

Management of Secondary Amenorrhea due to PCOS through Ayurvedic Regime - A Case Study

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Background: In the woman of reproductive age group, PCOS is the commonest endocrine disorder which is a complex genetic syndrome characterized by anovulation, amenorrhea or hypomenorrhea, menstrual abnormalities, acne and hirsutism which is due to sedentary lifestyle, eating unhealthy and abnormal sleeping patterns. As per WHO, it impacts 116 million females worldwide as of 2010.[1] In Ayurved, it can be correlated with Nastartava or Anartava which is the symptom of Bandhya Yonivyapada. Symptomatically it can also be correlated with Puspaghani Jataharini mentioned by Acharya Kashyap.

Material and Methods: An unmarried Hindu female patient of 20 years old came to OPD of IAS and R with complaints of amenorrhea since 6 months along with pre-menstrual symptoms like irritability and mood swings etc. She is also having scanty menses since 6 months. Her USG showed polycystic ovaries. PCOS involves Ras, Rakt, and Medo Dusti along with Kapha-Pitta Pradhan Tridosh. Based on Samsprapti, Kapha-Pittahar, Artavajanana and Aampachana Chikitsa was adopted. She was treated with Ayurvedic Sansaman and Sanshodhan Chikitsa for 3 months. Her treatment includes Virechan for Srotoshodhan and oral medications include Chaturbeej Churna, Kanchnar Guggul, Gaandharvahasthadi Kshaya and Gorakhmundi Churna.

Results: Her USG was repeated after the course which was showing normal study. She also got her periods after 2 months of treatment along with relief in her premenstrual symptoms from which she was suffering previously. Now she is having her periods on monthly basis with length of cycle of 28 to 32 days.

Conclusions: Ayurvedic management of PCOS offers a natural and holistic approach to addressing the root causes of this hormonal disorder. By incorporating dietary changes, lifestyle modifications, herbal remedies, and yoga, women with PCOS can experience improved hormonal balance, reduced symptoms, and enhanced overall well-being. Through this study, it is concluded that PCOS can be treated effectively with Ayurveda.

Keywords: Ayurved, Gorakhmundi, PCOS, Pushpaghani Jataharini, Artava

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Introduction

PCOS is also known as infertility queen as it is the leading cause of infertility. Exact cause of PCOS is not known but it is believed that it is a combination of genetic environmental and hormonal factors. One in every 10 women in India has PCOS. The incidences vary between 0.5- 4% and it is prevalent in young reproductive age group (20- 30%).[2]

Low grade inflammation often seen in PCOS which contributes to insulin resistance and metabolic dysfunction. Insulin resistance leads to hyperandrogenic and ovulatory dysfunction. Presence of multiple cysts in the ovaries in USG is the hallmark of PCOS. Also imbalance between oxidative stress and anti oxidant defense may damage ovarian tissue and disrupt hormone production. Altered oestrogen also disrupt ovulation.

The high oestrogen production is due to conversion of androgen to oestrogen in ovaries and peripherically. It increases LH level, decreases FSH level, causes thecal hyperplasia and increased androgen in ovaries. High androgen leads to increase in SHBG which causes increased free androgens. The hyperthecosis is related to an over producing androgens which decreases granulosa cell proliferation and maturation, as well as stimulating fibrosis of stroma and capsules which inturn leads to anovulation and infertility.

Free androgens also lead to acne, hirsutism, male pattern baldness and converted to oestrogen. Also, these days genetic involvement in PCOS is a routine find. The gene involved are CYP11a, CYP17 and CYP21 which are steroidogenetic. PCOS patients also have risk of developing infertility, HTN, type-2 DM, cancer of uterus and cardiac issues. As per *Ayurved*, imbalance of *Kapha Dosha* leads to improper development of follicles because *upchaya* i.e., to develop is the *Karma* of *Kapha*.

Vata Dosha causes rupture of follicles which manages ovulation. And *Pitta Dosha* is responsible for aromatization i.e., conversion of excess androgen to oestrogen. Hence, all 3 *Doshas* when vitiates, collectively leads to hormonal imbalance, anovulation and irregular menstrual cycle. Besides this, causes of PCOS involves both *Aharaj* and *Mansika Nidaan*. Any factor which vitiates *Kapha*, *Vata* and *Meda Dhatu* are responsible for PCOS. Some of the *Nidaan* are *Pramitahara*, *Vishamahar*,

Adhyasana, *Atyasana* and unhealthy lifestyle or not doing any physical work or not following *Dincharya* and *Ritucharya* collectively causes imbalance of the *Tridosha*. There is no direct correlation of any single disease with PCOS in *Ayurvedic* texts. A group of disorders can be correlated according to similar symptoms. Some of these are *Anartava*, *Arajaska*, *Pushpaghani*, *Lohitashaya*, [3] *Granthibhut Artava*, *Astartava Dusti*, *Viphala Beej* and *Bandhya*. [4]

