A CONCEPTUAL STUDY OF PCOD RELATED WITH AYURVEDA

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ABSTRACT
God has gifted women with rare and unique phenomenon of giving rise to offspring's. To effectively fulfill the above aim, nature has conferred special anatomical and physiological characteristics in the women which are collectively referred to as Streekarbhav. There is huge change of diet and lifestyle in modern civilization. There is daily interaction with incompatible foods, synthetic medicines and environmental factors that result in several clinical manifestation. There are certain abnormal conditions where the capability of fertility is hampered and Acharya Sushruta has mentioned to Artavakshaya or “Nastartava”. PCOD or syndrome is a condition characterised by hyperandrogenism, menstrual disturbances, obesity, hirsutism and infertility. It is a health problem that effects three in ten women of the child bearing age group. Menstrual disturbance include amenorrhoea, oligomenorrhoea and irregular mennturation which further leads to infertility. For PCOS diet, exercise, and oral contraceptives are reasonable preventative therapies.

KEYWORDS: PCOD, Artava kshaya, Obesity.

INTRODUCTION
Acharya Charaka has described that for the production of the “Garbha” the Shuddha Aartava, Yoni and Garbhashaya are the essential factors and also said that vitiated Artava is one of the cause of Yoniyapada. Acharya Charaka speaks of “Shuddhashonita” in the context of “Garbhavakranti” which is to be understood to comprise both ovum and by menstrual blood. As far as present work is concerned, the word “Artava” has been restricted to menstrual blood only. Here, the importance of the Shuddhi is brought about by Acharya Charaka. “Evum Yoni Shuddhasu Garbham vindati Yoshita.” In these above context, the Shuddhayoni includes all the three Avartas along with their physiological activities like Artava. About the quantity of Artava, Acharya Charaka said “Naiva ati bahu na ati alpam.” As per Acharya Charaka quotation in Nidana sthana, the symptoms of a disease themselves also constitute a disease but sometimes because of their subordinate or secondary nature, they are presented as symptom under a disease. This reference enables us to take Artavakshaya as a disorder rather than a symptoms.

PCOD or syndrome is a heterogenous disorder. It is a condition characterized by hyperandrogenism, menstrual disturbances, obesity, hirsutism and infertility. it interferes with the reproductive, endocrine and metabolic functions of the body. The ovaries show multiple cysts and enlarged appearance on ultrasound examination.

AIM AND OBJECT
1. To study the Artavakshaya and PCOD.
2. To study the affected dhatu in PCOD.

MATERIAL AND METHODS
1. Literatures of Ayurveda, Bhruhatrayee and laghutarayee.
3. Reasearch papers and articles from Journals.

PCOD is a condition in which
*A women's harmones are imbalanced.
*Hyperandrogenaemia with normal or raised estrogen(E2)
*LH Level are elevated.
*Formation of multiple cysts in ovaries which are localised along the surface of the ovaries giving a 'necklace appearance' on ultrasound.
*PCOS is a health problem that affects three in ten women of childbearing age.

CAUSES OF PCOD
The causes of PCOS is not fully understood, but may be-
*Genetic(PCOS can be passed down from either mother's or father's side.)
*Irregular lifestyle.
*Sedentary lifestyle.
SYMPTOMS
Symptoms tend to be mild initially -
The most common symptoms are-
*Menstrual symptoms- Irregular periods.
*Often women with PCOS have fewer than nine periods a year.
*Some women have no periods (amenorrhoea) Others have very heavy bleeding.
*Fertility problems- Many women who have PCOS have trouble getting pregnant (infertility).
*Acne
*Obesity- Excessive weight gain and trouble losing weight.
*Hirsutism- Extra hair on the face and body. Often women get thicker and darker facial hair more hair on the chest, belly and back.
*Thin hair on the scalp.
*Depression.
*Stress.
*Mood disturbances.
*Abnormal skin discoloration (acanthosis nigricans).
*High blood pressure.

DIAGNOSIS OF PCOD
*History of past health.
*Symptoms of PCOD.
*Menstrual disturbances.
*Signs of PCOD.
*Raised body mass index (BMI).
*Elevated serum androgen's (Hyperandrogenism).
*Pelvic ultrasound to look for cysts in ovaries.

