



## Case Report

### AN AYURVEDIC MANAGEMENT OF VANDHYATVA ASSOCIATED WITH POLYCYSTIC OVARIAN DISEASE: A CASE REPORT

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#### Abstract

In *Ayurveda*, Infertility is correlated with '*Vandhyatva*,' which can result from various factors like '*Yoni Pradosha*' (abnormalities in the female genital tract), '*Manaso Abhigata*' (psychological issues), '*Sukra-Asrik Dosha*' (abnormalities in sperm and ovum) and '*Ahara-Vihara Dosha*' (improper diet and lifestyle). PCOS is a common hormonal disorder in women, causing irregular periods, excessive hair growth and weight gain. It affects fertility due to anovulation or oligovulation. In classical texts, PCOS is correlated to '*Pushpaghni Jathaharini*,' denoting fertility challenges with symptoms like obesity ('*Sthulya*') and hirsutism ('*Lomasa Ganda*'). *Vata* and *Kapha* are the key *Doshas* involved with '*Shukra*,' '*Asrik*,' '*Ahara*,' and '*Manasa*' as causative factors. A 22-year-old female patient was reported to PTSR OPD with complaints of irregular menses with increased intervals and wanted to conceive irrespective of unprotected sexual intercourse since 3 years. Her USG was suggestive of B/L Polycystic ovarian disease. Semen analysis of her husband was normal. **Aims and Objectives:** To improve the qualities of *Garbhasambhava Samagri* with the help of *Samshodhan Karma*, *Uttar Basti* along with *Shaman Chikitsa*. **Results:** After *Ayurvedic* management, patient conceived and carrying a healthy pregnancy. **Conclusion:** The study concluded that the treatment administered was highly effective in treating infertility related to PCOS.

**KEYWORDS:** *Vandhyatva*, PCOS, *Doshas*, *Samshodhan*, *Uttar Basti*.

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## INTRODUCTION:

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder affecting women of reproductive age and it is a leading cause of infertility. PCOS is characterized by symptoms such as amenorrhea (absence of menstrual periods), hirsutism (excessive hair growth), and enlarged polycystic ovaries. It is often associated with insulin resistance and obesity. According to the 2003 Rotterdam criteria, the diagnosis of PCOS is based on the presence of at least two of three criteria: clinical and/or biochemical hyperandrogenism, oligo/anovulation, and polycystic ovaries. PCOS is prevalent in 20-30% of young women of childbearing age.<sup>[1]</sup> In *Ayurveda*, PCOS is related to *Nastartava* or *Anartava*, which is a characteristic of *Bandhya Yonivapada* and *Pushpagni Jatharini*. It is a condition mentioned by *Acharya Kahyapa*; *vridhe pushpe tu ya nari...*<sup>[2]</sup> the women may have regular cycles but will be fruitless. *Stholya* means *Obesity* and *Lomasa Ganda* means hirsutism are described as clinical manifestations of *Pushpagni Jataharani*. The term "*Aartava*" in *Ayurveda* is associated with menstrual blood, ovum, and ovarian hormones. PCOS is primarily attributed to the imbalance of *Vata* and *Kapha doshas*. *Ayurvedic* treatment approaches involve *Vatanulomak* (balancing *Vata*), *Kapha Shaman* (pacifying *Kapha*), *Pitta Vardhan* (balancing *Pitta*), *Aamapachana* (digesting toxins), and *Artava Janana Chikitsa* (treatment for menstrual disorders). In *Ayurveda*, emphasis is placed on maintaining *Shudha Artava* (healthy ovum) during the fertile period, and following proper daily routines and dietary habits (*Ritumaticharya*, *Dinacharya*, and *Rajswalacharya*) to achieve and sustain a healthy life. Failure to adhere to these guidelines can lead to stress and tension, affecting the formation of *Rasa Dhatu*, which, in turn, affects other *Dhatus*, especially *Medho Dhatu* (fat tissue) and *Rakta Dhatu* (blood cells). *Kapha Dosha* is affected due to *Asrayi-Asraya Bhavas*, leading to blockage of *Strotas* (channels), which ultimately aggravates *Vata* and causes *Dhatu Kshaya*, resulting in *Artava Kshaya* (anovulation)<sup>[3]</sup>. Hormonal imbalances, such as *Pitta Dushti*, can also occur in this process. Conventional allopathic treatments for PCOS may include oral contraceptives, hormone replacement therapy, and surgical procedures. However, this case study suggests that *Ayurvedic* treatment can be a significant and effective alternative for managing PCOS.

