



### EFFECT OF PANCHKARMA ON PREMATURE OVARIAN FAILURE : A CASE STUDY

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#### Abstract-

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Premature ovarian failure is defined as ovarian failure before the age of forty. In modern medicine only hormonal replacement therapy is available as treatment. HRT itself has its own side- effects. So, we have selected patient who was on hormonal pills since last 5-6 years on and off but didn't get relief despite of hormonal pills. A study was done in RGGPG Hospital, Paprola. A Patient of 35 years, Primipara , who was having complaint of irregular menses with scanty menses since 7-8years. Hot flushes, Insomnia since 5-6 years. Absence of menses since 3 months.

Associated complaints: Vaginal dryness, Dryness of skin, Stress incontinence, Hair fall and brittleness of nails. As the disease is *vata**pitta* predominant where symptoms like hot flushes, sweating showing *pittaj* characteristic whereas Insomnia, depression, vaginal dryness,

brittleness of nail showing *vataj* characteristic. So, we planned a treatment protocol after stopping hormonal pills –*virechana, basti, nasya, takradhara* along with some oral medications. Where *virechan karma* with *haritaki churna* and *erand tail* to alleviate *pittaj* symptoms. *Basti (Niruha* with *dashmoola kwath*) and *uttarbasti* with *phalaghrita* to alleviate *vataj* symptoms. *Nasya (Shodhan nasya with trikatu churana, Shaman nasya with sadbindu tail). Takradhara with amalaki, musta, takra* . After *shodhan chikitsa shaman chikitsa* was continued .On evaluation of effect of treatment –overall result was marked improvement in all the symptoms .Symptomatic relief persisted even after 1 month of completion of *panchkarma* therapy.

**Key words :** HRT, *Virechana , Basti ,Nasya, Takradhara.*

**INTRODUCTION:** Premature ovarian insufficiency is defined when ovarian failure occurs before the age of 40years.During intrauterine life either there is failure of germ cell migration or there may be normal cell migration but an accelerated rate of germ cell depletion due to various reasons. Its incidence rate is 1%. Pathophysiology of disease involves follicle depletion which results decrease in granulose cells which further decrease level of inhibin, estradiol and anti mullerian hormone. Pathophysiology of premature ovarian insufficiency is same as perimenopausal phase .So, patient will have all the sign and symptoms same as perimenopause or menopause like hot flushes ,night sweat ,depression, insomnia, dryness of vagina and atrophic changes in genital organs. General appearance of patient also changes skin losses its elasticity, weight gain , sparse and coarse hair, hair fall , constipation and increased urine frequency . Osteoporotic changes also start appearing. All these changes make women depressive, irritable and unable to do her day to day activities. We observe 5-6 patients with peri menopausal symptoms at age between 33-36years.It seems a really problematic condition because

patient not able to cop up with these symptoms at this early age . So we have selected a patient who has almost all the symptoms of menopause at young age.

#### **Material & Method-**

#### **Centre of study- R.G.G.P.G Ayu. College &Hospital**

**CASE STUDY :** A Patient of age 35 years visited PTSR deptt OPD in August 2019 with chief complaint of irregular menses with scanty menses since 7-8 years .Hot flushes since 5-6 years. Insomnia since 5-6 year. Absence of menses since 3 month. Patient put on hormonal pill since 2015 by private practitioner. She had normal regular menses with interval of 28-30 days and duration of 4-5 days, 7-8years back. Gradually she developed irregular menses which was characterized by duration of 4-5 days and interval of 2-3 months .Gradually the interval of menstrual cycle increased up to 6-7 months and duration of 2-3 days associated with hot flushes, insomnia, irritability, dryness of vagina, brittleness of nail. Patient also visited to private hospital at Chandigarh for the same complaint. Patient was primipara. She had a normal spontaneous

vaginal delivery in 2005. She didn't have h/o intra-partum haemorrhage, primary and secondary PPH. NO h/o lactation failure. Patient was a k/c/o hypothyroidism for which she was on medication. Patient vitals were normal. Weight was 45kg. Patient's LH, FSH Level was high. Serum oestradiol level and AMH were extremely low. All other blood investigations were normal. USG findings showing gradual atrophied changes in uterus and ovaries.

