Case Report

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An Ayurvedic Approach in Management of Polycystic Ovary Disease: A Case Report

Ayurveda Section

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ABSTRACT

Polycystic Ovary Disease (PCOD) is characterised by a set of symptoms, including signs of hyperandrogenism (either clinical or biochemical), chronic anovulation (irregular or absent ovulation), and the presence of polycystic ovaries. Many cases also involve insulin resistance and obesity. It is a hormonal disorder that can significantly impact mental health. Individuals with PCOS often struggle with body image issues due to physical symptoms like weight gain and skin problems, leading to increased anxiety and depression. The stress of managing these challenges, particularly concerns about fertility, can exacerbate emotional distress. It is vital to address comprehensive care and improve the overall quality of life for those affected. In contemporary medicine, oral contraceptive pills are commonly used; however, they can have various side-effects with prolonged use. While these medications are effective for temporary relief, they do not provide a cure for underlying conditions. In this case, a 24-year-old woman presented with irregular menstruation, weight gain, and facial acne. After assessing her symptoms, conducting an Ultrasonography (USG), and analysing her blood hormone profile, she was diagnosed with PCOD. The treatment focused on managing *Artavkshaya* (hypomenorrhoea or oligomenorrhoea). *Vaman karma (*emesis therapy*)* was started on the sixth day of her menstrual cycle, followed by oral medications. Observations such as the duration and frequency of the menstrual cycle, as well as USG data showing the number of follicles and ovarian volume before and two months after treatment, yielded highly significant results. Thus, *Vaman karma* (emesis therapy) combined with oral medications appears to be an effective treatment strategy for polycystic ovarian disease.

Keywords: *Aartavakshaya*, Multiple ovarian cysts, Oligomenorrhoea, Ovarian cysts, *Vaman karma*

CASE REPORT

A 24-year-old unmarried female college student with a stressful routine, junk food addiction, and a sedentary lifestyle visited the Outpatient Department at the hospital. She reported irregular menstrual cycles for two years, with only one period in the past four months. This irregularity was accompanied by acne on her face and back as well as a notable weight increase from 63 kg to 74 kg over two years. She is 161 cm tall, and her BMI changed from 19.56 to 22.98 during this period. Her family history was negative for PCOD.

Clinical Examination Findings

On examination, it was observed that the acne was more severe on the face and back. Her vitals were normal, and general and systemic examinations revealed no significant abnormalities. The patient had *vata-kapha Prakriti* (body constitution based on humour) with *Avara samhanana* (lower constitution). The main *doshas* involved in polycystic diseases are *vata* and *kapha* [1], which align with the patient's *vatakaphaprakruti*. *Her Sara* (tissue excellence), *Satmya* (adaptation), *Satva* (mental strength), *Vyayama Shakti* (exercise capacity), *Ahara Shakti* (food intake capacity), and *Jaran Shakti* (digestive power) were all rated as *madhyama* (moderate). Her *Kostha* (bowel nature) was also *madhyama*. Her menstrual cycle lasted 2-3 days every 120 days for the past two years. An ultrasound on showed the endometrial thickness to be 0.7 cm right ovary measuring 3.61 cm×2.02 cm, and left ovary 4.08 cm×2.15 cm. Both ovaries exhibited multiple peripheral follicles larger than 12 mm. Blood hormone profiles, thyroid profile, and Glycated Haemoglobin (HbA1c) levels were all within normal limits. The timeline details are provided in [Table/Fig-1].

Diagnostic Assessment

The diagnosis of PCOD was made based on symptoms and USG findings. The examinations and laboratory investigations do not suggest a deranged autoimmune status in the patient.

Days	Treatment	Symptoms
Day 1	Advice investigation: Ultrasonography (USG) – Abdomen- pelvis last	Last menstrual period: A month back. Menstrual cycle: 2-3 days/120 days. 1-2 pads/day on 1st to 2nd day. 1 pad /day on 3rd day. Dysmenorrhea for 2 years. Acne on the face and increased weight (From 63 kilograms to 74 kilograms) in 2 years.
Day 2	Tablet. *Chitrakadi* (Pumbago zylanica) 2 tablets, twice a day before food with warm water, for 3 days. Diet: An ordinary healthy diet.	*Deepana pachana* (improvement in body metabolism) is achieved.
Day 5-7	*Shatpushpa* oil *snehapana* (oil processed with *Anethum sowa* Orally) Day 5: 40 millilitres morning, 40 millilitres evening. Day 6: 55 millilitres morning, 55 millilitres evening. Day 7: 70 millilitres morning, 70 millilitres evening. Diet: *MudgaDaal* - Rice twice a day. *Samyak Sneha Laxana*	Symptoms of Digestion of oil on day 6th.
Day 8	*Abhyanga*(Massage Theapy): *Narayana taila*(herbal medicated oil) *Bashpasweda*(Sudation therapy): vapors of water processed with *Nirgundipatra*(*Vitex negundo* leaves)	No any new symptoms in body.
Day 9	*Vamankarma* (Emesis therapy) with *Madanphalchurna* (powder of Randia dumatorum) 3 grams and honey quantity sufficient 13 *vega* (episodes of emesis), *Pittanta* (end product of emesis procedure).	The patient's vitals were stable after the *vaman* (emesis) procedure. *Samyak vamankarma* (appropriate procedure effects) were observed.
Day 10 to 12	*Samsarjanakarma*(diet post *Vamana karma*): Day 10 *Peya* (lunch) – *Peya*(dinner) Day 11 Loose *kheechari*(lunch) - Loose *kheechari* (dinner) Day 12 *Mung Daal*rice (lunch) - *Mung Daal* rice (dinner) At the end of *samsarjana karma* (diet post *Vamana karma*)	Normal function of *Jathragni* (improvement in digestion) was observed.

