Ayurveda and the Management of Gynecological Disorders

PCOS and Ayurveda

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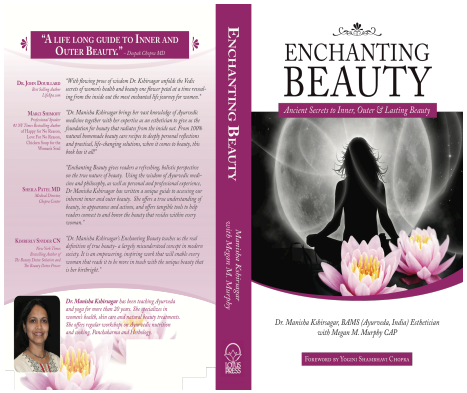
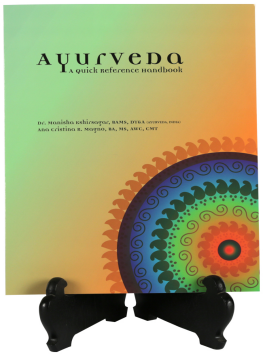
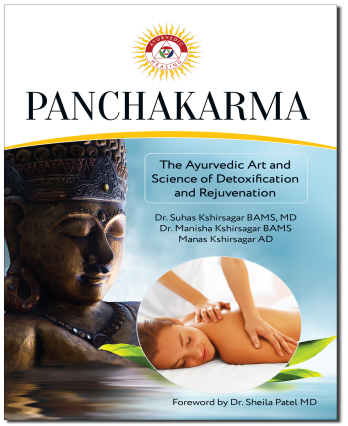






(A Million Dollar Question)

What is the most common Endocrinopathy in a woman of reproductive age?

- A. Diabetes Type II
- B. Hyperthyroidism
- C. Polycystic Ovary Syndrome
- D. Amenorrhea

- **ANSWER:** Polycystic Ovary Syndrome (5% to 10% of the female population)

"PCOS affects over 7 million female in the US. That's more than the number of people diagnosed with breast cancer, rheumatoid arthritis, multiple sclerosis, and lupus combined.

https://www.pcosaa.org/

Awareness association in 2006

https://www.ncbi.nlm.nih.gov/books/NBK459251/

Polycystic ovarian syndrome (PCOS) is the most common endocrine pathology in the reproductive age female around the world.

PCOS

- **Most common metabolic abnormality in young women**
- **Poly** = multiple
- **Cyst** = an abnormal sac containing gas, fluid or semi solid material on ovary
- **Syndrome** - a set of symptoms It was first described in 1935 by Stein and Leventhal and also called as **Stein - Leventhal Syndrome**
- **Symptoms**-amenorrhea, hirsutism, obesity associated with enlarged polycystic ovaries
- It can lead to serious conditions such as infertility, diabetes, hyperlipidemia, endometrial hyperplasia, obesity etc.

PCOS and Ayurveda

- An exact correlation is not possible
- No specific Yonivyapad
- Conditions like Vandhya, Arajaska, Anartava, Artava-kshaya and Pushpagni Jataharini are co related.
- The four essential factors for the conception

PUSHPAGNI JATAHARINI

- Vrutha pushpam tu ya nari Yadhakalam prapasyati|
- Sthoola lomasha ganda va Pushpaghni sa api Revathi||

-(Ka.Sa.Revati Kalpadhyaya- 32/2-34)

