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## AYURVEDA AND MODERN PERSPECTIVE ON POLYCYSTIC OVARIAN SYNDROME (PCOS): REVIEW BASED ON LITERARY STUDY

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### ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is the most common endocrinological disorder in females of reproductive age group. PCOS is also a preeminent cause of difficulty in achieving pregnancy. It is prevalent in the young reproductive age group 20%-30%. Polycystic ovary may be seen in about 20% of normal women. Women with PCOS may present with Obesity, Amenorrhoea, Oligomenorrhoea, Infertility or androgenic features. According to Ayurveda PCOS is correlated with *Nashtartava* or *Anartava*. *Nashtartava* or *Anartava* is a main feature of *Bandhya*. *Bandhya* is also caused by PCOS. Word *Aartava* has been used in Samhita in the context of menstrual blood, ovum and ovarian hormones. It is believed that disturbed functioning of *Aartava dhatu* is mainly associated with disease. *Srota* that is mainly affected by disease is *Artavavaha srota*. PCOS mainly due to *Aavarana* of *Vata* and *Kapha* so that *Vata Kapha Shamak and Pitta Vardhak Chikitsa* are effective. *Nidan* (Cause) of PCOS in *Ayurveda* and modern science are described, diagnostic criteria and possible line of management also mentioned. Considering the present scenario this article explores area for upcoming researchers.

**Keywords:** Polycystic Ovarian Syndrome (PCOS), Ayurveda, *Aartava*, *srota*

**INTRODUCTION:** Polycystic Ovarian disease is a most common endocrine disorder affecting women in their reproductive age group<sup>[1]</sup>. It was described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhoea, hirsutism and obesity associated with enlarged polycystic ovaries, and it is frequently associated with insulin resistance and obesity.<sup>[2]</sup> It is prevalent in young reproductive age group 20%-30%. Polycystic ovary may be seen in about 20% of normal women.<sup>[3]</sup> As the aetiology is poorly understood, there is controversy about diagnostic criteria, clinical features of the syndrome. The management of PCOS is a challenging task, faced by modern gynaecologists. So, the holistic

approach is needed especially in the Indian subcontinent because of high prevalence here (52%).<sup>[4]</sup>

In ayurvedic classics text there is no direct mentioning of this disease, rather, symptoms are found under various disease conditions at various references.

This feminine disorder is not described word to word in ayurvedic Samhitas. Features of PCOS closely related with some of *Jatharini* yet some features nearly similar with *Aartava Dusti*. Most of the gynaecological disorders are described under the *Aartava Dushti*.

After the description of eight disorders of *Aartava*, *Nashtartava* or *Anartava* has been described by *Sushruta* respectively.

***Nidana* (causative factor)**

*Pradushtartava*- *Aartava* word should be used for ovarian hormones. Menstrual bleeding is the result of cyclic shedding of endometrium under influence of various hormones of the Hypothalamo-Pituitary-Ovarian axis. And hyperandrogenism condition is also due to excess amount of androgen production by ovaries.

*Acharya Sushrut* says that in *Nashtartava* obstruction of the passage or orifices of channels carrying *Aartava Vaha Srotas*, thus *Aartava* is destroyed. Though *Aartava* is not finished completely, yet, it is not discharged monthly. Aggravated *Vata* and *Kapha* obstruct the passage of *Aartava* thus the menstrual blood is not discharged.<sup>[5]</sup>

Faulty *Rajaswalacharya*.

*Kashyap* says that use of *nasya* during menstruation is responsible for aggravating the *doshas*.

*Nidana* of *Jathaharini* also have some similarities with *Nidana* of PCOS .<sup>[6]</sup>

A woman who has renounced the essential duties of religion, auspiciousness, Shauch (purification) and worship of the deities. One who hates gods, cows, brahmins, gurus, old people and gentlemen, who is mischievous, arrogant and unstable in mind, animosity, Kali (fighting), meat, violence, sleep and sex, etc. There are *Aruntuda* (the one who strikes the *Marmasthal*), *Damdashuka* (the one who eats many times), *Vad Duka* (the one who argues) and *Vigatasadhvasa* (fearless).

One who starts laughing, crying and mourning, who speaks falsehood, who eats everything, who acts according to her own will, who renounces food and abnormal dietary habits and faulty lifestyle.

An abnormal diet includes junk food, pizza, burger, and cold drinks consumption.

And *Diwaswapan*, *Ratrijagaran* (faulty habits of sleep), stress is included in faulty lifestyle.

One who does not believe at all, which kills the children born of others. One who is very selfish, who delays charity, who is hostile to her husband, does not love sons, and always takes oath to them, who is her father-in-law, sister-in-law, brother-in-law etc.

