

ROLE OF PURIFICATION METHOD & AYURVEDIC HERBAL PREPARATIONS IN
PCOD - A CASE REPORTDr. Rashmi Sharma^{1*} and Prof. Radhey Shyam Sharma²¹Assistant Professor, Department of Prasuti Tantra & Stree Roga, University College of Ayurveda, Dr. S. R. Rajasthan Ayurved University, Jodhpur, Rajasthan.²Vice-Chancellor, Dr. S. R. Rajasthan Ayurved University, Jodhpur, Rajasthan.***Corresponding Author: Dr. Rashmi Sharma**

Assistant Professor, Department of Prasuti Tantra & Stree Roga, University College of Ayurveda, Dr. S. R. Rajasthan Ayurved University, Jodhpur, Rajasthan.

Article Received on 26/03/2016

Article Revised on 17/04/2016

Article Accepted on 08/05/2016

ABSTRACT

Polycystic ovarian disease (PCOD) is one of the most common endocrine disorders in women of reproductive age. In Ayurveda, we will not get any direct reference of PCOD. It may be correlated with Artavakshaya or with Pushpaghni Jataharani. The present case report revealed Shodhan effect of Vaman Karma along with *Granthihara* properties of *Kanchanar Guggulu* and *Varunadi Kashaya* in a known case of PCOD. The trial drugs were procured from the local market. Vaman Karma along with this drugs found to be improved remarkably the functions of ovary. After treatment, the sonography report showed no multiple cysts in the ovaries.

KEYWORDS: Ayurveda, PCOD, Vaman Karma, *Granthihara* Drugs.**INTRODUCTION**

Poly Cystic Ovarian Disease (PCOD) is a disease characterized by multiple cysts in the ovaries. PCOD is most common among women between the ages of 18 to 40 years. It affects 25-30% of women of reproductive age. The exact cause of PCOD is unknown it may be due to hormonal imbalance, insulin resistance, family history (mother or sister) and lifestyle or environment. Common symptoms of PCOD are menstrual abnormalities (amenorrhoea or oligomenorrhoea), infertility, hirsutism, acne, obesity, depression or anxiety. Diagnosis of PCOD is done by laboratory tests such as Hormonal study (serum FSH, LH, Testosterone, Estradiol, SHBG (sex hormone binding globulin), Prolactin and Cortisol), Thyroid profile, Lipid profile, Glucose tolerance test and non laboratory tests such as ultrasound (pelvis) and Laparoscopy. The treatment of PCOD is mainly done by Hormonal treatment (combined oral contraceptive pills), Metformin (anti-diabetic), ovulation induction drugs (if patient is having infertility), life style modifications (exercise) and by surgical treatment such as laparoscopic ovarian drilling (LOD), ovarian diathermy and pelvic laparoscopy, which are having their limitations and own side effects. Women with PCOD have a higher risk of developing endometrial cancer, breast cancer, cardiac disease, diabetes, high blood pressure and various psychological disorders.

In Ayurveda PCOD can be correlated with Artava Kshaya or with Pushpaghni Jataharani. The Lakshan of Artava Kshaya is Yathochita Kala Adarshana means Apravrutti of Artava in its Yogya Kala (it may be

delayed or get disappeared), Artava is Alpa in pramana (less bleeding) and Yonivedana. The Lakshana of Pushpaghni Jataharani is Vyarth Pushpa-darshana (anovular menstruation), Sthula Ganda-pradesha (cheeks are corpulent) and Lomayukta (hirsutism).

Chikitsa of Artavakshaya is done by Sanshodhana Karma (Vaman, Virechana adi Panchakarma) and Upayoga of Agneya Dravyas in various ways. Chikitsa of Pushpaghni Jataharani is not described by Acharya Kashyapa. In present case study, Vaman Karma is selected as Sanshodhana Chikitsa and *Kanchanar Guggulu* and *Varunadi Kashya* is used as *Shamana Yoga* for the management of PCOD. Vaman Karma helps in Strotasa-Shudhi (cleaning or removing obstructions in the channels) along with this Shamana Yoga (*Kanchanar Guggulu* and *Varunadi Kashya*) is having Bhedaneeya, *Lekhaneeya*, *Arbuda*, *Garnthi* and *Basthishulaha* properties.

