

**MANAGEMENT OF PCOS THROUGH AYURVEDA: A CASE REPORT****Dhaval Makwana<sup>1</sup>, Priti Engineer<sup>2</sup>, Asit Panja<sup>3</sup>, Hardik Chudasama<sup>4</sup> Praveen Kumar<sup>5</sup>, Amisha Dabhi<sup>6</sup>**

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**Abstract:**

Polycystic ovary syndrome (PCOS) is a medical disorder that impacts the reproductive health of women. The condition is distinguished by hyperandrogenism, irregular menstrual cycles, and the existence of multiple ovarian cysts. The present case involves a 17-year-old female who exhibited irregular menstrual cycles, mild lower abdominal and back pain, acne, facial hirsutism, and weight gain. Polycystic ovary syndrome

(PCOS) was diagnosed using ultrasonography (USG). The Ayurveda approach to treating menstrual fluid cessation with ovary dysfunction involves addressing the conditions of *Ati-Sthaulya* (~Morbid increase of fat or adipose) and *Mandagni* (~Depressed or weak state of digestive, metabolic factors). The administration of *Shaman Aushadhis* (~Conservative therapy) was carried out for a duration of four months, in accordance with the prevailing disease condition. Following the intervention, the patient exhibited amelioration in ultrasonography results, with the complete resolution of the cyst and the restoration of regular menstrual cycles. The results indicate that the implementation of Ayurveda techniques could potentially provide advantages in addressing polycystic ovarian syndrome (PCOS).

## INTRODUCTION:

Clinical manifestations of PCOS in reproductive-aged women include ovulatory dysfunction, hyperandrogenism, hirsutism, acne, acanthosis nigricans, and polycystic ovaries.<sup>[1]</sup> According to the Rotterdam diagnostic criteria for polycystic ovary syndrome (PCOS), at least two of the following characteristics must be present: hyperandrogenism, oligo-anovulation, or physical polycystic features.<sup>[2]</sup> The fact that it affects 8–13% of young women makes it the most frequent endocrinopathy within that age group.<sup>[3]</sup> PCOS is a common condition in India, with a prevalence ranging from 3.7% to 22.5% depending on the population studied and the criteria used for diagnosis.<sup>[4]</sup> The awareness about PCOS is increasing and people are becoming more conscious about their lifestyle and eating habits. Ayurveda provides various ways to address PCOS, which is mentioned under different headings such as *Yonivyapad*<sup>[5]</sup> (~gynaecological disorder), *Artavadusti*<sup>[6]</sup> (~menstrual blood disorder), *Aartavkshaya*<sup>[7]</sup> (~depletion of menstrual fluid with ovary dysfunction), or *Nastaartavaa*<sup>[8]</sup> (~ceases of menstrual fluid with ovary dysfunction). By following Ayurveda practises, one can work towards improving their menstrual health and addressing PCOS.

## PATIENT INFORMATION

On November 25<sup>th</sup>, 2022, a 17-year-old unmarried girl went to the Makwana Clinic outpatient department to complain about her painful and irregular periods. In the last one year, amenorrhea has been seen. Acne on the face, more hair on the face, and gaining weight (from 43 kg to 52 kg) were all associated. She measured 137 cm tall and

had a body mass index of 27.7 kg/m<sup>2</sup>. PCOS did not run in the family. She was in school and liked fast food. She didn't have a set time to sleep or eat. The patient did not have any related medication history.

### CLINICAL FINDINGS

During the physical examination, the patient exhibited a lingual surface that was transparent, a vocal quality that was lucid, and a dermal texture that was coarse. The individual exhibited *Vata Pitta Prakriti* (~Body constitution with a predominance of *Vata* and *Pitta*), which refers to their body constitution based on the humours, and also displayed *Avara Samhanana* (~Compactness of tissues or organs), indicating a lower body constitution. The variables *Sara* (~referring to the quality of *Dushya* or tissue elements), *Satmya* (~pertaining to homologation), *Satva* (~relating to mental strength), *Vyayamshakti* (~referring to the power of performing exercise), *Aharshakti*, and *Jaranshakti* (~referring to the capacity for mid-food intake and digestive power) were classified as *Madhyama* (~middlemost). The individual exhibited symptoms of *Krura Kostha* (~Costive bowel habit), which refers to the irregular nature of bowel movements. All systemic evaluations yielded normal results. The ultrasonography conducted on November 26<sup>th</sup>, 2022 revealed a both ovaries show multiple peripherally arranged tiny follicles with central echogenic stroma – p/o polycystic ovarian disease (**Image-1**). The results of the laboratory tests for complete blood count, C - reactive protein and thyroid profiles were found to be within the normal range.

