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Ayurvedic approach to manage Polycystic Ovarian Syndrome with *Yoga Basti* - A Case Study

Lalita¹, Suniti Tanwar², Jitesh Kumar Panda³, Tinkle Rani⁴

¹Post Graduate Scholar, Dept. of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

²Associate Professor, Dept. of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

³Professor & HOD, Dept. of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

⁴MD Panchkarma, Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, New Delhi, India.

ABSTRACT

A 31year old unmarried woman came to OPD of PTSR department of IAS&R, Kurukshetra with clinical features such as irregular menses, weight gain and excessive hair growth over face, abdomen and thighs, mood swings, insomnia, acne on face, bloating etc. Patient was a diagnosed case of PCOD as she had already visited allopathic hospitals. Her USG report shows multiple small follicles in Necklace pattern in bilateral ovaries. Hormone test shows LH-FSH ratio value >2.50. Lipid profile shows derangement of Triglycerides (187.00 mg/dl), HDL (26.70mg/dl), VLDL cholesterol (37.40mg/dl). She has undergone hormonal therapy for 3 months and later discontinued the treatment this case was managed by tablet *Sukumar Kashaya*, *Kanchnar Guggul*, *Dashmoolarishta* and *Kaumaryasava* along with *Yoga Basti* with the *Sahacharadi Taila* mixed with *Murchhit Til Tail* and *Erandamooladi Niruha Basti* and *Matra Basti* with *Sahacharadi Taila* mixed with *Murchhit Til Tail*. This treatment gave very promising results with improvement of overall health of the patient.

Key words: PCOS, *Pushpaghni Jataharini*, *Sukumar Kashaya*, *Kanchnar Guggul*, *Dashmoolarishta*, *Sahacharadi Taila*.

INTRODUCTION

Stein leventhal syndrome commonly known as polycystic ovarian syndrome (PCOS). PCOS is a complex disorder where numerous genetic and environmental factors act and contribute to its pathophysiology.

Address for correspondence:

Dr. Lalita

Post Graduate Scholar, Dept. of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

E-mail: lalitarwt123@gmail.com

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Owing to sedentary life style and unhealthy eating habits PCOS has become very common now a days. PCOS is commonest endocrinopathy of reproductive aged women. PCOS is mainly typified by presence of oligo/anovulation, excess androgen production and multiple small cysts in ovary. Presence of hyperandrogenism may vary among the ethnicities as PCOS is heterogenous, multifactorial and polygenic condition.^[1] These sign and symptoms varies widely and unfavourably affects metabolism, reproductive health, psychological and social health of the female. Reproductive system disorder includes Menstrual dysfunction, Infertility and Hyperandrogenism typically manifested by hirsutism also causes Endocrine dysfunction like insulin resistance, acanthosis nigricans, dyslipidemia, Acne, Alopecia and metabolic syndrome, cardiovascular disease, obstructive sleep apnoea, obesity etc.

As per Ayurveda perspective symptoms of PCOS simulates *Pushpaghani Jataharini*^[2], *Artavkshaya* and *Bandhayatva* because there is involvement of *Tridosha* along with *Rasa, Rakta* and *Meda Dhatu* so *Rasavaha, Raktavaha* and *Artav-Vaahi Srotas* are affected due to which above *Lakshana* are found.

The global prevalence of PCOS is estimated between 9% to 20%. The WHO data suggests that approximately 116 million or 3.4 % women are affected by PCOS globally.^[3]

Polycystic Ovarian Syndrome (PCOS) affects 5-10% of women of reproductive age, making it the most common endocrine disorder of women in this age group. It is characterized by amenorrhea, hirsutism and infertility predominantly. It mainly occurs due to the complex interaction of abnormalities in gonadotropins, androgens & estrogens. Insulin resistance and hyperinsulinemia contributes crucially to its pathophysiology. Although PCOS is associated with hyperandrogenism & infertility early in life, it is a harbinger of a lifelong condition that can lead to serious sequelae such as Endometrial or Ovarian cancer, Diabetes mellitus and Coronary arteries disease. Thus, it is essential to diagnose PCOS early in its course not only to recognize but also to delay or arrest its metabolic sequelae.

