



## Case Report

### Management of Poly Cystic Ovarian Syndrome (PCOS) Through Ayurveda- A Single Case Study.

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#### ABSTRACT:

Poly Cystic Ovarian Syndrome (PCOS) is one of the most common metabolic and reproductive disorders among women of reproductive age. Women suffering from PCOS present with a collection of symptoms associated with menstrual dysfunction and androgen excess. PCOS women may be at increased risk of multiple morbidities, including obesity, insulin resistance, type II diabetes mellitus, chronic anovulation, hyperandrogenism, psychological disorders and infertility. In Ayurveda all gynecological disorders are explained under Yonivyapada. Present case of 22 year old female patient came with symptoms of irregular menstruation, prolonged per vaginal bleeding, acne on Face, constipation and generalised weakness. Firstly, she treated in allopathic hospital undergo for hormonal treatment but did not get satisfactory improvement. She came to Astanga Ayurveda hospital for Ayurvedic treatment. After Astabidh Parikshya, physical examination and laboratory investigation the case was diagnosed as PCOS. USG report shows Bilateral Polycystic Ovarian syndrome PCOS with Right ovary volume 16.0 cc and Left ovary volume 10.0 cc. She was treated with Sodhana therapy (Purification) i.e. Virechana karma followed with oral medicines Nagkeshar Powder, Pusyanug Powder, Rajaparvartani vati, Kanchanar guggule, Cap Ovarin and Syp Amcyridal for 3 month. Result analysis was done on Clinical symptoms relief and USG report. Result shows significant improvement in clinical sign and symptoms and USG report. Through this article I want to highlight the fact that PCOS can be cure effectively by using Ayurvedic medicine.

**Keywords:** Polycystic Ovarian Syndrome, hyperandrogenic anovulation, Stein–Leventhal syndrome, Aartavavaha strotas dushti, Yonivyapada, Ayurveda.

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## Introduction

Polycystic Ovarian Syndrome (PCOS), also referred to as hyperandrogenic anovulation (HA), or Stein–Leventhal syndrome is one of the most common endocrine system disorders that affect women in their reproductive age<sup>1</sup>. It is a heterogeneous syndrome with not completely understood etiology that is related to a complex interaction between metabolic, endocrine, genetic, and environmental factors<sup>2</sup>. Systematic screening of women according to the National Institutes of Health (NIH) diagnostic criteria estimated that 4–10% of women of reproductive age suffer from PCOS<sup>3</sup>. Increasing evidence suggests that insulin resistance and secondary hyperinsulinemia play a key synergistic role with hyperandrogenism in the development and maintenance of metabolic alterations and anovulation or irregular cycles in both obese and lean patients with PCOS<sup>4</sup>. Rotterdam criteria indicate PCOS by the presence of at least 12 follicles measuring 2 mm to 9 mm in the whole ovary or the ovarian volume in at least one ovary exceeds 10 ml<sup>5</sup>.

PCOS is not direct term coined but clinically it is resembled with Aartavavaha strotas dushti, Vishamaartava, Granthi, Santarponnith vyadhi, Yonivyapad. Based on ayurveda principles, PCOS can be considered as Rasa, Rakta dushti and Vata dushti predominantly associated with Kapha or Pitta dushti and Dhatavagni mandya. As all female reproductive organs lie in pelvic area the Apana vayu governs all the physiological functions. Therefore, the management in PCOS should be targeted at Agni deepana, Pachana, Vatanulomona and Rasarakta prasadana. Present case of 22-year-old female patient came with symptoms of irregular menstruation, prolonged uterine bleeding, acne on Face, constipation and generalised weakness. Before coming to Ayurveda hospital she treated in allopathic hospital where she undergo for hormonal treatment but did not get satisfactory improvement and she came to Astanga Ayurveda hospital for Ayurvedic treatment. After Astabidh Parikshya, physical examination and laboratory investigation the case was diagnosed as PCOS. USG report shows Bilateral Polycystic Ovarian syndrome PCOS with right ovary volume 16.0 cc and Left

ovary volume 10.0 cc. She was treated with Sodhana therapy (Purification) i.e. Virechana karma followed with oral medicines Nagkeshar Powder, Pusyanug Powder, Rajaparvartani vati, Kanchanar guggule, Cap Ovarin and Syp Amycoridal for 3 month.

