



An Ayurvedic management of PCOD: A Reviews

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Abstract:

PCOD can be managed with *Ayurvedic* diet. Ovarian Syndrome is one of the most common female endocrine disorders affecting approximately 5% to 10% of women of reproductive age and is thought to be one of the leading causes of female sub-fertility. The symptoms of PCOS may begin in adolescence with menstrual irregularities, infertility, high levels of masculinising hormones, metabolic syndromes. In *Ayurveda*, this condition is not explained as a single disease, but can be under the headings of *Yonivyapad* and *Artavadushti*. In this study, elementary books of *Ayurveda* and modern were searched and analyzed for proper utilization in prevention and cure of PCOS. PCOS is an emerging problem among women leading to endocrine dysfunction. Treatment modalities aim at clearing obstruction in pelvis, treating *Agnimandhya* at *Jatharagni*, *Dhatwagni* level and alleviating *Srotoavarodha* and ultimately regularizing the *Apana Vata*. PCOD can be managed with *Ayurvedic* dietary management.

Keywords: *Polycystic Ovarian Syndrome, Yonivyapad, jatharagni, dhatwagni*

Introduction:

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 ovary¹

Diseases of longevity often referred as "lifestyle disorders" are posing a great threat to the overall health of the Society. Twenty diseases of the vagina arises because of consuming bad food by ashtang hridayam. The PCOD is one of the most frequent endocrine disease in women of reproductive age with a prevalence of 9.13% in Indian population²

It is characterized by Hyperandrogenism and chronic anovulation.³

As PCOD is associated with hyperisulinemia it has major metabolic as well as reproductive morbidities.⁴

The modern medicine has been able to pinpoint a number of important factors indicating the disease determinants however

the exact cause of the disease is unknown .PCOS is the 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 in to a cyst and with each ovarian cycle a new cyst is formed leading to multiple ovarian cysts. In *ayurveda* this condition is not explained as a single disease entity, but given under the headings *yonivyapada* (genital disorders) and *artavadushti* (menstrual disorders). PCOS there is *nashtaartava*, which means loss of both menstruation as well as ovulation.⁵ In modern science they focus on obesity giving hormonal pills as a treatment's in medicinal therapy which has various side effects . So the objective of this article is to provide better treatment through *Ayurveda*.

Etiology:

In the context of *yonivyapadas*, there are four basic causative factors i.e. unwholesome lifestyle, menstrual disarrays (dushti of ova and *bahipushpa* i.e. menstrual blood), genetic disorders and some divine factors , responsible for the manifestation of the syndrome. It is a disorder involving *vata* and *kapha*⁷ doshas along with *Meda Dhatu dushti* ⁸. On the basis of *Ayurvedic* interpretation PCOS can be enumerated as *Rasapradoshaja* ⁹ and *santarpanotha vyadhi* ¹⁰

Ahara and *vihar* causing *vata* *kaphadushti* and *medodushti*, 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. Obesity increases hyperandrogenism, hirsutism, and infertility and pregnancy complications independently and by exacerbating PCOD.

Pathophysiology:

Kaha is dominated in PCOD leading to amenorrhoea as when *apana* is influenced by

pitta it creates *artavatipravriti*¹¹. The main cause is *Vishama aahar vihar* which leads to *agnimandya* and leading to *drushti* of *ras dhatu* as well as *aartava* and also causes *kaphavidhi* 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.

The clinical features according to modern can be categorized as

Ovulatory and menstrual dysfunction:

anovulation, oligomenorrhoea or irregular vaginal bleeding

1) Clinical features of hyperandrogenism:

hirsutism, acne, androgenic alopecia.

2) Polycystic ovaries-

As evidenced by radiological findings

Ayurvedic management

In *Ayurveda* ,the management PCOD should concentrate on treating *Agnimandhya* at *Jatharagni* and *Dhatwagni* level and alleviating *srotavarodhana* and ultimately regulating the *Apana Vata* So, *Ayurvedic* protocol for PCOD includes

1) *Shodhan chikitsa*

2) *Shaman chukicha*

1) *Shodhan chikitsa*

Includes *Panchakarm upachar* especially *basti* in conditions of *Vata*. Other *Panchkarma* modalities *Vamana* (emesis), *Virechana* (purga-) are also prescribed for vitiated *Kapha Pitta* respectively. *Snehana* (oleation) *Swedana* (sudation) to be *Chikitsa*.



2) *shaman chikitsa- Ayurveda* has wide range of medicines to give strength to ovarian function.