## CASE REPORT:

A 22 years old married woman approached the OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital Paprola, H.P. with complaints of inability to conceive even after 3 years of unprotected sexual life. She also had complaint of irregular menses with increased interval for 5 years. On USG she was detected to have Bilateral PCOS.

### 1. TREATMENT HISTORY:

She had irregular menstrual cycles for 5 years. She took allopathic treatment for that and detected to have Bilateral PCOD. At 19 years she married a nonconsanguineous man of 25 years and they were having regular unprotected sexual life. Then after, her periods become more irregular and hence they consulted a private practitioner. Again, Bilateral PCOD was confirmed. She took hormonal therapy for menstruation. After stopping hormonal therapy. They tried to get conception but that was not fruitful.

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## 2. MENSTRUAL HISTORY:

Age Of Menarche	13 Years
Duration Of Bleeding	3-4 Days
Interval Of Bleeding	45-60 Days
Amount Of Bleeding	2-3 Pads/Day (Moderate)
Dysmenorrhea	Present
Offensive Odour	Not Present
Colour	Light Red
Clots	Present+
LMP	27/12/2022
PMP	21/10/2022
Vaginal Discharge	Nil

## 3. OBSTETRIC HISTORY:

Nulligravida

## 4. MARITAL AND SEXUAL HISTORY:

Age Of Marriage	Female-19 Years, Male-25 Years
Dyspareunia	Not Present
Vaginismus	Not Present
Post Coital Bleeding	Not Present
Frequency Of Coitus	3-4 Times/Week

The couple were aware of fertility period.
No H/O DM, HTN, TB, DLP, Thyroid Dysfunction.
No H/O Smoking and Alcohol.

## 5. FAMILY HISTORY:

Nothing relevant.

## 6. PERSONAL HISTORY:

Appetite, Micturition, Bowel Habits were found to be normal.

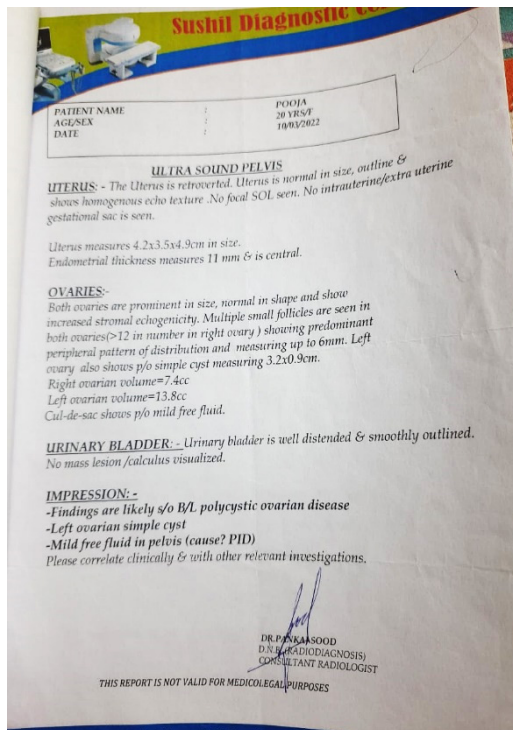
Sleep was disturbed due to stress.

## BLOOD INVESTIGATIONS:

BLOOD GROUP	Female-B <sup>+</sup> ve, Male-O <sup>+</sup> ve
BT	2min
CT	5min30sec
Hb	11.4gm%
T3	107ng/dl
T4	7.9n ug/dl
TSH	1.80 u IU/ml
S. Prolactin	5.25ng/ml
LH	22.26m IU/ml
FSH	8.81m IU/ml
AMH	8.96ng/ml
HIV, VDRL, HbsAG (BOTH PARTNERS)	NON-REACTIVE

## USG OF PELVIS (20/03/2022)

Suggestive of B/L PCOD



## SEMEN ANALYSIS ON 12/01/2023

Normozoospermia

**PER VAGINAL EXAMINATION:**

Inspection – External Genitalia Appears to Be Normal,
No Discharge Visible Externally
No E/O Cystocele, Rectocele or Prolapse

**PER SPECULUM EXAMINATION:**

Cervix – Pinkish, Deep, Nulliparous Size, Thin Mucoïd Discharges present
Vagina – Vaginal wall pinkish in colour, healthy

**PER VAGINAL EXAMINATION:**

Cervix – Nulliparous Size, Regular, Firm, Mobile, No Motion Tenderness.
Uterus – Av, Ns, Mobile, Nontender
Fornixes – B/L Clear, Non-Tender

