



**PCOS IN AYURVEDA**

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**ABSTRACT**

*Polycystic ovarian syndrome is very common health problem in young females characterised by ovarian dysfunction and hyperandrogenism. Ayurvedic classics covered wide range of conditions with the symptoms of oligoovulation, amenorrhea, infertility, hirsutism under the entity of yonivyapad anxiety depression due to all these things should be taken into consideration while treating PCOS. In Ayurveda, there is a huge importance is given to Mana along with Sharira. So ayurveda can treat this anxiety and depression effectively. Most of the times PCOS is considered under infertility. But PCOS takes its roots right from post adolescent time. Right from this time due to hetusevana, agnimandya and dhatudushti starts, which further results into artava vikruti and apana vayu vikruti. In post adolescent stage, it is difficult for a woman to deal with PCOS as it manifests in obesity, acne, hirsutism, menstrual disturbances and also can be a contributing factor for Infertility. it is stressful for a woman. So, primary aim is that to rectify hyperandrogenism, hyperinsulinemia, multiple follicles in ovaries. In view of Ayurveda trividha, ashdashvidha, dashavidha parikshan will be done, according to mentioned lakshanas and different sampraptis, treatment will differ from individual to individual, treatment in ayurveda should be planned with consider actions as nidhanparivarjana, samshodhana, Vamana.*

**KEYWORDS:**

**INTRODUCTION**

Polycystic ovarian syndrome is very common health problem in young females characterised by ovarian dysfunction and hyperandrogenism. Ayurvedic classics covered wide range of conditions with the symptoms of oligoovulation, amenorrhea, infertility, hirsutism under the entity of yonivyapat. Many published articles data indicates positive role of Ayurveda in treating PCOS, but most of the studies are on PCOS with infertility.

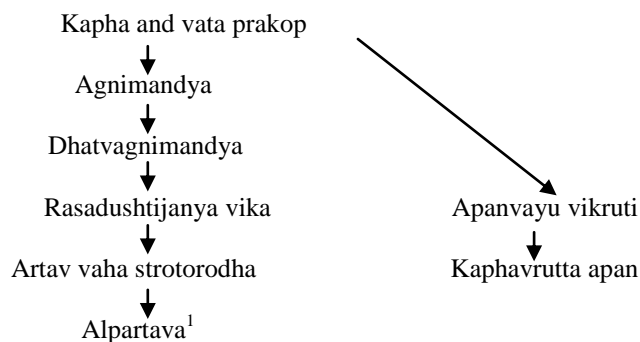
Polycystic ovarian syndrome was originally described by Stein and Laventhal in 1935 as a syndrome manifested by menstrual disturbances, hirsutism, obesity, infertility associated with sclerocytic ovaries on ultrasound. It is most common endocrine disorder in women of reproductive age. It is a complex endocrine, reproductive and metabolic disorder. Along with above described signs and symptoms some patients may have insulin resistance and hyperinsulinemia.

The main concerns are long term health risks associated with this syndrome such as increased risk of development of type 2 diabetes, metabolic syndrome, cardiovascular risk factors. Also, women with PCOS suffer from acne, acanthosis nigricans, thinning of hairs, male pattern balding. Women become panic due to all these cosmetic problems.<sup>[3]</sup> After marriage, PCOS patient come with

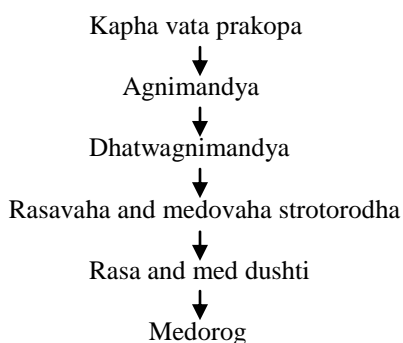
complaint of infertility. Anxiety and depression due to all these things should be taken into consideration while treating PCOS. In Ayurveda, there is a huge importance is given to Mana along with Sharira. So ayurveda can treat this anxiety and depression effectively.

Most of the times PCOS is considered under infertility. But PCOS takes its roots right from post adolescent time. Right from this time due to hetusevana, agnimandya and dhatudushti starts, which further results into artava vikruti and apana vayu vikruti. We can divide PCOS in two different sampraptis: 1) Santarpanjanya

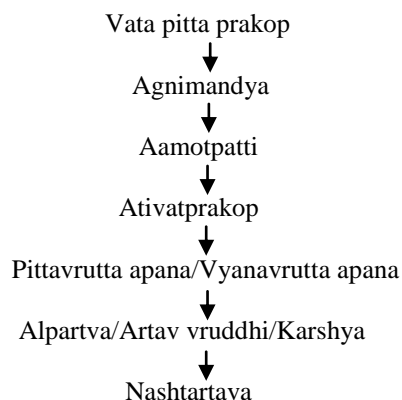
2) Aptarpanj  
Samprapti(Santarpanjanya);



**Medoroga in PCOS**



**Samprapti(Aptarpanjanya)**



In post adolescent stage, it is difficult for a woman to deal with PCOS as it manifests in obesity, acne, hirsutism, menstrual disturbances and also can be a contributing factor for Infertility. it is stressful for a woman. So, primary aim is that to rectify hyperandrogenism, hyperinsulinemia, multiple follicles in ovaries.<sup>[6]</sup> In view of Ayurveda trividha, ashdashvidha, dashavidha parikshan will be done, according to mentioned lakshanas and different sampraptis, treatment will differ from individual to individual.

