

## AN AYURVEDIC MANAGEMENT OF IRREGULAR MENSTRUATION WITH SPECIAL REFERENCE TO PCOS- A CASE STUDY

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### ABSTRACT

PCOS often referred as 'lifestyle disorder' due to its longevity. It is most common endocrinopathy in women of reproductive age. It interferes with metabolic, endocrine and reproductive functions. It affects the pituitary – ovarian hormones and, results in infertility, menstrual problems, hyperandrogenism, hyperinsulinemia and excessive body hair growth in females. According to *Ayurveda* this type of clinical features found in *Pushpaghni jatharini* and *Nashtartava yonivyapad* which are said to be *Asadhya* i.e. non-curable. In today era also, it cannot be cured completely but by giving medicines along with the proper regimen and exercise we can try to control the symptoms of it. Treatment of PCOS should include mainly

to correct hormonal imbalance, hyperandrogenism by using digestive liver stimulant drugs that are *Agnidipeek*, oestrogen clearance by *Pachaka drugs*, reduction of fat by *Kledmedohar* drugs, proper follicular genesis and ovulation by *Vatakapha Nashak* drugs. So, in this case study, we have given the *Kumariasava*, *Arogyavardhini vati* and *Gokshuradi guggulu* which possess the activity of *Agnideepak*, *Pachak*, *Kledomedohar* and *Vatakaphahar*. This case study of one patient shows good result in reducing the size of ovarian volume and polycystic appearance.

**KEYWORDS:** PCOS, Irregular menstruation, *Aarogyavardhini vati*, *Kumaryasav*, *Gokshuradi guggulu*.

### INTRODUCTION

Lifestyle diseases also referred to as diseases of longevity or diseases of civilization because of

exposure to unhealthy diets, smoking, lack of exercise and stress. Polycystic ovarian syndrome (PCOS) being on the top, common endocrine disorder in women of reproductive age group. Prevalence of PCOS in Indian adolescence is 9.13% whereas the estimated prevalence in women of reproductive age is 5 to 10%.<sup>[1]</sup>

PCOS is psychosomatic disorder of uncertain etiology characterized by obesity, anovulation associated with primary or secondary anovulatory infertility, menstrual irregularities ranging from amenorrhea to dysfunctional uterine bleeding, hirsutism, male pattern baldness or thinning of hair, acne, oily skin or dandruff, dark colored patches of skin specially on neck, groin, underarms, diabetes, lipid abnormality and high blood pressure. Modern medical science has no ailment to cure PCOS. they only able to provide symptomatic treatment for it, which Has unsatisfactory results lots of side effect and costly also and when medication not gives although relief then go for surgical drilling of ovaries.

According to *Ayurveda*, there is no direct reference about PCOS but when go through *Ayurvedic* literature there are many references which are nearer to sign and symptoms of PCOS. It can be correlated with “*Aartavkshay*”.<sup>[2,3]</sup>

Clinical features of pcos are nearer to ‘*Pushpaghni Jatharini*’.<sup>[4]</sup> The woman menstruates in regular interval but is unable to conceive is *Pushpaghni* the other symptoms are corpulent and hairy cheeks. According to reproductive point of view, the pathogenesis of PCOS is similar to condition of *Nashtartava*.<sup>[5]</sup> vitiation of *Vatakapha* leads to *Avarna* of *Artava* leads to *Nashtaartav* (no proper growth of follicles and chronic anovulation). So, the conventional treatment for PCOS includes lifestyle changes i.e. diet and exercise, due to daily exercise many studies have reported improvement in insulin resistance and thereby regularity in menses.

## CASE REPORT

A 21 Years old unmarried patient came to gynaec and obs opd (podar medical hospital Worli, Mumbai) With chief complaints of amenorrhea and irregular menses (heavy flow of menses followed by period of amenorrhea for 2 to 5 months) from last 2 years. she had also complaint of weight gain and hair growth over face and chest.

### H/O present illness

- Irregular menses since- 2 years

- USG done one year back reveals pcos.
- She had already taken allopathic medicines and hormonal therapy 6 months before.
- Previously she had taken withdrawal for menstruation.

