EFFECT OF RASAYANA IN FEMALE INFERTILITY
W.S.R. TO PCOS - A REVIEW

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Abstract:
Polycystic ovarian syndrome (PCOS) is the most common, yet complex endocrine disorder affecting women in their reproductive years and is a leading cause of infertility. The prevalence of PCOS is increasing with most women impacted falling in the 20-30 years age group which is estimated to be 5-10% women in general population who are undergoing nutritional transitions due to westernized diets and lifestyle. The pathophysiology of PCOS involves multi-systemic dysfunction; namely reproduction, endocrine, and metabolic. The symptoms of PCOS vary from person to person. They could range from irregular menstruation, hirsutism, obesity and hair loss in some cases and long term can lead to complications. This syndrome cannot be included under any particular condition in specific and can be correlated in Ayurveda with Artavakshaya, Anartava and Pushpaghni-jataharini based on its lakshanas, which are Vata-kapha pradhana rasa pradoshaja vyadhi. In this condition adopting Vata-kaphahara and Pitta vridhikara ahara-vihara, proper Shodhana and Rasayana karma along with life style modification can control the onset and further progression of the disease. So in the present context, an attempt is made to explain the effect of Rasayana in female infertility w.s.r to PCOS.

Keywords: PCOS, Artavakshaya, Anartava, Pushpaghni-jataharini, Rasayana.

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INTRODUCTION

Polycystic ovarian syndrome (PCOS) is the most common endocrinopathy in women in their reproductive age and is a leading cause of infertility. The prevalence of PCOS is more in 20-30 years age group. In India 1 in 5 women are affected with PCOS. It is estimated that 5-10% women in general population are affected who are undergoing nutritional transitions due to westernized diets and lifestyle. It is characterized by a combination of hyper-androgenism either clinical or biochemical, chronic anovulation and polycystic ovaries, and it is frequently associated with insulin resistance and obesity. The syndrome has gained much attention as a result of its high prevalence, and possible metabolic, reproductive and cardiovascular disturbances. Despite that several aspects of PCOS remain unclear, in deficit of solid evidence, the underlying pathogenic mechanism is not understood fully, the clinical manifestations may be diverse among the patients or evolve over time and the long term consequences are not clarified conclusively. It is the best known and most extensively studied cause of anovulatory infertility in reproductive-aged women. As per Ayurvedic parlance this syndrome cannot be included under any particular condition in specific and can be correlated with Artavakshaya, Anartava and Pushpaghni-jataharini based on its lakshanas, which are Vata-kapha pradhana rasa pradoshaja vyadhi. In this condition adopting Vata-kaphahara and pitta vridhikara Ahara-vihara, proper Shodhana and Rasayana karma along with life style modification can control the onset and further progression of the disease.

Polycystic Ovarian Syndrome

This is a heterogeneous disorder, clinically characterized by ovulatory failure, hirsutism, obesity, glucose intolerance, resistance to insulin, dyslipidemia and infertility.

The ovaries are enlarged, multicystic, and show hyperplastic theca cells around the cysts. Only very small amounts of estradiol are produced by the immature follicles.

Excessive amounts of androgens are produced by the hyperplastic theca cells and stromal cells. The 3 key features of PCOS are

- Oligo or anovulation
- Hyper androgenesis
- Polycystic ovaries with the exclusion of related disorders.

Aetiology:

Exact cause is unknown and it can be due to

- Hormonal imbalance
- Genetic factors.
- Stress and psychological factors
- Sedentary lifestyle
The main biochemical abnormality in PCOS is hyper insulinemia secondary to insulin resistance. This leads to ovarian overproduction of testosterone, and adrenal overproduction of DHEAS and androstenedione. Increased testosterone affects the pituitary ovarian axis leading to decrease in production of estrogen, abnormal production of progesterone, and over production of testosterone, LH and FSH.

**Pathogenesis of PCOS**

Abnormal feedback mechanism in the HPO axis

Causes excess LH:FSH ratio leading to increased production of androgens from ovary

Leads to bursting of egg follicle from ovary and this undischarged egg follicle becomes a cyst

This process gets repeated during every menstrual cycle

Multiple cysts get collected resulting in PCOS

**How PCOS is Affecting Fertility?**

- Fertility problems may be related with elevated hormones, insulin or glucose levels.
- All these can interfere with implantation as well as development of embryo.
- Increased LH reduces the chances of conception and increase miscarriages.
- Abnormal insulin levels may contribute to poor egg quality making conception more difficult.

The samprapti can be proposed in the following manner.

Nidana sevana ➔ Agnimandya ➔ Rasadushti

Artava dushti ➔ Kapha dushti

❖ Artavachakra aniyamitata (Menstruation does not appear in proper time or delayed menstruation) ➔ Shrotorodha

**Ayurveda View on PCOS:** This syndrome cannot be included under any particular condition in specific and can be correlated with Artavakshaya, Anartava, Pushpagnji-jataharini, based on its lakshanas, which are Vata-kapha pradhana rasa pradoshaja vyadhi Here, avarana samprapti of rasa, meda, vata and artava with beejopaghata are the major causative factors involved.
Alpartava (deficiency or loss of artava)
Yonishoola (Pain in yonipradesha)
Women gets her menstruation but does not conceive (anovulatory cycles)
Sthulalomashagandaye, obesity and hirsutism
Artavavaha srotorodha by vata and kapha so artava pravruti doesn’t occur monthly

PCOS

- Vataprakopa & Medovriddhi
- Sthaulya

**Pushpagni-jataharini**
Pushpaghni-jataharini refers to the destruction of ovum. It presents with typical clinical features that includes:

- Vruthapushpam – destruction of pushpa
- Yathakalmprapashyati – menstruating regularly
- Sthoola – obesity and
- Lomashaganda – hairy chin and cheeks

Hence, Pushpagni-jataharini can be defined as a condition where in even though the women menstruates regularly but that is associated with anovulation, along with other features of Obesity and Hirsutism.

