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Review Article

MULTIMODALITY AYURVEDA MANAGEMENT OF *BEEJASHAYA GRANTHI* - A LIFESTYLE DISORDER W.S.R TO POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT

Polycystic ovarian syndrome is disorder that affects the whole life of a female, can begin in utero in genetically predisposed subjects, manifests clinically at puberty, and continues during the reproductive years. According to Ayurveda can be considered under Agni vaishamyajanya vikara and it can consider as Beeja kosha granthi. The basic concept of Ayurveda is *Hetu-linga* and *Aushadha* to make diagnosis and to cure this disorder. Excess Kapha dusthikara nidana overall causes Agnimandhya, then this causes Amotpatti (free radicals in body). Aam causes Artavavaha srotas rodha, these causes Dhatvagnimandhya and as a result Apachit ras dhatu and Uttarotara dhatu apachana leading to Meda dhatu dushti and Alpartava. Triphala and Guggulu act on Meda dhatu, Medohara in property. This proved to be act on adiponectin. 5-7% reduction in weight improves symptom of PCOS effectively. Pathya like Masha, Tila, Matsya, Kulatha, Udvisha, Dadhi, Sura, fruits helps in increasing the Agneyatwa of aartava dhatu. Organs involved in PCOS is ovary, adrenal gland, pancreas and pituitary gland, Agni of these organs are affected by modern stressful lifestyle. Ayurveda protocols of Dincharya, Ritucharya, Swastwrit, Acharya rasayan, Tri upsthambh- Aahara, Nidra and Bhrahmcharya, Shodhasha sanskara, Rajaswala paricharya, Garbhini paricharya, Sutika paricharya etc should be maintained for remaining disease free and to improve quality of life of a female, for making healthy female, healthy family and healthy nation.

INTRODUCTION

The prevalence rate of polycystic ovarian syndrome is high among Indian women^[2]. Polycystic ovarian syndrome coined by Stein & leventhal in year 1935. It is endocrine-metabolic-reproductive disorder. It is also called as hyper androgenic anovulation. These disorder is mainly seen in students health population but most often diagnosed when female patients presents with infertility and menstrual disturbances. It affects the whole life of a female, can begin in utero in genetically predisposed subjects, manifests clinically at puberty, and continues during the reproductive years^[3].



PCOS is characterized by irregular or no menstrual periods, excessive facial hairs, acne, infertility, Acanthosis nigricans etc. 80% of this disorder women are with obesity while 20% are of lean PCOS[4]. Uncured PCOS, wrongly treated PCOS and with continuing the faulty lifestyles can changes into prognosis of endometrial hyperplasia (endometrial cancer), Insulin resistance/ Type dyslipidemia, Hypertension, depression, cardiovascular disease, strokes, miscarriage, sleep apnea, non-alcoholic fattv liver disease, autoimmune thyroiditis, ovarian cancer. This disorder according to Avurveda can be considered under vaishamyajanya vikara and consider as Beeja kosha granthi. This disorder cured by Trisutra of Ayurveda, i.e., Hetu-linga & Aushadha mentioned by Acharya Charaka in Sutra sthana. This concept should be brought for PCOS also. Aim of *Trisutra* is *Dhatusamya*, which is a sign of health. Ayurveda concepts should be followed in our day to day activities. In ancient time this disease prevalence rate was not much high, the

reason behind this was proper following of traditional way as in our grandfather and grandmother life styles, thus the need is to adopt traditional lifestyle. Early wake up, no fast food/junk food, proper intake of lunch and dinner at time without giving screen time on mobile and television. Proper sitting on ground for food intake and as mentioned by *Acharya Charak* "Tanmana bhunjeet" to be followed. While eating food sitting on the floor cross legged i.e., *Sukhasana* has many benefits inspite sitting on dining table. Use of earthen pots and use of mustard oil in cooking food has many benefits for health. Eating food with five fingers together forming *Mudra* inspite of using spoons should be adopted. Every female should opt DIYs (Do-it-yourself) homework strategies^[5].

MATERIAL AND METHODS

Reviewing the *Beejashaya granthi* and treatment of polycystic ovarian syndrome through Ayurveda classics, commentaries, research journals, modern literatures, the collection done and attempt to get best treatment options through Ayurveda, in order to prevent from side effects of modern medications.

