

TO EVALUATE THE EFFICACY OF *PANCHKOLDAI CHURNA* AND *DASHMOOL KWATH* ON POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT

Polycystic ovarian syndrome (PCOS) also known by the name of stein-Leventhal syndrome. Incidence of this condition is growing amongst young women in reproductive age. It is almost ranging between 30% of young women coming for infertility, it is now increasingly perceived as disorder of changed life styles and is a metabolic syndrome Research shows that history of gestational diabetes 40% are cases at PCOS. Excessive exposure to oestrogen unopposed by progesterone could cause greater incidence of malignancies endometrium and breast. Infertility is by far the most common feature due to anovulation; therefore, the present study was carried out for clinical evaluation of the efficacy of Ayurveda treatment on PCOS.

The treatment was conducted for duration of 3 months the response to the treatment was recorded by parameters, the result revealed that PCOS can be cured by successfully by using this ayurvedic *Dhasmool Kwath*, *Panchkoadil churna*.

KEYWORDS: PCOS, Endocrine, *Dashmool*, *Panchkoladi*.

INTRODUCTION

Polycystic ovarian syndrome is a most prevalent endocrinopathy. Incidence of this disease is increasing now a days because of sedentary lifestyles, pollution, excessive intake of junk food. It is obviously observed in women seeking medical advice for infertility as well as irregular menstrual bleeding, majority of these cases could be treated either by hormonal therapy or surgical intervention, this study will emphasize on careful management of polycystic ovarian syndrome. PCOD is a condition where a hormonal imbalance affects

follicular growth during the ovarian cycle causing the affected follicles to remain in the ovary.

The retained follicle forms into a cyst & with each ovarian cycle a new cyst is formed leading to multiple ovarian cyst ultrasonic morphologic evidence of ≥ 12 follicles measuring 2-10 mm diameter associated with obesity, oligomenorrhoea, anovulation & hyperandrogenism, hyperinsulinemia- increased level of insulin in the blood. Increased androgen in the ovary, the follicle undergoing maturation in the ovarian cycle is affected causing anovulation of particular follicle.

Ayurveda suggests that this is *vata* type disorder (*Apan vayu*) though the involvement of other dosha can be there but in some measure because the gynaecological disorder is mainly supposed to be due to vitiation of *vata*. PCOS is a disorder Involving *Vata*, *Kapha*, *Artavah Srotash*. The causes of PCOS as per Ayurveda can be taken as eating excessive sweet and kaphagenic foods, *mandagni* because of this is *kapha* getting aggravated in PCOS, We find *Kapha* disorder. As well as *pitta* and *vata* dosha disorder. Because of all three doshas play important & distinctive role in the production, development, maturation & release of ovum & therefore the ovarian cycle & menstrual cycle is under control of three *doshas*. The selection of trial drug was decided according to dosha *dushya dushti* & hypothesized *samprapti*.

AIMS AND OBJECTIVE

- To verify the efficacy of Ayurvedic drugs regimen on polycystic ovarian syndrome.
- To observe the rate of conception or fertilization and rule out other causes of infertility.
- To provide safe, effective, nonsurgical, non-HRT treatment.
- To prevent Metabolic complications

MATERIALS AND METHODS

Total 20 patients were registered from OPD of the *Stri roga & Prasuti* Tantra dept, M.M.M. Govt Ayurveda college Udaipur, fulfilling the criteria of selection were included into study. Approval of the institutional ethics committee was taken.

Inclusion Criteria

- Patients who willing for the trial Age group 21-40yrs
- Infertility patient due to PCOS
- Irregular menses / scanty menses due to anovulatory cycle

- Elevated LH
- LH:FSH ratio >3.
- Clinical or biochemical evidence of Hyperandrogenism.

Exclusion Criteria

- Age before 21yrs after 40yrs
- Cervical tumour, polyp, Ca cervix
- Uterine fibroid
- Congenital anomalies in female genital tract
- Tubercular endometritis
- Congenital adrenal hyperplasia.
- Malignant diseased patients and cytotoxic patients.

Subjective and objective parameters

A) Subjective parameters

Table 1: Duration of Bleeding.

Duration	Grade	Nm of patient
3-5 days	Nil	0
1-2days	Mild	05
1/8days	Moderate	10
Spotting	Severe	05

Table 2: Interval Menstruation.

Interval in Days	Grade	Nm of patient
28 days	Nil	0
28-45 days	Mild	05
45-60days	Moderate	10
Above 60 days	Severe	05

Table 3: Amount of bleeding and quantity of menstrual blood.

