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Case Study

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PCOS – LEADING CAUSE OF INFERTILITY – A SUCCESSFUL CASE REPORT

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ABSTRTACT

Infertility results from diseases of the reproductive system that impair the body's ability to perform basic reproductive function. It is defined as the failure to achieve a successful pregnancy after 12 months or more of regular unprotected intercourse (American Society for Reproductive Medicine, 2008a). 10-15% of the reproductive aged population is infertile, and men and women are equally affected. PCOS affecting approximately 5-10% of women of reproduction age leading to Infertility. Infertility treatment is a complex process influenced by numerous factors. Important considerations include duration of infertility, a couple's age (especially the female's), and diagnosed cause. Additionally, the level of distress experienced by a couple should be taken into account. In this paper PCOS successful case report with its management through Ayurvedic Shodana as well as Shamana Chikitsa is explained.

KEYWORDS: Infertility, PCOS, Shodana.

INTRODUCTION

Mithyaaharavihara casues Kaphavridhi, Vatavaishamya, Agni vaishamya and Pitta dushti initially in the pathogenesis of PCOS and proceeds to Ama production primarily at Jataragni level later at Dhatwagni level. Apakwa rasa dhatu formation due to Rasa dhatwagnimandya results in ineffective formation of upadhatu Artava either BeejaroopaArtava manifesting as anovulation or oligoovulation, or as Malaroopa Artava in the form of hypomenorrhea, oligomenorrhea or secondary amenorrhea. Abnormal rasotpatti leads to abnormal state of uttarottara Majjadhatu, affecting Mastulungamajja, controller of all cheshtas resulting in ineffective gonadotropins secretion affecting hypothalamo pituitary ovarian axis resulting in hormonal disturbances. Thus the androgenic follicular micro environment inhibits the maturation of follicles and there by anovulation leading to PCOS. When the Dushti proceeds further to Shukradhatu results in Vandhyatwa. Agni Dushti is inevitable factor in manifestation of menstrual abnormalities. Pushpaghni Jataharini, Vandhyatwa, Arajaska, Nashtartava, Lohitakshaya, Granthyartava, Ksheenartava are conditions which simulate clinical manifestation of PCOS, a endocrine, metabolic and genetic complex disorder with underlying insulin resistance, hyperandrogenism, imbalance of luteinizing hormone and follicle stimulating hormone. Insulin resistance leads to hyperinsulinaemiaand increased production of testosterone, thus leading to abnormal or non-existent ovulation and signs of hyperandrogenism. High Luteinizing hormone disrupt ovarian function. Low sex hormone binding hormone (SHBG) causes hyperandrogenism. High prolactin levels suppress hypothalamo- pituitary- gonadal axis by inhibiting GnRH release and in turn inhibition of ovulation. Functions of agni are attributed to Pitta factor, which regulates all thermodynamic, chemo dynamic (enzymes and hormones) activities in the body. Therefore altered functions of above hormone in PCOS is also a manifestation of Agni dushti. Multiple hormone system play a key role in regulating almost all body functions, including metabolism, reproduction etc., Stress hormone glucocorticoids such as cortisol inhibit the body's main sex hormones, GnRH and subsequently suppress ovulation and sexual activity. In the present paper successful case report of PCOS with its management is explained.

CASE REPORT

A lady aged 23years complaints of anxious to conceive since 2 ½ years. She had a history of irregular menstrual cycle of 2-3days /60 days, with pain occasionally, flow normal, no clots and no foul smell. She is k/c/o Hypothyroidism and PCOS since 3 year and managed with Ayurvedic medications with regular follow up. Later her cycle got regularised to 3-4 days/30 days and subsequent cycles she conceived LMP - 17-04-2018; EDD – 24-01-2019, with regular ANC and diagnosed Gestational Diabetes at second trimester on Insulin, delivered a live female child through LSCS on 4th January 2019 weighing 2550 grams at 8.49 am through LSCS.

Examination & Investigation – General Physical Examination Normal; Systemic Examination – No abnormality detected; P/S, P/V – Normal.

USG Abdomen & Pelvis suggestive of PCOS on 29-03-2017; Thyroid profile – Hypothyroidism.

Early Pregnancy Scan on 09-06-2018 suggestive of Single live intrauterine gestation of 7 weeks.

