



An Ayurvedic holistic approach in achieving hormonal balance in a co-existing condition of PCOS and Hypothyroidism - A Case Report

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Introduction: PCOS and thyroid hormonal imbalances are very much prevalent co-existing endocrinal conditions of recent days. Holistic approaches of Ayurveda offer cost effective and promising solutions to these kinds of multi-systemic conditions.

Case Details: A female patient aged about 23years, diagnosed with Hypothyroidism and PCOS associated with severe craving, thirst, lethargy, sleep disturbance and irregular periods characterized by Amenorrhea for six to nine months with very minimal menstrual bleeding. Detailed analysis of Hetu, Lakshana based on Trividha, Astavidha, Dashavidha Pareeksha, revealed Kapha and Vata Nidana causing Arthavavaha Srotosangha and Rasa-Medo Dhatu Dushti. Accordingly, the treatment approach was planned with Nidana Parivarjana, Deepana, Pachana, Shodhana (Vamana), Samsarjana followed by Shamana and regular Suryanamaskara with morning relaxing walk and exercises.

Results: A significant result was noted during treatment in terms of reduction in severe craving, thirst, lethargy, sleep disturbance and level of TSH from 3.01 μ IU/ml (with thyroid hormonal medication) to 1.71 μ IU/ml (without thyroid hormonal medication) body weight reduced from 63kgs to 59kgs BMI from 27.3 to 25.5 with the appearance of regular menstrual cycle thereafter.

Conclusion: A satisfactory improvement observed in overall health of the patient proving significant efficacy of principle based holistic approach of Ayurveda for multi systemic hormonal balance.

Keywords: PCOS, Hypothyroidism, Rasayana, Holistic principle, Hormonal balance

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Introduction

Hypothyroidism and Poly Cystic Ovarian Syndrome (PCOS) are leading endocrine disorders demanding lifetime dependency over high dosages of hormonal medications. Patients who are approaching *Ayurveda* are in great regret over following hormonal therapy for its long-term dependency on medication and conscious about its untoward effects. Successfully treating present case of PCOS with hypothyroidism, on strong lines of holistic principles of *Ayurveda*, is providing a promising answer to multisystemic hormonal imbalance conditions.

Case Report

A female patient aged about 23 years, student of MSW (Master of Social Work) approached us with chief complaints of

- Severe craving, thirst
- Fatigue, Lethargy
- Sleep disturbance
- Irregular periods characterized by Amenorrhea for six to nine months with very minimal menstrual bleeding since two and half years.

History of Present Illness

The patient is a student of MSW (master of social work). She has had K/C/O PCOS and hypothyroidism for two and a half years. Since beginning of her college days, where she was accommodated in a paying guest facility, she gradually started to notice cravings, thirst, an increase in body weight, pimples over shoulders and back, and irregular periods for about two to three months of amenorrhea, later prolonged to six to nine months of amenorrhea with minimal menstrual bleeding during cycles. In a span of two years, she put on 11 kg of weight (from 52 kg to 63 kg). She approached allopathy hospital in her hometown, was diagnosed with PCOS with hypothyroidism, and was prescribed certain hormonal tablets for regularizing menstrual cycles along with anti-thyroid hormonal medication. Also advised to reduce her body weight. The patient approached us about reducing her body weight. She had been under anti-thyroid hormonal medication for past one and a half years and discontinued hormonal tablets for regularizing menstrual cycles because of some gastritis problems.

She was running with other associated symptoms like craving and thirst, along with irregular periods.

Family History: No any history

Menstrual History

Menarche at the age of 14 years

Interval: 6 to 9 months with 4- 5 days of minimal menstrual bleeding.

Dysmenorrhea: Present

Bleeding: Clot, Frothy, Odor +

Ashtavidha Pareeksha[1]

Nadi - Kaphavata

Mala - 4/5 times a day as soon as having food.

Mutra - Normal

Jihva - Lipta

Agni - Manda

Shabda - Normal

Sparsha - *Twak Rukshata* with reddish pimples over shoulder and back.

