

Insight into Ayurvedic management of PCOS through Shodhana and Shamana Chikitsa

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The female reproductive system is primarily controlled by hypothalamo - pituitary - ovarian (HPO) axis. Alterations in the proper functioning of HPO axis can leads to metabolic and endocrine disorders such as PCOS (polycystic ovary syndrome). It is characterized by menstrual irregularities, hyperandrogenism and polycystic ovarian morphology. As it is a syndrome, to find out an exact ayurvedic co-relation is difficult. The various conditions associated with PCOS shows similarities with Pushpagni Jathaharini, Nashtartava, Artava Kshaya, Granthi, Sthoulya etc. In the present case, a 23-year-old female patient complains of irregular menstrual cycle with the interval of 2-3 months along with heavy bleeding during periods for 7-8 days duration and polycystic ovaries seen in ultrasonography report in the last 5 years associated with sudden weight gain. Both Shodhana and Shamana Chikitsa adopted in this condition. Improvement was noted in both the symptoms as well as in USG report.

Keywords: PCOS, Pushpagni Jathaharini, Nashtartava, Artava Kshaya, Granthi, Sthoulya, Shamana Chikitsa, Shodhana Chikitsa

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Introduction

Polycystic ovary syndrome (PCOS) is one of most frequent gynecological endocrine disorders affecting a significant number of females in their reproductive age. Nowadays prevalence of PCOS is approximately one in every 10 women.[1] It is characterized by menstrual irregularities in form of oligomenorrhea, amenorrhea or DUB, accompanied by metabolic abnormalities like obesity and insulin resistance (IR). Chronic low-grade inflammation is a key contributor to pathogenesis of PCOS. Nearly 30% women with PCOS have abdominal adiposity or visceral fat. These Hypertrophic adipocytes sharply increase level of adiponectin, Leptin, IL6 and TNF- α which cumulatively contribute to inflammation of adipose tissue and can cause hyperandrogenism which might contribute to insulin resistance.[2]

This hyperandrogenism impairs follicular maturation and ovulation, thus give rise to multiple cyst in ovaries and also associated with menstrual irregularities like oligomenorrhea or amenorrhea. A gradual rise in level of estrogen with concomitant phase of amenorrhea and endometrium get thickened slowly under influence of this unopposed estrogen due to anovulation. After a variable period, estrogen levels fall which results in shedding of thickened endometrium with heavy bleeding.

In *Ayurveda* classics, we cannot find an exact correlation of this condition. The various symptoms associated with PCOS shows similarities with *Pushpagni Jathaharini*, *Nashtaartava*, *Artavakshaya*, *Granthi*, *Sthoulya* etc. *Acharya Kashyapa* mentioned *Pushpagni Jataharini* with *Lakshanas* like *Vrutha Pushpam* (fruitless cycles), *Sthoola Lomasha Ganda*[4] (corpulent cheeks with excessive hair growth). These can be correlated with hyperandrogenic state resulting in hirsutism, anovulation and menstrual irregularities. According to *Acharya Sushruta*, *Nastartava* is a condition in which vitiated *Vata* and *Kapha Dosa* causes *Avarana* to *Artavavaha Srotas* and results in *Artavanasa*[5], this can be considered as secondary amenorrhea or anovulation associated with PCOS. *Artavakshaya* is also mentioned by *Susruta Acharya* with *Lakshanas* 'Yathochitha Kala Adarshana' (irregular menstruation), *Alpata* (scanty menstruation) and *Yonivedana* (pain in genital region)[6], so this condition can be considered as abnormal uterine bleeding such as oligomenorrhea and hypomenorrhea.

Granthi mentioned by *Acharya Susrutha* which is due to vitiated *Vatadi Dosas*, which vitiates *Rakta*, *Mamsa* & *Medas* results in nodular swelling with *Vrutha* (round) & *Unnatha* (raised appearance)[7], so this can be taken as polycystic lesions in ovary. *Acharya Charaka* mentioned *Sthoulya Lakshanas* like *Chala Sphik Udara Stana* (flabbiness of buttocks, abdomen and breasts) due to increased *Meda* and *Mamsa Dhatu*[8], these having close resemblance with visceral obesity in women with PCOS. As it is syndrome, PCOS can be considered as *Bahudo-savastha*, therefore both *Shamana* and *Shodhana Chikitsa* having great role in its management.

Aim and Objective

To assess the effect of Ayurvedic management of PCOS with *Shodhana* and *Shamana Chikitsa*.

Materials and Methods

Informed written consent was taken from the patient in her own language and case was recorded as per case proforma.

