A Case of Pregnancy Following Treatment of Ovarian Failure with Persian Medicine: A Case Report

M. Mohajeranirad (MD)¹, S. A. Latifi (MD, PhD)¹, M. Salehi (MD, PhD)^{*1}

1.Traditional and Complementary Medicine Research Center, Arak University of Medical Sciences, Arak, I.R.Iran

J Babol Univ Med Sci; 23; 2021; PP: 369-374

Received: Dec 10th 2020, Revised: Feb 3rd 2021, Accepted: Apr 26th 2021.

ABSTRACT

BACKGROUND AND OBJECTIVE: Premature ovarian failure, with a prevalence of 1% in women under the age of 40, leads to serious health problems for women of childbearing age. Since the causes are not fully understood and the available treatments are associated with side effects, complementary medicine, including Persian medicine, can be helpful. The aim of this study was to report a case of pregnancy following successful treatment of premature ovarian failure.

CASE REPORT: The patient was a 38-year-old woman with a history of 16 months of amenorrhea who had atrophic ovaries on ultrasound. Due to increased gonadotropins, decreased estradiol and anti-mullerian hormone, the gynecologist diagnosed premature ovarian failure. After referring to the Persian Medicine Clinic and after getting a history and examination, her treatment started which included lifestyle modification and medication (2 Raha capsules every 12 hours, 2 tablespoons of Sekanjabin-e-Bazoori [oxymel] a day, decoction of Chamomile and Pennyroyal 200 cc per day and Abzan [a human-sized container filled with hot water] with four plants of Hollyhocks, Chamomile, Rose, and Mallow twice a week). The patient was followed for 18 months. Menstruation occurred after 3 months and the ovaries were normal size after 8 months on the second ultrasound and 10 months after starting treatment, the patient became pregnant and the result was a healthy male baby.

CONCLUSION: According to the results of the present study, Persian medicine can be effective in treating infertility caused by premature ovarian failure.

KEY WORDS: Case Report, Persian Medicine, Premature Ovarian Failure.

Please cite this article as follows:

Mohajeranirad M, Latifi SA, Salehi M. A Case of Pregnancy Following Treatment of Ovarian Failure with Persian Medicine: A Case Report. J Babol Univ Med Sci. 2021; 23: 369-74.

Introduction

Premature ovarian failure is defined by amenorrhea, infertility, increased gonadotropins, and shrinkage of ovaries in women under 40 years of age, leading to serious complications such as ischemic heart disease, autoimmunity, osteoporosis, and ultimately increased mortality (1). Its prevalence is 1% (2) and various causes have been suggested for it, but in 90% of cases, the cause is unknown (3). Today, hormonal drugs are prescribed to treat menopausal complications such as hot flashes and dry genitourinary tract (4). However, due to complications such as cardiovascular events (coronary heart disease, hypertension and stroke) and breast cancer, the use of these drugs has become limited (5). In the reference books of Persian medicine, such as "The Canon of Medicine", the phrase "menstrual retention" refers to complete cessation or reduction of menstrual bleeding or reduction of menstrual days, which is one of the important causes of infertility in Persian medicine and various treatments has been mentioned (6). The aim of this study was to report a case of normal pregnancy following successful treatment of premature ovarian failure with Persian medicine.

Case Report

The patient was a 38-year-old woman with a 7-yearold daughter. She was a midwife and lived in Arak, Iran. Results of treatment of this patient is presented with her informed consent and with the ethics code 1399.246. IR.ARAKMU.REC. The patient with major complaints of infertility and amenorrhea referred to a gynecologist for 16 months and underwent tests and ultrasounds of the uterus and ovaries, the results of which were as follows: anti-mullerian hormone equal to 0.03 ng/ml, estradiol equal to 7.72 pg/ml, luteinizing hormone equal to 20.9 mIU/ml and follicle stimulating hormone equal to 90 mIU/ml. Other hormonal tests were normal. Ultrasound examination of the ovaries showed that both ovaries were atrophic and smaller than normal (right ovary size 16×9 mm and left ovary size 18×8 mm) and follicular activity was not seen in any of the ovaries (Figure 1).

