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Case Study

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# A SUCCESSFUL MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS) INDUCED INFERTILITY THROUGH AYURVEDA - A CASE REPORT

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#### **ABSTRACT**

Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder that affects females of reproductive age. In India polycystic ovarian syndrome (PCOS) prevalence varies from 2% to 35%, depending on the diagnostic criteria, geographic location and other factors. Now a days young adults are affected soon after hitting puberty and the incidence is progressively increasing due to the lifestyle changes, mental stress, obesity, insulin resistance and other endocrine disorders. Management of PCOS induced infertility in Ayurveda involves a holistic approach that addresses physical, mental and emotional aspects of individual. According to Ayurveda, PCOS is considered a tridoshik disorder mainly involving *vata* and *kapha prakopa*. Materials and Methods: A 29-yr female presented with irregular menstruation for 6 years, diagnosed with Anovulatory PCOS induced infertility. Amenorrhea was corrected with Rajapravarthini vati, Agnitundi vati and Kumaryasava initially followed by tablet Pushpadhanva rasa, Shatapushpa churna and Shatavaryadi ghrita along with yoga, brisk walk for 40 min and diet modification was suggested. Conclusion: Patient showed complete recovery from PCOS with USG confirmation.

Within a year of Ayurvedic management, she got conceived, pregnancy was uneventful and delivered a healthy male baby with 3.5kg baby weight.

**KEYWORD:** Ayurveda, PCOS, Infertility, Diet.

#### **INTRODUCTION**

Indian society from time immemorial gives utmost importance to progeny. One's life becomes complete only after having progeny. Choosing to have a baby means choosing to begin one of life's most challenging experiences. During this tough journey many women gets depressed and stressful just because they were unable to conceive. Hormonal imbalance is the utmost cause and culprit for the same. PCOS has become the most common cause for hormonal imbalance leading to anovulation and female infertility. PCOS is one of the common endocrine and metabolic disorder which is believed to be caused due to Lifestyle modifications. In contemporary science, based on symptomatology the treatment plans are available for PCOS. Along with hormonal therapy, it is recommended to follow low carb diet and physical exercises to maintain healthy and normal weight. Still many women feel difficult to lose weight and regain their menstrual regularities. Prolonged exposure to hormonal therapy poses certain adverse effects physically and mentally too. To combat the adverse effects of hormonal therapy, Ayurveda offers an excellent treatment protocol, which not only helps for menstrual cycle correction but also makes the cycle ovulatory from anovulatory.

Polycystic ovarian syndrome (PCOS) is a medical condition in which ovaries produce immature or partially mature follicles that do not grow during ovulation leading to cyst formation due to hormonal imbalance. Females with childbearing age are commonly affected by PCOS, symptoms include menstrual irregularities (amenorrhea/oligo ovulation), insulin resistance, hirsutism, hair loss, acne, infertility and weight gain. [1] PCOS is caused by disturbance in HPO (hypothalamic pituitary- ovarian) axis and hyperinsulinemia. The exact cause for PCOS is not known, it is multifactorial. [2] It is believed to be caused by lifestyle and diet modification. The sedentary lifestyle followed by younger generation are at highest risk for PCOS. Hence the prevalence of PCOS is increasing drastically and silently. 10-25% remain asymptomatic, [3] remaining will be able to find the physical changes like weight gain and menstrual irregularities. According to ayurveda PCOS is caused due to impairment in tridoshas (vata, pitta, kapha) mainly kapha and vata. Dusti of Artavavaha srotas can lead to anovulation, amenorrhea and infertility. Stree vandhyatva or female infertility, a gynaecological disorder is not a fatal one but delays the conception or failure to conceive. Ayurvedic treatment for PCOS includes combination of herbs, therapies like shodhana chikitsa involving panchakarma, shamana chikitsa in the form of oral medication and yoga and lifestyle changes such as diet.

Parvathi.

#### **CASE REPORT**

#### **Chief complaints**

A 29-year-old female patient who is married for 6 years, trying to conceive in the past 4 years.

#### **Associated complaints**

Patient also complaints of irregular menstrual cycles, weight gain, hair fall and hirsutism in the past 6 years.

# History of present illness

Patient was healthy 6 years before, gradually she noticed weight gain and irregular menstrual cycles. She gradually noticed hirsutism, hair fall and occasional acne. She consulted a Gynecologist and USG was done and was diagnosed with PCOS. She had prescribed with 6 cycles of OCP for menstrual cycle correction. Meanwhile she was trying to conceive for more than 4 years. She could not achieve pregnancy even without any contraceptive measures. So, she discontinued Allopathic treatment and opted Ayurvedic approach.

# Past history

No H/O Hypertension, Diabetes mellitus, chronic illness. No H/O Surgery, blood transfusion and drug allergy.

# Family history

Nothing specific.

