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MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE (PCOD) THROUGH AYURVEDA: A REVIEW

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ABSTRACT

Polycystic ovarian syndrome is now a days a commonly rising concern for gynecologists. PCOD is a condition that has multiple ovarian cysts and lots of hormonal and biochemical aberrations. Excess androgen production by ovary and adrenals interferes with the growth of ovarian follicle and ovulation. The clinical features of PCOD are menstrual abnormalities, increasing obesity, hirsutism and acanthosis nigricans etc. It is the state of androgen excess and chronic anovulation. PCOD can be managed with Ayurvedic medication along with lifestyle changes and dietary management.

Keywords: Infertility, PCOD, Obesity.

INTRODUCTION

The PCOD is one of the most frequent endocrine disease in women of reproductive age with a prevalence of 9.13% in Indian population[1].It is characterized by hyperandrogenism and chronic anovulation[2]. As PCOD is associated with hyperinsulinemia it has major metabolic as well as reproductive morbidities [3]. Promisingly lifestyle intervention comprising dietary, exercise and behavioral therapy improve fertility and reduce cost per birth significantly [4].

In ayurveda this condition is not explained as a single disease entity, but given under the headings *yonivyapada*(genital disorders) and artavadushti(menstrual disorders).In PCOS there is nashtaartava,which means loss of both menstruation as well as ovulation[5].

Treatment of PCOD in modern science stresses more upon the management of obesity [6]. The medicinal therapy involves hormonal treatment which has various side effects of its own. Thus the objective of this article is to provide better alternatives of treatment through Ayurveda.

Etiology:

Ayurveda considers involvement of four basic etiological factors i.e. unhealthy lifestyle, menstrual disorders, genetic defects and cryptogenic factors in the establishment of female genital disorders (*yonivyapad)* [7]. And one among of them is pradustaartava which includes the dushti of both bijarupa and rajorupaartava.

Ayurvedic interpretation of disease goes in line with rasapradoshajavyadhi[8], santarpanotthavyadhi[9].

Ahara and vihar causing vatakaphadushti[10], and medodushti[11],will be the key factors causing the expression of the syndrome.

Genetic and environmental contributors to hormonal disturbances combine with other factors, including obesity ovarian dysfunction, and hypothalamic pituitary abnormalities to contribute to the aetiology of PCOD [12], [13]. Obesity increases hyperandrogenism, hirsutism, and infertility and pregnancy complications independently and by exacerbating PCOD [14], [15].

Pathophysiology:

PCOS in all stages is dominated by kapha, leading to amenorrhoea as when apana is influenced by pitta it creates artavatipravritti[16].

Vishamaaaharvihar causes agnimandya leading to apakwata of aadya rasa and formation of saam rasa which vitiates the aartava as well as causes kaphavridhi which further leads to srotorodhajanya apachita-medodhatuvridhi and vataprakopa causing obesity and amenorrhoea.

The exact pathophysiology is not clearly understood. It may be discussed as hypothalamic pituitary compartment abnormality, androgen excess, anovulation, obesity and insulin resistance, long term consequences etc.

Clinical features:

Vandhya, arajaska,nashtartava,lohitkshya, granthyaartava, ksheenaartava[17].These are some of the conditions explained in ayurveda which simulate the clinical manifestation of PCOS.

The clinical features according to modern can be categorized as [18], [19],

1) Ovulatory and menstrual dysfunction: anovulation, oligomenorrhoea or irregular vaginal bleeding.
2) Clinical features of hyperandrogenism: hirsutism, acne, androgenic alopecia.
3) Polycystic ovaries: as evidenced by radiological findings.

Ayurvedic Management:

- The first step towards treatment is Nidanparivarjana[20].I.e. avoiding the causes which are at the root of the disease. As vatadosha and dushtamedas are key elements involved, ahara and vihara causing vataprakopa and medovriddhi should be avoided.
- The management approach to PCOS should concentrate on treating Agnimandya at jatharagni and dhatwagni level and alleviating srotovarodham and ultimately regularizing the apanavata.
- Amapachan and agnideepana through chitrakadivati/ panchkolachurna/ shadushanachurna.
- Vaman Karma- To eliminate vitiated kapha and soumaya substances from body resulting into relative increase in agneya constituents of the body, consequently artava also increases [21].
- Uttarbasti- Removes the sanga in aartavavahasrotas[22].
- Pathadikwatha described by sushruta in vatakafajaartavadushti when given orally along with satapushpa tail matrabasti for seven days after cessation of menstruation is found to be effective. Aampachan, srotoshodhan and vatakaphashamak properties may be responsible for efficacy [23].
- Sukumaraghrita described by acharyavagbhata reduces the size of ovarian cyst [24].
- Satapuspachurna: Balya, dipanapachana, yonivishodhana and helps in ovulation, is the drug of choice in any disease related to artava, vatakaphashamak, pitta-

vardhaka, due to its katutikta rasa, usnavirya and tikshanasnigdhaguna[25]..

- Narayan tail:with its katutikta rasa, laghu, rukshaguna, usnavirya, katuvipaka, vatakaphashamak and ultimately leads to karma such as deepan , pachana, vilayan, anuloman and srotoshodhan resulting in aampachan and vatakaphashamak which may removes sanga and aavarana leading to proper function of vayu regulating bijagranthi karma resulting in bijotsarga(ovulation.)[26].
- Use of various lekhandravyas like takra, vyoshadyasattu as described by acharyacharak along with lifestyle modification including regular excersise is useful in management of medovridhhi. Dietary modifications are also useful.[27].
- Dincharya of the patients should be adjusted according to that described in ayurveda as far as possible. [28].

DISCUSSION

PCOD is an upcoming problem in gynaecology OPD. The first step done in general practice in OPD's when a patient of PCOS comes is to advise weight reduction. Weight reduction in obese patient is the initial recommendation because it reduces insulin, SHBG and androgen levels and may restore ovulation. The treatment modalities aim at providing comprehensive care by correcting the ama dosha(insulin levels), achieving koshta shuddhi and regulating tridoshas, by this the menstruation is regularized and fertility is restored.

CONCLUSION

In treating PCOD we should consider the patients presentation and extent of pathogenesis. The treatment necessitates formulation and therapies according to avashthabheda, strict observance of pathya and modification of lifestyle to a possible extent and follow up supervision.

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