An Ayurvedic methodology for managing PCOD - A Case Report

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ABSTRACT

Polycystic ovarian disease (PCOD) is a heterogenous endocrine disorder characterized by ovarian cysts, anovulation, and hormonal fluctuations, impacting women’s health in various ways. PCOD has transformed into a lifestyle disorder due to sedentary habits, excessive consumption of fast food, and an unhealthy lifestyle. Predisposing risk factors such as genetics, neuroendocrine factors, lifestyle and environmental influences, as well as obesity, play significant roles in the development of PCOD. In Ayurveda, PCOD cannot be correlated to any one particular disease; it can be related to certain diseases like Vandhya, Nasthartava, Aratava Kshaya, Pushpaghni Jataharini, etc. and must be controlled according to the Dosha Dushya vitiation. In this present case study, a 21 year old female patient came with symptoms of scanty menses, acne over face and weight gain in the OPD of Kayachikitsa. The USG report reveals PCOD changes in both ovaries as both ovaries are bulky in size right ovary, vol = 18cc and left ovary, vol = 13.2cc with multiple peripherally arranged follicles with central echogenic stroma. The result was determined based on the relief of clinical symptoms and the findings from the ultrasound report. Therefore, in this case study, drugs such as Dashmool Kwath, Narikanti, Cystogrit diamond etc. was given which have Lekhaniya properties results into reducing the size of ovary and effectively alleviate Kapha Dosha and Ama, facilitating the treatment of Sroto-Dusti and removing obstructions caused by Apana Vayu, ultimately enhancing menstrual flow.

Key words: PCOD, Aratava Kshaya, Sroto-Dusti, Anovulation

INTRODUCTION

Women play a crucial role in every nation, serving as the foundation for happiness and fostering healthy families. As highlighted in a United Nations report, women constitute half of the world’s human resources, ranking them as the second most valuable resource after men. Contemporary women are increasingly rushing to advance their careers and achieve financial independence. However, this pursuit often comes at a cost to their health. Changes in lifestyle, dietary habits, and sleep patterns are contributing to poor health. Moreover, advanced lifestyle has led to the prevalence of conditions such as Polycystic ovarian disease (PCOD).

PCOD is most common endocrine disorder in women reproductive age group, affecting 5 to 10% of women.[1] It is first described in 1935 by Stein and Leventhal, giving rise to the term Stien-Leventhal Syndrome. Polycystic ovarian disease (PCOD) is a heterogenous endocrine disorder characterized by chronic anovulation and androgen excess with clinical manifestations of irregular cycles, hirsutism, acne and obesity.[2] According to the World Health Organization (WHO) estimation revealed over 116 million women...
(3.4%) are affected by PCOS worldwide.\textsuperscript{[3]} The exact cause of PCOD remains uncertain, accumulating evidence indicates that it is a complex condition influenced by multiple genes and impacted by significant epigenetic, high levels of insulin, hyperandrogen, LH and environmental factors, such as nutrition and lifestyle choices.\textsuperscript{[4]} The most frequently observed symptoms of PCOD include menstrual irregularities and reproductive issues, often resulting in female infertility. PCOD frequently remains unnoticed and undiagnosed, as irregular periods during adolescence are commonly considered normal.\textsuperscript{[5]} Many women tend to recognize the significance of PCOD primarily when it impacts their fertility. The Polycystic ovary is considered as a sign, not as a disease entity.

In Ayurvedic texts, there is no direct correlation PCOD rather, symptoms are described under various disease conditions in references such as Aartavavaha Srotas Dushti, Nastaartava, Granthi, Santarponnth Vyadhi, Yanivyapad. PCOD arises from the blockage of Vata and Pitta by Kapha, disrupting movement and inhibiting the transformation process. Following dietary habits and activities that elevate Kapha leads to Kapha dominance in the body. Characteristics of Kapha such as Sheeta, Manda, Sthira, Guru,\textsuperscript{[6]} diminish the Jatharagni\textsuperscript{[7]} (digestive fire), and starts impacting the metabolic function of the body's seven tissues i.e., Dhatu Agni.\textsuperscript{[8]} The Kapha and Ama resulting from Agnimandya cause blockages in Artavavaha Srotas (Artavaha Srotost Dushti). This stagnation of Apana Vayu in the Artavavaha Srotas obstructs the flow of Vata in the ovarian cycle, leading to menstrual disturbances like oligomenorrhea and amenorrhea in PCOD.

Menstrual irregularities primarily manifests from the aggravation of all three Doshas but notably Apana Vayu. The main quality of the Artava Dhatu is Agneyatva.\textsuperscript{[9]} When the Artava Dhatu is obstructed, it exacerbates Pitta Dosha. The aggravation of Pitta, particularly Bhrajaka Pitta and Ranjaka Pitta, manifests as symptoms like acne and increased body hair observed in PCOD.\textsuperscript{[10]}

The accumulation of excess Kledak Kapha and Ama in the body also results Dhatu Agni Mandya.\textsuperscript{[11]} As per the Saamanya Vishesh Siddhant,\textsuperscript{[12]} The presence of Kledak Kapha and Ama impacts the Meda Dhatu Agni. This impaired metabolism of the fat tissue leads to a contradictory state of fat metabolism (Meda Viruddha), ultimately contributing to obesity.

