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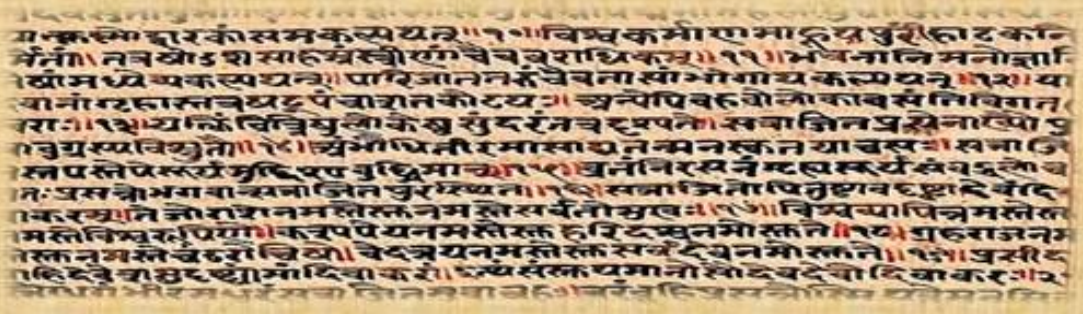

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Case Study

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EFFECT OF VIRECHANA IN PCOS RELATED INFERTILITY: A CASE REPORT

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ABSTRACT: **Rationale:** Polycystic ovarian syndrome (PCOS) is the most prevalent cause of oligo-ovulation and anovulation in both the general population and women who present with infertility. In regards to ovulatory variables, PCOS appears in 90–95% of anovulatory women undertaking infertility treatment. **Patient concerns:** An infertile couple who had been unable to conceive for seven years are the subject of this case study. A female patient with hypothyroidism and PCOS was diagnosed. Her symptoms included infertility and prolonged amenorrhea (menstruation only occurs after six years of using withdrawal medications). Their attempts at conventional treatment for primary infertility, which included numerous ovulation inductions, IUI (Intra Uterine Insemination), and laparoscopic bilateral polycystic ovarian drilling, failed. Lastly, it was recommended that they use donor eggs for IVF (in vitro fertilization). **Diagnosis:** Ayurveda states that the current situation might be classified as Vandhyatva (infertility) because of Beejadushti (oligo ovulation), Nashtartava (amenorrhea), and Apaan vata vaigunya. Shodhana (purification) and Shamana (mitigation) therapies were also part of the treatment strategy. Following Virechan, the patient experienced vaginal spotting for two days during treatment, and only the following cycle resulted in conception, as confirmed by beta-hCG. **Conclusion:** Virechana can be considered as line of treatment in the management of infertility due to PCOS or ovulatory factors.

KEY-WORDS: Anovulation, Infertility, PCOS, Virechana, Vandhyatva

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INTRODUCTION:

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] According to a report by the World Health Organization (WHO), one in every four couples in developing countries is affected by infertility.[2] The male is directly responsible in about 30–40 percent, the female in about 40–55 percent and both are responsible in about 10 percent cases. The remaining 10 percent, is unexplained despite thorough investigations with modern technical knowhow.[3] An association between the age of the woman and reduced fertility is well documented. The decline in fecundability begins in the early 30s and accelerates during the late 30s and early 40s. Disorders of ovulation account for about 20% to 40% of all cases of female infertility. The most common cause of oligo-ovulation and anovulation both in the general population and among women presenting with infertility is polycystic ovarian syndrome (PCOS).[4] In ovulatory factors 90–95% of anovulatory women seeking treatment for infertility have PCOS.[5] According to *Acharya Sushruta* the four essential factors responsible for conception are described as *Garbh sambhav samagri; Ritu* (Fertile period), *Kshetra* (Fertile uterus), *Ambu* (nutrition) and *Beeja* (healthy Ovum and Sperm).[6] Absence or abnormality in any of the above factors may result in infertility. Thus, Ayurveda also considered *Beeja dushti* as one of the prime causes of infertility.

Case report: A female of 32 years with infertility of 7 years and anxious for conception visited *Prasuti tantra* and *Striroga* OPD who has been advised to go for IVF with donor egg under conventional treatment.

Menstrual History: L.M.P- 15/02/2023, flow for 3 days, from last 6 years menses comes only after taking withdrawal medicines, moderate flow, painless.

Married Life: 7 years (Staying together)

Obstetric history: P0+1 (conception occurred with previous ayurvedic treatment)

A1= Spontaneous abortion of gestational age 7 weeks in August 2022

H/O present illness: PCOS since last 8 years.1 year after marriage patient started taking treatment for infertility and undergone multiple cycles of ovulation induction. Patient was diagnosed with hypothyroidism during her treatment and taking 25mcg Thyronorm since then.

Surgical H/o Hysterolaperoscopy done for PCO drilling, B/L chromopertubation and adhesiolysis in August 2019. Small endometriotic lesions seen.

3 cycles of IUI failed in 2020.

Personal history: Occupation: Desk job of 6 hours quits before starting Ayurvedic treatment. Appetite: good, Sleep:

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disturbed, Bowel: constipated sometimes, Bladder: no complaints, psychological status: stressed and anxious.

Husband- Occupation: Mechanic with shift duties, Addiction: alcohol twice monthly

Clinical Findings: B.P- 120/80 mm of hg, Ht- 157cm, Wt.- 55.5 kg P/A- soft no palpable mass, no tenderness, P/S- healthy cervix, P/V - uterus AVAF, cervical motion non-tender.

