CASE REPORT
Management of Polycystic Ovarian Syndrome (PCOS) with Ayurveda - A single Case Report
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ABSTRACT:
Polycystic Ovarian Syndrome (PCOS) is one of the most common problems affecting approximately 5% of all women. PCOS can affect menstrual cycle, fertility and hormone levels as well as appearance including acne, facial hair growth and balding, overweight. Some women may suffer from depression. It is also a metabolic problem that affects several body systems. The condition gets its name because there are often an increased number of small painless cysts in the ovaries (polycystic ovaries). It is very difficult to cure in contemporary system and treatment is also very costly. A case of 19 years female diagnosed with PCOS with complaints of Pimples, Weight gain, Whitish and foul-smelling discharge (on and off) per vagina, Facial hair growth, Mood swing and Constipation was treated successfully at Ayurveda Teaching Hospital within 1 month by various ayurveda medicine and panchakarma procedures. The improvement is evident from regularity of menstrual cycle and also from the ultrasonography (USG) reports.

Keywords: Ayurveda, Panchakarma, Polycystic ovarian syndrome (PCOS)

INTRODUCTION:
PCOS is the acronym for polycystic ovarian syndrome. It is one of the most common endocrine disorder of women in their reproductive period manifested by irregular menstrual cycles and polycystic ovaries; excess unwanted hair and baldness, although not all patients have all these features. The term ‘polycystic’ means ‘many cysts’ and PCOS gets its name because of the clusters of small, pearl size cysts in ovaries. These cysts are fluid filled bubbles (called follicles) that contain eggs that have not yet been released because of the hormonal imbalance. Many women with PCOS demonstrate challenges to feminine identity and body image due to obesity, acne and excess of unwanted hair; also, infertility and long-term health related concerns that compromise the quality of life and adversely affect mood and psychological well-being. Some authors have shown that women who have PCOS are more prone to depression, anxiety, low self-esteem, negative body image and psychosexual dysfunction.

PCOS is a heterogeneous endocrine disorder that affects about 5% of women worldwide.¹ The prevalence is 9% and average age of onset of depression is 31.9 years in Nepal.² Up to 40% of women with PCOS develop either impaired glucose tolerance or type 2 diabetes by age 40.³ Large amounts of testosterone is secreted in PCOS which possibly prevent ovaries from releasing an egg each month, thus causing infertility, which may be the result of high levels of insulin that stimulate ovaries to produce excess testosterone. High

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testosterone levels can also cause excessive hair growth, simulating male pattern baldness and acne. In patients with PCOS, insulin resistance causes fat deposition and excessive production of testosterone.  

The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by gestational environment, lifestyle factors or both. Women who have PCOS are at an increased risk for cardiovascular disease, diabetes and pre-diabetes, endometrial cancer, heart attack, hypertension, high levels of low-density lipoprotein and low levels of high-density lipoprotein. 

In Ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e. menstrual irregularities are described under the broad heading of Ashtoartavadushti, while the description of infertility due to anovulation is scattered. Irregular menstruation can be correlated with Rajakshaya. Pushpagnji Jataaharini mentioned in Kashyapa Samhita, Revati Kalpadhyaya bears similitude to the symptom of hyperandrogenism. But features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

**CASE REPORT**

A diagnosed case of 19 years old Hindu female present with irregular menstruation since 3 years came in OPD of streeroga tatha prasuti tantra of Ayurveda Teaching Hospital. She also complained of Pimples, Weight gain, Whitish and foul-smelling discharge (on and off) per vagina, Facial hair growth, Mood swing and Constipation.

**History of past illness**

No any significant medical, surgical, gynaecological and psychiatric diseases.

**Family History :** Her father is hypertensive and there are no any significant medical, surgical, gynaecological and psychiatric diseases in her family members.

**Personal History :** Her appetite was good. She drinks 8-9 glass of water daily. Tongue was mildly coated and dry (Alpa saam). She passes stool every alternate day but there is no constipation. Her bladder habit is normal and she is non-vegetarian. There is no any significant addiction.

**Treatment History**

For the present illness, patient went to private ayurveda Hospital for treatment, but her symptoms didn’t subside. So she visited opd of streeroga tatha prasuti tantra of Ayurveda Teaching Hospital, Kirtipur, Kathmandu.

**Menstrual History :** Her Menarche was at 13 years, it was regular but is irregular since last 3 years. Menstruation only used to occur with progesterone challenge test. Currently it is irregular (every 2-3 months), bleeding occurs for days. It is associated with foul smell, clots. She doesn’t complain of dysmenorrhea. She uses 1/2 pads per day during menstruation.

