

Clinical Treatment of Polycystic Ovary Syndrome in Ayurveda

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ABSTRACT

Poly Cystic Ovarian Syndrome (PCOS) is the most common endocrinopathy in women of reproductive age, resulting from insulin resistance and the compensatory hyperinsulinemia. This results in adverse effect on multiple organ systems and may result in alteration in serum lipids, anovulation, abnormal uterine bleeding and infertility. According to Ayurvedic view PCOS can be correlated with Aarthava Kshaya. It was revealed that most of subfertility patients who were presented Osuki Ayurveda Centre suffered from the PCOS. Therefore the present study was carried out for the clinical evaluation of the efficacy of Ayurveda treatment regimen on subfertility with PCOS. Total 40 patients were selected by using purposive sampling method. According to the Ayurveda theories of Shodhana, Shamana and Tarpana, the treatment was conducted in 3 stages for the duration of 6 months. The response to the treatment was recorded and therapeutic effects were evaluated by symptomatic relief and through Trans Vaginal Scan and LH, FSH hormone levels. The results revealed that, subfertility due to PCOS can be cured successfully by using this Ayurveda treatment regimen.

Keywords: Aarthava Kshaya, Subfertility, Poly Cystic Ovarian Syndrome

INTRODUCTION

Poly Cystic Ovarian Syndrome is a relatively common endocrine disorder in women of reproductive age group. It is found in around 70% of women who have ovulation difficulties leading to subfertility. Poly Cystic Ovarian Syndrome is a condition that has cysts on the ovaries that prevent the ovaries from performing normally. Symptoms of Poly Cystic Ovarian Syndrome include Amenorrhea or infrequent menstruation, irregular bleeding, infrequent or no ovulation, multiple immature follicles, increased levels of male hormones, male pattern baldness or thinning hair, excess facial and body hair growth, acne, oily skin or dandruff, dark coloured patches of skin specially on neck, groin, underarms, chronic pelvic pain, increased weight or obesity, diabetes, lipid abnormalities and high blood pressure [1].

Fertility problems experienced by women with Poly Cystic Ovarian Syndrome may be related to the elevated hormone, insulin or glucose levels, all of which can interfere with implantation as well as development of the embryo¹. Increased Leutenizing hormone reduces the chance of conception and increase miscarriage. Additionally abnormal insulin levels may also contribute to poor egg quality, making conception more difficult.

It is estimated the 50 - 60% of women who presented to the Osuki Ayurveda Centre for subfertility treatment were with Poly Cystic Ovarian Syndrome for the last 2 years. There is a special Ayurveda treatment regimen used in Osuki Ayurveda centre to cure Poly Cystic Ovarian Syndrome. Observing for nearly a period of two years of this treatment regimen, it is understood that this treatment regimen has

a powerful effect for the management of Subfertility with Poly Cystic Ovarian Syndrome. But so far no scientific studies was carried out; hence the present study was carried out to scientifically evaluate the efficacy of this *Ayurveda* treatment regimen in subfertility with Poly Cystic Ovarian Syndrome.

Kapha reducing, insulin enhancing and hormone rebalancing drugs help to the relieve symptoms of Poly Cystic Ovarian Syndrome. Triphala Kwatha, Chandraprabha Vati and Manibhadra Choorna help to clear obstruction and normalize the srotas. Especially Triphala and Guggulu are very useful for reducing excess weight. PCOS/ PCOD (Polycystic Ovarian syndrome) is one of the most common female endocrine hormonal disorders, affecting up to 20% of women in their reproductive age, which leads to primary or secondary infertility. PCOS in Ayurveda was correlated with Aarthava Kshaya. PCOD is a condition in which the ovaries produce high amounts of androgens (male hormones), particularly testosterone resulting in high levels of luteinizing hormone (LH) and low levels of follicle-stimulating hormone (FSH) prevents follicles from producing a mature egg leading to anovulatory cycles and irregular menstruation [2].

CAUSES OF PCOS/PCOD [2]

The exact cause of PCOS/PCOD is unknown but it may be relating to abnormal hormone levels.

- 1) Resistance to insulin
- 2) Hormone imbalance
- 3) Genetics
- 4) High levels of androgens
- 5) Increased levels of inflammation

SYMPTOMS OF PCOS/PCOD [3]

- 1) When menstrual cycles are irregular (Less than 9 cycles per year)
- 2) Scanty bleeding or heavy flow

- 3) Weight gain or difficulty to lose weight
- 4) Excessive hair growth on face
- 5) Acne on face and back
- 6) Thinning of scalp Hair
- 7) Thick or pigmentation of skin on neck
- 8) Irritability or depression

Secondary Disorders Developing Due to PCOS [3]

- 1) Obesity
- 2) Infertility and Miscarriage
- 3) High blood pressure
- 4) Dyslipidaemia (high level of blood cholesterol)
- 5) Insulin resistance or type 2 diabetes
- 6) Thyroid disorders

PCOS TREATMENT IN AYURVEDA

PCOS needs early diagnosis and long term management for avoiding long term complications. PCOS treatment in Ayurveda recommends Virechana (Detoxification), Nasya, Shirodhara and uttarbasti for PCOD along with Diet and lifestyle modification. Shathayu Ayurveda has a very systematic approach in treating the disease; we plan a customized treatment for each individual which is specific to their symptoms [4].

