

Ayurvedic Approach For Polycystic Ovary Syndrome And Polycystic Ovary Disease

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ABSTRACT

Polycystic Ovary Syndrome and Polycystic ovary disease prevalence is 2.2%—26.0% worldwide. Child bearing women are especially susceptible. The review suggests a few plants for treatment. Herbal treatments can help with hypothyroidism, hyperplasia, obesity, diabetes, menorrhagia, sleep problems, cardiovascular disease, hyperlipidemia, hirsutism, infertility, irregular menstrual cycles, & more. Recite the Ayurvedic prayers "Swasthasya Swasthya Rakshanam" & "Aturasya Vikar Prashmanam" to keep health issues under control. Panchakarma, Rasayan, & Vajikaran are necessary for uttam santan, Ritucharya, Dincharya, & Sadvrata satvavjaya. Smoking, consuming alcohol, living in overcrowded places, eating fast food, & not getting enough sleep all contribute to bad health today. Comparison to others lowers contentment, slows digestion & metabolism, weakens the immune system, & causes a variety of health issues, including dyslipidemia, hyperacidity, khalitya, palitya, acne, pigmentation, hypertension, paralysis, stroke, cardiovascular disease, & hypothyroidism. Ayurveda states that ailments result from dosha imbalances. Ayurveda's three pillars—meditation (dhyana), yoga (pranayama), & breathing exercises (pranayama)—along with food, panchakarma (purification), & rasayana (rejuvenation) restore health.

Keywords: Polycystic Ovary Syndrome, Ayurveda, Panchakarma, Rasayana

1. INTRODUCTION

When we hear the phrases "PCOD" or "PCOS," the first thing that probably comes to mind is "irregular periods,"? Many common misconceptions persist regarding these diseases. Although the two abbreviations represent entirely different illnesses, there is a great deal of confusion & misinformation surrounding them [1]. Polycystic ovary disease (PCOD) is characterised by the over production of immature eggs by the ovaries, leading to the development of cysts in those organs. The ovaries generate oestrogen, progesterone, inhibin, & relaxin in addition to regulating the menstrual cycle & other aspects of female reproduction. An overabundance of eggs causes ovarian hypertrophy & increased levels of male hormone, both of which contribute to infertility. Male-pattern baldness, stomach fat gain, menstrual irregularities, & in the most severe cases, infertility are some of the most common symptoms. PCOD, which affects 9-22% of Indian women, is caused by a hormonal imbalance. Managing PCOS (Polycystic Ovary Syndrome) requires a diet low in carbohydrates & sugars & high in protein & fibre. Because losing as little as 5 percent of your body weight improves your response to treatment, this assists in avoiding further weight gain [2]. PCOS is distinct from PCOD, despite the two conditions sharing a name [3]. In PCOD, endocrine issues lead the ovaries to produce too much and oestrogen, increasing the likelihood of cystic ovulation, while in polycystic ovary syndrome (PCOS), the ovaries begin to discharge immature eggs, causing hormonal imbalances & other symptoms including enlarged ovaries [4]. However, in contrast to PCOD, these cysts will remain in the ovaries rather than being expelled.

Weight gain, infertility, acne, irregular periods, & other symptoms are shared by both PCOS & PCOD. The metabolic syndrome that is brought on by PCOS also increases the danger of developing diabetes, cardiovascular disease, & stroke. A higher risk of endometrial cancer is associated with the lack of ovulation, which causes the uterine lining to thicken on a monthly basis [5]. PCO is a condition & PCOS is a symptom [6].

Causes

There is still no definitive answer as to what triggers PCOD or PCOS, but researchers have found correlations between the patient's family history (genetics), her lack of everyday tasks exercise, alterations to dietary habits, decreased work-life balance, environmental pollution, mobile phone radiation, & stress [7]. The prevalence of stress in modern society has led to its identification as a major contributor to PCOS, a condition associated with an increased risk of developing cardiovascular disease, diabetes, cancer of the uterus, & other reproductive complications.

