



**AYURVEDA REVIEW ON POLYCYSTIC OVARIAN SYNDROME: PERSPECTIVES
BASED ON CLASSICAL LITERATURES**

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INTRODUCTION

PCOS is a disorder related to *Antastrav* in women characterized by formation of single or multiple cysts in ovaries which in turn causes irregular menstrual cycle. Size of ovary increases and it secretes androgen and estrogen hormones in great amount. This condition leads to various problems associated with menstrual cycle, fertility, cardiac health and physical appearance. Hormonal imbalance and genetics play important role in this disorder while excessive consumption of contraceptive pills also contributes to this disease.^[1]

Diagnosis of PCOS is by physical examination, past history, symptoms, menstrual history, blood examination, thyroid profile and confirmation is made by ultrasonography. The modern treatment approach involves use of hormonal therapy and surgical intervention. If it is detected in early stages then proper treatment reduces the risk of infertility, obesity, diabetes and heart attacks.^[2]

The vitiated *Vata* and *Dushit Rakta* accumulated gradually develop as *Pinda* around the wall of uterus. PCOS occurs due to *Kapha* blocking path of *Vata* and *Pitta Dosha*. Firstly *Kapha* affect *Jatharaagni*, cyst are due to the accumulation of impurities and toxins in *Rasa* and *Rakta Dhatu*. *Vata*, *Pitta*, *Kapha*, *Medas*, *Ambuvaha Strotas* and *Aartava Dhatu* are also associated with PCOS. Aggravation of etiological factors leads in vitiation of *Vata*, *Pitta* and *Kapha Dosha*. These vitiated *Dosha* along with *Dushit Rakta* may trigger PCOS.^[3]

Review of PCOD

● **Ayurvedic perspective of PCOS**

Ayurveda describes PCOS to have an equal involvement of the *Dosha*, *Dhatu* and *Upadhatu*. It does not correlate the condition to a single disease or syndrome but the symptoms bears a resemblance to the terminologies defined as *Anartava*- Amenorrhoea, *Yonivyapad* anatomical and physiological disorder of the reproductive system like *Arjaska*- oligomenorrhoea due to vitiation of *Vatadosha*, *Lohitakshaya*-

oligomenorrhoea due to vitiation of *Vata-pitta Dosha*, *Vandhya*-Infertility, *Pushpaghni*- *Revati*- Idiosyncratic anovulatory menstruation, *Abeejata*- anovulation, *Rajodushti* and *Ashtartava Dushti*- Menstrual flow disorder due to vitiation of *Dosha*, *Shandhi Yonivyapad*- Vitiation of *Vata* due to genetic factors causes menstrual irregularities which may or may not be associated with anovulation.^[4]

Vishamaahara and *Vihara* (improper diet and activities) which causes reduced digestion and metabolism leading to immaturity of digestive extract and formation of immature rasa which vitiates menstrual blood and leads to increase in *Medadhatu* and *Kapha* which causes obstruction of body channels and *Vataprakopa* causing obesity and amenorrhoea. *Vata* and *Kaphadoshas* as well as *Vishamaaahar* and *Vihara* lead to reduced digestive fire and causes production of *Ama* (undigested food). This *Ama* production causes improper enzymatic reactions leading to incomplete metabolism and hormonal imbalance. This hormonal imbalance causes hyperinsulinemia and hyperandrogenism ultimately leading to anovulation and amenorrhea/oligomenorrhoea and ovarian abnormalities like polycystic ovaries.^[5]

Kapha's heavy cool qualities nourish the development of the tissues that form and support the reproductive system including the nurturing energy supporting growth of the follicle during the ovarian cycle. *Kapha* predominance manifests as increased weight, sub-fertility, hirsutism,

diabetic tendencies and coldness. *Vata* is reliable for affecting the movement of the follicle during the ovarian cycle, the breakdown of the ovary wall for releasing the matured ovum, the movement of the fimbriae - directs the ovum into the fallopian tubes and the movements of the ovum near the uterus. The predominance of *Vata* is manifested as painful menses, scanty or less menstrual blood and severe menstrual irregularity.^[6, 7]

