

A CASE REPORT OF AYURVEDIC MANAGEMENT ON PCOD.**Vd. Shital Vijayji Rathi^{1*}, Vd. Vishakha Vikas Pachare² and Vd. Vidya D. Sarode³**

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Article Received on
10 December 2023,

Revised on 31 Dec. 2023,
Accepted on 21 Jan. 2024

DOI: 10.20959/wjpr20243-31175



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ABSTRACT

This case study investigates how Ayurveda might naturally restore hormonal balance to treat Polycystic Ovary Syndrome (PCOD). Through a detailed analysis of a specific patient's journey, the article analyzes Ayurvedic principles, dietary adjustments, and herbal therapy that result in the successful cure of PCOD symptoms. The study highlights the holistic approach of Ayurveda, which addresses underlying causes in addition to symptoms. It is important to comprehend the potential benefits of Ayurveda as a sustainable and natural remedy for PCOD, given the potential drawbacks of conventional drugs. This emphasizes how crucial customized, integrative healthcare is to preserving women's reproductive health.

KEYWORDS: Ayurveda, PCOD, Hormonal balance, Natural treatment, Holistic healthcare.

INTRODUCTION

Polycystic Ovary Syndrome (PCOD), which is defined by hormonal imbalances that result in a variety of physiological abnormalities, is a common and difficult disorder in the complex field of women's health. Among the many available conventional therapies for PCOD, this case study explores the surprising role of Ayurveda in holistic therapy. The ancient Indian medical system known as Ayurveda takes a unique approach to treating imbalanced bodies. It

does this by using customized treatments, dietary modifications, and herbal remedies. This introduction sets the reader up for a thorough analysis of a specific instance.

The 2003 Rotterdam criteria provide a summary of the diagnostic features for PCOD, or polycystic ovary syndrome. These criteria seek for specific characteristics, such as several small ovarian cysts, inconsistent ovulation, and elevated levels of male hormones, to diagnose PCOD. If a patient has two or more of these three symptoms, they are diagnosed with PCOD. This standardized framework has proven crucial in the medical field for identifying and classifying PCOD since it provides doctors with a clear and comprehensive set of criteria to aid in accurate diagnosis and subsequent treatment options.^[1]

PCOD has witnessed a surge in prevalence, currently estimated at 5-15%, a phenomenon attributed to evolving lifestyles. Particularly alarming is its increasing occurrence among young women, manifesting shortly after puberty. PCOD is a significant factor in infertility, impacting 15-20% of women who are facing reproductive issues. Significantly, a significant association has been observed between PCOD and obesity, with 50–70% of PCOD patients being overweight or obese. The aforementioned figures highlight the complex characteristics of PCOD, underscoring the necessity of a comprehensive comprehension of its correlations and the necessity of customized therapies to address this growing health issue.^[2]

Need of Study

Explore Ayurveda's success in naturally curing PCOD, illuminating holistic approaches and informing future interventions for hormonal imbalances in women.

MATERIALS AND METHODS

The Ayurvedic era provides limited literature on ovaries and PCOS, with sporadic references such as Asthanga Hridaya and Arunadatta. Noteworthy is the association of ovaries with the term 'Dimba' and their formation from Rakta and Mamsa. The symptoms of PCOS find correlation with Ayurvedic conditions like Dimba Roga, Jatiharini, Vataja Artava Dusthi, Artava Kshaya, and Ksheenartava. Despite the scarcity, these ancient insights offer a unique perspective, paving the way for a deeper understanding and potential integration of Ayurvedic principles in addressing modern reproductive health challenges associated with PCOS.^[4]

To effectively treat PCOS with Ayurvedic treatments, one must comprehend the Samprapti (pathogenesis) and Dosha Dushya Sammorcchana (interaction of doshas and tissues). Shatapushpa Shatavari Kalpa Adhyaya, the fifth chapter of Kashyapa's Kalpasthana, describes Shatapuspa's attributes, which include Madhura Rasa, Bhrihani, Balya, and more. Notably, it is described as having the ability to bring about menstruation and support offspring.

