



Case Study

AYURVEDIC MANAGEMENT OF OBESE POLYCYSTIC OVARIAN SYNDROME WITH TRISHNYADILOHAM – A CASE STUDY

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KEYWORDS: *Artavkshay, Obese PCOD, Pushpaghni jaatharini, Trishnyadiloham.*

ABSTRACT

According to Ayurveda Polycystic ovarian syndrome is a disorder involving imbalance of *Vata, Pitta* and mainly *Kaphadosha*. Change in lifestyle and diet is the important part of the treatment. There are many references found in Ayurveda which coincides with PCOS. Out of *Artavkshay, Arajaska yonivyapad, Vaataj artavdushti, Kshinartav, Shandhi Yonivyapad, Pushpaghni Jaatharini, Pushpaghani Jaatharini* coincides with PCOS in terms of *Lakshnas* and *Hetu*. Polycystic ovarian syndrome is a *Medojroga, Santarpanjanyavyadhi* as per Ayurveda. *Trishnyadi loham kalpa* is described under *Medorog chikitsa* in *Yogratnakar*. As it has all *Kapha nashak dravya*, it will help to reduce fat thereby reduction in other metabolic markers of PCOS. In today's era due change in lifestyle incidence of PCOD has risen. It is very common endocrinopathy in women with reproductive age. There are four compartments involved in Polycystic ovarian syndrome. Out of that Obesity is found over 50% of patients with PCOS. A reduction in body weight of 5-10% will cause a 30% reduction in visceral fat, which is often sufficient to restore ovulation and reduce metabolic markers. So to restore normal menstruation *Kaphanashak chikitsa* is equally important. Along with proper diet, exercise and *Trishnyadi loham* will definitely help to reduce body weight and restore normal menstrual function.

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INTRODUCTION

One of the major contributing factors in pathophysiology of Polycystic ovarian syndrome is Obesity. The prevalence rate of PCOS is 2.2% - 26%. In today's era rate of infertility increasing due to unhealthy lifestyle, stress and workload. The PCOS is the major cause of infertility as it causes anovulation. Management of PCOS is the important aspect of fertility treatment. The signs of PCOS are irregular menstruation, Hirsutism, weight gain, acne, acanthosis nigricans. Insulin resistance is one of the underlying disorder of PCOS. A reduction in body weight of 5-10% and 30% reduction in visceral fat are sufficient to restore ovulation and reduce metabolic markers. Obesity has shown to be an important risk factor for endometrial cancer. There are many modern medicines available for PCOS but it has got some side effects. PCOD can be classified *Medojroga, Santarpanjanya vyadhi. Trishnyadiloham kalpa* described under *Medorog*

chikitsa in *Yogratnakar*. As it has all *Kaphnashak dravya* it will help to reduce fat thereby reduction in other metabolic markers of PCOS. The features of PCOS are 1. Oligomenorrhea/anovulation 2. Hyperandrogenism 3. Polycystic ovaries. In PCOS there are endocrinological abnormalities in four compartments. 1. The Ovaries 2. The adrenal glands 3. The periphery 4. The hypothalamus- pituitary compartment. The peripheral compartment includes skin and the adipose tissue. Obesity is found over 50% cases in PCOS. The body fat is usually deposited centrally (android obesity) and higher waist to hip ratio increased risk of diabetes mellitus and cardiovascular disease in later life. Insulin resistance and hyper-Insulinemia commonly exhibited in PCOS. About 1/3rd of obese patients have impaired glucose tolerance (IGT). Obesity is the one of the major cause of the anovulation. In modern medical science there are only

symptomatic treatments are available which gives unsatisfactory results. These days weight loss in obese patient is a big challenge because of work culture and improper eating habits. Weight loss is the first step to restore ovulation in obese PCOS patient. Keeping all these factors in mind, *Trishnyadiloham kalpa* described by *Yogratnakara* under *Medorog chikitsa* as the ideal drug to achieve multiple factors by using single *Kalpa*. As major contents of *Trishnyadi loham* are *Ushna viryatmak*, *Trishnyadiloham* acts on *Artavkshay* (oligomenorrhea) i.e., one of the symptom of PCOS.