PCOS is mainly diagnosed by Rotterdam Criteria.^[4]

European society of Human reproductive medicine and American society for reproductive medicine (ESHRE / ASRM) purposed definition of PCOS as the presence of any two out of following:

- 1) Oligo or anovulation
- 2) Clinical &/or biochemical signs of hyperandrogenism
- 3) Polycystic ovaries (with exclusion of related disorders)

Ratio of LH to FSH > 2.5 indicates the presence of PCOS
AMH concentration > 3.5ng / mL is predictive of PCOS

TSH levels are subject to circadian variation, reaching peak levels between 2-4 am & at a minimum between 6-10 pm. The variation is of the order of 50%. Hence

time of the day has influence on the measured serum TSH concentrations. TSH values < 0.03uIU / mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

Pathophysiology

Alteration in GnRH release leads to relative increase in LH AND FSH biosynthesis and secretion. LH stimulates the production of ovarian androgen while FSH prevents adequate stimulation of aromatase activity in granulosa cells. So decreases androgen conversion into estrogen and estradiol.^[5] Follicular atresia occurs as a result of increased intrafollicular androgen levels circulating androgens also causes abnormality in patient lipid profiles and manifest as hirsutism and facial acne.

Increased adipose tissue and genetic abnormalities cause insulin resistance, which in turn causes follicular atresia in the ovaries and acanthosis nigricans in the skin. The absence of follicular development ultimately leads to anovulation, which in turn causes oligomenorrhea or amenorrhea.

MATERIALS AND METHODS

Patient Information

A diagnosed case of 31 years old unmarried female came in OPD of Stree Roga Evam Prasuti Tantra Department of IAS&R with following complaints as:

Chief Complaints

Present with irregular menstruation for 5 years

She also complained of Pimples, Weight gain, Facial hair growth, Mood swings, insomnia and Constipation.

History of past illness

No significant medical, surgical, gynaecological and psychiatric diseases found.

Family History: Her father is hypertensive.

No any significant medical, surgical, gynaecological and psychiatric diseases in her family members.

Personal History: She has good appetite. She drinks 10-12 glass of water daily. Tongue was mildly coated and dry. She experiences constipation quite frequently. Her

bladder habit is normal and she is vegetarian. There is no any significant addiction.

Demographic history

She is living in US for 5-6 years. Since she is working and living in US so her dietary habits changed completely. The main dietary trend after migration she followed was substantial increase in energy and fat intake like pizzas, cold drinks etc. and reduction in carbohydrates and a switch from whole grains and pulses to more refined sources of carbohydrates, resulting in a low intake of fiber.

Treatment History

For the present illness, patient went to private allopathic Hospital for treatment and got Hormonal therapy but her symptoms didn't subside. So, she visited OPD of Streeroga Evam Prasuti Tantra Department of IAS&R, Kurukshetra.

Menstrual History: Her age at the time of Menarche was 13 years; she had regular menses but is irregular since last 5 years. Menstruation only used to occur with progesterone challenge test. Presently it is irregular (once in every 2-3 months), bleeding occurs just for 1 day. It is associated with foul odour, clots and dysmenorrhoea is also present. She uses 1 pad per day during menstruation which is partially soaked.

Mental State Examination

She was Normal and cooperative.

Clinical Examination:

Height - 160 cms

Weight - 75kg

BMI-29.3 (overweight)

Pulse - 70/minute

B.P. - 130/80 mm of Hg

Systemic Examination:

Gastro-Intestinal System - No abnormality detected

Cardiovascular System - No abnormality detected

Nervous System - No any abnormality detected

Respiratory System - No abnormality detected

Diagnosis

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

- Scanty menstrual bleeding.
- Abnormal menstrual cycles.
- Oligo menorrhoea.
- Weight gain.
- Poly cystic ovary morphology on USG.

