

PCOS



Polycystic Ovary Syndrome

POLYCYSTIC OVARIAN SYNDROME

Polycystic ovarian syndrome(PCOS) was originally described in 1935 by Stein and Levanthal.

As we all know, PCOS is a very common female health complaint nowadays...So, each and every member in a family must be aware of this disease!

Before going to the complicated medical terms related to this disease, let us look over to the term 'PCOS' itself!!!

Poly----means 'many'

Cyst----means 'a membranous sac or cavity of abnormal character in body

Ovary----ovum or egg producing reproductive organ

Syndrome----a group of symptoms occur together

We can just combine this term;

“Many cavity in the female reproductive organ, with a group of associated symptoms occurring together”

You might be thinking of

- 1) How these multiple ovarian cysts have been formed?
- 2) What are the major symptoms?
- 3) What might be the further consequences?
- 4) What can we do to prevent it?
- 5) If affected with this disease, how can we treat and manage it?

.....Likewise so many things are running through your mind!

Yes.....It's time to clarify your doubts!

Shall we go to the next step???!!!

A detailed yet simple insight to this disease.....

“POLYCYSTIC OVARIAN SYNDROME”

Patients affected with these disease usually complains of

1) MENSTRUAL ABNORMALITIES-70%;

*Oligomenorrhoea---infrequent menstrual periods (goes more than 35 days without menstruating).

*Amenorrhoea---absence of menstruation in a women of reproductive age.

*DUB(Dysfunctional Uterine Bleeding)-abnormal uterine bleeding (in amount, frequency, or duration) due to changes in hormonal levels.



2) INFERTILITY

failure to conceive within one or more years of regular unprotected coitus.

3) OBESITY – Abdominal (50%)



4) HIRSUTISM AND ACNE (70%)

(Hirsutism –excessive growth of hair in facial and central part of the body)



6) VIRILISM (rare) - Severe form.

Features- deepening of the voice, temporal balding, amenorrhea, enlargement of clitoris, breast atrophy.

Have you heard about the 'HAIR-AN SYNDROME'?

HA- HyperAndrogenism

IR-Insulin Resistance

AN-Acanthosis Nigricans - thickened and pigmented

Skin (grey brown)



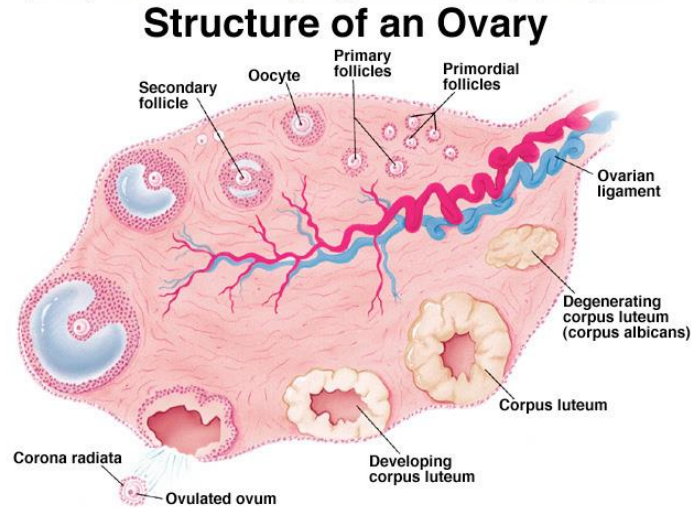
Site-nape of neck, inner thighs,groin, axilla

These terms might be unfamiliar to many of us!

Before dealing with the abnormal physiology related to this disease, let's make at least a basic knowledge about the normal physiology, otherwise you might get fed up with these scientific medical terms as this article is sincerely meant for both common people and medical fraternity!

OVARY

Byer/Shainberg/Galliano *Dimensions Of Human Sexuality*, 5e. Copyright © 1999. The McGraw-Hill Companies, Inc. All Rights Reserved.



