

CASE STUDY

Polycystic Ovarian Disease and Ayurveda: A Case-Based Approach to Healing

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ABSTRACT

Polycystic Ovarian Disease (PCOD), a complex endocrine disorder affecting millions of women worldwide, is characterized by hormonal imbalances, irregular menstrual cycles, and often involves the formation of ovarian cysts. While conventional medicine offers a variety of therapeutic interventions to manage symptoms, an increasing number of women are turning to holistic approaches for sustainable well-being. Among these, Ayurveda is a time-tested and integrative healing system that focuses on restoring balance within the body, addressing root causes rather than merely alleviating symptoms. This article builds on the foundational understanding of PCOD and its management through Ayurveda, transitioning into a detailed exploration of Ayurvedic principles and their practical application through a case study, highlighting unique strategies for holistic healing. A 23-years-old unmarried woman having irregular, extremely painful menstrual cycles got remarkable improvement in pattern of her menstrual cycle after treatment. Ranging from dietary adjustments and oral medicines like Kuberaksha Vati etc. to lifestyle modifications and stress-relief techniques like Shirodhara and Pranayama, Ayurveda offers a tailored methodology aimed at tackling PCOD's root causes. Its objective extends beyond mere symptom alleviation, striving to foster enduring health and vitality.

KEYWORDS: Anulom Viloma, Bhramari, Kapalbhathi, Omkara, PCOD, Pranayama, Shirodhara, Suryanamaskara, Yoga.

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INTRODUCTION

Lifestyle diseases, also known as diseases of longevity or civilization diseases, stem from factors such as unhealthy dietary habits, smoking, sedentary lifestyles, and stress. Among these, Polycystic Ovarian Disease (PCOD) stands out as one of the most prevalent endocrine disorders among women of reproductive age. In India, the prevalence of PCOD among adolescents is reported at 9.13%, while it is estimated to affect 5 to 10% of women in the reproductive age group.[1]

PCOD is characterized by a spectrum of symptoms including obesity, anovulation resulting in primary or secondary infertility, and menstrual irregularities ranging from amenorrhea to dysfunctional uterine bleeding. Additional symptoms may include hirsutism, male-pattern baldness, acne, oily skin, dandruff, dark skin patches, and metabolic disturbances such as diabetes, lipid abnormalities, and hypertension. Although Ayurvedic texts do not directly mention PCOD, numerous references closely resemble its signs and symptoms. These can be correlated with concepts such as "Aartavkshay"[2,3] (scanty menses) and "Pushpaghni Jatharini"[4] (anovulatory cycle). The pathogenesis of PCOD, according to Ayurveda, involves vitiation of *Vata* and *Kapha* leading to obstruction of the menstrual flow and impaired follicular growth, akin to the concept of "Nashtartava"[5] (amenorrhoea). Conventional treatments for PCOD often focus on lifestyle modifications, including dietary adjustments and exercise, which have been shown to improve insulin sensitivity and menstrual regularity in many studies.

CASE REPORT

A 23-years-old unmarried female approached to the *Prasuti Tantra Evum Stree Roga* OPD at Parul Ayurveda Hospital, Vadodara, Gujarat with the main complaint of having irregular, extremely painful menstrual cycles (each menstrual cycles followed by two to three months of amenorrhoea) during the previous year. For one year back, she has been complaining of an unusual increase in weight. On first visit, following observations were recorded.

History of present illness:

The patient presented with a history of unusual delayed menstruation associated with excruciating discomfort since a year. Over time, she noticed significant weight gain. Six months ago, an ultrasound examination (USG) revealed bilateral bulky ovaries with multiple sub centimetric follicles arranged in a pattern resembling pearly strings, along with increased stromal volume, suggestive of Polycystic Ovarian Disease (PCOD).

Past medical history: Nil

Past surgical history: Nil

Menstrual History:

Duration: 3 days

Interval: 60-90 days

Irregular | Painful +++ | Moderate | No clots | 3-4 pads/day

Medical History:

No H/O HTN, Thyroidism, D.M. or any systemic illness.

Family History: Not significant

Occupational History: Student.

Personal History:

Appetite – Good.

Diet – Irregular timing of meals, junk food, bakery products.

Sleep – Disturbed (irregular sleep pattern)

Urine – Regular (5-6 times/day; 1time/night - occasionally)

Stool – Regular, satisfactory. No H/O Constipation.

On Examination:

Temperature: Afebrile on Palpation.

