Menstrual history: weight and hair only spotting) since 3 of 1900696.

Inhibition of Fvatakapha similar to condition of reproductive point of view, the pathogenesis of PCOS is nearer to sign and symptom on PCOS. Clinical features in literature there are many references which are nearer to sign and symptom on PCOS. Clinical features of PCOS are nearer to Pushpaghni Jataharini and Nashtrtva. Treatment of PCOS according to Ayurveda is mainly to correct hyperinsulinemia by using Prameghnua drugs, weight reduction through diet and drugs, Vyayama, Pranayama. Give Yakritotandak drugs for the oestrogen clearance and to decrease its bio-availability and clear the Avrana by using Vatakapanashaka 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, 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 direct reference about PCOS but when we go through the results lots of side effects and costly also and when medication not gives although symptomatic relief then they go for surgery like draping 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 Nashtrtva. [4] Vitiation of vatakapha (↑ estrogenic state) leads to Avarana of artava (inhibition of FSH) leads to Nashtrtva (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. 1900696GAU Jamnagar Gujarat. The chief complaint of regular & delayed with scanty menstruation (1-2 days, only spotting) since 3 years. 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- G3P1L3A0**
**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 (Virudhahaka) 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/m²

**Personal history**

Appetite-Poor
Sleep- normal
Bowel-constipation
Bladder-clear

**Blood Investigation** (On 22-03-2019):-Hb-9.6 gm%, TLC - 6800 /mm³, 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 ulU/ml, FSH- 6.0mlU/ml, LH-4.15mlU/m, Serum Testosterone – 27.1ng/dl (LH:FSH is >2:1).
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.

**Urinary Test for Routine and Microscopy:** Within normal limits.

**Treatment Protocol**
1) In 1st stages (1 to 7 days): Patient was treated with Deepana - Pachana and koshthodhana
   a) Guduchi churna 2gms + Haritaki churna 2gms + Shunthi Churna 1gms total 5gms bds before meals with Luke warm water orally for 7 days.
   b) Erandabhrithsta Haritaki – 5 gms at night (one day before starting the treatment) after meals with Luke warm water orally.
2) In 2nd 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(Supthandhkonasana), 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>
<thead>
<tr>
<th>S. No</th>
<th>menses days</th>
<th>BT</th>
<th>AT</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1-2 days</td>
<td>3-5 days</td>
<td>4-5 days</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>50-60 days</td>
<td>45 days</td>
<td>35 days</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pad 1 / Day (only spotting)</td>
<td>Pad1/day complete socked</td>
<td>Pad 2 /day (complete socked)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Weight (kg)</td>
<td>76kg</td>
<td>72 kg</td>
<td>71 kg</td>
</tr>
<tr>
<td>5.</td>
<td>Height (cm)</td>
<td>159.7</td>
<td>159.7</td>
<td>159.7</td>
</tr>
<tr>
<td>6.</td>
<td>BMI (kg/m2)</td>
<td>28.4</td>
<td>26.9</td>
<td>26.6</td>
</tr>
</tbody>
</table>

4. Discussion

**Probable mode of action**

- **Katurasa, ushana vireya**
  - Agni deepana
  - Avaranashara
  - Samapachana

- **Vata anulomana**
  - Srotoshodhana
  - Kapha medohara

- **Rectification of aatavavaha srotot dushti**
  - Regularization of menstruation
  - Ovulation
  - Restoration of fertility

**Guduchi, Haritaki, Shunthi:** - Deepana - Pachana property and help to rejuvenation also act as Rasayana or ojasa. Erandabhrithsta Haritaki: Helps in cleansing and detoxifying body system. It helps to clear obstruction and normalize srotas. 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 kagani and dhathwagni. 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 srotas. Triphala also very useful for reducing body fat. It also contain Tamra (copper), which has scraping (Lekhana and Vranashodhana action) ultimately reducing body fat and also good result of acne due to Vranashodhaka property. It also contain chitrakamoola 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.
References


