

## AYURVEDIC MANAGEMENT OF INFERTILITY ASSOCIATED WITH PCOS W.R.S TO ARAJASKA YONIVYAPAD: CASE STUDY

Dr. Archana Jadhav\*<sup>1</sup>, Dr. Abhay Kulkarni<sup>2</sup> and Dr. Priyanka Pawar<sup>3</sup>

<sup>1</sup>Associate Professor, Streeerog Prasutitantra, ASS, Panchavati, Nashik.

<sup>2</sup>Professor, Swasthawritta, ASS, Panchavati, Nashik.

<sup>3</sup>1st yr PG, Shalyatantra, ASS, Panchavati, Nashik.

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\*Corresponding Author: Dr. Archana Jadhav

Associate Professor, Streeerog Prasutitantra, ASS, Panchavati, Nashik.

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### ABSTRACT

Infertility associated with Poly Cystic Ovarian Syndrome (PCOS) is a major cause of concern in the present generation among the reproductive age groups due to undesirable lifestyle changes.<sup>[1,2]</sup> This is a case report of an infertile couple who had not been able to conceive since 4 yrs. All reports and other parameters of male partner was normal, the wife was diagnosed with *Arajaska Yonivyapad*<sup>[3]</sup> according to *Ayurveda* and other symptoms was of PCOS. Patient underwent conventional and allopathic treatments of primary infertility but result was not there so further management done. As *Acharya Charka* has mentioned 8 causes of delayed pregnancy (ch.sha.2/7) with this reference and *Yonivyapad*<sup>[4]</sup> study this case was diagnosed as *Vandhyatva (kakovandhya)* due to irregular menses with Obesity and pcos. **Method:** The objective of the present treatment included *Ayurvedic* management of *Arajaska Yonivyapad* by *shaman Chikitsa* (mitigation) like *Ampachan* with *Shankha vati*, *Rasaraktapachak kashay*, *Shodhan chikitsa* like *yogbasti*, *Sthanik chikitsa* like *Uttarbasti* with *Dadimadi ghrut*, *Yonidhawan*, *Yonipichu* **Result:** During the treatment period she lost 4-5kg of weight and regained regular menstruation thereafter with medicine and life style changes. The outcome of the Ayurvedic intervention was the conception of the patient within 5 months of treatment.

**KEYWORDS:** Infertility, PCOS, *Ayurveda*, *Uttarbasti*, *Arajaska yonivyapad*.

### INTRODUCTION

Infertility is one of the predominant health issues faced by the married couple nowadays. Infertility is defined as the inability to conceive after 1 year of uninterrupted intercourse of reasonable frequency It is common in 10–15% of

couples [As per the current statistics male infertility problems constitutes 30–40% and Female infertility problems constitutes 40–55% and both are responsible in about 10% cases. Remaining 10% unexplained A critical evaluation on female infertility shows that ovulatory factors contribute almost 30–40% of the case. Among an ovulatory causes of infertility, Poly Cystic Ovarian Syndrome (PCOS) plays a major role diagnosis of PCOS is based on anovulation, elevated androgen levels and presence of multiple ovarian cysts on USG findings Most of the time these conditions are presented with signs and symptoms such as obesity, amenorrhea and hirsutism. Oligomenorrhea or secondary amenorrhea can be considered as *Arajaska Yonivyapad*. After considering clinical features, Dosha involvement management principles of *Vandhya*, *Nashtartava*, *Sthaulya* (obesity) were adopted. *Ayurvedic* Scholars Propounded four factors which are responsible for *Garbhopatti*<sup>[6]</sup> (1.rutu 2.kshetra 3.Ambu 4.beeja) *Rutu* means fertilization period, *kshetra* means *garbhashay*, *Ambu* means *ras dhatu* (maternal nutrition) and *Beeja* means *Artava Shukra*. Any defect in these factors there is alteration in *garbhopatti*. Types of *Vandhyatva* according to Ayurveda. 1.*kakwandhya* - secondary infertility 2.*Anapatya*-primary infertility 3.*Mrutwatsa*- repeated still birth 4.*garbhastravi* -repeated abortions 5.*balakshaya*-loss of strength. 6.*garbhakoshbhanga*-injury to uterus. In present case patient treated with *Shaman Chikitsa* (medical treatment), *Sthanik chikitsa*, *Shodhan Chikitsa*-(purification) for around 4 month along with *utter basti* and patient got pregnancy test positive and viability of fetus was confirmed

## CASE REPORT

This Case was of primary Infertility means *Arajaska Yonivyapada*.

A 27 years old married female patient, software engineer by occupation visited to the OPD with the complaints of inability to conceive 4 years of unprotected sexual life.