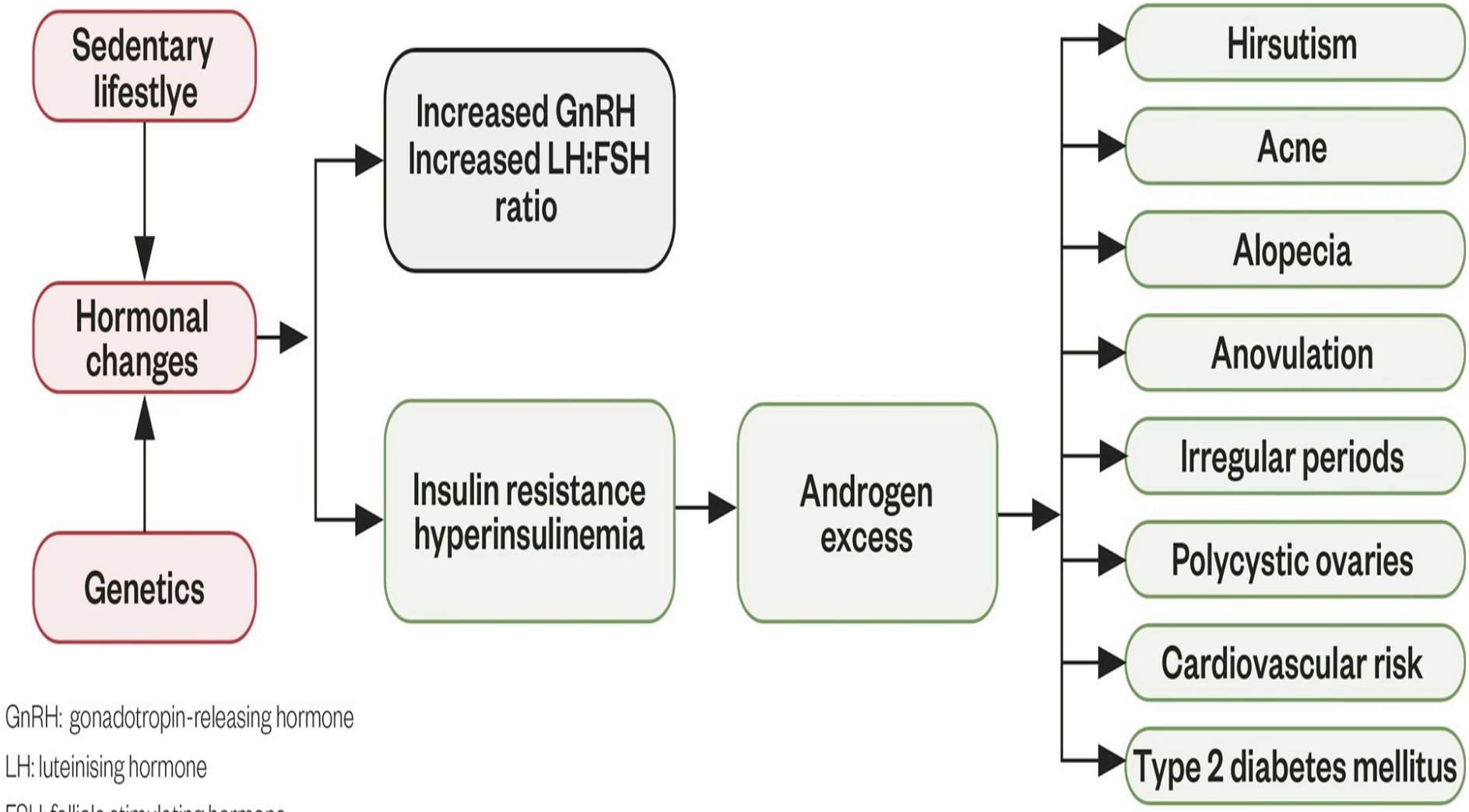
PUSHPAGNI JATAHARINI

- **Aartava dushti**: if remains untreated or not properly treated then it causes Abeejata i.e. unable for prajotpadana (Su. Sha. 2/3).
- The Artava Vaha Srotas is obstructed by the Kapha and Vata due to which Artava is not visible (No Ovulation)
- **Asrikdosha**: (Ch. Sha.2/7) : Asrik = Ovum and menstrual blood.
- Abnormalities of ovum leads to infertility. (Ka. Sa.)
- Due to ati Ushana veerya annapana artava, beeja becomes upchita or vitiated. -- http://iamj.in/posts/images/upload/240_245.pdf
- **Vrutha Pushpam** – Anovulation, Fruitless/without conception
- **Sthula**- obesity
- **Lomasha ganda** – Hairy chin/ Hirsutism

