



Case Study

A CASE STUDY ON AYURVEDIC MANAGEMENT IN PCOS

Shahina Mole.S^{1*}, Ammu.K.Sasi²

*1Professor, 2PG Scholar, Department of Prasuti Tantra & Stree Roga, Government Ayurveda College, Thiruvananthapuram India.

Article info
Article History:
Received: 27-10-2021
Revised: 06-11-2021
Accepted: 14-11-2021

KEYWORDS:
PCOS, *Kanchanara guggulu*,
Hyperandrogenism,
Insulin resistance.

ABSTRACT

Female reproductive system consists of hypothalamo-pituitary-ovarian axis and intact uterine-adnexa which maintains a complex mechanism. In human body all the systems are interrelated to function properly; any imbalance in one system may cause multisystem pathogenesis. Polycystic Ovarian Syndrome (PCOS) is a common endocrinopathy, which is multifactorial and polygenic condition, manifested as oligoovulation or anovulation, signs of hyperandrogenism and multiple small ovarian cysts. Signs and symptoms vary within individual's overtime. This adversely affect the reproductive system by menstrual disorders, infertility, obesity, depression, sleep apnea, insulin resistance and in due course may result in diabetes mellitus, endometrial cancer, cardiovascular disease etc. According to Ayurveda, PCOS is a disorder which involves the three *Doshas*, *Dhathus* like *Rasa*, *Raktha* and *Medas*. The *Srothas* involved in this condition are *Rasa*, *Rakta* and *Arthava vaha* which eventually manifests features such as *Anarthava* (amenorrhea), *Vandhyathwa*, *Pushpagni*, *Abeeja rtuchakra* (anovular bleeding). Here is a case report of 19 year old girl who presented with irregular menstruation, rapid weight gain and hair loss. On USG she was detected to have bilateral PCO pattern. Based on the clinical features, treatment principles adopted were *Aamapachana*, *Vata anulomana*, *Kaphapittahara* and *Arthava janana*. After 2 months of internal medications, symptoms reduced markedly and menstruation was normal. Adherence to Ayurvedic principles is found to be helpful in PCOS for a healthy and fruitful life.


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 is present in a patient it's diagnosed as PCOS [1]. Current incidence of PCOS is 5-15% and is increasing due to current lifestyle changes. It's so common now a days from adolescent period itself, developing soon after puberty. 15-20% of infertile women are diagnosed with PCOS. About 50-70% of PCOS patients are obese [2].

The exact etiology of PCOS is still unknown with a number of postulated theories.

An autosomal dominant inheritance expression of genes in females with higher rates of DHEAS levels, early balding and insulin resistance. Lifestyle changes, sedentary life, diet and stress are the reasons initially. Genetic, familial and environmental factors have also their contribution here. The increased adipose tissues in obese patient secrete leptin, adiponectin and cytokines which interfere with insulin signaling pathway which results in insulin resistance and hyperinsulinemia. Elevated LH secretion by insulin can cause infertility or miscarriage through improper oocyte maturation. HPO axis and adrenal glands plays a role in the genesis of PCOS to some extent.

The pathophysiology commenced earlier in-utero or in early adolescent life in the form of early onset of menarche along with early pubertal hair growth. Of patients with PCOS, 87% develops oligomenorrhea out of which 26% with amenorrhea later. Due to the anovulatory cycles, infertility is a common consequence and if conceived she may develops carbohydrate intolerance, diabetes and hypertension. The chances of abortions are also

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v9i11.2111
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

around 20-30%. Hyperandrogenism appears in the form of acne and hirsutism, abnormal facial hairs extended to breasts and thighs. Baldness is very common without virilism. On examination, an elevated BMI score, thyroid enlargement, hirsutism, baldness, hyperinsulinemia and elevated blood pressure are the findings.

Hormonal therapy restores menstruation, reverts hirsutism and other comorbidities arising due to PCOS of long duration. Surgical therapies include ovarian wedge resection, laparoscopic ovarian drilling and rarely oophorectomy in severe ovarian hyperthecosis and hyperandrogenism.

Ayurveda emphasis the maintenance of *Sudha Arthava* (healthy ovum) for a fertile period. *Rtumati Charya*, *Dinacharya*, *Rtucharya* helps to attain and maintain healthy life.

