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A CASE REPORT - AYURVEDA MANAGEMENT OF POLY CYSTIC OVARIAN DISEASE (PCOD)

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ABSTRACT

Among women who are of reproductive age, PCOD is one of the most prevalent metabolic and reproductive diseases. This is a medical condition where a woman's ovaries generate a significant number of immature or partially mature eggs, which eventually develop into ovarian cysts. As a result, the ovary grows larger and secretes more androgens, which are male hormones that cause irregular menstruation periods, abnormal weight gain, hair loss, and infertility. All gynecological problems are explained as *Yonivyapada* in Ayurveda. Ayurveda states that PCOD is a disorder involving *Rasa*, *Rakta*, and *Medas*, three *Dhatus*. This case study focuses on a well-known health concern, such as PCOD. Here we are studied a 28-year-old woman suffering from irregular menstrual cycle, scanty menses, weight gain, hirsutism, constipation. USG report shows bilateral polycystic ovarian syndrome PCOS with a Right ovary volume of 10.9 cc and a left ovary volume of 14.5 cc. Based on the symptoms, Ayurveda treatment was given. After 2.5 months of internal medications, a result analysis was done on clinical symptoms relief and USG report. The result shows significant improvement in clinical sign and symptoms and USG report shows that the right ovary measures 6.1cc and the left ovary measures 9.1cc. Through this article, I want to highlight the fact that PCOD can be cured effectively by using Ayurvedic medicine.

Keywords: PCOD, Irregular Menstrual Cycle, Infertility, Artava, Ayurvedic Management, hormonal imbalance

INTRODUCTION:

In the current situation, PCOD is more prevalent due to sedentary lifestyles, stress, pollution, and a high junk food intake. Around 10% of women worldwide experience PCOD [1]. Women are the primary source of offspring. The menstrual cycle is the regular natural physiological change that occurs in the female reproductive system. Normal menstruation is very much essential for conception and healthy progeny [2]. She needs to be protected from any conditions that could impair being a mother with the utmost care. Among women of reproductive age, PCOD is most likely the most prominent hormonal problem and an important factor leading to infertility. All women have two ovaries that release an egg alternately every month. Additionally, these ovaries produce female hormones that regulate fertilization, menstruation, and facial hair, among other things. In addition to this, they produce extremely small amounts of androgens, or male hormones. PCOD, also known as PCOS, is a disorder that affects women's ovaries, which are reproductive organs that generate progesterone and estrogen, which aid in managing the menstrual cycle and also secrete a small amount of hormones inhibiting relaxin and male hormones called androgens. Male hormones are produced in greater quantities than usual by

women with PCOD. They miss their menstrual cycle and have difficulty getting pregnant as a result of this hormone imbalance. Menstrual irregularities, infertility, obesity, depression, sleep apnea, hair loss, disturbed mood, and other negative effects on the reproductive system that can eventually lead to diabetes mellitus, endometrial cancer, cardiovascular disease, and other conditions are just a few of the signs and symptoms that people experience over time. Various categories, including ovulation induction agents, insulin sensitizing agents, oral contraceptives, and antiandrogenic anti-mineralocorticoid medications, are used in modern science to manage PCOD. However, vaginal bleeding, blurred vision, obesity, nausea, ovarian hyperstimulation, dyspnea, vomiting, flushing, a higher risk of multiple births, strokes, seizures, and other side effects are associated with this medical treatment. Therefore, it will take time to look for alternate sources of information to handle this kind of disease.

In Ayurveda, PCOD can be put under the category of *Nastaartava*, *Artava* word is extensively used in the context of menstrual blood, ovum and ovarian hormones. If we describe *Artava* as menstrual blood, in *Nastaartava* due to obstruction of

