Case Study

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MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE THROUGH AYURVEDIC REGIME: A CASE STUDY

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ABSTRACT

Polycystic ovarian disease [PCOD] is the commonest menstrual cycle disorder experienced by many females in today's era. PCOD is acknowledged as a complicated metabolic and endocrine condition. It is identified as a gynaecological problem and is characterized by hyperinsulinemia and hyperandrogenaemia, which can result in symptoms including, amenorrhea, irregular menstrual cycle, hirsutism, obesity, infertility and enlarged ovaries with numerous tiny cysts. In Ayurveda, PCOD as such is not mentioned in samhitas, however it comes under anukt vyadhi. The symptoms of PCOD resembles to that of pushapaghni jatiharini mentioned by Aacharya Kashyapa. Hence an effort was made to treat a 18 years old female patient suffering from irregular menstrual cycle from past 2 years through Ayurvedic management, who has earlier taken contemporary medicines but got no significant result. She was given shaman drugs and some panchakarma procedures, like nasya and viddhakarm were performed. Significant improvement was seen after 2 months of treatment and the treatment was continued for further 4 months. After treatment her menstrual cycle was regular. Hence Ayurvedic medicines offers an effective approach to manage PCOD.

Keywords: Ayurveda, Polycystic ovarian disorder, Artava, Yonivyapada

INTRODUCTION

PCOD is a collection of conditions characterized by hyperinsulinemia, clinical and biochemical hyperandrogenism, and irregular menstruation, all of which contribute to infertility[1]. Many women of reproductive age suffer from PCOD, a prevalent cause of irregular and infrequent periods. It is associated with obesity and insulin resistance[2]. Following are some risk factors of PCOD like family history of PCOD, genetic component, low birth weight[3]. According to Ayurveda gynaecological disorders are considered under topic yonivyapada[4]. When the channels are obstructed by Vata and Kapha it results in amenorrhoea[5]. The symptom of nashtartava comes under vandhya yonivyapada[6]. The symptoms of PCOD are similar to those of physiological disorders of the reproductive system, such as arjaska (oligomenorrhea) caused by vitiation of Vatadosha, lohitakshaya (oligomenorrhea) caused by vitiation of Vata-Pitta dosha, vandhya (infertility), pushpaghni [disorders of menstrual flow], rajodushti and Vata vitiation in shandhi yonivyapada. Some of the general causative factors of yonivyapada described in samhita are, mithyaaachar, pradushtartava, beeja dosha and daivya[7].

Another reason is ama (undigested food) formation, ama is produced as a result of the diminution of the digestive fire caused by the vishama ahara, vihara, and the Vata and Kapha doshas[8]. Incorrect enzymatic reactions brought on by this Ama production compromise hormonal balance and hinder metabolism. The aartava can be regarded as ovarian hormone, apathya or improper aahar vihar leads to aartava dusthi. This causes hormonal imbalance and PCOD by changing the balance of the hypothalamus-pituitary-ovarian (HPO) axis[9]. Ayurveda treats polycystic ovarian disease by addressing underlying metabolic problems using herbal remedies.

Aim: Management of PCOD by Ayurvedic Regime.
Objective : To study the efficacy of Ayurvedic regime in the management of PCOD.

Case Study

An 18-year-old unmarried girl residing in Nagpur, Maharashtra, India, came to the Streeroga and Prasutitantra Outpatient Department (OPD) of GAC Nagpur with complaints of irregular menstrual cycle form past two years. In addition to irregular menstruation, she has experienced increased weight gain, hirsutism, mood swings, acne, dark patches on her skin, insomnia, hair loss, undesirable body hair, weakness, and loss of appetite for the past one year.

The patient then went to a contemporary hospital and had treatment for over six months. During the three months of hormonal drug therapy, the patient experienced regular periods. Her illness returned when she discontinued hormone therapy, hence, allopathic medication did not help, so she chose to use an Ayurvedic treatment plan.

