



AYURVEDIC MANAGEMENT OF PCOD - A CASE STUDY

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ABSTRACT

PCOD (polycystic ovarian Disease) is a complex disorder comprising of anovulation, hyperandrogenism and polycystic ovaries. It is the primary cause of infertility nowadays. In Ayurveda all gynecological disorders are explained under *Yonivyapadas*. Based on the principles PCOD can be diagnosed and treated as well. Following is a case study of a female having infertility due to PCOD. Her reports showed PCOD, right tubal block and unovulatory cycles. She was treated with different Ayurveda treatment modalities like *Yoni dhavan* (vaginal douche), *Anuvāsana* and *Niruha basti* (oil and decoction enema) and internal medicines like *Rasapachaka*, *Aarogya vardhini* and *Dashamoolarishta*.

KEYWORDS: PCOD, Polycystic Ovarian Disease, infertility.

INTRODUCTION

Polycystic ovarian Disease is a disorder of the endocrine system caused by hormonal imbalance. It is characterized by excess androgen production by ovaries or adrenals which interferes growth of ovarian follicles. It consists of three diagnostic criteria – chronic anovulation hyperandrogenism and polycystic ovaries. It is the leading cause of infertility. 5-10 % of child bearing age women have PCOD.

Patients with PCOD complaints of increasing obesity, menstrual disorders – like irregular menses, oligomenorrhea or amenorrhea. PCOD patients along with infertility can have long term metabolic consequences. These patients are at risk of developing Diabetes mellitus, endometrial carcinoma, hypertension and cardiovascular diseases. The conventional treatment for PCOD with infertility is metformin, OC pills and ovulation induction drugs. Long term use of these drugs can cause side effects like GIT symptoms, ovarian hyperstimulation syndrome and hepato toxicity also. But PCOD should be treated for infertility as well as menstrual disorders and to prevent long standing metabolic diseases.

In Ayurveda PCOD is not described as a separate disease. The clinical features, etio pathogenesis can be correlated to different gynaecological disorders. In Ayurveda all gynaecological disorders are incorporated in *Yonivyapadas* and *Aartavadushti*.

Based on these principles PCOD and infertility can be considered as *Rasa*, *Rakta*, *doshti*, *Vata doshti* predominantly, associated *Kapha* or *Pitta doshti* and *Dhatavagni mandya*. As all female reproductive organs lie in pelvic area the *Apāna vāyu* governs all the physiological functions. So the management in PCOD should be targeted at *Agni deepana*, *Pachana*, *Vatanulomana* and *Rasarakta prasadana*.

CASE REPORT

A female of 30 years came to our OPD (no. 3425) with primary infertility and willing for conception. Her married life was 8 years. She was taking allopathy treatment for last 4 years with ovulation induction drugs, laproscopic ovarian drilling and failed to conceive.

Her other complaints were as follows *Malavashatmbha* (constipation) frequently, P/V white discharge, P/v itching, P/R bleeding sometimes after defecation, irritability, anxiety.

H/o present illness: K/C/O PCOD since 4 years has taken allopathy medicines, hormones, ovulation induction drugs, has done diagnostic hystero laparoscopy, HSG, and twice IUI. Married life: 8 years.

Menstrual history: 2-3/45-60 days, irregular cycle, moderate flow sometimes with clots, dysmenorrhea
Personal history: allergic to antifungals, occupation: part time typist.

Diet: Irregular timings, junk food daily Chinese food for 4 years, Sleep: disturbed, insomnia sometimes. Psychological aspects: disturbed, stressed, anxious, irritable. Clinical examination: Patient well conscious, oriented Hemodynamically stable.

O/E : P -78/min, BP -110/70, Ht.-154cm, Wt.-56 kg, motion - sometimes constipation, urine- WNL , P/A – soft, non -tender, P/V- uterus-AVAF, fx clear, cervical motion non tender. P/S –Cervix healthy

Prakriti: Vata pittaja, Jaran Shakti (digestive power) –Madhyam, Agni dushti.

Investigations:

Haemogram –WNL BSL – Normal Urine–NAD TSH-2.45 normal. AMH, Sr. FSH, Sr. E 2, Sr. Prolactin –WNL.

USG

1. 29/04/21- s/o Bilateral polycystic ovaries, Rt ovary- 15.1, left-10.6cc
2. 6/06/21- right ovary- 13cc, left-10.6 cc

HSG on 25/04/18

1. Uterus Normal, left tube partially visualized, No Spill
2. Right tube blocked at cornu of uterus

Male partner: Semen analysis

30/04/21 Vol- 1.5 ml
Count- 60 million/ml
Motility- 40%
Dead sperms- 40%

Treatment

Ist visit: LMP: 22/02/21

- i. Rasapachaka vati 2BD
- ii. Aarogyavardhini 2 BD
- iii. Dashamoolarishta 2 tsf BD
- iv. Yonidhavan – Triphala, Darvi kwatha for 7 days

IInd visit: LMP: 24/03/21 without hormones

- i. Rasapachaka vati 2BD
- ii. Aarogyavardhini 2 BD
- iii. Avipattikar churna vati 2 HS
- iv. Yonidhavan – Triphala, Darvi kwatha for 7 days
- v. Anuvāsana basti- Sahachara taila alt., Niruha-Dashamoola.

