

To Role of Pcos in Ayurveda Frame of Reference

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ABSTRACT

PCOS (Poly Cystic Ovarian Syndrome) is likely the fastest growing health risk among reproductive-age women. The global prevalence of this disease is about 5-10%, with a relatively high prevalence in the Indian subcontinent (52%). It is distinguished by a combination of clinical or biochemical hyperandrogenism, chronic anovulation, and polycystic ovaries. Insulin resistance and obesity are frequently associated with this. Ayurveda does not describe this specific feminine disorder word for word. Some PCOS-related features are closely related to some Yonivyapada features, while others are nearly related to Aartvadáshti. PCOS can be better understood with the help of three basic principles given by Acharya Charak: Vikarprakriti, Adhishthanantara, Samutthanvisheshha. Maximum congruence of PCOS can be established with Bandhya Yonivyapada. An attempt is made to understand Nashtartva which is the cardinal feature of Bandhya. Word Aartava has been used extensively in Samhita in context of menstrual blood, ovum and ovarian hormones. Therefore Amenorrhoea, anovulation, hormonal dysfunction are considered exposed manifestations of Nashtartva. Possible line of treatment is stipulated with Nidanaparivarjan, Samshodhana, Aaganeya Dravya, Savayonivardhana Dravya.

I. INTRODUCTION

PCOS is most likely the fastest growing health risk among women of reproductive age. This disease affects approximately 5-10% of the global population. This familial disorder appears to be passed down through a complex genetic trait. Stein and Leventhal were the first to describe the link between amenorrhoea and bilateral polycystic ovaries and obesity. It is distinguished by a combination of clinical or biochemical hyperandrogenism, chronic anovulation, and polycystic ovaries. Insulin resistance and obesity are frequently associated with this. Because of its high prevalence and potential reproductive,

metabolic, and cardiovascular consequences, this condition is gaining a lot of attention. In developed countries, it is the most common cause of hyperandrogenism, hirsutism, and anovulatory infertility.

As the aetiology is poorly understood, there is controversy about diagnostic criteria, clinical features of the syndrome. The management of PCOS is difficult and challenging task, faced by modern gynaecologists. So the holistic approach is demanded specially in Indian subcontinent because of high prevalence here (52%).

This particular feminine disorder is not described word to word in Ayurveda. PCOS associated some features are closely related with some of Yonivyapada yet some features nearly bring in to relation with Aartvadáshti. We know that most gynaecological disorders come under the heading of Yonivyapada.

According to Ayurveda, disease should be examined by fivefold examination system (Nidanpanchaka). None of Yonivyapada and Aartvadáshti is described in these five aspects; there is description about Nidana and Chikitsa only. In the same way, all the abnormalities associated with PCOS should be seen as different pathological conditions of Dosha, Dushya, Roga Adhishthana. Only the variation in these constituents results variation in onset and symptoms of the disease.

Aims and Objectives

1. To study aetiopathogenesis of polycystic ovarian syndrome and establish its Ayurveda congruence.
2. To evaluate symptomatology of PCOS w.s.r.to Ayurveda symptoms.
3. To find out possible line of treatment of disease in Ayurveda texts.

Materials and Methods

Ayurveda classics, commentaries, modern literature, other recently published books and research journals were thoroughly studied and then

an effort was made to understand this syndrome.

Conceptual reference of PCOS in Ayurveda

- The majority of gynaecological disorders in Ayurveda have been described under the heading of Yonivyapada, though some menstrual abnormalities, such as Asrigdara, have been described separately. Yonivyapada and Aartvadushti knowledge is required for a thorough understanding of menstrual disorders. Bandhya Yonivyapada, whose main feature is Nashtartava, was described by Acharya Sushruta. Acharya Sushruta described Nashtartava separately after describing the eight disorders of Aartva. Artava is not completely destroyed in this state, but it is hidden due to channel obstruction. He claims that the passage is surrounded by Vata and Kapha, resulting in amenorrhoea. The word Aartava appears frequently in the Samhita in reference to menstrual blood, ovum, and ovarian hormones.
- If we interpret word Artava with menstrual blood, in Nastartava due to obstruction of Artavavahastotasa by Vata and Kapha Dosha, passage of Aartava carrying channels is obstructed. So Aartava is not apparent monthly as in normal menstrual cycle bleeding which results in amenorrhoea.
- Ovum is a microscopic structure. Its presence in our texts was imagined by its role in conception. If we say Aartava refers to ovum then we can consider Nastartava as anovulatory cycles which causes infertility. Keeping this in view, we can consider Bandhyaas female with anovulatory cycle in whom menstrual flow may be normal or not. This condition is seen in PCOS as 30% of women with PCOS have normal menses.
- If Aartava is taken as ovarian hormones, the basic pathology of PCOS in context of Avaranaby Dosha can be understood. This Aavarna distrupts homeostasis of HPO axis causing hormonal imbalance leading to PCOS.