Atrophic ovarian failure was diagnosed due to increased levels of follicle-stimulating hormone and decreased lutein and anti-mullerian hormones and atrophic ovaries, and replacement therapy with estrogen and progesterone was recommended by the gynecologist. Based on history and physical examination, the patient was slightly irritated and vaginal dryness was evident and the body mass index was normal. In this patient, lifestyle modification was performed with proper exercise, avoidance of stress and avoidance of foods such as convenience food and veal. Her medication included 2 Raha capsules every 12 hours, 2 tablespoons of Sekanjabin-e-Bazoori a day, decoction of Chamomile and Pennyroyal 200 cc per day and Abzan [a human-sized container filled with hot water] with four plants of Hollyhocks, Chamomile, Rose, and Mallow twice a week. The patient was instructed to chop the plants and boil them in water, then pass through a strainer and leave it for 20 minutes while it is still hot, doing so twice a week (Tables 1-4).

The patient was followed for 18 months. Menstrual bleeding occurred after 3 months and the ovaries returned to normal after 8 months on the second ultrasound (Figure 2). The patient became pregnant naturally 10 months after starting treatment and the result was a healthy and mature boy.



Figure 1. Ultrasound image before treatment

Table 1. Raha capsules							
Scientific name of the plant	Dosage (mg)	Therapeutic effects in modern medicine	Used part of the plant	Therapeutic effects of the plant in Persian medicine			
Foeniculum vulgare	166	Effective in the treatment of oligomenorrhea and amenorrhea (7)	Seed	Activation of ovaries and increase of sexual desire and improvement of menopausal symptoms (8)			
Daucus carota	166	Antioxidant and induction of menstruation (8)	Seed	Activation of ovaries and increase of sexual desire and improvement of menopausal symptoms (8)			
Vitex agnuscastus	166	Treatment of menstrual irregularities and amenorrhea (8)	Fruit	Activation of ovaries and increase of sexual desire and improvement of menopausal symptoms (8)			

Table 2. Sekanjabin-e-Bazoori [oxymel]						
Scientific name of the plant	Dosage in 5 cc	Therapeutic effects in modern medicine	Used part of the plant	Therapeutic effects of the plant in Persian medicine		
Apium graveolens	12	Analgesic, anti-inflammatory, antioxidant, antihypertensive, anti-lipid, anti-diabetic, liver protection and fertility aid (9)	Seed	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		
Cucumis melo	12	Diuretics, antispasmodics and the treatment of urinary tract ulcers (11)	Seed	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		
Foeniculum vulgare	12	Effective in the treatment of oliguria and amenorrhea (7), Effective in anti-androgen (12), Estrogenic effects (13), Vasodilation (14)	Seed or bark	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		
Cichorium intybus	18 mg seed and 6 mg bark	Immunostimulatory, probiotics, liver protection, antibacterial activity (15)	Seed or bark	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		
Cucumis sativus	6	Control of inflammation, oxidative stress, hyperglycemia and hyperlipidemia (16)	Seed	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		
Pimpinella anisum	12	Regulation of the menstrual cycle and reduction of luteinizing hormone in polycystic ovary syndrome in oligomenorrhea (17), vasodilation (18)	Seed	Relieving biliary obstruction and cleansing the stomach and treating ascites (10)		

Table 3. Abzan [human-sized container filled with hot water]

Scientific name of the plant	Dosage (gram)	Therapeutic effects in modern medicine	Used part of the plant
Malva sylvestris	100	Facilitation of labor, menstrual regulation, effective in pelvic pain, cervical ulcer, endometrial inflammation and menorrhagia orally, vaginally, or by Abzan (19)	Flower
Rosa domestica	100	Gram-positive and gram-negative antibacterial, anti- inflammatory, primary dysmenorrhea (20)	Flower
Malvasylvestris	100	Antibacterial, antifungal, wound healing, anti-inflammatory, antioxidant (21)	Flower
Marticariachamomilla	100	Antioxidant, anti-cancer, anti-inflammatory and anti- osteoporotic activities (22)	Flower

Table 4. Herbar decocitori							
Scientific name of the plant	Dosage	Therapeutic effects in modern medicine	Used part of the plant				
Menta pulegium	Two tablespoons a day	Menstrual regulation (23)	Leaf				
Marticariachamomilla	Two tablespoons a day	Antioxidant, anti-cancer, anti-inflammatory and osteoporosis prevention activities (22)	Flower				

