



Ayurveda Management Of Primary Infertility Associated With Non-Obese PCOS: A Case Study

Case study on Non-Obese PCOS

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Abstract

Introduction: This heterogenous disorder is characterized by excessive androgen production by the ovaries mainly. PCOS is a multifactorial and polygenic condition. The incidence varies between 0.5–4 percent, more common amongst infertile women. It is prevalent in young reproductive age group (20–30%). Polycystic ovary may be seen in about 20% of normal women. HAIR-AN syndrome in patients with PCOS is characterized by hyperandrogenism, insulin resistance and acanthosis nigricans. Internal examination reveals bilateral enlarged cystic ovaries which may not be revealed due to obesity. As per Ayurveda, we can co-relate this condition with mainly *Artavadushti*.

Case Presentation: The patient in this case had complaint of failure to conceive for 11 years and Irregular and delayed menses since a year. She decided to consult a doctor and was diagnosed with PCOS. For the same she visited the OPD of PTSR, ITRA, Jamnagar.

Management and Outcome: She was managed with *Nitya Virechana* with *Naracha Choorna*, *Matrabasti* with *Sahacharadi Taila* and *Shatapushpadi Yoga* orally. The Ayurvedic management resulted in the patient conceiving within 2 months of treatment.

Key words: Ayurveda, Primary Infertility, Non-Obese PCOS, *Matrabasti*, *Sahacharadi Taila*

INTRODUCTION

Polycystic Ovarian Syndrome [PCOS] is the most common endocrine and metabolic disorder in a woman of reproductive age. It is a multifactorial and polygenic condition. Clinically it is characterized by menstrual abnormalities, hirsutism, acne, obesity, insulin resistance and baldness.¹ There are two phenotypes of PCOS, obese and non-obese with different biochemical hormonal and metabolic profiles. Although a majority of cases with PCOS are obese/overweight, a small but significant proportion of patients present with normal body mass index or low BMI ($\leq 25 \text{ kg/m}^2$) that makes diagnosis work up and therapeutic approach more difficult. These cases of PCOS are termed as non-obese PCOS. There are two phenotypes of PCOS, obese and non-obese with different biochemical hormonal and metabolic profiles. Although a majority of cases with PCOS are obese/overweight, a small but significant proportion of patients present with normal body mass index or low BMI ($\leq 25 \text{ kg/m}^2$) that makes diagnosis work up and therapeutic approach more difficult. These cases of PCOS are termed as non-obese PCOS.²

In *Ayurvedic* Classics, all disorders are mentioned as twenty types of *Yoni Roga* and eight types of *Artavadushti*. The patients suffering from this disorder can be classified into two categories- *Krusha Rogi* (Non-obese PCOS) and *Sthula Rogi* (Obese PCOS). Each of the three *Doshas Vata, Pitta, and Kapha* have a specific role in the female reproductive cycle. *Vata Dosha* maintains the functions of reproductive system, and the organs are located in *Artava Dhatu*, these are the tissues of the reproductive organs. PCOS is a *Sannipatika* or *Tridoshika* condition. When *Vata* becomes vitiated, it manifests as irregular menstrual cycle. *Pitta* vitiation leads to acne, hirsutism, and hormonal imbalances including excess circulating testosterone in the body. *Kapha* vitiation results in the growth of cysts.

As per *Ayurveda*, we can co-relate this condition with mainly *Artavadushti*. Due to the multifactorial etiology and involvement of *Dosha- Dushya Sammurchhana* at the cellular level, *Nitya Virechana* is essential part of *Ayurvedic* management of non-obese PCOS along with *Shamana*. Here, *Naracha Choorna* has been selected for *Vata Anulomana, Sahacharadi Taila Matra Basti* for *Vatanulomana* and *Yonidoshahara, Shatapushpadi yoga* as *Vrushya* and *Rasayana*.

