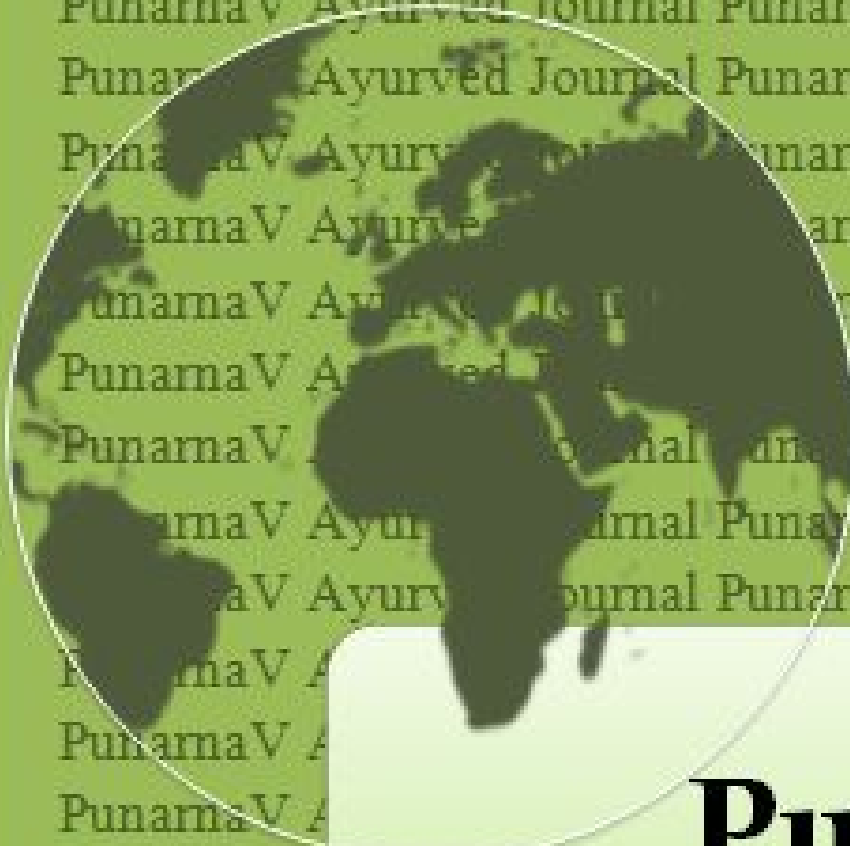


**MONTH: MAY: JUNE -2016**

**VOLUME: 4, ISSUE: 3**

**ISSN: 2348-1846**



# **Punarna V**

**TITLE**

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**AN INTERNATIONAL PEER REVIEWED AYURVED JOURNAL  
ON LINE BI-MONTHLY AYURVED JOURNAL**

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## MANAGEMENT OF POLYCYSTIC OVARY SYNDROME THROUGH VIRECHANA KARMA: A CASE STUDY

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### ABSTRACT:

*Polycystic ovary syndrome (PCOS) is characterized by menstrual irregularities, hirsutism, acanthosis nigricans and obesity. Menstrual irregularities are considered as an important symptom in PCOS. A middle aged well built and over nourished lady reported to outpatient department of Alva's Ayurveda hospital, Moodabidri, Karnataka with the history of obesity, menstrual irregularity (couple of missed menstrual cycles and prolonged menstruation with excessive menstrual flow during menstruation) and unable to conceive since one year. Patient was examined properly and investigated for the same. She was diagnosed as a case of PCOS symptomatically and confirmed through ultrasonography. Pittavruta Apana was considered as diagnosis due to the resemblance in symptoms and accordingly Medohara and Avaranahara management was designed. She was advocated with Virechana Karma (therapeutic purgation) as, involvement of Pitta as Doshya and Rakta as Dushya was substantiated. Panchakola Taila was considered for Snehapana and Trivrut Lehya was administered as Virechaka Yoga. No oral medications were administered and she was followed for six months. She was symptomatically cured from next menstrual cycle onwards and was confirmed through ultrasonography after six months.*

**KEY WORDS:** *polycystic ovary syndrome, Virechana Karma, Pittavruta Apana, Snehapana, Panchakola Taila*

## INTRODUCTION

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Polycystic ovary syndrome (PCOS) is one of the burning health issues commonly confronted in clinical practice. 4% to 12% of women suffer with PCOS in reproductive age group worldwide and many suffer with this in india too.<sup>[1]</sup> Although up to 70% of women with PCOS go undiagnosed.<sup>[2]</sup> PCOS is characterized by menstrual irregularities, hirsutism, acanthosis nigricans and obesity.<sup>[3]</sup> Menstrual irregularities are considered as an important symptom in PCOS. However, 20% of the patients have normal menstrual cycle in spite of PCOS.<sup>[4]</sup> Ammenorrhea is often observed menstrual irregularity, whereas, dysfunctional uterine bleeding can also be observed in certain cases.<sup>[5]</sup> Pregnancy, hypothyroidism and hyperprolactinemia are other major cause for secondary ammenorrhea. Mild hyper prolactinemia has been reported in 5% to 30% of the cases suffering with PCOS.<sup>[6]</sup>

