

## Polycystic Ovarian Syndrome : A Case Report

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### Abstract-

*Polycystic Ovarian Syndrome (PCOS) is common problems among the reproductive age (15-40 year) of women. It is endocrine and gynecology problems, resulting from insulin resistance and the compensatory hyperinsulinemia. This results in adverse effect on multiple organ systems and may result in alteration in serum lipids, anovulation, abnormal uterine bleeding and infertility. In Ayurveda PCOS is not direct term coined but clinically it is resemble with Aartavavaha strotas dushti, Artavkshay, Vishamaartava, Granthi, Yonivyapad. The exact cause of PCOS is unknown but high levels of insulin, hyper androgen (Male hormone), LH (Luteinizing hormone) are the main causes. The symptoms of PCOS are Delayed Menstruation, Oligomenorrhea, Acne, hirsutism, thinning of hair, obesity, and constipation present case of 27 year old female patient came with symptoms of irregular, delayed menstruation, acne on Face, darkening of skin, weight gain. She visited Modern, advice for USG and Hormone test. USG report shows Bilateral Polycystic Ovarian syndrome PCOS with Right ovary volume 15.1cc and Left ovary volume 12.5 cc, both ovaries are bulky. Undergo for hormonal Treatment, but discontinued, undergo for Ayurveda Treatment for 6 months. Result analysis was done on Clinical symptoms relief and USG report. This Case aim to study PCOS according to Ayurveda and study the Safe and effective Ayurveda Treatment for PCOS.*

**KEYWORDS:** Ayurveda, Polycystic Ovarian Syndrome(PCOS), Androgen ,hirsutism, Insulin, USG.

### Introduction:

**P**olycystic Ovary Syndrome is the group of symptoms. it is also known as Stein leventhal. Poly Cystic Ovarian Syndrome is a condition that has cysts on the ovaries that prevent the ovaries from performing normally. Symptoms of Poly Cystic Ovarian Syndrome include Amenorrhea or cause irregular and delayed menstruation infrequent menstruation, irregular bleeding, infrequent or no ovulation, multiple immature follicles, increased levels of male hormones, male pattern baldness or thinning hair, excess facial and body hair growth, acne, oily skin or dandruff, dark coloured patches of skin specially on neck, groin, underarms, chronic pelvic pain, increased weight or obesity, diabetes, lipid abnormalities and high blood pressure<sup>1</sup>. Due to imbalance of the hormone this follicles immature and egg not released ,Hence this immature follicles make cyst like structure called as cyst of ovary. The

Numbers of cyst present 10 or more and increase ovarian volume (>10 mm). The long term side effects of PCO are Infertility, obesity, coronary artery disease, Diabetes, Atherosclerotic changes.

### Factor for causing PCOS

#### Insulin resistance

Insulin is a hormone utilized body for glucose absorption. Insulin resistant condition in which body cannot utilized insulin for energy production. Hence body produces more insulin causing hyperinsulinemia (aama) that causes burden on hypothalamic pituitary ovarian axis that lead PCOS.

#### Obesity

Obesity is prime factors for producing PCOS but lean women also suffer from PCOS.the complication arise due obesity are Coronary artery disease, diabetes, Hypertension.

**Hereditary**

The chances of PCOS more in women who have family history of PCOS.

**Case study**

A 27 year old female Patient came in OPD with the symptoms of

- Delayed Menstruation (8 Month) irregular menses
- Acne
- weight gaining
- Hair on face & on chest
- darkening of skin
- Constipation

**History of present Illness**

Patient was apparently alright 1year before. Gradually she experienced weight gaining, delayed menstruation from 8 months. USG report shows suggestive of Bilateral Polycystic ovary Disease (PCOD). Started hormone treatment but discontinued self, undergo for Ayurveda Treatment.

- Family History
- Father-HTN
- Mother-DM
- O/E (On Examination)
- GC -Fair
- Pulse-72/min
- Bp-120/80 mmhg
- Spo2-9
- Wt-82 Kg
  
- Asthvidh pariksha
- Nadi-Vata-Pitta
- Mala-Mala Stambh
- Mutra-Prakrut
- Jiva-Sam
- Shabd-Prakrut
- Sparsh-Ushna
- Druka-Prakrut
- Aakruti-Sthool
  
- S/E (Systemic examination)
- RS-AE=BS
- CVS-S1S2 NORMAL

- CNS-Conscious Oriented
- P/A-SOFT
- Investigation was done T3-3.13 pg/ml, T4-1.02 ng/ml, and TSH-2.23 uIU/ML
- Prolactin-13.72 ng/ml
- USG shows Bilateral Polycystic ovarian Disease.

