

ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR) An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A SYSTEMIC REVIEW ON POLY CYSTIC OVARIAN SYNDROME (PCOD)

Dr. Annu Gupta¹, Dr. Nandan Srivastav², Dr. Sweta Yadav³

1.Final Year PG Scholar, Department of Stree and Prasuti Tantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Bewar Road, Farrukhabad, Uttar Pradesh.

2.Guide, Department of Stree and Prasuti Tantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Bewar Road, Farrukhabad, Uttar Pradesh.

3.Co - Guide, Department of Stree and Prasuti Tantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Bewar Road, Farrukhabad, Uttar Pradesh.

Corresponding Author - Dr. Annu Gupta, Final Year PG Scholar, Department of Stree and Prasuti Tantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Bewar Road, Farrukhabad, Uttar Pradesh.

ABSTRACT

Polycystic ovarian syndrome (PCOS), which is brought on by insulin resistance and the compensatory hyperinsulinemia, is the most common endocrinopathy in females of reproductive age. This has an adverse effect on multiple organ systems and may cause changes in blood cholesterol levels, infertility, anovulation, irregular uterine bleeding, and infertility. According to Ayurvedic doctrine, there is a connection between Aarthava Kshaya and PCOS. One of the most prevalent hormonal endocrine diseases nowadays is polycystic ovarian syndrome (PCOS), which affects 5-10% of females as a result of stress and lifestyle choices. It is characterized by hyperandrogenism, polycystic ovaries, and prolonged anovulation in addition to insulin resistance, abdominal obesity, hypertension, irregular menstruation, abnormal uterine hemorrhage, and problems becoming pregnant.

KEYWORDS: PCOS, Ovarian cyst, pathophysiology.

INTRODUCTION

The signs of polycystic ovarian syndrome include oligo-anovulation, clinical or biochemical hyperandrogenism, and polycystic ovaries.1 The condition affects 4 to 9% of women who are of reproductive age. The combination of insulin resistance (IR) and compensatory hyperinsulinemia, which results in early luteinizing hormone (LH) sensitivity of the follicle and stimulation of both ovarian and adrenal androgen production, is a prominent biochemical feature of PCOS.2 Oligo-anovulation brought on by ovarian dysfunction is the primary factor that continues to make this condition the predominant cause of anovulatory infertility in developed countries.3

The condition PCOS, sometimes called Stein-Leventhal syndrome, is characterized by an unbalanced amount of the sex hormones progesterone and oestrogen in females.4 Elevated hormone levels can affect the growth of ovarian cysts, which are benign tumors on the ovaries.5 According to the Indian Department of Health and Human Services, PCOS affects between 1 in 10 and 1 in 20 women of reproductive age.6 Another potential major contributing factor is the hormone androgen, which is generated in excess.7 In essence, androgen is a male hormone that is also produced by women's bodies and affects the development of eggs during ovulation.8 Menstrual cycle irregularities or absence, excessive body and facial hair, acne, difficulty becoming pregnant, weight gain, and pelvic discomfort are all signs of infertility. 9

METHODOLOGY

The collection of PCOD data from central library of our institute and also collected from different authentic Gynaecology Books and Research articles and authentic websites like PubMed, Lancet Journal etc.

CAUSES OF PCOD

There is no proven cause for PCOD, despite the fact that doctors and specialists believe that some women are susceptible to the disorder and that it may run in families. Period irregularity is the disease's most common symptom, however since many PCOD cases do not exhibit this symptom, it can often be challenging to make the diagnosis. Since PCOD may prevent pregnancy, it is commonly found in women who are trying to get pregnant. It can be discovered using both blood tests and ultrasounds.10

SIGN AND SYMPTOMS OF PCOD

MAIN SYMPTOMS

- Irregular periods are one of the most common symptoms of PCOD.
- Other symptoms include
- Diabetes,
- Infertility,
- Acne,
- Weight-gain,
- Oily skin,
- Migraine,
- Excessive hair growth,
- Cardiovascular problems.
- When periods are largely irregular, the chances of uterus cancer may also increase.
- Mood swings and depression are also the lesser known and uncommon symptoms of the condition.