Case Report

A 23 years old female patient complains of irregular menstrual cycle with interval of 2-3 months along with heavy bleeding for 7-8 days & Polycystic ovaries seen in ultrasonography report in last 5 years associated with sudden weight gain. She had undergone HRT therapies, but she didn't get complete relief so she visited OPD of *Prasuti Tantra & Stree Roga*, Alva's Ayurvedic Medical College & Hospital, Moodbidri on 21/08/24 for better treatment.

Personal History

Diet - Mixed
Bowel - Normal
Appetite - Good
Micturition - Adequate (4-5 times/day, 1-2 times/night)
Sleep - Sound

Menstrual History

PMP - 10/05/24
LMP - 15/08/24
Cycle - Irregular
Interval - 2-3 months
Duration - 7-8 days
Amount of bleeding - 5-6 pads/ day

General Examination

Appearance - Bulky
Height - 155cm
Weight - 66kg
BMI - 27.5 kg/m²
BP - 120/80 mmhg
PR - 70 Bpm
RR - 16/min
Pallor - Absent
Icterus - Absent
Edema - Absent
Lymphadenopathy - Absent

Systemic Examination

RS - AEBE clear
CVS - S1S2 normal
CNS - Conscious oriented

Local Examination

Per abdomen - Soft, non-tender
Per speculum - Not done
Per vaginal - Not done

Asthavidha Pariksha

Nadi - Pitta-kapha
Mala - Samanya
Mutra - Anavila
Jivha - Lipta
Shabda - Spashta
Sparsha - Anushnasheeta
Drik - Prakrita
Akruti - Sthoola

Therapeutic Interventions

1) Shodhana Chikitsa

Date	Therapeutic approach	Medicine with dose
21/8/24-23/8/24	Deepana & Pachana	Chitrakadi Vati 1-1-1 (A/F) for 3 days
21/8/24-23/8/24	Udwartana with Bashpasweda	Kolakulathadi Choorna for 3 days
24/8/24 - 26/8/24	Snehapana	Moorchitha Tila Taila 1st day - 30 ml 2nd day - 60 ml 3rd day - 90 ml
27/8/24 - 30/8/24	Abhyanga with Bashpa Sweda	Moorchitha Tila Taila for 4 days
30/8/24	Virechana	Trivruth Lehya - 40gm Drakshadi Phanta Kashaya - 150 ml
31/8/24 - 4/9/24	Samsarjana Krama	

2) Shamana Chikitsa

Date & duration	Medicine with dose
5/9/24 - 19/9/24 (15 days)	1. Varunadi Kashaya 15ml Kashaya with 45 ml lukewarm water Bd (B/F) 2. Navaka Guggulu 1-0-1 (A/F) 3. Pushpadhanwa Rasa 1-1-1 (A/F) 4. Shatapushpa Choorna ½tsp-0-½tsp (A/F) with lukewarm water
19/9/24 - 20/12/24 (3 months)	1. Varunadi Kashaya 15ml Kashaya with 45 ml lukewarm water Bd (B/F) 2. Navaka Guggulu 1-0-1 (A/F) 3. Shatapushpa Choorna ½tsp-0-½tsp (A/F) with lukewarm water

Pathyapathya

Pathya	Apathya
Green leafy vegetables	Processed food like fast food, soft drinks
Vegetable soup, green gram soup	Red meat
Whole grains like brown rice	Excessive stress
	Sedentary life style

Observations and Results

Parameters	21/8/24 Day 1	23/9/24 Day 35	28/10/24 Day 70	2/12/24 Day 105	6/1/25 Day 140
LMP	15/8/24	18/9/24	20/10/24	23/11/24	26/12/24
Cycle Interval	2-3 months	35 days	34 days	35 days	34 days
Amount bleeding	5-6 pads/day	1-2 pads/day	1-2 pads/day	1-2 pads/day	1-2 pads/day
Clots	++	+	absent	absent	absent
Duration	7-8 days	4-5 days	4-5 days	4-5 days	4-5 days
weight	66kg	63.5kg	60kg	58.2 kg	55.6kg
BMI	27.5 kg/m ²	26.4 kg/m ²	25 kg/m ²	24.2 kg/m ²	23.1 kg/m ²

Investigation Report

USG:

	Before treatment	After treatment
Date	18/10/23	31/12/24
Uterus	Anteverted Normal size and texture ET - 6mm	Normal in size measures 6.05×2.46×4.9 cms ET - 3.6mm
Ovaries	Prominent Multiple small follicles at the periphery with central echogenic stroma	Normal size and echotexture RO-3.27×1.47×2.93 cms (vol - 7.37cc) LO-3.42×1.23×2.55 cms (vol- 5.61 cc) (vol - 5.61cc)
Impression	Polycystic ovaries	No significant abnormality