**Clinical findings: On physical examination-** Seborrhoea was present. Hairs  
**TIMELINE: Table 1**

were thin and dry. Nails showed pallor and brittle. On per speculum examination-vaginal mucosa was pale and atrophied. Cervix was atrophied and regular. Uterus was anteverted, normal size, mobile and non tender. Fx was clear and non tender. Patient *prakruti was vata pittaj with madhyam sanhanan, asthisara, sarvarasa satmya, having madhyam satva, avar vyayam shakti, madhyam aaharshakti and jaran shakti.* On neurological examination mental function and speech were normal. All cranial nerves were intact.

2015-2018	Mala-D or Mala -N(30µg Ethinyl estradiol+Levonorgesterol 0.15mg)
Pt left treatment for about 3-4 months	
19/8/18	Deviry 10mg ( Medroxy progesterone acetate) for 5 days
23/9/18-Aug 19	Tab premarin( 0.625mg unconjugated estrogen) 28 days + tab deviry 10 mg for 10 days

**Diagnostic focus and assessment: Table 2**

**Objective criteria-** LH, FSH, Serum oestradiol, Serum prolactin, AMH, USG

Date	FSH	LH	S. Prolactin	S. Oestradiol	AMH
8/01/15			123.79 ng/ml		
26/7/18					7.5ng/ml
15/9/19	117.79mIu/ml	47.21Mi U/ML	3.9 ng/ml		
27/9/19	144mIu/ml	54Miu/ml			

3/10/19					0.1ng/ml
29/10/19	74.97mIu/ml				
24/11/19				11.80pg/ml	
30/01/2020				19.13pg/ml	

LH-lutenising hormone                      FSH-Follicular stimulating hormone AMH-  
Antimullerian hormone

Table: 3.1(Ref. values)

	FSH	LH
Follicular phase	2.5-10.20	1.9-12.5
Mid cycle	3.4-33.4	8.7-76.3
Luteal phase	1.5-9.1	0.50-16.9
Pregnancy	<0.30	<0.1-1.5
Postmenopausal	2.3-116.30	1.8-20.3

Table: 3.2

	Serum Prolactin
Non pregnant	2.8-29.2
Pregnant	9.7-208
Post menopause	1.8-20.3

Table: 3.3

	Ref. value
T3	80-200
T4	5.1-14.1
TSH	0.27-4.2

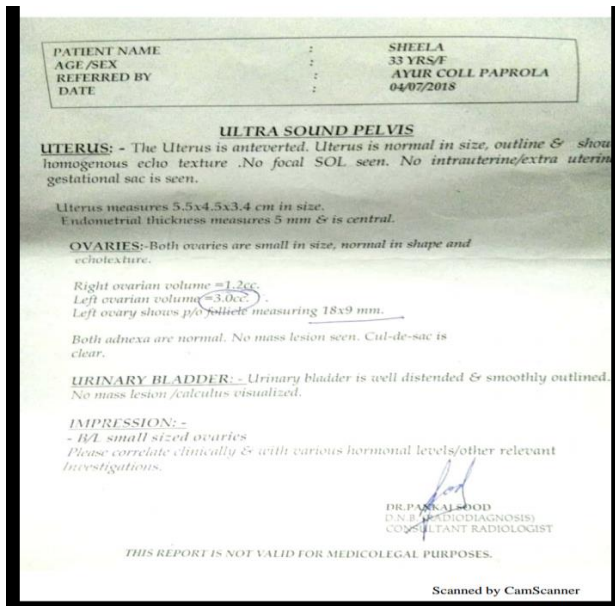
Table: 3.4

ESTRADIOL(E2)	
Follicular phase	19.5 – 144.2
Pre- ovulatory	63.9 – 356.7
Mid- luteal phase	55.8 – 212.2

Post menopausal	0.32-2
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USS INTERPRETATION; Table 4