The Etiology of PCOS

- Unknown
- Genetic
- Hypothalmic pituitary Gonadal disturbance
- Sedentary lifestyle
- Diet
- Stress
- Lack of exercise

Pathophysiology of androgen excess in polycystic ovary syndrome

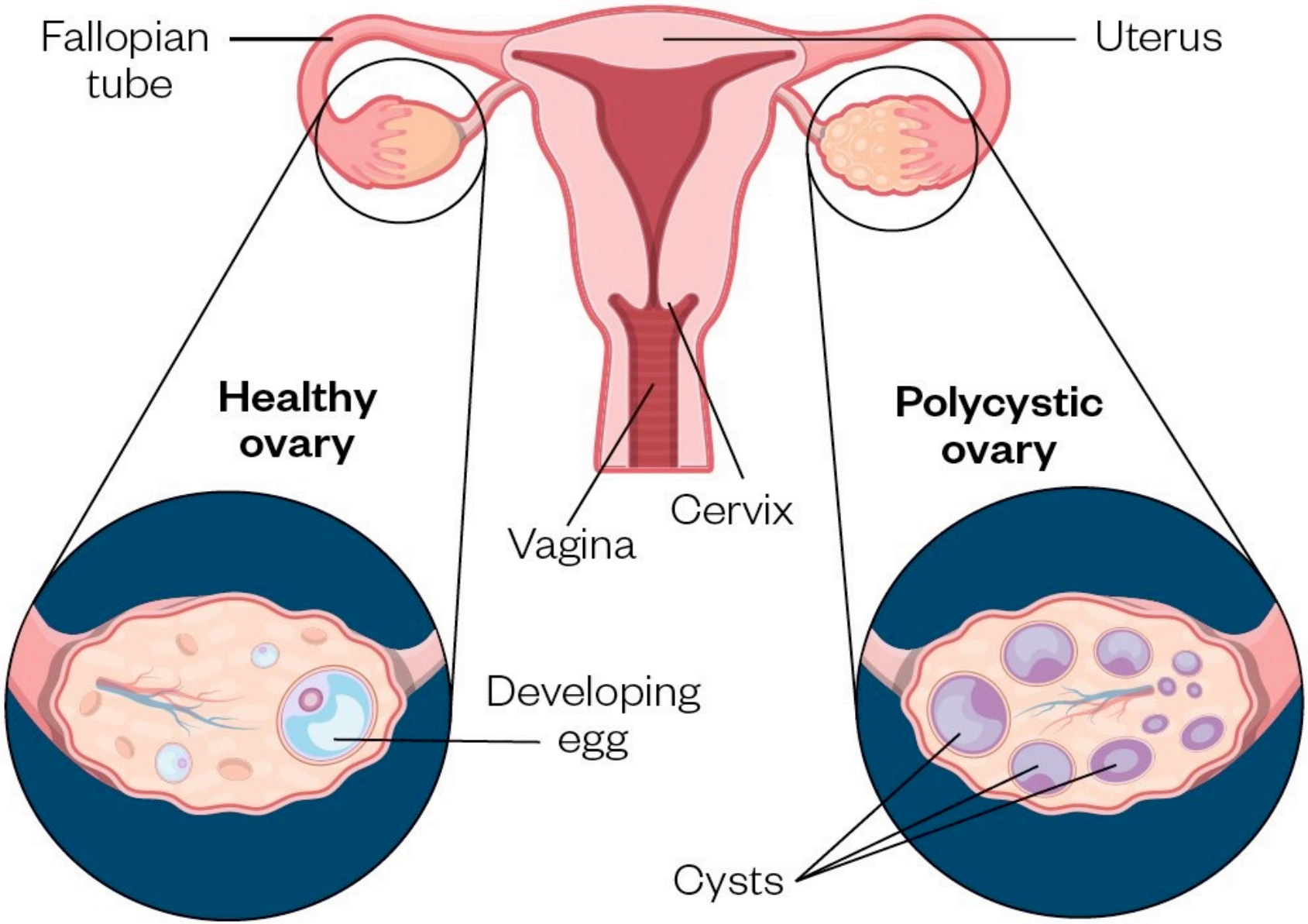


GnRH: gonadotropin-releasing hormone

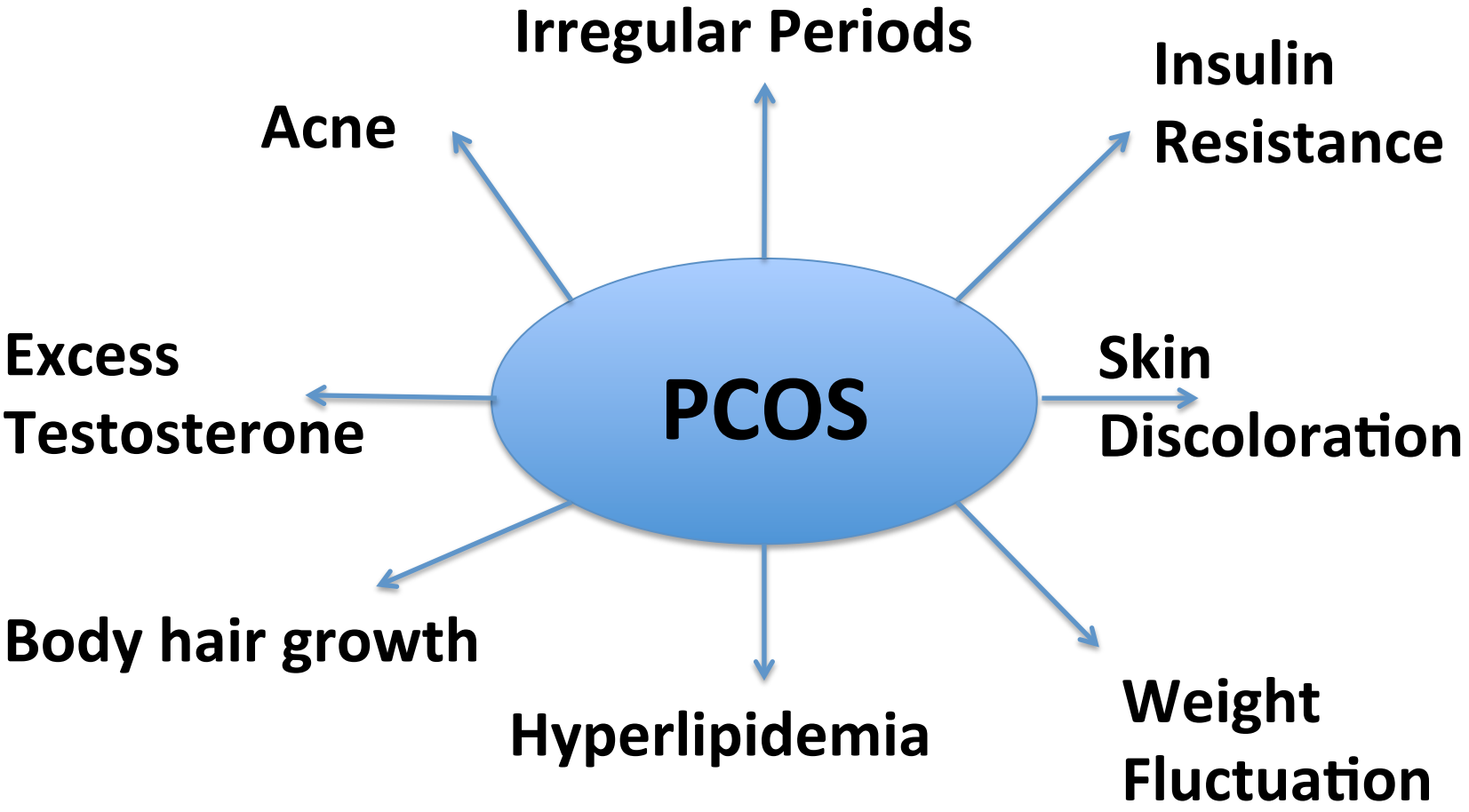
LH: luteinising hormone

