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Reversing Hormonal Imbalance with Ayurveda: A Case Report on PCOS and Hypothyroidism treated with *Virechana*

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ABSTRACT

PCOS and hypothyroidism are two most commonly prevalent endocrine disorders that greatly affect the reproductive and metabolic health of women. This case report discusses the effective management of a 37-year-old female suffering from PCOS and hypothyroidism with an integrative approach to Ayurvedic management. The female patient had menstrual cycle increasing intervals along with scanty flow occurrence over the last two years, ultrasonography for PCOS, and diagnosed hypothyroidism three years back. Treatment approaches for *Shodhana* as *Virechan* and *Shamana* therapies were applied to favor the harmonization of hormones with metabolic functions. It showed significant improvements with a loss of 10kg, menstruation became regular, and thyroid functions became normal. The follow-up showed ultrasonography indicating a complete reversal of PCOS. This case shows how well these Ayurvedic therapies could help these women manage PCOS and hypothyroidism holistically and non-invasively while yielding promising results.

Key words: PCOS, PCOD, Hypothyroidism, Virechana, Shodhana, Shamana

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is a heterogeneous endocrinopathy affecting 4-8% of women of reproductive age. It is an ovarian cause of secondary amenorrhoea which hampers normal menstrual cycle but also has marked affliction on the fertility of females. The common features found in PCOS are

menstrual disorders (Amenorrhoea or Oligomenorrhoea); Hirsutism, Obesity, Anovulation & Infertility. Diagnosis is based upon the presence of any two of the following three criteria.^[2]

1. Oligo and/or anovulation
2. Hyperandrogenism (Clinical and/or biochemical)
3. Polycystic Ovaries

According to Ayurveda PCOS can correlate with several conditions described in Ayurvedic literature. i.e., *Granthi*, *Artavkshayam*, *Nashtartavam/Anartavam*, *Pushpagni*, *Jataharini*, and *Arajaska*, *Ksheenartava*.

Nasarthava/Anartava is a condition which is described by Acharya Susruta. According to Dalhana commentary, either *Kapha* or *Vata* alone or *Kapha Vata* together may cause *Aavarana* (obstruction). The doshas obstruct the passage or orifices of channels carrying *Artava* (*Artavavaha Srotas*), thus *Artava* is destroyed. Though *Artava* is not finished completely, yet it is not discharged monthly.^[3]

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CASE STUDY

A married patient aged 37 years attended the OPD of PTSR at SJSACH. She has been married for 5 years. She presented with complaints of Anxious to conceive for 3 years and irregular menstrual cycle for two years and her last menstrual cycle was 11 months back. She also had dry skin on her bilateral legs, mood swings, severe fatigue, severe hair fall for a year, and complained of continuous weight gain.

She was a known case of hypothyroidism and her USG was suggestive of PCOS.

Treatment Schedule

On her first visit on 08/2022, the following treatment was prescribed:

1. *Rajapravartini Vati* 2-tab BD
2. *Dashmoolarishta* with *Kumaryasava* 30 ml BD with lukewarm water after food
3. Tab. *Hinguvachadi* 1BD Before Food

Other follow-up visits are mentioned in the table below:

Date	Clinical Event	Treatment
8/10/2022	LMP - 26/09/2023 The patient got her menses; menstrual bleeding was for 6 days. From day 1 to day 4 she used 3 pads which were fully soaked, on day 5 th and 6 th 2 pads were used.	Treatment was discontinued due to some accidental injury.
23/11/2022	Came for regular follow-up.	The same medicines were continued as of the first visit.
10/03/2023	LMP - 24/02/2023	<i>Kanahshatavdi Kashayam</i> 20ml BD after food <i>Vayu Gulika</i> 1TDS

	Only for 1 day menstrual flow was present	
01/04/2023	LMP - 29/03/2023 Spotting present.	The same medicines as above along with these <i>Hingutriguna</i> Oil 5ml with <i>Kashaya</i> and was added for 15 days
19/04/2023	The patient was advised for <i>Virechana</i> procedure	Day 1 to Day 3: <i>Udvertana</i> with <i>Kolkulathadi Churnam</i> followed by <i>Bashpa Swedan</i> Day 4 to day 7: <i>Tailpana</i> with <i>Dhanwantaram Tail</i> in gradual increasing dosage till <i>Samyak Snigdha Lakshana</i> was observed. Day 8 to day 10: <i>Abhyang</i> and <i>Bashpa Swedana</i> Day 11: <i>Trivrit Leha</i> 55gm along with 5 gm of <i>Trikatu Churnam</i> was administered. Diet - <i>Mugadha Yush</i> and <i>Kanji</i> during the treatment.

Patient had *Madhyama Shuddhi Lakshana* with 17 Vegas, and followed *Samsarjana Krama* for 5 days.

On discharge medications prescribed were as follows:

1. *Kana Shatavahadi Kashaya* 20 mL BD with warm water after food
2. Tab. *Vayu Gulika* 1 tab BD after food

RESULT

Respond to the treatment was recorded and therapeutic effects were evaluated.