**Artavakshaya**

The lakshanas of artavakshaya are as follows:

- Yathochitakalamadarshanam - the menstruation does not appear in its appropriate time or is delayed or intermenstrual period is prolonged
- Alpata - the quantity of the menstrual flow is reduced or scanty

- PCOS
- Yoni vedana - it is associated with pain

**Anartava**

Anartava is a condition characterized by the features which include:

- Vata-kaphavruta - Vata and kapha doshas causing avarana
- Marganam– here refers to the the Artavavaha Srotas
- Apravrutanam– not being discharged

The aggravated Vata and Kapha doshas obstruct the passage or orifices of channels carrying Artava or Artavavaha srotasa, and thus Artava is not discharged.

**Shodhana Chikitsa**

The Artavakshaya should be treated by the use of purifying measures and agneya dravyas. Dalhana says that for purification, only Vamana should be used not the Virechana, because Virechana reduces pitta which in turn decreases artava while Vamana removes saumya bhavas, resulting into relative increase in Agneya constituents of...
the body, consequently artava also increases. Chakrapani says that by use of purifying measures srotasa were cleared.\(^6\)

- Vamana: In case of avarana samprapti and artava vyapat due to srotorodha and kapha dushti (menstrual irregularities, obesity, insulin resistance)
- Virechana: In rasa, rakta, artava and pitta dushti lakshanas (hyper androgenism)
- Vasti: In vata dushti, beejadosha sambandhi vandhyatwa (oligo ovulation, anovulation and inefficient ovulation)
- Uttaravasti: Grabhashaya Shodhana & Tarpana
- Nasya: To correct the HPO axis

Rasayana Chikitsa

After shodhana, rasayanachikitsa should be adopted.

- Rasayanachikitsa aims at proper nourishment of saptadhatus

**RASAYANA YOGAS** \(^8\)\(^{–}^{20}\)

<table>
<thead>
<tr>
<th>RASAYANA</th>
<th>Mode of action on PCOS</th>
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<tbody>
<tr>
<td>Medhyarasyana Kalyanaka ghritam</td>
<td>Normalization of endocrine secretions and leads to hormonal balance, checks mood swings &amp; psychological symptoms.</td>
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<tr>
<td>Skumara ghritam Brahmighritam</td>
<td></td>
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<tr>
<td>Phala ghritam</td>
<td>Corrects hormonal imbalances</td>
</tr>
<tr>
<td>Brihatsaindhavadi Ghrityam</td>
<td>Regulates menstrual cycle, well known for its restorative properties of ovarian follicles. Corrects hyperinsulinaemia.</td>
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<tr>
<td>Shatpushpa-Shatavari Kalpa</td>
<td>Enhances follicular maturity Corrects menstrual irregularity.</td>
</tr>
<tr>
<td>Shitakalyanaka ghritam</td>
<td>Useful in scanty menstruation, Promotes garbhadharana.</td>
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<tr>
<td>Nashtapushpantaka rasa</td>
<td>Helps to remove blockage in the channels &amp; works on polycystic ovary due to Kaphanashaka &amp; Granthihara property.</td>
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<td>Chandraprabha vati</td>
<td>Maintains improper and painful menstrual flow. Act as Kaphahara &amp; helps to removal of cysts and corrects ovulatory function.</td>
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<tr>
<td>Triphala Rasayana</td>
<td>Increases the movement of Apanavata, detoxify the doshas, helpful in weight management.</td>
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<tr>
<td>Shilajatu Rasayana</td>
<td>Regulates hormones, reduction of cystic follicles, maturation of ovarian follicles &amp; decreases the increased ovarian &amp; uterine weight.</td>
</tr>
<tr>
<td>Rasona Shatavari Shatapushpa</td>
<td>Correct hormonal influence &amp; enhance follicular maturity</td>
</tr>
<tr>
<td>Ashwagandha</td>
<td>Corrects menstrual irregularities, Control mood swings, Natural energizer, helps body to adapt to internal &amp; external stress.</td>
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**DISCUSSION**
- PCOS treatments mainly focussed on the different developmental conditions in ovary and to normalize its functions
- Shodhana followed by rasayana help in regulating the menstrual cycles, stimulate ovulation, insulin resistance, hyper androgenism and obesity associated with PCOS
- The mentioned rasayanas have multipotential and beneficial effects in oligomenorrhea, amenorrhea, obesity etc.

**CONCLUSION**
- Rasayana plays a very important role in the preventive measures in the manifestation of symptoms of PCOS which is one of the important challenging aspect in the medical practice.
- In conditions of PCOS irrespective of the age groups Rasayana after Shodhana benefits in improving different elevated levels of hormone that are affected due to different conditions.
- Basic education followed by proper lifestyle benefiting in the due course of
treatment in treating the symptoms of infertility is a major challenge.

- Rasayana with the combined effect of Shodhana helps in regulating menstrual irregularities followed by stimulating ovulation, insulin resistance, hyper androgenism and obesity associated with PCOS.
- Hence Rasayana with Shodhana provides excellent results in providing long term solution to infertility patients.

REFERENCES


12. Tiwari PV, Kashyapa Samhita Kalpasthana, Chapter 5, verse 5-8, 10-11.


