



Ayurvedic Management in PCOS – A Case Study

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Abstract

PCOS is a syndrome manifested by amenorrhea, hirsutism, and obesity associated with polycystic ovaries. Incidence of this disease is increasing these days because of sedentary lifestyles, pollution, and excessive intake of junk food. A 24-year-old woman, married life of 2 years, visited the OPD of KMCT Ayurveda College with complaint of irregular menstruation for 8 months. The patient was diagnosed with PCOS and the line of treatment offered was *kapha vata shamaka* and *artava janaka*. After 3 months of treatment the patient's menstrual cycles got corrected and she conceived.

Key words: PCOS, *Shamaka*, *Artava janaka*

INTRODUCTION

The definition of polycystic ovarian syndrome as per Rotterdam criteria 2003 is based on features such as clinical and/or biochemical hyperandrogenism, oligo-/anovulation and polycystic ovary. Among these if two of the three criteria are present in a patient it's diagnosed as PCOS¹. Other aetiologies like congenital adrenal hyperplasia, thyroid dysfunction, hyperprolactinemia, Cushing syndrome are to be excluded. The incidence varies between 0.5-4 percent, more common amongst infertile women. It is prevalent in young reproductive age group (20-30%). Polycystic ovary may be seen in about 20% of normal women². Incidence of this disease is increasing nowadays because of sedentary lifestyles, pollution, and excessive intake of junk food. PCOS is affecting 4 to 6 percent of unselected women of reproductive age³. PCOS is the one of the major causes to infertility due to anovulation. The patient complaints of increasing obesity (abdominal - 50%), menstrual abnormalities (70%) in the form of oligomenorrhea, amenorrhea or dysfunctional uterine bleeding and infertility⁴. In modern medical science, only symptomatic treatments are available such as combined oral contraceptive pills, antiandrogens, metformin, surgical procedure ovarian drilling etc. which are accompanied by side effects⁵. In Ayurveda, as it is a syndrome it not possible to correlate PCOS with any one of the conditions explained in the classics. But PCOS can be understood with clinical condition like *ArtavaKshaya*, *Anartava*, *Nastartava*, *Vandhya Yonivyapat*, *Pushpaghni Jataharini*, *Stoulya* etc. The clinical features, etio-pathogenesis can be correlated to different Gynaecological disorders. In Ayurveda, all gynaecological disorders are incorporated in *Yonivyapads* and *Artavdushti*. Based on these principles, PCOS and infertility can be considered as *Rasa*, *Rakta dushti* & *Vata dushti* predominantly, associated *Kapha* or *Pitta dushti* and *Dhatavagnimandya*. As all female reproductive organs lie in pelvic area *the apana vayu* governs all the physiological functions, the management in PCOS should be targeted at *Agni deepan*, *Pachan*, *Vatanuloman* and *Rasaraktaprasadan*.

Case Report: A 24-year-old woman, married life of 2 years, came to OPD of KMCT Ayurveda College with complaint of irregular menstruation since 8 months. No other associated complaints.

Menstrual History

Menarche– 13 years

Duration: 4-5 days/45-60 days

Irregular cycle, moderate flow, sometimes with clot, mild pain

2-3 pads/day

Married life- 2 years**Obstetrical history-** Never conceived**USG Findings:** Anteverted uterus of size 6.9*2.8*3cm.

Endometrial thickness of 5.2mm, both ovaries with 12cc volume and bilateral PCOS pattern were noted.

Blood Investigations: Haemoglobin-12.5g/dl, FBS-102mg%, PPBS- 119mg%, Thyroid profiles were within normal limits**Ayurvedic Management**

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|--------------|---|
| First visit | Sukumara Kashaya 15ml+45ml water BD b/f M2 Tone Syrup 2tsp-0-2tsp a/f Kanchanara guggulu 2-02 a/f Abhyarista +kumarayasvum 30ml-0-30ml a/f |
| Second visit | Sapthasram Kashaya 15ml+45ml water b/f M2 Tone Syrup 2tsp-0-2tsp a/f Kanchanara guggulu 2-02 a/f Abhyarista +kumarayasvum 30ml-0-30ml a/f |

Advice

Follow up and outcome after 3 months

Result

After 3 months of treatment the patient's menstrual cycles got corrected and she conceived.

DISCUSSION

Phase 1 Sukumara Kashaya was chosen in the follicular phase of the cycle to ensure proper follicle development and endometrial formation. The preparation is *Balya, Rasayana, deepana and vata anulomana*. So, considering the *kaphaja* nature of the follicular phase, it was presumed to support the function of the body in formation of follicle and endometrium, and was advised to the patient. *Kanchanara guggulu*⁶ is *granthihara, vata shamaka* and *artava janaka*⁵. *Abyarishtha* is *deepana* and alleviates *vata vaiguniya*. *Kumariyasvum* is *agni deepanam, vrshyam* and *shulahara*.

