REVIEW ARTICLE

Analysis of PCOS in Ayurveda to Cure it without any Side-Affects

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ABSTRACT

Hormonal imbalance and menstrual disorders are increased in the present era. The erratic life style and refined diet, increased stress, strain and restlessness have resultantly expanded the spread of PCOS. It is the most frequent endocrine disorder affecting 4-12% of all the women in childbearing age. It is a heterogeneous disorder presenting with anovulation, irregular menstruation, ovulation related infertility, polycystic ovaries, excessive amounts or effects of androgenic hormones, insulin resistance often associated with obesity, type II diabetes and high cholesterol level. Its treatments are focused only on covering up the symptoms not alleviating the underlying issues. In Ayurveda perspective PCOS feature of Artavakshaya is due to Rasavaha Stroto Dushti making malformed Rakta and further Dhatu. As Artava is Updhatu of Rakta Dhatu and Pita is Samandharmi (same properties) of Rakta Dhatu. Pital Dravya are prescribed as main line of treatment after complete Shodhana. Many studies with Ayurveda drugs have shown excellent results in curing PCOS without any side-effects.

Key words: Artavakshya, PCOS, Pita, Rasa, Rakta, Updhatu.

INTRODUCTION

An increasing number of patients with various forms of menstrual irregularities are seen. Among these Artavakshaya (oligomenorrhea) consequent to PCOS comprises the major part. Any defect in Hypothalamus-Pituitary-Ovarian axis will cause hormonal or chemical imbalance which may alter the ovarian function leading to PCOS, which is one of the leading cause of female sub fertility with prevalence rate of 25-30% in the young reproductive age group

The condition was first described in 1935 by American gynaecologists Irving F. Stein, Sr. and Michael L. Leventhal, from whom its original name of Stein–Leventhal syndrome is taken. Polycystic ovary syndrome (PCOS), also known as hyperandrogenicanovulation (HA), or Stein–Leventhal syndrome, is a set of symptoms due to a hormone imbalance in women. Most common typical finding on medical images are polycystic ovary. A polycystic ovary has an abnormally large number of developing eggs visible near its surface, looking like many small cysts or a string of pearls.

Differential Diagnosis:

Patients may be suffering from Artavakshaya secondary to hypo/hyper thyroiditis, tuberculosis, anemia, congenital adrenal hyperplasia, androgen secreting tumors, functional hypothalamic amenorrhoea, hyperprolactinaemia, malignant tumors of reproductive organs, adrenal/pituitary tumors, Cushing Syndrome.

Epidemiology: The prevalence of PCOS depends on the choice of diagnostic criteria. The World Health Organization estimates that it affects 116 million women worldwide as of 2010 (3.4% of women). 14% women on oral contraceptives are found to have polycystic ovaries. Ovarian cysts are also a common side effect of intrauterine devices (IUDs).

REVIEW OF THE LITERATURE:

AYURVEDIC REVIEW:

There is no direct reference in Ayurveda for polycystic ovariansyndrome (PCOS). Acharaya Charak says vitiated Doshag due to different etiology produces different kind of diseases, So, Prakruti (nature), Sthaan (Site),

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Nidaan (Etiology) of disease should be considered when treatment is done. The clinical features of the disease can be constructed by taking into consideration of the following Yonivyapad and ArtavaDushti.

- आत्तर्वेयोथायचितकालादशर्नमल्पतावायोनिवेदनम्

InArtavaKshayamrenstruation does not occur at appropriate time, or is less in quantity or occurs causing pain and discomfort. AcharyaCharaka says it is due to PitaDushti of Asrika and Vaybhata opines due to Vata and Pita, the Raja is decreased causing Lohitkshaya. MadhavaNidana and Yogaratnakara says it is loss of Rakta with burning sensation. In Madhokosha the loss of blood is due to excessive bleeding.

