



Case Study

AN AYURVEDIC APPROACH TO MANAGE PCOD - A CASE STUDY

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Article info

Article History:

Received: 24-02-2022

Revised: 04-03-2022

Accepted: 15-03-2022

KEYWORDS:

Ayurveda, Polycystic Ovarian Disease, Irregular menstruation, USG.

ABSTRACT

Polycystic Ovarian Disease (PCOD) is an endocrine disorder that causes metabolic changes in women of reproductive age. PCOD has evolved into a lifestyle disorder as a result of sedentary habits, fast food consumption, and a poor lifestyle. The precise cause of PCOD is mysterious, but high levels of insulin, hyper androgen, and LH are the main causes. PCOD symptoms include irregular menstruation, oligomenorrhea, acne, hirsutism, hair loss, obesity, and constipation. PCOD is not directly stated in the Samhita, but clinically it is similar to *Aartavavaha strotas dushti*, *Nastaartava*, *Granthi*, *Santarponth vyadhi*, and *Yonivyapad*. In this present case study, a 22 year old female patient came with symptoms of irregular, delayed menstruation, scanty menses, acne on the face and hair fall. The USG report reveals polycystic patterns of both ovaries with Right ovary volume 11.6cc and Left ovary volume 11cc, both ovaries are bulky in size with increased stromal echogenicity and multiple (10-12) small follicles (2-5mm) arranged in peripheral distribution. She had taken the medication so many times but she had not been completely cured. As a result she came to our hospital for Ayurvedic treatment. Result was made on the basis of Clinical symptoms relief and USG report. So in this case study, we will look at an Ayurvedic approach in the management of Polycystic Ovarian Disease.

INTRODUCTION

Women are the cornerstone of any nation. They are the secret to happiness and a healthy family. According to a United Nations report, women account for half of all human resources, making them the second most valuable human resource after men. In today's world, women are also rushing to advance their careers and make money. In this way, she is putting her own life in jeopardy. Her altered lifestyle, eating habits, and sleeping patterns are all contributing to her poor health. Her advanced lifestyle has also resulted in polycystic ovarian disease (PCOD).

Polycystic Ovarian Disease (PCOD), as the name implies, is a collection of signs and symptoms associated with ovarian dysfunction. Stein and Leventhal first described it in 1935, giving rise to the term "Stien-Leventhal Syndrome."

It is a group of disorders distinguished by irregular menstruation, clinical and/or biochemical hyperandrogenism, and hyperinsulinemia, all of which lead to infertility. PCOD is a common cause of infrequent and irregular periods, affecting up to 10% of women of reproductive age. PCOD is a hereditary condition that appears to have its origins in adolescence, primarily as a result of increased weight gain during puberty. Most women value it only when it affects their fertility or, to a lesser extent, their physical appearance. The polycystic ovary is not a disease entity, it should be considered as a sign.

The World Health Organization accounts that it impacts 116 million female folk worldwide as of 2010 (3.4% of women)^[1]. One community-based prevalence study using the Rotterdam criteria found that about 18% of women had PCOS and that 70% of them were previously undiagnosed^[2]. Ultrasonographic findings of polycystic ovaries are found in 8-25% of normal women. 14% of women on oral contraceptives are found to have polycystic ovaries^[3]. In Ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e., *Aartavavaha*

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v10i3.2256
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strotas dushti, Nastaartava, Granthi, Santarponth vyadhi, Yonivyapad. PCOD is a *Kapha* predominant disorder; *Kapha* gets aggravated by consuming more *Kaphavardhak* and *Sneha* containing *Ahara* and by sedentary lifestyle. The line of treatment in modern medicine is Hormonal therapy. In Ayurveda the line of treatment is according to *Dosha* predominance, here it is *Kaphahara, Strotoshodhaka* and *Anulomana*.

Case Summary

A female patient of 22 years age attended the OPD of Department of Prasuti Tantra & Stri Roga, M.M.M. Govt. Ayurvedic College, Udaipur. Patient reported irregular menses since her menarche i.e., since 10 years along with scanty menses, delayed menses, acne on face and hair fall.

History of Present Illness

According to the patient, she was suffering from irregular menses since her menarche. She was also having complaints of scanty menses, delayed menses, acne on face and hair fall. Also, she is complaining of constipation. So first she took allopathic treatment (withdrawal pills) and homeopathic treatment also but no result was found. USG revealed polycystic pattern of both ovaries. She had gone through 2 years of allopathic treatment (OCP pills) but she did not get any relief. That's why she decided to take Ayurvedic treatment.

- **History of Past Illness-** Patient does not have history of major illness.
- **Past Medical History-** No relevant history was present.
- **Past Surgical History-** No surgical illness.
- **Drug History-** Allopathic and Homeopathy treatment were taken for PCOD.
- **Family History-** Nil
- **Menstrual History:**
- **Age of Menarche:** 13 year the period was irregular, scanty and painful with clots occurring at a gap of 40-60 days with flow of 1-2 days.
- **Marital Status-** Unmarried
- **Personal history-** She has normal appetite, sound sleep and proper micturition but her bowel habit was disturbed.

General Examination

Treatment Protocol

S. no.	Medicine	Dose	Time	Anupan
1.	<i>Chaturbeeja Churna</i>	3gm	Twice a day – empty stomach	Lukewarm water
2.	<i>Erاند bhrusht Haritaki</i>	250mg	Bed time	Lukewarm water
3.	<i>Shatavari Churna</i>	3gm	Twice a day	Milk
4.	Syrup Evicare forte	2 tsf	Twice a day- after meal	-

Above mentioned treatment was given to the patient for 3 months.

