "*Anthima Dhatus*" (final tissues) therefore proper metabolism is essential for the formation of healthy ovum and sperm. Considering the present case the patient had the history of hypothyroidism and bilateral PCOS, both results in improper metabolism which further results in inadequate development of follicles and anovulatory cycles leading to infertility. In this case evidences of defective *Dhathuparinama* (process of tissue formation) can be visualized like irregular cycles, Thin Endometrium, Infertility and Increased blood sugar level. Ayurveda treatment including *Sodhana* (purificatory therapies) and *Samana* (pacification treatments) is adopted to regularise her cycles, improve the quality of ovum, to reduce the blood sugar level and thereby enhancing the chance of conception. After our treatment the patient conceived soon and now, she completed 28 weeks successfully.

KEYWORDS: *Vandyatwa*, *Garbha Sambhava Samagri*, Hypothyroidism, PCOS, Infertility.

INTRODUCTION

Infertility is defined as failure to conceive within one or many years of regular unprotected coitus. Ovulatory disorder is one of the most common reasons of female factor infertility among 25% of all cases^[1]. Now days PCOS is a major reason for ovarian dysfunction. PCOS is a multifactorial and polygenic condition characterised by excessive androgen production by ovaries which interferes with reproductive, endocrine and metabolic functions. Diagnosis is based on the presence of any two of following conditions Oligo/Anovulation, Hyperandrogenism and presence of polycystic ovaries. Main clinical features include obesity, menstrual abnormalities like Oligomenorrhoea, Amenorrhoea, DUB and Infertility. The pathophysiology of PCOS is mainly related to defective Hypothalamo- Pituitary -Ovarian Axis (HPO Axis) resulting in increased LH:FSH ratio. Because of low FSH level follicular growth is arrested at different phases of maturation, LH is tonically elevated without any surge resulting in androgen production. This follicular micro environment and lack of LH

surge results in anovulation and thereby infertility^[2]. Polycystic ovary syndrome (PCOS) is now recognized as an important metabolic and reproductive disorder conferring substantially increased risk for type 2 diabetes. Affected women have marked insulin resistance, independent of body weight^[3]. This case after admission the patient was diagnosed with diabetes on her blood investigation. Although the etiopathogenesis of hypothyroidism and PCOS is entirely different, these two entities have many features in common. Increased ovarian volume and cystic changes in ovaries have been reported in primary hypothyroidism. In the other direction, it is realized that thyroid disorders are more common in women with PCOS as compared to the normal population. Rise in thyroid stimulating hormone (TSH) in primary hypothyroidism leads to increased prolactin and Prolactin contributes toward polycystic ovarian morphology by inhibiting ovulation as a result of rise in LH:FSH ratio and increased dehydroepiandrosterone from the adrenal gland.^[4]

Case Report

A 33yr old female presented to the OPD of our hospital with complaint of inability to conceive even after 7yrs of unprotected sexual life. The patient had menarche at the age of 13yrs and she had regular cycles with 28-30 days interval and 3-4 days duration and had moderate bleeding with occasional clots. She had no history of dysmenorrhoea and vaginal discharge. She got married with a Non consanguineous man of 28yrs when she was 26yrs old. After marriage her cycles became irregular and also, she failed to conceive naturally. She underwent investigations and was diagnosed with Hypothyroidism and PCOS. She consulted at allopathic hospital in 2019 and took medicines for ovulation induction, but there was no result.

Treatment Protocol

Treatment	Medicine	Duration
1. Udwarthanam	With Kolakulathadi Choornam	For 14 days
2. Pratimarsa Nasyam	With Anutailam	For 7 days
3. Snehapanam	With Pippalyadi Anuvasana Tailam & Sukumara Gritham (3:1 ratio)	For 7 days
4. Abyangam Ooshma Swedam	With Bala Tailam	For 3days
5. Virechanam	With Hingutrigunam - 25ml	For 1 day

Internal Medications

1. Saptasaram Kashayam - 90ml bd before food
2. Ayaskriti- 20 ml A/F
3. Punarnavadi kashayam- Muhurmuhu
4. Madhumardhan choornam - 1tsp bd
5. Tab. Premehaoushadhi - 2-0-2
6. Nisakatakadi kashayam - 90ml bd B/F

Discharge Medicines

1. Madhumardan choornam - 1tsp bd
2. Nisakatakadi kashayam - 90ml bd B/F
3. Chandraprabha gulika 1-0-1 with Kashaya
4. Hyponidd tab - 2-0-2A/F

Follow up and Outcome

After 1 month of our treatment she conceived naturally and now she completed 28wks; Her Antenatal period was uneventful except for diabetes.

