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An Ayurvedic management of Polycystic Ovarian Disease: A Case Report

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ABSTRACT

Polycystic ovarian Disease (PCOD) is a prevalent endocrine disorder characterized by irregular menstrual cycles, excess androgens, and multiple small ovarian cysts. Its incidence, currently ranging from 5-15%, is on the rise due to modern lifestyle changes, impacting reproductive health and causing issues like irregular periods, infertility, weight gain, hair loss, and insulin resistance. According to *Ayurveda*, PCOD involves imbalances in the three *Doshas*, primarily *Kapha* and *Vata*. Vitiated *Kapha* causes *Strotoavrodha*, leading to *Vata Vaigunyata*. These *Doshas* also affect *Rasa*, *Rakta*, and *Medas Dhatu*, which in turn affect channels such as *Rasa*, *Rakta*, and *Artava Vaha*, resulting in symptoms like *Artavkshya*, absent menstruation, infertility, abnormal bleeding, and anovulation. A 24-year-old female patient presented at the PTSR OPD in RGGPG Ayurvedic Hospital, Paprola, with a history of irregular menstruation for the past four years. Her hormonal profile showed raised FSH and LH levels, and ultrasound examination revealed a bilateral PCOD pattern. **Aim & Objectives:** The study aimed to evaluate the efficacy of *Shodhan Chikitsa* along with *Yog Basti (Saindhvadi Tail Anuvasan Basti & Lekhan Aasthapan Basti)* and *Artav Janan Chikitsa* in the management of PCOD. **Results:** After undergoing *Ayurvedic* treatment the patient's menstrual cycle became regular, hormonal levels normalized, and ultrasound showed a disappearance of the PCOD pattern. **Conclusion:** *Ayurveda* offers a promising approach to managing PCOD by restoring balance to the body and addressing the underlying imbalances that contribute to the disorder. The success of *Ayurvedic* management in PCOD lies in its holistic approach, which focuses on addressing the root cause of the disorder rather than just managing symptoms.

Key words: PCOD, Lekhan Basti, Shaman Chikitsa, Artav Janan Yog.

INTRODUCTION

The female reproductive system's intricate balance, including the hypothalamo-pituitary-ovarian axis and uterine-adnexa, is crucial for bodily functions. Disruptions, like Polycystic Ovarian Disease (PCOD), characterized by irregular menstrual cycles, excess androgens, and ovarian cysts, are on the rise (5-15%) due to modern lifestyle changes.

According to *Ayurveda*, PCOD involves imbalances in the three *Doshas*, primarily *Kapha* and *Vata*. Vitiated *Kapha* causes *Strotoavrodha*, leading to *Vata Vaigunyata*. These *Doshas* also affect *Rasa*, *Rakta*, and *Medas Dhatu*, which in turn affect channels such as *Rasa*, *Rakta*, and *Artava Vaha*, resulting in symptoms like *Artavkshya*, absent menstruation, infertility, abnormal bleeding, and anovulation.

CASE REPORT

A 24-year-old female patient presented with complaints of irregular menstruation for the past year. She had a history of amenorrhea for six months, following which she underwent three months of hormonal therapy for withdrawal bleeding. However, she discontinued hormonal treatment as she was not willing to continue. Afterward, she experienced another two months of amenorrhea. Seeking a solution, she came in PTSR OPD at RGGPG Ayurvedic Hospital, Paprola to restore her normal menstrual cycle through *Ayurvedic* management. Her Hormonal profile

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revealed elevated FSH and LH ratio and ultrasound examination showed a bilateral PCOD pattern.

History of Past illness

No History of HTN, DM Type2, Thyroid Dysfunction, TB, Epilepsy, Jaundice, or any other medical illness.

History of Surgery

No history of any surgical intervention

Allergy - No any drug or food allergy

Family History - Nothing Significant

Previous menstrual history

Interval - 60-70 days

Duration - 2-3days

Amount - Moderate (2-3 pad per day)

Pain - Mild pain was present in lower abdomen

Clot - Not present

Smell - Not present

Age of menarche - 14 years

LMP - 16/11/2024

Marital Status - Married

Clinical Examination

| | |
|--------|-----------------|
| Pulse | 78/min |
| BP | 120/80 mm of hg |
| Temp. | 98.4° F |
| RR | 20/min |
| Height | 5'2" |
| Weight | 56kg |

No Icterus, Pallor, Edema, Lymphadenopathy.

