



CONCEPTUAL ANALYSIS OF PCOS IN AYURVEDA

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ABSTRACT

PCOS (POLYCYSTIC OVARIAN SYNDROME) is the most common endocrine disorders in women of reproductive age; recent study revealed that about 22.5% of women in India suffer from this condition which is one of the causes for infertility. The estrogen and progesterone imbalance accompanied with increase in luteinizing hormone (LH) is the main disharmony in the endocrine system seen in patients of PCOS. The increase in LH results in increase output of testosterone causing hirsutism. As the name only say it's a syndrome, hence no single condition in Ayurveda can be co-related to this, it can be understood under the broad term of arthavadusti and few types of yonivyapad. The main symptom is "prajotpadane na samartho bavati" (Incapable of producing progeny). Irregular menstrual cycles, excessive body/ facial hair are main symptoms; secondary complications would be diabetes, uterine cancer, sleep apnea. Hence, it becomes very important to understand this condition, which is mainly managed with birth control pills to regulate menstruation, ovulation induction to treat infertility and other symptomatic treatments in contemporary science. Mainly kapha, meda, mamsa dusti is seen in this condition where the presentation can be in the form of arthava kshaya (menstrual irregularity), prameha purvarupa or sthoulya to some extent alleviates other symptoms of PCOS and in certain cases can restore menstrual rhythm. The management of PCOS can be planned in terms of shodhana, shamana and nidana parivarjana.

KEYWORDS: PCOS, arthavadusti, yonivyapad, sthoulya.

INTRODUCTION

Polycystic ovarian syndrome (PCOS) is a heterogeneous disorder that is defined by a combination of signs and symptoms of androgens excess and ovarian dysfunction with the clinical manifestation of oligomenorrhea, hirsutism and acne.

First described in 1935 by the American gynecologists Irving F stein and Michael L Leventhal. It is the most common endocrine disorder of women of reproductive age group; recent study revealed that about 22.5% of women in India suffer from this condition which is one of the causes for infertility. American society for reproductive medicines (ASRM) defines the presence of 2 out of 3 criteria's to be considered as PCOS. Those are oligomenorrhea, hyperandrogenism and polycystic ovaries. The estrogen and progesterone imbalance accompanied with increase in (LH) luteinizing hormone is

the main disharmony in the endocrine system seen in patients of PCOS. The increase in LH results in increase output of testosterone causing hirsutism. No single condition can be co-related to PCOS in Ayurveda. It can be understood under the broad term arthavadusti and few types of yonivyapad, caused due to rasadusti. On analysis, the clinical features of PCOS can be understood primarily a dusti of kapha, meda and later on vata.

Acc to Ayurveda, disease should be examined by fivefold examination i.e. nidana panchaka, none

of the yonivyapad or arthavadusti is described in these 5 aspects ; there is description about nidana and chikistha only. In the same way, all the abnormalities associated with PCOS should be seen as different pathological conditions of dosha, dushya, roga adhistana; only the variation in the constituents resulting in variation in onset and symptoms of the disease.

ANALYSIS OF PCOS IN AYURVEDA

PCOS is a disorder that is characterized principally by oligomenorrhea or amenorrhea with clinical or laboratory evidence of hyper androgenemia and it is now recognized that a significant proportion of overweight /obese women with PCOS have hyperinsulinemia.

Ayurveda included majority of gynecological disorders under the heading of yonivyapad. Menstrual abnormalities i.e., ashta arthavadusti, asrgdara though described separately for understanding of these disorders, the knowledge of yonivyapad is essential. Acharya Sushruta described vandy yoni vyapad whose main feature is nastartava where there is loss of artava. After description of ashta artava dushti, nastartava has been given by Susrutha separately in the same chapter. In this condition, artava is not totally destroyed but it is not evident due to obstruction of its channels. He says the passage is encircled by vata and kapha and ultimately resulting in oligomenorrhoea/amenorrhea. Athava has been used extensively in samhita in context of menstrual blood, ovum and ovarian hormones.

If we interpret word artava as menstrual blood. In nastartava, as there is obstruction of arthava vahasrotas by vata and kapha doshas, artava is not expelled out monthly once as in normal cyclical bleeding which resulting into amenorrhea.

