



ROLE OF PRAVALPANCHAMRITA AND KUMARYASAVA IN A CASE OF PCOS

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ABSTRACT

Today, chronic anovulation has already crossed the limit of 80% among the total gynaecological cases worldwide due to various causes. Among them polycystic ovarian syndrome (PCOS), characterised by infertility, hirsutism, obesity and amenorrhea or oligomenorrhea,^[1] etc. is one of the most important causes. Uterine bleeding with PCOS is unpredictable as to time of onset, duration and amount. According to Ayurveda the *samprapti* (pathogenesis) and the treatment modalities can be comparable with that of *vat paittik gulma*. Here in this case *Pravalpanchamrita* and *Kumaryasava*, both acting as *doshapratyanika* as well as *vyadhiprayanika*, had been administered for 6 months to treat the condition. After completion of the study the major clinical findings i.e. irregular menstruation along with pelvic heaviness were corrected remarkably and the body weight & appearance of acne were also reduced to some extent. USG report revealed normal study i.e. disappearance of cysts on the ovaries. From this result, the authors had tried the same protocol in other 5 cases of PCOS which were also significant. Further study should be carried out in large sample to establish the role of the said therapy in this particular disease.

KEYWORDS: PCOS, Gulma, Pravalpanchamrita, Kumaryasava.

INTRODUCTION AND PATHOGENESIS

Poly cystic ovarian syndrome (PCOS) is a chronic anovulatory condition in which women, during childbearing period, experience withdrawal bleeding after administration of progesterone due to acyclic production of estrogen, largely estrone.^[2] More than 80% women suffering from gynaecological disorders and infertility are diagnosed as PCOS in recent era. According to modern medicine, hormonal treatment along with some interventional therapies is adopted to treat the condition. But due to long term use of hormonal medicine, obesity and other hormonal side effects become prominent. Hence main aim of this study is to find the etiopathogenesis according to Ayurvedic compendium and the effectiveness of the drugs used to treat the case without any side effect.

Excessive tension in workplace including in educational field along with intake of unwholesome food like junk, spicy and frozen food or processed (sometimes processed with hormonal injection) food may be the main cause of the syndrome. Intake of such food i.e. *katvamla tikshnadi anna*^[3] and performing some activities like *ratrajagarana*, *vegadharana*^[4] and *chintasoka*^[5] etc vitiates both pitta and vayu respectively. Increased drava guna of pitta and aggravated vayu cause gradual onset of *visamagni* (altered digestive fire) condition leading to

rasadiagnimandyatva (reduced metabolic rate) followed by *medadusti* and subsequent hyperactivity of adrenal gland to combat with the hypo metabolic condition. Hyperactive adrenal gland causes excess availability of circulating estrogen via extra glandular aromatization.^[6] As a result there is reduction of circulating FSH due to activation of pseudo-sensational (as it is not from the ovarian aromatization in granulosa cell) negative feedback of the hypothalamo-pituitary axis along with similar type (pseudo-sensational) positive stimulation of LH surge resulting in additional production of androgen in thecal cell.^[7] On passing of times, further follicular development get jeopardise and causes anovulatory state. Developing or under matured follicle turns into cyst. The most common findings is white, smooth sclerotic ovary with thickened capsule, multiple follicular cysts in various stages of atresia, a hyperplastic theca and stroma and rare or absent of corpora albicans.^[8] The multifollicular state (the state of *granthischaanekavidhan*) and hyperplastic condition along with excess circulating androgen i.e. *pittatiparisravat*^[9] express the condition of *paittik gulma* in presence of defective or inappropriate signal, due to aggravated *vat dosha*, to the hypothalamo-pituitary axis. Etiopathologically described this *vat-paittik gulma*, clinically appears with *vatic yonivyapyad* with signs and symptoms of *vyandhyatva*^[10] (infertility) and *nastartava*^[10] (amenorrhea) or irregular menstruation

along with pelvic pain as found in *vatic asrigddar*^[11]; excessive weight gain due to *medadusti*; hirsutism due to apparent increase of male type hormone, secreted from adrenal gland, in circulation due to inappropriate distribution of *sadhak pitta*^[12]; appearance of *mukhadusika* (acne) due to relative increase of male type hormone.

MATERIAL AND METHODS

An obese female patient aged 16 years, suffering from severe pain in pelvic region during menstruation, irregular scanty or heavy menstruation, along with frequent appearance of acne, and increased hair growth in unwanted regions, visited in my clinic in 5th November 2013. USG reveals bilateral echogenic stroma in ovaries with a measurement of 36× 32 mm of right ovary and 41× 22 mm of left ovary. Impression of the report and clinical features are suggestive of poly cystic changes in ovaries. *Pravalpanchamrita*^[13] in dose of 250 mg twice daily along with *honey* in empty stomach and *Kumaryasava* 15 ml twice daily with equal amount of plain water after lunch and dinner were administered to the patient for 6 and half month. Patient was also underwent some *pranayam* and *asans* (exercise) and wholesome dietary regimen including avoidance of spicy, frozen, junk and oily food and maintained proper timing of food. Patient was also advised to avoid stress and to take proper sleep.

RESULT AND OBSERVATION

Observation was carried on in every 2 month interval. In first two observation clinical findings especially menstrual flow become almost normal with remarkable reduction of pelvic pain. Appearance of acne was also reduced markedly. On 3rd observation unwanted hair growth and body weight reduced to a good extent. And USG report shows normal size and echo texture of ovaries along with a measurement of 26 × 22 mm and 23 × 23 mm of right and left ovary respectively.

DISCUSSION AND CONCLUSION

According to Bhaisajyaratnavali¹³, *pravalpanchamrita* directly acts upon *gulma* and corrects the state of *agnimandya*, both the *jatharagni* as well as *dhatvagni* and alter the metabolic disorder regarding *medoroga*. It also corrects the *manavaha sroto*, mentioned as *nirmalachittavritti*, and corrects the dysfunction of the hypothalamo-pituitary axis by *nigrahana* of *vata* and subsequently the circulatory *FSH* gets increased to correct the anovulatory condition. The ingredients of *pravalpanchamrita* like *praval*, *mukta*, *mukta shakti*, *shankha* also reduce the vitiated *pitta*. *Praval*, *mukta* and *mukta shukti* themselves correct the hormone especially the sexual hormone as per *Bhabprakash* and help in correction of irregular menstrual cycle and infertility. *Arka kheera*, by virtue of its *ushna virya* (potency) and *katu*, *tikta ruksma* and *tiksna* properties^[14] reduces the thecal cellular growth i.e correction of formation of *granthischaanekavidhan*^[15], the basic pathology of *gulma* along with the correction of metabolism.

According to *Yogaratanakar Kumaryasava*^[16] as a whole correct the hormonal axis of sex hormone and destroy the condition of *nasartav* (amenorrhoea). *Kumaryasava* also correct the *agni*, both the *jatharagni* and *dhatvagni* i.e the internal metabolism and thus specifically arrest the *samprapti* (pathogenesis) of *gulma* by its overall therapeutical potency.

Further study should be carried out in large sample to establish the role of the said therapy in this particular syndrome.

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