



ISSN 2456-3110

Vol 8 · Issue 12

December 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# Ayurveda management of Polycystic Ovarian Syndrome by single herbs & combinations - A Case Report

Pooja Sahu<sup>1</sup>, Shiromani Mishra<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.

<sup>2</sup>Guide and Associated Professor, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.

## ABSTRACT

Polycystic ovarian syndrome (PCOS) is one of the most common problems affecting approximately 12% of all woman. PCOS can effect menstrual cycle, hormonal level, fertility as well as appearance including acne, facial hair growth and balding, overweight, irregular menstrual cycle, amenorrhoea, dysmenorrhea etc. Some woman may suffer from depression. It is also a metabolic problem that affects several body systems. PCOS is the most common endocrinopathy which mostly occur in women of reproductive age, resulting into insulin resistance and the compensatory hyper insulinemia. According to ayurvedic view PCOS can be correlated with *Aarthava Kshaya*. Ayurveda scriptures describes gynaecological disorder mainly under the term "*Yonivyapada*". It is difficult to find exact correlation of any specific condition in Ayurvedic text with PCOS. The sign & symptoms of condition like *Anartava / Nashtarva*, *Arjaska Yonivyapada*, *Lohitakshaya Yonivyapada*, *Vandhya Yonivyapada*, *Shandi Yonivyapada*, *Aartava Kashya* and *Pushpaghani Jataharini* mentioned in Ayurveda closely resemble the features of PCOS symptoms. While explaining *Yoni Vyapada* they also described some herbal formulations to treat such conditions which included *Latakaranj* seeds (*Caesalpinia cristata*), *Shivlingi* (*Bryonopsis laciniosa*), *Shatpushpa* (*Anethum sowa*) & *Kouch* (*Mucuna prurita*).

**Key words:** Polycystic ovarian syndrome, PCOS, *Aarthava Kshaya*, *Yonivyapada*, *Latakaranj*, *Ayurveda*

## INTRODUCTION

Polycystic ovary syndrome (PCOS) is a condition of androgen excess and oligo - ovulatory or anovulatory cycle. It is the most common endocrine disorder in reproductive age. The Rotterdam criteria classifies as many as 10% of reproductive aged women with PCOS. The challenge for providers and patient is to make the diagnosis of PCOS based on a combination of symptoms, signs & test, because there is no single test

can make the diagnosis. Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders. It have been affecting 4 to 12% of women of reproductive age globally, about 3.7 to 22.5% Indian women of reproductive age suffer from PCOS. PCOS often develops due to hormonal imbalance, insulin resistance, obesity, inflammation, and oxidative Stress. PCOS chiefly manifests as menstrual irregularity, weight gain and fertility issues. The prevalence of obesity and infertility in women suffering from PCOS is reported to be 30 to 75% and 70 to 80% respectively. Women with PCOS are at higher risk of suffering from metabolic morbidities including insulin resistance, glucose intolerance, cardiovascular disease, endometrial carcinoma, anxiety and depression. Based on the Rotterdam criteria PCOS is diagnosed with a woman meets two of the following three criteria:

1. Oligo and anovulation
2. Clinical (acne, hirsutism or alopecia) & hyperandrogenism
3. Polycystic ovary morphology on ultrasonography

### Address for correspondence:

Dr. Pooja Sahu

Post Graduate Scholar, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.  
E-mail: ps8370186@gmail.com

Submission Date: 08/09/2023 Accepted Date: 26/10/2023

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.12.37

### Pathophysiology of PCOS

PCOS involves metabolic and hormonal disturbance. The endocrine system plays an important role in governing the sleep-wake cycle, it is more likely that PCOS interfere with the sleep - wake cycle. In PCOS, hyperandrogenism and elevated luteinizing hormones (LH) level are majorly responsible for disrupting normal ovarian function. In PCOS, increased gonadotropin - releasing hormone (GnRH) pulse frequency favours LH production over follicle stimulating hormone (FSH). The elevated LH concentration leads to production of androgens in the theca cells, whereas the relative FSH deficit reduces the ability of granulosa cells to convert androgen into estrogen and impair follicle maturation and ovulation, thus giving rise to multiple cysts in the ovary.

