



PCOD to Garbhadhara Management through Ayurveda: A Case Study

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Abstract

PCOD is one of the most common conditions in women. PCOD full form in medical Polycystic Ovarian Disease. It is a medical condition in which the women ovaries produce immature or partially mature eggs in large numbers and over the time these become cysts in ovaries. It generally affects women in their reproductive age. The most prevalent problem that occurs in PCOD is the imbalance in the woman's hormones. Women experience abnormal menstruation, absence of menstruation, heavy menstruation, irregular menstruation, short and light menstruation or spotting. Weight gain, dark patches of skin in folds and creases, depression, loss of scalp hair, oily skin or unwanted hair. Consequently, it gets challenging for the woman to conceive. Moreover, if the woman does not get timely treatment, she can develop other complications, like abnormal uterine bleeding, excessive hair growth [face, body including on back, belly and chest], Type 2 diabetes, endometrial cancer. PCOD is not directly stated in the Samhita, but clinically can consider to Artavavaha strotas dushti, Nastartava, Granthi and Yonivyapad. In this present case study, a 22 year old female married patient came with symptoms of delayed and induced menses, obesity, hair growth over face, on and off constipation and not able to conceive. The USG report reveals polycystic patterns of both ovaries with Right ovary volume 18.34 cc and Left ovary volume 12.24 cc, both ovaries are bulky in size with increased stromal echogenicity and multiple small follicles arranged in peripheral distribution. She had taken the medication so many times but she had not regulate her menses and not to be conceive. Than she came to our hospital for Ayurvedic treatment. Result showed on the basis of Clinical symptoms relief and USG report. So in this case study, we will look at an Ayurveda approach in the management of Polycystic Ovarian Disease to Garbhadharana.

Keywords: Ayurveda, Polycystic Ovarian Disease, Irregular menstruation, Garbhadharana, USG.

Introduction

Women's health is a broad and multifaceted topic that encompasses a variety of physical, mental, and social aspects. Women's health issues can differ from men's due to biological differences, as well as social and environmental factors. Good health is crucial for women to lead productive, fulfilling lives and to contribute effectively to their families and communities. Polycystic Ovarian Disease involves and imbalance in female sex hormones with an increase in male hormones [androgens] leading to symptoms like acne, excessive hair growth [hirsutism], thinning hair and failed to conceive. The ability for female to conceive [become pregnant] depends on several factors, both biological and environmental. Key factors that influence female fertility and the ability to conceive include age, ovulation, Hormonal balance, reproductive health, life style factors like diet, exercise, smoke, alcohol, drug use, stress, medical conditions, environmental factors etc. PCOD is a group of disorders distinguished by irregular menstruation, failed to ovulation, clinical and/or biochemical hyperandrogenism, and hyperinsulinemia, all of which lead to infertility. PCOD is a

common cause of infrequent and irregular periods, affecting up to 10%-15% of women of reproductive age. PCOD is a hereditary condition that appears to have its origins in adolescence, primarily as a result of increased weight gain during puberty. Most women value it only when it affects their fertility age. The polycystic ovary is not a disease entity, it should be considered as a sign. The World Health Organization accounts that Polycystic Ovarian Disease (PCOD), as the name implies, is a collection of signs and symptoms associated with ovarian dysfunction. Stein and Leventhal first described it in 1935, giving rise to the term "Stien-Leventhal Syndrome."

Case Summary

A female patient of 22 years age married attended the OPD of Department of Kayachikitsa, Pt Dr Shivshakti Lal Sharma Ayurveda College, Ratlam MP. Patient reported irregular menses since her menarche i.e., since 8 years along with scanty menses, delayed menses, acne on face, hair fall and failed to conceived.

History of Present Illness

According to the patient, she was suffering from irregular menses since her menarche. She was also having complaints of scanty menses, delayed menses, acne on face and hair fall, also she is complaining of constipation on and off and failed to conceive. So first she took allopathic treatment (withdrawal pills) but no result was found. USG revealed polycystic pattern of both ovaries. She had gone through 1 years of allopathic treatment (OCP pills) but she did not get any relief. That's why she decided to take Ayurvedic treatment.

- **History of Past Illness:** Patient does not have history of major illness.
- **Past Medical History:** No relevant history was present.
- **Past Surgical History:** No surgical illness.
- **Drug History:** Allopathic and Homeopathy treatment were taken for PCOD.
- **Family History:** Nil
- **Menstrual History:**
- **Age of Menarche:** At the age of 14. The period was irregular, scanty and painful with clots occurring at a gap of 2-3 months with flow of 1-2 days after OCP pills.
- **Marital Status:** Married
- **Personal History:** She has normal appetite, sound sleep and proper micturition but her bow

General Examination

Built- Normal, Weight- 54kg, Height- 158cm, Pulse Rate- 78/min, B.P. 110/70mm of HG,

Respiration rate 18/min, Temp- 98.6 F

Physical Examination

Ashtavidha Pariksha: Nadi- Pitta kapha, Mutra- Samyak, Mal- Asmyak, Jihva- Malavritt
Shabd- Samyak, Sparsha-Sheeta, Drika- Samanya, Akriti- Madhyam

Dashavidha Pariksha: Prakriti-Pittakaph, Sara-Madhyama, Samhanana- Avara, Pramana- Madhyam
Satmya- Madhyam, Satva-Madhyam, Vaya- Yuvati, Vyayama Shakti- Madhayam, Aharshakti- Madhyam

Systemic Examination

CVS: Heart sounds (S1S2): Normal

CNS: Conscious, oriented

Respiratory System: Normal bilateral air entry, no added sounds. No abnormality found on other system

