



Case Report

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



EFFECTIVE AYURVEDIC APPROACH IN THE MANAGEMENT OF PCOS: A CASE REPORT

Anupam Biswas ^{1*}, Swadha Tiwari ², Shomya Tiwari ³, Tapas Bhaduri ⁴

¹ PG Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education and Research, West Bengal, India

² PG Scholar, Department of Panchakarma, Institute of Post Graduate Ayurvedic Education and Research, West Bengal, India

³ PG Scholar, Department of Roga Nidan Avum Vikriti Vijnana, Institute of Post Graduate Ayurvedic Education and Research, West Bengal, India

⁴ Reader and HOD, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education and Research, West Bengal, India

Received on: 07/6/24 Accepted on: 12/7/24

*Corresponding author

E-mail: dranupam9378@gmail.com

DOI: 10.7897/2277-4343.154105

ABSTRACT

Nowadays, cases of Polycystic Ovarian Syndrome (PCOS) are rising very significantly, generally present in younger age groups due to faulty food habits, lifestyle, stress, etc. PCOS is a disease characterised by menstrual irregularities, elevated androgen levels and multiple cysts on one or both ovaries. A complex process is maintained by the intact uterine-adnexa and the hypothalamic-pituitary-ovarian axis in the female reproductive system. The normal functioning of the human body depends on the interdependence of all its systems, and any imbalance in one can lead to multisystem pathology. It is a common endocrinopathy, a multifactorial and polygenic condition resulting in anovulation or oligo-ovulation. In Ayurvedic classics, clinical features present in PCOS can be co-related with Pushpaghni Jataharini, Artavakshaya and Gulma roga. A 25-year-old female visited the OPD with complaints of irregular menstrual cycle, pimples and hair loss from the last six months. USG revealed Bilateral polycystic ovarian morphology. Oral administrations of shamana aushadhi have been done for three months. Regular menstrual cycles, along with improvements in symptoms, have been observed. Evidence for the complete cure of PCOS has produced an intriguing and positive outcome for researchers and professionals in this sector by following the principle of Gulma chikitsa. Shamana aushadhi, like Kanchara Guggulu, Vriddhivadhika vati, Kumaryasava and Pathya churna, have shown excellent results in managing Polycystic Ovarian Syndrome.

Keywords: Polycystic Ovarian Syndrome (PCOS), Pushpaghni Jataharini, Artavakshaya, Gulma roga

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is a multifactorial and polygenic condition which is a widespread female health complaint. It is also known as Polycystic ovarian disease (PCOD). The word 'Syndrome' is used to describe PCOD because it is a complex manifestation involving many factors and organs, such as obesity and insulin resistance. As per Rotterdam Criteria 2003, diagnosis is based upon the presence of any two of these three criteria- oligo and/or anovulation, clinical and/or biochemical hyperandrogenism, and polycystic ovaries.¹

Nowadays, the incidence of PCOS is about 5-15%, more commonly found in the young reproductive age group, which is mainly increasing due to the current lifestyle scenario. In India, statistically, 1 out of every 5 women in the reproductive age is diagnosed with PCOS. The prevalence of PCOS in India ranges from 3.7 to 22.5%. 15-20% of infertility cases are diagnosed with PCOS, and about 50-70% of PCOS patients are obese.²

There is no direct description regarding nidana (aetiology), samprapti (pathogenesis), or lakshana (clinical features) of PCOS in Ayurvedic classics. According to Ayurveda, PCOS is an imbalance of tridosha (Vata, Pitta, Kapha), dhatus (mainly Rasa, Meda and Artava) and upadhatus affecting various body tissues and channels. Acharya Kashyapa has explained about Pushpaghni Jataharini, in which Vrutha pushpam (anovulation), Stulata

(obesity), Lomasa ganda (hirsutism / hairy chin) are mentioned as clinical features.³