The main clinical feature of Granthi(Cyst) is swelling or protuberance. Granthi denotes its specific character i.e. glandular or nodular swelling. Granthi available in Ayurvedic classics can be compared with PCOS.Sushruta in Nidanasthana says that the vitiated Vata, etc Doshaa deranges the Dhatu such as Mamsa(muscles), Rakta and Meda along with Kapha and give rise to the formation of round, knotty, elevated swellings called granthi.

MODERN REVIEW:
In PCOS, excess production of androgens interferes with the process of follicular maturation and selection of dominant follicles during ova formation. It also promotes early stages of follicular growth in primate ovary leading to the syndrome’s insulin resistance and fat distribution. The level of Luteinizing Hormone is elevated and the ratio LH: FSH is > 3: 1. It is confirmed as per Rotterdam Criteria.

Clinical Features:
The patient complains of increasing obesity (abdominal), menstrual abnormalities in the form of oligomenorrhea, amenorrhea or DUB and infertility. There may be hirsutism and acne. Virilism is rare. The patient may not always be obese.

Pathophysiology:
Exact pathophysiology of PCOS is not clearly understood. It may be discussed under the following heads: (a) Hypothalamic-Pituitary compartment abnormality: Increased pulse frequency of GnRH leads to increased pulse frequency of LH. The LH:FSH ratio is increased. (b) Androgen excess: Abnormal regulation of the androgen forming enzyme is thought to be the main cause for excess production of androgens from the ovaries and adrenals. (c) Anovulation: because of low FSH level, follicular growth is arrested at different phases of maturation. (d) Obesity and insulin resistance: Obesity (central) is recognized as an important contributory factor. Apart from excess production of androgens, obesity is also associated with reduced SHBG (sex hormone binding globulin). It also induces insulin resistance and hyperinsulinaemia which in turn increases the gonadal androgen production. (e) Long-term consequences: Endometrial hyperplasia, risk of developing diabetes mellitus, risk of developing endometrial carcinoma, risk of hypertension and cardiovascular disease

Treatments:
Management of infertility in polycystic ovary syndrome includes lifestyle modification as well as assisted reproductive technology such as ovulation induction, oocyte release triggering and surgery(ovarian drilling). Clomiphene citrate is the main medication used for this purpose, and is the first-line treatment in sub fertile anovulatory patients with PCOS. Gonadotrophins such as follicle (FSH) are, in addition to surgery, second-line treatments. Aromatase inhibitors show promising results. When taken prior to or during IVF, there is no evidence that metformin treatment improves live birth rate or clinical pregnancy rates. However, the risk of ovarian hyper stimulation syndrome (OHSS) in women with PCOS and undergoing IVF cycles is reduced with metformin.

DISCUSSION
The main aim of Ayurveda therapy in women with PCOS are:

- Detoxification of body
- Strengthening and revitalizing the female reproductive system and regularizing menstrual cycles.

Samprapti (Pathogenesis):
PCOS is a disorder affecting all Dhatu from Rasa to Shukra/Artava of females. According to KedarikulyaNyaya (next Dhatu are nurtured by previous Dhatu) further Rakta, Mamsa, Meda, Asthi, Majja and ShukraDhatu are not nourished properly. When RasaDhatu is affected it produces more KaphaMala (waste) of RasaDhatu but reduced or malformed further Dhatu. Symptoms of RasaDhatudhusti are Hrillas (Vomiting), Gauravta (Heaviness in body), Tandra
(sleepiness), Angamarda (pain in body), Tama (Balckout), Pandutava (Anaemia), Strutorodha (Blockage of body channels), Klebya (erectile dysfunction but in female infertility) are seen in PCOS also. Pita is Mala and Shonita (menstrual blood) is Updhatu of RaktaDhatu, So, RaktaKshaya will lead to ShonitaKshaya. As told above that in formation of GranthivitiitatedFata with vitiated Mamsa, Rakta and Meda mixed with Kapha lead to this disease.