CASE PRESENTATION

A female subject aged 29 years, married 6 years back, anxious to conceive, housewife, was examined in the hospital (OPD) on 05-12-2014 (OPD No.46438/13-14) for PCOD. She had no previous history of hepatitis, tuberculosis, mumps, syphilis, gonorrhoea, secondary amenorrhoea, and exposure to radiation or any toxin or chemical agent. She had history of one spontaneous abortion of 9 weeks in January 2014, D & C done at hospital and in childhood she had suffered from typhoid. She had done 10 months conventional therapy for PCOD and also for infertility but was unsuccessful. On

examination, the body proportion was found to be thin & lean with normal secondary sexual characters, were belonging to *pitta-vata prakruti* and *asthisara*. There was no any abnormal finding seen in the physical and pelvic examination (per speculum & per vaginum).

TREATMENT

The treatment was carried out with Vaman Karma along with following medicines (Table 1 and 2). During this period the patient was advised to take *Samayaka ahara* (nutritive diet like milk etc.) and avoid *Amla*, *Lavana*, *Vidahi* (Spicy) and *Snigdha* (oily) *ahara*. After the treatment, the sonography report on 17-04-2016 showed no multiple cysts in both the ovaries.

OBSERVATION AND RESULT

The patient had followed the *ahara* & drug restriction strictly. The findings of sonography report before and after treatment are

USG (Before treatment)

Uterus: Normal in size

Myometrium: Ecotexture is normal

Endometrium: Is normal, no mass seen

Ovaries: Multiple small size follicles seen in periphery of both the ovaries with increased stromal echogenicity

Cul de sac: No free fluid is seen

USG (After treatment)

Uterus: Normal in size

Myometrium: Ecotexture is normal

Endometrium: Is normal, no mass seen

Right ovary: Normal in size (37×23 mm)

Left ovary: Normal in size (34×24mm) with dominant follicle of 21×17mm seen

Cul de sac: No free fluid is seen.

Table 1: Medicines used for Vaman Karma

Sr. No	Name of the Drugs	Days	Dose
1)	Snehapana with Shatavari Ghrita	6 days	Starting from 30 ml then increased gradually up to Samyak Sneha-Siddhi Lakshan (180 ml)
2)	Abhyanga (with Mahanarayan Tail) followed by Sarvanga Swedan	3 days	-
3)	Vaman (with Yasthimadhu + Haridra + Shatavari Ghrita + Ksheera		As per Koshta and Bala of Rugna

- Before Snehapana, Chitrakadi Vati + Trikatu Churna is given for three days (for improving Agni-Deepna & Pachana property of patient)

Table 2: Shamana Yoga

Name of the drugs	Dose	Anupana
<i>Kanchnar Guggulu</i>	250mg	Jala
<i>Varunadi Kashya</i>	15ml	Jala

- Twice daily

Table 3: Results of Sonography (Pelvis)

Particulars	Before treatment (24-6-2014)	After treatment (17-4-2016)
Uterus	Normal in size	Normal in size
Myometrium	Ecotexture is normal	Ecotexture is normal
Endometrium	Is normal, no mass seen	Is normal, no mass seen
Right ovary	Multiple small size follicles with increased stromal echogenicity	Normal in size
Left ovary	Multiple small size follicles with increased stromal echogenicity	Normal in size, with dominant follicle (21×17 mm)
Cul de sac	No free fluid is seen	No free fluid is seen

USG Report: Scanned copies of USG (before & after treatment)

DISCUSSION AND PROBABLE MODE OF ACTION

PCOD is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility potential of women. Various hormones of the body operate in harmony to regularize smooth functioning of all systems including the reproductive system. The disturbance of hormonal mechanism makes the ovaries produce

excessive amount of androgens and at the same time there is failure of egg formation. The disturbed hormonal functioning of the body lies at the root of PCOD. Panchalkarma and Ayurvedic herbal medicines acts at root level can bring back deviations of hormonal system back to normalcy. Vaman Karma will reduce Saumya Guna, resulting into relative increase in Agneya Guna of Sharira, ultimately increasing the pramana of Artava.

Granthihara and *Bhedana* properties of *Kanchanar Guggulu* and *Varunadi Kashya* act on reproductive system and improve the functions of ovary and *Artava*. (*antah-pushpa* (ovum) and *bahi-pushpa* (menstrual blood)).

