



AN OVERVIEW OF AYURVEDIC ASPECT OF POLYCYSTIC OVARIAN DISEASE: A CONCEPTUAL APPROACH

Dr. Amrita Mishra^{1*} and ²Dr. Priyanka Mhatre

¹Asst. Professor, Department of Prasutitantra and Streerog, R.A.Podar College, Worli, Mumbai.

²P G Scholar, Department of Prasutitantra and Streerog, R.A.Podar College, Worli, Mumbai.

***Corresponding Author: Dr. Amrita Mishra**

Asst. Professor, Department of Prasutitantra and Streerog, R.A.Podar College, Worli, Mumbai.

Article Received on 27/04/2017

Article Revised on 17/05/2017

Article Accepted on 07/06/2017

ABSTRACT

Polycystic ovarian disease or syndrome is a condition characterized by hyperandrogenism, menstrual disturbances, obesity, hirsutism and infertility. It is a health problem that affects three in ten women of the child bearing age group. Menstrual disturbances include amenorrhoea, oligomenorrhoea and irregular menstruation which further leads to infertility. Ultrasound examination shows cysts in the ovaries. Modern aspect of treatment includes hormonal supplements for menstrual regulation and other symptomatic treatment modalities.

KEYWORDS: Polycystic ovarian disease, hyperandrogenism, infertility, hirsutism.

INTRODUCTION

Polycystic ovarian disease or syndrome is a heterogeneous disorder. It is a condition characterized by hyperandrogenism, menstrual disturbances, obesity, hirsutism and infertility^[1] it interferes with the reproductive, endocrine and metabolic functions of the body. The ovaries show multiple cysts and enlarged appearance on ultrasound examination.

PCOD is a condition in which

- A woman's hormones are imbalanced
- Hyperandrogenaemia with normal or raised estrogen (E2).
- LH levels are elevated.
- Formation of multiple cysts in ovaries which are localized along the surface of the ovary giving a 'necklace appearance' on ultrasound.^[2]
- Polycystic ovarian syndrome (PCOS) is a health problem that affects three in ten women of childbearing age.

Causes of PCOD

The causes of PCOS is not fully understood, but may be.

- Genetic (PCOS can be passed down from either mother's or father's side)
- Irregular lifestyle
- Sedentary lifestyle

Symptoms

Symptoms tend to be mild initially.

The most common symptoms are:

- Menstrual symptoms - Irregular periods

Often women with PCOS have fewer than nine periods a year

Some women have no periods (amenorrhoea)

Others have very heavy bleeding

- Fertility problems - Many women who have PCOS have trouble getting pregnant (infertility).
- Acne
- Obesity – Excessive weight gain and trouble losing weight
- Hirsutism - Extra hair on the face and body. Often women get thicker and darker facial hair and more hair on the chest, belly and back.
- Thinning hair on the scalp
- Depression
- Stress
- Mood disturbances
- Abnormal skin discoloration (acanthosis nigricans)
- High blood pressure

Diagnosis of PCOD

- History of past health,
- symptoms of PCOD
- menstrual disturbances
- Signs of PCOD
- Raised body mass index (BMI)
- Lab tests – blood sugar, insulin and other hormone levels
- Elevated serum androgens (Hyperandrogenism)
- Pelvic ultrasound to look for cysts in ovaries

MANAGEMENT

Early diagnosis and treatment can help control the symptoms and prevent long-term problems.

Regular exercise, healthy food and weight control are the key treatments for PCOD.

Healthy food includes lots of vegetables, fresh fruits, nuts, beans and whole grains.

