

POLYCYSTIC OVARIAN DISEASE (PCOD): A CASE REPORT**Dr. Shinde Vinayak Shravan^{1*} and Dr. Aniruddha Shyam Kulkarni²**

¹Assistant Professor (Srirog-Prasutitantra), College of Ayurveda and Research Centre,
Akurdi, Pune, Maharashtra.

²Assistant Professor (Panchkarma), College of Ayurveda and Research Centre, Akurdi, Pune,
Maharashtra.

Article Received on
28 Feb 2015,

Revised on 20 March 2015,
Accepted on 13 April 2015

***Correspondence for
Author****Dr. Shinde Vinayak
Shravan**

Assistant Professor
(Srirog-Prasutitantra),
College of Ayurveda and
Research Centre, Akurdi,
Pune, Maharashtra.

ABSTRACT

Polycystic Ovarian Disease (PCOD) is characterized by Amenorrhea, Hirsutism and Obesity with enlarged polycystic ovaries. Now days the incidence of PCOD is increasing and it is more prevalent in young reproductive women .PCOD is one of the causative factor for infertility so incidence of infertility also increases. Change in life style is one of the basic cause for it .In modern medicine sometimes many limitations for treatment. In ayurveda we can treat PCOD according to ayurvedic principles of *shamana* and *shodhana chikitsa*.

KEYWORDS: PCOD, infertility, shamana, shodhana.**INTRODUCTION**

PCOD means Polycystic Ovarian Disease was originally described in 1935 by Stein and Leventhal as a syndrome manifested by Amenorrhea, Hirsutism and Obesity associated with enlarged polycystic ovaries. This heterogeneous disorder is characterized by excessive androgen production by ovaries mainly which interferes with the reproductive, endocrine and metabolic functions .PCOD is multifactorial and polygenic condition.^[1] Diagnosis based upon the presence of any two of the following three criteria- 1)Oligo or anovulation 2)Hyperandrogenism (clinical or biochemical)3)Polycystic Ovaries^[2] The incidence of PCOD varies between 0.5 - 4%, more common amongst infertile women and it is prevalent in young reproductive age group (20-30%)^[3] but now a days the incidence is increasing and change in lifestyle is one of the basic cause for it. In PCOD ovarian volume is increased and there is thickening of Tunica albuginea, LH:FSH ratio is >3:1. PCOD characterized by hyperandrogenism, insulin resistance and acanthosis nigricans (skin changes

due to insuline resistance).^[4] Treatment according to allopathy is weight reduction, OC pills, clomifene citrate & metformin tablets, laparoscopic ovarian drilling etc.^[5] but it seems that it is not satisfactory.

According to *Ayurveda* we can correlate this disease with "*Granthibhoot Artavdushti*".^[6,7,8] Two meanings of *artav* 1.*Raj*(menstrual blood) 2.*Stribeej* (ovum). It means menstrual flow is *granthil* (with clots) and (or) *Abhivahan* (ovulation) of *stribeej* fails because of *granthil artav*, so amenorrhea persists and thickening of ovaries increases and enlarged polycystic ovaries occurred i.e. PCOD. I have treated a patient of PCOD within 5 months with the help of ayurvedic principles of *Shaman and Shodhan Chikitsa* considering the pathology of PCOD according to ayurved point of view as I stated above.

Case Report

A 29 years old hindu married woman came with complaints of Irregular and Painful menses, Weight gain, USG report shows PCOS pattern since 4 years. She has another complaints like Gaseousness (*Adhman, Aatop*), decreased appetite (*agnimandya*), sticky stools (*Picchil malpravrutti*) etc. She has taken allopathy treatment and OC pills last 4 years for the same. Fortunately she is not a case of infertility, she has completed her family but she is typical case of PCOD last 4 years.

On Examination

Pulse-70/min B.P.-110/70 mm of Hg

S/E- RS-NAD

CVS-NAD

P/A- Gaseousness+

Ashtavidh Pareeksha

Nadi - *Kaphapradhan* *Mal* - *Picchil* *Mutra* - *Samyak*

Jivha – *Sam Shabda* - *Prakrut* *Sparsh* – *Snigha, samshitoshna sparsha*

Druk - *Shwet varna* *Akruti* - *Sthool* (Wt -76 KG, Height 151cm)

Investigations

Blood - General & Hormonal values within normal limits, only Sr. Prolactin level slightly raised.

