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AYURVEDIC MANAGEMENT OF PCOS WSR TO PUSHPAGNI JATAHARINI-A CASE STUDY

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ABSTRACT

Polycystic ovarian syndrome (pcos) is the most common endocrine abnormality in reproductive aged women affecting approximately 5-10% of this population. The classis triad of this syndrome consists of chronic ovulation dysfunction, hirsutism (male pattern hair growth) and obesity. The exciting news recently involves understading the contribution of insulin resistance to the etiology and treatment of PCOS as well as the recent addition of ultrasound diagnostic tool. In Ayurveda, *Pushpagni jataharini* mentioned in kasyapa samhitha presents a clinical picture somewhat similar to that of PCOS. Analysing the signs and symptoms of disease, it can be inferred that vitiated kapha causes srotorodha resulting in *vatavaigunya. Agneya* property of *pitta* is also depleted. So adopting *vata kaphahara* and *pitta vridhikara* treatment, we can manage the disease through Ayurveda, which is affordable and devoid of major side effects.

KEYWORDS: PCOS, hirsutism, Pushpagni jataharini, srotorodha, vatavaigunya, agneya.

INTRODUCTION

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder in women.[1] It is associated with significant morbidity including impaired reproductive health, psychosocial dysfunction, metabolic syndrome, cardiovascular disease, and increased cancer risk.[2,3]

The prevalence of PCOS is increasing the world over and is showing a galloping increase in parallel with the rising prevalence of type 2 diabetes mellitus.[4] It was originally described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. This complex disorder is characterised by excessive androgen production by the ovaries and adrenals which interferes with growth of ovarian follicles. Therefore it is actually a state of Androgen excess and chronic anovulation.[5] Symptoms of PCOS vary with age, race, weight and medications adding to the challenges of accurate diagnosis. According to the 2003 ESHRE/ASRM (Rotterdam) criteria, PCOS is defined as a syndrome of ovarian dysfunction along with the cardinal features of hyperandrogenism and polycystic ovary morphology. It is characterized by a varied combination of clinical (oligo/amenorrhea, hirsutism and obesity), biochemical (increased serum levels of luteinizing hormone and androgens) and sonographic (enlarged polycystic ovaries) features. PCOS is also associated with insulin resistance and compensatory hyper insulinaemia.[6]

Etiology: Exact etiology of PCOS is still unknown. High estrogen level can cause suppression of pituitary FSH and relative increase in LH. Increased LH stimulates the Ovary which results anovulation, multiple cysts and theca cell hyperplasia with excess androgen output. High Insulin levels may increase the testosterone production by the Ovaries.[7] Stress stimulates the adrenals to produce excess androgens.

Hyper insulinaemia leads the stimulation of theca cells to produce more androgens. In 20% cases there may be mild elevation of prolactin, which also stimulate adrenal androgen production. Obesity is also a contributing factor. It leads to excess androgen productions, reduced SHBG and induce insulin resistance.[8] Genetic factor also plays an important role in PCOS as per some recent studies. As per the study they observed an increased prevalence between affected individuals and their sisters (33 to 66%) and mother (34 to 53%).[9]

In Ayurvedic classics also it is difficult to find an exact correlation for PCOS. It can be almost correlated to a condition *Pushpaghni Jataharini* described by Kashyapa samhitha around 6th century AD in his chapter Revathi Kalpadhyaya.

Vridhe pushpam tu ya nari Yadha kalam prapasyati.

Sthoola lomasa ganda va Pushpaghni sa api Revathi(Ka.Sa.Ka 32/2-34).

This versus says that *Pushpaghni Revathi* have although regular, but fruitless cycles, she has corpulent cheeks with excessive hair growth. This may considered as clinical manifestation of hyperandrogenism resulting in Hirsuitism and anovulation.

CASE STUDY

A 31 year old female patient visited the OPD of *Prasuti Tantra evam Stree Roga* on 10/05/2018 with the complaints of weight gain, lethargy, hair growth in chin area and acne in face, and hair fall along with that she noticed irregular menstrual cycles which was once in 2-3 months.

Personal History
- Diet – mixed
- Non veg – chicken/ mutton – 4-5 times in a week
- Fish – once in a week
- Appetite - Good
- Bowel habits - Once a day, regular
- Bladder habits –3-4 times a day, once at night.
- Sleep - sound
- Habits - coffee twice a day.