Case Overview: The patient got married in the year 2013 at the age of 24. She was unable to conceive even after eleven years of unprotected sex, she decided to consult a doctor and was diagnosed with PCOS. She had undergone allopathic treatment but did not achieve satisfactory results. She visited our outpatient department (OPD) in Center of Excellence in infertility, ITRA Jamnagar, Gujarat, India on 12/08/2024, OPD number 22905. She had complaint of Irregular and delayed menses since a year. There was no specific past history regarding illness or surgery and Family history. Trans vaginal sonography shows Mild changes of PCOD and hormonal profile was within normal range. The patient is negative for TORCH profile, Immunological profile, HIV and VDRL. Her thyroid function test, renal and hepatic profile and husband's semen analysis were normal and HSG examination revealed patent fallopian tube. Her Hb was 12.3 gm%.

Clinical examination: On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy were absent. Her height – 151 cm, Weight – 54 kg, BMI was 23.7 kg/m². Her BP was – 118/74 mm /Hg, pulse – 78/min. The patient had no addiction. No abnormality was noted after a detailed systemic examination.

Ashtavidha Pariksha (eight-fold examination) revealed *Nadi Pitta Pradhana Vataja, Mootra Pravrutti* was 4-5 times/day, 1-2 times /night. *Mala Pravrutti* 1 time/ day, satisfactory. *Jihva* was *Nirama*. Patient *Aakriti* (general body built) was Moderately built.

Dashavidha Pariksha (ten-fold examination) of the patient was done which illustrates that the patient was *Pitta-Kapha Prakriti* (physical built), *Vikriti – Vata- Kapha Pradhana, Sara, Satva* and *Samhanana* were *Madhyama*. The patient had *Madhura, Katu, Amla* and *Lavana Rasa Priyata* with *Madhyama Abhyavarana Shakti, Jaran Shakti, and Vyayama Shakti* was *Madhyama*, which reveals that *Roga* and *Rogi Bala* were *Madhyama*.

Local Examination: The vulva was healthy with no local lesion or growth. On per speculum examination, vagina was normal, cervix healthy and normal in size, and no white discharge was present. On bimanual examination, the cervix was found to be firm, with no cervical motion tenderness. Uterus was anteverted, bilateral adnexa was clear with no tenderness.

Management: The patient underwent *Ayurvedic* management involving *Basti Karma (Matra Basti)* with *Sahacharadi Taila* for 7 days for two consecutive months. Along with this, oral medication; *Naracha Choorna* 5 gm given with lukewarm water at morning for *Nitya Virechana* and *Shatapushpadi Yoga* 6 gm BD after food with *Goghrita* were continued for 2 months. The oral medication stopped during and after 2 days of menstrual period. Along with this, ovulation study was conducted and patient was advised to have coitus after ovulation. Timeline is indicated in table no. 01 and 02.

Follow up and outcome:

After two months of treatment, she missed her periods, and her urine pregnancy test (UPT) was positive on 22nd October 2024 (LMP – 13/09/2024). An ultrasound scan (USG) on 12th December 2024 showed an intrauterine gestation corresponding to gestational age of 13 weeks. Her nuchal translucency-nuchal bone (NT-NB) scan was normal.

Discussion:

Due to the multifactorial etiology and involvement of *Dosha- Dushya Sammurchhana* at the cellular level, *Nitya Virechana* is essential part of Ayurvedic management of non-obese PCOS along with *Shamana*. Here, *Naracha Choorna* has been selected for *Vata Anulomana*, *Sahacharadi Taila Matra Basti* for *Vatanulomana* and *Yonidoshahara*, *Shatapushpadi Yoga* as *Vrushya* and *Rasayana*.

Nitya Virechana is component of *Virechana Karma* which gives the similar benefits of *Virechana Karma*. *Acharya Charaka* has said that repeated elimination of *Doshas* should be done by *Mrudu Virechana* drug in weak patients who have more *Doshas*.³ Also, In PCOS amenorrhea or oligomenorrhoea is main symptom due to *Sthanika Kapha-Vata Dushti (Granthibhuta artava)*. *Naracha Choorna* explained in *Sarangadhara Samhita* helps in *Vatanulomana*. therefore, it has been selected for *Nitya Virechana*.

