

EVALUATION OF THE EFFICACY OF AYURVEDA TREATMENT ON PCOS

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ABSTRACT: Polycystic ovarian syndrome known by the name of STEIN LEVENTHAL SYNDROME. It is systemic endocrine and metabolic disorder and considered as gynaecological disorders. It is almost growing faster among young women (age 18-44yrs) coming for infertility. Infertility is by far the most common feature due to anovulation, hirsutism, obesity and enlarged ovaries with multiple small cysts on the outer edge. In Ayurveda few diseases in group of Yonivyapad (like Arajaskalohitkshaya, Vandhya, Puspaghani, Jatiharini) and Arthavakshaya have some similarities with this entity but easily recognition and intervention such as the development of further complication and treatment may involve lifestyle changes such as weight loss and exercise. In allopathy hormonal therapy, medical and surgical treatment are advised according to need and severity of disease. In Ayurveda prevention of disease by following Pathyaaharvihar, Kapha reducing and insulin resembling and obstruction clearing Aushadh can help to prevent PCOS. This disease involves Pitta, Kapha, Meda and Ambuvahashrotus and Aartavadhātu. Therefore the present study was carried out for clinical evaluation of the efficacy of Ayurveda treatment on PCOS.

KEYWORDS:- Polycystic Ovarian Syndrome, Ayurvedic view like Yonivyapad.

INTRODUCTION

Polycystic Ovary Syndrome has become a common disease today in India as well as over the World. It is a highly prevalent heterogeneous syndrome of clinical or biochemical androgen excess, abnormal levels of hormones, ovulatory dysfunction and polycystic ovaries. It is characterized by multiple cysts in ovaries, irregular menses, infertility and obesity. Various hormones of the body operate to regularize smooth functioning of all systems including the reproductive system. The disturbances of hormonal mechanism makes the ovaries produce excessive amount of the male hormone (androgen) and at the same time ovary leads to failure of egg formation. This excess of androgens with absence of ovulation may cause infertility. This disturbing hormonal functioning of the body lies at the root of PCOS. In India PCOS affects 9-22% of young girls in their reproductive age. Rotterdam criteria has been adopted worldwide to diagnose PCOS. However, recently in 2006, androgen excess society (AES) has come up with a consensus statement, defining PCOS as a hyperandrogenic state and other clinical features of PCOS for diagnosis.

AETIOLOGY OF PCOS:-

The exact cause of PCOS is unknown or heterogeneous in nature, however it has certainly linked to variety of aetiological factors.

1) Genetic Factor: -PCOS is a genetically determined ovarian disorder and the genetic links to the disease. A research at the University of Oxford of London revealed that a gene implicated in the development of obesity is also linked to susceptibility to PCOS.

2) Environmental factor: -Lifestyle affects the phenotypic expression of PCOS. Weight gain, metabolic and reproductive abnormalities of PCOS, as evidenced by increase in obesity as well as insulin resistance, hyperandrogenism and menstrual irregularity in women with the most severe PCOS phenotype.

3) Psychological factor: -PCOS is often caused by psychological factor like stress can disturb menstrual cycle and changes of hormone such as raised level of cortisol and prolactin which affects menstruation that normally resumes.

4) Insulin Resistance: -PCOS is a multifaceted metabolic disorder that shows a higher insulin resistance. Most women with PCOS are young and develop hyperinsulinemia, with impaired glucose tolerance testing than by basal glucose measures.

5) Hormonal imbalance: -In women suffering from PCOS the imbalance of hormone is very common. Low sex hormone binding globulin (SHBG) hormone that allows the expression of hyperandrogenism

.high testosterone level leading to sign of hyperandrogenism.

-high luteinizing hormone whose excessively increased level of proper ovarian function.

6) **Miscellaneous**:-the sedentary lifestyles, lack of physical exercise, dietary variations also have been contributing factors for weight gain and hormonal imbalance.

INVESTIGATION OF PCOS

Ultrasonography:-12 or more follicles in each ovary measuring 2-9mm in diameter +/- increase ovarian volume (>10ml)

- **Biochemical evidence of hyperandrogenism** : serum total testosterone(>150ng/dl)
- **FSH & LH levels and its ratio >1:3**
- **Insuline resistance**:- raised fasting insulin levels >25 microne IU/ml

CLINICAL FEATURES

1. **Hyperandrogenism**:-Hirsutism, acne, Loss of hairs
 2. **Menstrual irregularity**: amenorrhea, oligomenorrhea, infertility
 3. **Obesity**
 4. **Insulin resistance**:-impaired glucose tolerance ,acanthosisnigricans
Diabetes
- **Hair –An Syndrome-Pcos is characterised by hyperandrogenism,acanthosisnigricans and insulin resistance**

AYURVEDIC VIEW OF PCOS

In ayurveda describes pcos mainly involvement of the doshadhatu and updhatu, it does not correlate the condition of single disease but the symptoms are resemble to the features of yonivyapad (arajaska ,lohita kshaya vandhyapaghnī and jatiharini) .