Table 1: Latest blood reports & scans

Investigations	**Results**
Female Patient's Investigation (8/4/2023)	
Haemoglobin	12.7gm/dl
Fasting blood sugar	87 mg/dl
Post prandial blood sugar	104 mg/dl
HbA1c	5.58
TSH	1.65uIU/ml
FSH	5.27mIU/ml
LH	7.57 mIU/ml
Prolactin	23.5ng/ml
E2	46
AMH	**8.63ng/ml**
USG	Uterus- 6.5x4.2x3.6 ET= 5.7 Right ovary= 3.7x3.4x2.4 (vol=16.1cc) Left ovary=3.1x2.8x1.7 (vol= 8.2 cc) **Bulky Right ovary with Bilateral polycystic changes**
Husband's semen Analysis	
Sperm count	35 million/ ml
Viability	90%
Motility	80%
Morphology	90% normal sperm
pH	7.5
Liquification time	30 min

Diagnosis: The patient's B/L PCOS with high AMH was the reason for the infertility diagnosis, which indicates a poor ovarian response to standard infertility treatment.

Therapeutic Intervention

Table 2: Treatment Plan

Sr.No.	**Procedure**	**Drug with Dosage**	**Days**	**Date**
1.	Withdrawal menses (because patient did	Medroxyprogesterone **10mg OD**	**5 days**	1/4/2023 to 5/4/2023

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	not get menses naturally for last 6 years)			
Withdrawal bleeding per vaginum occurs on 7/4/2023 for 2 days				
2.	***Deepan-Paachan***	Avipattikar + Hingwashtak 3gram BD Chitrakadi vati 2-tab (250mg each) BD	7 days	20/4/2023 to 26/4/2023
3.	***Snehapan***	Phala ghrita	5days	27/4/2023 to 1/05/23
4.	***Sarvanga Snehan-Svedan***	Kheerabala Taila	3days	2/5/2023 to 4/5/2023
5.	***Virechan***	Abhayadi modak 2 tab Triphala kadha 50 ml Eranda taila 15ml	1 day	4/5/2023
13 *Vegas* were observed with this *Virechana yoga*.				
6.	***Sansarjan karma***		3 days	5/5/2023 to 7/5/2023

Post *Sansarjan Karma* patient got spotting per vagina for 2 days.

Table 3: Shaman *Chikitsa*

	Medicine	**Dosage with Anupan**
1.	*Phala ghrita*	5ml *Phalaghrita* + 5gram *Shatavari kalpa* with milk empty stomach twice daily
2.	*Shatavari kalpa*	
3.	Tab Sujat (*Amla* (Emblica), *Ashwagandha* (Withania somnifera) and *Gokhru* (Tribulus terrestris).	2-2 tablet after meal (250mg each)
4.	*Punarnava Mandoor*	2-2 tablet after meal (250mg each)

Follow-up: *Yoga basti* and *Uttarvasti* were scheduled for the following months after *Virechan*, but the patient became pregnant before then.

UPT positive on 29/5/2023. Beta hCG 770.1mIU/ml on 29/5/2023.

USG (TVS) uterus normal, thickened endometrium with tiny Gestational Sac.

Beta hCG 2126 mIU/ml on 1/06/2023. As Patient's LMP was not confirmed that is why Beta hCG was used to confirm the pregnancy.

DISCUSSION:

The patient had a markedly elevated AMH of 8.63ng/ml and was known to have PCOS. Preantral and tiny antral follicles secrete AMH. Additionally, it has been linked to hyper androgenism. Patients with polycystic ovarian syndrome (PCOS) typically have greater amounts of AMH

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because of these traits. Compared to women without PCOS, women with high AMH levels are more likely to experience a hyper reaction following ovarian stimulation. [7] The patient chose to have Ayurvedic treatment for her ailment due to the risk of self-egg retrieval and the rejection of donor eggs. According to Ayurveda present case can be considered as *Vandhyatva* due to *Beejadushti* along with *Nashtartava, Artava vaha-shrotorodha* and *Apan vata vaigunya*. *Artava* is *updhatu* of *Rasa Dhatu* and vitiated *Rasa Dhatu* due to *Jatharagni* or *Rasadhatvagni Mandya* results into *Vititaed Artava* production. *Jatharagni Mandya* causes formation of *Ama* which leads to obstruction of channels (*Artavavaha Strotas*). It is also emphasized that the relative subfertility of one partner may sometimes be counterbalanced by the high fertility of the other.[3] In this case patient's husband report. *Virechana* karma was choosen for Anuloman of Vata and Beejakarmukta. Acharya Kashyap told that by the use of purgation, the Indriyas get clarified, Dhatus get cleansed and the Beeja (sperm,ovum) become efficacious. Acharya Kashyapa has glorified the importance of *Virechana Karma* in the management of *Ksheena Shukra*. Because it purifies the *Beeja* (sperm) thus, making it effective in achieving Fertilization. It also improves sexual vigor (*Vrishata*) and helps in achieving good progeny (*Apatya*).[8]

CONCLUSION:

Infertility associated with PCOS has been successfully treated with *Virechan* and internal use of *Phalagrut, Shatavari Kalpa,* and *Punarnava Mandur*. Fertilization can be accomplished with the help of the *Shodhan* and *Shaman chikitsa*, which have *Lekhan* and *Vata-kapha shamaka* qualities. It might also work well for a number of other issues pertaining to menstruation and female fertility. The study found no serious complications. Thus, with little side effects, this can be regarded as an appropriate Ayurvedic treatment for tubal obstruction.

Limitation of the study: The patient's unique constitution, history, and the results of the study were taken into consideration while designing the Shodhana and Shamana treatment. This is only a case report, and more research with a suitable design is required for the scientific validation.

Declaration of patient consent: The authors declare that they have obtained consent form from patient for publication of clinical information blinding the identity of individuals.

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