Acharya Kashyapa has mentioned *Matrabasti* for *Alpa Artava*. In non-obese PCOS Cases, scanty and irregular menstruation pattern can be seen clinically. So, here selected *Sahacharadi Taila Matrabasti*. *Acharya Vagbhata* explained *Sahacharadi taila* in *Chikitsa sthana*, *Vatavyadhi Chikitsa*. Quantitatively predominant ingredients of the *taila* are *Sahachara* and *Shatavari*. *Sahachara* is *Vata-Kapha shamaka* due to *Madhura-amla-tiktha rasa* and *Snigdha -Ushna* properties. *Shatavari* is *Sheeta* in *Veerya*, *Kashaya-Madhura* in *Rasa*, *Snigdha*, *Vrushya*, *Rasayana*, *Vata-Pittaghni*, *Varna-Ojas-Balavardhini*, *Smriti-Medha-Matikari*, *Pathya*, *Pushpaprajakari* (brings menstruation and progeny). *Kwatha dravya* includes *Dasamoola* along with *Sahachara and Shatavari* which act as *Vata-Kapha shamaka* due to *Ushna Virya*.⁴

Shatapushpadi Yoga contains *Shtapushpa*, *Shatavari* and *Brahmi Choorna* in equal proportion. *Shatapushpadi yoga* as *Vrushya* and *Rasayana*. *Shatapushpa* is *ushna* in *Veerya*, *Madhura* in *rasa*, *Brimhana*, *Balya*, *Agnibala Vardhaka*, *Pushtibala vardhani*, *Vataprashamani*, *Ritupravartini* (brings menstruation), *Yoni sukra Vishodhini* (Increase quality of ovum and sperm) and *Putrada* (helps in functioning of reproductive life).⁵ *Shatavari* is *Sheeta* in *Veerya*, *Kashaya-Madhura* in *Rasa*, *Snigdha*, *Vrushya*, *Rasayana*, *Vata-Pittaghni*, *Varna-Ojas-Balavardhini*, *Smriti-Medha-Matikari*, *Pathya*, *Pushpaprajakari* (brings menstruation and progeny).⁶ In spite of being a rejuvenating herb it is beneficial in female infertility, as it increases libido, cures inflammation of sexual organs and even moistens dry tissues of the sexual organs, enhances folliculogenesis and ovulation, prepares womb for conception, prevents miscarriages, acts as post-partum tonic by increasing lactation, normalizing uterus and changing hormones.⁷ *Brahmi* is *Sita Virya*, *Kashaya-Tiktha-Madhura* in *Rasa*, *Madhura Vipaka*, *Sara*, *Laghu*, *Medhya*, *Ayushya* and *Rasayani*. It may help prevent anxiety and stress.⁸

Table No. 01 Protocol

Drug	Dose	Route	<i>Kala & Anupana</i>	Duration
<i>Naracha Choorna</i>	5 gm	Oral	In empty stomach at early morning with lukewarm water	2 months (will be stop during menstruation and 2 days after menstruation)
<i>Sahacharadi TailaMatrabasti</i>	60 ml	Rectal	After light diet, once a day, after cessation of menses	2 months
<i>Shatapushpadi Yoga</i>	6 gm	Oral	After meal twice a day with <i>Go-Ghrita</i>	2 months

Table No. 02 Investigations

Parameter	BT (12/08/24)	AT
USG- TVS	Ovarian volume Right- 15 cc Left- 13 cc ET – 6.5 Mild changes of PCOD	
S Testosterone	28.3	-
S LH	2.97	-
S FSH	6.34	-