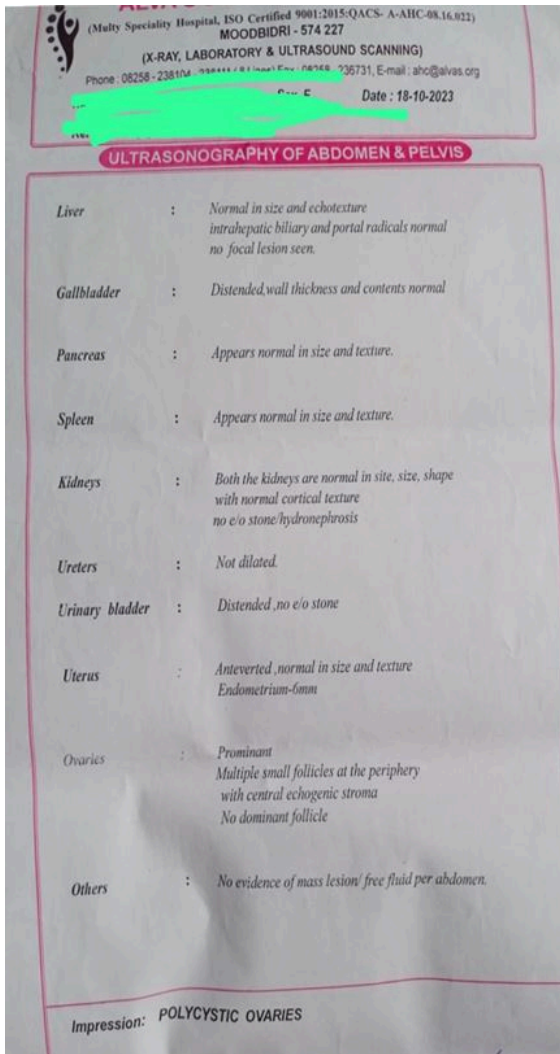


Figure 1: USG report before treatment

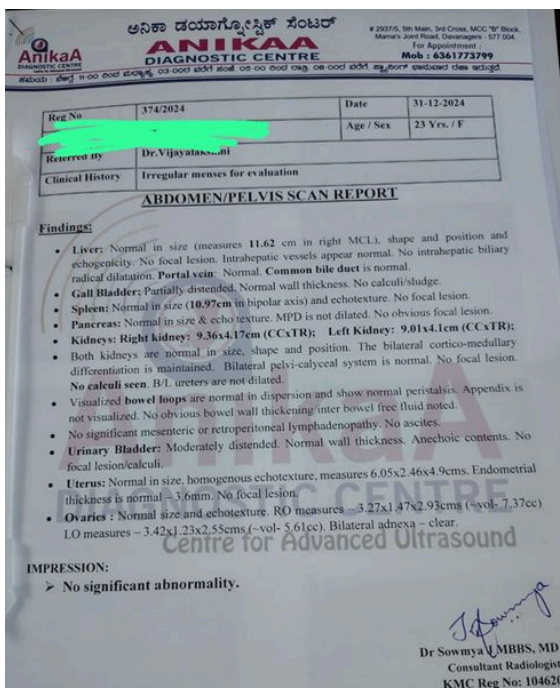


Figure 2: USG report after treatment

Discussion

The direct correlation of PCOS is not mentioned in *Ayurveda* classics. It can be considered as *Bahudosavastha* along with the involvement of all *Dooshyas* and *Agni*. So, the treatment is planned accordingly by considering its *Dosa Dooshya Sammoorchana*. Both *Shodhana Chikitsa* and *Shamana chikitsa* having *Tridosahara*, *Agnideepana*, *Amapachana*, *Srotosodhana*, *Vatanulomana*, *Lekhana* and *Artava Janana* properties was selected to manage this condition effectively.