Ovum is a microscopic structure, its presence in our texts was imagined by its role in conception, if we say artava refer to ovum then we consider nastartava as anovulatory cycles which causes infertility, keeping this in view, we can consider Vandya female with anovulatory cycles in whom menstrual flow may be normal or not, this condition is seen in PCOS as 30% of women with PCOS have normal menses with anovulatory cycles.

If aartava is taken as ovarian hormones the basic pathology of pcos in context of aavarana dosha can be understood. This avarana disrupts homeostasis of HPO (hypothalamo-pituitary-ovarian) axis causing hormonal imbalance leading to PCOS.

NIDANA

PCOS is functional disorder of unclear aetiology and as such is a diagnosis of exclusion with other androgen and ovulatory disorder of clearly defined aetiologies. We can correlate PCOS with Vandya yonivyapad and nasthtartava, so general causative factors of yonivyapad can be considered as etiological factors.

➤ MITHYAHARA AND VIHARA

In PCOS under heading of abnormal diet we can include consumption of untimely food intake, junk food, oily and spicy foods. Abnormal lifestyle may be faulty habits of sleep (diwaswapna, ratrijagarana) stress, avyayama and other manasikabhava like irshya, krodha, dwesha. We can see that all these are also causative factors for obesity, which play a very important role in appearance of this particular disease also.

➤ BEEJADOSHA

Various chromosomal and genetic abnormalities come under this heading. Its genetic origin are likely polygenic and/or multifactorial. This is complex multigenic disorder that results from the interaction between multigenic and

environmental factors. A high prevalence of PCOS or its features among the first degree relatives is suggestive of genetic influences.

CLINICAL FACTORS

CLINICAL FACTORS SEEN IN PCOS	PROBABLE CO-RELATION WITH LAKSHANA MENTIONED IN AARTAVA AND YONIVYAPAD
Menstrual irregularities Observed in PCOS include oligomenorrhea(85-90%) or amenorrhea (30-40%)	Mentioned in context of anartava, artavakshaya and arajska, in all these conditions, menses is delayed/produced in less quantity.
Anovulation Pcos is the common cause of anovulatory infertility-40%	Can be compared with vandyā yonivyapad “ vandyā nashtartavam vidyath” here we can interpret artava as ovum and consider vandyā as anovulatory menstrual cycle.
Obesity	Shoulya caused due to kapha and medodusti
Hyperandrogenism Hirsutism (75% of women) Acne(15-30% of women)	Hirsutism /excessive body hair especially in female is given as a symptom of pushpaghni jataharini described by kashyapa.(loma being mala of asthi, asthi dushana will lead to asthimala dusti)

DIAGNOSTIC CRITERIA

In 1990 NIH sponsored pcos conference, diagnostic criteria was formulated. It was based on consensus rather than clinical trial evidence. Their diagnostic criteria recommended clinical and/or biochemical evidence of hyperandrogenism, chronic anovulation and exclusion of other known disorders.

According to androgen excess society(AES) pcos should be considered a disorder of androgen excess and the NIH criteria should be used. This criteria was revised by Rotterdam European society for human reproduction/American society of reproduction medicine (ASRM) sponsored pcos consensus workshop group in 2003, where the following criteria were established; oligomenorrhea, hyperandrogenism (clinical or biochemical) and sonographical appearance of polycystic ovaries (the sonographic criteria for pcos requires the presence of 12 or more follicles in either ovary measuring 2-9mm in diameter and/or increased volume >10cc) 2 out of 3 are required for diagnosis. Acharya charaka has mentioned in sutrasthana 18/42-45 that there are aparishankeya vyadhis on the basis of ruja, varna, samuthana, sthana, santhan, lakshana and nama. It is not necessary all the time that a disease will have all symptoms, so one should not hesitate to consider and treat unnamed disease.

All the abnormalities associated with pcos can be seen in different pathological conditions of dosha, dushya, agni. So, the variation in combination of these constituents, resulting in variation of the disease manifestation in the form of aetiology, onset and symptoms. These pathologies should be studied under 3 parameters.