MATERIALS AND METHODS

Deepana & Pacana - Tab Chithrakadi Vati 2-2-2 BF; Panchakola Phanta 50ml TID BF.

Snehapana with Kalyanaka Ghrita in Arohana Krama.

Sarvanga abhyanga and bhashpa sweda with Mahanarayana Taila x 3 days.

Virechana with Trivrith Lehya 60grams; Triphala Kashaya 100 ml; 15 vegas – Kaphanta - Madhyama Shuddi : Samsarjana Krama.

1.

MAHADESHWARA DIAGNOSTICS

#D-32, Sayyaji Rao Road, Near Highway Circle Bamboo Bazaar, Mysore 570 021
0821-2445877, 2446877 admin@mdmysore.com

Patient : [redacted] (MD 30352)
Date : 09.06.2018
Age/Sex : 25 Years / Female
Ref By: Dr. Nanda.K.O

ULTARSOUND STUDY - ANTENATAL

LMP: 17.04.2018, GA by LMP 7 weeks 4 days, EDD By LMP: 22.01.2019

Findings:

- Gravid Uterus noted.

  Single live active Intrauterine Foetus
- Biometric Measurements
  CRL: 9.5 mm.
- Foetal Gestational age: As per Foetal parameters is 7 weeks.

  EDD: 15/01/2019.
- Foetal heart rate: 133 /mins and Foetal movements are normal.
- Liquor: Adequate.
- Cervical length is normal (3.6 cms). Internal Os is closed.
- Both ovaries are normal. No CL cyst.

Impression:

- SINGLE LIVE INTRAUTERINE FOETUS OF 7 WEEKS GESTATION.

DECLARATION OF DOCTOR/ PERSON CONDUCT ULTRASONOGRAPHY/ IMAGE SCANNING

I Dr. Mahesha B M. Name of person conducting Ultrasonography/ image scanning) declare that while conducting sonography/ image scanning on Mrs. Mouna.M.B (Name of pregnant woman), I have neither detected nor disclosed the sex of the foetus to anybody in any manner.

Dr. Mahesha B.M.
Consultant Radiologist

MRI (1.5 TESLA) CT - MULTI SLICE ULTRASOUND DOPPLER STUDIES X-RAY (CR) CLINICAL LABORATORY

2.

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DEPARTMENT OF RADIODIAGOSIS

◊ Ultrasonography ◊ Colour Doppler ◊ Diagnostic Radiology

NAME: [redacted] DATE. 29/3/2017
AGE & SEX: 20Y/ Female REF BY: Dr. NANDA

ULTRASOUND ABDOMEN & PELVIS

LIVER: Liver is normal in size **(12.5 cm)** and shows **normal** echotexture. No focal mass lesions seen. Intra and extra biliary radicals are normal. Portal vein and CBD are normal

GALL BLADDER: Partially distended. Contents are clear. Wall thickness normal.

SPLEEN: is normal in size **(9.1 cm)** and show normal echopattern. No focal lesion.

PANCREAS: Pancreas is normal in size & shows normal echopattern.

KIDNEYS : **Right** 9.6 cm **Left** : 9.2 cm
Both kidneys are normal in size and shows normal corticomedullary echogenicity. No Calculi seen or Hydronephrosis.

URINARY BLADDER: Well distended. Contents clear. Wall thickness normal.

UTERUS: Anteverted and Normal. Measures 6.6 x 3.1 x 3.9 cm. Normal in shape and echotexture. Normal endometrial echoes. **ET: 10 mm.**

OVARIES: Both ovaries shows multiple tiny follicles with echogenic stroma.
RO : 3.7 x 3.2 x 2.4 cm **LO : 3.8 x 2.4 x 2.4 cm**
RIF: Appendix not visualised. No evidence of mass/collection.

No evidence of free fluid in abdomen or pelvis. No pleural effusion. No abnormally enlarged Lymph nodes.

IMPRESSION:
- **Bilateral polycystic ovaries**

Suggested clinical correlation

Dr. SPURTI MD
Consultant Radiologist

DISCUSSION

PCOS is heterogeneous disorder of uncertain cause affecting 21% of Indian women of reproductive age comprising 30-40% teenagers and 70% remains undiagnosed. It is endocrine, metabolic and genetic complex disorder with underlying insulin resistence. Stress hormone glucocorticoids such as cortisol inhibit the body's main sex hormones, GnRH and subsequently suppresses ovulation, sexual activity and consequences being Infertility.

