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A Case Study on Polycystic Ovarian Syndrome in Lean Woman

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ABSTRACT:

Polycystic ovarian syndrome (PCOS) is an endocrine disorder affecting reproductive aged women. In this case study, female aged 23 years with acne, prolonged menstrual duration, and facial hair growth who had not received hormonal treatment. Clinical data including age, weight, height, body mass index, menstrual history and androgenic sign i.e. hyperandrogenemia (hirsutism, alopecia, acanthosis nigricans) were recorded. Remarkable change was observed in ovaries and in menstruation with the Ayurvedic treatment.

KEYWORDS: Polycystic ovarian syndrome, Bulky ovaries, Hyperandrogenemia, Menstrual interval.

I. INTRODUCTION

Polycystic ovarian syndrome is a set of symptoms and signs including menstrual irregularities, weight gain, acne vulgaris, facial hair, acanthosis nigricans, and hyperandrogenism. One of the typical signs we get in ultrasound is bulky

ovaries. Polycystic ovaries include peripherally dearranged follicles measuring 2 to 9mm in diameter or increased volume of ovaries and it is termed as bulky ovaries [1]. In modern medicine there is no comprehensive treatment for PCOS. Not all women with PCOS have all of the symptoms. Most women with PCOS grow many small cysts on their ovaries which lead to hormone imbalance. In females. the most common cause hyperandrogenemia is PCOS. The present case study is showing the success of Ayurvedic management of reduced ovarian volume with PCOS subject. An 23 years old female with complain of Irregular menses, facial hair growth, acne and had not received any hormonal treatment. Her history was irregular menstrual cycle since menarche. Clinical data, including age (23 years), weight (50 kgs), height (4'8ft), body mass index (normal), menstrual history (irregular) and androgenic signs were recorded. Hormonal assay and pelvic utrasonography were done.

Table1: General Data

| Age | Marital status | Occupation | Social class | Address | Registration date |
|--------|-------------------|------------|-----------------|----------|-------------------|
| 23 yrs | Unmarried | Student | Middle | Kharghar | 16/09/2020 |

Personal History

A detailed comprehensive history reveals that in the beginning it started with minimal facial hair growth and acne. The patient was having junk food and sedentary lifestyle which helps to aggravate the disease [2].

Table 2: Detailed comprehensive history

| Diet | Mixed |
|-------------|--------|
| Appetite | Normal |
| Bowel | Normal |
| Micturation | Normal |
| Thirst | Normal |



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Examination

Family History Duration of Menses

No any paternal or maternal history. 3 to 4 days

Menstrual History Interval between Two Cycles

Menarche at the age of 12 years. 45 to 90 days

LMP BMI - 24.7

23/09/2020

Present Menstrual History

Irregular, Moderate bleeding (2 to 3 pads fully soaked/day), painless.

In general examination, patient having weight 50 kgs with height 4'8ft. All vitals were normal.

Table 3: General examination of patient

| Blood Pressure | 110/80 |
|----------------|----------|
| Pulse | 80/min |
| Height | 4'08'' |
| Weight | 50kg |
| Temperature | Afebrile |
| Respiration | 18/min |

Systemic Examination

CVS Heart sound (S1 S2) Normal.

RS Bilateral chest clear, air entry adequate.

Investigations

Hormonal Profile

| SR.NO. | TESTS | PRE – REPORTS | POST-REPORTS |
|--------|------------------|---------------|--------------|
| 1 | Sr. Lh | 10.81 mIU/ml | 14.6 mIU/ml |
| 2 | Sr. Fsh | 7.44 mIU/ml | 6.12 mIU/ml |
| 3 | Sr. Testosterone | 51.28 mIU/ml | 57.89 mIU/ml |
| 4 | USG – Rt. Ovary | 12.7cc | 7.6cc |
| 5 | USG – Lt. Ovary | 14.7cc | 7.4cc |
| 6 | Cbc - Hb | 13.6 gm% | 13.7 gm% |

Advice

Patient was instructed to avoid cold, salty, sour, fermented and spicy food and simultaneously to maintain stress free lifestyle. Forward and backward bending asanas with surya namaskara.