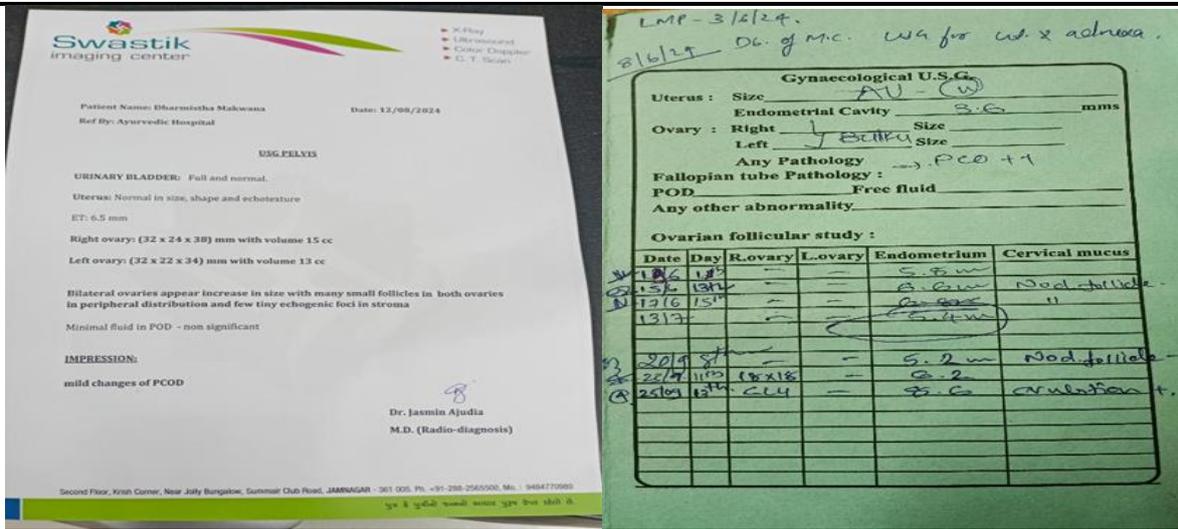


Figure No. 01 USG Shows Anovulatory Cycle and in next cycle Ovulation



Figure No. 02 UPT Positive

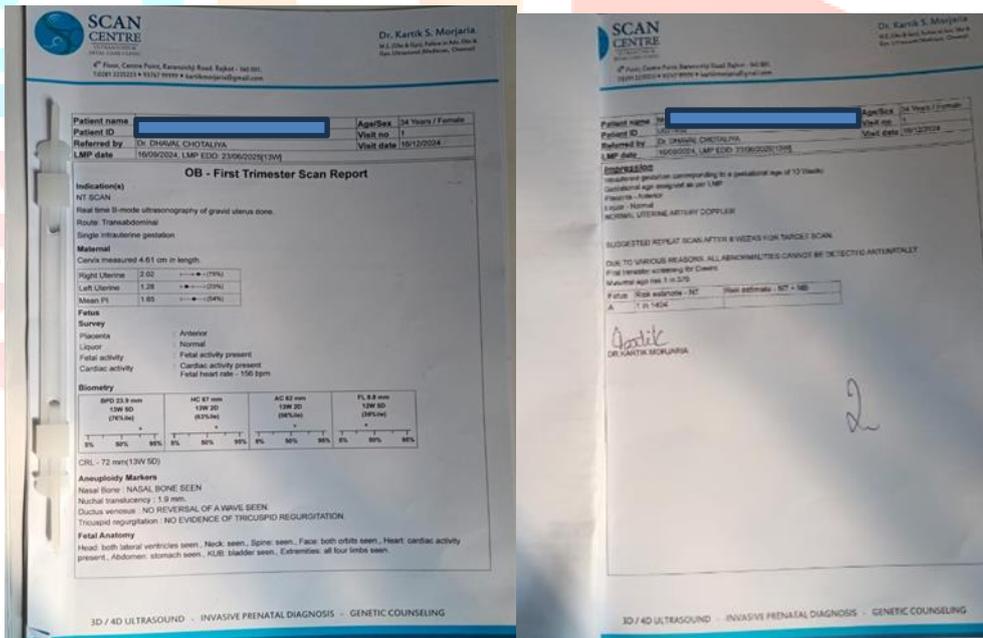


Figure No. 03 USG for NT-NB Scan shows 13 weeks 5 days

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