**Mental state examination :**

She was Normal and cooperative.

**Clinical Examination**

Built - Height - 163 cms, weight - 71kg (Tall, Obese)

Pulse - 70/minute; B.P. - 130/80 mm of Hg

**Systemic Examination**

No any abnormality was detected in gastro-intestinal, cardio-vascular, nervous and respiratory system examination.

**Diagnosis**

Diagnosis was done clinically by following symptoms as per Rotterdam criteria.  
- Irregular menstrual bleeding.
- Abnormal menstrual cycles.
- Oligo menorrhrea.
- Weight gain.
- Poly cystic ovary morphology on USG.

**According to Ayurveda Samprapti ghatakis are as follows:**

- **Hetu:** diwaswapna, avayam, ruksha ahar vihar, abhişyandi ahar vihar.
- **Dosha:** kapha, vata.
- **Dushya:** rasa, meda.
- **Srotas:** rasavaha, medovaha, artavaha srotas.
- **Srotodushti:** srotosang, vimargamana.
- **Pratyatma lakshanas:** atarvkshaya, staulya.
Investigation

- Hb% - 10gm.
- Anti-müllerian hormone (AMH)- 9.92 ng/mL
- Vit D₃ - 14.44 ng/mL
- TSH - 3.12 μIU/mL
- USG (ABDO PELVIS): Relatively enlarged ovaries with tiny peripherally located cysts suggestive of polycystic ovaries.

TREATMENT

1. **Nidan parivarjana**

2. **First 7 days**

   **Table 1 : Ayurveda Medication for first 7 days**

<table>
<thead>
<tr>
<th>SN</th>
<th>Ayurveda Medication</th>
<th>Mode of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Agnitundi vati</td>
<td>Per oral 2 tab twice a day</td>
</tr>
<tr>
<td>2.</td>
<td>Arogyavardani vati</td>
<td>Per oral 2 tab twice a day</td>
</tr>
<tr>
<td>3.</td>
<td>Dusmularistha</td>
<td>Per oral 4 tsf with equal amount of water after food</td>
</tr>
</tbody>
</table>

Pathya and apathy was advised.

- **Pathya** - Asparagus sticks, garlic, black sesame, fish
- **Apathya** - Chillies, poultry products, red meat

3. **After 7 days**

   **Table 2 : Ayurveda Medication & Pancha karma after 7 days**

<table>
<thead>
<tr>
<th>SN</th>
<th>Ayurveda Medication &amp; Pancha karma</th>
<th>Mode of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mahanarayan tel</td>
<td>Sarbangha snehan Once daily</td>
</tr>
<tr>
<td>2.</td>
<td>Dusmool kwath</td>
<td>sarbanga swedan</td>
</tr>
<tr>
<td>3.</td>
<td>Mahanarayan tel</td>
<td>Matra vasti</td>
</tr>
<tr>
<td>4.</td>
<td>Sadavindu tel</td>
<td>Nasya</td>
</tr>
<tr>
<td>5.</td>
<td>Dusmularistha</td>
<td>Per oral 4 tsf with equal amount of water after food</td>
</tr>
<tr>
<td>6.</td>
<td>Suryanamaskar</td>
<td>10 cycles per day</td>
</tr>
</tbody>
</table>

1. **After 15 days**

   **Table 3: Ayurveda Medication after 15 days**

<table>
<thead>
<tr>
<th>SN</th>
<th>Ayurveda Medication &amp; Pancha karma</th>
<th>Mode of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Satawari churna</td>
<td>Per oral 2 tsf twice a day with 1 cup of milk</td>
</tr>
<tr>
<td>2.</td>
<td>Satapusha churna</td>
<td>Per oral 2 tsf twice a day</td>
</tr>
</tbody>
</table>

RESULTS AND DISCUSSION:

After 15 days of treatment her menses comes on regular interval, with normal blood flow and no pain. Assessment was done on the basis of following points:

**Table 4 : Assessment criteria and observation.**

<table>
<thead>
<tr>
<th>SN</th>
<th>Sign and Symptoms</th>
<th>Day 1</th>
<th>Day 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amount of bleeding</td>
<td>1-2 pads per day</td>
<td>1-2 pads per day</td>
</tr>
<tr>
<td>2.</td>
<td>Interval between two cycles</td>
<td>3 months</td>
<td>1 month</td>
</tr>
<tr>
<td>3.</td>
<td>Duration of menses</td>
<td>days</td>
<td>3 days</td>
</tr>
<tr>
<td>4.</td>
<td>Pain during menstruation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Weight</td>
<td>71 kg</td>
<td>69 kg</td>
</tr>
<tr>
<td>6.</td>
<td>White discharge</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>Facial hair</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>8.</td>
<td>Mood swing</td>
<td>+++</td>
<td>-</td>
</tr>
</tbody>
</table>

Patient was advised for follow up after 1 months.