Dashvidha Pariksha

| | |
|-----------------|------------------|
| Prakrati | Vata-Kapha |
| Vikrati | Lakshan Nimittaj |
| Saar | Madhyam |

| | |
|----------------------|----------------------------|
| Samhanan | Madhyam |
| Praman | Madhyam (5'2") |
| Satva | Madhyam |
| Satamyā | Sarvaras Satmya |
| Aahar Shakti | Abhayaran Shakti - Madhyam |
| | Jaran Shakti - Madhyam |
| Vyayam Shakti | Madhyam |
| Vaya | Yuvavastha |

Ashtavidha Pariksha

| | |
|----------------|---|
| Nadi | Niyamit, Dosh- VataKapha, Gati -78/min. |
| Mala | Samanya, Vega- 1-2 times/day, Varna- Peet |
| Mutra | Samanya, Vega- 4-5 times/day, Varna- Peet |
| Shabda | Spashta |
| Sparsha | Samsitoshna |
| Drika | Samanya |
| Jivha | Anavratt |
| Aakriti | Samanya |

Per Abdominal Examination - Soft, Nontender.

P/S Examination - Mild tenderness was present over B/L fornices.

Investigation

| | |
|-----------------------|----------------------------------|
| Blood Group | B+ve |
| Bleeding time | 1 min. |
| Clotting time | 5 min 30 sec. |
| Hb | 11.4 g /ml |
| Platelet count | 173 |
| ESR | 47 mm fall in 1 st hr |
| FBS | 92 mg/dl |

| | |
|-------------------------------|--------------|
| Urine (routine & microscopic) | EPC -2-3/hpf |
| HIV | NR |
| VDRL | NR |

Thyroid profile

| | |
|-----|-------------|
| T3 | 0.96 ng/ml |
| T4 | 6.27 ug/dl |
| TSH | 2.80 UIU/ml |

Hormonal Profile

| | |
|-----------|-------------|
| FSH | 4-8mg/dl |
| LH | 10-20mg/dl |
| AMH | 71 pmol/l |
| Prolactin | 11.54 ng/ml |

Lipid Profile

| | |
|-------------------|----------|
| Serum Cholesterol | 134mg/dl |
| Triglycerides | 140mg/dl |
| HDL | 39mg/dl |
| LDL | 67mg/dl |
| VLDL | 28mg/dl |

Whole abdomen Ultrasound

Uterus - AV, Normal in shape & size.

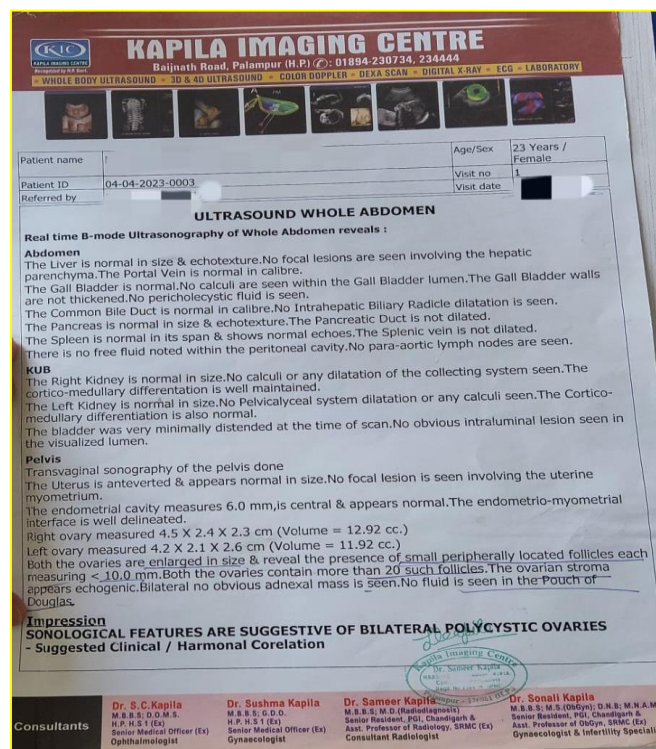
Ovaries - Both the ovaries are enlarged in size & reveal the presence of small peripherally located follicles each measuring <10.0 mm Both the ovaries contain > 20 such follicles.