In the same way, Shatavari is known for Sheeta Veerya, Kashaya-Madhura Rasa, and a host of other qualities. These include the rejuvenating Rasayana, the calming Vaata and Pitta-hara, and the energizing Ojakara. It is also stressed as a treatment for Smritimedamatikara (enhancing intelligence and memory) and Vibhandahara (easing blockage). These properties underscore the potential of Shatapuspa and Shatavari in addressing the intricate imbalances associated with PCOS through Ayurvedic interventions.^[5]

Criteria for declare of PCOS

The declaration on the basis of menstrual disorders, including oligomenorrhea, Ayurvedic principles are in line with amenorrhea, anovulation, infertility, hirsutism, and ultrasound findings, which emphasize a thorough diagnostic approach. Understanding the Samprapti (pathology) by evaluating the Dosha (pathological variables), Dushya (affected tissues), Agni (metabolic alterations), and Sroto Dushti (channelizing system irregularities) is more important than just labeling the condition. This foundation underscores the significance of diagnosing the disease before initiating treatment, aligning with the principle of 'Samprapti Vighatanameva Chikitsa'.^[6]

In the context of PCOS management, In order to address menstruation issues, hirsutism, infertility, and long-term effects, the case study takes a holistic approach. The treatment plan includes food adjustments (Aahaara), weight-loss exercises (Vihaara), Udvartana Karma, and purification treatments (Shodana Karmas) like Vamana, Kaala Basti, and Navana Nasya Karma. Shamana medications are also given, indicating a multifaceted approach to reestablish balance and reduce the complications related to PCOS. Through Ayurvedic therapies, the ultimate goal is a thorough restoration of general well-being rather than just symptomatic relief.

CARE REPORT

The presented case involves a 28-year-old unmarried woman who approached the OPD at Prasuti and Strirog, Ashwin Rural Ayurvedic College, Manchi Hills, Sangamner, Ahemadnagar. The primary concerns reported by the patient included irregular menstrual cycles, gradual weight gain, and a progressive increase in facial hair over the preceding 6 months. Notably, the patient was found to be overweight, with a Body Mass Index (BMI) of 29.4 kg/m². Diagnostic assessment through ultrasound confirmed bilateral Polycystic Ovary Syndrome (PCOS). This case serves as a clinical scenario where Ayurvedic interventions may be employed to address the multifaceted manifestations associated with PCOS, emphasizing holistic well-being.

Family history -The patient's father had been diabetic for 8 years.

Past medical history - There was no relevant past medical history.

Menstrual History

No. of days of bleeding	3-5 days
Interval	2- 3 months
Cycle	irregular
No. of pads	3-4 /day
Pain	++

Personal History

Diet	Mixed
Appetite	Decreased
Thirst	Normal
Bowel	Constipated
Bladder	Normal
Sleep	Excessive

Marital history: unmarried.

Follow-up and outcome after 3 months

Physical examination

Blood pressure	118 / 80 mm of hg
Pulse rate	70 /min
Respiration rate	18/min
Height	163 cm
Weight	71 kg

INVESTIGATIONS

Blood Investigations: Haemoglobin-11 g/dl, FBS- 97mg%, PPBS- 133mg%, and Thyroid profiles were within normal limits.

USG Findings: The diagnostic findings for the patient reveal a slightly retroverted uterus, measuring 36 mm x 38 mm x 54 mm. The endometrial thickness is measured at 9.0 mm. Noteworthy are the characteristics of both ovaries: the right ovary displays a volume of 9.5 cc, while the left ovary exhibits a volume of 8.2 cc. Both ovaries present with multiple small follicles, each measuring less than 5 mm, arranged peripherally. These ultrasound findings are indicative of a bilateral presentation of Polycystic Ovary Syndrome (PCOS). This comprehensive assessment provides crucial insights into the anatomical and structural aspects of the reproductive system, guiding the formulation of an effective and targeted management plan for the patient.

Diagnosis

The diagnosis was made based on clinical history, Physical examination, and USG report.

Ayurvedic management

Internal medicine: following medicines were advised for 3 months.

<i>Ashwagandha Churna</i>	3gm BD after meals
<i>Aarogya Vardhini Vati</i>	1 TDS
<i>Kaanchnar Guggulu</i>	1 BD
<i>Kumaryasavam</i>	20 ml BD with after food
<i>Triphala Churna</i>	1 tsf at bedtime with warm milk

Advice

The provided advice constitutes a holistic approach for managing Polycystic Ovary Syndrome (PCOS) and promoting overall well-being. Here's a breakdown of the recommendations.

