

**SUCCESSFUL MANAGEMENT OF PCOS BY KASHYAPOKTA
SHATPUSHPA REGIMEN- A CASE STUDY****Dr. Durgeshwari Anil Raut^{*1}, Dr. Seema C. Mehere² and Dr. Diksha P. Pandharipande³**¹PG Scholar, Prasuti Tantra and Stri Roga Department.²HOD and Professor, Prasuti Tantra and Stri Roga Department.³PG Scholar, Prasuti Tantra and Stri Roga Department.G.D. Pol Foundation Y. M. T. Ayurvedic Medical College and Hospital, Kharghar, Navi
Mumbai, Maharashtra.Article Received on
27 August 2024,Revised on 17 Sept. 2024,
Accepted on 07 October 2024

DOI: 10.20959/wjpr202420-34201

***Corresponding Author****Dr. Durgeshwari Anil
Raut**PG Scholar, Prasuti Tantra
and Stri Roga Department.G.D. Pol Foundation Y. M.
T. Ayurvedic Medical
College and Hospital,
Kharghar, Navi Mumbai,
Maharashtra.**ABSTRACT**

Polycystic Ovarian Syndrome (PCOS) is the most common endocrinopathy in women with reproductive age, resulting from insuline resistance. This results in adverse effect on multiple organ system and may results in alteration in serum lipids, anovulation, AUB, chronic heart disease, hypertension, hyperlipidemia, infertility. According to ayurvedic concept it is correlated with Artavkshay. In order to avoid the problems listed above, it is crucial to treat this illness as soon as possible. According to Ayurveda PCOS is a disorder which involves the three doshas, dhatus like Rasa, Rakta and Medas. The strotas involved in this condition manifests features such as anartava, vandhyatva, pushpghni (anovular bleeding).

KEYWORDS: PCOS, Artavkshay, shatpushpa.**INTRODUCTION**

PCOS a systemic endocrine and metabolic disorder affecting approximately 10% of women of reproductive agewith onset manifesting as early as puberty, previously known as Stein Leventhal Syndrome includes oligo/amenorrhea, hirsutism, obesity, irregular menses and weight gain.

In PCOS ovaries produces an abnormal amount of androgen, male sex hormones that are usually present in women in small amounts. A dysregulation of androgen synthesis plays key

role in the pathogenesis of PCOS. In Ayurveda the symptoms which are mentioned above are found under various conditions, caused by vitiated Vata and Kapha. According to Ayurveda it can be correlated with Artav kshay. Artav kshay is a condition where menstruation does not occur at the time, or appropriate time, or is less in quantity or occurs causing pain and discomfort. In the allied sciences, it is treated with hormonal therapy, which produces massive side effects. Thus, it is necessary to modulate an Ayurvedic approach towards the disease and its management.

According to Acharya Kashyapa, in all the disorders of Artava use of Shatpushpa is beneficial and Shatpushpa oil is probably prepared and should be used in the form of nasya, pana, sneha, abhyanga, basti. In PCOS, abnormal hormonal levels prevent follicles from growing and maturing to release egg cells. So Shatpushpa regimen is the ultimate therapy for PCOS.

METHOD

Pt. 27 yrs female patient who came to OPD for c/o irregular menses, weight gain, facial hair growth, scanty menses and anxious to conceive. USG S/O PCOS. She had tried numerous allopathic treatment without success. So that Ayurvedic medicines and Panchkarma were advised.

Chief complaints – irregular menses... ..since 11 yrs

Anxious to conceive... ..since 11 yrs

Scanty menses... ..since 4-5 yrs

Weight gain and facial hair growth... ..since 4-5 yrs

Medical history – k/c/o PCOS

Surgical history – No any surgical history

Family history – No any relevant family history.

Menstrual history

Menarche at age of 13 years.

Past menstrual history- Irregular cycle of 45-50 days 1-2 days duration

1 pad/day spotting, painless

Marital status – Married since 13 years **Obstetrical history** – G0P0A0L0D0 **Coital history**

– 2-3 times / week **Physical Examination**

Built – Moderate Nutrition – satisfactory

Pallor – Nil Icterus - Nil

General Examination

GC – Fair

T – Afebrile Pulse – 82/min

BP – 110/70 mm of Hg RR – 18/min

SPO₂ – 98

Systemic Examination

RS – Air entry bilateral equal, chest clear CVS – S1S2 normal.

