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MANAGEMENT OF GRANTHIBHUTA AARTAVA DUSHTI W.S.R. TO PCOD- A CASE REPORT

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ABSTRACT

Poly Cystic Ovarian Disease is a heterogeneous multisystem endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and clinical features like hyperandrogenism, chronic anovulation, and obesity, resulting from insulin resistance and the compensatory hyperinsulinemia. Poly Cystic Ovarian Disease is a condition where cysts on the ovaries are present that prevent the ovaries from performing normally. On the basis of ultrasound evaluation there will be presence of peripherally tiny follicles. Clinically the PCOS can be understood based on assessment for *Granthibhuta Aartava Dushti.* (PCOS) can be correlated with *Aartava Kshaya, Arajaska Yonivyapad, Lohitakshaya Yonivyapad, Shushka Yonivyapad* and *Shandhi Yonivyapad.* PCOD affects 5-6 % women in childbearing age and is increasing due to change in lifestyle and stress. It is also becoming the common problem in adolescents. So, the management of PCOD is very helpful when it is done by the way which doesn't affect other hormonal levels and without any further complications. In *Ayurveda* there are some medications and treatment protocols which are very helpful to manage the PCOS in such a way that doesn't affect the health of woman. Also, *Ayurvedic* management of PCOS gives relief in other features of disease like Obesity. So, here attempt has been made for the management of *Granthibhuta Aartava Dushti* w.s.r. to PCOD.

Keywords- Polycystic Ovaries, Infertility, *Granthibhuta Aartava Dushti*, *Shodhana chikitsa, Shamana Chiktsa.*

INTRODUCTION

Poly Cystic Ovarian Disease (PCOD) is the collection of signs and symptoms related to ovarian dysfunction. It was originally described by Stein and Leventhal in 1935, hence, also called as 'Stein-Leventhal Syndrome.'[1] Poly Cystic Ovarian Disease (PCOD) is a highly prevalent endocrine metabolic disorder that points toward various severe consequences to female health associated with psychological impairments. PCOD affects 5-6% women in childbearing age and is increasing due to change in lifestyle and stress.[2] The exact etiology of PCOD is not known although it is known to feature several hormonal disturbances including hyperandrogenism, Insulin resistance, Hyperinsulinemia, Obesity and Infertility. Among these, infertility is one of the most prone morbidity. Most women with PCOD are overweight, further enhancing androgen secretion while impairing metabolism and reproductive functions and possibly preferring the development of the PCOD phenotype. There is no defect in Hypothalamo-Pituitary-Ovarian axis, but normal function is guarded by inhibition of ovarian follicular development and inappropriate feedback to pituitary. The high estrogen production is mainly due to conversion of androgen into estrogen in the ovary. It leads to increase in luteinizing hormone (LH) and decrease in follicle stimulating hormone (FSH). An unkind circle is established for the increase in luteinizing hormone which induces thecal hyperplasia and increased androgen synthesis in the ovary. High level of androgen results in increase in the peripheral production of the sex hormone binding globulin (SHBG). This leads to increased level of free androgens to produce hirsutism and to be converted to estrogen. In normal women androgen production rate is the result of adrenal and ovarian secretion and conversion from precursors in peripheral tissues particularly the adipose tissue and skin. As the exact etiology is poorly understood, there is difference of opinion about diagnostic criteria and clinical features of the disease. The management of PCOD is challenging task, facing modern gynaecologists, so the holistic approach is required in the management of PCOD. In *Ayurveda* this particular feminine disorder is not described in detail although some clinical features closely correlate with *Granthibhuta Aartava Dushti.*

Presentation of Case- A Patient aged 27 years, female, with marital history of 3 ½ year with trying period 3 ½ year with satisfactory sexual life complaining of no issues, Irregular menses since 3 years, anxious to conceive.

Associated Complaints- Patient had c/o *Ushanadhikyata (*Hotflushes*), Mukhapaka, (*Stomatitis*) Netradaha, (*Burning in eyes*) Dourbalyata (*General debility*)* since 6 months.

History of Present Illness- For the above complaints she consulted to various fertility specialist centers as well as she also consulted to gynecologists for irregular menstrual cycles, taken medicines for same upto 1 year & 6 months. After that she got regular menstrual cycle for 3 to 4 months again after she started to complaints of same. Then she came to our hospital for complaint of no issue and taken treatment.

Past History- N/H/O- HTN & DM, TORCH infection.

H/O -B/L PCOD since 3 years.

Drug History – taken modern medicine for PCOD up to 1year 6 month.

Gynac and Obs History- Nulligravida, M/H- Irregular menstrual cycle since 3 to 4 years associated with clots.