Day 13 - Day 60	*Shatpushpa* (*Anethum sowa*) *churna* (Orally) 3grams twice a day with warm water (*Satpushpachurna* was stopped during menses).	Patient achieved her menstruation. Menstrual cycle: 2-3 days/55-60 days, 3-4 pads/day on 1st to 2nd day. 1-2 pads/day on 3rd day. Mild dysmenorrhea. Then, the patient achieved her menstruation on time i.e., regular cycle. Menstrual cycle: 3-4 days/30-35 days. 3-4 pads/day on 1st to 2nd day. 1-2 pads /day on 3rd day. No Dysmenorrhea
Day 90	No medication, only lifestyle Modification.	Acne was reduced significantly. No new acne after 1 month of treatment. Only scars of old Acne were seen. Last menstrual period was on time. Menstrual cycle: 3-4 days/30-35 days 3-4 pads/day on 1st to 2nd day. 1-2 pads/day on 3rd day. No dysmenorrhea

[Table/Fig-1]: The timeline showing the clinical course of the patient, including onset of symptoms, diagnostic investigations advised, key clinical events, interventions and outcomes from day 1 to day 90.
Kg: kilograms; gm: grams; ml: millilitres

Hyperprolactinaemia, hypothyroidism and hypothalamic amenorrhoea were ruled out by estimating prolactin level, which was 11 ng/mL, thyroid profile, and androgen levels (Androstenedion: 4 nmmol/L, testosterone- 2 nmmol/L) within the patient's normal limits. Considering the case of *artavakshaya*, treatment was planned.

Therapeutic Intervention

Based on history, clinical examination, and investigation, the treatment prescribed in this case is outlined in [Table/Fig-1,2]. The patient was advised to follow a healthy diet and maintain an active lifestyle while avoiding junk foods, bakery items, packaged foods, preserved foods, and dairy products.The therapeutic intervention is mentioned in [Table/Fig-3].

Follow-Up and Outcome

The patient was assessed two months after completing treatment, during which she adopted a healthier lifestyle. This included switching from junk food and a sedentary lifestyle to consuming low-carbohydrate, low-fat foods and engaging in at least one hour of exercise daily.

Days	Investigation done	Parameter results	Reference value
Before treatment	Thyroid profile	T3-3 mmoL T4-12 pmol/L TSH-15 pmol/L	0.4-5 mmol/L 10-25 pmol/L 10-25 pmol/L
Before treatment	HbA1c	HbA1c 4.3%	Normal: ,=5.7% Prediabetes: >= 5.7%-6.4% Diabetes: >=6.5%
Before treatment	Ultrasonography (USG) – Abdomen-pelvis	Endometrial thickness 0.7 centimetre	During menstruation: 0.2-0.4 centimetre Early proliferative phase (day 6-14): 0.5-0.7 centimetre Late proliferative/ preovulatory phase: up to 1.1 centimetre Secretory phase: 0.7-1.6 centimetre
		Right ovary Size: 3.61x2.02 centimetres	3x2 centimetres
		Left ovary size 4.08 x2.15 centimetres	3x2 centimetres
		Right ovary: Number of follicles >12 in number	5-10 in number
		Left ovary: Number of follicles >12 in number	5-10 in number
After treatment	Ultrasonography (USG) – Abdomen-pelvis	Endometrial thickness 0.8 centimetre	During menstruation: 0.2-0.4 centimetre Early proliferative phase (day 6-14): 0.5-0.7 centimetre Late proliferative/ preovulatory phase: up to 1.1 centimetre Secretory phase: 0.7-1.6 centimetre
		Right ovary Size 2.50x1.62 centimetres	3x2 centimetres
		Left ovary size 2.62 x2.25 centimetres	3x2 centimetres
		Right ovary number of follicles 5-10 in number	5-10 in number
		Left ovary number of follicles 5-10 in number	5-10 in number

[Table/Fig-2]: Investigations with interpretation advised during the treatment course.
mmol/L : millimoles per litre; pmol/L: picomoles per litre; Cm: centimetre