No fluid is seen in the POD.

Rt Ovary - 4.5x2.4x2.3 cm (Vol.12.92 cc)

Lt Ovary - 4.2x2.1x2.6 cm (Vol.11.92cc)

Impression: Sonological features are suggestive of Bilateral Polycystic Ovaries.



Samprapti Ghatak

- **Dosha** - Kapha-Vataj
- **Dushya** - Meda, Mansa, Rakta
- **Srotas** - Aartav Vaha Srotas
- **Srotodushti** - Sanga
- **Adhishtthan** - Garbhashaya
- **Sadhya-Asadhyta** - Sadhya

Treatment planned for patient

Sanshodhan was planned for the correction of underlying pathology. Vamana Karma followed by Virechana Karma was done. Along with 1cycle of Yog Basti Basti was given.

Table 1: Shodhan Chikitsa (Vamana Karma) Started on 2/02/2024

| | | |
|---------------------------------|--------------------------|--|
| 1-3 Days | Deepan-Pachan | Shunthi Churna given with lukewarm water. |
| for 5 Days | Abhyantara Snehpana | Shuddha Goghrita given in Arohi Krama started with 30 ml given upto 200ml |
| 6 th Day of Snehpana | Sarvang Abhyang & Swedan | ▪ After observed Samyak Snigdha Lakshan on 6 th day, Sarwang Abhyanga |

| | | |
|--|---|--|
| | | and Swedan was done. <ul style="list-style-type: none"> Kaphavardhak Ahara like milk products curd, kheer etc. was given. |
| 7 th Day | Ksheerpan and Vamakyog for Vamana Karma | <ul style="list-style-type: none"> Madanphala Sheet Kashaya (made of Madanphla Churna and Madhuyashti Kashaya). Lavnodak was given for processing of Vamana Karma. |
| After Madhyam Shuddhi, Pittant Vaman was observed. | | |
| For 7 Days | Sansarjan Karma | |

Table 2: Shodhan Chikitsa (Virechan Karma) Started on 4/03/2024-

| | | |
|------------------------|--------------------------|---|
| For 3 Days | Abhyantara Snehpana | Shuddha Goghrita given in Arohi Krama started with 80 ml given upto 200ml |
| Subsequent 3 Days | Sarvang Abhyang & Swedan | After observed Samyak Snigdha Lakshan on 3 rd day, Sarvang Abhyanga and Swedan was done. |
| On 7 th Day | Virechan Karma | Virechan Yog made by Triphala, Haritiki and Trivrit. |

After Sanshodhan Karma, 1 cycle of Yog Basti with Saindhvadi Tail Anuvasan Basti & Lekhan Aasthapan Basti was given. which was made by Makshik, Lavan, Sneh (Saindhvadi Tail), Kalka (Putoyavani Kalka), Kashaya(Triphla), Prakshep Dravya (Hingu,Shilajeet,Yavkshar).

The order of the Basti

Table 3: Yog Basti Chikitsa Started on 29/03/2024

| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|---|---|---|---|---|---|---|---|
| Types of Basti | A | L | A | L | A | L | A | A |

Along With Lekhan Basti, Artavjanan Chikitsa given to the Patient for 3 Months.

Table 4: Ayurvedic Medication (Artavjanan Chikitsa) For 3 Months.

| SN | Drug | Component | Doses |
|----|--------------------|---|---------|
| 1. | Vijaysar Churna | Vijaysar (<i>Pterocarpus marsupium</i>) | 3gm BD |
| 2. | Gorakhmundi Churna | Gorakhmundi (<i>Sphaeranthus indicus</i>) | 3gm BD |
| 3. | Kumaryasava | Kumari Ras, Makshika, Loha Bhasma, Panchakol, Chaturjataka, Triphala, Hapusha, Dhanyaka, Kramuka, Kutki, Rasna, Devdaru, Haridra, Bala, Atibala, Kapikacchu, Makshik Bhasma, Daruharidra, Punarnava, Dhataki, Pushkarmoola, Hingu, Guksura, Danti, Yashtimadhu, Lavanga Marich. | 20ml BD |
| 4. | Dashmoolarishta | Bilva, Agnimantha, Kashmari, Shyonaka, Patala, Sarivan, Kantakari, Shalaparni, Prishniparni & Gokshur. | 20ml BD |

