

Polycystic ovarian disease (PCOD): an Ayurvedic approach**Netra S. Jere*¹, Amit Avalaskar² Sharayu Kore³**

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Abstract-

Polycystic ovarian disease, PCOD is the most common clinical condition, we all encounter in our practise. Few years back we used to see it in infertile women but now it presents itself as early as in adolescents as well.

Now-a-days numbers of cases about menstrual complaints in female are rising in a very vast manner. So many factors play an important role in such kind of problem including food, lifestyle, stress etc. this leads to physical as well as emotional disturbances of the patient. Also it can lead to infertility or repeated abortions if not attended or treated at proper time.

PCOD is one of such disorder which commonly affects second or third decade of life in females. It is important to know

thoroughly about this condition as modern science has no root cause treatment to treat it. Also the treatment of modern science implicated leads to serious side effects and dependency of the medicines.

PCOD is diagnosed in Ayurveda according to its presentation in so many ways depending upon its *hetu, lakshana, dosha-dushya, samprapti*.

Keywords:

Polycystic ovarian disease , PCOD, infertility, *Rajovikruti*

Introduction:

A woman care has been discussed elaborately in *Ayurveda*. Every author of Ayurvedic classics has wrote a separate chapter for woman problems and its treatment. PCOD (Poly Cystic Ovarian

Disease) or PCOS (Poly Cystic Ovarian Syndrome) is a disease characterised by multiple cysts in the ovaries. The most common symptoms are irregular menses, weight gain and difficulty in losing weight, acne, oily skin, dandruff, excessive hair growth on the face, chest, back, thinning of hair, infertility, miscarriage, high blood pressure, diabetes, high cholesterol levels. However, 30% of women are with normal menses, approximately 85%-90% of women with oligomenorrhoea have PCOS while 30%-40% of women with amenorrhoea have PCOS. Hirsutism is a common clinical presentation of hyperandrogenism occurring upto 70% of women with PCOS¹.

But there is no any direct description regarding to *nidan*, *samprapti*, *lakshana* of PCOD in Ayurvedic texts. Actually all the description about PCOD is scattered in Ayurvedic texts. This study is to compile all scattered references related to PCOD and help to create an Ayurvedic view before treating to any PCOD case.

Aims and Objectives –

Aim –

To study Ayurvedic approach of PCOD according to its presentation in so many ways depending upon its *hetu*, *lakshana* and *dosh-dushya* and various aspects of its treatment.

Objective –

1. To study *hetu* (causative factors) of PCOD according to Ayurvedic aspect.
2. To study *lakshana* (symptoms) of PCOD according to Ayurvedic aspect.
3. To study *nidan* (differential diagnosis) of PCOD according to Ayurvedic aspect.
4. To study *chikitsa* (treatment) of PCOD according to Ayurvedic aspect.

Materials and methods –

Materials –

Literature review – All the Ayurvedic literature like *bruhatrayee*, *laghutrayee* and text books related to *streeroga* – *prasutitantra* are taken for the study.

Methods –

All components in *nidanpanchaka* of PCOD are correlate to Ayurvedic references to generate an Ayurvedic

approach of PCOD and its appropriate treatment according to Ayurveda.

Hetu-

- 1) *Santarpaniya* – *guru, abhishyandi, snigdha, sheetaannasevana*, eg. Fast food, bakery, aerated cold drinks, excessive nonvegetc
- 2) *Vatprakopakhetu-* *ruksha, laghu, sheeta, khara, vishada, ahar-vihar*
- 3) *Manashetu-* *atichinta, aalasya, mana:santapa*
- 4) *Raja:swalaaparicharya*
- 5) *Yonivyapadhetu*
- 6) *Rasavahasrotasadushtihetu*
- 7) *Agni dushtihetu*
- 8) *Vegavarodh* – *visheshata: apanvayu*
- 9) *Artavadushtikarane*

Lakshane –

- 1) *Rajovikruti* – irregular menses
 - Quantity- less / excessive
 - *Varnavikruti*(colour changes)
 - *Gandha vikruti*(odour changes)
 - With or without pain
 - With or without clots

Depending upon these factors *rajovikruti* further classifies in one of the ‘*ashtourajovikruti*’

- 2) *Sthoulya* – excess weight gain without responding to strict diet control
- 3) *Atiksha* – *asthane, atimatrena*
- 4) *Kshutasahatwa*
- 5) *Twakdushti* – *mukhadushika, pidaka, karshnya, keshamala*
- 6) *Vandhyatwa* – failure to conceive

Samprapti-

Dushta srotase – *rasavaha, medovaha, shukra/artavavaha*

Sadhyasadyatwa- *kruchhra or yapy*

Nidan- Differential Diagnosis

- 1) *Rasapradoshaj*
- 2) *Medopradoshaj*
- 3) *Santarpanoththavyadhisankar*
- 4) *Kaphavrutaaapan*
- 5) *Pittavrutaaapan*
- 6) *Vatavyadhi*
- 7) *Udavarta*
- 8) *Rajodushti*
- 9) *Arajaska yoni*
- 10) *Vandhya yoni*

Chikitsa-

- 1) *Shodhanarthavyadhi* –

According to *prakruti*, *doshabala*,
rugnabala.

