POLYCYSTIC OVARIAN SYNDROME (PCOS) – A CRITICAL REVIEW ACCORDING TO AYURVEDA

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is multi-factorial and polygenic condition. It interferes with metabolic, endocrine and reproductive functions. Hyperinsulinemia appears to play a key pathogenic role in women with PCOS, regardless of whether they are obese or lean. It affects the pituitary - ovarian hormones and results in infertility, menstrual problems and excessive body hair growth in female. According to Ayurveda this type of clinical features found in Pushpaghni Jataharini and Nashtartva. Treatment of PCOS according to Ayurveda is mainly to correct hyperinsulinemia by using Pramehghna drugs, weight reduction through Vyayama, diet and drugs, give Yakritotejak drugs for the oestrogen clearance and to decrease its bio- availability and clear the Avarana by using Vatakapha nashaka drugs for the proper follicular genesis and ovulation.

KEYWORDS: Polycystic Ovarian Syndrome, Hyperinsulinemia, Pushpaghni Jataharini, Nashtartva.

INTRODUCTION

PCOS is affecting 4 to 6 percent of unselected women of reproductive age[1]. It is common metabolic-endocrine- reproductive disorder. It leads to menstrual irregularities ranging from amenorrhoea to dysfunctional uterine bleeding, hirsutism, acne and anovulatory infertility. researches saw that the hyperinsulinemia is an important pathological factor for PCOS. In Ayurveda, there is no direct reference about PCOS but when we go through the Ayurvedic literature there are many references which are nearer to sign and symptoms of PCOS. So,
there is try to evolve effective treatment for PCOS through Ayurveda. Multi dimensional treatment is required for PCOS.

MATERIALS AND METHODS
Reviewing the modern science literature regarding PCOS and Ayurvedic literature nearer to symptoms and pathogenesis of PCOS and try to find out proper line of Ayurvedic treatment for PCOS.

DISCUSSION
PCOS is the complex multisystem disorder causing dysfunctional of three inter related axes i.e. metabolic, steroidogenic and reproductive. Root causes of PCOS is hyperinsulinemia, it is result of following conditions.
1. Excess weight and obesity\(^2\) (Santarpanajanya): It is linked to insulin resistance, an imbalance of glucose and insulin levels hyperinsulinemia in the body.
2. Teenage (Kalajanya): There is increase of sex steroid and growth hormone during puberty which stimulates the production of insulin-like growth factor-1, in response to develops hyperinsulinemia\(^3\). May be some teenagers fail to normalize the hyperinsulinemia whom are more prone to develop PCOS.

PCOS also increases the risk of developing the cluster of cardiovascular risk factors called metabolic syndrome. PCOS sufferers with metabolic syndrome are also at greater risk of developing gestational diabetes during pregnancy as well as health hazard in letter age like type II diabetes, hypertension, coronary heart disease and endometrial, liver, breast and colon cancer.

Possible effect of hyperinsulinemia on the HPO axis
1. Effect of hyperinsulinemia on the hypothamus and pituitary\(^4\): Hyperinsulinemia→ ↑GnRH from hypothalamus → ↑LH and ↓FSH from the pituitary →chronic anovulation.
2. Effect of hyperinsulinemia on the ovary and liver\(^5\): Increase insulin level creates estrogenic state in the body through the disturbance of ovarian and liver functions as follow.
Hyperinsulinemia → ↑the testosterone and androstenedione in the ovary and ↓the SHBG (steroidal hormone binding globulin) in the liver → ↑the bio- availability of estrogen in the female body.
It is leading cause of infertility, recurrent pregnancy loss, menstrual disturbances ranging like amenorrhea to dysfunctional uterine bleeding, hirsutism, alopecia and acne.

Investigation of PCOS are multiple cystic ovary by USG, LH ≥10 mIU/ml in early follicular phase or the ratio LH:FSH is > 2, Raised serum testosterone and insulin level.

According to ancient view understanding of PCOS are as follows.

Clinical features are nearer to Pushpaghni Jataharini\(^6\).

The woman menstruates in regular interval but is unable to conceive is pushpaghni the other symptom is corpulent and hairy cheeks.

According to reproductive point of view, the pathogenesis of PCOS is similar to condition of Nashtartva\(^7\).

Vitiation of vata-kapha (↑ estrogenic state) leads to Avarana of artava (inhibition of FSH) leads to Nashtartva (no proper growth of follicles and chronic anovulation).

We found the reference of metabolic involvement in PCOS in our classics i.e. Acharya says that due to monthly menses, as impurities are excreted from woman body constantly, hence, there is less chances of her to suffer from Prameha\(^8\). It means if leady has normal menstruation then she has less chance to develop diabetes in letter age because the diabetes is disease of forties at that age the menopause starts and PCOS is the disease of reproductive age. So the root cause of PCOS is obesity and hyperinsulinemia, that’s why the main line of treatment of PCOS is reduction of weight and use of Pramehghna drugs.

Management of PCOS can be categorized in two aspects

(1) Curative for infertility and menstrual disorders.
(2) Preventive for hypertension and type II diabetes and endometrial cancer by timely treating of PCOS.

Overall goal of treatment of PCOS according to Ayurveda as under

- Weight reduction through Vyayam, diet, drugs.
- To correct hyperinsulinemia by using Pramehghna drugs like Vijaysar etc.
- Give Yakritotejak drugs for the oestrogen clearance and to decrease its bio- availability like Kumari etc.
Clear the Avarana by using Vatakapha Nashaka drugs for the proper follicular genesis and ovulation like Dashmoola, Kanchanar Guggulu and Gomutra haritaki etc.

CONCLUSION
PCOS is multifactorial disorders mainly characterised by hyperandrogenism and anovulation. Hyperinsulinemia appears to play a key pathogenic role in PCOS women. By above mentioned Ayurvedic treatment, hyperinsulinemia may bring down which is allow spontaneous ovulation and prevents long term complications of PCOS.

REFERENCES