Hetu of Beejashaya granthi/PCOS: Mithyachara which mainly includes Mithya aahara and Vihara[6] is main cause of causing PCOS. Mithya aahara includes incorrect diet with incorrect time which causes worsening of biological clock of body. *Adhyasana* is one of the factors among them. Morning 6 am to 10 am is mainly *Kapha* dominant *Kala*. That's why morning time lukewarm water can be taken. Heavy breakfast should be avoided as it can cause raise Guru guna of Kapha in body. This forms free radicals in body, which causes disturbance in hormones level. Night 10 pm to 2 am timing is of Pitta dosha, so during this intake of any food particle will disturb digestion, as this time is reserved for organ healing and restoration. Late night sleep and with exposure of more screen time disturbs the GnRH hormone pulsatile pattern, overall these cause hormonal disturbance with fluctuation in level of LH and FSH hormones. These fluctuations ultimately cause Hyperandrogenism, ovulatory dysfunction and polycystic ovarian morphology, which is included under Rotterdam criteria of PCOS. These symptoms^[7] are mentioned in Samhita under "Aasthnindaniya purusha".

As mentioned in *Charak samhita*^[8] in *Prameha nidana* that "*Aashya sukham swapnam sukham*" is also a main factor for developing PCOS in today's era. Sedentary lifestyle, more time sitting job, work from home like work strategies are increasing in today's our society. This overall results in increase in waist hip ratio and increase in free SHBG, DHEA and androgen hormones in body which cause fluctuation of hormones in body and derangements of HPO axis.

Sleeping just after taking food i.e., *Diwaswapna* causes vitiation of *Rakta dhatu*, *Tilakalak* appears on face, considered as *Purvarupa* of PCOS. *Pradushta aartava* causes deregulation of CYP 17, the androgen forming enzyme in adrenal gland and ovaries. Reducing the intake of food groups that cause in deforming the cell structure epigenetically, such as sugar and simple carbohydrate, can be an etiology. Vitamin D deficiency plays some role in developing metabolic syndrome. Method of cooking food, eating organic food/ food added with preservatives i.e. vegetables; fruits etc, packaged food and dehydrated food affect nutrition of female body.

Linga of Beejashaya granthi /PCOS

Polycystic ovarian syndrome is multisystem endocrine abnormality of reproductive age group. Its pathogenesis is multifactorial involving interplay between epigenetic, genetic and environmental factors. According to Ayurveda excess Kapha dusthikara nidana overall causes Agnimandhya, results in Amotpatti (free radicals in body). Aam causes Artavavaha srotas rodha, these causes Dhatvagnimandhya and as a result Apachit ras dhatu and Uttarotara dhatu apachana leading to Meda dhatu dushti and Alpartava. Puhspagni jatharini is also mentioned in classics, in which anovulation, corpulent and hairy cheeks description is very well mentioned. Oligomenorrhoea, secondary dysmenorrhea and male pattern balding are main features. PCOS women generally do not have premenstrual or pain during ovulation. Insulin resistance is commonly prevalence 50-70% of cases. Insulin resistance in PCOS has been associated with adiponectin, a hormone secreted by adipocytes that regulates lipid metabolism and glucose levels. Both lean and obese females with PCOS have been adiponectin levels than females without PCOS. Beeiashava aranthi also includes ovarian cvst which forms as a result of endometriosis (endometrioma).

Aushadha/Diet for Beejashaya granthi /PCOS

Yava which is mainly Purishjanana and used for curing prameha. Yava is Agnivardhaka in property. It is Balya, Vrishya, guru, Agni deepana, Lekhana in properties (Kaidev nighantu). Intake of Yava act on insulin resistance^[9] factor of PCOS. Its intake prevents from developing PCOS because its mode of action is on epigenetic level. It act on cellular level and prevents cell from developing free radicals around it. Yava is considered to be low glycemic index food. Intake of low glycemic index diet upto 85% will improve menstrual irregularity and ovulation in six months.

Intake of *Lehsuna* (garlic) corrects the metabolism of body and considered as *Pathya* in all *Yonivypada*. It is *Vatahara* with potential of anti-inflammation and hypolipidemia. It has emenogogue

property by which it normalizes menstrual blood flow $^{[10]}$.

Other *Pathya* like *Masha, Tila, Matsya, Kulatha, Udvisha, Dadhi, Sura,* fruits helps in increasing the *Agneyatwa* of *Aartava dhatu*. These can be added in female nutritional diet requirements suffering from PCOS as well as in order to prevent from occurring of this disorder. *Acharya Kashyap* mentioned that *Aahara* is *Maha bhaishjya* (*Kshrestha aushadhi*). Now days it can be easily explained by you are what you eat.

As mentioned in *Astang Sangraha*, intake of ghee and milk in daily routine helps in maintaining *Aartava* level/ right menstrual duration and interval from menarche to menopause. Thus intake of this can help in going towards pathological side of menstrual cycle i.e. Oligomenorrhoea. Other regimen to be followed is *Rajaswalaparicharya*^[11].

