



Case Study

EFFICACY OF AN AYURVEDIC INTERVENTION IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS)- A CASE REPORT

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ABSTRACT

In the present era, Polycystic ovarian syndrome (PCOS) is a documented as one of the most common hormonal endocrine disorders affecting 5-10 % of females due to life style and stress. It is characterized by hyper androgenism, polycystic ovaries, and chronic anovulation along with insulin resistance, abdominal obesity, hypertension, irregular menses, abnormal uterine bleeding and difficulty getting pregnancy. Most of the patients taking allopathic medicine but results are not so good. Laparoscopic ovarian drilling is the treatment of choice in case of PCOS in the conventional system. Noninvasive, safe and economically management is required. Ayurvedic approach to pathogenesis of PCOS can provide the solution to rising cases of this illness. **Objective:** to assess the clinical efficacy of Ayurvedic intervention in the management of Polycystic ovarian syndrome using with clinical symptoms and Ultrasonography (USG). **Material and Method:** it was a single case study. *Kanchnara guggulu* 750mg and *Kanya lohadi vati* 500mg along with *Kanchnar kasaya* 20 ml twice in a day with water for 90 days were used. **Results:** clinical symptoms were reduced and USG were significantly changed from baseline to end of the treatment.

KEYWORDS: PCOS, Ovarian cyst, Ayurvedic medicine, *Kanchnar guggulu*, *Kanyalohadi*.

INTRODUCTION

Polycystic ovarian syndrome (PCOS), also called Stein-Leventhal syndrome, is a condition in which a woman's levels of the sex hormones estrogen and progesterone are imbalanced. Elevated level of hormones is the play a role to the growth of ovarian cysts (benign masses on the ovaries). According to the U.S. Department of Health and Human Services, between 1 in 10 and 1 in 20 women of childbearing age suffers from PCOS. Excess production of the hormone androgen may be another contributing factor. Basically androgen is a male hormone that woman's body is also produce resultant affected the development of eggs during ovulation. Irregular or no menstrual cycles, excess body and facial hair, acne, difficulty getting pregnant, weight gain, pelvic pain, anxiety or depression and infertility symptoms are appear. Ultrasound of lower abdomen can be identified the PCOS. Surgical procedure is choice of treatment in allopathic system.

However, the changes in social and economic conditions, life style, dietary habits and increasing stress and strain, skin tight wearing dresses have increased the prevalence of this disease.

In Ayurvedic classics, PCOS can be correlated with *Kaphaja granthi*. Vitiated all three *Doshas* are affected to *Ras*, *Rakta*, *Mansa*, *Meda*, *Majja dhatus* and produce a *Vritta* (round), *Unnat* (prominent), *Granthi yukta sotha* (oedematous gland) in *Artavavaharotras* (channel of menstruation) especially in Ovary. *Shodhana*, *Shamana* and *Chhedana karma* are include in the treatment of *Kaphaja granthi*. In the present study, *Shamana yoga* (*Kanchnar guggulu*, *Kanyalohadi* and *Kanchanar kasaya*) were used for management of this illness.

CASE STUDY

A 27 years old female patient, married three years back, difficulty getting pregnant was examined in the outdoor of hospital for PCOS. Irregular menses, anxiety and weight gain were also present. She had no previous history of cervical erosion, endometriosis, gonorrhoea and benign or malignant growth. She had taken the allopathic medicines for PCOS for last six months but did not get relief, after that she came to outpatient department of our hospital for Ayurvedic treatment. On examination,

the body proportion was found to be thin and lean with normal secondary sexual characters. There were no any abnormal findings seen in the physical and pelvic examination. After taking the detailed history, the consent was taken from the subject and study was in accordance with ICH GCP guidelines.

General Examination

Pulse: 86/min
 Respiratory rate: 20/ min
 B.P.: 110/70 mm of Hg
 Temp: 98.6° f
 G C: Moderate

Systemic examination

Rest of the systemic examination did not reveal any significant abnormality.