Table 4. Herbal decoction



Figure 2. Ultrasound image after treatment

Discussion

This study reports the first case of successful treatment of infertility caused by premature ovarian failure with Persian medicine. In the study of Bakhtiari et al., the most common causes of infertility were ovarian-related reasons, and decrease in the level of anti-mullerian hormone secreted by the granulosa cells of the ovarian follicles is the first indicator of a decrease in ovarian reserve and indicates the quantity and quality of follicles (24). In a study by Steiner et al., fertility decreased in women over 30 years of age and with very low levels of the anti-mullerian hormone (<0.07 ng/ml) (25). From the perspective of Persian medicine, natural menstruation occurs as a result of the proper functioning of the reproductive system and its relationship with other organs, the most important of which are the heart, liver, brain and stomach, and amenorrhea leads to complications such as headache, indigestion, anorexia and bad mood (14). The patient was a 38-year-old woman with atrophy of the ovaries and very low levels of anti-mullerian hormone (0.04 ng/ml) and according to the study of Steiner et al., had a low chance of pregnancy (25). For the treatment of amenorrhea (amenorrhea is described as "menstrual retention" in Persian medicine) in this patient based on Persian

medicine sources, plants such as Foeniculum vulgare and Pimpinella anisum were prescribed, which in modern studies have estrogenic, progesterone and antiandrogenic effects, and can play a role in the regulation of sex hormones. On the other hand, due to the role of other organs, including the liver, in Persian medicine, plants such as chicory and celery have been used, which has also been prescribed for the patient in this study. Today, the protective effects on the liver by medicinal plants such as chicory and celery are well known. In Persian medicine, the proper functioning of the body organs is the result of the production of four humors of blood, phlegm, bile, soda, and the natural production of these humors is the result of natural digestion of food, especially in the two organs of the liver and stomach. Since one of the causes of amenorrhea is the production of abnormal humors due to digestive disorders (26), it can be said that the administration of plants such as cucumber and celery that improve sugar and fat metabolism has been in this direction.

Patients with premature ovarian failure develop problems such as osteoporosis and high blood pressure, and herbs such as Chamomile, Foeniculum vulgare and Pimpinella anisum prevent these complications. According to Persian medicine, as in the study of Vakilinia et al., in addition to oral administration of drugs, in order to achieve better treatment results, medicinal plants were also used as Abzan [human-sized container filled with hot water], which were also used in the present study (27). In general, with amenorrhea treatment strategies based on Persian medicine, the patient was treated and the patient became pregnant naturally and the result of the pregnancy was a healthy and mature boy.

Conflict of interest: There is no conflict of interest between the authors.

Acknowledgment

We hereby thank the patient and her family for their sincere cooperation with us.

References

1. Jankowska K. Premature ovarian failure. Prz Menopauzalny. 2017;16(2):51-6.

2.Benmachiche A, Debbih AD. Premature Ovarian Insufficiency. In: Lutsenko OI, editor. Menstrual Cycle. IntechOpen; 2018.

3.Foyouzi N, Green LJ, Camper SA. Etiologies of primary ovarian insufficiency. In: Santoro NF, Cooper AR, editors. Primary Ovarian Insufficiency. Springer; 2016. p.19-35.

4.Martin KA, Barbieri RL, Crowley Jr WF. Preparations for menopausal hormone therapy. Waltham: UpToDate; 2018.5.Dadfar F, Bamdad K. The effect of Saliva officinalis extract on the menopausal symptoms in postmenopausal women: An RCT. Int J Reprod Biomed. 2019;17(4):287-92.

6.Bahman M, Hajimehdipoor H, Bioos S, Hashem-Dabaghian F, Afrakhteh M, Tansaz M. Effect of Aslagh Capsule, a Traditional Compound Herbal Product on Oligomenorrhea in Patients with Polycystic Ovary Syndrome: A Three-Arm, Open-label, Randomized, Controlled Trial. Galen Med J. 2019;8:e1261.

7.Falahat F, Ayatiafin S, Jarahi L, Mokaberinejad R, Rakhshandeh H, Feyzabadi Z, et al. Efficacy of a Herbal Formulation Based on Foeniculum Vulgare in Oligo/Amenorrhea: A Randomized Clinical Trial. Curr Drug Discov Technol. 2020;17(1):68-78.

8.Salehi M, Setayesh M, Mokaberinejad R. Treatment of recurrent ovarian cysts and primary infertility by Iranian Traditional medicine: A case report. J Evid Based Complementary Altern Med. 2017;22(3):374-7.

9.Moini Jazani A, Nazemiyeh H, Tansaz M, Sadeghi Bazargani H, Fazljou SMB, Nasimi Doost Azgomi R, et al. Celery Plus Anise Versus Metformin for Treatment of Oligomenorrhea in Polycystic Ovary Syndrome: A Triple-Blind, Randomized Clinical Trial. Iran Red Crescent Med J. 2018; 20(5):e67181.