*Ductless reproductive gland

*Functions –

1) Ovum production

2) Endocrine function-production of hormones

HORMONES

1) Androgen

2) Estrogen

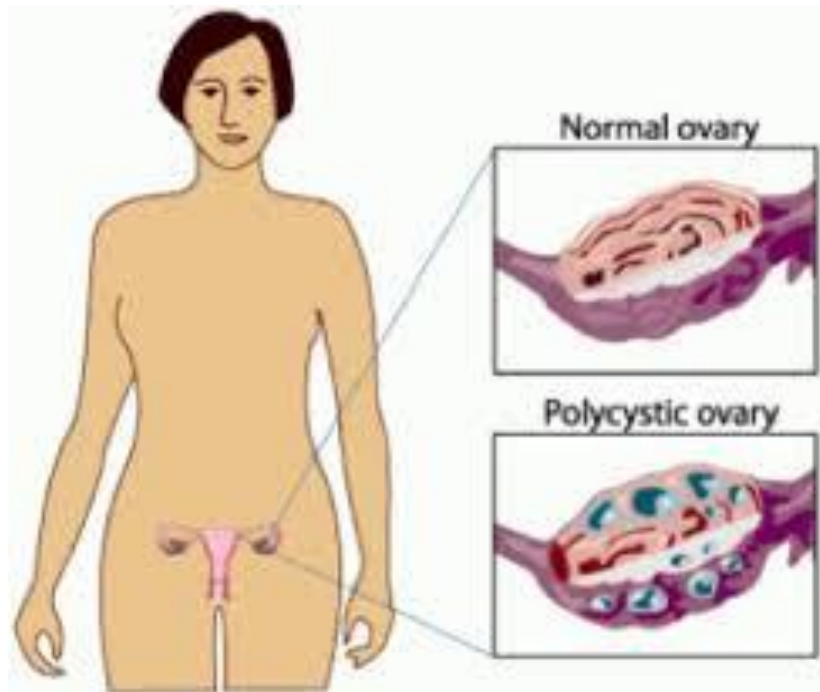
3) Progesterone

Let's go on to some details regarding "ANDROGEN", as it has role in PCOS!

ANDROGEN

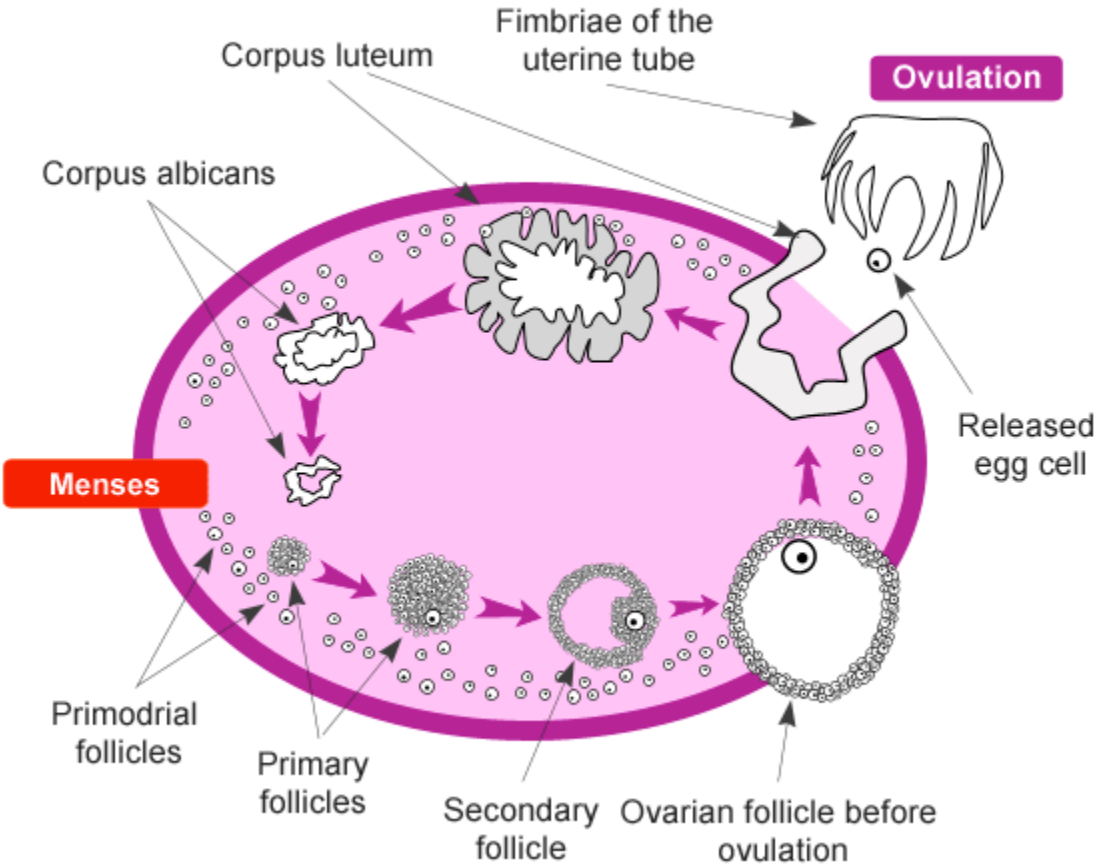
- group of hormones
- present in both male and female
- play a role in male traits and reproductive activity
- In women-androgens are produced in the *ovaries, adrenal glands and fat cells*
- In women's body, androgen--->estrogen