CNS – Conscious, oriented.

Per Abdomen – SOFT, non tender

Personal history

Diet – Mixed Appetite – Normal Micturition – normal Bowel – Normal Allergy – Nil.

Addiction – Nil **Genitourinary Examination External examination** – vulva normal

No excoriation

Per speculum – No white discharge

No Cervical erosion

No Cervical hypertrophy Vaginal wall normal

Per Vaginal – Uterus AV – normal size

No tenderness in lateral fornices No adnexal mass palpable

Investigations

USG - 16/11/21 – Uterus measures 7.3*4.1*3.6 cm normal in size, shape and position.

Endometrial thickness – 9.7mm

Ovaries – both ovaries bulky in size and show multiple tiny peripheral follicles. Right ovary – 4*3*2.7 cms. Vol 17cc

Left ovary – 4.1*3*2.5cms. vol 16 ccs/o – polycystic morphology.

Total T3T4TSH-(18/11/2021)

(T3)- 78.98ng/ dl (T4)- 7.66 mug/dl (TSH)- 106.8uIU/ml

HORMONAL ASSAY- (18/11/2021)

SR. FSH- 4.7mIU/ml

SR. LH- 6.41mIU/ml

SR. PROLACTIN- 4.95ng/ml

SR. insulin- 16.08

SR. TESTESTERONE- 31.39 ng/dl

SEROLOGY (18/11/2021)

HIV - NR HBSAG-NRHCV-NR VDRL-NR

BLOOD SUGAR(18/11/2021)

Fasting –95.7mg/dlPP- 126.5 mg/dl

HBA1C- 6.1 %(18/11/2021)CBC – (18/11/2021)

Hb – 11.2gm % WBC – 7700/cumm

Platelet – 2.90 lakhs/ cumm

Treatment Protocol

Shatpushpa regimen includes choorna and panchkarma.

Abhyantar Chikitsa –Patient was given Shatpushpa Choorna 24gm (according to body weight-madhyam matra-weight 58kg- palardha-1/2 pal- 23.2gms= **24gms**) orally daily for chewing with koshnajala preferably in brahma muhurta.

At the first hunger pt adviced to eat rice with cow milk without any salt.

After that pt adviced to follow satvik diet and rules of general dincharya as described in Ayurveda.

Basti chikitsa – Patient was given Shatpushpa tail matra basti 60 ml for 7 days from 20th day of menses for consecutive 6 menstrual cycles.

Sthanik snehan with shatpushpa tail Sthanik swedan with dashmoola kwath Shatpushpa tail matra basti 60 ml * 7 days.

Duration- 6 months

Pathya- apathy- The patient was instructed to change their eating habits, stay away from junk food, and have a high fibre diet. it was adviced that she perform daily 30 min brisk walk, pranayama, suryanamaskar, pavanmuktasana, pachhimottasana and bhujangasana to the best

offer ability.

Result: Patient took treatment for 6 months.

Assesment

| Sr.No | Assessment Criteria | Before Treatment | After Treatment |
|-------|-----------------------------|--|-----------------|
| 1 | Interval bet. Two cycles | Above 45- 50 days | 28-30 days |
| 2 | Duration of bleeding | 1-2 days spotting | 4-5 days |
| 3 | Quantity of menstrual blood | 1 pad/day | 2-3 pad/ day |
| 4 | Hirsutism | + | + |
| 5 | Pain during menses | Menses are painful but no need of analgesics | No pain |

RESULT OF INVESTIGATION

| INVESTIGATION | BEFORE TREATMENT | AFTER TREATMENT |
|---------------|---|--|
| USG | Endometrial thickness – 9.7mm | Endometrial thickness- 6.9mm |
| | Ovaries – both ovaries bulky in size and show multiple tiny peripheral follicles. | Both ovaries are normal in size, shape and echotexture |
| | Right ovary – 4* 3*2.7 cms. Vol 17cc | Right ovary- 2.7*1.9cm |
| | Left ovary – 4.1*3*2.5cms. vol 16 cc | Left ovary- 2.8*1.6cm |