### PATIENT INFORMATION

A 23 years old female, a student approached outpatient department (OPD) of Dravya Guna, with the complaint of irregular & crampy menstrual cycle and polycystic ovarian syndrome is seen in ultrasonography reports. She had delayed menstrual cycles with the interval of 60-65 days for six months with the last menstrual period (LMP) of June 16, 2023. She complained of crampy & irregular menstrual cycle, menstrual blood in clot form, mood swings, sleep disturbance, weight gain, acne, depression, fatty liver, etc. as a diagnosed case of "PCOS" for nearly 2 years and was not on any standard PCOD drugs. Before 2 years said to be healthy and not suffered from major illness. None of the family members suffered from PCOs, thyroid related illness. She had undergone allopathic medicines else where one year back and was on estrogen, progesterone HRT therapies etc. after that for 6 months. Since the past 6 months she had gradually gained weight along with irregular menstrual cycle (3-6 days once in 2 months). Along with these chief complain, she also had associated complaints of Crampy Menstrual cycle, Mood swings, Acne, Sleep disturbance, OSA (Obstructive sleep apnea), depression, obesity, Fatty liver etc. Previous investigatory reports showed the presence of PCOD & multiple ovarian cysts Her due written informed consent was recorded before initiating the treatment.

### History of past illness

No any significance medical, surgical, gynaecological and psychiatric diseases.

### Family history

Her father and mother are no any significance medical, surgical, gynaecological and psychiatric disease in her family members.

### Personal history

Her appetite was good. She drinks 8-9 glass of water daily. Tongue was mildly dry. She passes stool every alternate day and constipation is present. Her bladder habit is normal and she is pure vegetarian. There is no any addiction.

### Treatment history

For the present illness, patient went to private allopathy hospital for treatment, but her symptoms didn't subside. She visited OPD of Dravya Guna Department of Ayurveda Hospital, Chimanganj Mandi, Ujjain.

### Menstrual history

Her Menarche was at 15 years, it was regular but is irregular since last 1 one year. Menstruation only used to occur with progesterone challenge test. Currently it is irregular bleeding occurs for days. It is associated with foul smell, clots. she doesn't complain of dysmenorrhea. She use 2-3 pads per day during menstruation.

**Mental state examination** - She was normal and cooperative.

**Clinical examination** - Height - 5.6ft., weight - 68kg, pulse - 70/mint, BP - 130/80 mm of hg.

**Systemic Examination** - No any abnormality was detected in gastro-intestinal, cardio-vascular, nervous and respiratory examination.

### Clinical findings

The patient was medium built with a body mass index of 24 on physical examination, mild hirsutism was observed on her chin region. Ultrasonography (USG) findings suggested multiple ovarian cysts. On blood

investigation, the patient had subclinical hypothyroidism with a TSH value is normal and hyperprolactinemia with a serum prolactin level of 16ng/ml. She was chronic patient of PCOD.

### Diagnostic assessment

The detailed evaluation of subjective and objective parameters was done through history, physical examination, and investigation. Subjective parameters such as vaginal discharge, the interval of menstrual cycle, and objective parameters including USG findings and blood test such as thyroid function test (TFT), CBC, urine test and serum prolactin were assessed. Based on the investigations, the case was diagnosed as Polycystic Ovarian disease, from the ayurvedic prospective, the disease condition was considered mainly under the term 'Yonivyapad'. It is difficult to find exact correlation of any specific condition in Ayurveda texts with PCOS. However, the signs and symptoms of condition like *Anartava / Nashartava, Arjaska Yonivyapad, Lohitakshaya Yonivyapad, Vandhya Yonivyapa, Sandhi Yonivyapada, Aartava Kshaya* and *Pushpaghni Jataharini* mentioned in Ayurveda closely resemble the features of PCOS.

Ayurvedic management of PCOS emphasizes on identifying the root cause, managing the current symptoms as well as addressing fertility, emotional and associated health issue. Many herbal and herbomineral medicinal formulations are widely used in the management of PCOS.

### Diagnosis

Diagnosis was done clinically by following symptoms as per Rotterdam criteria.

1. Irregular menstrual bleeding.
2. Abnormal menstrual cycle
3. Oligo menorrhoea.
4. Weight gain.
5. Polycystic ovary morphology on USG.

### Investigation

1. Hb% - 10gm
2. TSH - 3.12µIU/ml

3. USG - Relatively multiple ovarian cysts suggestive of polycystic ovaries.

### Therapeutic intervention

Internal medicines were started from day one of consultation and continued up to the next menstrual cycle along with Medroxyprogesteron (10 mg), Metformin (500) mg internal medicine were stopped during the menstrual period for four days and again started after *Shodhana Karma* and continued up to the next menstrual period, which was attained on August 2023 with an interval of 24 days.