### TIMELINE

The detailed timeline of the treatment is given in **Table 1**

Sl No.	Year	Incidence / Intervention
1.	April – 2018	Patient had painful menarche with Severe Nausea
2.	2018 to 2020	Menstrual cycles were painful, irregular, and associated with facial hair development and acne.
3.	2020-2021	Amenorrhea

4.	24 <sup>th</sup> November 2022	Patient visited O.P.D. and advised for Ultrasonography
5.	26 <sup>th</sup> November 2022	Diagnosed with PCOD and Intervention started 1. <i>Varunaadi Kashay Phanta</i> (~Hot Infusion) for 2 months (Put five grams of <i>Varunaadi Kashay</i> <sup>[9]</sup> in 3 litres of water and boil it on low heat. Little part of water gets burnt, take it out and filter it. Patients was advised to drink small amounts of this water frequently whole day when patient got thirsty) 2. Patient was advised to avoid junk food, Day-sleep, Heavy and fried food diet.
6.	1 <sup>st</sup> February 2023	The menstrual cycle exhibited regularity, with an absence of clotting and painless bleeding. Furthermore, noticed a reduction in facial acne and hair growth.
7.	13 <sup>th</sup> March 2023	No significant abnormality detected in USG report ( <b>Image-2</b> ). Total 7 kg weight loss was noticed from starting of treatment

## DISCUSSION:

The quantity of *Ahara* (~Food) is contingent solely upon *Agnibala* (~Digestive power)<sup>[10]</sup>, whereas the determination of the type of *Panchavidha Kashaya Kalpana* (~Five type of Pharmaceuticals) is contingent upon *Vyadhibala* (~Intensity of disease) and *Aturbala* (~Strength of patient)<sup>[11]</sup> The administration of *Swarasa* (~Fresh Juice), *Kalka* (~Fine Paste), *Kwatha* (~Decoction), *Hima* (~Cold Infusion), and *Phanta* (~Hot Infusion) *Kalpana* is known to pose a gradual challenge to the digestive system.<sup>[12]</sup> This implies that in cases where the levels of *Vyadhibala* (~Intensity of disease) and *Aturbala* (~Strength of patient) are low, it is advisable to opt for easily digestible *Panchavidha Kashaya Kalpana* (~Five type of Pharmaceuticals). Therefore, we implemented the administration of *Phanta* (~Hot Infusion), which possesses a potency lesser than among five. As a result, the patient was capable of easily digesting the medication. Polycystic Ovary Syndrome (PCOS) patients exhibit elevated levels of *Meda* (~adipose), leading to *Avaran* (The obstruction of physiological passageways)

upon the *Aartavavahasrotas* (All channels which are physiologically important in the regulation of the menstrual cycle), ultimately resulting in amenorrhea. The abnormally increased *Meda* (~adipose) is responsible for the manifestation of *Ati-Sthaulya* (~Morbid increase of fat or adipose). The obstruction of *Srotas* (~Pathways or channels) is occurring due to the complication of *Ati-Sthaulya* (~Morbid increase of fat or adipose).<sup>[13]</sup> Therefore, the *Vayudoshā* (~*Doshā* regulating movement and cognition) was vitiated in the *Kostha* (~The major inner cavity of the body).<sup>[14]</sup> With consideration of the aforementioned factors, we administered *Varunadi Kashay* to effectively alleviate *Meda* (~adipose) –*Kapha* (~Morbid state of *Kapha*), and it also plays a significant role in rectifying *Mandagni* (~Depressed or weak state of digestive, metabolic factors).<sup>[15]</sup> It has been observed to enhance the activity of *Dhatvagni*. The progressive nourishment of *Dhatu* (~Fundamental structural component) results in the digestion of increased *Medo-Dhatu* (~adipose). This all above mentioned steps leads to reinitiate normal menstrual cycle. A positive outcome was observed as a result of this management. The findings of this study indicate that Ayurveda management may be a viable approach for the management of PCOS, resulting in favourable outcomes. The significance of the results of this study lies in shedding light on the practical application of Ayurveda principles in the management of PCOS.

#### CONCLUSION:

Polycystic ovary syndrome (PCOS) is a multifaceted endocrine disorder that exhibits a high prevalence and poses both short-term and long-term risks. Following the treatment, there were observed improvements in various aspects such as the restoration of regular menstrual cycles, significant weight loss, regularisation of hormonal levels, normalisation in ovarian follicle size, and enhancement in bowel habits and digestive functions. The results indicate that the implementation of the *Ati-Sthaulya* (~Morbid increase of fat or adipose) and *Mandagni* (~Depressed or weak state of digestive, metabolic factors) management approach may prove advantageous in instances of Polycystic Ovary Syndrome (PCOS). In numerous instances, the efficacy can be established by adhering to the management hierarchy.