- 1) **Weight loss in PCOD** – Loosing just 5-10% of the weight helps to develop regular menstrual cycles.
- 2) **Restoration of regular menstruation** – by treating scanty blood loss, thin endometrium
- 3) **Restoration of fertility** – focusing on regular ovulation and AMH levels
- 4) **Treatment of hirsutism, hair fall & acne** – therapies to combat skin and hair issues
- 5) **Lowering of serum insulin levels** – restoring normal hormonal levels

Ayurveda Medicine for PCOS is given for minimum 6 cycles to 12 menstrual cycles along with guidance on diet and exercise

Diet Recommendation for PCOD

- 1) Avoid all sugary foods and artificial sweeteners.
- 2) Reduce salt intake during menstruation
- 3) Increase the consumption of fruit & vegetables.
- 4) Choose whole grains, which contain all parts of the grain.
- 5) Non vegetarians take Protein foods such as fresh fish, organic chicken, organic eggs whole grains and legumes should be eaten to balance your blood glucose levels.
- 6) Limit the intake of saturated fats that are found in red meat, chicken, commercially prepared snack foods and deep fried food.

Lifestyle Recommendations for PCOS [4]

- 1) Manage stress and anxiety. Reducing stress can help balance your hormones.
- 2) Stay well hydrated by drinking 1.5 – 2 litres of filtered water daily.
- 3) Perform moderate exercise of 45 min daily
- 4) Practice alternate Nasal breathing – Pranayama

Yoga for PCOS [4]

Yoga helps tone up the whole reproductive system. Asanas such as Dhanurasana, Uttanpadasana, Badhakonasana, Ushtrasana, vrikshasana, and Vajrasana are among those yoga asanas that are ideal for women to help them develop a regular and healthy menstrual cycle.

CLINICAL EFFICIENCY OF AYURVEDA REMEDY FOR PCOD

In stage 1 (Day 1 to day 14) patients were treated with 30ml of *Triphala Kwatha*, 2 pills of *Chandraprabha* and 5g of powder of *Manibhadra* twice a day in the morning and evening at 6 PM. These drugs were administrated to do the basic body purification of the patients and also all

these drugs are favourable to the function of the female genital organs².

In stage 2 (Day 15 to 4th month) patients were treated with 5g of each powder of *Shatavari* (*Asparagus racemosus*), *Shatapushpa* (*Peucedanum graveolens*) and *Guduchi* (*Tinospora cordifolia*) twice a day in the morning and evening. Further they were treated with 20ml of *Krishna Jeeraka*, twice a day in the morning and evening. *Shatavari* is used to correct the hormonal influence and enhance the follicular maturity. *Guduchi* is used to increase the immunity (“Ojas”) of the patients. *Shatapushpa* act as a follicular maturity substance and as a pain relief agent. It also acts against menstrual irregularity [5].

In stage 3 (4th to 6th month) patients were treated with 5g of each powder of *Atibala* (*Abutilon indicum*) and *Shatapushpa* and 4 pills (each 125mg) of *Rasayana Kalpa* (*A. racemosus*, *Terminalia chebula*, *T. belarica*, *Embelica officinalae*, *T. cordifolia*, *Naredostachys jatamansi*, *Herpestis monniera*) twice a day in the morning and evening at 6 PM⁴. Further they were treated with 20ml of oil of *Sahachara* twice a day in the morning and evening at 8 PM. These patients were locally treated with *Uttara Vasti* with 5ml of oil of *Shatapushpa* two consecutive days per month from the day which is completely cessation of the menstrual flow in between 4th to 10th day of the cycle. *Atibala* is used to correct the hormonal disturbances and facilitates to avoid miscarriages. *Sahachara* is used to remove unwanted follicles [6].

The responses to the treatment were recorded and therapeutic effects were evaluated by symptomatic relief and through Ultrasonography and LH/ FSH hormones. Ultrasonography views the changes of the ovaries and the changes of

the follicles regarding to the treatment. FSH/LH ratio is showing the reappearance of the hormonal levels to normal range. Pregnancy confirmed by using urine hCG test [7].

