

A Comparative Case Study on the Effect of Rajapravartini Vati and Kanchar Guggulu in the Management of PCOD (Polycystic Ovarian Disease)

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Abstract: PCOD is a prevalent hormonal disorder causing menstrual irregularities and infertility in women of reproductive age. In Ayurveda, it resembles conditions such as ArtavaKshaya, Yonivyapad, and Granthibhuta Yonivyadhi. This study evaluates and compares the clinical efficacy of Rajapravartini Vati and Kanchar Guggulu in PCOD management. Ten patients were divided into two groups and treated for 60 days. The case report analysis reflects symptomatic and pathological improvement with both drugs, highlighting their respective strengths in menstrual regulation and cyst reduction.

Keywords: PCOD, Rajapravartini Vati, Kanchar Guggulu, Artavakshaya, Granthibhuta Yonivyapad, Ayurvedicgynecology, Case study, Menstrual disorder

Introduction:

Polycystic Ovarian Disease (PCOD) is a syndrome affecting 5–10% of women in the reproductive age group. Clinically it presents with oligomenorrhea, amenorrhea, hirsutism, acne, obesity, and infertility. Modern medicine often resorts to hormonal therapy and lifestyle changes, but recurrence and side effects are common.

Ayurveda provides a holistic view, considering Kapha-MedaDushti, Artava Kshaya, and Granthi formation as the primary pathologies. Rajapravartini Vati is known for its Artavajanana (emmenagogue) property, while KancharGuggulu is celebrated for its Lekhana (scraping), Kapha-Medohara, and Granthi-Nashaka (cyst-dissolving) actions.

Aims and Objectives:

1. To evaluate the effect of Rajapravartini Vati in regulating menstruation in PCOD.
2. To assess the effect of Kanchar Guggulu in reducing ovarian cysts and metabolic symptoms.

Materials and Methods:

Study Design:

Open-labeled, comparative case report-based study conducted at the Department of Stri Roga & Prasuti Tantra, SST Ayurved Medical College Sangamner

Sample Size:

10 patients clinically and ultrasonographically diagnosed with PCOD

Study Duration:

60 days treatment + 15 days follow-up

Grouping and Dose:

Group	Drug	Dose	Anupana	Frequency	Duration
A	Rajapravartini Vati	250 mg	Lukewarm water	BD	60 days
B	Kanchanar Guggulu	500 mg	Lukewarm water	TID	60 days

Inclusion Criteria:

- Female patients aged 18–35 years
- USG-confirmed diagnosis of PCOD with >10 small peripheral follicles
- Irregular menstrual cycles
- Complaints of weight gain, acne, or hirsutism
- Not on any hormonal therapy for past 3 months

Exclusion Criteria:

- Pregnant or lactating women
- Presence of other gynecological conditions like fibroids or endometriosis
- Endocrine disorders like hypothyroidism or hyperprolactinemia
- Women with metabolic syndrome, diabetes, or chronic renal disease
- Patient unwilling for follow-up or USG

Mode of Action of the Drugs in PCOD:**1. Rajapravartini Vati:**

Ingredients: Shuddha Tankana, Kaseesa, Hingula, Ramatha (Aloe vera)

Rasa: Katu, Tikta

Guna: Laghu, Tikshna

Virya: Ushna

Vipaka: Katu

Karma: Artavajanana, Srotoshodhana, Vata-KaphaShamaka

- Tikshna Ushna Dravyas stimulate Apana Vayu and help initiate delayed or absent menstruation.
- Shuddha Tankana acts as a uterine stimulant.
- Aloe vera (Kumari) regulates hormonal activity and purifies ArtavavahaSrotas.
- Helps break Avarana of Vata and corrects Artava Kshaya.

2. Kanchanar Guggulu:

Ingredients: Kanchanar, Guggulu, Triphala, Trikatu, Varuna, Ela, etc.

Rasa: Katu, Tikta

Guna: Laghu, Ruksha

Virya: Ushna

Vipaka: Katu

Karma: Lekhana, Medohara, Kapha-Nashaka, Granthi-Nashaka

- Kanchanar and Guggulu reduce Granthi (cysts) and support lymphatic drainage.
- Triphala and Trikatu enhance metabolism and reduce Ama and Meda.
- Lekhana and Kapha-Medohara properties help shrink cysts and reduce obesity.
- Overall, it acts on Shrotoshodhana, DhatuShuddhi, and GranthiVibhedana.

Case Report Summary:

Case 1 (Group A – Rajapravartini Vati):

23-year-old with oligomenorrhea and mild acne. LMP was 2.5 months ago. USG showed multiple 8–10 mm cysts in bilateral ovaries. After 60 days of RajapravartiniVati, the cycle regularized to 30 days, acne reduced, and flow improved. Cysts persisted in USG but slightly reduced in number.

Case 4 (Group B – Kanchanar Guggulu):

28-year-old, BMI 30.2, presenting with amenorrhea for 4 months, weight gain, and hirsutism. After 60 days of Kanchanar Guggulu, weight reduced by 3.2 kg, menstrual cycle resumed (37 days interval), USG showed significant shrinkage of cysts. Hirsutism also reduced.

Parameter	Group A (n=5)	Group B (n=5)
Menstrual Regulation	4/5 patients	3/5 patients
Cyst Reduction (USG)	3/5 patients (mild)	4/5 patients (moderate-significant)
Weight Loss	1–1.5 kg avg	2–3.5 kg avg
Acne/Hirsutism Relief	2/5 patients	4/5 patients
Satisfaction (self-rated)	Good in 4 cases	Very good in 3 cases

Discussion:

This study demonstrates two distinct Ayurvedic strategies in PCOD. Rajapravartini Vati effectively initiates and regulates ArtavaPravritti, which is ideal for patients with Artava Kshaya and Avarana pathology. However, it has limited efficacy in Granthi Shamana (cyst resolution).

Kanchanar Guggulu addresses Kapha-Medodusthi and Granthi, showing better results in weight reduction, cyst regression, and symptom relief like hirsutism and acne.

The different pharmacodynamics of these two drugs suggest that combination therapy could offer a synergistic advantage, aligning with Ayurvedic principles of Vyadhi Avastha and Dosha predominance.

Conclusion:

- Rajapravartini Vati is highly effective for restoring menstruation in cases of Artavakshaya and delayed cycles.
- Kanchanar Guggulu offers superior outcomes in cyst size reduction, weight control, and cosmetic symptoms of PCOD.
- Tailored Ayurvedic management based on Dosha predominance and symptomatology is essential.
- Larger RCTs and long-term follow-up studies are recommended to validate these findings.
- Ayurvedic formulations are promising, safe, and holistic alternatives for PCOD management.

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