



# Ijapc 2018

---

*Volume 8 Issue 1*

[www.ijapc.com](http://www.ijapc.com)

*10/01/2018*

---

Greentree Group



## A Case Study on Treatment of Infertility Due to PCOS by *Pathadi Kwatha*

Ashiya<sup>1\*</sup>, Laxmipriya Dei<sup>2</sup> and Rajkrinti<sup>3</sup>

<sup>1-3</sup>Department of Streeroga and Prasooti Tantra IPGT & RA GAU JAMNAGAR, Gujarat, India

### ABSTRACT

The polycystic ovarian syndrome (PCOS) is an endocrine, metabolic, reproductive disturbance affecting women and is the foremost cause of anovulatory infertility. This syndrome is a major non-communicable health problem worldwide in women of different age groups due to increasing faulty life style modifications. The World Health Organization estimated that there are one out of forty newly reported cases of PCOS worldwide. Incidence of clinical features are menstrual symptoms-(Oligomenorrhoea (87%)/ Amenorrhoea (26%); Hirsutism (80%), Infertility (20%), Obesity (50%), Acne (30%), Acanthosis nigricans (5%). Infertility means not being able to get pregnant after at least one year of unprotected intercourse. Current modern medical and surgical treatments for PCOS have many limitations like use of Metformin for Insulin resistance, Ovulation induction agents like Clomiphene citrate, Human Menopausal Gonadotrophins (HMG), etc. and laparoscopic ovarian drilling for ovulation induction; oral contraceptive pills for Hirsutism, etc. No single definitive and successful modalities are known to the day.

### KEYWORDS

*Anovulatory infertility, PCOS, Pathadi Kwatha, Metformin*



**Greentree Group**

Received 05/10/17 Accepted 14/12/17 Published 10/01/18



## INTRODUCTION

Female infertility can result from age, physical and hormone problems, lifestyle or environmental factors. Infertility in women mainly results from the problem of anovulation. In PCOS, the ovaries may not release an egg regularly or they may not release a healthy egg. Polycystic ovarian syndrome (PCOS) is a hormonal imbalance in women that is thought to be one of the leading causes of female infertility<sup>1</sup>. Not all women with PCOS have difficulty becoming pregnant. For those who do, anovulation is a common cause. The mechanism of this anovulation is uncertain, but there is evidence of arrested antral follicle development, which, in turn, may be caused by abnormal interaction of insulin and luteinizing hormone (LH) on granulosa cells. Endocrine disruption may also directly decrease fertility, such as changed levels of gonadotropin-releasing hormone<sup>2</sup> gonadotropins (especially an increase in luteinizing hormone, hyperandrogenism and hyperinsulinemia.

## CASE REPORT:

A 20 year old patient came to the hospital IPGT & RA, (prasuti tantra & stree roga OPD) Jamnagar on 30/1/2017, OPD/IPD no-

91548/5759, having complaints of failure to conceive since 1.5 years. She had irregular, delayed, scanty menstruation since 1.5 years. Associated complaints were -increase in weight, acne, acanthosis nigricans on neck and mild hair growth on face since 1 yr. Menstrual history- Age of Menarche 12 yrs, LMP-29/01/2017, duration 4 days/interval 35-45 days, painful, only 1 pad (mild soaked) change per day. Marital history-2 years, obstetrics history (O/H)- G<sub>0</sub>P<sub>0</sub>A<sub>0</sub>L<sub>0</sub>, coital history (C/H)- 3-4 times /week, Co/H (contraceptive history)- nil, history of previous treatment -nil. Her height was 145 cm and weight 60 kg. After taking treatment (*Pathadi kwatha* for 1 month) she had her next period on 05/03/2017, duration 5 days/interval 33 days, mild pain, 6-7 pads used in present cycle. Then in the follow up period-LMP on 26/04/2017. She had missed her periods in next month and got her UPT positive on 01/06/2017. USG done on 15/06/2017 reports are- GS of 6 weeks and 3 days. FCP present.

**Table 1** P/S-P/V findings

P/S examination-	P/V examination-
Vulva -Normal	Uterus- size normal, position-anteverted, mobile
Vagina-Discharge absent	Fornix-normal
Cervix- Posterior	Cervix-posterior
Size- normal	Consistency-normal
Os- nulliparous	Movement -painless
Discharge -present	

**Table 2** General examination

B.P.	P/R	R/R	Temp.	Built	Height	Weight	BMI
120/80mm of Hg	78/min	14/m	98.4 <sup>0</sup> F	Obese	1.45m	60kg	28.53kg/m <sup>2</sup>

She was administered with *Pathadi Kwatha* 20 ml b.d. before meal with warm water for 2 months. The details of posology are mentioned in Table no. (3). Routine

investigations were carried out both before and after the treatment. The values are listed in Table no. (4).