### **MENSTRUAL HISTORY**

PR/M/H – 5 to 10 days -irregular (2 years back) 2-5 months -moderate

- painless

**Medical History** - H/O Epilepsy (in childhood Rx taken)

**Occupation** – Engineer

**Diet**- Irregular timing of meal, junk food, bakery products.

**Sleep**-Disturbed, insomnia sometimes.

**Psychological**- Disturbed, stressed, anxious.

### **Clinical Examination**

Patient well conscious, oriented, haemodynamically stable O/E- P-78/min, BP-120/70mm hg HT-153cm, WT-57KG, BMI-24

Motion-sometimes constipation P/A-Soft, non-tender

*Prakriti-Kaphapittaj*

*Jaranshakti- Madhyam, Agnimandya*

### **Investigations**

Haemogram –Within normal limit. BSL-Normal

Urine-NAD TSH-2.2 ug/dl FSH- 5.2 ug/dl

LH- 5.3 ug/dl

### **Ultrasonography For Uterus and Adnexa**

#### **USG- (Pelvis) Before treatment**

UT-Anteverted, Normal size, Endometrial thickness -7.1mm Ovaries –both ovaries are mildly bulky and shows MSF Right ovary-3.7×2.8×2.1cm (vol-11.8cc)

Left ovary-3.1×2.3×2.3cm (vol -9.2cc) Bilateral-Polycystic ovaries.

|                  |                               |         |            |
|------------------|-------------------------------|---------|------------|
| Patient Name:    | [REDACTED]                    | Date    | 03.09.2016 |
| Registration No: | 17839                         | Sex/Age | F/21 yrs   |
| Referred by:     | Dr. Subhash Marlewar (Poddar) |         |            |

#### ULTRASONOGRAPHY OF PELVIS

**UTERUS:** The uterus is non-gravid, anteverted and normal. It measures 6.0 x 4.5 x 3.9 cm. The myometrium shows normal homogenous echogenicity. Endometrial thickness is 7.1 mm.

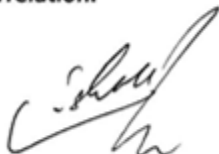
**OVARIES:** Both ovaries are mildly bulky in size and show multiple, small peripheral follicles (average size 5-6 mm) with central echogenic stroma.

Right ovary measures 3.7 x 2.8 x 2.1 cm (vol 11.8 cc) and the left ovary measures 3.1 x 2.3 x 2.3 cm (vol 9.2 cc).

Minimal free fluid is noted in the Pouch of Douglas – can be physiological.

**IMPRESSION:** Bilateral polycystic ovaries.

Suggest: Clinico-lab correlation.



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Figure no. 1: Usg (Pelvis) Before Treatment.

[REDACTED]

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21<sup>st</sup> August 2014

Dr. J. Dewaikar.

**ULTRASONOGRAPHY : (TAS only)**

Uterus is ante-verted, normal in size (6.01 X 5.46 X 3.57 cms.), shape, echotexture & reveal no focal abnormality.

Endometrial echoes are central in position, uniform in appearance & thickness (1.531 cms.). The inter-phase between endometrium/myometrium is normal.

No abnormal focal/generalized endometrial/myometrial vascularity seen on color Doppler study.

Vagina/cervix are essentially normal & reveal no altered echotexture/enlargement.

Ovaries are normal in size, shape, outline & echotexture.

Right ovary : 3.40 X 1.72 X 1.34 cms.

ovarian volume : 4.10 cc

Left ovary : 3.34 X 1.74 X 1.65 cms.

ovarian volume : 5.02 cc

No cystic adnexal mass lesion seen.

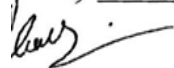
No free fluid noted in cul-de-sac - ? post-ovulatory.

**DIAGNOSIS : The endometrial echoes are prominent.**

**Conclusion : No significant abnormality noted on this examination.**

Recommendations : 1) Clinico-pathological co-relation.

2) Further follow-up.



Dr. C. Chawda.