According to *Ayurveda Samprapti Ghatakas* are as follows:

Hetu: *Diwaswapna, Avyayam, Ruksha Ahar Vihar, Abhishyandi Ahar Vihar.*

Dosha: *Kapha, Vata.*

Dushya: *Rasa, Meda*

Strotasa: *Rasavaha, Medovaha, Artavaha Strotasa*

Strotodushti: *Strotosanga, Vimarg-Gamana.*

Pratyatma Lakshana: *Artavkshaya, Sthaulya.*

Investigations

- Hb% - 10gm
- Triglycerides - 187.00mg/dl
- HDL cholesterol - 26.70 mg/dl
- VLDL cholesterol - 37.40 mg/dl
- Anti-mullerian hormone (AMH) - 9.72 ng/mL
- TSH - 2.860 mIU /mL
- USG (ABDO PELVIS) - Multiple small follicles in Necklace pattern in bilateral ovaries.

Ashtavidha Pareeksha

Nadi: 72/min

Mootra: *Prakrita*

Mala: *Niram, Aatop*

Jihwa: *Kinchit Saam*

Shabda: *Spashta, Prakrita*

Sparsha: *Samsheetoshna, Snigdha*

Drik: Vikrita

Akriti: Sthool

Treatment

1) Nidan Parivarjana

Pathya^[5] - Purana Ghrita, Purana Shaali, Yava, Godhuma, Mudga, Patola, Raktashigru, Asparagus sticks, garlic, black sesame, fish, brisk exercise for 10 min everyday

Apathya - Chillies, poultry products, red meat, pizza, burger, chowmein, curd, pickles, chole bhaturey, rajma, refined wheat flour, cold drinks etc.

2) First 15 days

Table 1: Ayurveda medication for first 15 days

SN	Ayurveda medication	Mode of administration
1.	Kanchnar Guggul	2 tablet BD orally
2.	Sukumar Kashaya	2 tablet BD orally
3.	Dashmoolarishta	2 tsf BD with equal water orally
4.	Kaumaryasava	2tsf BD with equal amount of water after food

3) After 15 days

Table 2: Ayurveda medication and Panchakarma after 15 days

SN	Medication & Panchakarma	Mode of administration
1.	Sukumar Kashaya	2 tablet BD orally
2.	Kanchnar Guggul	2 tablet BD orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Dhanwantari Tail	Sthanika Snehana before Basti
6.	Dashmool Kwatha	Sthanika swedana before Basti

7.	Sahacharadi Tail + Til Tail	Anuvasan Basti
8.	Erandamooladi Kwatha	Niruha Basti

4) After 30 days

Table 3: Ayurveda medication after 30 days

SN	Ayurveda medication & Panchakarma	Mode of administration
1.	Sukumar Kashaya	2 tablet BD orally
2.	Kanchnar Guggul	2 tablet BD orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Ajmodadi Churna	3gm HS

5) After 45 days

Table 4: Ayurveda medication after 45 days

SN	Ayurvedic medication and procedure	Mode of administration
1.	Kanchnaar Guggul	2BD
2.	Sukumar Kashaya	2 tablet BD orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Dhanwantari Tail	Sthanika Snehana before Basti
6.	Dashmool Kwatha	Sthanika Swedana before Basti
7.	Sahacharaadi + Til Taila	Matra Basti for 7 days
8.	Dashmool Kwatha	Niruha Basti for 1 day

RESULTS

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

After 1 month

Table 5: Improvement before and after the treatment

SN	Sign and Symptom	Day 1	Day 30
1.	Amount of bleeding	1 pads/day	1-2 pads/day
2.	Interval between two cycles	3 months	28-30 days
3.	Duration of menses	2-3 days	3-4 days
4.	Pain during menstruation	+++	-
5.	Weight	75kg	70.5kg
6.	Facial hair	++	++
7.	Mood swings	++++	-
8.	Dark patches on neck	++	-

DISCUSSION

PCOS is mainly *Vatakapha Pradhana Vyadhi* so *Chikitsa* mainly focus on *Vatakapha Dosh Prashamana* including both *Shamana* and *Shodhana Chikitsa*.

Shamana treatment involves *Aahara* i.e. intake of *Pathya Aahara* and avoiding *Apathaya Aahara, Vihara* i.e., *Alpa Vyayama* and *Aushadh* i.e., prescribed medication. *Shodhana Chikitsa* involves *Basti* which is best treatment modality of *Vata Dosh* and *Kapha-Anubandhi Vata, Pitta-Anubandhi Vata*. *Basti* is easy to perform and *Acharya Vagbhata* considered it as *Ardha Chikitsa*. The main objective of treatment is to regulate the menstrual cycle and proper flow of *Aartava* during each menstrual cycle.