Not following the *Charyas* (regimens) bring about a lifestyle impacted by stress and strain which leads to the intake of unhealthy food hampering the formation of *Rasa Dhathu* which causes the vitiation all *Dhathus* especially *Medhodhathu* (adipose tissue) and *Rakthadhathu* (blood cells). As per *Asrayi Asraya Bhavas*, *Kaphadosha* is affected which leads to blockage of the *Srothas* (bodily pathways) which in turn leads to *Vata* aggravation, obesity, hormonal imbalance and amenorrhea. *Pitta Dushti* is manifested as hormonal imbalance.

Case Report

19 year old unmarried woman approached the Prasuti Tantra and Stree Roga OPD of Government Ayurveda College Thiruvanthapuram with complaints of irregular menstrual cycles, gradual weight gain and hair loss since 5 months. Her USG findings reveal bilateral PCOS.

Family History: Father was diabetic for 10 years.

Past History: No relevant history.

Menstrual History

Age of Menarche	13
Cycle	Irregular
Interval	2-3 months
No. of days of bleeding	3
No. of pads/day	3-4
Pain	++
Clots	NIL
Discharge	Present

Personal History

Diet	Non-Vegetarian
Appetite	Reduced
Bowel Habits	Constipated
Bladder	Normal micturition
Sleep	Excessive
Allergy	Dust

Marital History: Unmarried

The patient was moderately built with 73kg. On the basis of clinical history, physical examination and USG reports the patient was diagnosed with PCOS.

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

Internal medicine: In the first visit

<i>Tila thailam</i>	1 tsp at 6am in empty stomach
<i>Gandharvahasthadhi Kashayam</i>	90ml bd before food 8am and 8pm
<i>Kumaryasavam</i>	20ml at 9.30am and 9.30 pm after food
<i>Kanchanaraguggulu</i>	1bd with <i>Kashayam</i>
<i>Triphalachoornam</i>	1tsp at bedtime in hot water

Advice

Green leafy vegetables like spinach, kale, and broccoli are advised to be taken.

Administration of *Tila tailam* (Sesame oil) with green gram soup at morning.

High fiber rich foods like orange.

Regular exercise and *Yoga*

Avoid processed and high calorie food.

Follow up and outcome after 3 months: Along with strict diet- periods become regular; 5kg reduction in weight was also noted. Follow up USG reveals normal uterus and ovaries, dominant follicle on the left side.

DISCUSSION

There is always a high level of inflammatory changes in patients with PCOS. Inflammation is also linked to excessive weight gain which can be correlated with *Samavastha* (metabolic toxins) in Ayurveda. *Apathya Aahara Viharas* (unwholesome diet and lifestyle) causes the formation of *Aama* in *Rasadhathu* which in turn causes *Arthava Upadathu Dushti*. This vitiated condition leads to improper selection and maturation of ovum. The *Aama* thus produced, vitiates the remaining *Dhathus* which manifests as excessive weight gain and hair loss. Hair being the *Mala Roopa* of *Asthi*, unwanted hair and hair loss occurs in *Asthi Dhathu Dushti* (bone tissue degeneration). *Kapha* and *Medho Dushti* happen due to excessive intake of *Mamsahara* along with *Avyayama* and *Divaswapna* (day sleep). These vitiated *Dosha* and *Dhathus* reaches the ovary which hampers its morphology. To normalize this condition drugs having the action such as *Aamapachana*, *Agni deepana* (carminative), *Pachana* (digestive), *Vatanulomana*,

Lekhana and *Artava janana* (ovulation induction) properties should be used.

Tila tailam is the best among the *Tailavarga* (oil group) with properties like *Theekshna* (strong), *Sookshma* (subtle) and *Vyavayi* (fastly diffusing)^[3], which acts at the molecular level in the body. *Tila* is *Balya*, *Jataragnivardhaka*, *Vajikarana*, *Arthavajanana* and *Vatahara*, it is rich in Vitamin E which is a natural antioxidant^[4]. It also contains Vitamin B6, zinc magnesium iron etc.

