



Ayurvedic Management of Polycystic Ovarian Disease (PCOS): A case study

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ABSTRACT

Increasing number of young ladies are coming with complaints of irregular menstrual cycles, weight gain, and hirsutism, which generally represent the classic picture of PCOS (Polycystic Ovarian Disease). In Ayurveda, PCOS is described as a disease which involves all three *doshas*, the dhatus *rasa*, *rakta*, *meda* and *shukra*, and the *srotas rasavahva*, *raktavaha*, *shukravaha* and *aartavavaha*. *Dushti* of these *srotasa* result in *anaratava*, *vandhyatva*, *abeeja rutuchakra*.

We present and describe a case report of a young girl with PCOS who was successfully treated with specific Ayurvedic drugs like *Arogya vardhini wati* and tablet *M2Tone*, and life style changes as per Ayurvedic granths.

Based on the clinical findings, the treatment principles adopted were *aampachan*, *vatanuloman*, *kaphapittahar* and *aartavjanan*. It was observed that sincere use of Ayurvedic principles enabled not only successful treatment of PCOS, but avoiding its recurrence (*apunarbhav*) too.

KEYWORDS

PCOS, Irregular, delayed and scanty menstruation, *Aarogyavardhini Vati*, Tablet M2 Tone

INTRODUCTION

Lifestyle diseases are referred to as diseases of civilization because of exposure to unhealthy diet habits, smoking, lack of exercise and stress. PCOS is on the top of the lifestyle disease list for women of reproductive age group due to common endocrine disorder, which is majorly due to unhealthy life style. Prevalence of PCOS in Indian adolescence is 9.13% whereas the estimated prevalence in women of reproductive age is 5 to 10% [1].

PCOS is psychosomatic disorder of uncertain etiology characterized by obesity, anovulation associated with primary or secondary anovulatory infertility, menstrual irregularities ranging from amenorrhea to dysfunctional uterine bleeding, hirsutism, male pattern baldness or thinning of hair, acne, oily skin or dandruff, dark colored patches of skin specially on neck, groin,

underarms, diabetes, lipid abnormality and high blood pressure.

Modern medical science has limited scope to cure PCOS. Allopathy can provide symptomatic treatment for it, which has unsatisfactory results, lots of side effects and is not cost effective.

In Ayurveda, there is no direct reference to PCOS, but the Ayurveda literature discusses multiple scenarios which are similar to the signs and symptoms of PCOS. It can be correlated with *Aartavkshay*, as discussed in [2] [3]. Clinical features of PCOS are nearer to *Pushpaghni*, and *Jatharini* discussed in [4].

A woman may menstruate in regular intervals but is unable to conceive, which is called *Pushpaghni*. The other symptoms are hirsutism and obesity. From the reproductive point of view, the pathogenesis of PCOS is similar to *Yonivyapat*, called *Nashtartava* [5]. Vitiation of *Vatakapha* leads to *Avarana* of *Artava*, and this in-turn leads to *Nashtartava* (no proper growth of follicles and chronic anovulation). Therefore, we recommend treatment for PCOS which emphasizes lifestyle changes that include proper diet and exercise according to *swasthawritta* and *aaharvidhi vishesh*. Due to daily exercise, many studies have reported improvement in insulin resistance and thereby regularity in menses.

MATERIAL AND METHOD

We describe the detailed case-study in the sub-sections below.

Case Study

A 23-year-old female approached my clinic with irregular menstrual cycles for 7 to 8 months. She also complained of

- Irregular, delayed and scanty menses
- Acne
- Excessive hair fall

History of past illness

No significant medical, surgical and gynaecological diseases.

General Examination

Ashtavidha pariksha

S.No.	Measure Name	Values
1	Pulse	70 per minute
2	Voice	Clear
3	Tongue	<i>Saama</i>
4	Urine	Regular
5	Build	Medium
6	Eyes	<i>Prakrut</i>
7	Stool	Regular
8	Touch	<i>Anushna</i>

Dashavidha Pariksha

S. No.	Measure Name	Values
1	Region	<i>Sadharan</i>
2	Appetite	Moderate
3	Strength	Low
4	<i>Prakruti</i>	<i>Vata-pitta</i>
5	Disease	Moderate
6	Digestive power	Moderate
7	Age	23 years
8	Mental strength (<i>satva</i>)	<i>Heena</i>
9	Diet	Regular junk food consumption
10	Kala	8 months

General Examination

S. No.	Measure Name	Values
1	Height	164 cm
2	Weight	52kg
3	Pulse	70 per minute
4	B.P.	110/70 mm Hg
5	Oedema	No
6	Urine	NAD

Systemic Examination

S.No.	Measure Name	Values
1	CNS	Conscious, Well-oriented
2	CVS	S1 S2 normal
3	RS	AEBE Clear
4	P/A	Lower abdomen tenderness
5	Oedema	No
6	Urine	NAD

Menstrual history

The patient's menarche was at the age of 13 years, started with a regular menstrual cycle, but became irregular for last 7 to 8 months.

Currently her menstrual periods are delayed and scanty, bleeding occurs for 2 to 3 days and associated with pain. She uses 1-2 pads per day during menstruation

Hetu: Irregular diet timings, spicy and junk food, sedentary life, no exercise, late night sleeping

According to Ayurveda *samprapti ghataka* are as follows:

Dosha: *Kapha, Vata*

Dushya: *Rasa, Rakta, Meda*

Srotas: *Rasavaha, Medavaha, Artavavaha*

Srotodushti: *Strotosang, Vimargamana.*

Pratyatma lakshana: *artavakshaya*

Diagnosis

USG findings indicate that both the ovaries are enlarged and show multiple small follicles suggestive of bilateral polycystic ovaries. Uterus is normal in size and no other abnormalities are seen.

