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Ayurved management of PCOS: A Case Report

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ABSTRACT

Polycystic ovary syndrome (PCOS) is a complex condition characterized by elevated androgen levels, menstrual irregularities or small cysts on one or both ovaries. PCOS symptoms can be correlated with conditions like *Dimba Roga*, *Jatiharini*, *Vataja Artava Dusthi*, *Artava Kshaya*, *Ksheenartava*. This article explores the Ayurvedic management of PCOS started with *Samshodhana Karma* followed by *Shamanoushadhies* for the period of 6 months.

Key words: Polycystic Ovary Syndrome (PCOS), Ayurveda, Samshodhana Karma, Panchakarma

INTRODUCTION

PCOS is a complex genetic syndrome, the name PCOS means small cystic ovary in unilateral or bilateral and originally described in 1935 by *Stain Leventhal* as a syndrome. It is a state of androgen excess, produced by the ovaries/adrenal glands reduce the growth of graffian follicles, which interferes with the growth of follicles manifested by amenorrhea, hypo amenorrhea with chronic an ovulation, menstrual disorders, hirsutism, obesity accompanied with poly cystic ovaries, infertility.^[1]

It is a hormonal disorder causing enlarged ovaries with fluid filled sacs on the outer edges because of abnormal hormonal levels. In which the ovaries produce an abnormal amount of androgens, male sex hormones that are usually present in women in small amounts.^[2]

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A dysregulation of androgen synthesis plays a key role in the pathogenesis of PCOS; the cause of it is not well known but may be a combination of genetic and environmental factors, such as sedentary life style, dietary habits etc., and also may be triggered by genomic variants related to hyper androgens. The college going girls are also suffering from it because of stress, fascinate life and modern life styles have left many feeling anxious burnt out.

The prevalence of this condition is unclear but it affects 5.8% to 10% of women of reproductive age world wise.^[3]

There is no more literature about ovary and PCOS in Ayurvedic era, only some quotations are present like, according to *Asthanga Hridaya*, *Shareera Sthana* 3/12 as '*Naabhi Dimba Antra Bastayaha*' and *Arunadatta* '*Dimbamsyat Drakta Mamsasya Prasaadaadaantra Sambhava*'. Ovary is counted as a *Kosthnga* by name *Dimba* or *Dimbham*; it is formed from *Rakta* and *Mamsa*. PCOS symptoms can be correlated with conditions like *Dimba Roga*, *Jatiharini*, *Vataja Artava Dusthi*, *Artava Kshaya*, *Ksheenartava* etc.^[4]

Unless understand the *Samprapti*, *Dosha Dushya Sammorccana*, there is a difficulty to manage PCOS with Ayurvedic measures. According to *Kashyapa*, *Kalpasthan* 5th chapter, *Shatapushpa Shatavari Kalpa Adhyaya* the properties of *Shatapushpa* are *Madhura Rasa*, *Bhrihani*, *Balya*, *Pushtivarnaagni Vardini*,

Rutupravartini, Dhanya, Yoni and Shukra Vishodini, Ushna, Vatashamaka, Mangalakarak, Papanashaka, Veerya Vardhaka, brings menstruation and progeny. The properties of *Shatavari* are *Kashaya-Madhura Rasa, Sheeta Veerya, Snigdha, Vrishya, Rasayana, Vaata Hara, Pitta Hara, Vibhandahara, Varnakara, Ojakara, Balakara, Smritimedamatikara, Pushpakaraka, Patyakaraka, Bhuta Papa Shaapa Naashaka*.^[5]