DISCUSSION

Poly Cystic Ovarian Syndrome is one of the main causes of subfertility in women. It is associated with anovulation, androgen excess, obesity and subfertility. PCOS results in increased free testosterone, ovarian androgen secretion, free estradiol and estrone. It's favouring LH secretion and steady state follicle stimulating hormone levels which effect on follicular maturation. This hyperandrogenic, normoestrogenic environment results in an anovulatory state, no progesterone is available to disrupt the constant estrogen stimulation of the endometrium.

Practising these asanas along with Butterfly stretch & pranayama regularly will ensure that women develop muscular strength, avoid obesity and develop healthy reproductive organs by keeping their hormones in balance. In allopathic medicine oral contraceptives, progestins, anti androgens and ovulation induction agents remain standard therapies. *Aartava-kshaya*, which can be correlated with PCOS has been described as deficiency or loss of *artava*, *artava* dose not appears in time or is delayed, is scanty and does not last for three days. Pain in vagina also can be seen. According to *Ayurveda*, *Aartava-kshaya* is a disorder involving *Pitta* and *Kapha doshas*, *Medas*, *Ambu/Rasa*, *Shukra/Artava Dhatu* and *Rasa, Rakta, Artava Vaha Srotas*⁶. Therefore Poly Cystic Ovarian Syndrome can also be described with same involvement of *Dosha, Dhatu* and *Upadhatu* *Kapha* predominance manifests as increased weight, subfertility, hirsutium, diabetic tendencies and coldness. *Pitta* predominance manifests as hair loss, acne,

painful menses, clots and heart problems. *Vata* predominance manifests with painful menses, scanty or less menstrual blood and severe menstrual irregularity.

The pathology is an obstruction in the pelvic cavity (*Apana Kshetra*) causing disorders in the flow of *Vata*. This in turn leads to an accumulation of *Kapha* and *Pitta*. The treatment principle is to clear obstruction in the pelvis, normalize metabolism and regulate the menstrual system (*Aartava Dhatu*). *Kapha* reducing, insulin enhancing and hormone rebalancing drugs help to the relieve symptoms of Poly Cystic Ovarian Syndrome. *Triphala Kwatha*, *Chandraprabha Vati* and *Manibhadra Choorna* help to clear obstruction and normalize the *srotas*. Especially *Triphala* and *Guggulu* are very useful for reducing excess weight.

Powder of *A. racemosus* brings balance and strength to the menstrual system and it helps to regulate *Aartva Dhatu*. Properties of Powder of seeds of *P. graveolens*, oil of *Krishna Jeeraka (Nigella sativa)* and oil of *Sahachara (Barleria prionitis)* were helped to destroy cysts on ovaries and stimulate the follicular maturity. Properties of *Deepana* and *Pachana* of above drugs they elevate the *Jatharagni, Dhatvagni* as well as *Aartavagni*. Powder of *Guduchchadiya* enhances the overall immunity and powder of *Atibala* has properties of *Prajasthapana, Garbhasya Daurbaly Ahara, Balya, Brunhana* and *Ojo Vardhana*. Therefore it helps to get conceived and avoid miscarriage. *Uttara Vasti* is the most effective treatment in gynaecological disorders. It helps to purification and clears the *Aartava Vaha Srotas*, pacifies vitiated *Apana Vayu* and improves follicular maturity. Due to *Samprapti Vighatana Kriya* of this *Ayurveda* treatment regimen the symptoms of Poly Cystic Ovarian Syndrome get

reduced. The effect of therapy show highly significant result on all above symptoms of Poly Cystic Ovarian Syndrome. When considering irregular menstruation most of the patients had 2-4 months duration. At the end of the treatment irregularity showed only 25% of the patients. At the end of the treatment 57.5% of patients had normal duration of menstrual bleeding, 75% of patients were relieved from Dysmenorrhea and majority of patients (70%) had average quantity of menstrual blood. When considering skin discolouration, 87.5% of patients were relieved from the symptom. At the end of the treatment, majority of patients (85%) had normal BMI levels. But when considering the symptom of excessive and increased body hair, there was no significant relief shown. In case of subfertility with Poly Cystic Ovarian Syndrome, 85% of patients were successfully get cured from Poly Cystic Ovarian Syndrome, while 75% of patients were conceived. All these patients were followed for the period of one year. During that period uncured patients were treated continuously. After the four month of duration 90% were cured. The pregnant mothers were treated with Prajasthapana drugs during their antenatal visits to the clinic. All of them delivered healthy babies. At the end of this follow up period 85% from the treated group were conceived [4,7].

CONCLUSION

In conclusion, subfertility due to Poly Cystic Ovarian Syndrome can be cured successfully by using aforesaid *Ayurveda* treatment course of therapy.

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