



Review of Ayurvedic concept of PCOS

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ABSTRACT: -

Introduction PCOS is very common chronic anovulatory disorder with androgen excess in women of reproductive age group. It is a multifactorial, multisystem disorder but obesity & insulin resistance are often associated. Patient present with symptoms of menstrual irregularities (either amenorrhoea or oligomenorrhoea), androgen excess (hirsutism, acne alopecia) & USG evidences of >2-9 mm size arranged in the cortex of ovary.

Aims: To explore and understand ayurvedic pathogenesis of PCOS.

Material and methods: Classical Ayurvedic books, particularly the Charaka Samhita, were thoroughly examined, together with Sanskrit commentary, to compile a list of relevant references. A thorough search of the Internet was conducted to locate prior study papers and related material.

Conclusion: According to ayurvedic prospective it is studied and its pathogenesis is tried to be established. It can be considered as kaphavata predominant tridoshajavikara&agnimandhya is main reason of pathogenesis. So, it can be effectively treated by tridosha pacifying, agnivardhakchikitsa with uttarvasti.

Key words- PCOS, Ayurveda, Doshas, Agnimandhya

I. INTRODUCTION

PCOS is a lifestyle disorder with a very complex pathogenesis it affects 2 –26% females of reproductive age group & a most common form of chronic anovulation with androgen excess, excluding other causes of hyperandrogenism like non classical congenital adrenal hyperplasia, androgen secreting adrenal tumors, hyperprolactinemia etc. Previously it is known as Stein Leventhal Syndrome as described by Stein and Leventhal in 1935 which manifest as bilateral polycystic ovaries, symptoms of menstrual abnormalities like amenorrhoea, oligomenorrhoea, signs of androgen excess like- hirsutism and obesity. Primary ovarian defect was inferred as the cause but subsequent clinical, morphologic, hormonal & metabolic studies uncovered multiple

underlying factors & term polycystic ovarian syndrome was introduced to reflect heterogeneity of this disorder.

Development of PCOS is attributed to combination of-

1. **Environmental factors-** like lifestyle modifications in form of sedentary life, over eating without proper gap between meals, work load, mental stress etc.
2. **Genetical factors** – it has sometimes family history. Obesity & Insulin resistance are recognized as one of the major root causes of PCOS leading to infertility
3. **Insulin resistance** is present in around 65-80% of women with PCOS, independent of obesity & is further exacerbated by excess weight.

Clinical Features-

1. This condition manifests itself in a variety of ways, from modest monthly abnormalities to severe reproductive and metabolic failure.
2. Oligomenorrhoea (85%-90%) and Amenorrhoea (85%-90%) are two typical menstrual abnormalities associated with PCOS (30-40 percent).
3. Hirsutism is a prevalent clinical manifestation of hyperandrogenism that affects up to 70% of PCOS patients.
4. Acne can also be a sign of hyperandrogenism, with 15-30% of women having this symptom.
5. Anovulatory infertility is most commonly caused by PCOS.

Diagnosis of PCOS Is Based Upon the Presence Of 2 Of Following 3 Criteria (Asrm/Eshre) –

- Oligo ovulation or Anovulation
- Androgen excess
- USG evidences of PCOS

By symptoms and signs of PCOS we can consider it as KaphaVata Predominant TridoshajArtavaDushti. As Vata is responsible for division of cells (granulosa, theca cells), rupture of follicle etc. Pitta has paaka karma so is associated with conversion of androgen to estrogen & maturity of follicle. Subsequently due to its Shrava



Karma it results in ovulation with help of Vata. Kapha has nutritive function so along with Vata it helps in proliferation of ovarian follicles.

Although in Ayurveda description of PCOS is as such not present but to some extent few diseases can be simulated as described by some Scholars-

1.Pushpaghani jataharni- “vruthapushpam” & “sthulalomagandasha”

Menses occurs regularly at usual time. And the women suffering from this type of infertility have corpulent cheeks covered with hairs.

Description of corpulent cheeks may be indication of central obesity which is found in PCOS as steroid hormones, mainly androgen has increased. Also there is indication of hirsutism, which is again due to androgen excess.

The name Phuspaghani here indicates, infertility due to anovulation or due to formation of bad quality of ovum or defective endometrium.

2.Vikuta jataharni-

Here the menses are irregular in terms of duration, color and amount. That is found in anovulatory and oligo- ovulatory cycles where menses are either scanty or excessive in terms of amount, either there is oligomenorrhoea or amenorrhoea. Menses may be vary in duration of bleeding and color according to interval at which menstrual bleeding starts. It seems to be description of oligo ovulation or anovulation found in PCOS.

3.Artavakshaya- “yathouchita kalam aadarshanamalptaava yoni vedana cha”

In artavakshya there are features of oligomenorrhoea, scanty menses and painful menses which explains PCOS only partially. Where as signs of androgen excess and presence of cystic ovaries has not explained by acharyas, it may be due to the fact that they are mainly focused on description of bahayaatarvalakshana (menstrual blood) not the other.

4.Granthibhut artavadushti-

As we know artava word is used for ovum, hormone and also for menstrual blood. If we consider that the antahaartava /hormones if get vitiated by excess kapha and vata then what we see in beejaroopiartava/ovum is anovulation so cystic ovaries. And the bahayaartava/ menstrual blood will also be in form of clots, either with scanty or heavy flow depending on dosha predominance. Or there may be hyperplasia of endometrium forming polyps.

In the nidana of nastaartava Acharya Vagbhata has explained that due obstruction of channels atrava is not evident so patient remains amenorrhoeic. So all these facts indicates that there

is mainly VataKaphaDosha predominance in this disorder and symptoms appear according to predominance between two doshas.

