



ISSN 2456-3110

Vol 5 · Issue 5

Sept-Oct 2020

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Management of PCOD w.s.r. to Ayurvedic drugs and lifestyle

Dr. Sheetal¹, Dr. Abhishek Magotra²

¹Assistant Professor, Dept. of Prasuti Tantra and Stri Roga, ²Assistant Professor, Dept. of Swasthavritta, Jammu Institute of Ayurveda and Research, Jammu, INDIA.

ABSTRACT

Polycystic Ovary Syndrome (PCOS) is the most common endocrine disturbance affecting women between 15 to 30 years of age. The disorder accounts for 30 per cent of all infertility cases with 73 percent of women suffering from PCOS experiencing infertility due to anovulation. In Ayurveda also no disease can be compared directly with PCOS. Some of clinical symptoms of PCOS may simulate *Granthibhoota Artavadushti* and if not treated early lead to the full manifestations and complications of PCOS. Patients suffering from PCOS have multiple cyst formations in their ovaries, which result from disruptions in their normal menstrual cycle. As a result, the ovary becomes enlarged and produces excessive amounts of androgen and estrogen hormones. This excess, along with the absence of ovulation, causes infertility, acne, and growth of extra facial and body hair. In today's era PCOD is emerging as a common problem in our society and Ayurveda can play an important role in its management.

Key words: PCOD, Ayurveda, Infertility.

INTRODUCTION

Polycystic ovarian disease is a complex heterogeneous disorder of unknown etiology. It affects 1 in 10 women. It is a condition in which patients have multiple cysts in their ovaries that occur due to disruption in the normal menstrual cycle. Ovaries get enlarged and produce excess amounts of androgen and estrogen. These hormones interfere with the growth and release of the eggs from the ovaries leading to anovulatory cycles and irregular menstruation. Polycystic ovarian syndrome is a most

prevalent endocrinopathy. Incidence of this disease is increasing now a days because of sedentary lifestyles, pollution, excessive intake of junk food. It is obviously observed in women seeking medical advice for infertility as well as irregular menstrual bleeding, majority of these cases could be treated either by hormonal therapy or surgical intervention, this study will emphasize on careful management of polycystic ovarian syndrome. Polycystic ovarian syndrome is a condition where a hormonal imbalance affects follicular growth during the ovarian cycle causing the affected follicles to remain in the ovary. The retained follicle forms into a cyst and with each ovarian cycle a new cyst is formed leading to multiple ovarian cyst ultrasonic morphologic evidence of ≥ 12 follicles measuring 2.9mm diameter in single plane during quiescent phase of ovary i.e. 2.7 days of cycle associated with obesity, oligomenorrhoea, anovulation and hyperandrogenism. Hyperinsulinemia - increased level of insulin in the blood is due to sensitivity of cells to insulin, a factor present in the blood stimulates androgen secretion by the ovarian stroma, the connective tissue of ovarian tissue of ovary and reduces serum sex hormone

Address for correspondence:

Dr. Sheetal

Assistant Professor, Dept. of Prasuti Tantra and Stri Roga, Jammu Institute of Ayurveda and Research, Jammu, INDIA.

E-mail: magotra13@gmail.com

Submission Date: 12/09/2020

Accepted Date: 17/10/2020

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka
Ayurveda Organization, Vijayapur,
Karnataka (Regd) under the license CC-
by-NC-SA

binding globin (SHBG) causing increased levels of free testosterone. Due to the presence of increased androgen in the ovary, the follicle undergoing maturation in the ovarian cycle is affected causing anovulation of particular follicle.

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*. *Vata* and *Kapha Doshas* as well as *Vishama Ahara* and *Vihara* leads 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. If *Aartava* is taken as ovarian hormones, the basic pathology of PCOS in context of *Avarana* by *Dosha* can be understood. This *Avarana* disrupts homeostasis of HPO axis causing hormonal imbalance leading to PCOS

Clinical Features of PCOS

The clinical manifestation of this disease varies from mild menstrual irregularities to severe reproductive and metabolic dysfunction. Menstrual irregularities commonly observed in PCOS include Oligomenorrhoea (85-90%) or Amenorrhoea (30-40%). Hirsutism is a common clinical presentation of hyperandrogenism occurring in up to 70% of women with PCOS. Acne can also be a marker of

hyperandrogenism, approximately 15-30% of women presents this feature. PCOS is the commonest cause of anovulatory infertility 40%.