Insulin resistance is been considered as a major finding in recent times among patients suffering with PCOS. Insulin resistance is identified among patients with waist circumference more than 88 cm, serum Triglycerides either equal or more than 150 mg/dl, high density lipid less than 50mgs/dl, blood pressure more than 130/85mm of Hg or fasting blood sugar either equal or more than 110 mgs/dl. Though obesity is observed in 35% to 50% of the patients, it is not considered as a mandatory sign to diagnose PCOS.<sup>[7]</sup>

Despite high prevalence of PCOS, diagnosis and management protocol remains confusing. Patient either report with menstrual irregularities, hirsutism, acne or anovulatory infertility needs to be screened through ultrasonography for confirmation of PCOS. Radiological diagnosis is considered as an accurate tool to confirm diagnosis. Twelve or more than twelve cystic swelling over ovary with size ranging from 2mm to 9 mm validates the diagnosis of PCOS.<sup>[8]</sup> Management of PCOS is aimed towards regularizing menstruation, control of hirsutism, fertility issues and managing insulin resistance and its associated risks viz type 2 diabetes mellitus, dislipidemia and cardio vascular disease. However, metabolic derangements and other endocrinal disorders like hypothyroidism worsen the possibility of

cure. Conservative management either with hormonal therapy, oral hypoglycemic or certain surgical procedures are

preference of treatment in PCOS. But, cure of the condition is not been possible till date.

## CASE STUDY

A middle aged well built and over nourished lady reported to outpatient department of Alva's *Ayurveda* hospital, Moodabidri, Karnataka with the history of obesity, menstrual irregularity (couple of missed cycles and prolonged menstruation with excessive menstrual flow) and unable to conceive since one year. Patient was examined properly and investigated for the same. Her body mass index was  $28.1\text{kg/m}^2$  on admission. Blood routine and Serum Prolactine level were found normal except minor abnormalities. She was screened through ultrasonography of abdomen and pelvis which revealed poly cystic ovaries. She was diagnosed as a case of *Pittavruta Apana* in *Ayurveda* parlance due to resemblance in symptoms viz metromenorrhagea since last 3 months. She was posted for *Virechana Karma* (therapeutic purgation) considering the complexity of the problem. *Udvardana* (powder massage) with *Kolakulathadi Churna*<sup>[9]</sup> was advocated as an external *Rukshana* measure and *Takrapana* (internal administration of buttermilk) as internal *Rukshana* <sup>[10]</sup>for initial 5 days. Meanwhile, *Deepana* and *Pachana* (drugs to upgrade the digestion) with *Chitrakadi*

*Vati*<sup>[11]</sup> was administered thrice daily with dosage of 500 mg before food for 5 days.

*Panchakola Tailam* was advocated to the patient as *Shodhananga Snehapana* (internal oleation prior depletion therapy) in the dosage of 30ml, 50 ml, 90ml, 140ml and 220ml for 5 consecutive days till the appearance of *Samyak Snigdha Lakshana* <sup>[12]</sup>(symptoms of optimum oleation). Then the patient was subjected for *Sarvanaga Abhyanga* (oil massage) with *Kottamchukkadi Taila*<sup>[13]</sup> followed by *Bashpa Sveda* (steam bath) for another three consecutive days. The next day, *Sarvanaga Abhyanga* and *Bashpa Sveda* were administered and *Virechana aushadhi* (medication for purgation) was advocated with *Trivrut lehya*<sup>[14]</sup>80 gms at 9 am. *Virechana Vega* (purgation) commenced after 1hour 25 minutes and continued till next 9 hours. Patient had 16 *Virechana Vega* and *Samyak Virechana Lakshna* (signs and symptoms of optimum purgation therapy) were observed along with *Kaphanta* (mucous in the last bout). Patient was advised to follow *Peyadi Samsarjana Krama* for 5 days as, *Madhyama Shuddhi* was achieved in

*Virechana*. Patient lost eight kilograms in total process of treatment and lost fat from concerned area like abdomen and buttocks significantly. No medicines were administered after *Virechana Karma*. Patient's menstruation was corrected from next cycle onwards. Patient was followed

for next six months and ultrasonography was repeated after six months which revealed absence of cystic swelling on ovaries. Moreover, endometrial thickness also considerably reduced from 10.6 mm to 8 mm.

