

AYURVEDIC MANAGEMENT OF PCOD- A CASE STUDY

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ABSTRACT

PCOD is a common Endocrine disturbance affecting females of age group between 15-30 years. The disorder accounts for delayed periods, Infertility, obesity and hirsutism. According to modern science exact cause of disease is unknown. In *Ayurveda* all diseases of female reproductive system is classified under *Yonivyapada*, according to *Ashtanga Hridayam* 20 diseases of Vagina arises because of faulty food habits. PCOD is a *kapha* predominant disorder; *kapha* gets aggravated by consuming more *shleshmika* and *sneha* containing food items and by lethargic life style. The line of treatment in modern medicine is Hormonal therapy. In *Ayurveda* the line of treatment is according to *dosha* predominance, here it is *kaphahara*, *Strotoshodhaka* and *Anulomana*. So, in the present study – *Pushpadhanwarasa*, *Kanchanara Gugglu*, *Trikatu churana* and *Haritaki churana* are selected for 6 months and these are easily available and cost effective. The result is outstanding and symptoms subsided. Further clinical trials can be conducted to prove the efficacy of the drugs statistically.

Keywords: *Yonivyapada*, PCOD, *Anulomana*, *Strotoshodhaka*.

INTRODUCTION

PCOD is a condition where a hormonal Imbalance affects follicular growth during the ovarian cycle causing the affected follicle to remain in the ovary. The retained follicle forms into a cyst and with each ovarian cycle a new cyst is formed leading to multiple ovarian cysts.

Women suffering from PCOD often present with other associated symptoms like- Hirsutism, Mental disturbances, Acne vulgaris and

obesity. In Modern science in relation to PCOS hyperinsulinemia (increased levels of insulin in blood) also found. This indicates a direct link between obesity and PCOD³.

Increased insulin in blood stimulates Androgen secretion by the ovarian stroma – the connective tissue of the ovary and reduces serum sex hormones- binding globin causing increased levels of free testosterone. Due to the presence of increased androgen in the ovary,

the follicle undergoing maturation in the ovary cycle is affected causing anovulation of that particular follicle. The presence of insulin also impacts apoptosis-natural occurring death of a defective cell, of the follicle causing the follicle to continue to survive where as under normal circumstances it would have perished. In Ayurveda direct reference of PCOD is not there, in Ayurveda all gynaecological disorders are mentioned under the umbrella of *Yonivyapada*, its symptoms can be correlated with *Udavartini Yonivyapada*¹, as in this scanty and pain full menstrual cycle remain which occur in PCOD also and with *Kaphaja Yonivyapada* as the symptoms like heaviness in head, lethargy remain. According to *Ashtanga Hridaya*, faulty or bad food habit is the main cause of *Yonivyapad*²

Materials and Methods-

Place of study- Prakriti chikitsalya, Sonipat, Haryana, India, 131001

Table 1: Personal History

Name - sonal	<i>Bala- Madhayama</i>
Age- 17 years	Sleep- Normal
Sex- female	Addiction- None
Marital status- Unmarried	Bowel habit- Constipation
Occupation- student	Appetite- more

Table 2: *Ashtavidha pariksha*

<i>Nadi</i> - 72/min	<i>Shabda</i> - Clear
<i>Mala</i> - constipated	<i>Sparsha</i> - Normal
<i>Mutra</i> - Normal	<i>Drik</i> - Normal
<i>Jihva</i> - coated	<i>Akriti</i> - <i>Madhayama</i>

Systemic examination

CVS: S₁, S₂ heard , No abnormality detected.

Respiratory system: Lungs-clear, No abnormality detected.

CASE REPORT

The present case study is about the Ayurvedic management of a case of PCOD.

A 17 year old female patient came to OPD of Prakriti chikitsalya with chief complaints of Irregular or delayed periods (Bleeding phase comes after every 3-4, months), Hirsutism, obesity. Patient had above complaints since one year.

Associated symptoms: Irritation, excessive hunger, lethargic, Heaviness in head, constipation.

History of present illness- The patient was normal before one year back. But since then patient developed irregular menstrual cycle, gradually obesity also occurs, and from last 4 months hirsutism also occurs.

Past history: Not significant.

Treatment history-

Progestin pills (OD)

Metformin 500 mg B.D.

Digestive system: Appetite more, constipated stools.

Treatment plan: Patient was treated on OPD basis.

1) *Pushpadhanwa rasa*⁴ 2-2 tablets B.D.

- 2) *Kanchanara Gugglu*⁵ 2-2-2 tablets T.D.S.
 3) *Haritaki Churana*⁷ 3 gms
 +
*Trikatu Churana*⁶ 1 gms at bed timings, with luke warm water.
 Follow up after 3 months.

Pathaya-

- 1) *shunthi*
- 2) Low fat, Low Carbohydrate diet
- 3) Drink plenty of fluids/ Water

Apathaya-

- 1) Avoid *Masha*
- 2) Avoid *dadhi*
- 3) Sleeping during day time

Diagnostic criteria: Patient with classical signs and symptoms of PCOD with USG reports.

Subjective Parameters- Signs and symptoms of patient are assessed after 3 month and results are drawn after 6 months.

Objective Criteria- Patient was investigated USG before treatment and after treatment.

Investigation: USG lower abdomen. CBC.

Counseling- As patient was psychologically upset, hence proper counseling was done. She has made aware of the signs and symptoms clearly. Patient was made confident that her condition is treatable.

Observation and Results- Assessments of the signs and symptoms of the patient was done after 3 months of treatment and then after 6 months.

Table 3: showing grading of signs and symptoms of the patient

Symptoms	Before treatment	After Treatment	After Follow up
Obesity	Present	Some reduced	Observably reduced
Irregular periods	Present	Absent	Absent
Nausea	Present	Absent	Absent
Constipation	Present	Absent	Absent

The table shows that there is significant 75-100% relief in all signs and symptoms of PCOD, which means the selected management is effective in the management of PCOD.

DISCUSSION

Patient was advised to take the medicine as per the treatment plan. Completely ceases the other medicine and make completely use of only prescribed medicines. *Pushpadhanwa rasa* is used to control hormonal balance. *Trikatu churana* is used for *kapha kshaya*, as *kapha dosha* remain increased in this condition and *Avarana* of *kapha* also remain to dissociate

that extra *kapha* and due to its *Ushanata pratiloma gati* of *vayu* also get cured. *Kanchanara gugglu* to dissolve extra *granthi* and *Haritaki churana* is given for *Anulomana* of *Vata* and to treat digestive disorders.

CONCLUSION

The syndrome PCOD cannot be correlated to any one particular disease in Ayurveda. Detailed analysis PCOD showed dominance of *kapha* and *vata*. Through understanding the *lakshanas*, *doshic* involvement and *samprapti*, an effective treatment can be planned which helps in pacification of *doshas* and *samprapti*

vighatana, as *Haritaki churana* pacifies *Tridosha*, *Kanchanara Gugglu* also pacifies *tridosha*, *trikatu* pacifies *vata and kapha*, *pushpadhanwa rasa* act as *Rasayana* and *Vajikarana*, which in turn controls the disease effectively. Hence it can be concluded that *Pushpadhanwarasa*, *kanchanara gugglu*, *Trikatu churana* and *Haritaki churana* is effective in the treatment of PCOD.

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