- **Avoid Processed and High-Calorie Foods:** Steering clear of processed and high-calorie foods aligns with a healthy lifestyle. Processed foods often contain added sugars and unhealthy fats, which can exacerbate PCOS symptoms. Opting for whole, nutrient-dense foods supports better hormonal balance and weight management.
- **Emphasize High-Fiber Foods:** Foods rich in fiber, like carrots and oranges, are beneficial for individuals with PCOS. Fiber helps regulate blood sugar levels and

supports digestive health, which is particularly relevant for managing PCOS-related symptoms.

- **Engage in Regular Exercise and Yoga:** Regular physical activity is crucial for managing weight, improving insulin sensitivity, and promoting overall health. Incorporating yoga can also be beneficial as it combines physical activity with stress reduction techniques, addressing both physical and mental well-being.

Follow-up and outcome after 3 months

	BT	AT
No. of days of bleeding	4-5 days	4-5 days
Interval	60 -90 days	30 - 35 days
Cycle	irregular	regular
No. of pads	2-3 /day	3-4 /day
Pain	+	+
Weight	72 kg	63 kgs
BMI	28.0kg/m ²	24.3kg/m ²
USG	Bilateral polycystic ovaries	normal uterus and ovaries, dominant follicle on the left side.

The positive outcomes found in the follow-up are noteworthy and indicative of the efficiency of the interventions. Menstrual cycles have become more regular as a result of lifestyle modifications along with a rigorous diet that reduces weight. Additionally, the 9 kg weight loss shows a beneficial influence on general health, which is often vital in managing disorders like Polycystic Ovary Syndrome (PCOS).

The results of the follow-up ultrasound are positive; the ovaries and uterus appear normal. The left side's dominant follicle is a sign of a balanced and robust ovarian function. Together, these gains represent a favorable reaction to the all-encompassing strategy that addressed dietary adjustments as well as lifestyle issues.

This instance highlights the significance of tailored and all-encompassing approaches to PCOS management, showing that a good diet along with lifestyle modifications can result in notable enhancements to reproductive health and general well-being. Monitoring and follow-ups on a regular basis are still essential to evaluate ongoing progress and adjust therapies as necessary.

DISCUSSION

The Ayurvedic perspective in this essay makes clear the intricate relationships that exist between nutrition, lifestyle, and reproductive health. According to Ayurveda, unhealthy diet and lifestyle lead to toxic build-up (Aama) in the metabolic system (Rasadhathu), which in turn impairs the reproductive system (Arthava Upadathu Dushti). This imbalance may eventually lead to issues with egg maturation and selection, which would impact fertility.

In addition to the reproductive system, other bodily tissues are also impacted by toxin production (Dhathus), which can lead to symptoms like weight gain and increased facial hair. Given that hair is a consequence of this tissue, the appearance of facial hair is related with the vitiation of Asthi Dhathu.

In addition, excess meat consumption, inactivity, and sleep deprivation can lead to abnormalities in the body's fluid balance (Kapha) and fat metabolism (Medho Dushti). Therefore, the morphology of the ovary may be affected by these abnormalities.

Based on preclinical and clinical research, *Withania somnifera*, sometimes known as ashwagandha, has been identified as a powerful anti-stress drug. Stress is important in Polycystic Ovary Syndrome (PCOS). This highlights the holistic nature of Ayurveda, which treats both physical and mental health conditions.

It improves the endocrine system and helps women with PCOS maintain their hormonal balance by reducing levels of testosterone, LH, and FSH. The capacity of *Withania somnifera* extract to resemble GABA is critical for regulating the release of hormones.^[7] Treatment with the root's hydroalcoholic extract increases the estrus phase and decreases the diestrus phase, as well as reducing LH, testosterone, and estradiol levels in PCOS rats induced with letrozole.^[8] *Withania somnifera* also has hypoglycemic effects by increasing insulin secretion and sensitivity and reducing cholesterol levels through increased bile acid synthesis, making it an effective treatment for PCOS.^[9,10]

CONCLUSION

In conclusion, the Ayurvedic treatment plan comprising Ashwagandha Churna, Aarogya Vardhini Vati, Kanchnar Guggulu, Kumaryasavam, and Triphala Churna can effectively manage PCOS. Hormone balance, detoxification, and inflammation are all addressed in the

program. Individual responses can vary, which emphasizes the need for customized guidance. Further research is required to validate these findings and improve treatment strategies.

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