



EFFECT OF STANYASHODHAK GANA KWATHA AND MADHUMEHARI CHURNA IN PCOS (“DHATWAGNI MANDYA JANYA BEEJAGRANTHI VIKAR) INFERTILITY: A CASE STUDY

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ABSTRACT

Changed life style of current scenario has provoked several disharmonies in the biological system. PCOS is one such manifestation caused by endocrine and metabolic disturbance, affecting females of age group between 15-30 years and major cause of infertility. Hyperinsulinemia and hyperandrogenemia are the chief culprits responsible for delayed periods, infertility, obesity and hirsutism. It is basically due to the abnormal functioning of Agni, which in turn affects Dhatwagni, eventually brings out pathological sequence and ultimately the disease condition develops. As whole metabolic process is disturbed in PCOS we can consider it as “*Dhatwagni mandya janya beejagranthi vikar*”. A diagnosed case of primary infertility due to PCOS presenting with delayed menses, weakness, lethargy, mild hirsutism, borderline raised TSH levels and raised LH levels taking infertility treatment in modern medicine but she got no any result, was managed with *Stanyashodhak gana kwatha* (10gm twice a day), *Madhumehari churna* (3gm twice a day) and *Arogyavardhini vati* 250 mg twice a day for a period of 2 month. Patient is conceived after 2 month medication. Here the line of treatment is according to *dosha* predominance and treating metabolic disturbances, which is *kaphahara*, *Strotoshodhaka* and *Anulomana* in this case. As the observations were drawn from a single case; can be revalidated through well designed clinical trials.

KEYWORDS: PCOS, Infertility, Vandhyatva, Anovulation, LH, Metabolic syndrome.

INTRODUCTION

Polycystic ovary syndrome (PCOs) is an endocrine disease, affects 7 to 8% of women^[1] and may be the most common cause of female infertility. Anovulation,^[2] early pregnancy loss,^[3] and later pregnancy complications^[4] have all been implicated in the low fecundity of women with this disorder. The cause of the polycystic ovary syndrome is poorly understood, and both the diagnosis and treatment of the disorder are controversial. Women with this syndrome have hyperandrogenism, morphologic changes in the ovary (polycystic),^[5] inappropriate gonadotropin secretions (elevated levels of circulating luteinizing hormone),^[6] and insulin resistance with accompanying compensatory hyperinsulinemia.^[7]

In ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references *Ashtoartavadushti*, *Nastartava*, *Pushpaghni jataharini*, *Granthi*. As it seems that whole metabolic process is disturbed in PCOS which is considered as *dhatwagni vikar* in ayurveda and no any diseases in classics indicate

whole spectrum of PCOS. So, we can say it “*Dhatwagni mandya janya beejagranthi vikar*.” Targeting above mentioned metabolic abnormalities use of *Stanyashodhak gana Kwatha*, *Madhumehari Churna* and *Arogyavardhini Vati* has been noted to improve ovulation and fertility in women with this syndrome.

CASE REPORT

A 25 years old female suffering with PCOS attending Prasutitantra and Streeroga outpatient department (OPD) of National Institute of Ayurveda hospital, Jaipur, on october 03, 2019 with the complaints of inability to conceive since 9 month, weakness, lethargy, fatigue, last menstrual period was on 26.9.19 with prolonged inter menstrual period of 2-3 month, flow days of 2-3 day, pad 2 per day with mild lower abdominal pain without clots since age of 21. Active married life of 1 yr 6 month. She had history of taking OCP for 2-3 times for regularization of menses for 3 months before marriage. She had also history of taking Tab letrozole for ovulation induction for two cycle in the month of june and july 2019, but she did not get result and withdraw from

allopathic treatment. Family history revealed that her mother is diabetic. She had normal bowel and bladder habit sometime constipation, sleep was sound, appetite found to be less sometimes otherwise normal. Her Serum LH (Leutenizing Hormone) levels are elevated i.e 25.93 mIU /ml and borderline elevated levels of Serum TSH (Thyroid Stimulating Hormone) i.e 4.58microIU/ml. Her USG reports of 14th day i.e 10.10.19 shows multiple small non dominant follicles of 5- 7mm arranged in periphery with echogenic stroma in both ovaries and no any dominant follicle. Rt ovary volume 16.1cc and left ovary volume is 10.2 cc. Previous USG report of 18.2.19 also suggest PCOD. Her husband semen analysis report was normal. On examination she was found to be *Vata Kaphaprakrithi*, Pulse rate 70/minute, Blood pressure 110/70mmHg. Ht 5feet 3 inch, wt 55kg with normal BMI of 21.5 kg/m². Pelvic Examination: On inspection – normal findings of external genitalia; Per speculum – healthy cervix; Cervicitis, vaginitis, cervical erosion were absent. Per vagina – Cervical motion tenderness was negative.