10.Aghili Khorasani Shirazi MH. Qarabadin-e-Kabir [Great Pharmacopeia], 1st ed. Tehran: Mahmoudi Press; 1970. p.1017. [In Persian]

11.Ullah N, Khan S, Khan A, Ahmad W, Shah Y, Ahmad L, et al. A prospective pharmacological review of medicinal herbs, Cucumis melo and Berberis vulgaris, commonly used in the treatment of renal diseases in Pakistan. Acta Pol Pharm. 2015;72(4):651-4.

12.Salari R, Yousefi M, Ghorbanzadeh H, Jafarinejad Bajestani M. A review of medicinal herbs with estrogenic, progesteronic, and testosteronic properties. Iran J Obstet Gynecol Infertil. 2016;19(36):19-30. [In Persian]

13.Rahimi R, Shams Ardekani MR. Medicinal properties of Foeniculum vulgare Mill. in traditional Iranian medicine and modern phytotherapy. Chin J Integr Med. 2013;19(1):73-9.

14.Falahat F, Tavakkoli M, Mokaberinejad R, Ayati S, Feyzabadi Z. Natural treatments of oligomenorrhea based on persian medicine. Iran J Obstet Gynecol Infertil. 2018;21(Supple Sep):55-66. [In Persian]

15. Chaudhary M, Rajput P, Sharma A, Sharma RA. Evaluation of Antimycotic potential and qualitative phytochemical analysis of seed, root and leaf extract of Cichorium intybus L. J Pharmacogn Phytochem. 2019;8(3):38-42.

16.Marisol M-M, Celeste T-M, Laura M-M, Fernando E-G, José P-C, Alejandro Z, et al. Effect of Cucumis sativus on Dysfunctional 3T3-L1 Adipocytes. Sci Rep-Uk. 2019;9: 13372.

17.Moini Jazani A, Nasimi Doost Azgomi H, Nasimi Doost Azgomi A, Nasimi Doost Azgomi R. A comprehensive review of clinical studies with herbal medicine on polycystic ovary syndrome (PCOS). Daru. 2019;27(2):863-77.

18. Teixeira K, dos Santos P, Citadini-Zanette V, DalBó S, de Aguiar Amaral P. Medicinal plants that can cause changes in blood pressure and interactions with antihypertensive agents. Am J Ethnomed. 2017;4(1):2.

19.Kianitalaei A, Feyzabadi Z, Hamedi S, Qaraaty M. Althaea Officinalis in Traditional Medicine and modern phytotherapy. J Adv Pharm Educ Res. 2019;9(S2):154-61.

20.Akram M, Riaz M, Munir N, Akhter N, Zafar S, Jabeen F, et al. Chemical constituents, experimental and clinical pharmacology of Rosa damascena: a literature review. J Pharm Pharmacol. 2020;72(2):161-74.

21.Nabimeybodi R, Zareshahi R, Tansaz M, Vahid Dastjerdi M, Hajimehdipoor H. Scientific Evaluation of Medicinal Plants Used for the Treatment of Cervicitis (Qorohe-Rahem) in Iranian Traditional Medicine. Iran J Pharm Res. 2019;18(4):1884-901.

22.Kabiri M, Kamalinejad M, Bioos S, Shariat M, Sohrabvand F. Comparative Study of the Effects of Chamomile (Matricaria Chamomilla L.) and Cabergoline on Idiopathic Hyperprolactinemia: A Pilot Randomized Controlled Trial. Iran J Pharm Res. 2019;18(3):1612-21.

23.Moini Jazani A, Tansaz M, Nasimi Doost Azgomi R, Fazljoo MB, Hamdi K. Herbal remedies for oligomenorrhea in Traditional Persian Medicine. Trend Pharmaceutic Sci. 2016;2(4):238-40.

24.Bakhtiari A. Assessment of infertility reasons & some effective factors on infertile couple, Babol, 1999. J Babol Univ Med Sci. 2000;2(2):50-6. [In Persian]

25.Steiner AZ, Herring AH, Kesner JS, Meadows JW, Stanczyk FZ, Hoberman S, et al. Antimüllerian hormone as a predictor of natural fecundability in women aged 30-42 years. Obstet Gynecol. 2011;117(4):798-804.

26.Tansaz M, Mokaberinejad R, Bioos S, Sohrabvand F, Emtiazy M. Avicenna aspect of premature ovarian failure. Iran J Reprod Med. 2013;11(2):167-8.

27.Vakilinia SR, Alizadeh Vaghasloo M, Asghari M. Abzan, a Simple and Effective Method for Prevention and Treatment of Diseases from the Perspective of Iranian Traditional Medicine. Qom Univ Med Sci J. 2019;13(5):53-60.