

**PERCEPTIONS & ATTITUDE OF WOMEN &
MANAGEMENT MODALITIES IN POLY CYSTIC
OVARIAN SYNDROME**

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ABSTRACT

Poly Cystic Ovarian Syndrome (PCOS) is a hyper-androgenic disorder affecting 9-21% in women of reproductive age associated with chronic oligo- anovulation & polycystic ovarian morphology, resulting from insulin resistance and the compensatory hyperinsulinemia. This results in adverse effects on multiple organ systems and may result in alteration in serum lipids, anovulation, abnormal uterine bleeding and infertility. According to the Ayurvedic view, symptoms in PCOS can be correlated with Aartavkshaya, Beejakosha, Granthi and Pushpaghni. Life style changes are very important to cure the disorder. Medicines have only a 25% role in curing the disease; the remaining 75% cure is by diet and exercise.

Keywords: PCOS, Artavakshaya, Beejakoshagranthi, Pushpaghni, lifestyle changes.

INTRODUCTION:-

PCOS is a syndrome of clinical and/or biochemical signs of androgen excess, ovulatory dysfunction & polycystic ovaries. Women with PCOS are at increased risk of metabolic problems, reproductive abnormalities & psychiatric illness. The changed living habits due to increasing job requirements, sedentary lifestyle and competitive living are the main culprits against a healthy life. People who fall victims to these new phenomena get trapped with 'lifestyle disorders' at a younger age. One among such lifestyle disorders in gynecological practice is Poly-Cystic Ovarian Syndrome (PCOS).

The classical triad of this syndrome consists of chronic ovulatory dysfunction, hirsutism and obesity. PCOS involves a vicious cycle of hormonal imbalance with the pituitary gland developing hypersensitivity towards GnRH. Pituitary responds with an increase in L.H. secretion resulting in increased ovarian androgen production by theca cells. Consequently, FSH production is inhibited, thereby preventing further follicular development and ovulation.

PCOS affects 1 in 10 women of childbearing age. 50% of women with PCOS go undiagnosed. 50% of women with PCOS go on to develop type 2 diabetes or pre-diabetes before the age of 40. Further, women with PCOS have a three-fold increase in the risk of developing endometrial cancer.

AIMS AND OBJECTIVES:-

The Aim of the study to determine perception & attitude held by women & management modalities in PCOS and compile the available literature from Ayurvedic classics on PCOS. To discuss the changes in lifestyle as per Ayurveda to reduce the symptoms of PCOS.

LIFE STYLE RELATED FACTORS:-

- Abnormal diet — irregular eating timings, lack of a balanced diet
- Irregular sleep patterns
- Sedentary lifestyle or lack of exercise

- Psychological disturbances, anxiety, mood disturbances, stress
- Exposure to pollutants
- Lack of exposure to sunshine
- Smoking, alcohol consumption

All this lead to hormonal imbalance causing irregular menstrual cycles, and later PCOS.

PCOS Characterization:-

PCOS is present if two out of three criteria are met:

1. Oligo-ovulation or anovulation
2. Hyper androgenemia,
3. Poly-cystic ovaries

Symptoms:-

1. Increasing obesity
2. Oligomenorrhoea and amenorrhoea- irregular, few or absent menstrual periods. Cycles that do occur may be heavy
3. Infertility due to anovulation
4. Hirsutism,
5. Acne, oily skin
6. Acanthosis nigricans
7. Prolonged periods, PMS: like symptoms i.e. bloating, mood-swings, pelvic pain and back-aches.
8. Androgenic alopecia - male pattern baldness
9. Dyspareunia - pain during sexual intercourse.