FSH: follicle stimulating hormone

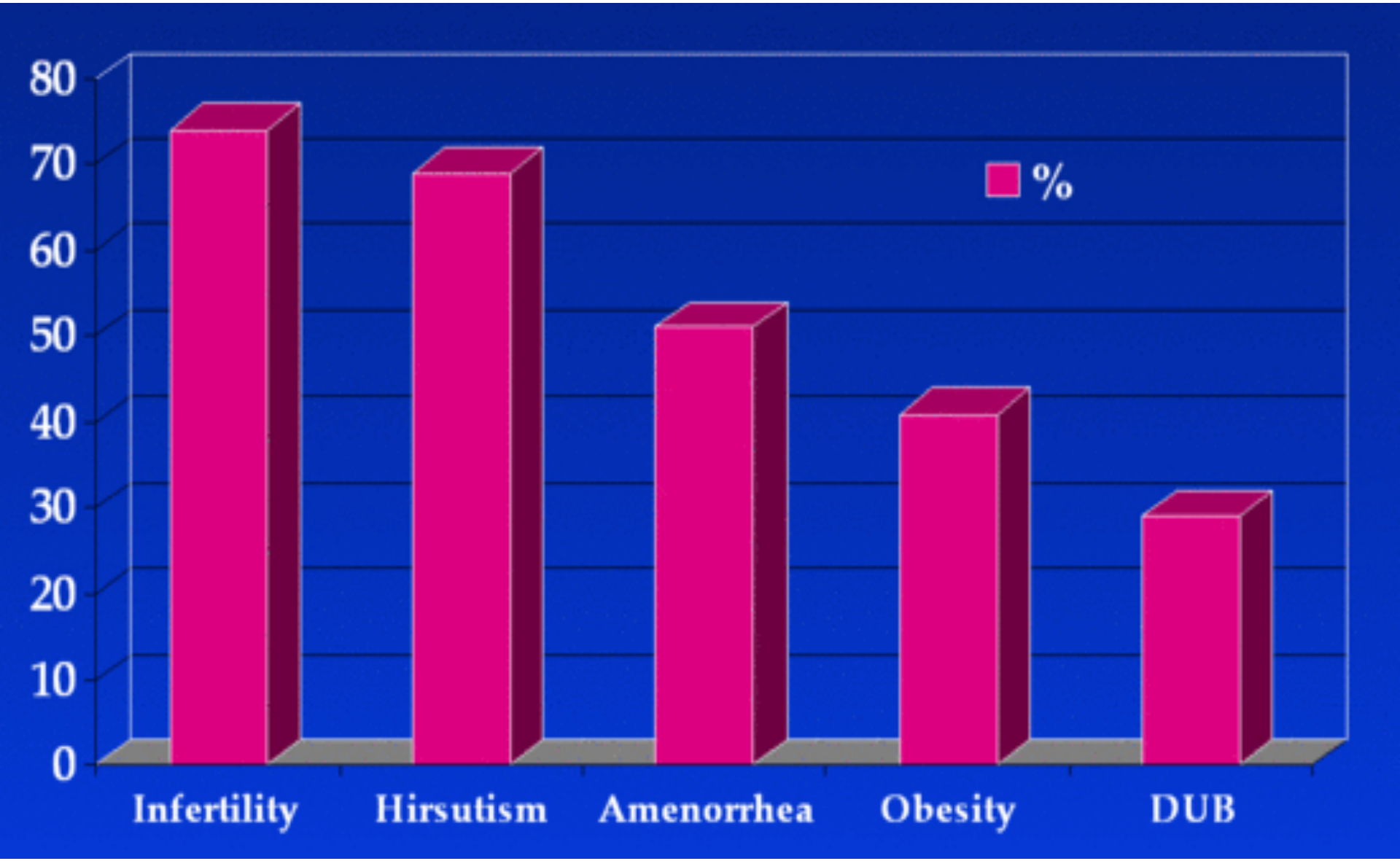
PCOS


Fallopian tube
Uterus
Healthy ovary
Polycystic ovary
Vagina
Cervix
Developing egg
Cysts