**Table-1**

**Outcome of the Treatments**

Parameters	Before Treatment	After Treatment
Height	1.64m	1.64m
Weight	75.5 Kgs	67.5Kgs
Body Mass Index	28.1 kg/m <sup>2</sup>	25.1kg/m <sup>2</sup>
Midarm circumference	34 cm	31 cm
Mid thigh Circuference	56cm	52cm
Chest circumference	90 cm	87cm
Waist circumference	94 cm	86cm
Endometrial thickness	10.6mm	8mm
Ovary Cysts	Present	Absent

**DISCUSSION**

Diagnosis of PCOS in *Ayurveda* is debatable. As patient presents with multiple symptoms, diagnosis may be changed based on the dominance of symptom. It is often diagnosed as

*Granthi*<sup>[15]</sup>as, cystic swelling on ovaries confirm the diagnosis. PCOS is either diagnosed as *Anartava* if ammennorrhoea is reported as symptom or *Rakta Pradara* if metromenorrhagea is presenting

symptom<sup>[16]</sup>. *Shastra Karma* or *Anushastra Karma* is often considered to treat *Granthi. Rakta Sthambana* measures are selected to cure *Rakta Pradara. Artava Janaka* Drugs are choice of treatment in *Anartava* condition. As PCOS is a complex condition it is necessitated to standardize the protocol of treatment. Present case is diagnosed as *Pittavruta Apana* due to the resemblance in signs and symptoms viz excessive menstrual flow.<sup>[17]</sup> Though, *Pittavruta Apana* is also characterized by yellowish discoloration of urine or faces, warmth in anal region and genitals, they may be considered when concerned *Srotas* is involved in the pathology. *Artava* is considered as *Upadhatu* of *Rasa Dhatu. Apana Vata* is a variety of *Vata* situated in lower abdomen and responsible for all the functions viz excretion of *Shukra* (semen), *Artava* (menstrual fluid), *Shakrt* (Fecess) and *Mootra* (Urine). *Apana vata* is also responsible for expulsion of foetus.<sup>[18]</sup> When vitiated *Pitta* obstructs *Apana Vata*, produce symptoms related to concerned *Srotas.*, Either excessive menstrual bleeding or prolonged menstruation may be evident symptom when *Artavavaha Srotas* is involved in the pathology. In present case, involvement of *Medovaha Srotas* is anticipated as obesity was observed. *Bahu Dosha* symptom like obesity and *Avarana* pathology were

considered simultaneously and treatment was planned accordingly. *Virechana Karma* is considered as the best modality of treatment in the management of *Avarana* pathology and *Sthoulya* too.<sup>[19]</sup> Classics propose *Rukshana* therapy as a prerequisite to *Shodhana* in conditions like *Mamsala, Medura, Bhuri Shleshma* and *Vishamagni* to avoid complications of *Snehana*.<sup>[20]</sup> So, *Udvardana* was considered as an external *Rukshana* measure and *Takrapana* as an internal *Rukshana* measure. *Tailapana* was considered for internal oleation due to the involvement of *Mamsavaha, Medovaha Srotas* and *Vata* in the pathology. Moreover, *Taila* possess unique property of mitigating *Vata* without increasing *Kapha*.<sup>[21]</sup> Though *Panchakola Tailam* is not a classical preparation, references from *Ksheera Shatpala Ghritam* is considered where, *Panchakola (Pippali, Pippali Mula, Chavya, Chitraka* and *Nagara)* are main ingredients and indicated in *Gulma*.<sup>[22]</sup> Moreover, *Panchakola* possessing *Deepana* and *Pachana* property believed to correct the metabolism thus, corrects the pathology. *Virechana Karma* was considered as the best modality of treatment for *Pitta, Pitta* associated with *Kapha* and *Pittashaya gata Anya Dosha*.<sup>[23]</sup> It is also considered as the choice of treatment in *Vata* disorders. *Virechana* can also be recommended in



*Avarana* condition where, *Samana*, *Apana* and *Vyana Vata* are involved in the pathology.<sup>[24]</sup> In present case, *Pitta* has covered *Apana Vata* and *Artavavaha Srotas* is involved thus *Virechana Karma* was considered. *Snigdha Virechana* was administered with *Trivrut lehya* considering *Apana Vata* in pathology which is naturally *Ruksha*. Recent studies have revealed importance of correcting the lifestyle in general and losing weight in unambiguous. It is believed that losing weight alone can improve the menstrual irregularities but, mechanism is unclear.<sup>[25]</sup> Insulin resistance is considered as an important factor to look for during

management. As the patients waist circumference reduced to 86 cms, might be an indication of successfully treating the insulin resistance. Patient was intentionally not prescribed with any medicine to observe the outcome from next menstrual cycle. As, menstrual cycle was normal and menstrual flow was normal, it was inferred that *Pitta* obstructing the *Apana Vata* was relieved and *Apana Vata* started moving in its normal path. Patient was followed for six months as to observe the sustained relief and was established. Cure of PCOS was anticipated and confirmed through the radiological evidence after six months.

### CONCLUSION

Diagnosis is essential to design the treatment protocol, *Pittavruta Apana* would be an appropriate diagnosis if patient presents with symptom of metromenorrhagea in PCOS. Diagnosis of PCOS may be done differently depends on the dominance of symptom and involved *Srotas*. *Virechana Karma* (therapeutic

purgation) due to its multi dimensional action may be considered as the best modality in managing PCOS where, *Pitta*, *Rakta* and *Apana Vata* are involved. Study on large sample may be solicited to conclude its efficacy.

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