History of Past Illness

Patient does not have history of any other major illnesses.
Weight- 60kg
Height- 150 cm
BMI- 26.7 Kg/m ^{2}
Pulse rate- 78/min
B.P.- 130/80mm of HG,
Temp- 98.6 F

Ashtavidhapariksha

Nadi- Vatapitta
Mutra- Samyak
Mal- Asmyak
Jivha- Saam
Shabd- Samyak
Sparsha- Ushna
Drika- Samanya
Akriti- Madhyam [weight 60kg]

Past Surgical History: No any surgical illness.

Drug History: Allopathic treatment were taken for PCOD.

Family History: Nil

Menstrual History

Age of Menarche: At the age of 14 year, initially her period were regular for 2 years.
Number of days of bleeding: 2-3 days
Interval: 3-4 months
Cycle: Irregular
Number of pads: 3/days
Pain: +++

Marital Status: Unmarried

Personal history: She had loss of appetite , she was also suffering from constipation .No abnormalities were detected during abdominal examination .

Investigations

She was advised USG abdomen-pelvis, thyroid function test [T3,T4,TSH], CBC and BSL-R.
The reports were as follow

- BSL Random- 104 mg/dl
- Hb %- 13.4 gm/dl
- Platelets- 3.44 lac/cumm
- Thyroid hormones- w/i normal limits
- USG reports suggested mild bulky both ovaries and show multiple small peripheral follicles probably secondary to PCOD.
- Right ovary measures 2.6×2.7×3.6 cm- 13.3 cc
- Left ovary measures 3.3×2.5×4 cm -16.9 cc

Treatment

Modern treatment of PCOD involves intake of OC pills, Metformin however it leads to number of side effects like weight gain, cardio-vascular disorder, thromboembolic events, hepatotoxicity, lactic acidosis[10]. On the other hand, Ayurveda offers a holistic approach towards PCOD treatment which does not possess any side effects. Through following proper dincharya [daily routine], ritucharya [seasonal routine], pathya aahar, vihar, and the avoidance of apathya aahar, vihar, pragyaparadha, mandagni, excessive sweet consumption, and Kaphvardhak aahar, Ayurveda promotes proactive illness prevention. PCOD can be prevented and treated in large part by combining Kapha-reducing, insulin-rebalancing, and obstruction-clearing techniques with appropriate aushadh [medicines], aahar, and vihar.

The following treatment was given to the patient for 6 months.

Treatment Date	Drugs given	LMP [Last Menstrual Period]
From 4/9/23 to18/9/23	1.Aampachak vati 2 BD 2.Rajpravartini vati 2 BD [11] 4.Latakaranja Ghana vati 1 BD 5.Abhyaaristha 15 ml HS 6.Nasya Karm by Anu tail 2-2 drop each nostril	11/07/23
18/9/23-18/10/23	1.Rajpravartini Vati 2bd	11/07/23
18/10/23-6/11/23	1.Rajpravartini vati 2 bd 2.Krishntila Kwath + Guda 30 ml BD for 7 days [12]	31/10/23
6/11/23-29/11/23	1.Kanchanar guggula 2 BD [13]	
29/11/23-27/12/23	1.Latakaranja Ghan Vati 2 BD 2.Rajpravartini vati 2 BD 3.Hinguvastak churn ½ TSF BD	
27/12/23-05/02/24	Continue all Viddhakarma at Angusth mula and at the junction of 1/3rd Superior Iliac Crest and 2/3rd of Pubic Symphysis consecutively for 4 days. After 4 sitting of Viddhakarma period came[14]	31/12/23
05/02/24-15/02/24	1.Latakarang ghan vati 2.Multivitamin syrup	30/01/24
	Continue all for further 1 month	29/02/24

Patient was asked to follow pathya and apathya properly .
Pathya: A nutritious and well-balanced diet of low-fat, laghu ahara foods like ragi, lahsuna, ghee, fruits, green and leafy vegetables, and lukewarm water was recommended for the patient during this time. Use of agneya dravya have been advised by Acharya Sushruta[15].