USG(abdomen & pelvis)- Bilateral PCOS pattern.

Treatment

After taking the complete history, *strotodushti* found in *Annavah*, *Rasvah*, *Raktavah*, *Medovah* and *Purishvah strotasa*. So according to *strotodushti* and *dushyas* following treatment decided.

Treatment for first 15 days.

Kamdudha ras (250 mg) BD.

Shankh vati (500 mg) BD.

Aampachak vati (500mg) BD. (All tablets after meal with luke warm water).

Abhaya arishta (20ml) HS with 20 ml luke warm water.

Follow up on 16th day, Gaseousness subside, no sticky stools. Amenorrhea still persists.

Then advice ***Raj pravartani vati*** (250 mg) BD After meal with luke warm for 15 days.

Follow up on first day of menses then advice hormonal investigations on second day and given following treatment for fifteen days.

Chandraprabha vati (500mg) B.D. With luke warm water.(After meal).

Kanchanar Guggul (500mg) B.D. With luke warm water.(After meal).

Pushpadhanwa Ras (125 mg) B.D. With honey. (After meal)

As per reference of *Sushrut sha.2/16*, “*Patha-trikatu-kutaj kwath*” used in *Granthibhoot artavdushi*, I added some more drugs in this combination and prepare kwath remedy for it. (*Patha, trikatu, kutaj, latakaranj, sariva, guduchi, patol, kutaki, mushta, krishnajirak*).

2 gms each) = 20gms(total)

20 gms *churna*+320 ml water=40 ml *kwath*

40 ml *kwath* B.D (Before meal)

Vaman - (*Madan phal* 5g, *Vacha* 3g ,*Pippali* 2g, *Saindhav* 1g) – *Lehan*

12 veg – *Pittant* - *samyak shodhan*.

Virechan - (*Trivrutta leh* 5g, *Abhayadi Modak* 500mg B.D., *Aaragwadh mrudwika kwath Muhurmuhu*) - 20 veg – *Kaphant* - *samyak shodhan*.

Basti-(Total 15 *Basti*) *Abhyang*. (*Triphaladi tail*-Ref:*Bhaishajyaratnavali Sthaulya adhikar*).

Bashpa swed (Dashmul kwath)

Anuvasan and Niruh basti alternate day for 14 days ,last basti of *Sahchar tail (matra basti)*

During basti 1. *Aarogyavardhini vati* (500mg) BD.

2. *Medohar guggul* (500mg) BD (Both tablets after meal with luke warm water.)

Next two month continue the *chandraprabha vati*, *Kanchanar Guggul*, *Pushpadhanwa ras* and *kwath* which I stated above.

Observations

After giving this treatment following outcome observed,

- 1.Regular menses with minimal pains.
- 2.Moderate menstrual flow without clots.
- 3.Weight reduction 7 kg .
- 4.*Adhman* , *aatop* , *agnimadya* these other complaints subsides.
- 5.Most important outcome that is USG report shows both ovaries are normal.

DISCUSSION

According to modern science PCOD is a disease of endocrine, reproductive and metabolic system so they give mainly treatment considering the hormones but sometimes it is observed that after discontinuing the treatment there is recurrence of the symptoms but in ayurveda according to *strotodushti* when it is treated then there is less chances of recurrence so in this case *shaman* and *shodhan* both *chikitsa* given for better result. With the help of *shaman chikitsa* first treat the *annavah strotas* then treat the other involving *strotas* like *rasvah*, *raktavah*, *medovah* , *purishvah* etc. In *shodhan chikitsa* *Vaman* works on *kaphashodhan* , *ras shuddhi* and its *updhatu raj shuddhi* also, *Tikshnavirechan* acts on kapha dosha also and works as *chedan* in *raja rodh* , *Basti* acts on apan vayu and apan is kshetra of aartav so it acts on granthibhoot artav dushti also and after *shodhan chikitsa* I found desirable weight loss in patient.

CONCLUSION

From this study we came to conclusion that PCOD is *Bahustrotodushti* disease and we can treat it with the help of *shaman* as well as *shodhan chikitsa* and there is scope for treatment of PCOD in ayurveda.

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