Manifestation of PCOS may occur due to the intake of virudha ahara, and the term 'santan dosha' is mentioned by Acharya Charak.⁴ Acharya Sushruta has mentioned uchitha kala adarshanam (primary/secondary amenorrhoea), alpata (scanty/hypo menorrhoea), yoni vedana (dysmenorrhoea) as clinical features of Artavakshaya.⁵ Nashtartava is present as a clinical symptom of Bandhya Yonivyapad in Sushruta Samhita.⁶

PCOS is when the ovaries develop numerous cysts that interfere with normal ovarian function, follicle growth, and ovulation. The characteristics that are used to diagnose PCOS include ovarian cysts on USG, hyperandrogenism, and anovulation. Although the precise aetiology and pathophysiology of PCOS are still unknown, it is increasingly clear that the disease may have a complex aetiology, a genetic basis, and a family incidence. PCOS can have numerous pathophysiologic pathways contributing to its variability, and the condition can have multiple entry locations from which it can originate.

According to our present knowledge of PCOS, the underlying pathogenetic pathways fall into the following categories:

1. Disturbance of hypothalamic-pituitary-gonadal axis
2. Ovarian steroidogenesis dysregulation

3. Adrenal steroidogenesis anomalies
4. Hyperinsulinemia and insulin resistance
5. Genetic components

One of the common symptoms of PCOS is hypersecretion of LH. Increased LH production from the hypothalamus and pituitary in PCOS is seen basally and in response to GnRH. There is a positive correlation between elevated free oestradiol and enhanced LH secretion, as indicated by the LH:FSH ratio. Multiple follicular cysts, ranging in diameter from 2 to 10 mm, result from ongoing stimulation of fresh follicular growth, which is not allowed to reach full maturation and ovulation due to the partial depression of FSH levels. Ovulatory disruption, which causes oligomenorrhea or amenorrhea, is unquestionably the most frequent presenting symptom in women with PCOS.⁷

Case Report

A 25-year-old unmarried female patient visited Kayachikitsa O.P.D at the Institute of Post Graduate Ayurvedic Education and Research, West Bengal, India, with a chief complaint of irregular menstrual cycle, pimples and hair loss from the last six months.

Duration- Since last six months

Past medical history- No such

Past surgical history- No such

Family history- Mother had diabetes for three years.

Menstrual history

Age of Menarche	12
Cycle	Irregular
Interval	1-2 months
No. of days of bleeding	4
No. of pads/day	2-3
Pain	++
Clots	+
Discharge	+

Therapeutic Intervention

Shamana drugs	Dose	Dosage	Anupana	Duration
Kanchanara Guggulu	500 mg	After meals twice daily	Lukewarm water	3 months
Kumaryasava	20 ml	After meals twice daily	Lukewarm water	3 months
Vridhivadika vati	250 mg	After meals twice daily	Lukewarm water	3 months
Pathya churna	3 gm	At bedtime, once daily	Lukewarm water	3 months

Pathya (Wholesome Diet)

Green leafy vegetables like broccoli, spinach, vegetable soup, and high-fibre-rich fruits like apples, oranges, and guava.

Apathya (Unwholesome Diet)

Spicy food, sour food, oily food, junk food, heavy meals, fast food, all canned and packaged items, high-calorie food etc.

USG Lower abdomen findings

Before treatment (22/08/2023)	After treatment (30/12/2023)
The anteverted uterus of size 6.5*4.59*2.5 cm. An endometrial thickness of 0.98 cm indicates increased stromal echogenicity and multiple tiny immature follicles arranged peripherally in both ovaries. No dominant follicle was seen.	Left ovary adherent to the uterus. Dominant follicles are noted in both ovaries. Right ovary 16 mm, left ovary 16.5 mm. A sonographic study of the lower abdomen does not reveal any significant abnormality.

