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# Management of PCOD - A Case Report

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## ABSTRACT

Woman being the root cause of progeny, utmost care should be given to protect her from any ailments that affect her motherhood. PCOD is one of the conditions affecting this unique capacity of woman. The disorder is probably the most common hormonal abnormality in women of reproductive age and certainly a leading cause of infertility. In Ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e. menstrual irregularities are described under the broad heading of *Ashtoartavadushti*, while the description of infertility due to Anovulation is scattered. *Pushpaghni*, *Jataharini* mentioned in *Kashyapa Samhita*, *Revati Kalpadhyaya* bears similitude to the symptom of hyperandrogenism. But features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

**Key words:** PCOD, Hormonal abnormality, Menstrual irregularities, Infertility.

## INTRODUCTION

*Stree* (woman) being the root cause of progeny, utmost care should be given to protect her from any ailments that affect her motherhood. PCOD is one of the conditions affecting this unique capacity of woman. The disorder is probably the most common hormonal abnormality in women of reproductive age and certainly a leading cause of infertility.

Poly Cystic Ovarian Disease (PCOD) - as the name suggest, is a collection of signs and symptoms related to ovarian dysfunction. It was originally described by Stein and Leventhal in 1935, so called as "Stien-

Leventhal Syndrome". It is a heterogeneous disorders characterized by menstrual irregularities, clinical, biochemical hyperandrogenism and hyperinsulinemia, which ultimately leads to infertility. PCOD is a common cause of infrequent and irregular periods affecting as many as 10% of woman in their reproductive age. The PCO is a familial condition and appears to have its origins during adolescence mainly associated with increased weight gain during puberty. Most women give importance to it only when it affects her fertility or to an extent the physical appearance. The polycystic ovary should be considered as a sign, rather than a disease. PCOD is not a complete curable disease. The treatment in modern medicine is mainly symptomatic. Moreover it may fail in preventing the long term consequences of PCOD.<sup>[1]</sup>

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dysfunction and polycystic ovarian morphology are not evident from any description.<sup>[1]</sup>

## CASE REPORT

A 27yr Female, visited Hospital of Sri Sri College of Ayurvedic Science and Research, Bengaluru on 13/08/2016 with complaints of Infertility, irregular menstruation, associated with obesity and altered mood.

### De-identified demographic information and other patient specific information.

Polycystic ovarian syndrome is a problem in which a woman's hormones are out of balance. It can cause problems with the menstrual periods and make it difficult to get pregnant. It may also cause unwanted changes in the look. If it is not treated, over time it can lead to serious health problems, such as diabetes and heart disease. Polycystic ovarian syndrome (PCOS) is common, affecting as many as 1 out of 15 women. Often the symptoms begin in the teen years. Treatment can help control the symptoms and prevent long-term problems.<sup>[2]</sup>

A key sign of PCOS is irregular or missed periods because, the effects of the condition on the ovaries can make a girl stop ovulating. However, it can take upto 2 years after her first period for a girl's menstrual cycle to become regular, it can be hard to recognize missed periods as a sign of PCOS in teen girls. Imbalanced hormone levels can cause changes in a girl's entire body, not just her ovaries.<sup>[3]</sup>

Polycystic ovarian syndrome (PCOS) is a group of recognizable patterns of symptoms or abnormalities which requires the presence of two of the following three conditions.

1. Oligo and /or anovulation
2. Polycystic ovaries
3. Hyperandrogenism<sup>[4]</sup>

### Main concerns and symptoms of the patient

Main concern of patient was infertility and symptoms are irregularity in menstruation, loss of appetite, and fluctuation in mood.

### Medical, family, and psychosocial history including relevant genetic information

- Known case of PCOD since 2014 and was on treatment.
- Known case of infertility.
- Patient visited Gunasheela hospital for infertility treatment and diagnosed as Bilateral PCOD.

### Relevant past interventions and their outcomes

- Patient was treated for PCOD.
- USG Abdomen and pelvis was done and diagnosed as PCOD and advised for Hormonal therapy.

### Relevant physical examination (PE) and other significant clinical findings

On examination the patient was Obese and small hairs on face.

### Important information from the patient's history

After interrogation with the patient it was revealed that patient was suffering with PCOD since 2014, and also anxious to get one child, so she visited various hospitals, finally diagnosed as PCOD at Gunasheela hospital, and she was taking the treatment for the same.

### Diagnostic methods (such as PE, laboratory testing, imaging, surveys)

**Physical examination:** Revealed obesity

**Laboratory investigations:** Routine blood investigations to know the variations in blood Bio-Chemistry and Thyroid function levels were assessed.

### Imaging

USG abdomen and pelvis was done to know the condition of Uterus and Ovaries, Report says; Polycystic Ovaries.

### Diagnostic challenges

Patient was from a good economic background. After marriage patient was very anxious to have child, when it was not possible even after 2-3 years she consulted the doctor. So the disease condition was grown up, and has become the challenge for diagnosis.

**Diagnostic Reasoning**

Patient was clearly diagnosed with PCOD by sophisticated techniques such as USG, where there was no room for differential diagnosis.

**Prognostic characteristics**

It is a challenge because patient has already taken treatment at various hospitals and also hormonal therapy was also given, so prognosis was very poor as earlier consultants advised for IVF/Test tube Baby.

**Types of intervention**

Medical and *Virechana* Therapy

**Administration of intervention (medicine) undertaken in our hospital**

- Tab. *Raja Pravarthini Vati*<sup>[5]</sup> (Kashmir Pharmacy) 1 Tab TID.
- Tab. *Mensol*<sup>[6]</sup> (Kashmir pharmacy) 1 Tab TID for 7 months.
- *Virechana* Therapy - patient was give 3 sittings of *Virechana* with *Ichabedhi Rasa*.
- *Snehepana* with *Guggulu Tiktaka Gritham* (AVP Pharmacy)
- *Sarvanga Abhyanga* with *Ksheerabala Tailam* (Sri Sri Ayurveda) and *Bashpa Sweda*.