Artavavaha srotasa (channels carrying reproductive tissue) by *Vata* (*Dosha* amenable for movement and cognition) and *Kapha Dosha* (*Dosha* responsible for regulating body fluids and keeping the body constituents coordinated). So *Artava* is not evident monthly as in regular menstrual cycle bleeding, which leads to amenorrhoea [3]. If *Artava* is interpreted as the ovum, then *Nastaartava* is seen as the anovulatory cycle that results in infertility. The ovum is a microscopic structure whose existence is only suggested by its function in conception. In the structure of *Avarana* by *Dosha*, the fundamental pathology of PCOS can be comprehended if *Artava* is regarded as an ovarian hormone. This *avarana* causes hormonal imbalance that results in PCOS by affecting the homeostasis of the HPO axis [4]. *Visham Aahara: Vihara* and vitiated *Doshas* diminish the *Jatharagni*, or digestive fire, which generates *Ama*, or immature *Rasa*. This leads to an imbalance in hormones and inadequate metabolism because of

misaligned enzymatic processes that impact *Raja*, or menstruation [5]. Also, *Upadhatu* (secondary tissue) of *Rasa Dhatu* (nutrient fluids) is *Raja*, If *Rasa Dhatu* is not in the appropriate form, *Raja* will also not develop correctly, leading to *Aartavjanit vyadhi*. (menstruation abnormalities) Therefore, adequate *Rasa Dhatu* sustenance is necessary for a regular *Rajapravritti* (menstrual cycle). PCOD can be controlled by diet and lifestyle modifications.

Case Report:

A 28-year-old female patient presented in the OPD of Ayudhara Hospital at Morbi, with complaints of an irregular menstrual cycle, scanty menses, weight gain, hirsutism (increased growth of facial hairs), and constipation for 1.5 years. With this clinical presentation, on the basis of USG the patient was diagnosed as a case of PCOD.

Family history: There was no relevant family history

Past medical history: There was no relevant past medical history.

Examination:
 BP: 114/84 mm of Hg
 RR: 18/min
 Weight: 63 Kg
 Height: 155 Cm
 BMI: 26.22 Kg/m²

Ashtavidh Pariksha

1. *NADI* (pulse): 74/min
2. *MALA* (stool): constipation
3. *MUTRA* (urine): Normal
4. *JIVHA* (tongue): *Niram*
5. *SHABDA* (speech): Normal
6. *SPARSH* (skin): *Khara, Anushna*
7. *DRUK* (eyes): Normal
8. *AKRITI*: *Madhyam*

Prescribed Medication:

- 1) *Varunadi Kashaya* 15ml BD, before food
- 2) *Kanchnar Guggulu* 2 TDS with water, after food
- 3) *Rajahpravartini vati* 2 BD with water, after food
- 4) *Haritaki curna* 1tsp with luke warm water, at night

Pathya (Wholesome) and Apathya (Unwholesome) [6]:

The patient was instructed to consume foods like *Godhum* (Triticum sativum), *Shyamak* (Barnyard Millet), and *Yavak* (Barley); Legumes: *Mudga* (green gram), *Chana* (brown chick peas), *maasha* (black gram); Seeds: *Tila* (sesame seeds), *Atasi* (flax seeds), Sunflower seeds, Pumpkin seeds; Spices: *Pippali* (Piper longum Linn.), *Hingu* (Ferula asofetida Linn.), *Saindhava lavana* (Himalayan rock salt), *Ajaji* (cumin seeds), Citrus fruits: use

Dadim (pomegranate), *Amalaki* (gooseberry), and green leafy vegetables. The patient was instructed to abstain from fermented and bread items, carbonated beverages, junk food, cheese, and milk products; heavy meals and fried preparations; and caffeine. The patient was given instructions for *yoga asanas* (poses) that can aid with PCOD, including the sun salutation- *Suryanamaskar*, the plough pose- *Halasana*, the bow stance- *Dhanurasana*, the cobra pose- *Bhujangasana*, the lotus pose- *Padmasana*, and the boat pose- *Nokaasana*. These instructions were given in the early morning for thirty minutes. The best breathing exercises for PCOD are *Kapalbhati*, *Anulom-Vilom* (alternate nostril breathing), and *Bhramari* because they improve emotional stability, lower anxiety, and raise insulin sensitivity.

