

ROLE OF *PATHADI KWATHA* IN THE MANAGEMENT OF OLIGOMENORRHOEA CAUSED DUE TO PCOS**Ashiya*¹, Laxmipriya Dei² and Rajkrinti³**

¹M.D. 2nd year Scholar, Department of Streeroga and Prasooti Tantra IPGT and RA GAU
JAMNAGAR, Gujarat, 361008.

²HOD and Dean/ I/C Director IPGT and RA GAU JAMNAGAR, Gujarat, 361008.

³Ph.D 1st year Scholar, Department of Streeroga and Prasooti Tantra IPGT and RA GAU
JAMNAGAR, Gujarat, 361008.

Article Received on
16 Sept. 2017,

Revised on 18 Sept 2017,
Accepted on 20 Sept. 2017

DOI: 10.20959/wjpr201712-9741

Corresponding Author*Ashiya**

M.D. 2nd year Scholar,
Department of Streeroga
and Prasooti Tantra IPGT
and RA GAU
JAMNAGAR, Gujarat,
361008.

ABSTRACT

Menstrual bleeding occurring more than 35 days apart and which remains constant at that frequency is called as oligomenorrhoea. The affected women typically menstruate between 4 and 9 times per year. Oligomenorrhoea can be age related- during adolescence and preceding menopause, weight related-stress and exercise related, due to tubercular endometritis, due to androgen producing tumors- ovarian, adrenal, due to endocrine disorders hyperprolactinaemia, hypothyroidism, PCOS(commonest). Women with pcos have raised levels of male hormones androgens, which causes oilgomenorrhoea. Low oestrogen levels are also a component of oligomennohoea. Oligomenorrhoea can result in infertility. The causes of oligomenorrhoea include hypothalamic, pituitary, or ovarian

dysfunction. Hypothalamic oligomenorrhoea or ammenorrhoea is due to decreased pulsatile secretion of GNRH. Decreased GNRH secretion may be caused by psychological or emotional disorders. Pituitary causes include hyperprolactinaemia. Ovarian causes include premature ovarian failure. Information about the cause of oligomenorrhoea may be revealed by measurements of Sr.FSH, Sr.LH, Sr.Prolactin, Sr. Testosterone. High Sr. FSH, Sr.LH levels indicates the presence of ovarian dysfunction (primary hypogonadism) whereas low levels indicates the presence of hypothalamic or pituitary dysfunction (secondary hypogonadism). Some people are at risk to develop oligomenorrhoea, such as athletes, models, dancers due to their intense strenuous physical training and strict diet.

KEYWORDS: Oligomenorrhoea, PCOS, *Artava Kshaya*, *Pathadi Kwatha*.

INTRODUCTION

PCOS is the commonest heterogeneous endocrine metabolic disorder affecting 6-10% of peri-menopausal women and 30% of women of reproductive age group.^[1] This syndrome is a major non-communicable health problem worldwide in women of different age groups due to increasing faulty life style. It results in stress, anxiety and emotional upsets due to multifaceted dermatological presentations like acne, hirsutism and acanthosis nigricans.

CASE REPORT

An unmarried female patient of 18 yrs visited the OPD of Stree roga and Prasuti tantra, IPGT & RA, Jamnagar, on 17/02/2017, with the chief complaint of irregular and scanty menstruation since menarche, associated with weight gain since 3 yrs. She attained the menarche at 14 yrs of age. Her menstruation was limited to 1-2 days with scanty flow, at an interval of 2-3 months, requiring only 2 pads per cycle. Last menstrual period was on 20/02/2017, following a period of 3 months amenorrhea. Her previous medication history included allopathic treatment with hormonal therapy (mala D for 3 months 1 od.) to regulate the periods. She used to menstruate only after taking the monthly hormonal therapy. She discontinued the medicines 3 months back due to side effects like weight gain, headache, acne etc.

The patient was admitted in the IPD, Stree roga and Prasuti tantra ward on 23/02/2017.

General examination- Built-obese, Height 153cm and weight (B.T) 68 kg BMI -29.05 kg/m². Vitals are - B.P. 110/70mm-hg. P/R-78/min. R/R-14/m. Temp-98.4⁰F) She was administered with *Pathadi Kwatha* 20 ml b.d. before meal with warm water for 2 months. The details of posology are mentioned in Table no. (1). Routine investigations were carried out both before and after the treatment. The values are listed in Table no. (2).

Table (1): Treatment protocol followed in the patient.

