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BAHUPUTTAKIYA DIMBAJYA VYADHI (POLY CYSTIC OVARIAN DISEASE) AND KANKAYAN VATI

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ABSTRACT

Existence of the human race revolves around the women to whom is also assigned the name **"Janani"** because of her power to bring a new life in the universe. Women are the makers of the home, the nation and world. It is indeed the woman who shapes the generation. Therefore she deserves utmost care, respect along with good health. The state of women health is indeed completely tied up with a culture in which she lives, her position in it, as well as the way she lives her life as an individual during her span of existence, she undergoes different changes in her psyche and body. Inspite of this she performs all her duties in all circumstances to stand up with the needs of society.

Keywords: *kankayan vati , Puspaghni Jataharini, bahuputtakiya dimbajya vyadhi*

INTRODUCTION: Woman's prevalent hectic life style triggers a chronic state of anxiety or excessive autonomous reaction which can be given a common terminology stress. Stress interferes with one's mind and homeostasis of body by several psychosomatic mechanisms, responsible for many psychological or physiological disturbances which results into many disorders. All of this altered co-ordination between the nervous system, hormonal system and cardiovascular system has pushed the present day women into a precarious state of sufferings like PCOD. In classics there is no direct reference of PCOD but *Puspaghni Jataharini* is one among those *Jataharinis* having *lakshanas* similar to the clinical features of PCOD, though a syndrome cannot be correlated to a particular disease. At present infrequent menstruation is treated by hormonal therapy. This therapy may lead to obesity.[1]Herbal medicine can be of great benefit in PCOD without the negative side effect of conventional drugs. Hyperinsulinemia may play a pathogenetic part in hyperandrogenism in women with the polycystic ovary syndrome by increasing ovarian androgen production and decreasing the serum sex hormone–binding globulin concentration.[2-9] Serum free testosterone concentrations decline in women with the polycystic ovary syndrome when their insulin secretion is reduced by the administration of diazoxide[10] or metformin[11] or by diet.[12-13]

When *sleshmaja prakruti stree* consumes *kapha prakopak ahara* then it vitiates the *doshas* mainly *kapha* which causes the *meda vriddhi* leading to abnormality in *ritu chakra*.[14] Without physical exercise and diet therapy the treatment of PCOD is

incomplete.[25, 16] *Nidan parivarjan* i.e. treating obesity will correct PCOD. Sushrut mentioned *agneyadravyas* having properties like *deepana, pachana, chedana, lekhana, medohara* pacifies *Kapha & Vata dosha* can be used to treat PCOD.[17]Obese woman suffers mental stress due to obesity & if she suffers from PCOD it leads to infertility. Therefore correction of menstrual disorder is important. For maintaining their health, longevity and fertility a clinical study was planned to evaluate the *" bahuputtakiya dimbajya vyadhi (*poly cystic ovarian disease) with *kankayan vati.* Review of the disease has been presented with the integrated approach. Clinical study was carried out adapting well established parameters, methodology, and observation. Data were analyzed, discussed properly to reach up to the conclusion. Aims and objectives of the study were to establish relation between PCOD & *pushpaghni Jataharini* and evaluate the efficacy of *kankayan vati*

A 26 year old female patient r/o Matipara presented with complaint of delayed, scanty, painful menstruation with primary infertility on date 11/10/2013. Detail investigations were carried out for exclusive criteria and patient follow up for consecutive 3 cycles done. Patient's first sonography report showed that patient with thick endometrium and right cystic ovary of 41x35 mm

CRITERIA FOR SELECTION OF PATIENTS:

Patient was selected on the basis of the symptoms taken as inclusion criteria:

1. Obese patient with menstrual problems.
2. Obese patient with Infertility.
3. Female patients' age group from 20-35 years.
4. All obese patients with BMI 25 & above.
5. Patients previously diagnosed as PCOD.

CRITERIA FOR DIAGNOSIS:

- A special proforma was designed to register the cases mentioning the identification, chief complaints and associated complaints.
- The condition with all the symptoms was assessed before and after treatment.
- Physical examination and pelvic examination including per speculum and per vaginal and bimanual examination among married women were done before and after treatment.
- Routine hematological and USG were done before and after completion of the treatment of 3 months.

The selected patient fulfilling the criteria of selection was given *Kankayan Vati* (Trial drug) (*Gulma Rogadhikar*)

Dose : 2 vati b.i.d
Route : Orally
Duration : 3 Months
Anupan : Warm Water
Follow up : After 1st month, 2nd month and 3rd month.

Assessment was done after every month of treatment and complaint, sign, symptom noted on the follow up chart accordingly. Second sonography report showed that thick endometrium with left sided partially cystic ovary size 37x23 mm.

Plan for Data Analysis: The statistical analysis of this study was planned to carry frequencies, percentage, means and standard deviation for different parameters. The data are presented in tables and graphs in the result section. The statistical significance of the difference between the means of various study

parameters were derived using paired't' test.

CRITERIA FOR ASSESSMENT OF THE RESULT: The criterion for assessment of treatment is based on improvement in cardinal symptoms like size of ovary, number of cyst, menstrual irregularities, infertility, and obesity. *Chala, Sphiga, Udara & Sthana* (Pendulous buttock, abdomen), *Ati kshuda, .Ati pipasa, Atinidra, Kashtartava and Guruta* these symptoms were taken as common for overall result. According to the severity and intensity of the cardinal symptom, these were graded on the basis of scoring system.