Menstrual History
- Menarche - at 13 years of age.
- Menstrual history– Nature – Irregular since 2 years. (regular since 3 months after medications)
- No of days of Bleeding – 4-5 days,
- Length of the cycle – 2-3 months, (28-30 days after medications)
- Amount of bleeding – Moderate.
- No. of pads changed

Before treatment (once in 2-3 months) on 1st day:- 4-5, on 2nd day and 3rd day :- 2-3, on 4th :- 1-2, 5th day :- 1 (fully soaked)

Associated with clots, not associated with pain abdomen, backache or foul smell. colour - bright red
After treatment (it was regular)

On 1st & 2nd day:- 5-6, 3rd & 4th day :- 3, 5th day:- 1 pad (fully soaked), colour - bright red

Not associated with pain abdomen and back pain, no clots no foul smell.
LMP-21/9/19
PLMP – 22/8/19
PLMP – 22/7/19

MARITAL STATUS
Married life – 14 years (non-consanguineous marriage)

Obstetric History
P_3 A_0 L_3 D_0
P_1:- L_1:- Male –13years- LSCS (transverse lie)
P_2 & P_3:- Twins
L_2 - Male
L_3 – Male-9years-LSCS followed by bilateral tubectomy.

General Examination
- Built -obese
- Nourishment - moderate
- Pallor - Absent
- Edema – absent
- Clubbing - Absent
- Cyanosis - Absent
- Icterus – Absent
- Lymphadenopathy – Absent
- Height – 152 cms
- Weight - 98 Kg (before it was 103kg)
- BMI - 42
- Pulse Rate – 78 beats/min
- BP - 130/80 mm Hg
- Respiratory Rate – 22 cycles/minute
- Heart Rate - 78/minute
- Temperature - 98 F,
- Tongue - uncoated

Ashta Sthana Pareeksha
- Nadi -78/min
- Mutra- 3 - 4 times a day, once at night.
- Mala- once a day, regular
- Jihva - alipta
- Shabda - Prakruta
- Sparsha –Prakruta (anushna sheeta)
- Druk - Prakruta
- Akriti - sthoola

Dashavidha Pareeksha
- Prakriti- Kapha - vata
- Vikriti
- Hetu – Aharaja-Mamsa Priya, atimadhura ahara sevana
- viharaja – Diwaswapna, vegadharana, chinta, bhaya
- Dosha - Kapha pradhana vata dosha
- Dushya – Rasa, raktha, artava
- Desha - Sadharana
- Bala – Madyama
- Sara- Madyama
- Samhanana - Madyama
- Pramana – Beha bhara-98kg (before it was 103 kg)
- Dairgya – 152 cm
- Satmya - vyamishra
- Satva - Madyama
- Ahara shakti

Abhyavarana shakti: Madyama

Jarana shakti: Avara
- Vyayama shakti: Madyama.
- Vaya: Madyama.

Systemic Examination
CVS: S1 S2 Normal

CNS: Well oriented, conscious, oriented to time, place and person.
RS: normal vesicular breathing, no added sounds
P/A- soft, no tenderness, no organomegaly elicited

Investigations
USG- abdomen & pelvis (5/6/19)
Bulky uterus - 9.8 5.1 5.9 cm
Ovaries – Both ovaries are mildly bulky with increased Stromal echotextures and tiny peripherally arranged

Follicles
USG - abdomen & pelvis (25/9/19)
Uterus – Normal in size, anteverted shows normal endometrial and myometrial echoes. There is no focal lesion. Endometrial thickness is 8mm. Minimal fluid noted in the endometrial cavity.
Ovaries – Both ovaries are normal in size, shows mild polycystic morphology.

Nidana Panchakas
- Nidana:-
- ✓ Aharaja – Mamsa Priya, atimadhura ahara sevana.
- ✓ Viharaja- Divaswapna, vegadharana, chinta, bhaya.
- ✓ Purvarupa :- avyakta.
- Rupa:- vrutha pushpam, sthoola, lomasha ganda, niruthsaha, bhavathi apriya roopa,
- Upashaya:- Aushadha, vyayama, pranayama.