Personal History-

Ahara- Mixed, 3 Times a Day*, Katu & madhura rasa pradhana*, *Mala- Prakruta*, once in a day

Mutra- 4 to 5 times/day, Clear, Yellowish in colour, *Nidra*- 8 hours at night.

H/O *Diwaswapna* (Day sleep) daily 1 hour since 6 to 7 years.

Ashtasthana Parikshana- Patient was examined with *Ashtasthana parikshana*. Her *Nadi* was 78 beats/min, mala was clear, once in a day, *mutra* was *Prakruta, Jivha* was *Alpalipta, Shabda* was *Spashta*

Bhashana and *Shravana, Druka* was *Prakruta, Sparsha* was *Ushana.* Her *Akruti* was *Madhyama.*

General Examinations- Her Built and nourishment was moderate. Cyanosis was absent. Pallor, Icterus, Edema, Lymphadenopathy was absent. Gait and speech were normal.

Vitals- Her Temperature was 98.6F. Her Pulse was 78/min. Her Resp. Rate was 20 cycles /min. Her B.P was 120/90mmHg.

Systemic Examinations-

CNS- Conscious and oriented to time, place and person

CVS- S1 S2 normal, no added sounds

RS- Clear

P/A- Soft, non-tender, no organomegaly

Investigations-

Thyroid profile- T3- 0.75 mg/dl, T4- 9.03 mg/dl, TSH- 6.57 UI/ml

USG- B/L PCOD, done 6 months back.

Diagnosis- *Vandhya* (Infertile woman) with *Granthibhuta Aartava Dushti* [PCOD]

Samprapti Ghataka-

Dosha: *Tridosha* with *Vata* & *Kapha* predominance, *Dushya*: *Rasa* & *Rakta*, *Agni*: *Dhatavaagni, Jatharagni.*, *Ama*: *Dhatwagni Mandhya Janya*, *Jatharagni*., *Strotas*: *Artava Vaha* according to *Sushruta Phalavaha*, *Strotodushti*: *Sangha* & *Vimargagamana.*, *Udbhavasthana*: *Amashaya.*, *Adhishthana*: *Garbhashaya*., *Vyadhi Swabhava*: *Chirakari*, *Sadhyasadhyata*: *Krichhra Sadhya*, *Vyadhi Marga*: *Baahya Roga Marga*

Therapeutic Intervention- Present case study was single case study. *Shodhana* (Purification) followed by *shaman chikitsa* (Alleviation) administrated was done in following manner- *Dipana, Pachana, Snehapana, Virechana* (Purgation) details given in table no. 02. Details of *Shamana Chikitsa* like chronological intervention, duration of treatment, medicines used, doses etc. have been enlisted in table no. 01 *Dipana, Pachana, Snehapana, Vamana* (Emesis) details given in table no. 03

DISCUSSION

In this Present study, the commencement of treatment was done by *Ampachana* with *Arogyavardhini Vati. Kashyapa* stated that infertility gets cured by use of *virechana*.[3] While giving the *Virechana, Snehapana* was done with *Phalaghruta*. *Phalaghṛuta* is the most recommended formulation in the treatment of infertility and recurrent abortions.[4,5,6,] For *abhyanga, Ksheerabala Taila* was used because it normalizes the channels (*Strotas*) followed by *Bashpa Sweda*. *Virechana* was done with *Trivrut leha*. *Virechana Karma* has direct effect on *Agnisthana* (hampered *Agni* is one of the initiating factors in *Rajodushti*). It pacifies the vitiated *Kapha* and *Vatadosha* and removes vitiated excessive *Pitta* & thus do *Raktashodhan*. It does the *Strotovishodhana Karma* also After that *Kalyanakaghruta*, *Saraswatarishta*, *Tab. Pushpadhanva rasa* was given. Most of the ingredients of *Pushpadhanva rasa* have *Tridosha Nashaka* properties which act primarily in *Samprapti Vighatana* of PCOD. *Pushpadhanva rasa* is *Vata Niyamaka* and *Pitta Kapha Shamaka* which helps in *Bijotpatti* and *Bijotsarga*.[7] All medicines were given for 1 month. In the next follow up Patient advised with *Tab. Rajapravartini Vati*, *Shatpushpa Churna*, *Nagkeshar Churna*, *Ashokarista- Ashokarishta* may act as *hrudya, balya*, rejuvenates and strengthen body. This is used to enhance endometrial receptivity to avoid recurrent abortion.[8,9] *Shatapushpa Churna* has the properties like *Madhura, Kashaya, Snigdha, Vrushya* and *Bruhana*, these properties increase *Bala* of patient. It acts as *Yonishodhana, Artava Janaka, Shatavari* is said to be *Putra Pradayini*, and *Pushpa Utpanna Kari, Rutu Pravartini. Shatavari* is *Vata Prashamani*. With all this actions *Shatavari* might corrects *Artava Kshaya* and cause normalcy in menstrual cycle. *Shatapushpa* is a phytoestrogen; it exerts both estrogenic and anti-estrogenic activity depending on the condition. It acts in both high estrogenic and low estrogenic condition[10]