Treatment protocol

She was prescribed oral Ayurvedic formulations; from 3 october 2019 that is from 6th day of menses *Stanyashodhak gana kwatha* (20 gm twice daily in form of 80ml *kwatha* Orally in *Apana Kala* that is morning and evening before food), *Arogyavardhini vati* (2 tab of 250 mg two times a day) with water after meal, *Madhumehari churna* (3 gm two times a day) with water.

Initially for one month *Dashmool taila matra basti* was also started from 5.10.19 to 11.10.19.

After this therapy of one month her menses was on 21.10.19 that is after interval of 26 days which was previously of 2-3 month. After that again same treatment started except *matra basti* from 5th day of menses.

Along with the oral medication, *Pathya* and *Apathya ahara* and *Vihara* (wholesome and unwholesome diet and lifestyle) were also advised to the patient. She was asked to consume luke warm water in place of normal / cold water during the treatment period. In addition, was advised to avoid consuming diet that is difficult to digest; avoid consuming diet before complete digestion of earlier diet; avoid intake of curd and day sleep and *ratrijagran*. Advice to take fresh green leafy vegetables like *patol*, *methi*, *palak*, *Karela*, *moong dal* and *Barley daliya* or any preparation of Barley. Follow Rajaswalacharya during first 3 days of menses and advice for sexual contact between 8th day to 16th day of menses.

In next month her menses not occur on time. Then she was advised to do Urine pregnancy test which was positive on 25.11.19. After that this medication was stop and she was advised to take phalghrita 1tsf morning and evening with lukewarm milk. Her USG dated 9.12.19 revealed single live intrauterine pregnancy of 6 weeks 6 days.

Table 1: Sequential changes in the clinical and biochemical parameters and treatment plan.

Day	Date	Complaints	Treatment given
Day 0	3.10.2019	Wants issue since 9 month LMP 26.9.19 with prolonged inter menstrual period of 2-3 month with flow days of 2-3 day, pad 2 per day with mild lower abdominal pain without clots. USG report of 18.2.19 suggest PCOD LH (Leutenizing Hormone) levels are elevated i.e 25.93 mIU /ml borderline elevated levels of Serum TSH (Thyroid Stimulating Hormone) i.e 4.58microIU /ml.	<i>Stanyashodhak gana kwatha</i> (Decoction 20 gm twice daily in form of 80ml <i>kwatha</i> Orally in <i>Apana Kala</i> that is morning and evening before food) <i>Arogyavardhini vati</i> (2 tab of 250 mg two times a day) with water after meal, <i>Madhumehari churna</i> (3 gm two times a day) with water.
Day 2	5.10.19	10 th day of menses	<i>Dashmool taila matra basti</i> was also started from 5.10.19 to 11.10.19.
Day 7	10.10.19	USG reports of 14 th day i.e 10.10.19 shows multiple small non dominant follicles of 5-7mm arranged in periphery with echogenic stroma in both ovaries and no any dominant follicle. Rt ovary volume 16.1cc and left ovary volume is 10.2 cc.	
Day 18	21.10.19	LMP 21.10.19 Menses are almost regular on time	Continue same treatment from 5 th day of menses. Except <i>matrabasti</i> . Advice to take fresh green leafy vegetables like <i>patol</i> , <i>methi</i> ,

			palak, Karela, moong dal and Barley daliya or any preparation of Barley. Follow <i>Rajaswalacharya</i> during first 3 days of menses. advice for sexual contact between 8 th day to 16 th day of menses.
Day48	21.11.19	Menses not come	
Day 52	25.11.19	UPT POSITIVE	After that this medication was stop and she was advised to take Phalghrita 1tsf morning and evening with lukewarm milk.
Day 66	9.12.19	USG revealed single live intrauterine pregnancy of 6 weeks 6 days.	

Outcome

Improvement was noted in the patient after starting Ayurvedic treatment in first month that is her menses was almost on time. In next cycle she is conceiving with positive Urine pregnancy test and in USG single live intrauterine pregnancy of 6 weeks 6 days.