In modern medicine, the primary line of treatment for PCOD often involves hormonal therapy. In Ayurveda, treatment is based on the predominance of Doshas, focusing on treating Ama, Vatakaphahara, Strostoshodhaka, and Anulomana therapies.

**CASE REPORT**

A 21 years old female patient hailing from Sriganagar, Rajasthan approached Kayachikitsa OPD of Patanjali Ayurvedic Hospital, Haridwar in 12/09/2023 with complaints of:

**Table 1: Chief complaints**

<table>
<thead>
<tr>
<th>SN</th>
<th>Complaints</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acne over face</td>
<td>1 year</td>
</tr>
<tr>
<td>2</td>
<td>Weight Gain</td>
<td>1 year</td>
</tr>
<tr>
<td>3</td>
<td>Scanty Bleeding</td>
<td>2 months</td>
</tr>
</tbody>
</table>

**Table 2: General Examination**

<table>
<thead>
<tr>
<th>1</th>
<th>Built</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Weight</td>
<td>93 kg</td>
</tr>
<tr>
<td>3</td>
<td>Height</td>
<td>5'4 ft.in</td>
</tr>
<tr>
<td>4</td>
<td>BMI</td>
<td>35.2 kg/m(^2)</td>
</tr>
<tr>
<td>5</td>
<td>Blood Pressure</td>
<td>120/80 mmHg</td>
</tr>
</tbody>
</table>

Then, she was advised for USG and it was found that presence of PCOD changes in both ovaries. Now, she approached our hospital for Ayurvedic management.

**MATERIALS AND METHODS**

Patient was given oral Ayurvedic medications and therapeutic procedures such as Snehapana, Sarvanga Abhyanga followed by Swedana and Virechana as mentioned below:
Table 3: Shamana Aushadi

<table>
<thead>
<tr>
<th>SN</th>
<th>Shamana Aushadi</th>
<th>Matra and Sevan Kala</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sarvakalp Kwath + Dashmool Kwath</td>
<td>100 ml twice daily empty stomach</td>
</tr>
<tr>
<td>2.</td>
<td>Narikanti</td>
<td>2 tab twice daily before meal</td>
</tr>
<tr>
<td>3.</td>
<td>Cystogrit Diamond</td>
<td>1 tab twice daily before meal</td>
</tr>
<tr>
<td>4.</td>
<td>Medohar Vati</td>
<td>2 tab twice daily before meal</td>
</tr>
<tr>
<td>5.</td>
<td>Punarnavadi Mandoor</td>
<td>2 tab twice daily after meal</td>
</tr>
<tr>
<td>6.</td>
<td>Haritaki Churna</td>
<td>1tsf at bed time with lukewarm water</td>
</tr>
</tbody>
</table>

Table 4: Shodhana Treatment

<table>
<thead>
<tr>
<th>SN</th>
<th>Days</th>
<th>Treatment procedure</th>
<th>Drug used</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Day 4 - Day 8</td>
<td>Snehapana</td>
<td>Panchatikta Ghrita Day 4 - 50 ml Day 5 - 100 ml Day 6 - 125 ml Day 7 - 150ml Day 8 - 200ml</td>
</tr>
<tr>
<td>3.</td>
<td>Day 9 - Day 12</td>
<td>Sarvanga Abhyanga + Saranaga Sweda</td>
<td>Mahanarayana Taila + Dashmool Kwath</td>
</tr>
<tr>
<td>4.</td>
<td>Day 12</td>
<td>Virechana</td>
<td>Triphala Kwath 120ml + Trivrit Avleha 40gm</td>
</tr>
</tbody>
</table>

**RESULT**

Within 3 months, the patient experienced significant alleviation of symptoms, accompanied by a notable result in USG, as illustrated below:

**Before Treatment**

**USG findings (07-09-2023):** Mild hepatomegaly with grade 1 fatty liver.

**After Treatment**

**USG findings (05-01-2024):** No significant abnormality. Both the ovaries are normal in size (Rt: 2.6x1.4 cm, Lt: 3.2x1.9cm) and appearance.

**Fig. 1: USG report before treatment.**

**Fig. 2: USG report after treatment.**
DISCUSSION

Polycystic ovarian disease (PCOD) is a diverse endocrine disorder characterized by the presence of ovarian cysts, anovulation, and hormonal fluctuations, significantly affecting a woman’s life. Imbalances in reproductive hormones such as LH, FSH, oestrogen, and testosterone disrupt the regular menstrual cycle, resulting in irregularities such as oligomenorrhea and amenorrhea. According to Ayurveda, in PCOD mainly affected Srotas are Artavaha Srotas, Rasavaha Srotas and Medavaha Srotas. It involves an imbalance of all three Doshas, three Dhatus such as Rasa, Medha and Artava along with Updhatu of Rasa i.e., Artava. Kapha Dosha and Ama is responsible for Strato Dushhti in the Artavavaha Srotas. The Sanga of Apana Vayu impeding the flow of Vata in the ovarian cycle results into disturbances in the outflow of menstrual fluid. So, to alleviate the Ama, Deepana Pachana drugs were chosen such as Chitrakadi Vati and Panchkol Churna. Cystogrit Diamond, and Medohar Vati include ingredients with Lekhana properties and possess Vatakaphara properties which helps in clearance of obstruction. Drugs which have rejuvenating properties were chosen.