**Changes in Intervention**

Initially Tab. *Rajapravarthini Vati* was given 1 TID after 3 months when there was no much change in USG reports it was increased to 2 TID.

**Clinician and patient assessed outcomes**

Patient was admitted in Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore, for *Virechana* therapy.

USG Abdomen and pelvis was done on 15/08/2016, 11/01/2017, 02/03/2017 and 03/04/2017. Regular follow-up was done for general condition, menstrual cycle and other changes in Body and Mind.

**Important follow-up diagnostic and other test results**

After the treatment, when there was regular Menstruation, decreased body weight, mentally

active was observed Patient was referred to get USG Abdomen and pelvis study done on 03/04/2017.

It is clear; that there was no PCOD. Ovaries are normal with enlarged Right ovary.

**Intervention, Adherence and Tolerability**

As this is a challenging case and patient completely willing on the consultant words and wants to take only Ayurvedic treatment, hence this case is critically analysed before intervention was started and emphasis is given on the following factors. As this is a case of *Vyaadhi Sankara* and proven to be *Kastasadhya* medically by the contemporary science, based on the references we focussed on Multiple *Vyadhi Ghatakas* involved in PCOD i.e. *Kapha* and *Vata Dosh*, *Rasa*, *Rakta* and *Meda Dhatu*, *Artava*, *Stree Shukra*, *Artavavaha Srotas*, *Shukravaha Srotas* etc. and given much emphasis on *Shukravaha Srotas* in female and compared *Stree Shukra* with ovum due to its role in reproduction. The drugs which have *Vatakapha Shamaka* properties and which regularises menstruation, if given for longer duration can cure this condition.

During the next follow up, weight of the patient also improved, the complexion, Mental status and regularity in menstrual cycles,

**DISCUSSION**

Patient was from good economic family background with lot of patience and was having faith in Ayurvedic treatment. So by considering the request of the patient was taken for treatment. If it is very old case of PCOD and already treated with hormonal therapy for long time then it becomes very difficult for treatment.

Relevant Medical science says that, Polycystic ovary syndrome is a problem in which a woman's hormones are out of balance. It can cause problems with the periods and make it difficult to get pregnant. PCOS also may cause unwanted changes in the way you look. If it isn't treated, over time it can lead to serious health problems, such as diabetes and heart disease. Most women with PCOS grow many small cysts on their ovaries. That is why it is called polycystic ovary

syndrome. The cysts are not harmful but lead to hormone imbalances. Early diagnosis and treatment can help control the symptoms and prevent long-term problems.

What are hormones, and what happens in PCOS? Hormones are chemical messengers that trigger many different processes, including growth and energy production. Often, the job of one hormone is to signal the release of another hormone. For reasons that are not well understood, in PCOS the hormones get out of balance. One hormone change triggers another, which changes another. For example: The sex hormones get out of balance. Normally, the ovaries make a tiny amount of male sex hormones (androgens). In PCOS, they start making slightly more androgens. This may cause you to stop ovulating, get acne, and grow extra facial and body hair. The body may have a problem using insulin, called insulin resistance. When the body doesn't use insulin well, blood sugar levels go up. Over time, this increases your chance of getting diabetes.<sup>[7]</sup>

What causes PCOS? The cause of PCOS is not fully understood, but genetics may be a factor. PCOS seems to run in families, so your chance of having it is higher if other women in your family have it or have irregular periods or diabetes. PCOS can be passed down from either your mother's or father's side.<sup>[8]</sup>

## CONCLUSION

The description of gynaecological disorders is less in our literature and it is found only under the broad heading of 'Yoni Vyapada'. So, it is the need of time to postulate *Samprapti* and its *Vighatana* i.e. *Chikitsa* of the disease like PCOD by Ayurvedic norms. PCOD is the most common hormonal reproductive problem in women of child bearing age. It is a health problem that can affect a woman's menstrual cycle, fertility, sex hormones production, insulin production and physical appearance. In present era drastic changes in lifestyle, food habits, environmental exposure to toxins along with hereditary predisposition for metabolic syndrome and stress have contributed to the common problem faced by today's female population - PCOD. Classical description of PCOD is

hard to pin point. Likewise the aetiology and diagnosis remains controversial. No direct correlating condition was found in classical text books. Hence aetiopathogenesis or *Samprapti* of PCOD in Ayurvedic terms were postulated.

It involves *Kapha* vitiation and *vata Vaigunya*. *Pitta* is quantitatively normal but in suppressed status. Mainly *Artavavaha Srotodushti* is found with involvement of *Medovaha Srotas* in some individuals. Role of *Ama* in the *Samprapti* is also found. Status of *Agni* in PCOD is *Dhatvagnimandya*. Both *Rajah Rupa Artava* and *Stree Beeja Rupa Artava* is found being vitiated in the disease. Not all people who suffer from polycystic ovary syndrome will have all of these symptoms. Symptoms differ from woman to woman depending upon the level of severity. Also, individuals may find that they have different symptoms at different times in their life. Symptoms usually develop around the late teens and early twenties. For some women, however, the only sign that they have the condition is when they have difficulties to have a child.

Combination of both Tab. Rajapravarthini Vati and Tab. Mensol along with *Virechana* therapy, proved to be effective in regularizing menstruation, achieving considerable reduction in body weight, substantial growth of follicles and thus ovulation and through these achievements will prevent long term consequences of PCOD. The final outcome of the study is very positive. No doubt, the above treatment protocol may be helpful for management of PCOD in future definitely.

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