P/A: Soft

Samprapti Ghatak

Dosha- Pitta-Kapha, Dushya- Rasa, Rakta, Mansa, Meda, Artava Srotas- Rasa, Rakta, Meda, Artava Strotodushti- Sanga, Agni- Agnimandya, Rogmarga- Aabhyantara
Udbhava Sthan- Garbhashaya Vyakta, Sthana- Garbhashay, Twak, Mamsa, Meda, Artava

Table 1: Treatment Protocol

Sr. No.	Medicine	Dose	Time	Anupan
1	Kanchanaar Gugglu	250 mg	Twice a day	Lukewarm water
2	Chandrapravati Vati	250 gm	Twice a day	Lukewarm water
3	Arogyavardhini Vati	250 mg	Twice a day	Lukewarm water
4	Shatawari churna	3 gm	Twice a day	Milk
6	Kumariasava	15 ml	Twice a day	Luke warm water
7	Erand bhrust Haritaki	250 mg	At bed time	Lukewarm water

Follow up done every month. First 3 months after 25 days gave Rajh Pravartini Vati 2 tab twice a day for 5 days for menses.

Table 2: Treatment Follow up

Before Treatment [29/7/23]	After Treatment [23/12/23]
Right ovary measures 4.04 x 3.81 x 2.28 cm (Volume 18.34 cc)	Right ovary measures 3.70 x 2.05x3.40cm (Volume 13.52 cc)
Left ovary measures 3.33 x 3.15 x 2.23 cm (Volume 12.24 cc)	Left ovary measures 3.59 x 3.24 x 1.89 cm (Volume 11.54 cc)

After the treatment, there was regular menstruation (duration- 3 to 5 days, interval- 28 to 30 days with regular normal flow. USG reveals, that there was no significant abnormality detected and reducing the size of ovarian volume (right ovary volume-12.24 cc and left ovary volume-11.54 cc), ET normal. After this started with Tab Garbhpal Ras 2 tab twice a day regularly.

27/7/24 USG Finding

Both ovaries appear normal in size, shape and echo texture. Single intra-uterine gestational sac showing sac showing single live embryo of gestational age 6 wks 1 day+ 3 days. Pathya- Apathya

During this period the patient was advised to avoid oily food, junk food, Maida Product and reduce sugar Intake. Advised exercise at least 30 minutes brisk walking, jogging, Surya Namaskar, Kapalbhati, Titli aasan, Pranayam.

To avoid mental stress.

To take green leafy vegetables and to maintain adequate amount of fluid intake.

Discussion

Probable Mode of Action

1. Kanchanar Gugglu-In Kanchanar Gugglu Kanchanar have Rukcha guna predominant which work on Lekhana and reduced to meda dushya ^[1]. Gugglu have tikchana and ushana guna which work on kapha shamana, mehochara and Aartawajanana ^[2]. Triphala help to work on Agnipradeepan, Malshuddhi deepan and pachan guna ^[3]. Combinedly its work on Gandmala, Apchi, Arbud, Granthi, Gulma, Vrana ^[4].
2. Chandraprabha Vati-Karchur used in Kaphvatik vikara. Its shothhar, vednasthapan. Katu, Tikta and Ushna guna help for Rochan, Deepana, Anuloman, Yakrututtejak and Krumidhana ^[5]. Chandraprabha vati help to improve Garbhadhana through regain the power of uterus ^[6].

3. Arogya vardhini vati-Kirattikta have tikta guna for kaphpitta shaman and Ushna veerya for Vata shaman [7]. Arogya Vardhini Vati Paachak, Deepak, Pathyakarak, Hrudyta, Medohar, Malshudhikar and helpful in all diseases [8].
4. Shatawari Churna-Shatawari have Guru, snigdh guna Madhur, Tikata ras help in Garbhposhan, Stanyajanak, Balya, Rasayana [9].
5. Kumariasava-Kumari have Tikta guna which is work on shothhar, vednashtapak, Raktashothhar. Because of Ushna guna it improves to circulation around uterus and Artawjanak [10]. It's helpful in Streeritudosha, Nastaartawa.
6. Erund Bhrusht Haritki- Haritaki has Anulomaka effect.

Haritaki is Deepana, Pachana, Strotoshodhaka, due to Ushna Virya and Laghu Guna, performs the Anulomana Karma due to Amla Rasa, Madhura Vipaka is Vedanasthapaka due to Ushna Virya. Taila is appraised as the best medicine for Vata Dosha. Eranda Taila is antagonistic to Vata Dosha and due to its innate qualities has Pakvashaya Shodhaka action. And is also regarded as the best Vata pacifier and Dhatuposhak (Vaya Sthapaka, Rasyana, Vrushya). This unique combination is excellent in treating Apana Vata disorders. Its Vrushya, Garbhashaya Shothahara and Prajastapak [12].

Conclusion

Acharya explained that if in Samhita we did not find any disease then correlated with lakshana and Chikitsa according to Doshaas. PCOD significantly impacts women's health, affecting menstrual cycles, fertility and overall well-being. PCOD cannot be correlated to any one particular disease in Ayurveda. Detailed analysis of PCOD represent dominance of Kapha and Vata. From Nidan to Samprapti understand the Doshaas Vruddhi, Prakop, Prasar stages, Pathya-Apthaya and Exercise resolve the Vyadhi. From this case study Polycystic Ovary syndrome (PCOS) to Garbhdharana Patients can be managed by Ayurveda approach.

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