

# Management of PCOS through Ayurveda: A Case Report

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**Abstract:** Polycystic Ovarian Syndrome (PCOS) is multi-factorial and polygenic condition. It interferes with metabolic, endocrine and reproductive functions. It affects the pituitary - ovarian hormones and results in infertility, menstrual problems and excessive body hair growth in female. According to Ayurveda this type of clinical features found in Pushpaghni Jataharini and Nashtartva. Treatment of PCOS according to Ayurveda is mainly to correct hyperinsulinemia by using Prameghna drugs, weight reduction through and diet, drugs, Vyayama, Pranayama. Give Yakritotejaka drugs for the oestrogen clearance and to decrease its bio- availability and clear the Avarana by using Vatakaphanashaka drugs for the proper follicular genesis and ovulation.

**Keywords:** Polycystic Ovarian Syndrome, Pathadi churna, Arogyvardhini Rasa

## 1. Introduction

Polycystic ovarian Syndrome (PCOS), an emerging lifestyle disorder involving multiple systems affecting 5- 10% of the women exhibiting the full blown syndrome of hyperandrogenism, chronic anovulation, and Polycystic ovaries. [1] PCOS is a psychosomatic disorder of uncertain aetiology characterized by Obesity, Anovulation associated with Primary of Secondary infertility, hirsutism, abnormal menstrual pattern, increased incidence of pregnancy loss, and pregnancy related complications. Polycystic ovarian syndrome is a most prevalent endocrinopathy. Incidence of this disease is increasing now a days because of sedentary lifestyles, pollution, and excessive intake of junk food. PCOS is affecting 4 to 6 percent of unselected women of reproductive age. [2] Modern medical science has no alignment to cure PCOS, they only able to provide symptomatic treatment for it, which has unsatisfactory results lots of side effects and costly also and when medication not gives although symptomatic relief then they go for surgery like drilling of ovaries. In Ayurveda, there is no direct reference about PCOS but when we go through the literature there are many references which are nearer to sign and symptom on PCOS. Clinical features of PCOS are nearer to *Pushpaghni Jataharini*. [3] According to the reproductive point of view, the pathogenesis of PCOS is similar to condition of *Nashtartva*. [4] Vitiation of *vatakapha* (↑ estrogenic state) leads to *Avarana* of *artava* (inhibition of FSH) leads to *Nashtartva* (no proper growth of follicles and chronic anovulation)

## 2. Case Report

A 35 years old women came to the OPD of IPGT & RA (Prasuti Tantra and Stree Roga opd ) on 29/06/2019 Opd no. 19000696GAU Jamnagar Gujarat. The chief complaint of Irregular & delayed with scanty menstruation(1-2 days, only spotting) since 3years. Associated complaint of weight gain and hair growth on face and chest since 1 year. Menstrual history:

L.M.P.-23/ 06 /19,

Past L.M.P- 28 /04 /19

Duration of flow- 1-2 days

Interval- 50-60 day

Marital history -17 year

O/H- G<sub>3</sub>P<sub>3</sub>L<sub>3</sub>A<sub>0</sub>

Coital history (C/H) – 2-3 time / week

Contraceptive history (CO/H) - Tubal ligation done

History of previous treatment -Nil

### On-Examination

General condition of patient was found good. Her family history was found normal. A detailed comprehensive history reveals that in the beginning the weight was gradually increasing. As usual, the patient avoids consulting a medical professional because of which pathology get worse. The patient belongs to high socio-economic class having junk food (*Virudhhahara*) and sedentary habits, which helps to aggravate the disease. The rest of her physical examination was unremarkable.

### Vitals Examination

Blood pressure - 120/80mm of hg,

Pulse rate - 86/minute

Weight- 76kg and Height -159.7 cm,BMI-29.8 Kg/m<sup>2</sup>

### Personal history

Appetite-Poor

Sleep- normal

Bowel-constipation

Bladder-clear

**Blood Investigation** (On 22-03-2019):-Hb-9.6 gm%, TLC - 6800 /mm<sup>3</sup>, ESR-14mm/hr, Neutrophil-53%, Lymphocytes-40%, Eosinophil -02%, Monocytes- 02%, Basophils - 00%.HIV, HBsAg, VDRL were negative. LFT, RFT & Lipid Profile was normal. MT –Negative, T3- 1.22ng/dl, T4 -12mcg/dl, TSH- 2.6 uIU/ml, FSH- 6.0mIU/ml, LH- 4.15mIU/m, Serum Testosterone – 27.1ng/dl (LH:FSH is >2:1).

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**Ultra Sonography for Uterus & Adenexa on Dated (29/06/19)** A pelvic ultrasound was performed which revealed a normal appearing uterus with endometrial thickness of 11.9 mm. No. of follicles Rt.ovary were 13-15 and in Lt. Ovary were 10-12. Rt. ovary volume was 14cc and Lt. Ovary volume was 14.8cc. and both Ovary are bulky and echogenic.