Pathophysiology

Menstruation is a cyclic phenomena, as per modern science it should be at regular interval of 28-35 days. Irregularity is the important clinical sign of the PCOS. As per Ayurveda *Ashtang Hridayam* “*maasi maasi rajah strinam rasajam stravati tryaham*”^[1] *Ashtang Hridayam sharirasthanam 1/7*, “*Rasadev raktam rajah sanya pravartate*”^[2] *Sushrut Sutrasthanam 14/6*. i.e., *Rajah* is *Upadhatu* of *Rasa dhatu* menstruation said to be a normal when it is at regular interval and each and every month. Absence or failure to occurrence of menses at regular interval or every month is the sign of disturbance of *Dhatu* formation. There is description of *Yonivyapada* and *Ashtartav dushti*. The term *Nashtartava* means loss of menses i.e., scanty/ infrequent menses or anovulation. There are four major factors which are responsible for *Yonivyapad*^[3] are unhealthy lifestyle, *Beejdushti* i.e., genetic disorder, *Artavdushti* i.e., menstrual disturbance and *Daiva* i.e., divine factors. Out of *Artavkshay*, *Arajaska yonivyapad*, *Vaataj artavdushti*, *Kshinartav*, *Shandhi Yonivyapad*, *Pushpaghni Jaatharini*^[4], *Pushpaghani Jaatharini* coincides with PCOS in terms of *Lakshnas* and *Hetu*. *Pushpaghni Jaatharini* “*Vruttha Pushpam Tu Naari Yathakaal Prapashyati|Sthullomasha Ganda Va Pushpaghni Sa Api Revati|*.” Here *Vruttha pushpam* can be considered as a anovulatory cycle, *Kaal* denotes irregularity of menses, *Sthula* means weight gain, *Lomasha ganda* is sign of hairy growth over maxillary area. Causative factors of *Jaatharini* are *Kalah*, *Ghasmara*, *Avyayam*, *Atipaan*, *Atibhojan*,

Avyayam, *Atiswapna*, *Swamatkarini*, *Ghasmara* i.e., eating in excess amount, *Avyayam* lack of exercise, *Atipaan*, *Atibhojan* excess hunger and thirst, *Atiswapana* excess sleep all these factors also cause of *Medoroga*. As we have seen *Rajah* is *Updhatu* of *Rasadhatu*. *Rasadhatu* forms from *Ahar rasa* with *Sthula* and *Sukshma pachan*. Any imbalance in *Dhatu poshan* can cause vitiation of *Dosha* and *Dhatu*.^[5] This ultimately hampers *Rajah*. Here unhealthy lifestyle can be correlated with cause of PCOS. Obesity denotes *Medo dhatu*, *Kapha dosh dushti*. According to Ayurvedic view PCOS is *Santarpanjanya vyadhi* and it required *Kaphanashak*, *Medonashak chikitsa* primarily.

Aims and Objectives

Aim: To study the Clinical Efficacy of *Trishnyadi-loham* for PCOD.

Objectives

1. To study probable mode of action of *Trishnyadi-Loham* in detail
2. To study obesity in PCOD in detail.
3. To provide safe, cost effective treatment.

MATERIALS AND METHODS

1. Literary information about the study has compiled from Ayurvedic texts.
2. Various publications, textbooks, research papers have considered to collect the literary material.
3. For all the procedures various Ayurvedic text are referred.

त्रूषणाद्यं लोहम्-^[5]

त्यूषणत्रिफलाचव्यं चित्रकं विडमौद्धिदम् । बाकुची सैन्यव चव
सौवर्चलमयोरजः॥१॥

माषमावमतश्चूर्णं लिहेदाज्यमधुप्लुतम् । अतिस्थौल्यमिदं चूर्णं
निहन्त्यग्निविवर्धनम्॥२॥

मेदोज्ज्वलमेहकुष्ठं श्लेष्मव्याधिनिर्बर्हणम् ।

नाऽऽहारे नियमश्चात्र विहारे वा विधीयते । त्रूषणाद्यमिदं चूर्णं
रसायनमनुत्तमम् ॥ ३॥

Ingredients in *Trishnyadi- Loham*

1. *Loham*
2. *Shunthi*
3. *Marich*
4. *Pippali*
5. *Amalaki*
6. *Haritaki*
7. *Bibhitaki*
8. *Chavya*
9. *Chitrakmula*
10. *Bakuchi beej*
11. *Saindhav*
12. *Saurvachal Lavan*
13. *Vidlavan*
14. *Audbhijlavan*

Ingredients and Actions of *Trishnyadi-Loham*

Contents	Latin name	Rasa	Guna	Virya	Doshghnata
<i>Pippali</i>	<i>Piper longum</i>	<i>Katu</i>	<i>Laghu, Tikshna, Snigdha</i>	<i>Anushna-Sheeta</i>	<i>Kaphashamak</i>
<i>Shunthi</i>	<i>Zinziber officinale</i>	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Vaatnashak</i>
<i>Marich</i>	<i>Piper nigrum</i>	<i>Katu</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Kaphanashak</i>
<i>Chavya</i>	<i>Piper chabha</i>	<i>Katu</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Kaphavaatnashak</i>