Vamana or *virechana* or *basti*

2) *Shaman* –

- *Dravya*: *sariva*,
manjishtha, *patha*, *deodar*,
kirattikta, *pimpalmool*,
indrayava, *erandmoola*
etc.
- *Yoga*: *rasapachak*,
medopachak,
chandraprabha,
koutajashilajatu,
hinguvachadi choorna,
ajamodadi choorna etc.
- *Kalpa* – *pushpadhanwa*,
all *vasantkalpa*,
phalaghruta,
mahakalyanaka ghruta,
dashamoolkadha,
purnachandra-rasa etc.

3) *Vyayam*– exercise is the most
important part of the treatment
due to which medicinal treatment
is much more helpful than singly
done.

4) *Yoga and Pranayam* - *kapalbhati*,
bhasrika, *bhramari*, *anulom-*
vilom, *ujjayi*

Treatment of PCOD should be
done on the grounds of *prameha*,
sthoulya and *vatavyadhi*.

Discussion –

PCOD is not only the reproductive endocrinopathy but also a metabolic disorder. The number of patients with already diagnosed PCOD is increasing day-by-day and approaching towards Ayurvedic practitioners for treatment. To understand PCOD from Ayurvedic approach scholars need to study its Ayurvedic classics properly. There is a need before treating PCOD by Ayurvedic ways all the scattered references should come in mind and the proper etiopathology (*samprapti*) should be understood. After that the proper Ayurvedic diagnosis should be made and then only one can get best results for PCOD.

PCOD has vast perspectives in Ayurvedic contexts. Before treating PCOD patient it is must to make proper diagnosis as every case of PCOD is different and unique when it comes to Ayurvedic approach.

Conclusion -

The study concludes that Ayurvedic approach of PCOD includes so many Ayurvedic diseased conditions and Ayurvedic treatment of PCOD is different for every patient. As we know

the Ayurvedic basic principles regarding to any disease are very subjective and depends on the *dosha-dushya* conditions presenting in patient. Similarly PCOD – An Ayurvedic approach is also very subjective and scholars should always remember before treatment that so many conditions are shows symptoms of PCOD hence diagnose it properly using above Ayurvedic *nidanpanchaka* then only one can get results.

References –

1. Charak samhita – hindi commentary, ed by Harish Chandra Kushwaha, Choukhambaorientalia, Varanasi 2009.
2. Sushrut samhita – hindi commentary, ed by AmbikarajShastri, ChoukhambaSansthan, Varanasi, 2014.
3. Sartha Vagbhata – Marathi commentary, ed by Ganesh Garde, Rajesh prakashana, Pune, 2009.
4. Dravya GunaVidyana – Acharya Priyavat Sharma, ChoukhambaBharatiPrakashana, Varanasi.
5. Ayurvediyaaushadhi-gunadharma-shastra – ed by Vd. GangadharGune, Rational printers, Pune, 2008.
6. Ayurvediyaprasutitantra – ed by Prof. PremavatiTiwari, ChoukhambaOrientalia, Varanasi, 2011
7. Ayurvediyastreeroga – ed by Prof. PremavatiTiwari, ChoukhambaOrientalia, Varanasi, 2011
8. Clinical epidemiology article- PMC 3872139, 18 dec 2013
9. MadhvkarMadhavNidan – hindi commentary, ed by prof. YadunandanUpadhyay, Varanasi, Choukhambasansthan.
10. Rognidanevamvikritivigyan text book ed by Vd. Ya.Go Joshi, Pune SahityaVitarak, 2010.
11. Text book of obstetrics – D.C.Dutta, ed by HiralalKonar, Central Book Agency, London, seventh edition.
12. Text book of gynacology – D.C.Dutta, ed by HiralalKonar, Central Book Agency, London, seventh edition.
13. Sampurnaswasthavrutta Vigyana – part 1 and 2, ed by Dr. Vijay Patrikar, Godavari Publishers and book pramotors, Nagpur, 2010

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