IIIrd visit: LMP: 20/04/21

Same as above, Shatagandha vati 2 BD
For husband: Tab. CoQ forte BD and Shatavari Ashwagandha Ksheera pak.

IVth visit: LMP: 20/05/21

- i. Shatagandha vati 2 BD
- ii. Varunadi kwatha 2 tsf BD
- iii. Anuvāsana basti (oil enema)- Sahachara taila alt.,
- iv. Niruha- Dashamoola

Vth visit: LMP: 11/06/21

Shatagandha vati 2 BD

Follow up

Every time when she visited, she was counselled, timely diet and exercise were advised. At every follow up her bowel habits, Basti pratyagam kal and other symptoms were assessed After 5 months of treatment her monthly cycles were regular plan on next visit was to do follow up HSG, ovulation study and semen analysis. But patient came on 27/07/21 after 1 month 16 days amenorrhea and with UPT positive.

Drugs

1. Rasapachaka vati –Kalingaka, Patola, Kutaki
2. Aarogyavardhini vati –Triphala, Shuddha shilajita, Guggulu, Chitraka and mainly Kutaki and Nimba.
3. Varunadi kwatha -Varun, Pashanbheda, Shunthi, Gokshur.
4. Dashamularishta –Shaliparni Prishniparni Kantakari Bruhati Gokshur Bilva Agnimantha Patala Gambhari Tintuk Dhataki Draksha Koshtha Pippali Jatamansi.

Drugs used in the patient

S.No.	Name of the drug	Rasa	Veerya	Vipaka	Action
1	Rasapachaka	Tikta, Katu	Ushna	Katu	Deepana, Pachana, Rasa dhatwagnivardhana, Kapha pittaghna
2	Aarogya vardhini	Katu, Tikta	Ushna	katu	Restores balance between three Doshas, Deepana, Pachana, liverstimulatory, Bhedana
3	Varunadi kwatha	Mainly Tikta	Sheeta	Katu	Deepana, pachana, Kapha shoshana, balances vitiated Vata

DISCUSSION

In the present case considering all laboratory and clinical findings female partner had PCOS, unovulatory cycles and so infertility.

1. Line of management was Dhatavagni vardhana (improve digestive power, Deepana, Pachana, Vata

pacification and Garbhashaya poshana.

2. Clinical examination and history revealed Dhatavaagni mandya, Rasa dhatu dushti, Vata and Kapha vaigunya, especially Apana vayu vaigunya (abnormal Vata and Kapha doshas).

1. *Rasapachaka vati* is of *Tikta* (bitter), *Katu* (pungent) *Rasa* so used as *Agnideepana*, *Pachana* and for *Prasada rasa* and *Raja nirmitee*.
2. *Aarogyavardhini* mainly acts on *Rasa* and *Rakta dhatu* and helps in *Prasadabhuta rajanirmitee* (quality follicular development) the drug is also useful for individuals suffering from indigestion and irregular bowel movements. It brings about the promotion of the digestive power of the body, acts as a tonic for liver, heart, kidneys, uterus, rectum and intestine. It is also beneficial for chronic fevers and water retention. *Arogyavardhini vati* reduces inflammation of spleen, liver, bladder, kidneys, uterus and intestine. So it helped in relieving her constipation.
3. *Yonidhavana* of *Triphala* and *Daruharidra*, both are of *Kashaya rasa* (astringent) were useful to control local vaginal infection and, *Kapha Shoshana* (absorption).
4. *Anuvasan* and *Niruha basti* helped in *Vata* pacification and *Anulomana* which is *Ardha chikitsa* for *Vata dosha* and it is the main causative factor for *Yoni Vyapadas* and *PCOD*.
5. After first cycle of *Anuvasana* and *Niruha basti* she started getting normal periods without hormones and over a period of time she had monthly regular cycles.

Vaidyamitra prakashan, Pune 2003, Chikitsastana, 30th chapter, pg 684, Shloka 115.

CONCLUSION

Depending on Ayurveda basic principles of *Dosha*, *Dhatu*, *Agni* any disease can be diagnosed and treated as well. In the case mentioned Ayurveda treatment helped in improving ovarian function as well as in combating hormonal imbalance and regularizing normal menstrual cycles. So, it can be concluded that Ayurveda treatment can be successfully applied in *PCOD* and infertility in today's era for better outcome and with no side effects.

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