Scientists are still looking for a genetic cause or relationship between PCOS & PCOD [8]. Some overweight women have regular menstrual cycles despite having an abundance of body hair & high blood pressure. Many slim women nevertheless experience PCOS, highlighting the fact that its origins & even its basic narrative remain unclear. A higher insulin level causes a rise in testosterone & a decrease in SHBG (a protein to which testosterone clings) in the ovaries & liver of women who eat a lot of carbohydrates. High levels of free testosterone, caused by fluctuations in testosterone & SHBG, cause menstrual irregularities & skin issues [9].

Diagnosis

Pelvic exam to look for growths, tumours, or other abnormalities in the reproductive organs. Fasting lipid profiles & glucose tolerance testing may shed light on hormone levels. The lining of the uterus, the ovaries, & ovarian cysts can all be inspected using ultrasound. Follicle analysis on days 15 & 17 to check for ovulation, follicle size, & number, as well as blood pressure, glucose tolerance, cholesterol, & triglyceride checks, depression & anxiety screening, obstructive sleep apnea screening. Get rid of high cholesterol & excess prolactin. In addition to the aforementioned, it may be prudent to check the patient's blood pressure, glucose tolerance, cholesterol, & triglyceride levels on a regular basis. Depression & anxiety tests, sleep apnea tests, ovulation & follicle count & size measurements on days 15 & 17, & so on. Finally, hyperlipidemia & prolactinomas disappear. Testosterone & rostenedione levels increased in response to luteinizing hormone (LH) stimulation; estradiol (estrone); dehydroepi&rosterone (DHEA-S) & rogen pathology; LH/FSH ratio =3:1 Increased ovarian synthesis of & rogens is linked to hyperinsulinemia, which is common in obese PCOD (fasting insulin to glucose ratio 4.5, abnormal glucose tolerance test). Lowered levels of FH, Sex binding globulin, & estradiol are associated with hyper & rogenism & obesity [10-12].

2. TREATMENT MEDICINES [13]

Combo contraceptives: Estrogen-progestin tablets control oestrogen & rogen. Hormone management lowers endometrial cancer.

Progestin therapy: Progestin for 10–14 days every 1–2 months controls periods & prevents endometrial cancer. Progestin doesn't increase & rogens or impede pregnancy. Progestin-only minipills or intrauterine devices prevent pregnancy.

Clomiphene: Oral anti-estrogens start your period.

Letrozole (Femara): It stimulates ovaries.

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Metformin: Type 2 diabetes pills lower insulin resistance & levels. If clomiphene fails, your doctor may prescribe metformin to ovulate. Prediabetics lose weight with metformin.

Gonadotropins: Hormone injections.

Ayurveda says PCOD & PCOS involve the Dosha, Dhatu, & Upadhatu equally [14]. Arajaska oligomenorrhoea, Yonivyapad anatomical & physiological disorder of the reproductive system, & Vandhya infertility are all symptoms that are similar to Anartava amenorrhea. Anovulation

(Abeejata), irregular menstruation (Pushpaghni-Revati), menstruation caused by a vitiated dosha

(Rajodushti, Ashtartava Dushti), & so on. Vataviation (Shandhi Yonivyapad)

Ayurvedic herbs cure metabolic problems in PCOD. Ayurvedic follicle growth speeds ovulation. To restore ovary size, it destroys old immature follicles/cysts. Modern therapies include oral contraceptives for monthly irregularity & anti-&rogens & ovulation induction drugs for infertility. Clinical observation & careful history-taking determine diagnosis. Ayurvedic PCOS treatment enhances health & well-being. Aahar, vihar, & aushadh, taken together, can help prevent & cure PCOD & PCOS [15].

3. PREVENTIVE & THERAPEUTIC ASPECTS [16-20]

Nidan Parivarjan

Patients should avoid diet & lifestyle variables that cause disease with nidan parivarjan. It restricts disease prognosis like vata vardhak ahar vihar in vataj sickness.