According to *Acharya Kashyap*, *Lakshana* of *Pushpaghani Jataharini* are *Vruta Puspa* (anovulation), *Lomshaganda* (hirsutism), *Sthoola* (obesity). Hence it is clear that PCOS includes both hormonal and metabolic disturbances. Also, causes of PCOS involves both *Aharaj* and *Mansika Nidaan*. Treatment of PCOS is based on *Doshaj* predominancy. It includes correction of vitiated *Kapha* and *Vata Dosha* and to increase *Agney Guna* of *Pita Dosha* which will be *Artavajanana*. *Vata Dosha* should be treated first as any *Yoni Vyapada* occurs due to *Vata Dosha*. Specially *Apana Vata* is responsible out of 5 type of *Vata*. Here, *Artavajanana*, *Deepan-Pachan*, *Pakvasyashodhak* and *Anuloma Chikitsa* is followed. All these leads to *Artava Vaha Srotosudhi* and hence helps in decreasing PCOS symptoms.

Case Report

A 20 years old unmarried female approached the Prasuti Tantra evam Stree Roga OPD of IAS & R, Kurukshetra on 4/9/2024. Patient complain of irregular menses since last 2 years and her last menstrual periods were on 12/4/2024. She also has acne on forehead and chin area and hairfall problem since last 6 months. She also has extra hair growth on chin area since last one year.

History of present illness

According to her, she is suffering from scanty and delayed menses since 2 years then she took OC pills for 6 months during which her periods were normal but after stopping the allopathic medicines, she again got her periods delayed. She also develops acne 6 months before.

Past history: No relevant history found.

Past medical history: Patient took OC pills for 6 months one years before.

Past surgical history: Not any.



Name	Ms. Muskan	Age / sex	21 Y / F
Ref. By.		Date	12.02.2025

ULTRASOUND LOWER ABDOMEN

- Urinary bladder seen in distended state with echofree lumen. Wall thickness is normal.
- Uterus is anteverted, measures - 6.7 x 3.3 x 3.2 cm. It is normal in size, shape and echotexture. Myometrial echotexture is normal. No obvious focal lesion seen. Endometrial thickness is - 4.2 mm.
- Right Ovary measures - 3.4 x 2.3 x 1.0 cm and volume - 4.3 cc.
- Left Ovary measures - 3.0 x 1.9 x 1.7 cm and volume - 5.4 cc.
- No adnexal mass or cyst is seen.
- No free fluid in pouch or pelvis.

Impression: Normal Study for Lower Abdomen.

Suggested: Clinico-pathological correlation.

Note: All examinations are requested to please mention the region of interest in pre-protocol diagnosis - as this specific stressed area cannot be missed.
 1. Impression is professional opinion, not a diagnosis and should be correlated clinically.
 2. All examinations are requested to please mention the region of interest in pre-protocol diagnosis - as this specific stressed area cannot be missed.
 3. In case of any discrepancy seen in reports, please kindly get it corrected immediately.

Dr. Vinod Kumar Yadav, MD
 Senior Consultant
 Radio-ultrasonologist
 Regd. No. HN 12846

After Treatment

Investigations:

Serum prolactin - 15.47ng/ml

Serum LH - 8.76 mIU/ml

Serum FSH - 7.25 mIU/ml

Serum TSH - 3.78 um/ml

Serum testosterone - 18 ng/dl

RBS - 112 mg/dl

Hb - 11.6 gm/dl

USG findings - B/L Ovaries bulky (Right ovary - 11.6 cc, left ovary - 12.9 cc) with multiple small peripherally placed follicles with increased stromal echogenicity.

Treatment Plan

1. Virechan Karma

Deepan Pachan	From 5/9/2024 to 9/9/2024	1. Tab. Chitrakadi Vati 1 TDS after meal with lukewarm water. 2. Churna Ajmodadi half tsp before meal with lukewarm water.
Snehpan	From 10/9/2024 to 16/9/2024	Panchtik Ghruta, till Samyaka Snehana Lakshana were seen. (started with 30 ml and given upto 180 ml).
Sarvaang Snehana + Swedan	For 2 days after Snehpana	With Tila Taila.
Virechan	On 19/9/2024	With Trivruta Avaleha and Errand Taila.
Sansarjana Karma	20/9/2024 to 24/9/2024	Given for 5 days accordingly as Manda, Peya Vilepi and Yavagu.

Virechan Karma with Madhyama Sudhi was done (16 Vegas). After that Sansarjana Karma was foll. by patient as advised. Then internal medications were started from 27/9/2024 for 3 months.

2. Medications

Drug	Dose	Anupana
Gorakhamundi Churna	3gm BD	With lukewarm water
Chaturbeeja Churna	5gm OD	With lukewarm water
Kanchnaar Guggula	2 TDS by chewing	With lukewarm water
Gandharvaghasthadi Kshaya	2 tsp BD	Nil

3. Suryanamaskara

Patient was advised with Suryanamaskara 5 - 10 times every morning.