## Case study

A 22 years old female patient came to outdoor patient department (OPD) of Astanga Ayurveda Hospital and Research Centre Kalanki, Kathmandu, Nepal with a complain of irregular menstruation, prolonged and excessive uterine bleeding (menometrorrhagia). Symptoms was associated with acne vulgaris in face, constipation and generalised weakness. There was no past history of hypothyroidism, diabetes and hypertension. Her father suffered from diabetes mellitus and ulcerative colitis but there is no family history of PCOS. Firstly she consulted allopathic doctor, advice for USG and Hormone test. USG report shows suggestive of Bilateral Polycystic Ovarian Syndrome (PCOS). Then she started hormonal treatment but did not get satisfactory improvement. After that she came to for Ayurvedic treatment.

## Examination:

General, Systemic examination and Astavidh parikshya was done. In general examination Patient general condition was fair, Pulse was 72 per minute, Blood pressure was 110/80 mm of Hg, Spo2 97% and Respiratory rate was 20 per minute. No abnormality was found in respiratory system, Cardiovascular system, Nervous system and Gastro-intestinal system while performing systemic examination. In Astavidh parikshya, Patient Nadi was of Vata- Pittaj type, Mala was constipated (Stambh mala), Akriti of patient was Madhyama other examination such as Mutra, Jiva, Shabda, Sparsh, Drika was found normal.

## Investigation:

Routine examination such as CBC, ESR, FBS, PPBS, TFT and Urine RME was with in normal limits. USG of whole abdomen shows bilateral Polycystic ovarian Disease with right ovary volume 16.0 cc and Left ovary volume 10.0 cc. The case was diagnosed as PCOS according to clinical

features and USG report.

### Intervention:

Sodhana chikitsa (Virechana karma) followed by Shamana chikitsa (Oral medication) was given to the patient.

#### 1. Sodhana chikitsa (Virechana Karma):

Deepana Pachana: Chitrakadi Vati and Hingwataka powder given for 3 days before food with luke warm water.

Abhyantara Snehapana: Done with Shuddha cow Ghee for seven days in Arohana krama (Escalating dose), started with 20 ml.

First Day - 20ml

Second Day - 40ml

Third Day - 80ml

Fourth Day - 100ml

Fifth Day - 120ml

Sixth Day - 150ml

Seventh Day – 180ml

Samyak Snigdha lakshana are observed on seventh day, like Adhasthat Sneha Darshana, Snigdha varchas, Deeptagni etc. In eighth and ninth day Sarvanga Snehana and Swedan was done for two days in Vishrama Kala. On tenth day Virechana Karma was planned. Early morning Sarvang Abhyanga and Swedan was done then Virechana yoga was administered.

Virechan Yoga: 100ml decoction prepared from Haritaki (Terminalia chebula), Vibhitaki (Terminalia bellirica), Amalaki (Embllica officinalis), Rajbrikshya (Casia fistula); 30ml Castor oil and 125gm Ichchabhedi Rasa was given. Patient was kept under observation. After 45 minutes purgation started. Patient had 17 episodes of loose motions. Samyak Shuddhi lakshana were observed. It was kaphant Virechan. Sansarjana Krama was planned for five days as mentioned below in Table no 1.

Table no. 1: Samsarjana Karma

| Day    | Morning   | Evening   |
|--------|---|---|
| First  |   | Peya : Liquid portion of the gruel  |
| Second | Peya: Liquid portion of the gruel   | Vilepi: Gruel with little solid portion added with small amount of salt and ghee. |
| Third  | Vilepi: Gruel with little solid portion added with small amount of salt and ghee. | Akrita Yusha: Green gram soup   |
| Fourth | Krita Yusha: Green gram soup with salt and ghee.                                  | Krita Yusha: Green gram soup with salt and ghee.                                  |
| Fifth  | Rice with Krita Yusha: Rice with green gram soup, salt and ghee.                  | Normal diet   |

#### 2. Shamana chikitsa ( Oral medication) (Table no. 2)

| Sr. No | Name of Drug  | Dose   | Kala       | Frequency   | Anupana        |
|--------|---|--------|------------|-------------|----------------|
| 1      | Nagkeshar Powder: 3gm<br>Pusyanug Powder: 3gm<br>Rajaparvartani vati: 125mg | 1tsf   | After Food | Twice a day | Lukewarm water |
| 2      | Kanchanar guggule   | 1000mg | After Food | Twice a day | Lukewarm water |
| 3      | Cap Ovarin  | 2cap   | After Food | Twice a day | Lukewarm water |
| 4      | Syp Amcoridal   | 40ml   | After Food | Twice a day | Lukewarm water |

## Observations and Results:

Changes in clinical sign and symptoms of before and after treatment are presented in Table 3.

| Sr. no. | Symptoms                   | Before Treatment | After one month | After two month | After treatment |
|---------|----------------------------|------------------|-----------------|-----------------|-----------------|
| 1.      | Irregular menstration      | +++              | +++             | +               | Normal          |
| 2.      | Prolonged uterine bleeding | +++              | ++              | +               | Normal          |
| 3.      | Acne on face               | +++              | +++             | ++              | ++              |
| 4.      | Constipation               | ++               | +               | Normal          | Normal          |
| 5.      | Generalised Weakness       | ++               | ++              | +               | Normal          |

## Result of investigation

Ultrasonography report before and after treatment:

The main change observed in the report was, decrease in the number of ovarian cyst and ovarian volume. Uterus is normal in shape, size in both before and after treatment, other details of USG are given in table 4.