PCOS Symptoms



Incidence of PCOS symptoms



A classic reference indicating the prevalence of various presenting clinical symptoms and complaints among a large cohort of women with PCOS (N = 1089) culled from 187 previously published papers (46). The frequency is still relevant to today's population of women with PCOS.
Source of Image: http://www.endotext.org/female/female6/female6.html

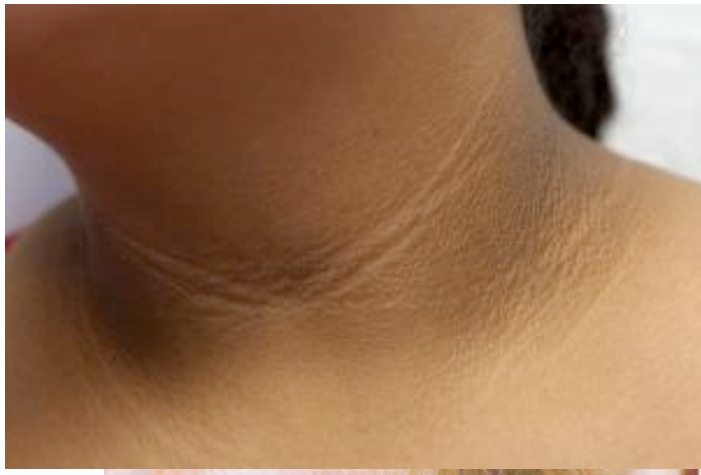
Diagnosis

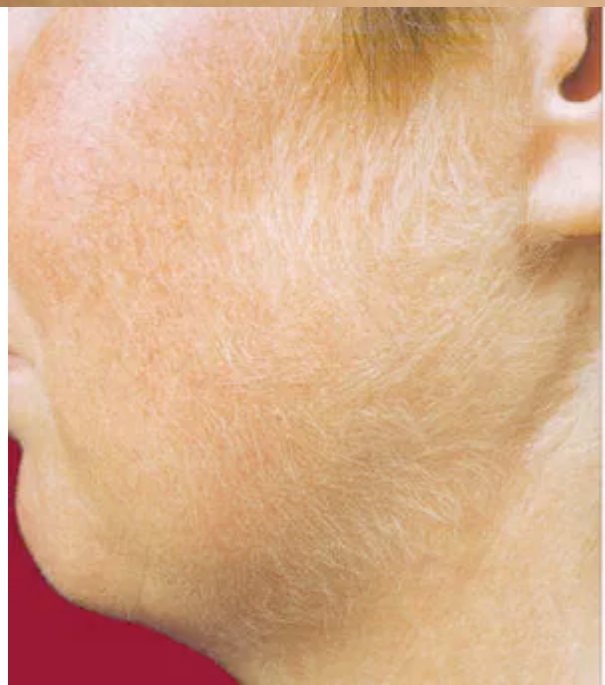
- **Rotterdam Criteria:**
- At least 2 of the following 3 findings

1. Hyperandrogenism
2. Ovulatory dysfunction
3. Polycystic ovaries

Dermatological Manifestations of PCOS

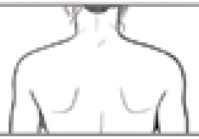
- Hirsutism
- Acne
- Androgenic Alopecia
- Seborrhea
- Acanthosis Nigricans