Management of PCOS

Allopathic management of PCOS can be divided in to four components: three of them are acute issues which include control of irregular menses, treatment of hirsutism and management of infertility. One that is more chronic is the management of insulin resistance syndrome. To regulate menstrual cycle, combination of birth control pills containing both estrogens and progestin are used. The birth control pills decrease androgen production and give body a break from the effects of continuous estrogen, lowering the risk of endometrial cancer and correcting abnormal bleeding. To treat the hirsutism Co-cyprinol and Eflornithine can be used. Eflornithine is a topical cream that has been approved by the US Food and Drug Administration for removal of unwanted facial hair in females. Eflornithine inhibits the enzyme ornithine decarboxylase in the skin, which inhibits cell division and synthetic functions, thus reducing the rate of hair growth. It should be used twice daily, at least 8 hours apart, on the affected areas of the face and chin.^[7, 8]

The management of infertility can be done using nonpharmacological and pharmacological approach. While the first line pharmacological treatment is clomiphene citrate which improves fertility. It is partially selective estrogen receptor modulator. Its antiestrogenic activity at the hypothalamus induces a change in gonadotropin releasing hormone (GnRH) pulse frequency leading to increased release of follicle stimulating hormone (FSH) from the pituitary gland.

The second line pharmacological management includes Metformin combined with clomiphene citrate to improve fertility outcome rather than persisting clomiphene citrate alone in women with PCOS who are resistant to clomiphene citrate.^[8, 9] Metformin if BMI < 30 Kg/m² can be used alone to improve ovulation rate and pregnancy rate in women with PCOS who are anovulatory and are infertile with no other infertility factors.

PCOS has a complex etiopathogenesis involving mostly a combination of reproductive, metabolic and genetic elements. No single prognostic element has been able to strongly explain the pathophysiology and occurrence of PCOS. Furthermore, no single etiological gene or inheritance pattern has been found for occurrence of PCOS.^[9, 10] Obvious enhancement in our understanding of the various progressions causing PCOS are required to simplify the relative importance of the multifactorial

components in PCOS development and to focus clinical initiative in prevention, diagnosis and treatment. Chemical based medications prescribed by allopathic medicines can be harmful to our body and have side effects including vaginal bleeding, blurred vision, nausea, ovarian hyper stimulation (ovarian enlargement), vomiting, flushing, breast tenderness, increased likelihood to multiple births, strokes, seizures, shortness of breath, etc. Moreover there are herbs having phytoestrogens are available which can also be helpful in the treatment of disease. The plants maintaining the level of insulin and lipid lowering herbs can also be incorporated in the therapy for PCOS.^[9-11]

DISCUSSION

Menstrual disorders are now becoming major issues in every woman's life. Disorders of ovarian gland are as old as the history of mankind even now nearly 200 million population of the world is suffering from the poly cystic ovarian disorders. Poly cystic ovarian disorder is a common ovarian disorder which is resulting from a imbalance of hormones. The signs and symptoms of poly cystic ovarian disorders mentioned in modern medicine show that *Kapha Dosha* play a major role in this disease, secondly the involvement of *Vatadosha* is also there.^[10, 11]

PathyaAhara-Vihara for PCOD

- Cow ghee, rice, protein diet and green vegetables, etc. can be suggested.
- Diet that vitiates *Kapha* & *Vata* should be avoided.
- Curd, sauces and sour food items are to be avoided.
- Oily, spicy and heavy food items should not be consumed.
- One should avoid consumption of alcohol and tobacco.
- Excessive physical load can deteriorate PCOD and it becomes difficult to treat.

CONCLUSION

The *Artava* (menstruation/liberation of ovum) is one of the essential factors for the production of *Garbha* in the females. It makes its appearance only when the woman has attained adulthood and during her active reproductive phase. It is observed that *Nidana Sevana* of *Aama Dosha* further aggravates the symptoms of poly cystic ovarian disorders. *Parivarjana* is the basic treatment of any disease in Ayurveda. The *Deepana - Pachana* therapy of *Aama Dosha* strengthens *Jatharagni* and in turn regularizes *Bhootagni* and *Dhatvagni*. Thus, the Ayurveda therapy not only gives symptomatic relief but also metabolism at the cellular level is kept into check. So, it can be concluded that the treatment of *Ama Dosha* can be useful in poly cystic ovarian disorders.

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