Medications include

- Birth control pills to regulate menstruation
- Insulin sensitizing medications
- Ovulation induction to treat infertility
- Androgen blocking medications
- Other excess hair treatment
- Treatment for hair loss
- Acne treatment
- Treatment for other skin problems

Ayurvedic Pathophysiology

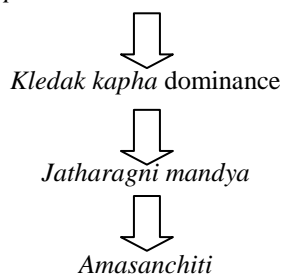
- ❖ PCOS is due to *kapha* blocking *vata* and *pitta*, hence the movement is obstructed and the transformation process is suppressed.
- ❖ Following dietary habits and activities that lead to increase in *Kapha*, results in *Kapha* dominance in the body. *Kapha dosha*, because of its properties like *sheet*, *manda*, *sthir*, *guru*^[3] causes diminution of digestive fire (*jathara agni*)^[4] and starts affecting the metabolic aspect of the seven tissues called *dhatu agni*.^[5]

The *dhatu*s that are affected are -

- *rasa dhatu* – lymph and plasma
- *meda dhatu* – adipose tissue and
- *artava dhatu* – the female reproductive system

A] The above aspect can be represented as.

Kapha vardhak aahar and vihar



B]

Diminution of *AGNI*, results in improper digestion and assimilation of *Dhatu*s and leads to formation of excessive *Kleda* (*Kledak kapha*). *Kledak kapha* begins to move out of GI tract and enters the channel of the first tissue *rasa vaha strotas*.

This affects the *rasa dhatu agni* – that is the metabolism of the lymph and plasma in the body.

The byproduct of *rasa dhatu* is *rajah*^[6] – that is the menstrual fluid.

As there is *kapha dosha* dominance in the body, the menstrual fluid will also take on the quality of *kapha* which will in turn begin to block *apana vayu* in *artavavaha strotas* and *rajahvaha strotas* – the channel that supports the functional action of the menstrual fluid.

C]

The increased quantity of *Kledak kapha* and *ama* in the body leads to *agni mandya*. The increased *rasa dhatu* coating over cells further leads to decrease in the permeability of the cell membrane thus affecting the cellular intelligence. Due to the decreased cellular permeability, the insulin secreted in the body is unable to engage with the cellular receptors. Thus insulin begins to build up in the blood stream. Thus we see an increase in the levels of insulin in PCOD.

Kledak kapha + ama + agni mandya → increased *rasa dhatu* coating over cells

↓
Decrease permeability of cell membrane affecting cellular intelligence

↓
Insulin unable to engage with cellular receptors and begins to build up in the blood stream

D]

The increased quantity of *Kledak kapha* and *ama* in the body also leads to *dhatu agni mandya*. According to the *saamanya Vishesh siddhant*,^[7] the *Kledak kapha* and *ama* affects the *meda dhatu Agni*. The *meda dhatu Agni mandya* leads to *meda Viruddha* leading to obesity. The free androgens moving throughout the body are processed at the level of *meda dhatu*. Here it takes on the *guru*, *sheet* properties of *meda dhatu*. This is further expressed as estrogen. Thus we can see an increase in the levels of estrogen in PCOD.

Kledak kapha + ama + dhatu agni maandya

↓
Affects *meda dhatu* (*saamanya Vishesh Siddhant*)

↓
Meda Viruddha, causing obesity.

↓
Free androgens moving throughout the body are processed at the level of *meda dhatu* where it takes on the heavy cool quality of *meda* expressed as estrogen.

The *kapha dosha* and *ama* created by *Agnimandya* also cause *stroto dushti* in the *artavavaha strotas*.

The *apana vayu* in *artavavaha strotas* becomes stagnant – that is *sanga* of *apana vayu* - blocking the channel impeding the flow of *vata* in the ovarian cycle.

The blocking of channels of *apana vayu* leads to disturbances in the outflow of menstrual fluid. Thus the patient suffers from menstrual disturbances like oligomenorrhoea, amenorrhoea in PCOD.

Menstrual problems manifest due to the aggravation of all three *doshas* but mainly *apana vayu*.