Pulse Rate: 76bpm

Blood Pressure: 120/80 mmHg

Systemic Examination:

Respiratory System: NAD

Cardiovascular System: NAD

Central Nervous System: NAD

P/A: Soft

Bloating +

General Examination:

ASHTAVIDHA PARIKSHA:	DASHAVIDHA PARIKSHA:
1. Nadi: Vata Kaphaja	1. Prakriti: VataKaphaja
2. Mala: Saama	2. Vikruti: Tridosha
Frequency: 1 time / 24 hrs.	3. Sara: Meda Sara
3. Mutra: Prakrita	4. Samhanana: Madhyama
Frequency: 5-6 times / day; 1 time / night (occasionally)	5. Satva: Madhyama
4. Jihva: Saama	6. Satmya: Madhyama
5. Shabda: Spashta	7. Ahara Shakti: Abhyavarana Shakti: Madhyama Jarana Shakti: Avara
6. Sparsha: Anushnasheeta	8. Vyayama Shakti: Avara
7. Drik: Prakrita	9. Vaya: Madhyama
8. Aakriti: Madhyam	10. Pramana: Madhyama [Ht:151 cm; Wt: 65Kg; BMI: 28.5Kg/m ² (Overweight)]
	11. Bala: Madhyama
	12. Koshtha: Madhyama
	13. Agni: Vishama

Table 1 – General Examination

Investigations:

Hb: 13.4 gm%

RBS: 98 mg/dL

USG: B/L Bulky ovaries, sub centric follicles that resembled pearly strings along with an elevated stromal volume. S/O: PCOD.

T3, T4, TSH: Within Normal Limits.

Treatment Protocol:

Day 1-7	<i>Shirodhara with Jatamansi Taila</i>	-	-	Once a day (morning)
Day 1-30	<i>Varunadi Kwatha</i>	45 ml	before food	twice a day
	<i>Aamapachaka Vati</i>	2 Tab	before food	twice a day
	<i>Kuberaksha Vati</i>	2 Tab	after food	twice a day
	<i>Tab. Kanchanar Guggulu</i>	2 Tab	after food	twice a day

Table 2 – Treatment protocol

Yoga-Pranayama and Pathya-Apathya:The patient was advised to perform 45 minutes a day of *Vyayama* and *Pranayama* during this time.

Vyayama	Pranayama
Suryanamaskara (Minimum 5 times, Maximum 12 times.)	<i>Omkara</i> Chanting – 5 times
	<i>Anuloma Viloma</i> – 5 rounds
	<i>Bhramari</i> – 5 times
	<i>Kapalabhati</i> – 3 times (20-30 strokes in each time)

Table 3 – *Vyayama Pranayama*

- A nutritious, well-balanced diet consisting of fruits, green vegetables, *Ghee*, and other healthy food items was recommended to the patient.
- The patient was also instructed to go to bed early and get up early.
- The patient was advised to abstain from fermented, oily, spicy, tinned, and junk food, as well as milk and milk products.

Observation And Result:For a continuous duration of three months, the patient adhered strictly to the treatment and *Pathyapathya*.

After that the patient experienced a typical menstrual cycle, lasting 4-5 days with an interval of 30 to 37 days and a regular flow.

A normal USG scan is revealed, indicating a decrease in B/L ovarian volume and no evidence of polycystic appearance.

Weight of patient reduced from 65 Kgs to 57 Kgs.

DISCUSSION

- In this case of Polycystic Ovary Disease (PCOD), a distinct imbalance among the three *Doshas* has been observed, with a predominant involvement of *Vata* and *Kapha*. Notably, *Apana Vayu* and *Kledaka Kapha* are significantly affected, accompanied by disturbances in *Rasa Dhatu* (tissue level) and *Rasa Dhatvagni* (cellular metabolism). Hence, therapeutic management should emphasize *Vata Shamana* (pacification of *Vata*), *Agni Dipana* (stimulation of digestive fire), *Pachana* (enhancing digestion), and *Lekhana* (metabolic detox).
- Psychological stress is acknowledged as a key aggravating factor in PCOD. It disrupts hormonal harmony by increasing cortisol levels, which in turn elevates insulin resistance and androgen synthesis. Chronic stress also affects the hypothalamic-pituitary-ovarian (HPO) axis, exacerbating clinical symptoms such as menstrual irregularities and infertility in women affected by PCOD. [6]
- *Shirodhara* likely exerts its therapeutic benefits through transdermal absorption of medicated oils, aided by capillary infiltration. Additionally, its effects may be mediated by stimulation of superficial exteroceptors on the scalp and forehead. Both tactile and thermoreceptive sensations, involving root hair plexuses and free nerve endings, contribute to its action. The application of warm liquids promotes enhanced circulation, leading to muscle relaxation and soothing of nerve endings. The continuous and rhythmic flow of oil is believed to promote mental calmness and induce natural sleep.