DISCUSSION

When we go through the pathophysiology of disease we found that although it is an endocrine disease, it affects many systems of the body resulting in reproductive, metabolic, and psychological consequences. All metabolic processes of the body are under the control of *jatharagni*, *Bhutagni* and *dhatvagni*. So the cause of disease is alteration in metabolic activity which, according to *Ayurveda*, is vitiation of *dhatvagni*. As, various pathologies in PCOS is caused by *dhatvagni vikriti* and the *adhishtan* of disease is *beejagranthi* thus we designate the disease as *dhatvagnimandya janya beejagranthe vikara*. Thus, principles that correct the functioning of Agni is considered in this fact.

In this case it seems that patient is mostly eating Aloo, began, gavarphali. Maida biscuit in morning and evening. Non veg chicken, meat mostly 3-4 time/week. She is taking 1 glass of milk just after dinner. In vihar she is taking diwaswap after eating and rati jagran upto 12:30 am. By all these factors there is predominantly vitiation of Apan and samana vata, kledaka kapha and Pachaka Pitta, dushya are Rasa, Rakta, Meda, sukra, Updhatu Artava. Agni is vitiated at the level of *Jatharagni* and *dhatwagni*. Udbhava Sthana is Pakwashaya, Sanchara Sthana is Sarvasharira and Yoni, Adhishtana Artavavaha Srotas (*Beeja granthi*), Vyakta Sthana is Yoni, Artavavaha Srotas. Rasavaha, Raktavaha, Medovaha, Artavavaha Srotodust which is of Sanga (growth & development of follicle and release of ovum, and menstrual blood is hampered) Siragranthi type (Cysts in Ovaries). Roga prakriti is Chirkari.

As artava and stanya both are updhatu of rasa. So, considering this fact that correction of one updhatu also correct other dhathu Stanyashodhak gana kwatha^[8]

is selected. Also the fact that drugs in this kwatha that is *Patha*, *shunthi*, *devdaru*, *mustak*, *kirattikkta*, *kutaki*, *Kutaj*, *Giloy* possess *Katu*, *tikta* rasa which has *deepan* & *ama pachana* properties thus help in proper function of *agni* & *samyaka ahara pachana kriya*. Proper *utpatti* of *rasadi dhatu* facilitates *uttarrotar dhatu utpatti* properly and *updhatu artava*.

Recent research shows that insulin resistance and hyperinsulinaemia lead to hyperandrogenism in PCOS. It is thought that this causes anovulation and infertility and is the rationale for the use of insulin-sensitising drugs such as metformin.^[9] So, in this case in spite of metformin we use *madhumehari churna* which balances insulin level. As the *Madhumehari churna* drugs also acting upon main component of pathology like *meda dhatu*, *Kleda*, *Kapha* and *Meda Dhatvagni* as well as having *Deepan*, *Pachan*, properties like - *Sunthi* (*Zingiber officinale*), *Bilva* (*Aegle marmelos*), *Misreya* (*Foeniculum vulgare*) etc and *Lekhan karna* properties in *Methika* (*Trigonella foenum*), *Jambu* (*Syzygium cumini*), *Amra* (*Mangifera indica*) *Karavellaka* (*Momordica charantia*) *Gudmar* (*Gymnema sylvestre*) etc.^[10] *Avaranhar* Properties in *Nimba* (*Azadirachta indica*), *Svarnapatri* (*Cassia angustifolia*), *Babbula* (*Acacia Arabica*), *Bala* (*Sida cardifolia*).

Arogyavardhini vati^[11] possesses mainly *Tikta*, *Katu*, *Kasaya rasa*, *Laghu*, *Ruksha*, *Ushna guna*, *Sheeta veerya*, *Katu vipaka*. By *Tikta*, *Katu rasa*, *laghu*, *ruksha guna*, *Ushna veerya* and *katu vipaka* it exerts *agnideepan*, *amapachan*, *avaranhar*, *vatanulomak*, *srotoshodhak*, *Tridosahara*, *Malsudhikar karna*^[12] correct *dhatvagnimandya* at cellular level and thus decreases increased *kapha*, *ama* and *meda* arrest *medovridhi* and control obesity and correct hyperlipidemia. *Katu rasa* and *vipaka* and *Ushna*, *laghu guna* clears channels; enhance insulin action at cellular level, *Tikta rasastimulate* function of liver and increases SHBG level and decreases free androgen level control and help in ovulation. *Basti* was done as *Basti* itself helps to remove the structural or functional obstruction as well as restores the normalcy of *apanavayu*. Since the role of *vata* is more vital for the normal ovulation.

CONCLUSION

From this case it can be inferred that *Stanyashodhak gana kwatha* along with *Madhumehari churna* and *Arogyavardhini vati* is an effective therapy for the management of infertility by PCOS. As it is the single case data must be collected by doing large study samples.

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