**Urine Test for Routine and Microscopy-** Within normal limits.

### Treatment Protocol

- In 1<sup>st</sup> stages (1 to 7 days): - Patient was treated with *Deepana - Pachana* and *kosthsodhana*
  - Guduchi churna* 2gms + *Haritaki churna* 2gms + *Shunthi Churna* 1gms total 5gms bds before meals with Luke warm water orally for 7 days.
  - Erandabhrishta Haritaki* – 5 gms at night (one day before starting the treatment) after meals with Luke warm water orally.
- In 2<sup>nd</sup> stages (Day 8 to 3 month):- Patient was treated with *Pathadi Churna* 5gms and *Arogyavardhini Rasa* 500mg bds after meals with Luke warm water orally.

### Pathya-Apathya:-

During this period the patient was advised to take balanced and nutritive diet containing Ragi, lahsuna, ghee, milk, fruits, green vegetables, warm water and avoid oily, spicy, junk food. She was also advised to do early sleep in night and early wake-up in morning, morning walk,

### Yoga therapy, Meditation, Pranayama:-

During this period the patient was advised Yoga therapy (Suryanamaskara, Butterfly pose(Suptbandhkonasana), Chakki chalasana) Meditation and Pranayama(kapalbhati, Anuloma Viloma).

**Duration:** - Management for 3 months.

**Follow up:** - for 1 month

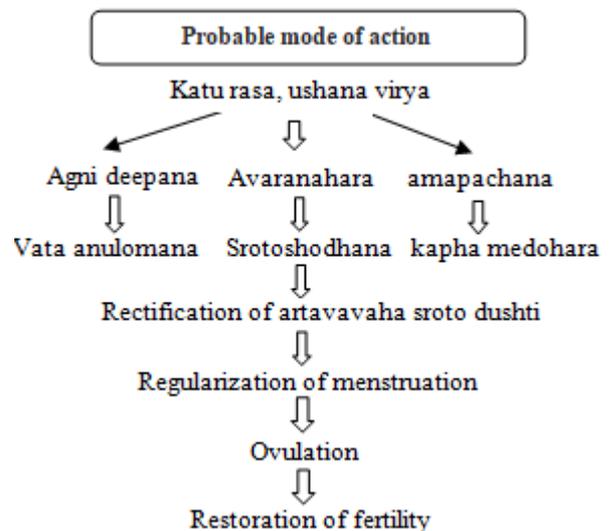
### 3. Observation and Result

Patient followed drug, *Pathya-Apathya*, yoga therapy, meditation and pranayama, Patient got her normal menstruation (Duration-4-5 days, Interval-30-35days) also weight reduction 5kg. **Her USG report were found normal like c/o No define PCOS** on dated 15/10/19.

Table 1

S. No		BT	AT	Follow Up
1.	menses day	1-2 days	3-5 days	4-5 days
2.	menses duration	50- 60 days	45 days	35 days
3.	No of pad changed /day	Pad 1 / Day (only spotting)	Pad1/day (complete soaked)	Pad 2 /day (complete soaked)
4.	Weight (kg)	76kg	72 kg	71 kg
5.	Height (cm)	159.7	159.7	159.7
6.	BMI (kg/m <sup>2</sup> )	28.4	26.9	26.6

### 4. Discussion



*Guduchi, Haritaki, Shunthi:* - *Deepana - Pachana* property and help to rejuvenation also act as *Rasayana* or *ojasa*. *Erandabhrishta Haritaki:* Helps in cleansing and detoxifying body system. It helps to clear obstruction and normalize *strotas*. *Pathadi Churna:* Help to remove blockage in the Channels and also works on polycystic ovary due to *kaphanasak* and *granthi hara* property. *Arogyavardhini Rasa:* Helped to stimulate function of liver and thus enhancing *kayagni* and *dhatwagni*. This give stimulus to all secreting glands leading to normal secretions i.e. increase secretion of SHBG by liver which leads to decrease in androgen production. *Triphala:* helps in cleansing and detoxifying body systems. It helps to clear obstruction and normalize the *strotas*. *Triphala* also very useful for reducing body fat. It also contain *Tamra* (copper), which has scrapping (*Lekhana* and *Vranashodhana* action) ultimately reducing body fat and also good result of acne due to *Vranashodhaka* property. It also contain *chittrakamoola* treating a multitude of disease like menstrual problem, liver problem and infertility. *Guggul* holds high significance in the management of complication of PCOS like Obesity, Cardio vascular disease and Hypertention. The chemical ingredients of drugs possess hypolipidemic, hypoglycemic, folliculogenesis, antioxidant, hepato protective etc. *Pranayama* and meditation calm the mind which leads decrease level of depression, anxiety and stress.

### 5. Conclusion

PCOS is an increasing public health problem which is very common and leading cause of infertility in women. Polycystic ovarian syndrome or PCOS is a condition in which a women's level of sex hormone like oestrogens and progesterone are imbalanced. Allopathic medicines are limited, comparatively Ayurveda have various options of medicine without any side effects for every symptom of PCOS. Allopath helps in managing and controlling effects of PCOS while Ayurveda can be considered as best cure and promising treatment with no side effect.

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