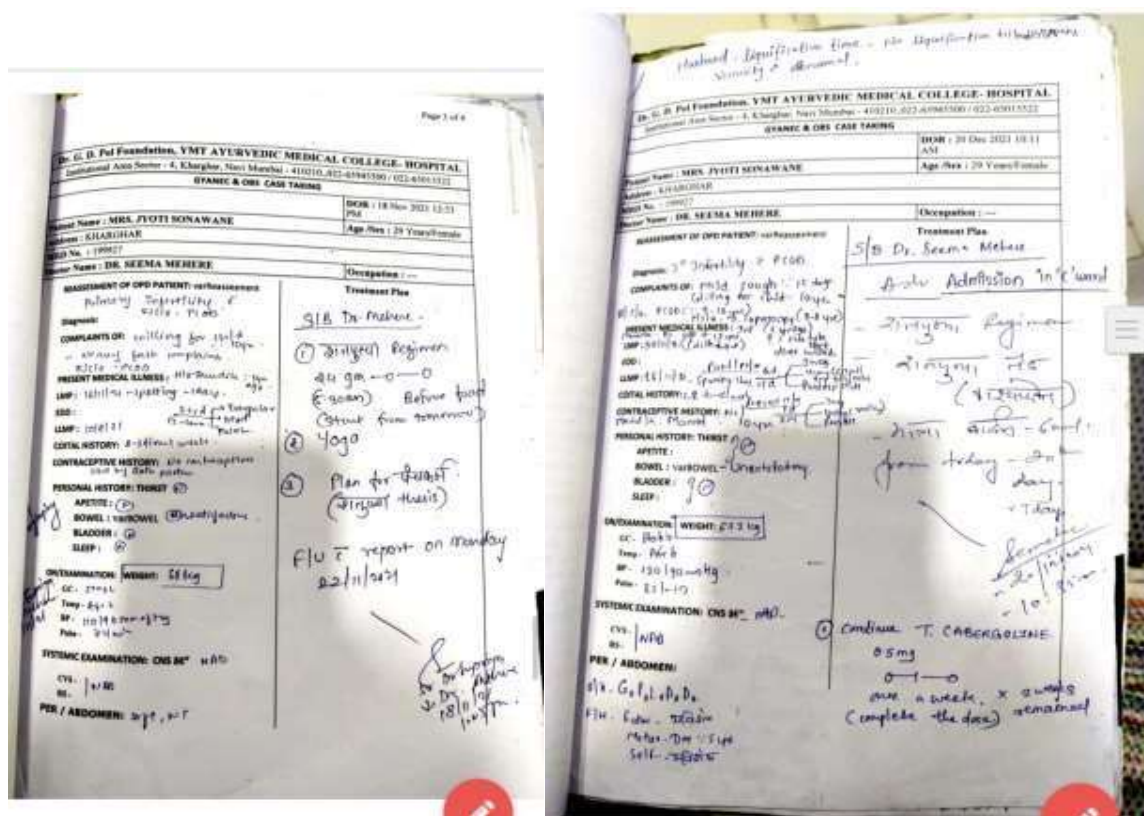
BEFORE TREATMENT



AFTER TREATMENT



CASE PAPER RECORD OF PATIENT



Dr. G. B. Patel Foundation, YMT AYURVEDIC MEDICAL COLLEGE, HOSPITAL
SHIRDI, MS
STANDARD & OBS CASE TARIK

Patient Name: **MR. PUNIT KUMAR**
Age: **35** years
Sex: **M**
Address: **SHIRDI, MS**

Referral: **DR. S. J. PATIL**

Chief Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Presenting Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

History of Present Illness: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

General Examination: **Weight: 75 kg, Height: 1.7 m, BMI: 25.8.**

Local Examination: **Abdominal examination: No tenderness, no rigidity, no masses.**

Systemic Examination: **Normal.**

Investigations: **Normal.**

Diagnosis: **PCOS.**

Treatment Plan: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Dr. G. B. Patel Foundation, YMT AYURVEDIC MEDICAL COLLEGE, HOSPITAL
SHIRDI, MS
STANDARD & OBS CASE TARIK

Patient Name: **MR. PUNIT KUMAR**
Age: **35** years
Sex: **M**
Address: **SHIRDI, MS**

Referral: **DR. S. J. PATIL**

Chief Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Presenting Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

History of Present Illness: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

General Examination: **Weight: 75 kg, Height: 1.7 m, BMI: 25.8.**

Local Examination: **Abdominal examination: No tenderness, no rigidity, no masses.**

