

## ROLE OF AYURVEDA IN POLYCYSTIC OVARIAN SYNDROME: A SINGLE CASE REPORT

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### ABSTRACT

A young female patient of 24 years was presented with complaints of irregular menstrual history and inability of conceive after 1.5 year of unprotected sex. Polycystic ovarian syndrome was diagnosed by Ultra sonography report. Patient was treated for PCOS along with the correlation of HPO axes. She was treated with oral medicine pushpadhanva rasa, syp.dashmularista, tab Liv 52 and triphala churna. After treatment of 2 months she had normal menstrual cycle and next month she conceived.

**KEYWORDS:** Polycystic ovarian syndrome, pushpadhanva rasa,

Dashmularista, Triphala churna.

### INTRODUCTION

Polycystic ovarian syndrome was discovered by stein-leventhal in 1935. It is manifested by amenorrhoea or oligomenorrhoea, hirsutism, obesity associated with enlarged polycystic ovaries. Diagnosis is based upon the presence of any two criteria.

- Oligomenorrhoea /short period of amenorrhoea / an ovulation
- Hyperandrogenism clinical /biochemical
- Polycystic ovaries

However there is considerable interindividual variation in presentation, insulin resistance and hyperinsulinemia is common. PCOS adversely affect endocrine metabolic and cardiovascular health.

Prevalence of PCOS is 5 to 10% in women of reproduction age. PCOS is the most common cause of anovulatory infertility. Polycystic ovarian syndrome represents 80% of anovulatory infertility cases.

**Review of literature:** In ayurvedic classics there is no direct mentioning of PCOS rather, symptoms are found under various condition at various references.

In sushruta samhita artavkshaya is mentioned as secondary amenorrhoea nastartavya is another pathological condition possessing the clinical features of pathological secondary amenorrhoea mentioned in Sushruta Samhita and Astang Sangrah while the description of infertility due to anovulation is mentioned as pushpaghini jataharini in kashyapa Samhita.

In case of infertility according to acharya sushruta four important factors which are essential for conception namely –Ritu , kshetra, Ambu and Beeja it is explained by acharya Dalhena ie. Ritu implied for rajah –samaya (fertile period), kshetra implies for Garbhasya (female reproductive system) , ambu implies for samanya posak rasa (nourishing substance) and Beeja implies for stri purus beeja (ovum and sperms).

Astanghridyakar said that healthy Garbhasya(uterus), Marga(vaginal canal), Rakta(ovum) and Sukra (sperms) and proper functioning of vayu and normal psychological status of both husband and wife are also important for fertility.

In case of PCOS beeja (ovum) is not properly formed. It may also be compared with abnormality in Ambu( rasa dhatu) because in PCOS metabolic abnormalities take place.

### CASE REPORT

A young female patient of aged 24 years, presented with prolonged menstrual cycle of 40-60 days and primary infertility with 1.5 year of married life. She was registered in G. H. Sonapat for the treatment of irregular menstrual cycle and infertility. Her past medical, surgical and family history was insignificant. All investigation like Hb, TLC, DLC, RBS, VDRL, urine examination were within normal limits. There were polycystic ovarian changes present in her transvaginal sonographic report. Then the treatment started on 8/8/20016.

First Rajapervartani vati-250 mg two times in a day was given for artva virechana. Patient again visited on 12/8/2016 with history of menstrual period started on 12/8/2016 .then following treatment started.

- Pushpadhanva rasa- 250 mg two times in a day with milk as anupana.
- Syp. Dashmularista - 15 ml two times in a day with equal amount of water.
- Tab. Liv 52-two tablelts twice a day.
- Triphala chura-5g at night with water.

This treatment was given for whole month. Her next menstrual period was after 35 days and normal in flow. Then same treatment was started from 5<sup>th</sup> day of cycle. After two month of treatment patient conceived. Her report of urine for pregnancy test was positive.

## RESULT

After treatment patient's menstrual cycle became regular and she conceived.

## DISCUSSION

Our aim in this case was to treat PCOS along with this to regulate endocrine harmony and doshas of sharira.

Oral medicine pushpadhanva rasa act on ovarian factor and endocrine harmony as it is described in Bajikarana chikitsa in Bhasjya Ratnawali. It contains rasa sindura, loh bhasma, abharak bhasma, vanga bhasma and nag bhasam. These all are balya, varisya, dhatupustikar and ayusaktivardhak.

Dashmularista contain bilva(aegle marmelos), syonak(oroxyllum indicum), gambhari(gmelena arborea), patala(stereospermum sauaveolens), gokshur(tribulus terrestris), chitrak(plumbago zeylanicum), puskar(inula recemosa), goduchi(tinospora cardifolia) etc. Dashmularista remove toxin from body and control vata kaphajanya roga. It helps in metabolism and increases digestion power. It is uterine tonic and help in regulation of menstrual periods. Artvakshaya and nastarta are caused by vayu vikara. So dashmularista help in the treatment of artvakshaya and nastarta.

Tab. Liv52 act on liver which is main site for the metabolism of steroidal hormones especially sex hormone. In ayurveda liver is the site of agnis. Agni is responsible pachan of ahara and formation of ahar posak rasa. Triphala is rechak in karma and causes shodhan of shrotas.

## CONCLUSION

PCOS have poor and bad prognosis by modern therapies, have hope in ayurveda. In this case of PCOS patient have irregular menstruation and infertility. By ayurvedic treatment hypothalamic-pituitary-ovarian axis regulate, work in proper way and treat PCOS and infertility. This conclusion drawn is not ultimate because a large sample is required for the same. Study should be carried out on number of patients.

**REFERENCES**

1. Dutta D.C.,Text book of Gynaecology 28 chapter by Hiralal Konar, new central agency(P) LTD fifth edition.
2. Howkins&Bourne Shaw ,s text book of gyneacology, chapter 28, edited by VG Padubidri, Shirish N Daftary, edition 15<sup>th</sup>.
3. Shushrrut, Shushruta Samhita Sutra Sthana 15/12 hindi commentary by Kviraj Ambika datta shastri, sanskrit saasthan publication varnasi reprinted in 2006, 15.
4. Astang sangrah sharir shathana1/13.
5. Kashyapa samhita khand 6/33,34,35,36
6. Tivari P V 2<sup>nd</sup> varanasi chaukhambha orientalia, ayurvediya prasuti-tantra and stri roga, 1999.
7. Bhaishjya ratnavali of shri govind das edited and inlarged by Bhisagratna Shri Brahmashankar Mishraby shri kaviraj ambikadatta shastri editor shri rajeshwar dutta shastri, Bajikaran parkaran 74- 1123
8. Bhaishjya ratnavali of shri govind das edited and inlarged by Bhisagratna Shri Brahmashankar Mishraby shri kaviraj ambikadatta shastri editor shri rajeshwar dutta shastri, Bajikaran parkaran 74- 1143.