The first aim of the treatment is *Agni Deepana* and *Ama Pachana*. So *Chitrakadi Vati* was used initially for 3 days to correct the *Agni Mandya*, which has *Agni Deepana* and *Ama Pachana* properties.[9]

PCOS is associated with chronic low-grade inflammation. Inflamed adipose tissue contributes to the inflammatory load in PCOS. *Udvartana* with *Kolakulathadi Choorna* having *Rooksha*, *Usna*, *Tridoshagna Gunas* mainly *Kapha Vatahara*, *Medoghna*, *Lekhana*, *Amaharatwa* and *Srothoshodhana* properties. *Udwarthana* opens the minute channels and improves circulation also helps in reabsorption of fat and inflammatory products. So, it helps in weight reduction in this patient and also helped to reduce the inflammatory load.[10]

Moorchita Tila Taila was used as *Shodhananga Snehapana* and also for *Sarvanga Abhyanga*. By it's *Sookshma* and *Vyavayi Guna* it can carry all over the body and can penetrate into minute channels so it helps in *Utkleshana* of *Doshas* and facilitate the removal of *Doshas* through *Shodhana Karma*. It also helps to reduce weight by it's *Medohara*, *Sthoulyahara*, *Lekhana* properties.[11]

Some studies suggested that sesame legumes can increase the expression of enzymes involved in the b oxidation of lipids and increase the cellular capacity for fat burning. The chemical constituents such as sesamol and sesamolol exhibits anti-inflammatory property which helps to reduce the inflammatory load in adipose tissue and also in PCOS.[12] Hence these can reduce the weight of the patient. Phytoestrogens and antioxidants in sesame legumes have the potential influence on HPO axis. [13] So it helps to regulate hormonal imbalance in PCOS and also to maintain the regulated hormone level.

Virechana is the best *Shodhana Karma* for the regulation of *pitta dosha* and for restoring hormonal balance. *Trivrit* *Lehya* used for *Virechana*, which is having *Rechana Karma* & *Srothoshodhana Karma*, so it helps to eliminate the vitiated *Doshas* in this condition and also it can improve the metabolism by its *Agni-deepana* property. So, in this case the *Virechana Karma* plays a crucial role in the management of PCOS.[14]

Varunadi Kashaya is having *Katu Tikta Rasa*, *Laghu Ruksha Guna*, *Usna Veerya*, *Katu Vipaka* and it is mentioned as '*Mandagnitwam Niyachathi*', so it helps to improve *Agni*, which is hampered in this condition. It is also having *Kaphahara*, *Lekhaniya*, *Chedaniya*, *Medohara* and *Gulmanashana Karma*[15], these helps to reduce the weight of the patient and to remove multiple cysts from the ovaries. It's anti-adipogenic and antiobesity properties also have an effect on reducing the weight[16] *Varunadi kashaya* reduces the production of proinflammatory cytokines, TNF- α , IL- β [17], So it is effectively used to control chronic inflammation in this condition.

PCOS is accompanied by metabolic abnormalities like obesity and insulin resistance (IR). *Agnimandya* is one of the root causes of metabolic disorders. *Katu Rasa*, *Laghu Rooksha Guna*, *Usna Veerya*, *Katu Vipaka*, *Agni-deepana* properties of *Navaka Guggulu*[18] helps to potentiate the weakened *Dhatwagni*. It's *Medo- Kleda Upashoshana* reduce the weight of the patient and also to reduce the size of multiple cysts in the ovaries.

Studies suggested that *Pushpadhanwa Rasa* having action on both male and female reproductive system. All the *Bhasmas* in this medicine having *Tridosahara*, *Deepana* & *Pachana* properties, which helps to correct the *Dhatwagnimandya* and leading to proper formation of *Rasadhatu* and its *Upadhatu Artava*. These helped to correct menstrual irregularities in this case. Along with its *Dhatuposhana*, *Brimhana*, *Vatanulomana* properties, which supports in effective growth, maturation of follicles and ovulation. Hence it helped to maintain regular menstrual cycle.[19]

Shatapushpa Choorna is having *Katu Rasa*, *Laghu Tikshna Guna*, *Usna Veerya*, *Katu Vipaka* and indicated in *Ritupravartini Anartava* and *Pittavardhaka* properties.[20] These facilitate the normal production of *Artava* (menstrual bleeding), So helped to correct amenorrhea in this case.

It also indicated in *Atiprabhoota Artava* (heavy bleeding) which helped to correct heavy bleeding from the thickened endometrium due to unopposed estrogen in anovulatory cycles of PCOS. *Shatapushpa* having phytoestrogenic property which is beneficial to regulate menstrual cycle.[21]

Conclusion

In the present case, both *Shodhana* and *Shamana Chikitsa* was adopted to restore *Doshic* balance and to improve *Agni*, while addressing hormonal and metabolic dysregulation in PCOS.

The improvement is evident from the restoration of normal menstrual cycle and reduction in other symptoms as well as from the ultrasonography report. Hence this case report shows an insight into effective management of PCOS through *Ayurvedic* treatment modalities.

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