Dashavidhapariksha

- Prakriti- Vat kaphaj
- Vikriti- Mansa, Meda

- Sara- Meda
- Samhanan-Madhyam
- Satmya- Vyamishra
- Satwa- Madhyam
- Praman-Madhyam
- Aharashakti-Avar
- Vyayamshakti-Avar
- Vaya- Yuvavastha

Probable diagnosis: Polycystic ovarian syndrome
Investigation carried out: Ultra sonography (USG).
INTERVENTION

The treatment was carried out with the following medicines (Table-1) for 90 days with follow up every 30 days. During this period, intake of routine food and avoid sour fruits and vegetables were strictly follow up.

Table 1: Drug and Posology

Name of Medicine	Doses	Ingredient	References
<i>Kanchnar Guggulu</i>	2 tablet (each tablet of 750mg) BD for 90 days.	<i>Kanchnar (Bauhinia variegata), Guggulu (Commiphora wightii), Triphala (combination of Terminalia chebula, Terminalia bellerica, Emblica officinalis), Trikatu (combination of Zingiber officinalis, Piper nigrum, Piper longum)</i>	Rastantrasara evum siddha prayog sangrah Vol I
<i>Kanyalohadi vati</i>	2 tablet (each tablet of 500mg) BD for 90 days.	<i>Elua (extract of Aloe vera), Kasis, Twak (Cinnamomum zeylanicum), Ela (Elettaria cardamomum), Sunthi (Zingiber officinalis)</i>	Rastantrasara evum siddha prayog sangrah Vol I
<i>Kanchnar kasaya</i>	20 ml BD for 90 days.	<i>Kanchnar (Bauhinia variegata) Bark</i>	Saranghdhar samhita

OBSERVATION AND RESULT

During the first visit of treatment along with Ayurvedic intervention, after 30 days patient came to the OPD as follow up, irregular menstrual cycle, pelvic pain and associated symptoms have disappeared. The USG was done after the completion of 90 days. The findings of USG of whole abdomen including pelvic region at same radio diagnosis centre report before and after treatment are in Table-2. The patient had followed the diet and restrictions as advised.

Table 2: Results of USG

Particulars	Before treatment (14.4.2018)	After treatment (14.07.2018)
Uterus	Mildly bulky in outline & anteverted in position.	Mildly bulky in outline & anteverted in position.
Endometrium	Central endometrium is normal	Central endometrium is normal
Ovaries	Right ovary appears normal. Left ovary have a cyst, well defined, measuring 4.3 cms x 3.1 cms.	Both ovaries appear normal in size, shape & position.

DISCUSSION

PCOS is a complex condition involving genetic, metabolic and hormonal unbalancing factors, which is directly, affects the fertility. High levels of androgen and insulin can affect the menstrual cycle by hindering the ovulation process. Irregular

ovulation can lead to anovulation and at times miscarriage in women with PCOS. An USG scan will show multiple, small and undeveloped follicles that usually do not receive signals for maturation and release of an ovum. However, the syndrome’s effect is

known to vary from one individual to the other. Formation of ovarian cysts acts as an obstacle for the fertilization process. Therefore, the present intervention has been designed with a comprehensive approach to address the multiple factors of PCOS. *Granthihara*, *Vatkapha shamak* and *Artavajanan* (ecbolic) properties of *Kanchanar guggulu*²⁻³, *Kanyalohadi*⁴ and *Kanchnar kasaya*⁵ breakdown the pathogenesis of *Kaphaj granthi*. *Lekhana* (scraping), *Vatakaphahar* property of *Kanchnar guggulu* and *Kasaya* (decoction) were play a role in reducing the size and arrest further growth of cyst. *Kanyalohadi* is supportive in regularize the menstrual cycle. After the treatment, the USG report shows no cyst in both ovaries. Menstrual flow has been reviving. The present study reveals the effective management of PCOS by Ayurvedic treatment with no side effects. In various female disorders Ayurvedic herbal formulation having marvelous results, it is one of them.

CONCLUSION

On the basis of our clinical observation, it is concluded that the trialed intervention is safe and effective without producing adverse effects in the management of Polycystic ovarian syndrome (PCOS) due to their pharmacodynamics action i.e. *Granthihara*, *Vatkapha shamak* and *Artavajanan* properties.

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