- a. The management approach to PCOS concentrate on treating *Agni- mandya* at *jatharagni* and *dhatwagni* level and alleviating *srotovarodham* and regularizing the *apanavata*. *Amapachan* and *agnideepana* through *chitrakadivati/ panchkolachurna*.
- b. *Pathadikwatha* described by *sushruta* in when given orally with *satapushpa tail matrabasti* for seven days after cessation of menstruations is found to be effective. *Aampachan*, *srotoshodhan* and *vatakaphashamak*-properties may be responsible for efficacy *kumaraghrta* described by acharya-vagbhata reduces the size of ovarian cyst¹²
- c. *Satapuspackurna*: *Balya dipanapachana*, and helps in ovulation, is the drug of choice in any disease *vatakaphashamak*, *pitttavardhaka*, due to its *katu,tikta rasa*, *ushna-* and *tikshana,snigdha,guna*.¹³
- d. *Narayan tail*:With its *katutikta rasa*, *laghu*, *rukshaguna*, *usnavirya*, *katuvipaka*, *vatakaphashamak* and ultimately leads to such as *deepan* , *pachana*, *vilayan*, *anuloman* and *srotoshodhan* resulting in *aampachan* and *vatakaphashamak* which removes *sanga* and *aavarana* lead-ing to proper function of *vayu* regulating *karma* resulting in *bijotsar*-(ovulation.)¹⁴
- e. Use of various *lekhandravayas* like *takra*, as described by *acharya-charak* along with lifestyle modification of *medovridhi*. Dietary modifications are also useful.
- f. *Dincharya* of the patients should be adjusted to that described in *ayurveda* as far as possible.

g. *Yoga and pranayam therapy-pranayam,kapalabhati,suryanamskar*,

Discussion:

PCOD is an upcoming problem in gynaecology OPD. The first step done in general practice in OPD's when a patient OF PCOD comes is to advise weight reduction.

Weight reduction in obese patient is the intial recommendation because it reduces insulin, and androgen levels and may restore ovulation. The treatment modalities at providing comprehensive care by corresponding the *ama dosha*(insulin levels), achieving *koshta shuddhi* and regulating *tridosha*, by this the menstruation is regularized and fertility is restored.

Conclusion:

PCOD is life style disorder and leading cause of women in reproductive age group leading to endocrine dysfunction and multiple sign and symptoms.

In treating PCOD we should consider the presentation and extent of pathogenesis.Treatment of women affected by PCOD needs a balanced diet,*pranayam,yoga,shaman,shodhan chikitsa* ,stress free lifestyle

References:

1. The infertility manual by Kami A Rao , Chapter no.10,page no.110 ,Edition 2009
2. Ram Nidhi, venkatrampadmalatha, raghuramnagarathna, ram amritanshu: prevalence of polycystic ovarian syndrome in Indian adolscents journal of paediatric and adolescent gynecology, volume 24, issue 4, august 2011.
3. Frank S 1995 polycystic ovarian syndrome,, N Engl J Med 333:853-861

4. Burghen GA, Givens J, Kitabchi AE 1980 correlation of hyperandrogenism with hyperinsulinism in polycystic ovarian disease. J. Clin Endocrinol Metab 50:113-116
5. Tripathi Brahmananda hindi commentary, Chaukhamba Surbharti Prakashana, Varanasi, 2006; Charaka samhita Chikitsasthana 28/15-19, page no. 937-938
6. Shastri PK & Chaturvedi GN; Charaka Samhita, Vidyotini hindi commentary, Chikitsasthana 30/08; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted ed -2012; p-841
7. Dalhana; Sushruta Samhita, Nibandh Sangraha and Nyaya Chandrika commentary, editor Jadavji T, Sharirasthana 2/4; Chaukhamba Sanskrit Sansthana, Varanasi; ed - 2014; p- 344
8. Shastri PK & Chaturvedi GN; Charaka Samhita, Vidyotini hindi commentary, Sutrasthana 28/15
- Chaukhamba Sanskrit Sansthana, Varanasi; reprinted ed -2012; p-572
9. Charak samhita sutra sthan 28/9-10 page no. 571
10. Charak samhita sutra sthan 23/5,6,7 page no.4 36
11. Vagbhata, AsthangHridya, edited by Atrideva Gupta, reprint ed., ChaukhambaSanskritaSansthan Varanasi, 2006:Nidanasthana16/45.
12. Patel KD, Del L, Donga SB, Anand N, Effect of Satpuspa Tail MatraBasti and PathadiKwath on polycystic ovarion diseaseAYU [serial online] 2012 [cited 2013 Aug 23];33:243
13. Vridhajivak, Kasyapasamhita, edited by Prof. P.V. tiwari, 1st edition, ChaukhambaVishwabharti,Varanasi, 1996: Kalpasthana, 5/23, page no. 161.
14. Donga S.B, Effect of Narayan Tail Nasya And Matrabasti in Anovulatory Cycle AYU [serial online] 2011; 23.



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