Subclinical hypothyroidism associated with ovarian dysfunction(Strickland, 1990). Lincoln and associates (1999) found a 2% incidence of elevated TSH levels in 704 asymptomatic women seeking evaluation for Infertility. In those with elevated TSH levels and associated with ovarian dysfunction, correction of hypothyroidism led to pregnancy in 64% of patients. In addition to a possible effect on fertility, subclinical hypothyroidism may also adversely affect pregnancy outcome.

PCOS and Subclinical Hypothroidism it can be understood under Rasavaha Srotodushti. Acharyas mentioned Shodhana Karma as one of the line of management for Rasavaha Srotodushti.

Abnormal Rasotpatti leads to abnormal uttarottara Majjadhatu, affecting Mastulungamajja, controller of all Jnanacheshtas resulting in ineffective gonadortropins secretions affecting hypothalamo pituitary ovarian axis resultin gin hormonal disturbances. With the adaptation of Shodana Karma in the management of Infertility cause being PCOS. It is one of the treatment of modality for treating Rasavaha Srotodushti, Santarpanajanya Vikaras(Life style disorders), Shodana does Srotoshodhaka, normalizes the Agni and brings homeostasis of Tridosha and it is rightly mentioned by Acharya Kashyapa is Virechana Karma does Beejam Bhavathi Karmukham and also cures the diseases of Garbhashaya as well as Raktaja Vikaras it is the best line of management.

- Shodana – Virechana Karma – Garbhadana Samskara – Bheejam Bhavati Karmukam
- Deepana & Pacana – Chithrakadi Vati - Agni Dushti

Panchakola Phanta –Pandurogahara, Aruchi

Research Article – Evaluation of the role of Chitrakadi Vati in the management of Vandhyatwa w.s.r to anovulation(as a consequence of unruptured follice) by Kamayani Shukla, Kaumadi Karunagouda, Neeta Sata, MA Pandya…AYU – Vol 30, no 4 (October – December) 2009, pp 392-396.

- Snehapana- Kalyanaka Ghrita – Yoni Rogahara, Vandhyatwa, Graha Roga
- Abhyanga – Mahanarayana Taila – Vatahara
- Virechana Dravya – Trivrith – Sukha Rechaka

Triphala Kashaya – Vatanulomaka, Rasayana

- On Discharge – Phalaghrita – Yoni Vikara, Vandhyatwa, Garbhini Roga

In this present case patient is given Shodana (Virechana) Karma and followed by Shamana Aushadhis and the consequence outcome being patient as conceived. The details of Shodhana and Shamana Aushadhis have been discussed.

CONCLUSION

Infertility is increased massively in past decade and this is due to the result of combination of environmental, social, psychological and nutritional factors. Though it is a challenge for the gynecologist assurance and counseling plays an important role. Improving human values and creating awareness among the society regarding marriage at proper age, conception at right time, following healthy life styles etc is utmost important.

Above case proper evaluation and timely intervention is adopted and that is the key for success.

REFERENCES

1. Clinical gynecologic endocrinology and inferility, 8th Edition, Marc A. Fritz & Leon Speroff. Chapter 27.
2. Williams Gynecology Chpater 20.
3. Infertility Principles & Practice Chapter 3 – current concepts in treating Infertility PCOS – Mandakini Paihar, Sadhana Desai.
4. Infertility Principles & Practice, Hydrosalphinx and Infertility – Duru Shah, Sangeetha Agarwal.
5. Intertility: Richard O. Burney, Daniel J Schust, Mylene WM. Yao. Berak & Novarks, 1185-1258.
6. Daniel R, Mishell JR, Evaluation of Infertile couple, 496-505.
7. Donna Shoupe, Effect of Nutrition, stress & exercise on Reproductive function. Charaka Samhita, Chakrapani teeka.
8. Sushrutha Samhita, Dalhana Teeka.
9. Ashtanga Hrudaya, Ayruveda Rasayana & Sarvanga Sundari.
10. Kashyapa Samhita.
11. Harita Samhita.
12. Bela Samhita.