



A CASE REPORT OF POLYCYSTIC OVARIAN DISEASE

Alka¹ and Dr. Sharma Aman*²

¹Lecturer, Department of Prasooti Tantra and Stree Roga, LBS Mahila Ayurvedic College, Yamunanagar, Haryana, India.

²Lecturer, Department of Kaya Chikitsa, CDL College of Ayurveda, Yamunanagar, Haryana, India.

***Corresponding Author: Dr. Sharma Aman**

Lecturer, Department of Prasooti Tantra and Stree Roga, LBS Mahila Ayurvedic College, Yamunanagar, Haryana, India.

Article Received on 30/10/2018

Article Revised on 20/11/2018

Article Accepted on 10/12/2018

ABSTRACT

Polycystic ovarian disease (PCOD) is a multi factorial and heterogeneous disorder. It affects 5-15% of the women in their reproductive age group. It is characterized by excessive androgen production by ovaries mainly, which interferes with the reproductive, endocrine and metabolic functions and is characterized by menstrual irregularities, hyper androgenisms, obesity and infertility. According to *Ayurveda* these symptoms are presented in various condition of vitiation of *vata* and *kapha*. The principle of treatment in *Ayurveda* is to neutralize the vitiated *do-sha*. Due to serious consequences of the disease like infertility, it becomes necessary to pay immediate attention towards this most troublesome disease of female. The present case study was carried out in OPD of Prasuti-Stree Roga Department, LBS Mahila Ayurvedic College, Yamunanagar, Haryana, India and the test drug were *Pathadi kwatha* and *Sahchara Taila*. Results showed marked improvement in relieving all the symptoms of polycystic ovarian disease.

KEYWORDS: PCOD, *Pathadi kwatha*, *Sahchara Taila*, infertility, endocrine.

INTRODUCTION

Polycystic ovary disease (PCOD) is one of the most common female endocrine disorders. PCOD is a complex, heterogeneous disorder of uncertain etiology,^[1] but there is strong evidence that it can be classified as a genetic disease. PCOD produces symptoms in app. 5% to 15%^[2] of women of reproductive age (12–45 years). It is thought to be one of the leading causes of female sub fertility and the most frequent endocrine problem in women of reproductive age. The principal features are anovulation, resulting in irregular menstruation, amenorrhoea, ovulation related infertility and polycystic ovary; excessive amounts or effects of androgenic hormones, resulting in acne and hirsutism and insulin resistance, often associated with obesity, type 2 diabetes and high cholesterol level.^[3] The symptoms and severity of the syndrome vary greatly among affected women. Symptoms of PCOD direct the way to involvement of *kapha* and *vata dushti* causing abnormalities in *artavavaha strotas*. Thus, *Pathadi kwatha* indicated by *Acharya Sushruta* in the *vata kaphaja artava dushti*^[4] was selected. The drug contains *Patha* (*Cissampelos parera* Linn), *Shunthi* (*Gingiber officinalis* Roxb), *Maricha* (*Piper nigrum* Linn), *Pippali* (*Piper longum* Linn) and *Kutaja* (*Holarrhena antidysentrica* Roxb.) in equal proportion. *Sahchara Taila* of Kottakal Pharmaceutical was prescribed for *Matra basti*. It was

advised in the *vatavyadhi* or abnormalities in the *vata dosha*.

CASE REPORT

A 28 year old lady, married, came to OPD of Prasuti-Stree Roga, LBS Mahila Ayurvedic Hospital in March 2018, with chief complaints of irregular and scanty menses with pain during menses and also complaining of weight gain from 2 years. She wanted to conceive. She had intermittently been on contraceptive pills. She had a positive pelvic USG confirming the presence of polycystic ovaries. For this she took treatment from different Govt. Allopathic Hospitals, but got no relief. Then she approached LBS Mahila Ayurvedic Hospital in Prasuti-Stree Roga OPD for better treatment. On examination: General condition of the patient was found good and had no acne and not otherwise virilised. Her family history was found normal. Her diet was more oily and non-fibrous. It was also recognized that her psychological features were likely to impact negatively on her quality of life and on her ability to self manage this chronic disease as well as her ability to set and achieve lifestyle goal. The rest of her physical exam was unremarkable. Blood pressure was 120/70 mmHg, Pulse rate was 86/minute, Weight-58 kg and Height -5'

Blood investigations: At first visit Hb-11.5 g%, TLC-8600 th/ul, ESR-10 mm/hr, Neutrophil-60%, Lymphocytes-35%, Eosinophil-2%, Monocytes-2%, Basophil-0%, RBS- 90.4mg/dl. Serum estradiol = 32.3 pg/ml, Serum follicular stimulating hormone = 10.13 mIU/ml, Serum prolactin = 11.71 ng/ml, Serum luteinizing hormone = 5.89 mIU/ml, All the hormonal blood investigation were normal. HIV, HBsAg, VDR were negative.