**TREATMENT GIVEN:**

***Samshodhan Chikitsa:***

DATE	PROCEDURE	MEDICINE	DOSE	DURATION
17/01/2023	<i>Deepana Pachan</i>	<i>Chitrakadi Vati</i>	1 BD	3 Days
20/01/2023	<i>Snehpaan</i>	<i>Panchtikta Ghrita</i>	40-180ml	5 Days
25/01/2023	<i>S a r v a a n g</i> <i>A b h y a n g</i> <i>Swedan</i>	<i>Balashwagandha Tail</i>		3 Days

**AFTER 3 DAYS**

28/01/2023	<i>Virechan</i>	<i>Trifla Kwath +Trivrit Avleh</i>	1 Day
29/01/2023	<i>S a n s a r j a n</i> <i>Karam</i>	<i>Peya, Vilepi, Akrit Yush, Krit Yush, Khichdi, Samanya Aahar</i>	7 Days

**Maximum 22 vega occurred. *Madhya, Shudhi* was achieved.**

**After *Virechan Karam* – Onset of menses was 01/02/2023 (Duration – 4-5 days)**

***BASTI (KARAM BASTI)***

**After clearance of menses (6/02/2023 to 23/02/2023)**

DAY1 – <i>Anuvasan Basti with Sandhavaadi Tail</i>
DAY2 - <i>Anuvasan Basti with Sandhavaadi Tail</i>
DAY3- DAY14 <i>Lekhan Asthapan Basti f/b Anuvasan Basti with Saindhavaadi Tail</i>
DAY15-DAY18 <i>Anuvasan Basti with Saindhavaadi Tail</i>

**After Karam Basti – Onset of menses was 02/03/2023 (Duration – 4-5 days)**

**STHANIK CHIKITSA:**

DATE	PROCEDURE	MEDICINE	DOSE	ROUTE	DURATION	CYCLE
07/03/2023 to 09/03/2023	<i>Asthapan Basti</i>	<i>D a s h m o o l Trivrit Kwath</i>	600ml	Per rectal	3 Days	1 Cycle
10/03/2023 to 12/03/2023	<i>Uttar Basti</i>	<i>Phal Sarpi</i>	1.5-2 ml	Uterine Cavity	3 Days	1 Cycle

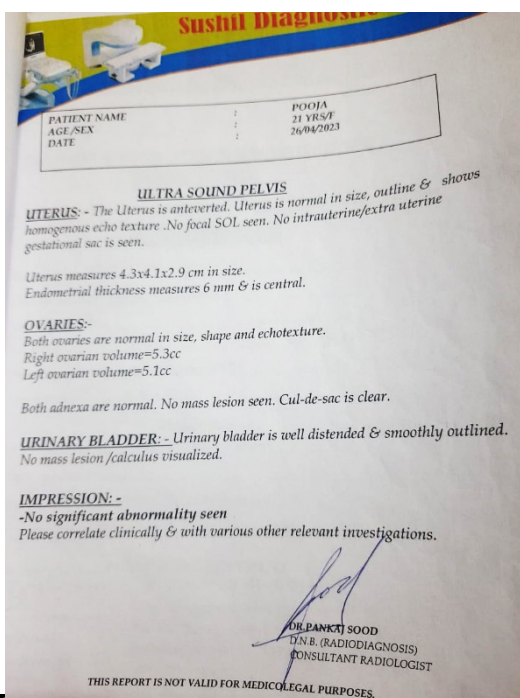
**SHAMAN CHIKITSA:**

S.NO.	DRUG	CONTENT	DOSES
1.	<i>Shatavari Churna</i>	<i>Shatavari</i>	3gm BD
2.	<i>Pushapdhanwa Ras</i>	<i>Ras Sindhoor, Nag Bhasam, Loh Bhasam, Vang Bhasam, Abhrak Bhasam, Dhature Ka Ras, Bhang, Mulethi, museli, Nagarbel</i>	2BD
3.	<i>Aloes Compound</i>	<i>Aloe indica, Hirabol, Jivanti, Kamboji, Mnjishtha, Hurmal, Kasis</i>	2BD

**FOLLOW UP** – She was explained about fertile period and advise to continue *Shaman Chikitsa* for 2 months.

**OBSERVATION AND RESULT:**

After Treatment Protocol, USG done on 26/04/2023 and shows no evidence of B/L PCOD.