NOTE: Women with PCOS often produce higher levels of androgen.

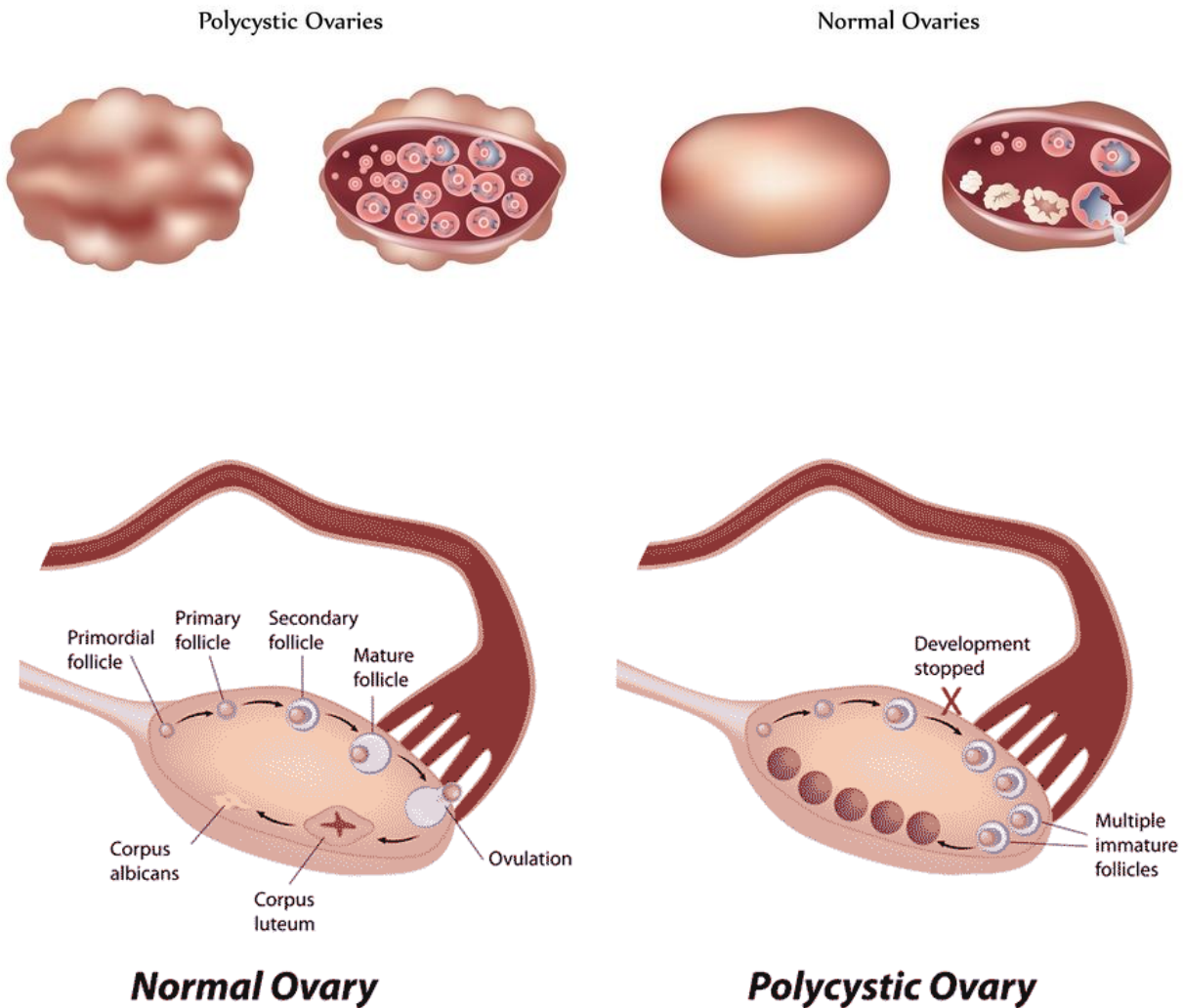


FEATURES	NORMAL OVARY	POLYCYSTIC OVARY
SIZE	4cm*3cm*2cm	Enlarged 2-5 times