No of pad per cycle	Grade	Nm of patient
<9	Nil	0
<7	Mild	05
<5	Moderate	05
<3	Severe	10

B. Objective Parameter

Haematological investigations

CBC

ESR

Blood Group

HIV / VDRL / Hbs Ag BSL (F / PP)

Urine R & M

LH / FSH Ratio

USG for Pelvic Pathology

Follicular study—A serial vaginal and abdominal sonography was done from 10th day of menstrual cycle till after ovulation.

TREATMENT PROTOCOL

Drug-1. *Dhasmool kwath* (*Bheshjya Ratnavali Kasroga adhikara* 13-15),

Panchkoladi churna (*Panchkol churn bhavprakash – poorvakhanda–mishraprakaran -2 haritkyadi varga*) *Balshudha* (*rasa tarangini*))

Trial-Duration – 90 days

Dose- *Dhasmool kwath* – 20 ml twice a day before meal

Panchkoladi churn – *Panchkol churn* – 1gm

Balshudha – 500 mg

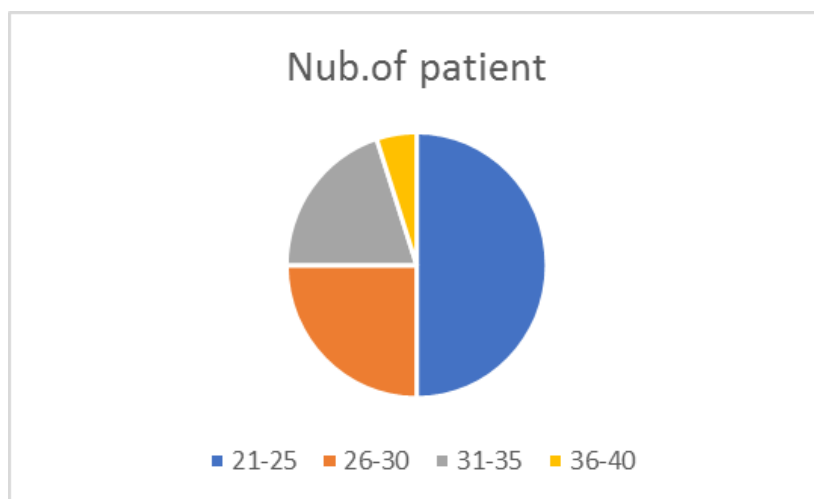
Punarnva mandur – 250 mg

OBSERVATIONS

Patients complained mostly irregular, few or absent menstruation, duration of menstruation below 3 days. Assessment criteria were based on the improvement in the score of cardinal symptoms which are irregular menstruation, duration of bleeding, quantity of menstrual blood. The improvement in the cardinal symptoms were compared and analysed statistically between the end of the treatment.

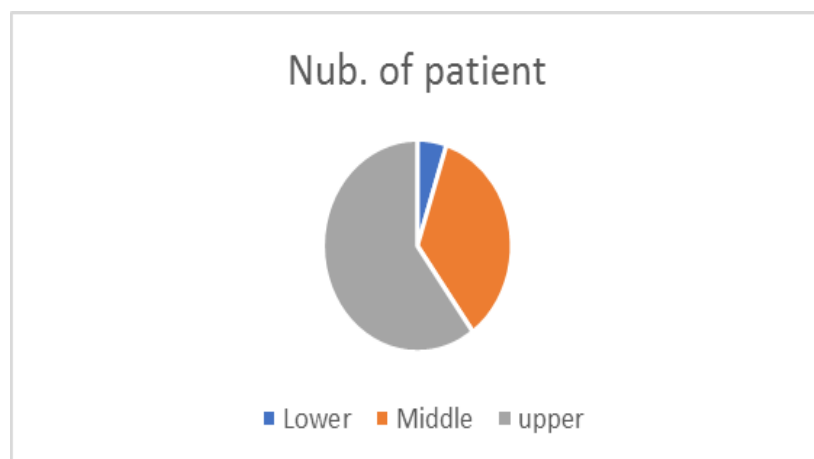
Incidence of age

Age group	Nub. of patient	Result in Percentage
21-25	10	50%
26-30	5	25%
31-35	4	20%
36-40	1	5%