#### DECLARATION OF PATIENT CONSENT

The authors have duly attested to securing the patient's consent form, wherein the patient has provided explicit consent for the publication of the case report, including

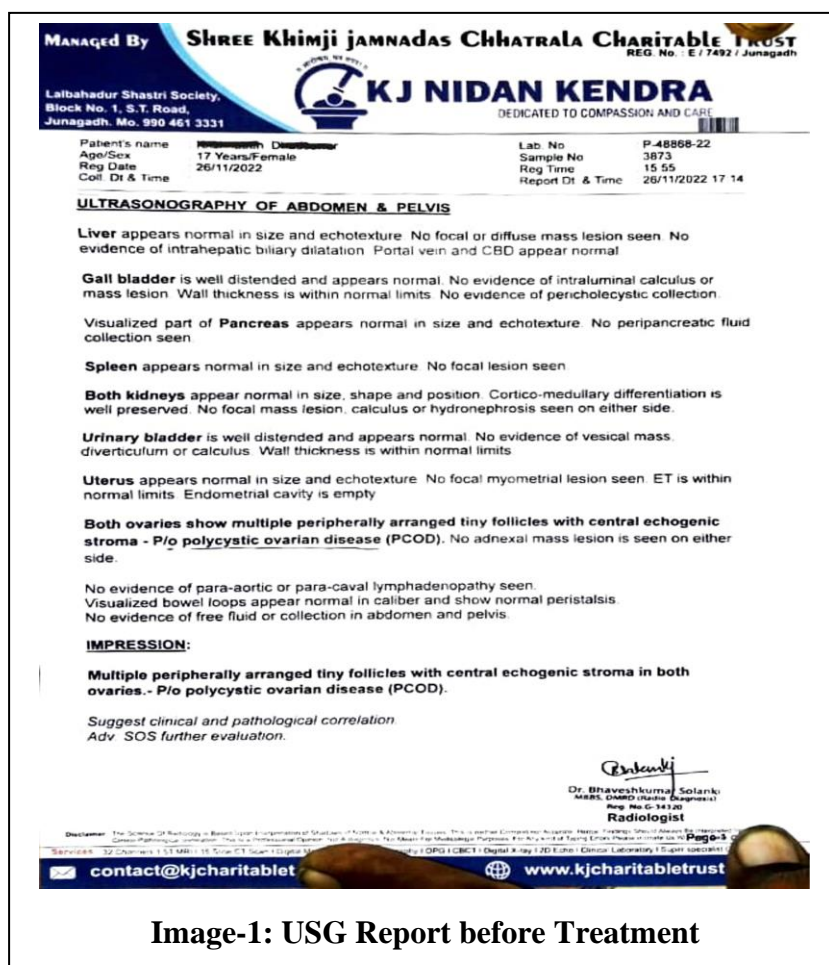
accompanying images and pertinent clinical data, in the journal. The patient comprehends that her nomenclature and abbreviations shall not be disseminated and conscientious endeavours shall be undertaken to obscure her persona, albeit the assurance of anonymity cannot be ascertained.

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Nil.

**CONFLICTS OF INTEREST:**

There are no conflicts of interest.