Personal history

Diet	Non-vegetarian
Bowel movement	Constipated
Bladder movement	Normal
Sleep	Disturbed
Appetite	Diminished
Occupation	Student
Addiction	No such

General Examination

Pallor	+
Icterus	-
Cyanosis	-
Clubbing	-
Edema	-
B.P.	116/74 mm Hg
P.R.	76 beats/min
Weight	58 kg
Height	5'1''

Astavidha Pariksha

Nadi	Vata-Kaphaja, 76 / min
Mutra	Swabhavik
Mala	Badhha
Jihva	Saam
Shabda	Swabhavik
Sparsha	Ushna
Drik	Swabhavik
Akriti	Madhyam

Diagnosis: Diagnosis of the disease was done clinically based on ASRM / ESHRE 2003⁸.

1. Oligo and/or anovulation
2. Biochemical and/or clinical signs of hyperandrogenism
 - Biochemical: Total T > 70 ng/dL, Androstenedione > 245 ng/dL, DHEA-S > 248 ug/dL
 - Clinical: Acne, Hirsutism, Acanthosis nigrans
3. Polycystic ovaries: ≥ 12 follicles (2-9 mm diameter) in each ovary or Ovarian volume >10 cc.

RESULTS

The patient was treated at the outpatient department (OPD) for three months. Oral medication and some diet recommendations were advised. Two follow-ups were conducted, and the result was assessed based on signs and symptoms and findings present in USG of the lower abdomen in which the uterus is normal in size and the endometrium is normal and centrally located. Both ovaries are normal in size, shape and echo texture. A sonographic study of the lower abdomen does not reveal any significant abnormality.

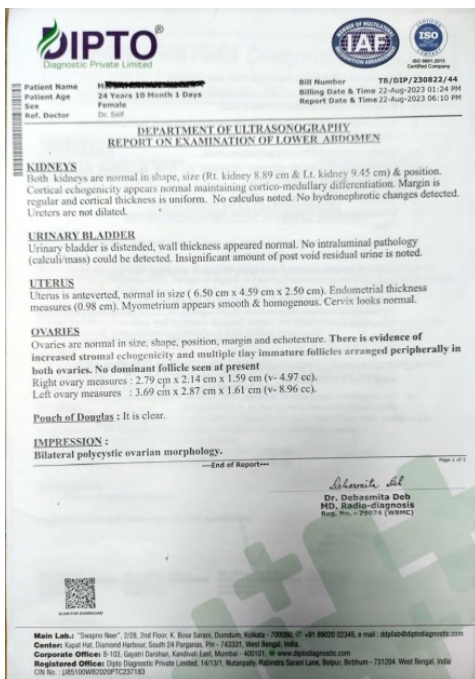


Figure 1: USG on 22/08/23

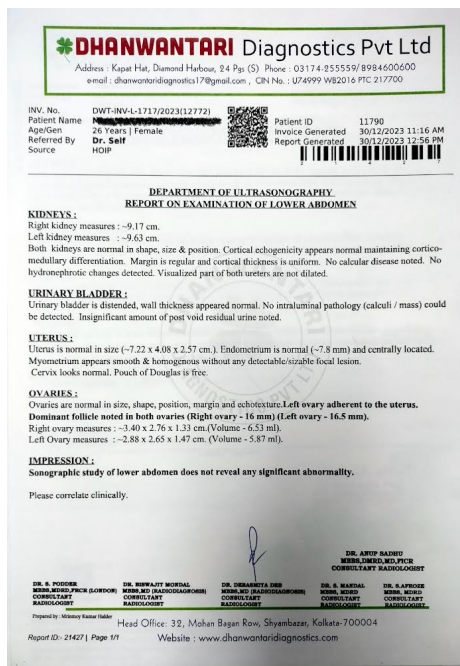


Figure 2: USG on 30/12/23



Figure 3: USG on 30/12/23

DISCUSSION

PCOS, being one of the commonest causes of anovulation and a significant contributor to infertility, results in numerous chronic health issues impacting one's physical and mental well-being. In Ayurveda, although direct reference to PCOS is unavailable, menstrual irregularities are mentioned under *astartav dusti*, *rajakshaya*, *puspaghni jataharini* and *revati kalpadhyaya*. Movement of *Apana Vata* gets obstructed by vitiated *Kapha*, hampering the normal functioning of *artava*, which is also indicative of *Rasa dusti*. In this case study, we consider *Kapha* and *Vata* as primary doshas and *Rasa*, *Rakta*, *Mamsa*, and *Medas* as *dushyas*. *Rasavaha*, *Rakthavaha*, *Mamsavaha*, *Medovaha* and