Samprapti Ghatakas
- **Dosha:** Kapha pradhana vata dosha.
- **Dooshya:** rasa, raja, rakta.
- **Agni:** Jataragni, dhatwagni.
- **Agni Dushti:** jataragni, dhatwagni mandya.
- **Srotas:** Rasavaha, artavavaha, raktavaha.
- **Sroto Dushti:** Sanga.
- **Udbhava Sthana**: Ama-pakvashaya.
- **Sanchara Sthana:** Sarva shaareera.
- **Vyakta Sthana:** Garbhashaya.

Treatment

Date	Treatment given	Observation
11/06/19 To 17/06/19	Sarvanga udvartana with kolakulattadi + triphala choorna followed by sarvanga abyanga with brihat saindava taila followed by bashpa sweda for 7 days.	All symptoms were persists. LMP- 28/03/19 Weight- 103kg
18/06/19	Sukumara Kashaya 2tsp BD with water(b/f) Navaka guggulu 2 BD(a/f) Raja pravartini vati 1 TID(a/f)	Weight – 101kg All other symptoms still persists.
30/06/19 To 7/07/19	Deepana and pachana with Agnitundi vati 1 TID Hingvastaka choorna with 1tsp BD with hot water Snehapana with kalyanaka ghrita Sarvanga abhyanga with kheerabala taila followed by bashpa sweda Virechana with trivruth lehya (Shamanaushadis were discontinued in this period)	Attained menstruation on 22/06/19 All symptoms persists. Weight – 101kg
9/07/19	Saptasara Kashaya 2tsp TID with water (b/f) Navaka guggulu 2 BD (a/f) Panchatiktaka ghrita guggulu tab 1BD (a/f) Evecare forte syp 1tsp BD	Weight – 99kg Hair fall, acne and lethargy reduced Hair growth in chin region present, darkening of the skin in neck region present.
26/08/19	Saptasara Kashaya 2tsp TID with water (b/f) Navaka guggulu 2 BD (a/f) Panchatiktaka ghrita guggulu tab 1BD (a/f) Evecare forte syp 1tsp BD (All shamnaushadis were stopped during menstruation)	LMP- 22/08/19 PLMP-22/07/19 (normal menstrual flow) Weight – 99kg Hair fall and acne reduced ,darkening around neck was reduced, Hair growth in chin region present
25/09/19	Saptasara Kashaya 2tsp TID with water (b/f) Navaka guggulu 2 BD (a/f) Panchatiktaka ghrita guggulu tab 1BD (a/f) Evecare forte syp 1tsp BD (All shamnaushadis were stopped during menstruation)	LMP- 21/09/19 (normal menstrual flow) Weight – 98kg Hair fall reduced, Acne and darkening around neck absent, Hair growth in chin region reduced, lethargy absent

DISCUSSION

PCOS can also be described with involvement of dosha, dhatu and upadhatu, Kapha predominance manifests as increased weight, subinfertility, hirsutism, diabetic tendencies and coldness. Pitta predominance manifests as

hair loss, acne, painful menses, scanty or less menstrual blood and severe menstrual irregularity.[10.11,12]

The pathology is an obstruction in the pelvic cavity causing disorders in the flow of vata (apana vayu). This in turn leads to an accumulation of kapha and pitta. Shodhana and shamana is an essential part of Ayurvedic management of PCOS. Since it is a metabolic disorder, Virechana was planned for normalizing the functions of pitta and agni. Trivruth lehya was selected for virechana due to its tridoshahara and hridya properties. Udvartana does kaphamedovilayana. It is stated to decrease the lipids and helps to boost metabolism helping in weight management. Thus shodhana helped to eliminate the vitiated doshas and removed the srotodushti existed at the level of rasa, rakta and arthavavaha srotas.

Shamanoushadi like Navaka guggulu helps in reducing exess weight. Sahacharadi kashaya helps to destroy cyst on ovaries and stimulate the follicular maturity. Raja pravartini vati helps to regulate the menstruation and sukumara kashaya does vatanulomana. Due to Samprapti vighatana kriya of this Ayurveda treatment regimen the symptoms of PCOS get reduced.

CONCLUSION

In Ayurveda PCOS is being treated by understanding its pathogenesis on the basis of Dosha and Dhatu. Many clinical studies are being done which has proved Ayurveda is able to treat PCOS completely without having any side effects.

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