Ferriman Gallwey Score

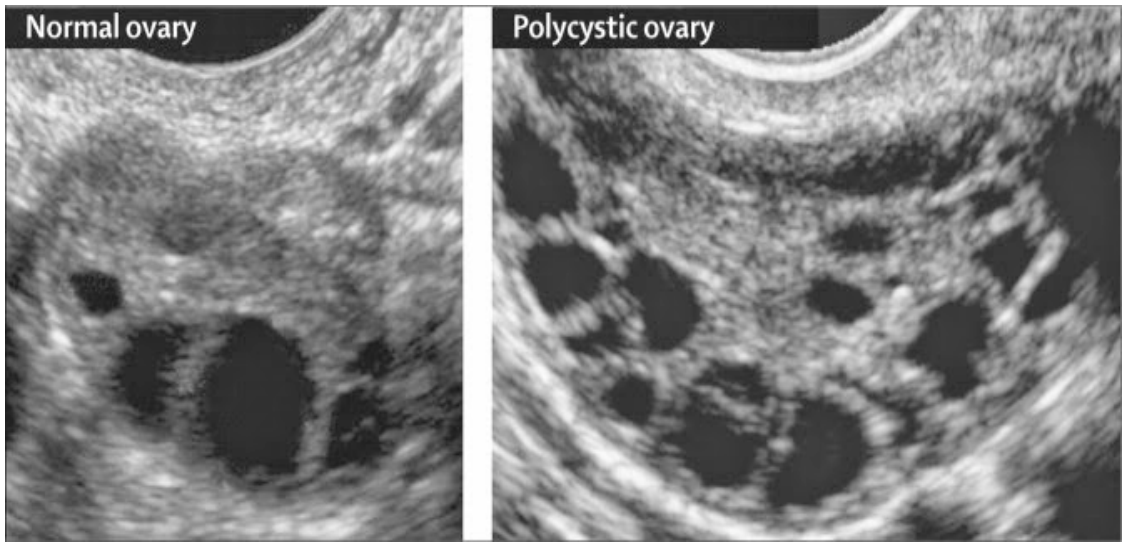
Caucasian ☐ African American ☐ Asian ☐ N. American Indian ☐ Mediterranean ☐

Upper Lip	Sideburn Area	Chin	Lower Jaw & Neck	Upper Back	Lower Back	← Subtotal
						
Small number of terminal hairs over upper lip & outer lip border 1	Sparse terminal hairs 1	Sparse terminal hairs on chin 1	Sparse terminal hairs over lower jaw & upper neck 1	Sparse terminal hairs over upper back 1	Sacral area with hair coverage less than 4 cm wide 1	
Thin moustache covering less than 50% of upper lip or at the outer border 2	Sparse terminal hairs with small thickened areas 2	Sparse terminal hairs with small thickened areas 2	Sparse terminal hairs with small thickened areas 2	Increased number of spread terminal hairs 2	Increased sides coverage 2	
Moustache covering 50% from outer margin of the lip or 50% the lip height 3	Light hair growth over sideburn area 3	Entire chin covered with light growth 3	Entire area covered with light growth 3	Entire area covered with light growth 3	75% of lower back covered with terminal hairs 3	
Moustache covering most of upper lip & crossing the midline lip 4	Thick growth over sideburn area 4	Entire chin covered with heavy growth 4	Entire area covered with heavy growth 4	Entire area covered with heavy growth 4	Entire area covered with heavy growth 4	

Upper Arm	Thigh	Chest	Upper Abdomen	Lower Abdomen	Perineum	← Subtotal
						
Scattered terminal hairs over less than 25% of upper arm 1	Scattered terminal hairs over less than 25% of the thigh 1	Circumareolar or midline terminal hairs 1	Scattered midline terminal hairs 1	Small number of scattered midline terminal hairs the length of linea alba 1	Scattered perianal terminal hairs 1	
Increased but incomplete coverage 2	Increased but incomplete coverage 2	Circumareolar and midline terminal hairs 2	More terminal hairs, still midline 2	Midline concentration of terminal hair the length of the linea alba 2	Spread of terminal hair to the gluteal cleft 2	
Entire area covered with light growth 3	Entire area covered with light growth 3	75% of chest covered with terminal hairs 3	50% of upper abdomen covered 3	A midline thickened band of terminal hair less than ½ width of pubic hair at base 3	75% of perineum covered with terminal hairs 3	
Entire area covered with heavy growth 4	Entire area covered with heavy growth 4	Entire area covered with terminal hair growth 4	Entire area covered with terminal hair growth 4	An inverted V-Shaped coverage ½ width of pubic hair at base 4	Entire area covered with terminal hair growth 4	