Drug	Dose	Duration	Time	Route
<i>Pathadi Kwatha</i>	20 ml B.D.	2 month	Before meal	Orally

After administration of *Pathadi Kwatha*, the patient achieved menstruation in the very next month i.e., 18/03/2017 with the bleeding phase lasting for 4-5 days, requiring 6-7 pads per cycle (fully soaked pad). Her next period was on 17/04/2017 with same duration and amount.

There was also reduction in the weight up to 5 kg after treatment. Her BMI decreased to 26.92 kg/m² from 29.05kg/m² after the treatment.

Table no. (2): Investigation carried out.

Investigations	BT	AT
Hb	15.1gm/dl	15.1gm/dl
TLC	7000/Cumm	7000/Cumm
DLC	N,L,E,M- 59%,32%,06%,03%	N, L,E,M- 66%,29%,02%,03%
ESR	07mm/hr	10mm/hr
Sr. cholesterol	188mg/dl	184mg/dl
Sr. triglycerides	123mg/dl	105mg/dl
FBS	95mg/dl	77mg/dl
PPBS	101mg/dl	101mg/dl
LFT	SGPT-14 IU/L,SGOT-15 IU/L, Alkaline phosphatase-113 IU/L, bilirubin-1.1mg/dl.	SGPT-19 IU/L ,17 IU/L,113 IU/L, Alkaline phosphatase-113iu/l, bilirubin-0.7mg/dl.
RFT	Blood urea-17 mg/dl, S.creatinine- 0.8mg/dl.	Blood urea-16 mg/dl, S.creatinine- 0.8mg/dl.
Sr. testosterone	56.9ng/dl.	-
urine routine	NAD	Ca. oxalate crystals.
USG	Ovarian volume- Rt. Ovary-12cc, Lt.ovary -11.8 cc	Rt. Ovary-10cc, Lt ovary-9.0 cc..

Discussion on the drugs of *Pathadi Kwatha*

Table (3): Ingredients and properties of *Pathadi Kwatha*.^[2]

Sr. no	Drug	Botanical name	Part used	Rasa	Guna	Virya	Vipaka	Quantity
1	<i>Patha</i>	<i>Cissampelos pareira</i> .Linn.	Root	<i>Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	1Part
2	<i>Pippali</i>	<i>Piper longum</i> Linn.	Dry Fruit	<i>Katu</i>	<i>Laghu, Snighdha, Tikshna</i>	<i>Anusna Shita</i>	<i>Madhura</i>	1Part
3	<i>Sunthi</i>	<i>Zingiber officinale</i> Roxb.	Dry Rhizome	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	1Part
4	<i>Maricha</i>	<i>Piper nigrum</i> Linn.	Dry Fruit	<i>Katu</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	1Part
5	<i>Vrikshaka</i>	<i>Holarrhena antidysentrica</i> Linn.	Bark	<i>Tikta, kashaya</i>	<i>Laghu Ruksya</i>	<i>Shita</i>	<i>Katu</i>	1Part

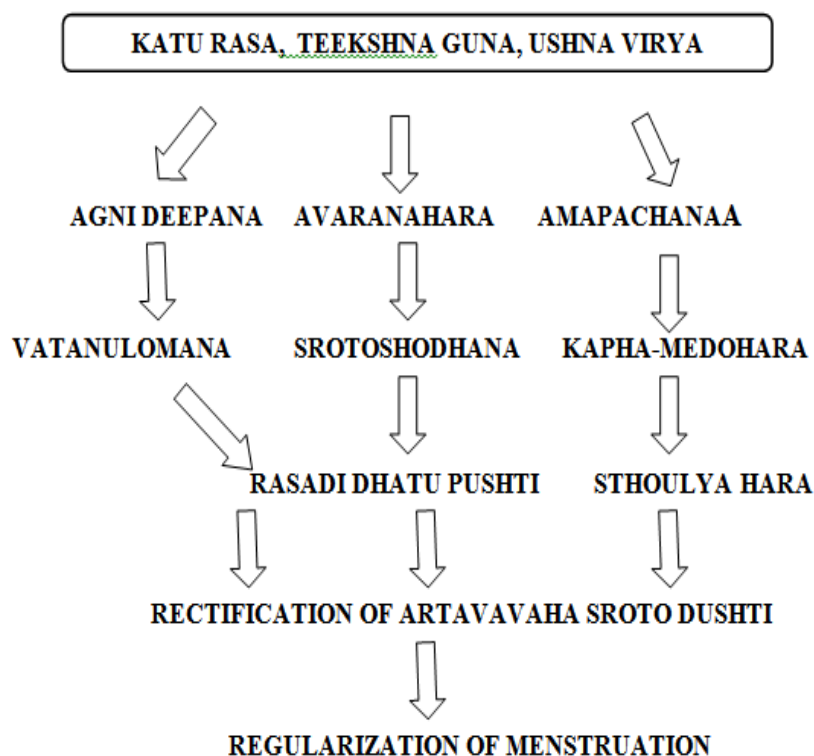
Method of *Kwatha* preparation^[3]

