

Ayurvedic Management In Polycystic Ovarian Syndrome and Role of Shunthyadi Yog – A Conceptual Study.

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Abstract :-

PCOS is a systemic , endocrinal and metabolic disorder. In the present days westernization, the sedentary lifestyle and westernized food habits adopted have contributed to the progression of PCOS among genetically susceptible ones. It is genetic disorder find during adolescence having symptoms of menstrual irregularities, infertility, *hirsutism*, acne, hair loss, insulin resistance, *hyperandrogenaemia*, central obesity. *Ayurvedic* Indian Medicine mainly aims at the treatment of the diseases as well as maintenance of the health. Treatment of PCOS as per contemporary science includes hormonal supplements majority of which they themselves are not spread of the adverse effect. *Ayurveda* has best result on PCOS, here attempt has been made to work on the efficacy of *Shunthyadi yaga* along

with conceptualising the disease PCOS in an *Ayurvedic* perspective.

Introduction:-

Polycystic ovarian syndrome is a systemic, endocrine And metabolic disorder affecting women in their reproductive age group. Incidence of this disease is increasing now a days because of sedentary lifestyles, pollution, excessive intake of junk food , stress. It is a multidisciplinary disease, it is considered as a problem of *anovulation* and infertility, which is characterised by irregular

menstruation, obesity, insulin, acne resistance, *hirsutism*, frontal alopecia.⁽¹⁾ The incidence appears to increase due to change in life style and stress. Its prevalence in India ranges from 2.2 to 26% with age 18 – 35 years.⁽²⁾ If early intervention is ignored, it may lead to

other serious consequences such as type 2 diabetes mellitus(DM), endometrial CA, late menopause, metabolic disturbances , cardiovascular disorders, and ovarian cancer.⁽³⁾ As per a description in *Charaka Samhita* which states that, ‘whatever the knowledge of medicine that is available elsewhere is included in *Ayurveda* and whatever that is not available in *Ayurveda* cannot be found elsewhere.’ *Ayurveda* understands a disease based on the doshas and *dushyas* involved in disease manifestation. But the specific nomenclature of the emerging diseases as such is not available as the other streams of medicine. The conditions which are mentioned in various contexts in Ayurvedic classics under various headings as *Anartava*, *Nastartava*, *Artava Kshyaya*, *Vandhya Yonivyavyapada*, *Pushpaghni Jataharini*, *Granthibhootha Artavadushti*, *Srotodushti* and *santarpanottha Nidana* can be to some extent compared with the symptoms of Polycystic Ovarian syndrome which needs to be analyzed as per *Ayurvedic* parlance.

Causes:-

- a) Bad dietary habits result in influencing in abnormal assimilation and absorption leading to insulin insensitivity.
- b) Lack of adequate of exercise leads to an imbalance in energy expenditure and energy consumption further worsening the endocrinal disturbance.
- c) Physical inactivity, and unhealthy life.
- d) Improper sleeping durations resulted in increased insulin insensitivity.
- e) In case of lean patients or non – obese, the reason of scanty menses corresponds to *lohitkshyaya* which *vata pitta* dominant. Lifestyle disorders can be correlated with *santarpanaja vyadhi* of *Ayurveda*.⁽⁴⁾

Pathogenesis :-

Typically, the ovaries are enlarged two to five times the normal size (PCOS – ovarian cyst). Stroma is increased the capsule is thickened and pearly white in colour . Ovary which is normally oval in shape, will have many cysts within it. Hystologically there is thickening of tunica albugenia. The cysts are follicles at varying stages of maturation and atresia. There is theca cell hypertrophy (*stromal hyperthecosis*). The chronically elevated LH stimulates the theca cells of the ovaries to make more androgens. As a result of inaction of enzymes desolate and *aromatase*, conversion of these androgens to *estradiol* by the granulose cells does not occur . The excess androgen produced by the ovaries does two things it causes *hirsutism*, and it travels to adipose tissue where it gets converted to *estrone*.⁽⁵⁾

In stressful women , as they eat more food that are high in fat, sugar and carbohydrate in response to stress, the more fat they store, thus contributing in the development of obesity –(PCOS).