DISCUSSION

The complex illness known as PCOS, which includes hormonal, metabolic, and genetic imbalances, has a direct influence on fertility. Ovulation can be hampered by high levels of testosterone and insulin, which affects the menstrual cycle. In women with PCOS, irregular ovulation can lead to annovulation and even miscarriage. A USG scan will show many, small, and undeveloped follicles. Often, the body does not provide these follicles the signals they need to develop and release an ovum. However, it is well established that each person's experience with the illness will be unique. The formation of ovarian cysts prevents conception from happening. The present solution has been established utilizing a comprehensive strategy to treat the many causes of PCOS. Granthi-hara, Vata kapha Shamaka, and Artavajanan (ecbolic) features are used to categorize the pathophysiology of Kaphaj granthi. The present research suggests that Ayurvedic medication efficiently treats PCOS without generating any adverse side effects. One of the Ayurvedic herbal remedies that provides amazing advantages for a range of feminine maladies is this one.11

GUIDELINES FOR PCOD FEMALES

- It has also been demonstrated that several herbs can regulate your hormones.
- To keep your hormones under control, try herbs like meethi dana, flaxseeds, and cinnamon.
- Exercise for 30 to 60 minutes each day, in addition to all the dietary adjustments, is crucial to lowering insulin resistance.
- Weight gain may result from high insulin resistance.
- Additionally, it may result in skin darkening and an increase in testosterone production.
- Fresh fruits provide the best breakfast for PCOD patients.
- Another option is to have a multigrain bread sandwich with some tomato and cucumber. Instead of normal roti, they should choose bran roti.

WHICH FOOD GROUPS SHOULD YOU EAT-

Cereals: whole wheat bran flakes, whole wheat porridge, muesli, quinoa, multigrain bread, and brown bread. Green moong, chana dal, beans, yellow moong, and entire pulses are examples of pulses.

Dairy items - Contains milk that has been skimmed or toned. Additionally available are paneer, tofu yoghurt, and soy milk.

Fruits include apples, plums, pears, watermelons, papayas, berries, oranges, peaches, and papaya.

Nuts, such as almonds, flaxseeds, and walnuts.

DO'S

- Make sure the appropriate weight is kept. If you are overweight, lose weight by working out frequently and eating a balanced, healthy diet.
- Regularly perform the yoga asanas and prananyam.
- Get enough sleep.
- Observe and document your menstrual cycle.

DONT'S

- Avoid smoking.
- Don't drink alcohol.
- Never miss a meal or a sleep. The secret to greater health and relief from PCOS is a disciplined lifestyle.
- Keep as far away from hormonal therapy as you can.

CONCLUSION

PCOS can assist to improve several elements of the disorder and protect the patient from long-term side effects like type 2 diabetes and heart disease. By using a logical strategy for PCOS lifestyle management, both the doctor and the patient may address this complex condition in a reasoned manner. PCOS is mostly a condition of lifestyle. Since PCOS is becoming more widely recognized, it is crucial for healthcare professionals who treat PCOS patients to comprehend how lifestyle factors impact the condition and how they may be changed to alter prognoses without unnecessary reliance on the use of short-term pharmacological medications.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

REFERENCES

1.Tewari, PV. Kashyapa Samhita, Revati Kalpa Adhyaya. Vara- nasi: Chaukhambha Visvabharathi; 2008. pp. 357-358.

2.Anonymous. The Ayurvedic Formulary of India (AFI). Part I. 2nd ed. New Delhi: Ministry of Health and Family Welfare, Govt. of India, The Controller of Publications; 2003. p. 67, 192.

3.Sahashtra Yoga. Pratham Prakran-Kashaya Yoga. New Delhi: Central Council of Research for Ayurvedic Sciences; 2011. p. 95.

4.Ferriman D, Gallwey JD. Clinical assessment of body hair growth in women. J Clin Endocrinol Metab 1961 Nov;21(11):1440-1447.

5.Adityan B, Kumari R, Thappa DM. Scoring systems in acne vulgaris. Indian J Dermatol Venereol Leprol 2009 May- Jun;75(3):323-326.

6.Pekhlivanov B, Akabaliev V, Mitkov M. Quality of life in women with polycystic ovary syndrome. Akush Ginekol (Sofiia) 2006;45(5):27-31.

7.Pradeepa R, Anjana RM, Joshi SR, Bhansali A, Deepa M, Joshi PP, Dhandania VK, Madhu SV, Rao PV, Geetha L, et al. Prevalence of generalized & abdominal obesity in urban & rural India – the ICMR – INDIAB Study (Phase-I) [ICMR – INDIAB-3]. Indian J Med Res 2015 Aug;142(2):139-150.

8.Brahmanand Tripathi edited Sarangadhara samhita 2nd edition. Chaukhamba surbharati prakashan, Varanasi; 1994.
9.Ras tantra sar va Siddha prayog sangrah Part 1st, 16th edition, Shri Krishna Gopal Ayurved Bhawan Trust, Ajmer; 2006. pp628.

Ras tantra sar va Siddha prayog sangrah Part 1st, 16th edition, Shri Krishna Gopal Ayurved Bhawan Trust, Ajmer;
 2006. pp644.

11. Uma Mangal, Anil Mangal. Efficacy of An Ayurvedic Intervention in the Management of Polycystic Ovarian Syndrome (PCOS)- A Case Report. International Journal of Ayurveda and Pharma Research. 2020;8(1):74-76