#### RESULT OF ULTRASONOGRAPHIC PARAMETER:

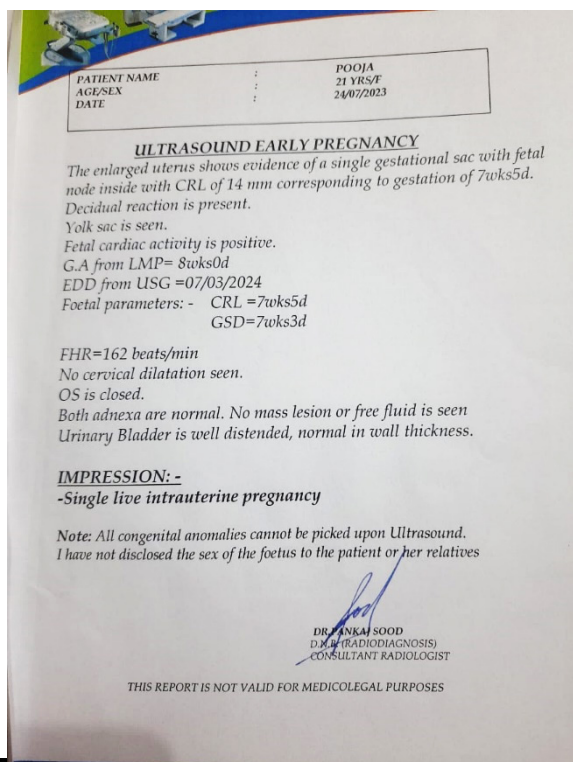
BEFORE TREATMENT(USS-10/03/2022)	AFTER TREATMENT(USS-26/04/2023)
Both Ovaries are prominent in size. Multiple small follicles are seen in both ovaries(>12 in number in right ovary) and measuring upto 6mm.	Both Ovaries are normal in size, shape and echotexture.
Left Ovary shows p/o simple cyst measuring 3.2x0.9cm.	
Right ovarian vol.-7.4cc	Right ovarian vol.-5.3cc
Left Ovarian Vol.- 13.8cc	Left Ovarian vol.-5.1cc

After one month when she missed her period, she did UPT on 09/07/2023 and found positive

LMP-29/05/2023

USS of obs for early scan done on 24/07/2023 and suggestive of single live intrauterine pregnancy of 7weeks 5 days with normal foetal cardiac activity.

EDD – 07/03/2024



#### TIMELINE:

Patient visited hospital for the first time on 15-12-2022

Virechan done on 28-01-2023

Madhayam shudhi was achieved (22 vega)

After Virechan, onset of Menses was 01-02-2023, after clearance of menses karma Basti) done on 06-02-2023 to 23-02-2023

After Karambasti Karam , onset of menses was 02/03/2023

After clearance of menses, 3 doses of Aasthapan Basti given on 07/03/2023 upto 09/03/2023

After Aasthapan Basti, 3 sittings of Uttarbasti with Phalghrit were given for 3 days along with Shaman Chikitsa ( 10/03/2023 upto 12/03/2023)

After one month she missed her period , UPT was positive on 09/07/2023. Her LMP was 29/05/2023 and USS (early scan-24/07/2023) suggestive of single live Intra uterine pregnancy with gestation of 7w 5d.



## DISCUSSION:

In *Ayurveda*, health is a balance between the body, mind, and spirit. It classifies various disorders based on the three fundamental biological energies or *Doshas*: *Vata*, *Pitta*, and *Kapha*.<sup>[4]</sup> In the case of infertility, *Ayurveda* often associates it with the vitiation of the *Vata* and *Kapha Doshas*, along with *Pitta*, leading to the development of conditions such as PCOD (Polycystic Ovarian Disease).

In the current case report, based on the patient's history and clinical examination, the diagnosis indicated *Vandhyatva* (infertility) due to *Nashtartava* (scanty or absent menstrual flow), *Artavahastrotorodha*, and *Apana Vata Vaigunya* (imbalance of downward-moving energy). The main cause of infertility in this case was identified as anovulation. All menstrual irregularities, including anovulation, were attributed to the vitiation of the *Asruk/Artava* (menstrual) component.

The condition of *Nashtartava* or *Nishphal Artav* is typically a result of the obstruction of the *Artavavah Strotas* (menstrual passage) caused by imbalances in the *Kapha* and *Vata Doshas*. In this context, the treatment plan was focused on clearing this *Strotorodha* (obstruction of channels) and restoring a regular menstrual cycle. To achieve this, a comprehensive detoxification regimen, including *Virechan* (therapeutic purgation) and *Basti* (medicated enema), combined with *Shaman* therapy (pacifying treatment) was planned.

*Deepana Pachana* helps in preventing the production of *Ama* and vitiation of *dosha* and *dhatu*.