***Ayurvedic* concept of obesity :-** Obesity *samprapti* has been given in the *Charaka samhita sutrasthana* “ *asthouninditiam adhyayam* ”.⁽⁸⁾

The hypersensitivity of hunger receptors to ghrelin due to leptin resistance in *pathophysiology* exactly matches *Ayurvedic samprapti* of *atisandhukshan* of *jatharagni* in obese. In lean patients leptin resistance is not present but insulin resistance is present in both. The insulin resistance in lean women is hypothesized to be of dysfunction of *hypothalamo-pituitary* axis. Madhav nidankar has given the following *samprapti*.⁽⁹⁾ Causes previously stated like *adhyashan* and *avyayam* in *medovaha srotodushti* i.e. chronic calorie excess and inactivity results in fatty acid deposition in liver (*yakrut*) and muscle (*snayu*). As per Ayurveda, these are *mulasthanas* of previous *dhatu*s like *rakta* and *mamsa* respectively .

AYURVEDA AND PCOS :-

- *Anartava, Nastartava, Artavkshaya, Vandhya yonivyapat, Pushpaghni jataharani, Granthibhoot artvadusthi and Santarpantotha nidana* can be compared with PCOS.
- Predominantly *Kapha* – *Vataj* disorder involving *Rasa, Rakta, Meda, Asthi, Shukra* , *Artava (Raja upadhatu) and Rasavaha, Medovaha, Asthivaha, artavaha srtotasas*.
- *Kaphadushti* – *Agnimandya (Jatharagni + Dhatwagni) vandhyatva, sthaolya*, etc.
- *Vatadusthi* – Painful, Scanty, irregular menses.
- *Pittadusthi* – acne, *hirsutism, hairfall*, heart diseases.

Aim :- To describe etiopathogenesis and role of *Shunthyadi yog* in PCOS .

Objective :- To interpret the action of *Shunthyadi yog* in PCOS.

Material and Methods :-

Materials :-

- Literature review from *ayurved samhitas*.
- Literature review from modern text
- Journals and website.

Methods :-

Conceptual study.

Management :-

As per *Sushruta, Nidana Parivarjana* is considered to be indispensable before any treatment.

Treatment mode will be classified into two aspects :-

- Curative:-

“*Sanshodhanam agneyanam cha dravyanam vidhivat upayoga.*”⁽¹⁰⁾

Dalhana quotes that *Artava* is normally agneya in nature. *Vamana* therapy decreases saumya guna and increases the agneya guna. The examples given are sesame, *urad dal*, alcoholic preparations.

1) Sanshodhan Chikitsa :-

It aims at improving ailments by curbing the root cause. Here, *Sanshodhan chikitsa* and that too *vamana* is stated to be applied. *Vamana karma* is basically given *shleshmadhikyata*.⁽¹¹⁾

2) Agneya chikitsa :-

According to various *acharyas* , *Artava* is stated to be agneya in nature. In PCOS *artavakshya* and *anartava* due to

shleshmal guna of Artava. The properties of *agneya dravyas ushna, tikshna, dravyas* promoting *artava*.

Mahabhutagni Concept :-

Liver is regarded as a major site of carbohydrate metabolism, fat metabolism and protein metabolism. Reduced hepatic extractions, impaired suppression of hepatic *gluconeogenesis* and abnormalities in insulin receptor. The highest activation of oestrogen receptors was found in liver. This also supports the *ayurvedic* principle of formation of *rakta* from *rasa dhatu*. Thus, the *agneya chikitsa* can be considered in respect of stimulant for *bhutagni* site i.e. liver in order to correct the SHBG levels.