The menstrual cycle was irregular and scanty bleeding 3-4 days per month. (1 pad / day)

**Investigations** were done previously:

Semen parameters of male partner were found to be within normal with satisfactory sexual life, no *Shukradushti* was there

In female haemoglobin was 9 gm/dl, other hormonal assay was normal

Ultrasonography report On 18 dec 2024 showed polycystic appearance of right ovary and left ovarian simple cyst 1.8x1.1 cm.

Uterus 80\*48\*42 mm, normal in size, no fibroid seen

Endometrium: Linear, echogenic and measure 126 mm

Hysterosalpingography was normal. Hysterolaprosopy was not done

Endometrial Doppler suggests score 12/20 applebum score with absent endometrial vascularization within zone 3

The history suggests that patient was anxious to conceive and has psychological stress.

Past history No H/o DM/HTN/Thyroid dysfunction or any other major medical and surgical history.

Family history Mother – Diabetes Mellitus, Personal history Diet – Mixed (veg and non veg),

Appetite - Reduced, Bladder - Normal frequency, Bowel - 1 time a day not clear

Sleep – Disturbed

Menstrual history: Age of menarche - at 16years, 30 days cycle / 3-4 days scanty bleeding with pain, smell and clots were absent.

Obstetrical history - G2 P0 A2 D0 Contraceptive – No use

General examination: Built – Moderate, Nourishment – Moderate

Pulse - 78 bpm, BP - 110/70 mmHg, Temperature - 98.4°F, Respiratory rate - 18 cycles/min Height - 152 cm, Weight - 48kg, BMI - 19.4, Tongue - coated, Pallor – present

Icterus / Cyanosis / Clubbing / Edema / Lymphadenopathy - Absent

Systemic examination CVS - S1 S2 Normal CNS - Conscious, well oriented, RS - Normal vesicular breathing no added sounds, P/A - Soft, no tenderness and organomegaly absent.

1. Intervention:- ➤ Follow Up - 1

LMP 07/01/2024

Dietary intervention done as patient was sedentary life style and junk food consumption was there. Social media excess use was there. So *ahar* and *vihar* changes done.

#### A) *Abhyantar chikitsa* (Internal Medicine)

Drugs	Dose	Time	Anupan
<i>Wasaguduchyadi kashay</i>	20 ml	2 times a day ( <i>vyanodan kal</i> )	luke warm water
<i>Rasraktpachak vati</i>	125 mg	2 tablets* bd ( <i>vyanodan kal</i> )	luke warm water
<i>Mahamanjishtadi kashay</i>	20 ml	2 times a day ( <i>vyanodan kal</i> )	luke warm water
<i>Chandraprabha</i>	125 mg	2 tab* bd ( <i>apan kal</i> )	luke warm water

#### B) *Sthanik Chikitsa* (Localised t/t) ➤ Follow up 2:- ➤ LMP-21/02/24

Medicine	Dose	Time	Duration	Days
<i>Yonidhawan</i> <i>Trifala Kwath</i>	500 ml	Once a day	10 min	For 7 days after menstrual cycle
<i>Yonipichu</i> <i>Narayan tail</i>	10 ml	After <i>yonidhawan</i>	4 hours	For 7 days after menstrual cycle

#### A) *Abhyantar Chikitsa* (Internal Medicine)

Medicine	Dose	Anupan	Time	Duration
<i>Lashun adi vati</i>	250 mg	Luke warm water	2 times a day <i>vyanodan (kal)</i>	15 days
<i>Sutshe khar vati</i>	250 mg	Luke warm water	2 times a day <i>(vyanodan kal)</i>	15 days
<i>Dashmool kadha</i>	20 ml	Luke warm water	20 ml* bd <i>(apan kal)</i>	15 days
<i>Prawal pancha mrita</i>	250 mg	Luke warm water	2 times a day <i>(vyanodan kal)</i>	15days

#### B) *Sthanik Chikitsa* (Localised t/t)

Procedure	Medication	Dose	Time	Duration
<i>Uttarbasti</i> (Intrauterine drug Administration)	<i>Falghrit</i> (autoclaved)	5 ml	Once a day	For 3 days

Follow up 3:- ➤ LMP18/03/24

#### A) *Abhyantar chikitsa* (Internal Medicine)

Medicine	Dose	Anupan	Time	Duration
<i>Tb ovacare</i>	250 mg	Luke warm water	2 times a day <i>(vyanodan kal)</i>	15 days
<i>Tb profola</i>	250 mg	Luke warm water	2 times a day <i>(vyanodan kal)</i>	15 days

<i>Pratham mass ghanvati</i>	20 ml	Luke warm water	20 ml* bd (apan kal)	15 days
<i>Sarswatarisht</i>	250 mg	Luke warm water	2 times a day (vyanodan kal)	15days
<i>Paripathadi kadha</i>	250 mg	Luke warm water	2 times a day (vyanodan kal)	15 days
<i>Kuberaksha vati</i>	250 mg	Luke warm water	2 times a day (vyanodan kal)	15 days
<i>Durwa swaras</i>	20 ml	Luke warm water	20 ml* bd (apan kal)	15days