Ahar Vihar

Ayurveda places a strong emphasis on ahar vihar for the prevention & management of lifestylerelated diseases. In the Ayurvedic Charaka Samhita, Ahar is described as prana (the life force). Because of its prominence, diet is referred to as mahabhaishjya in the kasyap samhita. For optimal dosha action, it is recommended in ayurveda that one's stomach be filled halfway with solid food, halfway with fluids, & the other third should be left empty. Ashta ahar vidhi vishesaytan is comprised of the following factors: prakruti, karan, sanyog, rashi, desh, kal, upyog sanstha, & upyokta.

Panchakarma

Ayurveda is the only scientific discipline to include a variety of strategies for regular body purification. This has both preventative & therapeutic effects. Panchakarma is a set of five physical methods of body cleansing. Vaman, Virechan, Aasthapan Basti, Anuvasan Basti, & Nasya are the five recitations. Bloodletting by siravedh (leech therapy) is mentioned in the Sushrut Samhita. Panchakarma is used to purge the body of toxins by cleansing the channels (dhatu gat stroto shuddhi) & restoring homeostasis to the bio humours (vata, pitta, kapha) & the mind (raja, tama) to achieve a psychosomatically beneficial effect. This, in turn, restores a healthy chemical & electrical environment throughout the body's many systems, including the digestive, excretory, nervous, reproductive when administered correctly, these gifts revitalise the body & add years to a healthy life span.

Rasayana

The word stroto prasadan comes from the Sanskrit roots rasa (nutrition) & ayan (route), & it means "the channels by which food is carried through the body." The term "Rasayan therapy" is commonly used to describe the practise of replenishing & revitalising damaged tissues. Positive nutrition, immunomodulator, mental & sensory competence longevity through promotion of mental & physical health, & rejuvenation activity: these are just few of the many areas in which rasayana excels. Ayurveda describes a wide variety of rasayan based on their importance.

Vajikaran

One of the eight main focuses of astang ayurveda is vajikaran, also known as vrishya chikitsa. Topics include aphrodisiacs, enhancing virility, & reproductive health. According to the charak samhita, if you apply these remedies correctly, you'll improve your physique, strength, complexion, & sexual prowess. Common sexual problems like infertility, premature ejaculation, & erectile dysfunction can benefit from this. After a thorough body cleanse, Vajikar medicine is administered to ensure that the sperm & eggs being used to create a healthy baby are of the highest possible potency.

Sadvrat

The ancient science of Ayurveda holds many secrets to healthy & joyful living. Ethical behaviour modification for the prevention of lifestyle-related illnesses is addressed in its own chapter. There are universally applicable standards of right behavior & basic moral principles. The consequences of breaking or ignoring these rules will be felt in the long run. Sadvrat, in its simplest form, is the practise of mental, social, personal, moral, & religious virtue. Good health & discipline are the results.

Aachar Rasayan

It's a novel idea in ayurveda that encompasses standards of right & wrong behaviour. Rejuvenation of the body & mind is the result of such actions. Truthfulness, lack of anger, abstinence from alcohol, nonviolence, calmness, sweet speech, meditation, cleanliness, religious charity, respect for others, kindness, balance between wakefulness & sleep, regular use of ghee, knowledge of the passage of time & an ability to rein in one's senses, association with wise people, & a devotion to the Vedas are all part of the list. A person who follows such behaviour will reap the full rewards of the achar rasayan method. Most relevant to modern existence is the rasayan of behaviour.

Dincharya

It's possible to feel healthy, joyful, & full of energy by incorporating a number of simple changes into one's daily routine. The first thing you should do when you get out of bed every day, according to Ayurveda, is set out to achieve perfect health & a sound body. This way of life lowers the risk for several lifestyle-related diseases.

Ritucharya

Ritu, the seasonal classification system, expresses a wide range of affects on both the person & the environment. Knowing your ritucharya (seasonal routines) is crucial to your survival, as you must constantly adjust to new conditions. Due to a lack of education & awareness, many people today are unable to maintain homeostasis & instead suffer from a variety of lifestyle problems.

Daivya Vyapasrya Chikitsha

In the ayurvedic classics, you'll find references to mangal karma (propitiatory), bali (offering oblations), yagya (ritual fire), house (pranayama), prayashit (ceremonial penances), upvas (fast), & swastyayan (ritual social engagement). All of these things have a beneficial effect on the mind (manas) in one way or another. It's beneficial for both mental & physical health, warding off a wide range of lifestyle-related mental illnesses.

