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# 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*, *Nashartava*, *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.<sup>[1]</sup> 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.<sup>[2]</sup> According to the World Health Organization (WHO) estimation revealed over 116 million women

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(3.4%) are affected by PCOS worldwide.<sup>[3]</sup> The exact cause of PCOD remains uncertain, accumulating evidence indicates that is a complex condition influenced by multiple genes and impacted by significant epigenetic, high levels of insulin, hyper androgen, LH and environmental factors, such as nutrition and lifestyle choices.<sup>[4]</sup> 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.<sup>[5]</sup> 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 Strotas Dushti*, *Nastaartava*, *Granthi*, *Santarponnth Vyadhi*, *Yonivyapad*. 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*,<sup>[6]</sup> diminish the *Jatharagni*<sup>[7]</sup> (digestive fire), and starts impacting the metabolic function of the body's seven tissues i.e., *Dhatu Agni*.<sup>[8]</sup> The *Kapha* and *Ama* resulting from *Agnimandya* cause blockages in *Artavavaha Strotas* (*Artavaha Sroto Dushti*). This stagnation of *Apana Vayu* in the *Artavavaha Strotas* 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*.<sup>[9]</sup> When the *Artava Dhatu* is obstructed, it exacerbates *Pitta Dosh*. The aggravation of *Pitta*, particularly *Bhrajaka Pitta* and *Ranjaka Pitta*, manifests as symptoms like acne and increased body hair observed in PCOD.<sup>[10]</sup>

The accumulation of excess *Kledak Kapha* and *Ama* in the body also results *Dhatu Agni Mandya*.<sup>[11]</sup> As per the

*Saamanya Vishesh Siddhant*,<sup>[12]</sup> 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*, *Strotoshodhaka*, and *Anulomana* therapies.

## CASE REPORT

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

**Table 1: Chief complaints**

SN	Complaints	Duration
1.	Acne over face	1 year
2.	Weight Gain	1 year
3.	Scanty Bleeding	2 months

**Table 2: General Examination**

1.	Built	Obese
2.	Weight	93 kg
3.	Height	5'4 ft.in
4.	BMI	35.2 kg/m <sup>2</sup>
5.	Blood Pressure	120/80 mmHg

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 Abhyanaga* followed by *Swedana* and *Virechana* as mentioned below:

Table 3: Shamana Aushadi

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

Table 4: Shodhana Treatment

SN	Days	Treatment procedure	Drug used
1.	Day 1 - Day 3	Deepana Pachana	Panchkol Churna 1/2 tsf twice daily before meal. Chitrakadi Vati 2 tab twice daily after meal.
2.	Day 4 - Day 8	Snehapana	Panchatikta Ghrita Day 4 - 50 ml Day 5 - 100 ml Day 6 - 125 ml Day 7 - 150ml Day 8 - 200ml
3.	Day 9 - Day 12	Sarvanga Abhyanga + Saranaga Sweda	Mahanarayana Taila + Dashmool Kwath
4.	Day 12	Virechana	Triphala Kwath 120ml + Trivrit Avleha 40gm

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.

Changes of PCOD in both ovaries - 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.

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.