Raja Pravartini Vati[11] has direct action on the *Artava Vaha Strotas*. The ingredients are having *Katu Rasa, Katu Vipaka, Laghu, Rooksha, Tikshna Guna, Ushna Veerya, Vata Kapha Hara* and *Pitta Vardhaka* proper-

ties All these properties remove the obstruction in the passage and does *Strotoshodhana*.

The main action of *Vamaka Dravya* is on *Amashaya* of the individual. In the *Amashaya* it acts on the very root cause of the vitiation of *Kapha*. The vitiated *Kapha* present in entire body is expelled out through the mechanism of *Vamana* and intensity of the pathogenesis is controlled to the maximum level. *Dipana* and *Pachana* was done by *Agnitundi Vati* before the *Vamana Chikitsa*. *Snehapana* was done with *Kalyanaka Ghrut.* Majority of the drugs of *Kalyanakaghruta* are having *Tridoshashamaka, Dipana, Pachana, Vrishya, Rasayana, Yonidoshahara, Garbhasthapaka* properties. According to modern science, *Ghruta* is lipophilic in nature, thus it diffuses rapidly across the cell membrane which is also composed of bimolecular lipid matrix and *Ghruta* can also cross blood brain barrier and acts on central nervous system i.e. hypothalamus and pituitary gland and may correct hormonal imbalance. *Ghruta* contains the cholesterol which is responsible for the synthesis of steroid hormones i.e. estrogen and progesterone.

As per the mode of action of *Vamana Karma*, it clears the channels (*Strotas*) from the *Sanga*, created by vitiated *Kapha, Meda* and *Ama*. Maximum *Doshas* are thrown out from the body by this process, thus detoxifying the body up to a certain level. The remnant *Doshas* are controlled by *Shamana* therapy which includes *Rakta Prasadana, Kapha-Vatahara, Artava Janana, Rutu Pravartini* properties. *Sukumar Kashaya* is made of 27 medicinal plants. It's having antioxidant potential.[12] *Vandhyatva* (Infertility) has not been described as a separate entity in *Ayurvedic* classics, but all the gynecological disorders are undertaken as twenty *Yonivyapad* as. The *Yoni* never gets diseased without vitiated *Vata*.[13] Hence, *Dashamula Kashaya was* used because it possesses the *Vata Shamaka* property. *Garbhapala Rasa* has the property of *garbhasthapaka* hence it was used to avoid the pregnancy loss. *Shatavari* nourishes the endometrium and prepares the reproductive organs for conception and prevents threatened abortion. *Shatavari* contains precursor of estrogen i.e. phytoestrogens, which increases amount of cervical mucus and motility of sperms in cervical mucus.[14] After *Shodhana Karma Shaman Chikitsa* helps to correct the *Rutu, Kshetra, Ambu* and *Bija* which are basic requirements for reproduction. They also help the patient in correcting her *Aartava Dushti* and *Agneya Guna* of *Aartava*. Therefore, patient conceived in approximately in less than one year of treatment.

Diet and Fertility- As per modern view diet should not be severely deficit in micronutrients, folic acid, zinc or antioxidant so as to affect the ovarian function or the spermatogenesis but in *Ayurveda* the importance of diet is not merely limited to provide nourishment it is also responsible for all the changes in the body. By the use of *Ghruta* & *Ksheera* in diet the fertility period may be prolonged.

CONCLUSION

PCOD is an emerging problem among women of reproductive age group leading to infertility & multiple signs & symptoms. The condition is to be properly perceived, interpreted & diagnosed before providing a better line of treatment. It is the need of the hour to contribute a comprehension care through *Ayurveda* which should be complete the patient.

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Table 1 Treatment Protocol.