Shaman Avasadhi given during the treatment is

**Sarvakalp Kwath:** Punarnava (Boerhavia diffusa), Bhumiamla (Phyllanthus niruri), and Makoy (Solanum nigrum) collectively exhibit hepatoprotective properties, aiding in the reduction of liver inflammation. Punarnava and Bhumiamla possess rejuvenating effects on the liver and act as blood purifiers, thus alleviating splenomegaly.

**Dashmool Kwath:** It contains roots of ten drugs i.e., Bilva, Gambhari, Aghnumanta, Patala, Shyonaka, Brahati, Gokharu, Kantakari, Prishniparni, Shalaparni specifically possess Kaphavata Shamak properties and Tridosha Shamak Guna along with Deepana Pachana properties which effectively alleviate Kapha Dosh and Ama, facilitating the treatment of Srot-Dusti and removing obstructions caused by Apana Vayu, ultimately enhancing menstrual flow.

**Narikanti:** Shatavar, Shisham, Jaljamini, Nagkesar, Golokru, Ashoka, Supari are the key ingredients. Shatavar is the main component with its rejuvenating properties, enhancing strength. Ashoka, Supari and Nagkesar alleviates menstrual disorders and abnormal bleeding along with strengthening the uterine muscles property.

**Cystogrit Diamond:** Kanchnar Bark, Haldi, Shila Sindoor, Mukta Shukti Pishti, Moti Pishti, Tamra Bhasma, Heeraka Bhasma as key ingredients exhibit Lekhana (scrapping) properties facilitating the reduction in the size of the ovary.

Shilasindoor is particularly effective in alleviating vitiated Raktadhautu and treating infectious diseases such as fever (Jwara, Sannipataja Jwara). B.variegate shows antitumour, antiulcer, immunomodulatory, haematinic, antimicrobial, hepatoprotective, antioxidant properties, due to the presence of chemical constituents such as lupeol, kaempferol-3-glucosides, 5, 7 dimethoxy flavanone-4-o-L etc. in stem bark. Heeraka Bhasma is also best used as Lekhandraya.

**Medohar Vati:** It is composed of herbal component includes Amla, Baheda, Harad, Guggul shuddha, Shilajit Shuddha, Jaljamini, Boerhaavia diffusa, Patala, and Shalaparni which corrects Ama, exhibiting Rechaniya (a form of osmotic laxative), Deepaniya (promotes digestive and metabolism capacity) along with Vatakapha Shamaka (pacifying vatadosha) properties which corrects Medha Dhatu (fat tissue), Ama dosha (indigested substance), Dhatwagni (metabolic factors located in Dhatu) and Jatharagni resulted into Srotoshudhi (purification of channels) and Laghutava in the body. Guggulu, a key component, possess Tikta (bitter taste), Katu Rasa (pungent taste), Laghu (light to digest), Ruksha (dryness inducing), Vishada (clears channels), Sukshma (minute), Sara (instability), Katu Vipaka (pungent bio transformed) and Ushna Veerya (hot potency) properties. It is best drug for obesity.

**Punarnavadi Mandoor:** Punarnava Mandoor having anti-obesity properties as it possess Kaphavata Shamaka (pacifying Kapha and Vatadosha), Deepaniya (enhancing metabolic fire), Pachana (enhancing digestion) and Lekhana (therapeutic scraping) properties. It is known to be effective in reducing belly
and hip fat through reducing the basal metabolic rate and increases lipid metabolism in the body. It also acts as Anulomana (mild purgative action), Mutrala (diuretic) and hepatoprotective.[26]

Haritaki Churna: Haritaki Churna possesses the Anulomana property, which aids in balancing Apana Vayu, thereby alleviating symptom of disturbances in the outflow of menstrual fluid. Its use, particularly as a Mridu Virechana Dravya, is suggested in conditions dominated by Vata and disorders associated with central locations of Vata Dosha.[27]

CONCLUSION

PCOD cannot be correlated to any one particular disease in Ayurveda, it can be related to certain diseases like Vandhya, Nasthartava, Aratava Kshaya, Pushpagni Jataharini, etc. and must be controlled according to the Dosha Dushya vitiation. Deepana and Pachana medicines play a crucial role in alleviating Ama, thereby enhancing the patient’s digestive capacity, which forms the initial step in PCOD management. The Vata- Kaphahara and Medohara properties of certain herbs aids in controlling the Apanavata and preventing imbalances in Medodhatu, thereby controlling conditions like Granthi (cysts), Prameha (urinary disorders), and Sthoulya (obesity). Therefore, considering the particular disturbances in Sroto Dushti, Avarodha, Agni, Ama, etc., we can choose the appropriate Shodhana and Shamana Chikitsa.

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REFERENCES

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