CRITERIA FOR DIAGNOSIS
1. If interval between two cycles exceed more than 35 days & amount is also less.
2. If the duration of menstrual flow is 2 days or less.
3. The quantity of menses is very less.
4. Painful menstruation along with these symptoms.

CRITERIA OF ASSESSMENT
After 3 months of treatment disease was assessed on the basis of improvement in cardinal symptom, like quantity of menstrual flow, duration of menstrual cycle, interval between two cycle (inter menstrual period,) and pain during menstruation. On the basis of the score system, Duration of Menstrual cycle, Interval between two cycles, Quantity of menstrual blood, Pain during menses (Yonivedna), and Pain was assessed by the verbal multidimensional scoring.

MANAGEMENT
- Early diagnosis and treatment can help control the symptoms and prevent long-term problems.
- Regular exercise, healthy food and weight control are the key treatments for PCOD.
- Healthy food includes lots of vegetables, fresh fruits, nuts, beans and whole grains.

MEDICATIONS INCLUDE
*Birth control pills to regulate menstruation.
*Insulin sensitizing medications.
*Ovulation induction to treat infertility.
*Androgen blocking medications.
*Other excess hair treatment.
*Treatment for hair loss.
*Acne treatment.
*Treatment for other skin problems.

AYURVEDIC PATHOPHYSIOLOGY
*PCOD is due to kapha blocking vata and pitta, hence the movement is obstructed and the transformation process is suppressed.
*Following dietary habits and activities that lead to increase in kapha, results in kapha dominance in the body (Kapha dosha, because of its properties like sheet, manda, sthir, guru) causes diminishment of digestive fire (Jathara agni) and starts affecting the metabolic aspect of the seven tissues called dhatu agni.

THE DHATUS THAT ARE AFFECTED ARE
*Rasa dhatu- lymph and plasma.
*Meda dhatu- adipose tissue and
*Artava dhatu- the female reproductive system.

A] The above aspect can be represented as
   kapha vardhak aahar and vihar
   ___
   | kledak kapha dominance
   | Jatharagni mandya
   | Amasanchiti

B] Diminishment of AGNI, results in improper digestion and assimilation of Dhatus and leads to formation of excessive Kleda (Kledak kapha) begins to move out of GI tract and enters the channel of the first tissue rasa vaha srotas.
- This affects the rasa dhatu agni- that is the metabolism of the lymph and plasma in the body.
- The by product of rasa dhatu is rajah- that is the menstrual fluid.
- As there is kapha dosha dominance in the body, the menstrual fluid will also take on the quality of kapha which will in turn begin to block apana vayu in artavavaha srotas and rajahvaha srotas- the channel that supports the functional action of the menstrual fluid.

C] The increased quantity of kledak kapha and ama in the body leads to agnimandya. The increased rasa dhatu coating over cells further leads to decrease in the permeability of the cell membrane thus affecting the cellular intelligence. Due to the decreased cellular permeability, the insulin secreted in the body in unable to engage with the cellular receptors. Thus insulin begins to build up in the blood stream. Thus we see an increase in the levels of insulin in PCOD.
Kledak kapha + ama + agni mandya --> increased rasa dhatu coating over cells.

- Decrease permeability of cell membrane affecting cellular intelligence.
- Insulin unable to engage with cellular receptors and begins to build up in the blood stream.

D) The increased quantity of kledak kapha and ama in the body also leads to dhatu agni mandya. According to the Saamanya Vishesh Siddhant, the kledak kapha and ama affects the meda dhatu Agni. The meda dhatu Agni mandya leads to meda Viruddha leading to obesity. The free androgens moving throughout the body are processed at the level of med dhatu. Here it takes on the sheeta, sheet guru, Snigdha, Ahar near avashya and kala inor order to eliminate the prakrupit doshas.

Aama + dhatu agni maandya
- Basti:
  - Basti treatment plays an important role in the management of PCOD as apana vayu is responsible for the menstrual disturbances and basti is the best treatment for vata dosha. Eg.: Lekhan basti, yoga basti.
- Udavartan: It helps in the management of skin disorders.