Criteria for declare of PCOS

Can declare on the basis of menstrual disorders - oligomenorrhoea, amenorrhoea, anovulation, infertility, hirsutism and ultra sound findings. According to Ayurveda, *Vikaaranaam Kushalo Na Jruhiyaat Kadachan| Nahisarvam Vikaaranaam Atoasthi Druvaha Shtitihij* to manage the *Vikaara*, the name of the *Vikaara* is not so important (Ca.Chi.18), but identifying the *Samprapti* (pathology), by evaluating the condition of *Dosha* (pathological factors), *Dushya* (involving tissues), *Agni* (metabolic changes), *Sroto Dushti* (changes of channelizing systems) is necessary. Means the disease must be diagnosed first, and then '*Samprapti Vighatanameva Chikitsa*'^[6] is carried out. On this base this case study was carried out. Purpose of the management of the PCOS is to cure menstrual disorders, to treat hirsutism, infertility and long term effects in later life. The treatment planned as *Aahaara* (eating habits), *Vihaara* (exercises for weight loss), *Udvartana Karma, Shodana Karmas (Vamana, Kaala Basti, Navana Nasya Karma)* and *Shamana* medicines were given.

CASE STUDY

A 24 years old married women residing in Navanagar, Bagalkot District, Karnataka, reported the Agadatantra Outpatient Department (OPD) with the complaint of irregular menstruations with scanty flow during periods since 4 to 5 years and her periods comes every 5 to 6 months once with medication or sometimes absence of medication, later she was getting menses with suffering from menorrhagia, irregular menses, hirsutism, increased weight gain etc. since 2 to 3 years and also associated with low back ache, acne, dark patches of skin, mood swings, mental depression, loss

of hair, unwanted hair on body and heaviness in the abdomen since 2 to 3 years, constipation since more than 1 year. Then patient first approached modern hospital and took modern line of treatment more than 2 years. Patient has got regular periods during hormonal medication therapy upto 6 to 7 months. When she has stopped hormonal therapy again condition became same but not got satisfaction from allopathic medication, so approached our Ayurvedic hospital for Ayurvedic line of treatment. Then here started *Samshodhana Karmas* one by one with *Samsarjana Kramas*. Followed by *Samshamana* medicines upto 4 to 5 months, after Ayurvedic line of treatment then patient got regular periods for 3 to 4 months. During these days because of active married life patient has conceived without ovulation induction, hormones therapy and became happy, continued ANC in our hospital and given birth of a healthy child.

From her treatment history, no obvious cause was found out. The investigations like hematology, urology and biochemistry analysis were normal in the patient. Likewise, every report including Thyroid function test (T₃, T₄, & TSH) and Prolactin level of the patient were normal. USG abdomen was normal but pelvis revealed Right ovary measures 3.5 X 1.9cms and left ovary measures 3.8 X 1.8cms. Both ovaries are enlarged in size with peripheral multiple tiny follicles measuring 2-4 mm with central echogenic cortex, no adnexal lesions, uterus normal in size and echotexture. Endometrial thickness is normal. It was diagnosed as polycystic ovarian morphology. Patient not got regular menstruation after taking 6-7 months modern oral treatment for menstrual disorder by the advice of modern gynecologists. They suggested ovulation induction and hormonal therapy continuously for menstruations till not got good result. From history it was known that she was suffering from hormonal imbalance, menstrual disorder and psychological disturbance. She had no any previous medical or surgical illness. On general examination her all systemic examinations were normal. Her pulse and BP were found to be 72/min and 120/80 mmHg. No pallor or edema was found. She was overweight with BMI 29.04 kg/m² (Weight-68kg and height-152cm). *Prakruti*

assessment revealed she was having *Kapha Vata Prakruti*, *Dosha Vikriti Kapha Vata*, *Dushya* involved *Rasa*, *Rakta*, *Meda*, *Saara* of the patient was *Madhyama*, *Agni Mandaghni*, *Srotas* involved *Artavaha* and *Medovaha Srotases*, *Srotodusthi - Sanga*, *Udbhava Sthana - Pakwashaya*, *Sanchara Sthana Artava Srotas*, *Adhithana - Shareerika* and *Maanasika*, *Vyakta Sthana - Garbhashaya*, *Roga Swabhava - Chirakari*, *Roga Marga - Abhyantara*, *Sadhyasadyata - Kasthasaadhya* and no any relevant findings on clinical examinations.