OBSERVATION AND RESULTS

Improvement in menstrual cycle after the treatment

| S N | Symptoms | Before Treatment | After Vaman Karma | After Virechan Karma | After Lekhan Basti along with oral Ayurvedic medicine |
|-----|---------------------------|------------------|------------------------------|----------------------|---|
| 1. | LMP | 16/11/2024 | 13/02/2024 | 20/03/2024 | 14/04/2024 |
| 2. | Interval between 2 cycles | 60-70 days | Menses start from 13/02/2024 | 28-30 days | 28-30 days |
| 3. | Duration of menses | 2-3 days | 3-4 days | 3-4 days | 3-4 days |

| | | | | | |
|----|--------------------------|--------|----------|----------|----------|
| 4. | Amount of Bleeding | scanty | moderate | moderate | moderate |
| 5. | Pain during menstruation | + | - | - | - |

Investigation results before and after treatment

| Investigations | Before Treatment | After Treatment |
|----------------|------------------|-----------------|
| LH | 10-20mg/dl | 10.85mIU/ml |
| FSH | 4-8mg/dl | 7.44 mIU/ml |
| AMH | 71 pmol/l | 24pmol/l |
| Prolactin | 12ng/ml | 11.54 ng/ml |

USG findings before and after treatment

| Investigations | Right Ovary | | Left Ovary | |
|-----------------|------------------|-----------------|------------------|-----------------|
| | Before Treatment | After Treatment | Before Treatment | After Treatment |
| Number of NDF | >20 | - | >20 | - |
| Diameter of NDF | <10.0mm | - | <10.0mm | - |
| Number of DF | Not Seen | Not seen | Not seen | Not seen |
| Ovarian Size | 4.5x2.4x2.3 cm | 3x2.5x1.5cm | 4.2x2.1x2.6 cm | 3x2.4x1.8cm |
| Ovarian Volume | Vol.12.92 cc | Vol.3-6cc | Vol.11.92 cc | Vol.4-6cc |
| Ovarian Stroma | Echogenic | Echogenic | Echogenic | Echogenic |

DISCUSSION

PCOD, an endocrinological metabolic disorder, is often caused by lifestyle factors and stress. Ayurvedic treatments like *Sanshodhan* and *Lekhan Basti* effectively manage PCOD by addressing its root cause. *Vijaysar* with its *Rasayana* and *Deepan-Pachan*

properties, *Vijaysar* aids in toxin elimination and metabolism improvement by reducing *Kapha* or *Ama*. It regulates blood sugar levels, which is beneficial for managing PCOD symptoms like insulin resistance and irregular menstrual cycles. *Gorakhmundi* has anti-androgenic properties that reduce testosterone levels, restoring the balance between FSH and LH. Additionally, it balances *Kapha-Pitta Doshas* in the body. *Kumaryasava* helps reduce the symptoms of PCOS due to its *Vata-Kapha* balancing properties. *Dashmoola* consists of *Laghupanchmoola* and *Brihat Panchmoola*, which have *Vata-Pitta Shamak* and *Deepan-Pachan* properties. It also contains *Gokshura*, which improves ovarian function, and *Bilva*, known for its antioxidative properties that may help reduce oxidative stress often present in women with PCOS.

CONCLUSION

PCOD is mainly caused by the imbalance of *Vata* and *Kapha*. Therefore, Ayurvedic treatment focuses on restoring balance to the body by normalizing *Vata* and *Kapha*, reducing *Pitta* aggravation, elimination of toxins (*Amapachana*), and promoting regular menstruation (*Artav Janana*). This holistic approach, addresses the root cause of the disorder rather than just managing symptoms, offering promising results for managing PCOD.

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