On the basis of USG findings, clinical history and examination, the patient was diagnosed with PCOS

Treatment

1. *Nidanparivarjana*

Avoid spicy, junk food, staying up late at night and sedentary lifestyle.

2. **Ayurvedic medication**

S.No.	Ayurvedic Medication	Mode of administration
1.	Arogyavardhini vati ^[6]	Per oral 2 tab twice a day before meal
2.	Tab M2 tone	Per oral 1 tab twice a day after meal

3. *Pathya-Apathya* and *Vihar*

- Daily exercise for 45 minutes along with meditation and pranayam
- Pathya-Homemade non spicy vegetarian diet, gourd family

vegetables, fruits like pomegranate, dry fig, and black resins. Cow ghee, butter milk. Practice proper *dinacharya* recommended by Vagbhatacharya

- Apathya- Chillies, poultry products, red meat, *ratrijagaran*, *avyayama*, junk and spicy food, cold beverages, *diwaswap*

OBSERVATION AND RESULT:

- Treatment was given for 6 months
- Patient followed treatment, diet, exercise, *pathya-apathya* strictly
- She got her normal menstruation (duration 4-5 days, interval 28 to 30 days) with normal flow from the third month of treatment
- Her energy levels increased significantly and abdominal pain disappeared
- Motion habits and appetite improved
- USG was done again in 6th month which revealed normal uterus and ovaries
- Follow up was taken for 3 months after stopping the treatment

DISCUSSION:

The drug *Aarogyavardhini Vati* acts on *rasa*, *raktadhatu* and helps in *prasadbhuta raja nirmitee* (quality follicular development) ^[11]. It stimulates functions of liver and thus enhances *kayagni* and *dhatwagni* ^[10], resulting in increased secretions of SHBG by liver which leads to

decrease in androgen production. *Arogyavardhini vati* has major components *kutaki* (*Picrorhiza kurroa* Royle ex Benth) which is *pitta virechak*, and *chitrak* which is *yakrutottejak*, *dipan* and *pachan*. *Trifala churna*, another component of *Arogyavardhini vati*, has *lekhan* properties which help in *dusht meda dhatu nirharan*. Ultimately, *shuddhi* of *Artavavaha srotas* occurs. *Bhasmas* like *abhrak*, *loha* and *tamra* all act as *vishnashaka*, *rasayan* and *ballya*.

The tablet M2 Tone enables to maintain hormonal, nutritional and emotional balance. Its ingredients like *ashok*, *shatavari* and *lodhra* regulate menstrual cycle and improve fertility rate.

On taking history and clinical examination of the patient, it was revealed that there was *dhatwagni mandya*, *rasadhatu dushti*, *vata* and *kapha vaigunya* especially, *apana vayu vaigunya* (abnormal *vata* and *kapha doshas*). Since *Artava* is *updhatu* of *rasadhatu*, the *dushti* of *rasadhatu* is treated with the *kalpas* like *arogya wardhini wati* and M2tone.

Uttam sarabhut dhatus are formed with consumption of *Ayurvedokta ahar dravyas* like bottle gourd, pomegranate, and cow ghee.

Manas hetu like *chinta*, *krodha* causes *ojodushti*, which leads to hormonal imbalance. *Yogasanans* like *pashimottanasan*, *sarvangasan*, *baddhakonasan* help to overcome this situation. Meditation plays important role in *manovaha srotas swasthya*.

So, the overall management was targeted at *Aagnidipan*, *pachan*, *vatashaman*, and *lekhan* principles.

It is observed that after the discontinuation of treatment, exercise and diet for PCOS, it may reoccur [7]. Therefore, we can incorporate PCOS into the *yapya vyadi* [8]. The long-term effects of PCOS are said to be diabetes, hypertension, *hyperlipedemia*, and cardiovascular disease known as “X syndrome” [9]. Hence, to avoid the recurrent, we advised the patient to follow the *aahar*, *vihaar parichraya*.

CONCLUSION

PCOS is a common endocrinopathy in a woman of adolescent and reproductive age group. It is a leading cause of infertility.

Amenorrhoea in PCOS can be correlated to *Nashtarthava*, *Yathochita kala adarsana* (delayed cycles) and *Alpata* (decreased quantity) as *Artavakshaya* and increased bleeding as *Asrigdara*. Anovulation resulting in amenorrhoea or irregular cycles is described under the *Vandhya yonivyapad*. *Sthoulya* and *prameha poorvaroop* *lakshanas* are also seen in PCOS. PCOS is found to be *Vata kaphaj* disease along with vitiation of *Agni* and *Srotasas*.

Ayurvedic management of PCOS is found to be very useful and effective in the long term.

Normal size ovaries and absence of cysts in ovaries were observed in ultrasonography images, taken in the 6th month of treatment. Therefore, our study concludes that ayurvedic drugs have a significant efficacy on menstrual pattern by improvement in menstrual interval, duration, quality, and

consistency. Allopathy drugs help in managing and controlling effects of PCOS while *Ayurvedic* drugs can be considered as a best cure and promising treatment regime with no side effect. Proper lifestyle as per *Ayurvedokta Dincharya*, *Rutucharya* and *Rajaswala charya* are the important factors of the treatment of PCOS.

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