After the treatment, the sonography report showed no multiple cysts in the ovaries (Table 3).

CONCLUSION

PCOD can be caused due to an imbalance caused by any of the three Doshas. In this condition the toxins get accumulated in the *Manovahi strotas* (channels of the mind), leading to an imbalance of the hormones secreted by the pituitary gland. The condition results in imbalance of female hormones and increase in *Kapha Dosha*, which causes formation of multiple cysts in ovaries, anovulatory periods and other symptoms. *Vaman Karma* helps in *Strotasa- Shudhi* and considered as best *chikitsa* for *Kapha* disorders. *Leekhaneeya*, *Bheedaneeya* and *Granthihar* properties of *Kanchanar Guggulu* and *Varunadi Kashya* also help in reducing the size and arrests further growth of multiple cysts in the ovaries. The present study reveals the effective management of PCOD by *Shodhana* and *Shaman yoga*.

CNSENT

Before starting treatment consent of the patient is taken along with proper advice and counselling.

ACKNOWLEDGEMENT

The author is thankful to Prof. Radhey Shyam Sharma, Vice-chancellor, Dr. S. R. Rajasthan Ayurved University, Jodhpur for continuous encouragement for the short clinical study.

REFERENCES

1. Kaviraj Ambikadatta Shastri, *Sushruta Samhita*, *Ayurvedatvasandipika* Hindi Commentary, published by Chaukhambha Sanskrit Sansthan, Varanasi, Su. Sut. 2010; 15/16: 177.
2. Shri Satyapala Bhigacharya, *Kashyapa Samhita*, *Vidyotini Hindi Commentary*, published by Chaukhambha Sanskrit Sansthan, Varanasi, Ka. Ravatikalpadhya, 2004; 33: 192.
3. Dutta D.C., *Text book of Gynecology*, 5th edn., Jaypee Brothers Medical publishers (P) Ltd., Kolkata, 2013; 28: 459-463, 470-471.
4. V. G. Padubidri, *Gynecology*, Review Series, 3rd edn., Elsevier, New Delhi, 2006; 153.
5. *Textbook of Gynecology*, Kamini A. Rao., 1st edn., Elsevier, New Delhi, 2008; 133-143.
6. Hacker & Moore's, *Essentials of Obstetrics' & Gynecology*, 5th edn., Elsevier, New Delhi, 2010; 249-250: 364-365.
7. Howkins & Bourne, *Shaw's Textbook of Gynecology*, 14th edn., Elsevier, New Delhi, 2008; 259: 331-333.
8. Premvati Tewari, *Ayurvediya Prasuti Tantra Evam Stri-Roga*, Part II, 2nd Ed., published by Chaukhamba Orientalia, Varanasi, *Drutiyadhyaya*. 2000; 163-167.
9. Premvati Tewari, *Ayurvediya Prasuti Tantra Evam Stri-Roga*, Part I, 2nd Ed., published by Chaukhamba Orientalia, Varanasi, *Shashtamadhya* 2007; 310.
10. Shri Satyanarayan Shastri, *Charaka Samhita*, *Vidyotini Hindi Commentary*, published by Chaukhambha Bharti Akadami, Varanasi, 2005, Ch. Sut.25/40, p. 468.
11. Dr. Brahmanand Tripathi, *Sarangadhara Samhita* with *Dipika Hindi Commentary*, 2nd Ed., published by Chaukhamba Surbharati Prakashan, Varanasi, 1994, Sh. Madhyama. Kh.7/95-100, p. 207-208, Sh.Madhyama. Kh. 2/128-130, p. 152.
12. Ramachandra Reddy K., *Bhaishajya Kalpana Vijnyanam*, published by A Science of Indian pharmacy, 3rd Edn., Chaukhambha Sanskrit Bhavan, Varanasi, Chapt. 2004; 4: 319-328.
13. Vaidya Ramraksha Pathak, *Ayurveda Sara-Sangraha*, 12th Edn., published by Shri Baidhynath Ayurved Bhavan Limited, Nagpur, 1978, *Guggulu Prakarana*, p.514-515, *Kwetha Prakarana*, p.712.
14. Sharma P.V., *Dravyaguna Vignana*, Vol.2, published by Chaukhambha Bharati Academy, Varanasi, *Chathurthadhyaya*, 1995; 319-328.