	Before Treatment	After Treatment
Weight (kg)	94	84
BMI (kg/m ²)	36.7	32.8

USG	Uterus - Anteverted 8.5x3.8x4.9 cm Endometrium Thickness - 9.3 mm Ovaries - Right Ovary - 4.0 x 2.9 x 4.4 volume - 26.5 cc Left Ovaries - 3.0 x 3.1 x 3.5 volume - 17.6 cc Impression - Both ovaries appear enlarged and show multiple peripherally placed follicles. Bilateral polycystic ovaries	Uterus - Anteverted 5.4x2.6x3.7 cm Endometrium Thickness - 6 mm Ovaries - Right Ovary - 2.4 x 1.7 x 2.7 volume - 6.10cc Left Ovaries - 2.2 x 1.9x 2.3 volume – 5.43 cc Impression - Normal Uterus and right ovary. Normal ovaries with small follicles of less than 1cm were noted in the left ovary
Thyroid Profile	T3 - 1.09 ng/ml T4 - 7.60 mg/dl FT3 - 2.61 pg/ml FT4 - 1.03ng/dl TSH - 10.99 mIU/ml	T3 - 1.6 ng/ml T4 - 6.8 mg/dl FT3 - 3.1 pg/ml FT4 - 2.45 ng/dl TSH - 6.57 mIU/ml

Changes in symptoms

Symptoms	Before treatment	After treatment
Menstrual cycles	Increased interval between two menstrual cycles	Regular menstrual cycles for three consecutive months from 05/2023 to 07/2023
Skin	Dry	Normal
Fatigue	Present	Absent
Weight changes	Continuous weight gain	Weight loss noticed of 10 kg after Virechana treatment
Hair fall	Present severely	Reduced to some extent
Mood changes	Mood swings	Improvement in mood changes

DISCUSSION

PCOS is not directly addressed in Ayurveda, however, it may be linked to several disorders such as *Vandhya*,

Nashartava, *Aratava Kshaya*, *Pushpaghni Jataharini*, and others, as well as by considering the specific *Sroto Dushti*, *Avarodha*, *Agni*, *Ama*, and others.

Anartava is a *Tridoshaja Vyadhi*, even though the major derangement is of *Vata*. *Swanidana Prakopaka Aharatamaka*, *Viharatmaka*, and *Manasika Hetu* are the causes of *Tridosha* vitiation. Menstrual flow is considered to be governed by *Apana Vata*, whereas *Rasarakta Chankramana* is governed by *Vyana Vata*. *Apana* and *Vyana Vata* vitiation impairs their proper function. *Tridosha* vitiation impairs *Agni's* natural function, resulting in the inadequate formation of *Rasa Raktadi Dhātu* and *Upadhatu Artava*.

The ultimate goal of the treatment was to relieve the obstructed *Vata* and enable it to function properly in the *Koshtha*, especially in the *Garbhasaya*. The obstruction was caused by accumulating *Kapha* in the *Vata* pathways, especially in the *Arthavavaha Srotas*. The medications used in treatment, such as *Rajapravrtini Vati* and *Hinguvachadi Gulika*, include *Agneya Dravyas - Teekshna* and *Ushna Gunas* of *Agneya Dravya* is *Arthavajanana*, and it also clears the *Srotas* and does *Amapachana*.

Due to obesity, the patient was encouraged for *Udvardana* with *Kola Kulathadi Churna* as it helps in balancing *Vata*, *Meda Pravilayana* thereby alleviating and performing *Agni Deepana* with *Kola*, *Kulatha*, *Tila*, and other ingredients taken in equal parts.

Thailapana^[4] is specially indicated in *Sleshmamedomaruthajanya Roga*. In the present study for *Snehapana Dhanwantaram Taila*^[5] was selected as it contains *Dashamoola*, *Bala*, and *Jeevaniya Gana Dravyas* which help in controlling and balancing the vitiated *Doshas*. Also, this oil has been indicated in *Yoni Rogas*.

Abhyanga done in the patient helped in alleviating the *Srotorodha* of the *Doshas*. *Bashpa Swedana* helped the *Prakupit Dosh* to move to the *Koshtha* which will ultimately help in elimination of the *Dosha* by *Virechana* in the later phase.

PCOS symptoms have features comparable to those of *Bahudoshavastha*. *Sanshodhana* is the main line of

treatment in *Bahudoshavastha* likewise, therefore *Virechana* was planned. It removes metabolic waste, accumulated toxins, and vitiated *Dosha* from the body. *Trivrutta Avlehaeha* was used for *Virechana* as the patient was mainly *Sukumara*, and *Pittaja Prakruti*. After the *Dosha* collection in the *Koshtha*, it mainly targets on expulsion and liquefaction of the excreta, *Mala*, and the *Dosha* even if it is in *Pakva* or *Apakva*. Being *Sukha Virechak* in nature, the *Dosha* expelled from the body does not cause any fatigue or tiredness in the patient as it does not strain the body and the digestive organs for the expulsion.

Sanshodhana works on internal pathology correction. Changes in the USG after *Shodhana*, such as a decrease in ovarian volume and a drop in the number of non-dominant follicles, are encouraging.

CONCLUSION

Ayurvedic therapy has been shown to be useful in PCOS, particularly in normalizing menstrual intervals, reducing ovarian volume, and lowering BMI due to its *Kaphavatahara*, *Srothoshodhahara*, and *Vathanulomana* characteristics. A strict dietary and physical exercise had a significant influence in improving the clinical state.

REFERENCES

1. Toosy S, Sodi R, Pappachan JM. Lean polycystic ovary syndrome (PCOS): an evidence-based practical approach. *J Diabetes Metab Disord.* 2018;17(2):277-285. doi:10.1007/s40200-018-0371-5.
2. Dutta DC. *Textbook of Gynaecology.* 6th ed. New Delhi: Jaypee Brothers Medical Publishers; 2013. p. 459.
3. Susrutha. *Susrutha Samhita with Nibandha Sangraha Commentary of Dalhanacharya.* Varanasi: Chaukhamba Sanskrit Sansthan; 2012. Sareera Sthana, Chapter 2/21.
4. Sharma RK, Bhagawan Dash. *Charaka Samhita. Vol I, Suthra Sthana.* Varanasi: Chaukhamba Sanskrit Series; 2018. p. 256.
5. Shastrayog. *Tailyog Prakranam No. 1.*

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