Labs in PCOS

- Increased testosterone
- Increased DHEA
- Increased LH, low FH
- Increased estradiol
- Increased insulin resistance
- Mildly elevated prolactin
- Increased CRP
- Increased AST, ALT
- Anti Mullerian Hormone



PCOS- Samprapti: Ayurvedic perspective

- Disease of artav vah shrotas
- kapha dominant granthis are seen in the ovary
- **Granthis** : due to snigdha and guru guna of kapha
- Thease granthis along with kapha obstructs the aartav leading to artav rodha
- **Dosha**: kapha- guru,snigdha,manda guna
- **Dooshya** –Meda,rasa,rakta
- **Agni** -manda at kostha and dhatu level
- **Strotas** - Artav-vahashrotas,Medo-vahastrotas
- **Samprapti**- Due to kapha aggravating diet & lifestyle , meda vriddhi leads to abnormality in Artav vaha strotas
- **PCOS & Ayurveda co relation** : Kaphaja prameha - Sthoulya - Medoavrutha vata- Kaphavrutha vata- Kaphaj granthi aartav dosha. "**Bahuputtakiya Dimbajya Vyadhi** (poly cystic ovarian disease) with kankayan vati (Gulma rogadhikar)

Chikitsa

- Lifestyle changes (exercise, sleep, diet)
- Weight reduction
- Acne
- Hirsutism
- Hormonal balance
- Thyroid
- Blood sugar control
- Lipid profile
- Stress management/ Emotional support

Case Study

- 22 yrs,, Student,5’2” 186 lbs Dx PCOS-2 years
- Prakriti: Pitta-Kapha, Vikriti: PK, Ama level-8
- Symptoms: Irregular periods, Hersutism, Obese Painful & Irregular periods, Acne, high LDL & triglycerides, elevated testosterone, pre diabetes
- No Family History but sister has the same condition
- Tx: Metformin, Steroids for acne, birth control pills (for the past 1 year, with no change in Symptoms)
- Wanted to try Natural Medicine esp. Ayurveda

Chikitsa

- Goal: Amapachana, Agni Depana & Stroto shodhan
- Improve digestion & MC regulation, hormonal balance, Weight loss, Reduce cholesterol, blood sugar, emotional support.
- Diet : Kapha reducing, Anti-estrogenic
- Lifestyle changes: Sleep time, Exercise
- Herbs: Pachak, Anuloman, Medohar, Rajo Shudhi
- Punarnava, Mesha Shringi,Vijaysar,Guduchi,Trikatu,
- Licorice, Holy Basil
- Kanchanar guggulu
- Chandraprabha
- Kumari Asav

After 1 year

- Normalized weight- 152 lbs
- Improved Insulin sensitivity
- Triglycerides reduced
- HDL raised, LDL lowered
- Feeling lighter, energetic
- Better moods
- Regular cycle every 35 days, no heavy bleeding
- Still has some facial hair
- Enjoying her life and school

PCOS Research articles

***Rice triggers PCO in young women**

***https://pubmed.ncbi.nlm.nih.gov/26516311/**

Efficacy of a Fenugreek Seed Extract (Trigonella foenum-graecum, Furocyst) in Polycystic Ovary Syndrome (PCOS)

*** https://pubmed.ncbi.nlm.nih.gov/29896935/**

Role of exercise training in polycystic ovary syndrome: a systematic review and meta-analysis

***https://pubmed.ncbi.nlm.nih.gov/28685911/**

Combined **Lifestyle and Herbal Medicine** in Overweight Women with Polycystic Ovary Syndrome (PCOS): A Randomized Controlled Trial

***https://pubmed.ncbi.nlm.nih.gov/32429890/**

Effect of lifestyle modifications on anthropometric, clinical, and biochemical parameters in adolescent girls with polycystic ovary syndrome: a systematic review and meta-analysis