



AN AYURVEDIC MANAGEMENT OF VANDYATWA WSR TO PCOS: A CASE STUDY

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ABSTRACT

Infertility is defined as failure to conceive though having regular unprotected coital act for more than a year of married life. Infertility brings marital disharmony, social rejection which leads to anxiety and disappointment to the couple. In Ayurveda infertility can be correlated with Vandyatwa which is vata pradhana vyadhi. For the conception to occur the important factors explained in Ayurvedic classics are rutu, kshetra, ambu and bija. In present era PCOS is one of the major causative factors for infertility. Correction of factors rutu, kshetra, ambu and bija is necessary to increase the rate of fertility which can be achieved through the Shodhana and shamana chikitsa. In this study a women with irregular menstrual cycle anxious to conceive since 6 years of marital life is treated with Ayurvedic treatment protocol like shodhana followed by shamana chikitsa which gave 100% result and the patient conceived and delivered a healthy baby.

KEYWORDS: Vandyatwa, Shodhana, Shamana, Infertility, PCOS.

INTRODUCTION

Infertility, it is "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (WHO-ICMART glossary).^[1] It is been estimated that 1 in 8 couples have trouble getting pregnant or sustaining the pregnancy. Many couples experience childlessness for at least one year, estimates range from 12% to 28%.^[2] The World Health Organization estimates that 60–80 million couples worldwide currently suffer from infertility.^[3] About 40% of cases are due to female factors, 30% are due to male factors, 20% are due to combination of both, and in about 10% cause is unknown.^[4] The most common causes of female infertility are, Tubal and peritoneal factors (25-35%), Ovulatory factors (30-40%) and Endometriosis (1-10%). Certain factors like changed lifestyle, nutrition, stress, genetic factors, environmental factors contribute to the rise of infertility. Infertility is often a silent struggle it causes physical, mental, social, spiritual, psychological and medical detriments to the patient. In Ayurveda vandyatwa has been explained, for which the principle cause is dushita Artavahasrotas. As per ayurveda, important factors for conception are considered as ritu, kshetra, ambu, beeja and normal state of Hridaya.^[5] Without vata yoni never gets dushita, hence vandyatwa has also been described under 80 types

of vata vyadhis.^[6] The nidanas described by Charaka are similar to those of modern science.

Polycystic Ovarian Syndrome (PCOS) is an endocrine and reproductive disorder with a prevalence ranging 5%^[7] to 13%^[8] in a women of reproductive age. It is the primary cause of hyperandrogenism and oligo-anovulation at the reproductive age and it is often associated with infertility^[9], prevalence being varying from 70-80%.

CASE REPORT

A 34-year-old married woman with a married life of 06 years with non-consanguineous marriage visited the OPD of Prasooti tantra and Stree roga of Sri Kalabyraweshwara swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar Bangalore with complaints of inability to conceive after having unprotected coital act with associated complaint of irregular menstruation with scanty bleeding with the interval of cycle of 3-4 months since 2 years.

Past History

Not a k/c/o DM, HTN, thyroid dysfunction, or any other medical or surgical intervention.

Occupational History

No specific history found.

Family History

No specific family history of infertility.

Menstrual History

Menarche- at the age of 13 years.

Past Menstrual History

Nature – Regular

Number of days Bleeding – 3-5 days

Interval of two cycle – 28-30 days

Color – Bright red

Amount of bleeding: Moderate

Clots – clots present; No foul smell

Dysmenorrhea- Present

Present Menstrual History: Since 2 years

Nature – Irregular

Number of days Bleeding – 1 days

Interval of two cycle – 3-4 months

Color – Bright red

Amount of bleeding: Scanty

Clots – No clots; No foul smell

Dysmenorrhea – Present

Obstetric History: No issues.

Contraceptive History: Not used.

Coital History

3-4 times/ week

No dyspareunia

Partner's details

Mr. XYZ with age 38years not K/C/O DM, HTN, thyroid dysfunction and no medical and surgical intervention.

Semen Analysis: Normal.

EXAMINATIONS**General examination**

Built: Moderate

Nourishment: Moderate

Pulse: 82 bpm

BP: 120/80 mm of Hg

Temperature: 98.4 F

Respiratory Rate: 18 cycles/min

Height: 158cm

Weight: 68kg

BMI: 27.2Kg/m²

Tongue: uncoated

Pallor/icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

Ashtasthana Pareeksha

- Nadi – 76/min
- Mootra – 4-5times/day
- Mala– once/day, regular
- Jihwa – Alipta
- Shabdha- Prakruta
- Sparsha –Prakruta

- Drik– Prakruta
- Akruthi – Madyama

Dashavidha Pareeksha

- Prakruti– Vata Pitta
 - Vikruti
 - Dosha – Vata and Kapha
 - Dushya – Rasa,rakta,Artava
 - Desha – Sadharana
 - Bala – Madyama
 - Sara – Madyama
 - Samhanana –Madyama
 - Pramana – Madyama
 - Satmya – vyamishra
 - Satva_– Madyama
 - Ahara shakti –
- Abhyavarana shakti: madhayama
Jarana shakti: madhyama
- Vyayama shakti – Madyama
 - Vaya– Madyama

Systemic Examination**Central Nervous System Examination:**

- » Patient is conscious
- » Well oriented to time, place and person.

Cardiovascular System Examination:

- » Inspection: No distended vessels over neck or chest.
- » Palpation: Apex beat palpable at left 5th intercostal space
- » Percussion: Cardiac dullness present on left side.
- » Auscultation: S₁ S₂ heard. No murmurs heard.