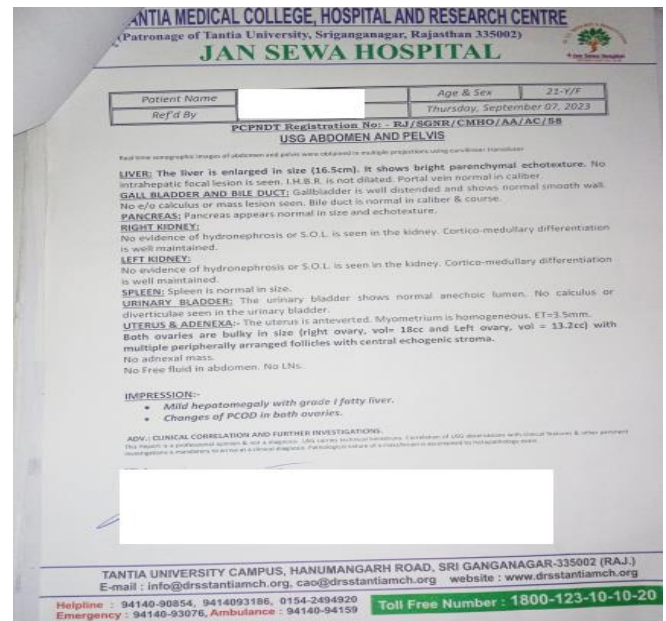
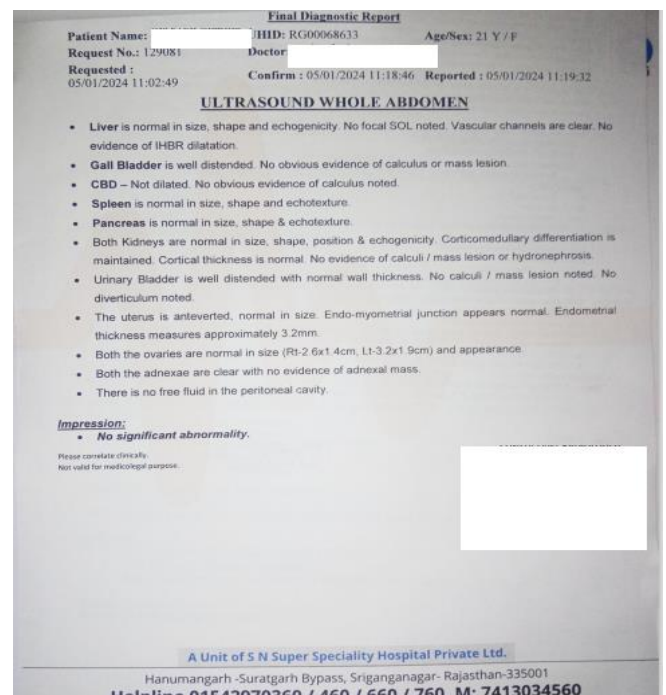


Fig. 2: USG report after treatment.



## 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.<sup>[13]</sup> 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 *Dhatu*s such as *Rasa*, *Medha* and *Artava* along with *Updhatu* of *Rasa* i.e., *Artava*. *Kapha Dosh*a and *Ama* is responsible for *Stroto Dushti* in the *Artavavaha Srotas*.<sup>[14]</sup> The *Sanga* of *Apana Vayu* impeding the flow of *Vata* in the ovarian cycle results into disturbances in the outflow of menstrual fluid.<sup>[15]</sup> So, to alleviate the *Ama*, *Deepana Pachana* drugs were chosen such as *Chitrakadi Vati* and *Panchkol Churna*. *Cystogrit Diamond*, and *Medhohar Vati* include ingredients with *Lekhana* properties and possess *Vatakaphara* properties which helps in clearance of obstruction. Drugs which have rejuvenating properties were chosen.

*Shaman Ausadhi* given during the treatment is

**Sarvakalp Kwath:** *Punarnava* (*Boerhaavia 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.<sup>[16]</sup>

**Dashmool Kwath:** It contains roots of ten drugs i.e., *Bilva*, *Gambhari*, *Agnimantha*, *Patala*, *Shyonaka*, *Brahati*, *Gokharu*, *Kantakari*, *Prishniparni*, *Shalaparni* specifically possess *Kaphavata Shamak* properties and *Tridosha Shamak Guna* along with *Deepana Pachana* properties<sup>[17]</sup> which effectively alleviate *Kapha Dosh*a and *Ama*, facilitating the treatment of *Sroto-Dusti* and removing obstructions caused by *Apana Vayu*, ultimately enhancing menstrual flow.

**Narikanti:** *Shatavar*, *Shisham*, *Jaljamini*, *Nagkesar*, *Gokhru*, *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.<sup>[18]</sup>

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

*Shilasindoor* is particularly effective in alleviating vitiated *Raktadhatu* and treating infectious diseases such as fever (*Jwara*, *Sannipataja Jwara*).<sup>[19]</sup>

*B.variegata* shows antitumour, antiulcer, immunomodulatory, haematinic, antimicrobial, hepatoprotective, antioxidant properties,<sup>[20]</sup> due to the presence of chemical constituents such as lupeol, kaempferol-3-glucosides, 5, 7 dimethoxy flavanone-4-o-L etc. in stem bark.<sup>[21]</sup> *Heeraka Bhasma* is also best used as *Lekhandravaya*.<sup>[22]</sup>

**Medohar Vati:** It is composed of herbal component includes *Amla*, *Baheda*, *Harad*, *Guggul shuddha*, *Shilajeet Shuddha*, *Kutki*, *Nisothe*, and *Vayavidnga* exhibits *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.<sup>[23]</sup> *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.<sup>[24]</sup> It is best drug for obesity.<sup>[25]</sup>

**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.<sup>[26]</sup>

**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 Dosh*.<sup>[27]</sup>

## CONCLUSION

PCOD cannot be correlated to any one particular disease in Ayurveda, 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. *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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