Artava are the involved *srota* where *sanga* type of *srota dusti* is taking place, resulting in the development of disease and appearance of symptoms. To break the disease pathology, *samprapti vighatan* drugs like *Kanchanara Guggulu*, *Kumaryasava*, *Vridhivadhika vati* and *Pathya churna* were chosen. The main ingredients in *Kanchanara guggulu* are *Kanchanara*, *Triphala*, *Trikatu* and *Guggulu*. These ingredients have *Kaphamedohara*, *shothahara* (anti-inflammatory), *lekhana* (scrapping), *granthihara* (reduce cystic swelling), and *nutrakrichhahara* properties. Through these properties, *Kanchanara Guggulu* supports the proper function of the lymphatic system, balances *Kapha* dosha, and promotes the elimination of inflammatory toxins. *Kanchanara Guggulu* is mentioned in

Sharangdhara Samhita, Madhyam Khanda, where it is indicated in the management of Gulma (abdominal lump), Apachi (chronic lymphadenopathy/Scrofula), Granthi(cyst), Vrana (ulcer)⁹. Due to its lekhaneya guna and anti-inflammatory properties, it reduces the excessive kleda, helps reduce the size, and arrests the further growth of the existing cyst. Triphala and Trikatu have a property like srota sodhan (cleansing of microchannels), which helps in srotavarodha (obstruction in microchannels) due to the vitiation of Kapha. Guggul contains essential oils, such as ushna, snigdha and picchila; Pittaghna by kasaya and madhur rasa; Kaphaghna due to its katu, tikshna, tikta guna. It is tridosahara, Medohara, lekhaneya and Raktaprasadana.

Kumaryasava contains the main ingredients of Kumari, Guda, Haritaki, Jatiphala, Puskarmula, Kankola, etc.. They have Kapha-vatahara, lekhaneya (scrapping), dipana (appetizer) and pachana (digestive) properties, due to which Kumaryasava helps in balancing both Kapha and Vata dosha and reduces the excessive kleda deposition over the body. In Yogaratnakara's chapter 33, it is indicated in eight types of Gulma.

Trikatu, Triphala, Vidanga, Lauha bhasma, Tamra bhasma, Sankha bhasma, and Kapardak bhasma are the main ingredients present in Vriddhivadika vati. Tamra bhasma possesses Kapha-Pitta shamak, lekhaneya (scrapping), agnideepana (digestive and metabolic fire) and rasayan (rejuvenate) properties.

Pathya has tridosahara, lekhaneya (scrapping), prajasthapana (inducing fertility), rasayan (rejuvenate) and anuloman (carminative) properties. It alleviates all three doshas, and by its anuloman property, it regulates the movement of vata dosha in a downward direction.

These medicines were continued for three months, yielding positive results. The USG finding after treatment confirmed the standard size and functioning of the uterus and the absence of a cyst.

CONCLUSION

The present case study provides positive hope to the patient suffering from PCOS by favouring monthly ovulation and showing encouraging results in USG findings through proper Ayurvedic intervention. However, a clinical study with a large sample size should be conducted to establish the efficacy of Ayurvedic drugs in PCOS.

Informed consent was obtained before participation in the study, which was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

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Cite this article as:

Anupam Biswas, Swadha Tiwari, Shomya Tiwari and Tapas Bhaduri. Effective Ayurvedic approach in the management of PCOS: A Case Report. Int. J. Res. Ayurveda Pharm. 2024;15(4):8-11
DOI: <http://dx.doi.org/10.7897/2277-4343.154105>

Source of support: Nil, Conflict of interest: None Declared

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