**Image-1: USG Report before Treatment**

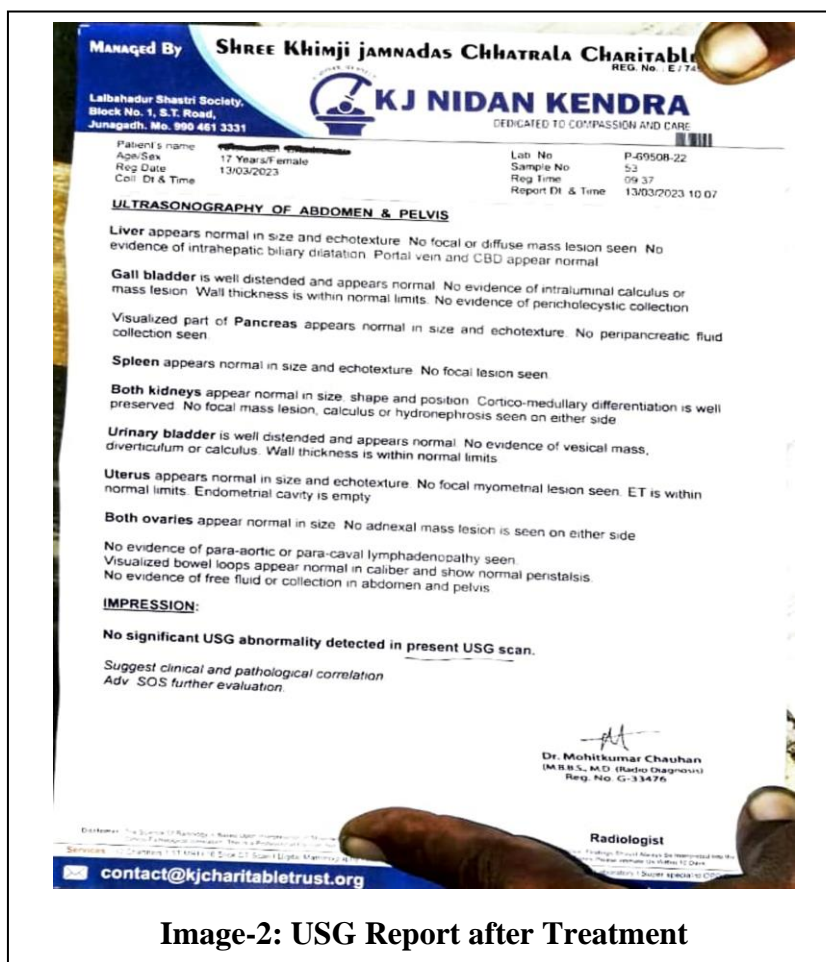


Image-2: USG Report after Treatment

## REFERENCES:

1. Witchel SF, Oberfield SE, Peña AS. Polycystic ovary syndrome: Pathophysiology, presentation, and treatment with emphasis on adolescent girls. *J Endocr Soc* 2019; 3:1545-73.
2. Atkins D, Best D, Briss PA, Eccles M, Falck-Ytter Y, Flottorp S, et al. Grading quality of evidence and strength of recommendations. *BMJ* 2004; 328:1490.
3. Azziz R, Carmina E, Chen Z, Dunaif A, Laven JS, Legro RS, et al. Polycystic ovary syndrome. *Nat Rev Dis Primers* 2016; 2:16057
4. Ganie MA, Vasudevan V, Wani IA, Baba MS, Arif T, Rashid A. Epidemiology, pathogenesis, genetics & management of polycystic ovary syndrome in India. *Indian J Med Res* 2019; 150:333-44
5. Pandey GS, editor. Caraka Samhita of Agnivesha, Chikitsa Sthana. 1st ed., Ch. 30., Ver. 8. Varanasi: Chaukhamba Sanskrit Sansthan; 2006. p. 841.
6. Shastri AD, editor, Sushrut Samhita of Maharishi Sushruta, Shareera Sthana. 1st ed., Ch. 2., Ver., 5. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 9.
7. Shastri AD, editor. Sushrut Samhita of Sushruta, Sutra Sthana. 1st ed., Ch. 15., Ver. 16. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 59.

8. Shastri AD, editor. Sushrut Samhita of Sushruta, Shareera Sthana. 1st ed., Ch. 2., Ver. 23. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 13
9. Vagabhata, Ashtanga Hridaya with the commentaries Sarvangasundara of Arundatta and Ayurveda Rasayana of Hemadri, edited by Pandit Hari Sada siva Sastri Paradakara Bhisagacarya; Chaukhamba orientalia, Varanasi, Reprint -2011, Sutra Sthan Chapter 15, Verse 21-22, p. 236
10. Acharya YT, editor. Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 5, Verse 3. Chaukhamba Krishnadass Academy; Varanasi: Reprint 2011. p. 36.
11. Acharya YT, editor. Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 4, Verse 7. Chaukhamba Krishnadass Academy; Varanasi: Reprint 2011. p. 31.
12. Acharya YT, editor. Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 4, Verse 7. Chaukhamba Krishnadass Academy; Varanasi: Reprint 2011. p. 31.
13. Acharya YT, editor. Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 21, Verse 4. Chaukhamba Krishnadass Academy; Varanasi: Reprint 2011. p. 116.
14. Acharya YT, editor. Commentary Ayurveda Dipika of Chakrapanidatta on Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 21, Verse 5. Chaukhamba Krishnadass Academy; Varanasi: Reprint 2011. p. 116.
15. Vagabhata, Ashtanga Hridaya with the commentaries Sarvangasundara of Arundatta and Ayurveda Rasayana of Hemadri, edited by Pandit Hari Sada siva Sastri Paradakara Bhisagacarya; Chaukhamba orientalia, Varanasi, Reprint -2011, Sutra Sthan Chapter 15, Verse 21-22, p. 236