



AYURVEDIC MANAGEMENT OF PCOS; A CASE REPORT

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ABSTRACT

Maternal health remains a staggering challenge, particularly in the developing world. Polycystic Ovarian Syndrome is the most common disease in the female population among adolescence and reproductive age group mainly due to the adoption of westernized culture and due to changes in lifestyle and increasing Stress. Polycystic ovary syndrome (PCOS) is a major endocrine-related disorder in young age women. PCOS is a heterogeneous Disorder presenting with irregular menstruation, infertility due to anovulation, polycystic Ovaries, hyperandrogenism, insulin resistance, obesity, type 2 diabetes, and raised cholesterol levels Besides Infertility, other symptoms associated with PCOS (like hirsutism, obesity, acne, and weight Gain) can affect the self-esteem of the women. Here is a case report of a 25-year-old girl who presented with irregular menstruation, rapid weight gain, and hair loss. On USG she was detected to have a bilateral PCO pattern. Based on the clinical features, the treatment principles adopted were *Aampachana*, *Vatanulomana*, *srotosodhana*, Kapha-vata hara, and Artava janana. After 3 months of internal medications, symptoms reduced markedly, and menstruation was normal. Adherence to Ayurvedic principles is found to be helpful in PCOS for a healthy and fruitful life.

Keywords: PCOS, *Rasa*, Infertility, *Artava*

INTRODUCTION

The definition of the polycystic ovarian syndrome as per Rotterdam criteria 2003 is based on features such

as clinical and/or biochemical hyperandrogenism, oligo-/anovulation, and polycystic ovary. Among

these, if two of the three criteria are present in a patient it's diagnosed as PCOS¹. Prevalence of PCOS has reported incidence rate of 2.2% to 26% worldwide¹ & in india ranges from 3.7-22.5% depending on the criteria used for diagnosis. Physical appearance, menstrual irregularity as well as infertility are considered the sole causes of mental distress affecting health-related quality of life. PCOS is presenting with oligo/amenorrhoea, anovulation, obesity, hirsutism, acne, androgenic alopecia, and acanthosis nigricans (mucocutaneous pigmented eruption). The cause of PCOS remains unknown, insulin resistance and hyperandrogenism play an important role.

Pathophysiology

There is no defect in Hypothalamo-Pituitary--Ovarian axis but the normal function is masked by inhibition of ovarian follicular development and inappropriate feedback to the pituitary. The high estrogen production is largely due to the conversion of androgen to estrogen in the ovary and peripherally. It causes an increase in luteinizing hormone (LH) and a decrease in follicle-stimulating hormone (FSH)¹.

In *Ayurveda*, polycystic ovaries can correlate with *Granthibuta Artava Dushti*. *Vata* and *Kapha Doshas* are involved in the formation of *Granthi*. *Artavaha Srotasa* has been obstructed. Due to the obstruction of *Artavavaha Srotasa* by *Vata* and *Kapha Doshas*, the passage of *Aartava* carrying channels is obstructed⁵. *Artava* is not totally destroyed but it is not evident due to the obstruction of its channels. the passage is encircled by *Vata* and *Kapha* and ultimately results in amenorrhoea. Intake of unhealthy food and stress hampers the formation of *Rasa Dhatu* which causes the vitiation of all *Dhatu*s, especially *Medhodhatu* (adipose tissue) and *Raktadhathu* (blood cells). As per *Asrayi Asraya Bhavas*, *Kapha dosha* is affected which leads to blockage of the *Srotas* (bodily pathways) which in turn leads to *Vata* aggravation, obesity, hormonal imbalance, and amenorrhea. *Pitta Dushti* is manifested as hormonal imbalance. it may also be considered *Santarapanantha Vyadhi*.

Case presentation

A 25year old unmarried woman approached the Prasuti Tantra and Stree Roga OPD of Dr. Sarvepalli

Radhakrishnan Rajasthan Ayurved university, jodhpur with complaints of irregular menstrual cycles, scanty menses, weight gain (4 kg in last 4 months), acne and hair loss for 1.5 years. Her USG findings reveal bilateral PCOS.

History and Examination of Patient

1. Menstrual history

AOM- 13 Years

LMP- 17/10/2022

Interval - 40-45 days

Duration - 3 days

Pain- mild

Clots- absent

Colour- dark reddish

No. of pads- **D1-** 1pad, **D2-** 2 pad, **D3-** 1 pad.

2. Past history

Previous medical history- Took OC pills.

Previous surgical history – Nil

Family history - not significant

3. Physical Examination

O/E: - G.C.- Fair, B.P. – 110/70 mm/hg, P.R. – 74/Min., Height – 160 cm, Weight – 63 kg BMI – 24, Pallor – Absent

Ashtavidha Pariksha

- *Nadi* (pulse)– *PV*
- *Mutra* (urine) – *Samyak mutra pravriti*
- *Mala* (stool)– *Sama*
- *Jihwa* (tongue)- *Sama*
- *Shabda* – *Spasta*
- *Sparsha* (touch) - *Ushna*
- *Drika* (eye) – *Samanya*
- *Aakriti* (physical appearance) – *Samanya*

Dashvidha Pariksha

- *Prakriti* (nature)- *Pitta – Vata*
- *Sara* (Purest body tissue) – *Madhyama* (medium)
- *Samhanana* (Body compact) – *Madhyam* (medium)
- *Pramana* (Body proportion)- *Madhyam* (medium)
- *Satmya* (homologation) -*Madhyam*(medium)
- *Satva* (mental strength) – *pravara* (high)
- *Aahaarashakti* – *madhyama*
- *Vyaayaama Shakti* – *Madhyama*
- *Vaya* – *Madhyama Avastha*

Personal history

- Appetite – Loss of appetite
- Sleep - sound
- Bowel – constipated.
- Bladder - clear

USG -

Before T/t on **05/09/2022**- Bilateral ovaries are bulky with tiny follicles likely PCOS.