**Personal history:** shown in Table no.01

**Table 1: Showing Subject's personal history.** 

Name - XYZ	Appetite - good
Age – 29 years	Bowel - Constipated
Occupation – House wife	Micturition - Regular
Marital status - married	Sleep - Sound
Diet - mixed	Habits – none.

Menstrual history: Shown in table no.02.

Menarche – 13 years.

**Table 2: Subjects' Menstrual history.** 

Previous history – Regular cycles	Present history – Irregular cycles
Interval – 30 days	Interval – 3-4 months.

Bleeding phase – 4-5 days	Bleeding phase – 2-3 days
Nature of flow - Normal	Nature of flow – Scanty with more clots.
Dysmenorrhea - Mild	Dysmenorrhea – Intensity of pain increased

Table 3: Showing asta sthana pariksha.

Nadi – Prakruta, 72bpm	Shabda - Prakruta
Mutra – Prakruti, 5-6 times/day	Sparsha - Prakruta
Mala – Vibandha +	Drik - Prakruta
Jihwa - Alipta	Akriti - Madhyama

Table 4: Showing dasha vidhi pariksha.

Prakruthi – Pitta kapha	Satmya – Sarva rasa
Vikruthi – vata kapha	Ahara Shakti - Madhyama
Sara - Madhyama	Vyayama Shakti – Madhyama
Samhanana - Madhyama	Vaya – Yuva (29 years)
Satva - Madhyama	<i>Pramana</i> – Ht – 155cm, Wt – 76Kg

# **Systemic examination**

On examination, CNS - patient was conscious and well oriented, no abnormality detected. CVS-S1~S2~heard, no~abnormality~detected.~Respiratory~system-NVBS~noted.~Gastro~intestinal~system-P/A-Non~tender,~No~scars.

# **Local examination**

P/S examination: Cervix healthy, No white discharge. P/V examination: uterus- normal size, Ante verted position, no tenderness, Fornices free.

Table 5: Showing nidana panchaka.

Nidana	Intake of vata and kapha kara ahara vihara's like chocolates, ice
	cream, fast food, following sedentary lifestyle with diwaswapna.
Purva roopa	Weight gain
Roopa	Menstrual irregularity, Infertility
Upashaya	Physical activity.
Anupashaya	Being Sedentary

Table 6: Showing samprapti ghataka.

Dosha	Vata Kapha	Udbhava Sthana	Ama-pakwashaya.
Dushya	Rasa, rakta, mamsa,	Sanchara Sthana	Sarva Shareera
	artava		
Agni	Jataragni, Dhatvagni	Vyaktha Sthana	Garbhashaya
Srotas	Rasa, rakta, mamsa,	Sadhyasadhyata	Kriccha Sadhya.
	Artavavaha.		
Sroto dusti	Sanga	Roga marga	Madhyama.

# **Investigations**

Routine hematological and Thyroid function test were within normal limits. Semen Analysis of Husband revealed semen quantitative and qualitative assay with good quality sperm and morphology.

# **Diagnosis**

Symptoms of PCOS include Irregular menstrual cycles, weight gain, hirsutism, acne, infertility. Patient had almost all the symptoms of PCOS with textual quoted etiological factors. Along with these Symptoms, USG abdomen and pelvis confirmed Bilateral Poly cystic ovarian Syndrome in 2018.

# Therapeutic intervention

After analyzing her symptoms and *vyadhi*, *Shamana chikitsa* was followed initially with Tab. *Rajapravarthini vati*, *Agnitundi vati* and *Kumaryasava* for 1 month to induce menstruation and to correct amenorrhea. After a course of *Agni deepaka dravyas*, menstruation attained successfully and further *shamana* treatment followed. Oral medications like Tab. *Pushpadhanva rasa*, *Shatapushpa Churna* and *Shatavaryadi Ghritha* were prescribed to regularize menstrual cycles with the strict diet correction, *Yoga* and physical exercises. After 3 months of treatment, patient started responding to the therapy and gradually cycles were regularized. She was instructed strictly not to indulge in any of *vata kapha kara nidanas*. Patient was under treatment and followed all the instructions for complete 10 months. Delivered a healthy male baby with weight of 3.5kg.

**Table 7: Showing Time line.** 

Visit date	Elaborations	Treatment	Duration
27/3/2018	To induce menstruation	Tab Rajapravarthini Vati 1tid, Tab Agnitundi Vati 1tid (b/f), Kumaryasava 3tsp tid with 3tsp water.	30 days
24/4/2018	To regularize menstrual cycles	Tab <i>Pushpadhanva Rasa</i> 1bd, <i>Shatapushpa churna</i> 1tsp bd+ <i>Shatavaryadi Ghrita</i> 2tsp bd with hot water.	Continued till pregnancy.
23/3/2019	LMP-18/1/2019 USG-single live gestational sac with fetal pole found AGA Of 9weeks.	Stopped all the medications.	FTND in October 2019

Table 8: Showing comparison of symptoms Before and After treatment.