SHAPE	oval	Oval with multiple cysts(2-9mm)
COLOR	white	Pearly white
VOLUME		>10cm cube

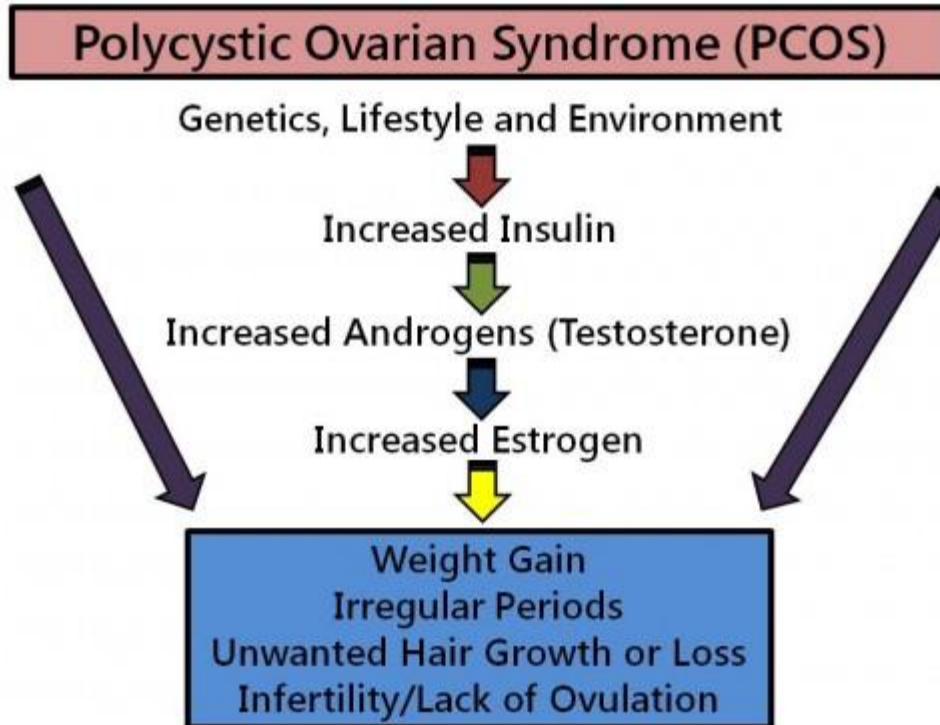
STAGES OF NORMAL OVULATION IN AN OVARY



See the difference!!!



