



## A CASE STUDY- AN AYURVEDA APPROACH ON POLYCYSTIC OVARIAN SYNDROME

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## ABSTRACT

A woman is the best and most precious creation of God. Women's bodies undergo significant changes throughout their lives, leading to differences in health concerns for varying age groups. The reproductive cycle significantly affects in every stage of a woman's life during the transition from a girl to a woman and a woman to a mother. PCOS is the most challenging lifestyle disorder that can affect women's Multiple system and require a comprehensive perspective on health care for effective treatment. Metabolic derangement and associated complications include insulin resistance and diabetes, hyperlipidemia, fatty liver, hypertension, and sleep apnoea. Reproductive complications include oligomenorrhoea /amenorrhoea, sub-fertility, endometrial hyperplasia, and cancer. Associate psychological concerns include depression and disordered eating. Additionally, cosmetic issues are hirsutism, androgenic alopecia, and acne. This particular feminine disorder is not described word for word in *Ayurveda*. *Ayurveda* literature is under the broad heading of *Yoni vyapad*, *Artava dustya*, and *Artava kshaya*. Analyzing the signs and symptoms of diseases, it can be assumed that vitiated *Kapha* causes *Srotorodha* (blockage of channels), resulting in *Vata vaigunya*. *Agneya* property of *pitta* depleted. Here is a case report of 25 a 25-year-old female patient who presented with irregular menstruation, rapid weight gain, and depression. On Ultrasonography, she has detected a bilateral polycystic ovary. Depending upon the clinical features, the patient was given *Aampachan*.

Vatanuloman, Kaphavata hara, Medohara, and Artavajanana properties of medicines and yoga. After almost three and half months of internal medicine, symptoms reduced markedly, and menstruation was normal.

**Keywords:** PCOS, Yoni vyapad, Aampachan, Kaphavatahara, Medohara, Artavajanana

## INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders affecting 4%-18% of women of reproductive age globally.<sup>1</sup> In India, THE prevalence estimates are between 8.2% and 22.5%, depending on the diagnostic criteria used.<sup>2</sup> Polycystic ovarian syndrome was initially described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism, and obesity associated with enlarged polycystic ovaries.<sup>3</sup> The heterogenous disorder is characterized by excessive androgen production by the ovaries mainly. PCOS is a multifactorial and polygenic condition. Diagnosis is based upon the presence of any two of the following three criteria (ASRM/ESHRE,2003).<sup>4</sup>

1. Oligo and anovulation.
2. Hyperandrogenism (clinical and biochemical)
3. Polycystic ovaries

This particular feminine disorder is not described word for word in *Ayurveda*. Some diseases related to *Ayurveda* have similarities with modern medicine. However, the signs and symptoms of a condition like *Anartava/ Nastarava, Arjaska yonivyapad, Lo-hitakshaya yonivyapad, Vandhya yonivyapad, Shan-*

*dhi Yonivyapad, Aartava kshaya and Pushpaghni Jataharini* mentioned in *Ayurveda* closely resemble the features of PCOS. The aim and object of this study is to evaluate the effectiveness of simple *Ayurveda* herbs-mineral formulation for the treatment of PCOD.

## MATERIAL AND METHODS

A single case of 25-year-old female patients having signs and symptoms of PCOD for one year is discussed here.

Assessment criteria, mainly subjective parameters, and the investigation were done before and after the treatment.

The patient was given *Ayurveda* herbo-mineral formulation, including *Yoga* therapy.

**PATIENT INFORMATION-** Twenty-five years old unmarried women came to *Kayachikitsa* OPD of the Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Shastrapith with complaints of irregular menstrual cycle, gradual weight gain, and depression, hair loss for one year. Her USG report reveals bilateral PCOS.

**FAMILY HISTORY:** No relevant history.

**PAST HISTORY:** No relevant history

**Table No. 1. MENSTRUAL HISTORY BEFORE TREATMENT**

1.	Age of Menarche	12 years
2.	Cycle	Irregular for 2 years
3.	Interval	2 to 3 months
4.	No of days of bleeding	2 days
5.	No of pads/day	1/2
6.	Pain	+++
7.	Clots	Nil
8.	Discharge	Present

**Table No. 2. PERSONAL HISTORY:**

1.	Diet	Non vegetarian
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2.	Appetite	Reduced
3.	Bowel Habits	Constipated
4.	Bladder	Normal
5.	Sleep	Excessive

**Table No. 3. ACCORDING TO AYURVEDA:**

1.	<i>Hetu</i>	<i>Dadhi and Rukshanasevan daily, diwaswapna, Avyayama</i>
2.	<i>Prakriti</i>	<i>Vata-kapha</i>
3.	<i>Dosha</i>	<i>Kapha, vata</i>
4.	<i>Dushya</i>	<i>Rasa, meda</i>
5.	<i>Agni</i>	<i>Mandagni</i>
6.	<i>Strotasa</i>	<i>Rasavaha, medovaha, and Artavavaha srota</i>
7.	<i>Srotodusti</i>	<i>Sanga and vimargagamana</i>
8.	<i>Pratyatma lakshanas</i>	<i>Artava kashaya, sthoulya, avasada</i>

❖ **MARITAL HISTORY:** Unmarried

❖ **HEIGHT** – 5 FT

❖ **WEIGHT** – 75 KG

❖ **USG REPORT BEFORE TREATMENT-**

- The uterus is anteverted and normal in size.
- The right ovary measures 44mm x 22mm x 27mm.

- Left ovary measures: 39mm x 15mm x 32mm

- Multiple small cysts are seen at both ovaries.

❖ **BLOOD INVESTIGATION-** Hb%-12.5g/dl, FBS- 92 mg%, PPBS- 113mg%.