Follow-Up:

1st follow-up	On 26/9/2024, after Virechana Karma.	Patient got relief in her acne and feeling lightness in body but she didn't get her periods.
2nd follow-up	On 28/10/2024	Her symptoms reduced and again she didn't get her periods
3rd follow-up	On 28/11/2024	She got her periods on 19/11/2024 for 2 days and it was without any premenstrual and menstrual pain. Clots - not present. Smell - not present. DOC - 2 Pads per day which was fully soaked.
4th follow-up	On 26/12/2024	Patient got her 2nd cycle on 24/12/2024, which was for 3 days and again there were no premenstrual symptoms.

Assessment Criteria:

Subjective Symptoms	Before Treatment	After Treatment
Length of cycle	60 days or more	28-32 days
Duration of cycle	1 day	3-4 days
Amount of bleeding	2pads , half soaked	2pads/ day , fully soaked
Pain during periods	++++	+ (mild)
Acne	+++ (on forehead and chin)	Completely clear
Hirsutism	+++	+
Mood swings	+++++	Completely cured

Objective Symptoms	Before Treatment	After Treatment
USG Studies	B/L PCOD	NORMAL STUDY
LH:FSH ratio	1.20	1.01

Discussion

Even though, PCOS can't be correlated with a single entity, but it can be understood by *Dosha*, *Dushya* and *Vikruti* and *Srotas* involved. *Samprapti* can be understood and broken down as per *Dosha* involvement. Probable *Samprapti* of PCOS - vitiation of all 3 *Doshas* causes *Agnidusti* and hence *Aam* formation. It then causes *Rasa Dhatu* imbalance and finally *Artava Vata Srotodusti* and *Aavarana* which leads to decrease in its function, hence leads to anovulation and infertility.

Probable mode of action of drugs

1. *Gorakhmundi Churna* - *Gorakhmundi* helps in balancing the hormones as it has anti-androgenic properties that reduce testosterone levels, restoring the balance between FSH and LH. Additionally, it balances *Kapha-Pitta Doshas* in the body hence help in PCOD.

2. *Chaturbeej Churna* - It is the combination of seeds of *Methika*, *Chandrashur*, *Kalajaji* and *Yavanika* in equal *Chaturbeeja Churna* has predominantly *Katu Rasa*, *Snigdha Guna* and *Ushna Virya* with *Vata-Hara Dosha-Karma*. It has *Garbhashudhikar* and *Shoolhar* properties. Due to the *Garbhashaya Shodhaka*[5] and *Sankochaka* (ecbolic) action of the *Kalajaji* it cures *Margavrodha* i.e., *Sanga* thus alleviating the *Vata Dosha*.

3. *Kanchnar Guggulu* - It has *Vata-Kaphasamana*, *Lekhana* (scrapping) and *Shodhohara* (anti-inflammatory) properties. It is found to be effective in balancing *Kapha* by boosting metabolism and the bitter and pungent taste of *Guggulu* helps in burning fat and enhances digestion. Anti-inflammatory, anti-diabetic properties of *Kanchanar* helps in the reducing insulin resistance often associated with PCOS.

4. *Gandharvahasthadi Kashaya*[6] - It normalizes *Vata-Kapha Doshas* and its *Anulomana* property helps in relieving constipation. Majority of contents possess anti-inflammatory action and some of them mainly *Punarnava* (*Boerhaviva diffusa*) and *Gandharvahastha* (*Ricinus communis*), *Chirivilwa* (*Holoptele integrifolia*), *Viswa* (*Zingiber officianlis*) and *Hutaasa* (*Plumbago zeylanica*) reduces *Aamavastha* via their *Deepana* (carminative) and *Pachana*

Conclusion

Ayurvedic treatment of PCOS focuses on restoring balance to the *Doshas*, *Dhatu*s, *Agni*, and *Ojas*. This can be achieved through a combination of dietary changes, herbal remedies, *Yoga*, and lifestyle modifications. PCOS can also lead to a depletion of *Ojas* (vital energy), resulting in symptoms such as fatigue, stress, and mood swings. *Artava Dhatu* imbalance leads to irregular menstrual cycles, ovulation disorders, and infertility. An imbalance of the *Rasa Dhatu* (plasma tissue) can contribute to symptoms such as weight gain, insulin resistance, and skin problems.

Mamsa Dhatu (muscle tissue) imbalance can lead to symptoms such as muscle weakness and fatigue. Further, the complications due to the hormonal therapy are very common and treatment in modern science is highly expensive also. The present study suggests that Ayurvedic interventions can be a valuable adjunct to conventional treatments, offering a safe, effective, and sustainable approach to managing this complex condition. Further research is needed to fully explore the potential of Ayurvedic medicine in the management of PCOS.

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