Special food regime from 1st to 3rd day of menstrual cycle should be taken, which includes Shali rice, barley, milk, Ghrita, Mishri. In this, Shali rice with Ghrita, Shali rice with milk and barley with milk, ghee should be taken. Along with all this fruits should be added in daily schedule. Ghrita increase the level of HDL, which is plasma antioxidant. Shali rice has Tridosha shamaka property. Milk act as complete food with Brhmana and Rasayan in property. Other medications that are commonly used to cure PCOS are Chandraprabha vati, Nastapushpantaka rasa, Aarogya vardhini vati, Lehsunadi vati, Kumariasava, Dashmularistha, Pathadi kwatha, Lodhra churna, Shatavari, Shatpushpa, Gudhuchi, Sahachar taila, Kanchnara guggulu, Chaturbeeja churna, Phala ghrita, Bhrita Shatavari ghrita, Maha rasnadi kwatha, Sukumar kashaya, Punarnayadi kashya, Varunadi kashya, Shatavari enhances the follicular maturity. Chitrakadi vati act as Deepan pachna. It acts on Jathragni, Bhootagni and Dhatavagni. Meshshringi (Gymnema sylvestre) reduces absorption of glucose in intestines and stimulates the beta cells of pancreas and insulin release from beta cells. Research study on Flax seeds indicated significant decrease in BMI, insulin, total serum testosterone and free serum testosterone levels[12].

Other research studies conducted on Fennel seeds, cinnamon, chaste berry, stinging nettle, red clove, black cohosh root, green tea, *Amalaki*, sesame seeds, pumpkin seeds, *Tulsi*, curcumin for benefits on PCOS^[13]. *Vaishvanar churna* acts on *Agni*. For curing *Mukh dhusika*, *Shankha bhasma* along with *Nimbu swaras* should be taken for oral as well as local application use. Intake of *Triphala* and *Guggulu* act on *Meda dhatu*, *Medohara* in property. This proved to be act on adiponectin. 5-7% reduction in weight improves symptom of PCOS effectively. Weight loss can help

restore regular menstrual cycle and boost the reaction to ovulation^[14]. Intake of preserved processed foods should be avoided.

GLP1 receptor agonists are shown to reduce free androgen index and normalize menstrual cycles, although large trials are required. These properties are present in berberine, turmeric (curcumin), ginger, cinnamon, soya bean, fenugreek, grapes and panax ginseng which boost GLP1 levels^[15].

Panchkarma in Beejashaya granthi /PCOS

Panchkarma i.e., Anuvasana basti act as Amrit for menstrual disorders. Basti acts mainly on Vata i.e., Apana vayu. Virechana improves the Beeja quality (Ovum)^[16]. Lekhana basti act as Medohara helps in weight reduction. Nasya directly act on HPO axis because GnRH neurons present at olfactory area. Uttar basti in PCOS boosts follicular maturity and regulate proper blood circulation to uterus. Udvartan with Kolakulathadi kwatha also acts on PCOS.

Yoga for strengthening pelvic organs

Along with Aushadha yoga, to remain physically active is also very important in today's era. Surya Namaskara to be involve in every family routine from the age group of female teenagers to menopausal women. Moderate physical activities of 30 minutes should be added in daily schedule. In a research study of morbidly obese PCOS females, weight loss was paralleled by a decrease in hirsutism score, testosterone and DHEAs amelioration of insulin resistance occurred and ovulatory cycles were also restored. Other yoga which increases the blood circulation to pelvic area should also be performed, like Paschimottanasana, butterfly exercise, Matyasana, Ardhamatsayendrasana, Malaasana, Supta baddha konaasana, Dhanurasana, Ustrasana.

DISCUSSION

Besides from having many side effects from the modern medications, Ayurveda has many types of treatment modalities to cure imbalance hormonal level i.e., Dhatuvaishamya. Concept of modern medications is one disease and same type of medications for all individual, but in Ayurveda "Purusham purusham veekshya" Siddhanta is the main theory for treatment. Beejashaya granthi or polycystic ovarian syndrome is multisystem disorder which affects the women quality of life and creates many reproductive problems in her life. This disease should be eradicated by following Ayurveda protocols in daily life. Predominance of Dosha i.e., Vata and Kapha in Granthi is present. Lekhana, Bhedana, Granthihara as well as Shothahara drugs helps in reducing size of cyst as well as hampers the further new growth of cyst in ovaries. Overall Ayurveda drugs are safe and economical. Proper following the Ayurveda protocols prevent from

occurring any disease in body. In this article, I want to conclude on multimodal Ayurveda treatment options for all females to remain safe from this complex disorder.

