



Case Report

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**SUCCESSFUL MANAGEMENT OF PRIMARY INFERTILITY ASSOCIATED WITH
POLYCYSTIC OVARIAN SYNDROME BY AYURVEDA- A CASE REPORT**Durgeshwari Anil Raut¹, Seema C. Mehere²¹PG Scholar, Prasuti Tantra and Stri Roga department.²HOD & Professor, Prasuti Tantra and Stri Roga department. Dr.G.D. Pol Foundation Y. M. T. Ayurvedic Medical College and Hospital, Kharghar, Navi Mumbai, Maharashtra.Corresponding Author: durgeshwariraut5953@gmail.com<https://doi.org/10.46607/iamj3312072024>

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**ABSTRACT**

Infertility is when male or female failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility is commonly increasing problem which any gynecologist has to face in their gynecological carrier. It interferes with a woman's social life, family life, and mental and physical well-being. In this case report a patient of primary infertility was treated with *Uttarbasti with Phalghrita* from 7th day of menses for 5 days and Rason tail Matra Basti 60ml from 7th day to 14th day of menses for 3 months. Patient conceived after three cycles with combined *ayurvedic protocol of Panchkarma Uttarbasti and Matrabasti*.

Keywords: *Infertility, Polycystic ovarian syndrome, Uttarbasti, Matrabasti, anovulatory cycle***INTRODUCTION**

Infertility is the disease of the male or female reproductive system where failure to conceive within one or more years of regular unprotected coitus. Infertility may occur due to male, female or unexplained factors. Infertility can be primary or secondary. According to Ayurveda, there are four main essential factors for

fertility, i. e., Ritu (menstruation), Kshetra (functioning reproductive organs), Ambu (digestive juices), and Beeja (healthy sperm and ovum). Abnormality in any one of these factors causes infertility. Anovulatory cycles, which are one of the causes of infertility, can be co-related with deformity in beeja. Ayurveda has been

successful in treating infertility without the help of modern advances in medicines as it gives the ability to conceive infertile women. PCOS is a lifestyle disorder which is one of the reasons why anovulatory cycles have become very common among reproductive age groups. Diagnosis of PCOS is based on anovulation, elevated androgen levels, FSH<LH (1:2) and the presence of multiple ovarian cysts in USG findings. Acharya Sushruta explained about *Bandhyayonivyapada*, where *Nashtartava* is mentioned as the only reason. In Ayurveda, the word artava has been used chiefly in different contexts, such as menstrual blood, ovum, and ovarian hormones. Therefore, amenorrhea, anovulation, and hormonal dysfunction can be considered visible manifestations of *nashtartva*. In this particular case, if we take artava as ovum, then we can consider *nashtartva* as anovulation, which is an essential cause of infertility.

Aim and Objective-

To understand PCOS, anovulation, and infertility from both ayurvedic and allopathic perspectives.

To assess the effectiveness of *uttarbasti with Phalghrit and Rason tail matrabasti in infertility*.

Case report-

A female patient, age 27 yrs., came to OPD of *Prasutitantra evum streeroga* YMT Ayurvedic Medical College and Hospital, Kharghar, Navi Mumbai with complaints of irregular menses since 2 yrs., anxious to conceive since 2 yrs. and dyspareunia. USG S/O PCOS, follicular study S/O anovulatory study. She had tried numerous allopathic treatments without success, so ayurvedic medicines and panchakarma were advised.

Chief complaints-

Anxious to conceive.....since 2 yrs

Irregular mensessince 2 yrs

Dyspareunia.....since 1-2 yrs.

Medical history – k/c/o PCOS

Surgical history – No surgical history

Family history – No relevant family history.

Menstrual history –

Menarche at the age of 13 years

Past menstrual history- Irregular cycle of 45-50 days
1-2 days duration

One pad/day spotting, painless

Marital status – Married for three years

Obstetrical history – G0P0A0L0D0

Coital history – 2-3 times/week

Contraceptive history- not practising any contraceptive by both partners

Physical Examination

Built – Moderate

Nutrition – satisfactory

Pallor – Nil

Icterus - Nil

Per speculum – No white discharge

No Cervical erosion

No Cervical hypertrophy

Vaginal wall normal

Per Vaginal – Uterus AV – average size

No tenderness in lateral fornices

No adnexal mass palpable

Material and methods-

Study setting-

The study was conducted at Dr G. D. POL Foundation YMT Ayurvedic Medical College and Hospital, Kharghar, Navi Mumbai.

Investigations :

USG - 23/06/2023 – Uterus measures 6.1*4*3.2 cm normal in size, shape and position.

Endometrial thickness – 8.6mm

Ovaries and adnexa – both ovaries are bulky in size and show multiple tiny peripheral follicles.