The main property of *artava dhatu* is *agneyatva*.^[8] The blocked *artava dhatu* leads to aggravation of *Pitta dosha*. *Pitta* aggravation at the level of *bhrajaka pitta* and *ranjaka pitta* manifests as acne and increased body hair seen in PCOD.

PCOD management with Ayurveda

The basic principles in the management of PCOD according to Ayurveda are as follows -

- 1) Ayurvedic Panchakarma
- 2) Ayurvedic Medications
- 3) Diet Modifications (*pathyaahar*)
- 4) Lifestyle Modifications (*dinacharya* and *rutucharya*)

Management

The management of PCOD according to Ayurvedic principles includes the following treatment modalities -

- *Agni deepan* – as *Agni mandya* is the basic cause that leads to PCOD, *Agni deepan* treatment plays an important role in the management. Eg. *Trikatu*, *Chitrak* etc.
- *Ama pachan* – *ama* is another important factor causing PCOD. Thus *ama pachan* gives better result in the treatment. Eg. *Aarogyavardhini vati*
- *Kapha nashan* – eg. *guggul kalpa*
- *Lekhan* – as there is *kapha dosha* dominance and *ama* leading to *strotorodha*, *lekhan* treatment is to be given. Eg. *Kuberakha vati*^[9] etc.
- *Shodhan* – *shodhan* treatment can be given according to the *dosha avastha* and *kala* in order to eliminate the *prakupit doshas*
- *Basti* – *basti* treatment plays an important role in the management of PCOD as *apana vayu* is responsible for the menstrual disturbances, and *basti* is the best treatment for *vata dosha*. Eg. *Lekhan basti*, *yoga basti*
- *Udvartan* – it helps in the management of skin disorders

CONCLUSION

PCOD is a heterogenous disorder with multiple factors responsible for its manifestation.

The causative factors for PCOD according to *Ayurveda* are.

Kapha dominance

Ama

Agnimandya (both *Jatharagni* and *dhatvagni*)

Chiefly Affected strotas

Rasavaha strotas, *artavavaha strotas*, *medavaha strotas* are mainly affected in the manifestation of PCOD.

MANAGEMENT

According to *Ayurveda* the management of PCOD should be based on *saamanya Vishesh Siddhant* to treat the disease right from the root.

REFERENCES

1. D.C. Dutta, 2008, Text book of Gynaecology, 5th Edition, New Central Book agency (P) Ltd. Page no. 440–450.
2. Shaw's Text book of Gynaecology, 13th Edition, V. G. Padubidri, Shirish N. Daftary. Page no. 353, 354.
3. Ashtanghruday, 2013, Dr. Bramhanada Tripathi, Chaukhamba Sanskrit pratishthan, Delhi, Sutra Sthan 1/12, Pg. no. 11.
4. Charak samhita uttarardha, 2001, Dr. Bramhanada Tripathi, Chaukhamba surbharati prakashan, Varanasi. Chi. Sthan 15/5, Pg. no. 551.
5. Charak samhita uttarardha, 2001, Dr. Bramhanada Tripathi, Chaukhamba surbharati prakashan, Varanasi. Chi. Sthan 15/15, Pg. no. 553.
6. Charak samhita uttarardha, 2001, Dr. Bramhanada Tripathi, Chaukhamba surbharati prakashan, Varanasi. Chi. Sthan 15/17, Pg. no. 553.
7. Charak samhita purvardha, 2001, Dr. Bramhanada Tripathi, Chaukhamba surbharati prakashan, Varanasi. Sutra Sthan 1/44, Pg. no. 15.
8. Sushrut samhita volume 2, 2006, Dr. Anantaram Sharma, Chaukhamba surbharati prakashan, Varanasi, Sharir Sthan 3/3, Pg. no. 29.
9. Bhaishajya Ratnavali, 2009, Govinda Dasji volume 3, Chaukhamba Sanskrit Sansthan, Varanasi, Anubhutyoga prakaran – 3, sutra 57-60, Pg. no. 723.