- VIKARA PRAKRITI (disease and its prominent constituents) amenorrhea or oligomenorrhea continues bleeding after a certain period of amenorrhea.
- ADHISTHANA (variation in the site of disease) ovary, skin.
- SAMSTHANA VISHESHA (specific onset of the disease with specific aetiology) previously mentioned nidana of yonivyapad manifest the disease.

POSSIBLE LINE OF TREATMENT

The line of treatment for PCOS patient depends only on the basis of symptoms; those are 3 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.

Treatment in Ayurveda for PCOS should be planned with following considerations.

➤ NIDANA PARIVARJANA

Eradication of causative factors in foremost treatment of any disease. faulty dietary should be corrected, intake of mitya aahara like pizza, burger and cold drinks should be corrected, daily exercise, practice of yoga pranayama will help in weight reduction as well as in hormonal regulation.

➤ SAMSHODHANA

Samshodhana is a process by which vitiated/harmful products are thrown outside either by adhomarga or urdhvamarga use of purification measures also clear the obstruction of aartava vaha srotas. Acharya Dalhana says that for purification only vamana should be used, not virechana, as virechana reduces pitta which resulting in aartavakshaya, vamana removes soumya dhatu resulting in relative increase of aagneya constituent of body, consequently aartava increases. Acharya chakrapani says that use of both purification measures clears upward and downward channel respectively, so both produces should be done.

➤ AGNEYADRAVYA

Aartava is agneya in nature. Agneya dravya is said to be having vata, kapha shamaka and pitta vardhaka properties, in turn increase the amount of aartava and also helps in removal of kapha and vata aavarana and resulting in expulsion of artava.

➤ SWAYONIVARDHANADRAVYA

Swayoni vardhana means those measures which are helps in increasing the constituents of the body having same qualities. For aarthava vriddhi administration of dravyas like tila, kulatha etc. which possesses agnivardhaka property and as well as vatakapahara, works as samprapthi vighatana helps in increasing the pramana of aarthava.

Deepana, pachana and santarpana will be beneficial in dhatu kshaya conditions. Arthava janaka and arthava pravartaka drugs helps in formation and expulsion of artava thus correcting the menstrual abnormalities. Kashyapa quotes the use of tila, rasona, shatapushpa and shatavari are beneficial in all disorders of artava.

➤ Some formulations are sukumara kashaya, chandraprabha vati, ashokarista, saptasaram kashaya, rajapravarthini vati, varunadi kashaya, kaishora guggulu, and kanchanara guggulu.

➤ After shodhana, for shamana line of treatment one should adopt rasayana chikista (Phalagritha, Kalyanaka ghritha).

PATHYA-APATHYA

PATHYA- Kulatha, tila, takra, matsya, lashuna, yava, amalaki, mudga

APATHYA- masha, navanna, dadhi, guda, and gudavaikruta.

DISCUSSION

The treatment is planned based on samprapti. If kapha is predominant, then vamana is preferred as it helps in eliminating the soumya dhatu and increasing agneya guna in the body thereby helping to set normal menstrual cycles. Virechana would be more helpful in condition of hyper androgenism. Virechana nasya will act on prana and apana vata, it stimulates H-P-O axis resulting in normal production of hormones, thus regulating menstrual cycle to some extent. It will also be helpful in case of mukhadushika and khalitya helps in reducing the symptoms of PCOS. Vata-kaphahara vasti can be used in the treatment of sthoulya which is the leading symptom of PCOS, also helps in regulating the menstrual cycle. Acharya kashyapa mentions alpa pushpa as anuvāsana yoga, shaman aushadis should aim at correcting the agni at dhatu level. The arthava janaka drugs like shatavari will help in the adequate formation of rasa there by producing adequate amount of arthava. Arthava pravartaka drugs such as lashuna will also helps in easy and regular flow.

CONCLUSION

PCOS cannot be co-related to a single condition in ayurveda. The unnamed disease should be understood by their dosha and dushya samurchana. Tthen treatment should be planned considering the nidana, dosha involvement, samprati, and the vyadhi avastha. After shodhana, shamana chikitsa should be donewhich is followed by rasayana therapy.

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