In PCOS, 'ovum' fails to release from the follicle in the ovary(Anovulation)



CAUSES

➤ LIFESTYLE-

➤ STRESS



*Food habits-1) Too much sugar

2) Carbonized drinks

3) Highly refined carbohydrates

Above mentioned food habits leads to increased insulin levels (a hormone that convert sugars and starch into energy), which in turn cause high androgen levels

1) Increased production of androgen → suppression of maturation of ovarian follicle → anovulation → INFERTILITY

2) Unhealthy fatty food habits → estrogen highly produced from fat tissues → OBESITY

3) High levels of androgen → HIRSUITISM, ACNE

4) High levels of insulin → DIABETES, ACANTHOSIS

NIGRICANS

STRESS → often eat more food high in fat, sugar and carbohydrate → obesity → PCOS

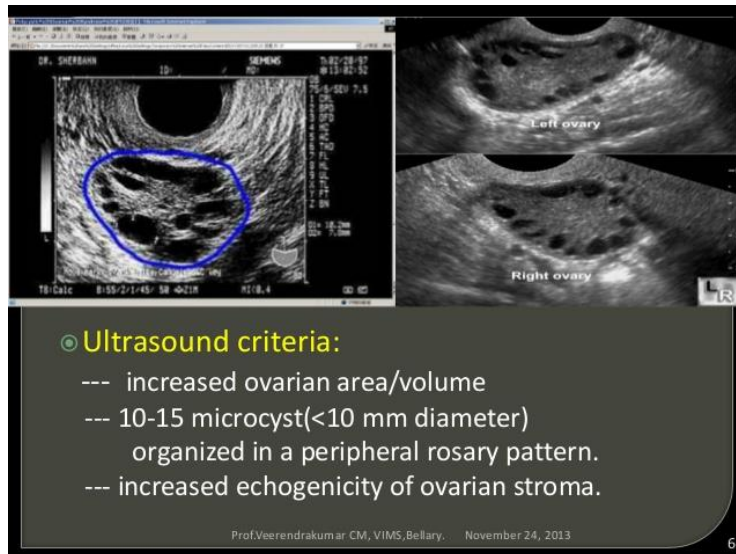
LATE CONSEQUENCES

- Diabetes mellitus
- Endometrial cancer
- Hypertension
- Cardiovascular disease

DIAGNOSIS

1) CLINICAL PRESENTATION

2) USG(Ultrasonography)



3) LAPROSCOPY-polycystic ovary



4) SERUM VALUES:

- 1) LH (Luteinizing Hormone)
elevated
- 2) Estradiol and estrone elevated
- 3) Testosterone elevated
- 4) Insulin level elevated

MANAGEMENT

Treatment of PCOD needs individualistic approach because not all the symptoms might be seen in all the patients!!!

AYURVEDIC APPROACH.....

In Ayurveda, the balance state of Doshas is mainly responsible for health and any derangement to this will lead to disease.

1) Nidana Parivarjana (avoiding the causes)

Avoid Kaphakara Ahara and Vihara (avoid food and habits increasing fat)

2) Compatible and timely intake of balanced diet

- 3) *Regular physical exercises-to burn the excess fat*
- 4) *practicing yoga and different asanas-reduce obesity*
- 5) *pranayama-relieve stress*
- 6) *considering the Agni (digestive fire) at Jataragni and Dhatwagni levels, needs Deepana and Pachana drugs (carminatives and digestives)*
- 7) *Srothoshodhana (clearing the channels in our body for proper metabolism)*
- 8) *Regularization of Apana Vayu (which acts on lower abdomen mainly, plays a vital role in Sthree Beeja formation(ovulation))*

Such drugs and medicinal formulations mentioned in Ayurvedic classical texts which possess the qualities alleviating the symptoms are being implemented!!

Hope you had a basic knowledge of PCOS and Ayurvedic approach towards it.....

concluding this article saying the usual phrase

“prevention is better than cure”!!!