Respiratory System**Inspection**

- » Shape of the chest - Bilaterally Symmetrical
- » movements - Symmetrical
- » RR- 18 cycles/min

Palpation

- » Trachea – Centrally placed

Percussion

- » Resonant over the lung field except the cardiac dullness

Auscultation:

- » Bilateral NVBS heard

GYNACOLOGICAL EXAMINATION**PELVIC EXAMINATION**

Examination of Vulva

Inspection: Pubic Hair – Normal

Clitoris – Normal

Labia – Normal

Discharge – Absent

Redness – Absent

Swelling – Absent

Palpation: No palpable mass observed

Per-Speculum Examination

Inspection of Vagina:

Redness – Absent

Tenderness – Absent

Local lesion – Absent

Discharge – Absent

Inspection of Cervix

Size – Normal

External os – Nulliparous

Per-Vagina

Examination:

Cervix: Posterior

Texture – Hard (Tip of Nose)

Mobility – Mobile

Movement – Not Painful

Bleeds on touch – Absent

Lateral Fornices – Free, Nontender

Posterior Fornix – Free, Nontender

Uterus (Bimanual Examination):

Position – Anteverted

Direction - Anteflexed

Size – Normal

Consistency – Firm

Mobility – Mobile

Tenderness – Absent

Breast Examination

Tenderness – Absent

Lump – Absent

Colour of Areola – Normal

Nipple discharge – Absent

Blood Investigations

Hb: 12.1gm/dl

RBS: 98mg/dl

Thyroid profile: Normal

USG Findings

Anteverted uterus of size 6.8X2.8X3cm. Endometrial thickness of 5.2mm, both ovaries with 12cc volume and bilateral PCOS pattern were noted.

Intervention**Vamana Karma****Deepana and pachana**

Sarvanga Udwartana with Kolakulattadi churna and triphala churna followed by bhaspa sweda for 10 days.

Tab Agnitundi vati 2-2-2 B/F.

Tab Chitrakadi Vati 2-2-2 A/F X 10days.

Snehapana with Phala Ghrita.

Days	Snehapana Dose
Day 1	40ml
Day 2	80ml
Day 3	120ml
Day 4	160ml
Day 5	200ml

Vishrama Kala

Sarvanga Abhyanga with Murchita Tila Taila followed by Bhaspa Sweda for 1 day.

Patient was advised to take kapha utkleshkara aahara.

Vamana Karma

Madanaphala Pippali 10gm, Yashtimadhu Phanta and Dugdha

6 Vegas, Madhyama Shuddhi is attained.

Samsarjana krama followed for 5 days.

Internal Medications

Tab Leptadine 0-1-0 A/F

Tab Folvite 5mg 0-0-1 A/F

Phala Ghrita 2tsp-0-2tsp with milk B/F for 3 months.

RESULTS

Patient was advised internal medications for 3 months, patient had regular menstrual cycles for 2 months and during 3rd month of treatment she missed her periods and she was advised to get UPT done, which was found to be positive.

DISCUSSION

A 34-year-old woman with irregular menstrual cycles since 2 years and an inability to conceive after six years of married life with the application of Ayurvedic principles in the treatment of infertility got successful with natural conception. In Ayurveda, infertility is referred to Vandyatwa, primarily caused by an imbalance of Artavahasrotas.

The patient presented with irregular menstrual cycles, with interval of 3-4 months with scanty bleeding for < 2days. The investigations revealed the presence of Polycystic Ovarian Syndrome (PCOS), a prevalent reproductive disorder associated with infertility in the present era. PCOS disrupts the balance of doshas and affects factors crucial for conception, including rutu (optimal timing), kshetra (healthy reproductive system), ambu (proper fluid balance), bija (healthy eggs and sperm) and Hridi (Mental status).

The treatment approach employed in this case followed the Ayurvedic protocols of shodhana (purification) followed by shamana (palliative) therapies. The patient underwent Vamana Karma, a therapeutic emesis procedure, to eliminate accumulated doshas and restore doshic balance. This was followed by sarvanga udwartana, a powder massage using Kolakulattadi churna and triphala churna, which enhances circulation and removes obstructions of srotas. Deepana (appetite enhancement) and pachana (digestive stimulation) were achieved through the administration of Agnitundi vati and Chitrakadi vati. Snehapana, was given with Phala Ghrita^[10] which has its direct indication for Vandyatwa.

The results of the treatment were remarkable, with the patient achieving a 100% success rate in conceiving and

delivering a healthy baby. The Ayurvedic approach focused on restoring doshic balance, improving the reproductive health, and addressing the underlying cause of infertility, namely PCOS. By incorporating shodhana and shamana therapies, the patient's menstrual cycles became regular, leading to successful conception.

CONCLUSION

This case study demonstrates the efficacy of Ayurvedic treatment in infertility. Through the application of Ayurvedic principles, including shodhana followed by shamana therapies, the patient, diagnosed with PCOS achieved successful conception and delivered a healthy baby.

Ayurveda emphasizes the restoration of doshic balance and overall well-being to promote optimal health. By treating the root causes of infertility, such as hormonal imbalances and disturbances in the reproductive health, Ayurvedic treatments aim to create a favorable environment for conception. In this case, the combination of shodhana and shamana both were helped to regulate the menstrual cycles, balance the doshas, and improve overall reproductive health, resulting in a positive outcome in the form of conception.

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