<i>Chitrakmula</i>	<i>Plumbago zeylanica</i>	<i>Katu</i>	<i>Tikshana, Laghu, Ruksha</i>	<i>Ushna</i>	<i>Kaphanashak</i>
<i>Amalaki</i>	<i>Embllica officinalis</i>	<i>Lavanvarjit Panchrasa</i>	<i>Laghu, Ruksha, Sheet</i>	<i>Sheeta</i>	<i>Tridoshhar</i>
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Lavanvarjit Panchrasa</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Tridoshhar</i>
<i>Bibhitaki</i>	<i>Terminalia belerica</i>	<i>Kashay, Madhur</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Tridoshnashak</i>
<i>Bakuchibeej</i>	<i>Psoralea coryfolia</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Kaphanashak</i>
<i>Loha Bhasma</i>	-----	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Lekhana</i>
<i>Lavan</i>	-----	<i>Lavan, Madhur</i>	<i>Singdha, Tikshna, Sukshma</i>	<i>Sheeta</i>	<i>Tridoshhara</i>

Preparation of Drug

Methods – *Trishnyadiloham* will be prepared as per *Vati Kalpana* given in *Sharangdhar Samhita*. Criteria is patient with BMI >30.

Dosage – 1 *Maash* = 960mg Tablet 250mg daily twice for 3 months before food with *Anupan Madhu* and *Ghrta* in unequal quantity for 3months.

Case Study

A 28 year old female visited OPD with complaints of weight gain and irregular menses since 1 year.

Past medical history – No h/o HTN/DM/Kochs/Asthma.

Past Surgical History – No any surgical illness.

H/O Allergy – No h/o any drug allergy.

Family History – Nil

Menstrual History—

L.M.P – 20/11/2019

L.L.M.P – 9/10/2019

Present M/H

The periods are irregular, scanty and painless occurring at a gap of 40-60 days with flow of 1-2 days.

Marital Status – Unmarried

General Examination:

G.C – Good

Temp – Afebrile

B.P -- 110/70 mmhg

P – 80/min

Height – 5'2"

Weight – 70kg

BMI – 28, 2

Waist –95cm

Hip- 104cms

W/H – 0.91

Systemic Examination

RS –Clear

CVS–S1S2 Normal

CNS – Conscious, Oriented

Ultrasonography

Right ovary– 11cc volume, bulky right ovary reveals small peripherally arranged follicle. Left ovary– 10cc. Polycystic ovarian changes.

Treatment Given

Tab. *Trishnyadi Loham* (250mg)– 2-0-2 (Before Food) with *Madhu* and *Ghrta* unequal quantity for 3 months.

Duration: 3 months f/u after every 15 days.

Pathya- Apathya

During this period patient was advised to avoid oily food, junk food, reduce sugar Intake.

Advised exercise at least 30 minutes brisk walking, Jogging, *Suryanamaskar*.

Advised to include green vegetables, 1 fruit daily, dry fruit in routine diet.

Observation

Patient followed drug and *Pathyapathya* strictly. Significant inch loss and weight loss was seen. Patient got her normal menstruation of 4-5 days.

RESULT

As all contents of the *Trisnyadiloham* are *Kaphanashak*, maximum contents are *Laghu, Ruksha* and *Ushna viryatmak*, causes marked loss of fat. Significant inch loss was seen. Restoration of menstruation was also seen.

DISCUSSION

PCOD is a life style disorder. A reduction in body weight 5-10% will cause a 30% reduction in visceral fat, which is often sufficient to restore ovulation and reduce metabolic markers.

Reduction in weight is the biggest challenge in PCOS patients. As PCOS is metabolic lifestyle disorder, change in life style following good diet habits and regular exercise is the key of the PCOS management, but in today's era many women are dealing with hectic work schedule. For them drug

like *Trishnyadiloham* is good option. Regulating menstruation, restoration ovulation, fertility, reducing androgen levels all these factors can be achieved by *Trishnyadiloham* along with good diet habits and exercise. *Trishnyadiloham* is a *Rasayanam* which is good for fertility.

CONCLUSION

In *Yogaratnakar* description on *Trishnyadiloham* all contents of *Trishnyadiloham* can help in obese PCOD to reduce peripheral fat which in turn will help to restore normal menstrual function along with good diet habits and regular exercise.

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