The terms raja and artava are synonym, whereas artava is the updhatu of rakta dhatu. in this present paper raja has been considered as the menstrual flow and artava is specified as ovum.

CORRELATION OF PCOS WITH AYURVEDIC TERMINOLOGY

1. **Lohita kshaya yonivyapad**:-due to nidāna seven of vata pitta pradhana aahar vihar causes a vitiation of these dosha resulting in rajaksheena, the women suffers from daah, kṛishṭa and vaivarnata this may be presented in either of the previously discussed ways. again a similarity of the symptoms of menstrual irregularity is noted but it facts to clarify oligomenorrhoea.
 2. **Arajakayonivyapad**:-according to acharya chakrapani when pitta situated in garbhashaya and yoni , amenorrhoea is a symptom appear. nidāna seven of pitta prakopaka aahar vihar resulting in the vitiation of pitta, there by affecting the garbhashaya leading to shuskata . pathophysiologically may causes an irregularity in menses in two ways; -scanty menstrual flow, increase interval between two cycles.
 3. **Vandhyayonivyapad**:-Sushruta quoted this type of yoni vyapad presenting as nashtartava.
 - Rasratna samucchaya elaborated nine types of vandhya
 - Harita elaborated six types of vandhya
4. **JATAHARNI**:-The women suffering from this gets menstruation having irregularity in duration colour and amount.

Each having specific features, management and prognosis. One of them is anapatyavandhya. Where dhatukshaya is etiological factor of nastartava here. Artava is considered as ovum and its loss resulting in infertility, however incurable the above mentioned anapatyavandhya yoni can be fairly compared with pcos due to similar feature of anovulation and absence of irregular menses.

PROBABLE PATHOGENESIS:-

Santarpanoṭtha Samprapti:-The aetiological factors give rise to jatharagni and dhatavaganimandya amotpatti resulting in medoroga like sthaulya. Agnimandya janya amotpatti cause an improper nourishment of the dhatus and artava which leads to artavaksheena.

Sthaulya is the vitiation of kapha that causes a prolongation in the ritukala of the rituchakra. This in turn impedes the effect of pitta thus hampering maturation and rupturing of the follicles. Thenartavakshaya are seen, thus it can be stated that Kaphadosha manifests as increased weight, infertility, hirsutism, diabetictendency. Pittadosha manifests as hair loss, acne, painful menses, and Vatadosha manifests with painful menses, scanty or less and irregular menses.

AYURVEDIC MANAGEMENT OF PCOS:-three stages of management of pcos

1)Nidanparivarjana:- is first step the management of pcos.

2)Shodhanchikitsa:- includes panchkarma mainly basti karma

3)shamanaushadhi:-acharyakashyap quoted the use of rason, satpushpa, and shatavari to be beneficial in all disorders of artava and specially he quoted satpushpakalp for treating infertile women.

And acharyacharak has mentioned tikshna and rukshaushadhi like trikatu for treating obesity in pcos.

- Clear the avaranaby vatakaphaharchikitsa for the proper follicular genesis and ovulation with the help of VarunadiKwath and DashmoolKwath.

LIFE STYLE MANAGEMENT OF PCOS

Aetiological factor and current life style may cause pcos.in ayurveda view pathya and apathyaaaharvihar to manage symptomatically pcos.

Pathya--yava,aamalki,priyangushalishastikchawal, prajagaran,vyayam(weight reduced)

Apathya -madhurraspradhanaahar(potatoes sweets chocolates)Abhishyandidravya (dahi,udad,kathal,bhindi etc) and junk foods.

DISCUSSION

Pcos is one of the main causes of infertility in women ,it is associated with anovulation, androgen excessand obesity .Pcos results in increased free testosterone ,ovarian androgens secretion ,free estradiol and estrone ,its favouring LH secretion and steady state free follicle stimulating hormone levels which effect on follicular maturation, in allopathic medicine oral contraceptives progesterone,anti androgens and ovulation induction agents remain standard therapies.Inayurveda given treatment works to improve agni level by its deepan-pachan properties .Guduchi enhance the immunity ,Shatavari is used to correct the hormonal influence and enhance the follicular maturity,Shatpushpa acts as a follicular maturity substance and as a pain relieving agent .

CONCLUSION

Pcos is an common problem among women of reproductive age group ,leading to multiple features ,amenorrhoea ,pain obesity. Treatment modalalities at clearing obstruction in pelvis ,treating agnimandya at jatharagni and dhatwagni level and regularising the apanavayu.hencevaatkapha reducing drug help to the relieve symptoms of Pcos.

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