But if we closely look at symptoms & signs of PCOS **Pushpaghanijataharini** described by Acharya Kashyap seems to be closer to symptoms & signs of PCOS.

✓Vrathapushpam- the ovum or prepared endometrium is not useful for conception.

✓Stulalomagandasha- patient is having chubby or fatty cheeks with excessive hair grow

AIMS AND OBJECTIVE

- To understand the concept of menstrual cycle according to ayurvedic view
- To understand the role of tridosha in the development of follicles in ovary
- To hypothesis the etiology & pathogenesis of PCOS.

II. MATERIAL AND METHODS

The data is collected from the Ayurvedic samhitas, journals & articles on the google & from previous studies.

III. OBSERVATION AND RESULTS

In ayurvedic literature mainly 4 factors are stated essential for the conception & maintenance of their quality is emphasized for good pregnancy outcomes.

1. Ritu- appropriate time (ovulating time)
2. Kstera - field (whole reproductive tract)
3. Ambu -proper nourishment.
4. Beeja - sperm &ovum

Out of all the four factors artava has great importance, as normal physiology of other 3 factors depend on normal functioning of artava. “streenamgarbhoupuyogishyaatartavamsarva sammtam”⁵

In ayurvedic literature artava word is used for

1. Antahapushpa – hormones &ovum
2. Bahayapushpa – menstrual blood

Features of bahyapushpa and rituchakra can help to predict about the physiology of antaha Pushpa. When the antahapushpa (hormones) is functional physiologically then the bahyapushpa (menstruation) shows features of shudhaartava if there is no anatomicaldeformity in genital tract.

Features Of Normal Menstrual Bleeding

1. Regular and cyclical menses with cycle length of one month. As in ayurvedic or Hindu calendar two paksha of 15-15 days is equal to one month. So here bleeding is considered normal if it occurs at 30 days interval.



2. it should not be unctuous means greasy or soapy, not associated with burning and it should be without any pain.
3. duration of flow should be for five nights.
4. Flow should not be heavy or scanty.

RITUCHAKRA-

Cyclical physiological changes in reproductive organs especially in uterus and ovary due to cyclical changes in hormonal status. As stated in Ayurvedic literatures that the whole month *beejarakta* (hormones) brings following changes –

1. *Garbhashayetarpyatipooryati* – forms the endometrial bed
2. *Manshaadbeejayekalpte* – folliculogenesis

RAJASWALA PARICHARYA-

1. **Bramcharyani** – menstruating women should avoid exertions of all kinds whether it is related to celibacy or other kind of physical as well as mental stress. According to Ayurveda these things will lead to *vatavrudhi* because due to menstrual losses, body is in emaciating state. If we try to understand it by modern point of view we found that intercourse should be avoided during menses because genital defense mechanism is hampered due to which female is more prone to infections. And physical stress may lead to release of more CRH in turn more ACTH and cortisol. CRH via direct impact on hypothalamus inhibit GnRH secretion.
2. **AdhaShayanni/ DarbhaSanstarShayanni** – She should sleep over ground/floor which has many advantages. Spine is more prone for curving on soft surface, so sleeping on firmer surface may help to align & straighten the neck and spine which may relieve back or pelvic discomforts during menses.
3. **Yavakampayshashidhamalpamkarshanardhamashmniyat** – women is advised to take light food which can be easily digested so as to protect her digestive fire
4. **Teekshanaushnaamlalavananivarjayet** – foods containing excessive hot, sour, salty properties can cause excessive blood loss by vitiating pitta dosha. So should better be avoided.

After studying *rajaswalaparicharya*, it is observed that *raja kala* can be considered as natural *shodhana kala* leading to *agnimandhya* so it is necessary to follow *pathya&apathya* prescribed during *shodhana* therapy which are same as *rajaswalaparicharya*. Aim of this is to avoid dosha vitiation & prevent ama formation & to restore energy thus prevent menstrual disturbances due to lifestyle changes.

IV. DISCUSSION

In Ayurveda *tridosha* are considered as physiological unit of body. where as *dhatu & malas* are considered as structural unit, So ovarian follicular recruitment, growth, maturation, ovulation & ovarian steroidogenesis all are under control of *tridosha*. We know below *umbilicus vatadosha* is predominant so mainly *vata* is responsible for proper reproductive function. Just like Sun, Moon & air in the outer world, *pitta, kapha&vata* in the inner world or body are responsible for sustenance of proper functioning of body.

Kapha has *visarga karma* – it has nourishing function and provides strength

Pitta has *aadan karma* – it has metabolic function. *Vata* has *vikshepa karma* – it has dispersing function

If *doshas* are present in body within their normal physiological limits & shows normal properties than growth, development, maturation and ovulation of follicle occur timely, whereas their disbalance results in disturbances of this process. So there is disturbance of balance of *tridosha* resulting in symptoms and signs of PCOS.

V. CONCLUSION

It is a good idea to end this article with such an understanding of PCOS in the context of Ayurveda. Any disease can be treated more effectively if doctors have a better understanding of it. Although PCOS is not mentioned in the *Samhita*, *Acharya* makes a point about therapy. Unnamed diseases should be classified according to their *Dosha* and *Dushya*, and therapy should be arranged accordingly. **Bandhyayonivyapada** has the most concordance with PCOS of **all Yonivyapada**. Expanded definitions of *Aartava*, such as menstrual blood, ovum, and hormones, aid in elaborating PCOS symptomatology in an Ayurvedic context and planning treatment options.

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