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"EVALUATION OF LIFESTYLE RELATED FACTORS AND MANAGEMENT MODALITIES IN POLY CYSTIC OVARIAN SYNDROME"

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ABSTRACT:

Poly Cystic Ovarian Syndrome (PCOS) is the most common endocrinopathy in women of reproductive age, 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 *Aarthava Kshaya*, *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:

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 or PCOS.

PCOS is a very common abnormality in women of reproductive age. 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, F.S.H. production is inhibited, thereby preventing further follicular development and ovulation¹.

Incidence:

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 prediabetes before the age of 40. Further, women with PCOS have a

three-fold increase in the risk of developing endometrial cancer.

AIMS AND OBJECTIVES:

To study 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 these 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. 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.²

- 3. Infertility due to anovulation
- 4. Hirsutism, 5. Acne, oily skin
- 6. Acanthosisnigricans
- 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

Management:

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

- Oral contraceptives for menstrual abnormalities, hirsutism and acne
- 2. Metforrnin for metabolic disturbances³
- 3. Clomiphene citrate for infertility⁴
- 4. Prednisolone if adrenal hyper androgenism, treatment with low dose may be considered.⁵

PCOS —Ayurveda:

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 *BeejakoshaGranthi*. *Sushruta* has stated that vitiated *Vata Dosas*, vitiating *Mamsa*, *Rakta* and *Medas* mixed with *Kapha* produce *Granthi*⁶.

Kashyapa, mentioned Pushpaghni, the symptoms of which fit in to PCOS characterised by absence of ovulation, fruitless menstruation, obesity and hairy cheeks i.e. hirsutism. Sushruta and Bhavaprakasha 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. complication Anartava is MedoVrudhi. Arajaska yonivyapar describes mentioned by Charaka amenorrhea as a symptom.

Nidana (Etiology):

Mithyacharan i.e faulty eating habits, lack of exercise and irregular sleep patterns lead to PradustaArtava i.e. Artava gets vitiated⁷.

Samprapti (Pathogenesis):

The element responsible for fertility in the female body is called *ArtavaDhatu*. The channel that supplies,

nourishes and enables the functional action of carrying the ovum to the uterus is called ArtavavahaSrotas. 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 the matured ovum, releasing 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 Apanavayu, the force behind downward movement from the navel. Apanavayu is also responsible for the movement 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

Jatharaagni, which in turn affects the metabolic aspect of the seven tissues called *Dhatuagni*. Each *Dhatuagni* 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, *Medodhatu*—adipose tissue and *Artavadhatu*.

Kaphavrudhi leads to formation of ama. Kapha mixes with Ama and begins to move out of the G.I tract, entering the Rasa vahasrotas, 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 *MedaVruddhi* 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 *Bhrajaka* pitta and *Ranjaka* pitta manifests as acne and increased body hair.

Management —

Ayurvedic View

Preventive

- 1. To follow daily regimen and seasonal regimen, *Sadvrutta*, *Swasthavrutta*
- 2. Pathya (Do's):
- a. 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, fish⁸.
- b. 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 PCO S.
- 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*Vasthi with Mahanarayana Taila and

 Sahacharadi Taila have good results

- in regularizing menstrual cycles and ovulation induction.
- b. *Niruha vasti* with *Dasamula kwatha* is done which has good results.
- c. Nasya karma with Shatapushpa Taila has increase fertility rates in PCOS women.
- 2. Shamana chikitsa
- a. Drugs that are used are Tridoshahara
- b. *Deepana*, *pacana* and *anulomana*dravyas are given
- c. Artavavardaka drugs Tankana, Shatavari, Triphala, Guduci, Kumari, Satapushpa
- d. Agneya dravyas—Tila, Masha, Matsya, Kulutha, sura, sukta
- e. External therapies like *Abhyanga*,

 Parisheka, Pralepa, Pichudharana,

 Pindi, Yonidhavana are recommended

 for local action
- 3. Formulations
- a. Kanchanara guggulu,
- b. Varunadi kashaya
- c. Nashtapushpantaka rasa,
- d.Shatphalaghritae.Kumariasava,

Phalasarpi⁹

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 shaman 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.

REFERENCES:

- 1.D.C.Dutta. Textbook of Gynacology, 5th edition, chapter-28,Pg. no. 440/450/564/571/583.
- 2.D.C. Dutta. Textbook of Gynacology, 5th edition, chapter-28, Pg. no. 440/450/564/571/583.
- 3.D.C.Dutta. Textbook of Gynacology, 5th edition, chapter-28, pg.no. 440/450/564/571/583.
- 4.D.C.Dutta. Textbook of Gynacology, 5th edition, chapter- 28, pg. no. 440/450/564/571/583.
- 5.D.C.Dutta Textbook of Gynacology , 5th edition, chapter-28, pg no. 440/450/564/571/583.
- 6.Sushrut Samhita- by Vaidya Datto Ballal Borkar, Chaukhamba prakashan, 4th edition pg.no.69-70

- 7.Sushrut Samhita- by Vaidya Datto Ballal Borkar, Chaukhamba prakashan, 4thedition, pg.no. 294.,295.
- 8.Sushrut Samhita- by Vaidya Datto Ballal Borkar, Chaukhamba prakashan, 4th edition pg.no.294/295.
- 9.Charaksamhita Ayurveda dipika commentary of Chakrapanidatta edited by Vaidya Yadavji Trikamj Acharya; Chaukhamba prakashan, Varanasi,5th edition 2001,pg.no.674.