Satvavjaya Chikitsha

According to the definition of swasthya, a person is considered healthy when all of his manas, including the prasannatmendriya manah, are functioning normally, in addition to his dosha, dhatu, mala, & agni, being in harmony. Manas satva (mind) plays a pivotal role in the presence of atma for the proper & healthy functioning of sharir (body) & indriya (senses). In order to maintain good health, satvavjaya chikitsha is crucial. Having a strategy for dealing with mental illness & pschysomatic lifestyle diseases is crucial.

4. DISCUSSION

Each person has a different tri dosha balance based on their specific make-up. A healthy body will have a balance of the three doshas. The tridosha equilibrium can be upset by a number of reasons, including but not limited to improper nutrition, poor eating habits, an imbalanced lifestyle, seasonal changes, suppressed emotions, & stress. Ama (an inadequately metabolised poisonous component) is produced when agni (responsible for the digestive & metabolic process) is underactive due to vitiation of the tridoshas (caused by etiological causes). Because of its viscous nature, ama impedes the flow of blood & other nutrient-carrying fluids to the tissues they nourish. Changing one's lifestyle & undergoing a series of panchakarma treatments can help curb the body's creation of ama, which, when combined with the doshas, can lead to a variety of diseases. Based on ayurveda, we examine the elements that contribute to the development of various lifestyle illnesses.

5. CONCLUSION

Charak, sushruta & Vagbhatta should be taught worldwide to prevent & treat lifestyle issues. Matrasitiya chapter (ahar description), tasyasitiya (ritucharya), naveganna dharniya (should not repress natural desires), & indriyopkramneeya (sadvrat) in charak samhita section sutra sthan thoroughly detail "swastha chatuska" personal hygiene for good health. Rasayan therapy is covered in Charak's chikitsha's first chapter. Charak seems to have linked this theory to ayurvedic fundamentals like ras samvhan, dhatu, agni, bala, srotas, etc. Charak kalpa & siddhi sthan only purify the body through panchakarma. Sushrut Samhita describes prophylactic kamaya rasayan & curative naimittik rasayan. The Sushrut chikitsa chapter anagat badha pratishedha details a healthy daily routine. Vagbhatta's hriday & astang sangrah agree. Most people today blame pragyapradh, or bad lifestyle choices, for chronic diseases like diabetes, bronchial asthma, high blood pressure, COPD, obesity, psoriatic arthritis, inflammatory bowel disease, & cancer. Thus, maintaining excellent health & a long life requires ayurveda dosha, dhatu, & mala balance. This helps avoid disease. Ayurvedic medicine improves physical & mental health, reducing social strain. PCOD is gynaecological. Ayurveda calls polycystic ovarian syndrome Bijkosh granthi, however its symptoms can alternatively be described as Aartava dushti, Yonivyapad, Rajadushti, Strotas dushti, or Ras Dhatu vitiation. Mithya Aahar & Vihar, hormone imbalance, or genetics may cause it. Obesity, irregular menstrual cycles, failure to ovulate, acne, hirsutism, & infertility are major symptoms. Nidan parivarjan, sanshodhan (vaman, virechana, basti, & uttara bhasma), agivardhak chikitsa, & ama elimination are ayurvedic remedies. Yoga, meditation, & nutrition changes can help PCOS symptoms.