### Clinical features of PCOS<sup>[7]</sup>

In modern times, the clinical features of this disease vary from mild menstrual abnormalities to severe metabolic and reproductive dysfunction.

Increasing obesity (abdominal- 50%)

Menstrual abnormalities-70% in the form of oligomenorrhea, amenorrhoea or dysfunctional uterine bleeding and infertility.

Presence of hirsutism or acne are the important features (70%).

Virilism is rare.

*Acanthosis nigricans* -commonly affected sites are nape of the neck, inner thigh, groin and axilla.

*HAIR-AN* syndrome in PCOS is characterized by hyperandrogenism, insulin resistance and *acanthosis nigricans*. Internal examination reveals bilateral enlarged ovaries which may not be revealed due to obesity.

*Pushpagni Jathaharini* described in *Kashyap Samhita* its character similar to PCOS.<sup>[8]</sup>

*Vrutha Pushpam*- anovulation

*Yathakalam Prapashyati*- menstruating regularly

*Sthula*- Obesity

*Lomasha Ganda*- hairy chin/ hirsutism

infertility due to anovulation is scattered

*Pushpagni Jathaharini*, *Revati kalpadhyaya* bears to correlate with

Ayurveda symptoms of hyperandrogenism but features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

### DIAGNOSTIC CRITERIA

Diagnosis is made by the presence of any two of the following three criteria

American society for reproductive medicine (ASRM)/European society of human reproduction and embryology (ESHRE,2003)

PolyCystic Ovary Diagnosed by USG.

Oligomenorrhea, and or Anovulation

Clinical evidence of Hyperandrogenism (Clinical or biochemical) and sonographic appearance of poly cystic 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.] Two out of three are required for diagnosis.<sup>[9]</sup>

*Acharya Charaka* has mentioned in *Sutra sthana 18/42-45* that there are *Aparisankheya* (uncountable) diseases on the basis of *Ruja, Varna, Samuthan, Sthana, Sansthan*.<sup>[10]</sup> It is not necessary all the time that a disease will have all symptoms. So, one should not hesitate to consider and treat unnamed diseases.<sup>[11]</sup>

All the abnormalities associated with PCOS can be seen in different pathological conditions of *Doshas Dushya, Agni*. So only the variation in combination of these constituents, results variation of the disease in onset, symptoms, aetiology.

These pathologies should be studied under three parameters.<sup>[12]</sup>

1. *Vikaraprakriti* (Disease and its prominent constituents)- oligomenorrhoea or amenorrhoea, continuous bleeding after a certain period of amenorrhoea.

2. *Adhishthanantara* (Variation in the site of disease)- Ovary, Skin.

3. *Samuthanvishesha* (Specific onset of the disease with specific aetiology)- Above mentioned *Nidana* of *Jathaharini* manifests the disease. These parameters can play a very important role to get the knowledge of disorder.

**Management** –Treatment in Ayurveda for PCOS should be planned with following considerations:

avoid the known disease-causing factors in diet and lifestyle of patients.

limited use of oral contraceptive pills, hormone replacement therapy, surgical Interventions etc. which are not very effective and carry their own harmful effects.

If PCOS is Not treated its major complications are infertility, cardiovascular diseases etc.

Weight reduction (2-5%) improves metabolic syndrome and reproductive function.<sup>[13]</sup>

Exercise is found beneficial.<sup>[14]</sup>

*Mithya Ahar* like pizza, burger and cold drink should be avoided.

In all *Yonirogas Vata Dushti* is first so *Vata Shamak Chikitsa* are necessary. The use of *Bastis* (enema or uterine installations) is beneficial in *Rajo Nasha*. All *Bastis* have *Vata Shamak* properties. *Basti* in female disorders nourishes and detoxifies the reproductive system.<sup>[15]</sup>

*Artava* is *Aagneya* in nature so all Foods and medicines capable of increasing pitta are beneficial. So *Aagneya Dravyas* like *Tila, Kulattha, Matsya, Kanji, shelu, Rajika, Lavana, Sarjikakshara, Varuna, Shunthi* etc are used to increase in amount of *Aartava* and also helps in removal of *Kapha* and *Vata Avaran* and cure the disease.<sup>[16]</sup>

**CONCLUSION**- Better understanding of any disease enables physicians to treat it

more effectively. PCOS is not explained in Samhita but Acharya has made their point regarding treatment. Unnamed diseases should be understood by their *Dosha* and *Dushya* thus treatment should be planned accordingly. Out of all *Jathaharini*, *Pushpagni Jathaharini* shows maximum compatibility with PCOS. Expanded meanings of *Aartava* i.e. menstrual blood, ovum and hormones help to elaborate PCOS symptomatology in Ayurveda context and plan its line of management.

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