Phase 2 of the treatment was aimed at reducing the *vata kapha medo* dominance of the patient and to promote *Agni deepana* to ensure proper *dhatu parinama* and to bring *anuloma gati* of *vata*. *Saptasaram Kashayam* mentioned in *Sahasrayogam* is an ideal preparation that cause *vata kapha shamana* along with *Apana anulomana* which is very much essential for proper *artava* formation and expulsion. The combination with its *deepana* property also ensures proper *dhatu parinama* which again leads to proper *artava* formation. Considering the cystic appearance of ovaries as *Granthi*, a *granthihara* medicine like *Kanchanara guggulu* was selected. *Kapha – medohara* property along with proper diet and exercise also helped in reducing the weight of the patient. *Kumaryasava* which is considered to be *Bala Varna Agni deepana, vrshya, pramehanashana* etc, as per the reference, was advised to ensure proper metabolism at the level of *dhatu*.

References

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BEFORE TREATMENT

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|-----------|---------|---------|-------------------------------|
| Name | HRIDHYA | Date | 07/11/2021 |
| Age & Sex | 24 Y/F | Ref. By | KMCT AYURVEDA MEDICAL COLLEGE |

USG - ABDOMEN AND PELVIS

LIVER: Normal size and echoes. No focal lesions. Intra-hepatic biliary radicals are not dilated. Common bile duct is not dilated. Hepatic veins are normal. Portal vein is normal in caliber.

GALL BLADDER: Normally distended. No obvious calculus noted. Normal wall thickness. No peri cholecystic collection.

PANCREAS: Visualized portion of pancreas is normal in size and echoes. Pancreatic duct not dilated.

SPLEEN: Normal size normal echo pattern. No focal lesions. Splenic vein is normal.

KIDNEYS:
Right kidney - normal in size, contour shape and echo pattern.
Corticomedullary differentiation maintained. No calculus / hydronephrosis.
Left kidney - Normal in size, contour shape and echo pattern.
Corticomedullary differentiation maintained. No calculus / hydronephrosis.

URINARY BLADDER: Well distended. Normal wall thickness. No calculus or growth seen.

UTERUS: Anteverted, measures 8 x 4.1 cm.
Myometrium uniform echotexture.
Endometrial thickness is 4.1 mm.

OVARIES: Bilateral ovaries show multiple peripherally arranged follicles with central echogenic stroma.
Right ovary: 3.5 x 2 x 3.7 cm, volume: 13.9 cc
Left ovary: 3 x 2.1 x 3.1 cm, volume: 10.7 cc
No free fluid seen in pelvis.
No ascitis.

IMPRESSION:
➤ Polycystic ovaries.

Dr. MUHAMMED SHAHAB MD.
RADIOLOGIST

Diagnosis: accuracy of ultra sound is 80-90%. In case of difference in opinion reassessment with clinical details shall be considered. This is a professional opinion not a diagnosis. Not meant for medicolegal purpose. Please intimate us in case of typing error and send for correction.

AFTER TREATMENT

KMCT WOMAN & CHILD
(Run by Kuntihubavai Memorial Charitable)

DEPARTMENT OF RADIOLOGY & IMAGING SERVICES

Dr. C.K. Vasa, MD, Professor & HOD
Dr. Neeta K.M. MD, Professor
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Dr. Nishu J Keshu, MD, Asst. Professor

Dr. Arish Joseph MD, Asst. Professor
Dr. Thara Thomas, MD, Asst. Professor
Dr. Sateena, MD, Asst. Professor

| | |
|--------------------|------------------|
| NAME : HRIDHYA | AGE & SEX: 24 F |
| OP NO : 2022261949 | DATE: 18/04/2022 |

USG-OBSTETRICS

Corrected EDD → 27/11/2022
EDD (BY USG) → 25/11/2022
Gestational age (Corrected EDD) → 8 weeks 1 day.
Single intra uterine gestational sac noted with fetal pole and yolk sac.
CRL: 1.87 cm corresponds to 8 weeks 3 days.
Cardiac activity present. FHR: 168 bpm.
Good chorio decidual reaction.
Thin subchorionic collection measuring 3.4 mm in maximum thickness covering about 5-10% of gestational sac circumference.
Cervical length is normal. Internal os closed.
Anterior wall seedling fibroid measuring 7.8 x 6.9 mm.
Right ovary shows a corpus luteum, left ovary is normal.
No adnexal mass noted. Minimal fluid in POD.

IMPRESSION:
➤ Early single live intrauterine pregnancy corresponding to 8 weeks 3 days.
Suggested NT scan between 12 to 14 weeks.

Dr. SALEENA K.K. MD, PhD, DNB
RADIOLOGIST

Typed By: Namitha

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