#### DIAGNOSTIC CRITERIA

Acharya Charaka has mentioned in Sutrasthana 18/42-45 that there are Aparisankheya (uncountable) diseases on the basis of Rupa, Varna, Samuthan.<sup>[10]</sup>

#### Sathan, Sansthan

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 Doshas, Dushya, Agni. So only the variation in combination of these constituents, results in variation of the disease in onset, symptoms, aetiology. These pathologies should be studied under three parameters:

1. Vikaraprakriti (Disease and its prominent constituents) -Amenorrhoea or oligomenorrhoea, continues bleeding after a certain period of amenorrhoea.<sup>[11]</sup>

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

3. Samuthanvishesha (Specific onset of the disease with specific aetiology) -previously mentioned Nidana of Yonivyapada manifest the disease. These parameters can play a very important role to get the knowledge of disease.

- There is no single criteria is useful to diagnose PCOS. Rotterdam's criteria, Androgen excess and PCOS criteria and NIH criteria are useful criterias to diagnose PCOS.<sup>[6]</sup>

#### A) Rotterdam's criteria

2 of the following criterias are enough to diagnose PCOS.

- 1) Oigo and/or anovulation
- 2) Clinical or biochemical androgenism
  - a) Clinical:hirsutism, acne, male pattern baldness
  - b) Biochemical:high serum androgen concentration
- 3) A polycystic ovary on ultrasound.  
Presence of<sup>[12]</sup> or more follicles in ovary arranged peripherally(one ovary with this picture is enough for diagnosis), follicles measuring 2-9 mm in diameter and/or increased ovarian volume(>10ml).<sup>[9]</sup>

#### B) Androgen Excess and PCOS Society criteria(2006)

- 1) Evidence of ovarian dysfunction(either)  
Anovulation or oligo-ovulation
- 2) A polycystic ovary on ultrasound
- 3) Evidence of clinical or biochemical androgenism
  - a) Clinical-hirsutism, acne, male pattern balding
  - b) Biochemical:High serum androgen concentration.<sup>[8]</sup>

#### C) National Institute of Health Criteria

- 1) Chronic anovulation or oligo-ovulation
- 2) Clinical or biochemical androgenism(either)
  - a) Clinical-hirsutism, acne, male pattern balding
  - b) Biochemical:High serum androgen concentration
- 3) A polycystic ovary on ultrasound.<sup>[7]</sup>

#### Clinical Features of PCOS

The clinical manifestation of this disease varies from mild menstrual irregularities to severe reproductive and metabolic dysfunction. (Menstrual irregularities commonly observed in PCOS include Oligomenorrhoea (85-90%) or Amenorrhoea(30-40%). (Hirsutism is a common clinical presentation of hyperandrogenism occurring in up to 70% of women with PCOS.(Acne can also be a marker of hyperandrogenism, approximately 15-30% of women presents this feature. (PCOS is the commonest cause of anovulatory infertility 40%.

#### Possible line of treatment

The line of treatment for PCOS patient depends only on the basis of symptoms. Symptomatically there are three 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. Careful history taking and minute observation during a clinical examination is the main source for diagnosing.

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

Eradication of causative factors is foremost treatment of any disease. Faulty dietary habits should be corrected.

Intake of Mithaya Aahara like pizza, burger and cold drinks should be strictly stopped. Abnormal life style should be corrected. Daily exercise, practise of Yoga Pranayama will help in weight reduction as well as in hormonal regulation.

#### Samshodhana<sup>[13]</sup>

Samshodhana is a process by which waste products or harmful products are thrown out side either by Adhomarga or Urdhwamarga. Use of purification measures also clear the obstruction of Aartavaha Strotsa. Acharya Dalhansays that for purification only Vamana should be used, not Virechana As Virechana reduces Pitta which results in Aartvakashya.

#### Vamana

removes Saumaya (Kapha) substance resulting in relative increase of Aagneya constituent of body, consequently Aartva increase. Acharya Chakrapanisays that use of both purification measures clears upward and downward channel respectively. So both procedures should be done. Agneyadravyais Aagneya in nature. Aagneya Dravyais said to be having Vata, Kapha Shamaka and Pita Prakopaka properties. Aagneya Dravya causes increase in amount of Aartva and also helps in removal of Kapha and Vata Aavarna and cure the disease. Swavonivardhandravya Here Swayoni-varadhanameans those measures which are help for AartavaVridhi. Administration of Dravyas like Tila, Kulatha is advisable as same Guna Dravya increases Pramana of Aartava.

#### Classical Formulations

1. Kanchnara Guggulu
2. Pushpadhanva Rasa
3. Nashtapushpantaka Rasa
4. Rajah Pravartani Vati
5. Aarogyavardhini Vati
6. Chaturbeeja Choorna
7. VarunadiKashaya
8. Yogbasti(TilaTailaand Dashmoola Kwatha) along with Rajapravartni Vati, Pushpadhnva Rasa and Phalagrita orally had caused significant improvement in patients of PCOS.<sup>[16]</sup>
9. Sub fertility due to Poly Cystic Ovarian Syndrome can be cured successfully by using Ayurveda treatment regimen i.e. first stage with Triphla Kwatha, Chandraprabha Vati, Manibhadra Churna; second stage with Shatavari, Shatapushpa and Guduchi along with Krishna Jeeraka Kwatha; powder of Atibala, Shatapushpaalong with Rasayana Kalpa.<sup>[17]</sup>
10. Daily yoga for 30 minutes with 4 Asanas, 4 Pranayama, meditation and Shavasana helps in weight reduction and stress management which ultimately stabilize the normal function of hypothalmo-pituitary - ovarian axis and cure PCOS.<sup>[18]</sup>

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