Improper function of *Apana* can be treated with *avritta apana chikitsa* given in *Charak Samhita*. It includes *dipana, grahi dravyas, vatanulomana* drugs with *sanshodhan* of *pakvashay* this is a package treatment of obesity. *Dipana* and *vatanuloman* drugs will probably act on the *leptin* resistance and *ghrelin* insensitivity thereby alleviating the symptoms.

TREATMENT PROTOCOL :-

SHUNTHYADI YOGA :- According to *astanga hrudaya* :

INGREDIENTS:-

- *Dhauta Krishna Tila – 1 pala i. e., 4 karsha pramana*
- *Guda – 2 karsha pramana*
- *Shunthi – 1 karsha Pramana*

Anupana – Sukoshna Ksheera.

DRUGS:-

1) Krishna Tila :-

Latin name :- Sesamum indicum

Family :- Pedaliaceae

Rasa :- Madhur

Guna :- Guru , snigdha

Virya :- Ushna

Vipak - Madhur

Action :- Vedanasthapak, aartvajanan

2) Shunthi :-

Latin name :- Zinziber officinale

Family :- Zinziberaceae

Rasa :- Katu

Guna :- Laghu, Snigdha

Virya :- Ushna,

Vipak - Madhur

Action:-Kaphvatashamak, Vatanulomak, amapachak.

AHARA :-

Now a days, a adequate diet prescription for obesity and PCOS. Rate of digestion and absorption of foods promoting satiety and delaying hunger and promotes fat oxidation thereby controlling weight. Fast foods are responsible for obesity. Adipose tissue is an active site for steroid production and metabolism. It can convert androgen to estrogen , estradiol to estrogen and DHEA to androstenediol.

YOGA:- 1. Reduction of Anti – *Mullerian hormone (AMH)* , *Luetininzing hormone (LH)*, Testosterone

, modified *Ferriman and Gallway* for *hirsutism* and an improvement in menstrual frequency.⁽¹⁴⁾

1. Reduction obesity
2. Improvement in glucose , lipid and insulin and insulin resistance values.

Mode of Action Of Drug :- The therapeutic efficacy of the drugs depends upon its properties namely *Rasa, Guna , Virya, Vipaka and its Prabhava*. The activity of the drug may be produced by either one of these or in combination.

Shunthyadi yoga with a classical reference in *Ashtanga Hrudaya* is useful in *Vatavyadhi, Hrudroga ,Gulma, Arshas, Yoniroga, Shoola and Shakrudgraha*. *Shunthyadi yoga* also has *Madhura* and *balya* properties which helps in the proper formation of the dhatus thereby the *upadhatu artava*. The drug has been advised for *yoniroga* in general. Its ingredient *Tila* and *Ksheera* used as *anupana* also possess *medhya* property which will interfere with *manasika bhavas* favouring the disease, as well as it may act on HPO axis. *Shunthi* and *guda* have *ushna virya* which act as *strotorodh nivaraka*.⁽¹⁵⁾

Discussion:-

Krishna tila which is a source of phytoestrogens when administered orally, even though it is water soluble it does not interact with gastric contents and exhibits *estrogen* like activity after biotransformation. *Phytoestrogens* present in *lignans* exert their effects primarily through binding to the oestrogen receptors. Phytoestrogen s inactivating some enzymes and may

affect the bioavailability of sex hormones by binding with the SHBG. *Krishna tila* posses antioxidant, wound healing, aphrodisiac, *rejuvenative* and *hypolipidaemic* activities.

Conclusion:- The pathogenic factors involved in PCOS are *vata* and *Kapha Doshas, dushyas Rasa and Medas, Strotas- Artavaha stoats and agni – Jatharagni and Dhatwagni mandya*. *Ayurvedic* medicines have the strength to revitalize the female reproductive system and regularize menstrual cycles. *Ayurvedic* treatments have been reported to be effective in correcting the PCOS by *yoga* and *herbal medicines*. The symptoms explained under *Artava Kshyaya, Anartava, Nashtartava, Granthibhootha artavadusthi and Vandhya yonivyapad* can be to some extent compared to the symptoms explained under PCOS.

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