**Table 3** Treatment protocol followed in the patient

Drug	Dose	Duration	Time	Route
<i>PathadiKwatha</i>	20 ml B.D.	2 month	Before meal	Orally

**Table 4** Investigations carried out

Investigations	BT	AT
Hb	12.8gm/dl	12.2gm/dl
TLC	8900/ cumm	5300 /cumm
DLC	N,L,E,M- 54%,41%,02%,0 3%	N,L,E,M- 66%,29%,02%,0 3%
ESR	10mm/hr	30mm/hr
Sr. cholesterol	174mg/dl	160mg/dl
Sr. triglycerides	146mg/dl	95mg/dl
FBS	81mg/dl	94mg/dl
PPBS	101mg/dl	101mg/dl
LFT	SGPT-11 IU/L,SGOT-19 IU/L, Alkaline	SGPT-26 IU/L SGOT-21IU/L Alkaline

	phosphatase-60 IU/L bilirubin- 0.7mg/dl.	phosphatase-56 IU/L,bilirubin- 0.5mg/dl.
RFT	Blood urea-24 mg/dl, S.creatinine- 0.9mg/dl.	Blood urea-15 mg/dl, S.creatinine- 0.7mg/dl.
Sr. testosterone	30.3ng/dl.	-
urine routine	Pus cells-1-2.	Albumin +nt, pus cells 2- 3.,epi.cells-2-3
USG	Ovarian volume- Rt. Ovary- 13.70cc,Lt.- 11.96cc	Rt. Ovary- 11.90cc, .Lt ovary-10.80 cc..

### Discussion on the drugs of *Pathadi Kwatha*:

**Table 5** Ingredients and properties of *Pathadi Kwatha*<sup>3</sup>

Sr. No	Drug	Botanical name	Part used	Rasa	Guna	Virya	Vipaka	Quantity
1	<i>Patha</i>	<i>Cissampelospareira</i> .Linn.	Root	<i>Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	1Part
2	<i>Pippali</i>	<i>Piper longum</i> Linn.	Dry Fruit	<i>Katu</i>	<i>Laghu, Snighda, Tikshna</i>	<i>Anusna Shita</i>	<i>Madhura</i>	1Part
3	<i>Sunthi</i>	<i>Zingiberofficinale</i> Roxb.	Dry Rhizome	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	1Part
4	<i>Maricha</i>	<i>Piper nigrum</i> Linn.	Dry Fruit	<i>Katu</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	1Part
5	<i>Vrikshaka</i>	<i>Holarrhenaantidysentrica</i> Linn.	Bark	<i>Tikta, kashaya</i>	<i>LaghuRukasya</i>	<i>Shita</i>	<i>Katu</i>	1Part



### Method of *Kwatha* preparation<sup>4</sup>

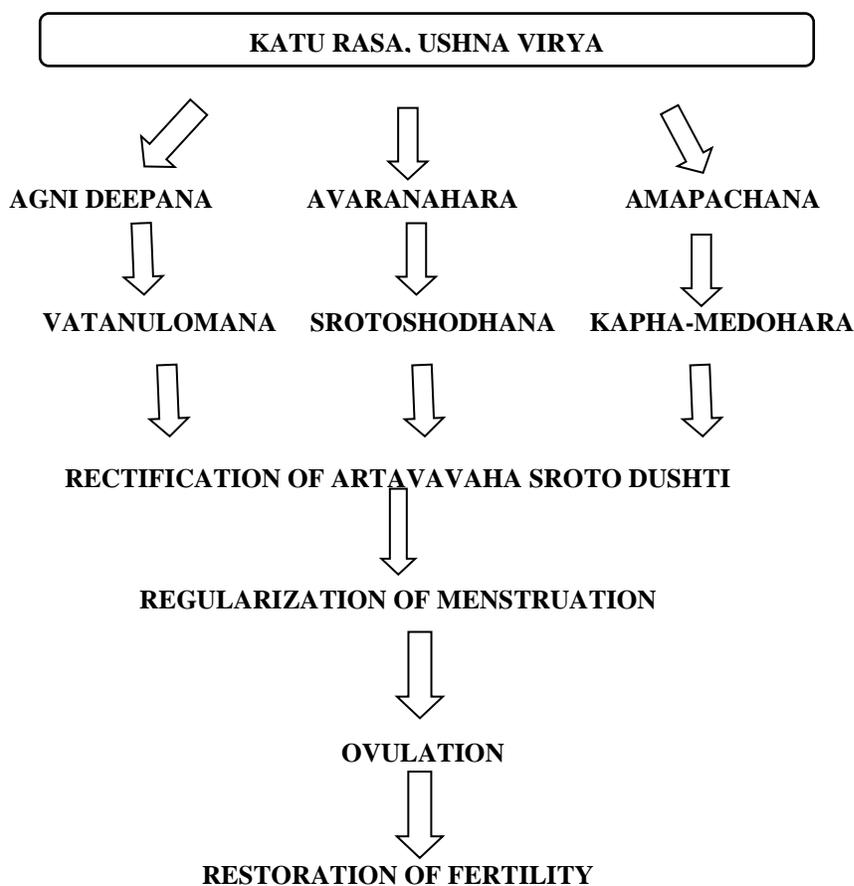
As per the standard method of preparation of *Kwatha*, the drugs were cleaned boiled with 16 times water and reduced to 1/8<sup>th</sup>. Then the prepared *Kwatha* is cooled down and filtered.