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REFERENCES

- [1] Minocha, N. (2020). Polycystic Ovarian Disease or Polycystic Ovarian Syndrome: How to Identify & Manage-A Review. *Archives of Pharmacy Practice*, 11(2).
- [2] Urman, B., Sarac, E., Dogan, L., & Gurgan, T. (1997). Pregnancy in infertile PCOD patients.
- [3] Complications & outcome. The Journal of reproductive medicine, 42(8), 501-505.
- [4] Hendriks, M. L., Brouwer, J., Hompes, P. G., Homburg, R., & Lambalk, C. B. (2008). LH as a diagnostic criterion for polycystic ovary syndrome in patients with WHO II oligo/amenorrhoea. *Reproductive biomedicine online*, *16*(6), 765-771.
- [5] Rao, B. V. (2022). PCOD & PCOS: Are they same or Different???. *Indian Journal of Pharmacy Practice*, 15(4). Crosignani, P. G., & Nicolosi, A. E. (2001). Polycystic ovarian disease: heritability & heterogeneity. *Human reproduction update*, 7(1), 3-7.
- [6] Moran, L. J., Misso, M. L., Wild, R. A., & Norman, R. J. (2010). Impaired glucose tolerance, type 2 diabetes & metabolic syndrome in polycystic ovary syndrome: a systematic review & meta-analysis. *Human reproduction update*, 16(4), 347-363.
- [7] Eden, J. (2005). Polycystic Ovary Syndrome A woman's guide to identifying & managing PCOS. Allen & Unwin.
- [8] Aldossary, K., Alotaibi, A., Alkhaldi, K., & Alharbi, R. (2020). Prevalence of polycystic ovary syndrome, & relationship with obesity/overweight: cross-sectional study in Saudi Arabia. *J Adv Pharm Educ Res*, 10, 187.
- [9] Ashtiani, A. R. A., Vahidian-Rezazadeh, M., Jafari, M., Galdavi, R., & Mohammad, M. (2018). Study of changes in the plasma levels of chemerin of women with overweight & obese during a period of endurance training on a cycle-ergometer using hydroalcoholic extract of urtica. *Pharmacophore*, 9(2), 72-79.
- [10] Azziz, R. (2014). Polycystic ovary syndrome: what's in a name?. *The Journal of Clinical Endocrinology & Metabolism*, 99(4), 1142-1145.
- [11] Wild, R. A., Carmina, E., Diamanti-K&arakis, E., Dokras, A., Escobar-Morreale, H. F., Futterweit, W., ... & Dumesic, D. A. (2010). Assessment of cardiovascular risk & prevention of cardiovascular disease in women with the polycystic ovary syndrome: a consensus statement by the &rogen Excess & Polycystic Ovary Syndrome (AE-PCOS) Society. *The Journal of Clinical Endocrinology & Metabolism*, 95(5), 2038-2049.
- [12] Guzick, D. (1998). Polycystic ovary syndrome: symptomatology, pathophysiology, & epidemiology. *American journal of obstetrics & gynecology*, 179(6), S89-S93.
- [13] https://www.mayoclinic.org/diseases-conditions/pcos/diagnosis-treatment/drc-20353443
- [14] Magotra, A. (2020). Management of PCOD wsr to Ayurvedic drugs & lifestyle. Journal of Ayurveda & Integrated Medical Sciences, 5(05), 287-289.
- [15] Mishra, D., & Sinha, M. (2015). Ayurvedic management of polycystic ovarian syndrome (infertility queen). *Journal of Research & Education in Indian Medicine*, 14(1), 33-33.
- [16] Mulay, M., & Deo, V. (2021). A Case Study on Ayurvedic Management of Kitibha Kushtha (Psoriasis). *International Journal of Ayurveda and Pharma Research*, 39-43.
- [17] Singh, A. K. (2020). A review on Lead Poisoning and its Ayurveda management prospective. *Journal of Ayurveda and Integrated Medical Sciences*, 5(04), 307-311.
- [18] Sarkar, P., Dh, L. K., Dhumal, C., Panigrahi, S. S., & Choudhary, R. (2015). Traditional and ayurvedic foods of Indian origin. *Journal of Ethnic Foods*, 2(3), 97-109.
- [19] Garg, A. K., Singh, A., Vishnoi, H., Meena, G. C., Singh, C., & Adlakha, M. (2017). Swine flu-the changing scenario and preparedness with formulation of win flu air freshener gel. *International Journal of Ayurveda and Pharma Research*, 5(11), 14-20.
- [20] Gulve, A. C., Londhe, P. D., & Makhare, S. R. (2015). A Systemic Review of Sthaulya and its Nidana-Parivarjan Chikitsa. *International Journal of Ayurvedic Medicine*, 6(1), 1-11.