Kanchanara Guggulu has *Vata-Kaphasamana, Lekhana* (scrapping) and *Shotha-Hara* (anti-inflammatory) properties. *Kanchanara Guggulu* exhibits cytotoxic effect by inhibiting cell division and reducing cell proliferation.^[6] *Guggulu* being warm, pacify the *Vata*. It is *Medohara* because of being *Ruksha* and *Vishada* and due to *Tikshna* and *Ushna Guna*, it pacifies the *Kapha*. It has anti-inflammatory action along with *Rasayana* and *Artavajanaka* properties.

Anti-inflammatory, anti-diabetic properties of *Kanchanara* (*Bauhinia variegata*) helps in the reducing insulin resistance often associated with PCOS.^[7]

Dashmularishta is a classical polyherbal *Ayurvedic* formulation prepared by natural fermentation process of the decoction and powdered various herbs. It contains more than 50 herbs along with the group of ten herb roots known as *Dashamula*. Therapeutic uses of which is noted in *Vatasaman*. According to *Ayurveda*, *Vata* plays important role in vitiation of any female related disorders. So for the suppression of *Vata*, *Dashmularishta* plays a major role. In *Sharangadhar Samhita*, it has been indicated in infertility.

Kumaryasavam helps balance *Vata* and *Kapha* in the body improves digestion and increases appetite. It also has the property of promoting ovulation, which is beneficial in treating PCOS.

Ajmodadi Churna is a polyherbal medicine used as a carminative, antispasmodic, anti-inflammatory. it contains six ingredients, *Trachyspermum ammi, Cedrus deodara, Piper longum, Terminalia chebula, Argyreia nervosa, and Zingiber officinale*.

Sukumara Kashayam is made of 27 medicinal plants. it contains antioxidant potential. It was observed that the 3 antioxidants namely, DPPH, FRAP and Hydrogen peroxide scavenging activity, have shown very good activities. This could be one of the mechanisms of action of this medicine.^[8] *Sukumaram Kashayam* is useful in treating severe pain during and severe back pain during menstruation.

Garbhashya is *Moola* of *Aartavaha Srotas* and *Aartava Vahini Dhamani* which is the main seat of *Apanvayu*. In PCOS mainly *Apanvayudushti* is there and *Basti* is the most effective treatment for *Apanvayudushti*. So, for this patient we choose *Basti* treatment as *Vatahar Chikitsa*. If we do only *Lekhan* and *Bhedan* (reducing and disintegrating) treatment it may lead to *Vatavruddhi* so for that purpose treatment using *Sneha* is more effective. So, we give *Sahacharadi Taila Anuvashana Basti* in patient.

Sahachara, Devadaru, Nagara, and Tila Taila are all present in *Sahacharadi Taila*. *Cedrus deodara*, also

known as *Devadaru* and *Sahachara* (*Barleria prionitis*) are *Kapha-Vatashamaka* with properties similar to those of *Vedana Sthapana*, *Shothahara*, *Kusthaghna*, *Kaphanisaraka*, and *Vranashodhana*. *Vranaropana*. Additionally helpful in *Shothahara* and *Shulahara* circumstances is *nagara* (*Zingiber officinalis*), which is a *Kapha-Vatashamaka* and digestive in nature.^[9]

CONCLUSION

Therefore, in this instance, we can draw the conclusion that the pathogenesis of polycystic ovarian disease is greatly disintegrated by *Chikitsa* in combination with *Sukumara Kashaya*, *Kanchnar Guggul*, *Dashmoolarishta*, and *Kaumaryasava*, as well as *Yoga Basti* with the *Sahacharadi Taila + Murchhit Til Tail*, *Erandamooladi Niruha Basti*, and *Matra Basti* with *Sahacharadi Taila* and *Murchhit Til Tail*. Throughout the course of this treatment, no side effects or complications were discovered. The study's findings are promising. It suggests that Ayurvedic treatment can control the menstrual cycle, help with weight loss, and relieve PCOS symptoms.

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