**B) Sthanik Chikitsa (Localised t/t)**

Procedure	Medication	Dose	Time	Duration
<i>Uttarbasti</i> (Intrauterin e drug Administration)	<i>Falghrit</i> (autoclaved)	5 ml	Once a day	For 3 days

Follow up 4:-patient came on 2 nd may 2024 with 1and ½ month amenorrhea, upt was positive and usg for viability advised and scan on 10/5/24 showed single live intra uterine pregnancy of 7 weeks and 5 days and fetal cardiac activity was present. Further ANC care was started with folic acid.


**FOLLICULAR MONITORING**

UTERUS: ANTEVERTED  
LMP: 24/01/2024

DATE	DAY	RIGHT OVARY (FOLLICLES IN MM)	LEFT OVARY (FOLLICLES IN MM)	ET (MM)	REMARKS	✓
03/02/2024	11 <sup>th</sup> day TVS	19 x 15 mm 12.7 mm	9.1 mm	5.5 mm	No collection in POD.	
05/02/2024	13 <sup>th</sup> TVS	25 x 21 mm - 13 mm	10 mm	7 mm	-	
06/02/2024	14 <sup>th</sup> TVS	26 x 22 mm - 14.3 mm	11 mm	7.6 mm	-	
08/02/2024	16 <sup>th</sup> TVS	Ruptured - 15 mm	12 mm	8.3 mm	Free Fluid in POD	

DR. GAURAV KHAIRNAR  
M.D (RADIODIAGNOSIS)  
CONSULTANT RADIOLOGIST

DR. AMOL WATPADE  
M.B.B.S; D.M.R.E.  
CONSULTANT RADIOLOGIST




# Maple Diagnostics

**Name** : MRS. SONAL BHUSHAN WAGH      **Age/Sex** : 27 YEARS/F  
**Ref By** : Dr. DINAR SAWANT              **Date** : 18 Dec 2023

**ENDOMETRIAL SCORING WITH DOPPLER**

**Applebaum's Uterine Scoring**

Endometrial thickness	Scoring	Patient Score
<7 mm	0	
>7 to <9 mm	2	
>9 to <14 mm	3	12.6 mm
>14 mm	1	
<b>Endometrial morphology</b>		
No layering	0	
Hazy five line appearance	1	Hazy five line appearance
Distinct line appearance	3	
<b>Endometrial vascularisation within zone 3</b>		
Absent	0	Absent
Present but sparse	2	
Present multifocally	5	
<b>Myometrial echogenicity</b>		
Coarse / inhomogenous echogenicity	1	
Relatively homogenous echogenicity	2	Homogenous







**Dr. Gaurav Khairnar**  
 M.B.B.S., M.D. Radio-Diagnosis  
 PGDMLS, Fetal Medicine (FMEUR)  
 MMC REG. No. 2013/11/3485

NAME: MRS. SONAL BHUSHAN WAGH	DATE: 10 May 2024
AGE/ SEX: 27 YEARS Sex : F	RFD BY- Dr. AAROGYASHALA HOSPITAL

**OBSTETRIC SONOGRAPHY: DATING SCAN/ STAGE I**

LMP	18/03/2024
GA by LMP	7 weeks 4 days
EDD by LMP	23/12/2024

A single live intrauterine pregnancy is noted.  
 Yolk sac is seen.  
 Fetal pole is seen. CRL measures ~ 1.41 cms, corresponding to 7 weeks 5 days.  
 Fetal Cardiac activity is present FHR: 166 beats/min.  
 Chorionic reaction is present.  
 Cervical length is ~ 33 mm.  
 Internal-os is closed. No evidence of any herniation or coning of gestational sac.  
 EDD by USG: 22/12/2024  
 Right ovary measuring~ 5.3 x 4.3 cm (volume~ 53 cc) appears bulky and shows corpus luteal cyst measuring~ 4.2 x 3.5 cm.

**IMPRESSION:**

- A single live intrauterine pregnancy of 7 weeks 5 days in variable presentation at the time of screening.
- Bulky right ovary with a corpus luteal cyst (~ 4.2 x 3.5 cm).