Symptoms	Before treatment	After treatment
Irregular menstruation	Present	absent
Hair fall	Present	absent

Weight gain	8 kg gain	Lost 5 kg
Anovulation	Present	Ovulatory cycles
Infertility	Present	Conceived after 10 months.





Image 1 and 2: USG reports before and after treatment.

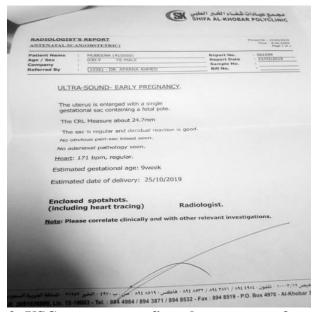


Image 3: USG report to confirm the presence of gestation.

#### **Outcomes**

Only with Ayurvedic approach, she achieved complete cure from PCOS with shift in anovulatory to ovulatory cycles. Simultaneously with the same medication and guidelines, patient got conceived naturally without the help of any assisted reproductive technologies. She delivered to a healthy male baby; it was full term normal delivery. Pregnancy and post-partum period were uneventful.

#### **DISCUSSION**

By considering symptomatic representation of PCOS, it can be co related to Kapha-Vata Janya vikara. Lack of physical activity, sedentary life style contributes to PCOS manifestation. Human body is built in such a way that humans should be physically active throughout the day and sound sleep is needed for 6-8 hours in a day. Our ancestors were following such a healthy life style with hard physical tasks or activities in a way all the fat and carbohydrates take will be burnt in the same day as a source of energy. So that there will not be fat deposition. Now mind set and working environment got changed with huge differences in Life style and food intake. Opting fast food, processed food and ready to eat food has become trend rather than cooking and eating freshly prepared food. All these results in obesity, cardiovascular disorders, Diabetes Mellitus, PCOD etc.

# Probable mode of action of drugs

To induce menstruation, Agni deepana dravyas were prescribed initially. Agni deepana chikitsa is indicated in case of Artava kshaya, as patient was also having scanty flow along with irregular cycles. *Rajapravarthini vati* being Ushna veerya helps in inducing menstruation. It is indicated in secondary amenorrhea, irregular menstrual cycles with scanty flow. [4] *Agnitundi vati* contains *Agni vardhaka dravyas* helps to boost metabolism, as PCOS is a metabolic disorder. It helps in correcting *Agni*, balances tridoshas and improves metabolic rate. [5] *Kumaryasava* being ushna veerya and having Agni pravarthaka gunas. It is indicated in shukra and arthava dusti. Agni vardhana guna helps to induce menstruation and thus helps in maintaining menstrual cycles regular.

Pushpadhanva rasa, as name says it helps to restore ovulation by inducing ovulation successfully. It also helps for the proper growth and development of follicles gear up for ovulation. Shatapushpa is having sweet taste, improves strength, promotes nutrition, complexion, digestive power. Initiator of ovulation and menstruation, improves quality of Shukra (sperm), gives progeny, eradicates the evil deeds. Shatapushpa churna balances vata and kapha, increases Pitta dosha. Shatavari is rich in steroidal saponins, which is proved to have antitumor activity, anti-inflammatory property, hypoglycemic and lipid lowering effects. Shatapushpa having essential oils, flavonoids, monoterpenes, phenolic compounds, vitamins and minerals, indicated in all types of menstrual irregularities and reproductive system pathologies. Shatavaryadi ghritha being vatahara mainly indicated in all gynecological disorders as per Acharya Kashyapa. By considering the properties of above

said drugs we can assume that these drugs will be helpful in folliculogenesis and induction of ovulation by correcting irregularity of menstruation. *Acharya Kashyapa* contributed one entire chapter for *Shatapushpa* and *Shatavari* in *Kalpa sthana*. Both the drugs are widely used in all gynecological disorders including menstrual irregularities.

#### **CONCLUSION**

PCOS is the leading cause for anovulation, which will be the leading cause for infertility. Ayurvedic therapy helps to activate HPO axis without further elevating hormonal levels, thus maintaining HPO axis in rhythm. Many experts say, PCOS is an irreversible condition. But definitely it can be reversible with the proper care through Ayurvedic Management and with the necessary diet and Lifestyle correction. PCOS induced infertility can be well prevented by changing certain food and lifestyle and can be treated in the initial stages itself. Hence treating Infertility and producing healthy off springs will be in our hands and it's our responsibility to produce healthy generation.

#### **Patient consent**

Written informed consent was obtained in English and local language from the patient before the commencement of the treatment. Also, the consent form stated that the details of the case presentation may be used for academic or research.

# **Financial Support and Sponsorship**

Authors have declared it to be self-funded publication purposes given that the personal identity of the patient is kept confidential.

# **Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her USG reports and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

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