Nidana (causative factors)

PCOS is functional disorder of unclear aetiology and as such, is a diagnosis of exclusion with other androgen and ovulatory disorder of clearly defined aetiologies. We can correlate PCOS with Bandhya Yonivyapada and Nashtartava. As in our classics no specific etiology is described, so general causative factors for Yonivyapada can be considered as etiological factors:

Mithyachara: Under this heading we can include Mithyaahara (faulty dietary habits) Mithyavihar (abnormal life style) both. In PCOS under the heading of abnormal diet we can include pizza, burger, bread, cold drinks, spicy, oily, junk food consumption. Abnormal life style may be faulty habits of sleep (Diwaswapna, Ratrijagrana), stress, competition pressure and other Mansikbhawa like Irshya, Krodh, Dwesh. We can see that all these are also causative factors for obesity, which play a very important role in appearance of this particular disease also.

Pradushtartava: The word Aartva should be regard for ovarian hormones. As menstrual blood is a result of cyclic endometrial shedding under the influence of various hormones of HPO axis. In patients with PCOS ovarian compartment is the biggest contributor of androgens. Dysregulation of CYP 17, the androgen forming enzyme in both adrenals and ovaries may be the central pathologic mechanism underlying Hyperandrogenism in PCOS.

Bijadosha: Various chromosomal and genetic abnormality comes under this heading. Its genetic origins are likely polygenic and/or multifactorial. This is complex multigenic disorder that results from the interaction between multiple genetic and environmental factors. A high prevalence of PCOS or its features among first degree relatives is suggestive of genetic influences.

Daiva: Unknown or idiopathic causes comes under this heading. Each cause has its own causative process, potential and mode of action.

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%.

Diagnostic criteria

- In 1990 NIH sponsored PCOS conference, diagnostic criteria was formulated. It was

based on consensus rather than clinical trial evidence. Their diagnostic criteria recommended clinical and/or biochemical evidence of Hyperandrogenism, chronic anovulation and exclusion of other known disorders.

- According to Androgen Excess Society (AES), PCOS should be considered a disorder of androgen excess and the NIH criteria should be used.
- This criteria was revised by Rotterdam European Society for Human Reproduction/American Society of Reproductive Medicine (ASRM) sponsored PCOS consensus workshop group in 2003, where the following criteria were established: oligo/ amenorrhoea, hyperandrogenism (clinical or biochemical) and sonographical 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.

Acharya Charaka has mentioned in Sutra sathana 18/42-45 that there are Aparisankheya (uncountable) diseases on the basis of Ruja, Varna, Samuthan, 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 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.
2. Adhishthanantara (Variation in the site of disease)- Ovary, Skin.
3. Samuthanvishesha (Specific onset of the disease with specific aetiology)- previously mentioned Nidana of Yonivyapda manifest the disease.

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:

Nidanparivarjana

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

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 Aartvavaha Strotsa. Acharya Dalhan says 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 increases. Acharya Chakrapani says that use of both purification measures clears upward and downward channel respectively. So both procedures should be done.

Agneyadravya

Aartva is Aagneya in nature. Aagneya Dravya is 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-varadhana means those measures which are help for Aartava-Vridhi. 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. Varunadi Kashaya

Some Research articles findings

1. Yogbasti (Tila Taila and Dashmoola Kwatha) along with Rajapravartni Vati, Pushpadhnva Rasa and Phalagrita orally had caused significant improvement in patients of PCOS.
2. 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, Shatapushpa along with Rasayana Kalpa.
3. Significant results were found by treating patients of PCOS with Yoga Basti (TilaTaila and Dashmool Kwatha) and Uttarbasti along with oral dugs like Ashoka, Manjistha etc.
4. 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.

II. CONCLUSION

It is good idea to wind up this article with such understanding of PCOS in Ayurveda pretext. Better understanding of any disease enables physician to treat it more efficiently. PCOS not explained vis-a-vis in Samhita but Acharya have made their point regarding treatment. Unnamed disease should be understood by their Dosha and Dushya thus treatment should be planned accordingly. Out of all Yonivyapada, Bandhyayonivyapada shows maximum congruence 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 treatment.

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