DISCUSSION

In Ayurveda "Nidana Parivarjanam" that is elimination of aetiological factors is the principle of management in most of disease conditions. In case of lifestyle diseases like PCOS and Diabetes following Pathya (wholesome diet and regimen) is also important. Though Prameha (Diabetes) is predominantly a Kapha Dosha disorder presence of Kapha Medo Dushti can also be predicted. In Susruta Samhita Artava is considered as Rasa Upadhatu, (Tissue inferior to main tissue) which is clear from

Therefore, they underwent IUI for 2 times, first one was failure but she conceived on second IUI but unfortunately got aborted at 4.5 wks. So, she came here for better management.

On general examination the patient was moderately built. She had mixed diet including veg & non-veg with normal appetite and bowels. On P/V examination external genitalia was normal, no discharge seen externally, cervix was healthy without any evidence of erosion. On blood investigations she was diagnosed with diabetes with FBS- 202mg%, PPBS- 396mg% & HbA1C -12.97. On USG - her uterus was normal with endometrial thickness of 5.9mm (Thin Endometrium) and PCOS pattern of left ovary & low AFC Count (Right ovary- 2, Left ovary-3).

the quotation "Rasadeva striyam raktam raja: samjam pravrutate".^[5] In our classics the term Artava is used in a wide range, i.e., the same term can be used for denoting both menstrual blood and ovum. Therefore it is clear that impaired metabolism due to Datwagni Mandya has adverse effect on the healthy formation of follicles. Considering all the above factors, treatment started with Udwarthanam (powder massage) with Kolakulathadi Choornam for 14 days. Pratimarsa Nasya (Errhine Therapy) was done because it helps in stimulating HPO axis. Nasya is considered as an effective pathway for stimulating the brain tissues which is evident through the statement "Naso hi siraso dwaram" by Vagbhata in Ashtangahrudayam.^[6] For Snehapana (Oleation therapy) Pippalyadi Anuvasana Tailam^[7] & Sukumara Gritham^[8] and was opted in the ratio 3:1, as Pippalyadi Anuvasana Tailam has proven effects in the adequate nourishment of follicles. In the pre conceptional care described in our classics it is stated as "Narim tailena mashaischa pittalai samupacharet"^[9]. Pippalyadi Anuvasana Tailam has Mootavatanulomana properties which help in the correction of Apana Vayu which is essential for the proper functioning of reproductive organs. Sukumara Gritha is selected since the patient has signs of Dhatuksaya (like Thin endometrium & low AFC but its quantity is limited as it is not appropriate for

diabetic conditions. Following *Snehapana Swedana* (fomentation therapy) with *Bala taila* was done for 3 days and for *Virechana* (purgation) *Hingutriguna taila*^[10] was used as it possess *Gulmahara* and *Anulomana* properties. Along with above procedures supportive medicines like *Saptasaram Kashayam*, *Punarnavadi kashayam* were given for *Agnideepana*. *Nisakatakadi Kashaya*, *Premahoushadi*, *Madumardhan Choornam* and *Ayaskriti* were given for managing diabetes. After *Virechana* (Purgation) patient was discharged and advised to continue *Madhumardhan Choornam*, *Nisakatakadi Kashayam* and additionally *Chandraprabha Gulika* and *Hyponidd* tablet were also given. Follow up was advised after 1 month and advised to strictly follow the *Pathya* (wholesome diet & regimen) with moderate exercise. The very next month the patient got conceived and now she completed 28 wks successfully.

CONCLUSION

The importance of a woman lies in her reproductive capability. Now day's infertility is a serious issue among couples. Female factor is responsible in 40-50% and is mostly due to PCOS. Ayurveda treatment protocol is found to be very effective in PCOS and associated complications like Insulin resistance, along with treatment life style modification is also necessary. *Sodhana* (purificatory therapies) and *Samana* (pacification treatments) therapy helps in the elimination of *Doshas* and *Srotosodhana* (purification of channels). *Peyadi krama* after *Sodhana* is *Jataragnideepana* (increasing digestive fire) and helps in proper *Datuparinama* (Proper tissue formation) which is inevitable for adequate nourishment of body tissues.

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