Drik - Normal

Akruti - Over weight

Bala - Avara

Raktacchapa - 110/70 mm/Hg

Dashavidha Pareeksha[2]

Prakruti - Kaphapittaja

Vikruti - Kaphavataja Rasa Medo Artavadushti

Sara - Asthisara

Samhanana - Madhyama

Pramana - height:152cms Weight: 63 kg, BMI:27.5

Satmya - *Ushna Desha and Ushna Ahara*

Satva- Pravara

Ahara Shakti - Manda

Vyayama Shakti - Alpa

Vaya - Youvana, 23 years

Treatment Given

Amapachana: with *Shamanoushadhi* for 4 months

- *Guggulu Tiktaka Kashaya*[3]
- *Chitrakaadi Vati*
- *Navayasam Vati*[4]
- *Gomutra Arka*[5]
- *Kumaryasava*[6]

Sneha Pana: with *Guggulu Tiktaka Ghrith*[7], *Shunti Jala*

Vishrama Kala: *Sarvanga Abhyanga* with *Dhanwantara Taila* and *Bashpa Sweda* with *Kaphotkleshakara Ahara*

Vamana Karma[8]: with Madanapippali Kashaya, Yastimadhu Phanta, Saindhava Jala, Vacha and Honey Q.S

Advice on Discharge

Kanchanara Guggulu[9]2-2-2
Navayasam Vati 2-0-2
Kumaryasava 15ml-0-15ml
Rajahpravartini Vati[10]

Diet

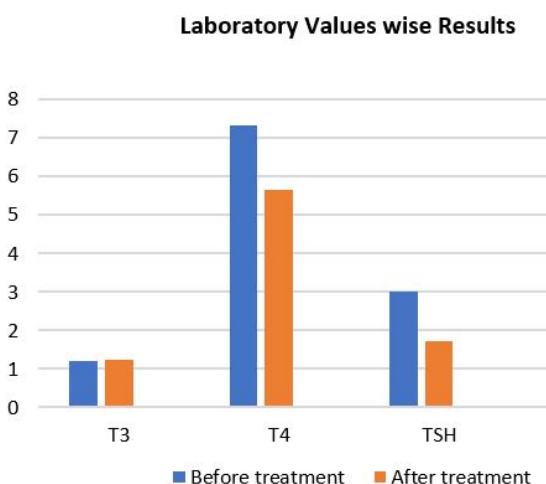
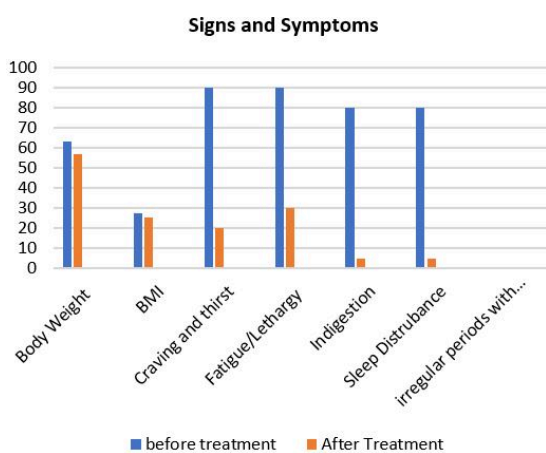
The patient is advised to strictly avoid curd, fried items, oily, spicy, cabbage, pineapple, and nonveg. Avoid Divaswapna (day sleeping) and Ratri Jagarana (night awakening). Advised routine practices of Surya Namaskaara and other relaxing exercises with morning walking sessions.

Methods

Centre of Study: Private sector.