Possible line of treatment and management

Ayurveda treats PCOD by correcting basic disturbances in metabolism through herbal medicines. Ayurveda brings about ovulation naturally by speeding up growth of follicles. It also dissolves the old immature follicles/cysts at ovary to bring ovaries at its original size. The line of treatment for PCOS patient depends only on the basis of symptoms. Symptomatically there are three types: menstrual disturbances, symptoms due to hyperandrogenism and infertility. Modern view for treatment is Oral contraceptive pills in menstrual irregularities, anti-androgens and other ovulation induction related drugs in infertility. Careful history taking and minute observation during a clinical examination is the main source for diagnosing.

That's why Ayurvedic treatment course not only helps in controlling PCOS but it also helps in restoring health and well-being.

Main steps involved in Ayurvedic treatment of PCOD or PCOS are -

- 1) Detoxification of body
- 2) Strengthening and revitalizing the female reproductive system and regularizing menstrual cycles.
- 3) Rectifying hormonal imbalance by Ayurvedic medicines and *Panchakarma* procedures.

Ayurvedic medicines or herbs like *Shatavari* (*Asparagus racemosus*), *Karavellaka* (*Momordica charantia*), *Chitrak*, *Shilajatu* (Purified Asphaltum), *Vibhitaki* (*Terminalia belerica*), *Turmeric* (*Curcuma longa*), are very effective in combination and in various forms. Dosage and use of these herbs changes according to individual. These herbs are helpful in relieving the inflammation arising due to the appearance of cysts on the ovaries as well.

Some Ayurvedic herbs also work like magic against other issues such as digestive disorders, increase in weight, insulin sensitivity, etc.

Panchakarma for PCOS/PCOD

- 1) *Vamana* (Medicated Vomiting) to expel body toxins and balance *Dosha*.
- 2) *Virechana* (Medicated Purgation) to eliminate *Pitta Dosha* out of body and balance other *Doshas*.
- 3) *Basti* (Medicated Enema) to relieve vitiated *Vata*, which is main cause of PCOD.
- 4) *Shirodhara* (Oil bath on scalp) for balancing hormone level and relive stress.

Lifestyle improvements for PCOD**Physical Fitness**

It is absolutely necessary to include some form of exercise, sports, or general physical activity into your daily routine, even if for 15-20 minutes. Regular exercise burns calories and helps reduce the uncharacteristic weight gain that is often associated with PCOD, but it also helps stabilize the metabolic rates of the body, which will in turn help stabilize the imbalanced *Doshas* that aggravate PCOD.

Dietary Changes

Excessive intake of stimulants, like tea or coffee should be avoided, although lighter versions of black tea, or green tea should not prove to be harmful. A *Kapha* - friendly diet would include 'light and airy' or warm foods instead of those that sit heavily in the body. Fruits and vegetables, preferably cooked would be beneficial. Moderate amounts of raw vegetables can be eaten during comparatively warmer months of the year. Dense foods, like breads, pastas, puddings,

deep-fried foods and hard cheeses should be avoided. Warm foods would also include those flavored with pungent, bitter or astringent spices, such as chillies, cardamom, cloves, ginger, garlic or turmeric.

CONCLUSION

PCOD is a lifestyle disorder but it can be prevented by Ayurveda. Drugs and lifestyle plays an important role in its prevention and treatment. So its need of hour to adopt Ayurveda into our life to get rid of lifestyle disorders like PCOD.

REFERENCES

1. Atreya. Ayurvedic Healing for Women: a modern interpretation of Ayurvedic gynecology, Samuel Weisser, Inc, York Beach. 1999
2. Huether and McCance, "Pathophysiology- The Biological Basis for Disease in Children and Adults", 4th Ed, 2002, Mosby, Missouri.
3. Lad, V., "Textbook Of Ayurveda - Fundamental Principles", 2002, The Ayurvedic Press, Albuquerque.
4. Sharma, Prof. P.V. Caraka Samhita (Text with English translation), Jaikrishnadas Ayurveda Series. VaranasiIndia: Chaukhambha Orientalia, 2000
5. Srikantha Murthy, Prof. K. R. Astanga Hrdayam; VaranasiIndia. Krishnadas Academy, Fourth 1999

How to cite this article: Dr. Sheetal, Dr. Abhishek Magotra. Management of PCOD w.s.r. to Ayurvedic drugs and lifestyle. J Ayurveda Integr Med Sci 2020;5:287-289.

Source of Support: Nil, **Conflict of Interest:** None declared.