*Virechan* as a *Shodhan Karam* is suggested as the line of treatment for menstrual and other gynecological disorders.<sup>[5]</sup> By having dominion effect on *Pitta Dosha* and *Agni* (digestive fire), this treatment approach helps to pacify the vitiated *Pitta* and facilitates the resolution of *Asruk/Aartav Vikar* (menstrual disorders) **Virechanen**

***Beejam Bhavti Karmukam*...** *Kashyap* says in *Sidhi Sthana*, infertility gets cured by use of purgation.

*Lekhan Basti* – The drugs used for *Lekhan Basti* works as *Amapachana* (impaired digestion), *Vatakaphashamaka* (pacifying *Vata*, *Kapha Doshas*) and *Strotoshodhan* (purification of channels) qualities that may be the cause of their effectiveness in case of PCOD.

*Ushna*, *Tikshna*, *Lekhana*, *Pachana* and *Vatanuloman* are the characteristics of *Lekhana Basti* that helps to loosens the toxins and helps in their expulsion. The removal of *Sanga* facilitates by the *Kaphavatashamak*, *Strotoshodhan* and *Ama Pachan* qualities of medications and resulting normalization of *Rajah Pravritti* and *Beeja Nirmana*.<sup>[7-9]</sup>

The various *Guna* of *Basti* dravyas imparts different effects in PCOD as mentioned follows:

The *Sukshma Guna* of *Basti* Dravya helps in reaching upto the microchannel of the body.

*Tikshana Guna* helps to breaks down *Mala* and *Dosha Sanghata*.

*Snigdha Guna* of *Basti* Dravya liquefies *Doshas*, that after they remove easily.

The irritant property of *Basti* helps to eliminate vitiated *Doshas*.

The *Lekhan Basti* decreases LH level thus prevents premature luteinization, therefore growth and development of follicle stimulated by normal FSH level. *Lekhana*, *Ruksha*, *Tikshana*, *Deepana* and *Pachana* properties of drugs contributed towards the loss of body weight by controlling *Jatharagni*. As a result, it prevents accumulation of *Medodhatu* and ultimately causes *Lakshana Upshamana* of ailment.<sup>[10-11]</sup>

*Phalsarpi Uttarbasti* – According to *Vagbhatta*, *Phalsarpi* helps the woman to achieve conception and is best for curing all female geni-

tal tract disorders. It is *Balya*, *Vatahara*, *Brihniya*, *Garbhada* and *Rasayana*. *Uttarbasti* has local and systemic effect. Prior to *Uttarbasti*, *Niruhbasti* is given. As the water poured to the root nourishes the whole tree, in the same manner *Niruhbasti* through its potency get absorbed and provide systemic effect.<sup>[12]</sup> Probably osmotic pressure may be created by *Niruhbasti* which enhance the absorption of drug administered through Intrauterine *Uttarbasti*. Through the endometrium the active principle may get absorbed which by the internal iliac vein passes into the systemic circulation and exerts positive influence on Hypothalamus-Pituitary-Ovarian axis and thus promotes the growth and differentiation of primordial follicles under the control of FSH.

*Shatavari Churan* – It is considered as a female tonic in *Ayurveda* and also beneficial in female infertility,<sup>[13]</sup> as it enhances folliculo-genesis and ovulation, prepares the womb for conception, and prevents miscarriages.<sup>[14]</sup>

*Pushpadhanwa Rasa* – Chief ingredients of this drugs are having properties; *Dhatu Vridhikar*, *Agnidiptikar*, *Vajikaran*. *Dhatu*, *Bhaang*, *Ngavalli* etc., are having stimulant effect over Neuro-endocrinal system. It is given in condition as amenorrhea or anovulation. It contains mineral drugs which have activities like *Rejuvenation* and regulates the menstrual cycle, Pacifying *Vata* and *Kapha Doshas*.

Aloes compound – *Aloe indica*, *Hirabol*, *Jivanti*, *Kmboji* helps to stimulate physiological ovulation. It has an action on cervical mucus. The quality and quantity of cervical mucus is altered in such a way that it facilitates better forward movement of sperms.

#### CONCLUSION:

PCOS is an increasing public health problem which is common and leading cause of infertility in women. In this case, anovulation or *Aartava Du-*

*shti* plays a crucial role in developing pathogenesis. *Virechan* is a process of biopurification (*Stroto-shodhan*), detoxification and it enhances potency of *Stree Shukra* thus helps in *Samprapti Vighatan*. After eliminating *Doshas* from their roots, patient was treated with *Artavajanan* (regulates the menstrual cycle), *Vajikaran* (*aphrodisiac*), *Vatakaphnashak* drugs. *Virechan* and *Shaman Chikitsa* are judiciously employed in the management of PCOS (polycystic ovarian syndrome) in *Ayurveda*.

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