Date	Uterus size	Endometrial thickness	Ovarian size
21/11/16	Normal size	9.5mm	Normal size
2/5/18	Normal size	6.3mm	Normal size
4/7/18	Normal size(5.5×4.5×3.4cm)	5mm	B/L small sized Rt ovarian vol.1.2cc Lt ovarian vol.3cc Left ovarian follicle size 18×9 mm
25/9/19	4.2× 3.6×3.1cm	3mm	Ovarian vol, follicle size not mentioned



**Subjective criteria:**

Hot flushes  
 Sleep  
 depressive mood  
 Irritability  
 Anxiety  
 Libido

Stress incontinence  
 Dryness of vagina  
 Skin dryness  
 Hair fall and hair texture  
 Brittleness of nail

**Management of the condition:**

Both external and internal *snehana* are effective in *vataprakopa*. *Sneha dravya* possess *dravya*, *sukshma*, *sara*, *snighdha*, *mridu*, *guru* properties so, it alleviates *vata*. *Swedana dravya* possess properties which are opposite to the *vata*. It opens the *shrotas* and regulates the blood circulation. *Virechan* drug dose was decided by observing patient *kosthagni*-drug quickly absorbed through the microchannels and results in *vishyandan* (liquification) of *sanga dosha*. *Vicchchedan* (break down) of *dosha* and *mala*. By its *anupranavanbhavaat* and it has *adhobhagprabhav* it removes *dosha* or maintains *samyavatha* of *dosha*.

*Niruha basti*: *Basti* is the best management for the *vata dosha*. It has local as well as systemic effect. *Basti dravya* absorbed through rectal mucosa and reaches up to intestine through mesenteric arteries. It gets absorbed into systemic circulation. It also stimulates ENS (enteric nervous system).

*Uttarbasti* is the main line of treatment of treatment in *yoniroga* as it strengthens the *garbhasaya* by applying drug through *uttarbasti*. Warm oil of *uttarbasti* enhances blood circulation of endometrium, cervical canal, vagina. The lipid soluble drug is passively diffused across the membrane gradient.

*Nasya*: Hypothalamus and anterior pituitary play a major role in regulation of genital organ hormones. Both have their anatomical position in head. Hypothalamus is also responsible for the vasomotor changes in the body, which is a functional area of *nasya*. *Takradhara*: It has cooling properties and induces the same effect on the body and mind. It reduces stress. Improves mental health. Improves skin and hair quality. It is believed to have a balancing effect on the deepest recesses of our brain. Stimulating the endocrine system, the pituitary and pineal gland. Enhance pleasure neurotransmitters. It also said to enhance blood circulation.

**PLAN OF TREATMENT:** *Shodhan chikitsa* followed by *shaman chikitsa*

**Table 5**

Procedure and drug	days	dosage
<i>Snehana with panchtikta</i>	1 <sup>st</sup> day	60ml
<i>ghritt</i>	Max dose	200ml

<i>Sarvang abhayang</i>		
<i>Virechana with haritaki churna+erand tail</i>		5gm+ 60ml
<i>Sansarjan karma</i>	5days	
<i>Uttar basti with dashmool kwath</i>	3days	
<i>Nasya karma Shodhan nasya(Trikatu churna) Shaman nasya(sadbindu tail)</i>	2days 5days	
<i>Takra dhara</i> <sup>4</sup>	7 days	