Ultrasonography for uterus and adnexae: A uterine ultrasound was performed, which revealed a normal appearing uterus, with an endometrial stripe of 8mm and bilateral cystic ovaries. Volume of right ovary= 3.5 x 1.3 cm, Volume of left ovary= 3.8 x 1.8 cm.

Urine for routine and microscopy: Within normal limits.

Management of patient: Patient was given *Pathadi kwatha churna* 5g/day two times. She was advised to make decoction from this *churna* and take 20 ml for two times a day for two month. Along with this she was advised to take *matra basti* for seven days after cessation of bleeding phase of the menses. The dose of *matra basti* was 60 ml for two consecutive cycles.

Duration: Management for two months.

Pathya apanya: Patient was advised to take less amount of diet than required, correct their dietary habits, and avoid unhygienic junk food. Mild to moderate exercise especially inclusion of *surya namaskara* as per her capacity was suggested. She was advised to take food early in the evening at around 7pm. She was also advised for intercourse during *ritukala* from 12 to 20 day of menstrual cycle and not to take too much stress.

Follow up: for one month Criteria of assessment: Assessment was done on change in clinical feature before and after treatment.

RESULT

The present drug gave the relief to the symptoms mainly reduction of body weight. A marked improvement was noticed in the painful menses i.e. reduction of pain during menses and the amount of the bleeding were also increased from 1 day to 3 days. A marked significant result was found in the growth of follicle. After the first cycle treatment multiple numbers of follicles was reduced in number and one dominant follicle was found in the sonographic examination. Reduction in body weight was also noted. After completion of treatment the body weight of patient was 53 kg.

Sonographic report after first cycle of treatment: Right ovary = 3.7 x 1.5 cm, Left ovary = 4.4 x 1.8 cm, Follicle seen 18mm in left ovary.

Blood investigations after treatment: Hb- 11.5g%, TLC-8600th/ul, ESR-10mm/hr, Neutrophil-60%, Lymphocytes-35%, Eosinophil-2%, Monocytes-2%, Basophil-0%, RBS- 90.4mg/dl.

Serum Hormonal report: Serum estradiol=32.3pg/ml, Serum follicular stimulating hormone=10.13mIU/ml, Serum prolactin=11.71ng/ml and Serum luteinizing hormone=5.89 mIU/ml.

DISCUSSION

Effect on weight loss: *Tikshana* and *Deepan*^[5] properties of *pathadi kwatha* add the effect of reduction in body weight by regulating the *Jatharagni*. By the help of *pachana* property of *kwatha*, *ama pachan* takes place. *Ruksha* and *lekhan*^[6] properties help in reducing the *medo dhatu*. In this way the *pathadi kwatha* may help in regulating the *jatharagni* and check the excessive accumulation of *medo dhaatu* and thereby causing *lakshana upshamana* (symptoms subside) of disease PCOD. *Pathya palana* was also advised to the patient. This also shows cumulative effect in reduction of weight.

Effect on menstrual irregularity: *Vatakapha shamak*, *srotoshodhan* and *ama pachan* property of the *pathadi kwatha* and *sahchara Taila matra basti* may be responsible for the effect on the menstrual irregularity. The *agneya* property of the *pitta dosha* are increased due to the *ushana tikshana lekhan* and *pachana guna* of *pathadi kwatha*, this may increase the length of menses and the amount of bleeding. This effect is supported by the *vatanuloman* (carminative) property. Due to combined effect of the *matra basti* and *pathadi kwatha* androgen level may be decreased which helps the estrogen to work on the endometrium properly.

Effect on follicular growth: Follicular size increased in the first cycle treatment. A dominant follicle in left ovary was seen, measuring 18mm in diameter. This may be because of removal of *sanga* by *kapha-vata shamaka*, *srotoshodhana*, *aama pachana* properties of both the drugs. *Apana vayu* functions become normal after removal of *sanga* created by vitiated *kapha* and *aama*, which leads to normal *raja pravritti* and *beej nirmana*.