Date	***Shaman Chikitsa***	***Matra*/Duration**	***Shodhan Chikitsa***
22/11/14 – 02/12/14	*Amapachan with Arogyavardhani vati*	1 BD for 10 days.	
05/12/14 – 12/12/14			*Virechana* (Detail in Tab.no.02)
16/12/14 (L.M.P = 29/11/14)	*Kalyanak Ghrita*	1 tsf BD with milk before food	
	Saraswatarista	3 tsf BD with water after food.	
	Tab. Pushpadhanva rasa (Day 1-Day 15)	1 BD with water after food.	
20/02/15 (L.M.P = 30/12/14)	*Tab. Rajapravartani vati*	1 BD with water after food.	
	Shatapushpa churna + nagkesar churna	1 tsf BD with water after food.	
	Ashokarista	10 ml BD with water after food.	
20/03/15	*Amapachan with Agnitundi Vati*	1 BD after food for 2 days.	
23/03/15 -27/03/15			*Vaman* (Detail in Tab. No.03)
30/03/15 (L.M.P = 08/03/15)	*Tab.Rajapravartani vati*	1 BD with water after food.	
	Satapushpa churna	1 tsf BD with water after food.	
	Sukumar kashaya	3 tsf BD with water after food.	
13/04/2015 (L.M.P = 13/04/15)	*Tab. Pushpadhanva rasa* (Day 1-Day 15)	1 BD with water after food.	
	Dashmoolkashaya	3 tsf BD with water after food.	
	Kumaryasav	3 tsf BD with water after food.	
	Shatavari churna + Amrutasatva + Amalki churna.	½ tsf with water after food.	
	Natural Intercourse		

25/05/15 (L.M.P = 26/05/15) Cycle – Delayed for 15 days.	*Tab. Gynova*	1 BD with water after food.	
02/07/15 (L.M.P = 01/07/15)	*Tab.Garbhapala rasa*	1 BD with water after food for 15 days.	
27/08/15	*c/o – Amenorrhea Nausea & Vomiting.* UPT- Positive.		

Table 2: Details of *Virechana Karma*

Date	**Procedure**	**Drug & Dosage**	**Duration**
23/11/14	*Dipan & Pachana*	*Arogyavardhini Vati* 1 BD.	10 days
05/12/14-08/12/14	*Snehapana*	With *Phala ghruta* (as per *kostha & agni*) in increasing dose. Average initial dose was 30 ml and maximum dose was 130 ml.	4 days

Detail of *Snehapana*

Date	***Snehapana***	**Time**	***Matra***	***Snehajirna kala***	***Snehajirna Avadhi.***	***Lakshana***
05/12/14	*Phala ghrita*	8:00 am	30 ml	11 am	3hrs.	NAD
06/12/14	*Phala ghrita*	8:00 am	60 ml	12 am	4 hrs.	NAD
07/12/14	*Phala ghrita*	8:00 am	100 ml	05 pm	8.5 hrs	NAD
08/12/14	*Phala ghrita*	8:00 am	130 ml	8.45 pm	12 hrs.	*Shiroshul, Dourbalya*.
09/12/14	*Sneha Viram*					
10/12/14-12/12/14	*Abhyanga & Bashpa swedan*	*Kshirbala Tail & Dashmoola kwath bashpa peti sweda.*			3 days.	
12/12/14	*Virechana karma*	*Trivrutt avaleha 20 gm.*				
Total no. of Vegas 11, No *virechana vyapads* are seen.						
12/12/14	*Samsarjana Kram*	Regulatory diet regimen as per *Suddhi*.			4 days *Samsarjana kram* advice.	

Table 3: Details of *Vamana Karma*

Date	**Procedure**	**Drug & Dosage**	**Duration**
20/03/15	*Dipan & Pachana*	*Agnitundi Vati* 1BD	2 days.
23/03/15-25/03/15	*Snehapana*	*Kalyanak Ghrita* (as per *kostha & agni*) in increasing dose. Average initial dose was 30 ml and maximum dose was 90 ml.	3 days.

Detail of *Snehapana*

Date	***Snehapana***	**Time**	***Matra***	***Jirnakala***	***Avadhi,***	***Lakshana***
23/03/15	*Kalyanak Ghrita*	7.45 am	30 ml	12.45 pm	5 hrs.	
24/03/15	*Kalyanak Ghrita*	7.45 am	60 ml	04.15 pm	9 hrs.	*Kshudha*
25/03/15	*Kalyanak Ghrita*	7.45 am	90 ml	10.30 pm	14 hrs.	*Kshudha*
26/03/15	*Abhyanga & Bashpa swedan*		*Sarvang abhyang with Dhanvantar tail f/b mrudu bashpa peti sweda.*		1 day.	
27/03/15	*Vaman Karma*		*Madan phala pippali*-5gm *Vacha*-3 gm *Saindhav*-2 gm		Given at 7.25 am on empty stomach.	

		Madhu-Q.S	
***Vaman* Assessment**			
Antiki	*Pittant*		
Vaigiki	3 *Vega*, 3 *Upvega*		
Maniki	Input 1.8 lit. Output 2 lit.		
Vaman Sidhhi	*Avar*		
27/03/15-29/03/15	*Samsarjana Kram*	Regulatory diet regimen as per *Sud-dhi*.	3 days.

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