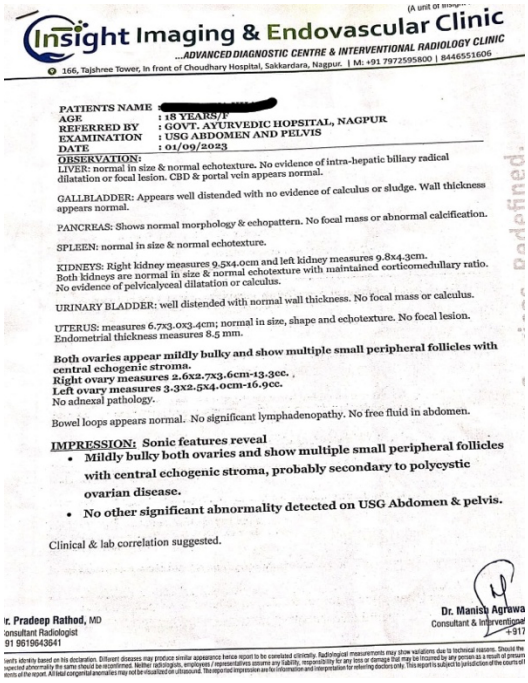
Apathya: The patient was instructed to stay away from junk food, spicy, greasy food, and food that contains maida. She was also instructed to go to bed early, wake up early, and take a 20-minute or more brisk walk each day. The patient was instructed in yoga poses such as Suryanamaskara, Bhujangasana, Pacchimotasan, and Butterfly posture (Suptbandhkonasana), as well as meditation and pranayama techniques including Kapalbhati, Anuloma Viloma, Bhramari, and Bhhasrika[16].

RESULT AND DISCUSSION

Before treatment
1/09/23- Mildly bulky both ovaries and show multiple small peripheral follicles with central echogenic stroma, probably secondary to polycystic ovarian disease.

After treatment
01/03/24- Ultrasonography reports revealed that uterus was normal in size and both ovaries were normal in size, shape and texture.

	Before treatment	After treatment
Right ovary	2.6x2.7x3.6cm-13.3cc	2.6x2.7x1.6cm-10.3cc
Left ovary	3.3x2.5x4.0cm-16.9cc	3-3x2.5x2.0cm- 6.9cc



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PATIENTS NAME : [redacted]
AGE : 18 YEARS/F
REFERRED BY : GOVT. AYURVEDIC HOPSITAL, NAGPUR
EXAMINATION : USG ABDOMEN AND PELVIS
DATE : 01/09/2023

OBSERVATION:
LIVER: normal in size & normal echotexture. No evidence of intra-hepatic biliary radical dilatation or focal lesion. CBD & portal vein appears normal.

GALLBLADDER: Appears well distended with no evidence of calculus or sludge. Wall thickness appears normal.

PANCREAS: Shows normal morphology & echopattern. No focal mass or abnormal calcification.

SPLEEN: normal in size & normal echotexture.

KIDNEYS: Right kidney measures 9.5x4.0cm and left kidney measures 9.8x4.3cm. Both kidneys are normal in size & normal echotexture with maintained corticomedullary ratio. No evidence of pelvicalyceal dilatation or calculus.

URINARY BLADDER: well distended with normal wall thickness. No focal mass or calculus.

UTERUS: measures 6.7x3.0x3.4cm; normal in size, shape and echotexture. No focal lesion. Endometrial thickness measures 8.5 mm.

Both ovaries appear mildly bulky and show multiple small peripheral follicles with central echogenic stroma.
Right ovary measures 2.6x2.7x3.6cm-13.3cc. ,
Left ovary measures 3.3x2.5x4.0cm-16.9cc.
No adnexal pathology.

Bowel loops appears normal. No significant lymphadenopathy. No free fluid in abdomen.

IMPRESSION: **Sonic features reveal**
- **Mildly bulky both ovaries and show multiple small peripheral follicles with central echogenic stroma, probably secondary to polycystic ovarian disease.**
- **No other significant abnormality detected on USG Abdomen & pelvis.**

Clinical & lab correlation suggested.

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Before treatment : USG Reports

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URINARY BLADDER: well distended with normal wall thickness. No focal mass or calculus.

UTERUS: measures 6.7x3.0x3 cm; normal in size, shape and echotexture. No focal lesion. Endometrial thickness measures 8 mm.

