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Case Study

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MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

Polycystic Ovarian Syndrome is a set of symptoms due to elevated androgen (male hormone) in women. In which small Fluid filled sac develops in ovary. It is also known as Stein – Leventhal syndrome. Symptoms include changes in menstrual cycle, excessive hair growth, acne and obesity. It is the most common endocrine disorder among women between ages of 16-44. It affects approximately 5% to 10% of this age group As PCOS is a lifestyle disorder, changing life style altered normal physiology of the body, which has made great impact on women's physical, psychological and emotional health. The treatment explained in contemporary science does not give complete

relief and they have their own limitations and side effects. So Ayurveda is the better way to get complete cure from the disease. The present study was done to evaluate the role of *panchakarma* along with internal medications resulted in improvement in PCOS patient.

KEYWORD: PCOS, Endocrine Disorder, Ayurveda, Panchakarma.

INTRODUCTION

PCOS has become a burning problem in young women of today's era. PCOS has some aspects of metabolic disorders, since its symptoms are partly reversible even though consider as gynaecological problem, it consists of total 28 symptoms. Common signs and symptoms includes, Menstrual disorders, Skin Manifestation of hyperandrogonism- It includes acne, Hirsutism, androgenic alopecia, Acanthosis nigricans and obesity. [1] We can't correlate any single disease of ayurvedic science to PCOS, but all the symptoms of this syndrome can be

seen in many different diseases as told in our classics. Some diseases described in *Ayurveda* have the similarities with the modern. The menstrual irregularities can be considered as *Rajakshinata*. Acne, hirsutism, acanthosis nigricans, obesity, and hairfall all these symptoms can be considered under *Rasa* and *Medovaha strotas dushti lakshanas*. Also Acharya Kashyapa mentioned *pushpaghni revati jatiharani* in *revati kalpaadhyaya* which is having some resemblance with symptoms of PCOS.^[2] Considering all above, we have formulated an ayurvedic therapy protocol to improve PCOS.

MATERIAL AND METHOD

Case Report

A18 yr old patients came in opd of streeroga prasutitantra of GAC Osmanabad. With following complaints,

- 1. Irregular menses (Since menarche i. e since 5 yrs.)
- 2. Pain during menstruation (Since menarche)
- 3. Scanty bleeding..... (Since 3yrs)
- 4. Obesity.....(Since 2yrs)
- 5. Unwanted hair growth.....(Since 2 yrs)
- 6. Constipation with flatulence (Since 1 yr) (on and off)

History of past illness

Medicinal history of taking oral contraceptive pills for 6 month duration.

As she had her regular menses only with hormonal tablet. But she gained weight and started irregular menses after stoppage of treatment, so patient decided to took ayurvedic treatment.

Menstrual History: 2d/ 2-3 month [scanty, painful, irregular].

Diagnosis

The Diagnosis was done by using Rotterdam criteria. This definition required at least two of the three following criteria's- hyperandrogenism, oligomenoorhoea and PCO morphology on ultrasound.^[3]

According to ayurveda,

Hetu: Dadhi and ruksha anna sevana daily, diwaswap, avyayama

Prakriti: vatapradhana kapha

Dosha: kapha, vata

Dushya: rasa, meda

Agni: mandagni

Strotasa: Rasavaha, Medovaha and Aartavaha Strotas.

Strotodushti: strotosang and vimargamana.

Pratyatma Lakshanas: Aatavkshaya, Sthulya, atiloma.

Ayurvedic Nidana: Medaavrutta vata.

Investigations: Hb –10 gm%

USG (abd+pelvis) – Right ovary 10.5cc mild bulky in size with MSF 6-6mm

Left ovary 8.8cc mild bulky in size with MSF 5-6mm.

With changes of PCOD.

- Treatment
- a) Nidan Parivarjana^[4]
- b) First 7 days -
- 1. Deepana and Pachana: As patients vitiated dosha's were kapha and vata so for deepana and pachana, lasunadi vati 1 bd after food was given. These helps in jatharagni and dhatvagni vardhana with aampachana.
- **2.** *Anulomana*: gandharvahastyadi taila capsule 1 HS was given as patient having *badhakoshtata* so *anulomana* is given.
- c) After 7 days Yogabasti for 8 days was given with,
- **1.** *Niruha basti: Dashamula, Erandamula, triphala, bilva, patha, musta, madanphala bharada for kwatha + gomutra+ madhu+ lavana + yavakshara +sahachara tela.*^[5]
- 2. Anuvasana Basti: Sahachara taila + shatapushpa taila

These *yoga basti* was given for 3 consecutive cycles. *Teekshna basti* helps in *vatanulomana*, *strotorodhanashana*.

d) Shamana Aaushadhi

1. Kanchanar Guggula 500 mg Bd after food with lukewarm water

As kanchanar Guggula having properties like lekhana, granthihara it helps in PCOS.^[6]

2. Chandraprabha Vati 500mg Bd before food with lukewarm water.

As chandraprabha vati mainly acts in *kledapradhana Samprapti* and especially on *kapha dosha*, so it acts tremendously in *margavrodha janya Samprapti* of PCOS. It also cures the obesity and insulin resistance which occurs in PCOS.

Table 1: Assessment criteria and observation.

Sr. No.	Signs and symptoms	Day 1	1 st cycle	2 nd cycle	3 rd cycle
1	Interval between 2 cycles	2 month	1 month 20 days	1month 10 days	1 month 5 days
2	Duration of menstruation	2 days	2 days	3 days	3 days
3	Amount of bleeding	1 pad/day	1 pad/day	2 pad/day	2 pad/day
4	Pain during menstruation	++	++	+	No pain
5	Obesity	59 kg	57kg	54kg	52kg
6	Follicular cyst size	Multiple cysts	-	-	No cysts
7	Ovarian volume	10cm3	-	-	Normal

RESULT

Her menses are regularizes with normal menstrual flow and with no pain also an ultrasonoghraphy was repeated after 3 menstrual cycle which revealed normal ovaries with no abnormality.

CONCLUSION

PCOS is the most challenging life style disorder that can affect a woman's menstrual cycle, fertility, sex hormones production, insulin production, and physical appearance. In Ayurvedic literature it is found under the broad heading of *Yoni Vyapada and Ashtaartava Dusti*, *aartavkshaya*. With ayurvedic regimen of *deepana pachana*, *yogabasti* and oral medications, significant changes were observed before and after treatment on duration of menstrual bleeding, interval between two menstrual cycles, amount of blood loss, severity of pain during menstruation, follicular cyst size, ovarian volume and obesity.

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