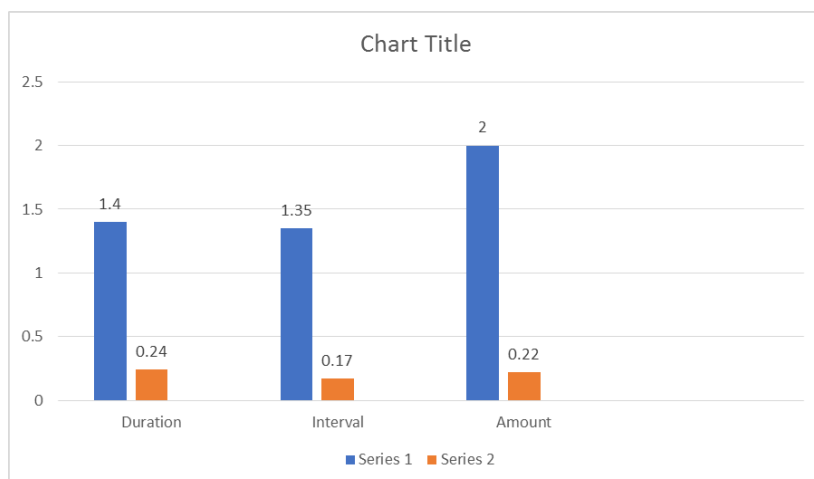
Incidence of socioeconomic status

Status	Nub. of patient	Result in Percentage
Lower	1	5%
Middle	7	35%
upper	12	60%



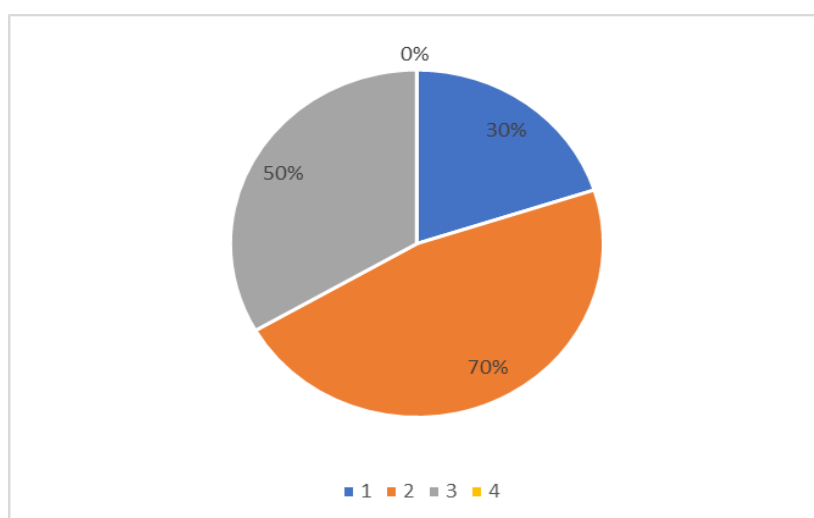
RESULTS

S.no.	Symptoms	Number of patients		Diff.	%	S.D.	S.E.	T	P	Results
		B.T0.	A.T							
1.	Duration	1.4	0.24	1.16	82.85%	0.498	0.246	4.98	<0.05	H.S
2.	Interval	1.35	0.17	1.18	87.40%	0.605	0.183	6.4	<0.001	H.S
3.	Amount	2.0	0.22	1.78	89%	0.661	0.184	8.41	<0.001	H.S



Overall effect of therapy

Effect of therapy	Result	No of Patients	% Relief
Cured	>75%	8	30%
Markedly improved	51-75%	14	70%
Moderately improved	25-50%	10	50%
Unchanged	<25%	0	00%



DISCUSSION

All the drugs have *ushna*, *vat-kaphahar* properties.

1. Dashmool Kwath

It reduces vitiated *tridosha*, when there is high *vata* & it can be used as a tonic to strengthen the system, exhibits anti-oxidant, strengthens the body and enhances the production of tissue.

2. Panchkoadil churn

1) Panchkol churn -have *Tikshna*, *Ushna* guna. It is best in *deepana* & *Pachana* and it is *kapha-vata dosha shamaka*.

- 2) *Balashudha* – It has katu rasa, ushan veerya and it has tikshana, Sara, vata- kaphaghana properties. It increases pitta dosha it is hridya, balya, deepana, varnaya, aartavjanan, vishaghana, dravak. It is best in kapha nissaran.
- 3) *Punarnava Mandoor* – combined effect of all ingredients shows anti-inflammatory, hepatoprotective effect and source of iron.

CONCLUSION

It is good idea to wind up this article with such understanding of PCOS in Ayurveda pretext. Better understanding of any disease enables physician to treat it more efficiently. PCOS not explained vis-a-vis in Samhita but Acharya have made their point regarding treatment. Unnamed disease should be understood by their Dosha and Dushya thus treatment should be planned accordingly. Out of all Yonivyapada, Bandhyayonivyapada shows maximum congruence with PCOS. Expanded meanings of Aartava i.e. menstrual blood, ovum and hormones help to elaborate PCOS symptomatology in Ayurveda context and plan its line of treatment.

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