Both ovaries appear normal in size.
Right ovary measures 2.6x2.7x1.6cm-10.3cc.
Left ovary measures 3.3x2.5x2.0cm- 6.9cc.
No adnexal pathology.

Bowel loops appears normal. No significant lymphadenopathy. No free fluid in abdomen.

IMPRESSION: Sonic features reveal
- No any significant abnormalities detected.

Clinical & lab correlation suggested.

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After treatment USG Reports

DISCUSSION

PCOD is a hormonal disorder that affect many women's in their reproductive phase. It is a lifestyle disorder that is wrong diet and habits hampers the normal process of menstruation. Today's irregular dietary habits and fast lifestyle [apathya aahar vihar] results into agnimandya [hampered digestive fire]. Due to agnimandya saam annaras is formed which further leads to rasdhatuagni dusthi. moreover the guru snigdha guna of ama leads to margavarodh which further vitiates doshas. As artava is upadhatu of ras dhatu, ras dhatu dhusti also leads to artava dushti which leads to anartava and artava kshaya. Drugs having aampachak, agnideepana, artavajanana artavajanana and lekhana properties were used in this case to normalise the condition.

Probable mode of action
Amapachak Vati has Triphala, Trikatu, Sajjikskar, Yawani, Ajamoda which helps to digest the aam and eliminates the toxins from body.
Rajapravartini vati has Kumari swaras, Kasis bhasm which is laghu ushna lekhna. Tankan Ramath hing, these all promote the menstrual flow.

Latakaranja ghan Vati has Latakaranj seeds resembles that of cysts in the ovary thus helps in ovary disorders. It has katu tikta ras which clears strotoavrodh, Virya ushna, Vipaka katu, Karma Kapha Vata Shamaka. Pharmacological actions are anti-oxidant, anti-inflammatory, analgesics, anti-diabetics and hypolipidemic.

Abhayarishta is used to cure a variety of conditions, such as piles, constipation, thus helps to clear motions. Predominantly it has Abhaya i.e. Haritaki which is a good laxative.

Nasya - The limbic system and olfactory nerves are stimulated by Nasya, which in turn activates the hypothalamus. Gonadotropin-releasing hormone (GnRH) neurons are regulated as a result of this stimulation, guaranteeing a steady pulsatile release of GnRH and upholding the HPO axis. In the end, it promotes a regular and healthy menstrual cycle.

Krishnna tila pacifies aggravated Vata dosha due to its madhur ras, ushna veerya, snigdha guna and madhur vipaka. It has phytoestrogen high antioxidant and anti-inflammatory properties.

Kanchanara Guggulu possesses scraping (lekhana), anti-inflammatory (shothohara), and Vata-Kapha balancing properties. It effectively balances Kapha and inhibits cell division, which reduces proliferation, by raising metabolism. The strong, bitter, and astringent taste of guggulu aids in fat burning and improves digestion. With its anti-inflammatory and anti-diabetic properties, *Bauhinia variegata* (Kanchanara) helps lower insulin resistance in diseases like PCOD. Triphala choorna has a hypoglycemic effect that lowers insulin resistance while shielding against free radicals and inflammatory alterations.

Hinguvasthak Churn has ingredients like Hingu, Trikatu, Ajawain, Saindhava, Krishnajeerak etc. which improves digestion and relives symptoms of abdominal discomfort, ajeerana, agnimandhya and aruchi.

Viddhakarma refers to a procedure involving puncturing or piercing selected points with needle no. 26 which balances the doshas. The release of endorphins, a neurochemical that interacts with opioid receptors in the brain, is one of viddha karma's best advantages. This aids in lowering body weight, pain, stress, and anxiety, all of which are typical signs of PCOD[17].

CONCLUSION

Following the principle of Ayurveda samprapti bhang was done by aampachan and then shaman medication were given which resulted in agnideepana, rajapravartan, vatanuloman and lekhana. Hence in this case, patients with polycystic ovarian syndrome (PCOD) benefitted from Ayurvedic treatment and it helped to bring the disturbed menstrual cycle back to normal and also associated symptoms were relieved.

Informed consent: The study is carried out after taking consent from subject before participating and is carried out as per ICMR guidelines for biomedical and health research involving human participants.

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