Biochemical and Endocrinal changes:-

1. Insulin resistance and hyper-insulinemia
2. Abnormal lipo-proteins - elevated total cholesterol, triglycerides, LDL; low levels of HDL
3. Slight elevation in prolactin levels

4. L.H./F.S.H. ratio > 3:1
5. Increased incidence of hypertension and a greater prevalence of atherosclerosis and cardiovascular disease
6. Elevation in circulating androgens, particularly free testosterone
7. Hyper-insulinemia inhibits hepatic production of sex hormone binding globulin

Women with PCOS with three or more of the following criteria qualify for metabolic syndrome, and are more prone to higher insulin resistance and its consequences:

1. Abdominal obesity (waist circumference >85 cm),
2. Triglycerides > 150 mg/dl,
3. HDL < 50 mg/dl,
4. BP >130/85,
5. Fasting blood sugar of 110-126 mg/dl and 2-H glucose from oral glucose tolerance test of 140-199 mg/dl

Management:-

Weight reduction, diet and exercise are considered the first line of treatment in PCOS. Additionally, the following drugs may be prescribed:

1. Oral contraceptives — for menstrual abnormalities, hirsutism and acne
2. Metformin — for metabolic disturbances
3. Clomiphene citrate — for infertility
4. Prednisone — if adrenal hyper androgenism, treatment with low dose may be considered.

PCOS – AYURVEDA ASPECT

There is no direct reference for PCOS mentioned in the Ayurvedic classics. Symptoms in PCOS can be correlated with various conditions mentioned in classics. As there are cysts in ovaries we can consider it as Granthi. The main clinical feature of Granthi is a swelling or protuberance. Based on the site, here we can name it as Beejakosha Granthi. Sushrut has stated that vitiated Vata

Dosas, vitiating Mamsa, Rakta and Medas mixed with Kapha produce Granthi.

Kashyap, mentioned Pushpaghni, the symptoms of which fit in to PCOS characterised by absence of ovulation, fruitless menstruation, obesity and hairy cheeks i.e hirsutism. Sushrut and Bhavaprakash have mentioned Artavakshaya where there is delay of menstruation and is scanty. Sushrut and both Vagbhata have mentioned about Kshina-artavadushti, caused by Pitta and Vayu. Here, the menstruation is delayed and menstrual blood is scanty associated with pain. Anartava is a complication of Medo Vrudhi. Arajaskayonivyapar mentioned by Charak describes amenorrhoea as a symptom. In both samhithas of Vagbhata, Lohitakshaya Yonivyapat where raja is decreased has been mentioned. Sushrut writes that in Vandhya Yonivyapat, Artava is destroyed. Madhavanidane and Yograratnakara have followed Sushrut. Bhavaprakash has mentioned absence of Artava instead of its destruction. Rajo nasa is due to vitiation of Vata.

Nidana (Etiology):-

Mithyacharena i.e faulty eating habits, lack of exercise and irregular sleep patterns lead to Pradusta Artava i.e Artava gets vitiated.

Samprapti (Pathogenesis):-

The element responsible for fertility in the female body is called Artava Dhatu. The channel that supplies, nourishes and enables the functional action of carrying the ovum to the uterus is called Artavavaha Srotas. All the three Doshas play an important and distinctive role in female reproduction. Vata is responsible for movement of the follicle, the rupture of the follicular wall releasing the matured ovum, the movement of the fimbriae— the finger like projections that guide the ovum into the fallopian tubes and the movement of the ovum towards the uterus. These actions are due to Apana vayu, the force behind downward movement from the navel. Apana vayu is also responsible for the movement of menstrual blood during menstruation. The action of the hormones expresses the nature of Pitta, the energy responsible for transformation. All stages of the female reproductive process are a result of the interplay of hormones. The quality of Kapha is to nourish the tissues that form and support the reproductive system like the growth of the follicle to nourish the uterus. PCOS is due to Kapha blocking Vata and Pitta, hence movement

is obstructed and the transformation is suppressed. Due to factors that aggravate Kapha, Kledaka kapha residing in the GI tract increases in quantity and affects the digestive fire in the stomach called Jathara agni, which in turn affects the metabolic aspect of the seven tissues called Dhatu agni. Each Dhatu agni is responsible for the nourishment and formation of that particular tissue that it resides in. In the case of PCOS, the Dhatus that are affected are Rasa dhatu — lymph and plasma, Medo dhatu — adipose tissue and Artava dhatu.