Right ovary – 2.6* 2.4*2.0 cms. Vol 7.1cc

Left ovary – 2.5*2.1*1.3cms. vol 3.7 cc

s/o – polycystic morphology.

Usg- pelvis; follicular study

10/5/2023- ET- 7.3 mm

Rt ovary- MSF

Left ovary- MSF

S/O- Anovulatory Cycle

Treatment protocol- started from April 2023

1. *Tab. Aloes compound* 2BD from day 1st to day 15th of menses
2. *Tab. Leptadene* 2BD from 15th to 30th day of menses
3. *Phalghrita* 10 ml BD with warm water
4. *Shatpushpachoorna* 24 gms OD

Panchakarma-

- 1) *Shatpushpa tail matrabasti* from the 20th day of menses for seven days (pre-menstrual)
- 2) *Uttarbasti with phalghrita* for five days from the 7th day to the 11th day of menses

3) *Matrabasti with rasontaila* 60 ml (post menses)

Result- UPT positive on 17/7/2023

SOP OF UTTARBASTI

PRE-PROCEDURE	<ul style="list-style-type: none"> • Abhyang should be done for 10 min on the katipradesh, adhodara, Prushtha and parshvapradesh. • Swedana should be done on same parts for 10min. • Emptying the bladder. • Examination of vitals like BP, P, RR should be done. • Pt should be in lithotomy position. • Local area should be painted with antiseptic solution and covered with sterile towels.
PROCEDURE	<ul style="list-style-type: none"> • Cervix will be visualized with sim’s speculum and AV retractor. • Anterior lip of cervix held with vulsellum. • With the help of uterine sound assess the length and position of uterus. • Insert the uttarbasti canula into uterine cavity and inject the medicine with syringe. (Make sure that there are no air bubbles.) • Then insert pichu. • At the same time head low position given to pt.
POST PROCEDURE	<ul style="list-style-type: none"> • Remove all the instruments slowly. • Pt. should be observed for 1 hr. • Vitals like BP, P, RR should be checked.

SOP OF MATRABASTI

Purva karma	<ul style="list-style-type: none"> • Informed written consent. • The entire procedure was explained to the patient. • Abhyang should be done for 10 min on the katipradesh, adhodara, prushtha and parshvapradesh. • Swedana should be done on same parts for 10 min. • Emptying the bladder. • Examination of vitals like BP, P, RR should be done.
Pradhan karma	<ul style="list-style-type: none"> • The patient is made to lie comfortably in left lateral position with her left leg extended, and right leg folded. • The anal region lubricated with tilataila. • A soft rubber catheter is inserted in anus. • The oil which we r using for basti put into the rectum by syringe enema pot.
Pachhat karma	<ul style="list-style-type: none"> • Remove all the instruments slowly. • Tapping of the hips and thighs • Pt. should be observed for 1 hr. • Vitals like BP, P, RR should be checked.

DISCUSSION

The diagnosis was confirmed as primary infertility associated with PCOS. In Pcos cases, anovulatory cycles are the main factor for infertility. Anovulation is often the result of an imbalance of the hormones that cause a woman to ovulate and may be a part of the condition called PCOS. According to Ayurveda, this disease is vandhyatva due to nashtartava. The causative factor is

abhishyandi āhāra intake; stress obstructs Kapha-medodushti and apanavata. In this case, Sanga (blockages) and granthi (cyst) can be considered their dushto karan. The ultimate aim of the treatment was to release the obstructed vata and to enable its normal functioning in the garbhashaya. Tab aloes compound stimulates and establishes regular ovulatory cycles. It ensures proper quality and quantity of cervical mucous. Enhances the receptivity of contraception. *Tab*

Leptadene contains *jeevanti* and *kambhoj*, which properly implant the fertilised ovum. *Phalaghrita* has *dipan*, *pachan*, *lekhan*, *anulomaka*, *balya*, *prajasthapan* and *yonidoshnashak* action. *Shatpushpa* is a *ritu-pravartini* and *yonishukravishodhani* due to its *ushna*, *tikshnaguna*. Because of the same reason, it regularises hormones. According to modern *shatpushpa*, it might improve insulin sensitivity and help convert from androgen to estrogen, which turns into ovulation. *Uttarbasti* with *phalghrita* have oleating, nourishment and phytoestrogenic properties and quickly absorb through a mucous membrane, glands and vessels, increasing the ovulation factor. It gives tubal potency. In endometrial factors, it increases blood circulation, helps in proliferation and increases endometrium receptivity and cervical mucous secretion.

CONCLUSION

Infertility has become a burning issue in recent decades. In modern science, treatment focuses on correcting dysfunction with several diagnostic tests. However, the success rates could be higher and more expensive. This case report shows an insight into systematic learning of how to manage primary infertility

associated with PCOS effectively through ayurvedic modalities. The results obtained in this case are encouraging, and the protocol followed here may be subjected to trial in a larger sample.

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