Table 4: Patient details

| Visit | Complaints | Dietary regimen | Treatment |
|------------|-------------------------|------------------------|-------------------------|
| 16/09/2020 | Irregular menses, acne, | Iron rich food, | 1.Rajapravartini Vati 2 |
| | facial hair growth | Protein rich food, | BD |
| | | Plenty of oral fluids, | 2.Chandraprabha Vati 2 |
| | | Exercise | BD |
| | | | 3.Kanchanar Guggul 2 |
| | | | BD |
| | | | 4.Kuberaksha Vati 2 BD |



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| | | | 5.Syrup Kumari Asava20 ml BD |
|------------|----------------------|--------------------------|---------------------------------|
| 10/10/2020 | Same as above | Same as above | Same as above |
| 12/11/2020 | Same as above | Same as above | Same as above |
| 16/12/2020 | Symptomatic relieved | Pathya - Apathya advised | Same as above |

II. RESULTS & DISCUSSION

According to Ayurved, PCOS is equated to Artavadushti. It is a disorder involving all three doshas i.e. vata, pitta, & kapha with meda dhatu, rasa dhatu and artava upadhatu. Therefore in this disease, the involvement of dosha, dhatu and mala is seen. Main vitiation of vata is done through medications which simultaneously regulates H-P-O axis along with kapha and pitta doshas.

With 3 months of regular treatment i.e. oral medication along with yoga, exercise and meditation therapy patient got relief from menstrual irregularity and her ultrasound findings showed reduction in ovarian volume. Hence, understanding the disease from ayurvedic point of view and planning proper treatment modality shows tremendous results from reducing androgenic changes to balancing hormones.

There were multiple factors in this case that made this case as challenging. Irregular menses, acne and facial hair growth indicated as symptoms of prognosis. Decreasing duration of menses was also pointing towards ovarian changes which would reduce her ovarian volume. The option of Syrup Kumari Aasava (uterine tonic) in this case was selected on the basis of hormonal disturbance as it acts as menstrual regulator.

This helped in hormonal imbalance, to relieve anxiety and improve ovarian functions. Chandraprabha Vati, Kuberaksha Vati and Rajapravartini vati was being chosen as drug of choice. Keeping in mind that pcos is a stress induced disorder chandraprabha vati was chosen to alleviate stress & fatigue and to rejuvenate the body. It also balances vitiated vata and kapha dosha. Kuberaksha vati was given for metabolic correction, to reduce ovarian volume and to reduce acne too.

Rajapravartini vati was chosen to regulatemenses and to reduce the rasa dhatu vikruti as it normalizes vitiated kapha and pitta dosha. Kanchanar guggul and Kumari aasava has property of lekhana and shamana karma. With correct drug of choice, the qualitative improvement was seen on ovaries and quantitative effect was acquired on menstrual interval [3].

Probable Mode of Action

Chandraprabha vati and Kuberaksha vati both includes maximum contents of tikta rasa which shows its lekhana, pachan and rakta prasadak property. This helps to rectify rakta dushti which ultimately corrects raja dushti. Here with help of shamana chikitsa in the form of oral medication menstrual interval got reduced and all 3 doshas were in samya avastha.

It balances Apana vayu which controls the ovarian function and overall reproductive system. Kanchanar guggul &Rajapravartini vati with Kumari aasava shows its action on scrapping and restoring as well as the healing process. Probably on the metabolic syndrome and thus oral medication has shown its effect on all vikrut doshas and dhatus by shaman chikitsa.

III. CONCLUSION

Pcos remain one of the major concerns in reproductive medicine due to repeat occurrence. Amongst them bulky ovaries in non obese woman with increased ovarian volume was the challenging part. In this case there were many factors that were impairing the natural menstruation but with proper treatment and systematic management the case was successful. Hence, depending upon this case study we should focus towards multiple factors and aetiology mentioned in literatures and their relevance in present scenario.

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