Kapha vrudhi leads to formation of Ama. Kapha mixes with Ama and begins to move out of the G.I tract, entering the Rasa vaha srotas, it vitiates Rasa dhatu and hence its Upadhatu i.e Artava also gets vitiated.

Aggravated Kapha and Ama, having affected Rasa Dhatu moves through the channels to Meda Dhatu. Kapha, Ama and Meda Dhatu have similar qualities and are easily attracted to each other. Meda Dhatu is often one of the first Dhatus along with Rasa Dhatu to reflect a Kapha aggravation. Meda Dhatu Agni having been affected by the presence of the increased Kapha Dosha and Ama causes Meda Vruddhi leading to obesity.

Pitta in order to function properly needs proper functioning of Vata. As Pitta is blocked, the hormones are unable to initiate their action. The accumulated Kapha is expressed in the formation of the cyst in the ovary. Due to Vata and Pitta being blocked, the other functions of both these Doshas become aggravated. Pitta aggravation at the level of Bhraj aka pitta and Ranj aka pitta manifests as acne and increased body hair.

MANAGEMENT:- AYURVEDA ASPECT

Preventive

1. To follow daily regimen and seasonal regimen, sadvrutta, swasthavrutta
2. Pathya (Do's):
Diet: High fibre, low saturated fat, low glycemic index carbohydrate diet viz. whole grains, ragi, horse-gram, green leafy vegetables; whole fruits like apples, grapes, oranges, dates, figs; cow-urine, curd, garlic, milk, buttermilk, fish.
Regimen: Exercise, sufficient sleep during night, plenty of water in-take, frequent and healthy meals. Yoga and pranayama help in stress management, relieving symptoms of PCOS.
3. Apathya (Don'ts):-
A) Food :-
Saturated fats, wine, oily foods, potatoes, refined flour, white rice, bakery products. Nicotine, alcohol, caffeine and other addictives.
B) Regimen: Sleeping during the day, excessive sitting.

Curative:-

1. Shodana Chikitsa:-
A) It has been observed that Anuvasana Basti with Mahanarayana Taila and Sahacharadi Taila have good results in regularizing menstrual cycles and ovulation induction.
B) Niruha Basti with Dashamula kwatha is done which has good results.
C) Nasyakarma with Shatapushpa Taila has increase fertility rates in PCOS women.
2. Shamana chikitsa:-
A) Drugs that are used are Tridosahara
B) Deepana, pacana and anulomana dravyas are given
C) Artavavardaka drugs - Tankana, Shatavari, Triphala, Guduchi, Kumari, Satapushpa

- a. Agneya dravyas —Tila,Masha,Matsya,Kulutha, sura, sukta
 - b. External therapies like Abhyanga, Parisheka, Pralepa, Pichudharana, Pindi, Yonidhavana arc recommended for local action
3. Formulations:-
- a. Kancanar guggul, b. Varunadi kashaya
 - c. Nashtapushpantaka rasa, d. Shatphala ghrita e. Kumariasava, f. Phala sarpi

DISCUSSION:-

PCOS is a lifestyle disorder with no specific etiology. Changes in life style i.e. diet management and exercise is the first line of treatment. Reduction is 10% of present body weight in overweight women causes ovulatory cycles. Apart from this, drugs prescribed in the modern system of medicine have side effects when used for a prolonged duration. On the other hand, following the principles of Ayurveda i.e. daily regimen, seasonal regimen, sadvrutta, swasthavrutta along with shamana and shodhana treatments will help in effective management of this condition.

CONCLUSION:-

PCOS is a lifestyle disorder. Life-style changes and traditional management can improve this condition.

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