**Material And Methods**

Presenting Complaints of Patient Treatment Plan as mainly Vata and kaphahar

Sr. No	Name of Drug	Dose of Drug	Kala	Anupan
1	Kanchanar Guggulu	2 Tab, BID	After Food	Lukewarm water
2	RajaPravartini Vati	2 Tab, BID	After Food	Til and Gud (Jaggery) water

**Diet Recommendation For PCOD:-**

- Avoid all sugary foods & artificial sweeteners.
- Increase consumption of fruit & vegetables.
- High fiber diet

**Lifestyle Recommendation For PCOD:-**

Reducing stress can help to balance hormones. Drinking 3 liters of water daily. Perform moderate exercise for 45-60 mins daily.

**Yoga For PCOD:-** Yoga helps to tone up whole reproductive system. Asan such as Dhanurasan, Uttanpadasan, Badhakonasan, Ushtrasan, Vrikshasan Vajrasan, & Suryanamaskar, & Pranayam are ideal for woman to develop regular menstrual cycle.

**Result**

Sr. no	Symptoms	Before Treatment	After 3 month	After 6 month
1	Delayed Menstruation	+++	+	Normal Menstruation
2	Acne on face	+++	++	+
3	Weight gain	82kg	70kg	62kg
4	Thining of hair	+++	++	+
5	Darking of skin	+++	++	+

**Result of investigation**

Investigation Before Treatment  
After treatment (3 months)  
USG

- Endometrial Thickness 5.6mm
- Right ovary volume 17.1cc
- Left ovary volume 10.7 cc
- Both ovaries are bulky(R>L)
- Bilateral Polycystic ovarian Disease.
- Endometrial Thickness mm
- Right ovary volume 10 cc
- Left ovary volume 9.6 cc
- Residual mild changes Pcod

**Discussion**

Ayurveda described Gynecology diseases under the term of Yonivyapad. There are 20 type Yonivyapad. Primary Amenorrhea, Delayed Menstruation, Oligomenorrhea this symptoms of PCOS resemble with Ayurveda following Yonivyapad.

1. Arajaska yonivyapad

Charak described that when pitta aggravated in women's genitals vitiated the blood then those women have krushata (emaciated), Amenorrhea developed.

2. Lohitkshaya yonivyapad

Vagbhat described that vitiated Vata and pitta Dosha causing quantity of menstruation blood decreased and others symptoms are burning sensation, emaciation and discoloration of face.

3. Anartava or Nashartava Yonivyapad

Vata, Pitta, Kapha combine Dosha to obstruct the Aartavavaha strotas causing suppression of menstruation flow.

4. Vandhya Yonivyapad

Infertility causes total suppression of menstruation.

The direct reference of PCOS not found in Ayurveda but Dosha Dushya Samurchana it will resemble with Santarponnath Disease, Rasapradoshaj Vikar (Disease), Granthi (Cyst), Gulm, Vishamaartava and Yonivyapad. Vata and Kapha Dosha mainly involved in it.if Aartava , Atipravavrutti(DUB) phase then Dosha pitta-Kapha involved.

- Samprapti ghatak
- Dosha-Vata Kapha
- Dushya-Rasa, Rakta, Aartava

- Strotas-Rasavah, Aartavavaha
- Agni-Jatharagnimandya
- Strotodushti type-Sang (Obstructive)
- Marga-Abhyantar

**Action of medicine**

1. Kancharan guggulu

Kancharan (bauhinia variegata) bark, ginger, black pepper, long pepper, Haritaki, bibhitaki, amalaki (the combination of triphala), Varuna (crataeva nurvala bark), cardamom, cinnamon, and Guggulu resin in equal amounts. It has Vat, Kaphagn Property.The sang (Obstruction) type Vikruti distract with this Medicine.Mand Guna of Kapha, Shit Guna of Vata Can Tackles with Kancharan Guggulu.it is useful in Granthi vikar.

2.Rajpravartini Vati

Kumari (Aloe vera), Kasisa bhasma (Blue Vitriol), Tankana (Borax), Hingu (Asa foetida)

The contents of Rajpravartini Vati is ushn.so it is Vata, kapha nashak.it acts on Aartavaha Strotas, balance the Apan vayu. it is useful in Oligomenorrhea, delayed menstruation.

**Conclusion**

From this case study Polycystic Ovary syndrome (PCOS) Patients can be managed by Ayurveda, lifestyle modification & yoga treatment. For proper functioning of Aartava vaha strotas balance apan vayu needed. Imbalance cause dushti (Diseases) in Aartava vaha strotas. This is single Case Study .

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