*Shaman aushadh: Ashokarishta* 40ml with equal quantity of water

Tab Menosan 1bd for 3 months

**Table 6<sup>5</sup>:Contents and properties of Tab Menosan**

	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Karma</i>
<i>Ashoka</i>	<i>Kashaya,tikta</i>	<i>Laghu ,ruksha</i>	<i>Sheet</i>	<i>Katu</i>	<i>Kapha-pittshamak, varnya, vedna sthapak</i>
<i>Shatavari</i>	<i>Madhur</i>	<i>Guru, snigdha</i>	<i>sheet</i>	<i>madhur</i>	<i>Vat-pitta shamak</i>
<i>Bala</i>	<i>Madhur</i>	<i>Laghu, snigdh, pichil</i>	<i>madhur</i>	<i>sheet</i>	<i>Vat-pittahar, balya, vrishya, brihana</i>
<i>Haritaki</i>	<i>Panchras</i>	<i>Laghu,Ruksh</i>	<i>ushna</i>	<i>madhur</i>	<i>Tridoshar, rasayan, natrya, brihan</i>
<i>Arjuna</i>	<i>Kashaya</i>	<i>Ruksha,laghu</i>	<i>sheet</i>	<i>katu</i>	<i>hridya</i>
<i>Mandukparni</i>	<i>Tikta, madhur, kashaya</i>	<i>Laghu</i>	<i>sheet</i>	<i>madhur</i>	<i>Tridoshashamak, rasayan, medhya</i>
<i>Shweta mushli</i>	<i>Madhur</i>	<i>Guru,snigdh a</i>	<i>sheet</i>	<i>madhur</i>	<i>Vata-pitt har, vrishya, balya</i>
<i>Jaharmohar bhashma</i>					<i>Cardio protective</i>
<i>Kukuttand twak bhasma</i>					

**Observation and result:** Table 7

Symptoms	BT	AT	RESULT
Hot flushes, sweating	10-15 episodes/day 8-10 episodes /night	8-10 episode/day 2-3 episodes/night	Moderately improved
Sleep	Insomnia	3-4hrs	Markedly improved
Depressive mood	+++	-	Completely improved
Irritability	+++	-	Completely improved
Anxiety	+++	+	Moderately improved
libido	Loss of libido	Decreased libido	Mild improvement
Stress incontinence	+++	+++	No improvement
Dryness of vagina	+++	++	Mild improvement
Skin dryness	+++	+	Moderately improved
Hair-hair fall	+++	++	Moderately improved
Hair texture	Rough	smooth	
Nail brittleness	+++	+	Moderately improved

**DISCUSSION:** In *Ayurvedic* text no direct reference is available for premature ovarian failure but *Aacharya Sushrut* has mentioned *sarvangindhatu kshaya* at *rajonivaruti* age. In concept of *stree sukra dhatu* ovarian hormones can be correlated with *antah sukra*. *Raja nirmana* is done by *rasa dhatu* and all the *dhatu poshan* occurs in *uttarotter karma*. As this disease is *vata* predominant

which is shown by hot flushes ,night sweats(*pittaj* symptoms )and Insomnia, dryness of vagina (*vataj* symptoms). So our treatment planned was aimed to alleviate *vata dosha* or nourishes *rasa dhatu* and also normalize *pitta*. *Virechan and basti* was proved of its highly beneficial effect. *Nasya and takra dhara* is also advised to improve psychological changes, hair, skin texture.

### Samprapti ghatak

<i>Dosha</i>	<i>Vata-pitta</i>
<i>Dushya</i>	<i>Rasa, rakta, sukra</i>
<i>Strotas</i>	<i>Aartavaha shrotas</i>
<i>Agni</i>	<i>Mandaagni</i>
<i>Srotodusti</i>	<i>Sanga</i>



<i>Rog marga</i>	<i>Abhayantar gaman</i>
<i>Adhasthan</i>	<i>Garbhasaya</i>

**CONCLUSION:** *Panchkarma* procedure (*snehana, swedana, virechan, niruha basti, uttarbasti, nasya, takra dhara*) along with oral ayurvedic medication is effective and safe treatment modality for the alleviation of symptoms related to peri menopausal or menopause in women.

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**Conflict of interest:** None declared

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2)Charak.samhita sutra sthan.13,14 -Table 5

3)Charak.siddhi .sthana -Table 5

4) Dr.D.V.Panditav et al.translator,shasharsyogam hindi-sanskrit anuvad ,CCRAS 1990, New Delhi ,chapter-Dharakalp 13/15,page-521

5)Dravya guna vigyan by Acharya Priyavrit sharma –Table no 6