❖ **THYROID PROFILE** -Within normal limit.

**Table 4. AYURVEDIC MANAGEMENT:** On the 1<sup>st</sup> visit

<i>Chitrakadi Vati</i>	2-tab bd ac with lukewarm water for 15 days
<i>Tivrit Avaleha</i>	1 tsp on bedtime for 15 days with lukewarm water
In The 2 <sup>nd</sup> Visit	
<i>Rajaprabarini Vati</i>	2-tab(250 mg) bd pc with lukewarm water for 3 months
<i>Kanchanara Guggul</i>	Two-tab (250 mg)bd pc with lukewarm water for three months
<i>Kumari Asava</i>	15 ml +15 ml water bd pc for one month
<i>Aragyabardhini Vati</i>	1-tab bd pc for 3 months

{ During menstrual period of every month *Rajoprabartini vati*, and *Kumari asava* was stopped}

**ADVICE**

- ❖ Avoid all types of processed and high-calorific food.
- ❖ Regular exercise and yoga-like *Pavanamuktasana, Suryanamaskar, and Pranayama*.
- ❖ Also instructed to avoid *Vega Dharan, Diva Nidra, and Ratri Jagaran*.

**FOLLOW-UP AND OUTCOME AFTER 3 MONTHS**

- Period becomes regular.
- 6 kg weight reduction is also noted.

USG reveals normal ovaries and no cyst present in both ovaries.

**DISCUSSION**

PCOS is a disorder involving predominantly *Kapha Vata dosha and Pitta dosha* as well as *Rasa, Rakta, Mamsa, Meda, and Artava dhatu*. The main causative factor is *Mandagni*, which causes improper digestion of ingested food and leads to *Ama(undigested) dosha*. It vitiates the *Rasavaha, Raktavaha, Mamsavaha, Medovaha, and Artavavaha srota*, producing the

symptoms of particular related *Srota dusti*. Menstrual blood is the *Upadhatu* of *rasa*. Therefore, due to the vitiation of *Rasadhatu* by *Ama*, the menstrual blood also gets vitiated by *Ama*, leading to impairment of its functions. The *Kapha dosha*, which is the mala of *Rasadhatu*, gets vitiated by *Ama* and blocks the downward movement of *Apanavayu*. The vitiated *rasa*, along with vitiated *Kapha*, circulates throughout the body. There is a similar effect of vitiated *Kapha* on *Meda dhatu*. The *Medagni* is reduced due to excessive *ama dosha* created in the body. This, in turn, increases the *Dusti Medadhatu* leading to obstruction in the *Srotas*. The *Dusitakapha*, which has increased manifold, goes deeper into the body, reaching *Manobahasrota* due to its *Guru guna*, causing depression.<sup>5</sup> Medicine with *Aampachan*, *Vatanuloman*, *Lekhana*, and *Artava janana* properties should be used to normalize this condition. This combination of *Chitrakadi vati*, *Tivrit avaleha*, *Rajoprabartini vati*, *Aragyavardhibi vati*, *Kanchanar guggul*, *Kumari asav* normalizes *Vata Kapha dosha* and *Aampachak* and most of the content has attributes like *Ushna*, *Deepan*, *pachana*, *Amadoshanasak*.

- **CHITRAKADI VATI**- *Chitrakadi vati* is *Amadoshanasak* and *Agnidipak*.<sup>6</sup> *Chitrakadi vati* contain drugs are *Ushna virya*, *Katu*, *lavan*, *Tikta*, *Madhur*, *Amla rasa*, *Laghu*, *Tiksha*, *Snighda*, *Gra.hi guna* predominant with *Katu vipaka*, and *Kaphavata hara* action which improving *Jatharagni* by removing *Ama* Due to *Madhura rasa* and *Snighdha guna*, it balances the *pitta*. *Tikta* and *Katu rasa* improve digestion.
- **TIVRIT ABALEHA**<sup>7</sup> - It is *Rechak* in karma and help in *Srotasodhan*.
- **RAJAPRABARTANI VATI**<sup>8</sup>- *Sodhita hingu*, *Kumari*, *Sodhita tankan*, *Sodhita kasis* are the main ingredients of *Rajoprabartini vati*. All ingredients have *Katu rasa*, *Ushna virya*, *Tikshna guna*, and *Pitta bardhak*, which stimulate menstruation.
- **KANCHANAR GUGGUL**<sup>9</sup>- Bark of *Kanchanar*, *Triphala*, *Trijatak*, *Bark of Varun*, the resin of *Suddha guggul* is the main ingredient of *Kanchanara guggul*, having properties of *Granthihara sothaha-*

*ra* and *Lekhana*. It also acts as a *Deepan* and *Sroto sodhana*.

- **KUMARIASAVA**<sup>10</sup> - *Ghritha kumari*, *guda*, *Vijaya*, *Lavanga*, *Jatiphala*, *Chavya*, and *Chitrak* are the main ingredient of *Kumariasava*. It enhances *Agni* and acts upon *Vata dosha*. It destroys *Nashtapushpa* (*Nasta puspa nasayet*)
- **AROGYAVARDHINI VATI**<sup>11</sup>- *Suddha parad*, *Suddha gandhak*, *Louha bahsma*, *Abhrak Bhashma*, *Shilajit*, *Triphala*, and *Kutki* are the main ingredients of *Arogyavardhini vati*. It acts as *Uttam rasayan*, *Deepan* and *Sroto sodhan*. It also acts as *Mala-suddhi karak*, *Medo-hara*.

## CONCLUSION

The above treatment protocol was effective in PCOS, and there is no recurrence of such menstrual irregularities to date. These case studies show encouraging results in PCOS and need further study for its scientific validation.

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