Modern medications like OCPs, metformin, anti-androgens (spironolactone), clomiphene citrate, letrozole causes many side effects like nausea, vomiting, weight gain, breast disorders, drug reaction, headache, risk of thromboembolism. By following Ayurveda lifestyle pattern we can prevent from going towards ovarian wedge resection and Bariatric surgery^[17]. Poor lifestyle causes increased in risk for cardiovascular and cerebrovascular disease, type 2 diabetes, consequent cardiovascular complications, endometrial hyperplasia and carcinoma as prognosis of PCOS. Organs involved in PCOS is ovary, adrenal gland, pancreas and pituitary gland, *Agni* of these organs are affected by modern stressful lifestyle. Ayurveda protocols of *Dincharya*, *Ritucharya*^[18],

CONCLUSION

Swastwrit, Acharya Rasayan, Tri upsthambh-Aahara, Nidra and Bhrahmcharya, Shodhasha sanskara, Rajaswala paricharya, Garbhini paricharya, Sutika paricharya etc should be maintained for best nutritional requirements at different stages of woman life for remaining disease free and to improve quality of life of a female, for making healthy female, healthy family and finally a healthy nation.

REFERENCES

- 1. Astanga Sangraha- Sarvang Sundari Commentary by Vd. Lalchand Shastri, Baidhyanath Ayurved Bhawan, Calcutta.
- 2. Dr. Hemalatha Kapoorchand, A Comprehensive Treatise on Prasuti tantra (Obstetrics), Edition 1st, 2016, Chaukambha Vishvabharati, Varanasi.
- 3. Genetic, hormonal and metabolic aspects of PCOS: an update. De Leo V, Musacchio MC, Cappelli V, Massaro MG, Mrgante G, Petraglia F. Reprod Biol Endocrinol. 2016;14:38.
- 4. Goyal M, Dawood AS (2017) "Debates regarding lean patients with Polycystic ovary syndrome: A Narrative review, Journal of human reproductive sciences.
- Singh A, Banerjee P, Anas M, Singh N, Qamar I. Traditional Nutritional and Health Practices Targeting Lifestyle Behavioral Changes in Humans. J Lifestyle Med.

- 2020 Jul 31; 10(2): 67-73. doi: 10.15280/jlm.2020. 10.2.67. PMID: 32995333; PMCID: PMC7502895.
- Tewari P.V. Ayurved Prasuti Tantra Evam Stri Roga-Prasuti Tantra (Obstetrics), Part 1 (2011), Chaukhamba Orientalia, Varanasi
- 7. Escobar-Morreale HF, Botella-Carretero JI, Alvarez-Blasco F, Sancho J, San Millan JL. The polycystic ovary syndrome association with morbid obesity may resolve after weight loss induced by bariatric surgery. J. Clin. Endocrinol. Metab. 90, 6364-6369 (2005).
- 8. Dr. Brahmanand Tripathi, Caraka samhita elaborated by Caraka and Drudhabala edited with 'Caraka-Chandrika' Hindi commentary, Chaukhamba Surbharti Prakashan.
- Vigil P, Contreras P, Alvarado JL, Godoy A, Salgado A, Cortes ME. Evidence of subpopulations with different levels of insulin resistance in women with polycystic ovary syndrome. Hum. Reprod. 22(11), 2974-2980 (2007).
- Brahmasankara Mishra and rupali vaisya, The Kashi Sanskrit series 130, Lasuna haritakyadi varga. 11th edition, part-1, pp.no 130-131.
- 11. Dr. Brahmanand Tripathi, Astanga Hrdayam edited by 'Nirmala' Hindi commentary, Chaukamba Sanskrit pratishthan, Delhi.
- 12. Tilburt JC, Kaptchuk TJ. Bulletin of the world health organization. 86th ed., 2008: 594-599.
- 13. Shantaram G.K. et al, Herbal drugs for the treatment of PCOS and its complications, Pharmaceutical resonance 2019, vol2- issue 1.
- 14. Large-scale genome wide meta-analysis of PCOS suggests shared genetic architecture for different diagnosis criteria. Day F, Karaderi T, Jones MR, et.al. PLOS Genet. 2018; 14: 0.
- 15. Anuj kr borah et.al, Phytomedicine as a source of SGLT2 inhibitors, GLP-1 secretagogues and DPP-IV inhibitors for mitigation of Diabetic Nephropathy, Phytomedicine plus 2 (2022) 100225.
- 16. Susruta Samhita by Kaviraj Ambika Dutta Shastri, Chaukambha Sanskrit Sansthan, Varanasi.
- 17. Escobar-Morreale HF, Botella-Carretero JI, Alvarez-Blasco F, Sancho J, San Millan JL. The polycystic ovary syndrome association with morbid obesity may resolve after weight loss induced by bariatric surgery. J. Clin. Endocrinol. Metab. 90, 6364-6369 (2005).
- 18. Astanga Sangraha- Sarvang Sundari Commentary by Vd. Lalchand Shastri, Baidhyanath Ayurved Bhawan, Calcutta.

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