Procedure	Dose	Duration	Time
Pre-procedures to improve Body metabolism: Tablet *Chitrakadi* (*Plumbago Zeylanica*)	Tablet *Chitrakadi* (*Plumbago Zeylanica*) 250 milligrams, two tablets,	4 days	Twice a day with warm water.
Oral *Shatpushpa* (*Anatumsowa*) Oil	Oral *Shatpushpa* (*Anatumsowa*) Oil: Minimum 40 millilitres, adjusted according to the patient's digestion capacity.	3 days	Twice a day
Body Massage: *Narayana oil*, Full body steam: *Nirgundi* (*Vitex negundo*)leaves	QS	1 day	One time
Main *Panchakarma* procedure - *Vamana karma* (Emesis therapy) with *Madanphal* (*Randiadumetorum*) powder and honey quantity sufficient.	*Madanphal* (*Randiadumetorum*) powder: 3-5 grams.	1 day	One time, Morning
Samsarjanakrama (Post emesis therapy diet)	As per emesis treatment outcome in terms of emesis episodes	3 days	---
Shatpushpa (*Anethum sowa*) churna (orally)	3 grams before food	50-52 days	Twice a day

[Table/Fig-3]: Therapeutic intervention.

During the first visit, the Dysmenorrhea score (WaLIDD), as shown in [Table/Fig-4] was one after the second follow-up, it decreased to zero [2]. The overall acne grading system score [3] was one before treatment and zero after. The patient's weight was 74 kg initially and 64.5 kg after treatment. Following the complete course of treatment, there was no significant change in endometrial thickness, but the ovarian size decreased. The patient was monitored for the next two months; ultrasound examinations of the abdomen and pelvis revealed "No significant abnormality," with no new symptoms or relapses. Clinically, the menstrual cycle was stabilise.

Outcome measurement	Pre intervention	Post intervention
Dysmenorrhea score (WALIDD) [2]	WaLIDD score: 1	WaLIDD score: 0
Acne Grading System	Score: 1	Score: 0

[Table/Fig-4]: Effects of treatment on acne and dysmenorrhoea [2].

DISCUSSION

The diagnosis and treatment of ovarian cysts in ayurveda present distinct challenges, primarily due to symptom variability and the lack of standardised treatment protocols. Patients often present a range of symptoms that can complicate the accurate diagnosis of conditions such as PCOD, necessitating a comprehensive understanding of both Ayurvedic and Western diagnostic criteria.

Integrating these approaches can enhance accessibility for practitioners who may be less familiar with Ayurvedic terminology, thus bridging gaps in understanding. In treating ovarian cysts, the Ayurvedic approach focuses on several key factors, including regulating the menstrual cycle- its timing and duration and alleviating associated pain. Traditional treatment methods often utilise *shaman Aushadhi* (pacifying herbs) and *shodhanachikitsa* (detoxification techniques) [4]. In this case study, a combination of *shodhana* (specifically *Vamana*, or emesis therapy) and *shamana* treatments was employed, highlighting the unique preparatory phase of *Sneha pana* using *Shatapushpataila*, which sets this study apart from previous instances in which either method was used in isolation.

Previous cases highlight the use of herbal formulations (*shamanaaushadhi*) combined with detoxification procedures (*Panchakarma* therapy), which include all five types of shodhana therapy to help manage symptoms [5-7]. In this study, a single-drug formulation combined with a single shodana procedure, i.e., *vamana* karma is used. This approach is more convenient and easier for patients to follow and allows researchers to make clearer assessments, making it more distinctive than other methods.

Studies have noted the effectiveness of various formulations, including *Shatapushpa*, in regulating hormonal imbalances and promoting menstrual health [8,9]. In contrast, this case demonstrates a distinct advantage through the strategic application of *Vamana*, which effectively clears *Vata* obstructions and supports the health of female reproductive tissues.

While previous cases reported success with therapeutic herbs alone, the incorporation of a comprehensive detoxification protocol in my study suggests the potential for more profound, holistic results. Through this process, challenges included ensuring patient comfort and compliance during therapies such as *Vamana*, which may not be well-accepted due to its nature. Additionally, the variability in patient responses highlighted the need for tailored approaches that consider individual *doshic* imbalances and lifestyle factors.

The final results of this case study indicate a significant improvement in menstrual regularity and symptom relief. Notably, the successful application of *Shatapushpa* alongside *Vamana* led to marked improvements in Body Mass Index (BMI) and digestion, underscoring the role of lifestyle changes alongside Ayurvedic treatments. Based on the findings, it is recommended that other Ayurvedic practitioners adopt a multifaceted approach to treating ovarian cysts. Integrating both detoxification and herbal therapies can lead to more effective outcomes. It is crucial for practitioners to thoroughly assess individual patient profiles, including lifestyle and dietary habits, to create a personalised and effective treatment plan. Finally, precautions must be taken to accurately diagnose ovarian cysts, accounting for overlapping symptoms with other gynaecological conditions. Continuous education on both Ayurvedic and Western medical criteria is essential for practitioners to navigate these complexities effectively. Moving forward, larger-scale studies are needed to validate these findings and refine treatment protocols, ensuring the best care for patients with ovarian cysts.

CONCLUSION(S)

PCOD is a complex, multifaceted condition caused by the interplay of various genetic and environmental factors. In *Ayurveda*, it can be managed by addressing *artavakshaya*. Following this treatment approach may help prevent recurrence and improve management. It can be applied to many similar cases or alongside treatments for other complications of PCOD to demonstrate its effectiveness.

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