**Treatment:**

In any Yonivyapad (anomalies of reproductive system) first Panchkarma is done then drugs which increases Pita like Tailam (oil), PitalDravya, Masha (Black Gram) is used. This treatment cleanses Yoni and Artya making a female fertile. Vitiated Dosha are removed from body via nearest outlet. In PCOS as hypothalamic-pituitary-ovarian axis is involved due to vitiated Dosha. Therefore, complete Shodhana is must to remove Dosha from mouth(Vamana), Anus(Virechana), Nose(Nasya) along with nutritive treatment of BastiKarma(medicine given through rectal route). For the treatments at different Dhatu levels; RasaDushti with Ama do Langhana (causes lightness);MamsaShudhi through Samsudhi(Panchakarma), Shastra(surgery as today ovarian drilling is done), Kshara(alkaline) and Agnikarma( Cauterization); Majja and ShukraDushti with Tikta-SwaduDravya(Bitter-sweet drugs).

**Various useful AyurvedaKarmain PCOS:**

- **Vamana:** RaktaDhatu is not formed properly due to Strutorodha by RasaDhatu in which excess of KaphaMalais formed. To remove Kapha out of body and opening Strutorodha Vamana is best treatment. Vamanakarma is found to be very effective in treating both Artavakshaya and KaphaMedodusti. Hence Shodana in the form of Vamana followed by ShatapushpaChoorna and Nastapushpantakarasa which is yonishukravishodini and helps in Nastaartava.

- **Virechana:** Artava is Updhatu of RaktaDhatu and as Pita is Mala of RaktaDhatu. The treatment which can bring down Pita will also help in bringing blocked Rakta Dhatu thus helping in proper release of Artava. E.g. the present study indicates that AVG has potential efficacy in the prevention and maintenance of PCOS.

**Basti:**

As per Kashyapa in oligo/hypomenorrhoea, amenorrhoea, AnuvasanaBasti is the choice of treatment. Basti is the Karma (action) in which, the medicine prepared according to classical references is administered through rectal canal reaches up to the Nabhi Pradesh (umbilicus), Kati (back), Parshwa (flanks), Kukshi (i.e. up to small intestine, anatomical landmarks on the abdomen), churns the accumulated Doshhaand Purisha (morbid humors and fecal matter) spreads the unctuousness (potency of the drugs) all over the body and easily comes out along with the churned Purisha (fecal matter) and Doshha(impurity). Guda (anus) is said as Sharira Moola. Basti works on the whole body. After Basti regulates the hypothalamic-pituitary-ovarian axis which helps in normalization of ovarian and menstrual cycle. It also stimulates the parasympathetic nervous system, which in turn helps in release of ovum from ovary. E.g. use of Shatpushpatailam as MatraBasti.

**Nasya:**

It is said that “Nasa Hi Shiraso Dwaaram” Hence Nasya would be the apt Shodhana procedure to tackle endocrine disorders, where hypothalamus or pituitary gland is involved. E.g. ShatapuspaTailaprepared can be used in the form of Nasya to achieve its benefits.

Some of the common drugs useful in PCOS are: Phalaghrita and Nastapushpantaka rasa are mentioned in Bhaishajyaratnavali in the chapter Yonivyapadrogadikara, Triphala Kwath, Varunadi Kashaya Vati, Chandraprabhavati, Rajapravartani Vati, Nashpushpantak Vati, Palash Kshara, drugs which works on Prameha, single drugs as Shatavari (Asparagus racemosus), Guduchi (Tinospora cordifolia), Shatapuspa (Foeniculum vulgare) and Aloe Vera- Kumari (Aloe barbadensis). Arisham like Ashokartishtam and Dashmoolarisham. At national level project of Clinical evaluation of efficacy of Rajahpravartini Vati, Kanchanara Guggulu and Varunadi Kashaya in the management of Polycystic Ovarian Syndrome (PCOS): A pilot study is complete.

**CONCLUSION**

In Ayurveda PCOS is being treated by understanding its pathogenesis on the basis of Doshha and Dhatu. Many clinical studies are being done which has proved Ayurveda is able to treat PCOS completely without having any side-affects.
contrary to other treatments which are dangerous on long term basis.

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