**Table 6** Action of *PathadiKwatha*

Sr .no	Drug	Dosha karma	Pradhana karma
1	<i>Patha</i>	<i>Kapha-Pitta Shamaka</i>	<i>Stanyashodhana</i>
2	<i>Pippali</i>	<i>Vata-KaphaShamaka</i>	<i>Kasahara</i>
3	<i>Sunthi</i>	<i>Kapha-VataShamaka</i>	<i>Triptighana</i>
4	<i>Maricha</i>	<i>Vata-KaphaShamaka</i>	<i>Deepana</i>
5	<i>Vrikshaka</i>	<i>Kapha Pitta Shamaka</i>	<i>Aamhara(Upshoshana)</i>

## DISCUSSION

### PROBABLE MODE OF ACTION OF *PATHADI KWATHA*





In *Pathadi Kwatha* most of the drugs are of *Ushna Virya* and of *Katu Rasa*. So it helps in reduction of weight. *Artava* & *Stanya* are the *Updhatu* of *Rasa*. *Patha*, *Kutaja* and *Shunthi* all have *Stanyashodhaka* and *Raktashodhaka* properties. Pcos is a type of *Artava Dushti*. So all the three drugs will indirectly purify the *Artava*. *Kutaja* and *Trikatu* both have *Lekhana* and *Amashoska* property. All these drugs causes *Vatanulomna*, *Srotoshodhana*, *Medonasha* due to that *Rasadhatu Pushti* occurs and ractification of *Artavavaha Srotas* occurs, *Artava shuddhi* and ovulation takes place and lastly restoration of fertility occur.

So it can be concluded that the drug *Pathadi Kwatha* was effective not only in relieving the cardinal features like menstrual irregularity, scanty menses, pain during menses, obesity but also substantially improved the ovarian dysfunctions (anovulation) by virtue of regularization of H-P-O axis and balance of *Tridosha's* in women suffering from infertility caused due to PCOS.

## CONCLUSION

Infertility is not a disease but a social stigma especially in indian society.

Childlessness brings: Marital disharmony →



Social rejection → Result in anxiety and **disappointment Hampers sexual functions.**

Most of couples (84 out of 100) conceive within a year. About 15% of all couples experience difficulty in conceiving. In present era due to high level of stress, there is imbalance in the hormonal level. Stress is one of the causative factor of PCOS which causes ovarian dysfunctions which ultimately leads to infertility.



## REFERENCES

1. [https://en.wikipedia.org/wiki/Infertility\\_in\\_Polycystic\\_ovary\\_syndrome#cite\\_note\\_Pmid18277353-1](https://en.wikipedia.org/wiki/Infertility_in_Polycystic_ovary_syndrome#cite_note_Pmid18277353-1).
2. [https://en.wikipedia.org/wiki/Infertility\\_in\\_Polycystic\\_ovary\\_syndrome#cite\\_Brot2010-6](https://en.wikipedia.org/wiki/Infertility_in_Polycystic_ovary_syndrome#cite_Brot2010-6).
3. Sushrutasamhita Ayurvedatvatvasandipika Kavirah Ambika Dutta Shashtri part 1, .Chaukhamba Krishna Das Academy, Varanasi. Su.2/16, pp.15.
4. Sharngadhara, Sharngadhara Samhita, edited by Sastri Parashurama, Vidyasagar, with Dipika Comm. of Adhamalla and Gudhartha Dipika of Kasirama, 4th edition, 2000, Jai Krishna Das Ayurveda Series 53, Chaukhambha Orientalia, Varanasi, Madhyama Khanda, 9/1-2, pp. 212.