Built- Normal, Weight- 47kg, Height- 152 cm, Pulse rate- 78/min, B.P.- 110/68mm of HG, Respiration rate- 18/min, Temp- 98.6 F

Physical Examination

Ashtavidhpariksha

Nadi- Vatapitta

Mutra- Samyak

Mal- Asmyak

Jihva- Malavritt

Shabd- Samyak

Sparsha- Ushna

Drika- Samanya

Akriti - Madhyam

Dashvidhpariksha

Prakriti- Vatakphaja

Sara- Madhyama

Samhanana- Avara

Pramana- Madhyam

Satmya- Madhyam

Satva- Madhyam

Vaya- Yuvati

Vyayamshakti- Avara

Aharashakti- Madhyam

Systemic Examination

CVS: Heart sounds (S1S2): Normal

Respiratory system: normal bilateral air entry, no added sounds.

No abnormality found on other system

Samprapti Ghatak:

Dosha- *Vata, Kapha*

Dushya- *Rasa, Rakta, Meda, Artava*

Srotas - *Rasa, Rakta, Meda, Artava*

Strotodushti- *Sanga*

Agni- *Agnimandya*

Rogmarga- *Aabhyantara*

Udbhava sthan- *Garbhashaya*

Vyakta sthana- *Garbhashay, Twak, Mamsa, Meda, Artava*

RESULT

Before treatment	After treatment
Right ovary measures 44 x 30 x 16 mm (Volume 11.6 cc)	Right ovary measures 29 x 26 x 19 mm (Volume 7.6 cc)
left ovary measures 33 x 24 x 25 mm (Volume 11 cc)	left ovary measures 27 x 26 x 21 mm (Volume 7.6 cc)

After the treatment, there was regular menstruation (duration- 3 to 5 days, interval- 28 to 30 days with regular normal flow. USG reveals, that there was no significant abnormality detected along with reducing the size of ovarian volume (right ovary volume- 7.6 cc and left ovary volume- 7.6 cc), ET-normal

Pathya- Apathya

- ✓ During this period the patient was advised to avoid oily food, junk food and reduce sugar Intake.
- ✓ Advised exercise at least 30 minutes brisk walking, jogging, Suryanamaskar.
- ✓ To avoid mental stress.
- ✓ To take green leafy vegetables and to maintain adequate amount of fluid intake.

DISCUSSION**Probable Mode of Action**

Chaturbeeja Churna: It is mentioned in *Bhava Prakasha* that *Chaturbeeja Churna*, which contains *Methika, Chandrashura, Kalajaji* and *Yavanika*, when taken daily cures *Vata* disorders, *Ajirna, Shoola, Adhmana, Parshvashoola* and *Kativyatha*. These drugs have *Vata -Shamaka, Deepana, Shoolahara, Jwarahara, Garbhashaya- Shodhaka* properties^[4]. *Chaturbeeja Churna* has *Snigdha Guna* and *Ushna Virya* with *Vata-Kaphahara Dosh- karma* which pacified the vitiated *Vata Dosha* mainly due to *Ushna Virya*. Further, *Laghu Guna, Ruksha Guna, Tikta Rasa* pacified the *Kapha* vitiation.

Erand Bhrusht Haritaki: *Haritaki* has *Anulomaka* effect. *Haritaki* is *Deepana, Pachana, Strotoshodhaka*, due to *Ushna Virya* and *Laghu Guna*, performs the *Anulomana Karma* due to *Amla Rasa, Madhura Vipaka*, is *Vedanasthapaka* due to *Ushna Virya*^[5]. *Taila* is appraised as the best medicine for *Vata Dosha*^[6]. *Eranda Taila* is antagonistic to *Vata Dosha* and due to its innate qualities has *Pakvashaya Shodhaka* action^[7]. And is also regarded as the best *Vata* pacifier and *Dhatuposhaka (Vaya Sthapaka, Rasyana, Vrushya)*. This unique combination is excellent in treating *Apana Vata* disorders.

Shatavari Churna: *Shatavari* has *Tikta, Madhura Ras, Guru, Snigdha Guna, Sheeta Veerya, Madhura Vipaka, Rasayana Prabhava, Kaphavatahara* properties^[8]. It is anti-inflammatory, spasmogenic, hepatoprotective, purgative, immunizing, estrogenic effect on the female mammary glands and reproductive system^[9]. It

improves folliculogenesis and ovulation^[10], prepare the belly for conceiving, forestalls miscarriages^[11,12].

Himalaya Evecare Forte Syrup: The key ingredients of Himalaya Evecare Forte syrup are *Kumari, Jatamansi, Lodhra, Methi, Mundi*. It has analgesic and estrogenic properties which help in repairing the endometrium, regulating estrogen levels and helps in healing the inflamed endometrium during menstruation. This formulation improves fertility by regulating ovarian hormones. It helps in hormonal balance in women so it is useful in treating irregular menstruation.

CONCLUSION

The syndrome PCOD cannot be correlated to any one particular disease in Ayurveda. Detailed analysis PCOD showed dominance of *Kapha* and *Vata*. Through understanding the *Lakshanas, Doshic* involvement and *Samprapti*, an effective treatment can be planned which helps in pacification of *Doshas* and *Samprapti Vighatana*. From this case study Polycystic Ovary syndrome (PCOS) Patients can be managed by Ayurveda treatment.

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Cite this article as:

Anjali Jain, Diksha Khathuria, Khushwant Joshi, Mahesh Dixit. An Ayurvedic Approach to Manage PCOD- A Case Study. International Journal of Ayurveda and Pharma Research. 2022;10(3):126-129.

<https://doi.org/10.47070/ijapr.v10i3.2256>

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

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