Systemic Examination: **Normal.**

Investigations: **Normal.**

Diagnosis: **PCOS.**

Treatment Plan: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Dr. G. B. Patel Foundation, YMT AYURVEDIC MEDICAL COLLEGE, HOSPITAL
SHIRDI, MS
STANDARD & OBS CASE TARIK

Patient Name: **MR. PUNIT KUMAR**
Age: **35** years
Sex: **M**
Address: **SHIRDI, MS**

Referral: **DR. S. J. PATIL**

Chief Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Presenting Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

History of Present Illness: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

General Examination: **Weight: 75 kg, Height: 1.7 m, BMI: 25.8.**

Local Examination: **Abdominal examination: No tenderness, no rigidity, no masses.**

Systemic Examination: **Normal.**

Investigations: **Normal.**

Diagnosis: **PCOS.**

Treatment Plan: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Dr. G. B. Patel Foundation, YMT AYURVEDIC MEDICAL COLLEGE, HOSPITAL
SHIRDI, MS
STANDARD & OBS CASE TARIK

Patient Name: **MR. PUNIT KUMAR**
Age: **35** years
Sex: **M**
Address: **SHIRDI, MS**

Referral: **DR. S. J. PATIL**

Chief Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

Presenting Complaint: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

History of Present Illness: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

General Examination: **Weight: 75 kg, Height: 1.7 m, BMI: 25.8.**

Local Examination: **Abdominal examination: No tenderness, no rigidity, no masses.**

Systemic Examination: **Normal.**

Investigations: **Normal.**

Diagnosis: **PCOS.**

Treatment Plan: **Abdominal pain, bloating, constipation, weight gain, irregular menstruation, PCOS.**

DISCUSSION

Menstrual irregularities are equated to PCOS in Ayurveda. It is the condition that affects the

in vata, pitta, kapha doshas as well as rasa, meda dhatu and artav updhatu. Therefore, in this case, the patient experienced relief from menstrual irregularities after 6 months of treatment of shatpushpa regimen. Shatpushpa is a ritu pravartini and yoni shukravishodhani, due to its ushna tikshna gunas. Because of the same reason it regularizes hormones which are pitta dosha karya. According to modern view, shatpushpa might be improving the insuline sensitivity and helping the conversion from androgen to estrogen, turns into ovulation. After entering pakwashaya or guda, basti begins to work on entire body. Guda is described as a sharir mula with siras and dhamani that cover the entire body. Apana vata is normalized by Basti dravyas, enabling normalfunctioning. The enteric nervous system and CNS are similar, when basti enters in GIT it activates the ENS and produces stimulus to the CNS. These signals activates the endorphin, which limit the release of GnRH. As a result basti in PCOS modulates the HPO axis and normalize the menses.

CONCLUSION

Cumulative effect of shatpushpa regimen is highly significant in LH, SR. INSULINE, OVULATION AND INTERMENTRUAL PHASE. Due to its recurrence, PCOS continues to be one of the main issues in reproductive medicine. There were numerous variables that affected the natural menstruation in this case, but with proper treatment and systemic management, the case was successful. So we should concentrate on many causes and aetiologies that have been discussed in samhitas and apply in the current situation.

REFERENCES

1. Sushruta Ambikadatta shastri. Sushruta samhita, sutrasthana 15/16, 16th(Edn.), Varanasi; Chowkambha Sanskrit Sansthan publishers, India, 2003; 77.
2. Agnivesha, Trikamji AY Charaka samhita, Sutrasthana 16/21, 1st (Edn.), Chaukambha Sanskrit Sansthan publishers, Varanasi, India, 2009.
3. Jivaka V, Samhita K, Tantram VJ, Sharma PH the Vidyotini hindi commentary, 6th (Edn.), Ka Kalpa, Shatpushpashatavri kalpadhyaya, Chaukhamba Samskrit Samsthan, Varanasi, India, 1998; 185-186.
4. Agnivesha, charaka, Drudabala, Dutta C. CharakaSamhita. Siddhi Sthana 1/31. 1st (Edn.), Chaukhamba orientalia, Varanasi, India, 2011.
5. Kumar P, Malhotra N. Jeffcoate's Principles of Gynaecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers, 2008; 384.