**Figure no. 2: Usg- (Pelvis) After 3 Months of Treatment.**

### **Usg- (Pelvis) After 3 Months of Treatment**

UT-Anteverted, Normal size, ET normal

RT ovary-3.4×1.72×1.34 cm(4.10cc) LT ovary-3.34×1.74×1.65cm (5.02 cc)

No/e/o-PCOS, Endometrial echoes normal

### **Thyroid Function Test**

T3-127.90 ug/dl T4-9.7 ug/dl TSH-1.80 ug/dl

### Treatment Protocol

- 1) KUMARYAASAV No.3<sup>[6]</sup> – 20 ml BD before meal with *Koshna Jal*.
- 2) Tb. *Aaroghyavardhini vati*<sup>[7]</sup> - 250 mg TDS with *Koshna Jal* before meal
- 3) *Gokshuradi Guggulu*<sup>[8]</sup> -500 mg TDS with *Koshna Jal* after meal

### EXERCISE/ PATHYA-APATHYA

During this period the patient was advised to exercise daily for 45 minutes and meditation, pranayam.

Also advised to take balanced and nutritive diet containing ghee, milk, eggs, fruits, green vegetables, and avoid oily, spicy, junk, food. she was also advised to sleep early in night and wake up early morning.

### OBSERVATION AND RESULT

Patient followed treatment, diet, exercise, pathya-apathya strictly patient got her normal menstruation, (Duration 5-7days, interval-30 to 35days, with normal flow. USG scan reveals normal scan, with reduced ovarian volume and polycystic appearance completely.

### Probable Mode of Action

On taking history and clinical examination of the patient it is revealed that there is dhatvagni mandya, rasadhatu dushti, vata and kapha vaigunya especially, apana vayu vaigunya (abnormal vata and kapha doshas). So, here management should be targeted at Aagnidipan”, ”pachan”, ”vatashaman”, ”lekhan” principle. It is said that after the discontinuation of treatment, exercise and diet for the PCOS, it can reoccur.<sup>[9]</sup> So we can incorporate it into the yapya vyadi.<sup>[10]</sup> The long-term effect of PCOS are said to be- diabetes, hypertension, hyperlipidemia, and cardiovascular disease known as “X syndrome”.<sup>[11]</sup>

#### 1) Kumaryaaasav no.3

Action on PCOS: It helps in regularizing the menstrual cycles, promotes normal menstruation and normalizes ovarian hormonal imbalance.<sup>[12]</sup> Kumaryaaasav possess hepatoprotective activity,<sup>[13]</sup> it stimulates SHBG (sex hormone binding globulin), it may help to decrease the level of free testosterone.

"नष्टपुष्पं नाशयेत् पक्षतः"

It has specific property of “PUSHPAJANAN”.<sup>[14]</sup> (ovulation induction) "लुप्ते रजसि नाररणां

प्रयुज्यते"

It is digestive stimulant, mainly effects liver and stimulates bile secretion from liver and improving liver functions, this action is attributed to the presence of aloevera, 'Tambrabhasma' etc in this medicine.

It has Emmenagogue action, acts on ovaries and induces the release of eggs, it has antitoxin and detoxifier property so it helps to bring on menstruation. it may also influence female hormones and helps to normalize and balance hormone levels, improves menstrual flow and regular menstrual cycle.

## 2) Gokshuradi Guggulu

It has 'Medohar', 'shothhar', 'vatshaman' kledhar property so it may be act on fat (adipose tissue) fat is considered an endocrine and immunomodulatory organ, it interferes insulin pathway in liver and muscle resulting insulin resistance, ultimately it reduces fat (adipose tissue) combating hyperinsulinemia.

## 3) Aaroghyavardhini Vati

Acts on rasa, raktadhatu and helps in prasadbhuta 'raja nirmitee'. (quality follicular development).<sup>[15]</sup> It stimulate functions of liver and thus enhancing 'kayagni' and 'dhatwagni'<sup>[16]</sup> i.e. increase secretions of SHBG by liver which leads to decrease in androgen production.

## CONCLUSION

PCOS is a common endocrinopathy in a woman of adolescent and reproductive age groups and its leading cause of infertility. According to ayurvedic basic principles the pcos can correlated and treated as well without hazards, in presenting case study mentioned *Ayurveda* treatment helped in improving ovarian function as well as in combating hormonal imbalance and regularizing normal menstrual cycle.

It also shows reduced polycystic appearance and volume of ovaries in ultrasonography images. The presenting study concludes that an ayurvedic drugs have a significant efficacy on menstrual pattern by improvement in menstrual interval, duration, quality, and consistency.

An allopathy drugs helps in managing and controlling effects of PCOS while ayurvedic drugs



can be considered as a best cure and promising treating with no side effect.

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