Type of Study: Single case study

Result



Signs and Symptom wise Result

SN	Effect of Treatment	Percentage wise results	
		BT	AT
1.	Weight and BMI	63kg BMI- 27.5 (Overweight)	57kg BMI- 25.5 (Overweight)
2.	Craving	90%	20%
3.	Fatigue/ Laziness	90%	30%
4.	Sleep disturbance	80%	5%
5.	Indigestion	80%	5%
6.	Irregular cycles with amenorrhoea	95%	5%

Thyroid Profile report

SN	Investigation	Before treatment	After treatment
1.	T3	1.20 µIU/ml	1.24 µIU/ml
2.	T4	7.34 µIU/ml	5.60 µIU/ml
3.	TSH	3.01 µIU/ml	1.71 µIU/ml

Discussion

Nidana

Ahara: Junk foods like Gobi, noodles, other bakery things, etc.; irregular and improper diet timings.
Vihara: Prolonged sitting, Ratri Jagarana, Diva Swapna, Vegadharana, Avyayama.
Manasika: Home sick, low moods, negative depressive thoughts.

Samprapti

Nidana → Kaphavata Prakopa → Aama formation → Agnimandya → Rasa and Medo Dhatu Dusti → Lakshana.

Chikitsa

The clinical evidence of this case falls under the conditions of Kaphavataja Vyadhi with Artavahasrotosanga. Hence the Shodhana with Shamana is planned to balance Kapha and Vata Dosha along with regular Suryanamaskaar, morning walks, and relaxing exercises.

Deepana, Pachana, done with the above-said Shaman medicines for about 4 to 5 months. After Niraama Lakshanas, planned for Vamana-Snehapana with Guggulu Thiktaka Ghrita along with Shunti Jala (3 days); in Vishrama Kala, Sarvanga Abhyanga with Dhanwantara Taila and Bashpa Sweda for a day; followed by Kaphotkleshakara Ahara Sevana. Vamana Karma done with above said medications Madhyam Shuddhi attained.

In the present case of PCOS and hypothyroidism, we were able to achieve immediate and long-term positive health results in terms of reduction in craving, thirst, body weight, fatigue, and lethargy, along with bringing back the rhythm of menstrual cycles normal with a normal range of laboratory values of TSH even after withdrawal of anti-thyroid hormone tablets. Even in the recent follow-up of the patient, there is no variation in thyroid functions.

Name of drugs	Ingredients	Properties and mode of action of drugs
Guggulu Tiktaka Kashaya[3]	Nimba, Patola, Vyaghri, Guduchi, Vasa, Patha, Vidanga, Yavakshara, Nagara, Vachaka	Vrana, Arbuda, Bhagandara, Gandamala, Shopha, Pandu
Chitrakaadi Vati	Chitraka, Pippali, Shunthi, Marich, Vidanga, Guduchi, Ela,	Deepana, Pachana, Grahi, Rochana, Tamaka, Jvara, Vamana
Navayasam Vati [4]	Chitraka, Triphala, Trikatu, Musta, Vidanga, Loha Bhasma	Pandu, Hrudroga, Kamala, Arsha
Rajahpravartin Vati[10]	Kanya, Kaseesa, Tankana, Ramatha	Kashtarthava, Nashtarthava
Kumaryasava6	Kumari Rasa, Haritaki, Bibitaki, Pushkara Moola, Jatamamsi, Chitraka	Deepana, Raktadoshahara, Rochana, Anulomana, Kantya

Conclusion

A significant result was noted during treatment in terms of reduction in severe craving, thirst, lethargy, sleep disturbance, and level of TSH from 3.01µIU/ml (with thyroid hormonal medication) to 1.7µIU/ml (without thyroid hormonal medication). Body weight reduced from 63 kg to 59 kg and BMI

From 27.3 to 25.5 with the appearance of a regular menstrual cycle thereafter. A satisfactory improvement was observed in the overall health of the patient, proving the significant efficacy of the principle-based holistic approach of *Ayurveda*, which includes mainly *Nidaana Parivarjana*, and observing *Pathya Apathya* in terms of *Ahara*, *Vihara*, and *Panchakarma*. This single holistic approach very well targeted both thyroid and reproductive system health at a time, along with reducing the great stress of dependency over high doses of long-term hormonal medications. The similar approach can be implemented with other *Kapha Vataja* conditions on large samples, which will be helping to draw statistically significant evidence and to sensitize the awareness of the scientific community and public as well towards the time-tested, holistic, and cost-effective approach of *Ayurveda*.

Patient Consent: Oral and written consent for publication of this case report has been obtained from the patient.

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