Menstrual history revealed irregular menses with the duration of 5 to 6 months once or some time not yet getting till the hormonal medication for withdrawal bleeding. After bleeding again she was suffering from menorrhagia, it not ceases till the supplementation of styptic drugs like Hemsyl 500mgs BD, Primolut N tablet containing norethisterone 5mg as an active ingredient, it is synthetic form of progesterone hormone, indicated BD for 3 to 5 days etc. No any abnormality was found in the coital history and had not taken any contraceptive measures after the marriage for family planning.

As per abdomen examination no any abnormalities were detected. Per speculum examination revealed healthy cervix without any abnormal discharge. As per vaginal examination revealed normal sized anteverted uterus with healthy fornix vagina. Cervical motion tenderness or cervical excitation sign was absent.

Treatment given

Udvardana - It is carried out with *Mustadi Udvardanaadi Sookshma Churna* and *Triphala Sukshma Churna* for 8 days.

Vamana Karma - Classical method is followed - *Deepana* given with *Chitrakadi Vati* 2 TID, after food for chewable, *Pachana* with *Ajamoda Churna* ½ tsp with *Sabhakta* BD for 3 days. For drinking luke warm water given. *Snehapana* with *Phalaghrita* 35ml, 65ml, 95ml, 125ml respectively given till getting *Samyak Sneha Laxana*. Then 2 days *Vishrama Kala* given during this period SABS with *Bhrihat Saindavaadi Tila Taila* was carried out. *Vamana Karma* is carried out with *Madanphalapippali Yoga*; there is *Madhyama Shuddi*

in the patient, next 1-week *Sansarjana Krama* was advised. *Samshamana* treatment were given was *Pushpadhanvarasa* 2 TID, *Femtone* syrup 10 ml TID, *Dashamoola Kashaya* 15 ml TID and *Dhatri Loha* 1 TID given. Next Patient got menses after 35 days of previous cycle, on 8th day of 2nd cycle we had advised *Kala Basti* to the patient.

Kala Basti - It was prepared with classical method which is as follows;

Niruha Basti preparation - Dashamooladi Nirooha - *Dashamoola Kashaya* 350 ml, *Gomutra* 25ml, *Saindhava* 8 gms, *Madhu* 50 ml, *Sneha (Brihat Saindavaadi Taila)* 60ml, *Kalka (Shata Pushpa, Shatavari, Madanaphala and Gokshura)* 25 gms, 6 *Niruha Basti* were given in the patient.

Anuvasana Basti - *Phala Ghrita* 50 ml, 10 *Anuvasana* was given. Then 10 days after the treatment again patient got the menses. During 3rd cycle on 8th day of menses, classical *Naavana Nasya* with *Shatavari Ghrita*, and 8-10 drops each nostril was given for 7 days. Then patient got regular cycles 3 to 4 months with *Shamana* treatment, she was conceived spontaneously during the January 2022 due to active married life.

With above medications patient approached with history of secondary amenorrhea in last week of February 2022, then advised urine test for pregnancy. It was found to be positive with LMP on 17/01/2022, EDD by dates on 24.10.2022. After that normal antenatal care, line of treatment in first trimester of pregnancy was given to the patient and advised bed rest; follow-up after 15 days till April 16th 2022. On 16/04/2022 patient underwent obstetric USG that revealed, there was single viable intra uterine pregnancy. It is beauty of Ayurvedic line of treatment.

CONCLUSION

PCOS is becoming a burning issue in present era and it is mainly due to combination of genetic, environmental, social, and psychological, fashion ate life and nutritional factors. The disease diagnosed with the several expensive diagnostic tests. In contemporary medicine the treatment for PCOS is

focusing on the correcting dysfunction of reproductive organs and regulation of hormones, moreover the complications arising due to the hormonal therapy and modern management are very common, but success rates are less and treatment aspects highly expensive. Ayurveda on the other hand, looks deeply into the individual constitution and aims enhance the functioning of body systems that participate in the process of fertilization in totally and normal physiology. From this case study itself is clear that systematic approach with Ayurvedic principles are effective in managing PCOS as an effective, natural, safe, less investigations and less expensive. But it is mere a case report and further studies with proper research design is necessary for the scientific validation.

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