Follow-up and outcome after 2.5 months:

Table 1

	Before treatment	After treatment
No. of days of bleeding	1-2 days	2-3 days
Interval	2-2.5 month	26-28 days
Cycle	Irregular	Regular
No. of pads	1 pad / day	2 pad / day
Pain	+	+
Stool	constipation	normal
weight	63 kg	55 kg
BMI	26.22 kg / m ²	24.44 kg / m ²

Result of investigation:

Ultrasonography report before and after treatment:

Uterus is normal in shape, size in both before and after treatment, other details of USG are given in below **Table 2**.

Table 2

	Before Treatment	After Treatment
Right ovary measures	3.5×3.3×1.8 cm	3.3×2.4×1.5 cm
Left ovary measures	3.4×3.2×2.6 cm	3.1×2.4×2.3 cm
Right ovary volume	10.9 cc	6.1 cc
Left ovary Volume	14.5 cc	9.1 cc
Results	Both ovaries reveal multiple tiny cysts along the periphery.	No significant abnormality



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Whole Body USG • Color Doppler • Anomaly Scan • Fetal Echo • 3D/4D High Resolution USG • Elastography • Digital X-Ray • SSGHSG • Barium Study • IVP

REF BY: DR. DHARMENDRA D. DHORIYANI M.D. (AYU.)
DATE: 16-09-2023

AGE: 28 Years / FEMALE
PATIENT ID : 766193

USG PELVIS (TVS)

Uterus measures 8.5 x 4.2 x 2.7 cm. It is anteverted, normal in size and echo pattern.

Endometrial thickness is 5.3 mm.
No e/o diffuse or focal lesion.

Right ovary measures 3.5 x 3.3 x 1.8 cm (volume = 10.9 cc)
Left ovary measures 3.4 x 3.2 x 2.6 cm (volume = 14.5 cc)
Both ovaries reveal multiple tiny cysts along the periphery.

No e/o adnexal masses

COMMENTS:

- Polycystic ovaries

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Consultant Radiologist

DR. VIREN SANGHANI
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Thanks for reference,

USG Report before treatment



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NAME: [REDACTED]	AGE: 28 Years / FEMALE
REF BY: [REDACTED] (AYU.)	PATIENT ID : 787833
DATE: 09-12-2023	

USG PELVIS (TVS)

Uterus measures 7.9 x 4.8 x 3.7 cm. It is anteverted, normal in size and echo pattern.

Endometrial thickness is 6.8 mm.
No e/o diffuse or focal lesion.

Right ovary measures 3.3 x 2.4 x 1.5 cm (volume = 6.1 cc).
Left ovary measures 3.1 x 2.4 x 2.3 cm (volume = 9.1 cc).

No e/o adnexal mass.

COMMENTS:

- Normal USG study

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Consultant Radiologist

DR. VIREN SANGHANI
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Thanks for reference,

USG Report after treatment

DISCUSSION:

A significant number of endogenous diseases essentially start with the forming of *ama*, which has the powerful ability to disrupt the *dosha* and *Dhatu Samyata* [7]. Ayurveda clarifies that inadequate diet and lifestyle cause toxic accumulation (*Aama*) in the *Rasadhatu* (metabolic system), which disrupts the reproductive system (*artava dusti*). Eventually, this imbalance might cause problems with egg maturation and selection, which would affect fertility. Toxin production (*Dhatu*s) affects not just the reproductive system but also other physiological tissues, resulting in symptoms including weight gain and increased facial hair. Since hair is a byproduct of this tissue, *Asthi Dhatu* vitiation is correlated with the development of facial hair.

Action of medicine:

***Varunadi kashaya* [8]:** It consists of *Varuna*, *Sairayak*, *Shatavari*, *Chitrak*, *Murva*, *Bilva*, *Kitamari*, *Bruhati*, *karanj*, *Putikaranj*, *Agnimanth*, *Haritaki*, *Akshiva*, *Darbha*, *Gokshur*, *Katu*, *Loha*. *Chitrak* (leadwort) it is hot in nature and helps in burn fat and corrects metabolism. *Loha* (iron calx) is used to open up the channels and to burn fat. *Varunadi Kashaya* has anti-inflammatory substances like *Musta* (*Cyperus rotundus*) and *Gokshura* (*Tribulus terrestris*). *Shatavari* has major bioactive