PCOD MANAGEMENT WITH AYURVEDA
The basic principles in the management of PCOD according to Ayurveda are as follow:-
1. Ayurvedic Panchkarma.
2. Ayurvedic Medications.
3. Diet Modification (dinacharya and ritucharya).

MANAGEMENT
The management of PCOD according to Ayurvedic principles includes the following treatment modalities-

- Agni deepan-as Agni mandya is the basic cause that leads to PCOD, Agni deepan treatment plays an important role in the management. Eg.: Trikatu, Chitrak etc.
- Ama pachan-Ama is another important factor causing PCOD. Thus ama pachan gives better result in the treatment. Eg.: Aarogyavardhini vati.
- Kapha nashan-Eg.: Guggul kalpa.
- Lekhan:- as there is kalpa dosha dominance and ama leading to srotodusti, lekhan treatment to be given. Eg.: Kuberakha vati etc.
- Shodhan:- Shodhan treatment can be given according to the dosha avastha and kala in order to eliminate the prakrupit doshas.

CHIEFLY AFFECTED SROTAS
-Rasavaha srotas, artavavaha srotas, medavaha srotas are mainly affected in the manifestation of PCOD.

MANAGEMENT According to Ayurveda the management of PCOD. Should be based on saamanya Vishesh Siddhant to treat the disease right from the root.

DISCUSSION
It is a multifactorial disease with manifestation of many symptoms like acne, hirsutism, obesity, irregular menstrual cycle, and anovulation. Though exact pathophysiology of PCOD is not understood following can be the causes.
- Hypothalamic-pituitary compartment abnormality, where an increased pulse frequency of GnRH leads to increased pulse frequency of LH.
- Androgens excess her abnormal regulation of the androgens forming enzymes is (p40c17) is the main cause for excess production of androgens from ovaries.
- Obesity is associated with reduced SHGB (Sex hormone binding globulin). It also induces insulin resistance leading to hyperinsulinaemia which in turn increases the gonadal androgen production. These factors hamper the development of follicles, leading to anovulatory cycle associated with prolonged period of amenorrhoea.

In Ayurveda, it can be better explained under Rasanimittaja vyadhi, with involvement of Medho dhatu, Vata and Kapha doshas. Acharya Sushruta has mentioned that Rasadhatu is the main cause for Shhaulya, Prameha, and Karsha etc. Due to excessive intake of guru, Snidgha, Madhura, Sheeta, abhisheyandi aharas it leads to Kapha virddhi and Medhodhatu which can cause symptoms like shhaulya. Artava is also affected because Artava is Upadhatus of Rasa dhatu. This produces symptoms like Alpartava, Artavakshaya or Aanatava which can be seen in PCOD. To correct the Avarana as well Vata kapha doshas. Among Deepana, Pachana, Srotoshodaka, and Medokaphahara, which helps to improve the Jatharagni, Dhatwagni as well as Rasadhatu.
This intern reduces Sthaulya and regularizes the ovulation.

CONCLUSION
PCOD is triggered in women due to a combination of environmental and genetic factors. There are a variety of risk factors, some of which include excessive weight, a lack of or not enough physical exercise and a family history of the condition appearing in a close relative.

The causative factors for PCOD according to Ayurveda are:
*Kapha dominance.
*Ama
*Agnimandya (both Jatharagni and dhatvagni).

REFERENCES
2. Charak samhita uttarardha, 2001, Dr.Bramhananda Tripathi, Chaukamba surbharati prakashan, Varanasi Chi. sthan 15/15 Pg.no 553.
4. Sushrut samhita volume 2, 2006, Dr.Anantaram sharma, Chaukambha surbharti prakarshan, Varanasi; Sharir stahan 3/3, Pg.no.29.
5. Bhaishajya Ratnawali, 2009; Govinda Dasji volume 3, Choukhamba Sanskrit Sansthan, Varanasi, Anubhutyoga prakarshan-3, sutra 57-60, Pg.no.723.
6. Astanghruday, 2013, Dr.Bramhanand Tripathi, Chaukambha sanskrit pratishthathan, Delhi, Sutra sthan 1/12, Pg no.11.
9. Tripathi, Editor-professor Ramnath Dwivedy, Chaukambha Sanskrit Smsathana, Publisher and Distributor of Orientals cultural Literature Varanasi.