Interestingly, *Shirodhara* is said to influence 7 out of 10 vital *Marmas* in the *Shiro Pradesh* (head region). [7]

- *Jatamansi* (*Nardostachys jatamansi*), revered as a potent *Medhya Dravya* (intellect-enhancing herb), is also known as *Tapaswini*, indicating its *Satvika Guna* dominance. It aids in restoring mental stability (*Dhruti*) and enhancing inner strength. Recognized for its qualities as a *Balakantida* (enhancer of strength and radiance), *Jatamansi* influences *Udana Vayu*, which governs energy and complexion. Hence, *Taila Dhara* using *Jatamansi Siddha Taila* is particularly beneficial for pacifying aggravated *Prana Vayu* and *Udana Vayu*, and for rejuvenating mental strength. [8]
- *Varunadi Kwatha* is a comprehensive Ayurvedic formulation tailored for managing PCOD. Its principal component, *Varuna* (*Crataeva nurvala*), possesses *Laghu* (light) and *Ruksha* (dry) properties with *Ushna Veerya* (Thermogenic potency), which help in eliminating excess *Kapha*. Its constituents, primarily exhibiting *Tikshna* (Tissue-permeating nature) and *Ushna* properties, aid in enhancing *Artava* (menstrual blood), promoting regular menstrual flow.[9] Additionally, its *Katu Vipaka* (astringent metabolic end effect) and *Ushna Veerya* support reduction of *Kapha* and *Meda* (adipose tissue), thus correcting metabolic irregularities associated with PCOD. By addressing the core pathophysiology of PCOD, *Varunadi Kwatha* presents a comprehensive treatment modality. It works to restore hormonal equilibrium, eliminate *Ama* (Undigested metabolic residue), resolve *Srotorodha* (channel obstruction), and rebalance *Kapha* and *Vata Doshas*. Through its combined actions—detoxification, metabolic enhancement, hormonal regulation, and reproductive system support—it stands out as a highly effective formulation in the integrative management of PCOD. [10]
- *Aampachaka Vati* serves as a focused intervention targeting the root physiological derangements in PCOD. Its action focuses on balancing *Apana Vata*, performing *Srotoshodhana* (cleansing of bodily channels), and normalizing *Agni* at both *Jatharagni* and *Dhatvagni* (generalized and cellular metabolism) levels. Through its potent *Aama Pachana* (digestion of toxins) and *Agni Deepana* (digestive stimulant) actions, it ensures effective elimination of *Ama* (Undigested metabolic residue) while revitalizing digestive metabolism. This multifaceted role highlights *Aampachaka Vati's* utility in correcting the underlying causes of PCOD. [11], [12]
- *Kuberaksha Vati*, prepared with *Lasuna Swaras Bhavana* (Trituration with juice of *Allium sativum*), includes *Sunthi* (*Zingiber officinale*), *Hingu* (*Ferula asafoetida*, fried in ghee), *Kala Namak* (*Black Himalayan salt*), and *Latakaranj* (*Caesalpinia crista*, commonly known as *Kuberaksha*). This formulation is indicated in conditions such as dysmenorrhea, PCOD, *Grahani* (irregular bowel syndrome), *Atisara* (diarrhea), *Parinamshoola* (duodenal ulcer), and *Udara Shoola* (abdominal colic), thereby supporting both gastrointestinal and gynecological health. [13,14]
- *Kanchanara Guggulu* is the formulation of choice in all kind of tumors or cysts like *Granthi Vikara* and *Galaganda* in Ayurveda. With *Ruksha* (dry) and *Laghu* (light in digestion) *Guna*, *Kashaya Rasa* (pungent taste), *Katu Vipaka* (astringent metabolic end effect), and *Ushna Veerya* (Thermogenic potency), it is highly effective in drying up aggravated *Kapha* and *Meda*. Its *Grahi* (absorbent) property also aids in draining excess fluid from tissues. [15,16]
- In PCOD, *Yoga* plays a crucial role in regulating hormones by reducing androgens and promoting the development of eggs. *Yoga* relieves stress, it promotes weight loss, and also increases fertility, and with the help of *Yoga*, gastrointestinal imbalance is also improved. *Asana* (*Yoga postures*) helps to stretch the pelvic area, and *Pranayama* (breathing exercises) and meditation soothe the mind. *Asanas* for polycystic ovary syndrome help to loosen up the pelvic region and facilitate relaxation, and *Pranayama* are important strategies that help to calm the mind.[17]
- Women with insufficient sleep are at increased risk of insulin resistance which leads to PCOD. Sufficient sleep can protect women against ovulatory dysfunction, possible fertility problems and insulin resistance. Ayurveda focuses both on preventive and curative aspects of diseases. Quality of life of PCOD patients can be improved through lifestyle modifications and Ayurvedic interventions.[18]

CONCLUSION

The Ayurvedic management of PCOD focuses on balancing aggravated *Vata* and *Kapha Doshas*, enhancing *Agni*, and eliminating *Ama* to clear *Srotorodha* (channel obstruction). Key formulations like *Varunadi Kwatha*, *Aampachaka Vati*, and *Kanchanara Guggulu* aid in detoxification and hormonal balance. *Shirodhara* with *Jatamansi Siddha Taila* effectively reduces stress-related hormonal disturbances. *Yoga*, *Pranayama*, and tailored dietary changes further support reproductive and metabolic health. This holistic approach addresses the root causes and promotes sustainable well-being.

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