### Treatment

1. *Nidana Parivarjana*
2. First 15 days

**Table 1: Ayurveda medicine for first 15 days.**

SN	Ayurveda Medication	Mode of administration
1.	<i>Chitrakadi Vati</i>	Per oral 2 tab X bd
2.	<i>Nastpushpantaka Rasa</i>	Per oral 2 tab X bd with lukewarm water
3.	<i>Patrangasava</i>	20 ml with equal amount of lukewarm water X bd after meal
4.	<i>Ashokarishta</i>	20ml with equal amount of lukewarm water X bd after meal

**Table 2: Ayurveda medications & Single drugs combinations after 15 days.**

SN	Ayurveda medication	Mode of administration
1.	<i>Shatavari Churna</i> <i>Satapuspa Churna</i> <i>Latakaranj Seed Churna</i> <i>Kounch Seed Churna</i> <i>Shivlingi Seed Churna</i>	Each powder 3gm twice a day with 1 cup of milk per oral.
2.	<i>Rajahpravartini Vati</i>	2 tab X bd with lukewarm water after meal
3.	<i>Kumari Asava +</i> <i>Ashokarishta</i>	Each <i>Asava</i> 15-15ml with equal amount of lukewarm water ½ hr. after meal

4.	Aavipattikar Churna	½ tsf X with hot water HS
5.	Syrup Evacare	2tsf X bd after meal

### Follow Up and Outcomes

After *Shodhan Karma*, menstruation is attained with an interval of 30 days. FSH & LH hormones levels come to normal limits.

### RESULTS

After 30 days of treatment her menses on regular interval, with normal blood and no pain. Assessment was done on the basis of following points.

**Table 3: Assessment criteria and observation.**

SN	Sign & Symptoms	Day 1	Day 30
1.	Amount of bleeding	1-2 pads per day	1-2 pads per day
2.	Interval between two cycle	2-3 months	1 month
3.	Duration of menses	1-2 days	4-5 days
4.	Pain during menstruation	present	Relief in pain
5.	White discharge	Present	No white discharge

### DISCUSSION

The diagnosis in the present study was based on the medical history and available records of investigations as primary polycystic ovarian syndrome. There is a relationship between the hypothalamic-pituitary-ovarian (HPO) axis. Here, patient with delayed puberty, following exclusion of other causes, should be counselled and reassured, otherwise puberty may be induced using oral oestrogen and progesterone therapy when there is severe delay.

Gross defects in the form of adiposogenital dystrophy or pituitary dwarfism are not amenable to any form of therapy, In mild disorders, it is possible to induce ovulation and menstruation either by treatment with gonadotropin or with GnRH analogs. Individuals with isolated gonadotropin deficiency can be treated for

induction of menstruation or ovulation. Pulsatile administration of GnRH is used for induction of ovulation. Oestrogen and progesterone therapy is given for menstruation.

### CONCLUSION

PCOS is a common disorder of women that is associated with significant reproductive and nonreproductive morbidity as outlined here. Perception of this and preventative therapies are important for the health care of women. For PCOS, diet, exercise, and oral contraceptive are reasonable preventative therapies. As the PCOS is a multi-faceted problem with reproductive endocrine and metabolic dysfunction. The lifestyle modification, counselling and various Ayurveda medications is considered to be the first line of treatment which is effective in reducing the signs and symptoms of PCOS. In above explained case, her menstrual irregularity and other associated symptoms became normal with ayurveda medication and *Panchakarma* in just 1 month which is very positive. However, a well-planned study with large sample size is required to establish the efficacy of ayurveda in PCOS.

### REFERENCES

1. Chaudhary A. Clinical treatment of polycystic ovary syndrome in Ayurveda.
2. Stree Rog Chikitsa, Savita Singh, Motilal Banarsidas, Delhi, Patna.
3. Ayurvedic concepts in Gynecology, Nirmala G. Joshi: Chaukhambha Sanskrita Pratisthan, Delhi.
4. Women health care through ayurveda, Dr. Manjari Dwivedi, Chaukhambha Krishnadas Academy, Varanasi.
5. Stree rog chikitsa, Gynecology, Dr. Jahan Singh Chouhan: Chaukhambha Surbharti Prakashana, Varanasi.
6. Hart R, Doherty DA. The potential implications of a PCOS diagnosis on a women long term health using data linkage. The journal of clinical endocrinology & metabolism.
7. DC Dutta's Textbook of Gynecology, Hiralal Konar.
8. Gallery of medicinal plants, Dr. Monika Sharma & Dr. Subhash Sahu.

**How to cite this article:** Pooja Sahu, Shiromani Mishra. Ayurveda management of Polycystic Ovarian Syndrome by single herbs & combinations - A Case Report. J Ayurveda Integr Med Sci 2023;12:246-250. <http://dx.doi.org/10.21760/jaims.8.12.37>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*

**Copyright** © 2023 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc-sa/4.0>), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.