constituents are a group of steroidal saponins [9]. Medicinal properties of *Shatavari* are nutritive, rejuvenative, galactogogue, antacid, aphrodisiac, demulcent, laxative, antitumor, diuretic, anti-oxidant, adaptogenic, anti-depressant, anti-microbial, anti-diarrheal, antispasmodic as well as immunomodulator in nature. *Shatavari* balanced female hormones. *Shatavari* nourishes the ovum which is increase the fertility rate. *Varunadi Kashaya* may aid with weight loss and PCOD symptoms by diminishing inflammation.

***Kanchanar Guggulu* [10]:** It consists of *Kanchanar* (*Bauhinia variegata*), *Trikatu* (ginger, black pepper, long pepper), *Triphala* (*haritaki*, *bibhitaki*, *amalaki*), *Varuna* (*Crataeva nurvala*), *Dalchini*, and *Guggulu* resin in equal amounts. This ancient, classic polyherbal combination is used to treat ulcers, PCOS, tumors, and cystic edema [11]. It decreases swellings and lumps by drying the excess *Kapha* and fluid in the body. Experts in Ayurveda frequently administer *kanchanar guggulu* to restore proper function to the thyroid gland. The Detoxifying and cleansing properties of *Guggulu* are combined with *Kanchanar* to support the healthy function of the thyroid. It aids to cleanse the lymphatic system (network of tissues and organs

which help to remove toxins, waste, and other undesirable materials from the body.

It has components that support the body's normal functioning by having anti-inflammatory, anti-tumor, diuretic, and decongestant qualities [12]. Studies have revealed that the *Triphala* extract has the power to scavenge free radicals like superoxide and diphenyl picrylhydrazyl. Most of the radical scavenging action of these extracts is attributed to the phenolic chemicals found in them. These chemicals may also be useful for regulating the many hormonal factors that contribute to irregular menstruation [13].

Rajpravartini Vati [14]: It consist of *Kumari* (Aloe vera), *Kasisa bhasma* (Blue Vitriol), *Tankana* (Borax), *Hingu* (Asafoetida). *Kumari* helps in restore the levels of a hormone in the ovaries. It exerts a protective effect in against the PCOS phenotype by restoring the ovarian steroid status, and altering key steroidogenic activities. This can be attributed to phytocomponents present in the extract. The contents of *Rajpravartini Vati* have *Ushna Guna*, *Vata* and *Kapha Nashaka* properties. It balances the *Apana vayu* and acts upon the *Artavavaha srotas*. It helps in irregular menstruation.

Haritaki curna [15]: due to *lekhaniya* (fat scraping quality), *doshghna* (natural detoxifying), *dipana* (improve digestion

power), *pachana* (digestion) properties of *Haritaki* (*Terminalia chebula* Retz.) helps in remove toxin from the body and keeps the digestive system normal. *Haritaki*, if taken in the form of powder regulates hunger and, if combined with a balanced diet and exercise leads to weight loss. *Sara* (promotes bowel movement) and *anuloman* (helps in pacifying abdominal gases and normalizing bowel movement) properties of *Haritaki*, help to cure constipation.

Strong and broad-spectrum antibacterial activity against human pathogenic Gram positive and Gram-negative bacteria has been observed for a crude extract of *Terminalia chebula* [16]. It has been demonstrated that *Haritaki* lengthens the time it takes for the stomach to empty, despite its well-established traditional use as a laxative. *Haritaki's* primary constituent's flavonoids, hydrolysable tannins, terpenes, and gallic acid are that give it its pharmacological properties.

CONCLUSION:

On the basis of this single case study, it can be said that internal use of *Varunadi kashaya*, *Kanchnar guggulu*, *Rajahpravartini vati* and *Haritaki curna* has been used in cases of PCOD. The obtained results and primary observations have shown very encouraging outcomes. As a result, the medications listed above are

among the finest treatments for PCOD and are very safe, affordable, readily available, and effective. Consequently, PCOD can be effectively treated with Ayurvedic medicine in addition to dietary and lifestyle changes.

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