Table no.4 USG findings before and after treatment

| Sr. no | Before Treatment                   | After Treatment               |
|--------|------------------------------------|-------------------------------|
| 1      | Right ovary volume: 16.0cc         | Right ovary volume: 7.5cc     |
| 2      | Left ovary Volume: 10.0cc          | Left ovary Volume: 8.0cc      |
| 3      | Endometrial thickness: 5.2mm       | Endometrial thickness: 3.7 mm |
| 4      | Polycystic changes of both ovaries | No significant abnormality    |

## Discussion

Ayurveda described Gynecology diseases under the term of Yonivyapad. As there is no direct reference of PCOS in our classics, depending upon the symptoms it can be correlated with Artavabahas-roto dusti, Santarponnath Disease, Rasapradoshaj Vikar, Vishamaartava and Yonivyapad. While assuming Ayurveda Samprapti of PCOS it can be said that Vata and Kapha Dosha mainly involved in it, if Aartava Atipravavrutti (Prolonged uterine bleeding) phase then Dosha Pitta-Kapha involved. Main Dushya involved are Rasa, Rakta; Srotas involved are Aartavaha Srotas, Rasavaha Srotas and Srotodushti type is Sanga type.

Virechana Karma is a bio cleansing in nature. Thus it works on correcting the internal pathology. It removes the metabolic waste, accumulated toxins and vitiated Dosha from the body. Thus, it help in regularising the disturbed hormonal levels in the body.

## Action of medicine

Kanchanar guggulu<sup>6</sup>: It consist of Kanchanar (Bauhinia variegata), Trikatu (Ginger, Black pepper, Long pepper), Triphala (Haritaki, bibhitaki, amalaki), Varuna (Crataeva nurvala), Dalchini, and Guggulu resin in equal amounts. It has Vata, Kaphagn Property. The sang (Obstruction) type Vikruti is distract with this Medicine. It is mainly useful in Granthi Vikar.

Rajpravartini Vati<sup>7</sup>

It consist of Kumari (Aloe vera), Kasisa bhasma (Blue Vitriol), Tankana (Borax), Hingu (Asa foetida). The contents of Rajpravartini Vati have Ushn Guna and Vata, Kapha Nashak property .It acts on Aartavaha Srotas, balance the Apan vayu. It is useful in irregular menstruation.

Pusyanug Powder<sup>8</sup>:

It is one of the renowned formulation described in Ayurveda classical text. It consist of 25 herbo-mineral drugs. Main ingredients are Patha (Cisampelaos pareira), Jambu (Syzygium cumini), Amra (Mangifera indica), Pasanbhed (Bergenia lingulata),

Rasanjana (*Berberis aristata*), dhataki (*Woodfordia fruticosa*), Arjuna (*Terminalia arjuna*), Madhuka (*Glycyrrhiza glabra*), Gairika (Red ochre) etc. Due to Tikta, Kasaya rasa and Sita virya of most of the herbs it has pitta-hara, Stambana property it is used in all type of prada-roga. It has mainly haemostatic, anti-inflammatory and uterine tonic property it is useful in the treatment of menorrhagia, metrorrhagia, and menstrual disorder.

**Nagkeshar powder<sup>9</sup>:**

Due to its Ushna, Deepan, Pachana and Vata, Pitta, Kapha, balancing properties it helps to promote good digestion, enhance appetite and reduce bleeding from any orifices. It also has astringent and anti-inflammatory properties which helps to treat acne.

**Capsule Ovarin:**

It is a polyherbal preparation indicated for various female reproductive system. It acts synergistically and produces beneficial effects in PCOD. It tones the muscles of the reproductive system, stimulates endocrine glands and balances hormonal secretion.

**Syrup Amycordial:**

It is a health tonic for females to address all female related problems. It restores hormonal balance and regularizes menstrual cycles.

## Conclusion

Findings from this case study indicate that Ayurveda treatment plays an effective role in the management of PCOS. However, these results need to be studied in more number of patients for better assessment and validation.

## Conflicts of interest:

There are no any conflicts of interest.

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