As per the standard method of preparation of *Kwatha*, the drugs were cleaned boiled with 16 times water and reduced to 1/8th. Then the prepared *Kwatha* is cooled down and filtered.

Table (4): Action of *Pathadi Kwatha*.

Sr.no	Drug	Dosha karma	Pradhan karma
1	<i>Patha</i>	<i>Kapha-Pitta Shamaka</i>	<i>Stanyashodhana</i>
2	<i>Pippali</i>	<i>Vata-Kapha Shamaka</i>	<i>Kasahara</i>
3	<i>Sunthi</i>	<i>Kapha-Vata Shamaka</i>	<i>Triptighana</i>
s4	<i>Maricha</i>	<i>Vata-Kapha Shamaka</i>	<i>Deepana</i>
5	<i>Vrikshaka</i>	<i>Kapha Pitta Shamaka</i>	<i>Aamhara(Upshoshana)</i>

DISCUSSION

PROBABLE MODE OF ACTION OF *PATHADI KWATHA*

In *Pathadi Kwatha* most of the drugs are of *Ushna Virya* and of *Katu Rasa*. So it helps in reduction of weight. *Patha* is a hypoglycemic agent which helps in reduction of sugar level. *Artava* & *Stanya* are the *Updhatu* of *Rasa*. *Patha*, *Kutaja* and *Shunthi* all are *Stanyashodhaka* and *Raktashodhaka* properties. *Pcos* is a type of *Artava Dushti*. So all the three drugs will indirectly purify the *Artava*. *Kutaja* and *Trikatu* both have *Lekhana* and *Amashoska* property. So it helps in weight reduction. *Vata-Kaphaja Artava Dushti* is conceptualized based on the predominant *Doshas* involved in the manifestation of the clinical condition characterized by *Vataja Lakshana* like *Karshnya* (acanthosis nigricans), *Karshya* (lean built), *Sakritgraha* (constipation), *Rajonasha* etc.

This may be the reason for enhanced activity of *Pathadi Kwatha* in *Amapachana*, *Srotovishodhana*, *Medohara*, *Artava Janana* and *Artava Pravartana*.

CONCLUSION

In present era due to high level of stress, there is imbalance in the hormonal level. Stress is one of the causative factor of Pcos which leads to menstrual problems i.e. oligomenohoea etc. Oligomenohoea can further leads to infertility. So it should be treated carefully. *Acharya Sushruta* said that *Aagneya Dravyas* are the treatment of *Artava Khasya*. So these properties of *Pathadi Kwatha* are helpful in treating the menstrual irregularities.^[4]

So it can be concluded that the trial drug *Pathadi Kwatha* was effective not only in relieving the cardinal features like menstrual irregularity, scanty menses, pain during menses and obesity in *Vata-Kaphaja-Artava-Dushthi*, but also substantially improved the associated complaints by virtue of regularization of H-P-O axis and balance of *Tridosha's* in women suffering from PCOS.

REFERENCES

1. Gita GangulyMukharjee, BN Chakravarty, Polycystic Ovary Syndrome- An Update, Federation of OBG Societies of India, Jaypee Brothers Med. Pub.(P) Ltd; First Ed., 2007; 2: 10.
2. Sushruta samhita Ayurvedtatvasandipika Kavirah Ambika Dutta Shashtri part 1, Chaukhamba Krishna Das Academy, Varanasi. Su, 2/16: 15.
3. Sharngadhara, Sharngadhara Samhita, edited by Sastri Parashurama, Vidyasagar, with Dipika Comm. of Adhamalla and Gudhartha Dipika of Kasirama, 4th edition, Jai Krishna Das Ayurveda Series 53, Chaukhambha Orientalia, Varanasi, Madhyama Khanda, 2000; 9/1-2: 212.
4. Sushruta samhita Ayurvedtatvasandipika Kavirah Ambika Dutta Shashtri part 1, Chaukhamba Krishna Das Academy, Varanasi. Su., 15/16: 77.