SCORING SYSTEM

SUBJECTIVE PARAMETER

1. Assessment of Chala, Sphiga, Udara & Sthana(CSUS)

Absent	0
CSUS only felt by patient	1
CSUS only on brisk walking, which is felt by patient	2
CSUS observable by others on brisk walking	3
CSUS even on normal walk	4

2. *Atipipasa*:

Feeling of Thirst	**water intake**	**grade**
Normal	1.5 lit	0
Increased but frequency of drinking is in control	more volume 2-2.5 lit	1
Increased with increased frequency	excessive amount 2.5-3 lit	2
Very much increased with increased frequency	excessive amount >3lit	3

3. *Atikshudha*:

Main meals	**Quantity**	**grade**
2 times	Normal	0
2-3 times	Slightly	1
2-3 times	moderately increased	2
3-4 times	markedly increased	3

4. *Dourgandhya*:

Nil	0
Mild *dourgandhya*	1
Moderate *Dourgandhya*	2
Profuse *Dourgandhya*	3

5. *Atinidra*:

Total sleeping Hrs	*Divaswapna*	grade
6-7 Hrs satisfactory	No	o
7-9 Hrs satisfactory	1\2 Hrs	1
9-10 Hrs satisfactory	1-2 Hrs	2
>10 Hrs whole day feeling sleepy	2-3 Hrs	3

Objective parameters

a) Size of Ovary:

0	Rt. Ovary	=	2.7 x 1.8 x 0.5 Cm
	Lt. Ovary	=	2.6 x 1.8 x 0.5 Cm
1	Rt. Ovary	=	2.9 x 1.8 x 0.5 Cm

	Lt. Ovary	=	2.8 x 1.8 x 0.5 Cm
2	Rt. Ovary	=	3.5 x 1.8 x 0.5 Cm
	Lt. Ovary	=	3.0 x 1.8 x 0.5 Cm
3	Rt. Ovary	=	4.0 x 1.8 x 0.5 Cm
	Lt. Ovary	=	3.5 x 1.8 x 0.5 Cm

b) No. of Cyst:

0 - Nil or 1
1 - 2 – 4
2 - 4 – 6
3 - 6 – 8

c) Duration of Menstrual Blood:

0 - 3 -5 day
1 - 2 day
2 - 1 day
3 - Spotting

d) Interval between two Menstrual Cycles:

0 - 30 - 40 day
1 - 40 - 45 day
2 - 45 - 60 day
3 - More than 60 day

e) Quantity of Menstrual Blood (No. of Pads):

0 - 3 Pad or More / day.
1 - 2 Pad / day.
2 - 1 Pad / day.
3 - No use of Pad.

f) Weight (BMI):

0 - 18 to 24.9 Kg/ m^2
1 - 25 to 29.9 Kg/ m^2
2 - 30 Kg /m^2 or more

NOTE: Infertility and Acne is difficult to measure. So here, it was assessed by the verbal.

Assessment of Result: For the purpose of the assessment of result we have used some grade points considering the severity of some common sign and symptoms like *chala sphika udara stana, Ati pipasa, Ati Nidra, Kashtartava, guruta* etc are as follows.

Sign	Grade		Grade Point
++++	G_4	=100/4	4
+++	G_3	=100/3	3
++	G_2	=100/2	2
+	G_1	=100/1	1
_	G0	=00	0

Total effect of the Therapy: Total effect of therapy was assessed in terms of cure, max improvement, moderate improvement, mild improvement and no change.

Clinical assessment of result: - was as per the following criteria.

- **Cure** – 100% free from cardinal signs and symptoms.
- **Max. Improvement (75 - 99%):** After three months, all the signs and symptoms were maximum improved.
- **Moderate Improvement (50 - 74%):** After three months, some of symptoms relieved.
- **Mild Improvement (25-49%):** After three months, some of symptoms little bit improved.
- **No Change (Below 25 %):** there is no change in any parameters.

DISCUSSION: In Ayurvedic Classics, there is no direct reference about PCOD but in Kashyapa Samhita *Revati Kalpa* Chapter, he explained about *Puspaghni Jataharini*. This jataharini causes trouble to women. It is present with triad of typical features that includes destruction of puspa with regular menstruation, appearance of facial hair and obesity.

The Nidanas of jataharini indicates the physiological and behavioral conduct of

women leading to abnormalities in the body. These *Nidanas* like *ati bhojana, ati pana, ati nidra, pathya bhojana tyagini, thyakta manglacharana, himsa priya* etc. leads to *puspaghni jataharini.*

RESULTS: In third sonography which was last there was no cystic disorder in both ovaries, the endometrium was normal thickness was 1-2 mm. significant weight reduction achieved 56 kg to 53 kg. Ovarian size reduces from right ovary 45x35mm to 19x17mm and left ovary 33x21 mm to 22x13 mm. Patient maximum Improvement (75 - 99%) After three cycles, all the signs and symptoms were maximum improved.

CONCLUSION: Polycystic ovarian syndrome is a condition involving disorder of ovary associated with deranged metabolism and multiple hormonal involvements. Based on their action on *granthi, Kankayan Vati* has stigamsterol and isoflavones constituents. It was found to be effective in normalizing and regularizing the ovarian morphology and menstrual irregularities. Among the various menstrual irregularities explained in classics *Puspaghni jataharini* can closely correlate with PCOS. The present clinical study shows effectiveness of *Kankayan Vati* in PCOD. The probable action of drug may fully establish with a large sample size also. PCOD can also called *Bahu puttakiya Dimbajya Vyadhi* on the basis of its clinical sign and symptoms

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