Various drugs that are used in this case are discussed below:

**Agnitundi vati**

Agnitundi vati improves the Mandagni and provide relief in pain because of its main ingredient i.e. Kuchila (Strychnos Nux-vomica Linn) which have property of Deepan, Pachan and Vedanasthapan.8

**Aarogyavardhini Vati**

Aarogyavardhini Vati Acts on rasa and rakta dhatu and helps in “prasadhuta raja nirmitee”(i.e., quality follicular development). It stimulates functions of liver and thus
enhancing “kayagita” and “dhatwagni” i.e. increase secretion of Sex hormone binding globulin by liver which leads to decrease in androgen production. Arogvavardhini vati has one of the major components kutaki (Picrorhiza kurroa Royle ex Benth) which is pitta virechak, then after rakta suddhi occurs. Ultimately Sudhi of Artavavaha srotas occurs.\textsuperscript{9}

**Dashamularishta**

Dashamularishta is a classical polyherbal Ayurvedic formulation prepared by natural fermentation process of the decoction and powdered various herbs. It contains more than 50 herbs along with the group of ten herb roots known as Dashamula. Therapeutic uses of which is noted in vatasaman. According to Ayurveda, Vata plays important role in vitiation of any female related disorders. So for the suppression of vata, Dashamularishta plays a major role. In Sharangadhara Samhita, it has been indicated in infertility.\textsuperscript{10}

**Sadavindu taila**

Sadavindu taila was used as nasya, it reaches to Shringataka Marma (Siro Antarmadyam) through the route of nasal. It spreads all over Urdhwa jatragata part. It eliminates the morbid Doshas. It stimulates the Gonadotropin Releasing Hormone (GnRH) neurons. Thus, it regulates the pulsatile secretion of Gonadotropin Releasing Hormone. Finally, it leads to ovulation, thus correcting the symptoms of polycystic ovarian syndrome.\textsuperscript{11}

**Maha Narayana Taila**

Matra vasti & Sarvanga snehan was done with mahanarayan tel. MahaNarayana Taila with its Katu, Tikta Rasa; Laghu, Ruksha Guna; Ushna Veerya and Katu Vipaka and Vata Kapha shamaka Doshaghnata ultimately leads to Karmas such as Deepana, Pachana, Vilayana, Anulomana, Sodhana resulting Amapachana and Vatakaphashamana, which may removes Sanga and Avarana leading to proper function of Vayu regulating Beejagranti Karma resulting in Beejotsarga (ovulation).\textsuperscript{12}

Matra Basti given through Guda (rectal route) normalizes Apana Vayu leading to Vataanulomana and physiological functioning of Vata, which may help in turn for the extrusion of ovum from the follicle and ovulation. Thus, by help in the process of fertilization.

**Shatavari Churna**

Asparagus racemosus (Willd.), (Asparagaceae) is traditionally used in Indian medicine (Ayurveda). It helps in promoting normal development of ovarian follicles, regulates menstrual cycle and revitalizes the female reproductive system mainly due to its phytoestrogen (natural plant based estrogen). It also helps in combating the hyperinsulinemia.\textsuperscript{13}

**Satapusha churna**

Satapusha (Foeniculum vulgare Mill) seeds are used as a good supplement for management of PCOS. They are rich source of phytoestrogens. Phytoestrogens content in fennel helps in reducing insulin resistance and in bringing down the inflammation in PCOS. It also believed that helps in reduce the cellular imbalance which leads to metabolic disturbances in PCOS.\textsuperscript{14}

**CONCLUSION**:

As the PCOS is a multi-faceted problem with reproductive, endocrine and metabolic dysfunction. The lifestyle modification, counselling and various Ayurveda medications is considered to be the first line of treatment which is effective in reducing the signs and symptoms of PCOS. In above explained case, her menstrual irregularity and other associated symptoms became normal with Ayurveda medication and panchakarma in just 1 month which is very positive. However, a well-planned study with large sample size is required to establish the efficacy of Ayurveda in PCOS.

**Declaration of patient consent**

The authors certify that they have obtained appropriate patient consent form. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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**ABBREVIATIONS** : Not Applicable

**SOURCE OF SUPPORT** : None

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