*Advice: follow up for NT Scan at 12-14 weeks of gestation*

*I, DR. GAURAV KHAIRNAR DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY/ IMAGES ON MRS. SONAL BHUSHAN WAGH I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF THE FETUS TO ANY BODY IN ANY MANNER.*

  
 DR. GAURAV KHAIRNAR  
 M.D (RADIO-DIAGNOSIS)  
 CONSULTANT RADIOLOGIST



Ground Floor, Dinkar Height's, Beside Panjrapole, Near Nimani Bus Stand, Sevakunj, Panchavati, Nashik - 422003.  
 Contact : 0253 2517171, 2514141 | 8552024365 | 8857824365 | shreeyashimaging@gmail.com



Scanned with CamScanner

## DISCUSSION

*Vandhyatva* problem affects many couples. *Abhyantar chikitsa* and *Shaman chikitsa* effectively directly works on *Artavavaha strotas*, pacifies vitiated *Apan vayu* and improves follicular maturity, enhances the infertility according to its principles. In present case multiple female factors were there. As patient had drug dependant ovulation cycle, *pitta Vata dushti* & infertility were there due to *Vata pitta prakopa*. In this patient at first visit *Agnimandya* & *vatavrodh* was there which was combine cause of *Strotovarodha* and *Sthaulya*, for which we gave *Lashunadi vati*<sup>[7]</sup>, *Mahamanjishthadi Ghanvati*, *Sutshekharvati*, *Gandharva Haritaki* for *Dipan Pachan*. As Cell level metabolism considered at low level so digestion irregularity was there *Jatharagni* and *Dhatvagni mandya* of patient leads to pathogenesis of unovulation. Modern research reveals that stress disturbance causes the normal hormonal regulation and it decreases LH secretions which ultimately leads to anovulation. Patient is weak mental stamina and are more susceptible to stress which creates hormonal dysfunction that leads to anovulation.

In *Abhyantar chikitsa* we used *Vasa Guduchyadi kashay* it helps to improve digestive fire at liver metabolism level and SHBG globulin controls estrogen and FHS regulation it works an improving better liver functioning helps to control *Apanavatanulomana*, *Vasaguduchi* Acts as *Rasayan dravya* and *Tridoshatmak* so helps as a ovarian regeneration *Hingwashtak* churn-powerful ingredients known to regulate the menstrual cycle by controlling menstrual flow. *Doorvaswaras- doorva* is included in *Prajasthapak gana* by *Charak* and *Sushruta* it Acts As *garbhasthapan* the plant extract helps to strengthen the uterus and helps to avoid Uterine bleeding. *Mahamanjishthadi kashay*-As it contain *Sariva* and *Manjishtha* these ingredients helps to improve *ras rakta dhatu*. In this patient we used all these drug to improve patients *Vata, pitta, dosha* vitiation which helps in weight reduction ovarian function regulation As per *charka Arajaska yonivyapad* is considered as a *Santarpan janya vyadhi* over the drugs helps to improve quality of *raja*.

*Sthanik Chikitsa*:- It is a procedure of cleansing of vaginal regrowing and purifying it and various *Kalpas* such as *Kwatha Sidhhadha Taila* are utilized for such function, in our case patient had mild vaginal discharge with itching. *Yog* used for *yonidhawan* is *trifala Kawath* as said Accordingly by *Acharya sushruta* it works by *Guna, Virya, Vipaka*, it reduces *Sthandushti* by *dosh Prakopa*. *Yonipichu*-it is an ancient *Ayurvedic* procedure in gynecological complaints like infertility *Yonipichu* of *Nimb* tail works-helps to overcome the vaginal dryness & strengthen to the vaginal muscle treats the cervical erosion, inflammation, & helps to conceive.

*Uttarbasti*:- *Uttarbasti* is a unique therapy for the management of gynecological disorders, where medicated oil or ghee is administrated directly in to the intrauterine cavity. Total 3cycle of *Uttarbasti* administered to the patient. 1<sup>st</sup> cycle of *Uttarbasti* given by *Falghrita* 5ml daily for 3days *Uttarbasti* with *Falghrita* has *Vatshamak* property due to *snigdha guna* of medicated oil, *sukshma guna of ghruta* brings this *Sneha* in all *Strotas* of body. Luke warm *Ghruta* of *Uttarbasti* enhance blood circulation of endometrium cervical canal and vagina. It improves healing process of ruptured tissue around this place. 2nd cycle given by *Dadimadi ghrut*<sup>[8]</sup> for stimulate the secretion of mucus and helps in movement of sperms. *Dadimadi ghrut* described in *Anshantang hridaya chikitsa sthan* 16/4. *SHODHAN CHIKITSA Yogbasti*- in *Ayurvedic* treatment medicated oil enema of the most important *Samshodhan* procedure which used in management of female infertility as it not only balances of *Viated tridoshas* mostly *Vata dosha* but also provides nutrition hence correcting the overall the condition of the patient. This patient treated by *Matra basti* with *Narayan* tail before the cycle of *Uttarbasti*.

**CONCLUSION**

Present study indicates that an infertility causes like pcos resistant to hormonal treatment, stress factor, local pathology related to uterus, cervix can be effectively managed by Ayurveda management which have great potential to cure both male and female infertility.

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