After T/t on **07/02/2023**– both the adnexa are clear with no evidence of ovarian or adnexal mass.

Treatment schedule

1st cycle

1. *Kanchnara Guggul* – 250mg (2 tabs) BD crushed and mixed with honey after food.
 2. *Chandraprabha Vati* – 250mg (2 tabs) BD with lukewarm water after food
 3. *Dashmool Kwath* – 20 ml mixed with equal lukewarm water empty stomach.
- 2nd & 3rd Cycle.

1. *Lekhaniya Mahakashaya* – 20 ml mixed with equal lukewarm water BD after food.
2. *Shothahara Mahakashaya* – 20 ml mixed with equal lukewarm water BD after food.



Follow up.

The patient's treatment was started on 23 oct 2022. Her treatment was continued with oral ayurvedic drugs for three months. Her cycle become regular with normal flow and her weight reduced to 63 to 59 kg. On 7th February 2023, the USG finding suggested both ovaries were normal.

DISCUSSION

*Kanchnar Guggulu*² – The majority of ingredients of *Kanchnar guggulu* having *Tikta, kashaya, Madhur Rasa, Ushna virya, Katu Vipaka, Laghu guna, Tikshana guna, Tridoshara, and Vatahara*

properties. Due to *Tikta, Kshaya Rasa, Laghu, Ruksha guna, Kanchnar guggulu* subsides aggravated *Kapha dosha*. Due to *Ushna virya*, it subsides *Vata* and *Kapha dosha*. *Pitta dosha* is subsided by its *Kashaya* and *Madhura rasa* properties. Due to its *Ushana Virya* and *Laghu, Ruksha guna* stimulates the *Agni* and due to its *Ushana, Tikshna, Laghu Guna*, and *Ushna Virya* remove *Srotorodha* and vitiation of *Vata* and *Kapha* is normalised. It has *Granthihara* property which dissolves *Granthi*. *Guggulu* possesses *Dipana, Anuloman Lekhana, Medohara, and Kaphahara* properties and is also useful in *Sthaulya* (obesity), and *Prameha* (diabetes). *Chandraprabha Vati* – It is *Katu, Tikta Rasa, Laghu Ruksha Guna, Ushnavirya, Katuvipaka,* and

Tridoshashamak predominantly *Vata kaphashamak*. It is anti-diabetic, anti-inflammatory, and antitumour properties. The drugs like *Triphala*, and *Guduchi*, are proven antioxidant and antitumor agents as well as immune-modulatory action⁷. It has antidiabetic activity by various mechanisms viz. insulin-sensitizing activity or regeneration of pancreatic beta cells antioxidant which corrects insulin resistance³.

Dashmool Kwatha - *Dashmool* contains *Brihat Panchmool* and *Laghu Panchmool*. *Dashmoola* have *Tikta*, *Katu*, *Kashaya rasa*, *Laghu*, *Ruksha gunas*, *Ushana Virya* and *Katu vipaka*. Due to *Laghu*, *Ushana*, and *Ruksha guna*, it results in *Kapha-vatahara karma* and normalizes the vitiated *Kapha* and *Vayu*, hence breaking down the *Samprapati* of disease and having *Tridoshaghna*, *Medo nashak*, *Deepana*, *Anulomana*, *Shothaghna*, and *Shoolghan* properties¹¹.

Shothahara Mahakashaya - drugs of this *Mahakashaya* having *Katu*, *Tikta*, *Kashaya Rasa*, *Ushna Virya*, *Katu Vipaka*, *Ruksha*, *Laghu guna*, and *Tridoshaghna* properties⁸. In *Shothahara Mahakashaya* some drugs are *Vata Shamak*, some are *Pitta Shamak*, and some are *Kapha Shamak*. When all the drugs of *Shothahara Mahakashaya* are used, it works concomitantly on all *Dosha* and causes *Dosha Samprapti Vighatana*⁸. due to *Ushnavirya* *Tridoshaghna* properties, it results in *Aampachan* And *agnipradipan* so *Strotorodh* can be released⁹.

Lekhaniya Mahakashaya - *Lekhaniya Mahakashaya* has *Katu*, *Tikta*, *Kashaya* in *Rasa*, possessing *Ushna Virya*, and *Laghu Ruksha Guna* which are largely responsible for *Medohara* and *Lekhaniya* activities. It may be because these rasas have *Vayu Mahabhuta* and *Ruksha-Laghu Guna* which are opposite to the *Gunas* of *Meda Dhatu*¹³. The majority of herbs have *Vatahara* and *Kaphahara* activity. The relationship of *Medodushti* is well established in the pathogenesis of *Santarpanotha Vikaras* like *Sthaulya* and *Prameha*.

CONCLUSION

Increasing the severity of the condition, causing considerable concern for those affected and mandating

attention to a healthy lifestyle. Allied sciences have been developed with treatments like hormonal therapy, and insulin therapy that meets with the high cost and prolonged usage end up with other metabolic disturbances. Ayurvedic treatments are effective at reducing PCOS symptoms and body weight. It supports ovulation, one of the key elements in the maintenance of fertility, by lowering insulin resistance more effectively.

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