Gandharvahasthadhi Kashayam^[5] normalizes *Vata-kapha doshas* and its *Anulomana* property helps in relieving constipation. Majority of contents possess anti-inflammatory action mainly *Punarnava* (*Boerhaviva diffusa*) and *Gandharvahastha* (*Ricinus communis*). *Chirivilwa* (*Holoptele integrifolia*), *Viswa* (*Zingiber officianlis*) and *Hutaasa* (*Plumbago zeylanica*) reduces *Aamavastha* via their *Deepana* (carminative) and *Pachana* properties. *Pathya* (*Terminalia chebula*) has *Rasayana* properties which help to normalize all *Dhatus*. *Kumaryasavam* have the properties of *Vata Kapha samanam*, *Deepana pachanam* and *Arthava pravartakam* (inducing ovulation) which is beneficial in PCOS.

Kanchanara guggulu has *Vata-Kaphasamana*, *Lekhana* (scrapping) and *Shodhohara* (anti-inflammatory) properties. *Kanchanara guggulu* exhibits cytotoxic effect^[6] by inhibiting cell division and reducing cell proliferation. It is found to be effective in balancing *Kapha* by boosting metabolism, the bitter, astringent and pungent taste of *Guggulu* helps in burning fat and enhances digestion. Anti-inflammatory, anti-diabetic properties of *Kanchanara* (*Bauhinia variegata*)^[7] helps in the reducing insulin resistance often associated with PCOS. *Triphala choornam* protects the body from free radicals, inflammatory and mutagenic changes. It also has hypoglycemic action which reduces insulin resistance. Regular exercise and *Yoga* keeps the body and mind in equilibrium, which is a state of *Swastha*.

Due to the above properties, vitiated *Doshas* and *Jataragni* (digestive fire) get corrected, *Srothoshodana* occurs resulting in expulsion of *Doshas* out of the body. *Lekhana* property reduces *Kapha* and *Medhas*. *Rasayana* and *Arthavajanaka* properties

restore the normalcy in the female reproductive system.

CONCLUSION

Patients suffering from PCOS are of increased risk for succumbing to enfeebling health conditions namely type II diabetes, hypertension, cardiac complaints and carcinoma of the uterus. It is also one of the preeminent causes of infertility. Ayurvedic management is found to be very fruitful in management of PCOS and associated conditions. As it is often associated with excessive weight gain, a healthy diet and appropriate physical activities are also found to be effective. Ayurvedic therapies can easily reduce the weight and also the symptoms of PCOS. It helps to lower the insulin resistance more efficiently there by favoring ovulation which is one of the prime factors for the maintenance of fertility.

REFERENCES

- Hoffman, Schorge, Williams Gynecology, Third edition, United States of America, Mc Graw Hill Education, 2016, p.387.
- Sunesh Kumar, Hokin's and Bourne Shaw's Textbook of Gynaecology, Seventeenth Edition, New Delhi, Elsevier, 2018, p.314.
- Prof.K.R.Srikantha Murthy, Vagbhatas Astanga Hrdayam, Seventh edition, Varanasi, Chowkhamba Krishnadas Academy, 2010, p.66.
- Dr.Pravin Jawanjali, Tila Taila A Review, World Journal of Pharmaceutical and Medical Research, 2018; 4(10): 76-78.
- Gandharvahastadi kashayam, Dr.Rajesh Nair, Ayurveda for all; January 26, 2021 [cited on 2021 Nov 7]. Available from: <https://www.ayurvedaforall.com/blog/2021/01/26/gandharvahastadi-kashayam-benefits-ingredients-indications-dose-side-effects/>
- Tomar P, Dey YN, Sharma D, Wanjari MM, Gaidhani S, Jadhav A. Cytotoxic and antiproliferative activity of Kanchanar guggulu, an Ayurvedic formulation. J Integr Med. 2018 Nov; 16(6): 411-417.
- Nariyal, Vikas & Sharma, Priyanka. (2017). Kanchanar (*Bauhinia Variegata*) As a Medicinal Herb: A Systematic Review. International Journal of Advanced Research. 5. 587-591.

Cite this article as:

Shahina Mole.S, Ammu.K.Sasi. A Case Study on Ayurvedic Management in PCOS. International Journal of Ayurveda and Pharma Research. 2021;9(11):80-82. <https://doi.org/10.47070/ijapr.v9i11.2111>

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

*Address for correspondence

Dr.Ammu.K.Sasi

Final year PG Scholar,
Department of Prasuti Tantra & Stree Roga, Government Ayurveda College, Thiruvananthapuram, Kerala, India.

Email: ammuksasi88@gmail.com

Phone: 9809351998