Probable mode of action of drug: *Charaka* defined the *basti* on the basis of *karma* (action) similar to that of *vamana* (emesis) and *virechana* (purgation). *Basti* is the *karma* (action) in which, the medicine prepared according to classical references is administered through rectal canal reaches up to the *nabhi Pradesh* (umblicus), *Kati* (back), *Parswa* (flanks), *Kukshi* (i.e. up to small intestine, anatomical land marks on the abdomen), churns the accumulated *dosha* and *purisha* (morbid humors and fecal matter) spreads the unctuousness (potency of the drugs) all over the body and easily comes out along with the churned *purisha* (fecal matter) and *dosha* (impurity).^[7] *Guda* (anus) is said as *sharira moola*.^[8] *Basti* works on whole body after entering into the *guda*. It exerts local as well as systemic effect. *Basti*

dravya normalized the *apana vayu*. It also enhances the function of *purisha*.^[9] One of function of *purisha* is *anilanala dharana*, thus *basti* leads to correct the *agni dushiti*. Finally it corrects the *raja pravriti* and normalized the *beeja nirmana*. As modern, any drug given through the rectal route absorbed through the mucosal layer of rectum and enters into systemic circulation. After entering into gastrointestinal tract *basti* stimulate the enteric nervous system. This stimulation helps in secretions of endogenous opioids which inhibits gonadotropin releasing hormone.^[10] Thus *basti* regulate the hypothalamic-pituitary-ovarian axis which helps in normalization of ovarian and menstrual cycle. It also stimulates the parasympathetic nervous system, which in turn helps in release of ovum from ovary.

CONCLUSION

Hence in this case we can conclude that *chikitsa* (treatment) with *sahchara Taila matra basti* and *pathadi kwatha* is highly effective in disintegration of pathogenesis of polycystic ovarian disease (PCOD). No adverse effect or complications is produced with the use of this treatment. This treatment is safe economic, non-surgical, very effective and can be used for treatment of PCOD.

REFERENCES

1. Dutta D.C, Text book of gynaecology including contraception; Amenorrhoea; Chapter 28; Fifth Edition: Kolkata; New Central Book Agency (P) Ltd. 2008, Revised Reprint, 2009; 440.
2. American Academy of continuing medical education. Module-1, update on PCOS and its clinical management, '09.p. 3.
3. Dutta D.C, Text book of gynaecology including contraception; Amenorrhoea; Chapter 28; Fifth Edition: Kolkata; New Central Book Agency (P) Ltd. 2008, Revised Reprint, 2009; 440-443.
4. Sushruta. Sushruta Samhita, Sharira sthana 2/14, Vol.1; Shastri Ambikadutta, Published Chaukhambha Sanskrit Sansthan Varanasi, Reprint 2005.
5. Charaka, Charaka Samhita, Chikitsa Sthan 30/27, Vol.2 Commented By Sastri Kashinath And Chaturvedi Gorakhanath, Published By Chaukhambha Bharti Academy, Varanasi, Reprint Year 2003.
6. Charaka, Charaka Samhita, Chikitsa Sthan 30/27, Vol.2 Commented By Sastri Kashinath And Chaturvedi Gorakhanath, Published By Chaukhambha Bharti Academy, Varanasi, Reprint Year 2003.
7. Charaka, Charaka Samhita, Si. Sthan 1/40-41. Vol.2 Commented By Sastri Kashinath And Chaturvedi Gorakhanath, Published By Chaukhambha Bharti Academy, Varanasi, Reprint Year 2003.
8. Charaka, Charaka Samhita, Si. Sthan 1/40-41. Vol.2 Commented By Sastri Kashinath And Chaturvedi Gorakhanath, Published By Chaukhambha Bharti Academy, Varanasi, Reprint Year 2003.
9. Charaka, Charaka Samhita, Si. Sthan 1/40-41. Vol.2 Commented By Sastri Kashinath And Chaturvedi Gorakhanath, Published By Chaukhambha Bharti Academy, Varanasi, Reprint Year 2003.
10. Rajan R. Postgraduate Reproductive endrocrinology 4th edition. New Delhi, jaypee Brothers publication, 2004, P- 201-5.